Independent Advocacy and Alcohol & Drugs – MAT Standard 8 Learning resource

For Independent Advocates

Developed by:

Scottish Independent Advocacy Alliance

Healthcare Improvement Scotland

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Introduction

According to Medical Assistant Treatment (MAT) standard 8 all people should have access to independent advocacy and support for housing, welfare and income needs. Independent advocacy is essential to removing barriers and ensuring equality of access to treatment. Independent advocates see the person where they are and support them with their co-occurring challenges, whether it is trauma, stigma or life circumstances. Independent advocates can help de-escalate the situations, and support people to have agency during a difficult time in their life.

This resource contains practical guidance and a collection of resources for independent advocacy staff to support people impacted by drug and alcohol use and who may be going through MAT. Further support is gained from the Charter of Rights for People Affected by Substance Use. The aim of this is to support people affected by substance use to realise their human rights.

"Some specialists do not have a good enough understanding of marginalised groups. Advocacy can support the individual's voice being heard by services and ensure they are inclusive."

- Advocacy Saved My Life

"I wouldn't be able to manage the meeting on my own. I'd just kick off and she [independent advocate] keeps me calm."

-Lisa (lived experience)
Research report, Advocacy Saved My Life

Advocacy in substance use

Why it's important that people accessing services have support

Scotland experiences by far the highest rate of drug deaths and associated harms in Europe. These disproportionately impact on the most deprived and vulnerable population groups. These individuals often have greater difficulty in being listened to, staying engaged with services and being aware and able to exercise their rights.

The ability to access independent advocacy is crucial in being able to redress the power imbalance and to help people participate fully in the processes that affect them. Experiential data from the 2024/25 MAT Standards National benchmarking report indicates that for people accessing services who had access to independent advocacy, their overall experiences improved. However, many people were unaware of its availability and often not sure what role it could have to help them.

The importance of support for people, including advocacy is being increasingly recognised through different guidance and legislation including the MAT Standards and Charter of Rights for People Affected by Substance Use.

View Scottish Governments publication on MAT standards

View Scottish Governments introduction to Charter of Rights

MAT standards and Charter of Rights

The MAT standards were created to provide agency and dignity for people going through MAT treatment. It centers people in decision-making about their treatment, enables informed choice and includes loved ones in the process where appropriate. Improving access to MAT can retain people in treatment and reduce substance-related deaths.

To learn more about the MAT standards visit the following links:

- Quick guide to MAT standards by Scottish Recovery Consortium
- Scottish Drugs Forum website and resources about MAT standards

MAT standard 8 - Independent Advocacy and Social Support

MAT Standard 8 - Independent Advocacy and Social Support outlines that people should have the right to a worker to support and help them navigate services. Key points in the rationale and criteria includes:

- All people should be informed of independent advocacy services should they wish support in their journey through services
- People should be confident that advocacy services have a good understanding of drug use and recognised treatments
- People should have expert advice at any point of need throughout their treatment journey with regards to:
  a) benefits and welfare advice;
  b) housing.

- Scottish Drugs Forum webinar about implementation of MAT standard 8
- MAT Standard 8 - Independent Advocacy and Social Support

National Collaborative Charter of Rights

The Charter of Rights for People Affected by Substance Use provides an overview of the key rights and how they apply to people who experience alcohol and or/drug use in Scotland. The rights are drawn from the UK Human Rights Act and from international human rights law.

The purpose of The Charter of Rights is to support people who are affected by substance use be aware of the human rights which belong to them, and support service providers to understand how to implement the human rights.

- Charter of Rights for People Affected by Substance Use
- Charter of Rights in Practice

Key considerations

For those experiencing the lived reality of substance use and who navigate the complex system of drug and alcohol services, there are two overarching issues the majority will have faced. When supporting these individuals, it is important to remember and take these into consideration.

Stigma

Stigma refers to the negative attitudes, prejudice and false beliefs associated with a person's circumstances. This issue persists for those impacted by substance use and can act as a barrier to those wishing to seek help from services. Often, stigma can be reinforced by health & social care professionals, who may inadvertently contribute to the issue through certain preconceptions, bias or lack of understanding. A recent PHS survey for instance highlighted that 50% of those with lived and living experience of substance use experienced some form of discrimination from local alcohol & drug services within the last 12 months.

