CollectiveVoice

The National Alliance of Drug and Alcohol Treatment and Recovery Charities

Collective Voice submission to HM Treasury on the Autumn 2025 Budget

Executive Summary

Background and context:

- **Problematic use of alcohol and other drugs** places considerable pressure on society and public services, notably in relation to health, crime, employment and social care
- **This is an urgent and growing concern**, with the National Crime Agency stating '**there has never been a more dangerous time to take drugs**' given the emergence of synthetic drugs
- **Substance use treatment works** to reduce harm and help people turn their lives around, delivering a good return on investment for public services and communities
- The costs and benefits associated with substance use issues and their treatment **cut across departmental and organisational boundaries**
- Thanks to investment and strategic leadership from central government, **charities have been able to deliver positive results**: more people are now in treatment than at any point since 2009-10

Next steps:

- **Ringfenced funding and shared accountability** both nationally and locally have been essential to deliver the results to date, and this approach must be maintained
- The **five-year funding plan** outlined in Dame Carol Black's independent review, currently frozen at year three, should be re-started and the recommendations of her review implemented
- **Ministry of Justice budgets** should be rebalanced – at no extra cost – to prioritise **specialist substance use support** alongside prison building and probation supervision if the Government is to implement the recommendations of the **Independent Sentencing Review** efficiently and effectively
- Substance use treatment and charity provision must be at the heart of **the 10-year health plan** if we are to reduce pressure on primary care, hospitals and community services
- The Government must convey to all stakeholders that their **investment in substance use treatment is a long-term commitment**
- There should be **specific projects and budgets** for key issues, notably **treatment in residential settings** and in **prison**, and improving access for **currently under-served groups**
- There should be an active effort to conduct **horizon-scanning** and invest **in research and innovation** to maximise the long-term impact of substance use support services

About Collective Voice

Collective Voice is the alliance of charities that provide drug and alcohol treatment and recovery services across England. We believe that anyone 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 alcohol or other drug issues, their families, and communities. Charities play a key role in providing this support. Collective Voice seeks to ensure that the knowledge and expertise of this field contributes to the development of policy and practice.

Introduction

This submission is divided into 4 sections. The first gives the background to current issues and support related to substance use issues, the second explains how treatment must be at the heart of the Government's plans to deliver on its missions, and the third outlines recommended specific steps that the Government should take to reduce harm related to alcohol and other drugs and deliver on its missions. Finally, In the spirit of focusing on delivery, in an Appendix we identify 16 **specific low or no cost projects** which should be prioritised to deliver significant and rapid impact.

Contents

1. Background and context

1.1 Specialist substance use treatment saves lives and money

Problematic use of alcohol and other drugs places considerable pressure on public services, and the scale of substance use in the UK is significant.

There are an estimated 608,416 people in England alone currently dependent on alcohol[1], with 341,032 using heroin, other opiates or crack[2] – not to mention other substances that are increasingly emerging.

These patterns of use of alcohol and other drugs lie behind a range of challenges facing Government and society, with costs associated with deaths, the NHS, crime and lost productivity. In 2018, official estimates suggested the social and economic costs of alcohol related harm were £21.5bn, while harm from illicit drug use cost £10.7bn.[3]

Fortunately, we have evidence-based solutions available to reduce harm and costs related to use of alcohol and other drugs. Substance use treatment and recovery services help people turn their lives around, reducing crime, reducing pressure on health services, increasing employment, and reducing inter-generational harms.

The official estimates in 2018 suggested that substance use treatment provided £2.4bn benefits, with £4 return on every £1 invested in drug treatment totalling £21 over 10 years, and £3 return on alcohol treatment totalling £26 over 10 years.[4] We outline these benefits in more detail in section 2 of this submission.

Charities are uniquely placed to deliver these services for some of the most vulnerable people in our society, offering flexibility and innovation, working across professional and organisational boundaries to respond to multiple complex needs and system-wide challenges. They have already demonstrated how they can respond to these challenges and deliver real outcomes for individuals and communities.

1.2 Reinvestment was required to build services back after austerity took its toll – but has been paused early

in England multiple years of austerity took their toll on what had been a world-leading treatment system. By 2021, an Independent Review conducted by Dame Carol Black concluded that "the public provision we currently have for prevention, treatment and recovery is not fit for purpose, and urgently needs repair."[5]

The review set out an ambitious five-year programme of investment and delivery that was required to ensure people could have access to the support they need and deserve. Current levels of investment have been frozen at Year 3 levels of this programme, meaning the field has not yet received the funding independently judged to be necessary to re-build support services.

1.3 Risks associated with substance use are growing

The wider context related to substance is, if anything, more worrying than when Dame Carol outlined her recommendations for future investment and development.

Availability and use of synthetic drugs has historically been low in the UK, when compared with countries such as the USA and Australia, where synthetic opioids – notably fentanyl – and methamphetamine have been behind shocking death rates, other health damage and crime.

