

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

Please select the category which best describes your organisation

No Response

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).

John milligan

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.

I believe that people should not have their treatment options chosen by what they or their peers did last week or last year. The current model has been created by professionals for professionals with very little if

Q1. Which of the following best expresses your view of the proposed Bill?

any consideration given to the an individuals ability to change both their perspective as well as their actions

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.

Legislation should not be required but the professional elite that run treatment services have created a self-fulfilling cycle that justifies their narrow and limited viewpoints. Without this legislation I don't believe that outcomes for those addicted at this time or in the future will improve

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.

All parties involved in decision making for treatment provision and who gets to access what service need to be equally accountable to prevent the current status quo being continued where it's always someone else's fault that the system isn't working

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.

At present addiction treatment complaints are around staff conduct. Addiction services are the only part of the NHS where there is such complex options over what is the appropriate treatment options. Patients can technically be in "treatment" without any visible improvements for years with no scope to complain within the standard NHS procedures as they're worker is fulfilling the role in line with the treatment option. The unique complaints procedure would allow patients the opportunity to avoid being locked in an unwanted, ineffective treatment for years because it's "standard"

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.

At present someone with an opiate problem must stabilise in the community by taking another drug (methadone, buprenorphine). Only if they are "motivated" to do this can they then be considered for abstinence rehab. This is despite the clear evidence that the numbers capable of achieving this status was a very low. It also takes away people's freedom to choose whether they want to remain addicted to drugs or not. This is applied to people who are not daily drug users as well as long term addicted. There are no clear benefits in making an occasional drug users a full-time addict potentially for years when they could be diverted to a residential detox and supported into abstinence in days

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.

I believe patients should have the option to access any and all treatments on offer but I also recognise that due to the nature of addiction that there has to be some restriction on how often someone can walk out and then come back. I would suggest that for community treatment options including alcohol detox and ORT that there needs to be 6-8 weeks between treatment episodes and for residential services 4-6 months to prevent a revolving door of never ending failure as there is no incentive to do the hard work today as I can come back and demand a new go tomorrow

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.

At present local authorities have too much autonomy on who and what they are prepared to fund. This creates a postcode lottery which decides unfairly who gets access to services. A National approach would give someone in Sutherland the same opportunities as in Glasgow

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:

no overall change 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.

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:

I believe the current model is deeply flawed with too much emphasis in lowering today's costs rather than looking at the projected costs over a patients lifetime.

Providing someone with access to ORT for 24 weeks is significantly cheaper than providing them with a 4 week detox and 20 weeks rehab programme in a residential setting but option 1 will be repeated in 24 week blocks for years and years. With very little scope of it ending (evidenced by current practice models). Those who undertake and complete 24 weeks of residential treatment are much more likely to end their dependency on treatment services entirely and therefore will cost the public purse much less over the course of their lifetime. Indeed at present those who have historically been given such an opportunity generally exit benefits, criminal justice etc and enter legal employment so actually enrich the public purse via tax contributions.

Even if someone only can manage to complete the residential programme and returns to substance use afterwards they are not attending A&E, committing crimes, using up legal aid and court budgets etc for that period which would mean from a public purse perspective that being in treatment of this nature can only lead to overall savings

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?

Slightly 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.

Anything that provides an individual with the right to choose must improve equality outcomes

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.

As I said in a previous answer maintaining people within addiction as is currently the preferred model with ORT has been shown to have little impact in criminality, health related crises (overdose and other drug related harms) and general anti-social behaviours. By increasing the access to residential rehab even if it's not successful long term given the cost of 1 court case or an overnight hospital admission (many clients can have 5/6 cases running simultaneously as well as multiple A&E visits every month avoiding these for a

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6 month period alone would more than cover the cost of a 24 week rehab stay (average cost £20k). At present it costs more to imprison an offender for a non-violent crime than it does to keep them in a rehab for the equivalent period and prison has been shown to be ineffective in combatting addiction

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 Response