PADS
PARTNERSHIP FOR ACTION ON DRUGS IN SCOTLAND
Drawing on our collective strengths

Grassmarket, Edinburgh 25th January 2018

Bring Your Voice

DRAFT

"Life and Reality are not things you can have for yourself unless you accord them to all others"

Alan Watts

Preface

The Partnership for Action on Drugs (PADS) has three sub-committees that support its Executive. All three are seeking to make a noticeable difference to the lives of people who have or have had substance misuse problems, their families and communities.

All of them agree that the PADS groups should involve people who will be directly or indirectly impacted by any changes. The challenge, however, is how to involve the various strands of expertise by experience as well as those experts by qualification normally consulted.

Why Lived Experience?

The Scottish Government has outlined three features that they hope will become increasingly common themes in all its work:

- Continuously Improving
- Asset Based
- Co-produced

It is proposed that a potential way forward to finding a workable solution lies in adopting those three features in our work together.

Firstly, continuous improvement. There is a desire to move beyond what has been done in the past. Service user involvement in drug policy usually consisted of having people currently in treatment for addiction as representatives who are invited to meetings from time to time. In addition, sitting representatives were drawn from among academics, professionals in treatment agencies and from among the national commissioned organisations. This Bring Your Voice event was convened to begin to investigate how we might move to a new generation of policy partnership that feels meaningful, productive and actively engaging for all participants.

Secondly, asset-based; people (and their stories) are our number one asset. We can ask ourselves who are the people who might be able to help us with this? We can draw on individuals who have experience of strategic policy groups and some ideas about how they might be different. We can draw on individuals who have long experience of the results of policy and some ideas about how that could be different. We can draw on individuals who have experience of different ways of going about collaborating for change. The key thing going forward is to engage people who have both significantly relevant experience as well as the ability to take part in creatively imagining a new approach to involvement and participation.

Thirdly, Co-Produced; we can draw together people from among our communities' assets to really think and reflect more deeply on what PADS could adopt by way of strategies for involving the beneficiaries of polices in their deliberations about policy. Our collective goal will be to co-produce a concrete set of suggestions for PADS. PADS still has the option then of adopting, adjusting, or choosing another way not suggested.

Who attended?

We invited over 100 people with lived experience from across Scotland to attend the event in Edinburgh. We are establishing – through the appointment of our Lived Experience Development Officer (Brian Morgan) – a network of people who are experts by experience.

This cohort has many different interests and passions, and will continue to be strong activists and advocates. Whilst this is important for the work being carried out on an overall strategy from the Scottish Government, we hope that this network can be drawn upon for advice across all regions, towns and cities in our country.

In addition to this, places were advertised on social media and the SRC website. The initial emphasis was on people with lived experience. That is; people who have had addiction in the past, and who have come through that with sufficient time away from services in order to have objective views on the help available to people. An initial response to this is that we need to invite people with 'living' experience too – that their views are important and also need to be heard. There is no argument with this.

The attendees in Edinburgh came from lived – and living - experience. We had to open up more tickets to be released twice, such was the demand. On the day, around 80 people attended – which was perfect for our setting at the Grassmarket.

Also in attendance were a team of facilitators, the vast majority of whom were also people with lived experience. They contributed to the overall energy and passion and are mentioned here with thanks:

Maggie Currington
Colin Hepburn
Heather McLaughlin
Anne-Marie Quigg
Donna Ross
Derek Watt

This team worked on the format in preparation of the event, and this is outlined below.

Format of the Day

Following on from the three Scottish Government outcomes outlined above, the day was designed so that all could feel that they were able contribute meaningfully – and that space was given for each person to have a say. Often in large settings and formats, loud voices crowd out others. We intended to design 'in' democracy.

Similarly, in settings such as these, the 'glass-half-empty' tends to get all of the focus. A contagious effect happens when we begin having negative conversations where we base all of our questions on needs, gaps and problems. We designed the day with the intention that some solutions and praiseworthy practice could also be discussed.

An outline of the day is included below, with some explanation.

10:00-10:30

Introduction from Minister

The Road to Recovery – its impact over the last ten years and the plans for the refresh.

