CollectiveVoice

The National Alliance of Drug and Alcohol Treatment and Recovery Charities

Collective Voice Briefing: Roundtable to discuss potential training scheme for researchers in the addictions field

Executive Summary

In November 2024, Collective Voice and the Office for Life Sciences (OLS) Addiction Healthcare Goals brought together a range of staff from the charities that provide treatment and recovery support for people in England who have issues with their use of alcohol or other drugs.

This roundtable opened by discussing how research is currently included in people's training, professional development and career pathways across different roles and organisations. We then went on to consider the barriers faced by individuals and organisations in conducting and learning from research, and how we might develop a scheme to improve research training for professionals working in this field.

In analysing this discussion, we identified several themes related to current research activity and challenges, as well as some potential ideas for future development of research that will support and involve treatment and recovery services:

Current research activity and challenges

1. Time and funding for research is rarely actively incorporated into contracts for service delivery
2. Treatment providers risk being reactive rather than proactively driving research and priorities
3. Current support for staff to engage with research is variable, and could be deeper and more sustained
4. Research is generally seen as a separate career path to practice, with limited integration
5. Finding partners to jointly fund research can be challenging
6. Inequitable perceptions and access to existing support across different roles and backgrounds

Ideas for future development of research supporting and involving substance use treatment and recovery services

1. Embed research in future training models and career pathways across all roles
2. Bring people into practice settings from academia, as well as vice versa
3. Ensure organisational culture in provider organisations values engagement with research
4. Improve links between service provider organisations and universities
5. Ensure future funding processes for research prioritise what is important to people who could benefit from support

1. Introduction

It is vital that we generate strong evidence to inform interventions that will improve treatment and recovery services and support more people to make the changes they wish to see in their lives. Partnership working between those leading research and drug and alcohol services can ensure that service provider organisations and people accessing support are able to feed into the development of research, so that research findings and innovations developed from them meet the needs of service users and can be effectively translated into practice.

Previous work – including that conducted as part of the Addiction Healthcare Goals – has found that there are challenges faced in the field of addiction that would benefit from further research, and charitable treatment and recovery providers in particular face a range of barriers in supporting and learning from research.

1.1 About the roundtable

The roundtable brought together representatives from Addiction Professionals, Change Grow Live, Cranstoun, Forward Trust, Phoenix Futures, Via, Waythrough and WithYou. It was attended by a range of professionals, with roles including director of people and culture, head of learning and development, head of research, recovery worker, researcher, service user involvement lead.

This briefing summarises the discussion at the meeting, which focused on how organisations currently support their staff to engage in research, potential barriers, and the possibility of developing a career pathway that supports people to develop their research skills and practice within the addictions field.

Since this meeting, the capability framework for the drug and alcohol treatment and recovery workforce has been published by NHS England. The framework outlines the skills, knowledge and behaviours required for core roles in the sector, and specifically makes reference to the need for several roles to be 'able to understand current research happening in the sector and share opportunities to engage in research with people, including families, carers and affected others'.

Further work is required to ensure that staff do have these capabilities in practice, and the notes from our meeting should help guide this work by outlining some potential challenges and opportunities in supporting and developing research in the field. Moreover, the capability framework should not be read as exhaustive; it does not outline every skill, piece of knowledge or behaviour that could be beneficial for staff to have. For example, only some roles have a knowledge of research methods specifically *required* – but this could be interesting and useful for a wider range of people, as discussed in this briefing.

As highlighted in a previous joint briefing by Collective Voice and the Addiction Healthcare Goals team, much of what is undertaken by charity treatment providers under the banner of 'research' would not meet the definitions of research for which regulatory bodies require ethical review, as it is better understood as internal service evaluation, sharing innovation and promising practice, or demonstrating impact. This briefing focuses on activities under this narrower definition of research. For more information and a complete definition, please see https://www.hra-decisiontools.org.uk/research/.

1.2 About Collective Voice

Collective Voice is the alliance of charities that provide treatment for people in England who have issues with their use of alcohol or other drugs. We believe that anyone in England with a substance use 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 facing issues with alcohol or other drugs, their families, and communities.

The voluntary sector plays a key role in providing this support, comprising almost three quarters of the total treatment provider workforce. Collective Voice was created through the joint leadership of treatment and recovery charities to ensure that the knowledge and expertise of this field can contribute to the development of policy and practice. Together, our sponsoring organisations support over 200,000 people every year and are part of a wider ecosystem of charities across the country which include local, specialist and lived experience recovery organisations, working alongside statutory partners to support people facing issues with alcohol or other drugs.