However, since the Taliban implemented restrictions on opiate production in Afghanistan in 2022, synthetic opioids have become increasingly common in the UK. Government statistics state that between June 2023 and June 2025 there were at least 494 deaths involving potent synthetic opioids.[6] The issue is sufficiently serious that the Government has asked all local partnerships across England to produce synthetic opioid preparedness plans.[7]

The National Crime Agency has stated that 'there has never been a more dangerous time to take drugs'[8], and this is reflected in the most tragic of statistics. In England and Wales, the age-standardised mortality rate for deaths related to drug poisoning has risen every year since 2012.[9]

Similarly, while overall rates of substance use have fallen amongst young people, there are key indicators of harm that have been rising, such as school exclusions and hospital presentations[10]. There are increasing reports of people suffering life-changing harm due to ketamine use, and the Government has commissioned a review of the harms associated with this drug, citing that use in young people aged 16-24 years has increased by 231% since March 2013.[11]

1.4 Substance use issues must be addressed by a range of departments and services

Supporting people with substance use issues should be 'core business' for a range of organisations

The issues that people develop around substance use are not simply about those substances. We know that someone's chances of recovering from substance use issues are increased if they have stable accommodation, supportive personal relationships, and are engaged in training or employment.[12]

Our services provide people with support on all these issues, but they cannot do this on their own. Effective support for people with substance use issues will always require coordination across a range of themes, and potentially therefore a range of departmental budgets.

Identifying, assessing and supporting people who are facing issues with alcohol and other drugs (including those around a person using substances) must be seen as 'core business' of a range of services across health and social care, criminal justice and education, with each contributing in their own way. Public health funding or specific grants should not be seen as the only resource used to address these cross-cutting issues.

Investment must come from a range of sources

As outlined above, investment in drug and alcohol treatment achieves many objectives – improved health, reduced crime and anti-social behaviour, better community integration and greater economic activity. The benefits therefore accrue to a range of departments, notably the Home Office and Ministry of Justice in relation to reducing crime and reoffending.

However, investment in substance misuse treatment is monitored and distributed by the Department of Health and Social Care, which can mean that key priorities and outcomes are overlooked. More direct investment and accountability from a range of departments could improve focus on key Government Missions and outcomes.

As outlined in Section 3.2 of this submission, this need not come at any additional cost. Indeed, investment in substance use treatment is more efficient than current planned expenditure.

Moreover, there is a tendency to create separate projects and analysis to address different elements of someone's life, when the reality is that these elements are all interlinked and cannot be addressed effectively in isolation from each other.

Therefore, we recommend that **Government and HM Treasury ensure they look across departmental boundaries and categories of activity when considering investment and impact at a national level.**

We also recommend that **Government carefully considers the full range of potential impacts of policies before implementing them**, to reduce the chance that one policy undermines the intention of another. Too often it can seem as if specialist areas of provision, such as substance use, or charitable providers of support are forgotten amongst broader issues.

2. Addressing substance use is essential to deliver on the Government's missions

2.1 Safer Streets

The challenge

Many **crimes** are linked to use of alcohol or other drugs. It has previously been estimated that 66% of theft from shops is drug-related[13], and 52% of homicides are drug-related[14]. Pilot testing found that 59% of those tested under suspicion of domestic abuse were positive for cocaine and/or opiates,[15] and in two-fifths of violent incidents, the victim believed the offender(s) to be under the influence of alcohol.[16]

Alcohol and other drugs are similarly central to **anti-social behaviour**. In 2023-24, 22% of people in England said there was a very or fairly big problem in their area with people using or dealing drugs. 10.5% of all anti-social behaviour witnessed was specifically identified as being related to using or dealing drugs, and 9.3% related to drinking alcohol.[17]

How treatment works

Being in treatment for use of alcohol or other drugs reduces offences by 33%.[18] Evidence also suggests that greater use can be made of partnership between different criminal justice and wider support agencies, including through existing mechanisms such as Integrated Offender Management, to help reduce reoffending.[19]

2.2 An NHS fit for the future

The challenge

We also know that use of alcohol and other drugs lies behind a significant number of **health** conditions. In 2022-23 alone, there were 262,094 estimated admissions where the main reason for admission to hospital was attributable to alcohol. That figure rises to 942,260 if we add in secondary diagnoses related to alcohol.[20] This places additional pressure on an already stretched health and social care system.

Most strikingly, there were 4,907 deaths related to drug poisoning registered across England and Wales in 2022. This is a growing issue: the mortality rate for deaths related to drug poisoning has been getting worse since 2012.[21] There are urgent concerns that these figures will only continue to get worse with the emergence of synthetic drugs, notably nitazenes, which are considerably more dangerous than heroin and can be more easily manufactured and transported.

Alcohol-specific deaths have been rising in England since the pandemic, after more than a decade of stability before then. In 2023 there were 10,473 deaths, and the mortality rate now stands 50% higher than in 2012.[22]

How treatment works

However, assertive outreach teams that work with 'high impact users' of emergency services can evidence a two-thirds reduction in hospital admissions by their clients, and more than 50% reduction in emergency department attendances.[23]

The Changing Futures programme, designed to tackle multiple disadvantage, has shown that **intensive support produces a significant reduction in average attendances at A&E and ambulance call outs**.[24]

2.3 Kickstarting economic growth

The challenge

People struggling with substance use can find it hard to maintain **employment**, exacerbated by stigma and discrimination in the workplace.[25] It has been estimated that over 80% of people who use heroin or crack cocaine are in receipt of benefits.[26]

How treatment works

Appropriate support for people with substance use issues enables them to overcome these issues. The evaluation of Individual Placement and Support (IPS) for people who use drugs has shown this model of support has a statistically significant effect, with **people up to 47% more likely to find work**.[27]

