

# NATIONAL COLLABORATIVE ROADMAP



# Background

The Scottish Government has made an important commitment to put people affected by problem substance use at the heart of the National Mission to reduce drug related deaths and improve lives impacted by drugs.

The First Minister invited Professor Alan Miller, Human Rights Law expert, to become independent Chair in January 2022 and to build the National Collaborative. The National Collaborative will develop a human rights-based approach and be a dynamic process involving people affected by problem substance use as well as people responsible for delivering support services.

Since January 2022, Professor Miller and the Support Team have:

- undertaken broad engagement with stakeholders including consultation on the Roadmap
- recruited to the Change Team (ensuring that there is a broad range of experiences represented)
- delivered a series of capacity building workshops with the Change Team
- mobilised the Reference Groups and the Leadership & Learning Network.

The beginning of the process of implementation of the Roadmap will be marked on the 9th December 2022 alongside International Human Rights Day (10th December) when all groups involved are invited to come together for the first time.

The National Collaborative will be supported by a team from the Scottish Government Drug Policy Division facilitated by The ALLIANCE (Health & Social Care Alliance Scotland).

# Foreword

## A moment in time

The publication of this Roadmap of the National Collaborative demonstrates that we have reached a moment in time.

Problem substance use and in particular the scale of drug – and alcohol – related deaths are now widely accepted as a national public health emergency and **an urgent human rights issue**, no longer simply a criminal justice issue.

A **Human Rights Bill** is being prepared. It will bring internationally recognised human rights into our law, policy and practice. This will include the right to the highest attainable standard of physical and mental health which will improve the experience of people needing support and tackle the current barriers preventing support. The Bill will also introduce the right to an adequate standard of living and other rights which will have a preventative effect through more effectively addressing social determinants of problem substance use such as poverty and inequality.

A **National Care Service** is being prepared and will improve drug and alcohol services in line with the rights of the Human Rights Bill.

There have been many other contributors to reaching this moment of time.

**These include first and foremost the efforts and resilience of so many people affected by problem substance use.**

Other contributors include the Scottish Government's "Rights, Respect and Recovery" strategy of 2018 and the establishment of the National Mission in 2021, the work of the Drugs Death Taskforce and the introduction of the MAT standards and all of the work carried out by so many committed organisations over so many years.

The Roadmap of the National Collaborative is now part of this moment in time.

It puts into practice a human rights-based approach and is the product of consultation with many organisations and individuals within the drugs and alcohol field, including people affected by problem substance use.

Its **purpose** is twofold:

- To **empower** people affected by problem substance use to enable their voices – and, critically, their rights – to be acted upon in policy and decision-making concerning the design, delivery and regulation of drug and alcohol support services at a national level
- To set out how the rights to be included in the forthcoming **Human Rights Bill** can be effectively implemented to improve the lives of people affected by problem substance use

The National Collaborative will apply a **human rights-based approach**. This places people and their human dignity and rights at the centre of all policy and decision-making.

The Roadmap process will develop a **Charter of Rights** for people affected by problem substance use along with an **Implementation Framework** to ensure that these rights are made real in everyday life.

We all acknowledge the scale of the challenges faced and recognise that they are stark. The Roadmap faces up to these challenges, is ambitious and will need a shared leadership to achieve this ambition. The implementation process needs to be inclusive, transparent and empower everyone to contribute.



**Professor Alan Miller**  
Independent Chair of the  
National Collaborative

I want to thank everyone who has participated to date in the work to develop the Roadmap and establish the National Collaborative. Unfortunately some of this has required to be virtual and I look forward to meeting in person and working with everyone as **we all go forward together to make real, sustained and national progress.**

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## 1. Vision

**Drug and alcohol deaths in Scotland are both a national public health emergency and an urgent human rights issue.**

*Everyone has the right to the highest attainable standard of physical and mental health.*

Despite this, people affected by drugs and alcohol (including families, friends and support workers) often face many barriers to the recognition and realisation of this and other human rights.

The right to health means that different kinds of drug and alcohol treatment and recovery services need to be available, accessible, acceptable to all, and be of sufficient quality. The right to health also applies in a wider context and means that drug users have a right to equitable access to services that are available to others.

The right to health is not only about healthcare but also includes the right to positive determinants of good health. This means that the many and varied causes of problem substance use, not least poverty, need to be understood and urgent steps taken to try to prevent people from developing problem substance use.

People affected by problem substance use need to be meaningfully involved and have the right to participate in shaping the design and delivery of services. Such engagement is a key part of a human rights-based approach to policy and service delivery. This reflects the fact that unless full consideration is given to people's experience of human rights in their everyday lives, and particularly of those who most often experience denial of their rights, then policy and implementation will not be as effective as it needs to be.