PHS survey

What the MAT standards say

The right to independent advocacy is key to challenge the stigma people impacted by substance use are likely to face and help to redress power imbalances they may feel.

What the Charter of Rights say

Those impacted by substance use should have the right to the highest attainable standard of physical and mental health and duty bearers should address determinants that may hinder positive outcomes including stigma and discrimination of various kinds.

How stigma can be addressed

- **People-first language** - being aware and understanding contested or commonly misunderstood terms are important to consider as well as promoting language that prioritises the person. Doing so can address stigma and help define issues with substance use as something a person may 'have' rather than what they 'are'.
- **Openness and involvement** - allowing people to be fully informed of the process they are involved in, letting them be heard and valuing their input can help to empower them and be a further crucial step in addressing stigma.

Further resources

- Scottish Government drug and alcohol workforce stigma learning directory – learning resources related to stigma
- South Ayrshire ADP stigma charter – developed through consultation with lived experience working groups
- Scottish Drug Forum substance use glossary - providing guidance around contested terms within substance use
- Overcoming Stigma Through Language – guidance from the Canadian Centre on Substance Use and Addiction
- Language matters: communicating about people, alcohol and drugs – guidance on how language matters

Trauma

Trauma refers to the range of traumatic, abusive and/or exploitative experiences that people may have experienced or been subjected to throughout their lives. Trauma can be complex and may originate from adverse childhood experiences, domestic violence as well as poverty and deprivation.

Individual's experiences of trauma can impact and perpetuate high rates of drug deaths and associated harms across Scotland. Rough estimates indicate that 75% of men and women attending substance use services reported some degree of trauma and abuse in their lives . The NES Knowledge & Skill Framework also indicates that when the impact of trauma is fully understood by staff and services, barriers to engagement can be reduced.

What the MAT standards say

MAT Standards 10 – Trauma Informed Care: people accessing services will likely have experienced trauma throughout their lives thus a delivery plan should be in place to deliver trauma informed care.

What the Charter of Rights say

Duty bearers should take steps to provide support services that are evidence-based and trauma informed.

How to address trauma

Trauma informed practice - this is a crucial component in addressing trauma and consists of:

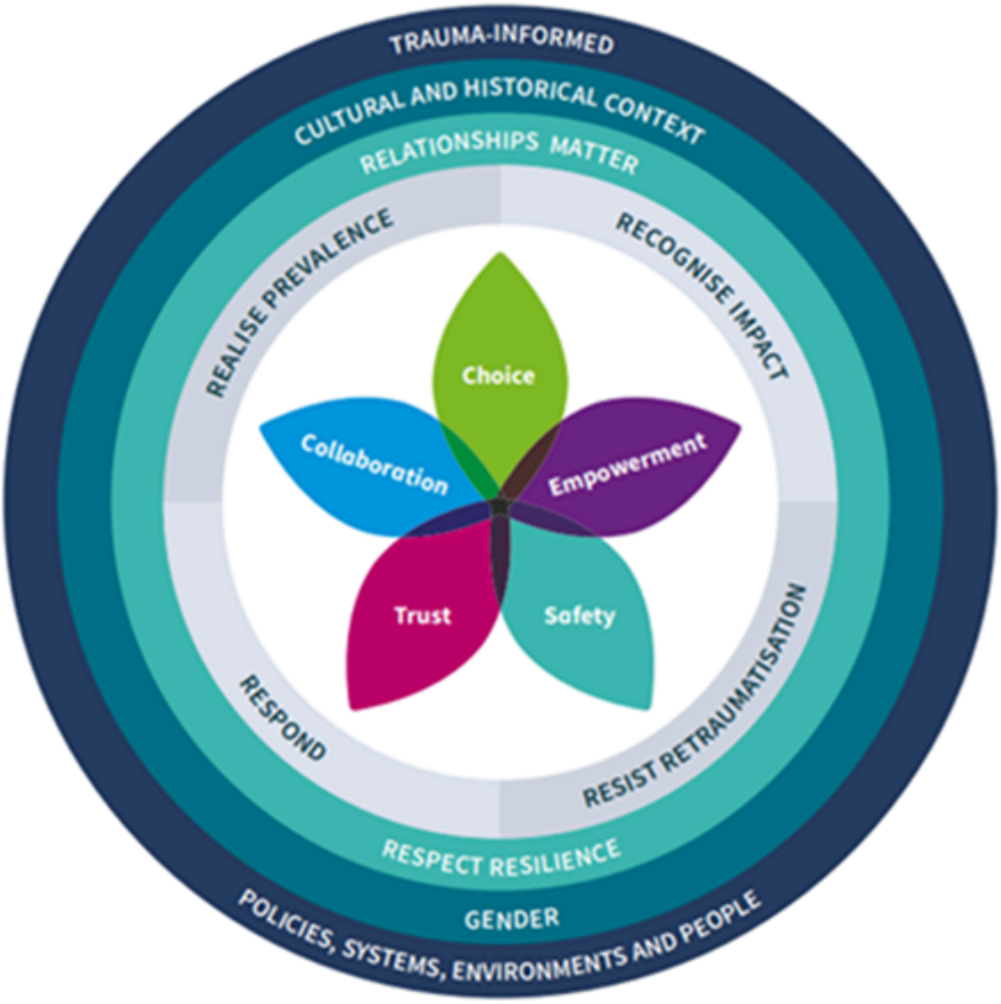
- Operating in a way that recognises trauma and understanding the effects and
- Adapting processes and practices, based on that understanding.

