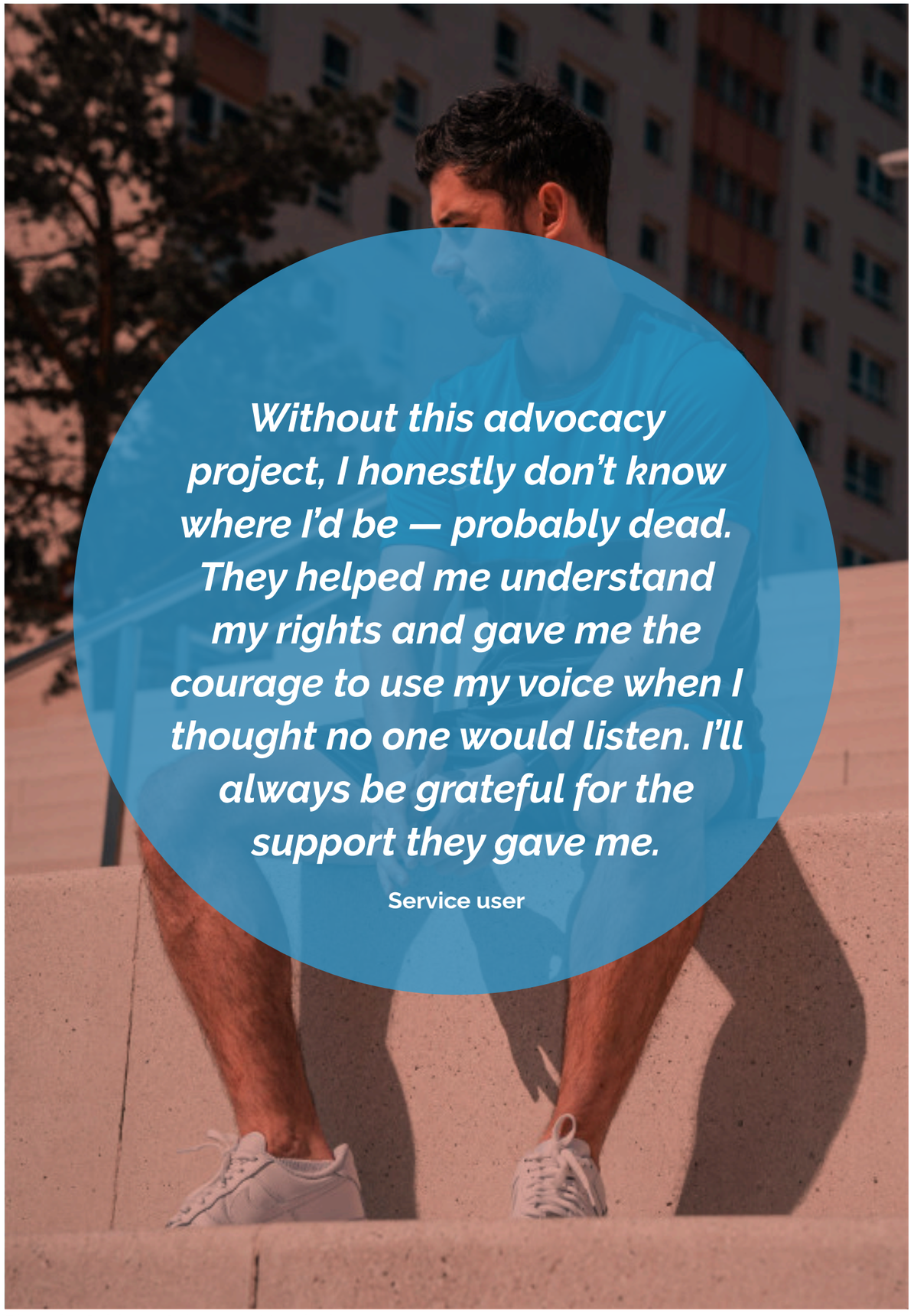
FAVOR·UK

FACES & VOICES OF RECOVERY



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This report covers the first three years of FAVOR UK's advocacy project, launched in October 2021, to provide critical support to individuals and families affected by substance use across Scotland.

Born from a need to address the glaring gaps in addiction recovery services, particularly in accessing residential rehabilitation and ensuring that individuals are aware of their rights, this initiative has provided a lifeline for some of the most vulnerable in society.

123

Over the past three years, the project has *worked directly with 123 clients*, helping them navigate statutory and third-sector services, and providing advocacy in areas such as housing, benefits, and addiction treatment.

Through building strong, trust-based relationships with community recovery groups, statutory services, and housing organisations, FAVOR UK has ensured that its clients' voices are heard, and their rights respected.

The service has achieved significant successes, including securing residential rehabilitation placements for 22 clients, addressing housing and benefit issues for 20 individuals, and supporting clients through complex complaint processes.

Being a part of this advocacy project has been both one of the most challenging and rewarding experiences of my career. Watching our clients transform their lives with the critical support they need to navigate the system reminds me every day why this work is so essential.

FAVOR UK staff

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However, the project has faced substantial barriers, including systemic failures in statutory services, long delays in accessing mental health support, and a lack of integration between addiction services and mental health care.

Despite these challenges, FAVOR UK has shown resilience and adaptability, working tirelessly to provide its clients with the advocacy support they desperately need.

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Background

Established in 2009, FAVOR UK was founded with the mission to unite individuals with lived experience of addiction to alcohol and other drugs.

Our early efforts focused on organising national & supporting the development of regional recovery walks & events across towns and cities throughout the UK, providing a platform for individuals in recovery to come together, share their stories, and challenge the stigma surrounding addiction. By walking openly and visibly as a community, we made recovery seen and heard, showcasing its strength while dismantling harmful stereotypes.

At the heart of our work is our belief that there are many paths to recovery, and all are a cause for celebration. In addition to raising awareness, we have consistently campaigned for better access and greater choice of addiction services, advocating for more inclusive and equitable treatment options. Through our grassroots efforts, we have mobilised the recovery community to become a politically significant force—a constituency of consequence—demanding change and influencing policy to ensure that the voices of those in recovery are heard at the highest levels.

The COVID-19 pandemic in 2020 forced us to pause our in-person events for two consecutive years. This interruption provided an opportunity for reflection on our goals as a charity and the evolving needs of the communities we serve. We evaluated the landscape across the UK and observed in Scotland several urgent issues related to addiction.

One of the most pressing concerns was the increasing number of preventable overdose deaths. People struggling with addiction, along with their families, reported unequal access to residential treatment services, leading to a postcode lottery in terms of support provided by local authorities. Many individuals were unaware of their rights to publicly funded drug and alcohol treatment, nor did they know where to turn for independent advocacy when they needed it most.

Jake's story

He was told he could get clean after crying for rehab, despite telling them that his disability would hinder this.

He was ignored.

Introduction to Our Advocacy Service

Our advocacy service is currently funded solely in Scotland and operates exclusively within its borders; however, the demand for such support is urgently needed across the entire UK. At FAVOR UK, our advocacy project is dedicated to providing unwavering support to individuals and families affected by substance use.

At the heart of our mission is a commitment to human rights and the power of lived experience. Our leadership team is composed of individuals with firsthand experience of alcohol and drug-related challenges, allowing us to authentically represent the communities most impacted by addiction.

Scotland, regrettably, holds the highest drug-related death rate in Europe. In 2023 alone, there were 1,197 suspected drug deaths, an increase from 1,092 in 2022. Similarly, alcohol-related deaths remain alarmingly high. In 2022, Scotland recorded 1,276 alcohol-specific deaths—the highest number in over a decade. The impact of addiction is not limited to the individuals involved but extends to their families and communities, causing profound social and human harm. The scale of this crisis affects all areas of society. It is crucial that individuals seeking help are able to access timely support and that advocacy services are in place to assist them in navigating their recovery journey

Recognising this urgent need, we launched our Scotland-wide advocacy service in October 2021. We argued hard to demonstrate the necessity for such a service, emphasising the significant gaps in support for individuals affected by substance use. Our primary goal is to assist individuals in navigating statutory and other services as they pursue recovery. Additionally, we focus on identifying and addressing the barriers that hinder progress toward recovery. Since its inception, our advocacy project has provided crucial support and advice to individuals and families affected by addiction across Scotland. We have built strong

Sarah's story:

She was placed on a DTTO as opposed to prison. She begged for rehab at the DTTO meeting and was told no. She was put on 50ml and told she wasn't ready.

Within 2 weeks she was dead.

connections with community recovery groups, statutory organisations, and other third-sector agencies, ensuring that our clients receive the help they need. Advocacy within the addiction sector plays a vital role in safeguarding the rights of individuals who may have been misinformed or overlooked by the public institutions responsible for their care.

Our small but dedicated advocacy team, consisting of 1.5 staff members, often serves as the only independent support for our clients during some of the most challenging moments of their lives. Many of the individuals we assist are unaware of their rights, feeling lost, confused, and afraid. For them, advocacy is a lifeline—a means of regaining control over their treatment and care.

Our practice of active and assertive outreach ensures that we reach people where they are—within their communities or at the services they are trying to access. We understand that the individuals we seek to help often face significant barriers, which is why they come to us for support.

Mike's story

He went to hospital and his family wanted him sectioned because he was so far gone. He couldn't function. He was let out of hospital.

Mike died.

Report Overview

This report outlines the first three years of our advocacy project, covering the period from October 2021 to October 2024.

We highlight the work we have undertaken, the challenges we have encountered while advocating for others, and the successes we have achieved.

Our advocacy project has made a meaningful difference in the drug and alcohol addiction sector, and we believe our efforts have had a positive impact on the lives of those we have served.

Through this report, we aim to showcase the significant contributions our project has made and the vital role it plays in supporting individuals on their journey to recovery.

Why do individuals and their families need advocacy support in Scotland?

The need for independent addiction advocacy services, like those provided by FAVOR UK, has never been more urgent. Yet, despite the increasing crisis of addiction & rising deaths in Scotland and beyond, our advocacy services remain systematically overlooked, often denied by an addiction treatment industry that refuses to acknowledge its own failings.

This denial is not only from the services themselves but extends to the very funders who sustain these failing systems, creating a complex conundrum for organisations like ours. The addiction treatment sector in Scotland is fraught with systemic issues, including long wait times for treatment, a lack of transparency in decision-making, and a rigid adherence to outdated models of care that leave many individuals without the support they need.

Yet, despite overwhelming evidence of these shortcomings—evidenced by Scotland's appallingly high drug-related death rates—many services continue to operate without any meaningful reform or accountability.

These systems often push individuals into revolving doors of treatment, perpetuating cycles of dependency rather than providing pathways to recovery.

In many cases, they also fail to empower individuals with the knowledge of their rights or provide them with access to independent advocacy, leaving them isolated and voiceless in their pursuit of recovery. This denial extends into the funding landscape, where the same funders who support these failing services often struggle to fund organisations like ours.

