CollectiveVoice

The National Alliance of Drug and Alcohol Treatment and Recovery Charities

Collective Voice submission to HM Treasury on the Autumn 2026 Budget

Executive Summary

Background and context:

- **Substance use issues are widespread** and lie behind harm to individuals, families and wider society
- This is an **urgent and growing problem**:
  - 'There has never been a more dangerous time to take drugs' (The National Crime Agency 2025)
  - 'Drugs remain the single biggest driver of serious crime in the UK' (The National Crime Agency 2026)
  - 'Illicit drugs remained the most pervasive threat to safety and stability across the estate, fuelling violence, self-harm, debt, medical emergencies and deaths.' (Independent Monitoring Boards of prisons 2026)
- **Specialist substance use treatment saves lives and money**

Next steps:

1. Ensure there is **a Government strategy on alcohol and other drugs** with clearly defined priority outcomes
2. Ensure this strategy is backed by **long-term, cross-government resource**
   - **Restore the programme of investment** recommended by the Independent Review of Drugs
   - Ensure Government investment is **a long-term commitment** and responsive to emerging pressures
   - Convey that **substance use issues are 'core business' for a range of departments** and organisations
   - **Investment must come from a range of sources** / departmental budgets
3. Invest in focused programmes to address specific policy priorities
   - The **prisons crisis** must be addressed by **investing in support within and beyond prison**
   - **Community criminal justice supervision** must include specialist substance use support
   - Maintain and extend specialist substance use support for **people facing homelessness**
   - Include substance use in programmes to improve **youth employment and mental health**
4. Take action to **ensure the system can use investment to deliver impact** efficiently, effectively and equitably

*In the spirit of focusing on delivery, we have provided details of **the specific initiatives and projects** that show emerging or established evidence to deliver the aims of the Budget. These can be found overleaf.*

Specific recommendations for Government action:

Ensure there is a Government strategy on alcohol and other drugs with clearly defined priority outcomes

1. We recommend that the Government urgently re-states its commitment to this agenda, through the publication of a position statement on drug and alcohol treatment and recovery services, reaffirming their commitment to reduce deaths and crime linked to alcohol and other drugs, and maximise recovery.

Ensure this strategy is backed by long-term, cross-government resource

2. To achieve a world class treatment system the Government must restore the 5-year programme of investment recommended by Dame Carol Black. This funding must be ringfenced and protected against inflation and other cost pressures.
3. We recommend that the Government adopts a more sustainable approach to funding local treatment and recovery services, and 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.
4. We recommend that Government advice to all relevant departments and projects highlights the importance of addressing harm related to alcohol and other drugs in partnership with all relevant local and national departments and organisations.
5. 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.
6. 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.

Invest in focused programmes to address specific policy priorities

7. Ministry of Justice budgets should be rebalanced – at no extra cost – to prioritise specialist substance use treatment alongside prison building and probation supervision, with a clear strategic focus on this issue from all relevant departments and agencies to ensure efficient and effective provision and maximise impact, to mirror the impact delivered through treatment services in the community.
8. 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.
9. We therefore recommend that funding be allocated to specialist substance use treatment services as part of MoJ plans to develop community criminal justice supervision.
10. We recommend that the Government continues and expands the reach of programmes that support people facing homelessness by ensuring they have access to intensive forms of specialist substance use support.
11. We recommend that programmes to improve youth employment include specialist support for children and young people experiencing harm from substance use.

Take action to ensure the system can use investment to deliver impact efficiently, effectively and equitably

12. We recommend that the Government reaffirms its commitment to support the substance use treatment and recovery workforce through direct investment in delivering the workforce strategy.
13. We recommend the Government continues to invest in and support the work of the Addiction Healthcare Goals project.
14. We recommend that the Government creates a Centre for Addictions to oversee and coordinate research planning and dissemination, and workforce development for the field.
15. 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.
16. 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.
17. 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.
18. We recommend that the Government updates regulations around the provision of harm reduction to ensure services can respond to emerging patterns of use to reduce harm and prevent deaths.
19. We recommend that the Department of Health and Social Care prioritises a focused programme to enable electronic prescribing for controlled drugs through community prescribing outside of GP systems.
20. 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.
21. We recommend that a specific project is established to improve integration of datasets relevant to substance use at both the individual and aggregate level.
22. 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

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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 have 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 contribute to the development of policy and practice.

