



National Audit Office VFM audit – Reducing the harm from illegal drugs – call for evidence

Submission made by WithYou.

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What are the practical challenges in developing an effective response to the harm caused by illegal drugs?

- There are several complex and deep-rooted challenges that undermine the ability to develop an effective response to the harm caused by illegal drugs. Many of the underlying causes of drug and alcohol use have not been tackled, from entrenched multi-generational poverty to unresolved trauma, and a lack of education and employment opportunities. Some of these causes are systemic, some cultural, and some are a consequence of external events beyond control. On top of this, the lack of effective long-term investment in the drug and alcohol sector has undermined effective responses to drug use.
- There is a high degree of stigma experienced by the people we work with, and of the services we provide. A consequence is that many people who would benefit from treatment and support do not access services. People in treatment and recovery frequently experience stigma, they may fear family break-up, having children being taken into care, or losing a driver's licence, and many employers are often wary of hiring people who use drugs or alcohol or are in recovery. Our clients often feel unwelcome in many mainstream health and care settings, and are often excluded from housing, and mental health services.
- The long-term underinvestment of the drug and alcohol sector during the austerity years post-2010 has led, or exacerbated, many of the challenges service providers are currently experiencing. Cuts to the public health grant (approximately 24% on a real-terms per capita basis since 2015/16) significantly impacted local authority budgets. These cuts have impacted service providers who consequently have been unable to properly invest in improving their systems and technology, pushing administrative work onto clinicians and recovery workers, while caseloads and the complexity of cases has risen. The diversity of specialist services that can be provided has also been reduced and programmes to attract people into services have been cut. Though the investment made by the Government to deliver the 'From Harm to Hope' Drugs Strategy is starting to address some of these challenges, many practical challenges remain.
- Recruitment in our sector has always been difficult because services are rarely seen as high-status, positive career choice. The shortage of labour is making recruitment harder. As well as recruitment, staff retention, of both front-line recovery workers and clinical roles, continues to be a

significant challenge. This has been exacerbated by recent cost-of-living rises, because related sectors are able to offer higher salaries, better skills development and employment benefits.

- In terms of practical challenges to responding to harm's caused, some regulations have also prevented effective responses. For example, Naloxone, a vital tool in reversing opiate overdoses, has to be dispensed by a CQC registered provider following training. It relies on an individual, family member or carer engaging with a service in-person. In Scotland, during covid (and then continuing beyond), the Lord Advocate expanded the number of services able to distribute take-home naloxone kits to anyone who may be supporting someone at-risk of, or likely to witness, an opioid-related overdose. This made it much more accessible and meant, probation, family services, etc are able to distribute Naloxone much more easily.
- Lastly, external events (including covid and now the ongoing challenges related to cost-of-living rises) have created additional challenges for our services. These events have led to worsening health inequalities among our clients and have increased demand for the services we provide.

Is the Government's new strategy leading to improvements in the response at a local level?

- We think overall that the Drugs Strategy has had a positive impact and is leading to improvements at a local level. For example, the Office of Health Improvement and Disparities (OHID) published a national adult drug and alcohol treatment commissioning quality standard and self assessment tool, recommended in the second part of Dame Carol Black's review and endorsed by the recent Drugs Strategy. This provides guidance for local authorities to support them in commissioning effective drug and alcohol treatment and recovery services in their local areas. This has helped local partnerships understand the commissioning process they should follow, better plan and deliver interventions, improve understanding of the local needs for alcohol and drug services, improve the assessment process and help drive up the quality of support being offered.
- We have also seen improvements in the working relationship between local services and commissioners, with improved partnership working to develop new and innovative solutions to local problems. The emphasising of the importance of the role of local recovery organisations was also welcome and has led to these organisations playing a more important role

locally.

- However, though there have been improvements at a local level, the funding process of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR) has been a long, drawn-out process with significant delays in agreeing/sign-off. The impact of this includes delays in recruitment, uncertainty for staff for funding of posts and the need to reprofile and gain sign-off for changes in OHID proposals later in the year (in response to local need) is adding a burden and delay. Ultimately, additional sustained longer-term funding is needed. It will take 5-10 years to really see improvements in how organisations operate at a local level. They will need to see a better margin so they can invest in improving their infrastructure, especially around the systems they use to operate, and in the quality training they can provide.

To what extent does the Government's approach to delivering the 'From Harm to Hope' national drug strategy address the challenges that you face?