2.4 Break down barriers to opportunity

The challenge

Substance use issues also lie behind risks and costs in **education and children's social care**. There are an estimated 478,000 children living with a parent with problematic use of alcohol or other drugs in

England[28], and a third of case reviews related to alcohol or other drugs.[29] In 2022-23, there were 24,073 suspensions from school in England due to alcohol or other drugs, and 590 permanent exclusions.[30]

How treatment works

Treatment for parents can **improve school attendance** of children, **reduce the need for social care** and **reduce the risk of homelessness**, and therefore potential local authority housing and support costs, as shown by value for money tools provided by the Government.[31]

3. Next steps to maintain and increase impact

3.1 Re-start the programme of investment recommended by the independent review

DHSC has paused a five-year programme at year three – which will impact on other departments

In 2021, an independent review reported that 'funding cuts have left treatment and recovery services on their knees'. The review reported that funding for treatment fell by 17% overall between 2014 to 2015 and 2018 to 2019, with services for young people faring even worse, with cuts of 28% over the same period.[32]

To address this situation, the report recommended that an additional £552 million should be invested in the treatment system through the Department of Health and Social Care (DHSC). The timetable for this staged increase in funding was outlined clearly:

Year 1: £119 million
Year 2: £231 million
Year 3: £396 million
Year 4: £484 million
Year 5: £552 million

DHSC seems to have abandoned this 5-year programme. Funding has been paused at Year 3 levels. This must inevitably lead to cuts in services, given the additional pressures facing the sector such as inflationary pressures on running costs, employer National Insurance contributions, increases to community pharmacy charges, cost of living increases in wages, and changes to VAT policy.

This cut will have an unavoidable impact on other departments and Missions, given the contribution of substance use treatment to reducing crime and wider pressure on the criminal justice system, and improving health and reducing pressure on other services.

The investment programme was already demonstrating impact

Pausing the funding programme is particularly puzzling given the progress that was being made. In response to the independent review, DHSC emphasised two specific ambitions for local delivery partners: increase the number of people accessing treatment in the community; and improve the proportion of people with a substance use need identified in prison who go on to access support in the community on release ('continuity of care').

The results are clear. Over 325,000 people have been engaged in treatment for their issues with alcohol or other drugs in the last 12 months,[33] meaning more people are in treatment in the community than at any point since 2009-10. Moreover, progress has been made at an impressive rate, with 2023-24 seeing the largest rise in adults in treatment since 2008-09.[34] Similarly, the continuity of care rate has improved dramatically from 33% in 2019 to over 54% today.[35]

Charities have therefore already demonstrated they can deliver a return on investment at pace. If the Government has ambitions to improve people's lives and reduce pressure on the health and justice systems, it must **commit to invest according to the original plans in the independent review of drugs**.

Given that treatment has a range of positive impacts across different departments – especially for MoJ and Home Office in reducing crime – this decision by DHSC will have knock-on effects on other departments' activity, and therefore their budgets.

This work has a strong alliance with the Government's aim to narrow health inequalities. Just as the harm from substance use is concentrated in the most deprived areas, so the benefits of this investment are being felt most in those communities – as are the injuries of disinvestment.

3.2 Fund treatment to reduce reoffending as part of the response to the Independent Sentencing Review

The prison capacity crisis can be addressed by investing beyond prison

Current MoJ spending plans to address the prison capacity crisis, with £10bn set aside to build new prisons, appear to continue to focus on a fixed idea of prisons and support. Government estimates suggest the current plan works out at between £500,000 per closed place in 2024-25 prices.[36]

This is a narrow view when there are alternative approaches can be operational much more quickly and at a fraction of the cost: around one tenth of the cost per bedspace created. These include lower security or open prisons that focus on rehabilitation, and drug/alcohol or mental health treatment facilities. These should be included in the capacity plan and invested in accordingly.

The opportunity exists through the budget process to adjust the current plans and significantly **improve outcomes within current allocations by investing in rehabilitative programmes** – without additional funding being released.

Community supervision must include specialist substance use support

More fundamentally, there must also be a re-balancing of prison- and community-based support.

Substance use treatment is not only effective in reducing crime; it is more a more efficient intervention than imprisonment. As noted in the Independent Sentencing Review, the average cost of holding a prisoner for the year was estimated to be £53,801 per prisoner in 2023-24.[37] Community substance use treatment, even alongside probation supervision, can be provided at a fraction of this cost, including detoxification and residential placements.

This is why the Independent Sentencing Review recommended a substantial shift to supporting offenders in the community rather than in prison, stating that "resources could be used more effectively if redirected, in part, to community-based offender management strategies." **Reallocating just a fraction of prison capital funding to substance use treatment would deliver a more effective, efficient response in the community.**

But even within current budget plans, there must be a place for specialist substance use support in community supervision of offenders. The Government has announced plans for HM Probation Service to receive up to £700m in additional funding per year by 2028-29 to meet the additional demand for supervision as more people are seen in the community rather than prison.[38]

If the Government is to effectively and efficiently reduce offending related to substance use, specialist treatment and recovery services must be at the heart of their plans for community supervision. Probation cannot do this work alone. The evidence – and Government guidance – is clear that there should be specialist staff in place, with strong clinical supervision to ensure a trusted, therapeutic alliance with a clear treatment approach.[39]

Given the scale of the shift described in the sentencing review and the Government's plans, **the necessary additional support for people whose offending is linked to substance use cannot be provided within current DHSC funding** without compromising the support offered to those already in treatment. This is not simply a question of capacity, but design; new treatment programmes, risk management approaches and reporting requirements cannot be put in place without services being given the tools and resources they need to do so.

