

ANNUAL REVIEW 2018/19

| A national resource of
expertise on drug issues



Welcome to the Scottish Drugs Forum Annual Review

Scottish Drugs Forum is a membership organisation and was established in 1986 to represent the drugs sector and to improve Scotland's response to problem drug use.



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Chair's Report

Jim Stephen

SDF Chair

In his second year as Chair of SDF, Jim considers SDF's work in light of Scotland's new drug and alcohol treatment strategy.

In recent years, Scotland has benefitted from a broad political consensus on our strategic approach to problem drug use and its prevention. It is in the nature of such consensus that there are some aspects of strategy that seem more pertinent or useful than others. SDF has contributed not only to the shaping of strategy, but also to the delivery of effective outputs which have improved the evidence base and insights into the nature of the problem, what works, reduced harm, improved services and saved lives.

The new treatment strategy, Rights, Respect and Recovery, offers the prospect of a continued consensus. We should be glad of this. But we are facing the stark realities of significant issues in medical treatment which often falls short of best practice, a lack of access to essential wider supports for people with a drug problem and, tragically, the prospect a fifth successive year of record overdose deaths. These factors are all inter-related, of

course, and addressing them requires strong and pro-active strategic national leadership and co-ordinated responses across Scotland at national and local levels.

A rights-based approach is a key theme within the new strategy. This has the potential to provide fresh impetus to all our work –the rights to life and health must surely be regarded as fundamental. It is the role of the state and its agencies to promote, protect and fulfil these rights. The state is responsible but must also work with a range of non-state organisations to meet its obligations.

SDF has worked on ensuring the rights to life and health for decades. Our current work includes work on naloxone and the Staying Alive In Scotland agenda; work on viral hepatitis and HIV prevention and treatment, as well as bacterial infections and supporting the development of high quality and accessible local systems of care. All of this work protects life and supports better health.

To achieve all this, the workforce supporting people with a drug problem need to be trained, well informed, empathetic and supported. SDF's work around workforce development contributes to this, as do workers forums for needle exchange workers, hepatitis workers and addiction nurses.

Our work on peer research involves people with living experience in developing service delivery, and our Addiction Worker Training Project contributes to the development of a workforce with lived experience and so enhancing services and the recovery of participants.

This activity respects, protects, promotes and fulfils the rights to life and health of some of Scotland's most vulnerable and stigmatised people. SDF's Board, staff team and volunteers are proud to be engaged and to work to this end. We depend on our members, partnerships and joint work to deliver our objectives and, on behalf of SDF I thank all these organisations and individuals for their support.

You can read reports on SDF's work in the pages that follow.





CEO's Report

David Liddell

SDF Chief Executive Officer

David reflects on a year that brought questions about access to, and the quality of, treatment and a new strategy.

2018-19 was a year in which SDF organised four regional events and actively engaged our membership in shaping suggestions for Scotland's drug policy. We based the resulting document, A Drugs Strategy For Scotland, entirely on the evidence available as to 'what works'.

A presentation at an SDF conference in March 2018 had featured a presentation from NHS Scotland's Dr Lesley Graham including the finding that people with a drug problem in England may be 150% more likely to be in treatment. We also know that people in England are far more likely to be prescribed buprenorphine. It is difficult to avoid the conclusion that these are significant issues which need addressed if people are to benefit from the protection that treatment offers in terms of preventing overdose deaths.

Sadly there seems to be some further decline in service accessibility with people waiting up to six months in some areas to get onto OST. We also know that when people in Scotland are on OST, there is 50% chance in some areas that they will be on doses

less than the minimum dose approved in guidelines and by the World Health Organisation.

These are all crucial issues that SDF will be working on but clearly we need a change in how NHS services are designed and managed.

I spent this last year working on the Dundee Drug Commission. Some of the evidence given was moving, and, frankly, shocking. What is obvious is that services have been unable to develop in ways that allow the practice of evidence based medicine, a person centred approach or to protect people, as they might, against drug related deaths and with the inevitable tragic consequences.

It is hard to not to conclude that much of this reflects the stigma that people with a drug problem bear. We need to have, and show, leadership on this issue. It is welcome and useful that a rights-based approach advocated by SDF is mentioned in the new strategy but we need to make that tangible for people.

I am also pleased that SDF who first raised the issue dedicating a whole conference to the subject of stigma in 2008, continue to address stigma directly through our workforce development work with frontline service staff and through our media work.

The media work has been interesting this year. There is certainly a notable change in tone and media interest in decriminalising possession, which is largely supportive. There has been little hostility. Perhaps for once the media are a step ahead of the party politics on this matter. That is certainly my impression.

There is much we can take from this year. The stark statistics are not good but I am encouraged that we have been able to articulate and receive support as well as a receptive hearing, when we have focussed on what should and could be done. These are times for change and we must work together to make desperately needed changes.



