

Recovery: the epitome of a cross-cutting issue.¹

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The National Treatment Agency's February Parliamentary Briefing points to a recent Institute for Government report (Shaping Up: A Whitehall for the Future January 2010) that singles out the NTA as an exemplar of interdepartmental government co-operation.

The IfG report critiques the highly compartmentalised nature of government as a structural weakness that impedes action on cross-cutting issues. (A cross-cutting issue is one whose governance extends across multiple governmental departments. Examples of cross-cutting issues include child welfare, social mobility, domestic violence, the environment, and human rights).

Substance abuse treatment is a particularly robust example of a cross-cutting issue, as it has an extensive history of inter-departmental administration between the Department of Health, Home Office and the Ministry of Justice.

Progress has been hampered in the field as the fiscal benefits for spending on drug treatment - traditionally from the Department of Health budget - are accrued in another department - the Home Office, in the form of reduced crime. As the IfG report points out:

...spending on drug-abuse treatment programmes in the NHS can generate large savings, but mostly in the form of reduced crime rates, which means that the Department of Health may not have a strong incentive to spend on this activity.

And:

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One specific problem is that drug treatment is a health intervention, so must be delivered within the health service. But the numbers who die or become ill each year from Class A drug addiction are small relative to the numbers whose health is harmed by alcohol, tobacco and diet problems. Thus, the Department of Health has an incentive to deprioritise drug treatment as expenditure.

Although aligned primarily with the Department of Health, the NTA was formed to administer pooled resources from discrete governmental departments and budgets in order to increase the efficacy and availability of drug treatment, fill the vacuum between local and central government provision, and obviate obstructive wrangling between the Department of Health and the Home Office. The NTA has achieved positive outcome in terms of more effective mobilisation of resources. These notable successes in effectuating joined-up government must now be revised and developed as we enter a new era of provision and an uncertain political and economic climate.

In the same parliamentary briefing, the NTA affirms their commitment to creating recovery-orientated treatment systems across England. This shift in focus dramatically illuminates "recovery" as a more extensively cross-cutting issue that "substance abuse treatment". By displacing the medical and criminological gaze with a more panoramic perspective, the horizon of opportunity expands.

Unlike a substance abuse treatment intervention, a recovery intervention does not *necessarily* have to be a health intervention, which paves the way for more radical and progressive programs. However, maintaining the binary governmental logic of health and criminal justice precludes involvement of other governmental departments, and arguably inhibit the fullest expression of recovery-orientated treatment and support.

A truly recovery-orientated governmental agency would co-ordinate and pool resources between the Cabinet Office, Treasury, Department for Communities and Local Government, Department for Children, Schools and Families, Department for Innovation, Universities and Skills, Department for Work and Pensions, as well as the triumvirate of the Home Office, Department of Health, and the Ministry of Justice. The problem, as the IfG report demonstrates, is how to persuade these departments to invest in recovery-orientated programs when there is no immediate fiscal benefit to them.

Or is there?

Short answer - we simply don't know. The key fiscal metrics we use to quantify the value of drug and alcohol treatment are framed in terms of reduced health and criminal justice costs. Until we develop ways of quantifying financial and social benefits of recovery in other areas, a stronger case is unlikely to be made for a far-reaching recovery-orientated agency.

The archetypal recovery equation contains two structural components: top-down governance and bottom-up, grass-roots, community activism. "Recovery" casts a spotlight on the ambiguous and yet to be defined relationship between these components. The NTA has an opportunity demonstrate how a dynamic interface between community and diffused, coordinated government can lead to the best quality provision for those who enter our services.

It may be that top-level governance needs a radical root-and-branch reform to bring about a more comprehensive system of recovery delivery suggested above. Until that transpires, grass-roots recovery organisations must take the lead in providing reflexive and responsive recovery that reflects the cross-cutting nature of recovery in our times.

- Stephen Bamber, February 10th, 2010.