

Official Response

Subject: Proposed Right to Addiction Recovery (Scotland) Bill
Requested by: Douglas Ross MSP
Date: 11 January 2022
Prepared on behalf of: The Faith Impact Forum and CrossReach

This response is made on behalf of the Church of Scotland, including CrossReach, the Church's social care arm. For more information see www.churchofscotland.org.uk and www.crossreach.org.uk. Our responses have been developed based on the experiences of congregations, communities and ministers in local parishes, from the expertise and contribution of CrossReach staff working on projects helping people to recover from drug and alcohol dependency, and following consultation and dialogue with other charities. This response has been agreed by the Faith Impact Forum, which is appointed by the General Assembly to make contributions to public policy making on behalf of the Church, and the Social Care Council, which oversees the work of CrossReach.

Your views on the proposal

Aim and approach

1. Which of the following best expresses your view of the proposed Bill?

- Fully supportive
- Partially supportive
- Neutral (neither support nor oppose)
- Partially opposed
- Fully opposed
- Unsure

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 welcome this proposal, we hope it generates significant interest and it would certainly be useful if a Bill on this topic could be introduced and scrutinised by MSPs.

We have been grateful for the recent publicity demonstrating cross-party commitment to tackling substance use issues together.

Comments relating to page 6 of the consultation paper (Aim of the Proposed Bill).

The first is the outline that the Bill would include a statutory right to the range of services:

- *Short-term residential rehabilitation;*
- *Long-term residential rehabilitation;*
- *Community-based rehabilitation;*
- *Residential detoxification;*
- *Community-based detoxification;*
- *Stabilisation services;*
- *Substitute prescribing services; and*

- *Any other forms of treatment as a health professional may deem appropriate, in line with guidance from the Scottish Ministers.*

We strongly welcome this holistic approach and the recognition that there needs to be a comprehensive continuum of services available. However, we think that the detailed proposals in the Bill focus mainly on residential rehabilitation; details about how the right to access the other services in the list could also be developed. Our experience is that choice in treatment is really important and the intervention should be appropriate to the person's needs and aspirations

For example, CrossReach supports people to minimise the harms of drug and alcohol use in homelessness services and to achieve abstinence in our residential rehabilitation services. Rehab does not stand alone, the continuum of support is essential, as is encouragement and inspiration to achieve as much as possible in recovery. CrossReach provides training and supported placements to help people sustain abstinence-based recovery and so that they can in turn inspire others. Easy to navigate pathways to services are as important as good services and the bill may help improve accessibility.

It will be important that any new right to treatment and a variety of treatment options is complemented by sufficient resources, promotion, education and training for people seeking treatment or for professionals working with them. How else will a person seeking treatment know what service might be the best option for themselves? A possibility might be for the Bill to include a Duty on Scottish Ministers to consider this as part of a strategy or formal accountability process in reporting on the Bill's implementation.

And a point about language and style; the consultation paper uses the term in several places drug/alcohol/substance *misuse*. While we recognise that this choice of term might relate to previous legislation (e.g. *Misuse of Drugs Act 1971*), it should be understood that the word 'misuse' can for many people carry a sense of judgement or morality. If we want to address the issue in a person-centred way that places due importance on health considerations, it would be better if the language that we use could talk about 'substance use' or 'drug and alcohol recovery'.

2. Do you think legislation is required, or are there are other ways in which the proposed Bill's aims could be achieved more effectively? Please explain the reasons for your response.

Yes, legislation is required to meet the stated aims, and we support it. There is currently a difference between the rights and entitlements of a person to different social care services; for example, in the area of housing and homelessness there are specific rights conferred on individuals to protect them from harm. We believe that an equivalent right to substance use recovery would be an important tool for both service users as well as service providers, local and national government, the third sector and society generally.

3. 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
- Other (For example Local Authorities - please specify below).

Please explain the reasons for your response.

We do not have a fixed view as to which person or organisations should have responsibility, but our experience is that all relevant public sector bodies and decision-makers would need to pay attention and respond to the legislative proposals for a right to recovery, and that for civil society to be able to scrutinise and hold the Scottish Government and the public sector to account.

In order to make the creation of these rights real for people who might need to use them, we support the principles that:

- Any individual can quickly access a preferred treatment option from a range of options
- No-one should be denied the treatment that they choose unless it is believed to be harmful by a medical professional
- If an individual is refused treatment, they should receive a written explanation detailing the reasons why (and that this refusal could be challenged by the individual or a caseworker, and the local authority can be faced with legal action if necessary).

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

- Fully supportive
- Partially supportive
- Neutral (neither support nor oppose)
- Partially opposed
- Fully opposed
- Unsure

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

We do not have specific experience or policy on this question.

5. 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
- Partially supportive
- Neutral (neither support nor oppose)
- Partially opposed
- Fully opposed
- Unsure

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

We support the principle. In fact, we believe it is key that a person can choose and in doing so is motivated to commit to that choice. Options for treatment should be published and widely understood.

Legislating for it and implementing it may be complicated.

We would welcome greater consistency of approach between Alcohol and Drugs Partnerships in different parts of Scotland.