Drug Death Prevention

SDF's drug death prevention work has taken precedence in a year where drug-related deaths have continued to rise significantly for the fourth consecutive year.

A large part of SDF's work on drug death prevention during the year has been focussed on developing and updating the 'Staying Alive in Scotland' strategy, in order to produce an action planning format that can be utilised by SDF and Alcohol and Drug Partnerships (ADPs) to assist in efforts to prevent drug deaths.

This work is in line with the new Scottish drug strategy 'Rights, Respect and Recovery' and will be used to offer national support over the coming year.

A core part of the drug death prevention work remains the coordination and development of the National Naloxone Programme. Training and awareness sessions continue to be delivered by SDF across the country to staff working in drug services and others likely to witness an overdose. A free national e-learning resource was launched to support this work.

The priority of the programme is to ensure that people who use drugs have access to naloxone as they are most likely to witness an overdose and be first responders, however there is recognition that others are often first on the scene of such incidents and that they should also have it available to them.

One such group is Prison Officers. With support from the Scottish Prison Service headquarters, SDF provided overdose and naloxone training to around 300 night staff Prison Officers and since October 2018, Scottish Prisons now have naloxone kits accessible to staff when nurses are not available.

The other group who are more commonly first responders at overdose incidents are Police Officers.

Work is taking place via Police Scotland's Safer Communities unit to ensure all new recruits are offered awareness sessions on overdose and naloxone. The future plan is to secure pilots of frontline police carrying naloxone with a view to rolling out provision nationally and to have overdose and naloxone training as part of officers' annual safety training programme.

Ultimately... whether you are a prison officer, a police officer, a person who uses drugs, a drugs worker, a cleaner in a hostel or a member of the general public - if you are someone who is likely to witness an overdose, we want you to carry naloxone. Just in case.

Access the free 'Overdose Prevention, Intervention and Naloxone' e-learning on the SDF training website
www.sdftraining.org.uk



We can all help to **#StopTheDeaths**

For each of the last three years, Scotland has suffered record numbers of overdose deaths.

Each of these tragic deaths impacts on individuals, families, communities and the nation.

Scottish Drugs Forum believes that this cannot be accepted or allowed to become a 'new normal'. Drug overdose deaths are preventable. We know how to prevent these deaths and yet they still happen.

Last year, we launched the #StopTheDeaths initiative on International Overdose Awareness Day at our annual conference on drug-related deaths to raise awareness of the rising toll of drug overdose deaths in Scotland and to focus efforts on preventing these tragedies.

#StopTheDeaths is a reminder to all stakeholders that drug death prevention is possible and that we all have our parts to play.

People affected by drug overdoses, frontline staff, academics, policy makers and the general public - from across Scotland and beyond - came together under one banner to reflect on what can be done right now to prevent overdose deaths.

The initiative harnessed the power of both a clear message and social media to get people talking about practicable things we all could be doing to reduce overdose deaths. Stickers, t-shirts and badges carried the logo whilst the message

was shared thousands of times online under the initiative's #StopTheDeaths hashtag.

Through inviting people to engage with the initiative by submitting short videos; photos with the logo; taking the new, free-to-access SDF e-learning course on overdose prevention; and sharing directed messages shared on social media; the campaign in the following month had over a million impressions on social media channels.

Local media took interest and features were printed in several newspapers - increasing awareness further.

Scotland needs to prioritise this issue and take actions evidenced to prevent deaths. These actions involve all stakeholders - people who use drugs, their families and communities as well as services and policymakers. The problem and the solutions belong to us all.

#StopTheDeaths was and is a call for local and national focus on preventing drug deaths and for all stakeholders to prioritise and focus on this agenda. It is a message of hope; that we can respond to record drug deaths by developing a world-leading response to this national challenge.

Find out more at

www.sdf.org.uk/stopthedeaths



**WE
CAN
PREVENT
DRUG
DEATHS.**

#StopTheDeaths





Peer Involvement and Volunteering

SDF's volunteers continue to be in demand, contributing to a wide range of research, service evaluations, networks, conferences and other activity across Scotland.

SDF has invested in building capacity to provide volunteering opportunities for people with a history of drug or alcohol problems in a number of roles across Scotland.

Key work for the year included preparation for EPIToPe – a significant research project involving multiple partner organisations aimed at rapidly scaling-up hepatitis C treatment in NHS Tayside to reduce new hepatitis C infections. SDF peer researchers were recruited and trained in qualitative research methods and will survey people who have completed their treatment and those who have refused to start.

We continue to support patient and public involvement as part of Drug Research Network Scotland. This involves supporting the development of research proposals, research tool development e.g. participant information sheets, questionnaires as well as participating in workshops.

SDF volunteers also supported Stirling University's 'Supporting Harm Reduction through Peer Support' (SHARPS) study, surveying people who have experienced homelessness, substance use and poor mental health.

SDF peer researchers supported the

recruitment and data collection for a University of Glasgow study evaluating the impact of alcohol minimum unit pricing in Scotland.

