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**The more the plans fail the more the planner’s plan.**

This executive summary presents a critical analysis of the Scottish Government's "Drugs & Alcohol Workforce Action Plan 2023-2026." Their plan aims to address challenges in the drugs and alcohol sector but our analysis reveals several key areas for improvement to fully address the sector's complexities and enhance workforce effectiveness.

Key Areas of Concern:

1. Reliance on Internal Sources: The plan primarily references Scottish Government publications, suggesting a limited scope of perspectives and potentially overlooking innovative, critical insights necessary for addressing the sector's complex challenges.
2. Workforce Composition: The current workforce, focused mainly on harm reduction interventions, many lack diverse expertise in recovery-oriented practices. This limitation will impede the effectiveness of addiction recovery services and does not take into account the restructuring and reskilling needed.
3. Absence of Specific Targets: The plan lacks specific, measurable targets, leading to perceptions of it being more rhetorical than actionable, which undermines its credibility and effectiveness.
4. Human Rights Approach: While recognising human rights principles, the plan falls short in detailing how these rights will be actionable by law. This gap is significant for ensuring that rights are upheld and accessible for individuals seeking redress.
5. This is a plan about how Scottish Government civil servants are going to consult all their stakeholders (most on the payroll) about how to make a plan.

**Recommendations for Enhancement:**

1. Broaden Reference Sources: Incorporate a wider range of perspectives, including international best practices and independent research, to provide fresh approaches and comprehensive solutions.
2. Diversify Workforce Training: Expand training to include a broader range of approaches, emphasising psychological support, community integration, and long-term recovery strategies.
3. Set Clear, Measurable Targets: Establish specific goals to enhance accountability and ensure tangible outcomes.
4. Strengthen Human Rights Implementation: Detail mechanisms to make human rights actionable by law, aligning with the upcoming Right to Recovery Bill for effective legal support.
5. Investigate Risks and Learn from Experimental Employment of Individuals with Living Experience:

**Purpose of the Report** This report provides a critical examination of the Scottish Government's "Drugs & Alcohol Workforce Action Plan 2023-2026." It is directed towards the general public and journalists, with the objective of elucidating the plan's strengths and weaknesses in addressing Scotland's pressing drug and alcohol addiction issues.

The Scottish Government's "Drugs & Alcohol Workforce Action Plan 2023-2026" outlines what appears to be a comprehensive approach to addressing the challenges in the drugs and alcohol sector. However, our critical analysis reveals several key areas where the plan will undoubtedly fall short in fully addressing the complexities of the sector and ensuring the maximum effectiveness of its workforce.

**Annex C: Disclaimer of Involvement**

Please note that while our organisation is listed in Annex C: Workforce Expert Delivery Group Membership (WEDG) of the "Drugs & Alcohol Workforce Action Plan 2023-2026," it's important to clarify the extent and nature of our involvement.

Members of the WEDG, including representatives from our organisation, were appointed individually and were expected to engage with their respective organisations about the plan’s activity. However, our involvement did not include access to any drafts of the plan, nor were we resourced in a way that allowed for meaningful or substantial contributions to the development of the plan.

The listing of our organisation in the WEDG membership does not imply endorsement of the final plan or acknowledgment of significant contribution to its content. Our role was limited by the resources and opportunities available for us to engage effectively in the planning process.

This disclaimer aims to provide transparency about our level of involvement and the constraints under which we operated during the development of the "Drugs & Alcohol Workforce Action Plan 2023-2026. At no point did we see any drafts of this plan about making a plan.

**In recovery terms, we call this type of behaviour** **(Pulling a fast one)**

**Critique of References in the Workforce Action Plan**

Annex D of the "Drugs & Alcohol Workforce Action Plan 2023-2026" lists references that predominantly include a variety of Scottish action plans and government documents. This reliance on internal or closely associated sources for informing the plan may raise questions about the breadth and diversity of perspectives considered in its development.

In the "Drugs & Alcohol Workforce Action Plan 2023-2026," the preponderance of references in Annex D draws primarily from Scottish Government publications, notably the "National Workforce Strategy for Health and Social Care in Scotland" and the "National Drugs Mission Plan." While these documents hold intrinsic value, their predominant use as reference points indicates a constrained approach to information sourcing, potentially limiting the scope of insights and solutions. This tendency towards self-referencing, focusing largely on internal government documents and established strategies, raises concerns about the breadth and diversity of perspectives being considered.