In terms of residential rehabilitation, a national approach and central co-ordination could be helpful to CrossReach as a service provider.

We are also involved in conversations about the proposed National Care Service for Scotland and see that there may be potential for overlap between the Right to Addiction Recovery proposal and the National Care Service plans. CrossReach would be interested in being part of discussions about this in the future.

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

- Fully supportive
- Partially supportive
- Neutral (neither support nor oppose)
- Partially opposed
- Fully opposed
- Unsure

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

We have limited experience of people being refused treatment on health grounds. Sometimes they can be excluded from other services because they are using substances. Greater support for mental health would be welcomed while people are still using substances.

The experience of CrossReach is that in some cases residential rehabilitation is only an option once all the other services have been tried (and exhausted). This is an unrealistically high bar and means that individuals are not offered the best options for their circumstances, and delays in people getting the treatment they need could lead to worse outcomes, longer recovery or even death. We ask that this question be considered in the framing of the Bill.

We also think that a lack of joined up services (coupled with the inflexibility of prescribed routes outlined above) contribute to barriers to rehabilitation. For example, a person in hospital who wants to progress to rehab cannot get funding without an extensive social work assessment. Again, is there a role for the planned National Care Service to try to improve consistency of approach?

7. Which of the following best expresses your view of requiring the Scottish Government to establish a national funding scheme?

- Fully supportive
- Partially supportive
- Neutral (neither support nor oppose)
- Partially opposed
- Fully opposed
- Unsure

Please explain the reasons for your response.

The General Assembly of the Church of Scotland has not considered the question. We do understand that it is not usual for public funds to be hypothecated for a specific purpose in primary legislation, rather it is normal for spending decisions to be made annually during the budget process. However,

there are exceptions and the General Assembly has been a longstanding supporter of the 0.7% international development spending target.

Without a clear commitment from the General Assembly to call for a new national funding scheme we would remain impartial – though it may well be a useful issue for MSPs to explore if the Bill is introduced.

We note that in 2021 the Scottish Government have announced ringfenced funding to ensure ADP areas have money to spend specifically on residential rehabilitation. This may be because a number of areas have no rehab facilities. Residential rehab funding has shrunk over the years and needs specific support to be available in all areas. Local decision making has reduced the amount spent on rehab over the years, focusing more on harm reduction or short-term health interventions. More financial resources, either through a new funding scheme or as a result of the decisions of the Parliament on the budget, for treatment including rehabilitation would be welcome.

Financial implications

8. 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
- some increase in costs
- no overall change in costs
- some reduction in costs
- a significant reduction in costs
- 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.

As we noted in the previous answer, in recent years the financial resources that have been made available have not been sufficient to meet the human need, which has resulted to a cut in services. If people are to be given a right to recovery, including the right to choose treatment that best suits their needs, there needs to be an expansion in the options available, in terms of type of treatment as well as being able to access treatment from a specific location.

Equalities

9. 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
- Slightly positive
- Neutral (neither positive nor negative)
- Slightly negative
- Negative
- Unsure

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.

CrossReach supports people with protected characteristics across all our services. We believe that a right to treatment will encourage people who currently feel excluded to more easily access the services they need.

Sustainability

10. 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
 No
 Unsure

Please explain the reasons for your response.

It is our experience that people who benefit from treatment go on to make a positive contribution in their communities and to encourage others to make similar positive changes.

General

11. 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)?

In the Foreword to the proposal it says that “[the system for treating addiction] fixates on treating problems like heroin use by increasing methadone prescriptions instead of rehabilitation and recovery programmes.” We do not feel that this is a fair representation of current practice, and it could lead to a sense that currently there is no role for community-based work such as happens in our congregations, or in the formal services provided by CrossReach. While we welcome the attention and focus the proposal is bringing to the issues surrounding substance use and recovery, it would be more helpful for us and for people seeking treatment that overt political confrontation could be avoided when it is not necessary.

While we acknowledge the scope of this Bill relates to granting new rights to recovery and access to treatment, it is likely to be linked in the media and public debate to related conversations about possible decriminalisation and the role of society to enable people to use drugs as safely as possible. This Bill may be a place where other ideas are raised, but we think that ensuring that people have the choice to access quality services which meet their needs is a priority. Influencing their choice, through our experience and knowledge is also part of what we would want to do.

A national co-ordination of residential rehab may be an answer to reversing the decline in availability of services. The decline is not just a government issue – policy has been guided by clinicians. A right to treatment may help to achieve better rehab services. Enabling people to attend local rehab is important, as people usually return to their previous home, and live in the community there.

CrossReach find an integrated approach to rehab works best, in which they can help prepare an individual for rehab, and support them when they finish, linking people into recovery communities, which can help make lasting change for individuals. However, we recognise that there are often problems with nationally co-ordinated systems, such as a potential loss of excellent locally developed responses and a loss of accountability through local democracy over what local authorities are deciding. The National Care Service is likely to include rehab as well, putting national level measures in place. While this might not have an impact on a 'right to recovery', proper planning for the range of treatment options available will determine the success of the policy, or its failure.