

Proposed Right to Addiction Recovery (Scotland) Bill

Introduction

A proposal for a Bill to enable people addicted to drugs and/or alcohol to access the necessary addiction treatment they require.

The consultation runs from 7 October 2021 to 12 January 2022.

All those wishing to respond to the consultation are strongly encouraged to enter their responses electronically through this survey. This makes collation of responses much simpler and quicker. However, the option also exists of sending in a separate response (in hard copy or by other electronic means such as e-mail), and details of how to do so are included in the member's consultation document.

Questions marked with an asterisk (*) require an answer.

All responses must include a name and contact details. Names will only be published if you give us permission, and contact details are never published – but we may use them to contact you if there is a query about your response. If you do not include a name and/or contact details, we may have to disregard your response.

Please note that you must complete the survey in order for your response to be accepted. If you don't wish to complete the survey in a single session, you can choose "Save and Continue later" at any point. Whilst you have the option to skip particular questions, you must continue to the end of the survey and press "Submit" to have your response fully recorded.

Please ensure you have read the consultation document before responding to any of the questions that follow. In particular, you should read the information contained in the document about how your response will be handled. The consultation document is available here:

[Consultation document](#)

[Privacy Notice](#)

I confirm that I have read and understood the Privacy Notice which explains how my personal data will be used.

On the previous page we asked you if you are UNDER 12 YEARS old, and you responded Yes to this question.

If this is the case, we will have to contact your parent or guardian for consent.

If you are under 12 years of age, please put your contact details into the textbox. This can be your email address or phone number. We will then contact you and your parents to receive consent.

Otherwise please confirm that you are or are not under 12 years old.

No Response

About you

Please choose whether you are responding as an individual or on behalf of an organisation.
Note: If you choose "individual" and consent to have the response published, it will appear under your own name. If you choose "on behalf of an organisation" and consent to have the response published, it will be published under the organisation's name.

an individual

Which of the following best describes you? (If you are a professional or academic, but not in a subject relevant to the consultation, please choose "Member of the public".)

Member of the public

Please select the category which best describes your organisation

No Response

Please choose one of the following:

I am content for this response to be published and attributed to me or my organisation

Please provide your Full Name or the name of your organisation. (Note: the name will not be published if you have asked for the response to be anonymous or "not for publication". Otherwise this is the name that will be published with your response).

William Christie

Please provide details of a way in which we can contact you if there are queries regarding your response. Email is preferred but you can also provide a postal address or phone number.

We will not publish these details.

Aim and Approach - Note: All answers to the questions in this section may be published (unless your response is "not for publication").

Q1. Which of the following best expresses your view of the proposed Bill?

Fully opposed

Please explain the reasons for your response. We would welcome comments on any experience you have had of accessing, or trying to access, addiction treatment.

There is no supporting evidence that such a medical procedure/policy would be successful.
Seems to be another case of the public sector "just throw money at it".

Q1. Which of the following best expresses your view of the proposed Bill?

After all, "its not your money"...it's only the taxpayers money we are wasting at £11,800 a pop with no record of effectiveness.

Q2. Do you think legislation is required, or are there other ways in which the proposed Bill's aims could be achieved more effectively? Please explain the reasons for your response.

The legislation is most definitely not required...as it has no record of success. Other ways would be to give them as much drugs as they want. That way they would not be stealing and robbing honest law abiding citizens to feed their drug habit.

This policy is counterproductive. There is no measures to counteract the desire of drug addicts, once they have ended this course, to just go back to their old ways of habitual re-offending and re-habilitation, ie the "magic merry-go-round" syndrome. Druggies would then get habitually looked after in nice warm accomodation, with no threat of hunger or hypothermia. It is a proverbial "druggies" paradise.

Q3. How do you think the right to treatment established in the Bill would be most effectively implemented and enforced? Tick all options that apply.

Duty on Scottish Ministers

Please explain the reasons for your response.

With sanctions that if the policy is deemed to be a failure then the relevant "Health Minister" be removed and banned from "public office" for 20 years.

