Home Affairs Committee: Drugs Inquiry
Event with stakeholders in the drug treatment and recovery sector

On 12 December 2022, the Home Affairs Committee held a roundtable event with stakeholders from the drug treatment and recovery sector. The main points emerging from the event are summarised below. The following organisations were represented: Adfam, The Hepatitis C Trust, Druglink, NAT (National AIDS Trust), DrugFAM, The Centre for Justice Innovation, The Well Communities, Trevi, Turning Point, Humankind, Phoenix Futures, Change Grow Live, Cranstoun, Collective Voice.

The 10-Year Drug Strategy

Participants welcomed the money put into the sector by the 10-year Drug Strategy, which allows for a holistic view of treatment and agreed that the Joint Combating Drugs Unit was a positive first step in helping to tackle problematic drug use. However, participants suggested that the Strategy was not perfect. The following critiques were noted.

The impact of funding cuts

The Strategy does not address the decrease in funding that has occurred over the last few years. It was mentioned that many drug treatment and recovery services have closed due to a lack of funding over the last 10 years. One participant said, for example, that 40% of a particular service provider's residential treatment had been cut in the last five years. Another participant argued that the funding was not better than the level of funding available before austerity impacted the sector. It was suggested that there needs to be an acknowledgement in the 10-year strategy that it will take longer to get back to a system of world class recovery due to 10 previous years of cuts.

Funding longevity

Short-term funding from the strategy was welcomed but it does not enable staff retention, growth, stability – for both patients and staff – or innovation within organisations, particularly in the context of the cost of living crisis. Providers rely on stable funding to deliver their services. Participants emphasised the need for reassurance that the money for the next three years is coming and then the next seven years should be guaranteed too. Participants agreed that funding for these services should not become impacted by party politics.

Contradictory approach and varying commitment of Government

Participants argued that other Government policies do not align with the 10-year Drug Strategy, and that this perpetuates an environment of caution because there is uncertainty within the sector as to how long the funding will last. Some participants said that support and commitment to funding varies depending on who is in Government, and that this is not a sustainable approach.

Pressures on the sector

One participant remarked that there is anxiety from the directors of rehab services over funding, which are heaving with demand. Another participant noted that it is common for a 'one-stop-shop provider' to be commissioned and for that provider to then assume responsibility for all aspects of support services. Previously local authorities held overall responsibility. The participant said it is not fair to ask services to do everything on a smaller budget.

Limitations on achieving treatment innovation

Participants agreed that innovation will not happen because there is a postcode lottery in terms of the treatment available across local areas. This is compounded by stigma and funding cuts. In addition, under short-term funding cycles, commissioners and providers are not given the opportunity to innovate because they have very little time to make funding decisions. This means that money is not spent sensibly. Participants said that there needs to be an assurance by Government to providers and commissioners that funding will not run out.

Commissioning

One participant mentioned that the commissioning of short-term contracts has created difficulties and led to changes in providers. Commissioners have become accustomed to less funding, meaning they can only contract to a core of people with the highest need. This means there is little scope for innovation due to a lack of stability in terms of short-term contracts and short-term funding. One participant reflected that commissioners sometimes think that members of the public don't want local authorities to invest in drug treatment and support, but such investment can help reduce criminality.

One participant stated that a positive outcome of the 10-year Drug Strategy was that it enables the commissioning of services on a longer-term basis. Instead of 3-5 years, commissioning can now happen over 7 years, which can enable longevity in services. Another participant added that this will enable service users to trust the support they are receiving because of its consistency.

Postcode lottery

Participants agreed that accessing treatment in the UK is a postcode lottery. For example, neighbouring local authorities can have disparate levels of funding for services like rehab. One participant suggested that treatment services could work across all local authority areas and not be dependent on individual local authorities. Another participant recommended that local authorities ringfence funding for treatment services within their own budgets to address the disparity in budgets across authorities.

Another participant highlighted that the general affluence of some areas may distract from pockets of problematic drug use in the region being funded. They said Cumbria, for example, as a region with affluent areas does not draw sufficient funds, despite having some of the highest drug-related deaths in certain areas.

Residential treatment

It was observed that there are not enough treatment beds to meet demand, particularly in light of huge waiting lists for residential treatment and rehab. (As noted above, one participant stated that 40% of a particular service provider's residential treatment had been cut in the last five years.) It was agreed that lengthy waiting times may disengage clients from the recovery and support process.

Though some parts of the country have good pathways into residential treatment and additional money has opened access to residential treatment, participants noted that there are people in some parts of the country who are not getting access to residential treatment. One participant said that in one local authority, there were several publicly funded residential rehab beds but that the model shifted to a private sector model. As a result, one can have specialist treatment when one can afford it. The participant said that this creates a big gap in the equity of access to residential treatment and that many areas now have very few community-funded beds. These models do not make treatment and healthcare as accessible as it should be.

