Right to Addiction Recovery (Scotland) Bill

SUBMISSION TO SCOTTISH PARLIAMENT CONSULTATION

20 December 2024

INTRODUCTION

Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome the opportunity to provide a response to the consultation on the Right to Addiction Recovery (Scotland) Bill. In this response, the key questions are presented to offer contexts for all 8 answers.

BACKGROUND

The Right to Addiction Recovery (Scotland) Bill[1] was introduced in the Scottish Parliament on 15 May 2024 by Douglas Ross MSP.

The Bill seeks to make provision about the rights of persons who have substance use issues (or, in the words of the Bill, who are “addicted to drugs or alcohol”) to receive treatment for this.

The Explanatory Memorandum accompanying the Bill highlights the purpose as being:

- For a person who requires treatment to be provided with this “as soon as reasonably practical and no later than three weeks from the date of determination”
- “The Bill provides that the Scottish Ministers must secure the delivery of all of these rights and obliges them to make regulations setting out how they will fulfil that duty”.
- “In doing so, it gives the Scottish Ministers the power to confer functions on health boards, special health boards, the Common Services Agency, local authorities and integration joint boards. The Bill also requires the Scottish Ministers to prepare a code of practice to go alongside these regulations.”
- The Bill encourages the person who has been diagnosed as requiring treatment to be involved in the decision-making process.

[1] https://www.parliament.scot/bills-and-laws/bills/s6/right-to-addiction-recovery-scotland-bill

SUMMARY

Social Work Scotland and its members express significant concerns about the proposed Bill, citing its overly medicalised and abstinence-focused approach, unclear terminology, and potential to exacerbate stigma. We emphasize the importance of person-centred and integrated service delivery, which involves various professionals and approaches beyond the medical model, including social interventions, peer support, and family-centred strategies.

The organisation highlights several shortcomings in the Bill, including:

- **Stigmatising Language**: The use of terms like “addiction” contributes to stigma and may deter individuals from seeking help.
- **Lack of Clarity**: Confusion between “addiction” and “dependency” undermines the Bill’s coherence and applicability.
- **Limited Scope of Treatment**: An emphasis on abstinence-based treatments excludes other effective approaches, such as harm reduction and controlled use.
- **Unrealistic Timescales**: The three-week mandate for treatment access is impractical given existing resource constraints and waiting lists.
- **Resource Intensity**: The Bill fails to address the financial and workforce challenges necessary to meet its provisions.

Social Work Scotland advocates for a broader, recovery-focused framework that incorporates the principles of person-centred care, trauma-informed practice, and community engagement. They also stress the need for sustainable funding, alignment with existing national standards and policies (e.g., Medication Assisted Treatment standards), and language that reduces stigma. Renaming the Bill to reflect a recovery-oriented, inclusive approach is strongly recommended.

QUESTIONS

Question 1.

The Bill focuses on drugs and alcohol addiction. Do you agree or disagree with the purpose and extent of the Bill?

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Social Work Scotland and our members believe it is important to consider the use of language to avoid the risk of stigmatising individuals and we recognise advice within the SDF guidance[2] which suggests using the term "substance use" in place of "addiction". The name of the Bill, specifically the use of the term "addiction", is problematic and contributes to stigma. There has been considerable work in Scotland to address the issue of stigma in substance use, with campaigns such as the Drug Deaths Taskforce stigma charter[3] outlining some of the problematic language which contributes to stigma – "addiction" being one of these words. We would suggest that the name of this Bill is revisited in order to reduce stigmatising those who use substances.

We appreciate the importance of working alongside a person who is seeking to address their substance use and believe that there should be agency for that individual to shape what their treatment and support looks like. We believe it is important to recognise that treatment *and* support should be viewed as combined entities which inform service delivery as this accurately reflects the multi-faceted nature of interventions available to people which may include medical treatment alongside psychological and social supports. This means that services will look different for every person and will be dependent on their goals, their motivation, their location, their social situation, their wider supports, and the availability of resources. We also recognise that substance use services are integrated, with an appreciation that professional input will come from different services at different times, and that brings role clarity and role respect.

