

# The Royal College of Psychiatrist's Addictions Faculty, Collective Voice and the NHS Substance Misuse Providers Alliance respond to Dame Carol Black's landmark Review of Drugs

## The Review

The report brings together a substantial and compelling base of evidence which demonstrates the causal link between poverty and problem drug use and the deplorable effects of funding cuts to our drug treatment and recovery system struggling to deal with record numbers of people dying from drug-related causes. Sadly, for many readers in our sector – which has lost over a quarter of its funding since 2015 – the report's findings will come as no surprise. They echo the serious and legitimate concerns raised over recent years.

## Deprivation and drug use

*"Problem drug use is highly correlated with poverty, and these problems blight our most deprived communities."*

The report clearly links deprivation with harmful drug use and its all too often tragic consequences. Some of the poorest areas in England have seen a doubling in the number of people dying from drug misuse. The evidence is clear: if you are poor, if you are traumatised and if you have lived a life on the margins of society where you have been blocked from opportunity you are more likely to end up with a drug problem. Drug harms, including drug-related deaths, are a profound manifestation of health and social inequalities.

## Disinvestment

The report records the substantial disinvestment the sector has experienced over recent years and many of its effects. While the cost of illegal drugs to society stands at a £19 billion, we spend just £600 million on treatment. And, according to official figures, this comparatively small investment saw a 14 per cent reduction between 2014/15 and 2017/18 with considerable local variation – some Local Authorities have reduced funding by 40 per cent. In her foreword to the Review, Dame Black underlines the effect of these cuts:

*"[T]he amount of un-met need is growing, some treatment services are disappearing, and the treatment workforce is declining in number and quality."*

Especially startling is the fact that the costs of harms associated with drug-related deaths and homicides - £6.3 billion – are over ten times the amount spent on community treatment and prevention.

The benefits of reinvesting in drug treatment are clear. Drug treatment and recovery play a transformational role in human life, generating meaning for those in recovery, reconnecting parents with children, rebuilding communities, making savings for the public purse - and most importantly reducing harm to individuals and broader communities and keeping people alive. We urge the government to protect this system by restoring the local government funding lost over the past

decade and maintaining the ring-fence around local authorities' public health grants.

## **System fragmentation and the need for collaboration**

The report makes clear that disinvestment has driven system fragmentation and we welcome its support for increased joint responsibility and accountability as a pathway to "*regenerate and vitalise the system*".

Local authorities have been put in impossible positions over funding. We need to adopt a whole system approach to reducing drug harms and saving lives which brings together partners to address the increasingly complex needs of the people we serve. On the frontline this means practitioners working closely with colleagues in physical and mental health, criminal justice and homelessness services. At a structural level it means closer partnership between NHS and local authority public health commissioned services with improved routes into primary care and universal services.

It's essential that integrated care systems and primary care networks in partnership with public health commissioned services prioritise reducing health inequalities as part of their community focused work. And it's imperative that we all work to ensure stigma doesn't prevent those with drug or alcohol problems being able to access support through the local NHS, local authority commissioned services or voluntary sector providers.

## **Political leadership**

We hope this landmark report reinvigorates political focus on this most pressing of issues. Let us hope that the Glasgow Drug Summit is day one of a new phase for drug treatment, harm reduction and recovery in this country, driven by effective political leadership.

At a national level this means the government fulfilling its commitment of a new addiction strategy with a central monitoring unit, and the restoration of lost resource. At a local level that means the prioritising of the health and social needs of the most vulnerable citizens.

## **Looking ahead**

We are fortunate to have such an established evidence base in the UK. We know what works. We are equipped with a range of interventions from opioid substitute therapy 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. As organisations representing both voluntary and NHS sector providers and their staff we are ready to work in close partnership to make that happen.