

# 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".)

Professional with experience in a relevant subject

**Optional: You may wish to explain briefly what expertise or experience you have that is relevant to the subject-matter of the consultation:**

I have worked in the addiction field for 28 years, including 14 years of managing community rehabilitation services. The vast majority of my experience has been in the voluntary sector.

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).

Dougie MacMillan

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 supportive

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**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.**

One of the main aims of Government is to tackle the societal stigma towards addiction. Yet, without legal protection, this stigma remains unchallenged even within statutory services, where those with addiction problems are regularly treated unfairly and often in ways that others would not be treated.

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.

ADP structures allow strategic decisions on addiction and recovery to be made by majorities of Local Authority & NHS officials who have no expertise in addiction and who have many other competing interests. Individuals need legal rights to challenge local decisions that deviate from the spirit and purpose of Scottish Government legislation.

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

Duty on Health Boards

Duty on Integration Joint Boards (IJB's)

Established targets/standards

Requirement for the Scottish Government to report progress on duty

Other (For example Local Authorities - please specify below).

**Please explain the reasons for your response.**

ADPs need reviewed. In their current structure, strategic addiction & recovery decisions are made by groups where only a minority have expertise in addiction; with the majority being local authority and NHS managers who have only a peripheral interest in subject. There is little space (and therefore voice) for the expertise from the voluntary sector or even academia. A similar imbalance appears to have beset the Drug Death Task Force, where there appeared to be a dominance of those holding a medical understanding of dependence, where those who could articulate the psychological phenomenon of addiction were clearly missed.

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.**

A series of judicial reviews in English courts over NHS rationing have been found to, not only overturn administrative decisions, but to encourage better decision making. This should be unsurprising as

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unaccountability tends to lead to poorer decisions. A rigorous complaints process should have the same effect in raising standards and avoid a similar pattern of judicial challenges.

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.**

The use of the word "allow" is indicative of the unconscious stigma that affects us all. We wouldn't talk of "allowing" a cancer patient to choose their treatment, we would detail the options and the risks and benefits, and then respect their decision. Unfortunately, what is happening in many parts of the country is that individuals accessing addiction and recovery services are not being allowed to know that residential rehabilitation is an option available to them.

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

Fully supportive

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

There may be times when individuals are denied treatment due to individual circumstances. However, with addiction, blanket bans exist that preclude any consideration of the individual or their circumstances. This is an unacceptable situation. Additionally, at a time when Scotland is tainted by its awful failure of drug-related deaths, individuals assessed as in need of residential rehabilitation are being forced to wait for a space to become available with a preferred provider while there are empty beds in other residential locations. Even at this horrendous time, local contractual arrangements are given greater importance than the effort to avoid more deaths. Individuals need the legal tools to challenge such unreasonable decisions.

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.**

I believe this is essential to prevent individuals being forced to remove the issues of local contractual arrangements forcing individuals to remain at risk while a bed becomes available, while other facilities have capacity. This would also avoid the problems of imposing ring-fencing upon local authorities, while at the same time removing the geographical unfairness experienced by some councils, and increase individual choice in their treatment options.

## 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:

some reduction 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.**

Short term concerns of funding are misleading. Short term investment will lead to long-term gains, both for each individual engaging in residential rehabilitation and for the country in making this investment in its people. Unlike, medical interventions, the purpose of residential rehabilitation is behaviour change. Financial benefits will accrue afterwards, as more people move on to employment and become less reliant on the state. There have been arguments that residential rehabilitation doesn't work for everyone, but this is a misleading argument as it is usually compared with medical interventions that maintain individuals on substitute medication in an ever-expanding caseload of prescription management, with no end in sight. Even for those who relapse after a period in residential rehabilitation, the intervention is not wasted as for many, as they often refer back to that period, like a touchstone, of what they need to get back to. However, many do succeed, and like anyone else, go on to discover their potential.

## 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?

Positive

**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.**

There is no detriment to anyone in expanding the concept of Equality. What does undermine the concept of Equality is allowing the marginalisation of any group to persist.

## 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?

Yes

**Please explain the reasons for your response.**

Our current approaches (from policy to society's stigma) have led to over 100 people in Scotland dying each month from Drug Related Deaths. Everything is undermined by this level of loss. We all have a duty to our fellow citizens, and their families, and friends, and therefore ourselves, to confront this atrocity with humility and a resolve to demonstrate that such a situation will never be allowed to occur again. The

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situation we are in has developed because we have got it wrong. We need new voices with new ideas to come forward and be listened to. We need to look at international comparisons, to find out why we have got it so badly wrong. The comment above about "strong scientific evidence" needs to be reflected upon. It is much easier to produce gold-standard research in chemistry than in psychology. We have drifted away from an understanding of the psychology of addiction and towards the reliance on managing the chemistry of dependence. We need to go back to helping people to change their own behaviour.

## 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)?

25 years ago, Scotland had an excellent reputation for addiction research & treatment. However, since then there has been systematic disinvestment in general, transfer of funding from the voluntary sector to social work and NHS projects, centralisation of services (including in the voluntary sector), a loss of local community addiction services in the same disadvantaged areas where most of the drug related deaths occur (how many people were these services keeping safe?), and strategies to help people change abandoned in favour of simply keeping them safe, perhaps the greatest failure of all.