A **draft outline** of a Charter of Rights for People Affected by Substance Use

NATIONAL COLLABORATIVE

Need Change - Need Rights

December 2023

DRAFT OUTLINE

Contents

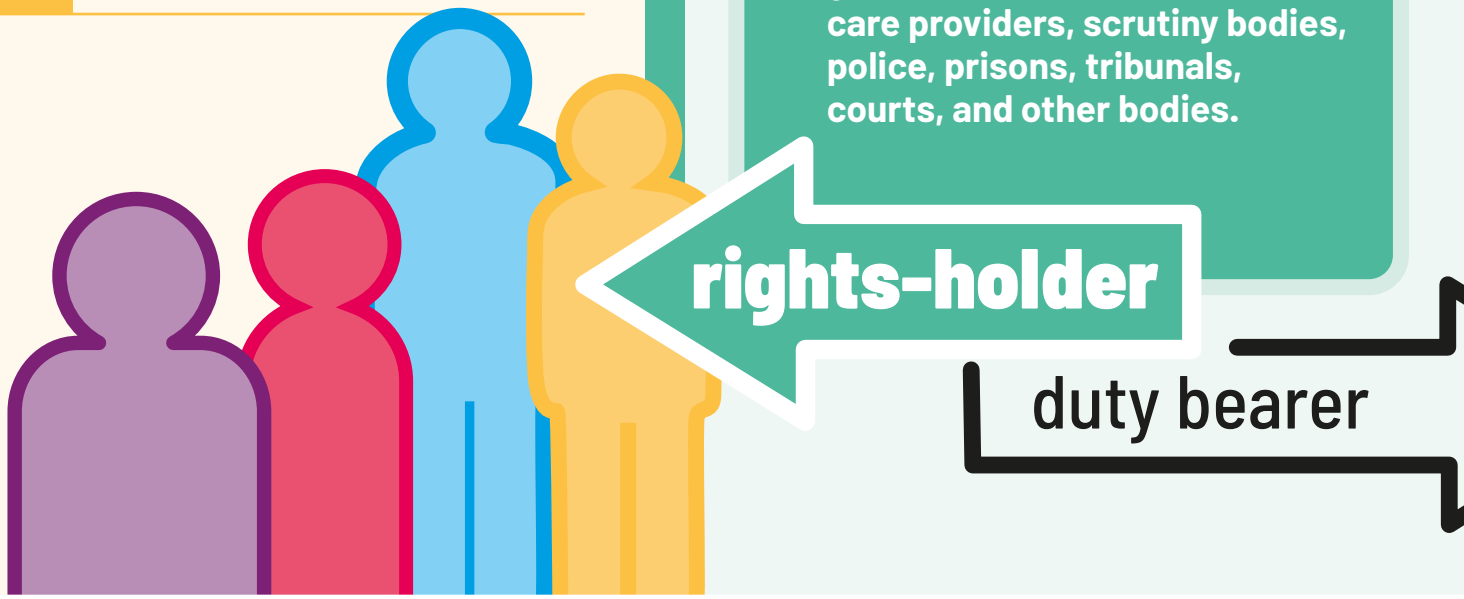
1. Introduction

Why a Charter of Rights?

The purpose of the Charter of Rights is to:

- **Support people affected by substance use to realise their rights including those which will be introduced by the Scottish Human Rights Bill.**
- **Support service providers to understand how to implement the rights of people affected by substance use.**
- **Shift power and change culture from the stigma – and self-stigma - of "deserving and undeserving" towards one of "rights holders" and "duty bearers".**

- **Rights-holders are people affected by substance use who claim their rights under a legal framework.**
- **The primary duty bearer is the state. In the context of substance use this includes central government, local government, health and social care providers, scrutiny bodies, police, prisons, tribunals, courts, and other bodies.**

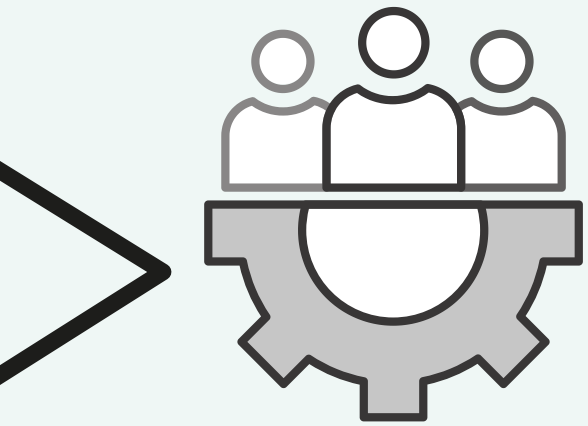


What will be in the Charter of Rights?

The Draft Outline Charter of Rights summarises the key rights and how they apply to people affected by substance use. These are drawn from the existing UK Human Rights Act and from international human rights law which will be put into law via the forthcoming Scottish Human Rights Bill.

The Draft Outline Implementation Framework explains how the rights from the Charter should be applied in practice. This uses the UN PANEL principles which are widely recognised as the principles underpinning a Human Rights Based Approach.

The Draft Outline Implementation "Toolkit" offers guidance and checklists and will form the basis of how the Charter is used by people to be able to enjoy their rights and by government and services to improve service delivery through ensuring compliance with the Charter in their decision-making. It aims to support people to influence the planning of services, to know what they are entitled to expect from services, and how to measure how services are doing what they should be doing. The idea is that this "toolkit" will grow and develop through the public consultation and as people adapt the checklists to suit different communities, priorities, and service contexts.



What is the purpose of this Draft Outline of a Charter of Rights?