SDF also continue to work in partnership with Alcohol and Drug Partnerships (ADPs), Blood-Borne Virus Managed Care Networks, and NHS Boards.

Examples of this work includes:

East Dunbartonshire - Volunteers designed, facilitated, analysed and reported on an ADP evaluation of the awareness of and adherence to the Quality Principles.

East Ayrshire - Volunteers Involved in the planning of annual ADP Recovery Conference in December, facilitating round table discussions and reporting to the Health and Social Care Partnership.

Fife – Volunteers helped design, promote, facilitate and evaluate three community events on hepatitis C as part of Fife's Hepatitis C elimination strategy.

Argyll and Bute - Supporting the ADP Involvement Strategy implementation and building recovery community capacity in the local area.

To find out more about
volunteering with SDF visit
www.sdf.org.uk/volunteering



The Addiction Worker Training Project (AWTP)

The award-winning Addiction Worker Training Project continues its success in Scotland and begins exciting work with European partners.

Twenty-two places were created for the 2018/19 Addiction Worker Training Project, thanks to funding secured from East Ayrshire and Fife Alcohol and Drug partnerships; the National Lottery Community Development Fund; Glasgow City Council Integrated Grants Fund; the Henry Smith Charity; the Robertson Trust, and the Bank of Scotland Foundation.

Three groups of trainees made up the overall cohort, completing in February, May and August. The vast majority of trainees achieved SVQs early, with a good proportion having already secured offers of further employment in health and social care.

A successful graduation event was held at the Scottish Parliament in May 2018 for the 22 graduates of the 2017/18 programme. John Finnie MSP and the then Minister for Public Health and Sport Aileen Campbell MSP presented awards to all graduating trainees.

2019 meanwhile, will see 18 trainee places created across the East and West of Scotland, with a further four places confirmed thanks to support from Dumfries and Galloway ADP, for local delivery. SDF are also continuing to develop alternative models of AWTP delivery to meet local needs.

AWTP has played a major role in the Erasmus+ funded European Action for Employment in Recovery (EAER). This strategic partnership project, managed by SDF, started in September 2018. The project is a collaboration of four European agencies: the Dutch Foundation for Innovation in Welfare to Work in the Netherlands; Agência Piaget para o Desenvolvimento (APDES) in Portugal; and Italian agency Comunità La Tenda Cooperativa Sociale.

EAER is working to build the capacity of people working in drug and alcohol services to provide more effective employability interventions and support for people who have faced multiple barriers related to historical and existing drug and alcohol problems. This will be achieved by work locally and trans-nationally, culminating in the development of good practice guides; an e-platform for workers and people who use employability services, alongside the development of innovative digital training, launched at two European project conferences.

EAER will see AWTP trainees given the chance to carry out a brief work placement abroad, alongside European peers. Learning from AWTP is being shared with partners, with the project being showcased as an example of innovation and good practice.



[View the list of graduates on p21](#) →

Changing lives with the Addiction Worker Training Project

We work in challenging times, but there are good news stories. We focus our

Annual Review this year on the Addiction Worker Training Project (AWTP);

a project that shows real and lasting change is possible.

Scottish Drugs Forum's Addiction Worker Training Project was initially established in Glasgow City in 2004, by a small steering group led by SDF. The partnership was created in response to the barriers to employment faced by people with a history of drug and alcohol problems, and to address challenges local services were facing in recruiting and retaining staff. AWTP has since offered to people across multiple regions of Scotland, a unique package of supported employment, specialist training and vocational learning; establishing routes into paid work for unemployed people who have experienced multiple barriers.

The scheme has repeatedly achieved excellent outcomes, and has an overall completion rate exceeding 90%. Over 85 per cent of people completing AWTP have moved in to further employment - the vast majority in to full time jobs in Health and

Social Care. Their experience, as people in recovery working in services, is valued by services themselves; their contribution to the further development of services is valued by the field more widely.

Expansion to new regions of Scotland, has seen hundreds of opportunities created. Most notably, the East of Scotland arm of the project began in 2013 following a four year award of funding from the National Lottery, and the most recent expansion to Dumfries and Galloway is due to be implemented this coming year. The addition of a new tranche of AWTP recruits brings the total number of opportunities offered through AWTP since 2004, to 265 as we near the fifteenth anniversary of this award winning project.



Thoughts from the **AWTP Team**



Chris Messenger
AWTP Senior
Development Officer

"People recruited to AWTP often say they haven't had the best experience of education. We deliver our SVQ training through excellent partnerships with our learning centres who make every effort to understand the needs of our trainees and adapt their delivery accordingly.

"The result is phenomenal completion rates, and for many, their first positive experience learning in a formal environment. It's a win-win for employers too, as the SVQ provide our trainees with the knowledge they need to undertake their future roles.

