

Right to Addiction Recovery (Scotland) Bill

WithYou consultation response

Information about your organisation

WithYou delivers drug and alcohol services throughout Scotland, working with more than 14,000 people every year.

WithYou consulted with over 30 people from services across Scotland to explore the issues raised in this Bill. This included clients from our Glasgow, Dumfries & Galloway, Borders, East Ayrshire services, and staff from East Ayrshire, Glasgow, senior management and clinical services.

Our response is based on the feedback of the people who use our services, our staff who deliver support in communities and based on our knowledge, experience and evidence of delivering services in Scotland for 20 years.

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

Disagree

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?

We are broadly supportive of the intentions and rationale of this Bill and believe there may be some advantages to placing a right to treatment in law. For example, it could help bring greater parity between addiction and other health issues, potentially improve access to some forms of treatment, and remove the postcode lottery that

currently exists. It could also give people the right to challenge certain decisions about their treatment, and provide them with a mechanism through which to do so, as well as set out what treatment should be offered and help standardise some types of treatment available to people who need support.

However, engaging our clients and staff about the Bill highlighted a number of disadvantages, and we have concerns about the impact the Bill could have on the individuals who need support, drug and alcohol services, and the wider treatment and recovery system.

A key issue repeatedly highlighted in the focus groups with clients and staff we undertook was around the stigmatising language used. Whilst having the right to treatment in law may help some people in certain circumstances, we are concerned that the description of addiction used in the Bill risks preventing some people from seeking the support they need. People have the right not to be defined as “having an addiction” or “being diagnosed with an addiction”. Furthermore, many people who access our services will not want, and should not be defined by ‘an addiction’ and may instead just require some help, support or advice to change their relationship with alcohol and/or drugs. For the Bill to have a real and significant impact, it will need to be broadened to ensure all people, and not just those “diagnosed with an addiction”, can have a right to treatment. The Bill in its current form could inadvertently stigmatise those who do not seek or complete treatment, labelling them as undeserving of further support.

The language used throughout the Bill is also overtly medical and may lead to misunderstandings, especially when referring to “treatment”. Further clarity is required to explain what is meant by treatment in the context of this Bill.

If the Bill goes through, it could significantly increase the number of people accessing some types of specialised structured treatment, such as inpatient detoxification or residential rehabilitation. Though these interventions are a crucial part of the system and would be appropriate for many people, and we’d welcome more people being able to access these services, there is a risk that this could place significant stress and strain on an under-resourced system. We are concerned that even with the additional investment proposed by the Bill, there isn't the adequate capacity or resource in the system to manage the potential increase in people accessing these services. Specialised structured treatment services are resource intensive, expensive and not suitable for everyone. If included in the legislation without careful wording, this could lead to unsustainable levels of demand.

By placing a right to receive treatment in law, there is a risk of increasing levels of litigation against clinical decision-makers brought by people challenging decisions that they disagree with. This could have significant cost implications that could ultimately fall on public services and could lead to further risk-averse behaviour from the medical professionals who may become hesitant in making certain decisions.

With this right enshrined in law and the need for someone to receive a medical diagnosis, concerns were raised in focus groups with our clients and staff about the impact this may have on people's right to anonymity. WithYou in Scotland support many people who are employed, or who wish to remain anonymous for various reasons, including due to the stigma they face. A medical diagnosis appearing on someone's medical record could have a significant long-term impact on people's lives. For example, there could be implications for someone's driving license, damage their employability prospects, and could worsen the stigma they face, and lead to some people not coming forward for the help they need.

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?

Currently in Scotland structured treatment services focus on people who require a medical intervention or can be prescribed substitute medication. The Bill suggests this approach will continue which may mean many people struggling with non-opiate dependency may not receive structured treatment. The Bill does not appear to fundamentally change this approach, which means that there is a risk of excluding people who use other substances, or do not meet the threshold/criteria for diagnosis. The Bill focuses on the medical aspects of addiction, medical interventions and treatment, and does not include any preventative measures, person-centred and holistic approaches. One of the key insights from our clients when discussing this Bill was that addiction is not just a medical issue.

