

# 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

Third sector (charitable, campaigning, social enterprise, voluntary, non-profit)

**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).**

The Evangelical Alliance joins together hundreds of organisations, thousands of churches and tens of thousands of individuals to make Jesus known. Representing our members since 1846, the Evangelical Alliance is the oldest and largest evangelical unity movement in the UK.

Working across the UK, with offices in London, Cardiff, Glasgow and Belfast, we are committed to fostering strong relationships amongst our membership. Our members come together from across denominations, locations and ethnicities to share fresh ideas, catalyse innovation, and reach out to serve their local communities. The extent of this work was seen during the Covid-19 pandemic when our members in Scotland supported over 50,000 individuals during the initial 2020 lockdown with over 200,000 individual acts of support delivered in 180 locations across Scotland. This work was outlined in our Stories of Hope report that was subsequently commended and debated in the Scottish Parliament on the first anniversary of lockdown.

Stories of Hope Scotland - Evangelical Alliance (eauk.org)

<https://www.eauk.org/resources/what-we-offer/reports/stories-of-hope-scotland>

Members' Business: Stories of Hope Report, Scottish Churches Provide Support in Lock - 23 March 2021 - YouTube

<https://www.youtube.com/watch?v=gDN-h6p13ZA>

Within Scotland we have approximately 500 churches affiliated to the Evangelical Alliance with around 50,000 individuals attending member churches in communities across Scotland. Some of our well known Scottish member churches include the Baptist Union of Scotland, Free Church of Scotland, United Free Church of Scotland, Assemblies of God, Church of the Nazarene and the Redeemed Christian Church of God as well as many individual congregations. Some of our organisational members include Bethany Christian Trust, Blythswood Care, Christians Against Poverty, Edinburgh City Mission, Glasgow City Mission, MAF and Tearfund. Many of our members have direct experience of supporting those in addiction and recovery and are well placed to contribute on the development of this proposal.

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).

Evangelical Alliance

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

**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 Evangelical Alliance is fully supportive of this proposed Bill. Whilst no one proposal will ever tackle all the complex challenges of dealing with Scotland's drugs death crisis, properly supporting and funding appropriate treatment is long overdue. Putting into law the rights of those suffering from addiction to access treatment is an important step in ensuring that this will be delivered. We also support the emphasis in the bill proposal on treatment being centred on an individual's specific needs. Our members support those in every stage of the recovery journey from church-based recovery groups in the community through to residential support. It is vital that bespoke and holistic care is provided right through the recovery journey and we believe the bill proposal attempts to recognize this and also the variety of treatment and support options provided by third sector and faith-based providers. The move to remove the current funding cap for treatment services and replace it with a demand-led approach appears to be a positive step in driving this change.

Whilst any funding decisions must be carefully weighed to ensure accountability in delivery it is clear that within our network that those living and working in recovery day to day are supportive of the broad aims of this proposed bill.

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.

YES

We believe that by putting these rights on a statutory footing there will be both a practical impact on service delivery and a wider culture change on how addiction, treatment and recovery are viewed within Scotland. As a network of Christian churches and organisations we believe that no one is beyond redemption, no matter their current circumstances, and that the focus of treating addiction must be from a place of conviction that current circumstances can and will change. Whilst this will sadly not happen in every circumstance a focus on an effective person-centred treatment that is enshrined in law will raise the bar both politically and culturally so that we do not continue to accept the current level of addiction and drug deaths as in any way normal.

Other brief comments would be to consider whether the demand-led funding model could be implemented at an earlier stage prior to legislation to start this process as soon as possible, and also the

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importance of considering whether there are other examples or models of best practice within the other nations of the UK that could be drawn upon in development of this system.

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

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

In broad terms we are supportive of the range of duties, standards and requirements suggested here and they are clearly not all mutually exclusive. In particular we believe it is important that at a national level Scottish Ministers must have oversight and accountability including a duty to report progress to the Scottish Parliament. Ultimately this is a national challenge and the Scottish Government and Scottish Parliament must take responsibility for ensuring deaths from addiction in Scotland are reduced.