The systemic inertia within these services is perpetuated by funders who may be reluctant to acknowledge that the systems they are investing in are not delivering the outcomes that individuals desperately need. The lack of recognition for independent advocacy, which seeks to hold these systems accountable and provide individuals with real support, places organisations like FAVOR UK in a difficult position.

We are not only battling the barriers within the addiction treatment sector but also navigating a funding environment that is hesitant to support voices of dissent—voices like ours, that are calling

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for accountability and reform. This creates a double-edged sword: the services continue to fail, yet those that offer genuine solutions and alternative approaches are marginalised in the funding landscape. Funders, often bound by relationships and historical investments in these systems, may be unaware or reluctant to fund initiatives like independent advocacy that challenge the status quo. This denial of the need for systemic change, both by the services themselves and by those who fund them, leaves organisations like ours fighting an uphill battle to secure the resources necessary to expand our work and reach those in dire need.

As this report will show, FAVOR UK's advocacy services have been a lifeline for many individuals who were failed by the very systems meant to help them. We are amplifying the voices of the unheard, challenging the institutions that deny them access to life-saving treatment, and fighting for meaningful change in a sector that is long overdue for reform. However, for these efforts to continue and expand, recognition and support from funders are critical.

The challenge lies in making these voices heard, not only by the systems we seek to reform but by the very funders who have the power to drive real, lasting change in the addiction treatment landscape. This difficult conundrum must be addressed if we are to see a future where individuals struggling with addiction are truly supported, not only in their recovery but in their rights to fair, equitable, and effective care.

Over the years, it has become evident that peer-led initiatives, despite their proven effectiveness, often face significant challenges in gaining support from funders and decision-makers. These initiatives, rooted in lived experience, represent a powerful tool for addressing complex issues, yet they encounter persistent reluctance from traditional systems to invest in their potential. This hesitancy reflects a broader systemic resistance to change and power-sharing.

At the heart of this resistance is the preservation of existing power structures. Centralised systems, by design, seek to maintain control and stability, and the introduction of peer-led, lived-experience voices is often perceived as a disruption to the status quo. The system's inherent risk aversion means that peer-led initiatives, which are often seen as unconventional, are labelled as risky ventures. Despite the overwhelming evidence of their success in fostering meaningful change, these initiatives are sidelined, as funders tend to favour more traditional, less disruptive approaches.

This reluctance is further compounded by the stigma that still surrounds peer-led efforts. Theories such as Goffman's notion of "perceived deviancy" explain how individuals or groups with lived experience are often viewed as less credible or undesirable within established systems. As a result, peer-led movements, which offer innovative and human-centred approaches, are marginalised, their perspectives deemed too radical or risky for large-scale implementation.

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Risk aversion continues to be one of the most significant obstacles to the widespread adoption of peer-led initiatives. In many cases, what is considered necessary growth or innovation within these movements is perceived as a threat by centralised systems. The fear of uncertainty overrides the potential benefits that could come from these initiatives. Much like stifling the natural development of a child by not allowing them to explore and take risks, this approach inhibits the evolution of peer-led solutions that could reshape entire sectors.

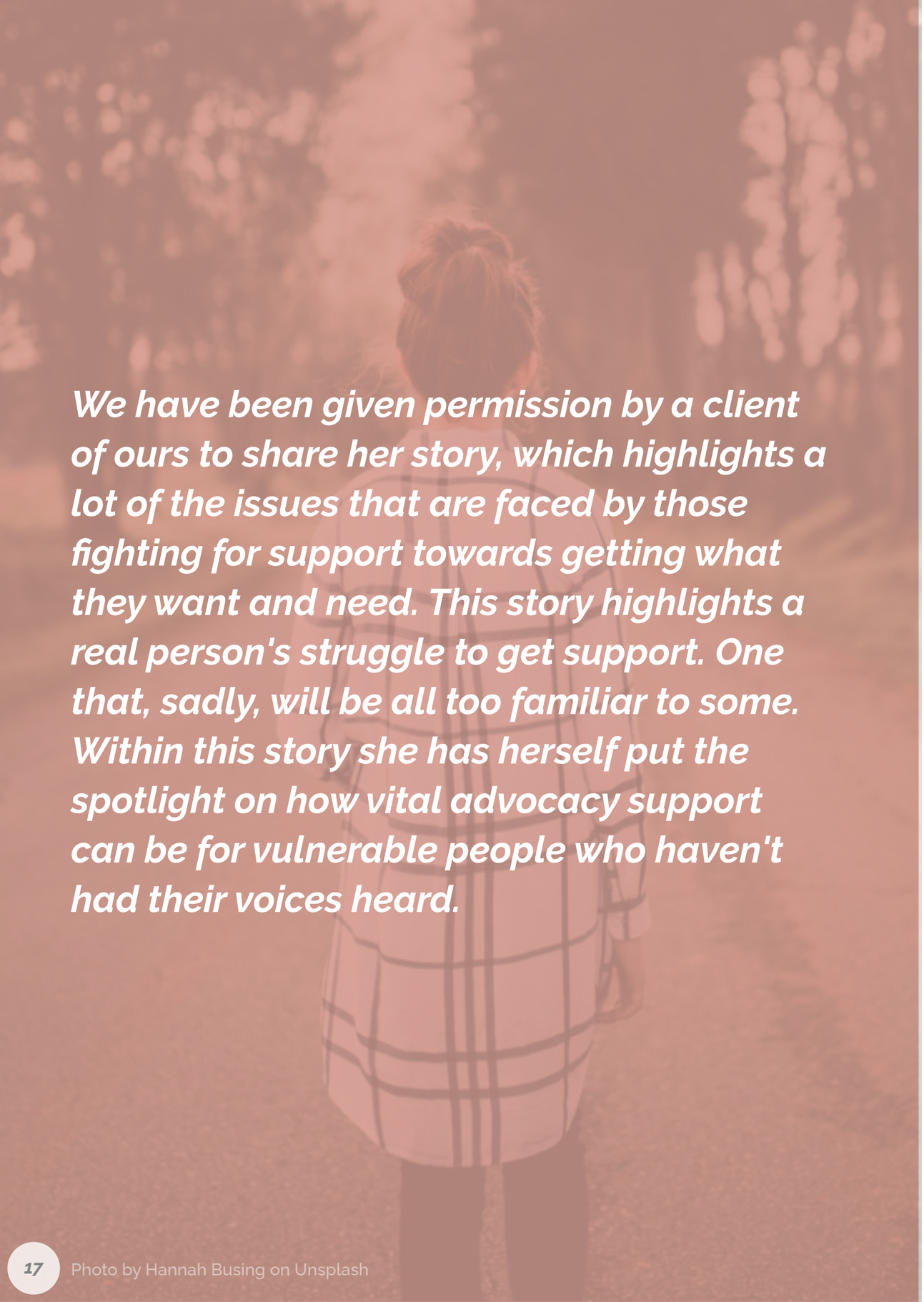
Additionally, traditional thinking, deeply ingrained in many organisations, often fails to align with the transformative nature of peer-led approaches. Even when there is interest in engaging with peer-led movements, the existing system's understanding of these perspectives is limited, leading to superficial engagement rather than meaningful collaboration. Privilege and institutional inertia often prevent a true integration of peer-led solutions into mainstream frameworks.

The bureaucratic processes that govern funding and decision-making exacerbate these challenges. Funders often prioritise convoluted procedures that delay action and limit the effectiveness of peer-led initiatives. These processes create barriers, leaving peer-led movements with short time frames to respond to funding opportunities and even less time to implement meaningful change. The result is a system that continues to underfund and undervalue peer-led initiatives, despite their potential to drive significant progress.

In spite of these barriers, the potential of peer-led initiatives to create lasting and impactful change is undeniable. They represent a new way of thinking, one that centres human experience and connection as the foundation for systemic improvement. However, for this potential to be fully realised, there must be a shift in what is considered valid evidence and valuable knowledge. Peer-led solutions, grounded in lived experience, must be recognised as legitimate and essential to the future of policy-making and service delivery.

Until funders and policymakers fully embrace this paradigm shift, peer-led initiatives will continue to face an uphill battle. The system must move beyond its fear of risk and its attachment to outdated processes and start investing in solutions that have the power to truly transform. Only then will we see the full potential of peer-led initiatives being realised, benefiting not just individuals but entire communities.

"The system must move beyond its fear of risk and its attachment to outdated processes and start investing in solutions that have the power to truly transform"



We have been given permission by a client of ours to share her story, which highlights a lot of the issues that are faced by those fighting for support towards getting what they want and need. This story highlights a real person's struggle to get support. One that, sadly, will be all too familiar to some. Within this story she has herself put the spotlight on how vital advocacy support can be for vulnerable people who haven't had their voices heard.

Photo by Hannah Busing on Unsplash

T's Story

FAVOR UK took T on as a client in November 2021. Her situation was horrific, the substances that she had been taking had taken a toll on her and she presented to us with clear signs of physical and mental deterioration, she had been referred to us by her sister and close friend as they believed that she was close to death, and they thought that her local ADRS had not done enough to help T achieve her goal, and simply did not understand what she had been going through.

We have worked with T for over 2 years. It has been a very difficult 2 years of fighting, letdowns, struggles and heartache for T and our advocacy team, but with our help, she eventually achieved her place in rehab in mid 2023, T has now been back in her community and substance free for just over 1 year. We have provided case studies on T in both of our last annual reports, and to funders, but these don't fully capture the struggle that T has faced.

This is T's story, and she wanted to tell it herself...

The first substance that I used was alcohol as a teenager, Like most people I suppose. I don't really remember the timeline from back then as it was the mid 90's. But by the age of 17 I had started to smoke Heroin, remember people talking about a honeymoon period when you took drugs, but I never experienced that. I very, very quickly became addicted. It wasn't too long between starting to smoke and the beginning of me injecting. I knew I was addicted.

Back then my dad took me to a NA meeting, but I was young, and didn't think it was really for me. It wasn't until later on that I started to go to meetings

Things spiralled to the point that I ended up in a Psychiatric unit when I was 18, and I completed my first detox in the hospital. It was at that point I was prescribed Methadone. 30ml to begin with, but through the years my script would increase, don't think i ever had a reduction, maybe at a couple of points. But my experience on this was always getting increased, getting left on a dose, then increasing again. I'd been on that for 27 years. But even with that I was still taking Heroin. Service involvement back in the day only really involved a urine test every once in a while, and not a lot of meetings with anyone in particular. I was just left on methadone. Today that makes me angry when I think about it. No one talked about recovery to me, no one even gave me options on how I could try to get away from what I was doing, I felt abandoned.

