Collective Voice briefing ahead of the Comprehensive Spending Review

Key Points

There are three core arguments for protecting and continuing investment in drug and alcohol treatment.

- **Political:** cutting resources reneges on the Government's and Prime Minister's commitment to protect frontline NHS services.
- **Financial:** drug and alcohol treatment reduces crime and burdens on the NHS, cuts will impose greater costs on taxpayers.
- **Moral:** the death toll from drug and alcohol addiction is likely to rise should resources for treatment fall.

About Collective Voice

Collective Voice is a collaboration of eight of the largest providers of alcohol and drug treatment and recovery services in the country, we have come together to promote and defend the interests of those who need our services.

Collective Voice is a collaboration that has come together to promote and defend the interests of those who need drug and alcohol services; to speak on behalf of service providers and all those who commission drug and alcohol services.

Context

The alcohol and drug treatment system in this country is amongst the best in the world: more people who need services are seen, the outcomes from their treatment are better, and fewer carry blood-borne viruses than is the case in other parts of the world.

Media reports suggest that the public health grant, already subject to an in year £200 million cut, will not be protected as part of the wider government commitment to protect health funding.

Our understanding is that the ring fence for the public health grant, keeping it separate from the remaining revenue grants allocated to local government, may be retained after 2016; capping the total cut at 25% over the course of the Parliament.

> *"We have a policy which actually is working in Britain. Drug use is coming down, the emphasis on treatment is absolutely right, and we need to continue with that to make sure we can really make a difference"*
>
> David Cameron 2012

However, it is by no means certain that Health and Wellbeing Boards, and Directors of Public Health, won't seek to make proportionately bigger cuts to drugs and alcohol treatment to protect other public health interventions they value more.

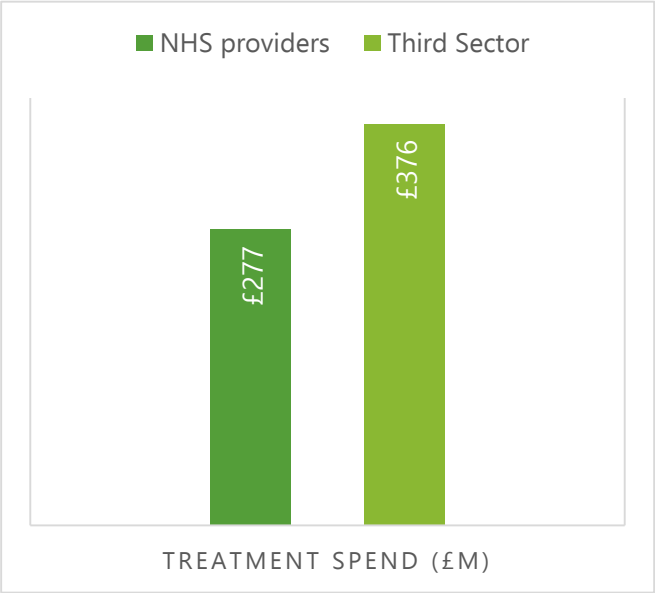
This would see further reductions in contract value while the expected number of people seeking treatment and expectations on recovery outcomes are maintained seem likely.

Current size and shape of the market

As best as can be judged from inadequate data this year local authorities will spend about £820m on drug and alcohol services, 30% of the total public health grant. Of this £530m will be spent on adult drug services £210m on adult alcohol services and £80m on services for young people.

Our best estimate is that specialist drug treatment for adults is roughly split equally between NHS and third sector providers, and about 60% of alcohol treatment is provided by the third sector with the NHS providing nearly all the remainder. For young people the split appears to be 60% delivered by the third sector and 40% by NHS providers.

This equates to a combined spend of £277m in the NHS and £376m in the third sector.



Why invest in drug and alcohol treatment

Protecting the NHS

Prior to the 2013 reforms, which gave commissioning responsibility to local authorities, drug and alcohol treatment were commissioned by Primary Care Trusts and regarded by government as part of the "NHS frontline".

As well as hundreds of people directly employed by the NHS third sector drug and alcohol treatment providers employ over 120 doctors and 370 nurses.

As such treatment for substance misuse conditions was as protected from spending cuts as A&E or cancer treatment.

The bureaucratic change to how treatment is commissioned has removed this protection; leaving this aspect of NHS healthcare uniquely vulnerable.

As these services are commissioned by local authorities and the majority are delivered by third sector bodies the reality of direct cuts to NHS treatment may be masked. However of the total £820m annual spend approximately £377m is spent directly on NHS provided services, £277m on treatment and £100m on harm reduction services.

A 25% reduction suggests that the direct NHS spend will be cut by at least £94m per year, a clear breach of the commitment the government made in the election to protect the NHS

The consequences for the NHS of cuts to drug and alcohol services have the potential to be significant.

Currently only one person in six who needs alcohol treatment can access it.

About 100,000 people are treated each year and it is difficult to see how that can be maintained if the cuts envisaged are implemented.

To further reduce services that are already highly inadequate is difficult to justify particularly as the consequences will be faced elsewhere in the NHS.

Alcohol misuse is already placing significant burdens on the NHS; for example through the rising levels of death from liver disease, 35% of A&E attendances are alcohol-related, problem drinkers visit their GPs twice as often other patients, and alcohol related hospital admissions are now running at 1.2 million per year - twice as many as a decade ago.