1.3 About the Addiction Healthcare Goals

The Office for Life Sciences (OLS) is a joint unit between Department for Health and Social Care (DHSC) and Department for Science, Innovation and Technology (DSIT) that champions research, innovation, and the use of technology to transform health and care services and increase the UK's attractiveness as life sciences superpower.

The Addiction Healthcare Goals, announced as part of the UK's Drug Strategy *From Harm to Hope*, and delivered as one of the Office for Life Sciences' Healthcare Goals programmes, is aiming to make the UK a place where researchers and industry in drug and alcohol addiction healthcare can thrive and partner effectively with NHS and third sector treatment providers to design, research and deploy innovative treatments and technologies which effectively tackle the challenges of these addictions, saving and improving the lives of those affected, and reducing the harms to the individual, their family and friends, and wider society.

The Addiction Healthcare Goals programme is delivering on two key areas:

- Funding innovation competitions to attract industry and innovators to the UK and catalyse the development and deployment of new and effective interventions that help to treat drug addiction, aid in recovery, or prevent drug misuse related harm and deaths.
- Transforming the ecosystem for drug and alcohol addiction research in the UK: better linking multidisciplinary researchers and treatment delivery partners with industry and innovators, enhancing research capacity and the ability to deliver novel patient research, and accelerating the development, testing and use of innovations targeting addiction.

To date the programme has:

- Launched the £5 million Reducing Drug Deaths Innovation Challenge in partnership with the Scottish government to catalyse the development of innovations to improve detection of, response to, and intervention in potentially fatal drug overdoses, to prevent deaths. Twelve UK

projects were awarded funding to complete prototype feasibility research in 2023. In September, seven of these projects were awarded phase 2 funding to further develop and demonstrate their innovations in real world settings. The innovations supported include wearables and sensor technology, novel antidote formulations, and AI enabled applications and tools.

- Launched the £10 million Addiction Healthcare Goals: Innovation for Treatment and Recovery i4i awards (AMI), delivered with the National Institute for Health and Care Research, to support the creation of innovative medicines and technologies to help treat people with opioid or cocaine addictions and aid in their recovery. Four projects have been awarded funding to conduct 3-year research projects on innovations including virtual reality, psilocybin-assisted psychotherapies, prison release engagement and opioid substitution therapies.
- Begun a Priority Setting Partnership (PSP) with the James Lind Alliance to enable healthcare professionals, those people with experience of addictions or who use alcohol or drugs problematically, carers and families to work together to identify and prioritise the questions for future research that will make the most difference to the lives of people with experience of addiction and their families and carers. The priorities identified will be used to guide future government funding and wider research. In August, the PSP launched its first survey to collate research questions from the community. Following analysis of the responses, the priorities will be set by Spring 2025.
- Partnered with Collective Voice to convene voluntary sector drug and alcohol treatment and recovery organisations for a roundtable discussion on the barriers to and facilitators of voluntary sector engagement with research bodies and projects. Collective Voice have published a briefing exploring the outcomes of this discussion to help guide the future work of the Addiction Healthcare Goals.
- Collaborated with the Mental Health Research Incubator, to offer research placements, internships and development opportunities. Eight addiction researchers are already being supported through the GROW Researcher Development Programme, and twelve research projects, each lasting 3 months, have now been awarded to a range of addiction services and research groups.
- Launched the Innovate UK – Accelerated Knowledge Transfer (AKT) scheme, which enables UK organisations (such as companies, and NHS or voluntary sector treatment services) to deliver a project over 3 months with funding of up to £35,000, working with a UK Knowledge Base (such as a university) to accelerate the evaluation or development of an innovation project or concept, which has the potential for significant impact. The scheme will be open for applications from 12 May 2025 to 2 July 2025.

2. Current research activity and challenges

2.1 Time and funding for research is rarely actively incorporated into contracts for service delivery
The priorities and resourcing of treatment services is almost entirely dependent on the funding they receive through contracts and grants from local authorities to provide specialist structured treatment and recovery support.

The focus of these contracts is understandably on the direct delivery of those frontline services. This can mean that there is a lack of resource for research and innovation and testing more generally, as it can be seen as diverting scarce resources from what are already highly stretched services.

The same factors can also restrict the time and resources available to individual staff members to attend training and engage in research and innovative thinking.

2.2 Treatment providers risk being reactive rather than proactively driving research and priorities
As described in section 2.1, the priority for these organisations is on direct service delivery, and where there is internal analysis and reflection it will tend to be to evaluate and determine impact of current provision. Generally, the impetus for genuine research will come from external sources: institutions and professionals directly focused on research.