Introduction

This submission is divided into two sections. The first section gives the evidence on how specialist substance use treatment and recovery services are cost-effective in delivering key outcomes for Government. The second section outlines recommended specific steps that the Government should take to reduce harm related to alcohol and other drugs to help achieve its stated ambitions. We recommend navigating the document by headings or the table of contents below.

Contents

1. THE EVIDENCE: Specialist substance use treatment is a cost-effective intervention to address key challenges facing the Government

1.1 Substance use issues are widespread and lie behind harm to individuals, families and wider society
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]

1.2 This is an urgent and growing problem
In 2024, the National Crime Agency has stated that 'there has never been a more dangerous time to take drugs'[4], 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.[5]

This year, the Director of the NCA has declared: 'Drugs remain the single biggest driver of **serious crime** in the UK.'[6] It has previously been estimated that 66% of theft from shops is drug-related[7], and 52% of homicides are drug-related[8]. Pilot testing found that 59% of those tested under suspicion of domestic abuse were positive for cocaine and/or opiates,[9] and in two-fifths of violent incidents, the victim believed the offender(s) to be under the influence of alcohol.[10]

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.[11]

The impact of drugs on the criminal justice system has never been so severe or urgent. The Chief Inspector of **Prisons** has stated that illicit drugs remain 'the most significant threat to safety and stability across the adult male estate'[12] and this is echoed by the latest Independent Monitoring Boards annual report, which stated: 'Illicit drugs remained the most pervasive threat to safety and stability across the estate, fuelling violence, self-harm, debt, medical emergencies and deaths.'[13]

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[14]. 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.[15]

1.3 Specialist substance use support saves lives and money

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 last official estimates suggested in 2018 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.[16]

The following sections outline the specific challenges and benefits in key policy areas identified by the Government:

i. criminal justice;
ii. rough sleeping;
iii. youth unemployment and mental health; and
iv. improving health and reducing pressure on the NHS.

i. Criminal Justice

Being in treatment for use of alcohol or other drugs reduces offences by 33%.[17] 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.[18]

Our members are also delivering effective interventions as part of partnership work to **improve high streets** across the country. Participation in schemes such as Clear, Hold, Build has driven clear improvements in public safety and community cohesion, as shown in areas including Cheetham Hill in Manchester.[19] They have also developed close working relationships with retailers, reducing shoplifting and improving access to substance use treatment through various schemes across the country.[20]

ii. Rough Sleeping

The links between rough sleeping and substance use are well established, though causality can be complex.[21] We also know, as stated by the Advisory Council on the Misuse of Drugs (ACMD) that evidence-based support is effective in helping people maintain stable accommodation and their recovery.[22]

Specific projects designed to support people rough sleeping who have substance use issues have been shown to be effective. A recent evaluation of the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG)[23] included in its findings:

- The programme delivered clear equity gains by **bringing a higher-need cohort into treatment** and strengthening local systems — with a strong moral and public health case for sustained support.
- Despite rising risks around synthetic opioids, areas consistently reported that RSDATG **reduced or slowed increases in drug-related deaths**"

Similarly, the evaluation of the Housing Support Grant recommended that central government should continue to fund housing support for those who use alcohol and/or other drugs.[24]

iii Youth unemployment and mental health

The Prime Minister has talked about a 'youth unemployment crisis'.[25] Addressing this requires preventive action to ensure that children receive the best start in life. This must start with a proactive preventive approach that ensures there is appropriate, accessible support for parents.

There are an estimated 478,000 children living with a parent with problematic use of alcohol or other drugs in England[26], and a third of case reviews related to alcohol or other drugs.[27] 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.[28]

We also know **there are links between mental health, employment and substance use**, and so as part of this work there must be support for children and young people who are using substances themselves. In 2022-23, there were 24,073 suspensions from school in England due to alcohol or other drugs, and 590 permanent exclusions.[29]

People struggling with substance use can find it hard to maintain **employment**, exacerbated by stigma and discrimination in the workplace.[30] It has been estimated that over 80% of people who use heroin or crack cocaine are in receipt of benefits.[31]

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**.[32]

These schemes can be adapted as necessary to suit younger cohorts, and there is emerging international evidence that substance use may play a role in worklessness in mid and later life,[33] suggesting that substance use and effective support is relevant across the life course.

iv. Improving heath and reducing pressure on the NHS

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.[34] This places additional pressure on an already stretched health and social care system.