To that end, we do not believe that this Bill offers an adequate purpose in terms of delivering quality for those who may need input from substance use services. We

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[2] https://sdf.org.uk/wp-content/uploads/2024/05/Moving-Beyond-People-First-Language-A-glossary-of-contested-terms-in-substance-use.pdf

[3] https://www.nhsinform.scot/campaigns/challenging-drug-and-alcohol-stigma/#:~:text=The%20Drugs%20Death%20Taskforce%20developed,(drug%20or%20alcohol)%20use.

feel that the language used in the Bill is stigmatising and confused, with a lack of clarity around what constitutes “addiction” and what constitutes “dependency”. The Bill is also very focused on “treatment” as opposed to “recovery”, with a strong focus on the role of the medical professional, which therefore omits to appreciate the role of other professionals in the person’s right to recovery. We feel that the scope of treatment is too focused on abstinence-based options and does not take into consideration the costs involved in delivering these, nor the challenges that some areas will have in accessing these options. There are also no mentions of whole family approaches or young people, and this appears to go against recent initiatives to recognise the importance of cross cutting themes across policy in Scotland.

Question 2.

What are the key advantages and/or disadvantages of placing a right to receive treatment, for people with a drug or alcohol addiction, in law?

Social Work Scotland and our members can see no clear advantage of placing a right to receive treatment in law as there are a number of existing provisions which are driving service delivery already. We are aware that work continues to incorporate international human rights treaties into Scots law, but in substance use services we have the Medication Assisted Treatment (MAT) standards[4] which define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. Standard 1 states that all people accessing services have the option to start MAT from the same day of presentation.

Under the Patient Rights (Scotland) Act 2011[5], Scottish Ministers must publish a Charter of Patient Rights and Responsibilities that summarises the existing rights and responsibilities of people who use NHS services and receive NHS care in Scotland. We would argue that placing a right to receive treatment, as proposed by this Bill, would need to have a clear purpose and a defined route to demonstrate gaps in existing policy and legislation to illustrate how this Bill is going to assist in reducing drug and alcohol related deaths. We also feel that a right to treatment needs to be linked to availability of treatment, and this will require significant and recurring financial investment.

We believe that this Bill will simply add another layer of bureaucracy and stigma into a system which is already striving to deliver effective services with depleted resources, a depleted work force, and an increasing need.

[4] https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/

[5] https://www.legislation.gov.uk/asp/2011/5/contents

Question 3.

> *[Section 1](#) of the Bill defines "treatment" as any service or combination of services that may be provided to individuals for or in connection with the prevention, diagnosis or treatment of illness including, but not limited to:*
>
> - *residential rehabilitation,*
> - *community-based rehabilitation,*
> - *residential detoxification,*
> - *community-based detoxification,*
> - *stabilisation services,*
> - *substitute prescribing services, and*
> - *any other treatment the relevant health professional deems appropriate.*

Do you have any comments on the range of treatments listed above?

Social Work Scotland and our members identify that there is a strong focus on health professionals within the Bill and would question whether they are the only professionals involved in substance use service provision who can define "addiction"? It appears that this is the key to accessing the treatment services listed, and a person needs to be diagnosed as an "addict" in order to receive treatment. This is linked to the services listed, which all appear to be abstinence based in their approaches. We appreciate that abstinence-based approaches should be an option for treatment but believe they should sit amongst other options within a culture of harm reduction.

Herein lies one of the main challenges of this Bill for Social Work Scotland and our members, the fact that the scope of "treatment" is limited to abstinence-based approaches, and the fact that a person needs to seek out a label of "addict" in order to access treatment. When we look at current service provision, we can see a plethora of approaches informing delivery to provide a person-centred service, therefore, there is an appreciation that peer support services might be the best "treatment" for a person, or talking therapies might work for another, whilst another might be seeking guidance on controlled use. The "treatments" listed in the Bill do not appear to account for approaches out with the abstinence-based ones.

There is clearly value in community-based approaches to treatment, but we need to acknowledge that there is already a shortage of the availability of home detox. We are concerned that this Bill sets unrealistic expectations for people who use services, and additional pressures on already stretched services to provide what is needed, in a timescale that might not be achievable.

It should also be noted that different geographical areas will have different pressures around the availability of resources, the prevalence of substance use issues,

transportation challenges, and workforce issues that will all contribute to the ability to deliver treatment within a short timescale.

Question 4.

> *Section 2 of the Bill sets out the procedure for determining treatment. It states that:*
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> - *A healthcare professional must explain treatment options and the suitability of each to the patient's needs;*
> - *that the patient is allowed and encouraged to participate as fully as possible in the treatment determination and;*
> - *will be provided with information and support.*
>
> *The treatment determination is made following a meeting in person between the health professional and the patient and will take into account the patient's needs to provide the optimum benefit to the patient's health and wellbeing.*

Do you have any comments on the procedure for determining treatment?