Human dignity and rights need to underpin all services that people affected by problem substance use need. This will help bring about the necessary shift in power and culture.

It will help to increase the hope, resilience and confidence of people seeking to access drugs services and will help to reduce stigma, increase empathy and improve the abilities of those people working to provide improved services.

**The National Collaborative VISION is to integrate human rights into drug and alcohol policy development, implementation, monitoring, and evaluation leading to better outcomes for people affected by problem substance use.**

Talking about taking a human rights based approach to drugs is not new. The National Collaborative aims to further develop and practically apply what is set out in 'Rights, Respect, Recovery' (2018) and the learning from elements of the National Mission which have taken a rights-based approach. **Annex A** sets out how the National Collaborative links to what has come before.

There are a number of wider factors and potential changes affecting the drug and alcohol sector which mean that there is a real opportunity for the National Collaborative to make a difference now.

- The **Human Rights Bill** will give effect to a range of internationally recognised human rights in Scots law. This means that people will be able to claim and enforce these rights in different ways, including in a Scottish court. It also means organisations that provide services, such as drug and alcohol services, will need to adapt to ensure they are meeting their obligations to honour these rights in their service provision.
- The **National Care Service** aims to improve the quality and consistency of social care support in Scotland, including for people with addiction. It aims to change the way care is delivered, moving towards a person centred approach with stronger national oversight and accountability.



