Visible Vocal Valuable

Working together to challenge stigma and save lives

#YouKeepTalking
WeKeepDying

Introduction

Faces and voices of recovery started to organise and mobilise those affected by the soaring amount of drug deaths in Scotland during August 2019, shortly after the latest abhorrent rise in death numbers came out.

Over 60 volunteers have been mobilised and so far and three gatherings organised. Through our weekly steering group meetings, the decision to create FAVOR Scotland was made to take forward the work of the group. All of this work has been done with very little money and very little or support from commissioned and funded services. Phoenix Futures is the only service that have given us a meeting place and a few of their volunteers.

This report is a result of three gatherings that have been held monthly two in George Square, Glasgow one on Friday the 4th of October in Maryhill community central halls. The first two events being open speaker public meetings, the third a conference to address the public grief and ask for a list of the problems and the solutions as the communities who are suffering most see it. Over 1600 people have taken part in our events so far and it is our intention to continue to organise and mobilise those who are most affected as the months and if necessary, years go on.

Scotland has a rich history of community organising and mobilising and some of the best policy in Europe with regards to the theoretical treatment of addiction. This document will clearly show that although policy in Scotland is first class, its effect on practice however is very limited.

Our Goals

1. To be a unified and national voice for individuals and organisations on all issues related to addiction and recovery.
2. To save lives and improve health and wellbeing by challenging addiction related stigma and encouraging, empowering and educating people in recovery from addiction as well as those affected by addiction.
3. To build awareness and raise the profile of recovery. Help more people find recovery by spreading the message that prevention works, treatment is effective and recovery from addiction is a lived reality in millions of people's lives.
4. To provide mainstream society a highly visible and obvious solution to the overwhelming crisis many feel associated with alcohol and another drug addiction.

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A very brief and concise history of Favor UK and its partners and achievements.

Operational since 2009; gained charity status in 2012. Held 11 UK recovery walks and 11 Annual Conferences with over with over 45,000 attendees. Partnered with the largest addiction treatment charity's in England & Wales for the majority of these years – CGL, Human Kind, Kaleidoscope and others. Worked extensively with Public Health England and HMPPS and this year partnered with Arriva (transport company).

Produced numerous toolkits for advocates and services, advocated for over 300 individuals & numerous groups. Developed the widely acclaimed Declaration of Rights. Introduced and sustained Recovery month to the UK. Continually advocated for many pathways to be celebrated and calling out the false dichotomy that is harm reduction versus Abstinence

Objectives

This report will make a clear and concise list of both the problems and solutions. This report will also offer a solution on how to measure success and failure.
The FAVOR Scotland committee engaged in organising the three events so far made clear their initial aims. They are:

1. That all people attending the events are heard and are given the opportunity to express themselves both the bereaved & those with lived experience.
2. An atmosphere of harmony, compassion & care.
3. People feel involved in helping to create change.

Core to our objectives

- That immediate implementation of the standards and principles be actioned from UNODC.
- Immediate action of the recommendations stated in UNODC-WHO International Standards for the Treatment of Drug Use Disorders.

Much of what we are recommending in this report has already been put forward on how to sustain recovery from alcohol & other drug problems. These issues have been examined by the United Nations Office on Drugs and Crime, (UNODC) National Institute of Health and Care Excellence (NICE), the Recovery Orientated Drug Treatment Expert Group (RODT) and the Advisory Council on the Misuse of Drugs (ACMD). This Report aims to bring these existing findings and recommendations on best practice together to increase their visibility and accessibility for the AOD treatment field here in Scotland and insist that these world class standards, principles & practice are implemented immediately and without delay.

FAVOR Scotland and members of the Scientific Consultation Working Group on Drug Policy, Health and Human Rights are in complete agreement that substance use disorders are a disease—caused by developmental, biological, neuropsychological, and psychosocial factors—and thus should be addressed within a public health framework.

UNODC Recommends Treating Addiction as Health, not as legal issue. To do this we need to reframe the addiction and recovery debate to one of rights-based approach and social determinants of health. Using the 4 titles from the paper 57/3 to 57/7 allows for the specific issues linked to treatment and recovery, to ask the questions of whether policy through to services are working towards these four domains in relations to social determinants of health and a rights-based approach.

Initial aims of the group

- 50% representation on all strategic decision-making groups/committees starting in Glasgow including the new drug death task force. We expect this representation to be nationwide once established processes are in place.
- To ensure that we have a range of recovery expertise involved in the commissioning of service to ensure the right balance between efficacy and efficiency.

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Going forward where we can help

To address the variation in range and quality of services across Scotland, and to support the Scottish Government to ensure that there is clear guidance on how money is spent, and in supporting a national monitoring of the implementation of quality standards.

We also aim to support the gaps in provision around joined up services – particularly for those with dual diagnosis and those released from prison.

Another current gap is around outcome monitoring and we will able to support this process along with increasing information sharing and transparency around the perceived gaps in data.