> ***"A trauma informed and responsive workforce, that is capable of recognizing where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery and can address inequalities and improve life chances."***
>
> – NES' vision

The National Education for Scotland (NES) have a National Trauma Transformation Programme that is underpinned by the 5 R's

1. **Realising** how common the experience of trauma and adversity is
2. **Recognising** the different ways that trauma can affect people
3. **Responding** by taking account of the ways that people can be affected by trauma to support recovery, and recognise and support Resilience
4. **Resist** re-traumatisation and offer a greater sense of choice and control, empowerment, collaboration and safety with everyone that you have contact with
5. Recognising the central importance of **Relationships**

National trauma transformation programme



NES, 2019

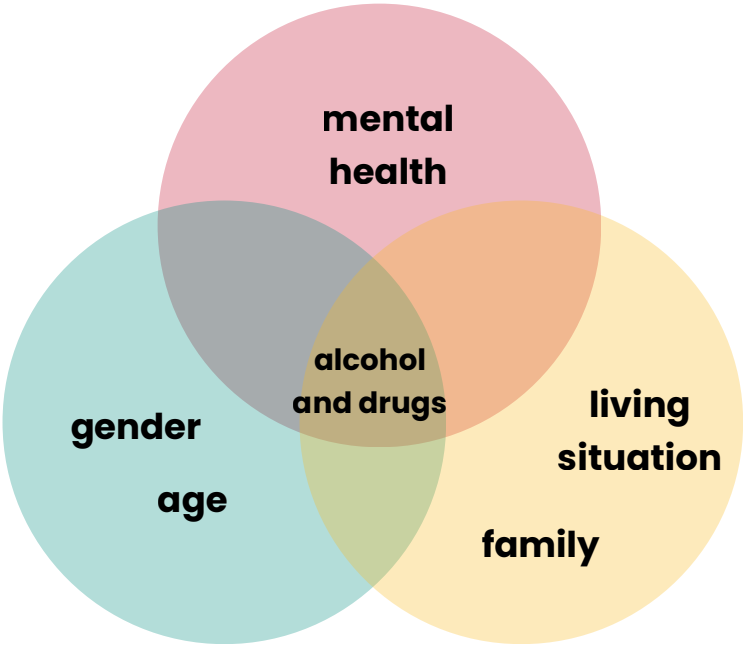
Further resources

- Scottish Psychological Trauma Training Plan - practical guidance tool to support workforce's to understand the impact of trauma on people's lives and be trauma responsive.
- Trauma informed practice toolkit - to support organisations across all sectors in planning and developing Trauma Informed Services

Overlapping and intersecting challenges

In addition to the prevalence of stigma and trauma, different cohorts and demographic groups can be impacted more significantly by substances due to intersectional challenges. Mental health, homelessness, gender and family situations mean that support cannot be carried in silo of these challenges. Understanding the complex realities and needs of the person can help preventing future issues.