I lived for a while in Hamilton, but things didn't work out there, so I moved to Glasgow. That is when I ended up homeless, I was not coping with my addiction issues, and on top of that I was homeless now, Shelter helped get me into a hostel. But I spent my time on the street selling the Big Issue, I was buying my drugs with the money I made through that. It was during this time I ended up doing sex work, something that I did for 10 years.

I wasn't living any type of life really, and just tried to survive as best I could. At various points I ended up in hospital. The serious ones I remember are when I'd been in hospital with botulism, double pneumonia and even in an induced coma. So, my body has been hammered. Physically I was feeling destroyed and mentally I couldn't cope with anything.

At a point, not sure when I managed to stop using heroin regularly, it was still always there, but it wasn't every day. But I was taking the street

Valium by then, and they became what I started to use regularly. Throughout everything and the time that I had spent on substances, I always thought that eventually it would have been the heroin that brought me to my knees, but it wasn't, it was the Valium that did that. They were something else...

There was a period where I knew I was going to die, I knew that and I accepted that, I was so low and didn't see a way out of it..

I was involved with my local CAT team for a few years. But it was really hard to get the help I wanted, and not just take whatever they offered. Which was nothing really. I approached my case manager a few times to try and get into rehab. She said to me once "I don't think that's what you want" so I knew they wouldn't ever take me seriously.

My sister had been my support for years, and she spoke to a work colleague that she knew who was in recovery, and asked how I could get better support. It was her that introduced me to advocacy support. I felt I needed advocacy because I was going to die if I couldn't get rehab.

I first met my Advocacy worker, Alan from FAVOR in December 2021. We discussed everything and what I had been trying to get from the service. I can honestly say that this was the first time that I felt that someone was listening to me and had heard me.

Having FAVOR help was a relief, I'd been banging my head on the wall for years. But no one was listening. My case manager would say that she would take my case to the Management Team, they are called the MDT, they had never met me, knew nothing about me but could make decisions about my treatment, I felt like my life was in the MDT hands and they didn't understand. It was brutal having to deal with that.

My advocacy worker took my fight to them, and I was relieved he could amplify my voice, cause I was shattered and felt so isolated. but we faced so many roadblocks and opportunities to do something meaningful from my CAT team came and went. We were still fighting though and managed to secure a place in the stabilisation unit twice, it was all I was getting offered despite fighting for rehab.

My two periods in "stabilisation" were over two consecutive Christmases, and although the staff were great, I felt that I have missed two Christmases with my family. Stabilisation did not end with me being drug free. I continued to use more drugs. My drug use during this time was getting prescribed 90ml of methadone and taking between 75-100 street Valium per day.

Even saying that now feels like it's unreal and it wasn't me doing it.

Things were coming to a head by this point anyway, I had been experiencing seizures and waking up in my flat, so I knew I was seriously needing help, I couldn't do it in the community, I'd tried to come off what I was on but it was impossible. But as usual my service was not listening to what I was saying.

A lot of the issues that I faced with the service was due to my case manager changing regularly since Alan started to advocate for me. Since he got involved, the service changed my worker several times. We never got an explanation as to why. In fact, there was no warning when that happened. It's like they deliberately do it just to confuse you, and not deal with you.

The first time that happened was when Alan and I were waiting on a meeting one day in my flat with my original case manager, and this new case manager just rocked up!!. Absolutely no hand over or information given to her about my case. It was crazy. But she only got 10 minutes notice from her boss.

We were starting from the beginning again, telling the story again and telling her what we have been up against. Again, we managed to get the MDT to look at my request for rehab, which

surprise surprise was rejected. My advocate Alan was at the point of just begging them to consider any rehab in Scotland, he knew I was willing to travel anywhere, but seemingly my service only refer to a couple of places in Glasgow.

During all of this Alan had also been making formal complaints, fighting to get for my case notes and care plan and trying to pin them down to actually put together a pathway to get me rehab. We eventually got a meeting arranged that would see everyone involved in my care come together to discuss what to do. Two psychiatrists attended and it was them that ensured I could eventually enter rehab safely. They came up with some kind of plan to make sure I could get in and handle changes in my medication and stuff like that.

Finally, in the middle of 2023 I got my shot, I was approved for rehab. I was over the moon to get the chance and was determined to do well. Initially I was funded for 3 months, but managed to get a detox prior to going in, which was good. I could spend my time there focusing on what I needed to do.

It was tough and difficult at times in rehab, I'd been so isolated for so many years, and now I was with other people who had similar issues to me. But overall, that was fine. The programme

was excellent, and I'd done well. However, there was a feeling that I needed extra time for it to fully benefit me., so I was funded for another 3 months, doing 6 months in total.

In rehab, you can still deal with your service, and my case manager was due to attend my review meeting to see if I could get the 3 months extra. but it happened again, my case manager changed. And the same issue as before happened, a new one just rocks up unannounced, no warning or anything. I was upset about this and quite nervous about where the extra 3 months would happen. But thankfully between my advocate and the staff in the rehab fighting my corner I got it anyway.

I had been living in isolation from everything during addiction, 27 years without knowing who I was. I didn't really know that isolation was an issue for me because it wasn't something that occurred to me. I guess I just got used to it. My sister and mum were always there for me, and helped but didn't have anything meaningful in terms of friendships.

Being in rehab enabled me to find my voice, constant social interaction gave me structure, routine, responsibility and accountability, friendships, boundaries, trust, openness, and honesty for the first time in a long time. I was also

able to work on my self-esteem. I found that all of this was great, but at the same time rehab was difficult. I found the changes that I was making to be good and positive, but I was struggling with the change that I had to make in behaviours.

In rehab I trusted the process that was put in front of me, as some of the staff members had been through it too, and they had managed to get to a point where they were drug free and in recovery. The staff were vital, as if they didn't have the lived experience, I might not have trusted or connected with them as well as I did.

As I said before I was in for 6 months, I wanted to leave a few times, but that's fine. There were times when I was angry, and maybe got into conflict with people. My feelings and emotions had been suppressed for 27 years, and as they came back, I struggled to deal with them, I think that's why at times I wanted to leave. But I didn't want to leave for too long and got stuck back into it. Rehab is emotional, you are up and down all the time, and I cried many tears, but I also had some right belly laughs, I hadn't laughed properly for years. I felt elated as I was now beginning to have fun at times. I was able to make pals with people and enjoy some banter.

6 months seemed to go quickly, I felt ready to leave after that, but at the same time had mixed

emotions, I was nervous and a bit apprehensive too. Going back into the community was giving me a bad feeling as now it was all on me, sometimes I got this sense of being very fearful. I knew if I used again, I would die. During rehab. Towards the end I was given 16 hours per week to take part in meaningful commitments, this gives gradual exposure to things like community-based programmes and fellowship meetings. That was vital for me. Because I was going back to my flat, my key worker and I worked on a 4 week planner which was really helpful, as I can't sit in the house in my own head.

I hit the ground running when I left, because of the later stages of my rehab work. I am now 14 months drug and alcohol free, Hasn't been easy at times as life shows up, but I know how to deal with it now, feel like I have the tools and a support network. Friends, rehab staff, my advocate are all there for me to share my mad thoughts.

My weeks now are full of stuff. Whether that's fellowship meetings, volunteer back in the rehab to support the residents. I volunteer in a charity shop and I go to various community groups. The best thing about all of the social aspects of recovery is having friends and family in my life, that I can do normal things with. I am eternally grateful to everyone that has helped me to get to this position as long time coming and didn't think it would be possible.

Unfortunately, the challenges faced by T are not unique—every client we have worked with has encountered similar obstacles in their journey.

We advocate for individuals like her, who had reached the end of the road and exhausted all available options. When we first met her, she had nowhere left to turn for support. Despite her persistent efforts, the alcohol and drug recovery service involved in her care was not providing the treatment or assistance she so desperately needed. Her distrust in the statutory services had grown, and she found herself feeling isolated and unheard.

Our casework team also faced multiple challenges whilst advocating for T. Her issues were spread over multiple services, meaning that we were having to advocate within multiple bureaucratic systems. All of these had different procedures that at times were extremely complicated to navigate.

The number of documents and notes that we had to deal with and analyse in this case were massive, which put pressure on our small team to

make the right decisions based on massive amounts of information to plan our support programme for her.

The major issue that we faced was from her local ADRS, there were times where caseworkers would change, with no reason given at the time. Each new caseworker would come in without historic knowledge of T's case. Which would then see us having to start from the very beginning in trying to explain what was going on, and what T was looking for in terms of treatment. We made complaints about the treatment, however this seemed to make no difference in terms of outcomes for her.

The carrot of rehab was constantly dangled in front of her, raising her and our own expectations. But we were told that she had to work in the community first before they would consider her for that. T struggled for years "working in the community" and we were in a constant argument with services regarding this issue.

T's case had a lasting impact on us, we felt that she was going to die at multiple points whilst advocating for her. Her physical and mental health had deteriorated to the point that she struggled to engage with us. We felt helpless at times, and it didn't feel like the professional services that were responsible for her care really knew what to do with her.

However, together T and her advocate kept going. Facing every let down together and pleading and pushing for the only thing she needed and wanted, eventually she received funding and entered rehab mid 2023, roughly 18 months after we met her and took her case on.

However, together T and her advocate kept going. Facing every let down together and pleading and pushing for the only thing she needed and wanted...

In addition to helping individuals like T, we have also supported others who were able to access necessary interventions more quickly, resulting in what may seem like "quicker wins" for our team and clients. However, these successes were equally significant to the clients we served, as each positive intervention represents a vital step in their recovery journey.

Photo by Luke Ellis-Craven on Unsplash

Client A - came to our attention from a manager of a residential rehab who was venting frustration in relation to these medical forms, he said "two people had died since Christmas waiting on medical forms when they had a rehab bed available to them".

Our team offered to support his client and he was referred on to us. The team at FAVORUK had experience in dealing with previous cases and have had some success navigating around a very simple but obstructive frustrating process.

On this occasion, our client was struggling to communicate with his medical practice and tensions were at a point where he could have been struck off from his medical practice for venting his frustration in the wrong way, which we have observed through previous experiences.

Our team was able to communicate with the practice manager and stress the urgency of this matter. It is usually standard practice for forms of this nature to be filed with matters that have a suggested six-week turnaround but with a further assessment and discussion we have found people usually agree that it is reasonable to fast track such matters, considering our national drug death crisis.

In this case our client had his medical forms signed and emailed to the treatment centre the next day and was in treatment the same week and our team moved quickly to provide all the support we could in our clients preparation for the rehab stage.

Client B - Our team received a referral from a concerned family member for an individual who had been drinking alcohol excessively and was at a high risk of losing his family, employment and house.

It was recommended that they initially attempt to persuade the client to contact us personally to ask for help and we could assess appropriate support from there.

The client reached out themselves that same day and a meeting was quickly arranged to best attempt to seize the window of opportunity that exists between the period of someone personally reaching out for help and the appropriate support being available.