This insular approach, characterised by a reliance on familiar frameworks and entities, may inadvertently perpetuate existing viewpoints and strategies within the Scottish Government, potentially overlooking fresh, innovative ideas. In the face of Scotland's ongoing struggle with the highest rates of drug-related deaths in Europe, it becomes crucial to critically evaluate the effectiveness and breadth of expertise that these internal references represent. There's a growing need to expand beyond the existing paradigms and incorporate a wider range of perspectives, particularly from successful international models and independent research.

Such an expansion in the diversity of sources and strategies is not just beneficial but essential. It can bring in much-needed innovative and critical viewpoints that are crucial for effectively tackling the multifaceted and persistent challenges of drug addiction and recovery in Scotland. By stepping outside the confines of established government-led narratives and exploring a broader array of insights, the plan could significantly enhance its capacity to develop more effective, comprehensive solutions to this pressing public health crisis.

**In recovery terms, we call this type of behaviour** **(seeking the opinion of those who will co-sign and enable our bullshit)**

**Need for a Broader Range of Perspectives**

For a sector grappling with significant challenges, it is crucial to look beyond the existing frameworks and strategies that have so far not achieved the desired outcomes. This means seeking expertise and insights from a wider range of sources, including international best practices, independent research, and voices from diverse stakeholders, especially those directly affected by drug and alcohol issues.

Incorporating a more varied set of references and sources could provide fresh perspectives and new approaches, which are essential for developing a more effective and responsive action plan. It is only through such an inclusive and comprehensive approach that the workforce plan can hope to make a significant impact in tackling Scotland's drug and alcohol challenges.

**In recovery terms, we call this type of behaviour** **(seeking wise counsel)**

**Workforce Composition and Training**

Enhancing the workforce composition in addiction treatment services in Scotland and turning them into addiction recovery services necessitates a thorough reassessment of the current dominance of social workers and medical professionals, whose training often emphasises harm reduction strategies. This focus, while crucial, inadequately addresses the comprehensive nature of addiction recovery, as underscored by contemporary research and best practices in the field. The drawbacks of this limitation include:

1. **Broader Expertise Required:** Current training for social workers and medical professionals predominantly centers on harm reduction techniques and philosophies. Recovery from addiction, however, is a multifaceted endeavor that demands a more expansive arsenal of approaches. This includes psychological support, community integration, abstinence-focused strategies, and sustained recovery methods, all of which are essential for addressing the complexity of addiction, as highlighted in recent scholarly research.
2. **Development of Recovery-Oriented Competencies:** Recovery transcends mere harm reduction; it is about nurturing hope, cultivating life skills, and endorsing enduring lifestyle modifications. Workforce proficiency in these recovery-oriented practices is crucial. Without adequate training in these areas, professionals will fall short of meeting the holistic needs of individuals striving for recovery, a concern increasingly echoed in contemporary recovery literature.
3. **Varied Treatment Modalities:** A workforce heavily oriented towards harm reduction lacks diversity in treatment methodologies. Addiction recovery benefits from an array of approaches, including peer-led initiatives, holistic therapies, and other innovative models. These alternatives, supported by emerging recovery research, offer a comprehensive framework that extends beyond traditional harm reduction techniques.
4. **Integration of Lived Experience:** Professionals who have either not personally experienced addiction or lack training in the nuances of the recovery journey miss key empathetic insights. Incorporating individuals with lived experience into the workforce at every level both operationally and strategically can provide integrity, relatability, and a profound understanding that enhances recovery support. This aspect of workforce composition is increasingly recognised as valuable in the field of recovery research.
5. **Adherence to Evolving Best Practices:** The addiction recovery domain is continually advancing, with new research underscoring the need for a well-rounded treatment approach. A workforce overly reliant on conventional harm reduction models, without incorporating these emerging insights, will hinder the overall effectiveness of addiction services. This alignment with current best practices is vital for the evolution of effective and responsive addiction recovery services.

A critical evaluation and subsequent enhancement of the workforce composition in addiction recovery services are essential. This involves broadening the scope of professional expertise, fostering recovery-oriented skills, diversifying treatment approaches, integrating lived experience, and aligning with evolving best practices. Such developments are not only supported by current research in the field but are crucial for delivering comprehensive and effective recovery services. **There is no mention of any of this in the Scottish goverments plan.**

To address these issues, it is crucial to broaden the training and development of the existing workforce and to diversify the types of professionals involved in addiction recovery services. This can include enhancing the skills of social workers and medical professionals in recovery-oriented practices, as well as incorporating professionals from varied backgrounds such as counseling, peer support specialists, and those with expertise in holistic and alternative therapies.

**In recovery terms, we call this type of behaviour** **(Learning from others who know more than us)**

**Target Setting and Plan's Effectiveness**

The absence of specific, measurable targets in the Scottish Government's "Drugs & Alcohol Workforce Action Plan 2023-2026" can lead critics to view the document as more rhetorical than actionable, raising concerns about its practical effectiveness and seriousness.