The below list of intersections is not exhaustive but rather lists groups who may commonly be lacking adequate support due to their intersections. It is important to keep your mind open to other challenges that may act as barriers to accessing support or impacting people negatively, such as ethnic minorities and refugees.



Further resources

- Learn more about intersectionality from a youtube video created by Sociological Studies Sheffield
- Co-occurring substance use and mental health disorders elearning from NES. This resource is password protected and requires access to Turas.

Women

Women account for a minority of drug & alcohol deaths at around a third of the overall total. Typically they experience substance use and interact with services differently than men.

The pathways into substance use for women may include a variety of factors that often interlink and overlap including exploitative and controlling relationships, past trauma as well as depression and anxiety. These issues have a significant impact on women's human rights and substance use can often be used as a coping strategy to manage these.

Women often face specific barriers into accessing services such as feelings of guilt and shame. Findings published by the Scottish Recovery Consortium highlight how fears around childcare and potentially losing custody of children can result in 'missingness' of women from services that can provide help they need.

Key considerations

- Though focusing on recovery, findings show that women respond most to female only spaces in services, in environments with other women they can relate to allowing them to build trusting relationships.
- Women value most non-judgemental language and being supported to rebuild self-esteem and confidence. For those with dependent children, who themselves have their own rights, services that consider their holistic needs can also make a positive difference.

Further resources

- SRC Women in Recovery: Rapid evidence (2025)- An evidence review of multiple academic research pieces relating to women and the impact of substance use
- Scottish Women's Rights Centre – Legal Guides - Guides with information on specific human rights issues relating to women

Homelessness

Homelessness, referring to those individuals with experience of rough sleeping and temporary or insecure accommodation is strongly interlinked with substance use in Scotland. According to Scottish Government data, in 2020, 59% of the deaths of people experiencing homelessness were related to substance use.

Research highlights that these people will typically experience complex needs and comorbidities such as long-term physical and mental health problems. In addition to this they will typically have histories of trauma, abuse and neglect.

This population often feel wary of treatment services due to negative experiences and lack of follow up support. As such many are dissuaded from trying to access the support that they require.

Key considerations

- Engagement with people experiencing homelessness highlight that they value 'persistent advocacy', referring to persistent caseworkers who can not only address their immediate physical needs but wider social and environmental ones. This may include linking to peer support groups and helping create a sense of hope around their circumstances.
- The dynamic of 'having someone in your corner' can feel impactful. Input from independent advocates to statutory services. Staying committed to challenging the barriers that homeless people come up against when seeking support and accessing services.
- The support and sense of stability independent advocacy can offer to those impacted by homelessness can help these people address their immediate accommodation such as access into Housing First schemes.

Further resources

- A Qualitative Study to Explore the Perspectives of People Experiencing Homelessness with a Recent Non-Fatal Overdose in Scotland
- National Mission on Drugs Annual Report 2021-2022: Page 40 contains data around homelessness and substance-use

Family members and carers

Harms relating to substance use have a ripple effect, impacting not only on the individual but also those closest to them. For those impacted by drug and alcohol use, it is often left up to family members to navigate the system on their loved one's behalf.

Equally however, family members can face the same barriers such as stigma when trying to support their loved ones and can often feel blamed, judged by others and viewed as interfering. Too often when their own rights as family members and carers are not recognised, this can negatively impact on mental health and wellbeing.

Key considerations

- Having the right knowledge and support in place to support family members to advocate for themselves independently from their loved one. It is important to reduce conflict of interest between supporting the different people of the family.
- It is beneficial for family members, carers and loved ones to understand their rights, and for alcohol and drug services to signpost to individual and self-advocacy supports.
- An educated understanding of family-inclusive practice and carers rights to ensure the that families and carers are not excluded but instead supported and appreciated for the role they play in advocating for their loved ones outside of service provision.

