

Effective Interventions Unit

Advocacy for Drug Users: A Guide

Summary

Introduction

'Integrated Care for Drug Users: Principles and Practice' (EIU 2002) identified the potential importance of advocacy as part of the overall process of treatment, care and support for drug users. More recently, the 'Mind the Gaps' report (SACDM, SACAM 2003) identified advocacy as one of the key features of service provision for people with co-occurring substance misuse and mental health problems.

The purpose of this EIU guide is to **help DAATs and local partners to consider whether, and how, advocacy could be incorporated into the development** of Integrated Care. However, there is currently only limited advocacy provision targeted specifically at drug users and little evaluation or research evidence. It is important, therefore, that we emphasise that this guide aims to offer a **first step** towards the development of advocacy services for drug users.

The document aims:

- to consider what advocacy is and to outline the different types of advocacy
- to set out the role of advocacy in ensuring accessibility and best outcomes for drug users and their families
- to present information on who currently provides advocacy to drug users
- to look at who is best placed to deliver advocacy
- to consider the types of advocacy that are most appropriate for this client group.

The document also sets out some of the issues and questions that DAATs and their partners may need to think about when setting up or extending advocacy services. It goes on to consider briefly the specific issues involved in setting up advocacy provision for young people and for service users in rural areas.

To help us extend the existing evidence base for this guide we conducted a review of available literature, a survey of a selection of treatment and care service providers, a one-day consultation event with a range of key individuals from advocacy and treatment and care service providers and four focus groups with service users.

What is Advocacy?

Advocacy is recognised as playing an important part in helping marginalised groups become more socially included. There are different types and different forms of advocacy. It can take the form of an ordinary activity, **part of every day life**, that is provided and received by most people at some point in their lives. Advocacy can also be a **formal organised activity** for people who are vulnerable and excluded, treated badly because of prejudice, have no family or friends to support them or whose family and friends are part of the problem.

The guide is available at <http://www.drugmisuse.isdscotland.org/eiu/eiu.htm> or from 0131 244 5117 or ei@scotland.gsi.gov.uk

The aims of advocacy

Independent Advocacy A Guide for Commissioners: Supplement' (Scottish Executive 2001) suggests that advocacy has two main themes:

- **Safeguarding individuals** who are in situations where they are vulnerable.
- **Speaking up for, and with,** people who are not being heard, helping them to express their views and make their own decisions and contributions.

Types of advocacy

There are different types of advocacy. The Scottish Executive, through the Advocacy Safeguards Agency is promoting the development of **Independent Advocacy**. This means that advocacy projects/services, and their advocates, operate independently of other service providers. This removes any conflict of interest and enables an independent focus on the individual. The aim of independent advocacy is to ensure that advocacy is completely on the side of the person.

There are 3 main models of **independent** advocacy:

- **Individual professional advocacy** - this is carried out by professional, trained, paid or unpaid individuals who are independent of any service provider or agency. The primary loyalty and accountability of independent advocates is to the people who need advocacy rather than to the agencies providing health and social services.
- **Citizen advocacy** - the objective of citizen advocacy is to encourage ordinary people to become more involved with the welfare of those who might need support in their communities. Citizen advocacy projects usually involve unpaid ordinary members of the community speaking on behalf of another person to protect their interests. Citizen advocacy projects also aim to have a lasting impact on the community, not just on the individual they support.
- **Collective advocacy** - collective advocacy is when a group of people with common views on a particular subject or similar experiences join together to make their voices heard. Collective advocacy is not addressed in this guide.

The 2 **other types of advocacy** most commonly mentioned in our survey and consultations were:

- **Advocacy provided by other (non-advocacy) services** - Many people who are already engaged with services receive advocacy from (non-advocacy) service providers. Although the staff carrying out this kind of advocacy are often not formally trained advocates, they may have substantial knowledge and experience of the needs and aspirations of a specific client group and the nature of their condition.
- **Advocacy provided by family and friends** - The most common form of advocacy is that provided by family and friends. Often people provide this kind of support to their relatives and friends without realising they are acting as advocates. This form of advocacy could be as simple as a friend or family member accompanying someone to a doctor's appointment or going along to the job centre to help fill out forms and ask for advice.