Participants felt that where these approaches are made by external organisations, this tends to be after key elements of the research project have already been finalised. Academics often come to discuss a grant project that has already been awarded funding, and therefore the priorities and process are largely already set, leaving the treatment provider organisation in a reactive position, rather than actively identifying a need or opportunity, and steering a project to address this.

2.3 Current support for staff to engage with research is variable, and could be deeper and more sustained
The group described that direct staff involvement in research will tend to involve making connections to hear about research – for example supporting conference attendance.

In terms of training to build the understanding and capabilities of staff in relation to research, it was noted that there is limited access to high-quality training programmes. Participants suggested that although there may be lots of potential training programmes it can be difficult to navigate them all and understand which would be most valuable for which staff.

However, there were some examples of more direct staff involvement in research projects, with some participants mentioning that organisations offer funding for research projects, provide opportunities for staff to collaborate with academic institutions, and organise in-house research workshops and training sessions to discuss research and the findings of specific projects.

2.4 Research is generally seen as a separate career path to practice, with limited integration
Participants felt for most staff and roles, research wasn't embedded into the training or career pathway, meaning that for those staff who were keen to be more actively involved in research this

might be a separate role or career, either within a provider organisation – as a 'research lead', for example – or actually leaving the charity sector and direct service provision more completely, becoming an academic.

This was seen as a genuine organisational challenge, as staff involved in people management felt that it was hard to hold onto people who might be some of their best staff, if they got interested in research, as the organisation couldn't offer them that balance of practice and research. There was therefore a perception that services 'lose' skilled workers to research, rather than the two elements being complementary.

2.5 Finding partners to jointly fund research can be challenging

Where service provider organisations are interested in taking forward a potential research project, they described challenges in securing partners to jointly fund this work. This can come from a lack of knowledge or interest on either side.

First, there is a concern that the addiction field is not particularly prominent amongst potential research and funding organisations, with other areas of health and care having greater prominence and familiarity.

Second, service providers themselves – particularly the smaller organisations, focused on more localised provision – may not have the knowledge or contacts of funding organisations or processes, and so would not be aware of potential opportunities or how to take projects forward in the first instance. Some providers also reported that feedback on unsuccessful funding applications was not always sufficiently clear or detailed to help them improve their applications and be more likely to succeed in the future.

2.6 Inequitable perceptions and access to existing support across different roles and backgrounds

When thinking about the involvement of individual staff in research, participants reflected on existing training pathways and explained that the current opportunities don't always feel achievable for their workforce.

A great strength of the substance use treatment and recovery workforce is the diversity of professional perspectives and backgrounds of the people who work in the field, including a range of lived experiences. While some specific roles and professions – such as psychology – may feature training in research as a matter of course, this is not necessarily the case for those in recovery worker roles, where skills and experience in practice are highly valued, and staff may not have the levels of formal academic training and qualifications generally associated with research-focused roles. This can mean that – whether true or not – staff feel that research opportunities are not accessible to them.

3. Ideas for future development of research supporting and involving substance use treatment and recovery services

3.1 Embed research in future training models and career pathways across all roles

Given the issues described above (notably in sector 2.4) that research can be seen as a separate career pathway that takes skilled, experienced and curious staff away from practice, participants had two key suggestions (3.1 and 3.2 here) for how research and practice could become more complementary rather than competitive as part of an individual's career path.

First, it was proposed that an introduction to research should be part of staff training and development for all roles. While this is strong for some roles already – participants specifically highlighted clinical psychology – it should be equally emphasised across the board.

Thinking about models for this training in more detail, participants emphasised that there should be a range of research level options, from improving understanding of research and the processes involved (including applying the findings to inform practice) through to actively conducting research oneself. These training levels and formats should be formally structured as a series of 'stepping stones' set out as a pathway into academic research.

Crucially, the stepping stones should provide both manageable steps and different options for people to pursue different pathways. It was noted that while a PhD might be seen as a key aspiration as part of an academic career, this might not suit all research practitioners. The possibility of other doctorates was noted – e.g. professional doctorate, or PhD by publication.

As part of this research training, participants highlighted some specific areas where the workforce could benefit from improved understanding to be able to interpret and apply analysis and research – notably additional support on statistical analysis and data literacy.

Actively engaging in research should be seen as a potential part of all roles and career pathways. In the same way that many other health professionals can engage in research while continuing practice, this should be possible for all substance use treatment and recovery professionals. This could be that a research practitioner integrates research into their daily work, engaging both in practice and research, or that they have career breaks where one takes precedence at any given time. In this way, organisations would be able to offer a more interesting, varied career path, while retaining some of their most valuable staff.