Our participants were also concerned to work with partners to address:

1. The link between substance use and deprivation
2. Health inequalities
3. Challenges of non-engagement with services and DNA rates
4. The gaps created by spending cuts
5. The impact of spending cuts on drug-related deaths
6. The lack of an independent chair for the ADPs
7. The perceived lack of impact of Public Health Scotland

Our view is that public service planning and delivery should be influenced by community needs, and there should be a greater commitment to involving excluded and disenfranchised groups in decision-making.

We can make sure that the strengths and assets in our communities can be mobilised more effectively to address some of the issues above.

We are committed to co-production, strong leadership and the resulting impact on governance, performance, harm reduction and recovery.

Recommendations

1 The first and most important recommendation we are calling on the Scottish Government to urgently officially call a public health emergency in response to the number of drugs deaths in Scotland.

This is about targeting more resources immediately where they are needed. We recommend a joint response from councils, police health boards and the third sector to take immediate action to accelerate a nationally coordinated response to prevent further loss of life of our loved ones.

We are aware that Scottish Labour has said legal designation should be given that would allow ministers to urgently direct public bodies under an emergency situation and this designation must be enacted immediately.

2 We recommend that commissioning is actioned fairly across the different NICE recommended paths to give our loved ones the best opportunity to recover.

This means people have fair and equitable access to the recommended medicines to treat their opiate addiction – Including methadone, Buprenorphine, and Buvidal.

3 We also recommend that we admit that we have opiate and benzodiazepine services and that our services are stuck treating only these drugs whilst new problem drugs appear on the market with alarming regularity that we neither treat not respond too.

4 We recommend that the individual's health and wellbeing be placed in the context of their human right to health.

We recommend that the commissioning budget is spilt three ways between medicine to stabilise us, residential rehab to help us live with our trauma and community rehab that teaches us to live well in the outside world.

The "Orange Book", the clinical guidelines for treating drug dependency in the UK, is clear that "residential rehabilitation may be an important option for some people requiring treatment for drug dependence" and that it is "especially suitable for those with the most complex needs and for those who have not benefited from previous community-based psychosocial treatment".

We will not accept that our experience of getting well in community and residential

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rehab is anecdotal – we are living proof that these methods worked for us and the investment must be made if we are to stop people from dying. To be told over 25 years that our experience is anecdotal and therefore not valid is wilful denial and ignorance of what it takes to sustain long term recovery.

5 We also recommend that the national treatment budget is increased by at least 35% to fulfil these recommendations.

From 2015-16 to 2016-17, Scottish Government funding for Alcohol and Drug Partnerships was cut from £69.2 million to £53.8 million, a decrease of £15.4 million. Since then, overall funding has been restored to £73.8 million. However, the Scottish Government have called this an “additional £20 million”. In reality, it is only a restoration of the previous funding level, and the latest Scottish Government budget actually delivers a real terms cut in drug funding between 2015-16 and 2019-20. Therefore, we believe the Scottish Government should provide an immediate one-time funding package of £15.4 million to make up for the previous funding cut, and also make good on their promise of an “additional £20 million” by increasing annual funding from £73.8 million to £93.8 million. This would deliver an approximately 35 per cent increase in the national treatment budget in this Scottish Parliament term.

6 We recommend any research taken by the task force is focused on recovery research from addiction.

The task force should stop studying the problem of addiction and start to focus their energy and interests into what it that gets and keeps us well. While there is an incredibly large body of empirical data on the short-term effectiveness (1-2 years) of various treatment modalities, very little is known about the processes of recovery over time. This is particularly unfortunate as treatment gains are often short-lived and even multiple treatment episodes do not always succeed in breaking the addiction cycle.

Many questions about long-term recovery and contributing factors remain unanswered. First, there is a need for research on recovery independently from treatment effectiveness (see White, 2000); not all substance users seek treatment services to recover and among those who do, treatment represents but a short time in the context of the recovery process.

Second, there is a need for research about the process of recovery over time. This includes the investigation of psychosocial changes, necessary coping strategies and helpful resources. Researchers have much to learn from long-term recovering individuals whose experiences can provide a holistic view of the processes of addiction and recovery process over time.

7 We also recommend Accountability from systems and workers involved in substitute prescribing.

We believe that accountability measures should be put in place and if not adhered to that sufficient punitive actions are taken with regard to disciplinary and employability status. We currently have no systems in place to measure performance or progress.

8 We recommend that we again start to Invest in early intervention and prevention programmes especially in our schools & communities.

9 We recommend investment in developing a trauma-informed workforce.

This cannot be stressed highly enough. It is not good enough for our workforce not to be trained in this area. They are dealing every day with highly traumatised people and are in themselves being exposed to trauma as a result. To not take care of them by proper training and supervision is only creating more issues for the whole of society.

10 We recommend the creation of a lived experience panel.

Listen to people with lived experience and who are recovered/ recovering – create a lived experience panel made up of people with the same professional experience and status that can direct the current taskforce.

11 We recommend immediate access and choice to ALL evidence-based treatment & recovery pathways as listed by NICE & Orange guidelines.