We have significant concerns about the fact that a person is required to seek the label of "addict" in order to access treatment. We believe that this can be stigmatising and, for many who do not see themselves as being "addicted", will be a barrier to accessing support. For others who want treatment, there may be loss of agency and a sense of disempowerment if they have to seek out a label of "addict". There is also a concern that this Bill is not clear about how it might address poly drug use.

Social Work Scotland and our members would like to draw attention to the fact that the majority of substance use services are integrated in nature and involve professionals from a variety of backgrounds, not just medical staff. We note that there is an onus on the medical staff to determine if a person is an "addict" and, noting our earlier point in respect of how unhelpful this emphasis is on diagnosis and labels, would observe that other professionals within the integrated teams would, and should, have an input when it comes to decision making, not forgetting input from the person who experiences substance use too.

We appreciate the importance of professional medical input, and we would also wish to highlight that there will be times when a specialist diagnosis will be required. Alcohol-Related Brain Damage (ARBD) is a brain disorder which can significantly impact on a person's ability to seek support (including a diagnosis) and can often be mistaken for other degenerative medical conditions. ARBD may well require treatment that falls out with the realms of this Bill.

We would also like to draw attention to the terminology with the Bill and how this presents some confusion. Much of the Bill refers to “addiction”, yet within section 9 (1), “dependency” is used. Using the terms interchangeably creates additional confusion and speaks to the fact that an oversimplified lens is being used to try to understand a complex and multifaceted issue, and to try to use a medical model to address something that *may* respond to medical treatment i.e. opiate use or alcohol use , but more often requires psychosocial intervention - either as a primary intervention, or sitting alongside other interventions i.e. cannabis or cocaine.

We feel the scope of the Bill is overly simplistic in determining treatment options and does not take into account theoretical perspectives which help practitioners understand a person’s readiness to engage in treatment, such as Prochaska and Diclemente’s “Stages of Change”[6]. This appreciates that readiness to change is not a linear process and people move back and forth between the various stages of pre-contemplation, contemplation, preparation, action, maintenance, and even relapse. Understanding this model suggests the importance of relationship-based practice in order to appreciate where a person might be in their readiness to change, and how practitioners might be able to work in a way to support a person to move between stages. We feel that this Bill does not recognise the importance of relationship-based practice.

Finally, because of the concern from our members that diagnosis for treatment becomes a tick box exercise and that people will have to meet set, medically defined criteria to access services, we believe that this will lead to greater gate keeping of services and result in only the most serious of cases receiving treatment.

Question 5.

Are there any issues with the timescales for providing treatment, i.e. no later than 3 weeks after the treatment determination is made?

As highlighted in question 2, the Medication Assisted Treatment (MAT) standards[7] define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. Standard 1 states that all people accessing services have the option to start MAT from the same day of presentation. These standards are defining substance use services across Scotland and have resulted in a significant focus since their introduction. If standard 1 is the ambition, Social Work Scotland and our members can see no clear reason why a 3-week timescale has to be added. It was noted that Alcohol and Drug Recovery Services (ADRS) already work to a 21-day waiting time from referral to first treatment and would therefore

[6] Prochaska, J. O. & Norcross, J. C. (2001) “Stages of Change” in *Psychotherapy: Theory, Research, Practice, Training,* Vol.38(4), 443-448.
[7] https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/

question the need for this additional legislative requirement which this Bill proposes. There is also some confusion from our members as to why the Bill has focused on a timescale of 3 weeks and would like to see an evidence base to support this figure.

Social work practitioners, and members of integrated teams, recognise the importance of working alongside the person with substance use issues and addressing need in a timely manner (as per MAT standard 1), however, it should be noted that there are already considerable challenges around access to stabilisation services, as well as residential rehabilitation, across the country. In some areas, waiting lists are already over 3 weeks long. By placing an arbitrary timescale onto the access of treatment, it needs to be acknowledged that current provision (in many areas) will be set up to fail from the outset. The Financial Memorandum[8] explores the use of a £160 million budget but acknowledges that the majority of this will be allocated to maintaining existing services, with a small portion (approx. £30 million) being allocated to commission more capacity. This does not give any indication as to how this might impact on reducing treatment times to within 3 weeks.