We are concerned that a consequence of this legislation could be that providers adopt a more standardised approach to the treatment interventions they deliver, and this may not be suitable for everyone. There are a wider variety of services and treatments that should be available to people, depending on the extent of their drug and alcohol use, and personal circumstances. Many people who need support and treatment are not receiving treatment because they may not currently want treatment

or may not feel ready. Tier 3 or 4 services are not always the appropriate services for people, whereas other options like psychosocial interventions may be better suited. Effective addiction recovery often requires personalised, flexible approaches, including harm reduction, therapy, and social support. The approach taken by this Bill Legal mandates may inadvertently promote a more uniform approach, and overlook the diversity of individual needs.

People most at-risk are often using more than one substance, or drink at levels that may not qualify for treatment, by specifically excluding psychosocial interventions and non-pharmaceutical interventions there is a risk of unintentionally excluding these people from receiving treatment. WithYou in Scotland provides a range of psychosocial interventions and recovery support options and it is disappointing not to see this type of support included in the Bill. We know preventative and harm reduction approaches are often the entry point for many of our clients into starting to receive support, and we think these could be referenced in the Bill.

One of the biggest concerns raised about the Bill is that treatment and diagnosis is narrowly defined and appears to exclude support that may not be classified as treatment, such as mutual aid support and counselling). There is a risk that people will have to wait until their issues worsen before being able to access treatment. The narrow definition of addiction used in the Bill risks excluding the very people that may need support. WithYou supports many people who will require support outside of a process of seeking a diagnosis of addiction through a medical professional. Many of our clients self-refer into our services, and it is not clear from the Bill what the impact could be on those people.

Though it may be challenging to list every type of structured treatment within the Bill, we have concerns about what is not included and what this might mean in practice. For example will a person be offered a treatment if it is not listed?

Lastly, it's positive that the Bill sets out a process for including new treatments, and we would like to see that the group who decides remains impartial and bases their decision solely on the evidence base. The process for reviewing treatments needs to be robust and flexible to take account of the ever evolving nature of drug trends in Scotland.

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?

We are pleased to see that clients will be included and involved in the process of determining treatment, however more detail is required to explain what happens when there is a disagreement. We would like to see the inclusion of advocacy support services in this section of the Bill, which will provide support to individuals when being offered structured treatment.

As mentioned earlier, the definition of treatment as presented in the Bill is very narrow and focussed on medical, structured treatment, failing to include appropriate non-pharmalogical and psychosocial interventions which are essential parts of the treatment and recovery system. The language used throughout the Bill needs greater clarification, particularly when it comes to the types of treatment offered, and in many places, it feels that it is specifically only talking about tier 4 services only.

The Bill suggests that a person will need a medical professional to diagnose someone as "having an addiction" before a treatment is offered. We are concerned this will create an additional barrier to people seeking to access services in the first place and could possibly extend the waiting time for people to begin treatment. As noted previously, our clients consistently raised concerns about what is meant by 'having an addiction', and many said they do not always define themselves as having an addiction, and feel that this would be a barrier to them accessing treatment. Clients we spoke to also highlighted that some of the most significant challenges they face are the attitudes of healthcare professionals, and raised concerns about the control this Bill would grant to healthcare professionals over what treatment is offered.

Our clients and staff focus groups also noted concerns about how medical professionals would reach the decision that some have an addiction. Though it may be easier to define this for people who use certain drugs, such as opiates and/or alcohol, or people who use other substances, like synthetic drugs or people who use multiple substances, this could be far harder to define. Our clients also highlighted that it is common for people who need treatment to be told they do not currently meet the criteria to receive structured treatment, and that they were concerned this legislation will not change this. It was also felt that the process towards assessment does not feel sufficiently holistic and may fail to consider the circumstances within which people may use drugs and alcohol as a coping mechanism.

The Bill will need to rely on the experience of the medical professional to know what support is available. Responding to drug and alcohol use needs to also be recognised as a priority for the whole healthcare system, however many medical professionals have a poor understanding of the different treatment options available and what may

be most appropriate for people, and so may fail to provide the correct treatment. There is also a risk that this Bill could place additional pressure onto the already under-stain NHS, with the need for all people having to receive a diagnosis before being offered. Written reasons and second opinion will also lead to increased admin and place pressure on services. This process will also create additional barriers to treatment and likely extend time periods before treatment can begin. The process of determining treatment and seeking a second opinion runs the risk of disagreement between medical professionals and could favour people who can pay for a second opinion (privately) which could lead to a two tier system.

