

# 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".)

Member of the public

**Optional: You may wish to explain briefly what expertise or experience you have that is relevant to the subject-matter of the consultation:**

I am an individual who achieved recovery from a 20 year drug and alcohol dependency via residential rehabilitation over 26 years ago. After leaving school with no qualifications I then went on to gain an honours degree in psychology and now work for the NHS. I believe my personal experience both of dependency and recovery allied to an education in different aspects of human functioning gives me the right to offer an opinion.

Please select the category which best describes your organisation

*No Response*

Please choose one of the following:

I would like this response to be published anonymously

**If you have requested anonymity or asked for your response not to be published, please give a reason (Note: your reason will not be published):**

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).

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?

Partially 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 rights need to be balanced by responsibilities, therefore there must be mechanisms in place that require service users to demonstrate commitment. Residential treatment by specialist providers is expensive and while I fully support it I'm also aware that this group of service users can be very manipulative. It is imperative that, while there are no guarantees, as far as possible we are confident that people entering treatment are there for the right reason.

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.

I think legislation is required because I suspect the Scottish Government's concern is drug deaths, not because it is concerned for the welfare of this patient group but because of the national and international embarrassment caused by the number of deaths. These have been rising steadily for years without it, or the ADPs showing the slightest concern. I currently work within an ADP and can assure you until this scandal hit the media I saw nothing but staggering complacency. Whenever I expressed concern about the yearly increase and the fact that NHS provided drugs were increasingly implicated in them, the response was the same old 'methadone saves lives' line that, despite evidence to the contrary has been trotted out for years. I also believe that this particular group of service users requires greater than normal protection because it is so stigmatised that unless it gets legal protection there is a danger that it will continue to be treated with contempt. In addition, I note that my local ADP still shows no sign of acknowledging that it is responsible for this state of affairs. In fact there now seems to be alarm that service users might actually be able to even express preferences while the same ADP constantly tells everyone that its services are 'person centred.'

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.**

Addiction is a condition with well defined parameters therefore it should not be beyond the with of services to adopt well defined treatment protocols. Currently if one checks the community rehab websites they tell you nothing about the model of treatment they adopt or why, or the qualifications required to deliver treatment, just more of the 'person centred' guff which I suspect simply conceals most staff are probably not trained past SVQ Level 2 or 3 in Social Care which is entirely inadequate for dealing with this life threatening condition.

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.**

It is high time those in a position of power over the lives of this very vulnerable group are subject to proper checks and balances.

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.**

I think the terms 'unless deemed harmful' and 'medical professional' need to be strictly defined and the right to a second opinion written into the legislation.  
because I can imagine circumstances where medical professions

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

Unsure

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

Not sure what the above statement means.

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.**

Guaranteed funding is central to the success of this approach. Up to now the Scottish Government has been happy to spend millions building and maintaining a whole bureaucracy based on the insane strategy of giving people addictive drugs on the basis that this is an acceptable treatment for addiction to those very drugs. A lot of people have profited from this strategy over the years, unfortunately families, communities, taxpayers and ultimately service users have been the ones to pay the price.

## 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.**

I believe costs will fall on the taxpayer but if spending is better balanced, a lot more on effective treatment to help people break the grip of dependency and a lot less on drugs that keep people dependent on both substances and services, it need not cost any more.

## 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.**

Addiction is no respecter of the Equalities Act 2010 but all the protected groups have one thing in common, they are all human beings and good treatment is not only focussed on dealing with the chemical dependency, it will also promote personal development and social integration which necessarily encourages respect for all.

## 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.**

Promoting effective treatment that not only saves lives but allows people to move away from dependency on substances, services and benefits to become responsible and productive members of society will be a sustainable strategy.

## 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)?

I hope there will be further public consultation on this matter.