

# SHAAP

SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS  
[www.shaap.org.uk](http://www.shaap.org.uk)

## Response to consultation on Right to Addiction Recovery (Scotland) Bill

### About SHAAP

SHAAP is a partnership of the Medical Royal Colleges in Scotland and the Faculty of Public Health and is based at the Royal College of Physicians of Edinburgh (RCPE). SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol-related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

### Questions

1. Which of the following best expresses your view of the proposed Bill?
  - a. Fully supportive
  - b. Partially supportive
  - c. Neutral
  - d. Partially opposed**
  - e. Fully opposed
  - f. Unsure

Please explain the reasons for your response:

There is an urgent need for investment in and upscaling of quality, person-centred treatment and support services for people with alcohol (and/or drug) problems to ensure easier, quicker access. Indeed, despite the scale of alcohol harm in Scotland, people with alcohol problems accessing treatment has steadily decreased over recent years, from 28,005 in 2016-17 to 19,354 in 2020-21 ([National Drug and Alcohol Treatment Waiting Times](#), PHS, 2021) indicating the system isn't working. However, introducing a legal right to some or all aspects of treatment services won't necessarily help address the problem of improving access. In our view, the forthcoming UK-wide Alcohol Treatment Guidance will provide an opportunity for the Scottish Government to set out what services should be available with a range of models for their provision, and at the same time the Scottish Government should make available the investment needed to provide such services. It may also be necessary to establish a set of standards and associated indicators – similar to the Medication Assisted Treatment standards which have successfully focused resource on services for people who use drugs – to meet that guidance. Introducing a legal right risks diverting focus away from the opportunities that the guidance affords and also the work being carried out on pathways into, through and out of residential rehabilitation in Scotland. These significant developments require commitment, leadership, funding and resourcing if they are to improve access to treatment and support and ultimately create a “no wrong door” system for people with alcohol problems.

The Bill suggests extending the current NHS complaints system to specifically provide for people with alcohol and/or drug problems but lacks clarity on what exactly the right is for, and would achieve, and how it would be implemented in the complex landscape of the NHS, Integrated Joint Boards and Alcohol and Drugs Partnerships. If the Bill was to pass, what would happen to someone who felt their right to treatment was being denied? It is not clear at this stage what the process would be in that situation, or what system would need to be set up to resolve such a situation.

2. 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.

We believe that the aim "to ensure that everyone has access to the necessary drug and alcohol addiction treatment they need" requires investment, resource, training, systems change and a cultural shift and are concerned that the introduction of a legal right could distract from the change required and could divert resources and focus away from the very problem it is trying to address.

The current system sits within a culture where alcohol (and drug) problems are stigmatised and so people fear reaching out for the support they need. To address this stigma, we need to see our political leaders, media and social commentators use non-stigmatising language and to role model openness when talking about problems with alcohol or drugs.

By the same token, taking action to prevent harms caused by alcohol by reducing availability, decreasing affordability and restricting marketing will help make alcohol less ubiquitous in Scottish daily life and result in a cultural shift in our relationship with alcohol. Not only that, it would bake in long term change in Scotland's relationship with alcohol and reduce the burden of harms on individuals and communities, often felt the hardest in our most deprived neighbourhoods. It is our view that these changes would be more effective in both preventing harms from alcohol and in creating an environment where people with an alcohol problem can better access the support they need.

We do agree with the need for national standards and guidance, as set out in measures required to deliver the aims of the proposed Bill, but do not feel that legislation on a right to treatment will help in this regard.

3. How do you think the right to treatment established in the Bill would be most effectively implemented and enforced? Tick all options that apply.
- a. Duty on Scottish Ministers
  - b. Duty on health boards
  - c. Duty on IJBs
  - d. Established targets/standards
  - e. Requirement for the Scottish Government to report progress on duty
  - f. **Other (eg local authorities) please specify below**

If the Bill was to progress, then the way a legal right for this specific group of people would be implemented would depend on exactly what the right provides a right to. It would also need to take account of the integrated (in some places) nature of services which are commissioned by and provided by different organisations. Furthermore the likely emergence of a National Care Service and a potential new approach to Alcohol and Drug Partnerships which are currently responsible for many alcohol (and drug) services would need to be taken into account.

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

- a. Fully supportive
- b. Partially supportive
- c. Neutral
- d. Partially opposed**
- e. Fully opposed
- f. Unsure

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

The NHS complaints and feedback procedure, established by the Patient Rights Act, can already be used if services are not meeting expectations. In our view, extending it or adding a new approach specifically for alcohol and drugs services won't deliver the step change we want to see, which is everyone readily accessing the right services and treatment for them. Instead of investing in a new or different complaints procedure, staff training using a human rights based approach across alcohol and drugs services, so that the rights of service users are respected, would make more of a difference for people using these services. However, more needs to be done in addition to this, as neither a human rights based approach nor a legal right to services would benefit people who are not using alcohol services, be it because of stigma, unwillingness to engage through to a lack of suitable services. More work needs to be done to understand what the barriers are so that pathways to treatment and beyond address these barriers, and a "no wrong door" approach to alcohol and drugs services is established.

5. 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?