**Lack of Specific Targets Undermines Credibility**

Without clearly defined targets, the action plan risks being perceived as lacking in substance and commitment. Specific targets are not just numbers; they are indicators of an organisation's commitment to achieving tangible outcomes. By not delineating these targets, the plan may appear to be a collection of well-intentioned ideas rather than a roadmap for concrete change. This lack of specificity can undermine the plan's credibility among stakeholders, including those working in the sector, policymakers, and the communities it aims to serve. Without these targets, the plan does not hold itself accountable to measurable progress, thereby reducing its perceived seriousness and potential impact.

**Rhetorical Nature vs. Actionable Strategies**

A plan that is rich in rhetoric but poor in actionable strategies can be seen as a missed opportunity, especially in a sector as critical as addiction recovery. We contend that the plan, while comprehensive in its understanding of the challenges, falls short of converting this understanding into clearly defined actions. The difference between a rhetorical and an actionable document lies in the clarity of its execution strategies. A plan that outlines specific steps, timelines, and responsible parties for each goal is more likely to be taken seriously and to result in meaningful change. The absence of these elements leads to the perception that the plan is more of a public relations exercise than a serious attempt to address the complex issues in the drugs and alcohol sector.

**Implications for Stakeholder Engagement and Trust**

Stakeholder engagement and trust are pivotal for the success of any government initiative, especially in areas dealing with public health and social issues. When a plan lacks clear targets, it risks alienating key stakeholders who are essential for its implementation. These stakeholders, including frontline workers, service providers, and affected individuals and families, many of whom view the plan with scepticism, questioning its potential for real-world impact. This scepticism can lead to a lack of engagement, diminishing the collective effort needed to tackle the challenges outlined in the plan. Furthermore, the absence of specific targets leads to diminished trust in the government's commitment to addressing the issue, potentially impacting future initiatives and policies in this sector.

The absence of specific targets in the Scottish Government's "Drugs & Alcohol Workforce Action Plan 2023-2026" particularly around Lived experience targets for employment opens it up to criticism as being more rhetorical than actionable. For the plan to be taken seriously and to achieve its intended impact, it needs to translate its broad objectives into specific, measurable, and achievable targets, thereby demonstrating a clear commitment to tangible outcomes and progress in the drugs and alcohol sector.

**In recovery terms we call this (All talk, no walk )The Scottish Government's 'Drugs & Alcohol Workforce Action Plan 2023-2026' reads more like a wish list than a blueprint for action."**

**Human Rights Approach in Substance Use and Recovery**

The section on human rights in the "Drugs and Alcohol Workforce Action Plan 2023-2026" for Scotland highlights the commitment to a person-centered, human rights-based approach in service delivery. It recognises the right of every person to attain the highest standard of physical and mental health within the scope of devolved competencies. Notably, the plan mentions the development of a Charter of Rights in collaboration with people affected by substance use, service providers, and the government. This charter aims to summarise key rights, both existing and those proposed for inclusion in the forthcoming Human Rights Bill, particularly as they apply to individuals with problematic substance use​​.

Critique:

1. **Non-Actionable Rights**: The plan acknowledges important human rights principles but does not detail how these rights will be made actionable by law. This gap is significant because, without legal backing, these rights remain aspirational and lack enforceability. This is a critical shortcoming, as the ability to take legal action is essential for ensuring that these rights are upheld and that individuals can seek redress when their rights are not met.
2. **Scotland's Right to Recovery Bill**: The contrast with Scotland's upcoming Right to Recovery Bill is stark. The Right to Recovery Bill, set to be debated in the Scottish Parliament in 2024, aims to make these rights actionable by law. It would provide individuals suffering from addiction, and their families, the legal means to ensure they receive the services they currently need but aren't being provided by the Scottish government. This bill represents a significant step forward in making human rights in the context of addiction recovery not just a matter of policy but a matter of legal entitlement. It underscores the need for actionable legal rights, rather than just policy statements or charters, to truly support individuals affected by substance use and their families.

While the "Drugs and Alcohol Workforce Action Plan 2023-2026" recognises the importance of human rights in the context of substance use and recovery, it falls short of making these rights legally actionable.

The upcoming Right to Recovery Bill appears to address this critical need, marking a potential paradigm shift in how individuals' rights in the context of addiction recovery are protected and enforced in Scotland.