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.[35]

Most strikingly, there were **5,565 deaths related to drug poisoning** registered across England and Wales in 2024. This is a growing issue: the mortality rate for deaths related to drug poisoning has been getting worse since 2012.[36] 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.

Similarly, alcohol-specific deaths rose in England following the pandemic, after more than a decade of stability previously. In 2024 there were 9,641 deaths, and the mortality rate now stands 33% higher than in 2012.[37]

However, we do have effective interventions to reduce deaths and harm. Specialist treatment decreases illicit drug injecting and sharing of injecting equipment, so dramatically reduces the rate of BBV infections such as HIV and hepatitis C, and perhaps most importantly **halves the risk of fatal overdose**.[38]

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.[39]

2. NEXT STEPS: Maintain and increase impact through a strategy with clear outcomes and appropriate resource, with targeted projects to address specific priorities

2.1 Ensure there is a Government strategy on drugs and alcohol with clearly defined priority outcomes

In England multiple years of austerity from 2010 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."[40] 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.[41]

What followed was a clear Government drugs strategy backed by a programme of investment. Dame Carol's independent review had 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. 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

As DHSC rolled out investment broadly in line with these recommendations, two specific ambitions for local delivery partners were emphasised: 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 330,000 adults have been engaged in treatment for their issues with alcohol or other drugs in the last 12 months,[42] meaning **more people are in treatment in the community than ever before**. Moreover, progress has been made at an impressive rate, with 2023-24 seeing the largest rise in adults in treatment since 2008-09.[43] Similarly, **the continuity of care rate has improved dramatically from 33% in 2019 to over 50% today**.[44]

The specialist substance use sector has therefore already demonstrated it can **deliver a return on investment at pace**, responding to urgent challenges and deliver real outcomes for individuals and communities. 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. As the employers of 86% of the workforce nationally, we have led the sector's response to the 2021 drugs strategy.

While the field has begun the task of rebuilding a treatment system that the country can be proud of, clear leadership is required to maintain and develop this progress. In the absence of a current drugs strategy, **we have already seen engagement from core partners drop off and key indicators start to slip**. Continuity of care has been steadily declining since January 2025.

We recommend that the Government urgently re-states its commitment to this agenda, through the publication of a position statement on drug and alcohol treatment and recovery services, reaffirming their commitment to reduce deaths and crime linked to alcohol and other drugs, and maximise recovery.

2.2 Ensure this strategy is backed by long-term, cross-government investment

Restore the programme of investment recommended by Dame Carol Black

The challenge is not just strategic, but financial. DHSC has abandoned its 5-year investment programme, pausing funding 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.

The pause has also required a redistribution of resources from those areas that had already reached the ceiling of investment to those that had not yet received the full planned allocation. Because the areas with the greatest need were prioritised in the first tranches of additional funding, this has meant **the greatest reductions in funding have been seen in the areas with the highest need**, which are generally in the areas with the highest levels of deprivation.

Given that treatment has a range of positive impacts across different departments – especially for the Ministry of Justice and Home Office in reducing crime – **this decision by DHSC will have knock-on**

effects on other departments' activity, and therefore their budgets.

To achieve a world class treatment system the Government must restore the 5-year programme of investment recommended by Dame Carol Black. This funding must be ringfenced and protected against inflation and other cost pressures.

Ensure Government investment is a long-term commitment and responsive to emerging pressures

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'. This is ostensibly accurate, given services in recent years have generally been funded from the following 'grants': Public Health Grant: Supplementary Substance Misuse Treatment and Recovery Grant; Rough Sleeping Drug and Alcohol Treatment Grant; Housing Support Grant; Drug and Alcohol Treatment and Recovery Improvement Grant.

This approach has meant that **funding for substance use 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.

When distributed in this way, **Government investment does not deliver the impact and value for money that it could and should**. It generally takes people with opiate problems over three years of treatment to complete this successfully[45], and we know that the therapeutic relationship between client and staff is at the heart of treatment. Stability of provision is essential to build that relationship – and therefore make a difference for people who use substances, their families and the wider community. But time-limited grant funding makes it challenging to build this with high staff turnover and unstable contacts, which are the inevitable result of.

The perceived instability of funding affects how services are commissioned. 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.[46]

By contrast, in most local authority contracts with substance use treatment and recovery charities, **no allowance is made for increasing costs**.