As part of the National Collaborative evidence-gathering process across the country between May and August of this year, many people affected by substance use, their families and people working across a wide range of services gave views about what rights are needed to bring about necessary change.

www.alliance-scotland.org.uk/lived-experience/engagement/national-collaborative/call-for-evidence-findings/

This Draft Outline of a Charter of Rights reflects the evidence gathered, shares the direction being taken by the National Collaborative in preparing a Charter and seeks feedback on how it can be further developed to be as effective as possible in bringing the necessary change. www.alliance-scotland.org.uk/lived-experience/engagement/national-collaborative/draft-charter-of-rights-consultation/

What are the next steps?

The National Collaborative will analyse the results of the consultation process on this Draft Outline and then launch the finalised Charter of Rights in December of 2024.

A key part of its implementation will be raising public awareness – particularly of those people affected by substance use and most at risk - and building capacity of those bodies with duties of implementing the rights.

Adapted versions of the Charter – and particularly its Implementation Toolkit - will be developed to make it as widely understood, practical and user-friendly as possible for different communities and service contexts.

In this way the Charter and its Implementation Toolkit will become a "living document", a resource for sharing good practice and learnings as they develop and continuously improving its effectiveness.

All of this will take place within the wider context of the implementation of the Scottish Human Rights Bill: www.gov.scot/policies/human-rights/. This new overarching legal framework will strengthen the accountability and implementation of related processes, such as the MAT Standards, and will be accompanied by campaigns of public awareness raising and capacity building of public authorities.

2. The Charter – Key Rights

The following key rights are drawn from existing law - the UK Human Rights Act - and from the proposed Scottish Human Rights Bill which is due to introduce a new human rights legal framework in Scotland.

Fuller explanations of the sources of the following key rights are provided in the accompanying "Guidance on Rights, Duties and Principles".

www.alliance-scotland.org.uk/lived-experience/engagement/national-collaborative/guidance-on-rights-duties-principles/

The notes in relation to each of the rights and principles below set out the kinds of actions states would be expected to take in the context of respecting, protecting, and fulfilling rights. This has been informed by the nationwide evidence-gathering process and the International Guidance on Human Rights and Drug Policy.

1 Right to life

(Article 2, ECHR incorporated by the HRA in 1998)

- Duty bearers should take positive measures to increase the life expectancy of people who use substances, including adequate steps to provide a range of scientific, evidence-based and trauma informed support services on substance use prevention, overdose prevention and response, rehabilitation, harm reduction, HIV, viral hepatitis, and other infections and injuries sometimes associated with substance use.

2 Right to the highest attainable standard of physical and mental health

(Article 12, ICESCR to be incorporated by the Human Rights Bill)

- Duty bearers will be required to take deliberate, concrete, and targeted steps to ensure that substance use support services are available in sufficient quantity, geographically and financially accessible, acceptable to and known about by all people they serve and of sufficient quality including evidence base and independent oversight.
- Duty bearers shall eliminate discrimination, formal and substantive, in the provision of health and social care and should not discriminate against people affected by substance use and,
- Duty bearers should address the social and economic determinants that support or hinder positive health outcomes including stigma and discrimination of various kinds against people who use substances.

3 Right to an adequate standard of living

(Article 11, ICESCR to be incorporated by the Human Rights Bill)

This includes the rights to adequate food, clothing and housing and the continuous improvement of living conditions.

- Duty bearers will be required to establish a basic minimum threshold for the enjoyment of these rights and take steps to use their maximum available resources to achieve progressively the full realisation of these rights over time.

4 Right to private and family life

(Article 8, ECHR incorporated by the HRA 1998)

- Duty bearers must ensure all treatments, health and social care and other support are provided in a way that respects the privacy and inherent dignity of the person affected by substance use and,
- Duty bearers should adopt legislative, administrative, and other measures to prevent arbitrary and unlawful interference with the family life and home of people who use substances.
- Duty bearers should adopt legislative and other measures to prevent the disclosure of individuals' personal health data, including substance test results and substance dependence treatment histories, without their free and informed consent.
- Duty bearers should take steps to enable families to participate in decisions made about their loved ones who are affected by substance use.
- Duty bearers must ensure that the best interests of the child are a primary consideration in decisions regarding their care, including in the context of parental drug dependence.
- Duty bearers should ensure that a parent's substance use should not be the sole justification for removing a child from parental care or preventing reunification or contact.

5 Right to a healthy environment

(to be incorporated by the Human Rights Bill)

This right recognises that a healthy environment is necessary for the enjoyment of all human rights, including the right to the highest attainable standard of physical and mental health.

- Duty bearers will be required to establish a basic minimum threshold for the enjoyment of this right and take steps to use their maximum available resources to achieve progressively the full realisation of this right over time.

6 Freedom from torture and other cruel, inhuman, or degrading treatment or punishment

(Article 3, ECHR incorporated by the HRA 1998)

- Duty bearers should ensure access to essential medicines, including for substance dependence, pain treatment, and palliative care and,
- Duty bearers should ensure that access to health care for people who use or are dependent on substances and are in places of detention is equivalent to that available in the community.

7 Freedom from arbitrary arrest or detention

(Article 5, ECHR incorporated by the HRA 1998)

- Duty bearers must ensure that people are not detained solely based on substance use or substance dependence.
- Duty bearers should prioritise diversion from prosecution for persons arrested for substance offences or substance-related offences of a minor nature and,
- Duty bearers should prioritise non-custodial measures at the sentencing and post-sentencing stages for persons charged with or convicted of substance offences or substance-related offences of a minor nature.

3. Implementation Framework – Key Principles of a Human Rights-Based Approach

UN PANEL Principles

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

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

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.

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

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

The Panel Principles, developed by the UN as the common understanding of a human rights-based approach, provide the foundation of the Implementation Framework of the Charter of Rights.

The Panel Principles are Participation, Accountability, Non-discrimination and equality, Empowerment and capacity-building, and Legality. They are inter-related and need to be understood and applied as a whole.

The following is a brief explanation of what they mean in general. Further information on their relevance to the context of substance use is provided in the "Guidance on Rights, Duties and Principles".

