

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

Representative organisation (trade union, professional association)

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).

Specialist Pharmacists in Substance Misuse (Scotland)

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 opposed

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.

The aim of the proposed Bill to ensure that everyone has access to the necessary drug and alcohol recovery treatment they need is to be welcomed. However the draft proposal for legislation, as currently articulated, is not fit for purpose.

There is an inherent assumption that the proposed Bill will enshrine the right to treatment of choice as an

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absolute right. This is an unenforceable aspiration. The rights under the current proposals would be prima facie rights, as demonstrated in the examples provided in the FavorUK document, "Right to Recovery Bill Explained". This stated that, "Anyone carrying out these plans and assessments must adhere to the Code and in terms of the law would be expected to follow the guidance unless there is a reason not to (residential rehabilitation waiting times or other practical reasons for example)".

There is also a significant assumption that residential rehabilitation is the best and most effective treatment option for the majority of patients. This does not appear to be evidenced nor explained. This premise ignores the value of any social or familial support and does not consider the ability of any positive gain through displacement to be carried forward once an individual returns to their previous situation.

The 'refusal' of treatment is referred to however this fails to appreciate the role of the clinician and care team in elucidating and determining the most appropriate, evidence-based and cost-effective treatment options for an individual based on their individual case and seeking to gain an informed agreement for a treatment approach as described in Realistic Medicine.

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 do not feel that legislation is required. Clinicians are already governed by professional codes of conduct. Adherence to national clinical guidelines is a core element of professional practice. There is no mention in the consultation, for example, of the "Orange Guidelines", Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf If there are any adverse events, legal challenges or disputes on appropriate treatment options, these are the standards to which professionals will be held accountable. There is no evidenced reason to indicate that professionals working in the field of alcohol and drug treatment need to be subject to additional legal requirements that are not requirements for professionals working in any other specialist clinical area.

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.

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

Please explain the reasons for your response.

Clinical treatment should not be subject to political enforcement. The aim of all patients to have access to the treatment they want at a time of their choice is one that all patient groups would desire to have. Any attempt to implement and enforce this proposed bill would inevitably be divisive amongst patient and family groups. For example many life limiting or life restricting conditions can potentially benefit for example, from extended residential placements or from access to drugs that are not available through the NHS.

There are finite resources to allocate to the care of the Scottish Population and the necessary impact of limited budgets and applied efficiency savings in any field is that there must be a prioritisation of effort, time and resource. Where a therapeutic option is clinically valid and appropriate then it should be available in line with reasonable constraints to avoid profligate waste of resources to the detriment of care of the other individuals who also require care and support.

The only outcome of such a bill would appear to be additional enforcement activity based on allegations of refusal of care requiring staff resource and finance to investigate and respond – or the complete removal of the clinical safeguarding and care around the supply of medications which is not something which is advocated in any other field.

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

Fully opposed

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

The current NHS complaints procedure is open transparent and available to all. It has recently been restructured and staff or others are now able to act as the patient's advocate to make a complaint on their behalf. It would be divisive to have some clinicians subject to additional complaints procedures that do not apply to colleagues in other specialisms.

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.

All treatment should be person centred and patients fully involved in treatment decisions. Treatment providers have a responsibility to ensure that patients are fully informed and able to give informed consent to any treatment option. All evidence based treatment options should be available

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

Fully opposed

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

Clinicians have an obligation to provide safe and appropriate care - which is 'treatment'. Any treatment decision should be the agreed outcome of a fully informed and inclusive discussion. The language used of "treatment being refused" implies that there are opposing views whereas to be therapeutically effective, decisions on the appropriate treatment at the right time for individuals, have to be reached by clinicians and patients together.

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.

In order to ensure that all evidence based treatment options are available then it is essential for these to be fully funded. Residential rehabilitation should be available on a not for profit basis.

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:

don't know

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.

The Bill is not deliverable in its current form.

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)

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?

No

Please explain the reasons for your response.

The Bill is not deliverable in its current form.

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)?

Political regulation in any area of clinical practice is a retrograde step. It is unenforceable and the Bill in its current form would result in division between patient groups and between patients and clinicians. Workforce recruitment and retention is already a problematic area in alcohol and drug services and implementation of the Bill in its current form would result in increased difficulties in recruiting experienced and qualified staff which would result in further challenges and reduced treatment access for patients.

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)?

There is no clear direction as to how Police Scotland would be able to police any potential disputes on appropriate treatments.

As a group we also wish to express our dismay at the stigmatising language used throughout the document and suggest that the document is reviewed in line with the Drug Death Taskforce "A Strategy to Address the Stigmatisation of People and Communities Affected by Drug Use". The Scottish Drugs Forum glossary of contested terms in substance use <https://www.sdf.org.uk/wp-content/uploads/2020/10/Moving-Beyond-People-First-Language.pdf> should be used to review the document.