

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.

on behalf of an organisation

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".)

No Response

Please select the category which best describes your organisation

Public sector body (Scottish/UK Government/Government agency, local authority, NDPB)

Optional: You may wish to explain briefly what the organisation does, its experience and expertise in the subject-matter of the consultation, and how the view expressed in the response was arrived at (e.g. whether it is the view of particular office-holders or has been approved by the membership as a whole).

We have undertaken a series of consultation sessions in order to engage with as many members of the Glasgow City ADP and its sub groups as possible, including lived and living experience reference group (including families), clinicians and prescribers as well as partners across our Executive and Strategic ADP framework which includes Third Sector representation, statutory partners (Police, NHS, Ambulance Service & the Local Authority).

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).

Glasgow City ADP

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.

The Glasgow City ADP acknowledges and welcomes the aspiration of this Bill- to ensure that everyone gets access to the addiction treatment that they need, and we acknowledge that there are geographical differences across the country in terms of access to care and treatment services.

We have undertaken a series of consultation sessions in order to engage with as many members of the ADP and its sub groups as possible, including lived and living experience reference group (including families), clinicians and prescribers as well as partners across our Executive and Strategic ADP framework which includes Third Sector representation, statutory partners (Police, NHS, Ambulance Service & the Local Authority).

The Glasgow City ADP does not believe that further legislation is required in this area and that provision within the Patient's Rights (Scotland) Act 2011 and the associated Charter of Patients' Rights and Responsibilities 2019 are sufficient to protect service users / patients access to addiction services.

The consistent implementation of the MAT standards across Scotland will address much of the current geographical inequity in treatment access, choice and quality within treatment services. Similarly, adherence to the recently published recommendations for pathways into residential rehabilitation will tackle the current geographical disparity in provision and provide clarity and consistency in how to access residential rehabilitation services.

Implementation of these standards and pathways will require significant continued investment and work by Scottish Government and ADPs but progress has already been made.

Whilst the frustration of the original authors is shared by Glasgow City ADP, our members have significant concerns about the unintended consequences of this proposed legislation. These include the following;

- The likelihood of increasing the stigmatisation of people who use alcohol and drugs services, as a result of this patient group having a potentially different status to other patient groups
- The likely erosion of trust and damage to therapeutic relationships between clinicians / medical staff and patients
- Limited health resources being consumed by legal costs as well as diverting the time needed to deal with the processing and preparation for judicial process
- Erosion in the existing high quality of residential rehabilitation services with a potential race to the bottom with new entrants into this field, seeking to exploit demand but meeting the lowest required standard

We believe that the draft proposal for legislation, as currently articulated, is not possible to implement or enforce, specifically the assumption that the proposed Bill will enshrine the right to treatment of choice as an absolute right.

This proposal exists to apply an enforceable right to the individual but takes no account of the implication for ALL patient groups who may also seek to enforce a right to access a treatment of their choice, in any clinical specialism.

Clinical decisions are not guided by legislation for any other care group. Clinicians are already governed by professional codes of conduct and standard operating procedures. Adherence to national clinical guidelines is a core element of professional practice. There is no mention in the consultation, for example, of the "Orange Guidelines", Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

If there are any adverse events, legal challenges or disputes on appropriate treatment options, these are the standards to which medical professionals will be held accountable.

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 Glasgow City ADP does not believe that further legislation is required in this area and that provision within the Patient's Rights (Scotland) Act 2011 and the associated Charter of Patients' Rights and Responsibilities 2019 is sufficient to protect service users / patients access to addiction services. With regards to safe and effective care and treatment, it states;

I can expect that the treatment and care I receive is suitable for me and my needs, is carried out in line

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.

with the law, is based on recognised clinical guidance and standards where these exist and aims to follow 'trauma-informed principles' (in other words, helps to reduce distress and build trust).

Source; www.gov.scot/publications/charter-patient-rights-responsibilities-2/documents/ (P9)

There is no evidenced reason to indicate that professionals working in the field of alcohol and drug treatment need to be subject to additional legal requirements that are not requirements for medical professionals working in any other specialist clinical area.