There must therefore be funding allocated to specialist substance use treatment services as part of MoJ plans to implement the recommendations of the Independent Sentencing Review.

As shown by the results since Dame Carol Black's 2021 review, when there is strategic leadership and investment, charities will deliver outcomes.

3.3 Include substance use treatment and recovery charities in the 10-year health plan

The Government has a clear 10-year plan to improve health across England. The three shifts described in this plan are essential, and substance use treatment services can play a significant role in delivering the ambitions the plan sets out.

However, there is little reference to substance use specifically, or charity-led support in the plan.[40] As is the case with reducing reoffending, statutory services cannot provide the necessary support themselves. **Charities must be at the heart of any move to a more community-based model of health provision**, given their strong track record of delivering efficient and timely impact in this field.

Being at the heart of this move must also mean considering the impact of changes in wider healthcare

services to the area of substance use treatment. Community pharmacies are a fundamental element of how people receive treatment for issues with substances, especially opioids. **As the Government works to ensure the future sustainability of community health services including GPs and community pharmacies, it must consider their role in supporting people who have issues with substance use**.

Similarly, any attempts to move from analogue to digital should include substance use services. Services are still currently required to write instalment prescriptions for controlled drugs on paper, which is less efficient and safe than electronic prescribing. Prescribing organisations, software providers and community pharmacies are ready to work with the Government to address this. **The Government must prioritise a project to enable services to use electronic prescribing.**

3.4 Ensure funding for treatment and recovery services is understood to be a longstanding commitment

Funding for substance use treatment through the 2021 drugs strategy has been distributed from DHSC to local authorities as time-limited grants, which poses challenges in delivering a stable, sustainable service. Each year, the nature of the provision is determined by the announcement shortly before the new financial year, limiting the opportunity for providers or commissioners to take a strategic, long-term view of how to treat people with substance use issues.

Funding for treatment is seen as fundamentally uncertain by key figures in local authorities. Whereas local authority finance directors see other policy areas as an enduring commitment, albeit with the level and type of service responding to changing need and resource, we have been informed that treating people with substance use issues is seen as outside of local authorities' 'core' business, and therefore wholly dependent on each year's grant announcement.

It is almost as if, until a grant allocation is confirmed for each year, there is a sense that there might not be *any* provision for people with a substance use treatment need. Yet the need for treatment has never been clearer, as outlined above, with over 340,000 people estimated to be currently using heroin or crack, and over 600,000 dependent on alcohol.

Clear and secure funding is essential to provide the stability and care that should be at the core of effective treatment. It generally takes people with opiate problems over three years of treatment to complete this successfully[41], and we know that stability of provision is essential to make a difference for people who use substances, their families and the wider community. The therapeutic relationship between client and staff is at the heart of treatment, but it is challenging to build this with high staff turnover and unstable contacts, which are the inevitable result of time-limited grant funding.

The funding, therefore, when distributed in this way, does not deliver the impact and value for money that it could and should.

We welcome the Chancellor's commitment to more timely announcements of funding allocations and we appreciate that the Government cannot provide complete certainty of funding allocations for

extended periods of time. However, substance use treatment funding does appear to be treated differently to other core business across local authorities and healthcare.

We therefore recommend that the Government works to ensure that councils and other key local decision-makers understand that treatment for people with substance use issues is an essential part of all health and social care systems, and will continue to be required in the future.

3.5 Create specific projects and funding streams for key issues

Residential treatment

There are also definite advantages to having some specific project budgets, as this can ensure the intended activities take place. We support the development of specific funding for inpatient detoxification, for example, which is currently being removed – at a time when we would have recommended adopting this approach more broadly, specifically for residential treatment.

The independent review specifically asked Government to "review by the end of 2021 to 2022 the commissioning and funding mechanisms for high-cost but low-volume services such as inpatient detoxification and residential rehabilitation. DHSC should introduce a regional or sub-regional approach to commissioning these services to ensure national coverage."

There has been no review, and no change in commissioning arrangements. Indeed the specific funding stream introduced for inpatient detoxification services in 2021 has been merged into the general allocation for substance use treatment – precisely the arrangement criticised by Dame Carol Black in her review.

We recommend that there are specific ring-fenced budgets and commissioning processes for high-cost / low volume services – notably for residential treatment – as in other comparable areas of health and social care.

Treatment in prisons

Although prisons were excluded from Dame Carol's initial reviews, she has subsequently conducted a review into substance use treatment in prison.[42] The recommendations of this have not been implemented, most obviously the first, which stated: "Prison-based substance misuse services should be commissioned separately from other health services and directly with the provider."

Prison healthcare services are currently commissioned by NHS England (NHSE). With the merger of DHSC and NHSE, there is an opportunity to reflect and update these arrangements, but the Government has as yet declined to take it.

We recommend that the Government implements the recommendations of Dame Carol Black's independent review of drug treatment in prisons.

