



## Department of Health & Social Care

*From Ashley Dalton MP  
Parliamentary Under-Secretary of State  
for Public Health and Prevention*

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Ms Zoë Garbett AM  
Green Party Member  
London Assembly  
By email to: [steven.lehmann@london.gov.uk](mailto:steven.lehmann@london.gov.uk)

10 June 2025

Dear Ms Garbett,

Thank you for your correspondence of 1 May to HM Treasury about drug and alcohol treatment services. Your letter has been transferred to this Department for a response, and I apologise for the delay in getting one to you. I apologise for the delay in replying.

I appreciate your concerns.

Please be assured that Department is continuing to invest in local drug and alcohol treatment services. In addition to the Public Health Grant (PHG), in 2025/26, The Department is providing a total of £310million in additional targeted grants to improve drug and alcohol treatment services and wider recovery support including housing and employment support. Further information can be found at [www.gov.uk/government/publications/drug-and-alcohol-treatment-and-recovery-funding-2025-to-2026/drug-and-alcohol-treatment-and-recovery-funding-allocations-2025-to-2026](https://www.gov.uk/government/publications/drug-and-alcohol-treatment-and-recovery-funding-2025-to-2026/drug-and-alcohol-treatment-and-recovery-funding-allocations-2025-to-2026). The Department is actively working with HM Treasury to set funding beyond 2025/26.

The rise in drug related deaths is deeply concerning and there is no doubt that illicit drugs have a devastating impact in our communities. The Government is committed to reducing drug related deaths and the Department has an action plan to achieve this. This plan is currently being reviewed to ensure that it is grounded in the latest understanding of the drivers of drug related deaths and responds to them effectively.

Almost three in four drug misuse deaths registered in 2023 were related to opiates such as heroin. We have taken action to save lives from opioid overdoses by expanding access to naloxone, a lifesaving opioid reversal medication. Last December, the Department amended the Human Medicines Regulations 2012, to expand the list of services and professionals that can supply naloxone without a prescription, making it much easier for those at risk and their loved ones to access. Police officers in forces across the country are now trained to carry and administer naloxone and the Government is working closely with the National Police Chiefs' Council to see the provision rolled out across most forces.

In relation to alcohol harms, in the next few months the Department will be publishing the UK clinical guidelines on alcohol treatment. The aim of the guidelines is to improve and support good practice to achieve better outcomes for people with alcohol problems. However, we must go further than treatment if we are to reduce the significant impact

alcohol places on the NHS and prioritise prevention. The Government is committed to tackling the harms associated with alcohol, and the Department is working with colleagues across Government to better understand what needs to be done to reverse the unacceptable trends we are seeing in harms and deaths.

As you have highlighted, the UK drugs market is changing and there is an increased threat posed by synthetic opioids. We remain alert to the changing drugs landscape and take the threat of synthetic opioids seriously. We are acting through the cross-government Synthetic Opioids Taskforce to deliver an evidence-based response and implement a range of mitigations. We will also continue to focus on increasing the numbers in treatment for opiates and enhancing our surveillance system which monitors changing drugs markets and drug related harm.

In your letter you have referenced the benefits of harm reduction interventions. As well as treatment, which is a crucial pillar in reducing harms from drugs, drug and alcohol treatment funding continues to support vital harm reduction activities like outreach, needle and syringe programmes, and blood-borne virus testing, vaccination and treatment. Whilst there are no current plans to introduce drug consumption rooms, the Department along with the Home Office will consider any evidence emerging from the evaluation of the pilot drug consumption room in Scotland, made possible due to the lawfully exercised prosecutorial independence of the Lord Advocate. The Misuse of Drugs Act also prohibits supply of crack (or safer inhalation) pipes and related paraphernalia. You may be interested to know that there is an academic research study underway to test the effectiveness of this. The Department is a part of the advisory group for this study and we will wait to see the outcome of this work to inform our position.

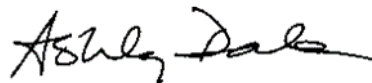
The Department continues to work with all local areas to address unmet need and drug misuse deaths and to drive improvements in continuity of care. This includes the Unmet Need Toolkit which can be used by local areas to assess local need and plan to meet it. The Department also provides local authorities with the reducing mortality tool kit, a set of data on the health and mortality of people who use the drug and alcohol treatment system in their area in an interactive dashboard, with accompanying guidance and case studies of good practice. It links data from drug and alcohol treatment systems with wider mortality data to provide a picture of the different diseases that cause mortality either during or following contact with drug and alcohol treatment, how this has changed over time, and how it affects different cohorts of people. This tool enables services to understand and meet the specific needs of their local area.

The Department is also focused on better meeting the needs of women and vulnerable groups when it comes to treatment and recovery. Current work in relation to women and vulnerable groups includes providing targeted support to local areas; enhancing data tools to better inform local needs assessments; supporting workforce development; implementation of the Commissioning Quality Standard; and sharing good practice. The Quality Standard provides guidance for local authorities to support them in commissioning effective alcohol and drug treatment and recovery services in their area. It also requires local authority commissioning partnerships to include services that reflect their local populations and work with underrepresented groups, such as women and minority ethnic groups, as identified in their local needs assessment. However, we do recognise that many women still face stigma and barriers in accessing the person-centred care and high-quality treatment they need. The Department has an active workstream looking into this issue.

Thank you again for your support and for sharing your suggestions for improvement and funding in the drug and alcohol treatment and recovery space. Through our mission-driven Government, we will work with partners across health, policing, and wider public services to drive down drug use and build a fairer Britain for all. We remain committed to working across Government on these issues going forwards.

I hope this reply is helpful.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ashley Dalton', with a stylized, cursive script.

**ASHLEY DALTON**