The client discussed how their life had become a nightmare and they felt they could no longer go on with or without alcohol, they saw no way out and believed they had tried everything (doctors, church, gym etc.). During the meeting, our lived experience advocacy worker shared their experience of life without alcohol and the reality of recovery and this conversation led to the client being open to attending a twelve step recovery setting.

We were able to use our network to facilitate their introduction and best support them through the difficult steps of walking through those doors for the first time. At the time of writing, this particular client has been sober for four months and has told our team they are very optimistic about their future and grateful to be free to live a life without alcohol.

Who we work for

From October 2021 to present we have:

123

Supported 123 clients directly in a casework capacity.

We have a further 9 live cases at the moment that we are working on which don't appear in our reporting here.

40

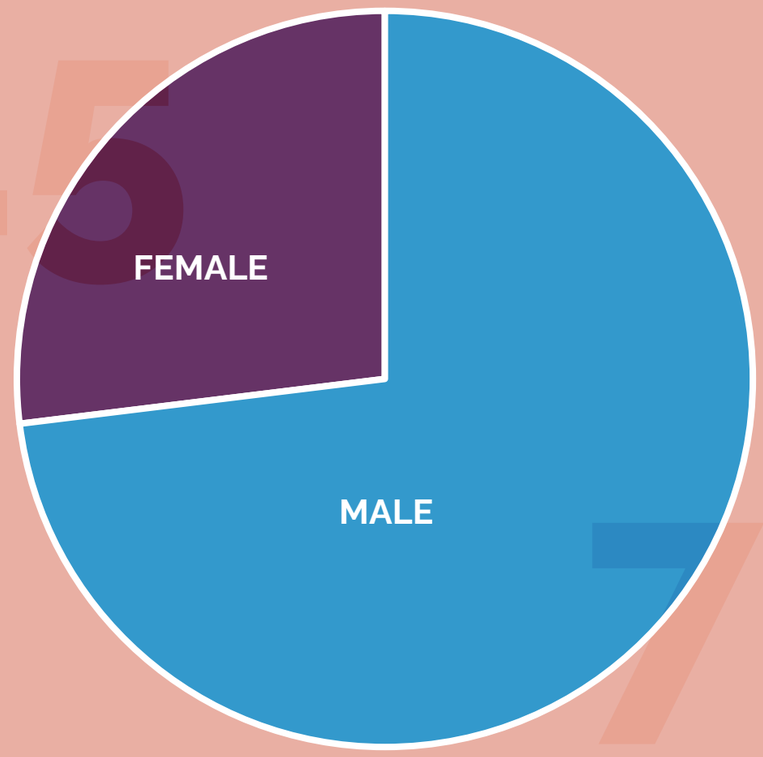
Provided advice and support to over 40 families

who have loved ones suffering through addiction during our 3 years as an advocacy project.

During this period, we have provided direct advocacy support to 78 men and 45 women.

45

78



Each individual came to us with unique challenges and at varying stages of their personal recovery journey. Despite these differences, they all shared a common goal: the desire to progress toward recovery. However, each faced significant barriers that hindered their ability to move forward.

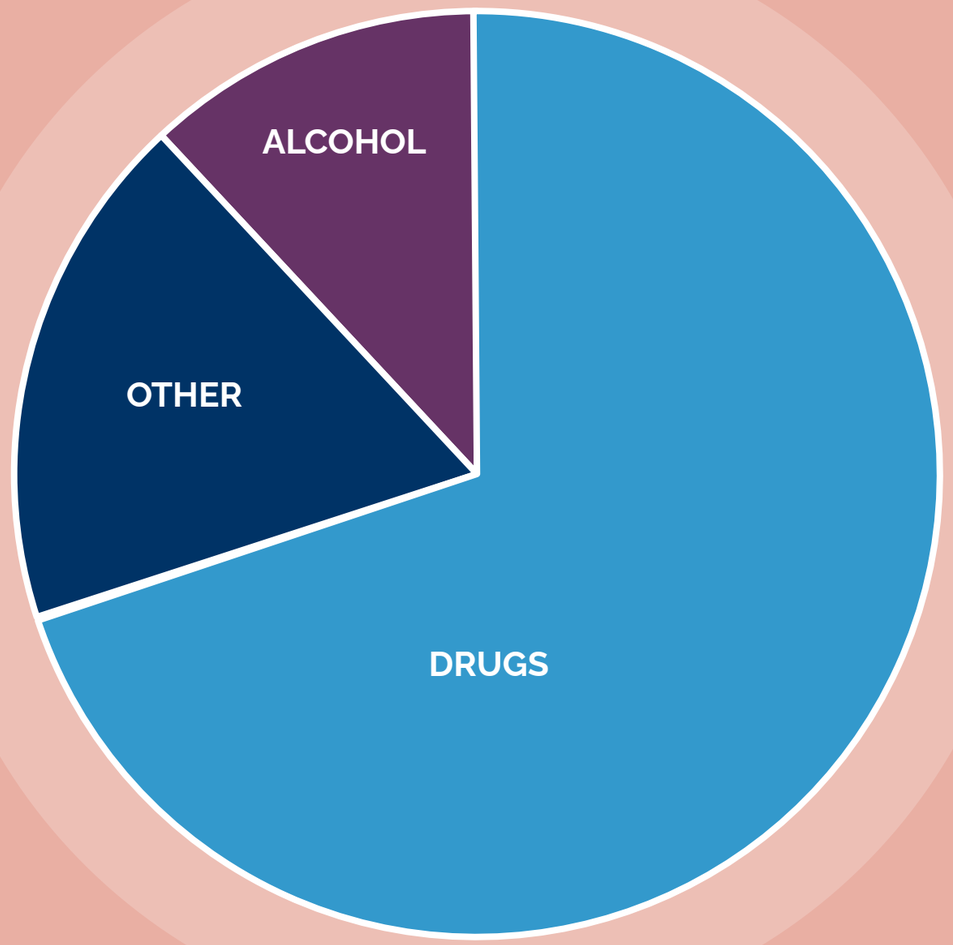
For the vast majority of our clients, the primary issues were related to drug use. The category labelled "other" in the chart opposite refers to clients who were also dealing with secondary issues, such as difficulties related to benefits or housing.

These challenges were often directly linked to their substance use disorder, highlighting the broader impact addiction can have on multiple areas of an individual's life.

The two primary substances reported by the majority of clients were heroin and street Valium.

However, most individuals were involved in polydrug use, often consuming multiple substances simultaneously.

A significant number of clients also used cocaine in conjunction with the substance they identified as their primary issue.

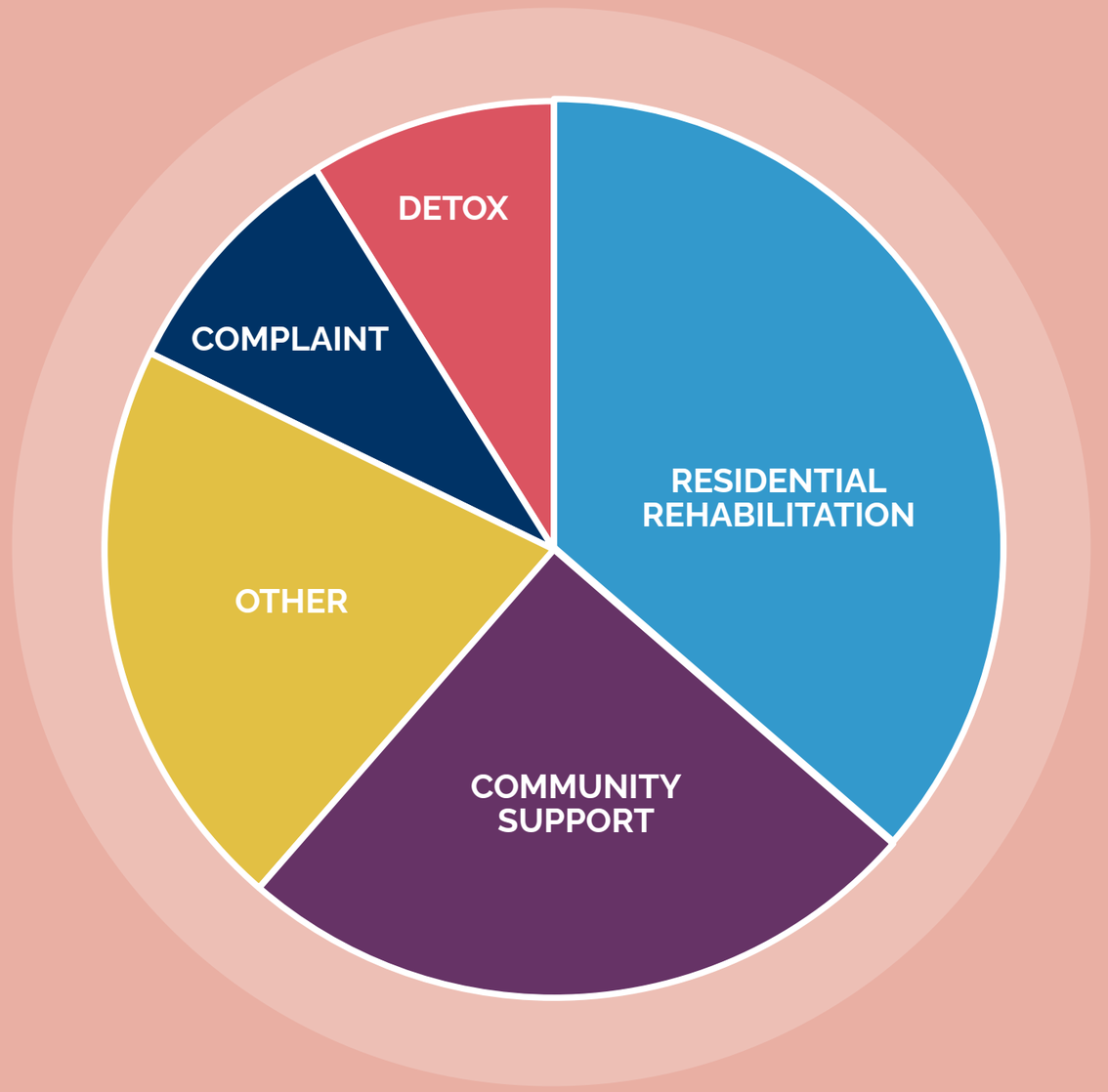


As expected, the majority of clients we have worked with have expressed a strong desire to secure a place in residential rehabilitation. The chart opposite illustrates the broad categories of outcomes we have worked to achieve over the past three years.

Our advocacy approach is rooted in person-centred practice, ensuring that we follow the client's lead in determining their desired outcomes.

This method fosters a sense of empowerment and renewed control over their choices and decision-making. By allowing clients to set their own goals, we help them regain agency in their recovery journey, focusing on the path they choose without steering them toward any other direction.