10:30-11:00

Word Game 'A-Z'

We wanted people to describe their 'uniqueness', their lived experience. This is hard sometimes. What we feel is **OURS**. The language used to describe this isn't enough. Words ultimately miss the fullness of peoples' experiences – but we must put it into words because language is social. Language lets us **BEGIN** to describe our experiences.

This was simply to warm people up; the task was to write anything to do with the concept of lived experience and to cover every letter of the alphabet!

11:00-11:30

Blue Sky – "What sort of Scotland do you want to live in?"

A good question creates the right energy in the room. We want to create **SOME**-thing (concepts, insights, feelings) out of **NO**-thing (our lived experience).

The intention here was to get people used to the idea that there's no such thing as a bad idea and the aim is to clear away all notions of parameters.

11:30-12:30

Seek-Keep-Treat

Members of the Substance Misuse Policy Team were present, and asked for feedback on this theme.

1.00-2.30

Brainwriting

Generating ideas should happen on its own, rather than as part of a group discussion. With brainwriting, each participant takes the time to write down ideas independently.

Then the facilitator gathered all the ideas and wrote them on a board, for everyone to see - but the key is anonymity, so there are no biases associated to any ideas. It becomes an "idea democracy," everyone's idea was given equal weight.

Then, the ideas are discussed and debated as a group.

3.00-4.00

Past and Future

Asset based finale. What was worthwhile in the old strategy, and what would be worthwhile in the new?

Findings

Here you will find the presentation of findings from the various aspects of the day. These sections are separated out to provide a 'storyboard' of the day, but the findings have been analysed and will be presented at the conclusion stage as a number of themes, with recommendations to be taken forward.

Full lists of the data produced at the tables are included as Appendices.

Blue Sky

To bring an asset-based perspective – and provide visioning for the future – participants were asked **"What kind of Scotland would you like to live in?"**

This set up a positive energy in the room – and of course, there were no wrong answers.

This sort of investigative dialogue provokes deeper thinking and imaginative response, presented in Appendix 1 separated into the four tables that took part.

A summary of the input centres around some – perhaps unsurprising – themes. Whatever the future looks like, the people with lived experience of addiction and recovery think Scotland should be:

- Values-based; that particularly relates to values such as respect, dignity, integrity and tolerance.
- Is community-centred.
- Places equality to the highest level, discrimination free and non-judgemental.
- Operates from kindness/compassion.
- Places a high emphasis on human rights.
- Values (and effectively treats) mental health.
- Is a leader in the care of its population.

Seek Keep Treat

The Substance Misuse Unit were keen to hear from Lived Experience about the model being developed to combat the rise in drug deaths across Scotland. Nick Smith attended to explain the reasoning behind this, and to answer questions from the floor. He explained that the model will be:

- Undertaking outreach to encourage greater service uptake
- Improving access to specialist help and in particular swift access to treatment
- Increasing retention rates to ensure that people stay in the service for as long as they need it
- Building and enhancing therapeutic relationships and encouraging fuller engagement with wider treatment
- Enable specialist treatment services to take a wider view of service user needs including physical and mental health

- Promote and facilitate improved joint work with mainstream health and support services including housing, employability and welfare rights

It is fair to say that the response from the floor was not enthusiastic. Responses are outlined in **Appendix II**. The people in attendance expressed great dissatisfaction with the slogan. The (good) intentions behind it are obscured by the language used:

*"**This is inherently stigmatising – would you do the same for obesity/smoking?"***

"It's really important the government gets the language right. Stigma starts in policy"

The strong reaction is rooted in fear. There is fear that the professionalised world of academics and medics are (re)exerting their power. That the gains of the last few years are being set aside.

There was anger in the room. People feel disempowered by this. People also saw the model as being a 'rebrand' of what is currently being offered. What is being offered are not 'recovery' services. People feel that recovery hasn't been given a true chance, it hasn't got started in many places. Related to this is a feeling that no-one is being held to account, that there is no responsibility being taken by services or those with power (whether political or purchasing).

"How is this different from the concept of ESSENTIAL CARE in the 2008 strategy?"