"The opportunities that open up as a result of this vocational qualification are endless, and the appetite for further study our trainees have is amazing to see. Many graduates move on to HNC level study, SVQ levels 3 and 4 in Social Care, with several graduates entering degree-level courses."

"Many of our trainees come to us with a low self-esteem and a lack of confidence. Most are anxious about starting on the project; either because they have never worked before, or because they have been out of the work environment for a number of years. Some have even thought they were 'completely unemployable' before starting with SDF.

"We support them to manage these anxieties and make the transition from being a service user to a service provider. It's so rewarding to watch the trainees grow in confidence as they progress. I really enjoy sharing in their achievements as they move on from the project and into employment.

"Some trainees have said to me that it's obvious that I want them to succeed in everything they do, and that is absolutely true! I am immensely proud of all our trainees, and it is a privilege to be a part of their recovery journey."



Lynne Macdonald
AWTP Co-ordination
and Development
Officer



Lisa Bradley
AWTP Co-ordination
and Development
Officer

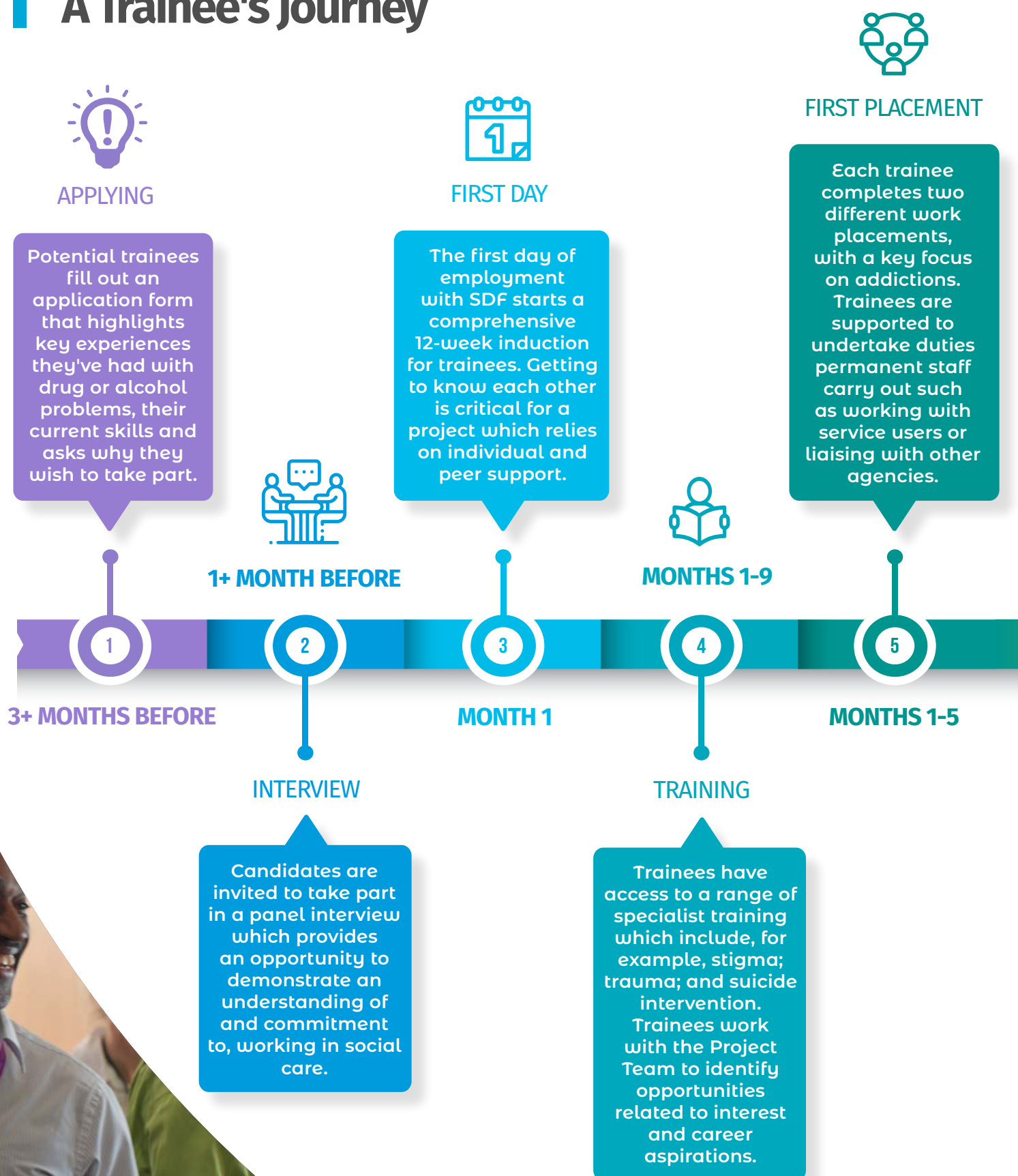
"One of the biggest reasons the AWTP is so successful is down to the partner organisations. Placement organisations provide opportunities for trainees, allowing them to gain the essential work-based learning needed for both their SVQ qualification and a future career in the social care field. Trainees get the hands-on experience working on the front line, but with the support and guidance of a dedicate workplace mentor and AWTP staff.

