



Department of Health & Social Care

Steve Brine MP
Chair, Health and Social Care Select Committee
House of Commons
London
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The Rt Hon Dame Andrea Leadsom DBE MP
Parliamentary Under Secretary of State for Public Health, Start for Life and Primary Care

14th May 2024

Dear Steve,

Expanding Access to Naloxone and the ten-year Strategic Plan for the Drug and Alcohol Treatment and Recovery Workforce (2024-2034)

I am writing to let you know that we are today publishing the *Ten-year strategic plan for the drug and alcohol treatment and recovery workforce (2024-2034)* and the government response to the consultation *Proposals to expand access to take-home naloxone supplies*.

The government's landmark ten-year drug strategy *From Harm to Hope* committed to developing a comprehensive workforce strategy to rebuild the drug and alcohol treatment and recovery workforce. Improving and expanding treatment and recovery services is central to the drug strategy mission, and this cannot be achieved without a resilient, well-trained, and properly supported workforce. The strategy also highlighted the importance of naloxone, an opioid overdose reversal drug, in preventing deaths, and our commitment to reviewing legislation to make it more easily accessible for those at risk.

The drug strategy was backed by an additional initial three-year investment of £532 million between 2022 and 2025 to improve the capacity and quality of drug and alcohol treatment. This funding is supporting the expansion of the workforce by the end of 2024/25 with:

- 800 more medical, mental health and other regulated professionals
- 950 additional drug and alcohol and criminal justice workers
- Additional commissioning and coordinator capacity in every local authority

We know that recruitment and retention of a high-quality workforce is crucial to ensuring we can deliver a world-class drug and alcohol treatment and recovery system. In the first year of this additional funding, the sector recruited over 170 medical, mental health and other regulated professionals and 1,250 drug and alcohol workers. The 2022/23 drug strategy recruitment targets for nurses, social workers and pharmacists were achieved.

The strategic plan has been developed by the Office of Health Improvement and Disparities (OHID) and NHS England through extensive sector engagement. It sets out the path to developing a sustainable, multidisciplinary drug and alcohol treatment and recovery workforce, equipped with the skills to reduce the harm of problematic drug and alcohol use and help more people initiate and sustain recovery, by 2034.

The key elements of the plan are to:

- provide clarity on the roles required to deliver effective drug and alcohol treatment and recovery services through the development and implementation of the capability framework
- develop training programmes in line with the capability framework and standardise and accredit training for drug and alcohol workers
- increase the professional mix in the sector, attracting and retaining more medics, nurses, psychologists, social workers and pharmacists
- significantly improve the quality and coverage of clinical supervision and enhance clinical governance systems
- develop the pipeline of regulated professionals entering the system.

In addition to these vital plans to strengthen the drug and alcohol treatment workforce, today we are also publishing the government response to the consultation *Proposals to expand access to take-home naloxone supplies*. This consultation ran for 6 weeks and sought views on proposed changes to who can supply naloxone without a prescription.

We received over 300 responses spanning all four nations of the UK and included responses from a variety of organisations and individuals such as charities, NHS trusts, housing services and drug and alcohol treatment workers. Of these responses, approximately 95% agreed with the proposals we set out.

The volume of responses and breadth of support for the changes we outlined from across the UK demonstrates the importance of expanding access to this life-saving medication. On this basis, we are proceeding with plans which will do this through two routes:

- Firstly, by expanding the list of services and professionals named in legislation who are able to supply take-home naloxone without a prescription.
- Secondly, by establishing a registration service enabling professionals and services not named in the legislation to, subject to appropriate training and safeguarding, supply take-home naloxone.

These changes, alongside the publication of the strategic plan, mark an important step forward. Widening access to naloxone will prevent the number of deaths from opioid overdose, and the workforce plan provides a foundation for better and more consistent training, career progression and longer-term workforce planning for the drug and alcohol treatment and recovery workforce. This is a clear demonstration of this government's ongoing commitment to making the ambitions of the drug strategy a reality and delivering world-class treatment and recovery systems of care across England.

Best wishes,



THE RT HON DAME ANDREA LEADSOM DBE MP