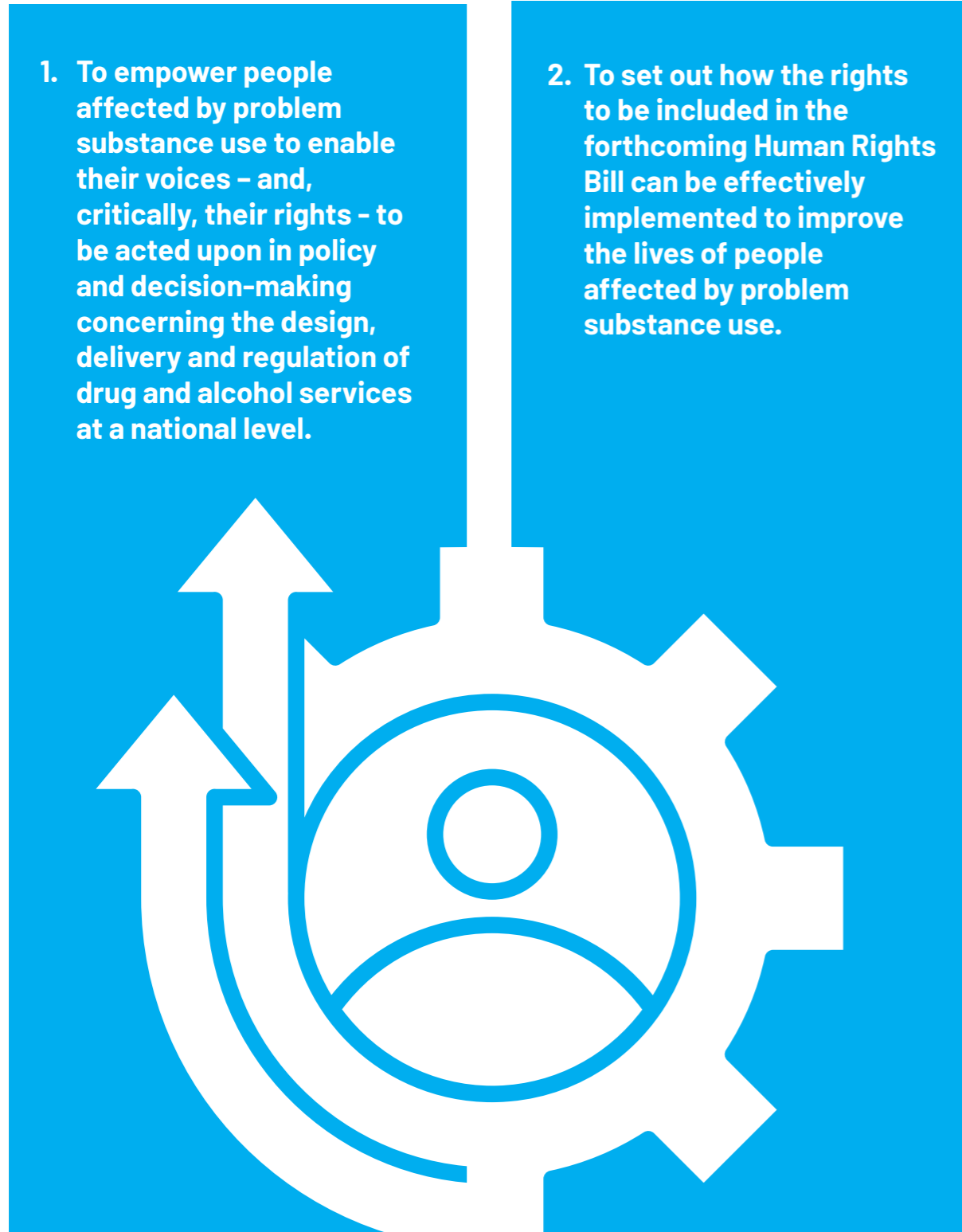


## 2. Purpose

The purpose of the National Collaborative (referred to as 'NC') is twofold:

1. To empower people affected by problem substance use to enable their voices – and, critically, their rights – to be acted upon in policy and decision-making concerning the design, delivery and regulation of drug and alcohol services at a national level.

2. To set out how the rights to be included in the forthcoming Human Rights Bill can be effectively implemented to improve the lives of people affected by problem substance use.



## 3. Approach

The NC will develop and apply a human rights-based approach. This approach places people and their human dignity and rights at the centre of all policy and decision-making.

According to the Scottish Human Rights Commission:

*“A human rights based approach empowers people to know and claim their rights. It increases the ability of organisations, public bodies and businesses to fulfil their human rights obligations. It also creates solid accountability so people can seek remedies when their rights are violated.”<sup>1</sup>*

Since the late 1990s, United Nations (UN) General Assembly resolutions have acknowledged that ‘countering the world drug problem’ must be carried out ‘in full conformity’ with ‘all human rights and fundamental freedoms’. The reality, however, has not always lived up to this important commitment. There remains a lack of clarity as to what human rights law requires of states in the context of drug and alcohol laws, policies, and practices.

The recently published International Guidelines on Human Rights and Drug Policy do now however provide a comprehensive set of international legal standards to support the practical development of a human rights based approach.

The NC will apply the **FAIR Model** of a human rights-based approach.