One participant emphasised the importance of local authorities putting money into residential treatment as it can be a more effective method than just community support. That participant suggested that more funding in residential treatment may prevent the prevalence of a postcode lottery to services. Some participants went further and supported a national approach to residential treatment. They argued that 2% of people in treatment in each local authority should have access to such treatment. Some argued that this could be applied as an initial benchmark to help raise equality in the access to drug treatment. Participants noted that if residential services are set up appropriately for a wide range of needs (e.g., for mothers) and there is support upon exit into the community, then there is a greater chance of successful recovery.

Complexity of addiction

Participants agreed that people are increasingly presenting with complex problems related to addiction, such as trauma, domestic abuse, mental health, homelessness and polydrug use. Many agreed that individuals needed holistic support. Some suggested that services needed to be connected and jointly commissioned to manage the increasing complexity of needs. One participant suggested that there ought to be greater involvement from NHS England and NHS Wales in any joint commissioning.

Problematic alcohol use

Participants provided the alcohol-using community as an example of a less visible community that are not being reached out to by drug treatment providers. Alcohol should be highlighted alongside drugs in developing support strategies in order to ensure efficacy of treatment across both spheres of addiction; they should not be treated separately just because alcohol consumption is legal.

One participant highlighted the difference in attitude towards different forms of addiction. Drug use is criminalised but other forms of abuse such as binge drinking is not necessarily criminalised. Alcohol is divorced from drugs despite both being addictive substances, which perpetuates stigma surrounding drugs.

Addiction and mental health

Many participants agreed that drug dependence is a mental health problem. It was agreed that if problematic drug use was a protected characteristic, it would allow statutory providers to treat problematic drug use as a priority, and as a mental health issue because people are often dealing with trauma. It could also remedy negative perceptions of the Criminal Justice System too.

Barriers to accessing drug treatment and support

Lack of women-centred support

It was noted that treatment and recovery services are based around the needs of men. For example, they are not adapted to women's needs such as pregnancy, childcare, or for women in sex work. Additionally, detox processes must currently happen in mixed settings and there are no women-only detox facilities. Some participants said many women find accessing drug treatment an intimidating experience and that safer and specialist spaces were needed for women.

Vulnerable and marginalized communities

One participant highlighted that the straddle-funding that targets addiction and homelessness is precarious; they suggested that it is hard to get homeless communities into treatment because of these stability issues, despite new initiatives attempting to get them into treatment. In addition, participants said that the idea of a 'hard-to-reach' communities needs to be changed. Services need to be created that work for communities that are not being sufficiently reached out to, such as young people, the LGBTQ+ community, the Traveller community and the Black community.

Geographical limits and time limits

Many participants said that drug services are very prescriptive with appointment times, even though drug addiction does not align with conventional office hours. They agreed that services should be open until 10pm at least as most pressing issues occur after 5pm and at weekend. They suggested that services should be additionally accessible on weekends, bank holidays, Christmas, Easter holidays.

Other participants added that giving a system of appointments at different places can be difficult to access for people who are time-poor or homeless; the system needs to be restructured so that people can access appointments and are not punished for not turning up.

Stigma

Participants agreed on the prevalence of stigma as a barrier to accessing treatment. It can impact people seeking rehab and residential treatment. For example, one participant noted that many middle-class women fear being seen going to rehab meaning they do not access the support they need. Stigma can also cause people to be discriminated against and 'othered' because they have addiction. Addiction is seen as a society issue rather than a public health issue, so society expects users to 'jump through hoops' or 'demonstrate that they are ready for treatment', an attitude which would not be applied to other kinds of conditions. Participants supported a public health approach to drugs.

Beyond treatment, stigma can impact career prospects and accommodation. People in recovery with a history of drug-related offending to support their former addiction may be refused jobs or homes because of their criminal record.

Causes of addiction

One participant emphasised the importance of developing a proper understanding of the root causes of addiction and identifying where addiction is most experienced. Some noted the disproportionate number of people dealing with trauma and the impact that one's environment can have on causing addition. A trauma-informed approach is needed.

Workforce

Participants noted that there are a dwindling number of addiction psychiatrists, that the sector is not attracting trained doctors and that there are few nurses. This means there is very little clinical leadership in the sector. Participants agreed that staff cannot settle in their roles because of the instability of funding in the sector, especially in the cost-of-living crisis. Further, participants noted that salaries are not competitive in the third sector, meaning that organisations provide training but then the NHS can pay employees significantly more to do the same job.

Recovery support

One participant emphasised the importance of the visibility and community of recovery. They highlighted that drug services should enable people to make the transition from 'Harm to Hope' [the long-title of the 10-Year Drug Strategy] through initiatives such as volunteering which help to build confidence. However, they pointed out that drug services do not have the capacity to be as focused on providing these types of community-driven initiatives as they used to be. They stated that a community of recovery makes an enormous difference as it enables people to move away from spaces that may result in them using drugs.

