



## Official Response

**Subject:** Right to Addiction Recovery (Scotland) Bill  
**Requested by:** The Scottish Parliament Health, Social Care and Sport Committee  
**Date:** 18 December 2024  
**Prepared and agreed by:** Public Life and Social Justice Programme Group 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](http://www.churchofscotland.org.uk) and [www.crossreach.org.uk](http://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. It has been worked on by the Public Life and Social Justice Programme Group, which is appointed by the General Assembly of the Church of Scotland to make contributions to public policy making on behalf of the Church, and the Social Care Council, which oversees the work of CrossReach.

### **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

### **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?**

It seems right for the scope to include Drugs and Alcohol as both are recognised as causing significant and similar numbers of deaths in Scotland. It is right that there are a range of treatments and that people are consulted in what they want – their aspirations are important and their ownership of the journey of change is a vital component in the success of that treatment.

It is right that treatment should not be unduly delayed – delays in accessing treatment can cause conditions to worsen and even contribute to deaths.

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 the people who need it as well as service providers, local and national government, the third sector and society generally.

We believe this can work. As can be seen with housing rights; an expectation is set by having rights protected by law, but the law is only reverted to when rights are not upheld.

### **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?**

We strongly welcome this holistic approach and the recognition that there needs to be a comprehensive continuum of services available. Most people start with harm reduction, and many want to go on to stop using alcohol or drugs altogether.

CrossReach delivers residential rehabilitation services but regularly encounters people, and their family members, who were previously unaware of the option of getting access to rehab, or thought that would require (prohibitive) private funding.

Aftercare needs to be considered, as placements in detoxification and rehabilitation rarely work well in isolation. CrossReach works with partners to ensure people are prepared for coming into rehab and supported afterwards to help integration back into communities.

**Question 4 – Section 2 of the Bill sets out the procedure for determining treatment. It states that:**

- **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?**

Our experience is that choice in treatment is really important, but some people’s choices are restricted by what is offered and, sometimes even by their own lack of aspiration. Being in a community with others who have experiences of recovery can help to inspire and motivate individuals to believe that recovery is possible for them.

A major obstacle to choice of treatment is that people do not always know they have a choice, and that options exist for them. The healthcare professional making the decision with the person must be aware of all the options and not be biased towards medicalised models of treatment. Pathways may involve several services, so some coordination of a treatment plan is required, and must be regularly reviewed.

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 doctor
- If an individual is refused treatment, they should receive a written explanation detailing the reasons why and including a information on the right of the patient to seek a second opinion and the procedure for doing so.

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 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 is offered a place in residential rehabilitation cannot take it up because they can't access a social work assessment. One consideration we would like to suggest is how to improve 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 would be helpful to CrossReach as a service provider.

**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?**

It should be recognised that getting access to relatively scarce resources (detox or rehab) may take longer than 3 weeks. However, the person should be able to access the system and immediately get high quality care and support while waiting for their preferred option.

**Question 6 - Is there anything you would amend, add to, or delete from the Bill and what are the reasons for this?**

A point about language and style: the Bill uses the term "misuse of alcohol or other substances" in section 2 (b) and (c). 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'.

**Question 7 – Do you have any comments on the estimated costs as set out in the Financial Memorandum?**

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 a sustained increase in funding to support the expansion in the options available, in terms of type of treatment as well as equity of access to treatment for all parts of the country.

The Scottish Government has rightly ringfenced funding to ensure ADP areas have money to spend specifically on residential rehabilitation. This is because many areas have reduced the amount spent on rehab over the years. It is vital that funding for this aspect of treatment is protected after the improvements and increase in capacity of recent years.