Social Work Scotland and our members would also question whether this Bill takes into account the need for some people to prepare for going into a residential establishment for treatment and whether this is included in the 3-week timescale? Many people need time to prepare for residential rehabilitation, therefore, clarity about what constitutes “starting treatment” would be appreciated. We also recognise that there will be populations of people who would benefit from interventions that are harder to reach, such as those who are in prison, or those who do not generally engage well in formal settings and feel that this Bill does not consider how treatment might be provided to them.

Question 6.

Is there anything you would amend, add to, or delete from the Bill and what are the reasons for this?

Social Work Scotland and our members feel that we have highlighted a number of concerns in the previous answers, but we would like to reiterate that the name of the Bill, specifically the use of the term “addiction”, is problematic and contributes to stigma.

Social Work Scotland and our members also feel that this Bill is not really focused on “recovery”, as the title suggests, it is focused on abstinence-based “treatment” and neglects harm reduction approaches. Again, this suggests that the Bill should be re-named.

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[8] https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/right-to-addiction-recovery-scotland-bill/introduced/financial-memorandum-accessible.pdf

Question 7.

Do you have any comments on the estimated costs as set out in the Financial Memorandum?

The estimated costs are difficult to gauge due to local complexities and access to services. The funding landscape of alcohol and drug services in Scotland is complex, much of this funding is non-recurring, with significant reporting requests attached to it. When coupled with the fact that third sector/voluntary organisations provide a high number of services, and the impact the funding landscape has on their longer-term planning and provision, there is an existing culture of uncertainty.

Across the third sector/voluntary organisations, and Local Authority, current funding issues leads to fluctuating staff ratios, and therefore a fluctuating ability to meet need. Particularly problematic is that workforce issues cannot be addressed with short-term funding - recruitment takes time, and very short term (1 year or less) posts are not attractive. We also recognise that the proposals in this Bill are resource intensive - with a focus on residential resources. As a result, there would need to be substantial guarantees of recurring funding going forward for this Bill to work.

As previously mentioned, the Financial Memorandum[9] explores the use of a £160 million budget but acknowledges that the majority of this will be allocated to maintaining existing services, with a small portion (approx. £30 million) being allocated to commission more capacity. We do not feel that this small portion of funding will achieve what this Bill outlines.

Question 8.

Do you have any other comments to make on the Bill?

In 2022 The Improvement Service published "Improving outcomes for people and communities affected by poverty, inequality, trauma and adversity: Joining the dots across key policy agendas"[10] which highlights the importance of appreciating commonalities across a number of national policies in order to work towards key principles, priorities, and long-term outcomes. The policy drivers include the National Trauma Transformation Programme[11], The Promise[12], Whole Family Wellbeing Funding[13], and the UNCRC[14]. Social Work Scotland and our members would also

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[9] https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/right-to-addiction-recovery-scotland-bill/introduced/financial-memorandum-accessible.pdf

[10] https://www.improvementservice.org.uk/__data/assets/pdf_file/0028/54739/joining-dots-across-policy-agendas.pdf

[11] https://www.gov.scot/publications/national-trauma-transformation-programme-trauma-informed-substance-use-pathfinders-learning-report/pages/3/

[12] https://thepromise.scot/

[13] https://www.gov.scot/policies/girfec/whole-family-wellbeing-funding/

[14] https://www.unicef.org.uk/what-we-do/un-convention-child-rights/

like to draw attention to GIRFEC[15], and GIRFE[16] which aim to provide consistent frameworks and shared language across services for children and adults, to highlight that this Bill should be drawing on themes within these key documents in order to appreciate the importance of families, communities, and whole system approaches. In doing so, we believe the strategy of early intervention and person-centred practice can be incorporated into approaches to address substance use. In turn, this would give the person requiring support a greater sense of agency and power in defining what they need. It would also draw on support from those around the person which would include family, community, and professionals.

It is unclear as to whether this Bill only applies to adults, or if it includes children as well. If the latter, then there needs to be consideration as to whether the right to treatment extends to children who are born “addicted”. This, in turn, will require consideration about costing the care and treatment of such a child who may require specialist care, particularly as to whether this care extends to the provision necessary to enable recovery and a thriving childhood.

In summary, we do not feel that this Bill adds anything to service delivery that is not already in place. It feels like a tool to hold Local Authorities and Alcohol & Drug Partnerships to account with a focus on quantifying a narrow section of service delivery statistics, rather than working to enhance quality across all of our services for substance use.

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[15] https://www.gov.scot/policies/girfec/
[16] https://www.gov.scot/publications/getting-it-right-for-everyone-girfe/