Participants noted that tailored support for the individual is a proven route to helping people, including opioid substitution therapy (OST). An individual approach to recovery is beneficial on a

family level and a community level. It also saves money, prevents people from going to A&E and decreases the likelihood of entering the criminal justice system.

It was mentioned that lived experience recovery organisations are not valued in the sector due to stigma attached to it. It was recommended that there needs to be more reporting on the impact of the work of local community organisations to reinforce their value.

Family support

Participants noted that the extent of family support is a postcode lottery and is dependent on local authorities. Some local authorities have family outreach programmes that work with families in treatment, some may have a watered-down approach that use external services, but in other places there may only be one person to work on it. One participant noted that a lot of family support had been cut in the austerity years and argued that there needs to be a greater focus on family support in the 10-year Drugs Strategy. One participant suggested that having a family and alcohol team within a local authority can save the authority money within the year. However, the participant said that these teams need investment.

One participant emphasised the importance of family support services in stopping children being taken away; once one's children are taken away there is less hope for the success of recovery. Another participant added that the inclusion of family members is key to some individuals' recovery, but they are often forgotten and lack support. There are organisations which provide online counselling for families, but they often have a waiting list to meet the demand. A few participants said that families often do not know where to go when their loved one is facing multiple issues.

Bereavement support

Participants agreed there is little support for people bereaved from alcohol abuse or substance abuse. The complexity of such cases of bereavement may require collaboration with other organisations due to the niche area of bereavement as a result of problematic alcohol or drug use. One participant suggested that bereavement support services need to be commissioned.

Project ADDER

Some participants agreed that Project ADDER was predominantly a criminal justice initiative focused on reducing crime. One participant suggested that aiming for crime reduction does not always support drug service users as they are not the ones involved in organised criminality, rather they commit smaller crimes in order to support their drug use. They said that ADDER's work is undermined by those who sell drugs but do not take them. Participants also agreed that Project ADDER is limited in its impact as it only operates in 11 locations in England and Wales, meaning it is hard to fully address drugs-related criminal issues such as county lines.

Criminal justice

One participant said that the criminalisation of drugs for personal use creates structural barriers and undermines how the sector brings people into recovery. Some argued that criminality cannot be stopped even though we know harm reduction is important, because some drug users know no other way to support their drug use. Participants agreed that the relationship between the criminal justice system and the drug support sector should be disentangled and reframed. They emphasised that the criminal justice system is just one of many ways to enter the support system.

Participants noted the difficulties faced by people in custody who are on OST as it can be disrupted while in lengthy police custody. Further, a number of participants said that drug treatment in prisons needs reform. One participant noted that prisoners who are drug users need intensive long-term

treatment, but there can be a high turnover of people going through the treatment process. Another participant pointed out that strict prison regimes including frequent lockdowns can lead to delays and interruptions in treatment, which can hinder the recovery process. For prisoners using drugs, even if they are going to let out soon, the positive impact of harm reduction should be understood.

Participants highlighted the importance of the police as an outreach network for drug support. They agreed that support and recovery pathways and pre-arrest diversion is a massive opportunity to support individuals before custody is even mentioned. Participants praised the 'Offender to Rehab' programme rolled out by the West Midlands police, which ensures the right intervention for the right person at the right time, aiming to reduce crime through offering drug support. Participants suggested that programmes like this can allow for different authorities to work collaboratively.

International approaches to drug treatment and support

One participant cited Denmark. This model supports user involvement where services are provided by the local community and foodbanks, including out of hours services. They highlighted that this model means the homeless community can collect their clothing from community services and food from food banks; there are also shower facilities and women-only pathways. This offers the potential of stability for users through community support.

- **Steady, long-term and ring-fenced funding that has cross-party commitment into, and beyond, the next general election.** This would ensure that strategies can be delivered from start to finish and to prevent a 'postcode lottery' in terms of the services available across local authority areas.
- **Treat drug dependency as a public health condition and apply a 'person first' approach.** This should include scaling up needle and syringe provision to reduce blood-borne viruses like HIV and Hepatitis C. It could also include investing in safe consumption facilities. Participants emphasised that drugs can be a politicised subject but stressed that drug treatment should not be treated as a politically contentious issue.
- **Increase cross-sector and cross-departmental working.** Go further than the 10-Year Drug Strategy by implementing a 'whole-system' approach – so that drug treatment services, local authorities and the Ministry of Justice have an aligned agenda – and by integrating and streamlining services.
- **Improving workforce retention.** Reduce stigma surrounding drug use. This could be done, for example, by making problematic drug use a protected characteristic as it could encourage statutory providers see addiction as a priority.
- **Invest in community recovery cafes.** Local community support offers people hope and the support needed to enter long-term recovery.
- **Increase women-focused services and tackle the barriers that prevent women from seeking out or accessing treatment and support services.**
- **Provide greater support for the families of people with problematic drug use.**