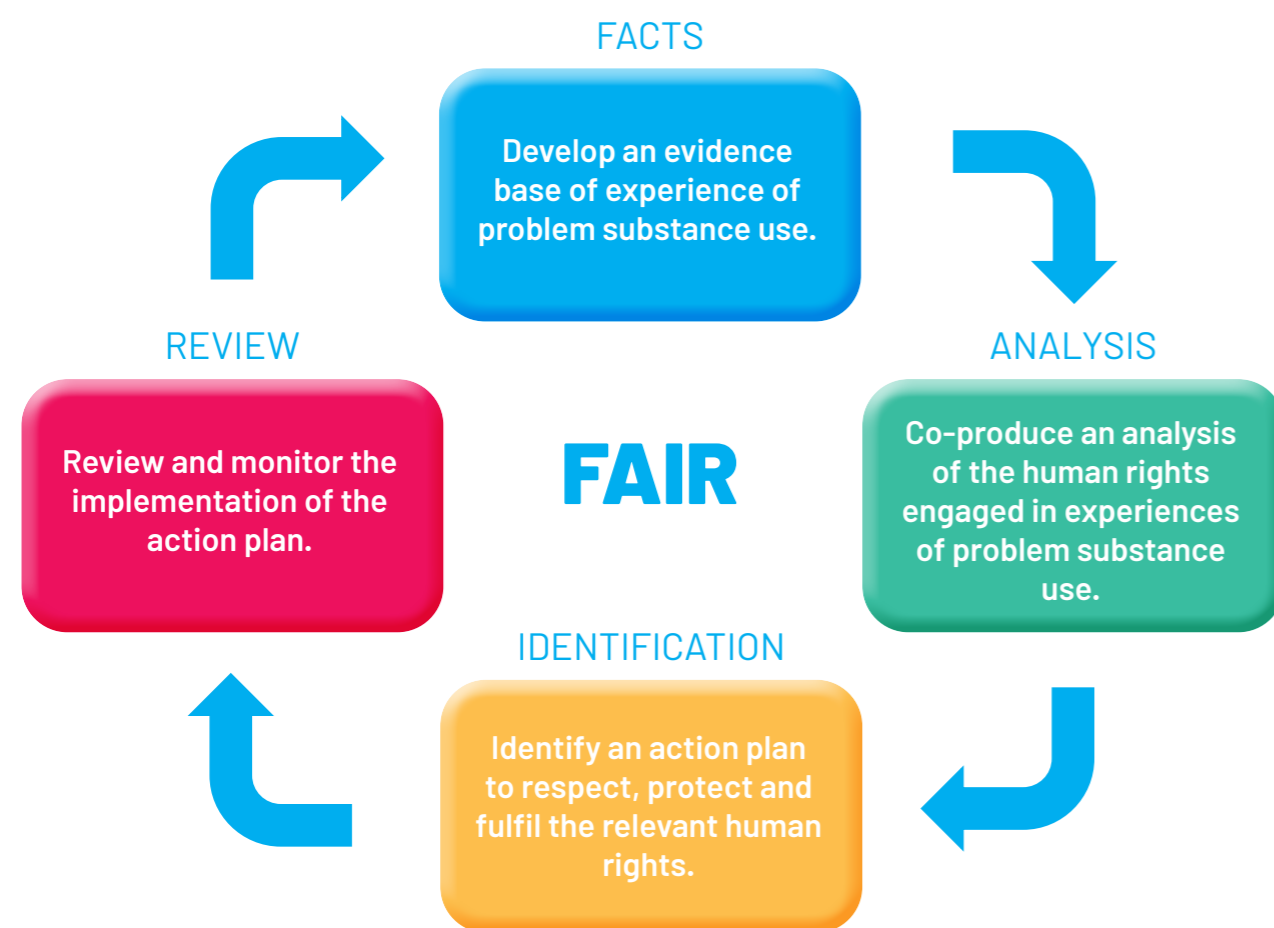


This model was developed by Professor Alan Miller, NC Chair, when he was Chair of the Scottish Human Rights Commission and was successfully applied to develop an **action plan** for justice for the survivors of historic child abuse.



<sup>1</sup> [https://www.scottishhumanrights.com/media/1409/shrc\\_hrba\\_leaflet.pdf](https://www.scottishhumanrights.com/media/1409/shrc_hrba_leaflet.pdf)

The **FAIR Model** follows the process indicated below:



## 'Identification': Action Plan

The **Action Plan** will include:

- **A Charter of Rights**
- **An Implementation Framework**
- **A Monitoring and Evaluation Framework**

The **Charter of Rights** for people affected by problem substance use will be co-designed through interactions between people affected by problem substance use, service providers and government and will practically apply the rights within the Human Rights Bill to this context.

The Charter of Rights will directly support people affected by problem substance use to know and understand their rights in accessing drug and alcohol services. It will also give service providers and government a tool to support the continuous improvements of the availability, accessibility, acceptability and quality of such services.

An **Implementation Framework** will set out how to ensure the everyday effective implementation of the Charter of Rights and make them real.

This Implementation Framework is likely to include the development of models of practice, standards, workforce development, independent advocacy and complaints procedure, monitoring and reporting and access to a legal remedy if all else fails.

The Implementation Framework will also aim to develop best practice for effective participation of people affected by problem substance use in the design and delivery of drug and alcohol services at a local level. This will support the ongoing efforts to establish Lived and Living Experience Panels to feed into each Alcohol and Drug Partnership.

To be able to measure real improvements on the ground the Action Plan will include a **Monitoring and Evaluation plan**. This will involve the development of human rights-based indicators co-designed with people affected by problem substance use.

This FAIR model is a practical application of the human rights-based **United Nations (UN) PANEL Principles** of Participation, Accountability, Non-discrimination, Empowerment and Legality.



**Participation:** People have a right to be involved in decisions that affect their rights. Participation must be active, accessible and meaningful.



**Empowerment:** Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives.



**Accountability:** There should be monitoring of how people's rights are being affected, as well as remedies when things go wrong.



**Legality:** Approaches should be grounded in the legal rights that are set out in domestic and international laws.



**Non-discrimination:** All forms of discrimination must be prohibited, prevented and eliminated. People who face the biggest barriers to realising their rights should be prioritised.