To many people in recovery with lived experience, the frustration is that ideas such as this continues to miss the point – that addiction is a symptom of something else. We can continue to **"shift the deck chairs on the Titanic**" but what is really needed is something that begins to address the reasons why people get addicted in the first place.

"Why the addiction, why the pain, society broken"

There is a deep cynicism from those with lived experience to this approach – and a question needs to be raised about the hierarchy of evidence that gets used to help shape strategy and system redesigns such as theses. Who gets listened to, and why?

"It explicitly focuses on a certain demographic. BUT, when challenged we are told it is about ALL"

Brainwriting

This part of the day was to encourage democracy. Sometimes, more introverted people have difficulty getting heard at events such as these. People were given journals after lunch; then encouraged to just write (not think about what they are writing so much), to physically write responses to three trigger questions.

The trigger questions were only there as a guide, people were invited to write about anything they like.

Trigger Question 1

How can we deliver education in addiction/recovery in a better way?

Trigger Question 2

What do you believe personally are the factors that lead to addiction?

Trigger Question 3

How can we take action collectively or individually to change the system?

When they were finished writing (it was a timed exercise), people were asked to reflect on what they had thought. Then, still anonymously if they wished, they could write what important issues came up with them on post-it notes. Discussions were held about the themes on these post-its – and individual tables fed back to the whole room. A wider discussion then ensued.

People were told that they could keep their journals for themselves, but some people gave them back and were willing to share their deeper thoughts. The feedback below is from the post-its only.

Education

Central to this was the strong feeling of involving lived and living experience INTRINSICALLY as part of the education process. This means, stop educating people (children in particular) that drugs are 'bad' – and by association, people who take them are. Education should:

- Be proactive
- Be centred in truth – addiction is simply not about the substances.
- Recovery is not abstinence – it is connection.
- Educate about the root causes of addiction – the factors that lead to it.
- Turn it right around – celebrate recovery success!

Factors that lead to addiction

There was some frustration and anger in the room here – people are tired of this sort of question. Rather, we were urged to ask instead; what leads to the pain?

- Educate about Adverse Childhood Experiences (ACE).
- Trauma.
- Link in with the breakdown of community.
- Early intervention – how a lack of emotional abilities contributes to people using substances.
- Poverty.

Change the System

A strong emphasis emerges here about accountability and power. People felt that we were perhaps just going round and round in circles – but there is some cause for optimism in this section too.

- Visible recovery – much more of this will lead to a contagious effect.
- Clear messages from the recovery movement about what we are, and what we do, and how we contribute to the systemic solution.
- 'Real' partnerships (perhaps one to explore further).
- Advocacy is a central requirement going forward. Not just in services though. Advocacy in people's wider rights as a citizen are needed, to help sustain recovery.

Past Future

This exercise was planned in at the end of the day in order to have people leave on an 'uplift'. Here is the thing – they were asked what is/was WORTHWHILE – from both the past, and the future.

PAST – what was worthwhile…

- Having a recovery policy – the only national one!
- Family support
- ADP's became accountable
- Mutual Aid recognised.
- Peer involvement.
- Emergence of the recovery community.
- The ethos of Road to Recovery.

FUTURE – what would be worthwhile…

- Family recognised more
- Rights based
- Stronger advocacy
- Social Enterprise development
- Pay us! (peers/family support)
- That recovery would have no ADP boundaries.

Recommendations

It is important that the findings and work that has happened so far at **ALL** the lived experience events is feedback upon, so that this encourages further involvement. There were some concerns about tokenism expressed. A strong feedback loop must be developed.

The new post put in place to support this involvement will endeavour to find seats for people within the PADS committees.

Further work will be undertaken to ensure that more 'living' experience is included – people using substances or not yet able to leave services.

Representation training will be developed by the Lived Experience Development Officer – in conjunction with all national organisations.

Appendices

Appendix I – Blue Sky

Each bullet point reflects a single (blue) post it note. Any capitals and underlines are as written.