- We welcomed Dame Carol Black's Independent Review of Drugs. The scope and ambition of the review was wide-ranging and addressed many of the issues we hoped it would - from calling for stronger coordination between Government departments, to reforming commissioning and rebuilding integrated services. As such, we were very pleased to see the Government commit to implementing findings and recommendations of the Black Review.
- There are a number of ways in which the Drugs Strategy addresses some of the key challenges we face. Firstly, around how this policy issue is framed, it was encouraging to see the Drugs Strategy recognise drug use as a health issue, recognising that it often results from a combination of poverty, social exclusion, and trauma. It also acknowledged the value of diverting people who use drugs from the criminal justice system and into services that can support people's recovery. This is significant and is a crucial first step in tackling stigma. However, though the language of the Drugs Strategy has been positive, the reality is that too often the political discourse of this policy remains cloaked in often punitive and stigmatising language.
- The proposals to improve the management of the drug treatment system through the Joint Combating Drugs Unit (JCDU) was also an important

step in the right direction to help improve coordinated policy-making and implementation across different Government departments. The creation of the JCDU, with its cross-departmental approach is welcome and we believe it will lead to more effective joined-up policy-making and management.

- The financial commitment and investment made to deliver the Drugs Strategy will play a critical role in improving the quality and capacity of services, desperately needed after a decade of underinvestment. With drug-related harm and drug-related deaths at record levels, this is absolutely crucial. However, despite our sector being underfunded for 14 years, we are now receiving investment that has only been committed for 3 years, although the drugs strategy is a 10 year strategy. We would like to see a comprehensive forward plan beyond 2025 so that we can effectively work with our commissioners to plan for the future.
- Staff recruitment and retention continues to be a major challenge, so the development of a new workforce strategy for the sector is essential and welcomed. The sector particularly needs psychologists and Non Medical Prescribers. The strategy should seek to make employment in the drug and alcohol sector more attractive and improve levels of recruitment and retention as well as drive up training standards and quality. This will ultimately improve performance and recovery outcomes for people who access services.
- We welcomed the Drugs Strategy's focus on the importance of harm reduction and tackling drug-related deaths. However the Government's approach to delivering this has ignored key interventions such as overdose prevention centres, heroin-assisted treatment and drug testing services. These interventions could play an effective role in specific areas in reducing drug-related deaths and drug-related crime.
- Lastly, we are concerned that the Government's approach to delivering the Drugs Strategy overly emphasises crime reduction and increasing drug prohibition, including around criminalising possession for personal use. Some of the punitive language used in the Drugs Strategy is contradictory. It is stigmatising to people accessing services, however also sets a target of increasing numbers in treatment by 20%. This use of stigmatising language will ultimately make achieving this target more challenging.

Have you faced any difficulties engaging with the

Government's new approach?

- The Drugs Strategy was rightly lauded for its commitment and ambition by our sector, however the challenges it is trying to address are deep-rooted and complex. There have been several difficulties with its implementation that could potentially undermine the chance of it being as successful as it could be.
- Ensuring the ambition of the Drugs Strategy is matched by a long-term funding package is critical for services to be rebuilt after decades of disinvestment, and for the quality of services to improve. The current funding for the Drugs Strategy comes to an end in 2025. There's a strong 'invest to save' case for drug treatment, as made by the Black Review, and it's critical that this messaging is received and understood by Government. Failure to commit sustainable long-term funding after 2025 for the implementation of the Drugs Strategy could lead to many of the improvements that we are currently seeing being lost.
- The manner in which the Drugs Strategy's funding has been dispersed has created uncertainty for service providers. This includes delays to when funding is approved following proposal submissions, when it is received by providers, and uncertainty around the final amounts that were to be granted. This creates various recruitment challenges, such as around what type of contracts to offer, and uncertainty over how and when recruitment can take place. With new staff in many areas only being recruited and fully inducted into their roles well into the year, this has reduced the ability of providers being able to meet the Government's ambitious targets. These delays undermine the ability of providers to undertake effective long-term planning, re-design services to improve quality, and use resources in the most effective way possible.
- The fast-tracking of investment to areas where drug-related harms are highest is welcome and will help address the disproportionate impact deprivation and locality has on the levels of drug-related harm. However, this could create an imbalance, where some areas may be able to significantly increase capacity, while other areas cannot, yet will still be expected to significantly increase the numbers of people accessing treatment.
- The key indicators of success being used to measure the 'success' of the Drugs Strategy, such as the number of people in 'structured treatment' and 'improving continuity of care', though crucial indicators, are a narrow way to measure the impact of the work our services provide. There is a risk that through focusing on these measures, we will not be able to provide a

holistic understanding of the positive change the Drugs Strategy is having at a local level.