At the local delivery level it is important that implementation and enforcement is workable for both those delivering treatment and crucially those receiving it. So whilst there may be merit in all the duties and suggested standards outlined we would defer to those specialist services for detailed comment.

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

Partially supportive

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

Again we would defer some of the details of the specific outworking of this proposal to those with more specialist experience however we have a few brief comments.

Firstly we believe that anything that reduces bureaucracy for patients who are by their nature more vulnerable than the general population would be welcomed. There is often huge societal stigma associated with addiction and that combined with the challenge at times of other chaotic lifestyle factors or temporary mental incapacity can mean individuals may need more specialist support to make a complaint. It would be important to provide this support and clarify how this can be maintained appropriately independently of the respondent to the complaints procedure.

Secondly the pressures on NHS funding in the coming years are well known so it would be important to clarify how a new complaints procedure would be funded and also to find a model that would avoid unnecessary bureaucracy rather than create new layers of it.

Finally it would be important to consider if this new complaints procedure would be viewed as a long term

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

model or whether it was seen as an emergency measure to tackle the immediate and urgent problems with the current system that a new right to recovery is designed to tackle.

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.**

As previously outlined, allowing those in addiction more of a say in their treatment plan is vital as we seek to build a more humane and whole person-centred approach to treatment. This should be the default human rights-based approach to treatment providing important agency to patients who ultimately will have to make their own daily choices in their journey of recovery. We are aware of providers such as CrossReach who already implement this approach.

However, we also appreciate the reality that when still struggling with addiction, physical and mental capacity can be reduced and so it may not always be possible in every situation for a patient to make a clear judgement in directing their best course of treatment. At this stage, the advice of a medical professional would be of greater necessity to guide the patient towards a treatment plan suited to them. What needs to be assessed is the degree to which the medical professional can influence the treatment plan of the patient. The application of professional standards and medical ethics around capacity and informed consent are clearly important if there are to be new choices given to patients around treatment and it would be important to work with professional bodies to work on the detail of any new procedures.

As previously mentioned, there are already service providers who have adopted the approach suggested. For example, one of our members, Glasgow City Mission, works with the patient to draw up a recovery plan, with input given by the patient and the medical practitioners within the organisation. Any future consideration of this aspect of the bill should include further consultation with these organisations when considering whether to make this a statutory requirement.

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.**

At this stage, we believe there is a strong argument to be fully supportive of this measure. As a Christian network we believe that all those suffering from addiction are to be treated as people made in the image of God and that care and support should be offered to all those seeking such treatment.

As with other areas there would be detail to be worked out on how this would work in practice and some of the questions previously raised relating to the interaction of the patient seeking treatment and those medical professionals advising them would also apply here.

It is also clear that this is where the question of increased funding would arise in assessing the requests of all those seeking treatment to guarantee the resources and space for everyone to be treated. The detail of discussions around a demand-led approach are important here as well as the exceptions for which treatment could be refused either in statute or in guidance.

A number of our member organisations run at near full capacity and we have heard stories of both Glasgow and Edinburgh City Missions having to turn people away from their services due to a lack of staff capacity or resources to assess patients. It is important that as the bill proposal is developed already

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

stretched organisations on the ground are not stretched any further when meeting and assessing patients who come to them for treatment. Clear lines of dialogue between third sector rehabilitation centres and local commissioning services will also be important if there is a right to treatment when managing incoming patients.

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

Partially supportive

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

For the same reasons we believe that dealing with addiction is a national priority for the Scottish Parliament we also believe in principle that a national funding model should be explored. Once again the specific detail of this would need to be worked through with specialist organisations who would be working with any new settlement. If a national funding scheme was to be established however, consideration would need to be given to the role of local decision making to ensure that decisions are not so centralised as to be made remotely from the specific context and thereby losing local expertise.