We should not accept excuses from with the current NHS treatment services that this isn't possible. We must mandate it to make it possible and hold NHS and Scottish Government to account when it is not achieved.

12 We recommend facilitated access to Mutual Aid across the treatment journey from point of entry throughout to completion.

Mutual aid is a free resource that is available in our community's 24/7. Public Health England has created guidance on how to best engage with the mutual aid communities from a commission, strategic, strategic and operation level. Immediately implant this guidance into our structures as matter of urgency. It is no longer acceptable for providers to be prejudice towards referring to this pathway to recovery and also recommend that as a Continued professional development marker, everyone from the top to the bottom attends at least 3 mutual aid open meetings per year.

13 We recommend continued investment in high-quality OST of optimal dosage and duration for those who are too unstable or unable to try community or residential rehab.

14 We recommend immediate access to Naloxone from every person, family member, worker and body who might be associated with people who are at risk.

15 We recommend medically supervised injecting facilities are seen as part of a wider solution and placed in communities.

Medically supervised injecting facilities placed in communities are one small part

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of a much wider solution. The Scottish Government's consumption room will not work as intended. It is neither useful not prudent to build a purpose-built facility in the city centre that will only serve a handful of people.

These services could be put into our already built drug treatment buildings in the communities where people access treatment at much less expense and with the opportunity to serve more people and have far more impact.

The UK Government will not allow action on consumption rooms until the independent review by Carol Black has completed its findings, and we hope that review will endorse community-based medically supervised injecting facilities.

16 We recommend an immediate focus on improving rehabilitation and treatment services before decriminalisation is pursued.

Improving a range of rehabilitation and treatment services must be the priority. That is the first step we must take before decriminalisation can be pursued. But while we work to improve treatment services, we should still immediately start moving towards an approach that favours rehabilitation over prison sentences. Our jails are full of people who have committed crimes directly as a result of drug addiction. It makes both moral and financial sense to start to treat people at the point of crisis, instead of waiting until they are in jail.

17 We recommend more bed availability in residential rehab and much higher levels of investment in this area.

The wilful disinvestment in this area has undoubtably seen the drug death numbers rise. We are aware that the (Gold standard) evidence base for addiction treatment is not comparable with randomised controlled trials and that we have to admit comparing apples with oranges is at best glaring hypocrisy. We as recovering people know the value of these types of rehab and demand that investment is not only reinstated to previous austerity figures but that investment is increases by at least 35% pre 2009 standards. It wasn't enough then and its certainly not going to be enough now considering the problem is exponentially worse. It the government are worried about funding private business then don't, we can create our own.

18 We recommend the encouragement of abstinence with wrap around support. This is the basis of treatment once stabilisation is in place.

19 We recommend that we employ different methods of dispensing ORT medication.

20 We recommend using a human rights-based approach to destroy labels & silos through Addiction & mental health Advocacy qualification (REACH).

21 **We recommend support for the whole family streamlined budgets following person not system or silos.**

22 **We recommend provision of HAT for patients for whom other forms of OST have not been effective.**

23 **Our final recommendation, is for a Minister of Recovery to be appointed.**

Given the current situation in Scotland, a dedicated minister is required to guide current legislation and Policy, ensuring that Drug deaths, Drug services, Drug research and Recovery are given the appropriate level of priority. They should have an overview of the service and commissioned services landscape to ensure best value for money, practice, research and that they are fit for purpose. They would also be responsible for ensuring that people with lived experience are involved as noted within our other recommendations without compromise.

Having a Recovery Minister or Recovery Champion as seen in England & America will be even more useful & beneficial in Scotland if we are about to transition to an environment of decriminalisation.

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Some comments from participants on the day.

1 "My partner Luke approached services for his mental health & cocaine problem in the lead up to Christmas 2017. Only to be told he couldn't be treated for his mental health until his addiction was treated. When we tried to get help for his cocaine addiction it felt like a tick box exercise and he was offered an appointment 3 weeks ahead. Unfortunate he committed suicide in between Christmas and new year when the services were closed. The toxicology results proved that he was abstinent from all drugs but he obviously didn't get the support he needed. This Christmas will be terrible again for us all. Luke left behind me and our child to do this life on our own and we still can't believe he's not here."

2 "Our son Brian was left to rot on a methadone prescription for 23 years and street Valium finally took his life in December 2018. In all the years he attended services he was never offered help to get off the drugs. We watched our son slowly die in front of our eyes over two decades until he was finally released from his torture."

3 "My mother had a 4-week placement in a community rehab back in 2006. Since then she spent her life addicted to prescription medication and on and off antibuse, binge drinking and basically knocking hell out of herself. My mother needed trauma therapy as she was neglected and abandoned as a child and abused by her husband, she did the best she could with the tools she was given but she still died because she never got the help she needed."

There will be another report/booklet produced over the next few months by FAVOR Scotland telling our personal stories and highlighting our loved one's experiences of those they have lost to the drug deaths crisis.

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