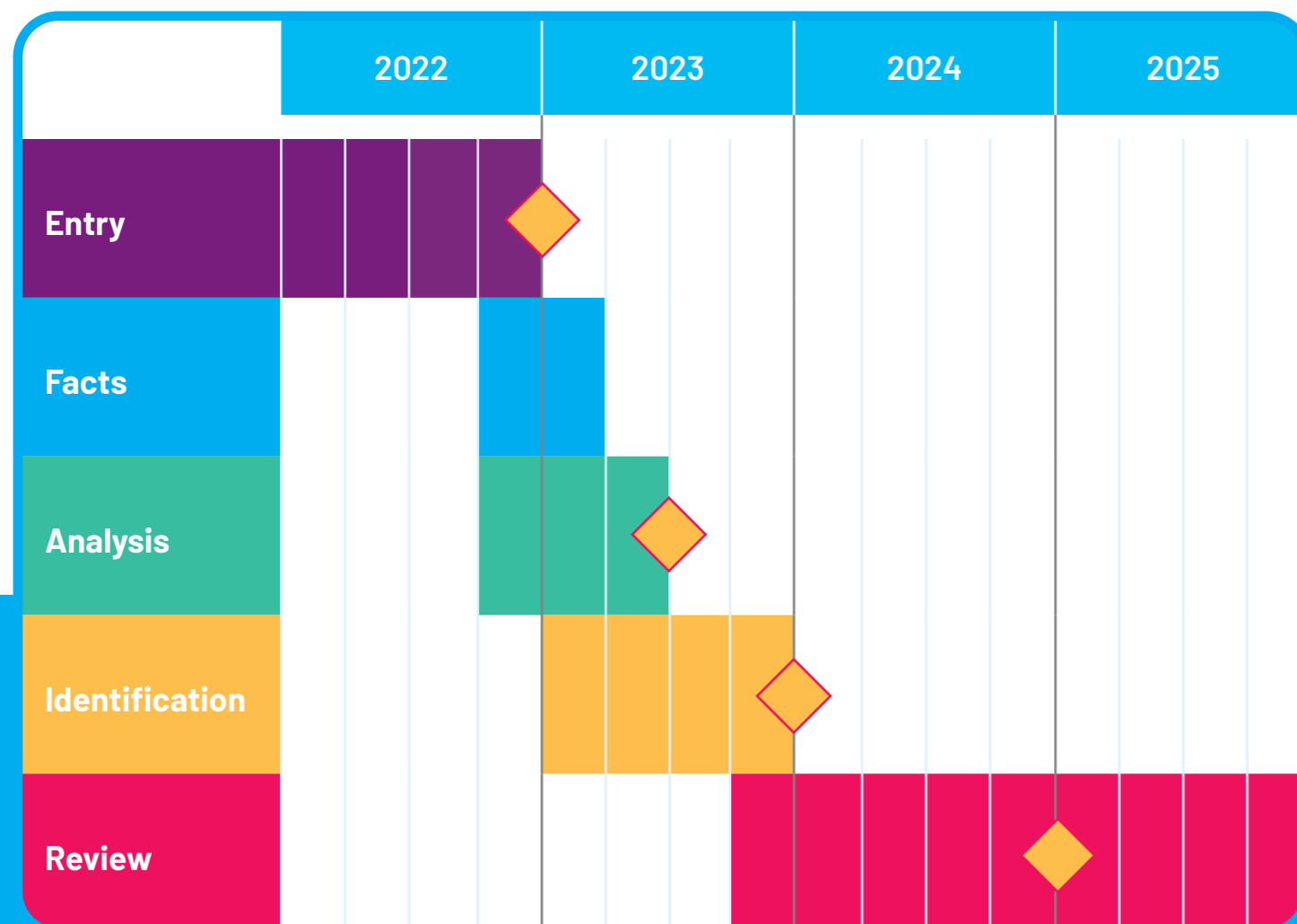
This will build upon the example of a **Charter of Rights for People with Dementia and their Carers** which was successfully developed with the support of Professor Alan Miller when Chair of the Scottish Human Rights Commission. This Charter of Rights informed improved **models of practice**, standards of care and underpinned a **workforce development framework** which have had a positive impact on individuals, carers and their families.



This will draw upon the relevant experience of the **Housing Rights in Practice** project supported by Professor Alan Miller when Chair of the Scottish Human Rights Commission where human rights based indicators were used successfully.

# 4. Implementation

The NC will aim to be transparent and accountable on its roadmap with regular updates on progress. There are five provisional phases of the National Collaborative process or journey.



### Milestones

- Publication of roadmap for National Collaborative
- Human Rights Analysis report
- Publication of Action Plan
- Evaluation Report monitoring progress against the objectives and outcomes of the National Collaborative (annually thereafter).

The NC will take an inclusive approach by respecting everybody’s views and experiences and ensuring nobody is left behind. It will act independently at all times from the government and challenge it whenever necessary.

There are already many groups of people with lived and living experience doing really valuable work. The NC aims to bring more coherence and support the further development and sharing of good practice in order to amplify this work.

The National Collaborative seeks to support ADPs in developing and applying their own approaches to panels, reference groups and other community engagement structures. This will involve working through some of the shared challenges for example on remuneration, support and training, accessibility, and including a broad range of

experiences. We hope that- by working through these challenges at a national level and linking in with examples of local projects to share good practice- the National Collaborative can provide a Human Rights-Based toolkit for ADPs to develop their own approaches tailored to their context.