This commitment to client autonomy is at the core of our advocacy efforts.



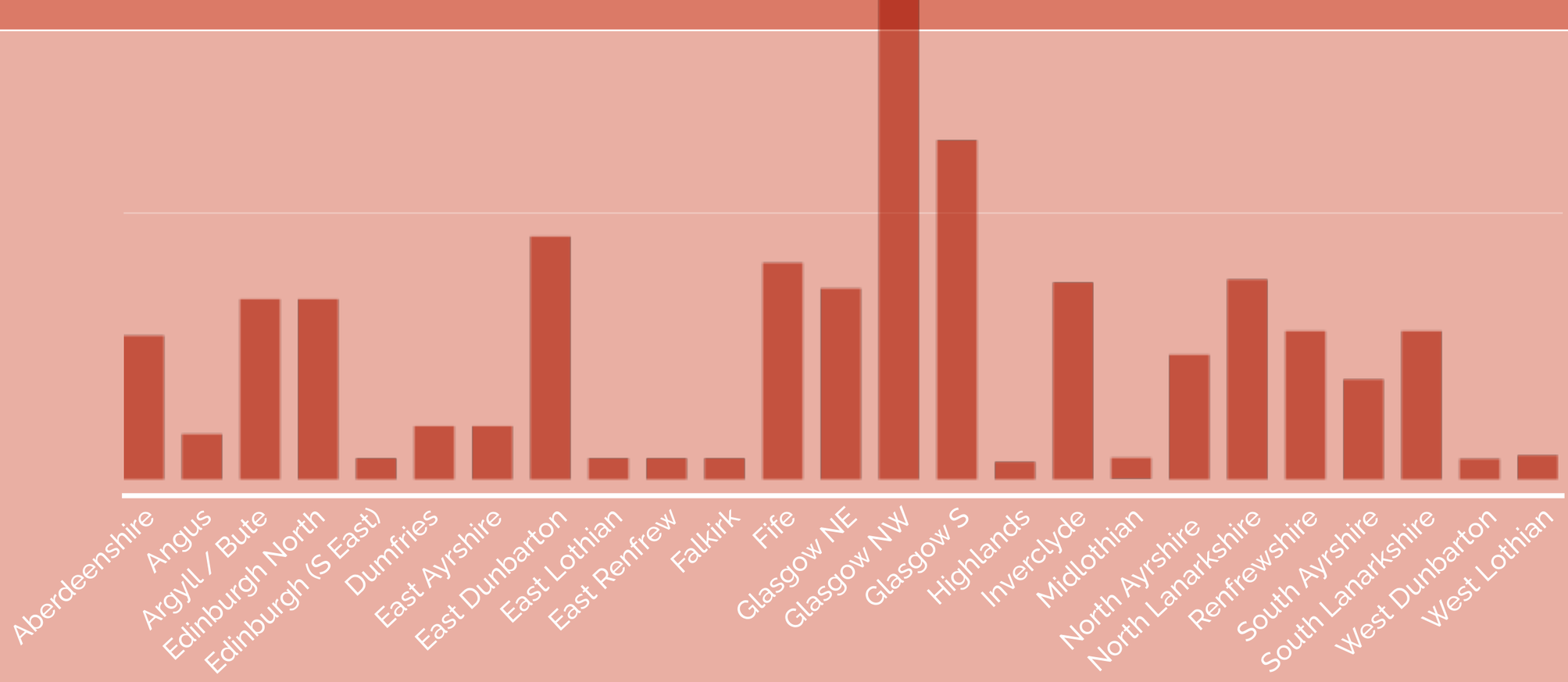
Where we work

When we started the advocacy project we were funded by Corra Foundation to work across Scotland.

We wanted to reach and support as many people as we could regardless of their location. Over the past three years we have managed to support clients within 25 of the 32 Scottish local authority areas. We can't physically get to every client so we also do online consultations and over the phone meetings.

The table shows that we have worked in 25 local areas, which include regions where local authorities have split the delivery of alcohol and drug recovery services geographically.

We have engaged with clients across all of these areas. It is important to note that not all clients have engaged with their local recovery services or wish to do so, so these numbers are based on the clients' geographical locations rather than their service engagement.



We are continually seeking funding to expand our reach and hope to work with a broader range of clients in all of these areas in the coming years. Additionally, we are exploring ways to extend our services to remote areas by leveraging volunteers to increase accessibility.

In an effort to reach underserved communities, we have also attended various recovery cafés across Scotland to host pop-up advocacy events. These events have allowed us to engage with a few clients who may otherwise be hard to reach.

However, due to our limited funding and small staff team, we have not yet been able to fully integrate this service into our project, providing it only on a sporadic basis at this time.

Barriers Encountered: Stonewalling, Inadequate Responses, and Distrust

Throughout our work, we have encountered significant barriers, including instances of stonewalling, inadequate responses, and a general sense of distrust towards our advocacy efforts.

These challenges have often delayed or hindered the support that our clients urgently need, as some services and organisations have been reluctant to engage with us or provide timely, meaningful communication. This resistance not only impacts our ability to effectively advocate on behalf of our clients but also highlights the broader systemic issues that continue to undermine trust and collaboration within the sector

As we have navigated our entry into the sector, we have encountered significant barriers when engaging with services on behalf of our clients.

Early on, we were often met with distrust by many of the services our clients were involved with. It was particularly challenging to communicate with some service providers, with phone calls going unanswered and emails being ignored. In several instances, letters sent on behalf of clients received no response. From the outset, it was apparent that, as external advocates, we would face a certain level of resistance from statutory services.

On multiple occasions, caseworkers failed to respond to our emails or messages regarding clients. Even when clients themselves requested that their caseworkers contact us, the most common response was that they did not see the need to engage with us, as their services provided in-house advocacy support. This response could either indicate a lack of understanding about the right to independent advocacy or reflect an internal practice within certain services to prioritise in-house advocacy over independent support. Regardless, the right to independent advocacy is fundamental, and it is crucial that those working within health and social care understand and respect this right.

While we have generally been able to attend scheduled meetings alongside clients, and caseworkers have been amenable to our presence during those meetings, significant issues have often arisen when we requested follow-up information, such as care plans or meeting notes. These requests were rarely fulfilled in a timely manner, with clients often facing lengthy delays to receive documents they were entitled to. In some cases, it

...the right to independent advocacy is fundamental, and it is crucial that those working within health and social care understand and respect this right

has taken months for care plans to be sent to clients, and some clients had never seen their care plans prior to our involvement. In certain situations, clients even questioned whether their care plans existed at all before we became involved.

Such delays and lack of communication unnecessarily hinder the progress and support our clients require, and they highlight the critical need for greater recognition of the role and value of independent advocacy within the sector

The case study provided in this report for Client T highlights a recurring issue we have encountered. T reported being repeatedly passed from one caseworker to another after our involvement began, which she believes was a deliberate action that significantly hindered her ability to achieve her desired outcome. Unfortunately, T is not the only client who has experienced this over the past three years.

While some of these challenges persist, they have decreased in volume compared to what we encountered during our first year of our advocacy. We have since built constructive relationships with certain services, which has helped improve our engagement. However, notable obstacles remain.

One of the most significant and persistent barriers we face in our advocacy efforts is the difficulty in securing funded residential rehabilitation placements. In some instances, achieving a placement has taken years. Many of our clients, as well as others we've spoken to have been requesting access to rehabilitation services for five or more years without progress.

For individuals seeking publicly funded residential rehabilitation, the request must go through a process within the drug and alcohol service they are registered with. The decision is then made during a multidisciplinary team (MDT) meeting. Even if the request is approved, local authorities typically limit funding to specific rehabilitation centres, meaning clients are placed on waiting lists, even when beds are available in other facilities.

This issue was brought to public attention during an interview on 20 August 2024 with the current health minister, who acknowledged that the government allocates only 140 residential rehabilitation beds nationally. The stated goal is to provide 1,000 placements per year, but this calculation assumes each placement lasts six weeks. In practice, most clients require a minimum of three months of treatment, which would halve the time available for each individual if the policy were implemented. Even with these targets, significant barriers remain for those seeking access to residential rehabilitation.

During the past three years, multiple clients we have supported have had their cases referred to MDT panels. Notably, none of these clients were informed about who sits on these panels, how decisions are made, or invited to represent themselves. In our experience, these meetings are completely closed off, with decisions made without independent representation for the client. Furthermore, meeting minutes are not made

One of the most significant and persistent barriers we face in our advocacy efforts is the difficulty in securing funded residential rehabilitation placements.

available, and no formal documentation is provided afterward.

We have identified this lack of transparency as a major concern within the sector. Critical, potentially life-changing decisions are being made by individuals who may have never met the client or have a full understanding of their history or current situation. This lack of transparency and accountability represents a significant gap in the system, hindering clients' ability to advocate for themselves and secure the support they need. Advocating for Long-Term Rehab for Sustainable Recovery in Scotland

We would remind all alcohol & drug treatment services with the responsibility of determining access to rehab services, your decisions have a profound impact on Scotland's mission to tackle substance use disorders (SUD) and improve recovery outcomes. The evidence is overwhelmingly clear that longer-term rehab programs lead to better, more sustainable recovery. As we face the ongoing challenges of drug and alcohol-related deaths, this is more crucial than ever.

The National Mission to Reduce Drug Deaths, launched by the Scottish Government, emphasises a commitment to saving and improving lives through better treatment and recovery services. Central to this mission is ensuring access to high-quality, person-centred care, which includes extended rehab stays where necessary. Scotland's drug-related death rate remains the highest in Europe, and we know from extensive research that 90 days or more in treatment significantly reduces the likelihood of relapse and supports long-term sobriety. The National Institute on Drug Abuse (NIDA) highlights that individuals need at least three months in treatment to make lasting behavioural changes, and that shorter programs, while beneficial, simply do not provide enough time for the comprehensive change required.

The Scottish Government's Rights, Respect and Recovery strategy underpins this by promoting a person-centred approach to treatment. The strategy is clear: individuals must have access to the right treatment for as long as it takes to achieve recovery. This is not just about crisis management; it's about breaking the cycle of addiction once and for all. That's why SAMHSA (Substance Abuse and Mental Health Services Administration) in the U.S. has found that longer-term treatment not only stabilises individuals but also addresses the deep-rooted psychological, social, and environmental factors that contribute to substance use.

We have seen in studies—such as those from the Drug Abuse Treatment Outcome Study (DATOS)—that long-term residential treatment (90 days or more) significantly increases the chances of individuals staying clean for years after treatment. In Scotland, where the impact of addiction on families and communities is so visible, we cannot afford to limit access to longer-term rehab stays. Investing in extended treatment isn't a luxury—it is

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the cornerstone of effective, lasting recovery, especially in the context of our Right to Recovery Bill, which seeks to enshrine the right to rehab in law. This is a commitment to ensuring that no one is denied the time they need to rebuild their lives and communities after substance misuse.