Further resources

- Find an Advocate tool – to find local advocacy provision for family members and carers
- Self-advocacy guidance
- Scottish Families Affected by Alcohol and Drugs (SFAD) website can be a useful resource.
- Principles, Standards and Code of Best Practice – covers identifying and reducing conflict of interest.

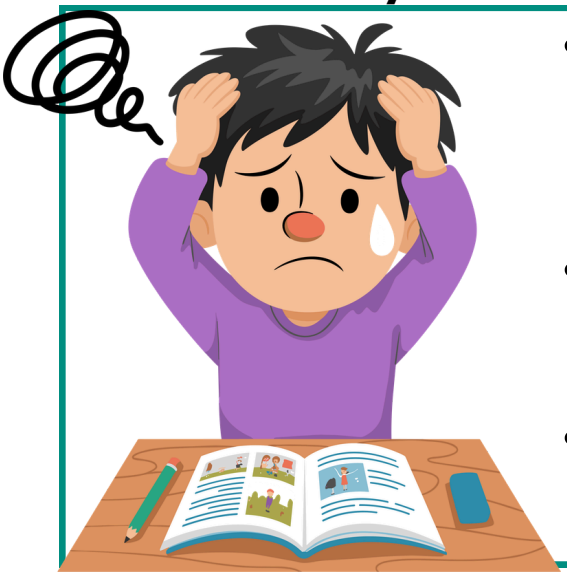
Children and Young people

Children and young people can experience the impact of substance use in uniquely vulnerable ways. This can be through experimentation with novel substances but also as a coping mechanism resulting from childhood or environmental trauma.

While still developing physically, emotionally and socially, exposure to substances—or to environments shaped by substance use—can influence their overall health, relationships, education, and long-term wellbeing.

Additionally, those living with a parent impacted by substance use and those who have care experience can be particularly vulnerable.

Key considerations



- Ensure they receive accurate information to support them make informed choices and strengthen the foundations for their futures.
- Offer emotional support, and safe, non-judgemental space to talk about what they're experiencing.
- Take a trauma informed approach

Further resources

- Getting it Right For Every Child (GIRFEC)- practical resources from the Scottish Government's policy committed to providing the right support to children and their families, centred on the United Nations Convention on the Rights of the Child (UNCRC)
- The Promise Scotland - Information to support understanding of care-experienced individuals.
- Consensus approach on prevention of substance use harm among children and young people - Findings from Public Health Scotland to explore what a whole-systems approach to substance use harm prevention among children and young people in Scotland should look like.

LGBTQI+ people

Alcohol Focus Scotland identify that "There is substantial evidence, from Scotland and internationally, that the LGBTQI+ community experience major health inequalities around alcohol and drug use.

Whilst a majority of LGBTQI+ people do not use alcohol in a harmful way, they are more likely to drink alcohol and to drink at harmful levels than the rest of the population for a variety of reasons."

LGBTQI+ people face challenges and circumstances that cisgender and straight people don't necessarily have to contend with. This can impact on the way some LGBTQI+ people use alcohol and drugs, and the barriers they may face when accessing support and treatment (GCU, 2022).

For example, LGBTQI+ people might face issues such as:

- Historic and ongoing inequality and discrimination (homophobia, biphobia or transphobia)
- Harassment, bullying or violence on the basis of gender identity or sexual orientation
- Rejection by family and friends
- Having to hide one's sexual orientation or gender identity from others (including from family)
- Misplaced shame about one's gender identity or sexual orientation brought on by homophobia/biphobia/transphobia (shame-based trauma)

- Limited visibility of alcohol and drug free LGBTQI+ spaces or events
- Experiencing multiple intersecting forms of disadvantage or oppression (experiencing homophobia/biphobia/transphobia etc).

Key considerations

- Meeting people with open mind and acceptance. For example, sharing your own pronouns and asking a person for their pronouns if they feel open to sharing them. This can create a safe and respectful space, which can increase confidence and trust.
- Creating an agreement with the person on how you should refer to them with other professionals in meetings and correspondence. For example, whether you should be correcting the professional if they get pronouns wrong. Some people may not be comfortable sharing their full identity with professionals or do not want to draw attention to themselves.

