

## Comments on Guidance for SDS – Drugs Action 5<sup>th</sup> July 2013

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The availability of SDS to all Local Authority service users who meet the eligibility criteria from April 2014 has generated a great deal of thought in Aberdeenshire regarding how this can assist people with drug and alcohol issues. In my opinion, to date the focus has been on how SDS will work for people with disabilities/older people and there is very little reference to people with substance use issues throughout the guidance. As CEO of a third sector organisation in Aberdeen city and shire providing services to people with drug and alcohol issues, my comments relate specifically to SDS and people with alcohol and drug problems:

The principles of SDS are sound and fit well with the national drugs strategy, focussing on helping people achieve recovery from drug problems combining strengths focussed, asset based and collaborative approach.

In relation to the **pathway**, when considering substance users, it should not be assumed that all people are able and willing to access support via the Local Authority. This can be due to a variety of reasons: stigma associated with drug problems, fear of children being removed etc. and it is important that alternative pathways to support are available to ensure barriers to achieving recovery are minimised. To support this, block funding for voluntary sector services working with people with substance use issues needs to be protected.

In relation to **eligibility**, there is a risk that people who are in active recovery would not qualify for support. However, those people are vulnerable to relapse and need on-going support in the early stages of recovery. Likewise, people at an early stage of developing a problem with drugs/alcohol also need access to support and it would be counterproductive to wait until an individual had deteriorated in order to be able to provide support. The need for the protection of funding for early intervention/recovery support for people with substance problems is therefore indicated.

When considering **informed choice** this is complex for people with substance use issues. For example, clients can want a 'quick fix' such as going to residential rehabilitation. However, the evidence is that for many people this is unlikely to have a long term positive impact. In addition, people may attend sessions whilst under the influence of drugs or alcohol and in crisis, limiting their ability to make a clear and informed choice. Specific guidance regarding managing expectations and working with people in crisis/under the influence of drugs is required. In addition, services need to be available to provide support to people in crisis to keep people safe until they reach a point of stability where they are able to access SDS.

Guidance on **risk management** for people with substance use issues need to be provided. For example, a person in recovery could be able to manage a Direct Payment and this could be a positive part of their recovery. However, drug/alcohol dependency is a relapsing condition so we need to ensure that safeguards are in place to ensure if a lapse occurs, money provided for SDS is not able to be accessed for the purchase of drugs/alcohol which could cause a greater relapse to occur.

In summary, guidance is required to ensure that SDS can be implemented to support people with substance use problems whilst also ensuring block funding remains protected for people for the reasons provided above who are unable or unwilling to access SDS to ensure the best outcomes for people with substance use issues. There is perhaps the need for a group to be set up at a national level to develop guidance for the implementation of SDS for people with substance use issues and I would be happy to be part of such a group.