

# Letter from Zoë Garbett AM about the spending review

## Key information

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## Contents

[Letter from Zoë Garbett AM about the spending review](#)

## Letter from Zoë Garbett AM about the spending review

Dear Chancellor,

### **The urgent need for more funding for drug (including alcohol) treatment services**

I am writing to you in the context of the upcoming Spending Review to propose that the Government should invest more in drug (including alcohol) treatment services.

Every drug (including alcohol) death could be prevented, and I would urge you to set aside a significant investment into drug (including alcohol) treatment services as part of this spending review.

Data from the Office for National Statistics (ONS) shows an increase in the number of drug poisoning deaths registered in 2023 compared to 2022, with 2023 having the highest number of deaths since records began at 5,448 deaths.[1] In addition, the ONS stated that in 2023 there were 10,473 deaths from alcohol-specific causes registered in the UK – also the highest number on record. Each of these deaths is a grave loss and will leave families and communities devastated and changed forever as a result.

I have a background of working in the NHS and Public Health. As a London Assembly Member, I have met with drug treatment services, groups that work with drug users and other civil society groups. These groups tell me that the UK's drug supply is becoming more toxic and more violent which is why urgent action is needed to save lives and improve the health and wellbeing of our communities.

The independent review of drugs, authored by Dame Carol Black, found that the health harms, costs of crime and wider impacts on society of drugs are more than £19 billion –which is more than twice the value of the market itself and is a similar scale of the costs associated with alcohol. [2] The review also highlighted that while £600 million is spent on treatment and prevention, the scale of the costs associated with drug use means that the unmet need continues to grow.

Black's review states that problematic drug use is a "chronic condition that requires earlier and better treatment, and sustained support." [3]The review suggests that increased funding should be allocated to provide people with better quality treatment and support those in need of housing and employment.[4]

It is becoming more widely understood that continued investment in policing activity does not change this issue.[5]

In the recent Westminster debate about preventing drug deaths, it was good to hear that 43,500 more people are in drug treatment.[6] But we still need significantly more capacity, treatment still underserves crack and heroin users as well as some demographics such as women. It's distressing to see drug deaths continue to rise, which is a clear sign that our treatment services need more capacity and flexibility to be able to meet the needs of people who use drugs.

Most people who use drugs (including alcohol) do so with minimal harms, for those with problematic use the causes are commonly trauma, mental health and contextual factors such as homelessness – we must treat people with compassion and give them every opportunity to thrive. Every person in treatment is another person more likely to survive and to be able to participate in their community.

I recently visited Glasgow's drug consumption room, the first in the UK, to see how this is working. It was inspiring to see how the service is taking a health-led, compassionate view of drug use and that the service is structured around the needs of people who use drugs. I heard how the service is building trust with people who have not previously accessed treatment as well as supporting people to access other services like housing support.

A significant investment in drug treatment would also align with several of the Government's national missions: kickstart economic growth, build an NHS fit for the future, safer streets, and break down the barriers to opportunity. The investment into these services will have dividends in many areas across Government and has the potential to save lives and money in the long term.

The funding provided to local authorities for drug treatment since Black's review is very welcome. The 2025-26 extension allows local authorities to fund drug checking services which is a much-needed service. Further extending this to include drug consumption rooms, provision of safe inhalation pipes and the removal of barriers to the delivery of these life-saving interventions is necessary, alongside additional funding for drug treatment services.

Investing in drug (including alcohol) treatment services will allow these services to go beyond the levels of service they currently provide. This will allow them to reach out to those who don't currently engage with the provision as well as providing a higher level of service to each person. This higher quality of service will mean each person is far more likely to receive the treatment they need, thereby saving lives and strengthening our communities.

I look forward to hearing about future announcements of more funding for drug (including alcohol) treatment services and further harm reduction.

Yours sincerely,

**Zoë Garbett**

**Green Party Member of the London Assembly**

[1] [Deaths related to drug poisoning in England and Wales: 2023 registrations. ONS](#), Oct 2024

[2] [Review of drugs: summary \(accessible version\). Home Office](#), Feb 2020

[3] Ibid

[4] Ibid

[5] [Project ADDER: Impact evaluation. Home Office](#), Feb 2025

[6] [Prevention of Drug Deaths. Westminster Hall debate](#), Mar 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-recov...](http://www.gov.uk/government/publications/drug-and-alcohol-treatment-and-recov...) 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,

Ashley Dalton

[Back to table of contents](#)