Table A

- Where no one is better than another
- Values each individual
- Community-focused
- Discrimination free
- Yoga, meditation, mindfulness education in schools
- Respect, Dignity, Integrity
- Inspirational
- Green-Eco Friendly
- Friendly
- Easy to get help. (Community) services come to where the person lives.
- Treatment for addiction to be delivered by the community.
- Improve mental health services. Anticipatory care.
- People caring for people! Equality. Evidence based vs. Political Policy
- Tackle stigma through education.
- Tolerant.
- Forward thinking.
- A Scotland full of human kindness.
- Peaceful.
- Support both socially, financially, person centred when people are in crisis.
- Non-judgmental society. Everyone treated equally.
- Criminal justice reform.
- Equal opportunities.
- Inclusive.
- Free Scotland. Free from poverty. Free from homelessness. Free from suffering.
- Treatment Centres.
- Adequate treatment in prison.
- Where people are respected for who they are not what they are!

Table B

- Representative of the population and environment.
- Fair/non-judgmental. *Good health physical/mental* Opportunities to grow your ideas. Take the crime out of addiction.
- Everyone is equal.
- Happy. Contented. Fair.
- Freedom!
- Driven by compassion.
- Medically assisted psychedelic treatment.

- Better dialogue. Community engagement.
- Reduce drug and alcohol deaths.
- Where money is not an issue.
- Rehab in prisons.
- We can all find freedom from addiction.
- Legalisation of cannabis. Increases tax money. Decreases criminality.
- Where lack of money does not create terror or anxiety.
- A warm one.
- Decriminalised mental health.
- Where heroin maintenance is available to those who want it.
- Access to health came as and when needed. No waiting lists.
- Job available for people who are rehabilitating.
- Where heroin maintenance is available to those who want it.
- On a journey to somewhere good – shared hope.
- Decriminalise addiction. i.e. rehab instead.
- Unlimited funds for treatment.
- Where all politicians have tried psychedelics.

Table C

- Human Rights based
- A Scotland which promotes social justice. Values all its citizens. A reasonable living standard for all. A country to be proud of.
- Independent.
- Better connected.
- Forgiveness.
- Culture change. From top/down.
- Get rid of the old guard!
- An abstinence based one with harm reduction exit strategies.
- Mental health. Acknowledged. Addictions.
- Clean.
- No car parking. People on specific meds.
- Seeing the bigger picture.
- No postcode lottery for services or recovery.
- Heroin assisted treatment.
- Full regulation of illicit drugs.
- Brake stigma towards addiction.
- Loving & caring.
- Comnpassionate.
- More compassionate.
- Multi-lingusitic.
- World leaders in human rights based approach to ALL drugs.
- Language of human rights was learned from school.

- Equality.
- Peaceful. Free. As one.
- Stigma free.
- Secure housing for all.
- Services working together, addiction, mental health, NHS, Criminal Justice, children & families.
- Organic and fairtrade cannabis market.
- Drug workers in benefit offices.
- Better support.
- Non-judgmental.

Table D

- Stigma-free
- Commune(ity) inclusive.
- A global leader on environment.
- Trauma free.
- ACE AWARE! (Screening for all).
- Feed the cats to the mouses.
- Everyone counts and is valued.
- No child poverty.
- A leading voice for recovery.
- Living wage for all.
- KIND
- Celebrates achievements.
- No-one homeless. No-one left behind.
- Ground up approach to community resources.
- Community led and inspired.
- Revolution.
- Adequately resourced. Holistically inclusive. Empowered and loving society.
- Educated from the bottom up!
- Decriminalised drugs.
- Visible recovery communities who are adequately funded to achieve goals.
- Decision makers who acknowledge the place in a recovery journey lived experience can bring.
- Free access to treatment with community based asset driven recovery capital – education recruitment with conviction.
- Regulated market of all drugs.
- Optimistic.
- Fair society. Equal.
- A population that takes responsibilities rather than points the finger at other.
- Leaders in care of its population.
- Optimistic.
- Equality, productive, forward looking.
- We must value ourselves and each other!

Appendix II – Seek-Keep-Treat

Bullet points reflect individual post-it notes, in the order posted from top-left of flipchart. Tables are in no particular order and cannot be designated. All CAPITALS and underlining are from the post-its themselves.

