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Future priorities for the drug and alcohol treatment and recovery system

About Collective Voice

Collective Voice is the alliance of voluntary sector drug and alcohol treatment and recovery providers. We believe that anyone in England with a drug or alcohol problem should be able to access effective, evidence-based, and person-centred support. We know that treatment and wider support has a transformative power for people with drug or alcohol issues, their families, and communities.

The voluntary sector plays a key role in providing this support. We were created through the collective leadership of treatment and recovery charities to ensure that the knowledge and expertise of this field is able to contribute to the development of policy and practice.

Progress towards achieving the vision of the 10-year Drug Strategy

We are two years into the current 10-year drug strategy, published in response to the Dame Carol Black Review. The strategy commits to rebuilding local authority commissioned substance misuse services, and improving quality, capacity, and outcomes in order to deliver a world-class treatment and recovery system. Any future government should back this vision.

These commitments are essential against the background of a decade of political disinterest and disinvestment in the drug and alcohol treatment and recovery system, which was laid bare by the Dame Carol Black Review. The Review concluded that the provision of prevention, treatment and recovery services was not fit for purpose, and in need of urgent repair.

In addition, Covid19 and later increases in the cost of living have had a further significant impact on drug treatment and recovery services and the people they serve. The drug related deaths crisis continues, with 2022 figures the highest ever recorded. Each and every one of these preventable deaths is a tragedy. The crisis is exacerbated by the emergence of more dangerous synthetic drugs, which have contaminated the drug supply.

Addressing these challenges is vital to ensure that people who want to change the way that they use drugs and alcohol can get the support they need, and to address the health and wider inequalities that can both underlie their substance use and result from it.

The funding announced alongside the strategy has begun to provide the necessary resource to start the process of transformation so desperately needed. However, as highlighted by the [National Audit's Office recent report](#), the release of this funding in short term cycles and with delays has had a significant impact on implementation of the strategy. It will take time for this renewed investment to mature and begin paying dividends, especially given the barren landscape in which it has been received.

Priorities for the future

Sustainable funding cycles

The drug and alcohol treatment and recovery system is currently facing a cliff edge in funding beyond 2024/2025. To achieve the system change that is needed and to ensure that services are able to effectively plan and rebuild capacity and quality, they need sustainable long term funding. Both the [Home Affairs Committee](#) and [National Audit Office](#) have made recommendations that government should provide greater certainty over future funding for the whole lifespan of the strategy.

Support for the role of the voluntary sector

The voluntary sector must be recognised as a provider of vital, professional, life saving services. Voluntary sector organisations have played a central role in supporting people who want to change the way they use drugs for over 100 years. They are able to respond holistically and flexibly to individual's needs, combining experience, expertise and creativity to support people to address their alcohol and substance use as a health issue as well as in the wider context of trauma, place, poverty and other social determinants.

To ensure a world class treatment and recovery system, we must ensure the health and sustainability of all its component parts. The voluntary sector currently provides the majority of local authority contracted treatment and recovery services, with almost three quarters of the total [treatment provider workforce](#) employed by charities. These organisations are part of a wider ecosystem of charities across the country which include local, specialist and lived experience recovery organisations, working alongside larger organisations and statutory partners to support people with drug and alcohol issues.

Smaller and specialist organisations in the sector provide vital local support, and services to particular groups of people, such as women or people from minority ethnic groups, who may have specific needs which mean they struggle to access 'generic' services. Historical disinvestment, alongside a move towards increasingly competitive commissioning, has meant that these smaller organisations have struggled and attention must be paid to the way in which services are commissioned to support their regrowth.

Assessing impact

Impact is currently measured by narrow and process driven metrics focusing on, for instance, numbers in treatment or criminal justice outcomes. This does not account for the wide range of contributors to substance use and dependency or the full range of evidence-based interventions that keep people safe and support them to change the way they use drugs.

Implementation of evidence-based interventions

To ensure that people who want to change the way they use drugs can access the support they need we must ensure the full range of evidence-based interventions are available.

Despite commitment in the strategy to a public health and holistic approach, the Home Affairs Committee [have highlighted](#) that adoption of harm reduction interventions could go further to provide the support people need and save lives.

Measures were also introduced in the strategy to improve access to residential treatment but while there are some pockets of good practice the national picture is concerning. Residential services are not commissioned but spot purchased and as a result a very small proportion of the additional investment in the drug and alcohol treatment system has reached residential services. National Drug Treatment Monitoring Management System data shows that only 11% of local authorities are currently reaching the 2% ambition set for referrals into residential treatment by the drug strategy. Across England as a whole the current rate of access to residential treatment is around 1% of people in treatment. If the current trend (tracked from 2015) of reduced access to residential treatment continues, there will be no residential treatment sector remaining by the end of the life of the drug strategy. The strategic ownership of, and funding mechanism for, residential services must be addressed to ensure they remain available for those who need them.

Meeting the needs of underserved groups

The strategy and its implementation since publication has had an insufficient focus on understanding and meeting the needs of people currently underserved by our treatment and recovery system including women, people from ethnic minorities, young people, and the families of people with substance misuse problems.

Addressing stigma

Despite an intention to “create a system where no one falls through the gaps, where there is no stigma attached to addiction and [drug dependency] is treated as a chronic health condition” the strategy provides no specific actions to support this ambition. It is, instead, providers that are leading the way in tackling stigma through the [Anti-Stigma Network](#) and the campaigns of the [NHS Addictions Providers Alliance - Stigma Kills](#) and [Taking Action on Addiction](#). Clear actions from government outlining how they will support the objectives of these initiatives are needed.

Tackle drug related deaths

Drug Related Deaths are at their highest since records began. Behind these numbers are individual lives cut short, denied the opportunity to realise a brighter future, and bereaved families impacted by the pain that losing a loved one causes. Each of the priorities outlined in this document will support the drug and alcohol treatment and recovery system to better support people so that these deaths are prevented. In addition, government should prioritise the implementation of naloxone, ensure a full range of harm reduction interventions are considered including the learning from Scotland’s Overdose Prevention Centre and increase drug testing capacity.

Publication of the workforce strategy

The sustained lack of investment in the system prior to the publication of the Drug Strategy led to the de-professionalisation of the treatment workforce, with gaps across a range of skills and roles. Significant progress has been made in recruiting frontline staff with 1224 workers recruited in 2022/23 exceeding the strategy’s target of 950 by 2024/25. However, challenges remain in the recruitment of



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specialist and registered staff and in the retention of staff overall, meaning that turnover is high and 37% of staff have been in post for less than a year. To create the transformation needed in the system the workforce needs to be rebuilt, developed, and sustained with better pathways into the sector, training and development. A workforce strategy to support this was due to published by government by December 2022 but has not been to date.