

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).

Phoenix Futures have been providing drug and alcohol treatment for more than 50 years. We are a pioneer of recovery-orientated drug and alcohol treatment providing harm reduction and psychosocial treatment across the UK. We have contacts with all the major treatment providers across the UK and strong links with European treatment providers and frequently share best practise internationally.

Phoenix work in all treatment environments providing detox and rehab in residential settings, recovery housing, community-based programmes and specialist criminal justice services in prisons and the community.

We work with a huge arrange of public and third sector partners across health and social care, justice, housing sectors, to name a few.

Phoenix have been active in the promotion of the rights of people with drug and alcohol use problems to access the full range of treatment services, as well as the need to address stigmatising public perceptions though our anti-stigma strategies.

In Scotland Phoenix currently provides services in Glasgow, North Lanarkshire and Fife. We are also developing a new residential service in North Ayrshire for families affected by substance use.

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).

Phoenix Futures

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.

People have differing aims in life, and however they define their progress, and their personal recovery journey whether through abstinence or harm reduction, engagement in treatment provides the best protection from harm.

Feedback from people who use services tells us that accessing treatment service is often difficult. Over half of the people accessing residential treatment in 2020 tell us that accessing treatment was either difficult or very difficult.

In particular people with more complex life experiences and multiple health conditions can find treatment is inaccessible for them. For example, people with co-existing mental health, disabilities, homelessness and childcare responsibility can find that the treatment system is too complex to navigate, their right to care is opaque and their ability to express their rights are extremely limited. Treatment systems for people with addiction problems, and particularly more complex needs, are often poorly designed. This is in part due to a lack of engagement with people with lived experience of navigating the system in that design.

Improved rights to treatment will put the person seeking treatment at the centre of the system and in control of their own care. Treatment providers will be empowered to better meet need and engagement with care will improve.

This bill could help correct the rights deficit faced by people with substance use problems seeking health and social care.

Addiction treatment is important in its own right. It is also the gateway to wider physical and mental health and social care, employment, housing and positive social engagement.

People seeking treatment are highly stigmatised and vulnerable at the point of access. Mainstream healthcare is not well designed for people with addiction problems, stigma from professionals and other patients can be a significant barrier to care and lead to an aversion on behalf of people with addiction problems to address their wider healthcare needs. This locks people with addiction needs out of mainstream society.

By addressing the rights deficit, people with addiction problems could benefit from the same level of access to care as those without, and therefore enable people to benefit from the same opportunities of employment, housing and positive engagement in society.

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, this legislation is required. There have been many attempts at designing treatment systems that better meet the needs of individuals, families and communities with varying levels of success. Over the last 50 years we have developed the evidence and practise to make addiction a treatable condition. What has been missing from these attempts though and what means that so many people are untreated is a clarity around the rights of the individual seeking treatment. It is not the only issue that needs to be addressed to create a more equitable access to health and social care, but it is a key one.

By clearly defining the right to treatment a number of key issues within the treatment systems can be addressed. Most importantly people seeking treatment should be made aware of the full range of treatment options that may benefit them and be encouraged with professional support to actively decide on a care plan that meets their life goals whatever they may be.

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.

Putting the person seeking treatment at the centre of their care, with a clear understanding of their right to care, will help create a needs-focused system offering personalised care. This bill should therefore be seen as a key element, alongside actions such as ensuring sufficient funding and addressing stigma, of a more effective and caring rights-based treatment system.

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

Please explain the reasons for your response.

The right of people to access treatment that meets their needs should be represented at all levels as per the rights of all people to access healthcare. Due to the historical failure to provide for people with drug and alcohol problems a set of established targets and standards would provide transparency as to the degree of improvements made. These standards should include insight from people who use services and their families.

Groundbreaking legislation such as the disability discrimination act and the equality act have led to changes not just to health and social care provision but more widely to our culture. These acts have been hugely beneficial and helped create a more equitable society.

However, people with addiction problems are often excluded from the benefits of this legislation. At the root of this is the deep rooted societal stigma and prejudice faced by people with substance use treatment needs.

Enforcement of this new legislation should sit with Scottish Ministers however as with the equality act it should be implemented at all levels.

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.

People who access drug and alcohol treatment services are, at the point of treatment access, highly vulnerable. Existing complaints processes are not designed with the specific needs and vulnerabilities of people with addiction problems in mind. Furthermore, the treatment options and evidence base is poorly understood across the NHS.

A specific complaints procedure designed to meet specific needs within an environment familiar with treatment evidence and outcomes would best support our clients.