There will be several ways for people to actively participate in the National Collaborative process both at a national level and feeding in through local groups. Below is a summary of the various routes for being involved. The point of contact for the NC support team is **NationalCollaborative@gov.scot**. There are Role Specifications available here: <https://www.gov.scot/groups/national-mission-on-drugs-national-collaborative/>

These multiple forms of participation are a starting point and will be subject to ongoing evaluation and improvement as the process unfolds.

## Change Team



### Purpose:

To co-design an Action Plan for the National Collaborative which will include a Charter of Rights for people affected by problem substance use, as well as an Implementation Framework and Monitoring and Evaluation Framework.

### Who will be involved?:

The Change Team will consist of 15-20 people, including rights holders (people affected by problem substance use), duty bearers and rights defenders. The Change Team will meet every 4 – 6 weeks.

## Leadership and Learning Network



### Purpose:

To enable broad participation in the National Collaborative by facilitating connections with communities, groups and existing networks. The network will provide a forum for leadership and learning amongst organisations involved in empowering and mobilising communities of people affected by problem substance use. It will also improve opportunities and support available to ADPs for developing their approach to involving people affected by problem substance use in co-design and decision-making.

### Who will be involved?:

Organisations involved in existing initiatives on participation, service design, community mobilisation and peer-research.

## Reference Groups



### Purpose:

To provide advice and extend the reach of the NC.

### Who will be involved?:

Reference groups will either be existing groups or groups which are identified as underrepresented on the Change Team. We are open to there being multiple reference groups to advise at different stages.

## Additional Information (Annexes)

### Annex A: National Context

#### Drugs Policy

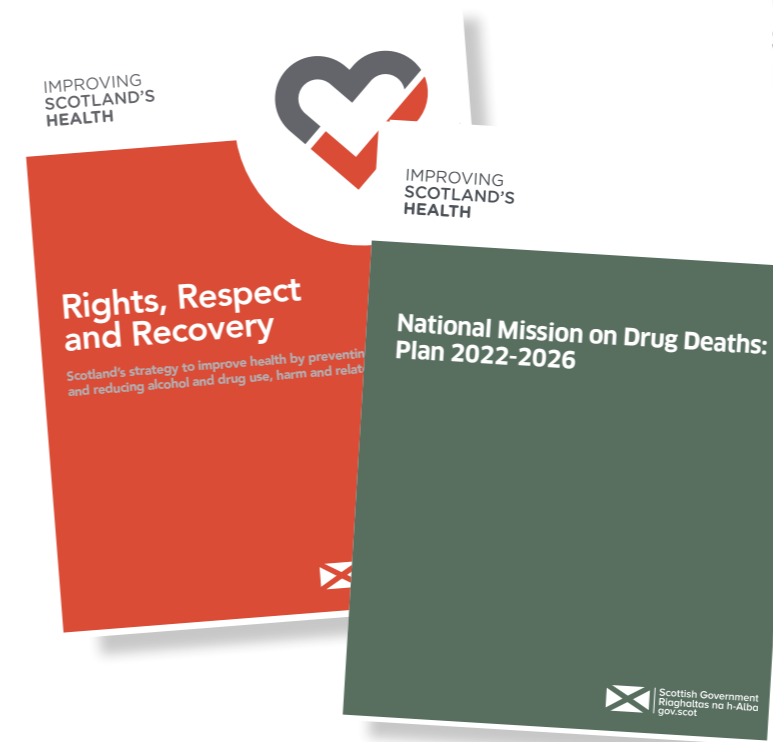
Since 2013, drug-related deaths (DRDs) in Scotland have risen sharply, and Scotland currently has the highest rate of DRDs of the four nations across the UK and in Europe.

In November 2018, the Scottish Government published its strategy “Rights, Respect and Recovery”<sup>2</sup> which supported a rights-based approach to problem drug and alcohol use. In January 2021 the First Minister announced a **new National Mission**<sup>3</sup> to reduce drug related deaths and harms, supported by £250 million additional funding over five years. Among the main focuses of the National Mission is ensuring that the voices of people with lived and living experience are heard and acted upon in decision-making to promote a human rights based approach.

Many elements of the National Mission already advocate for a rights-based approach. For example the **MAT Standards**<sup>4</sup> - which were developed with people affected by problem substance use - are about “ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey”.

In addition to this, people from across the sector have made significant progress in highlighting the human rights implications for people affected by problem substance use. The drug and alcohol field in Scotland has many initiatives which are led by people affected by problem substance use with family support groups, recovery communities, networks of activist drug users and peer navigators and mentors all playing their part.