Helping people to recover and get back to work

The Black Review - the independent review commissioned by the Prime Minister into the impact on employment outcomes of drug or alcohol addiction and obesity - is due to report in January fulfilling the government's pledge to use drug and alcohol treatment as a route into employment.

The review is expected to make a serious and practical contribution to improving the opportunities to route individuals through treatment into work. It is difficult to see how its recommendations can have any credibility if they are made in the context of 25% cuts to treatment provision.

> *"We will review how best to support those suffering long-term yet treatable conditions, such as drug or alcohol addiction, or obesity, back into work. People who might benefit from treatment should get the medical help they need so they can return to work."*
>
> Conservative party manifesto 2015

The impact on crime and the criminal justice system

The definitive Home Office study into the relationship between addiction and crime attributes 50% of the increase in crime during the 1980/90s to the heroin epidemic of that era, and 30% of the reduction in the last 15 years to the ready availability of treatment since 2001.[1]

Furthermore the study argues the treatment not only dramatically reduces offending but also drives down levels of addiction. At the height of the heroin epidemic the Home Office estimates there were 450,000 heroin users this has now fallen to approximately 250,000.

Nevertheless, the Home Office recently suggesting that 45% of acquisitive crime and a third of fraud is attributable to illegal drug misuse, and over half of violent crime is caused by alcohol misuse.[2] [3]

A 25% reduction in treatment availability therefore risks not only significant increases in crime of also has the potential to unleash a new addiction epidemic on the same scale as that of the 1980s which overwhelmed many communities and blighted the lives of a generation of young people.

40% of prisoners are heroin users, 60,000 individuals are received into custody each year with addiction problems.

The reduction of services in the community which is an inevitable consequence of a 25% reduction in funding is likely to mean that an increasing proportion of the 160,000 heroin users currently in treatment will return to offending, placing further pressure on our prisons and undermining attempts to reform an overloaded and ineffective justice system.

Reducing avoidable deaths and creating opportunities to recover

Drug related deaths have been increasing sharply over the past two years to a record level of more than 2,000. In the last year for which there are available statistics there were 8,416 alcohol related deaths.[4]

Being in treatment is a powerful protective factor against drug-misuse related deaths; 60% of deaths occur in the minority of the at-risk population who remain outside the treatment system.[5]

Restricting treatment access which will be inevitable following a 25% cut is likely to result in further increases in deaths.

As we see every day, drug and alcohol treatment helps individuals to develop the recovery capital that enables

[1] Nick Morgan "The heroin epidemic of the 1980s and 1990s and its effect on crime trends- then and now". Home Office (2014)

[2] Consultation on reform of police funding arrangements in England and Wales, Home Office (2015)

[3] 5 facts about alcohol-related violence, ONS (2015)

[4] Alcohol-related Deaths in the United Kingdom, Registered in 2013, ONS (2015)

[5] Trends in drug misuse deaths in England, 1999-2013, PHE (2015)

them to address the causes of their addiction, to rebuild relationships with families and friends, create stability that reduces the likelihood of relapse, and to build lives that include work, positive activity and hope.

Recovery Stories

Cindy and Cameron's Story

Cameron: Mum's drinking had been on an off for years. Mum wasn't an every day drinker, a lot of the time, but it did have ups and downs. It affected my confidence, outside, in the world. I didn't know what to feel a lot of the time, for mum – should I feel sorry, should I want to help her more. There two or three times when I found mum with her wrists cut. And then there was the 'big one' two years or so ago, when she fell out of the window. That was very hard on me, I blamed myself for that one.

Cindy: I felt terrible. It is only with hindsight, only when you get sober that you realise the damage that you've caused. After my last, very bad, relapse that took me back into a mental health ward again. I don't know why I realised this time I had just really no options left. I was going to either carry on and do it again and die, or I was going to try something different. As I improve I learn stuff. I'll always come home and talk to you [Cameron] about it, always. It always has a positive effect, as I'll learn something.

Cameron: I'm really proud of you mum. Now mum's doing a lot about it and I like to think about the stuff that will come after this, rather than what's come before. I'm proud of how far we've come, how much better we're doing.

Cindy: That's it, that's all I need to hear. That's all I want.

Leonard's story

I'd been smoking, taking drugs, for 15 years and it caused me to do crime, and hence the reason why I ended up in prison. I went to prison so many times I lost count. That's the fact of the matter I lost count.

Because of emotional problems with an ex-partner – I know a lot of men and women who have gone through the same thing, they've broken up with a partner and taken it really badly and wanted to bury the memories by taking something that makes the memories go far back in your mind.

I lived drugs, that was a bad path to go down, but that's the one I chose.

Having people to help me has made me embrace recovery.

The way that DIP [the Drug Intervention Programme] fits into my into my life, and probation and this place [a social enterprise fixing bicycles that Leonard was referred to by his drug treatment provider] it gives me structure for my week and my month.

It gives me focus, because I know that if I mess up I'll go back to prison and I don't want to go back there.

I want to teach kids how to fix bikes, and have my own business. So coming here [to the social enterprise] has given me the education and the discipline that I need.

I don't want to be a statistic, I want my kids to be proud. I've got a chance to change and I'm going to grab it.

I will make it work.

See more recovery stories
http://www.recoverystreetfilmfestival.co.uk/

Contact

Please contact Paul Hayes (paul@collectivevoice.org.uk) if you would like to arrange a meeting.

Journalists requiring information or assistance should contact Addaction's press office Monday to Friday, 9am–5pm.
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Collective Voice

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