By supporting long-term rehab stays, you are aligning with Scotland's national goals of reducing drug deaths, improving community safety, and promoting sustained recovery. You are helping individuals not just detox from substances, but also acquire the skills, stability, and support networks necessary for lasting change.

We must remember that short-term interventions may look cost-effective initially, but they often lead to repeated cycles of relapse and re-entry into the system, adding to the long-term financial and social burden. Long-term residential care, by contrast, offers a path to recovery, stability, and reintegration into society. Every extra day in rehab is an investment in a person's future, and in the future of Scotland as a whole.

Together, we can make Scotland a leader in compassionate, effective addiction treatment, meeting the aims of our national strategies and ensuring that those in need get the chance for a full, sustained recovery.

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As a former service user myself, I've seen firsthand how advocacy changes lives. Having been supported by FAVOR UK, I know the level of care I received, and now I'm proud to pass that same standard of care on to others.

Service user

Systemic failures

We have seen a lot to suggest that systemic failure of drug and alcohol support in Scotland is commonplace. There are multifaceted issues within this sector that we have recognised whilst advocating for clients.

One major issue is the fragmentation of services in Scotland. Support for individuals dealing with drug and alcohol issues often comes from a mix of NHS services, local councils, and third sector organisations. We have seen that this can lead to inconsistent care and difficulties for clients to access comprehensive support. Most of our clients have experienced issues trying to navigate different services due to this, and they express issues around understanding what each service is providing at times, and in some cases the lack of joined up working between services has impacted some of our clients in a detrimental way.

There have also been significant cuts to funding for drug and alcohol services over the past decade in Scotland. This has led to reduced capacity and the closure of some support services, making it harder for people to get the help they need. We find it increasingly difficult to access community based services for clients. Some of our clients advised us that they used to attend various groups which were either shut due to funding issues or the services offered were scaled back significantly.

There is a significant issue with securing immediate mental health support for individuals struggling with addiction. Many of our clients have come to us in a state of mental health crisis or expressing suicidal thoughts. We have faced considerable challenges in accessing timely mental health interventions in these cases. Mental health services are often under-resourced, and based on our experience, they are not well integrated with substance use services. This lack of coordination has resulted in severe care gaps for many of our clients.

In addition to addressing substance use, we also engage in other areas such as housing, homelessness, and benefits to address secondary issues faced by our clients. Navigating these statutory services has proven just as challenging as the drug and alcohol addiction sector.

Our cross-sectoral work has revealed what can only be described as a "perfect storm" of inadequate support systems. In May of this year, the Scottish Government declared a housing emergency. Across the country, council homelessness services are in systemic failure, with demands far exceeding their capacity to provide adequate assistance. We have advocated on behalf of clients whose housing situations have exacerbated their struggles with addiction, adding another layer of complexity to their recovery journey.

In addition to addressing substance use, we also engage in other areas such as housing, homelessness, and benefits to address secondary issues faced by our clients.

We have also encountered widespread inefficiencies within the benefits system in Scotland, which has caused significant harm to those who rely on these services. Bureaucratic obstacles, inefficiencies, and delays have made it difficult for individuals to resolve even the most basic inquiries. In some cases, we have seen months-long delays in getting issues addressed, despite our persistent advocacy on behalf of clients.

Our dealings with the Department for Work and Pensions (DWP) have been particularly challenging. The system is largely impersonal and difficult to navigate, making it nearly impossible to obtain the specific information clients need. Communication with the DWP has been consistently poor, and this has had a detrimental impact on the support we are able to provide.

When we began this project, we believed we would be able to effectively navigate the systems we engage with, building a strong knowledge base regarding the processes and procedures of statutory services. We hoped this would enable us to achieve quicker results for our clients. However, we have found it difficult to establish universal pathways due to the variability in how different services apply their internal policies on a case-by-case basis. This lack of consistency has made it necessary to continually start from scratch with each new client, which can be extremely frustrating and time-consuming.

We believe that many of the challenges we have encountered stem from poorly designed protocols and procedures, which significantly impact the speed and effectiveness of the support we can provide to our clients. In several cases, we have built strong momentum, only to encounter substantial barriers. The lengthy and cumbersome processes required to file complaints have proven particularly problematic, as many of our clients are in urgent need of assistance. Most cases are time-sensitive, and the slow-moving escalation process hinders timely resolutions.

This issue is especially pronounced when dealing with large, impersonal bureaucratic systems such as the Department for Work and Pensions (DWP) and the NHS. For example, we worked with a client who was given incorrect advice about her benefit entitlements by Universal Credit. It took us 18 months to bring this case to a tribunal. Throughout the appeals process, we faced multiple delays as the DWP failed to provide the necessary information, despite being granted seven 28-day extensions. The DWP even falsely claimed that we had not requested a mandatory reconsideration, in an apparent effort to set the case back. Eventually, the tribunal was held eight months after our submission, and we won the case for our client. However, the process was extremely arduous and taxing.

When we escalate a client's case to the complaint level or beyond, the wait for a decision can vary widely, from three months to over a year. Our quickest resolution was two months, achieved in a case reviewed by the Scottish Public Services Ombudsman (SPSO). However, our first case with

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the SPSO took over six months due to delays in the review process.

The Scottish Government is introducing new Medication Assisted Treatment (MAT) standards, aimed at improving access, choice, and support for individuals seeking treatment. These ten standards are intended to reform drug treatment services across Scotland. Standards 1-5 were set to be implemented by April 2023, and Standards 6-10 by April 2024.

Despite these goals, our experience—and that of our clients—suggests that these standards are not being meaningfully practiced in the sector. Furthermore, there seems to be a lack of information available to those engaging with services. We asked every client we've worked with in recent years whether they had heard of MAT standards, and not a single one had. If these standards are supposed to guide services, it raises serious concerns about their visibility and enforcement. We hope that as these standards roll out, they will be more widely communicated and genuinely adhered to, ensuring that clients receive the care they are entitled to.

The Scottish Government has outlined that one of the primary objectives of the Medication Assisted Treatment (MAT) standards is to promote "empowerment, voice, and choice" in supporting individuals as they make decisions about their care. This means recognising the strengths of each person and providing them with treatment options that align with their needs and preferences.

However, for these standards to be implemented in a meaningful way, it is essential that every individual seeking treatment in Scotland understands their rights and the responsibilities of statutory services in working with them.

If the MAT standards are to have any real impact, the promotion of "voice and choice" must be taken seriously by all services involved. Currently, we are witnessing a situation where individuals presenting to addiction services with substance use disorders, such as cocaine addiction, are being inappropriately prescribed methadone, an opioid replacement. This is both unacceptable and a clear failure in the system.

Placing individuals on long-term opioid substitutes without a clear and structured plan for recovery is not empowering—rather, it perpetuates dependency without addressing the underlying issue. This approach, often described as "kicking the can down the road," fails those who are actively seeking abstinence-based treatment options. In the worst cases, holding someone on methadone for years without a meaningful exit strategy or prescribing opioid replacements to individuals who do not have an opioid addiction is not only negligent but a major serious failure of healthcare standards.

Additionally, many of our clients on methadone prescriptions report poor oversight and inadequate supervision of their treatment plans. Regular medication reviews, which are crucial to ensuring the effectiveness and appropriateness of treatment,

Currently, we are witnessing a situation where individuals presenting to addiction services with substance use disorders, such as cocaine addiction, are being inappropriately prescribed methadone, an opioid replacement.

are infrequent, further compounding the issue. It is evident to us that methadone treatment is not being delivered in a manner consistent with evidence-based best practices, as it should be.

There is a clear gap between the intended clinical use of methadone as part of a structured and monitored recovery plan and the reality of how it is being administered to many individuals in need of support. This deviation from evidence-based guidelines undermines the effectiveness of treatment and fails to address the complex needs of those seeking long-term recovery

For the MAT standards to deliver on their promise, the principles of "empowerment, voice, and choice" must be reflected in the day-to-day practices of treatment services. Anything less undermines the very foundation of the reforms that the government claims it aims to achieve.

I was lost in the system for years, but the advocacy team never gave up on me. They fought for my rehab placement when no one else would, even when I had given up on myself. Now, for the first time in a long while, I feel like I have a future. I can never thank them enough.

Service user

The advocacy work we do goes beyond supporting people in recovery — it's about empowering them to stand up for themselves. Knowing I've helped someone take that step fills me with gratitude every day.

Volunteer

Our Impactful Work

The primary reason individuals seek our advocacy services is to access treatment programs that support their journey toward abstinence-based recovery.

Many of our clients request assistance with referrals to residential rehabilitation facilities, while others seek help engaging more effectively with their local Alcohol and Drug Recovery Services (ADRS). We also provide crucial support for those needing to navigate other NHS services, challenge unjust or discriminatory decisions, and address housing and social security benefit issues.

A cornerstone of our advocacy work is the promotion and defence of healthy life expectancies. Addiction significantly impacts healthy life expectancy (HALE) in Scotland, contributing to both premature mortality and chronic illness. Our goal is to address these issues through our advocacy, tackling the root causes that contribute to years of lost life—a core element of HALE.

Many of our clients have been on opioid replacement therapy (ORT) for extended periods, many for more than a decade. While ORT reduces the risk of infectious disease transmission, long-term use without a clear exit strategy can diminish both physical and mental health. One client poignantly described her methadone use as something that was "rotting her from the inside out" and preventing her from moving forward in her recovery.

Mental health issues, including depression and anxiety, are prevalent among those battling addiction. These conditions not only lower life expectancy but also severely impact the quality of life. Our advocacy project is deeply rooted in the belief that everyone deserves a meaningful quality of life, and our work aims to help individuals reclaim that through timely support and intervention. By accelerating access to treatment and services, we aim to reduce the years lost to active addiction and improve HALE.

“Our advocacy project is deeply rooted in the belief that everyone deserves a meaningful quality of life, and our work aims to help individuals reclaim that through timely support and intervention.”

Our Results

Supporting individuals in this sector can be challenging, but we are immensely proud of the work we have done and continue to do for some of the most vulnerable members of our communities.

In the first six months of the project, we received more referrals from individuals in Glasgow than anywhere else, however we are national in our scope and worked very hard to ensure that we were accessible to anyone who needed our help regardless of their physical location within Scotland.

Since the inception of our advocacy project, we have successfully extended our reach across 25 local authorities in Scotland, an incredible achievement, especially as many of our referrals come through word of mouth. Despite the logistical challenges of expanding across the country, we have grown steadily, and our small team has made a significant impact.

This has given us an insight into challenges to accessing treatment options and services within different locations in Scotland, and how treatment options and standards were completely different depending on an individual's geography. Our clients that lived in rural locations were particularly affected by issues surrounding access and choice. Some clients in these regions had to travel significant distances to access support, or attend meetings and it was a struggle at times for our advocacy workers to find rural based clients support within their immediate localities.