Some of the additional funding to Alcohol and Drug Partnerships was allocated to develop more meaningful ways for people affected by problem substance use to participate in local decision making. In some areas, this is working well and there are examples of where people affected by problem substance use have had the chance to advise and influence the design of a service or a strategy. Despite this, these approaches are not yet consistently applied across the country and we heard from many ADP areas that there is a need to develop and share emerging good practice to enable more meaningful participation.



<sup>2</sup> Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths (www.gov.scot)

<sup>3</sup> National Drugs Mission Plan: 2022-2026 - gov.scot (www.gov.scot)

<sup>4</sup> Introduction - Medication Assisted Treatment (MAT) standards: access, choice, support - gov.scot (www.gov.scot)



# Annex B: Key findings from feedback on the first draft of the Roadmap

## Introduction

Since the draft roadmap for the National Collaborative was shared in mid-April 2022, Professor Miller and the Support Team have had meetings to seek feedback and advice to help shape the roadmap. This included meetings with Nationally Commissioned Organisations (NCOs) and other 3rd sector organisations, Alcohol and Drug Partnerships and groups of people affected by problem substance use. We also worked with partners to host Community Conversations to hear from a broader range of voices and shared an **online survey** so that people could provide anonymous feedback and advice.



Below is a summary of key findings which supported the further development of the Roadmap.

### Key finding:

*There needs to be a comprehensive package of support for people to get involved in the National Collaborative.*

### Supporting advice:

- The NC need to equip people with knowledge and understanding before seeking their advice.
- Sometimes, due to self-stigma, people need to be persuaded that their views matter. One way to do this is by remunerating people for their time in the same way that you'd expect a professional advisor to be paid.
- People (especially families) participating in the NC may be coming with very live issues and grievances.
- Concessionary travel is an issue and some areas have more flexible interpretation of the policy.
- There may be accessibility issues with mailing list updates and draft roadmaps being shared via emails.

### Key finding:

*The recruitment process needs to be as inclusive as possible.*

### Supporting evidence:

- Things are too “top down” and people with experience should help to decide who participates in the NC.
- If there's going to be clinicians, social workers etc. on the Change Team then this risks limiting the number of people with lived and living experience who actually get a say. The distribution of roles within the NC needs to be carefully considered.
- 15 people involved in the Change Team will never represent the vast range of experiences of people throughout Scotland. The NC should not ask participants to represent a cohort of people but instead to advise Government based on their own individual experiences.
- There is a risk that some voices dominate at the expense of people who are most at risk of having their rights breached. These are people still engaging in services or people who are not getting any kind of support.

### Key finding:

*The roadmap needs to demonstrate how the National Collaborative builds on what has come before.*

### Supporting evidence:

- There is a risk that the NC is perceived as yet another SG model to take things back to square one when 'Rights, Respect, Recovery', ROSCs, MAT Standards haven't been implemented yet. The roadmap needs to articulate how the National Collaborative is in line with these strategies e.g. the Charter of Rights needs to link to or make reference to the MAT Standards.
- The roadmap needs to say more about how the NC will interact with approaches being implemented in local areas e.g. ADP LLE panels.
- There is already lots of evidence out there on what's not working, the NC needs to build on this.
- The plan should make reference to previous asks from communities in relation to the exclusion of addictions from the Equalities Act and concessionary travel.



### Key finding:

The roadmap needs to focus on action, implementation and accountability.

### Supporting evidence:

- The **Quality principles** got stuck in limbo because they weren't backed up by implementation. By contrast, the **Care Inspectorate Standards for adult health and social care** provide enforceable standards.
- The roadmap needs to be really explicit about the role of ADPs.
- ADPs are likely to be supportive of the NC but buy-in from big hitters such as NHS and HSCPs might be more difficult to secure. However this is essential if the NC is going to drive change. SG letters to Chief Executives can be used as levers by the ADP.
- Having a strong communications campaign (digital and non-digital) will be important to ensure transparency and accountability.
- The roadmap needs to articulate how the NC will link to workforce development. What difference will a Human Rights Based Approach make if there aren't any additional facilities or staff?
- There needs to be concrete proposals that make it easy for national groups/ bodies/ government to engage with local activists rather than expecting local activists to come to them.

### Key finding:

The roadmap should adjust its language and terminology to be more inclusive.

### Supporting evidence:

- The roadmap needs to be explicit on whether alcohol is being included or not within the vision.
- The distinction between living and lived experience are not always helpful as people have different views on the separation.
- The 'Core Group' could be perceived as exclusive and like it's the only way to be involved in the NC in a meaningful way. This is why we have moved towards calling that group the 'Change Team'.
- There needs to be options for people who might not want to or can't participate in the Change Team.

