

My first 90 Days as a Peer Support Worker in the NLADP.

On the 18th December I started in post and I had concerns about how the post would be perceived, would it be tokenistic?

I couldn't have been more wrong. The ADP (Alcohol and Drug Partnership) team have welcomed me, encouraged me, invited me to participate and supported me through the first few months in my new role and I feel I am settling into the role well. I have a work plan, so I know my objectives, but I also have some autonomy in how I engage and meet the objectives which is great because I feel that the support team trust me and that my voice is an important part of the team.

A big part of my role is building relationships with people who use drug and alcohol services within North Lanarkshire so that when we begin to set up the lived and living experience panels later this year, people will know who I am, have had the chance to talk to me if they wish and give their opinions and feedback on how the groups should look. I have been going along to recovery cafes, groups and events and meeting lots of different people at different stages in their recovery journeys. Last week I did an art class and had a plate of spaghetti bolognese made by volunteers. I am always delighted to see and feel the friendly, welcoming, non-judgemental environments that have been created and there is always tea, good biscuits and someone to talk to available.

Natural relationships have begun to form with staff in different services as by attending community groups and events I have had the opportunity to meet a lot of people and engage with those who work within the communities as support workers, addiction workers, advocacy workers etc. I've been to women only groups, peer groups and family support groups across a range of different services and I have been pleasantly surprised at how much recovery support for people and their families there is in North Lanarkshire and that the groups are well supported by staff and led by peers and volunteers in the organisations leading them. It has also become apparent that people who use the services are actively involved and want to share their stories and give feedback on the services that have supported them or not.

As a peer worker I have shared my own story where appropriate, I am aware it makes a difference to people's perceptions of me and the ADP because unfortunately statutory services like the ADP are still viewed as being suspicious at times, but I am discovering that it's through lack of knowledge sometimes. Lots of people I engage with do not know who the ADP are or what they do so hopefully part of my role is promoting the ADP by sharing what we do and what my role is.

At a family group during a discussion about Naloxone a family member said they would rather use Nyxoid (nasal spray) as they said that using needles felt wrong to them as they had negative feelings around them due to their loved one's intravenous drug use and it was a traumatic experience even when they had completed training on how to use. I asked why they didn't use Nyxoid and discovered it wasn't routinely offered, it is significantly more expensive than the Prenoxad. I raised this with colleagues and families are now offered both types of Naloxone because choice is important. Listening to people's concerns and acting on

them quickly fosters trust and shows people that talking about their experiences can be a catalyst for change. I found listening to families and friends discuss their experiences difficult because of my own experiences. I am glad that there are services exclusively available for families, they are generally expected to be there for their loved ones without much support and involvement in their treatment and its must be incredibly difficult to navigate for them.

I have been actively attending lots of different activity groups in the localities and any issues I have run into, for example a group not being on when it's advertised to be running, I have been able to speak with the development workers resulting in positive conversations about what works, what needs support and what doesn't work taking place resulting in better services with more active engagement for those who wish to access them.

I have been studying for the Reach Advocacy award and as time consuming and at times difficult it has been Human Rights are at the forefront of my mind now and I see human rights holistic practice being used within commissioned services sometimes unknowing. It does feel that staff within commissioned services have those they support at the heart of everything they do by promoting dignity, equality and well-being with lots of task-based events such as Craft, yoga, team sports, art and music classes on offer to all as well as practical skills with budgeting, coping skills, naloxone training, first aid etc.

Another part of my work plan is to shadow commissioned services and I have now been into a few services to gain insight which I feel is invaluable as it means I can promote services to people with a more in-depth working knowledge and understanding of how they operate, as well as which services are best for different groups of people. I am also engaging with national partners and have been doing all the online training they offer, again so that I can recommend it to others having already completed it.

I have a particular interest in stigma work and have been attending as many seminars, talks, training and groups as I can to gain more understanding of the affects it has on those in North Lanarkshire and what I can do as a peer worker to support the people in our community.

Thanks for reading 😊