Table A

- Rethink the Seek, Keep, Treat wording
- Flooding Services. Staffing? Cost? Money?
- Seek, Keep, Treat. Sounds like a zoological hunt for an endangered species.
- Rebranding without cash???
- Focus on (old) addict being problem. Why addiction?
- I do not need a degree to offer lived experience or example. DE professionalise support work.
- Question is, "Why Addiction"?
- LANGUAGE!
- Why the addiction, why the pain, society broken.
- SEEK = someone setting out to capture or catch. I'm not a criminal.
- KEEP = Horde, hold on to, care for, mine. I'm an autonomous human being with self-will.
- TREAT = The clinic model has not had and continues to have very limited success. How does this wording suggest anything NEW?

Table B

- Language 'Keep-Seek-Treat' harsh – military. Suggestion: 'Find, Mind, Remind'
- Getting put out of services
- No enough choice in treatment
- Needs based
- Language of Seek, Keep, Treat
- Services taking responsibility
- Offer, Nurture and Enhance
- Person Centred Services
- One Shop Service. All health needs addressed in the service that the individual's comfortable to engage with.
- Community model
- Self-Directed support
- Individual care in Service, not one-size-fits-all
- Connection
- Find, Choice, Offer, Nurture, Enhance, Support. Welcome-Input-Nurture
- Consistency
- See me as a person
- Design adequate services that will retain service users
- Rebranded old policy and that is all
- Personal relationships are key to services, not the processes.

Table C

- Deck chairs on the Titanic. Ideology Vs. Evidence. What are the ideological policy hard lines which will not move?
- Not letting service workers disclose own drug use creates stigma and increases culture of negativity and secrecy.
- Need to have more peers doing paid work in addiction services. 2 things – great role models; can't be fooled.
- How is this different from the concept of ESSENTIAL CARE in the 2008 strategy?
- Criminal Justice language = yet part of Health.
- Seek – why do people not engage (stigma, embarrassment, shame). Happy in substance use.
- Keep – kept in treatment, kept tabs on, controlling factor, stuck on a script.
- Treat – most people use substances to cope with underlying issues. Until you find out what the true root of the problem is, it's like a plaster over a gaping wound.
- SEEK-KEEP-TREAT *sounds a bit heavy handed*
- TAG LINE ignores the majority of drug users who take drugs non-problematically and are happy to continue drug use or do not want to access treatment.
- It explicitly focuses on a certain demographic. BUT, when challenged we are told it is about ALL
- Drug use and users. Lack of clarity on what drug consumers Scottish drug policy is focussed on. Silencing the majority voice.
- Disempowering. It's okay to seek, not keen on keeping or treating people. Options/Choice/Empower.
- Where is HARM REDUCTION in the tagline & recovery.
- Lack of clarity in treatment services about whether recovery is abstinence based or getting people to a place of well-being.
- Using innovative treatment such as heroin maintenance/psychedelic assisted treatment/MDMA
- SEEK-HELP / TREAT-SELF / KEEP-RECOVERY - EMPOWER APPLAUD PEER-LED
- The Spirit Level (book). Inequality understood in structural terms which brings about "Learned Helplessness" [Martin Seligman]
- Prescription drugs, over the counter medications, nutrition devoid food chain, psychiatric medications, food chain adulterants – all included in discussion of 'drug related deaths' as understood in relation to toxic load [toxicology]
- Are institutions capable of making complex decisions in the current configuration of organisational structures (i.e. government, NHS, Police, Social Care, Third Sector). Need for systems approach which takes in Niklas Luhmann
- Necessary involvement of the user base in the analysis AND interpretation of the science/medicine evidence base.
- Methadone is not a complete cure.
- Stop trying to force people to change, attraction is key. Challenge stigma, change language.

Table D

- Language needs to be right
- Cut budgets, how do we propose to seek?
- Don't feel it is any different.

