

Consultation Questionnaire

Question 4: What are your views on restricting access to direct payments for those who are homeless, those who are fleeing domestic abuse or those who require support in relation to drug or alcohol addiction?

Comments

Scottish Drugs Forum (SDF) has restricted its response to the crucial issue of the exclusion of those who “require support in relation to drug or alcohol addiction”. This represents member organisation’s responses to a briefing prepared and distributed by SDF in June 2013. Where SDF response to this consultation may have a useful bearing on other questions raised in the consultation process, SDF would request that these elements are applied to those questions by those who have oversight of the entire consultation process.

The regulatory exclusion of people who have support needs due to drug use

The manner in which the exclusion of ‘those who require support in relation to drug or alcohol addiction’ is framed is based on a false premise – that those who receive support services due to their substance use should never be able to benefit from direct payments, presumably because they represent an unacceptable risk to themselves and to others. This is based on a poorly conceived model of this client group. It also raises some fundamental issues regarding the marginalisation and stigmatisation of people who use substances

It is essential that those using drugs are not unduly discriminated against. It is simply unacceptable that people with drug problems should be excluded from a crucial facet of self-directed support by a regulatory framework which advertises itself as having the potential to empower people.

Eligibility for direct payments should be assessed in accordance with factors other than the reason for being in receipt of support e.g. substance use. Indeed their eligibility cannot be based on the reason they access services unless we are to conclude that a person in receipt of such services due to drug use can never achieve a status which means they no longer represent an acceptable risk to themselves or others in this regard. This is utterly contrary to the lived experience of many people, professional experience and to current Scottish Government strategy as described in *The Road To Recovery* (2008).

Those in recovery may use self-directed support and direct payments in particular as a platform to access adequate supports. The very fact of being in receipt of direct payments may build life skills and self esteem. There is potential for a very positive outcome. This should not, by means of regulation, be denied to people who need services because they have used drugs.

Would it be appropriate to deny a person in long-term recovery from a drug problem who has a range of health and social care needs as a consequence of their drug problem, control of the budget for their care? If it is conceded that this

may be inappropriate the question is – how do we define the borders of acceptable risk? Bearing in mind the overlap of people with co-occurring problems (e.g. around 60% of people with a drug problem may also have a mental health problem) what can be learned from other fields?

The role of assessment, monitoring in a client-centred approach

If we are to argue that the exclusion is unjustified we also need to account for the capacity of services to manage risk for this client group. Otherwise, there is the potential for the exclusion to pass from a regulatory framework to a *de facto* ban.

Self-directed support and the right to direct payments, subject to assessment, represents a shift in a services' relationship with its service users. It is important that individuals are not only given the opportunity to engage in self-directed support but are empowered to do so by informed consent as part of their recovery.

There is a need for risk to be assessed and for professional accountability. A comprehensive initial assessment which considers risk as part of a wider framework would provide the greatest safeguard. On-going assessment and review would allow people to ensure that adequate arrangements were made to handle risk factors and promote self-directed care and recovery. Given the reality of relapse and recovery this is unlikely to be a simple progression.

This will require very skilled initial and on-going assessment and timely response to a rapid change in circumstances. This will need to be closely managed and its success will depend on a variety of factors including -

- quality of the relationship between the service, frontline staff in particular, and the service user
- quality of assessment processes
- quality of joint work with other services providing care, other supports and resources
- quality of the informal supports available to service users including positive relationship within families and social networks and services' understanding of these and promotion of supportive positive relationships.

SDF works to support the development of high quality services which include these features and would submit that a regulatory ban on direct payments for people who have used drugs and need support is not appropriate and wastes the potential contribution this could make to improving services, improving service user experience and promoting recovery.