The implementation of the MAT standards and the publications on pathways into Residential Rehabilitation across Scotland will address much of the current geographical inequity in treatment access, choice and quality.

The recent consultation regarding a National Care Service, if implemented, will bring a more consistent approach nationally, identifying the importance of individual choice and evidence based clinical services.

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.

The Glasgow ADP believes that treatment decisions should not be subject to political influence, but subject to clinical judgement, based on solid evidence and with the patient at the heart of the decision making process throughout.

The aim of all patients to have access to the treatment they want at a time of their choice is one that all patient groups in any clinical specialism would desire to have. Any attempt to implement and enforce this proposed bill would inevitably be divisive amongst patient and family groups and as previously stated, may lead to this cohort of patients being subject to greater stigmatisation if they are seen to be treated differently.

Patients with life limiting or life-restricting conditions can potentially benefit for example, from extended residential placements or from access to drugs that are not licensed nor available through the NHS. Enshrining a right to treatment choices in law fails to fully understand the budgetary, resource and scale limits of the NHS in Scotland.

A national framework of standards for residential rehabilitation, would allow informed choice and equity of quality and access, rather than cost. The current national situation is inconsistent and often not in the interests of the individual or families.

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.

The existing NHS and Council complaints procedures are open, transparent, and available to all.

Glasgow ADP believed that the existing support provided to individuals via the Patient Advice and Support Service (PASS), existing NHS mediation services, the NHS complaints system and ultimately the Scottish Public Services Ombudsman are the most effective and appropriate means to deal with dissatisfaction with services.

The current NHS complaints procedure has recently been restructured and staff or others are now able to act as the patient's advocate to make a complaint on their behalf. It would be divisive to have some clinicians subject to additional complaints procedures that do not apply to colleagues in other medical specialisms. The Glasgow City ADP notes that there is no direction in the bill as to how conflict resolution would take place re any potential disputes on appropriate treatments.

The Glasgow City ADP has invested in the commissioning of an independent, professional advocacy service in recognition of the need to ensure that those whose voices are often not heard are listened to

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

and understood. This is widely publicised across our care and treatment settings and is utilised by individuals engaging in addiction care and treatment 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 supportive

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

Treatment providers have a responsibility to ensure that patients are fully informed and able to give informed consent to any treatment option offered with a collaborative approach to finding the most appropriate treatment pathway for the individual. It is important to acknowledge that with any medical intervention, a stepped approach will always be taken to find the most appropriate and cost-effective option being considered prior to escalation to other interventions. The publication of the 'Pathways into, through and out of residential rehabilitation' identifies examples of individuals who may be best suited to residential rehabilitation and includes "Those who have not previously benefited from previous community-based psychosocial treatment". Available at; <https://www.gov.scot/publications/pathways-through-out-residential-rehabilitation-scotland/documents/> (p5)

All evidence-based treatment options should be available to an individual, but the decision on a treatment pathway needs to also be made based on solid evidence, clinical judgement (including experience of the clinicians), risk assessment and in the best interests of that individual. Any treatment decision should be the agreed outcome of a fully informed and inclusive discussion. All of this is underpinned by the Drug Misuse and Dependence; UK guidelines on clinical management (the 'orange' guidelines) as well as the rights of the patient as set out in existing legislation (Patient Rights (Scotland) Act 2011) and the Patients Charter.

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.

The Glasgow City ADP members are concerned about the divisive language used within the Bill. There is a negative tone expressed in the document relating to Medically Assisted Treatment (MAT), yet is acknowledged internationally, with a huge body of supporting evidence, as a highly appropriate and effective clinical pathway for individuals with chronic substance use disorder.

ADP members have expressed a fear that individuals and families may focus on their right to access a particular treatment option, rather than considering what best meets the needs of the individual in the short, medium and long term.

