

Summary of the Committee's visit to the Scottish Drugs Forum (17/06/2019)

As part of the Committee's inquiry into *Problem Drug Use in Scotland*, the Committee participated in an engagement event, which was facilitated by Scottish Drugs Forum (SDF) CEO, Dave Liddell. The Committee met with three groups; SDF Peer Researchers, SDF Addiction Worker Trainees, and current problem drug users. This note summaries the main points discussed during the meetings.

Session 1: SDF Peer Researchers

- The Committee held discussions with individuals who have lived experience of problem drug use, and have now been recruited as SDF peer research volunteers. Dave Liddell explained that the peer researchers have undertaken Protecting Vulnerable Group (PVG) training and have been trained in survey and interview techniques.
- Discussion focused on the unique relationship between peer researchers, and current problem drug users. The peer researchers argued that people who use substances tend to identify more closely with peer researchers and tend to feel less wary and more confident in discussion because they know that the person they are speaking to has direct knowledge and understanding of the realities they face. One participant said, "when you're in addiction, you learn your own language", and that you can then feel intimidated by people who are different, or who do not have the same experiences as yourself. Another added that current problem drug users tend to be willing to talk about their experiences to peer researchers, because it is often the first time they have been asked about their experiences.
- This concept was further discussed in the context of providing drug treatment services. The group explained that person-centre service delivery should a minimum standard across all drug-related treatment services. One participant said that, "uniform is a barrier to relatability" in addiction treatment.
- The peer researchers also discussed the skills they have developed – including confidentiality, safety, and interview skills training – as well as their motivation for participating in the scheme (primarily to "give something back" to the community which has helped and supported them through their own problematic drug use). Others added that becoming a peer researcher was a way of keeping in touch with a part of society which is close to their hearts, whilst also contributing to treatment services which are understaffed, underfunded, and in need of support.
- A frequent theme during discussions was stigma. Stories were shared of individuals whose problematic substance use has resulted in alienation from family, friends and their communities. The peer researchers also explained that it is vital that service users feel validated as individuals with valid opinions. As such, the point was made that an individualistic approach needs to be taken, in which treatment services recognise that no two individuals are the same.
- Another frequent theme was the importance of employment options as a route out of problematic drug use. One participant explained that he became a peer researcher as a means of building up his CV, with a view to opening up future employment opportunities.
- The importance of knowing about the range and availability of services was also discussed. Participants explained that there are currently a wide range of services

available across a large number of providers, but that it can be overwhelming and difficult to know “where to start”. Dave Liddell explained that a key part of SDF’s work is signposting individuals to the most appropriate services. There was a consensus that treatment services are currently “fragmented”, and that a “one-stop shop” approach would better enable problem drug users to access relevant services.

- Some participants said that if the number and range of services which are currently available had been available when they were problem drug users, they would have been able to enter recovery earlier.
- The participants argued that “holistic” and “integrated” approach to problem drug use is needed, in which health, housing support, welfare, mental health provisions are calibrated to address the underlying risk factors and drivers.
- The concept of “personal capital” was discussed. Some participants argued that middle class individuals tend to have the education, family support networks, lifestyle and mentality which prevents their drug use becoming problematic, and which removes particular barriers to recovery when it does. This was contrasted with individuals from deprived communities who, the participants argued, usually do not have the same supportive family network, financial resource, or confident mentality to enter recovery. One participant explained that fear of legal action, intervention from social services, or children being placed in state care is often a barrier to recovery for individuals from more deprived communities.
- The Department for Work and Pensions was briefly discussed. In particular, some participants took issue with some of the Department’s policies which, they argued, prevented some problem drug users from accessing certain services (such as SDF’s Addiction Workers Training).
- Finally, the quality of public debate was discussed. There was a consensus amongst the peer researchers that the quality of public debate – particularly in the media – is poor. They argued that this perpetuates stigma, and prevents the implementation of policies which evidence shows would be effective in better addressing problem drug use.