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Advocacy and drug users

The evidence from the EIU advocacy survey, consultation seminar and focus groups suggest that service users and providers consider advocacy to be an important component of effective treatment and care provision.

Reasons given by service users and providers for the usefulness of advocacy included:

- Drug users often need to use a **wide range of specialist and generic services**. Advocacy can help them find out what services are available and how to access them.
- By **being knowledgeable about specific subjects**, an advocate can add weight and credibility to a client's case.
- Advocacy can help people **understand their rights** and the range of choices they have.

Who provides advocacy to drug users?

Our evidence suggests that the **majority of drug users receive advocacy from service providers with whom they are in contact**, e.g. staff within treatment and care services, not from specialist advocacy services. Many drug users (especially those who are not in touch with services) receive advocacy from **family members and friends**. According to our evidence, **only a minority of service users currently receive advocacy from independent advocacy agencies**.

Who should provide advocacy to drug users?

The majority of service providers (EIU Advocacy Survey 2003) believed **independent advocacy to be the most appropriate** source of advocacy. However, when asked to comment further, many highlighted a range of potential difficulties with relying on independent agencies to provide advocacy for their clients. They felt that independent advocacy services are often not very well informed about drug misuse issues. They also had concerns that separate independent advocacy services designed specifically for drug users may have a **stigma** attached to them. There was also a view that, despite the value of independent advocacy services, drug users often feel unable to access them.

Some respondents thought advocacy should be a specialist role carried out by formally trained **individuals working within treatment and care agencies**. Some felt it was not always appropriate for family and friends to provide advocacy because often they were too involved, they may be part of the problem or may promote their own agenda rather than that of their drug-using relative.

When considering the most appropriate providers of advocacy to drug users in their local area, DAATs and their partners may wish to consider the strengths and weaknesses of different types of advocacy.

Also in the guide

The guide also includes sections on services for young people, services in rural and remote areas and things to consider when planning and delivering advocacy services (also included overleaf). The results of the questionnaire to service providers and a list of useful sources of information is also provided.

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Key Questions to ask when planning advocacy services

General

- ✓ Is there a **need** for advocacy for drug users in your area? Have you consulted with potential service users, their carers and local communities about the type and nature of advocacy the need and who they see as best placed to deliver?
- ✓ Have you clearly defined the **scope** of the service? Have you considered the strengths and weaknesses of different types of advocacy?
- ✓ Who will form the **client base** of the service? Would it focus on specific groups, e.g. people with co-occurring drug misuse and mental health problems, young drug users, women drug users? Or will it be open to all? Are there any groups of clients the service may not appeal to?
- ✓ **Will the service provide advocacy to families and carers?** How would it deal with a situation where the needs of the family member differ from those of the drug user?
- ✓ Have you considered how to safeguard **confidentiality**, particularly in a rural or remote area?

Independent Advocacy Service

- ✓ Is there already an **Independent Advocacy Service** in your area (find out from ASA or SIAA)?
- ✓ If so, can the existing service be made more **accessible and effective** for drug users? Will advocates need training and support to increase their knowledge and awareness about the problems of drug users? Advocates will also need to know where drug users can get the other kinds of support they might need.
- ✓ If not, **who can deliver** the new service? Would it be delivered by paid advocates, volunteers?
- ✓ **Where** should it be based ? What geographical area will it cover?
- ✓ What links or contacts should the service have with treatment and care services?

Expansion of existing advocacy provision

- ✓ How would the advocacy role be independent of the other aspects of a treatment and care service? How would potential conflicts of interest or staff loyalty be handled?
- ✓ How would staff involved in advocacy receive training for their advocacy role?
- ✓ What are the implications if a client requires advocacy with another service provider whose role may conflict with the main provider for that client?
- ✓ How will you maintain the distinction between advocacy and support work?