

Right to Addiction Recovery (Scotland) Bill

Financial Memorandum

Introduction

1. As required under Rule 9.3.2 of the Parliament's Standing Orders, this Financial Memorandum is published to accompany the Right to Addiction Recovery (Scotland) Bill, introduced in the Scottish Parliament on 14 May 2024.
2. The following other accompanying documents are published separately:
 - statements on legislative competence by the Presiding Officer and the Member in Charge of the Bill (SP Bill 48–LC);
 - Explanatory Notes (SP Bill 48–EN);
 - a Policy Memorandum (SP Bill 48–PM);
 - a Delegated Powers Memorandum (SP Bill 48–DPM).
3. This Financial Memorandum has been prepared by the Non-Government Bills Unit on behalf of Douglas Ross MSP to set out the costs associated with the measures introduced by the Bill. It does not form part of the Bill and has not been endorsed by the Parliament.

Background on the Bill

4. The aim of the Right to Addiction Recovery (Scotland) Bill is to establish a right in law to treatment for addiction for anyone in Scotland who is addicted to alcohol and/or drugs. Douglas Ross MSP believes that a rights-based system, providing appropriate treatment without delay, and where the person seeking treatment feels informed and as involved as possible during the decision-making process to select their particular treatment, would bring about progress urgently needed for many of those across Scotland suffering from drugs or alcohol addiction.
5. This approach is intended to ensure that, where someone has been diagnosed with an addiction to alcohol and/or drugs: the individual seeking support is informed of the potential treatments that are available to them and then can express a view on which of them might be suitable for them; where the individual does not receive a

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referral for the treatment they have requested, or any treatment at all, they will receive a written explanation from the health professional and have the right to a second opinion.

6. The Bill also establishes a maximum timescale to begin treatment of, at most, three weeks after being prescribed or referred for treatment.

7. The Bill also gives an unqualified right to the treatment prescribed or that the patient is referred to. The Member wants to put it beyond any doubt that the reasons in the list in section 3(2) of the Bill cannot be used as a basis for someone not to be provided with a treatment. These reasons include the cost of a treatment.

8. The Member appreciates that being able to provide every person diagnosed with appropriate treatment will be challenging to deliver given the availability of some treatments versus the level of need, and that as a result this policy will require an increase in service provision for some treatments. However, as set out below, ongoing current work towards a) delivering existing Scottish Government targets in relation to three-week timescales for treatment and b) increasing service provision, such as increasing the number of publicly funded residential rehabilitation beds, should contribute to the required increase in service provision.

9. The Bill will ensure that data is collected and published in an annual report to the Parliament. The aim of this is to produce meaningful information on how the Bill, once enacted, is being implemented in practice. Some of the relevant datasets are already collated, and it is considered that drawing them together in the way required by the Bill will allow the relevant decision makers to know precisely where the system is working and where it is not, enabling responsible bodies to work out what further actions are required to address these issues. This published information would also be open to scrutiny by the Parliament and the public as a means of holding the Scottish Government and other bodies to account. The Bill also requires a code of practice to be produced that details how a number of the provisions in the Bill should be delivered in practice.

10. The Member anticipates that the implementation of the Bill will lead to an overall increase in the number of people being provided with treatment for drugs and/or alcohol. For example, the Member anticipates, as a result of public awareness raising, that more individuals may come forward to seek diagnosis under the new approach should they become aware that there is increased availability of appropriate services and that they can seek to receive access to these services. The Member also anticipates that the Bill's implementation will lead to the treatments currently prescribed being provided to shorter timescales where people currently wait over three weeks for treatment to commence.

11. In addition, he anticipates that there may be a cohort of people who could be prescribed and provided with different, more appropriate and therefore more effective, treatments under the approach established in this Bill, compared to those treatments provided at present. It is also hoped that a key cohort of people, those who are currently referred for treatment but discharge themselves or are discharged by the treatment

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service before receiving treatment, will be able to complete a course of an appropriate treatment.

12. The Bill will result in costs on the Scottish Government, and key bodies such as Health Boards and local authorities including through alcohol and drug partnerships (ADPs). The main cost will be for the increase in treatment services for the reasons set out above including additional staff time required.

13. In terms of the process for referral for treatment, there will also be costs associated with the time required for health professionals: to train on the new approach under the Bill; to set out the basis for some of their treatment referral decisions out in writing; and to provide a second opinion where required.

14. In addition, there would be administrative and publication costs arising from the requirement to prepare and publish an annual report (and to consult on its contents in advance, including with those with lived experience). There would also be costs associated with the preparation, and occasional updates, of the code of practice.

15. In the longer term, the Member anticipates significant savings including from reduced demands on health, prison, law enforcement and emergency services and from numerous other wider societal benefits.

16. To inform the Financial Memorandum, NGBU wrote to selected health boards, and other stakeholders such as Turning Point Scotland. NHS Greater Glasgow and Clyde, NHS Highland, NHS Tayside and Turning Point Scotland responded, providing background information. The Member thanks them for their contributions which have provided valuable context in preparing this Financial Memorandum.