"Through completing two work-based placements, trainees are able to find their best fit and where their passions lie; whilst shaping the type of practitioner they want to be. This is really empowering.

"Organisations always comment on the value of having a trainee join their team. They can bring a fresh perspective, new learning, and motivation to a team. It can also motivate both service users and staff by proving that people can and do recover and overcome barriers to move forward in life."

The Addiction Worker Training Project

A Trainee's Journey





AWTP Graduate Journeys

We speak to two former trainees to find out what they thought about each stage of the AWTP.



Laura
Graduated 2017/18



Ged
Graduated 2014/15

APPLYING

G: I learned about the AWTP from other people who'd done it before and how good it was, how it helped them and that they thought I'd be good at it. If I'm honest, I didn't really see it in myself at the time. I wasn't going to apply for it because I wasn't very good with IT and you had to do it on the computer, but I just said the words and they typed it - I literally had no understanding of computer's whatsoever!

FIRST DAY

G: You think you're not going to excel or do well. It's mixed emotions because at that point you've gained confidence because of the interview process, which builds a little belief in yourself. By the time I actually started at SDF I felt quite grounded. I felt reassured that it was ok. I felt ready for it, ready for the next challenge.

FIRST PLACEMENT

G: My first placement was a program for people with alcohol and drug issues. I would lead group work and take referrals, doing real key work. I really took off when I started with them as I was able to get my teeth into it and really excel. It was really good for me.

SUPPORT

G: Support is a big part of AWTP; because as a group of people who've never worked in services before, you don't really know what to expect. Hearing how other people are getting on in their placement and if they've got similar problems really helps. It's just good to know that you've got that to fall back on.

INTERVIEW

L: My heart was in my mouth! I've always really lacked confidence in myself. So, I was thinking 'am I going to be good enough for this?', 'do I have the right stuff?' Everything was telling me to walk away but, something pushed me towards the door. It was really mixed emotions, I was feeling excited, nervous and full of dread. I just decided to give it a go and believe in myself.

TRAINING

L: The most important training I got with the AWTP was on naloxone as I've administered two times through my working life since graduating. Knowing how to put people into the recovery position, the mouth to mouth, the chest compressions. That's really stuck with me.

SECOND PLACEMENT

L: By the time the second placement came round, we'd had loads of training. So, going into the second placement I just kind of glided in! I felt much more confident, even though it was a totally different service. I wasn't afraid to ask how things were done.

GRADUATION

L: I felt really proud of myself, I actually wore a dress for the first time in about 15 years! It was really nice as everyone was all dressed up and everyone was really buzzing and feeling proud of ourselves for finishing. The speeches were amazing, hearing how everybody got on and their experiences at their placements

WHAT'S NEXT?

G: Currently I'm a Service Coordinator with Aspire and it's really helped me excel. I've done my SVQ 3 and now I'm in a position where I'm developing other social care workers! In the space of three years a lot has changed - we'll just see what the future holds, onwards and upwards.

L: Now I'm full time at my first placement provider Glasgow Council on Alcohol. I'm running the Women's program and I've introduced loads of new stuff into the service like action on period poverty. I do one-to-one support as well. It's really challenging but I love it!

Involving People



Interview with SDF's Emma Hamilton

Head of Involvement
and Peer Engagement

Q Can you describe your role at SDF?

A I oversee and coordinate the lived and living experience projects in SDF. This includes the Addiction Worker Training Project (AWTP) as well as all of the peer research activity. I also lead on quality and good practice for all the volunteering roles in Scottish Drugs Forum and Hepatitis Scotland, including the involvement and engagement activity.

Day to day my work varies; I'm never bored! I can be meeting an Alcohol and Drugs Partnership (ADP) to discuss adapting the AWTP model to meet their local need in the morning and presenting to academics on benefits of peer research in the afternoon.

Q SDF recently achieved the Investing in Volunteers Award - the UK quality standard for good practice in volunteer management - what does this recognise?

A Achieving Investing in Volunteers was one of the standout moments for SDF in 2018. It recognises the hard work that goes into ensuring a high quality experience for people who volunteer with us. Volunteer Scotland have also recognised our inclusive approach to volunteering as an example of good practice. The range of volunteer roles within SDF has expanded to include communications and forum facilitators with Hepatitis Scotland. We hope to continue to develop this activity and acknowledge and celebrate the crucial contribution this makes to our work.

Q AWTP has had another highly successful year, what's the secret to its success?

A I am so proud of our AWTP and delighted to have a part in its continuing development. There are several key reasons. And essentially it boils down to the hard work of everyone involved - be that the SDF team, placement providers and, most of all, the trainees. The

model has been adapted using feedback from trainees and other stakeholders to make it what it is today. We are dedicated to providing the best possible learning and development experience for the people who take part so that the barriers they have previously faced to employment can be overcome.