## Annex C:

# Glossary of key terms and acronyms

In almost all of the feedback we received on the first draft of the Roadmap people challenged the language and terminology used. In this version we have tried to remove ambiguities and be clear on what we mean so that everybody feels able to contribute to progressing with the implementation of the roadmap. In doing so, we acknowledge that we are using terminology that may be seen as imperfect. People affected by drugs and alcohol may have a language to express their own experiences which is meaningful to them and this is to be acknowledged and accepted by all. The National Collaborative wants to facilitate a constructive discussion and build consensus through the language of human rights.

Human dignity and rights belong to all equally.

Lived and living experience is broadly defined as 'the experience(s) of people on whom a social issue, or combination of issues, has had a direct personal impact.' (Sandhu, B. (2017) *The Value of Lived Experience in Social Change: The Need for Leadership and Organisational Development in the Social Sector*)

Whilst we understand the view that lived experience might often be the same as living experience - in the sense that the problem and risk of harm never goes away - we recognise that some make the distinction.

- **Lived experience** refers to people who have used one or more substances problematically in the past.
- **Living experience** refers to people who are currently using one or more substances problematically.

People affected by problem substance use refers to people with with lived and living experience and their families and friends. 'Substance use' refers to both alcohol and drugs in recognition that most services help people for both and they have similar social determinants.

### Recovery:

Recovery is defined differently by people with different experiences. The NC does not presume to offer any definition at this early stage but hopes to facilitate over time a constructive discussion which may help lead to a broadly shared understanding.

### Service design:

Public services are provided by lots of organisations, and because of that it can often be difficult to get the right parts of someone's 'service journey' aligned well. Service design is the activity of working out which of these pieces need to fit together, asking how well they meet user needs, and rebuilding them from the ground up so that they do. The vision for the **Scottish Approach to Service Design**<sup>5</sup> is that the people of Scotland are supported and empowered to actively participate in the definition, design and delivery of their public services (from policy making to live service improvement).

<sup>5</sup> The Scottish Approach to Service Design (SATSD) - gov.scot (www.gov.scot)

## Co-production/ Co-design:

Creating, delivering, improving and evaluating public services jointly with people who will use or have used them and other stakeholders. These approaches go beyond consultation by building and deepening equal collaboration between citizens affected by, or attempting to, resolve a particular challenge. A key tenet of co-design is that users, as 'experts' of their own experience, become central to the design process.

## Human rights based indicators:

Human rights indicators are tools for measuring progress and are essential in the implementation of human rights standards and commitments. They provide specific information on the state or condition of an object, event, activity or outcome that can be related to human rights norms and standards; that addresses and reflects human rights principles and concerns; and that can be used to assess and monitor the promotion and implementation of human rights. These will be developed through the National Collaborative process.

## Human Rights "InterActions":

An Interaction is a coming together of everyone affected by an issue to share views and find practical steps forward that promote human rights. The Scottish Human Rights Commission (SHRC) implemented an Interaction process, and called it the InterAction, to allow those affected by historic child abuse, institutions, government, civil society and others, a forum to share their views on how the human rights-based approach to access justice should be implemented.

## PANEL Principles:

Taking a human rights based approach is about making sure that people's rights are put at the very centre of policies and practices. The PANEL principles are one way of enabling this. The FAIR approach is one way of putting the PANEL Principles into practice and can be adapted to fit varied contexts.

## Critical friend:

Somebody who can offer external insight to a programme of work, often reviewing projects and offering candid feedback that may be uncomfortable or difficult to hear.

## Peer-research:

A participatory research method in which people with experience of the issues being studied take part in directing and conducting the research.

## Alcohol and Drug Partnerships (ADPs):

A multi-agency group tasked by the Scottish Government with tackling alcohol and drug issues at a local level through partnership working. ADPs are constituted differently in different localities but membership often includes: Council, NHS, Police Scotland, Scottish Fire and Rescue, Community Safety, Voluntary Sector.

## Other abbreviations to note

- Medication Assisted Treatment (MAT)
- Health and Social Care Partnership (HSCP)
- Recovery Orientated System of Care (ROSC)
- Scottish Drugs Forum (SDF)
- Scottish Recovery Consortium (SRC)
- Scottish Families Affected by Alcohol & Drugs (SFAD)
- Drug Deaths Taskforce (DDTF)
- Residential Rehabilitation Development Working Group (RRDWG)
- Healthcare Improvement Scotland (HiS)
- Scottish Human Rights Commission (SHRC)

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[www.alliance-scotland.org.uk/  
people-and-networks/national-collaborative/](http://www.alliance-scotland.org.uk/people-and-networks/national-collaborative/)