Let us see them "put their money where their mouth is". Of course, that won't happen. Just imagine holding a public official legally to account, even although said official made such requirement an legal duty on themselves.

Q4. Which of the following best expresses your view of creating a specific complaints procedure, in addition to the existing NHS complaints procedure?

Fully supportive

Please explain the reasons for your response. We would welcome comments on any experience you have had with the existing NHS complaints procedure.

It stops "public officials" from "passing the parcel" and "muddying the waters"

All official complaints should have a individual complaints number, together with clearly set out time line not just for acknowledgement but also proper response to request/complaint.

Q5. Which of the following best expresses your view of allowing those suffering from addiction to choose a preferred treatment option, and for them to receive that option unless deemed harmful by a medical professional?

Fully supportive

Please explain the reasons for your response. We would welcome suggestions about how this could work in practice.

If they wish to "get off drugs" - Yes. If they are just taking the "piss" - No.

But the again, medics are not the best people to judge that.

The 19 Century French economist and philosopher, Frederic Bastiat, pointed out that every committe ever invented, quickly moves for being mainly concerned with its original purpose, and quickly moves onto

Q5. Which of the following best expresses your view of allowing those suffering from addiction to choose a preferred treatment option, and for them to receive that option unless deemed harmful by a medical professional?

making sure that it stays in existence, regardless of original purpose.
What, exactly, is the course of action if it turns out that this policy is ineffective? What are the criteria to be used to determine effectiveness?
I bet there is none.

Q6. Which of the following best expresses your view of the proposed Bill seeking to prevent treatment being refused?

Fully opposed

Please explain the reasons for your response. We would welcome suggestions about how this could work in practice.

This question is somewhat ambiguous and not clear in its meaning.
If this means that "druggies" have the right to demand treatment, then they appear to have NO reciprocal right to prevent treatment being refused.
If this is the case, then it would mean that medics would be required to wear a "swastika" armband whilst carrying out their medical duties.
Under the "Nuremberg Codes" of 1947, this is not deemed acceptable.
If this is not the case, then the wording is misleading.

Q7. Which of the following best expresses your view of requiring the Scottish Government to establish a national funding scheme?

Fully supportive

Please explain the reasons for your response.

This fund should then be distributed to the local authorities on a population basis. It would then be the right and responsibility of said authority to "buy back" this proposed treatment regime, if they so desired. After all, this regime has no track record of success, indeed, it has no performance metrics at all.
This inevitably means that this regime will become the "gold standard" and squeeze all other drug rehabilitation treatments, no matter how successful or unsuccessful they may have been.
Therefore, Local Authorities and local medical/public health bodies, should receive this funding, but be allowed to have the right to follow their own course of action, with the proper performance metrics being in place.

Financial Implications

Q8. Taking into account all those likely to be affected (including public sector bodies, businesses and individuals etc), is the proposed Bill likely to lead to:

a significant increase in costs

Please indicate where you would expect the impact identified to fall (including public sector bodies, businesses and individuals etc). You may also wish to suggest ways in which the aims of the Bill could be delivered more cost-effectively.

In the land of giving wee boys a hammer then every problem becomes a nail. More money for the medics - what's not to like?

Q8. Taking into account all those likely to be affected (including public sector bodies, businesses and individuals etc), is the proposed Bill likely to lead to:

As this policy has no track record of success, what is the logical basis that "this time it is different". I know of no rational explanation as to why current "drugs" policy (whatever that is) has been such a failure that it is in need of such a radical overhaul.
Given, that neither the medics nor policy makers have any "skin in the game", why would this policy be anything other than extension of the past long line of expensive failures.
As it does not contravene the United Nations Convention on Human Rights then the policy followed by several South East Asia countries of executing drug users would be a most cost effective way of dealing with the problem of drug abuse. I have to admit it may be a tad radical and deemed socially unacceptable, except within the general population. But it would be cost-effective.
As we enter a period of deep economic depression and also hyper-inflation, I see no reason for the need of this expensive medical experiment.