Guidance on how to use them is provided by the Implementation Toolkit which includes starter Panel Principles Checklists, Indicators, and good practice examples of their application.

Participation

- Everyone has the right to meaningfully participate and influence outcomes in decisions that affect them, and in the design, implementation and assessment of laws, policies and practices affecting fulfilment of their rights.
- This applies to people affected by substance use in relation to decisions including their treatment, health and social care and related support services as well as those laws, policies and practices affecting fulfilment of their rights.

Accountability

- Accountability requires that those who are responsible for respecting, protecting, and fulfilling people's rights can be held to account in relation to those obligations.
- This involves identifying who is accountable, for what, and how they will be held to account for their obligations.
- Accountability requires effective monitoring, through data collection and collation of qualitative evidence, for example through inspections and/or interviews with those affected.
- People affected by substance use have the right to an effective remedy when their rights are not fulfilled or are breached. This requires access to both administrative and judicial remedies, which must be accessible, affordable, timely and effective.

Non-discrimination and equality

- Everyone is entitled to fulfilment of their human rights without discrimination. All forms of discrimination must be prohibited, prevented, and eliminated. People who face the biggest barriers to realising their rights should be prioritised.
- People affected by substance use must not be discriminated against in relation to respecting, protecting, and fulfilling their human rights, directly or indirectly, including on account of their health status.
- As people affected by substance use are marginalised, compared to the general population, and face barriers in accessing health and social care and other support, the state must prioritise realising their rights, ensuring maximum available resources are applied to doing so, using human rights budgeting.

Empowerment and capacity-building

- Everyone should know and understand their rights, and be supported to claim their rights, seek an effective remedy for breach, and participate in development of laws, policies and practices affecting the fulfilment of those rights.
- Duty bearers should be supported to improve their ability through, for example, training, sharing of best practice and provision of adequate resources to respect, protect and fulfil the rights of people affected by substance use.
- In the context of substance use, empowerment is interrelated with non-discrimination and the taking of effective measures to address stigma and self-stigmatisation. People affected by substance use will not be empowered to claim their rights or participate meaningfully in decisions affecting them while they are self-stigmatising or considering themselves to be less deserving of rights than other people.

Legality

- The above Principles should be grounded in the legal rights that are set out in national and international frameworks.
- This will include the rights contained within the Scottish Human Rights Bill once it becomes law.
- It is this Principle of Legality which shifts the power and supports a shift of culture from stigma and self-stigma to one of "rights-holders" and "duty-bearers".

4. Implementation Toolkit

The "Toolkit" offers guidance for implementation and aims to help people to use the Charter. The idea is that this "toolkit" will grow and develop through the public consultation and as people adapt the checklists to suit different communities, priorities, and service contexts.

The Toolkit will include the following:

- "Guidance on Rights, Duties and Principles"
- Starter Panel Principles Checklists and Indicators (initially including a Starter Checklist and Indicators for the Right to Health and Checklists and Indicators for Families and for Women, further checklists to be developed)
- Example of FAIR model of good practice to strengthen engagement between Lived and Living Experience Groups and Alcohol and Drug Partnerships.
- Guidance for Scrutiny Bodies (to be co-produced in 2024)
- A bank of good practice examples of the implementation of the Charter as they come to be developed and applied – including checklists and the FAIR model adapted to local and other context-specific circumstances (to be included over time as the Charter is implemented). In this way the Toolkit becomes a living resource of good practice and practical guidance.

The draft outline Toolkit currently includes examples of Panel Principles Checklists and Indicators applied to:

- **the right to health for everyone**, which will be included in the Human Rights Bill and will be a key right within the Charter of Rights.
- **families**
- **women**

These "starter" checklists offer a framework for the development of future checklists adapted to other Charter rights and groups of people – for example, children and young people as well as people in custody - and local and other context-specific circumstances. These future checklists can be included in a bank of good practice examples as they are developed over time.

Purpose of Checklists

- To support the development, implementation and monitoring of plans by public authorities, including ADPs, to put into practice the Charter and the forthcoming Human Rights Bill once it becomes law,
- To support a self-assessment by public authorities, including ADPs, of their compliance with the Charter and the forthcoming Human Rights Bill, and
- To support people affected by substance use and their families to understand what they are entitled to expect when seeking public support services.

Overview of Starter Checklist for Right to Health

Introduction

The "right to the highest attainable standard of physical and mental health" is included within the UN International Covenant on Economic, Social and Cultural Rights (ICESCR).

The forthcoming Human Rights Bill will bring this Covenant – including the right to health – into our law.

The right to health is at the heart of the Charter of Rights for people affected by substance use.

What is the right to health?

The "right to the highest attainable standard of physical and mental health" belongs to everyone without discrimination, including people affected by substance use.

It has two dimensions.

- **one relates to healthcare such as substance use support services, and**
- **the other relates to the positive determinants of good health such as adequate housing and food.**

The duties include ensuring the availability, accessibility, acceptability, and quality (known as the "triple AAAQ") of healthcare such as substance use and related support services as well as the positive determinants of good health.

See the Guidance on Rights, Duties and Principles for further information on this right, the corresponding duties including an explanation of the "triple AAAQ".

The Charter's Toolkit provides practical ways to implement this right, including the following Starter Checklist.

What is the Checklist based on?

It is based on the forthcoming Human Rights Bill, the UN developed Panel Principles – Participation, Accountability, Non-discrimination and equality, Empowerment and capacity-building and Legality - and the "triple AAAQ" framework of "availability, accessibility, acceptability and quality".

It is advisable before considering using the Checklist to first read the Guidance explanations on the right to health, the Panel Principles, and the AAAQ framework.

This Starter Checklist offers support to begin the process of applying a human rights-based approach towards implementing the right to health.

Who is the Checklist for?