- ‘Parliament is supreme, it can do what it wants’
- If services were fit for purpose, then perhaps this wouldn’t be required.
- Where is the reintegration into society/community? Aftercare?
- Can we have a policy without the heading soundbites?
- We need to define recovery.
- ‘I think the heading is absolute balls’
- People don’t ‘seek’ treatment due to the fear factor (consequences, kids, mortgages etc)
- Services need to be developed before the policy is put in place.
- The ‘old guard’ need to go.
- ‘This is inherently stigmatising’ – would you do the same for obesity/smoking?
- Look at the work of Bruce Alexander.
- We are enabling active alcohol/drug users.
- Some places there is no treatment, except perhaps a prescription and beoing left for decades.
- Requires clear, directive language.
- Uneducated professionals – GP’s.
- People in power leading by opinion. Creates diversity and postcode lottery.
- Long term issue that requires long term solution.
- Not everybody needs a medical model solution/intervention.
- Too many highly-paid people working within this model who have no contact with people with addiction issues.
- It’s really important the government gets the language right. Stigma starts in policy.
- Move from criminal justice to health but using the same language.
- No accountability.
- Addiction & Mental treated together.
- Greater access to residential rehabilitation.
- Scottish ORT policy needs to be filtered out to all services so everyone knows clearly how to prescribe the medication.
- Remedy current housing situation.
- Advocacy especially to address vulnerability.

Appendix III – Brainwriting

Trigger Question 1

How can we deliver education in addiction/recovery in a better way?

- A proactive national education presentation/tools designed and implemented by peers (and could be accredited).
- Need to value living/lived experience utilising their experience to educate us.
- Peers working alongside services.
- Education for family members.
- Normalise people getting better (and people getting sicker; not everyone gets recovery).
- Educating children and young people to express their emotions in safe ways. Go on to explore the good effects & bad effects of different drugs. Honest conversations about drug use.
- Tell children the truth!
- There is a lack of clarity on the goal of current education. Is it to discourage drug use, or reduce harm associated with it?
- Teach that addiction is NOT about substances.
- Teach that recovery is NOT abstinence, but about connection.
- Simplify language. Holistic approach.
- Train well in support/counselling.
- Make help available to sytudents.
- Integrated self-care in education – wellbeing, positive mental health.
- Open & honest approach to 'drug' education – the truth.
- Get the whole community involved to cut stigma which would encourage people to seek the appropriate help & support.
- Utilise the power of 'lived experience' shares at P5, 6 & 7 level to deglorify, demystify and destroy any myths around alcohol and drug use.
- Discuss "addiction" and "recovery" as a whole. MIXED messages help no-one!
- More involvement of people in recovery, they know what works and how to implement it.
- ADD to curriculum from P1 onwards.
- Greater investment – less tokenistic.
- Talk to people at an earlier age. Educate them on addiction AND recovery.
- Show young people in Scotland how to have drug free fun!
- Celebrate each other & be proud of themselves.
- Peer Led training/education based in local community settings.
- Explore root causes and escalation of all MALADAPTIVE BEHAVIOUR, substance use being ONE behaviour.
- Build better awareness of causes of ADDICTION – opposite of "Just Say No"! Nationally.
- WHY ADDICTION? How - awareness of new information. Film – RESILIENCE. Unity of purpose between addiction/recovery groupings throughout Scotland.

Trigger Question 2

What do you believe personally are the factors that lead to addiction?

- Not why addiction – but why the pain? Trauma (childhood/experience). Emotional, physical, sexual.
- Feeling different. Drugs/alcohol widely available at young age. You are going to experiment.
- Trauma. Mental health, abuse, peer pressure, homelessness, deprivation, poverty, depression, boredom, pain, co-dependency, poverty.
- "ACES TRAUMA" soothing the pain.
- Poverty. ACES. Mental health.
- Breakdown of community.
- Nature & Nurture.
- Boredom. Availability.
- Disassociation from unmet emotional needs and trauma – requires safe place to re-associate and reconnect.
- Unhealthy relationships.
- Loss – loss of opportunities. Work, hope, cultural identity and community.
- Rejection, sibling rivalry, genetics, nurturing skills lacking, poor education, lack of encouragement, peer pressure.
- Young people take drugs because of a natural curiosity in altering their consciousness – problems come from WHY you want to use.
- We are problematising a social behaviour happening in populations which are dispossessed of social opportunity.
- Traumatic events.
- Learned behaviours.
- Choices.
- Adverse childhood experiences.
- A toxic mixture of genes and experiences.
- Poverty.
- Mental health issues.
- Bad prescribing.
- Learning barriers.
- Social exclusion.
- Sense of loss/grief.
- Peer/family pressure.
- Low self worth/esteem.
- People become more traumatised accessing treatment.
- Lack of education.