Under-served communities

The National Audit Office, in evaluating the previous Government's drugs strategy, noted that 'reductions in treatment services over the past decade have meant there is insufficient focus on targeting different cohorts of people affected by drugs, such as children and young adults, women and people from different ethnic backgrounds. These groups may have differing needs and require tailored support to encourage engagement with treatment services'.[43]

To date, there has been limited resource or leadership provided by Government to address these issues. Focused work to broaden access to support would further improve the impact from current and future investment in treatment and recovery.

We recommend that there is a specific programme developed by the Department of Health and Social Care to improve the treatment offer for currently under-served groups and monitor engagement and outcomes on an ongoing basis.

3.6 Plan for the future

Research suggests that the heroin epidemic of the 1980s and 1990s was still affecting acquisitive crime in 2014, and potentially even today. This means that while treating substance use issues is important for harm reduction today, as a key review commissioned by the Home Office stated: "detecting and preventing future drug epidemics is paramount, and this requires local as well as national monitoring. Evidence also suggests that, for volume-crime reduction, it is crucial to maintain a focus on heroin/crack".[44]

The Government must therefore support horizon-scanning, innovation and research, as well as translational work to ensure this informs practice across health and social care and other relevant professions.

One key example of current work is the Addiction Healthcare Goals programme, which should be maintained. There should also be clear provision for innovation and research as part of the overall investment package for substance use treatment, at both local and national levels.

Appendix: Specific issues requiring focus: low and no cost projects that can yield rapid impact

In this section, we outline 16 specific projects that could be implemented at low or no additional cost to Government, and yield significant impact to help them achieve the goals of the Missions.

Collective Voice is already working closely with the Government on several of these developments, but we can only continue to deliver impact in an effective, timely way if there is a renewed statement of commitment from Government on two key ways of working:

(i) **a coordinated approach to the drugs agenda across Government**, which requires an agreed strategy or plan; and

(ii) **joint work between government and the delivery partners** who will actually support people and communities on the ground.

We propose that the following clear potential projects could form the heart of that plan. Each of these, where not covered in the main text above (as for under-served groups) is described in more detail in the text below.

1. Review, update and implement the Commissioning Quality Standard for **locally-commissioned community substance use services** to ensure consistency and equity, effectiveness and efficiency
2. Develop and implement a commissioning model that ensures the availability of – and equitable access to – evidence-based **residential treatment**
3. Establish a specific programme to improve the treatment offer for currently **under-served groups**, notably women and those from minoritised ethnic backgrounds
4. Ensure the long-term **sustainability of GP and community pharmacy services**, and include substance use treatment services in their core contracts and service delivery models
5. Support a programme to enable **electronic prescribing** for controlled drug instalment prescriptions
6. Commission **substance use treatment in prison** directly as a dedicated service
7. Create a direct, **funded pathway from prison to residential** substance use treatment
8. Continue funding the Addiction Healthcare Goals programme to ensure there is research and innovation in this field
9. Simplify the licensing process for local provision of **drug checking** and provide national leadership to drive the establishment and maintenance of a network of accessible labs for analysis
10. Ensure the legal framework and funding structures permit a range of models of **enhanced harm reduction centres** to be piloted across the UK
11. Agree clear guidance across relevant departments on **support for young people** using substances
12. Set clear expectations for **family support services**, ensure funding and actively review compliance
13. Introduce an **alcohol strategy** with specific funding, priorities, outcome metrics and governance
14. Develop the planned **Centre for Addictions** in partnership with the field to support the workforce
15. Conduct a full review of the data collected and processes required by the **National Drug Treatment Monitoring System** to ensure they reflect current challenges, practice and priorities
16. Improve **integration of datasets** relevant to substance use at both the individual and aggregate level, accompanied by clear and public communication

Refresh the approach to local commissioning of substance use treatment and recovery services
Too often, key decision-makers at a local level see substance use treatment as a temporary, one-off project associated with a specific, time-limited 'grant'. Instead, this work should be seen as an enduring commitment that is an essential part of local health and social care services, that requires a significant contribution from a range of local delivery partners across health, social care, criminal justice and the wider community.

This emphasis on stability should also be applied to the wider funding and commissioning of substance use treatment services. The general approach is for contracts to be let with fixed budgets over the course of several years. This can place pressures on services when – as in recent years – there are inflationary or other market pressures, such as the price of drugs. Some of these pressures are applied by Government itself, for example increasing the single activity fee to be paid to pharmacies without increasing the funding available to charities to pay this.

Other services commissioned by local authorities are not subject to the same restrictions. Indeed, the amount paid by local authorities for residential care for a child increased by 33% from 2020 to 2024.[45] By contrast, in most local authority contracts with substance use treatment and recovery charities, no allowance at all is made for increasing costs.

Collective Voice are already discussing with other partners including the English Substance Use Commissioners Group (ESUCG) and the Local Government Association (LGA) opportunities to develop models of good practice in commissioning, service design and delivery, and support areas with peer review to reflect on their own approach and learn from others.

However, there is also a role for the Government to provide leadership. This sector-led work would be strengthened by clear, updated, official guidance to support local areas in commissioning sustainable services, and follow up to ensure that practice develops to give security and stability to clients, services and staff. This requires communicating not only with local commissioners and Directors of Public Health, but also other key decision-makers in local government, such as finance directors, chief executives, lead members and council leaders. This communication may have the greatest impact not from DHSC or the Home Office, or even the Joint Combating Drugs Unit – but perhaps the Ministry of Housing, Communities and Local Government (MHCLG), which is responsible for and has strong links with local government.

