

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).

We are a charity working to challenge the causes and consequences of homelessness using relationship-based approaches. We have a diverse range of services, including Edinburgh Recovery Activities (ERA) and providing accommodation support for the Lothians and Edinburgh Abstinence Programme (LEAP)

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).

Cyrenians

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 find it very surprising that there is not already an established legal right to addiction recovery – similar to the legal rights to housing.

Options for addiction treatments can vary geographically, so the Act should ensure that all recovery options are available to all citizens, regardless of what local authority they reside in.

We strongly support the spirit of this 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.

We think that having legal rights will make it easier to challenge decisions for those who have been denied access to recovery interventions.

Having function within existing healthcare provisions may dilute this so we advocate for this being standalone legislation.

Legislation should be carefully considered and supplemented by guidance.

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

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

Please explain the reasons for your response.

We believe onus and accountability should not fall upon 1 domain in particular. Addiction is intersectional – spanning Directorates such as health, criminal justice and housing.

We strongly believe there is a need to ensure a multi-agency/sector joined-up approach with less silos and barriers to treatment.

Tracking people's journeys and having established targets and standards may be useful, although different interventions in different geographical contexts may make this difficult. For example, in residential rehab there may be bed spaces free for a period of time, but this may be due to issues within the current residency, meaning filling the space immediately would create imbalance and instability.

There should be flexibility and specific targets set based on context and lived and professional experience of those from inside these contexts.

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

Neutral (neither support nor oppose)

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

People can be reluctant to complain about services as they may assume that this will lead to support options being withdrawn entirely. It might be more useful to have a "feedback" process rather than labelling as "complaints" for this reason. Decisions whether to uphold or dismiss a complaint could be overseen by an independent organisation such as citizens advice who could provide support and advocacy if beneficial.

It is important in this process for individuals to be heard and feel respected. It is crucial that they get feedback after the complaint has been considered and have a process that decisions can be authentically challenged.

We are unsure if this process should be in addition to the NHS complaints procedure, or if current procedures could be adapted to make it easier for all.

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.

Ultimately individuals should have a right to choose their preferred treatment options. Ideally a professional should guide them through the options that are available to them to come to an agreed care plan together. Individuals should have the right to change the professional that they are working with if they feel that their needs aren't being duly considered.

Where imposing a treatment option would lead to the individual disengaging from recovery then efforts should be made to come to a compromise. An example of this in practice is someone who had sought stabilisation only being offered residential rehabilitation due to failed community prescribing attempts previously. As residential rehab was the only option open to them, and they were strongly against this, they continued to use drugs dangerously and didn't seek help again until a significant period of time had passed. This put their life in danger.

A "one size fits all" approach doesn't work and operating a choice-based system leads to increased empowerment and engagement with the chose treatment option. Everyone's recovery journey is individual so responses to this should be tailored and person-centred.

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.

As a general rule, treatment should not be refused to an individual, unless accessing treatment at that specific time would put themselves or others in danger.

There should be clear guidance on the instances when treatment could be refused/put on hold, and

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

alternative treatment options explored, as well as additional support being provided to individuals until such time as they can access their chosen treatment option.

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.

There are both pros and cons to this. Arguably it will de-complicate the process of organisations applying for funding, and the ability to award longer-term funding to successful interventions will decrease time and resource needed for applications.

However, by making funding national, we run the risk of minimizing community-based initiatives. We feel it may be a better idea for place-based "anchor organisations" to oversee procurement and tendering processes.

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:

a significant reduction 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.

Although the implementation and groundwork of the Bill's proposals may lead to increased costs in the interim, we believe that in the long-term there will be significant decreases in costs in areas such as criminal justice, NHS and housing.

Money currently being spent could be spent in other ways e.g. non-custodial sentences for those charged with minor drug-related possessions, amounts being spent on prescribing and dispensing ORT's. We are aware that the Scottish Government have finite financial resources, so spending wisely is key.

The human cost to communities and individuals due to addiction should also be a significant consideration.

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?

Unsure

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?

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.

In terms of age, more work could be done with younger members of our community – preventing addiction in youths before reaching adulthood. This could be achieved via youth groups rather than labelling as "drug projects".

Addiction recovery interventions should have options for mixed sex as well as single sex individuals. For example, women who are survivors or current victims of domestic abuse can often feel uncomfortable accessing treatment that is perceived as being male-dominated.

Offering specific interventions for people identifying under the umbrella of LGBTQIA should also be considered.

Drug and alcohol use in some minority ethnic communities can be hidden which can have a devastating impact on individuals and their families. Many people can be reluctant to seek help/support for fear of being stigmatised and potentially impacting on their wider family/community. This can lead to issues being "underground". Attention should be paid to points of support access, and organisations being culturally aware i.e. in not making assumptions about particular communities such as Islamic communities not needing assistance for alcohol use. This may also have implications for residential interventions.

Dispensing methadone as the default treatment option for expectant mothers should be considered. These women should be given support options as a matter of urgency – whether community-based or residential. If prescribing is the best option then support should be given to safely manage this, and where possible decrease and cease prior to birth. We are aware that this is not always possible, but more intensive support should be given around this so that early years and bonding between mother and child is as successful as possible. Brenda House was a great example of a residential addiction/recovery option for single mothers, which offered different levels of support such as morning routines and cooking.

The effect on equalities aspects largely depends on consideration and addressing factors such as the above.

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

Please explain the reasons for your response.

We do not feel that we have enough information on this question to comment at this point

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)?

Having a well-paid and well-trained workforce will be crucial to the success and effectiveness of this legislations. Staff should be trained not only on addictions and recovery, but also be trauma informed and have an awareness of place-based community resources. Peer workers have been shown to have positive effects on recovery sustainment and it would be good to have more resource dedicated to this area.

Attention should be given to those leaving institutions. Working with people in custody to offer recovery interventions is a key area that could be developed, as many people are achieve a level of stability whilst doing a custodial sentence and could be supported to access treatment during their sentence and afterwards. Offering residential rehabilitation as an alternative to custodial prison sentences is an area that could be looked at. There are a lot of organisations doing great work currently, offering services such as meeting people immediately following release. This could be better resourced to increase impact.

There should be more wraparound support for those attempting to stabilise/abstain in the community.

This could be a similar visiting support as we have for carers for our elderly community members.

Visibility of support available through NHS, hubs and community organizations should be more visual.

Harm reduction initiatives should not be forgotten within this policy, as they too can save lives.

We welcome the anti-stigma media campaign, but changing public perceptions and shame felt by those in addiction will be a long-term battle. By not labelling community-based services as "addiction" interventions specifically, this may lead to more people accessing services without the fear of stigma.

In short, we believe that a person-centred approach to routes into treatment, supported by services and local systems is necessary. .By increasing access to treatment options more people can access the treatment that they deserve, and having a right to do so benefits everyone.