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Outside the zone

I am writing further to Dr Rupert White's letter (*DDN*, 11 September, page 9) in response to an article on zoning within the Tier 3 provider drug treatment, here in Sandwell (*DDN*, 3 July, page 10).

He commented that 'I am surprised that the commissioners and NTA in the Midlands are willing to endorse such a model'. As the commissioner, I can state that the DAAT was involved in developing the zoning system, as were the NTA, staff and service users.

The system has been in operation for three years and we have been very pleased with the results for many reasons, including the fact that staff and service users can clearly see what progress has been made, in respect to treatment.

Dr White was concerned as to what happens to those service users that don't fit his model. In Sandwell we commission nine providers of adult drug treatment services, to ensure that we meet the needs of our service users.

One such provider is Addaction. Addaction work with those who are unable or unwilling to undertake structured drug treatment. This can include motivational work, overcoming barriers etc. Everyone who falls out of treatment is referred back to Addaction.

We therefore believe and can demonstrate that we are meeting the needs of all those requiring treatment, whatever stage they are at.

Elaine Woodward, senior commissioning manager, adult drug treatment

Misled on AA

As a member of Alcoholics Anonymous for over 12 years, I was saddened by the misleading statements about AA made by Mary Longley of Broxtowe and Hucknall PCT (*DDN*, 11 September, page 11).

It is not true that a self-assessment of severe dependency is

the criterion for admission. In fact, a statement read out at meetings is that the only requirement for membership is a desire to stop drinking. Nobody is forced to do or say anything unless they wish to do so.

It is true that AA does not duplicate the methods used by other organisations. AA has its simple programme, which for over 70 years has helped enormous numbers of people to become sober. It also willingly cooperates with other agencies.

Mary Longley appears to disapprove of AA not accepting any outside finance. This is the case for several good reasons, including standing on our own feet as part of our recovery. When I attend meetings with professionals, the constant theme I hear from them is the threat of having their funding cut, and the impossibility of reaching the targets they are set. By its independence, AA is free of such constraints.

John W, Gloucestershire

Top site

Richard Carus's online resource for recovery mentioned in 'News in brief' (*DDN*, 11 September, page 4) is a wonderful idea and support for all who are at any stage of recovery.

I logged onto the site, registered and also had a chat with Richard, and I believe that with the way things are changing with policy and funding that this site has huge potential to support the country as a whole.

As a new website, this will take time to establish. But there is a quote that 'without change there is no progress, and without progress there is no future'. Whatever support there is for us addicts is wonderful, and this initiative needs support from all areas.

I would like to thank Richard for his initiative, and encourage others to log on.

S. Rendell, Hertfordshire

The website is at www.recoverycafe.co.uk

Comment

Rehabs in crisis

The funding crisis has deepened for residential services, and many more face closure by the end of the year. Swift action from the NTA could save the day, says Brian Arbery.

Previous articles in *DDN*, notably that by Nick Barton (*DDN*, 5 June, page 8) have focused on the problems affecting residential service providers. These problems have now escalated into a major crisis affecting registered residential services, in terms of the number of referrals and consequent admissions. Despite the apparent rise in the pooled treatment budget (itself reduced by around 10 per cent from the original 41 per cent) many providers have experienced an alarming decline in the number of people being referred for residential detox and rehab.

A number of providers (ADAPT, Clouds, Phoenix House, RAPT) with support from others, have taken the matter forward in association with EATA, to the NTA and Department of Health who have agreed to meet them, although this will not take place until mid October.

The fall-off in referrals has been substantial and some units are now down to occupancies below 40 per cent. This is not only crazy at a time when usage is supposed to be increasing, it is unsustainable.

It is believed that the underlying reasons for this situation may stem from a withdrawal of community care funds, theoretically committed by social services departments, which have traditionally been used to fund residential placements. This has been accompanied by a similar cut in PCT allocations. Local DATs, DAATs and partnerships have failed to make up the shortfall by using Pooled Treatment Budget monies, probably because to do so would prevent them meeting their targets in other tiers.

There is a very real prospect that a number of services will cease to exist by the end of the year unless the situation changes. The real loser in this ludicrous state of affairs apart from the potential service user will be the Home Office, who, in one of its guises, will pick up the bill if people are unable to access residential services. It will have a serious negative impact on the drugs/crime agenda and will almost certainly result in more people moving back into drug use and crime, on leaving prison. Given the scientific evidence that confirms the overwhelming evidence on effectiveness of residential interventions, this makes no sense at all.

Bizarrely, while all this is happening, the NTA is seeking bids under an ill thought out programme to provide additional residential places. This has been typified by consultation processes which did not consult providers, 14 day deadlines for submissions of interest (costed), etc. Reports suggest that some of the consultations with DATs have been extremely limited, with meetings being poorly attended. Just half a dozen of the London DATs were apparently represented at their regional meeting and it is suggested that in the South West, there is considerable dissatisfaction with the way the consultation process was handled by the NTA, with some DATs not appearing to have responded at all. This issue is also being raised with the NTA.

At this moment in time it is impossible to predict how this situation will develop and whether any way will be found to save some of Britain's most effective treatment services. It is known that the matter is being taken seriously enough by some interested parties – so much so that it was raised in a meeting at 10 Downing Street. What is now needed is action by the NTA to resolve the problem before it is too late.

Brian Arbery is chief executive of ADAPT.