1. **Ambiguity in Specificity and Target Setting**:
   * The plan acknowledges the value of lived and living experience in the workforce but lacks specific targets or quantifiable goals for their integration​​. This could lead to a lack of clear direction and inconsistency in implementation across different organisations.
2. **Training and Development Challenges**:
   * While the plan emphasises training in critical areas such as human rights-based approach, trauma-informed care, tackling stigma, and harm-reduction advice​​, there's a need for more detailed strategies on how these training will be operationalised and made accessible to the entire workforce.
3. **Stigma and Workforce Recognition**:
   * The plan recognises the stigma experienced by the workforce and the need for their recognition as front-line health workers​​. However, more concrete steps are needed to combat this stigma and elevate the status of working in this sector. This includes a lack of visible lived experience in operational management & and strategic leadership positions within the structures.
4. **Recruitment and Retention Challenges**:
   * The plan identifies recruitment and retention as major challenges, exacerbated by short-term funding and lack of clear career pathways​​. Addressing these issues is critical to building a stable and effective workforce.
5. **Complex Needs of the Sector**:
   * The plan must navigate the complexity of an aging population with increasingly complex needs, which poses significant challenges in service delivery and workforce management​​.
6. **Alignment with Broader Government Strategy**:
   * The plan aims to align with the Scottish Government’s broader strategic aim of becoming a leading Fair Work Nation by 2025​​. While this alignment is commendable, the unique challenges of the drugs and alcohol sector require specialised approaches beyond general workforce development strategies.
7. **Incorporation of Lived and Living Experience**:
   * The plan mentions the importance of including individuals with lived and living experience in training and service delivery​​. However, more nuanced strategies are needed to effectively integrate these individuals while addressing the potential risks and challenges associated with their involvement.

A charter of rights without legal teeth: Scotland's 'Drugs and Alcohol Workforce Action Plan 2023-2026' promises human rights in recovery, yet lacks the bite of enforceable law.

**In recovery terms we call this, words without action are like a roadmap without roads; Grand promises and fine rhetoric may paint a hopeful picture, but it's the steps taken that truly lead to the destination of healing and change.**

**Human Rights Employing Living Experience**

A comprehensive discourse could be dedicated to exploring the complexities and potential risks associated with the employment of individuals with living experience in the addiction recovery field. **Living experience means people who are still using drugs**. However, for the purposes of this analysis, attention will be concentrated on a select few narratives that exemplify this concept. This targeted examination allows for a more nuanced understanding of the living experience as a component in recovery services, acknowledging both its intrinsic value and the challenges it presents.

“**Harm Reduction Gone Rogue by Tara Riley as told to Derek Finkle,**[**Special to National Post**](https://nationalpost.com/feature/harm-reduction-disturbing-safe-injection-site)

**https://nationalpost.com/feature/harm-reduction-disturbing-safe-injection-site**

We have very few documented experiences of living experience being employed. This is one of the most detailed accounts we have.

.

1. **Internal Drug Use and Mismanagement**: The text describes a problematic work environment where some staff members, including managers, were using drugs. This not only undermines the integrity of the drug service program but also poses a risk of creating an unsafe and unprofessional environment.
2. **Challenges with Colleagues in Recovery**: The account notes difficulties with peer workers who were still actively struggling with addiction, leading to issues like absenteeism or being unfit for work. This suggests that while employing individuals with lived experience can be valuable, it also requires careful management and support systems.
3. **Safety and Health Risks**: The text details incidents where the employee had to deal with emergencies like overdose reversals, highlighting the physical and emotional toll such experiences can take on staff, especially without adequate support or debriefing.
4. **Operational Challenges and Ethical Dilemmas**: The narrative points to operational challenges, such as dealing with stolen goods being sold on-site and the difficulty of enforcing policies against drug dealing within and around the facility. This presents ethical dilemmas for staff and challenges in maintaining a safe, legal, and supportive environment for clients.
5. **Lack of Management Support and Ineffective Policy Enforcement**: The employee's experiences of raising concerns to management, which were largely unaddressed, underscore the danger of a lack of effective leadership and policy enforcement in such settings. This can lead to a deterioration of service quality and safety.
6. **Impact on Community Relations**: The account touches upon the strained relationship between the health centre and the local community, exacerbated by issues like clients stealing from local stores. This highlights the importance of good community relations and the potential negative impact when these relationships are strained.
7. **Risk of Exploitation and Criminal Activities**: The text also reveals the risk of exploitation of the drug service for criminal activities, such as drug dealing and theft, which can compromise the safety and effectiveness of the service.

**Employment of Individuals with Lived and Living Experience**

Employing individuals in the addiction sector based on their experience with substance use can be categorised into two distinct groups: those in sustained recovery and those currently using. Each group presents unique ethical and practical challenges that require careful consideration. Of course, people can move between the two groups at any one time.