There is also a lack of detail with some aspects of the Bill. For example, the Bill does not explain what advice or information should be provided if a diagnosis is not offered, does not mention or cover anything about the criteria for specific types of services. For example residential rehabilitation services have their own entry criteria to ensure that people are ready and able to undertake the support they provide.

Currently third sector services are often accessed through self-referral and it is not clear how this Bill will impact that process. Currently people who access services undertake a rigorous and ongoing assessment process in order to meet that person's needs. The Bill does not explain how this process will change or improve things.

There is a risk that the Bill could infringe on an individual's personal autonomy, particularly if legal rights are interpreted as obligations for individuals to engage in treatment. Forcing individuals into treatment without their voluntary consent is often ineffective and unethical.

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

Different types of treatment operate on different timescales and could make meeting the timeframe of 3 weeks after the treatment determination is made challenging. It is also not always a suitable timeframe for some types of treatment. For example, the process of accessing residential rehabilitation may require more than 3 weeks, as this will often include a preparation stage which could require at least 6 weeks of psychosocial interventions and practical organisation. At the moment due to current capacity challenges and demand, waiting lists for residential rehabilitation already vary greatly and it is likely that this target will not be met. For other types of interventions like harm reduction, psychosocial interventions, or group work, this can and should be offered within days.

If this three week target is to be met, this will require significant financial investment into the whole treatment and recovery system, and not just in NHS services.

The Bill calls for a 3 week timeframe for people to start treatment after a determination is made, however this makes no improvement on the current proposed

timeframe. However, adding this to legislation could create more of a target focused culture, and this could have a negative effect in undermining the quality of services.

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

There is a lack of clarity on how this Bill will be implemented with an absence of detailed plans for how the Bill will be implemented, monitored, and funded. Without clear guidance, there is a risk of uneven service provision across regions, with rural areas particularly struggling to meet demand

There is also very little mention or detail of how this legislation will work alongside existing pieces of legislation, and other areas of best practice guidance, standards, and policy, such as the National Service Specification for alcohol and drug services.

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

Currently the Scotland Government allocated £161 million for alcohol and drug services in 2023/24 and it is clear that this level of funding is not sufficient to address the scale of alcohol and drug-related harm in Scotland. Implementing a legal right to addiction treatment would require significant financial investment to expand infrastructure, address workforce requirements, and ensure services are accessible across Scotland. The additional money proposed to support the implementation would likely not be sufficient to support the requirements set out in this Bill.

It is also not clear how the estimated costs for this Bill have been calculated and what this additional money will be used for. There is a lack of information and clarity around levels of performance, outcomes and value for money of services outside of the third sector, which makes it hard to really understand what level of investment is needed.

With the Bill potentially requiring significant additional capacity of NHS services, will this additional money proposed only go towards the management and delivery of the processes detailed in the Bill? Focusing additional resources solely on treatment, rather than also addressing prevention, might fail to address the root causes of addiction and could perpetuate long-term cycles of dependency.

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

Overall this Bill in its current form does not solve the problems the system and sector face and may lead to further pressures by creating additional barriers. Substance use often stems from broader socio-economic problems, such as poverty, housing insecurity, and mental health challenges. The Bill focuses too narrowly on treatment

which could lead to less people seeking or receiving help and support and does not address these root causes. Without tackling these systemic issues, treatment alone may have limited long-term success, potentially leading to high relapse rates.

While we are broadly supportive of the intentions of the Bill, the practical and systemic challenges it presents are a concern and could undermine its effectiveness. The healthcare system in Scotland is already stretched, particularly in mental health and addiction services. Enshrining a legal right to treatment could overwhelm existing services without a proportional increase in funding, resources, and staffing. This could lead to longer waiting times, lower quality of care, or rushed interventions that may not adequately address individuals' needs.

Turning addiction treatment into a legal right also risks politicising healthcare, with decisions potentially influenced by political agendas rather than evidence-based best practice. This could undermine the flexibility and innovation needed to adapt to emerging trends in addiction and recovery.

It is clear there is a need for improved quality of services, and for services to be quicker and easier to access. This will require a cultural shift in our approach to drug and alcohol support, significant investment, better training, and more effective systems. While we support the rationale of this Bill, we don't think it will solve many of these underlying problems.