

Change Grow Live Representation to HM Treasury Spending Review Phase 2

Proposal

Ringfenced, inflation-matched multi-year funding for community drug and alcohol treatment services at or above level of investment made in 2024/25.

Rationale and benefits

1. Drug and alcohol services deliver value for money

The social and economic burden associated with alcohol and drug use is significant and on the rise. In England, the cost of harm related to illicit drug use is estimated to be £19.3 billion (in 2017/18 prices); the main drivers including drug-related crime, drug-related deaths, and support to adult family and carers.¹ The cost of alcohol-related harm is estimated to cost £27.4 billion to society, including £3.2 billion to public health and care services.²

Adult drug treatment reflects a return-on-investment of £4 for every £1 invested in the short term, which is estimated to increase to £21 for every £1 invested over 10 years. For the first year of investment into adult alcohol treatment, every £1 invested sees a return of £3, increasing to £26 over 10 years.³ The attributable cost-savings are associated with a reduction in crime, re-offending, the NHS, housing and social care, highlighting the cross-cutting impact on society that investment into adult drug and alcohol services can deliver. For Children and Young People services ranges from £4.66 to £8.38 for every £1 spent.⁴

2. Drug and alcohol services help keep people economically active

Many of the people who use our services present as economically inactive due to their ill-health, but with sufficiently funded services, we can offer specialist support to help them make progress towards achieving or returning to employment. Prior to IPS funding in 2021-22, 16% of those in treatment who reported not working at the start of treatment reported doing so at their planned exit. Post IPS funding, 52% of people who use Individual Placement and Support services successfully obtained employment within 18 months, 75% of people sustained their employment for 13 weeks or more.⁵

3. Drug and alcohol services break down barriers to opportunity

According to the Children's Commissioner for England's data on childhood vulnerability, there were 478,000 children living with a parent with problem alcohol or drug use in 2019 to 2020, a rate of 40 per 1,000.⁶ Despite this, and the availability of guidance for Directors of Public Health, many local authorities do not explicitly fund support for children and families impacted by parental substance use, and allocated funding is not ring-fenced.

Out of 22 Change Grow Live services with capacity/explicitly commissioned to support children impacted by familial substance use (about 50% of our community substance use provision) seven of them are having to operate a waiting list (of up to six months) because they cannot meet demand.

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Drug and alcohol services break down the barriers of opportunity for young people. For example, on average, between 2022-23 and 2024-25, of those young people who finished treatment with Change Grow Live:

- 85% were no longer involved in self-harming behaviour
- 53% reduced or stopped offending behaviour
- 51% who were at risk of homelessness were placed in secure and settled accommodation

These outcomes are life-changing for young people and create the opportunity for happy and fulfilling lives.

4. **Drug and alcohol services make our streets safer**

Drug-related crime is evidenced as one of the main drivers of cost to society associated with people who use illicit drugs.⁷ Being in treatment is one of a number of important protective factors against reoffending, thereby reducing ongoing costs to the criminal justice system and making our communities safer. Drug and alcohol treatment services have been demonstrated to reduce offending by 33%, playing a crucial role in keeping streets safe and easing pressures on already overwhelmed criminal justice services.⁸

5. **Drug and alcohol services ease pressure on an already strained NHS**

Research published in 2023 found that for illicit opioid users alone, there are 3.8 million avoidable healthcare appointments associated with primary care and secondary care (including outpatient appointments, A&E visits, elective care and unplanned admissions),⁹ and we estimate this as a potential cost of £414 million to the NHS.

Likewise, in 2022-23 alone, there were 262,094 estimated hospital admissions where the main reason for admission was attributable to alcohol.¹⁰ The costs of alcohol to the NHS and healthcare is estimated at £4.91 billion.¹¹ Whilst the social and economic burden of alcohol is well evidenced, the National Drug Strategy and wider government policy do not tackle this agenda robustly. Drug Strategy investment in recent years has seen the number of people in England accessing treatment for their alcohol use increasing (94,173 in 2023-24) and achieving good outcomes (58% successful completion in 2023-24 – highest since 2015-16). This is why we are calling for clear government policy and investment in alcohol early intervention and treatment.

As a first line defence against drug harms, services deliver **harm reduction and clinical treatment interventions that save lives** and ease pressures on the NHS.

For example, in 2024, we estimate that £19.3 million direct medical and ambulance service costs were avoided due to administration of overdose reversal drug naloxone in treatment services nationally, which is widely distributed.

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Drug and alcohol services provide a 'front door' to healthcare for vulnerable, marginalised and disadvantaged communities. They can and do act as **access points for multiple local health and care services** that want to target marginalised groups e.g. for flu or COVID jabs, NHS Health Checks, cervical screening. By supporting timely and appropriate treatment and referral into wider health and social care provision, they reduce pressure on the NHS by helping people to lead more fulfilling and productive lives as they progress and maintain recovery.