We therefore recommend that the Government review, update and implement the Commissioning Quality Standard for locally-commissioned community substance use services to ensure consistency and equity, effectiveness and efficiency

Prisons
Similarly to alcohol, substance use in prisons was not included in Dame Carol Black's original review of drugs, and was therefore under-developed in the 2021 drugs strategy. The contrast between the subsequent progress made in the community and the situation in prison settings, where there has

been no equivalent strategic focus, performance management or investment, is instructive.

While there has been a steady increase in the number of people accessing support in prison in the last three years, numbers remain well below pre-COVID figures. The prison data series starts in 2015-16, and the 2023-24 figures are still down 17% from that high starting point.[46] In the community, the corresponding figures have *increased* by 8%.

Current service models and resources in prison are insufficient to engage the full range of people who might benefit from support, notably those who use non-opiate or new synthetic drugs.[47] Again, this directly contrasts with community settings. It is people using alcohol or drugs *other than* opiates who have seen the biggest increases in engagement in treatment in the community, demonstrating that where there is investment and focus, services can provide an attractive offer for a wide range of people who need support.[48]

We recommend that there should be new, dedicated investment for substance use treatment in prison to mirror the investment made in the community, and a clear strategic focus on this issue from all relevant departments and agencies to ensure efficient and effective provision and maximise impact.

If this focus and investment is to deliver the desired impact, there should also be changes to the commissioning and oversight of treatment services in prisons. At present, substance use support is just sub-contracted as just one element of a general healthcare contract, which narrowly positions substance use treatment as a healthcare service under the remit of the NHS, which is at odds with both the type of work being done and the outcomes it delivers.

The key outcomes that treatment in prison can deliver – reducing reoffending and the use of drugs in prisons – are not measured as part of this process,[49] and prison staff and senior management are not engaged in the oversight process, when they can and should play a key role given the importance of wider activity and support in promoting recovery.

These arrangements can also limit the influence and effectiveness of wider investment across the system. For example dedicated drugs strategy roles within HMPPS do not have a formal role in commissioning substance use services , where they could potentially add value.[50]

Altogether, this places considerable limits on the impact that can be delivered towards the Government's Safer Streets mission.

We recommend that substance use treatment in prison is directly commissioned as a dedicated service, and overseen by a partnership of stakeholders with a specific focus on wellbeing and social functioning including reducing reoffending.

These recommendations reflect those outlined in Dame Carol Black's review of treatment in prisons.[51]

Residential treatment

Residential treatment should be an integral – and accessible – part of the menu of options available to people seeking treatment for their substance use. It is clear that this element of the sector is not thriving, or even sustainable, under current funding and procurement arrangements. Units are not spread according to need across the country, and there is a lack of specialist provision that caters for some of the most vulnerable in our society, such as adolescents and women escaping intimate partner violence.

The high cost and low volume nature of these interventions mean that it is not always efficient to commission them on a local authority footprint – which is how community-based substance use treatment is currently commissioned. National frameworks and structures should be considered to ensure there is appropriate use of all these interventions.

The 2021 independent review of drugs recommended that the funding and commissioning of residential treatment should be reviewed, and there should be specifically a regional or sub-regional approach. There has as yet been no review by central Government and no support for a change in commissioning arrangements. Without this leadership, the residential sector – a historic, essential and evidence-based element of our treatment and recovery system – is likely to simply fade away.

Government should provide clear leadership to develop and implement a commissioning model that ensures the availability of – and equitable access to – evidence-based residential treatment.

NICE guidance states that residential treatment should be considered for those 'who have significant comorbid physical, mental health or social (for example, housing) problems', which would include criminal justice involvement. Indeed specific reference is made to the importance of a pathway from prison: 'For people who have made an informed decision to remain abstinent after release from prison, residential treatment should be considered as part of an overall care plan.'[52] However, it does not seem that there are clear, well-used pathways in the current system.

We recommend the creation of a direct, funded pathway from prison to residential substance use treatment.

Harm Reduction

Drug Checking

The market in illegal drugs is complex and changeable. People who use drugs bought illegally cannot be sure what they are taking, and therefore it is hard for them to judge risk and reduce the chances of harm.

If people who use drugs know what they are taking, they can take appropriate and proportionate action to reduce their exposure to risk. This is almost impossible at present, as there are vanishingly few 'front of house' testing facilities that allow people to test their own drugs prior to taking them.

This is also an issue for organisations that support people who use drugs, as we do not have accurate information about what is circulating in local or national markets, and therefore how risky certain substances are at any given time.

Given the emergence of synthetic drugs – notably opioids such as fentanyl and nitazenes – in the UK market at an unprecedented scale, this is an urgent issue as more and more people are dying from preventable overdoses related to these drugs.

We recommend simplifying the licensing process to expand local provision of drug checking, providing national leadership to drive the establishment and maintenance of a network of accessible labs for analysis, and ensuring there is sufficient funding allocated to these facilities across the country.

Enhanced harm reduction facilities

Even where there is good intelligence about the likely content and strength of drugs being used, or they are specifically tested prior to use, significant harm can occur, notably where people use alone, or in public locations. This can pose a risk to the person using, as they may overdose or suffer an adverse reaction to the substance, but it can also create concerns and risk for the wider public. These risks can be mitigated by people using under supervision in a private location.