- a. Fully supportive
- b. Partially supportive
- c. Neutral
- d. Partially opposed
- e. Fully opposed**
- f. Unsure

The workforce within alcohol and drugs services, and anywhere else in our health and care system that people with alcohol and drugs problems engage, should be adequately resourced and skilled to be able to provide people using their services with the information they need, in a way that makes sense, to foster shared decision-making. However, it could be the intent of the Bill proposal that anyone with an alcohol or drugs problem could choose residential rehab and should not be denied that unless it was deemed harmful. A more positive and open approach should be taken to service provision whereby people are made aware of all their options, with residential rehabilitation being one of those options for the most dependent of drinkers (or drug users). It is simply not suitable for many people who are not yet ready to be abstinent in their own personal journey or for very practical reasons such as being a parent of school age children or being in employment. Instead, services from brief interventions through to structured psychological interventions, detox, pharmacological interventions to reduce chances of relapse, day programmes, assertive outreach and alcohol liaison nurses, plus signposting to mutual aid groups, should all be adequately resourced so

that people who need them are able to readily access them. Rehabilitation, which can be very disruptive to people's lives, should be regarded as a very specialist service that people enter after careful, vital assessment. If the Bill was successful in allowing people to choose rehab unless it is harmful, if the person entering it is not ready or is for some reason not a suitable candidate, it could potentially waste a very valuable resource.

6. Which of the following best expresses your view of the proposed Bill seeking to prevent treatment being refused?
- a. Fully supportive
  - b. Partially supportive
  - c. Neutral
  - d. Partially opposed
  - e. Fully opposed**
  - f. Unsure

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

The Bill suggests that a medical professional can refuse a treatment if it's deemed harmful so would not totally prevent treatment being refused. As it is currently proposed, the Bill risks pitting patient against healthcare professional so our preferred way forward, as outlined in previous answers, is to develop a human rights-based approach to service provision and to upscale and resource that provision. It is very important that a trusted relationship is established between service users/patients and the professionals providing their care, thus allowing shared decision-making. Of course there will still be disagreements, but a legal right as proposed by the Bill could make this both more likely, and more difficult and costly to resolve.

7. Which of the following best expresses your view of requiring the Scottish Government to establish a national funding scheme?
- a. Fully supportive
  - b. Partially supportive
  - c. Neutral
  - d. Partially opposed
  - e. Fully opposed
  - f. Unsure**

Please explain the reasons for your response.

There is an urgent need to identify gaps in current service provision, the needs of people across Scotland, and for resources and services to be put in place to meet those needs. This work should be led nationally and funding should then be allocated to local partners to allow them to establish services to meet that need.

8. 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. A significant increase in costs
  - b. Some increase in costs
  - c. No overall change in costs

- d. Some reduction in costs
- e. A significant reduction in costs
- f. **Don't know**

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.

As is currently proposed, it is not possible to quantify the costs of introducing a legal right to services of this nature. We would agree with the need for investment in, and expansion of, alcohol (and drug) services which will also have significant financial implications.

9. 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?
- a. Positive
  - b. Slightly positive
  - c. Neutral
  - d. Slightly negative
  - e. Negative
  - f. **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.

Regardless of whether a right to certain services is introduced, services must be designed to be inclusive. For instance, we have evidence that people from the LGBT+ community are excluded from services currently because of assumptions made about sexual identities by service providers and other service users ([The Social Context of LGBT people's drinking in Scotland](#), Glasgow Caledonian University, SHAAP, 2015). Therefore, more must be done to implement guidance on making services inclusive of people of all backgrounds.

The Equality Act 2010 specifically excludes people who are alcohol dependent under its definition of disability as a protected characteristic. It is our view that reversing this illogical exclusion would go some way to addressing the stigma that people with alcohol problems experience when trying to access services and support.

10. 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:
- a. Living within environmental limits
  - b. Ensuring a strong, healthy and just society
  - c. Achieving a sustainable economy
  - d. Promoting effective, participative systems of governance
  - e. 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?

- a. Yes
- b. No
- c. **Unsure**

Please explain the reasons for your response

While the intention behind the Bill might be to contribute to a strong, healthy and just society, we believe the lack of a strong scientific evidence poses too much of a risk and the

Bill could have unintended consequences on services and their delivery that would not benefit all people who could be using them, as outlined in previous answers.

11. 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)?

Overall, while we agree with much of the analysis of the problem made by the Bill, we do not feel the introduction of a right is the best way to address this problem. For instance, one study has estimated that for every one person who is accessing a specialist alcohol treatment service there are a further eleven in need who are not ([Scottish Alcohol Needs Assessment](#), Institute of Psychiatry, 2009), while another which uses different methodology estimates that for every one person accessing specialist treatment a further three are not ([Assessing the Availability of and Need for Specialist Alcohol Treatment](#), PHS, 2014). The reasons for not accessing services are diverse and can range from stigma through to poor mental health, lack of knowledge of where to turn, lack of acceptance of an alcohol problem, unavailability of services, or a poor relationship with health care services. Giving a right to services or treatment won't address this. Instead, in addition to more resources, more work needs to be done to identify the barriers to accessing services and where necessary they need to be redesigned to provide holistic and individualised treatment and support pathways, for everyone who has an alcohol problem. The Alcohol Treatment Guidance should go some way to address this, but there will be a need to ensure the Guidance is followed and makes a difference for people with alcohol problems, which could be done via the introduction of standards and indicators.