

## National Collaborative Call for Evidence – Analysis Report

Summary





education

harm reduction recruitment issues transport recovery communities communication discrimination mental health relationships

information sharing advocacy opening times housing stigma

Ading compassionate workforce

accountability

process assessment process

inequality pharmacies

MAT etandarde

employment

families rights
siloed systems
participation

Experiences of Human Rights in Relation to Substance Use

October 2023

#### **Overview**

The National Collaborative aims to produce a Charter of Rights for people affected by substance use so that they know what their Rights are and can claim them to improve their lives.

The National Collaborative launched a Call for Evidence to gather views from around Scotland about people's experiences of substance use and human rights. Between May and August 2023, this brought together people affected by substance use, their families and people working across a wide range of services.

- More than 650 people took part
- 8 national sessions
- 37 community conversations
- 19 survey responses from individuals

This document provides a summary of what people have told us. For a more detailed report and analysis of the relevant human rights please see the full report (QR code on last page).

**Stigma** 

Across all the conversations that took place stigma in its many forms - self-stigma, stigma on families, stigma from society and professionals - emerged as a clear overarching theme which often resulted in a vicious cycle making it more difficult for people to access support and their rights.

We're less than the average person 8

Feel like second class citizens 1

Treated less than - see the person<sup>3</sup>

People feel ashamed to have addiction in their families 6

Lack of understanding 5

He feels he doesn't deserve treatment 9

Stigma sees drugs & alcohol first and not the person <sup>2</sup>

The stigma remains, even in recovery 4

I'm a bad person 7

Stigma in pharmacy, no privacy 10

### **Support Services**

A common theme to emerge was that many people do not know what rights they have or how to access them which often means people don't know where to go for help and support.

Sometimes it's hard to know where to turn for help. 11

Some people might not know what services are available to them, how to access these services or that they are eligible for these services. 12

It was reported that it can be difficult to find services and groups as they are not well advertised or visible, with people often relying on word of mouth and relationships for connecting to support. GPs tend to rely on the medical model and are often unaware of the range of services that exist within their own communities.

More promotion of services that are available would make a huge difference, such as posters in pharmacies for instance. 13

Many participants highlighted that typical opening hours of Monday-Friday, 9-5pm, could be a significant barrier and that more out of hours services are required, e.g. 24 hour/weekend services. The importance of outreach services was also recognised to be able to 'meet someone where they are'.

There is also very limited out of hours services across the board. 14

Participants also described challenges with transport to access support – only a few areas currently provide bus passes etc and the

challenge can be intensified in rural and island locations due to a lack of public transport.

People cannot afford travel. 15

Complaints processes were widely considered as challenging due to a lack of information on how to complain as well as the view that complaining could have a negative impact on their care.

Who do you complain to?8

Fear that making a complaint will affect my healthcare. 16

Many conversations recognised the particular issues faced by women with children who are reluctant to seek help due to interventions from Social Work services and the possibility of losing their children.

Women feel scared to come forward for support and help over fear of children being removed from their care. <sup>17</sup>

There was an acknowledgement that there had been a general improvement in families being involved in the care of a loved one. However, this seemed to vary significantly and there were widespread concerns about services using GDPR as an excuse not to share information despite consent being given.

Family members need to have the ability to talk to care and treatment services. 18

Advocacy was widely recognised for individuals and families as key to navigating the complex systems and processes and helping to uphold people's rights.

Presence of advocate in a meeting for example can result in professionals treating an individual better. 7

Numerous conversations commented on the lack of information sharing between services and siloed working. Accessing mental health support whilst using substances was raised as a particular issue.

Can't get access to my Mental Health team because I'm on methadone. 19

The short term project funding approach to service commissioning was described as limiting availability of services, with resources targeted at crisis and not enough being spent on prevention.

We are constantly 'setting people up to fail' rather than providing support in early adulthood, increasing diversion schemes and community resources. 20

Some conversations commented on the power imbalances which exists between people seeking support and professionals, as well as between statutory services and the third sector.

Power imbalance - coercive, professionals hold all the cards. <sup>21</sup>

Third sector not considered equal in relationships with statutory organisations. 7





# Good practice to learn from

Many examples of good practice were reported and include relationship building, walking groups, community interventions and activities, assertive outreach, mobile harm reduction approaches, extended opening hours, 'My Family, my rights' training, CRAFT family therapies, meaningful participation, SMART recovery, services working together, recovery communities and multidisciplinary teams.



#### **Next Steps**

The Analysis Report will inform and shape a draft Charter of Rights, co-designed with people affected by substance use – the 'rights holders' – and those people responsible for providing support services – the 'duty bearers'.

A public consultation and a consultation with duty-bearers will take place between January and July 2024, leading to the launch of the Charter of Rights in December

The Charter of Rights will show how the forthcoming Human Rights Bill can be implemented in practice.

2024.





We would like to thank everyone who shared their views and experiences and a special thanks to the hosts who ran community conversations.

#### **Conversations**

- 1. Bridge Recovery Café Macduff
- 2. Lomond & Argyll Advocacy Service & We Are With You
- 3. Integrated Drug & Alcohol Recovery Team, Perth & Kinross
- 4. GIVIT, South Lanarkshire
- 5. FASD Scotland
- 6. SFAD Routes
- 7. Right to Health deep dive, Glasgow
- 8. Chance 2 Change
- 9. South Ayrshire ADP Families Group
- 10. SDF Engagement Groups
- 11. Circle, East Lothian

- 12. Scottish Psychedelic Research Group
- 13. Individual survey response
- 14. Glasgow's Helping Heroes
- 15. LLERN Shetland
- 16. CGL West Lothian Recovery Service
- 17. Simon Community Women's Steering Group & Development Mentors
- 18. South Lanarkshire ADP
- 19. Patchwork Recovery Community
- 20. Criminal Justice Rights deep dive, Lanarkshire
- 21. Right to Health Social Determinants deep dive, Edinburgh

#### Advocard

Alcohol Focus Scotland and Recovery Coaching

Alliance gambling forum

Alliance members

Corra - grant holders of National Drugs Mission funds & related

Criminal Justice Voluntary Sector Forum

Cyrenians / Homelessness Network Scotland - All in for Change Team

Family Related Rights deep dive, Kilmarnock

General rights, NC on-line session

General rights, NC session, Inverness

Harm Reduction Champions Network

Mental Health Advocacy Project, West Lothian

North East Health Alliance

PING Peer Support Group, South Ayrshire

Reach Advocacy

Right to Participation deep dive, Dundee

Scottish Families Affected by Alcohol and Drugs (SFAD)

SFAD Families on the Frontline Conference

SRC Lived Experience Recovery Organisation Leadership Group

SRC National Recovery Advocacy Network

West Dunbartonshire ADP LLE panel

Full Report



Video Summary



Easy Read Summary



National Collaborative



#### NationalCollaborative@gov.scot

www.alliance-scotland.org.uk/lived-experience/engagement/national-collaborative/