CollectiveVoice

The National Alliance of Drug and Alcohol Treatment and Recovery Charities

Collective Voice submission to HM Treasury on the 2025 Spending Review

About Collective Voice

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

The voluntary sector plays 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.

Executive Summary

- Problematic use of alcohol and other drugs places considerable pressure on public services and society, notably in relation to health, crime, employment and social care
- 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 in treatment than at any point since 2009-10
- Ringfenced funding and shared accountability both nationally and locally have been essential to deliver an effective and efficient response to problems related to alcohol and other drugs
- This approach to funding and accountability should be maintained, with a clear strategic commitment to both broaden and deepen this approach in the following areas:
    - Leadership: ensure there is genuine buy-in from all relevant departments and delivery partners
    - Stability: effectively convey a long-term commitment and stability to this work
    - Oversight: appropriate and proportionate processes for accountability and outcomes measurement
    - Innovation: support innovation and research, notably through commissioning standards and the Addiction Healthcare Goals
    - Workforce: provide focus and ambition that goes beyond the current workforce plan
- Specific issues that require further development include:
    - alcohol
    - harm reduction
    - treatment in prisons
    - under-served communities including those from minoritised backgrounds
    - treatment in residential settings
    - support for the families of people using alcohol or other drugs
    - use of technology and data
    - prevention and early intervention

Recommendations

We have identified specific recommendations to identify how the Government could achieve these improvements:

1. Introduce a specific **alcohol strategy**, with dedicated funding, clear priorities, outcome metrics and cross-departmental governance

2. 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

3. Ensure the legal framework and funding structures permit a range of models of **enhanced harm reduction centres** to be piloted across the UK

4. Commission **substance use treatment in prison** directly as a dedicated service, with new investment and a clear strategic focus on this issue from all relevant departments and agencies

5. Establish a specific programme to improve the treatment offer for currently **under-served groups**

6. Develop and implement a commissioning model that ensures the availability of – and equitable access to – evidence-based **residential treatment**

7. Create a direct, **funded pathway from prison to residential** substance use treatment

8. Set clear expectations for **family support services**, provide investment to deliver this support, and actively review compliance

9. Support a programme to enable **electronic prescribing** for controlled drugs through community-based prescribing

10. 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

11. Improve **integration of datasets** relevant to substance use at both the individual and aggregate level, accompanied by clear and public communication

12. Produce clear guidance, agreed across all relevant departments, to help local delivery partners in **supporting young people** who use substances

1. Background and Evidence: 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]

1.1 Safer Streets

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[5], and 52% of homicides are drug-related[6]. Pilot testing found that 59% of those tested under suspicion of domestic abuse were positive for cocaine and/or opiates,[7] and in two-fifths of violent incidents, the victim believed the offender(s) to be under the influence of alcohol.[8]

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.[9]

However, *being in treatment for use of alcohol or other drugs reduces offences by 33%*.[10]

1.2 An NHS fit for the future

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.[11] 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.[12] There are urgent concerns that these figures will only continue to get worse

with the emergence of synthetic drugs, notably nitazines and xylazine, 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.[13]

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*.[14]

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*.[15]

1.3 Kickstarting economic growth

People struggling with substance use can also find it hard to maintain **employment**, exacerbated by stigma and discrimination in the workplace.[16] It has been estimated that over 80% of people who use heroin or crack cocaine are in receipt of benefits.[17]

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*.[1]

1.4 Break down barriers to opportunity

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[18], and a third of case reviews related to alcohol or other drugs.[19] In 2022-23, there were 24,073 suspensions from school in England due to alcohol or other drugs, and 590 permanent exclusions.[20]

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.[21]

2. The current picture: Substance use treatment and recovery services are delivering results

In 2021, an independent review reported that 'funding cuts have left treatment and recovery services on their knees'. [22] The sector has responded impressively to the subsequent increase in investment. , which is an increase of over 10% compared to March 2022.[23] And

Charities are uniquely placed to deliver services for some of the most vulnerable people in our society, offering flexibility and innovation, working across professional and organisational boundaries to

[1] Available from https://www.gov.uk/government/publications/helping-people-in-alcohol-and-drug-treatment-services-into-work/individual-placement-and-support-alcohol-and-drug-study-main-findings--2

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 people and communities.

In response to this report, there was significant investment in substance use treatment and clearly stated ambitions that were measured through the National Outcomes Framework.[24] Two specific ambitions looking at substance use treatment have shown striking improvement over this period: the number of people accessing treatment in the community and 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 320,000 people have been engaged in treatment for their issues with alcohol or other drugs in the last 12 months,[25] meaning more people are in treatment in the community than at any point since 2009-10. 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.

