

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).

Glasgow City Mission

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 Mission

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.

We are fully supportive of the thrust of this Bill. We have experienced issues in recent years, much of which seems to be as a result of financial cuts. We support many men & women struggling with addiction and find it can be very difficult in getting them access to the right kind of support. There are too many hoops to jump through and spaces seem to be at a premium. The lengths we have to go to mean that weeks can pass before we help someone access a space, by which time often the window of opportunity has passed. There is also a disconnect between a crisis intervention treatment and then longer residential rehabilitation. We can often get our clients into the first stage but then we can't get a seamless connection to a longer stay bed. Either the beds aren't available, or funding isn't forthcoming. The result is that there is then a gap after the crisis intervention during which the client relapses and the whole process is back to square one. This is very inefficient and a huge waste in resources on both our front and for the authorities.

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.

NA

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 Integration Joint Boards (IJB's)

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

Please explain the reasons for your response.

Our opinion is that the ADP's across each local authority in Scotland should be accountable for implementing this.

The IJB then holds the ADP to account and reports to the Scottish Government.

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.

We feel a significant inhibition on reporting problems and complaints. The ADP are providers and are the gatekeepers to access and spaces. If we have issues or complaints about how our client have been treated then our only resort would be to complain to the ADP. However, we are reluctant to do this as we fear it will damage our ability to persuade the ADP staff workers to partner with us and help our clients into suitable support 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?

Fully supportive

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

We know from experience that rehab only has a good chance of success if the client is fully onboard and is keen to engage with the service, get released from their addiction, and rebuild their lives. If the client is pushed into a choice which they are not happy with then this substantially increases the likelihood of disengagement. They are likely to walk away after a few days, and once again we're back to square one. Clients need to be empowered to make a choice and to own their recovery.

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

Partially supportive

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

This is more complex than is laid out in the Bill. We would be in favour that clients should be offered appropriate treatment regardless of the level of prescription medication they may be on. However, this could have a detrimental affect on some other quality services which offer good residential rehabilitation services currently. More work is required here to bring the nuance out. It would be counterproductive to introduce an aspect of this bill which adds opportunity with one hand but takes it away with the other. We feel that perhaps other approaches should be explored whereby we can achieve the outcome of offering services to those on significant medication without being detrimental to other existing good quality services.

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

Neutral (neither support nor oppose)

Please explain the reasons for your response.

We recognise there are problems with the current funding model through ADP's. However, we remain to be convinced that a national funding scheme wouldn't just end up replicating the same problems and fixing nothing. We suggest a strategic review of how funding is allocated, the decision-making process surrounding that and the current lack of consistency in the answers that third sector agencies like ourselves keep receiving.

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

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?

Neutral (neither positive nor negative)

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 current system is clearly not working, or at least not working consistently nor at a sufficiently high enough capacity. Cuts to the number of beds, merely in the last 3 years, have been shown to be premature and short-sighted. The reasons given at the time were that these facilities were only half or two-thirds full. This may have been numerically correct, but this was due to gate-keeping and funding being with-held rather than that there was a lack of real demand - because there was! Beds were simply not allocated.

Additionally, there has been a big philosophical push towards Community Rehab being the preferred and perceived superior approach. In our experience this is just not the case. This either comes from a lack of understanding at actually how ineffective Community Rehab is for many clients, or the fact that it is a fraction of the costs, and therefore a cost saving decision alone. We work with a significant number of clients who ask for residential rehab and we would also judge that this would be the most effective form of treatment for them. However, they get persuaded, or pushed into a community rehab model. In the majority of cases this does not have a good outcome for the individual. One of the exacerbating reasons for this is that the 'community' that clients live in is the one which is still filled with poverty and all the existing aspect of addiction (i.e. friends, dealers etc who all maintain contact with the client and invariably have a negative impact on their progress). That statistics on the percentage of clients who successfully remain 'clean' after community rehab is woeful (with 5% being an optimistic figure!). Relapse is all too common an outcome here.