Some potential practical issues were highlighted for organisations to be aware of in developing these links and potential flow between academia and practice. It was specifically noted that while short-term placements for practitioners to engage in research might appear to be less disruptive to service provision, the opposite may be the case.

When a staff member leaves for a short-term placement, it can be difficult to hire replacement cover: it takes time to find someone, and the short-term nature of the posting may not be as attractive, which can lead to hiring and training higher cost agency staff to backfill. This is a particular challenge

given current vacancies and workforce pressures.

Instead, there should be a reasonable lead-in time to prepare to fill a vacancy, and then a longer posting to make it attractive to the member of staff and make any training for the new member if staff worthwhile.

3.2 Bring people into practice settings from academia, as well as vice versa
The benefits of linking practice and research more closely were acknowledged throughout the session, and this lay behind the suggestion that just as future career pathways to support individuals to engage in research would be helpful, so would be pathways to encourage academic researchers to work in provider services.

This could involve making sure that those involved in research see working in substance use services as a realistic, rewarding opportunity – as well as perhaps more familiar settings like NHS trusts. It could also mean ensuring that analysis and research roles within provider services are tailored, advertised and actively promoted to those with academic careers, and universities and research institutes understand the value of these kinds of career breaks, specifically relating to charities and the field of addiction.

There was support for the idea of a range of roles and opportunities for people to work in provider services, with specific reference to hosting relatively short placements for knowledge transfer.

3.3 Ensure organisational culture in provider organisations values engagement with research
As noted above, participants discussed how current career pathways don't always encourage staff to engage with research, and this can lead to skilled, innovative practitioners leaving the sector entirely.

Reflecting on this, participants suggested that provider organisations should more actively promote research alongside practice as being mutually beneficial, and a key potential element of a successful career in the field.

It was emphasised that this emphasis on the value of research to organisations and staff should go beyond personal involvement in research projects to create an approach and culture that more actively promotes research as a key tool to enhance the quality and relevance of treatment. That is, given that provider services have strategies committed to improving the quality and accessibility of support, participating in and learning from research should be at the heart of their work. Research should be seen as a core part of work on service improvement to enhance the quality of treatment. This would require aligning any research priorities with wider strategic/organisational priorities.

This approach would require key practical commitments to ensure it has real impact. Participants specifically highlighted that supervision and oversight capacity would be important for supporting those completing research projects, and therefore strategic and senior operational leadership would be required to make sure this commitment wasn't lost in practice.

3.4 Improve links between service provider organisations and universities

The ideas for future development of research careers sketched out above all require collaboration between treatment providers and research institutions, notably universities. As already noted, it is not clear that provider organisations are fully aware of and linked into the researchers and institutions that already have interest and expertise in substance use, and these institutions and individuals may not have well-developed links with third sector providers in particular.

Participants identified several practical steps that could be taken to improve collaboration across these two sectors:

i. Map existing individuals and research centres with specific interest and expertise in researching substance use and relevant themes, so providers can know who best to link with if they have an idea for a project
ii. Ensure individual staff can access clear information to build an understanding of research and possible sources of funding to pursue one's own work
iii. Develop a 'matchmaking' tool or process to specifically link appropriate provider and research organisations when they identify a potential research topic
iv. Funders should require a partnership with a site to have been made before their research proposal is approved, to create more active involvement of providers in research design and planning
v. Researchers commit to proactively feed back to services – and indeed the wider sector – after conducting research to help demonstrate the value of research to provider organisations
vi. Funders, providers and researchers to work together to develop specific processes to respond to emerging and urgent research questions from treatment providers in a quick, streamlined way to ensure there is rapid learning and improvements in practice

3.5 Ensure future funding processes for research prioritise what is important to people who could benefit from support

While this conversation focused on career pathways for those working in treatment and recovery services, participants also emphasised the importance of involving people with lived experience.

This is partly an ethical point, reflecting the familiar campaigning slogan of 'nothing about us without us'. But there is also a clear practical imperative. If research is to make a difference to the accessibility and effectiveness of support, then it must engage with the priorities and issues of those who use – or could benefit from – that support.

Moreover, people working in this field are committed to it because they want to actively make a difference to people's lives. If research is to be an attractive, engaging option for people working in this field, then it must be able to demonstrate the same engagement and commitment to those facing challenges with their use of alcohol and other drugs, to maintain that sense of dedication for staff.

Participants were encouraged by the approach of the Addiction Healthcare Goals team so far, in particular the work of the priority setting partnership led by the James Lind Alliance, which has specifically involved people with lived experience both in the steering group and via wider engagement with the field.