- Service providers are being asked to improve service performance and quality at the same time as increasing capacity. There is a risk that the quality of services will decrease while trying to support more people and trying to meet the ambitious targets of the Drugs Strategy. This is a significant challenge, especially as the workforce strategy, a key plank of the strategy has not yet been published.
- The recent cost-of-living increases have created an additional challenge for service providers. Rising inflation is having a significant impact on services, many of which operate on a narrow margin, in the order of 1%. While capital costs are increasing for many providers, there is little additional funding to reflect these particular increases.
- Lastly, it takes a long time to transform and improve complex public health systems such as this one. The Drugs Strategy rightly sees this as a ten year process, but the current Government approach to its implementation is short-tem. There is a risk that Government expectations do not match the reality of how long these systems take to improve and see considerable benefits. Short-term funding will ultimately have limited long-term impact.

What needs to be done to develop a resilient, long-term response?

- Government needs to show long-term political and financial commitment to the Drugs Strategy and this policy agenda more broadly. To really transform the treatment and recovery system in the long-term, this investment must be sustained for the duration of the strategy, and not just for 2 or 3 years.
- There also needs to be long-term political and financial investment in local Government funding which has experienced significant cuts to their budgets. Key to tackling the problems we address in our services is addressing some of the wider determinants of health and investing in the services which help prevent problems before they occur, such as in housing, youth services, mental health and children's services.
- Since 2012 local authorities have been responsible for commissioning drug and alcohol services. The vast majority of investment from central Government into drug and alcohol treatment comes through the public

health grant, about a fifth of which is spent on alcohol and drugs treatment and support and has been cut by approximately 24% on a real-terms per capita basis since 2015/16. This has not only had a direct impact on the budgets for commissioning drug and alcohol services, but on the ability of local authorities being able to invest in other services that will reduce ill health, health inequalities and support a sustainable and well functioning health and social care system. While the Drugs Strategy funding is crucial to rebuilding the quality and capacity of drug and alcohol services, to really see long-term positive changes across communities, there needs to be sustained investment in addressing adverse childhood experiences, and across wider services that support prevention and peoples recovery, from housing, to parenting support and physical and mental health.

- A more resilient, long-term response requires expanding the scope of how success of the Drugs Strategy is measured. There are, and will continue to be, many successful achievements and positive long-term impacts from the Drugs Strategy that aren't being captured as key measurements of success. There is a risk that by only resorting to narrow metrics of success, some successes will fail to be recognised and political support and investment in this policy agenda will start to wane. Furthermore, we would welcome an additional economic impact assessment looking at both recovery and harm reduction, which would further demonstrate the value for money of investment in treatment and recovery.
- Lastly, the challenges facing recruiting and retaining of a highly skilled and competent workforce are critical to the success of this strategy. A comprehensive workforce strategy will be needed to attract the right people into the sector and provide high quality training and development as well as career opportunities and pay progression to keep them in the sector. Training for managers should also be provided as the most common cause of leaving a job is poor leadership and management.

Is there effective engagement with central government and local delivery partners?

- The Drugs Strategy has resulted in improvements in how central Government and local delivery partners work together. The Black Review which was the foundation for the Drugs Strategy actively engaged service providers throughout the review. This positive spirit of engagement has continued through the delivery and implementation of the Drugs Strategy.

Furthermore, there have been several recent opportunities to engage in the policy-making processes, and evidence suggests feedback from providers has been taken on board, such as our critique of the Home Office's recent white paper 'Swift, certain, tough consequences', which has now been put on hold.

- Political investment from Government ministers to this policy agenda has also been welcome, and we are pleased to see this has continued into a new administration. Maintaining this political investment after the next general election will be critical to ensure the long-term success of the strategy. However, we'd like to see greater recognition by politicians that the use of drugs is often a means for people to relieve feelings of distress as a result of trauma, neglect, poverty and lack of opportunity. Political support for services and investment in them, which is maintained irrespective of the political party in power, will over time change the culture and enable providers and commissioners to make improvements and invest in the basics so success can be maintained in the long term.
- Lastly, additional work is needed around planning and communication. This strategy requires providers to deliver to ambitious targets that require a significant amount of time for organisations processes to be put in place, from services being re-designed, to new roles created and filled. Delays to funding have had a significant impact on how effectively these changes can be implemented. Greater planning for the introduction of these changes and effort into communicating potential delays could have offset some of the challenges providers have faced.

What is working well and why?

- Although there have been challenges around recruitment as mentioned earlier, we have been able to recruit additional front-line workers and increase the numbers in treatment across many of the services in which we received additional drugs strategy linked funding.
- As an organisation, we have also been focused on employing skilled staff in key roles that directly supports front-line delivery, from IT, communications, and HR. We have developed better treatment pathways, learning and training offers for staff and improved our clinical teams. These steps have had a significant impact on freeing up time and capacity of front-line workers allowing them to spend more time working directly with clients. These long term investments are creating a more effective workforce who are able to manage their caseload. Improving these fundamental structures is having a positive impact in improving treatment

outcomes.