It is for both rights-holders and duty-bearers.

- **Rights-holders are people affected by substance use.** The checklists can help people in communities to advocate for themselves and others and hold duty bearers to account.
- **The primary duty bearer is the state.** In the context of substance use this includes central government, local government, health and social care providers, scrutiny bodies, police, prisons, tribunals, courts, and other bodies.

Checklists can apply the Panel Principles in whatever order is the most appropriate in the specific context.

In the context of the Checklist on the Right to Health we can start with Legality as it is this principle which most significantly shifts the power and the culture away from the stigma of "deserving" and "undeserving" towards that of "rights-holders" and "duty-bearers".

Note that in the following checklists where "AAAQ" appears it means availability, accessibility, acceptability, and quality.

A Starter Checklist on the Right to Health

WHAT IS NEEDED	QUESTIONS TO CONSIDER	ACTIONS AND OUTCOMES
Legality ensures that the Checklist is grounded in the legal rights that are set out in national and international frameworks.		
Healthcare services Availability, accessibility, acceptability, and quality of healthcare and substance use and related support services to be provided to enable the achievement of the right to the highest attainable standard of physical and mental health.	**Available** Do services provide sufficient choice and person-centred support? **Accessible** Are services inclusive? Are people excluded due to geographical or financial barriers? **Acceptable** Can services respond and adapt to people's different needs? Consider the different needs of families, women, different ethnicities, LGBTI people and people with disabilities, people experiencing language barriers, people with other health issues such as mental health. **Quality** Are services of sufficient standard? Are they de-stigmatised, evidence-based and trauma informed? Do they meaningfully involve individuals and families in decision-making?	**Actions** Identify actions to be taken to improve AAAQ of healthcare services. **Outcomes Indicator** Evaluate, including from the life experience of people affected by substance use, the outcomes of actions and lessons learned to enable further progress.
Social determinants Targeted efforts to determine minimum thresholds and progressive realisation of the social determinants of health for people affected by substance use. This includes adequate housing, food and social security are available, accessible, acceptable and of sufficient quality.	Do substance use support services provide information to help people access other services including those relating to housing, food, and social security? Are concrete and targeted steps taken to help people affected by substance use to access social determinants of health e.g. adequate housing and food?	**Actions** Identify actions to be taken to improve AAAQ of social determinants. **Outcomes Indicator** Evaluate, including from the life experience of people affected by substance use, the outcomes of actions and lessons learned to enable further progress.

What Is Needed	Questions To Consider	Actions and Outcomes

Participation ensures meaningful participation of everyone affected by substance use which can influence outcomes in healthcare decisions.

Availability, accessibility, acceptability, and quality of participatory processes which enable individuals – as well as families and communities – to influence the outcomes of decisions which affect the healthcare treatment and support services provided to people affected by substance use.

Available

Are there recognised ways for individuals - as well as families and communities - to participate in and influence decisions made about healthcare treatment and support services?

Accessible

Are these forms of participation inclusive? Are people excluded for any reason?

Acceptable

Is the approach taken responsive to people's different needs? Consider the different needs of women, families, people of different ethnicities, people with disabilities and LGBTI people, people who have language barriers and people with other health issues such as mental health.

Quality

Is the approach to participation done in a non-stigmatising, trauma-informed way? Are people able to influence the outcomes of decisions?

Actions

Identify actions to be taken to improve AAAQ of meaningful participation.

Outcomes Indicator

Evaluate, including from the life experience of people affected by substance use, the outcomes of actions and lessons learned to enable further progress.

Accountability improves health outcomes through enabling decisions to be challenged when rights are denied.

Availability, accessibility, acceptability, and quality of accountability processes by which people affected by substance use can hold to account those making decisions about their healthcare.

Available

Are there different ways for people to address things that they are not happy with? Consider complaints procedures but also other less formal ways lessons can be learned.

Accessible

Are these ways of addressing issues inclusive?

Acceptable

Are people with different experiences able to address issues? Consider the different needs of women, families, people of different ethnicities, people with disabilities and LGBTI people, people experiencing language barriers and people with other health issues such as mental health.

Quality

Are the accountability mechanisms effective for individuals and communities? Are people able to get things resolved? Does poor practice change? Are there ways to follow up if nothing changes?

Actions

Identify actions to be taken to improve AAAQ of meaningful participation.

Outcomes Indicator

Evaluate, including from the life experience of people affected by substance use, the outcomes of actions and lessons learned to enable further progress.

What Is Needed	Questions To Consider	Actions and Outcomes

Non-discrimination and equality help identify the relevant rights-holders, particularly those most at risk, and ensure that there is equal access to all rights for everyone affected by substance use.

Targeted steps to identify and address all forms of stigma and discrimination which lead to the denial of the right to health, particularly for those most at risk.

What is being done to identify stigma and discrimination against people who use drugs in different settings, including health and social care?

Are people at most risk prioritised?

Consider, for example:

- women who may also be mothers who are afraid of having their children removed,
- family carers concerned about any consequences for the family,
- people from ethnic communities who might experience racial discrimination,
- people who use differing types of drugs or who are not abstinent.

Actions

Identify actions to be taken to address all forms of stigma and discrimination.

Outcomes Indicator

Evaluate, including from the life experience of people affected by substance use, the outcomes of actions and lessons learned to enable further progress.

What Is Needed	Questions To Consider	Actions and Outcomes

Empowerment and capacity-development enables people affected by substance use to know and claim their rights and improves the ability of duty bearers to implement these rights.

People affected by substance use are provided with the knowledge needed to claim their rights and the ability of duty bearers to provide human rights-based services is improved.

Available

Is information about services and support available to people?

Accessible

Is information provided in a way that people understand and use? Is it accessible to everyone including those people who may not be engaged in services?

