

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).

Street Connect is a registered charity who's mission is "To offer hope and opportunity of recovery for individuals disadvantaged by addiction and associated issues including homelessness and poor mental health." Our aim is to see people breaking free and staying free from these life-controlling issues, realising their worth & potential and going on to make a better life for themselves. Although we started off working primarily with homeless people in Glasgow City Centre, in 2017 we started working in areas of multiple deprivation, with our core services primarily centred around tackling addiction and associated issues. We currently operate 9 other projects: Possilpark, Paisley (central & east), Clydebank, Greenock, Blackwood & Kirmuirhill (central to a series of rural former mining villages), Wishaw & Royston, all in areas of severe multiple deprivation (projects in the worst 5-10% SIMD datazones), and we hope to continue expanding our reach. This response is submitted by our Co-Founder and Chief Executive, Ricky McAddock, who also has many years of lived experience of addiction and it's impacts. The organisation is behind this 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).

Street Connect

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.

As an organisation we are fully supportive of the bill as we have on a number of occasions faced multiple challenges in helping someone to access the support they desire. We are all working from a 'person centred' model of support in principle, but in practice this is not always the case. We have numerous examples of someone wanting to access a particular recovery pathway, only for their case manager to block this pathway, saying they are 'not ready'. On some occasions, service users have had to take matters into their own hands, thus putting their lives at risk, before they will be fully listened to and supported towards this pathway. In one such example, it took a service user to stop going for his methadone on 2 separate occasions before his case manager would finally listen to his request for residential rehab. He had been asking for support towards this pathway for over 2 years! He is now married, in full time employment supporting people, and has been free from his addiction now for over 4 years, after over 30 years in addiction. This is one of many similar cases. We could give more recent examples, where such opposition, has not resulted in this positive outcome. Sadly many more who have faced this challenge are still in the throws of their addiction and some are no longer with us, and have become one of the drug deaths stats we see.

Earlier, I mentioned I myself have previous lived experience. I have now been completely free from my addiction for 12 years. I too had challenges accessing the recovery pathway I desired. Thankfully I am still here to tell the tale.

This is why we are fully behind the proposed bill. We want to see fully person centred support, where people are able to access the treatment they desire. We fully appreciate that the pathway some desire will not be appropriate, due to other challenges, such as mental health challenges, certain medications etc., and such a person should be supported to understand why this is not possible, and supported to make more suitable choices.

We also appreciate there is a lot of good partnership working at present, but there is a need to build on this and improve this, in order to see our appalling drug death numbers brought down.

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 we think legislation is required. We know this won't solve everything, but will be a good next step to help people access the recovery pathway they desire. This will help empower service users to access the treatment they want and need, as well as making frontline support workers jobs easier to support them towards this. It would also help facilitate better partnership working as we would all be working towards the goal of supporting service users towards their desired destination.

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

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.

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.

all of the above and including the buy in of all funders and service providers as we all need to take responsibility at the appropriate levels to ensure people get the support they want and need and to get our drug death numbers down. A fully joined up approach, with everyone taking responsibility would enable this.

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.

nothing to comment here

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.

I think I have covered this above about a truly person centred approach, and will again reaffirm that we know the preferred treatment option may not be possible for some right away or at all. To try and remove this barrier, do we need to look at treatment such as residential rehabs, and how we can better make this accessible for people with mental health challenges, or on high doses of medication such as anti-psychotics and/or anti-depressants? This is one of the major barriers to people accessing the treatment they desire as most rehab providers are not able to offer support to such people, even though this is what they want. We do know this may not be possible.

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.

as above, unless there is a medical or other valid reason why someone cannot access their preferred recovery pathway, we should ensure that all barriers are removed to support them, then we will truly be operating out of a person centred approach.

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

At present finance is often a barrier, and we need to see this removed to ensure people are able to access the support they desire.

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.

As mentioned above, finance is often a reason used to justify the reason for not being able to provide the option someone desires.

As a leader of a third sector service provider, funding our work is always a real challenge. Having a national funding scheme would also help to reduce duplication, ensure we are all working to the same standards, and ultimately, ensuring the options are available for service users to choose the pathway they desire.

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 there may be an initial increase in cost to ensure there are enough services to provide the various treatment options, the long term savings would be significant due to savings in current addiction, health, criminal justice and other services. We know that people struggling with addiction, particularly those with complex needs, often also have other struggles related to crime, homelessness, mental health, prison, anti-social behaviour etc. The savings across these areas will be significant. For those who break free from addiction and associated challenges, and go on into higher education and/or employment, then become contributing members of society, thus reversing their contribution to wider society.

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 a leader of a Christian third sector organisation, we have often found resistance to supporting service

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?

users who want to access a faith based approach to recovery, despite there being much evidence as to the effectiveness of such an approach:

Spirituality has been shown to be a significant and independent predictor of recovery and/or improvement in indices of treatment outcome (Avants, Warburton, and Margolin, 2001; Carter, 1998; Heinz, Epstein, and Preston, in press; Kendler, Gardner, and Prescott, 1997; Piedmont, 2004). Levels of spirituality increase between treatment entry and subsequent recovery (Borman and Dixon, 1998; Mathew, Georgi, Wilson, and Mathew, 1996; Pardini, Plante, Sherman, and Stump, 2000), and levels of spirituality may be greater in individuals whose recovery is successful compared to those who have relapsed (Jarusiewicz, 2000). Length of sobriety has also been positively associated with spirituality (Carter, 1998; Poage, Ketzenberger, and Olson, 2004), while commitment to a higher power may lessen the severity of relapse episodes (Morgenstern, Frey, McCrady, Labouvie, and Neighbors, 1996). In retrospective studies, recovering addicts frequently reported spirituality as an important component of their recovery efforts and to be helpful in maintaining changes made during treatment (Flynn, Joe, Broome, Simpson, and Brown, 2003a, 2003b; Koski-Jannes and Turner, 1999). In fact in spite of having no personal belief Adi Jaffe PHD describes 7 Spiritual Elements Critical for Addiction Recovery as he argues that no one camp can claim to have the monopoly on how best to counter addiction, but that good & helpful practices can be taken from all approaches: spiritual, psychology, biology & environment/social science.
<https://www.psychologytoday.com/gb/blog/all-about-addiction/201805/7-spiritual-elements-critical-addiction-recovery>

In a recent discussion with a local ADP co-ordinator, I was beginning to give my usual defence of us being open and accessible to all (which is what we normally have to do due to peoples resistance to such an approach), which we are. He said, "you don't need to do that, as we recognise that there are a lot of service users desiring a faith based approach to recovery". Therefore, the impact of the proposed bill on equality, would help to ensure that services offering a faith based approach would not be discriminated against, as this is a highly effective holistic response to recovery with much evidence to back it up. We are more than happy and willing to work with other providers to receive and make referrals, based on whether someone wants this approach to recovery. This would help facilitate equality, a truly person centred approach, and ensure people are getting the recovery pathway they desire.

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.

yes this can help achieve sustainability as a just society will ensure people can access the vital life saving support they need, and strengthen society as it empowers and enables people to access recovery pathways leading to a more sustainable and healthy future. By ensuring the funding is available to make this possible, it also ensures sustainable services, particularly for third sector organisations where this is a particular challenge.

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