Session 2: SDF Addiction Worker Trainees

- The Committee held discussions with a group of SDF Addiction Worker Trainees.
- Dave Liddell provided an overview of SDF’s Addiction Worker Trainees programme; an initiative which supports and trains individuals with a history of problematic drug and alcohol use to work in social care. SDF employs individuals through the project for 9 months. Most have little or no previous work experience. The programme includes two placements in clinical services, and an SVQ in social care. 80% of participants go on to secure long-term employment in the social care sector.
- To begin the discussions, the participants explained their histories of drug use, and how it became problematic. Similarities between the personal stories included homelessness and rough sleeping, criminal justice interventions, stigma and feelings of social exclusion and worthlessness. The group also explained their motivation for becoming Addiction Worker Trainees – which included the desire to have “a purpose”, opening employment opportunities, rebuilding their family life, and “giving back” to society.
- The group explained the value and impact the programme has had on them. One participant said that; “as a problem drug user people only see you as an addict. But

through this project, they see a valuable individual who can contribute to society". Another said that the programme is a way of "taking negative life experiences and turning it into a skill with a positive effect".

- The importance of recovery communities was discussed, as was the prevalence of these communities in Glasgow. The consensus was that there is a large number of treatment and support services available for problem drug users in Scotland. One participant said; "Scotland is not a bad place to be an addict". There was also discussion about the effectiveness and simplicity of recovery communities – one participant said that the value of a coffee and cake meeting for problem drug users should not be underestimated. One participant added that, "In this respect, the Scottish Governments recent *Rights, Respect Recovery* strategy is positive in how it recognises the value of recovery communities and peer support."
- As in the discussion with the previous panel, there was agreement that the current array of services is overwhelming, and there needs to be a "consolidation effort" to create a "one-stop shop" approach.
- The group agreed that the current welfare/housing/addiction/recovery/mental health approaches to problem drug use are still not integrated enough, although there was acknowledgement that there has been a significant improvement in partnership working in recent years.
- As with the previous panel, there was agreement that criminal records for drug related offences are a serious and prevalent barrier to employment, and therefore recovery, for many problem drug users. Specific examples of recovery-focused programmes were provided, for some of which individuals could be disqualified from applying due to previous drug offences.
- Discussion ended on the subject of stigma and hypocrisy. High profile instances of middle-class substance use was raised as an example of hypocrisy and counter-intuitiveness in UK drugs policy.

Session 3: Current problem drug users

- The Committee held discussions with an individual who helps support SDF's Peer Engagement team, and a person with lived experience of problem drug use (individual B) who is supported by SDF through the City Centre Engagement Group.
- Individual B explained how his drug use became problematic, and the how it has impacted his life – his experiences include homelessness.
- Individual B explained the psychological difficulty involved in entering recovery – the daily fluctuations in what he described as the "will power" to quit was raised as a reason for relapse.
- Both participants discussed the lack of resourcing behind vital addiction treatment services, such as the Glasgow Crisis Centre.
- A dominant theme of the conversation was the dosage and dispensation of methadone. Individual B argued that there had been no proactive attempts from service providers to gradually reduce the dosages of his methadone treatment. He added that it is easy to get a dosage increase, but difficult to get a decrease.
- Individual B explained that high methadone dosages have a negative side-effect, in how they can exclude you from certain recovery resources. Specific examples of programmes were raised, in which dosages of 30ml or more renders an individual

ineligible. For context, he added that it is not unusual to find individuals on 100-140ml of methadone.

- Changing drug trends were briefly discussed. Both participants explained that drugs have been getting stronger – for example, the heroin consumed by the “trainspotting generation” was much weaker than the heroin on the streets of Glasgow today. Poly-drug use and the injection of cocaine was also raised as a particularly lethal new trend.
- Individual B also argued that the effects of stigma are amplified in rural and isolated communities.
- The negative consequences of criminal justice interventions were briefly discussed; Individual B highlighted that he received no support upon release from prison, including no housing, and that employment opportunities have been severely restricted by criminal records for offences such as shoplifting. The participants explained that custodial sentences usually results in the loss of temporary accommodation, which leaves people with “nowhere to go” after release from prison which perpetuates problematic drug use.
- The welfare support system and delivery of Universal Credit was a dominant theme. Individual B explained that missed, late or infrequent payments have had negative consequences for his recovery. Both participants argued that this is a common experience amongst problem drug users in Scotland.
- When asked what single policy change would make a difference to his recovery, Individual B said that a free bus pass would make a significant difference. He explained the physical difficulties of walking sometimes 1 ½ - 2 hours from temporary accommodation to pharmacies in order to pick up prescriptions. The example of Aberdeen ADP providing free bus passes for problem drug users entering recovery was raised as an effective approach.

*BA
Second Clerk*