Acceptable

Is information provided in a way that is relevant for different groups? Consider the different needs of women, families, people of different ethnicities, people with disabilities and LGBTI people, people experiencing language barriers and people with other health issues such as mental health.

Quality

Is information adequate and useful for people? Are service providers adequately trained in relation to taking a trauma-informed, rights-based approach?

Actions

Identify actions to provide knowledge which empowers people affected by substance use and actions to improve the ability of duty bearers to provide human rights-based services.

Outcomes Indicator

Evaluate, including from the life experience of people affected by substance use, the outcomes of actions and lessons learned to enable further progress.

A Starter Checklist for Families

WHAT IS NEEDED	QUESTIONS TO CONSIDER	ACTIONS AND OUTCOMES

Participation ensures meaningful participation of families which can influence outcomes in healthcare decisions about their loved ones.

Availability, accessibility, acceptability, and quality of participation processes which enable the families of people affected by substance use to contribute meaningfully and influence decisions relating to the healthcare and substance use support services which are to be provided to their loved ones.

Available

Are there recognised ways for families to participate in, and influence decisions made about the healthcare treatment and support services for their loved one?

Accessible

Are these forms of participation inclusive? Are people excluded for any reason?

Acceptable

Is the approach taken to family involvement responsive to people's different needs?

Consider the different needs of women, sole carers, people of different ethnicities, people with disabilities and LGBTI people, people experiencing language barriers and people with other health issues such as mental health.

Quality

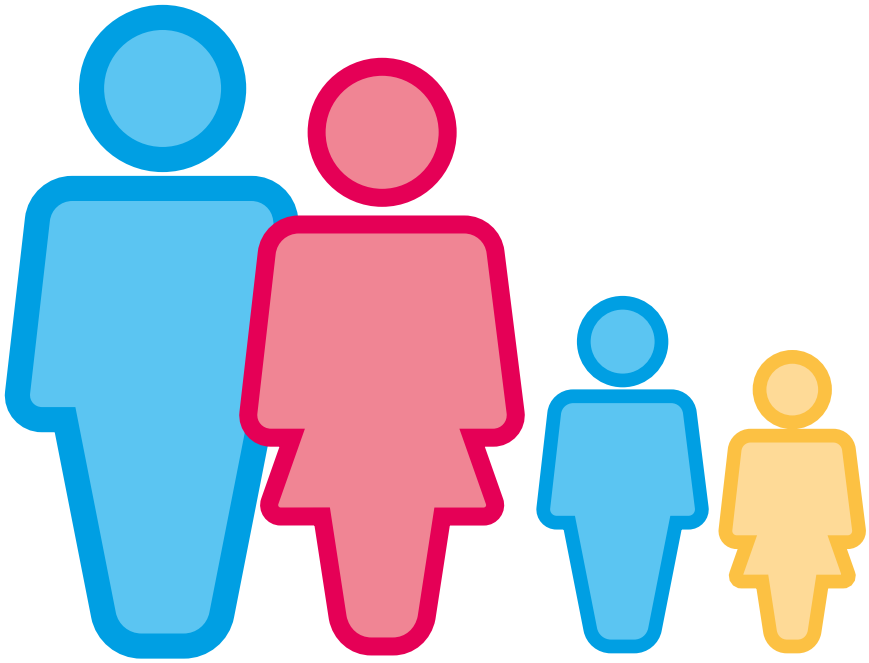
Is the approach to family involvement done in a non-stigmatising, trauma-informed way? Are people able to influence the outcomes of decisions?

Actions

Identify actions to be taken to improve the AAAQ of meaningful participation.

Outcomes Indicator

Evaluate, including from the life experience of families, the outcomes of actions and lessons learned to enable further progress.



What Is Needed	Questions To Consider	Actions and Outcomes

Accountability improves health outcomes through enabling decisions to be challenged when rights are denied.

Availability, accessibility, acceptability, and quality of accountability processes for families of people affected by substance use.	**Available** Are there different ways for families to hold services to account when the rights of loved ones are denied? Consider complaints procedures but also other less formal ways lessons can be learned. **Accessible** Are these accountability mechanisms inclusive? Are families excluded for any reason? **Acceptable** Are people with different experiences able to address issues? **Quality** Are the accountability mechanisms effective for families? Are families able to get things resolved? Are the family members themselves supported? Does poor practice change? Are there ways to follow up if nothing changes?	**Actions** Identify actions to be taken to improve the AAAQ of accountability. **Outcomes Indicator** Evaluate, including from the life experience of families, the outcomes of actions and lessons learned to enable further progress.

Non-discrimination and equality help identify the families of people affected by substance use, particularly those most at risk, and ensure that there is equal access for all families to meaningfully participate and engage with the decision-making processes of duty-bearers.

Effective addressing of stigma and discrimination faced by families of people affected by substance use.	What is being done to identify stigma and discrimination towards family members in relation to services and support? How are families at most risk being prioritised? Consider the different needs of families including people of different ethnicities, people with disabilities and LGBTI people, people experiencing language barriers and people with other health issues such as mental health.	**Actions** Identify actions to be taken to address all forms of stigma and discrimination. **Outcomes Indicator** Evaluate, including from the life experience of families, the outcomes of actions and lessons learned to enable further progress.

What Is Needed	Questions To Consider	Actions and Outcomes

Empowerment and capacity-development enables the families of people affected by substance use to meaningfully participate in decision-making processes relating to their loved ones and improves the ability of duty bearers to implement these rights.

Families are provided with the knowledge needed to meaningfully participate in decision-making processes and duty-bearers develop the ability to provide human rights-based services that are inclusive of family.

Available

Is information about services and support sufficiently available to families? (This includes information about services to support their loved one but also to support them as carers if relevant)

Accessible

Is information provided in a way that families understand and use?

Acceptable

Is information provided in a way that is relevant for families with different experiences?