**Employing Individuals in Sustained Recovery**

Ethical Considerations:

1. **Boundary Management**: Individuals in recovery might face challenges in maintaining professional boundaries due to shared experiences with clients. Ethical training and guidelines are needed to navigate these relationships appropriately.
2. **Stigmatisation and Bias**: There's a risk of stigmatization based on their past substance use. Ethical practices must ensure these individuals are not subjected to discrimination or bias in the workplace.
3. **Power Dynamics**: Transitioning from a client to a service provider can shift power dynamics. Ethically managing this shift is important to prevent any potential exploitation or overidentification with clients.

Practical Challenges:

1. **Relapse Risk**: Working closely with addiction issues can be like going back into the lion’s den for your hat if not properly grounded. Organisations must provide support and proactive wellness programs to mitigate this risk if employees are to witness or be in the vicinity of drug use.
2. **Role Integration and Training**: Aligning the experiential knowledge of those in recovery with formal training and professional standards can be challenging. Comprehensive training and clear role definitions are crucial but not made essential. Many people will have great value in the workforce but not be or need to be formally trained. Their expertise may lie in their ability to take people through the recovery programmes that have no such qualifications or examinations.
3. **Impact Measurement**: Assessing the effectiveness of employing those in recovery, both on client outcomes and organisational dynamics, requires tailored evaluation strategies.

**Employing Individuals Currently still Using**

Ethical Considerations:

1. **Safety and Welfare**: The primary concern is ensuring the safety of both the employee and clients. Ethical guidelines must address potential issues such as impairment on the job.
2. **Confidentiality and Professionalism**: Maintaining a professional environment while respecting the privacy and ongoing struggles of the individual is a delicate balance.
3. **Non-Discrimination**: Ethical policies must ensure that these individuals are not unfairly discriminated against while also considering their ability to perform job duties effectively.

Practical Challenges:

1. **Workplace Stability**: Managing the unpredictability that will come with active substance use, such as absenteeism or inconsistent performance, is a practical challenge.
2. **Support Systems**: Implementing robust support systems tailored to the needs of those actively using, which could include flexible work arrangements, access to treatment, and regular check-ins, is essential.
3. **Legal and Liability Issues**: Organisations must navigate legal and liability issues related to employing individuals actively using substances, particularly around safety and responsibility.

**Common Considerations for Both Groups**

1. **Training and Supervision**: Both groups require ongoing training and supervision to ensure they are providing effective, ethical, and safe services.
2. **Policy Development**: Clear policies addressing issues such as self-disclosure, boundary management, and relapse or continued use are necessary for both groups.
3. **Community Engagement**: Educating the community and stakeholders about the value and challenges of employing individuals with lived experience, whether in recovery or currently using, is key to fostering understanding and support

**Scrutinising the Viability of Employing Individuals with Active Addiction**:

The wisdom of employing individuals actively grappling with substance use challenges warrants a critical examination. This involves questioning the prudence of such employment practices and contemplating the associated risks and limitations. It's imperative to conduct a thorough review of past and ongoing projects that have ventured into this territory. Such an investigation should be approached with a healthy dose of scepticism, questioning whether the integration of individuals with living experience genuinely enhances the workforce or if it potentially introduces instability and safety concerns. By dissecting these experiments, one must critically assess whether the purported benefits outweigh the risks. This in-depth analysis will serve as a pivotal guide to either proceed with caution or reconsider the strategy altogether, ensuring that any steps taken are grounded in a realistic understanding of the implications and practicalities of employing those actively dealing with addiction.

This narrative provides a complex and multifaceted view of the challenges faced in drug service environments, especially when employing individuals with living experience. It underscores the need for strong management, adequate support for staff, effective policy implementation, and a focus on safety and professionalism.

The "Drugs & Alcohol Workforce Action Plan 2023-2026" represents a rhetorical step by the Scottish Government towards addressing the challenges in the drugs and alcohol sector. However, for the plan to be truly effective, it needs to address its current shortcomings.

**Learning from England's Experience**

In scrutinising the effectiveness of the Scottish Government's "Drugs & Alcohol Workforce Action Plan 2023-2026," it is imperative to draw insights from England's experience in addressing similar challenges over the past 13 years. The Scottish Government's national mission to reduce drug-related deaths and improve lives hinges critically on its approach to workforce development and the culture within the sector. A look across the border to England reveals key lessons and approaches that have shaped their success in these areas.