Equalities

Q9. What overall impact is the proposed Bill likely to have on equality, taking account of the following protected characteristics (under the Equality Act 2010): age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation?

Negative

Please explain the reasons for your response. Where any negative impacts are identified, you may also wish to suggest ways in which these could be minimised or avoided.

I have no interest in this section as I regard it as nothing other than unadulterated drivel.

Sustainability

Q10. In terms of assessing the proposed Bill's potential impact on sustainable development, you may wish to consider how it relates to the following principles:

- living within environmental limits
- ensuring a strong, healthy and just society
- achieving a sustainable economy
- promoting effective, participative systems of governance
- ensuring policy is developed on the basis of strong scientific evidence.

With these principles in mind, do you consider that the Bill can be delivered sustainably?

No

Please explain the reasons for your response.

living within environmental limits - considering there is no such thing as global warming, as average temperature in the UK was LOWER in the decade 2011-2020 than in the previous decade of 2000-2010, despite carbon in the atmosphere being higher by 50ppm. This is scientific evidence supplied by the Met Office, but hey ho that does not follow the current political agenda.

ensuring a strong, healthy and just society - Unless your name is Alex Salmond or Craig Murray. Sponging £16billion from England in subsidy each year is definitely the way to achieve this aim - NOT. It is most certainly indicative of the hypocrisy endemic in Scotland

achieving a sustainable economy - This £16billion annual subsidy only manages to produce a minimal increase in Scotland GDP of less than £200million means that Scotland has the world's worst Keynesian Multiplier of minus 98.5%. This is probably the largest negative Keynesian Multiplier in economic history,

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meaning Scotland's economic performance is on a par with North Korea, Zimbabwe or Venezuela. This is effectively categorised as below banana republic level, ie not sustainable by any stretch of the imagination. So achieving this proposal is illusory. This current Scottish Govt is probably the most financially incompetent government the world has ever seen. I may be wrong, but I think not.

promoting effective, participative systems of governance - For a current left wing fascist government in include such a question in a survey borders on the surreal. However I do enjoy the irony of such a question.

ensuring policy is developed on the basis of strong scientific evidence. - The tone of this proposed act totally negates this aim, as there is no supporting evidence for this proposed course of action. The audacity and hypocrisy of this question is truly a wonder to behold.

In the US both the Food and Drug Agency (FDA) and the Centre for Disease Control (CDC) have both recently stated that they will no longer use the PCR test to determine a diagnosis of Covid-SARS-2 .

Because it can not distinguish between Covid and Flu. The supplier of the PCR test, Roche, clearly states on the label that the PCR test is not to be used for diagnostic purposes. In regard to the current pandemic of Coronavirus, politicians have not been "following the science", as they falsely state, but rather have been "following the conjecture". The whole public health policy of forced lockdowns and mass jags has been totally based on a test which "cannot tell Stork from butter".

I must confess to have a wry smile whenever I read this proposition, as it is so totally detached from reality as I could ever imagine. On reading this proposition it was of infinite help that it demonstrated that I still have a sense of the ridiculous.

General

Q11. Do you have any other additional comments or suggestions on the proposed Bill (which have not already been covered in any of your responses to earlier questions)?

As a member of the SNP of 55 years standing, alas now lapsed and having no intention of ever rejoining. I regard the present name should change from the Scottish National Party to the National Socialist Scottish Workers Party (go look it up). We used to be believers in democracy but now are nothing other than left-wing fascists. I have no confidence in any proposal emanating from this parliament. My deepest regret is that I ever voted for the proposal to set up a separate Scottish Parliament.

I was unaware that when Moses descended from Mt Sinai that the right to treatment for addiction recovery was part of the 10 commandments written in tablets of stone. In fact the phrase "Am I my brothers keeper?" seems to me to be a bit more familiar. I most certainly do not object to aiding and assisting anyone on the road to salvation, but one should remember that the road to hell is paved with good intentions.