Our advocacy approach is focused on helping clients reach positive destinations. Every client that we have worked with have asked us to take positive action that will enable them to have the best chance of recovery. Our goal is to assist individuals in achieving their desired outcomes and to amplify their voices. We believe that we have been largely successful in this regard.

Of the 45 individuals who sought our help in securing residential rehabilitation placements, we were able to assist 22 in achieving that goal. We had a major influence on each of our clients achieving this.

Prior to our involvement those that had been involved with statutory services reported that they felt like the pleas they were making for rehab had been largely ignored. With our involvement we were able to make a convincing professional representation for each client to enter rehab. We attended meetings within services with each client to ensure that meaningful engagement was taking place and that plans were being discussed with our clients wishes at the heart of the process.

As our casework has evolved, and we have worked with more clients, we have established a template of support that we found suitable when engaging with services. We quickly established that there was a variation in treatment standards and choice. So, we highlight this within service meeting and ask for formal explanations and rationales as to why our clients were

Since the inception of our advocacy project, we have successfully extended our reach across 25 local authorities in Scotland, an incredible achievement

being denied their desired treatment based on these variations.

We are at the forefront of advocating standardisation, and with every push for more consistent standards across Scotland, ensuring that all people have access to high-quality evidence-based care regardless of their location.

20 of our clients who accessed rehab remain in abstinence-based recovery and have now moved on to some form of volunteering education or employment. We ensured that each of these clients had been provided with comprehensive aftercare programmes and were fully supported upon leaving rehab.

This aspect of the work that we have done and do is as important for our clients as gaining a place in rehab. Over the term of the project, we have sought out long-term recovery supports, such as peer-led recovery groups, social reintegration programs, and community-based aftercare which have all contributed to improving outcomes for clients.

For those we could not assist directly into rehab, some disengaged from services, but we worked hard to re-engage them, assisting them in building relationships with them to community-based programs and mutual aid fellowships as an alternative. We maintain an open door for all clients, should they wish to seek further support from us in the future.

In addition to supporting clients with their addiction recovery, we also provided crucial assistance to 20 individuals who had secondary issues around dealing with problems around housing or welfare and benefit issues.

In terms of housing support, we have worked to help some clients with issues that they were having, we have helped some clients avoid Homelessness though working with organisations such as Shelter. Over the course of the last 3 years, we advocated directly for 8 clients when dealing with local authority homeless services. We were successful in ensuring that all clients that needed support in this area did not become homeless, and all are now in secure tenancies.

Some of our clients presented with complex issues around their housing benefit. We assisted 3 clients by helping them address debt that was linked to their rent account by working with housing officers to come up with appropriate payment plans or working to ensure that the housing benefit that they were getting was the correct amount.

An issue that we encountered on a couple of occasions when working with clients to resolve their housing benefit situation was that they found themselves in a "technical arrear". This issue is sadly something that a lot of individuals and families have been met with due to dates of rent payments and UC being different. This means that the rent liability is due before they receive your UC payment each month. which through no fault of their own ends up showing as arrears in their rent account.

This anomaly has been a well-known issue within the institutions and agencies within the housing and benefits sector for years. But there seems to be a

Over the term of the project, we have sought out long-term recovery supports, such as peer-led recovery groups, social reintegration programs, and community-based aftercare which have all contributed to improving outcomes for clients.

collective mindset of acceptance among those in charge of the agencies involved.

In these cases, we referred clients on to shelter for support. Our advocacy team has supported clients in navigating welfare benefit issues, providing assistance to nine individuals who required additional guidance. The support we offer has ranged from helping clients submit claims to resolving complex issues with existing benefits.

For instance, one client needed our full support to file a successful, backdated Personal Independence Payment (PIP) claim after a prior rejection. They had initially sought assistance from a specialist disability advocacy organisation but faced a three-month wait for an adviser. Given the urgency of their situation, we stepped in and successfully supported the client through the claims process.

Other clients required help gathering and uploading evidence for Universal Credit (UC) claims, a crucial service for those struggling to navigate the benefit system. In some cases, clients had experienced severe financial hardship due to difficulties engaging with the Department for Work and Pensions (DWP). Our team helped them understand and navigate the process, leading to positive outcomes.

Interacting with large organisations like the DWP has often been challenging, particularly due to long hold times and inconsistent information from advisors. Many clients expressed frustration with these delays but were grateful for our intervention, as it significantly reduced their stress.

In one case, we escalated a client's complaint to a tribunal, where we represented the individual at each stage, ultimately securing a positive outcome. This experience provided us with valuable insights and demonstrated the impact of our advocacy work.

Additionally, we facilitated community support for clients seeking connection, whether by signposting to local groups or accompanying them until they felt comfortable engaging independently. This approach has been highly beneficial for those wanting to connect with appropriate resources.

Throughout the three years of the project, we have consistently provided individuals with the opportunity to connect with others who have lived experience of addiction and recovery. This connection fostered a sense of community and mutual aid, motivating clients and keeping them engaged in their recovery journey.

We supported some clients who had been isolated due to their addiction, including those hesitant to seek community support. In such cases, we accompanied them to meetings, which boosted their confidence and engagement. This intervention significantly reduced isolation, improved self-esteem, and enhanced the overall recovery experience.

As clients became involved in one support group, many were inspired to engage with additional groups. A significant number of clients shared how these community-based support systems helped them "fill their week" with positive activities and focus on their aspirations.

Throughout the three years of the project, we have consistently provided individuals with the opportunity to connect with others who have lived experience of addiction and recovery.

We fight relentlessly for our clients because we know that behind every 'no' from the system is a person who deserves a chance at recovery. Witnessing someone finally receive the help they need is an incredible moment, and it's the reason we keep going.

FAVOR UK staff

Statistics

In 2023, Scotland saw 1,172 drug misuse deaths, with many of those individuals being engaged in some form of treatment, such as opioid substitution therapy.

Approximately 41% of these deaths involved people on methadone or other opioid treatments

This grim statistic illustrates a major challenge within the current addiction treatment system—while services are available, they are often not sufficient to prevent fatalities. The fragmentation of care, long waiting times, and lack of comprehensive, person-centred treatment are contributing factors to these tragic outcomes

In contrast, none of the clients engaged with FAVOR UK's advocacy services over the past three years have died while under our care. This is a powerful testament to the effectiveness of FAVOR UK's model, which emphasises client-centered advocacy and ensures that individuals receive the holistic support they need.

By securing residential rehabilitation for 22 out of 45 clients who sought placements and addressing the broader issues that contribute to substance use, such as housing and benefits, FAVOR UK has helped its clients achieve safer, more sustainable recovery paths.

The stark difference between the national statistics and FAVOR UK's outcomes highlights the importance of independent advocacy and access to comprehensive rehabilitation. It shows that when clients are empowered with advocacy and supported through the entire recovery process—including access to housing, mental health services, and rehabilitation—they have a much greater chance of survival and long-term recovery.

This comparison underscores the urgent need for Scotland's broader addiction services to adopt a more integrated and individualised approach to treatment, like that provided by FAVOR UK

"The stark difference between the national statistics and FAVOR UK's outcomes highlights the importance of independent advocacy and access to comprehensive rehabilitation"

Our Advocacy Role

As advocates, part of our role is to support clients when they need to escalate issues or lodge complaints regarding the barriers they face.

One of the most significant benefits we offer is relieving the burden of navigating complex complaint procedures. Many of our clients, having battled addiction for years, simply do not have the mental or physical capacity to engage with formal complaint processes.

We have successfully filed numerous service-level complaints on behalf of our clients, resolving many issues to their satisfaction. However, there have been instances where we had to push a case further, involving the Public Services Ombudsman or representing clients in tribunals. These mechanisms are vital in providing fair and accessible resolutions without the need for costly and time-consuming court proceedings.

Working with the Scottish Public Services Ombudsman has been an overwhelmingly positive experience; their caseworkers are knowledgeable, and their procedures are straightforward. However, dealing with tribunal services, particularly in disputes with the Department for Work and Pensions (DWP), has been significantly more challenging. The lengthy delays in processing cases have been a source of frustration, especially when clients are already facing critical, time-sensitive issues.

One of the most empowering aspects of our work has been educating clients about their rights and the pathways available to them. Many clients were unaware they could escalate issues beyond the service manager level and had never engaged with formal complaint procedures before. We ensure that our clients have complete agency over their complaints, involving them in every step of the process.

With this agency and our collaboration with clients, most of the individuals that we have worked with to date have gained a skill set in self-advocacy. We encourage clients to clearly articulate their needs when dealing with anyone that is involved in their care. We also focus on highlighting how to express concerns if they feel their needs are not being met.

We have observed that with our help and support and encouragement, our clients have worked towards identifying their own personal recovery goals and reach a point where they can advocate for services that align with these goals

In summary, our work continues to be focused on helping individuals navigate complex systems to achieve their recovery goals, addressing barriers across healthcare, housing, and welfare. We remain committed to advocating for those who need our support, ensuring that their voices are heard, and their rights upheld. Through our advocacy, we seek to make a lasting impact on the lives of the people we serve.

One of the most empowering aspects of our work has been educating clients about their rights and the pathways available to them.

Trusted Advocacy and Partnership

One of the more unexpected but profoundly meaningful outcomes of our work over the past three years has been the number of referrals we've received from caseworkers within alcohol and drug recovery services.

These professionals, often deeply concerned for the well-being of their clients, have reached out to us for immediate advocacy support. We are honoured to be viewed as trusted brokers, with caseworkers having confidence in our ability to advocate effectively on behalf of the people they serve.

Beyond alcohol and drug recovery services, we have also been contacted by professionals from a variety of other sectors, including criminal justice, social work, and housing. These workers have seen firsthand the challenges their clients face and have sought our support to help navigate these complex issues.

Notably, some caseworkers have chosen to refer clients anonymously, fearing potential repercussions within their organisations. We respect this need for discretion and guarantee that the identity of anyone referring a client to us will remain confidential.

Our advocacy service is founded on trust, and we have made it a priority to build strong, collaborative relationships with a wide range of organisations. Since November 2021, we have actively partnered with residential rehabilitation centres, housing support services such as Shelter UK, local authorities, addiction treatment charities, and organisations addressing poverty and homelessness. Additionally, we have engaged with numerous lived experience orgs and peer support across Scotland, ensuring that our clients have access to comprehensive, community-based resources and support. By linking our clients to these resources, we ensure they receive the comprehensive support they need.

We've also taken proactive steps to reach vulnerable individuals directly within their communities, hosting pop-up advocacy sessions in recovery cafés across Scotland. These outreach efforts have helped us connect with those who might otherwise remain isolated or disengaged from formal services. Moving forward, we hope to formalise many of these valuable partnerships to better serve our clients and communities.

