

# 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).**

The Scottish Community Safety Network is the national forum for the strategic development of community safety at local & national level in Scotland.

Alcohol & drugs are cross cutting policy areas within community safety touching on numerous other community safety issues such as crime, criminal/community justice, road safety, unintentional harm and injury, anti-social behaviour, domestic violence, violence reduction, suicide and safer communities more generally.

The SCSN celebrates it's 25th year in 2025, during which time we have worked closely with Community Safety Partnerships & local authorities across Scotland, as well as with Scottish Government, Police Scotland and a wide range of third sector partners on issues relating to the health and social harms of problematic substance use. Our trustees are derived from across the community safety landscape, comprising people with huge experience and knowledge of these complex issues. Our staff team equally has diverse and significant professional experience, in some cases with staff members actively holding posts within addiction services.

We have a strong focus on prevention, early intervention and partnership working. We believe that all policy decisions should be made based on the best available evidence of what works.

The view of this response was arrived at via consultation between the SCSN staff team.

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).

The Scottish Community Safety Network

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.**

We are broadly supportive of the aims of the Bill in terms of improving access to timely and appropriate treatment for problematic substance use.

However, it poses some questions around why there is a need for legislation to ensure appropriate alcohol or drug treatment within the NHS. The Consultation Document describes a situation where the referral process is complicated and funding is insufficient or ineffective, whilst also highlighting the significant problems that Scotland has with problematic substance use and deaths related to this that might justify legislation in this specific case. It may seem to pose questions though as to why there would not be similar legal rights for those accessing NHS treatment for mental health conditions, or to give another topical example gender identity clinics. These are areas where there are often unacceptable delays in accessing appropriate treatment with potentially devastating implications for individuals, families and communities. Indeed, why not legislate on any area of health treatment where there are what interest groups and patients would describe as unacceptable delays to accessing appropriate treatment?

A strong argument could be made the NHS already has a legal duty to provide timely and appropriate/acceptable treatment for any health problem faced by any individual in Scotland as laid out in the National Health Service (Scotland) Act 1978. It's unclear why underlining this via further legislation on this specific health problem is justified.

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.

Further to our response in Question 1, it seems that the legislation ought not to be required because the NHS has a duty, written into law, to provide timely and appropriate treatment to individuals when they are experiencing health problems of any nature. There are also obvious questions as to why this specific health issue should be singled out over other equally deserving health problems faced by thousands of Scots, some of which directly impact upon problematic substance use - e.g. access to timely, person centred mental health treatment.

Rather than create entirely new bodies, systems or structures, it seems that existing bodies, systems and structures ought to be able to meet the aims of this Bill provided that they are adequately funded and effectively organised and administered.

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.

*No Response*

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.**

Similar to our responses in Questions 1 & 2, we'd question why there is a need or justification for introducing a fresh complaints procedure in addition to the existing complaints procedure. We agree that the issue of problematic substance use and drug deaths in Scotland requires bold action, but we equally believe that access to mental health treatment requires bold action. It leads to obvious questions around why those complaining about inadequate treatment for substance use problems deserve their complaint to be taken more seriously and dealt with more quickly than someone complaining about mental health or cancer treatment for example. All NHS patients should be receiving a high standard of care and legitimate complaints should be taken as seriously and dealt with in good time.

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.**

We fully support patients with problematic substance use health issues being able to choose the treatment option that works best for them rather than any treatment option - including abstinence based recovery - which anyone else thinks is best for them.

We welcome the fact that the consultation document makes specific mention of allowing patients to choose their preferred treatment option, but note that the document also references that 'the key aim of treatment must be to wean those who suffer from addiction off of the substance they are dependent on'. We would caution that 'recovery' can look different for different people and that abstinence does not equal recovery in all cases - regardless of the strongly held beliefs even of some of those in recovery communities.

We also believe that bold action should be taken to improve access to cutting edge treatment for problematic substance use, including supporting the further exploration of the use of currently controlled drugs (e.g. Psilocybin, ayahuasca, ibogain and MDMA) in the treatment of addiction(1) and alcoholism(2).

(1) Psychedelics as medicines for substance abuse rehabilitation: evaluating treatments with LSD, Peyote, Ibogaine and Ayahuasca - <https://pubmed.ncbi.nlm.nih.gov/25563446/>

(2) Bristol Imperial MDMA in Alcoholism Study (BIMA) - <https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/bristol-imperial-mdma-in-alcoholism-study-bima/>

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.**

Broadly speaking we support this aim and appreciate the list of reasons provided based on which people most certainly should not be refused treatment for problematic substance use. We are particularly concerned by reports of the decoupling of treatment for substance use and mental health and strongly support efforts to ensure that the presence of one of these health problems should never act as a barrier to

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treatment for the other, given their deeply intertwined nature. Refusing treatment on this basis is dangerous.