SDF and all the participants are grateful to all placement providers as well as ADPs and other agencies who provide funding to make all of this happen.

We face a funding challenge next year and so we're hopeful that we will be able to engage major trusts and others so that there can be the same opportunities for people to work in social care in the future.

Q What plans does SDF have for continuing to engage and involve people?

A Recently we have broadened the AWTP's reach - working with the ADP and partners in Dumfries and Galloway. My hope is that we are able to work with more ADPs to adapt the model to local need and develop opportunities for local people.

SDF user involvement will continue to support ADPs, MCNs and health boards evaluate services, recognising good practice as well as improving service quality. My hope is that SDF peer research continues to be recognised as a model of good practice and engages with more academic institutions carrying out related research.

SDF user involvement works directly to articulate the experience, views and needs of those who currently use drugs or are accessing services; their voices contribute to service design and development, policy and decisions that impact on their lives. It empowers volunteers who gain skills, knowledge and confidence. The plan is to do more of this work with partners across Scotland.

To find out more about SDF's Peer Research work or potentially funding the AWTP, please contact Emma at emma@sdf.org.uk



National Quality Development



Collaboration between partner organisations is key to providing Recovery Oriented Systems of Care - the NQD team can help you achieve this.

The National Quality Development (NQD) team is funded by the Big Lottery Fund and Scottish Government, and works with Alcohol and Drug Partnerships (ADPs) and services across Scotland to improve systems and service provision.

Over the past year, NQD has worked with six ADPs: Aberdeenshire, Argyll and Bute, Angus, Dumfries and Galloway, Inverclyde, and Renfrewshire; primarily to assist with development of Recovery Oriented Systems of Care (ROSC). These are typically medium-term projects which take 6-12 months.

A typical support plan for ROSC development includes the following stages:

1. Mapping of local service provision across a wide range of ROSC partners, where services are asked to specify their core areas of business in supporting substance use treatment and recovery
2. Consultation on current ROSC status with people using services, staff and other stakeholders, using questionnaires, focus groups and other discussions
3. Facilitating a local partners event, where representatives examine feedback on ROSC strengths and weaknesses; and consider opportunities and priorities for further development

4. Support for subsequent implementation plans relating to ROSC improvement

Work has also been carried out with six individual services on specific quality development projects.

In partnership with Dumfries and Galloway ADP, we have developed a toolkit called 'Involving People', which is designed to assist services in developing their user involvement capacity for the purpose of influencing service quality. This is being published in 2019.

Team members have also been involved in ongoing development work relating to the Scottish Government's Quality Improvement Framework for drug and alcohol services; and consultation with various ADP partners relating to specific co-production and partnership working developments.

NQD's current funding expires in March 2020. We are currently exploring opportunities for successor funding in order to continue and further develop our workplan, which will align with the relevant priorities in Scotland's new drugs and alcohol strategy Rights, Respect and Recovery.

Please contact the NQD team at our Glasgow or Edinburgh offices if you would like to discuss potential support.

A ROSC is a system of services and other resources in a community, which support people at all stages of need during the process of recovery from problems related to alcohol or other drugs use. Any service or resource could potentially be a part of a ROSC if it provides assistance to people within the service user group (including family members and significant others).

Workforce Development and Training

Through the provision of both funded and commissionable courses, SDF continues to ensure the Scottish workforce is informed and equipped to deal with substance use-related issues.

SDF's Workforce Development (WFD) team provide training on a number of substance use-related issues, including four Scottish Government-funded 'core' training courses which are available to every Alcohol and Drug Partnership (ADP) for training staff in their area.

Last year, the team exceeded the target of 130 days training, delivering 137. Our 'Introduction to Trauma' course was the most popular, with 28 delivered.

Almost all ADPs have taken up the training offer in the current year and we continue to engage with each of them to agree their priorities for the year and arrange delivery.

A notable success this year was the extension of a contract with Glasgow Health and Social Care Partnership (HSCP) to provide 'Drug Awareness' and 'Alcohol Awareness' training across the health board area for one more year - with the possibility of a further year beyond that. This is a significant level of training and over the year, 108 courses were delivered with 1307 participants trained. The delivery is flexible to meet the needs of services and staff requiring the training with some organised in-house for services, at neutral venues or within SDF. We have also offered twilight sessions for school-based staff who would find it difficult to attend

during daytime hours.

WFD has engaged with Scottish Prison Service (SPS) Health and Wellbeing staff to plan a strategic approach to delivery of training within the prison estate. The team held a planning day at the Prison College attended by two representatives from each prison, apart from one, and staff from the prison college. Facilitated by WFD, staff discussion focused on the particular needs of prison staff and how best to organise training to allow as many as possible to attend. SPS now have a clearer idea of their training needs and WFD will be working closely with them to deliver training.