Any treatment decision should be the agreed outcome of a fully informed and inclusive discussion. The language used of "treatment being refused" implies that there are opposing views, whereas to be therapeutically effective, decisions on the appropriate treatment at the right time for individuals, have to be reached by clinicians and patients together, supported by their families and loved ones. This is underpinned by the Quality Principles – Standard expectations of care and support in Drug and alcohol services as well as the newly published Whole Families Approach Framework, which continues to encourage family involvement in care planning and involvement in supporting individuals as they engage in their treatment, improving outcomes for individuals, families and the community.

<https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/>

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

<https://www.gov.scot/publications/improving-holistic-family-support-towards-whole-family-approach-family-inclusive-practice-drug-alcohol-services/documents/>

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.

All evidence-based treatment options should be fully funded. It is our view that any residential rehabilitation should only be delivered on a 'not for profit' basis.

There remains some concern with the proposal regarding the frequency of offer of 'any' treatment to individuals. Residential Rehabilitation remains one of the costliest treatment services available but many other treatment options, including community-based rehabilitation, may lead to more successful long-term outcomes for individuals. Our lived experience panel are concerned that limited resources will be diverted away from key community recovery networks if this proposal was to be progressed.

The premise of this Bill is to have no barriers to accessing treatment of choice, irrespective of previous outcomes. The consequence of this unlimited impact on the whole treatment and care budget could be reduced treatment quality, access and options across a broad range of 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:

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.

A priority for both the Scottish Government National Mission and Glasgow City ADP is to increase the number of people receiving treatment and care. An unintended consequence of this legislation could be a significant increase in costs reducing HSCP ability to offer services to more people.

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 should be no impact on protected characteristics as a consequence of this proposal, however with

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?

an increased focus on residential rehabilitation, we are unsure of the potential impact across our diverse communities. This requires further consideration.

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.

The provision of a wide range of care and treatment and recovery services should always be open and available to all across our community. Further investment and broadening of treatment availability to all communities across the country is likely to have a beneficial impact on individuals, their families and the wider society.

Often, vulnerable individuals travel to seek care, treatment or recovery services if they are not readily accessible in their own communities. We are aware that many individuals will migrate towards our larger cities in seek of support, including housing, outreach, IEP, food or emergency shelter. This is also the case with addiction care, treatment and recovery resources, which tend to be more accessible and well established in our larger cities. Delivering equity for individuals across the country can only improve the health and wellbeing of individuals and wider society regardless of circumstances.

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 Glasgow City ADP believes that political regulation in any area of clinical practice is an unnecessary and potentially backwards step. We strongly believe that the proposal in its current form would result in division between patient groups and between individuals, families and clinicians.

Workforce recruitment and retention is already a problematic area in alcohol and drug services and implementation of the Bill in its current form would result in increased difficulties in recruiting or retaining experienced and qualified staff which would likely result in further challenges and reduced treatment access for patients. We believe that this proposal is likely to make addiction medicine unattractive to a new workforce and may create unnecessary barriers to retaining a dedicated and skilled workforce. We have listened to concerns from clinicians who feel they may be pressured into recommending inappropriate treatment, based on potential litigation / judicial review of their expertise and evidence based clinical judgements. This may also subject some clinicians into future negative consequences in the event of an adverse outcome of a patient who may e.g. relapse / succumb to an overdose death, particularly following the patients insistence of a treatment pathway which was against the medical advice and support provided to them.

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)?

We understand that the authors seek to create opportunities to seek judicial review of clinical decisions, but it is not clear by which mechanisms this would be sought across the Health and Social Care sector when set against the existing provision of support to individuals who are dissatisfied with NHS services. Ultimately the right to seek judicial review of decisions believed to be unlawful already exists, as set out on the NHS inform website;

<https://www.nhsinform.scot/care-support-and-rights/health-rights/feedback-and-complaints/feedback-complaints-and-your-rights>

We note that an assumption is made that this proposal includes all individuals across our communities, however the proposal does not express how the rights to access of treatment options could be exercised by individuals in custody within prison settings or consideration of the associated challenges in delivering equity of treatment options to individuals who are so detained.