Further resources

- What are LGBTQ+ people's experiences of alcohol services in Scotland? A qualitative study of service users and service providers
- Visit the Alcohol Focus Scotland website
- Scottish Drugs Forum, supported by Glasgow Council on Alcohol and the wider LGBT Substance Use Partnership, launched a new e-Learning course for alcohol and drug services.

Substance use information

The drug landscape in Scotland is increasingly complex and changing. Below provides some general information of this with additional links to key resources.

Opiates

- Opiates include substances such as heroin and morphine as well as prescribed substitution therapies like methadone.
- Though the drug landscape is shifting, opiates remain by far the most implicated substance in Scotland.
- This is the case both in deaths (80%), hospital stays and non-fatal overdoses.

Using Naloxone

- Naloxone is a medication that can reverse the effects of an opioid-related overdose.
- A person may have multiple drugs in their body but reversing the effects of opioids with naloxone can be the difference between life and death.
- Naloxone buys a person time until an ambulance arrives, or they can be seen by a medical professional.
- Anyone in Scotland who may come in to contact with someone at risk experiencing an overdose can request a naloxone kit and be trained in its use.

Further resources

- SDF and Scottish Government Guidance - highlights key signs to recognise and respond to an overdose as well as online access to naloxone training and how to access a kit.
- SFAD Guidance - Additional key information from SFAD regarding Naloxone and information on how to respond to an overdose.

Other substances

- In Scotland there is increased prevalence of use and harms caused by substances other than opiates.
- According to PHS DAISy data from 2023/24, cocaine had overtaken heroin as the most reported drug used by people starting specialist drug treatment in Scotland.
- Benzodiazepines (prescription medication and illicit street drugs) were implicated in 56% of deaths in 2024.
- Co-dependency of substances and poly-drug use are becoming increasingly common.
- Ketamine use is on the rise and particularly prevalent amongst younger people. Several psychological and physical health risks are associated with its use as noted by the UK Addiction Treatment Centre

Further resources

- The National Records of Scotland latest drug-related deaths report
- For the information on the latest drug related indicators, Public Health Scotland compile a quarterly report - Rapid Action Drug Alerts and Response (RADAR)
- The PHS DAISy report from 2023/24, provides an overview of demographic data and substances used for those accessing treatment

Alcohol

- Alcohol specific deaths outnumber all other substance use deaths.
- In 2024, there were 1185 alcohol-specific deaths registered in Scotland.
- Males account for two thirds of these figures with the average age at 59
- Alcohol use is more culturally pervasive in Scotland, cutting across demographic and SIMD (Scottish Index of Multiple Deprivation) groups at a more even rate than other substances.
- The worst harms and most deaths however are felt by those in the most deprived areas.

Further resources

- The National Records of Scotland latest alcohol related deaths report
- Report from Alcohol Focus Scotland highlights key risk factors for those impacted by alcohol

Examples of MAT standard 8 in practice

The below highlights just a couple of examples from across Scotland of what successful implementation of MAT standard 8 in practice can look like with independent advocacy working collaboratively to support those impacted by substance use.

Case studies by Dundee Independent Advocacy Service

Independent advocacy supported an individual admitted to hospital impacted by alcohol use and with experience of homelessness. The advocate collaborated successfully with other sectors including social work, housing and neuropsychology to have the necessary supports provided. Upon discharge, ongoing supports were provided in the community and independent advocacy were able to step back.

Independent advocacy work closely with the statutory service, DDARS as well as the third sector organisation With You to support people going through the residential rehab pathway. The key role of independent advocacy in this context has been to identify and support them with issues not the primary focus of treatment services which may include housing, legal and general health. This joint working assists the in the individual's overall journey and has facilitated positive outcomes.

Thank you!

Healthcare Improvement Scotland and the Scottish Independent Advocacy Alliance would like to formally acknowledge and thank the members of the Independent Advocacy stakeholder group, and all the other individuals who supported the design and development of this work. Your time, expertise, and contributions have been invaluable and are very much appreciated.