



## Treasury Committee

### Call for evidence on Government's coronavirus financial package

March 2020

Collective Voice is the national alliance of drug and alcohol treatment charities.

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 drug or alcohol issues, their families and communities. Drawing on the strengths of our members, we:

1. Tirelessly advocate for the needs of people who use drugs and alcohol by influencing partners in central and local government, the media, and allied organisations.
2. Coordinate and lead campaigns and alliances within our sector and with wider partners.
3. Promote the value brought by the voluntary sector to treatment and wider support.

We welcome the Committee's urgent call for evidence on the Government's coronavirus financial package. People who access drug or alcohol treatment are, at the best of times, some of the UK's most vulnerable individuals. In the current climate of a widespread pandemic their vulnerability is only heightened, and services that are already struggling to deal with significant disinvestment over the last six years are facing an unprecedented challenge to sustain life-saving treatment and recovery support. We hope the Committee will heed our sector's call for greater financial support over the coming months – the human and economic consequences of not doing so are likely to be severe.

#### **1. Vulnerability and Substance Misuse**

People with a history of problematic substance misuse often have underlying health conditions, which range from cardiovascular disease to COPD and other respiratory conditions. These physical health vulnerabilities are often accompanied by social and environmental factors, such as homelessness and involvement in the criminal justice system. People with a substance misuse problem are also much more likely to experience mental health problems. These co-occurring areas of complex need put this group at much higher risk of not only contracting COVID-19 but of then developing serious complications that could result in hospitalisation.

The government has set out [advice](#) for those at increased risk of severe illness from coronavirus. Wherever possible, people with substance misuse problems should also be included in this categorisation.

There has been a welcome response from the government with respect to people who are rough sleeping. But there is a pressing humanitarian need to protect the wider group of people with substance misuse problems by bolstering existing treatment services with the financial support

required to – amongst many things – sustain Opioid Substitution Therapy (OST), provide vital psychosocial interventions, and find housing options for those who need to self-isolate but are currently homeless. OST supplies people who use illegal drugs with a replacement, normally methadone or buprenorphine administered in a supervised clinical setting. OST is a fundamental component of the public health problem of injecting drug use. Psychosocial support encompasses the array of more holistic support that helps people with substance misuse problems to find a positive way forward.

***The needs of our society's most vulnerable citizens – who disproportionately experience substance misuse and allied challenges – must remain a focus at all times during the COVID-19 crisis.***

## **2. Historic disinvestment**

This call for urgent funding for our sector at this crucial moment comes against the backdrop of six years of disinvestment in substance misuse treatment. The bottom line is that our sector has lost over a quarter of its funding since 2015 and the effects of these cuts, so starkly highlighted in [Dame Carol Black's recently published Review](#), are clear and undeniable – treatment and recovery systems are already struggling to deal with record numbers of people dying from drug-related causes. Treatment for alcohol use disorders has also been heavily impacted as highlighted by a [recent PHE report](#) which estimated 80 per cent of people needing treatment for an alcohol problem were not doing so.

Our call is not only a humanitarian one, but also one that will have wider benefits to the frontline healthcare systems that are rightfully focussed on combatting COVID-19. In normal times, the case for better funded treatment services is already clear - PHE places [the social return for every £1 spent](#) on alcohol treatment at £3, rising to £26 over the course of ten years. For every £1 spent on drug treatment, the return is £4. Shockingly, Dame Black's Review highlighted that the societal costs of drug-related deaths dwarf the current investment into community treatment and recovery by a factor ten. With respect to the current COVID-19 epidemic, the case for investing in treatment and recovery services is even more apparent. Keeping people with substance misuse problems safe, healthy and out of acute healthcare services will help to ease the pressure on NHS services that are going to come under tremendous strain.

***The substance misuse sector has already faced substantial cuts to its funding in recent years, despite the clear evidence that investment in our sector can reduce pressure on acute healthcare services. This situation must be remedied immediately to support the sector to continue providing life-saving and economically beneficial services.***

## **3. Immediate financial risks to the sector**

We welcome the Treasury's commitment to support 80% of charity workers' salaries if necessary during the COVID-19 crisis. This will bring some welcome stability and security.

But providers with limited resources to draw on may face immediate serious cashflow problems if local authorities (who are responsible for paying for substance misuse treatment through the public health grant) are delayed in making payments due to factors such as staff illness or lack of guidance. There may be some important short-term fixes that could help to buffer organisations against delayed payments and other unforeseen circumstances, such as:

- Facilitating quicker access to overdraft facilities without financial penalties. We urge the Committee to consider the important role that banks can play in this respect.

- A centralised 'stabilisation fund' to provide short-term loans (without interest) to providers encountering financial challenges.
- Clearer guidance around many of the newly introduced measures by the Treasury, such as around statutory sick pay and the commitment to cover 80% of salaries if necessary.
- Clearer guidance on contingency plans for local authorities.

***While securing the sector's financial security remains a priority, there are very immediate considerations around providers' cashflow that need to be taken into account and pressures relieved as a matter of urgency.***

#### **4. The essential role of the voluntary sector**

Substance misuse services rarely work in isolation from other vital services due to the substantial numbers of people with complex needs highlighted above. Many of these other services, so often delivered by indispensable charities working across homelessness, prisons, mental health and domestic abuse, have also borne the brunt of significant funding cuts over recent years. Now more than ever, the government must support the third sector to strengthen its resilience and capitalise on charities' ability to reduce harm, save lives, and build the stronger communities that will be a crucial factor in the weeks and months to come.

We are particularly concerned about the provision of treatment services in prisons, many of which have deteriorated significantly in recent years in terms of substance misuse, violence and abuse. A serious COVID-19 outbreak in the prison estate could therefore be devastating in terms of safety and healthcare provision due to loss of staff and increased levels of stress and anxiety in the prison population. With respect to treatment services within prisons in particular, they will form an integral part of maintaining stability during this time and we urge the government to provide emergency funding to prevent a serious crisis from unfolding.

***The voluntary sector is a vital component of the UK's safety net for some of the most vulnerable people in society and must be made financially secure.***

#### **5. Looking to the future**

Our sector, and connected services, have proved extremely resilient in recent years despite the substantial cuts to funding. We know what works. We are equipped with a range of interventions from OST to motivational interviewing, from needle exchange to residential rehab, which can be drawn upon by skilled workers to meet the needs of their clients at the exactly the right time.

And in these extraordinary times, the treatment and recovery sector is already continuing to prove itself worthy of the task ahead. But there are fundamental questions about how sustainable these efforts are without an increase in funding and clearer policies in place to support frontline services. We hope the Committee carefully considers the implications of government inaction on this issue.

We believe it may be necessary to set up an emergency funding mechanism to support the delivery of cost effective and evidence based drug and alcohol treatment and recovery services and would be very happy to work with Her Majesty's Treasury and any other government departments to achieve this.