The reach of SDF e-learning continues to grow and we now offer five courses online. E-learning can be accessed free through SDF's training website and over 1100 people have now completed courses which include 'Overdose Protection, Intervention and Naloxone', 'A Workers Toolkit for NPS' and 'Bacterial Infection and Drug Use'.

This year we have finished a significant update of our training management system which will improve the interface for people booking onto SDF training. The site offers access to all of our open courses and is now accessible for people using mobile devices.

Visit the new SDF training website at www.sdftraining.org.uk



A Drugs Strategy For Scotland

SDF's Policy Officer, Austin Smith, reflects on a year in which Scotland changed its drug policy.

The Government's new drug and alcohol treatment strategy Rights, Respect and Recovery was published in November. In preparing our submission to the Government, A Drugs Strategy For Scotland, SDF organised and hosted events in Aberdeen, Dundee, Edinburgh and Glasgow for members and other stakeholders. Encouragingly, these were well attended and delegates were keen to participate and to try to shape national strategy. It is obvious that concern focuses on the number of overdose and other drug-related deaths and the extent and nature of other preventable harms.

Over the last decade, there have been developments in insight and understanding, partly due to SDF's work on issues affecting people with a drug problem who are over 35 years old. This work has defined not only the needs of this group of vulnerable people but also what works in terms of services engaging and supporting people. SDF's strategy submission focussed on the evidence base and the disparity between where the evidence would take us and where Scotland presently finds itself.

It is clear that there is some way to go if the insights offered by the evidence are to influence practice. SDF will continue to advocate for

treatment as a protective factor – high quality treatment that is accessible and meets clinical guidelines as a minimum standard. At times, that treatment may legitimately focus around helping keep people safe and reducing the harms from which they have to recover. At other times, that treatment may be enhanced with supports around physical and mental health and support around housing, social networks, meaningful employment and other matters. Both of these are crucial legitimate practicable and effective activities.

Rights, Respect and Recovery insists upon a rights-based approach. It is up to services to assert, ensure and defend the rights of the people with whom they work, while also ensuring that people are empowered to assert and demand their rights. There is a clear role for advocacy and services should welcome it - as advocacy has a crucial role to play in improving service responses. This advocacy needs to be there for both individuals and collectively. In this regard, SDF's model of peer research is hugely important in articulating the voices of the most marginalised. It also has a crucial role to play in measuring service improvements. SDF will continue to work on these areas and works with members and other stakeholders to develop significant cultural changes demanded by this agenda.



Download report:
bit.ly/drugstrategyforscot

Download report:
bit.ly/rightsrespectrecovery



Harm Reduction, Blood Borne Viruses and Sexual Health

SDF's has expanded and continued its work to ensure a coherent response to the sexual health and drug-related needs of vulnerable populations.

SDF has been funded through the Scottish Government's Sexual Health and Blood Borne Virus (BBV) Framework to bring together a team to work on the harm reduction, blood borne viruses and sexual health needs of vulnerable populations.

The team's primary focus is to understand the support needs of the target demographics and ensure frontline staff are equipped to support them with risks related to their drug use and sexual health.

As well as delivering training on Sex, Drugs and BBVs which highlights the learning from the HIV outbreak in Glasgow and training for staff working with vulnerable young people, research is currently being undertaken with other vulnerable populations. These are people who use image and performance enhancing drugs (IPEDs), people involved in transactional sex who use drugs and men who have sex with men (MSM) involved in chemsex. This is being carried out in order to find out what information and support needs these groups have around harm reduction, sexual health and BBVs. Using this information, training will be developed for staff supporting these three groups.

The team has been keen to take opportunities to collaborate with partner organisations.

During the year, they worked with the staff team of a local third sector community rehabilitation

service to design and deliver bespoke training on transactional sex with the aim of building confidence in how staff support people involved in sex work to stay safe.

To commemorate World AIDS Day on the 1st of December, SDF compiled a special bulletin that explored the various responses from partner organisations to the current HIV outbreak in people who inject drugs. The bulletin contained video interviews with specialists in the field, research posters related to the outbreak and details of free training.

SDF also supported Turning Point Scotland at an HIV Education event in Glasgow Drug Crisis Centre on 5th of December where over 100 people attended. The team delivered two HIV briefings to packed audiences, 10 BBV tests were completed by colleagues and 15 take-home naloxone kits supplied. There was great discussion amongst staff, health professionals and service users about solutions to the HIV outbreak and how people can be supported to be tested for HIV.

Throughout the year, the team also delivered 30 training days for staff working with vulnerable young people, covering harm reduction in relation to sexual and reproductive health and drug use as well as issues around BBVs, sexual orientation and gender identity.



Download report:
bit.ly/hivinglasgow



Hepatitis Scotland

Strengthening the patient voice has been a key aspect of this year's work for Hepatitis Scotland, as progress is made towards the elimination of hepatitis C in Scotland.