Consider the different needs of families including people of different ethnicities, people with disabilities and LGBTI people, people experiencing language barriers and people with other health issues such as mental health.

Quality

Is information adequate and useful for families?

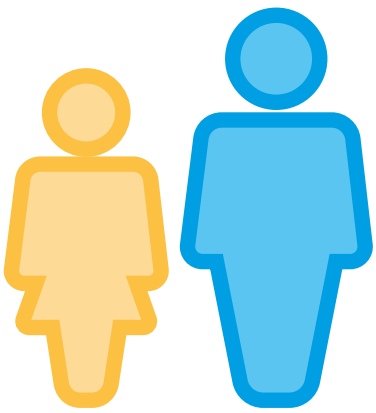
Are service providers adequately trained in relation to taking a trauma-informed, rights-based approach? Is there training for how to involve family members?

Actions

Identify actions to be taken to empower families to participate meaningfully in decision-making processes and improve the ability of duty bearers to provide human rights-based services.

Outcomes Indicator

Evaluate, including from the life experience of people affected by substance use, the outcomes of actions and lessons learned to enable further progress.



What Is Needed	Questions To Consider	Actions and Outcomes

Legality ensures that the Checklist is grounded in the legal rights that are set out in national and international frameworks.

The Panel Principles of Participation, Accountability, Non-discrimination, and Empowerment and capacity-building are being applied to families in a manner fully consistent with the rights in the Charter which are explained in the Guidance on Human Rights Principles, Rights and Duties.	Is the overall availability, accessibility, acceptability, and quality of family involvement in decision-making processes sufficient?	**Actions** Identify actions to be taken to ensure that a human rights-based approach, applying the Panel Principles, is taken towards family involvement in decision-making. **Outcomes Indicator** Evaluate, including from the life experience of families, the outcomes of actions and lessons learned to enable further progress.

A Starter Checklist for Women

WHAT IS NEEDED	QUESTIONS TO CONSIDER	ACTIONS AND OUTCOMES

Participation ensures meaningful participation of women affected by substance use which can influence outcomes in healthcare decisions and any other decisions relating to family life.

Availability, accessibility, acceptability, and quality of participation processes which enable women affected by substance use to influence the outcomes of decisions which affect the healthcare treatment and support services provided to them.

Available

Are there ways of influencing decision-making that is sensitive to the experiences of women?

Accessible

Do participatory processes effectively address the barriers women face?

Acceptable

Are participatory processes gender-sensitive? Do they address intersectionality (multiple forms of discrimination) including caring responsibilities and concerns about the removal of children? Are they responsive to different women's needs e.g. ethnicity, language, mental health?

Quality

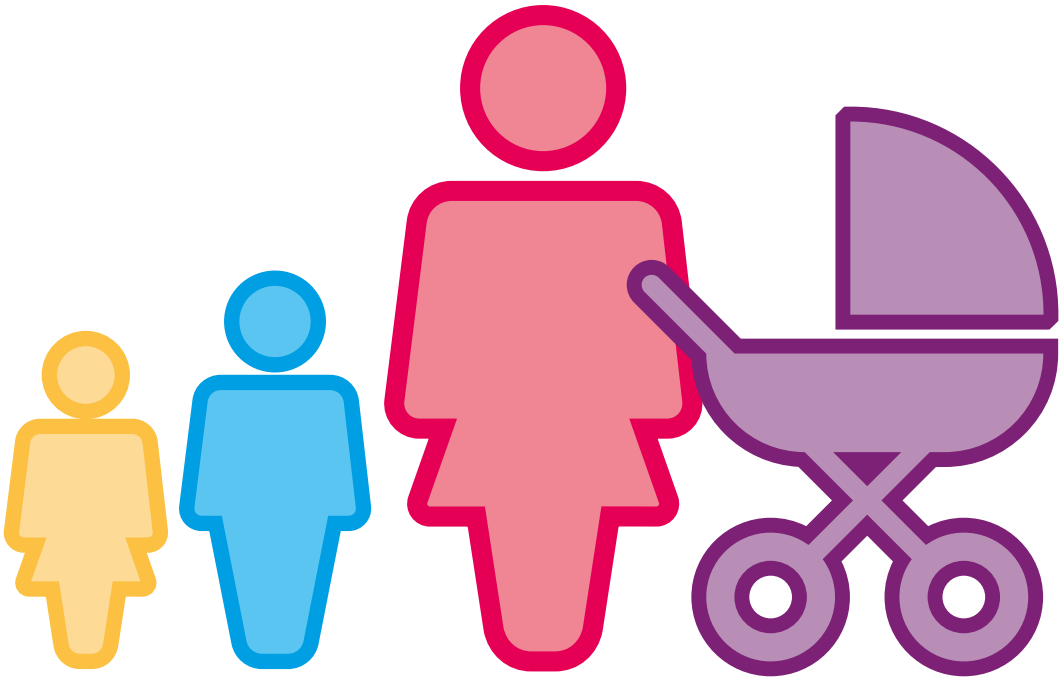
Is the approach to participation done in a non-stigmatising, trauma-informed way?

Actions

Identify actions to be taken to improve meaningful participation.

Outcomes Indicator

Evaluate, including from the life experience of women, the outcomes of actions and lessons learned to enable further progress.



What Is Needed	Questions To Consider	Actions and Outcomes

Accountability improves health outcomes for women affected by substance use through enabling decisions to be challenged when rights are denied.

Availability, accessibility, acceptability, and quality of accountability processes for women affected by substance use.

Available

Are there recognised ways for women to hold services to account when their rights are denied? Consider complaints procedures but also other less formal ways lessons can be learned.

Accessible

Are these accountability mechanisms inclusive? Do they exclude women for any reason?

Acceptable

Are women with different experiences able to address issues? Consider the different needs of women with caring responsibilities and other factors such as ethnicity and language.