Safer injecting facilities are common in other countries, and there is a good evidence base for their operation, such that the Advisory Council on the Misuse of Drugs recommended over eight years ago that they should be introduced in the UK.[53] While a facility has been opened in Glasgow, and this should be monitored and evaluated closely, this is only one model for delivering this kind of service, arguably most appropriate for a city with a concentrated group of people using drugs in public. Other models should also be piloted and evaluated – for example small scale, low cost supervision.

We recommend that the Government ensures the legal framework and funding structures permit a range of models of enhanced harm reduction centres to be piloted across the UK.

Primary Care: GPs and community pharmacy

Primary care – both through general practice and community pharmacy – should be a central part of the treatment available to people with substance use issues. In particular, the specialist treatment for several substances, including alcohol and opioids, is likely to include prescribed medication, which can often be delivered most effectively and efficiently through existing community prescribing routes.

For opioid use, there are a range of medications that can be prescribed in primary care and dispensed in community pharmacy, whether this is liquid methadone, tablets or other forms of buprenorphine, including injectable depot medication.

The advantages of prescribing and dispensing through established community health services include the accessibility for some people, the efficiency and the potential to have straightforward coordination and integration with other aspects of healthcare and prescribed medication.

While there are often good reasons to provide these services through standalone specialist settings or arrangements, there should be the opportunity to deliver in a range of ways to suit clients and local circumstances.

Unfortunately, the pressures under which GPs and community pharmacies are operating have made this increasingly challenging, with many services finding themselves unable to commit to providing specialist substance use prescribing services where they have the option to opt out. Therefore over the past 15 years we have seen 'shared care' arrangements decimated in many areas of the country, with some towns no longer having a GP or a pharmacy prescribing or dispensing NICE-recommended medications for substance use issues.

The system as currently configured does not support GPs or community pharmacies to engage people as part of their specialist substance use treatment and recovery journey.

This issue cannot be seen or addressed in isolation from other elements of community healthcare. The separation of different aspects of prescribing is confusing and counterproductive, resulting in a situation where a community pharmacy cannot opt out of dispensing methadone, but could choose not to supervise the consumption of this medication – even though such supervision is specifically required by clinical guidelines for many clients. This is because dispensing is run through NHS arrangements, while the supervision will be contracted separately by a local authority or the organisation prescribing the medication, such as one of our member charities.

We therefore recommend that prescribing and dispensing of medication– including supervision where required – to treat substance use issues is included as part of the core contracted functions of general practice and community pharmacy.

Just as treatment and recovery is about much more than prescribed medication, so is the potential contribution of primary care. As noted above, people's wider health and wellbeing is closely linked to their use of substances and recovery; if people are struggling with their mental or physical health, they can find it more challenging to maintain recovery.

At the most fundamental level, we know that people with substance use issues tend to be under-served by 'mainstream' healthcare. Both alcohol and other drug use are associated with physical health problems and early death not necessarily directly related to their substance use.[54]

Our member charities are committed to improving the wider health and wellbeing of the people who use our services. However, we cannot do this alone, without support from funded healthcare providers.

GPs and community pharmacy are well-placed to support people who use alcohol or other drugs, and there are examples of good practice in this field that we can share with commissioners and funders. However, primary care services are under such pressure that this cannot be seen as a standalone project to link substance use services and GPs and community pharmacies. There must be an

approach that explicitly includes access to healthcare for people who use alcohol and other drugs as part of the 10-year plan for health and works to ensure services are genuinely accessible and effective for this patient group.

We recommend that there is a specific priority identified in the 10-year plan to improve access to physical and mental healthcare for people who use alcohol and other drugs, with dedicated funding and monitoring of implementation.

Technology and Data

Electronic prescribing

There are areas where relatively basic, existing technology is not applied as widely as it could or should be. For example, outside of the NHS, substance use treatment prescribing has to be done by paper - which is both less efficient and less safe than electronic prescribing - because the electronic facility is only set up for prescribing of controlled drugs within GP systems, not those used by substance use treatment. The Advisory Council on the Misuse of Drugs has already advised that this step should be taken in secondary care and health and justice settings.[55]

This could be resolved swiftly by some relatively straightforward work through NHSE Digital to approve and enable the substance use IT systems to access the relevant processes. The IT systems used by substance use treatment services are themselves required and approved by DHSC as part of the national requirements for substance use treatment, so this is a case of requirements and processes in different parts of the health and care system actively working against each other.

We recommend that NHS England and the Department of Health and Social Care support a focused programme to enable electronic prescribing for controlled drugs through community prescribing outside of GP systems.

Data collection and monitoring

Decisions on what data are recorded and monitored are inevitably based on the knowledge and priorities of any given moment. While consistency of datasets over time can be incredibly useful, no area of health and care will stand still, and data collection and analysis should reflect these changes.

In the field of substance use, the consistency and comprehensiveness of the National Drug Treatment Monitoring System (NDTMS) has been a great strength of the sector, but it was designed with – and still reflects – a focus on a particular form of substance use (intravenous heroin use) and a particular form of treatment (prescribed opioid agonist treatment). Patterns of substance use have changed since this system was established, as have the needs of people accessing support, but the overall framework has remained consistent. This means that we do not fully capture information and trends related to other forms of substance use or support, including those recommended or required by DHSC or NICE, such as needle and syringe programmes or recovery support.

