

# 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 registered in January 2019, as an innovative community interest company with a social conscience, aiming to work with communities tackling social issues such as poverty, isolation, and equitable access to support. We have delivered a recovery cafe in response to stakeholder feedback stating there was a lack of recovery opportunities within the area. We currently provide a community hub, connecting and supporting people experiencing barriers to accessing mainstream services, people describing themselves as feeling 'written off' with nowhere to turn. Our responses is shaped on our experiences over the past 3 years along with feedback gathered from people we support.

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).

Recovery Enterprises Scotland CIC

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.**

There is a clear requirement for this Bill as the landscape around addressing addiction and recovery has failed miserably over the past 14 years since the concept of recovery was introduced within the cross party Road to Recovery strategy. During this time there was the Opioid Replacement Therapy Review in 2013 and introduction of Quality Principles in 2014 has resulted in zero change to the quality of support on offer and zero accountability delivering these measures.

Whilst the introduction of Medication Assisted Treatment standards is well intentioned and help services refocus what people should receive as a minimum this will be a repeat of limited scrutiny and not committing to all citizens having rights respected. Furthermore, there is a large percentage of people with addiction related issues, around 50% in our area, not connected with treatment provision as a result of barriers, previous negative experiences, and stigma. The Bill would enhance uptake of people through offering choice, something seriously lacking- this will support a move from the postcode lottery of what support you are offered. Services and systems can no longer think they are untouchable and must deliver under legislation as standards have not worked and to think MAT standards is sufficient is naïve at best as likely repeating previous failings. Meaningful change requires radical action, the Bill demonstrates this. Furthermore, there has been no independent review of the ADP framework, the allocation of resources and impact. There has been little change to funding allocations where the majority of ADP budgets is aligned to mainstream statutory services, therefore preventing new and innovative approaches on the ground. There is also the question of how autonomous the ADP is when budget allocations are decided by Health Boards prior to ADPs being in receipt? The cultures existing for over a decade are only reinforced with current arrangements where the Bill will bring a newfound opportunity for different ways where funding could be accessed. Despite the impact of our approaches, we do not receive one penny from our ADP. We have supported 900 attendances since opening our Hub in April 2021- this is a demonstration of people having nowhere to turn or not willing to access current treatment on offer.

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.

Yes, as mentioned previously, well intentioned standards and good practice frameworks having little impact on change. To date they've been treated with contempt. People affected by addiction are the most disenfranchised groups who are not afforded their rights. For example, Self-Directed Support. People are voting with their feet by not connecting with services therefore needs not being met and increased risk of harm. If people had personal budgets for their care, we know they want far better than what's currently on offer. Whilst this is not about SDS, the proposed Bill would go some way to demonstrating respect to all social groups and citizens realising their rights. People deserve choice, until now this has been limited at best. Given we have the unenviable record of drug deaths this is a clear demonstration our most marginalised and stigmatised have been failed, we cannot and should not tolerate any tinkering of new standards and maintaining the same ADP frameworks and service structures with zero accountability. This is a national shame, its meant to be a public health emergency therefore radical action needed in attempts to significantly reduce these unacceptable trends and disrupting those cultures preventing people from seeking support and/or people receiving a substandard service lacking choice and aspiration. If we are serious about change, we shouldn't see legislation as a barrier but one that helps us get it right.

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

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)

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.**

This is everyone's responsibility; this is about getting it right. This cant be about a select few as this is about addressing cultures where everyone receives person centred care. Stigma and discriminatory cultures are killing people.

There requires an independent oversight group and local advocacy support where people can easily access. These would require being services being funded through non ADP mechanisms. We cannot allow ADPs continually marking their own homework or choosing whether they respond to scrutiny, such as a number of recent ADP zero returns when scoping uptake and support of residential placements. We cannot allow ADP funded services not wishing to rock the boat in fear of funding being discontinued- it must be solely independent.

For those agencies overseeing statutory provision such as Audit Scotland and Care Inspectorate, they would play an essential role in legislation being delivered. There requires a programme of raising awareness of rights and what people should be in receipt of. We should also consider work of The Promise and what learning we can take from ensuring scrutiny of all services and the ramifications if not delivering. There must be accountability, it has failed to date.

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 must accept the current NHS complaints system does not work for people with addiction. People are frightened speaking out of turn in fear of implications for their medication. Their lack of worth and feeling of little value also impacts in people raising matters. Providers may say punitive measures do not take place, however people advise of disciplinary detoxes.