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.**

If this would be more effective than the current system, then we would welcome it. However, we'd ask similar questions as to whether this couldn't be achieved within existing structures with effective organisation and management.

## 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 increase 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 there is a legal duty to provide timely and appropriate care for patients experiencing problematic substance use, we'd expect a significant increase in costs. We'd anticipate these costs falling predominantly on public sector bodies, especially the NHS and third sector.

At the moment we likely don't even come slightly close to offering every patient experiencing problematic substance use the high quality care of their choice. As the Consultation Document notes, Scotland has very substantial numbers of people experiencing problematic substance use whether with alcohol or illicit drugs.

In order to prevent spiralling future costs for drug and alcohol treatment, we would urge an joined up approach across government departments that seek to tackle the underlying causes of problematic substance use - which in a vast majority of cases is related to childhood trauma and/or mental health conditions and developmental disorders. A biopsychosocial approach to health and wellbeing is essential to prevent alcohol and drug problems from developing - with a focus on tackling inequality and poverty in Scotland, and building safer, healthier communities.

The SCSN is strongly supportive of the decriminalisation of personal drug use in Scotland as another means of ensuring that barriers to accessing treatment are removed (e.g. fear of prosecution or other sanction); and so that evidence based interventions such as supervised consumption facilities can open and operate freely - providing another avenue through which people can access services.

## 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?

Neutral (neither positive nor negative)

**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.**

The Bill wouldn't seem to indicate that it would either positively or negatively impact on equality as it would legally mandate timely and appropriate treatment for problematic substance use regardless of protected characteristics. The Bill does note some communities where problematic substance use or drug deaths are more likely.

We would urge that any legislation should be mindful of the specific needs of those with protected characteristics. Alcohol and drug treatment services must be acceptable to these groups. We would draw particular attention (as referenced in the consultation document) to the need for services for women and services that are acceptable and inclusive of the LGBTQI community. We would refer you to the [kinderstrongerbetter.org](http://kinderstrongerbetter.org) website of the Glasgow LGBTQI Substance Use Partnership for a vast library of research and resources on LGBTQI substance use health inequalities and resources (including a Service Inclusivity Guide).

We would also urge equality considerations around 12 Step Recovery Programmes, the religious element of which can be potentially antagonistic or even harmful to those who have no religious belief, are atheist or have had traumatising experiences of religion (e.g. childhood emotional/sexual abuse by religious leaders/experience and/or perception of religious persecution - LGBTQI people).

## 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.**

Clearly the aims of the Bill could potentially impact positively on sustainable development.

However, the strong focus of the Bill seems to be around offering alcohol and drug treatment to get people sober or drug free. We've already raised concerns around whether that aim may be the aim of the patient. A bigger concern would be around how this Bill supports long term rather than short term abstinence or recovery.

The Consultation Document, under Sustainable Development, discusses the higher rates of problematic substance use & drug related crime (it doesn't mention alcohol related crime which is likely a more significant problem) in areas of higher deprivation. The alcohol harm paradox is another example of how those living in areas of higher deprivation experience worse health outcomes despite drinking on average less alcohol than those in less deprived areas.

A member of our staff team self identifies as alcoholic in recovery with 6 years of continuous sobriety. He still regularly attends Alcoholics Anonymous meetings and runs an Online AA meeting. He notes the following:

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With these principles in mind, do you consider that the Bill can be delivered sustainably?

"It's easy to get sober. You just stop drinking/using. Staying sober - or staying stopped - is the hard bit. Navigating the slings and arrows of outrageous fortune as you continue through life. Stress is one of the most powerful enemies of the sober or drug free addict in recovery. They say the good thing about getting sober is that you get your emotions back. But the bad thing about getting sober is that you get your emotions back! Almost every recovering alcoholic or drug addict I've met either personally or professionally has had an underlying mental health issue or problem with regulating their emotions, myself included.

Anything that causes stress to an a person in recovery from alcohol or drug problems is a serious threat to their continued sobriety - and therefore a mortal danger. Individuals can do their best to learn how to cope with stress, and they must, but it would be very helpful if society didn't cause people so much stress and/or inhibit the pursuit of wellbeing through an insufficient social security system; insecure, low paid work; long working hours; pay rises failing to keep up with inflation; rising energy and public transport costs; regressive taxation (including council tax); inadequate childcare provision; inadequate or unsafe housing; uncontrolled private rents; a lack of social amenities (especially in deprived areas); a lack of green spaces (especially in areas of high deprivation); high rates of crime or violence (especially in areas of higher deprivation; and more.