As previously mentioned, an improved funding system with increased funding for recovery centres and individuals is clearly necessary and recognised by all sides. We welcome the increased funding the Scottish Government has committed to improving addiction recovery services over the coming years. With this increased funding, however, there is the opportunity to review the funding mechanism to ensure funding is allocated appropriately and effectively to various areas of addiction recovery services. There has been some concern noted that if there is not balance amongst the areas of treatment offered to patients then funding could be distributed unevenly, particularly when taken alongside socio-economic factors.

## 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.**

It is important to consider this question in both short term and long term aspects.

In the short term there is a good chance of an increase in costs which is recognised in the consultation document. This will be primarily in increased treatment and support costs ultimately funded by the public sector (with some charitable donations supplementing this). Very practically the move to demand-led funding will result in more patients being treated in rehabilitation and more finance will need to be allocated to accommodate this.

However long term, tackling Scotland's addiction crisis would lead to significant gains to society including in financial terms. This would include reduced unemployment and offending which in turn would lead to increased tax income and reduced benefit payments, court costs and prison places. In addition, the NHS would benefit significantly from the cost savings of not having to treat the many complex health issues associated with addiction for every individual who had successfully received treatment and was no longer in addiction. Aside from the clear moral and ethical need to invest in supporting people to move on from a

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:

life of addiction, this is a clear example of preventative spend that could result in significant cost savings in the future.

## 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.**

We believe that any reduction in addiction in Scotland would have a positive impact on equality. Every individual and community benefits from effective recovery treatment regardless of which protected characteristics they possess.

In relation to sex, marriage and civil partnership, and pregnancy and maternity, it is well recognised that addiction is harmful not just for individuals but for entire families. Often it can cause family stress and sometimes complete family breakdown with children particularly impacted. Improved treatment offers a significantly improved chance for the family unit to be kept intact with men in a greater position to support their families and children and avoiding the situation outlined in the consultation where women may lose care of their own children. We believe that this bill would, in the long term, allow for the children to have a more stable home to live in, alongside their parents.

We are also supportive of the approach of the proposed bill in relation to religion or belief. Part of taking a person centred approach to treatment is in recognising the nature of the whole person being treated and the beliefs and values which they hold. As previously mentioned, a number of recovery services are provided by our membership of Christian churches and organisations and it is important for individuals to be able to access recovery treatments from a faith based ethos if they wish. Whilst we do not seek any special privileges for these services it is important that there are equally no barriers to those who wish such treatments, and we believe the bill proposal allowing individual choice of treatment should be able to accommodate this.

## 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

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- 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?

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

Improved outcomes for those in addiction and recovery have the potential to have a significant positive benefit for sustainable development in Scotland. We agree with all the examples listed in the bill consultation and specifically there is real potential to build a more strong, healthy and just society.

Helping people to flourish in every aspect of their individual and community life in many ways is the definition of sustainable development with economic, social and environmental wellbeing interlinked. This is not a new concept in and in the Judeo-Christian tradition the concept of Shalom is one that sums up this idea of the fullness of flourishing and wellbeing for individual and community life. This bill proposal is one small but significant step that could lead to the transformation of circumstances where individuals who have been trapped in addiction can flourish in personal, family, economic and community life.

It is important to recognise that this bill proposal is one aspect of this flourishing and this initial treatment must then be supported by communities and services to help individuals walk the journey of recovery long term once they have left the place of their initial treatment. Organisations in our wider network such as the Kidron Project in Perth and Christians Against Poverty provide activities and training including courses in budgeting, money management and employability skills training – all of which help support the journey back into employment. As part of a wider strategy, of which this bill is a part, we must continue to join up access to support services and recovery communities that will lead to not only flourishing of individuals and their families affected by addiction, but ultimately to the flourishing of Scotland as a whole.

## 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)?

No