There is a role here for the Government to provide leadership. **Clear, updated, official guidance to support local areas in commissioning sustainable services** could be beneficial, with follow up to ensure that practice develops to give security and stability to clients, services and staff.

The connections and communication require entail linking 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.

The official evaluation of the treatment and recovery portfolio of the drugs strategy has made precisely these points: "The Portfolio's funding streams should align with the ambition of a 10-year strategy to avoid making short-term investments over long-term improvements. As part of this, **HM Treasury should ensure funding for the full 10-year period with appropriate monitoring in place to ensure funds are spent efficiently**."[47]

We recommend that the Government adopts a more sustainable approach to funding local treatment and recovery services, and 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.

Convey that substance use issues are 'core business' for a range of departments and 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**.[48]

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.

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, beyond any specialist grant.

This is not an isolated issue. Homeless Link recently responded to announcements of funding to end rough sleeping by noting: "While this new funding intends to solve the immediate crisis, we now need to switch to a *long-term* view of the way services are funded and commissioned *cross-sector*, ending the one-off, short-term funding announcements."[49]

This work should be led by a reinvigorated Joint Combating Drugs Unit as a cross-government team designed to coordinate departmental activity and hold them to account, to ensure policy and activity deliver maximum impact and efficiency.

We recommend that Government advice to all relevant departments and projects highlights the importance of addressing harm related to alcohol and other drugs in partnership with all relevant local and national departments and organisations.

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 ambitions and outcomes**.

As outlined elsewhere in 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.

2.3 Invest in focused programmes to address specific policy priorities

The prisons crisis must be addressed by investing in support within and beyond prison

Current MoJ spending plans to address the prison capacity crisis 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.[50] In addition, the annual cost of providing a place, once created, is estimated to be £56,618.[51]

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 Government plans 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.

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.

Current service models and resources in prison are insufficient to engage the full range of people who might benefit from support. The National Audit Office has stated that in April 2025, approximately 40,000 people in prisons in England and Wales (50%) had an identified drug problem[52]. As noted below, they are unable to identify what resource is spent on treatment for these individuals, but estimate that funding for drug treatment has declined in real terms.

While there has been a steady increase in the number of people accessing support in prison in the last three years, numbers remain below pre-COVID figures. The prison data series starts in 2015-16, and the 2024-25 figures are still down 13% from that starting point.[53] In the community, the corresponding figures have *increased* by 14% - notably amongst people using non-opiate drugs, which is more common in prison, showing that charities are able to offer an attractive, effective service when given the necessary backing in terms of strategy and resource.[54]

Ministry of Justice budgets should be rebalanced – at no extra cost – to prioritise specialist substance use treatment alongside prison building and probation supervision, with a clear strategic focus on this issue from all relevant departments and agencies to ensure efficient and effective provision and maximise impact, to mirror the impact delivered through treatment services in the community.

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 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,[55] 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.[56]

A succession of reports, from the Government's independent advisor Dame Carol Black, the Justice Committee and the National Audit Office, have **all recommended that substance use treatment services in prisons are directly commissioned**, with involvement from relevant partners.[57] With the merger of DHSC and NHSE, and the shift of commissioning responsibilities to regional Offices of Pan-Integrated Care Board Commissioning (OPICs), there is an opportunity to reflect and update these arrangements.

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.

Community criminal justice supervision must include specialist substance use support

More fundamentally, to address the prisons crisis in the long term **there must 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 above, the Government has estimated the average cost of holding a prisoner for the year to be £56,618 per prisoner. 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**."[58] 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 for community supervision, there must be a place for specialist substance use treatment in community supervision of offenders. 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.[59]

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.

Fortunately there is resource specifically allocated for this kind of work. The Government has previously 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.[60] 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**.

We therefore recommend that funding be allocated to specialist substance use treatment services as part of MoJ plans to develop community criminal justice supervision.

Maintain and expand specialist substance use support for people facing homelessness

As noted above, there are **several current and recent programmes that have been shown to improve outcomes for people facing homelessness by supporting them with substance use issues**.