England's experience underscores the transformative power of embedding a recovery-focused culture within the addiction services sector. A significant part of this transformation has been the strategic integration of individuals with lived experience of addiction into the workforce. In England’s largest drug treatment charity, for instance, at least 40% to 50% of the workforce comprises people in recovery. This deliberate composition not only brought a depth of understanding and empathy to service delivery but also challenged and changed the culture within the sector, demonstrating a belief in and commitment to recovery.

The Scottish Action Plan, however, does not specify such a targeted approach to integrating lived experience into its workforce. While the plan acknowledges the value of lived experience, the absence of a quantifiable goal, like the one seen in England, may hinder its effectiveness. This discussion will delve into why the lack of a specific target in Scotland’s plan could potentially lead to the perpetuation of the status quo, impacting the plan's ability to effect real change in the sector.

England’s approach has shown that culture significantly influences strategy effectiveness. As Peter Drucker famously said, "Culture eats strategy for breakfast." The implication is clear: no matter how robust a strategic plan, its success largely depends on the culture within which it is implemented. In the realm of addiction recovery, this translates to a workforce that not only understands but also embodies the principles of recovery. This understanding has led England to successfully bridge the gap between treatment services and the recovery community, creating an ecosystem where mutual aid is not just recognised but actively integrated into recovery strategies.

Scotland stands at a crucial juncture where it can learn from England's approach, particularly in valuing and strategically integrating lived experience into its workforce. The decision to adopt similar or divergent strategies will significantly impact its ability to effectively address its drug and alcohol challenges. The following discussion aims to critically evaluate the potential limitations of Scotland's current approach in the absence of a specific target for lived experience integration and to explore how this might affect the overall effectiveness of its national mission to save lives.

**Specific Issues and Recommendations for Employing Lived Experience Workforce**

**1. Ambiguity and Lack of Clear Direction**

Without a clear, quantifiable target for the inclusion of individuals with lived experience, the plan risks being perceived as ambiguous. This lack of specificity may lead to:

* **Unclear Goals**: Objectives for integrating lived experience may not be well-defined, leading to a lack of direction in implementation.
* **Inconsistent Implementation**: Different organisations might interpret and implement the plan’s objectives in varying ways, leading to inconsistency in the sector. Unless there is a target goal for all sections of the workforce to employ lived experience this will result in a patchwork of approaches that dilute the overall effectiveness and impact of the plan, leaving its true potential unfulfilled.

**2. Challenges in Accountability and Measurement**

The absence of a specific target makes it difficult to:

* **Track Progress**: Without measurable goals, tracking progress in diversifying the workforce becomes challenging.
* **Hold Organisations Accountable**: It’s harder to hold organisations accountable for their progress in integrating lived experience without clear benchmarks.

**3. Risk of Complacency and Maintaining Status Quo**

The plan might inadvertently encourage complacency, resulting in:

* **Minimal Incentive for Change**: Organisations might lack the motivation to actively seek and integrate individuals with lived experience.
* **Reinforcement of Existing Structures**: Without a push for change, existing recruitment and retention practices may continue unaltered, maintaining the status quo.

**4. Impact on Service Delivery and Effectiveness**

A workforce that doesn’t significantly integrate lived experience could:

* **Limit Perspectives**: Limit the depth of understanding and empathy necessary for effective addiction recovery services.
* **Affect Quality of Services**: Potentially impact the quality and relatability of services offered, affecting outcomes.

**5. Potential for Tokenistic Inclusion**

Without a commitment to a specific level of representation, the plan risks:

* **Surface-level Inclusion**: The tokenistic inclusion of individuals with lived experience, where their role is nominal rather than substantial.
* **Undervaluing Lived Experience**: Failing to fully realize or value the unique insights and contributions of those with lived experience.

**6. Public Perception and Trust Issues**

The plan’s perceived lack of commitment to real change could:

* **Affect Public Trust**: Impact the trust that service users and the public place in these organisations.
* **Question Commitment to Diversity**: Lead to questions about the organisation’s commitment to real change and diversity in the workforce.

While the Scottish Government's "Drugs & Alcohol Workforce Action Plan 2023-2026" acknowledges the value of lived experience and makes commitments towards increasing its integration, the absence of a specific percentage target limits its effectiveness. This lack of a clear, measurable goal could lead to ambiguity in implementation, challenges in measuring progress and holding organisations accountable, a risk of maintaining the status quo, potential tokenism, and issues with public perception and trust. For the plan to achieve its fullest potential in transforming addiction recovery services, a more defined approach towards integrating lived experience, with specific, measurable targets, is necessary to ensure a meaningful and effective change in the sector.

This discussion that ties together the concepts of lived and living experience in the context of the Scottish Government's "Drugs & Alcohol Workforce Action Plan 2023-2026." This discussion will explore how the integration of individuals with these experiences might impact the effectiveness of the plan, considering both the potential benefits and challenges.