We are honoured to be viewed as trusted brokers, with caseworkers having confidence in our ability to advocate effectively on behalf of the people they serve.

Challenges Within the Sector

When we launched our advocacy project, we were fully aware that the health and social care sector presents significant challenges.

Our staff have worked in high level professional positions across various parts of this sector and others, and came into this work with a deep understanding of the systemic issues—such as funding shortages and resource constraints—that clients routinely encounter. However, the complexities of navigating these bureaucratic systems, compounded by the urgency to secure support for vulnerable individuals, have taken a toll on our team.

Our staff consistently report heightened levels of stress and anxiety stemming from the pressing nature of the clients' needs. Many of our clients come to us with backstories of profound pain, suffering, and trauma—often involving abuse, neglect, and violence. This constant exposure to trauma has led some of our staff to develop secondary traumatic stress, which can severely impact their emotional well-being and resilience.

Burnout has been a significant issue for our team. There is a pervasive sense of a lack of control when working within a system that often moves too slowly, leaving us feeling blocked at crucial stages in a client's case. The emotional toll of repeatedly encountering barriers, coupled with insufficiently rewarding outcomes, has left some of our staff feeling emotionally exhausted. Despite these challenges, we remain steadfast in our commitment to helping those in need.

To mitigate the impact of this demanding work as best we can, FAVOR UK provides our staff with access to private counselling services. This support has been invaluable in helping our team build resilience and manage the emotional strain of their roles. We recognise the importance of prioritising the mental health and well-being of our staff, especially as they navigate the complexities of advocacy in such a challenging sector.

However, it is not only our team that is feeling the weight of working in an under-resourced and strained system. Across Scotland, the health and social care sector is in crisis. A toxic working environment, combined with insufficient resources, has led to a significant increase in mental health issues among health and social care workers.

According to a Freedom of Information request conducted by the Scottish Liberal Democrats, more than 45 million hours of NHS staff time in Scotland have been lost to illness since 2016, with anxiety, depression, and other psychiatric illnesses cited as the most common reasons for staff absences.

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Inspiring Change

Despite the many challenges we face, the work we do is more important now than ever. Our advocacy service is a lifeline for many individuals who have been let down by the system.

We continue to advocate for fair, compassionate, and timely support for our clients, working tirelessly to ensure their voices are heard and their rights are upheld. We believe in the possibility of change and are committed to leading the way in promoting a system that truly serves those in need.

Our journey over the past three years has been one of perseverance, dedication, and hope. We are inspired by the resilience of our clients and the determination of our team. Together, we will continue to push for a more equitable and just system—one where the health and well-being of all individuals are prioritised, and where advocacy plays a central role in driving positive change.

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Before working at FAVOR UK, I had no idea of the endless hurdles people had to jump through or the prejudice and discrimination they faced just to access basic services. It's been eye-opening and heartbreaking, but it's also made me even more committed to fighting for change. Everyone deserves a fair chance at recovery

FAVOR UK staff

Looking to the Future

Our advocacy work has been a lifeline for our clients, filling a critical gap in support and offering hope to those who felt they had nowhere else to turn. We have been able to deliver a service that is desperately needed in Scotland, providing individuals with the guidance and advocacy they require.

With limited funding and a small but dedicated staff, we have accomplished a great deal by staying true to our mission: to meet people where they are and fight alongside them for the help they deserve.

As we look to the future, it is vital that we not only continue this work but also expand our reach to help more individuals across Scotland and beyond.

Like many third-sector organisations, we are constantly navigating the challenge of securing funding to sustain and grow our services. We are incredibly grateful for the support we have received from funders such as the Robertson Trust and The Corra Foundation, but the demand for our services continues to grow.

In an increasingly strained third sector, where organisations like ours are stepping in to fill the gaps left by public services, we find ourselves in competition for limited resources. There are many excellent projects in the addiction sector doing remarkable work, and we recognise the potential for collaboration. In the future, we are eager to explore partnership opportunities that could lead to joint funding, allowing us to collectively broaden our impact.

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Volunteering

Towards the end of this year we are officially launching our volunteer project, which will bring advocacy and support volunteers into our team.

This is an exciting development for us, as volunteers will significantly enhance our capacity to deliver services and reach more people in need. The diversity of skills and perspectives that volunteers bring will enrich our organisation and strengthen our ability to help those battling addiction.

The need for our service is more urgent than ever, and we are committed to continuing this vital work, building our capacity, and expanding our impact both in Scotland and across the UK. With the right support, we can reach even more people, providing them with the advocacy they need to reclaim their lives and futures.

The need for our service is more urgent than ever, and we are committed to continuing this vital work, building our capacity, and expanding our impact both in Scotland and across the UK.

Escalation protocol

Over the course of this project, we have been involved in cases that have taken far too long to reach a conclusion, in some cases our clients have had to wait much longer than they should have to get the treatment options that they have been waiting for, in some cases for years.

To counter this issue, we are also going to implement an escalation protocol policy at the start of 2025, where we will look to conclude our clients' cases from first contact with them, within 3-6 months. We believe that properly structured escalation protocols ensure that problems are addressed efficiently at the right levels, preventing needless delays or prolonged disputes. Delays and disputes for our clients could become a matter of life and death.

We will continue to engage with statutory services in good faith, however if our clients have not received a positive resolution that fit within our own internal time frames. We will escalate issues to management levels within whatever service we are engaging with. If resolution still can't be found that satisfies our clients needs, we will then start formal complaint procedures in line with the statutory service's own guidance.

If after the complaint has addressed at this level and our clients are still not satisfied, we will escalate every one of these cases to the appropriate independent organisation in Scotland responsible for handling complaints from the public about public services.

"We believe that properly structured escalation protocols ensure that problems are addressed efficiently at the right levels"

Our escalation protocol will benefit our organisation and clients in the following way:

Efficient Problem Resolution 1

Minimises delays: *By providing a structured process for escalating issues, the policy will that problems are addressed quickly and by the right people, preventing unnecessary delays.*

Faster decisions: *Escalation to higher authority speeds up decision-making when the initial team or individual cannot resolve the issue.*

Better Risk Management 2

Proactive handling: *An escalation policy helps identify potential risks early and ensures they are managed before becoming critical issues.*

Reduces crises: *Escalating issues appropriately prevents minor problems from growing into major crises.*

Improved Client Satisfaction 3

Quicker solutions: *Escalation ensures clients issues are resolved more efficiently, leading to better service and higher satisfaction.*

Learning opportunity 4

Our escalation policy will allow us to review why issues needed escalation and how they can be avoided in the future. This helps improve processes over time.

Feedback loops 5

We will gain insights into recurring problems and can take corrective actions or improve systems to prevent future escalations.

We will send our escalation policy over to every organisation and service that we work with when we are sending over client consent forms. This will ensure that each service is aware of the actions that we will take, and the timeframes in which we will operate with.

Recommendations

INCREASE Funding for Advocacy Services: Advocacy plays a critical role in supporting individuals through their recovery journey. Funders should allocate more resources to peer-led advocacy services to ensure greater reach and impact across Scotland, particularly in underserved areas.

IMPROVE Integration Between Addiction and Mental Health Services: The lack of coordination between addiction services and mental health care is a barrier to effective recovery. The Scottish Government should prioritise the integration of these services, ensuring holistic support for individuals with co-occurring disorders.

EXPAND Access to Residential Rehabilitation: The Scottish Government's commitment to increasing rehabilitation placements is commendable, but further investment is required to meet demand. Funders should support the development of additional rehabilitation centres and ensure that placements are accessible and equitably distributed across the country.

ENHANCE the Implementation of MAT Standards: To ensure that the Scottish Government's Medication Assisted Treatment (MAT) standards are effectively implemented, additional efforts must be made to raise awareness among both service providers and individuals seeking treatment. Funders should support initiatives that promote education and accountability around these standards.

SUPPORT for Long-Term Recovery Pathways: Funders and policymakers should recognise the importance of long-term recovery supports, such as peer-led recovery groups and aftercare programs. Investment in these initiatives will help sustain recovery outcomes and reduce relapse rates.

ADDRESS Geographic Disparities: Funders and the Scottish Government should work together to address disparities in service provision between urban and rural areas. Expanding digital and mobile outreach efforts could improve access to support in remote regions..

ESTABLISH Clear Accountability Mechanisms: The Scottish Government should introduce more transparent processes for decision-making in addiction services, particularly in the allocation of rehabilitation placements. Advocacy services must be empowered to hold public services accountable, ensuring that individuals receive timely and appropriate care.

STRENGTHEN Collaboration Across Sectors: Funders should encourage collaboration between advocacy services, statutory services, and third-sector organisations to improve client outcomes. A more unified approach will ensure that individuals receive comprehensive, coordinated support throughout their recovery journey..

Expand Access to Residential Rehabilitation and Advocacy Nationwide:

While the FAVOR UK advocacy project has demonstrated significant impact in Scotland, the challenges it addresses are not unique to the region.

The issues of fragmented services, long waiting times, inconsistent care, and unequal access to residential rehabilitation exist across the entire UK. In fact, reports from various regions of England, Wales, and Northern Ireland highlight similar barriers to addiction recovery, particularly in rural or underserved areas.

The current postcode lottery of treatment services means that individuals in one part of the country may receive quicker, more comprehensive care, while others wait for months or years. This disparity highlights the urgent need for a standardised, UK-wide advocacy service that ensures equitable access to recovery services regardless of location.

FAVOR UK is well-positioned to scale this advocacy model across the UK. By leveraging its experience and successes in Scotland, the organisation can expand its outreach to other parts of the UK, offering much-needed support to individuals who face the same bureaucratic, systemic, and logistical barriers in accessing recovery services. A UK-wide expansion would help eliminate geographic disparities, offering everyone equal access to advocacy and recovery resources.

This model can also provide critical insight for government policy reform, offering real-time data on the most effective ways to integrate mental health and addiction services. Funders and policymakers must recognise the potential for this model to inform the development of a nationwide addiction recovery strategy, one that addresses the root causes of inequality in service provision and ensures that individuals across the UK receive the support they need to overcome addiction.

By investing in FAVOR UK's expansion, funders can help address the UK's addiction crisis more effectively, supporting the government's mission to reduce drug- and alcohol-related deaths. Such an investment would not only improve individual lives but also create a more efficient, compassionate, and cohesive national framework for addiction recovery

"By investing in FAVOR UK's expansion, funders can help address the UK's addiction crisis more effectively, supporting the government's mission to reduce drug- and alcohol-related deaths."

If you have any questions or would like to talk, you can contact us by email on:

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www.facesandvoicesofrecoveryuk.org

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www.facebook.com/FAVORUK
www.linkedin.com/company/favoruk

We are amplifying the voices of the unheard, challenging the institutions that deny them access to life-saving treatment, and fighting for meaningful change in a sector that is long overdue for reform.


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