Quality

Are the accountability mechanisms effective for women? Are they able to get things resolved? Are women supported through the process? Does poor practice change? Are there ways to follow up if nothing changes?

Actions

Identify actions to be taken to improve accountability for women.

Outcomes Indicator

Evaluate, including from the life experience of women, the outcomes of actions and lessons learned to enable further progress.

Non-discrimination and equality help identify any inadequacies in terms of availability, accessibility, acceptability, and quality of gender sensitive substance use and related public services in ensuring not only formal but substantive gender equality including considerations of intersectionality and structural inequality.

Effective addressing of all forms of stigma and discrimination faced by women affected by substance use which cause the denial of the right to health.

What is being done to identify stigma and discrimination in relation to services and support for women?

Are women at most risk prioritised?

Consider, for example:

- women who may also be mothers who are afraid of having their children removed,
- women in low paid or insecure employment,
- women from different ethnic communities, and
- women involved in sex work.

Actions

Identify actions to be taken to address all forms of stigma and discrimination against women.

Outcomes Indicator

Evaluate, including from the life experience of women, the outcomes of actions and lessons learned to enable further progress.

What Is Needed	Questions To Consider	Actions and Outcomes

Empowerment and capacity-building enables women affected by substance use to know and claim their rights and improves the ability of duty bearers to implement these rights.

Empowerment of women affected by substance use through providing the knowledge required to claim their rights and the improvement of the ability of service providers to achieve better health outcomes for women.

Available

Is information about services and support sufficiently available to women?

Accessible

Is information provided in a way that women understand and use?

Acceptable

Is information provided in a way that is relevant for women with different experiences?

Consider, for example, the varying needs of women relating to caring responsibilities or ethnicity.

Quality

Is information sufficient and useful for women?

Are service providers adequately trained in relation to taking a trauma-informed, rights-based approach?

Actions

Identify actions to be taken to empower women to participate meaningfully in decision-making processes and improve the ability of duty bearers to provide human rights-based services.

Outcomes Indicator

Evaluate, including from the life experience of women affected by substance use, the outcomes of actions and lessons learned to enable further progress.

What Is Needed	Questions To Consider	Actions and Outcomes

Legality ensures that the Checklist is grounded in the legal rights that are set out in national and international frameworks.

Check that the above Panel Principles of Participation, Accountability, Non-discrimination, and Empowerment and capacity-building are being applied in a manner fully consistent with the rights in the Charter which are explained in the Guidance on Human Rights Principles, Rights and Duties.

Does the overall availability, accessibility, acceptability, and quality of substance use related services realise the right of women to achieve the highest attainable standard of physical and mental health without discrimination?

Actions

Identify actions to be taken to ensure that a human rights-based approach, applying the Panel Principles, is taken towards ensuring that women enjoy the right to the highest attainable standard of physical and mental health without discrimination.

Outcomes Indicator

Evaluate, including from the life experience of women, the outcomes of actions and lessons learned to enable further progress.

The **FAIR model example** of applying the Panel Principles to strengthen engagement between Alcohol and Drug Partnerships (ADPs) and Lived and Living Experience (LLE) Groups.

ADP/LLE engagement is a critical part of the implementation of the Charter of Rights at a local level. Key findings from our evidence-gathering sessions tell us that there is considerable room for improvement in the interactions between ADPs and LLE groups.

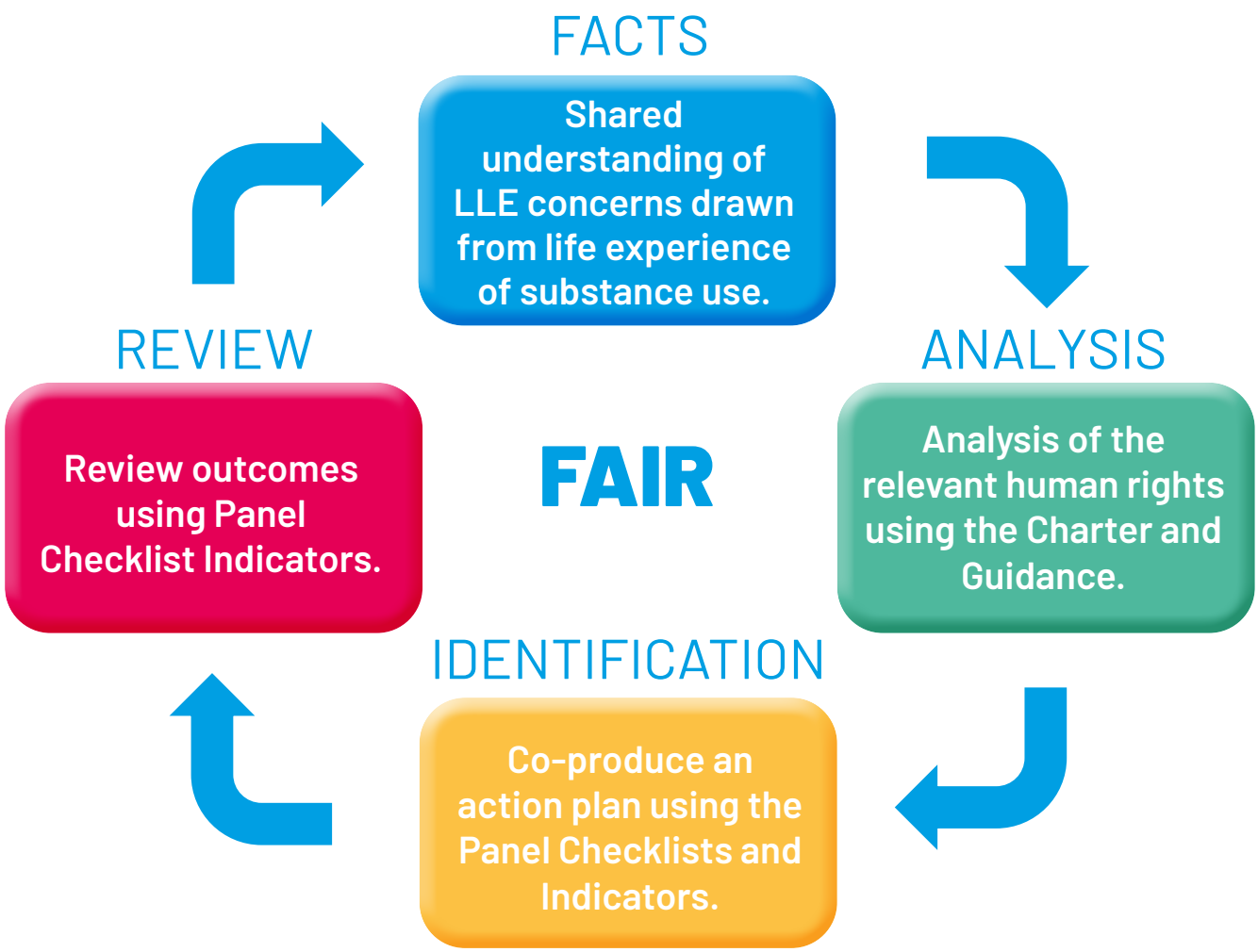
Accordingly, this guidance demonstrates how the FAIR model of applying the Panel Principles can support improved meaningful engagement between ADPs and LLE groups and other relevant stakeholders including Reference Groups, LEROs and family organisations.