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.

his is essential, and in our view should be a key principle of treatment provision. People experiencing dependency and addiction have experienced an erosion of their capacity to make life choices due to their dependence. People in addiction and early recovery often report a lack of confidence in their ability to influence positively their own future. Experience of addiction is also often caused by, or as a result of, traumatic life experiences, often caused by someone with power over the individual. Therefore, physical dependence can be compounded by a lack of self-esteem and self-confidence.

Encouraging people to make their own informed decisions in a safe environment, with support from professionals, enables people to take control of their health and their future. By building self-efficacy people develop the skills to make life decisions independently from substances and over time without reliance on the state.

These are principles we value in all other forms of healthcare wherever a patient has the mental capacity to make decisions. Too often in addiction treatment systems decisions are made for patients by the setting of generic criteria which do not take into account individual aims and circumstances.

In practice this means that people seeking treatment should be made aware of the full range of treatment options available to them and a care plan should be coproduced between the patient and their professional therapeutic worker. In this way care should be personalised to the individual. Throughout the provision of care it should be clear to the patient that they are in control of their care.

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.

Treatment is rarely refused outright. In our experience what happens is that long waiting times, generic pre-determined criteria, limited funding and onerous funding process and a lack of information provided to people seeking treatment, amongst other factors, all contribute to making client's preferred form of treatment practically inaccessible to them.

This bill should clarify the right to accessible treatment. It should put the balance of power with the person seeking treatment, and the responsibility of delivering appropriate treatment with the state. Too often clients are asked to prove they are appropriate for treatment and support, rather than treatment being designed to be inclusive of personalised need.

The ability of people seeking treatment to challenge treatment decisions is very limited. In part this is due to the lack of clarity and transparency in the rationale provided to people seeking treatment. It is also due to the often bureaucratic nature of complaints processes and previous negative experiences of making complaints. The highly stigmatised and vulnerable status of people seeking treatment means that a lengthy complaints process often results in people's desire for treatment being lost.

This is evidenced by the ability of governments to make funding cuts to drug and alcohol treatment services compared to other healthcare services. The lack of transparency, patient advocacy, public support and vulnerable nature of clients makes these services a soft target for funding cuts at a local and national level.

Furthermore, the politicisation of drug policy can leave vulnerable people's lives at the whims of party political rhetoric.

A clear set of rights to access treatment would go some way to avoiding the factors that deny treatment to people at the point at which they wish to access it, in a form that works for them.

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.

Access to life saving treatment is often funding-driven. Although very rarely expressed overtly, the availability of funding overrides people's right to access treatment. A review of sufficient funding to include the preferences of people in treatment and the expansion of treatment and support to people previous disengaged, or never engaged, would better enable treatment decisions to be based on clinical best practise and not economic necessity.

Drug and alcohol treatment is proven to save money for society. Like many forms of health and social care it is an investment in the potential of people to recover and contribute to society. It creates a financial return for current and future generations by helping create happier and healthier communities.

Psychosocial treatment in particular, whether as part of medically assisted treatment or an abstinent approach is a highly successful and cost effective public health intervention. Addressing as it does, the root cause of poor health, and not purely addressing symptoms.

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:

no overall change 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.

Broadly the delivery of a treatment system that incorporates a right to treatment should not cost more. Rather, treatment will be delivered in a more personalised and informed manner. Successful treatment is likely to be higher and the treatment system should be more efficient.

This will attracting more people into treatment which will reduce costs experienced elsewhere in state funding. Although focused on England the thorough study by Dame Carole Black "Review of drugs part two: prevention, treatment, and recovery" evidenced the huge societal cost of addiction and summarised that "£1 spent on treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services." The investment made through the National Mission is substantial and embedding right to treatment in law would ensure that money was spent wisely and in line with the Governments objectives set out in the mission.

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.

It is very common for people accessing treatment to have a co-existing mental health disability. The experience of people seeking treatment is that their substance use if often designated as their primary healthcare need. People can find themselves locked out of both support for their mental health need and

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?

their substance use need. By eliminating the rights deficit faced by people with co-existing mental health and substance use people will be better able to receive a care plan that work to support their holistic needs.

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.

The economic benefits of a healthy society are clearly evidenced. However there is not an equal opportunity to access the drivers of wellbeing. The deficit faced by people with substance use problems can lock them out of opportunities enjoyed by others. Addiction treatment creates a social return on investment for society. Treatment services themselves, especially recovery-orientated psychosocial treatment take into account people's educational, employment, social engagement and housing needs. Therefore enabling a more equal access to economic and social participation in society. For example a recent study by ANA Treatment suggested a neety benefit to society of over £40k per successful completion of residential treatment.

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)?

It is also important that family members affected their loved one's substance use share the same right as their loved one to care. By including more explicitly those affected families in the legislation would recognise this need and provide a means of addressing generational transfer of trauma.