There requires a transparent process accounting for the most disenfranchised groups and also how services demonstrate accountability. If people are unable or unwilling to complain services will think they are being respectful and inclusive. How can those people not involved with NHS treatment provision complain?

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.**

For too long we have allowed a clinical medical model taking precedent of social and recovery approaches. This has prevented people having any say in their treatment and care and basically telling

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?

people this is the best we have to offer. People parked on methadone for decades is unacceptable yet that's been the experience for many, stuck to a prescription and pharmacy. We have failed in being aspirational for people when not offering the basics like a care plan as identified by the Care Inspectorate in 2016 when reviewing Quality Principles. We claim being person centred yet don't ask people what would work best for them, in addition the options are varied from area to area therefore a consistent menu of options should be afforded to all regardless of where they reside.

There has been talk of implementing DAISy since 2014 yet nothing happened. A database to reflect recovery and social capital domains and relevant support. Didn't this progress as the system is dictated by people who wish to maintain power over people? We must deliver recovery which begins with connection, hope, choice, and respect. People must be the driver of their care and knowing what's best. People have attempted certain approaches on multiple occasions, yet they are not offered alternatives- we must offer choice. How can we talk of compassion, inclusive and addressing inequalities yet prevent people from realising or demonstrating respect for human rights?

People with addiction tend to experience inequality and a range of unmet needs. We must place the person at the centre where services and holistic support is considered opposed to people navigating a siloed system. We require coordination across a range of settings.

If we demonstrate choice and menu of treatment this will empower and connect with people, in so doing, the ripple effect on others coming forward will be significant. We must ensure what's being offered is resourced appropriately, not lengthy waiting lists or service centric barriers.

We are becoming more trauma informed with recognition of people experiencing childhood trauma and adversities. This requires more than medication and being worked through as long as required by the person.

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

Fully supportive

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

The flip side is people have given up accessing support. When advocating and seeking clarity from ADP there is little provided. There is little choice in our area. What the Bill will do is enable choice and a responsibility and accountability of what should be in place. Why do people and those services advocating require challenging in the first place- we have a complete power imbalance and failing people.

Our approaches are reactive, we should be providing pathways of support where people and families can easily access prior to matters becoming problematic and acute. The lack of resources in scaling up recovery projects at the grassroots has been a failing by current top down arrangements. We shouldn't wait for people being in crisis before acting yet what options are marginalised groups afforded?

People have little trust of statutory providers as a result of such inflexible and negative attitudes. However they remain gatekeepers to what options are open to people. There must be alternative ways in accessing support opposed to jumping hurdles and even worse, people not accessing support.

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.**

We must introduce alternative funding arrangements. The top down approach is preventing resources getting to the ground and therefore reducing options and preventing risk. We can't permit the Government providing additional funds through the same structures especially as they are unclear of what is being delivered.

What will realistically change if maintaining same funding frameworks? Same services, decision makers,

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

outcomes. There are too many more interested in maintaining the status quo and protecting their budgets. Whilst its not ring fenced money it seems to be earmarked for propping up statutory budgets within tier 3- how will resources move upstream?

A national fund would support allocation of resources where there's a direct impact and contributing to options for peoples recovery. Our collective approaches to date have failed, we must change mechanisms to enable fresh approaches, not more of the same by the same structures.

## 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 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.**

If we consider the range of agendas and budgets crossing addiction related issues, we would actually be better off by taking a more preventative spend to save approach. We must consider savings to the public purse where treatment options would be addressing underlying social and health needs therefore reducing costs. Whilst there are large sums of money being invested we require a better understanding how this money is being used and impact. We must stop doing what is not working, with those resources being aligned elsewhere. We cant accept uplifts are the answer when not considering alternative approaches. We must consider the social return on investment opposed to the usual money for old rope. Also, if we take a health approach opposed to a criminal justice one there will be significant 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?

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.**

As mentioned, this Bill can only enhance the rights of the most disenfranchised groups. Having standards in place does not mean they will be delivered. We must acknowledge people with addiction deserve being treated like any other citizen, the Bill will go some way to addressing those multiple inequalities.

## 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.**

We have stark inequalities and life chances of people on the margins. This Bill will demonstrate a more just approach for those people being failed. We cannot tinker with what has been before, this requires radical change supported by legislation where everyone is responsible in playing an active role in improving our national shame, where resources are aligned to what works and reflects peoples aspirations and views to achieving a better quality of life with hope. Our measures and approaches should be judged in how we treat our most vulnerable members.

## 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*