Meaningful engagement is where LLE groups can influence outcomes which are consistent with the rights of people affected by substance use.

Engagement should be accessible where information is shared in a way that it is easy to understand and empowers people to effectively participate. It should also be inclusive where specific and targeted efforts are made to enable those most at risk to participate.

FAIR is an acronym for Facts, Analysis, Identification and Review and is illustrated below.

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



Key recommendations are for LLEs and ADPs together to take the following four steps:

1. **Facts – gather an evidence base on the life experience of people affected by substance use.**

- develop a setting where the LLE groups can bring its concerns, based upon the life experience of those people affected by substance use, about the design, delivery, monitoring, and outcomes of substance use and related support services,
- this should be a collaborative and non-adversarial setting, user-friendly and not bureaucratic and the agenda prepared and agreed together by the ADP and LLE groups, and
- the LLE groups represent the broad range of different life experiences including of those people most at risk.

2. **Analysis – reach a shared understanding of the rights at stake.**

- once there is a shared understanding of the concerns, reference should be made to the Charter of Rights for guidance on any rights which may be at stake,
- for example, if the right to the highest attainable standard of physical and mental health is at stake then consideration should be given to its requirements of availability, accessibility, acceptability, and quality of support services.

3. **Identification – reach a shared understanding of an implementation plan.**

- agree an implementation plan, drawing upon the Panel Principles Checklists and Indicators, on what needs to be done, how and by when to ensure that the rights are realised,
- for example, if it is the right to health which is at stake the plan should include concrete and targeted steps, prioritising those most subject to stigma and at risk, to ensure that the ADP and other relevant duty bearers use the maximum resources available to progressively improve the availability, accessibility, acceptability, and quality of support services.
- for availability, this may mean increasing the choice of available services,
- for accessibility, this may mean locating relevant services in a community hub,
- for acceptability, this may mean providing more child-friendly or family-friendly services, and
- for quality it may mean improving trauma informed delivery of services.

Reference should be made to the Panel Principles Checklists and Indicators which can be adapted as appropriate in the local circumstances.

4. **Review – reach a shared understanding of progress indicators including an evaluation of the outcomes based upon the life experience of people affected by substance use.**

- use agreed indicators, drawing from the Panel Principles Checklists and Indicators, to evaluate the outcomes,
- these indicators should include all relevant factors such as learning from the experience of those people who are attempting to engage with services and those people who are not,
- the available resources and a realistic timeline,
- this evaluation of outcomes will then help identify lessons to be learned by all.

Concerns which emerge from this evaluation of outcomes will then, along with any new areas of concern of the LLE groups, inform the next application of the FAIR process. The FAIR model is then to be understood as a continuous improvement cycle of support services for people affected by substance use.

5. Glossary

AAAQ:	Availability, Accessibility, Acceptability and Quality framework
ADP:	Alcohol and Drug Partnership
Bill:	A formal proposal for primary legislation to create a new law, or a change in the law, which is put forward for consideration by Parliament.
Duty bearers:	The primary duty bearer is the state. In the context of substance use this includes central government, local government, health and social care providers, scrutiny bodies, police, prisons, tribunals, courts, and other bodies.
ECHR:	European Convention on Human Rights 1953
FAIR model:	Facts, Analysis, Identification & Review model
HRA:	Human Rights Act 1998
Human rights:	The basic rights and freedoms that belong to every person in the world. They can never be taken away, although they can, in specific circumstances, sometimes be restricted.
ICESCR:	UN International Covenant on Economic, Social and Cultural Rights 1966
Incorporated:	brought into law
LE:	Lived Experience (of substance use)
LERO:	Lived Experience Recovery Organisation
LGBTI:	Lesbian, Gay, Bisexual, Transgender and Intersex

LLE:	Lived and living experience (of substance use)
MAT Standards:	Medication Assisted Treatment Standards
NC:	National Collaborative
PANEL:	Participation, Accountability, Non-discrimination, Empowerment and Legality
Rights holders:	people who claim their rights under a legal framework. In this context it refers to people affected by substance use.
Substance:	alcohol and drugs
The Human Rights Bill:	the forthcoming Scottish Human Rights Bill
UK:	United Kingdom
UN:	United Nations

Notes

Consultation

Guidance on Rights, Duties and Principles

Call for Evidence Findings

National Collaborative

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