Moreover, progress is being made at an impressive rate, with 2023-24 seeing the largest rise in adults in treatment since 2008-09.[2] Similarly, the continuity of care rate has improved dramatically from 33% in 2019 to over 54% today.[3]

This work required new, **dedicated investment and strategic leadership** of this agenda from central government across a range of departments. However, this was only a first step on a journey of system improvement. This submission highlights several areas where this approach should be expanded or deepened, and specific issues where policy development and service design can be further improved.

3. A proposed approach to drive further system improvement

As noted above, the drugs strategy has successfully driven progress in delivery. However, the National Audit Office (NAO) noted areas for improvement in 2023, not all of which have yet been fully addressed.[26] In this section, we outline several key ways that could both broaden and deepen the impact of the current structures and approach.

3.1 Leadership: ensure there is genuine buy-in from all relevant departments and delivery partners

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.[27]

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

[2] See https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2023-to-2024/adult-substance-misuse-treatment-statistics-2023-to-2024-report

[3] See https://www.ndtms.net/Monthly/ContinuityOfCare

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.

Similarly, prevention and treatment of issues with alcohol or other drugs must be supported by a range of organisations across different sectors, and needs to be seen as core business across the system, rather than the role of a single organisation or budget.

At present, 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.

This means that the positive impact of our services does not see benefits accrue to one specific organisation or department. Investment in substance misuse treatment, monitored and distributed by the Department of Health and Social Care, delivers significant benefits for the Home Office, Ministry of Justice, Department of Work and Pensions, and other departments. If someone gains control of their substance use and is supported into work, the benefits bill for the DWP reduces, the individual is less likely to commit crime, and therefore the costs to the criminal justice system are reduced, and they're likely to be healthier, reducing the burden on the NHS.

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.

3.2 Stability: effectively convey a long-term commitment and stability to this work

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.

Whether through specific ringfenced grants such as the Supplementary Substance Misuse Treatment and Recovery grant or the main Public Health grant itself, 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[28], 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 decision-makers locally 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.

3.3 Oversight: appropriate and proportionate processes for accountability and outcomes measurement

There are several grants, projects and contracts that currently fund treatment and related services in England. Each of these grants uses a different method to calculate local authority eligibility and the amount each will receive. They also ask for different data and monitoring information, which are to be returned at varying frequency through different routes.

There are definite advantages to having some specific projects budgets, as this can ensure the intended activities take place. We support the development of specific funding for inpatient detoxification, for example.

However, the reporting processes for different projects can be simplified, particularly as there is already a well-established specialist data collection process for substance use treatment through the National Drug Treatment Monitoring System (NDTMS). After three or more years of some of these processes, the specific learning is not yet clear, nor how this might have been applied to subsequent grant-giving and oversight. Rationalisation could value for money for the taxpayer by reducing the resource committed to reporting and administrative processes – and therefore not to frontline

delivery.

We recommend that Government reviews the number of grants to support people overcome issues with substance use, and simplifies data collection and monitoring processes.

At a local level, all organisations that can contribute to and benefit from a service should be involved in its design and monitoring, across the wider health and social care system, and other elements of provision coordinated by local authorities, such as children's social care or housing. For this reason, partnership structures such as Combating Drugs Partnerships have been helpful in breaking down barriers and encouraging stakeholders to see issues at a strategic, system-wide level.

We recommend that local partnership structures including Combating Drugs Partnerships should be maintained and supported by Government.

3.4 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. Our providers, as third sector organisations, 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.

Looking at arrangements around the delivery of treatment more directly, local and national government tends to focus on well-established, evidence-based provision – notably community-based treatment for people who use opioids. While there is an important role for this work, we know that the drugs market and patterns of use are evolving, and support is not accessed by all who could benefit from it. Some of these areas for innovation are covered in Section 4 of this submission, notably in relation to harm reduction and under-served communities.

3.5 Workforce: provide focus and ambition that goes beyond the current workforce plan to support recruitment, retention and development

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.

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.[29] 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 3.1, 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.

4. Specific issues requiring focus

4.1 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.[30] 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.

4.2 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.[31] 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.

4.3 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.[32] 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.[33] 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.[34]

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,[35] 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.[36]

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.

4.4 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'.[37]

To date, there has been limited resource or leadership provided to address these issues. Focused work to broaden access to support could further improve the impact from current investment.

We recommend that there is a specific programme developed by the Department of Health and Social Care to improve the treatment offer and engagement in this by currently under-served groups.

4.5 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.

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.'[38] 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.

4.6 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.

4.7 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.[39]

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.

4.8 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.

Notes

[1] https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england/estimates-of-alcohol-dependent-adults-in-england-summary
[2] https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates
[3] https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest
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