

Scottish Drug Forum Scotland, United Kingdom

“The Scottish Drug Forum has had a long history of involving people who use drugs. Since the early 1990s, SDF has worked to involve those receiving services for their drug problem so that service users can influence how services are planned and organised. Over a number of years, we struggled to create an effective role for SDF in supporting user involvement. In 2003, we developed a model of User Involvement that focused on social/peer research. During the past 10 years this has proved to be a very sustainable model, and one that has been successful in urban and rural areas.

The aim of the group is straight forward – it is to improve the quality of the Scottish response to the problems of people who use drugs.

We do this through undertaking a range of peer research on different aspects of drug use and associated problems. Members of the group are trained in conducting surveys, interviewing techniques and are then supported to deliver the research.

SDF's peer research model has been running for the last 10 years and during that time we have had hundreds of people working with us. We currently have 20 people involved.

Over the past 10 years, SDF has delivered a significant body of work, providing 2-3 surveys a year – most of the studies have involved interviewing 50-100 people. Undertaking this amount of work also allows the group to have a good overview of the issues facing people with drug problems. The group, SDF is therefore in demand with key policymakers. Over the last year there was 10 separate meetings with policymakers including; the head of the Government's Drug Policy Unit and influential members of the Scottish Parliament.



Peer research at arms' length

Our model is not free standing but a way of embedding user involvement into SDF's work and the planning and delivery of services. We have two full time staff working to support this work – without dedicated staff the research work could not function effectively. The host organisation is a crucially important aspect of whether or not such a project can be successful. Our opinion is that it should be an organisation sufficiently at arms' from the services themselves.

As highlighted the ultimate success of the initiative is that it has influenced improvements in the quality of responses both within services and at a policy level. Although the group has undertaken a large amount of work over the years regarding drug related deaths, this work has directly influenced the development of the national naloxone programme.

The success of this initiative can also be measured through the building of skills, knowledge and self-esteem of it's members. Over the years a majority of our members have moved on returning to education, training or employment. Indeed in the last few years significant numbers have moved into paid employment as part of our Addiction Worker Training Project and subsequently becoming long-term members of the work force; further improving quality through this route. Therefore people don't become stuck with a 'user representative label'."



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