It is also absolutely key to long term recovery that people are able to make meaningful connections and indeed derive a sense of meaning from their lives and/or work. People must be helped to feel valued, because often alcoholics and drug addicts feel totally worthless. We need society to welcome alcoholics and drug addicts back into communities and families - without insisting that they must forever bear all of the chains and weights of their past like Jacob Marley, e.g. criminal records arising from their drug use.

In terms of ensuring continuous long term recovery, yes there are self help groups like Alcoholics Anonymous or CA, NA etc. And there are lots of recovery communities across Scotland doing great work - as well as groups like SMART Recovery. Many or most of these groups at least in part offer a holistic approach to recovery from addiction, seeking to give people the tools or skills they need to manage their emotions (including stress) and lives without the need for alcohol or drugs. But they aren't perfect. For example, the success rate of most 12 Step Recovery Programmes, where they have been researched, is pretty poor. It shouldn't come as a surprise though that self management and self help groups are insufficient for many people. We are dealing with very serious mental health or developmental issues - addictive behaviour is often only a symptom of these. So any strategy or Bill that seeks to get people into successful, lasting recovery from problematic drug or alcohol use - must have a plan for mental health, and economic, social and criminal justice plans which support recovery rather than throwing obstacles in the way."

The SCSN strongly advocates for greater economic and social equality, a focus on wellbeing rather than economic GDP, the decriminalisation of personal drug use and the use of evidence based policy on criminal justice as a means of helping to ensure the sustainability of any Bill or Strategy seeking to improve the situation around problematic alcohol or drug use in Scotland.

We believe that a focus on drug/alcohol treatment alone continues with the failed medical model of health care. It's time we adopted a biopsychosocial approach to health and wellbeing which takes full cognisance of the social determinants of poor health, with society recognising it's power and responsibility to create conditions for good health - rather than placing the majority of the burden on the individual.

That would truly be evidence based, promote effective, participative systems of governance, help to achieve a sustainable economy, ensure a strong, healthy and just society and live within environmental limits.

## 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)?

Serious concerns have been raised around residential rehabilitation services and an emphasis on 12 Step Abstinence based recovery, including recently by Peter Krykant (<https://www.theguardian.com/commentisfree/2021/dec/07/abstinence-based-recovery-nearly-killed-me-war-on-drugs>) and Oscar Quine (<https://www.theguardian.com/society/2021/dec/04/12-steps-addiction-cure-quasi-religious>). At the moment, it appears that most residential rehabs use some form of 12 Step Recovery Programme. We believe that residential rehabs should themselves cater to the differing treatment modalities patients may prefer and should not be attempting one size fits all treatment for addiction/problematic substance use.

Additionally, there needs to be a recognition that whilst well intentioned and helpful to many - mutual aid recovery groups like AA, NA and CA are actively off putting to very many people. Criticisms include and would be echoed by the SCSN staff member who is a member of AA:

- 12 Step based groups can be extremely militant in their interpretation of the programme and concepts such as 'higher power' or 'God'. This can be deeply off putting to people who are atheist/agnostic and/or who have had extremely negative or perhaps traumatising experiences of religion
- The 12 Steps can be seen to place all responsibility for recovery and behaviour onto the individual. Whilst it is extremely useful that anyone experiencing problematic or addictive substance use learn to take responsibility, it could be seen to allow society to abdicate responsibility for a) being partly responsible for problematic alcohol and drug use in individuals and b) for having a duty to support long term recovery by creating the social and environmental conditions which aid recovery

We suggest the Bill be revised to remove the morally loaded/judgemental and technically inaccurate terminology 'alcohol/drug/substance misuse' - and replace with 'problematic substance use'. See the Scottish Drug Forum Guidance on language and terminology around substance use - <https://www.sdf.org.uk/wp-content/uploads/2020/10/Moving-Beyond-People-First-Language.pdf>

We suggest that in terms of broadening understanding and knowledge of what causes problematic/harmful substance use and deaths - that people read the following books:

- In the Realm of Hungry Ghosts - Dr Gabor Mate
- The Globalisation of Addiction: A study in Poverty of the Spirit - Professor Bruce Alexander
- Chasing the Scream - Johann Hari
- Drugs Without the Hot Air - Professor David Nutt