**Integration of Lived Experience**

1. **Benefits**:
   * **Empathy and Relatability**: Individuals with lived experience bring an invaluable perspective to recovery services, offering empathy and a deep understanding of the recovery journey.
   * **Role Models**: They can serve as powerful role models, demonstrating that recovery is possible and providing hope to those they support.
   * **Informing Service Delivery**: Their insights can be crucial in shaping policies and practices that are more attuned to the needs of those in recovery.
2. **Challenges and Considerations**:
   * **Risk of Relapse**: While they are in a recovery phase, there's always some risk of relapse, especially in high-stress environments.
   * **Professional Training and Support**: The plan needs to ensure adequate professional development and support mechanisms for these individuals to maintain their well-being and effectiveness in their roles.

**Inclusion of Living Experience**

1. **Potential Concerns**:
   * **Ongoing Addiction Challenges**: Individuals with living experience are still actively dealing with their addiction, which could impact their job performance and the safety of the service environment.
   * **Impact on Clients**: There's a risk that clients might find it difficult to draw inspiration from someone who is still struggling with addiction.
   * **Professional and Ethical Implications**: Employing individuals in active addiction raises significant ethical and practical concerns regarding their ability to fulfil their job responsibilities effectively.
2. **Risk Management**:
   * **Careful Role Assignment**: The plan must consider the nature of roles assigned to individuals with living experience, ensuring they are not placed in positions that could exacerbate their condition or pose risks to clients.
   * **Intensive Support Systems**: Robust support systems would be necessary to address the ongoing addiction issues of these employees, including access to treatment and flexible work arrangements.

**Implications for the Workforce Plan**

* **Balancing Inclusion with Safety and Effectiveness**: The plan should balance the goal of inclusivity with the need to maintain a safe and effective service environment. This involves thoughtful consideration of the roles and support given to employees with lived and living experience.
* **Training and Development**: Emphasis on continuous professional development and training, especially in areas like boundary maintenance, ethical considerations, and relapse prevention, would be crucial.
* **Monitoring and Evaluation**: Regular monitoring and evaluation of the impact of these workforce compositions on service delivery quality, client outcomes, and employee well-being should be an integral part of the plan.
* **Stigma Reduction and Cultural Change**: The plan must also focus on reducing stigma around addiction, both in the workplace and in the broader community, promoting a culture that supports recovery and integration.

**Finally snagging comments for the workforce plan that need to be ironed out.**

1. **Page 12 - Residential Rehabilitation**:
   * Concern: The report mentions that residential rehabilitation is available for all those who will benefit. However, it's important to question who decides who will benefit and on what basis. What criteria or tools are being used to measure suitability for residential rehabilitation?
   * Recommendation: It would be beneficial for the original report to provide transparency and clarity on the assessment process for determining suitability for residential rehabilitation. Without a clear understanding of this, there may be concerns about equity and access to these services.
2. **Page 12 - Length of Treatment**:
   * Concern: The statement about people being supported to remain in treatment for as long as requested may conflate community treatment with residential rehab. It's crucial to differentiate between these two aspects to avoid potential misunderstandings.
   * Recommendation: The report should clarify whether the statement refers specifically to community treatment or if it encompasses residential rehabilitation. Clearly defining the scope of this statement would prevent misinterpretation.
3. **Page 22 - Workforce Research**:
   * Concern: While the report mentions the importance of research on the drugs and alcohol workforce, it doesn't provide specific details about staff numbers. Staff numbers are a crucial aspect of workforce planning and understanding the capacity of the sector.
   * Recommendation: To enhance the report's comprehensiveness, it should include detailed information about the number of staff working in the sector. This data can help inform workforce strategies and planning.
4. **Page 24 - Stigmatising Abstinence**:
   * Concern: The report touches upon the importance of recognising and valuing the drugs and alcohol workforce's role in saving and improving lives. However, it also highlights the potential stigma associated with the exclusive focus on abstinence as a measure of success.
   * Recommendation: The report should emphasize a balanced approach to success in addiction recovery, acknowledging that both abstinence and harm reduction have value. The statement “It's important to avoid demoralizing the workforce when abstinence is not achieved and celebrate all positive improvements in clients' lives” acknowledges the importance of recognizing diverse recovery outcomes. This approach respects the journey of each individual, underscoring that aiming for abstinence is a valid and commendable goal, not inherently stigmatizing. To suggest otherwise could inadvertently stigmatize those who pursue and achieve abstinence, thereby contradicting the inclusive ethos of supporting varied paths to recovery
5. **Page 28 - Training and Advocacy**:
   * Concern: The report mentions funding for advocacy and human rights-based approach awareness workshops but does not address training in recovery-oriented practice, which is a significant aspect of addiction recovery services.
   * Recommendation: The report should recognise the importance of training in recovery-oriented practice for the workforce. Training and professional development in this area are crucial to providing effective and holistic support to individuals in recovery.