Along with the renewal of funding for Hepatitis Scotland under the next phase of the Blood Borne Virus (BBV) Framework has come a renewal of team members, as both communications and information, and patient involvement roles have welcomed new incumbents.

The year has seen many highlights, which have continued to fulfil the team's role of helping to improve responses to viral hepatitis prevention, treatment and support.

We facilitated and filmed an interview between Nicola Sturgeon, Scotland's First Minister, and Scott Ferguson, a person who had been affected by hepatitis C, and presented the Three Asks of Elimination.

1. Get more people diagnosed and/or into care
2. Treat people whenever and wherever they ask
3. Prevention is better than a cure

This activity enhanced the patient voice and strengthened focus on ongoing work towards eliminating hepatitis C.

Hepatitis Scotland made a significant contribution to the Scottish Health Protection Network's casefinding and access to care shortlife working

group, national conference and consultation. The major part of our current focus is on the recommendations of the final report. We delivered a national conference in March focussing on access to care.

Across a variety of strategic groups much effort has gone into ensuring Sexual Health and BBV work is joined up and articulated in the new Drug and Alcohol Strategy. Hepatitis Scotland assisted a short-life working group to integrate the new casefinding guidance with national policy focussed on drug and alcohol service delivery.

We were successful in gaining National Lottery funding to deliver a co-produced national conference for patients entitled 'Hepatitis See' which was delivered in Glasgow in November. A peer research focus group was included in the day, so as to deliver research on enablers and barriers to look-back exercises related to people dropping out of hepatitis C care and treatment. Outcomes of this research were then reported in the 'Access All Areas' conference in March 2019.

Hepatitis Scotland also made a significant contribution in personnel and strategic support to deliver research, and produce a report and best practice recommendations, related to injecting equipment provision (IEP) and practice across NHS Tayside. Hepatitis Scotland continues to support the development of the new national IEP guidance.

View our interview with the
First Minister here:
bit.ly/hepscotfm



Staff and Board Members

SDF Staff

At June 2019

Adelle Still	David Liddell	Lewis Boddy	Tricia McCabe
Adrienne Hannah	Emma Hamilton	Lisa Bradley	Trish Dunlop
Alan McRobbie	George Waddell	Lynne Macdonald	
Alex Murray	Graham Mackintosh	Louise Bowman	
Alishia Farnan	Jason Wallace	Marie Breslin	
Andrew McCourt	Joan Currie	Marie Meechan	
Andy Coffey	John Honey	Mariebeth Kilbride	
Austin Smith	Katerina Vourlakos	Michael Griffin	
Barbara Zaman	Katharine Ronald	Michelle O'Loughlin	
Billy Hamilton	Katy MacLeod	Neil Stewart	
Bruce Thomson	Ken Butler	Richard Bloodworth	
Cat Forrest	Kirsten Horsburgh	Sophie Given	
Chris Messenger	Leon Wylie	Susan Weir	
Christine Graham	Lesley Bon	Suzanne Davidson	

SDF Board Members

At June 2019

Jim Stephen - Chair
Ali Gilmour - Treasurer
Aileen O'Gorman
April Adam
George Thomson
George Webster
Hazel Robertson
John Budd
Mark McCann
Patricia Tracey
Peter Kelly
Richard Lowrie
Stephanie Morrison
Trish Tougher

Addiction Worker Training Project Graduates

Glasgow

Adele McGeachy	Lynne Henderson
Alistair Lowe	Marianne Loudon
Catherine O'Donnell	Paige Connell
Gary Hatfield	Paul Hughes
Joseph Crawford	Tommy Kennedy
Laura Baillie	Douglas Graham

Fife

Tony Laing
James Clark
Dale McAuliffe

Edinburgh

Richard Gray
Heather Cargill

South Ayrshire

Andrew Walker
Siobhan Stevenson

South Lanarkshire

Colin McGahey

East Ayrshire

Maxine Lennox
William McEwen

North Lanarkshire

Paul Dougan





WE
CAN
PREVENT
DRUG
DEATHS.
#StopTheDeaths

Thank you

to our all our members, funders and
other stakeholders who we have
worked with over the past year

Our Funders

Argyll & Bute Alcohol & Drug Partnership
Big Lottery Fund
Borders Alcohol & Drug Partnership
East Ayrshire Alcohol & Drug Partnership
East Ayrshire Council
East Ayrshire Health & Social Care Partnership
East Dunbartonshire Alcohol & Drug Partnership
East Dunbartonshire Council
Erasmus+ Programme of the European Union
Fife Alcohol & Drug Partnership
Fife Council
Glasgow City Council Integrated Grants Fund
Henry Smith Charity
National Institute for Health Research
NHS Borders
NHS Fife
NHS Greater Glasgow & Clyde
Robertson Trust
Scottish Government
Shaw Trust
University of Glasgow





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European Action for Employment in Recovery (EAER)

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Search for a needle exchange near you

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