6. Disinvestment would undo hard earned progress at the worst possible moment

We have responded to reinvestment through the national drug strategy and have rebuilt a workforce devastated by previous disinvestment. Despite this investment, real terms spending per person still remains lower than 2014-15 levels.

As a result, we now have the highest number of adults in treatment since 2009-10, and a 36% increase in young people (under 18) seeking treatment since March 2022.¹²

But we face an escalating and unprecedented public health threat from synthetic drugs. These drugs, synthesised in laboratories, have already contributed to the deaths of almost 200 people, and in 2024 our testing strips detected synthetic opioids in 482 samples. Any reduction in funding, whether direct or through the removal of ringfenced conditionality, would reverse the significant progress we've made and risk the lives and safety of many people who use services. It would undo the positive changes we are helping people achieve daily and the value we are adding to local criminal justice, health and social care, education, and housing systems.

Conclusion

To sustain the life-changing progress we've made, continued investment in drug and alcohol treatment services is essential. As evidenced within this representation, every pound invested delivers extraordinary returns—saving lives, reducing crime, easing NHS pressures, and breaking cycles of disadvantage.

We have *rebuilt* a workforce, *expanded* access to care, and helped *thousands* to achieve the stability they deserve. These achievements hang in the balance. Without sustained, *ringfenced* funding, these hard-won gains are perilously close to being undone. Disinvestment would not only set our country back, it would jeopardise the very safety of the communities we support, as emerging threats—like the growing danger of synthetic substances—multiply. Withdrawing funding will *cost more* in the long run than any short-term savings can justify.

The case for continued investment has never been clearer. Now is the time to build on success, not retreat from it.

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About us

Change Grow Live is the largest third sector provider of drug and alcohol services in the UK, and one of the largest employers of healthcare professionals outside of the NHS.

We deliver support and care to over 200,000 people each year in over 250 services in communities across England and Scotland, through our teams of medics, psychiatrists, nurses, pharmacists, registered professional body specialists, trained staff and lived and living experience volunteers and peers.

We are a nationwide charity with the following expertise:

- Drug and alcohol prevention, treatment and recovery support for children, young people and adults
- Supporting people during and after involvement with the criminal justice system
- Helping people we support into work and training
- Street outreach, supporting and connecting homeless people to essential services and accommodation
- Encouraging and helping people who want to stop smoking

We have a wealth of data and evidence and welcome any opportunities to work with government to help make positive changes across our communities.

February 2025

References

¹ Home Office. Review of drugs: phase one report. 2020 Feb 27. [Review of drugs: phase one report - GOV.UK](#)

² Institute of Alcohol Studies. The costs of alcohol to society. 2024 Oct. [The-costs-of-alcohol-to-society.pdf](#)

³ Public Health England. Alcohol and drug prevention, treatment and recovery: why invest? 2018 Feb 12. [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](#)

⁴ [Specialist drug and alcohol services for young people – a cost benefit analysis](#)

⁵ Office for Health Improvement and Disparities. IPS for alcohol and drug dependence: data linkage outcomes. 2024 Dec 11. [IPS for alcohol and drug dependence: data linkage outcomes report - GOV.UK](#)

⁶ [CHLDRN - Local and national data on childhood vulnerability | Children's Commissioner for England](#)

⁷ Home Office. Review of drugs: phase one report. 2020 Feb 27. [Review of drugs: phase one report - GOV.UK](#)

⁸ Ministry of Justice and Public Health England. The impact of community-based drug and alcohol treatment on re-offending. 2017 Oct 26. [PHE-MoJ-experimental-MoJ-publication-version.pdf](#)

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⁹ Van Hest N, Brothers TD, Williamson A, Lewer D. Health-care resource use among patients who use illicit opioids in England, 2010–20: A descriptive matched cohort study. *Addiction*. 2023 Dec 4. [Health-care resource use among patients who use illicit opioids in England, 2010–20: A descriptive matched cohort study - Hest - Addiction - Wiley Online Library](#)

¹⁰ Department of health & Social Care. Public Health Profiles: Alcohol Profiles. [Alcohol Profile - Data | Fingertips | Department of Health and Social Care](#)

¹¹ Institute of Alcohol Studies. The costs of alcohol to society. 2024 Oct. [The-costs-of-alcohol-to-society.pdf](#)

¹² Office for Health Improvement and Disparities. Substance misuse treatment for adults: statistics 2023 to 2024. 2024 Nov 28. [Substance misuse treatment for adults: statistics 2023 to 2024 - GOV.UK](#)

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