

Menu of Interventions
[View the current page 2023-24](#)

Area	Intervention
1. System coordination and commissioning	Increased drug and alcohol treatment commissioning capacity, covering adult and/or young people's services.
	Local partnership coordination and planning capacity to support partnership wide commissioning assessment of need, strategic planning, and the implementation of partnership plans.
	Capacity to support enhanced local system-wide drug and alcohol related death and non-fatal overdose investigations.
	Capacity to support collaboration, information sharing and joint working arrangements between drug and alcohol treatment and other relevant agencies, to better understand and meet the needs of vulnerable/popularly groups.
2. Enhanced harm reduction provision	Increased commissioning capacity to support regional or sub-regional commissioning, including for residential rehabilitation and inpatient detoxification.
	Enhanced needle and syringe programmes (including those use of the dual space syringes), covering specialist as well as pharmacy-based provision.
	Enhanced naloxone provision, including through peer networks and the police.
3. Increased treatment capacity	Enhanced outreach and engagement (including outreach for people with disabilities and new parents (including targeted outreach for: <ul style="list-style-type: none"> people experiencing rough sleeping and homelessness (aligned with and complementing rough sleeping grant initiatives where relevant) targeted vulnerable/popularly groups including sex workers crack, heroin users and alcohol users who are not in contact with treatment young people not accessing services.
	Additional treatment places for opiate and crack users.
	Additional treatment places for people dependent on alcohol.
	Additional young people's treatment places.
4. Increased integration and improved care pathways between the criminal justice settings, and drug treatment	Additional treatment places for non-injectable drug users.
	Targeted services/provision for parents in need of treatment and support for children of drug and alcohol dependent parents and families.
	Targeted treatment for priority or vulnerable groups, including underserved ethnic groups, women/girls, LGBTQ communities, and people engaged in criminality.
5. Enhancing treatment quality	Treatment capacity to respond to increased diversionary activity, including through out of court disposals, liaison and diversion and drug testing on arrest and workforce capacity for psycho-educational diversionary interventions for low-level drug offenders for adults and young people.
	Increased/established provision of novel long-acting opiate substitution treatments.
	Enhanced treatment service capacity to undertake police and court custody assessments to improve pathways into treatment.
6. Residential rehabilitation and inpatient detoxification	Improved collaboration and joint working arrangements with police, Liaison and Diversion schemes, courts, probation, and secure settings to: <ul style="list-style-type: none"> increase the number of community service treatment requirements particularly CDRiUK716 and support improved compliance with court mandated orders. increase the engagement and retention in community treatment of individuals referred from prison.
	Key workplace management quality improvement, including reducing absenteeism, implementing cascaded supervision approaches, increased clinical supervision and training and development.
7. Better and more integrated responses to physical and mental health issues	Psychosocial intervention quality improvements, including reducing classed risks, implementation of evidence-based programmes, increased/enhanced clinical supervision and training and development.
	Pharmacological intervention quality improvement including increasing the range of interventions and enhancement of clinical capacity, capability, and expertise.
8. Enhanced recovery support	Increased residential rehabilitation placements, to ensure the option is available to everyone who would benefit. Locally agreed targets should be set against the national benchmarks, as in the priority table. Consideration should be given how to support service expansion and improvement through available capital funds and through regional or sub-regional commissioning partnerships with other local councils.
	Increased number of inpatient detoxification placements to meet increasing demand following community treatment expansion, and in relation to the previous commitment through the dedicated inpatient detoxification grant and multi-area commissioning contracts.
	Expanded capacity and enhanced capability to deliver comprehensive physical and mental health screening and assessment.
9. Other interventions which meet the aims and targets set in the drug strategy	Increased capacity for screening for liver disease and establishing pathways with hepatology.
	Primary prevention, including education/health, to respond to co-morbidities or complex needs, including co-occurring mental ill health, respiratory health conditions, liver diseases.
	Reduce or extend the enhancement of Hospital Alcohol Care Teams to also cover drug misuse.
10. Expanding the competency and size of the workforce	Enhanced partnerships/relationships with physical and mental health services, including the co-location of services and interventions.
	Enhanced psychosocial interventions to help effectively assess, manage and make supported referrals for common mental health problems, including anxiety, depression and trauma.
	Development and expansion of a recovery community and peer support network, including in treatment, to sustain long-term recovery, increase the visibility of recovery and support social integration. This could include: <ul style="list-style-type: none"> peer-based recovery support services recovery community centres recovery support services in educational settings facilitating access to mutual aid recovery housing long-term recovery management such as recovery check-ups
	Enhanced partnership with collaboration with employers and housing services to improve pathways and integrated system of care.
10. Expanding the competency and size of the workforce	Interventions outside the menu of interventions can be considered if they meet the conditions listed in the table and guidance page. Please email DrugTreatmentContracts@hsc.gov.uk as soon as possible if you wish to propose interventions not on the menu.
	Recruitment, retention and training initiatives, including: <ul style="list-style-type: none"> Incentives for staff and employees Improved recruitment and retention, including international recruitment Competitive pay and benefits packages Training, education, and continuous professional development including training and support for line managers Health and wellbeing support including initiatives to reduce work-related stress.
	Capacity in services to support training places for registered professionals, including psychiatrists, psychologists, nurses, and social workers.
	Training and development programmes for peer workers and volunteers.
	Increased number of drug and alcohol workers.
	Increased number of criminal justice drug and alcohol workers.
	Increased number of addiction psychiatrists.
	Increased number of doctors.
	Increased number of: <ul style="list-style-type: none"> consultant psychologists practitioner psychologists senior psychologists
	Increased number of nurses.
Increased number of pharmacists.	
Increased number of social workers.	
Increased number of service managers.	
Increased number of commissioning, coordination and analysts.	