Trigger Question 3

How can we take action collectively or individually to change the system?

- Bring our voice; be proud and loud.
- Change policies.
- Change the old guard.
- Collectively develop more real partnership working with one outcome with many aims and objectives that we all have in common.
- Watch how you deal with services, involve advocacy.
- Continue to carry a message of recovery.
- Be clear about what we want. Be part of the solution.
- Communication & dialogue.
- Be involved with a group with likeminded activities.
- Share your experience.
- At a micro level, take responsibility to share our experience. Every raindrop is not a shower!
- Greater accountability, ensure this happens.
- ALL workers to be fully informed regarding the full menu of recovery pathways.
- Take your vote and make it count.
- Grassroots social care = social enterprise.
- People help people.
- Technology – involve young people.
- Stop opinion based prescribing. Use evidence based prescribing.
- Change policy. Starting point: politicians/police/judiciary are public servants not masters.
- Understand how privilege and policy are recreated in the structures which decide privilege and policy (systems thinker Niklas Luhmann).
- Leave the policy structures and invest in knowledge sources outside of the industrial complex which are representative of knowledge and experience.
- Drug reform, fundamental change in policy.
- "Create" a new one not re hash old systems.
- Change services to give more coverage – 5pm to 9am they are closed. Friday to Monday they are closed.
- Better communication between services/regions to see what works well and where.
- It's not all down to services, we need to help our own communities. Involve us in the solution.
- Creative outlets!
- Challenge fear.
- Demonstrate compassion.
- Legalisation of drugs.
- Good quality therapy in schools.
- Relieve financial pressure in individuals and society.

Appendix IV – Past-Future

PAST

- Gave the ADP's a focus for Recovery
- The only country in the world to have a Recovery Policy nationally.
- Family support being involved.
- Allowed us to hold the ADP's accountable.
- Peer involvement on developing policy – to a point.
- Mutual Aids have had a key part in recovery.
- SRC had done loads of great stuff to help things grow.
- Volunteer involvement. Asset based skills development.
- Pre RTR – money available for rehab.
- Recovery Community has grown and became diverse.
- Eveloution/emergence of SRC and recovery communities.
- Signalled a shift into public health concerns.
- Growth of recovery communities.
- (Emphasis on) Evidence based practice.
- Harm Reduction.
- R.I.O.T.T.
- Hospital Liaison (ages ago).
- Community spirit.
- More visible recovery communities.
- The 'ethos' of road to recovery.
- Evidence based reports.
- Individual pathway to recovery (lived experience).
- O.R.T.

FUTURE

- NOT Seek, Keep, Treat but Attract, Input, Nurture.
- Housing First.
- Invest in Family Recovery.
- More of a focus on life course events. More focus on Rights. More focus on Advocacy.
- Social Enterprise.
- Where are the policy makers now?
- If workers were happy to see their clients.
- Give recovery communities a fair go.
- Total re-hash in leadership. One strike and you're out.
- Why consult with already made document.
- Pay peer supporters and families.
- Real follow-up on consultations with changes visible.
- No post-code lottery if treatment needed.
- Recovery has no ADP boundaries.
- Increased visibility of recovery movement.

- Clearer strategy implememntation of the 'ethos'.
- ADP delivering various pathways.
- Accountability.
- Learning from the ORT Report.
- Attract, Include & Empower.
- Ministers in full attendance.
- Decriminalisation.
- Recovery community working alongside professionals.
- HAT, SDCR "quality of life"
- Fusion of Addiction and mental health services.
- Support childrens mental health.
- Investment in family recovery.
- Restructure system.
- More effective communication between services.
- Remove reference from strategy of "drug free life".
- Definition of recovery.
- GOAL? – clarity.
- Learn through failure. Catastrophic failure of policy is a good thing in forcing re-evaluation.
- More emphasis on family – inclusive practice.
- MUST have institutional memory. A lot of work already done (see DSDC/SDF documents etc.)

If you have any queries or clarifications about views expressed in this document, then please contact:

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