**Recommendations**

1. **Broaden Reference Sources**:
   * Engage international experts in addiction recovery not harm reduction experts to provide insights and best practices from a global perspective.
   * Incorporate findings from independent research studies and non-governmental organisations working in addiction recovery.
   * Include testimonials and case studies from individuals who have successfully recovered, to provide real-life insights into effective recovery strategies.
2. **Diversify Workforce Training**:
   * Introduce training modules on cultural competence and sensitivity to cater to diverse populations affected by addiction from a recovery perspective, we set the expectation that people can & do recover.
   * Implement continuous professional development programs focusing on new and emerging trends in addiction treatment.
   * Encourage cross-disciplinary training, including psychological counseling, social work, and peer support methodologies.
3. **Set Clear, Measurable Targets**:
   * Define specific objectives & TARGETS for reducing drug-related deaths and increasing recovery rates within a set timeframe.
   * Establish benchmarks for the integration of lived experience personnel in various roles within the sector.
   * Regularly assess and publicly report on the progress towards these targets to maintain transparency and accountability.
4. **Strengthen Human Rights Implementation**:
   * Develop a clear legal framework that enforces the human rights-based approach in substance use treatment and recovery.
   * Advocate for legislative changes that align with the Right to Recovery Bill, ensuring legal support for individuals seeking addiction services.
   * Create a charter of rights specifically for individuals with substance use issues, outlining their rights to access ALL services and support that can help them get well not just those with a harm reduction ethos.
5. **Employment of Individuals with Lived and Living Experience**:
   * Develop clear guidelines and ethical standards for employing individuals with lived experience, ensuring their roles are meaningful and well-integrated.
   * Implement supportive measures like mentorship programs and mental health support for employees with lived experience.
   * Create diverse roles within the workforce for individuals with living experience, taking into account their unique needs and capacities.
6. **Learning from England's Experience**:
   * Study and possibly replicate England's model of integrating a high percentage of recovery-experienced individuals into the workforce.
   * Foster a culture within the workforce that values and supports recovery, moving beyond mere treatment to holistic rehabilitation.
   * Engage with English recovery organisations to understand best practices and challenges in implementing such workforce strategies.
7. **Specific Issues and Recommendations for Employing Lived Experience Workforce**:
   * Establish clear, quantifiable targets for the inclusion of individuals with lived experience across all levels includind senior postions of leadership of the workforce.
   * Develop a consistent and unified approach to integrating lived experience in the workforce, avoiding a patchwork implementation.
   * Address potential risks and challenges associated with employing individuals with active addiction, including ethical considerations and workplace stability.
8. **Monitoring and Evaluation**:
   * Regularly monitor the impact of these workforce compositions on service delivery quality, client outcomes, and employee well-being.
   * Implement feedback mechanisms for employees and clients to continually improve practices and address emerging challenges.
9. **Stigma Reduction and Cultural Change**:
   * Initiate public awareness campaigns to reduce stigma around addiction and recovery, promoting a more inclusive and supportive societal attitude that emphasises the joys of recovery, making it an attractive aim rather than demanding the public feel sympathy for those suffering.
   * Foster a workplace culture that champions recovery and respects the diverse pathways individuals may take toward it.

By implementing these expanded recommendations, the Scottish Government's "Drugs & Alcohol Workforce Action Plan 2023-2026" can better address the complex challenges of addiction recovery and create a more effective, inclusive, and responsive system.

**Conclusion**

In conclusion, the Scottish Government's workforce plan acknowledges the value of integrating individuals with lived experience, but it falls short by lacking specific targets and strategies for incorporating those with living experience. To truly enhance the quality of addiction recovery services, ensure the well-being of the workforce, and prioritise the safety of clients, a more nuanced approach is imperative. This approach should recognise the unique contributions and needs of these individuals, emphasising the importance of their integration into the workforce with comprehensive support, training, and ethical considerations. The recommendations aim to foster a more competent, empathetic, and effective workforce, ultimately leading to improved outcomes in addiction recovery services.

It's paramount that this critical area of development is not influenced by organisations connected to or funded by government agencies. The guidelines and standards in this regard must originate from autonomous, independent lived experience organisations that are entirely separate from government and treatment agencies. These organisations should be trusted by the recovery community to ensure the utmost integrity and effectiveness in shaping the future of addiction recovery services.