We recommend that there is a full review of the data collected and processes required by NDTMS to ensure they reflect current challenges, practice and priorities.

Data sharing

There are technical barriers to delivering effective, joined-up care for people with substance use issues. Different case management systems are not linked, affecting how staff can communicate and integrate care across different specialties, departments and organisations.

If datasets were linked, professionals would be better able to spot patterns of service use that predict future issues, and care could be more integrated and therefore more effective and efficient. Someone's use of community services (or lack of use) can help predict future use of acute services, and so if this pattern is identified and acted on at an earlier stage, their issues may not escalate to the level of acute care. While there are local systems that help integrate care records, there is considerable variation in the specific systems and data items that are included, and how these systems are used by professionals.

We recommend that a specific project is established to improve integration of datasets relevant to substance use at both the individual and aggregate level.

There is understandable scepticism regarding the sharing of personal health information, particularly within the substance use sector where this may include information linked to stigmatised or even illegal activity. The same dataset that holds information about someone's prescribed medication also records historic reported answers on whether they have recently committed any crimes, and there is a known history of doctors being required to report data on drug treatment to the Home Office as part of the 'addicts index'.

At the same time, people expect to be able to have their prescribed medication continued if they have to go into hospital. Therefore, while an effective case can be made for sharing data, this should be done sensitively and with an awareness of people's legitimate concerns.

We recommend that work to improve data sharing is accompanied by clear and public communication by Government to explain what is happening and how it benefits people using services.

Alcohol

The 2021 drugs strategy was focused on illegal supply and use of drugs, but the scale of harm from alcohol is even greater. Nevertheless, there has been strong progress from our member charities in supporting people who drink at harmful levels, with 98,358 people in treatment in the 12 months to the end of November 2024 – an increase of 8% in just a year.

But this is to some extent the tip of the iceberg. Treatment services currently engage around 43% of those who use opiates and/or crack cocaine, compared to 22% of those drinking at dependent levels.[56] To engage more of those who need support with their alcohol use would require a step change in both resources and practice across the health and social care system.

Overwhelmingly, people accessing alcohol treatment have come into services under their own

initiative. While referrals from other healthcare professionals have increased since 2020, they are still below levels that held steady from 2010 through to 2015. Treatment requires screening, identification and support by a range of professionals and organisations.

We recommend that the Government learns from the initial success of the approach taken for illegal drug use, and introduces a specific alcohol strategy, with dedicated funding, clear priorities, outcome metrics and cross-departmental governance.

This strategic leadership and focus on outcomes is required to drive change and deliver outcomes for the public.

Families

Problematic substance use can cause harm not only to the individual concerned, but their family, friends and wider community. Families can also be a key support to people's recovery.

The commissioning quality standard for substance use treatment and recovery services recommends that 'Family members and carers directly affected by another person's problem drug or alcohol use can access support for their own needs.' However, there is no specific expectation or requirement set regarding what this support or commitment should be, and there is little consistency across the country in terms of what families can expect from locally-commissioned services.

We recommend that the Department of Health and Social Care sets clear expectations for family support services, provides investment to deliver this support, and actively reviews compliance with their expectations.

Prevention and early intervention

The profile of substance us amongst children and young people is different to that of adults facing issues, and the response must be too. For young people, it is more likely that their substance use is one element of broader risky behaviours, and the support is less about a 'substance use disorder' and more about wider issues.

Specialist substance use services therefore offer a wide range of support to children and young people, far beyond focusing on an individual's substance use. This brings some challenges in designing and coordinating support for young people, given the range of organisations and forms of support that could also benefit that individual.

We recommend that the Government produces clear guidance, agreed across all relevant departments, to help local delivery partners in supporting young people who use substances.

Workforce

The drug and alcohol field requires specialist skills, knowledge and functions across range of professions, both within treatment services and across wider partner organisations, including the NHS, local authorities and charities. The Government must help provide focus and ambition that goes

beyond the current workforce plan to support recruitment, retention and development.

Current funding for treating people with substance use issues is welcome and enabled the sector to recruit 2,400 more staff by September 2023, helping us support the 332,213 people who have started treatment since April 2022.[57] However, to fully deliver on the aspirations in the workforce plan requires stability of funding, and a clear commitment to training and development.

Without the stability described in section 3.3 of this submission, it is a significant risk for charities to take staff on permanent contracts, which makes recruitment and retention more challenging. There is also a lack of consistency in approaches to commissioning, in terms of how much investment in staff training and development is built into contracts.

We recommend that the Government builds on the current NHSE drug and alcohol workforce plan to ensure there is dedicated resource allocated to this work and focused on practical, achievable actions.

Innovation: support innovation and research in the delivery of effective treatment

If we are to provide effective, accessible services for all, we need provision that is diverse, responsive and innovative. Collective Voice members, as charities, are uniquely placed to deliver this, but current funding and commissioning systems applied by central and local government do not always support this approach.

On research and building the evidence base, structures, processes and culture mean that third sector organisations have not always found it straightforward to link with the NHS, funding bodies and universities. The Addiction Healthcare Goal was established to support and develop the infrastructure around substance use research.

We recommend the Government continues to invest in and support the work of the Addiction Healthcare Goals project.

Notes

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