

Scottish Drugs Forum (SDF) is Scotland's national resource of expertise on drugs and related issues.

Established in 1986, SDF is a membership-based organisation. We seek to lead and represent the drugs field in Scotland in order to improve Scotland's response to problem drug use. SDF works with policy makers, service planners and commissioners, service managers and staff as well as people who use or have used services to ensure service quality and evidence-based policy and practice.

TOP TIPS FOR RECRUITING AND SUPPORTING VOLUNTEERS WITH A HISTORY OF PROBLEM DRUG USE

These Top Tips were produced by Scottish Drugs Forum

Many organisations regard recruiting volunteers with a history of problem drug use as 'difficult' or 'risky'. Years of experience tells us that it is hugely rewarding for both organisations and individuals. If you are comfortable that your practice around recruiting and supporting volunteers is good then you should have no particular issues with people with lived experience of a drug problem. These tips are designed to allow organisations to think through their approach and the support they offer volunteers:

1. Recruitment

Stating that your organisation is committed to an unspecified equalities or diversity agenda is probably inadequate to reassure people with a history of problem drug use and encourage applications. You may have to explicitly state, perhaps in a list with other groups, that your organisation is actively seeking to recruit people with a history of problem drug use. You may refer to this group as 'people in recovery from problem drug use' but you should know that recovery has no specific generally accepted meaning and may include people who are abstinent, in treatment or using in a controlled manner or 'recreationally'.

2. Disclosure

An explicit statement that you want to recruit people with a history of problem drug use also allows people to feel more relaxed about disclosing their own history in an interview situation. It is important to handle such disclosures well. People seek an understanding or at least a sympathetic hearing and feedback that they were correct in deciding to disclose. They may then want to discuss what happens in terms of recording or sharing information. Your organisation should have thought through these matters and have adequate systems in place. Disclosure in interview should not be explored in detail. Usually disclosure would occur around gaps or changes in working patterns, periods of unemployment, motivations for volunteering, for example.

3. PVG

People with a history of problem drug use may work with vulnerable people. To do so, like everyone else, you will need to implement a PVG process. Some people with a history of problem drug use may have convictions related to their drug use. These can be divided into three categories – drug crimes (possession and perhaps supply); crimes related to the acquisition of money to buy drugs (shoplifting, for example) and crimes committed while under the influence of drugs (drug driving, for example). If you have a good PVG system in place you will have means to ensure disclosures are appropriate and relevant. Unless the individual is barred from regulated work, it is up to you to decide whether these convictions are a cause for current concern. In making this judgement you should speak to the person involved and hear their account of how these crimes occurred. You should consider how closely they are related to the use of drugs – e.g. has crime stopped at around the same time as problem drug use? Does the person have a perspective on that part of their life and regard it as over?

4. Support

Organisations may feel that people with a history of problem drug use will need extra support. This is not necessarily true. It is unlikely that people will need support that you would not perhaps be offering to other volunteers. Adequate support provision and systems for other volunteers will be sufficient for people who have had a drug problem. People are always most likely to ask for support or to discuss issues with which they may need support as part of a respectful, empathetic relationship and so adequate support supervision is key to supporting people – including people with a history of problem substance use.

5. Drug use

Organisations may feel that people with a history of problem drug use may relapse and use again and be daunted about reacting appropriately and protecting other stakeholders who would possibly be affected if this happened. As with alcohol, your policy may say that no one is to be or appear to be under the influences of drugs while volunteering.

If someone is under the influence of any substance a clear procedure should exist for staff to deal with this in a way that protects all stakeholders including the person under the influence. The risk of this occurring with someone with a history of problem use is not necessarily any higher than other volunteers. In the event of relapse, a person with a drug problem is far more likely to withdraw from volunteering. You may want to consider what duty you have, of any, to reach out to a vulnerable person in this situation and how that should be done.

6. Stigma

People with a drug problem may have been stigmatised because of their use of drugs, because they have a drug problem and even because they have been in treatment and are in recovery. They may even have come to accept this as 'normal'. As an employer seeking to support and empower people you cannot accept this and should challenge stigma appropriately and effectively. You may want to raise awareness and insight into issues relating to drug problems amongst your staff and volunteers. You may want to challenge stigmatising language and attitudes. It is important to bear in mind how stigma can be internalised by people who suffer from stigma. The fact that they do not object to people's language or attitudes does not mean that they are not damaging.

7. Training and support

As with all volunteering, you recognise that it is important to 'get things right' and so it is worth undertaking adequate preparations in terms of training and supporting staff. You should discuss the core values of your organisation and why you work with volunteers. A general approach allows people to realise that people with drug problems are not some specialist group but rather people who need support in largely the same way as other volunteers.

8. Consider people with a history of problem drug use as an asset

Thanks for reading to the last top tip; now the most important thing is for you and your organisation to remember... to view people as an asset to your organisation. People who have had difficult lives or challenging experiences can bring insights that are an asset to your organisation in its role and in supporting and engaging other volunteers and stakeholders who have had similar experiences. People who have missed out on education or work experiences because of their drug problem can bring their motivation and commitment to your organisation. People who have had drug problems can view volunteering not only 'as something to do' but as an important element in their recovery and a means to develop a different sense of themselves and to be viewed in a different way by others. So don't engage people with a drug problem because you think they 'deserve a break' but because they are potentially a huge human asset to your organisation and part of the community which your organisation seeks to engage and support.

For more information please see:

- <http://www.sdf.org.uk/>
- [National Inclusion Group page](#)