

# 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 with people affected by drug use in Scotland in a variety of roles, frontline, quality improvement, workforce development and strategic since 1986.

Please select the category which best describes your organisation

*No Response*

Please choose one of the following:

I would like this response to be published anonymously

**If you have requested anonymity or asked for your response not to be published, please give a reason (Note: your reason will not be published):**

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).

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?

Partially 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.**

I recognise the need to promote the rights of people affected by drugs and alcohol and to have access to the treatment most suited to them but can't support this draft in its current format for these reasons:

1. The draft focuses almost specifically on residential rehabilitation treatment and provides no detail of essential harm reduction services. Residential rehab focuses on abstinence based treatment options which are an essential part of the treatment package and offer to people however, it doesn't target, support or help those at most risk of dying as a result of alcohol or drug use.
2. There is very little mention of harm reduction services e.g. injection equipment provision, heroin assisted treatment, drug consumption rooms, drug testing, optimum dose substitute prescribing, wound care, diversion from prosecution, access to benefits and housing etc.
3. There is no mention of detox facilities and preparation and support for people to attend residential rehab.
4. The bill repeatedly talks about a system being 'broken' and not 'fit for purpose' and at the Cross Party group it was said that some ADPs are 'not working.' Having worked in quality improvement for 12 years at a national level it is evident that there are numerous flaws in the treatment offered and staff who are burnt out, unsupported, not adequately trained and with a lack of options for professional development. There are also areas of excellent practice and a committed workforce despite the difficult job and lack of support. This approach which seeks to undermine existing efforts is counter-productive and uninformed. To make the necessary changes to a creaking treatment system will require all partners to work together, recognise and address their failings and support each other to make improvements. The language of blame does not help will prevent the openness, honesty and bravery required to improve services.
5. Only talks about people addicted, this is problematic because it ignores people who may be having problems with their use of substances but are not or don't consider themselves to be addicted, a broader definition is required.
6. The language is inconsistent, talks about 'right treatment' and 'right to recovery' needs to be clear that it is treatment rather than get caught up in arguments about what constitutes recovery. Recovery is personal to the individual. People must continue to be supported should they wish to remain on substitute medication.
7. Stigma is a big issue for people, sensationalist statements about 13 year olds being treated for cocaine are not helpful. They are awful but this was one case as far as I'm aware. Drug use is an emotive enough subject without use of examples like this which are not the norm.
8. Is a legal challenge the right approach, will clinicians and others be more likely to restrict treatment. How much time will be tied up dealing with individual issues rather than improving treatment for all. Will the most motivated and best connected get better treatment at the expense of others?
9. 'People will have access to their preferred treatment unless deemed harmful by a medical professional'. People have complex needs, the decision around access to treatment is not necessarily the domain or responsibility of a medical professional. Need to reflect a biopsychosocial approach.
10. Acknowledges that people in deprived areas are 18 times more likely to die, therefore needs to include the right to benefits and housing and to challenge UK Government to ensure access to benefits.

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.

I don't think legislation is the best approach and the threat of legal challenge can be costly, time consuming and not produce the improvements required. It is better to have clear standards and a monitoring system which encompasses data, consultation with people with lived experience, staff and other stakeholders and a build a quality improvement system. Experience of doing this work has shown that people are only too well aware of the failings in the system and what is needed is a culture of improvement.

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.

Established targets/standards

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

As previously create a culture of co-operation, co-production and quality improvement.

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

Fully opposed

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

There are processes in existence and in many and varied organisations. Some of the main issues are with services that fall outwith the drug and alcohol treatment system and will not be covered by this. Good quality accessible advocacy is the key to improving services.

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?

Partially opposed

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

People have complex needs and require a variety of treatment options including psychosocial and psychological, a medical professional is not necessarily the best person to make an assessment.

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 can't be prescribed. In my experience people used to attend the Links project in Leith and wanted to detox as they were keen to stop. However many left after a period of detox, were then using street drugs and not accessing services. People need to have a stable situation to go back to or they could be more vulnerable and at risk. People often express a desire to stop using but have difficulty following through with it. Not refusing treatment may not be in their best interests depending on what was being asked for. I would support a general policy of people being entitled to treatment but an assessment needs to be carried out and treatment refused if it will increase risk.

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

Fully opposed

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

I don't know what this means, for what? Again experience of working across Scotland has highlighted that substance use patterns and risks are different in different areas. Services need to be planned and commissioned at a local level. For example, Edinburgh has a need for many services for homeless people, Angus has very few homeless people.

Co-production is a great model which we should all be working towards, this can't work on a national level as it requires input from people who can represent the issues within their area and treatment system.

National procurement of service other than residential would not address local priorities.

## 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 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.**

A separate complaints system, clinicians and support staff tied up in reporting and engaging around this is time consuming and ineffective.

## 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?

Unsure

**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 nothing in the bill expressing how equalities issues will be addressed.

## 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?

Unsure

## 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)?

The bill if it is going to address the needs for people affected by substance use issues needs to make a clear statement that it will challenge the Misuse of Drugs Act, measures restricting access to benefits etc. Where reserved legislation increases the harms experienced by people it needs to be challenged and the bill should make this clear. Being criminalised because of substance use causes significant harm as does poverty.