The importance of substance use treatment and wider support as part of work to reduce rough sleeping in the long term has been emphasised not only by specialist substance use charities but the wider sector, with Homeless Link highlighting the importance of wider support for substance use and mental health issues if the Government is to achieve its ambition of ending rough sleeping.[61]

As Claire Bloor, Chief Executive of Emerging Futures has written: "Getting people off the streets is a great goal, but the solution needs to consider the complexity of individuals' needs. Or we'll simply be relocating this crisis back into A&E, back into the criminal justice system, and back onto the streets."[62]

Some relevant initiatives are specifically focused on substance use, for example the Rough Sleeping Drug and Alcohol Treatment programme. However, **it is also crucial that there are initiatives that weave substance use support into a wider package of care**. Perhaps the best example of this is the Changing Futures programme, where intensive support is offered alongside work to drive system change, to help ensure that support is more effectively integrated in future, to provide an efficient, seamless approach for people facing multiple disadvantage such as sleeping rough.

We recommend that the Government continues and expands the reach of programmes that support people facing homelessness by ensuring they have access to intensive forms of specialist substance use support.

Include substance use in programmes to improve youth employment and mental health

Perhaps even more than for adults, treatment for children and young people facing issues with substance use comprises support on wider issues including education, employment, relationship and family support. **Specialist providers of young people's substance use treatment are therefore experienced and effective in improving wider outcomes** related to school attendance, training and employment – all of which should help the Government achieve its ambition of reducing youth unemployment, and improving young people's mental health, given the links noted in the evidence section above.

We recommend that programmes to improve youth employment include specialist support for children and young people experiencing harm from substance use.

2.4 Take action to ensure the system can use investment to deliver impact efficiently, effectively and equitably

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.[63] However, to fully deliver on the aspirations in the workforce plan requires stability of funding, and a clear commitment to training and development.

As the evaluation of the drugs strategy has stated, "The government should continue to invest in rebuilding the workforce after years of disinvestment."[64]

Without clear leadership and oversight from central Government, the focus of commissioners and providers of treatment services will naturally default to service delivery.

We recommend that the Government reaffirms its commitment to support the substance use treatment and recovery workforce through direct investment in delivering the workforce strategy.

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. Substance use treatment was a key part of reducing the impact of this epidemic.

If we are to continue to deliver this level of impact, we must be aware of likely future challenges related to substance use. As a 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".[65]

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.

If we are to provide effective, accessible services for all, we need provision that is diverse, responsive and innovative. Third sector organisations have not always found it straightforward to link with the NHS, funding bodies and universities to engage in research and develop the evidence base in our field. The Addiction Healthcare Goals project 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.

We must also ensure that as well as having a clear picture of challenges and solutions through research, the findings are then applied to practice.

We recommend that the Government creates a Centre for Addictions to oversee and coordinate research planning and dissemination, and workforce development for the field.

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'.[66]

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.

Enhanced harm reduction

Drug-related deaths are an avoidable tragedy for individuals, families and communities. They also

cause resources to be used – quite rightly – in reporting and investigative processes. The current system does not support specialist services to prevent deaths as effectively and efficiently as possible, and **we are therefore asking the Government to ensure that regulations, priorities and resources are set to better enable us to do our job and reduce drug-related deaths**, which are now disturbingly at record levels.

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. As noted above, the National Crime Agency has suggested that **there has never been a more dangerous time to take drugs**.

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' 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.

These emerging substances also increase the risk of cross-contamination, where opioids could be found in drugs where they are not expected, and therefore users have little tolerance or knowledge of how to respond to an opioid overdose.

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.

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.[67] 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.

Given the context of new substances emerging and new patterns of use, **the regulations surrounding harm reduction provision are out of date**.

The Misuse of Drugs Act specifically lists substances that are subject to restrictions, and equipment that may be given out for the purposes of harm reduction. It was impossible for an approach of listing substances through legislation to keep up with the pace at which new substances were emerging, and therefore the Psychoactive Substances Act was created, by which a substance came under regulations if it was shown to have psychoactive effects.

Similarly, it does not make sense to list every item of equipment that it might be appropriate to distribute to reduce harm from substance use. An analogous process could be introduced that empowered specialist commissioned services to distribute harm reduction equipment, except where specifically prohibited.

We recommend that the Government updates regulations around the provision of harm reduction to ensure services can respond to emerging patterns of use to reduce harm and prevent deaths.

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, instalment prescriptions for controlled drugs have to be issued on paper. This is both less efficient and less safe than electronic prescribing. 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.[68]

This could be resolved swiftly by some relatively straightforward work through the teams formerly within 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 the Department of Health and Social Care prioritises 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 (injecting 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 **national systems 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.

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.

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