Methodology

17. The following section sets out existing data sources to base calculations on the costs of the Bill upon. These figures form the basis of calculations on the cost of increased service provision later in this document. As context, the Audit Scotland briefing paper, Drug and Alcohol Services: An update, published in March 2022 states that:

“In our 2009 report, we highlighted that funding arrangements for drug and alcohol services were complex and fragmented which made strategic planning difficult. It is still difficult to track spending and how it is being distributed and monitored. The Scottish Government does not publish a full breakdown of all funding in one place and information is incomplete, disparate and presented inconsistently.”¹

18. As described by Audit Scotland, mapping existing costs and funding arrangements for alcohol and drug treatment is challenging, this is in part due to the

¹ [Drug and alcohol services: An update \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/publications/2022-03-22-drug-and-alcohol-services-an-update)

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number of different policy initiatives and associated funding streams. It is also challenging to track the number of people diagnosed each year with an addiction to drugs and/or alcohol through to the types of treatment they do, or do not, go on to receive. The existing landscape in respect of treatment provision is also complex and changing, including publicly funded services being provided in the third sector and private sector. This makes establishing existing levels of service provision challenging and also it makes it challenging to establish progress towards relevant existing Scottish Government commitments. This includes the commitment to increase the number of publicly funded residential rehabilitation beds to 650 by the end of this parliamentary session (March 2026).²

Funding

19. The National Mission on Drugs Annual Report 2022-2023 states that the total funding allocated for alcohol and drugs in 2022-23 was £141,885,000 (£141.9 million).³ This was broken down into the main funding channels as follows⁴:

- Health Board baseline - 56,490 (£000's) - 40%;
- Additional ADP funding - 50,300 (£000's) - 35%;
- Grants via Corra Foundation - 13,000 (£000's) - 9%;
- Scottish Government Managed - 18,895 (£000's) - 13%;
- Total - 141,885 (£000's)⁵.

20. The Scottish Government stated in its 2023-24 Budget document⁶:

“Our National Mission on drugs is supported this year by increased investment to £160 million, to reduce the avoidable harms associated with drugs and alcohol.”⁷

21. Detailing the 2024-25 Budget, and explaining the budget increase between 2022-23 allocations and the 2023-24 allocation, the then Minister for Drugs and Alcohol Policy, Elena Whitham MSP stated that:

“The 2024-25 alcohol and drugs budget has remained the same as that for 2023-24. The minor change seen in the published 2024-25 budget is not a proposed

² Commitment referred to in Paragraph 5.2.5 of the National Mission on Drugs: annual report 2022-2023. Available at: [Outcomes 3 & 4: People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services - National Mission on Drugs: annual report 2022-2023 \(www.gov.scot\)](#)

³ The National Mission on Drugs Annual Report 2022-2023. Available at: [National Mission on Drugs: annual report 2022-2023 \(www.gov.scot\)](#)

⁴ These different funding streams are set out in detail on page 44 of the National Mission on Drugs Annual Report 2022-23. Available at: [National Mission on Drugs Annual Report 2022-2023 \(www.gov.scot\)](#)

⁵ The remaining 3% of budget is allocated to core funded organisations. Further detail on these organisations are provided in the [Annual Report on p.7](#)

⁶ [Chapter 4 Health & Social Care - Scottish Budget: 2023 to 2024 \(www.gov.scot\)](#)

⁷ [Chapter 1 Strategic Context: A Stronger & More Resilient Scotland - Scottish Budget: 2023 to 2024 \(www.gov.scot\)](#)

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budget spend increase; rather, it shows funding being formally baselined into the alcohol and drugs budget line. The £13.6 million budget increase from 2022-23 to 2023-24 includes an additional £12 million to deliver the cross-Government plan, which was published in January 2023. The remaining £1.6 million increase covers portfolio operating costs for drug and alcohol staff, the funding for which was previously held centrally. Funding for drugs policy has increased by 67 per cent in real terms from 2014-15 to 2023-24, according to Audit Scotland figures published in 2022.”⁸

22. Calculations later in this Memorandum use the figure of £160 million as the 2024-25 budget.

Drug and alcohol assessment, referral and treatment

Drugs

23. According to the 2022 census, the population of Scotland is 5.4 million. Of those, just over 1 million are under the age of 18⁹ and 832,000 people are under 15.¹⁰ According to estimates from Public Health Scotland, ¹¹ the number of individuals with problem drug use in Scotland is 57,300 – which would constitute almost 1 in 60 of the population aged between 15 and 64.¹²

24. The Drug and Alcohol Information System (DAISy) is a national database developed by the Scottish Public Health Observatory (ScotPO) to collect data on drug and alcohol assessments and referrals, waiting times and outcome information from staff delivering specialist drug and alcohol intervention services.¹³ DAISy has provided an overview of initial assessments for specialist drug and alcohol treatment services in Scotland during 2021-22 and 2022-23.¹⁴¹⁵

“In 2021-22, a total of 7,288 initial assessments of people starting specialist drug treatment in Scotland were recorded on DAISy. In 2022-23, a total of 6,275 assessments were recorded.”¹⁶

⁸ [Meeting of the Parliament: 11/01/2024 | Scottish Parliament Website](#)

⁹ [Population breakdown and care provision - Office for National Statistics \(ons.gov.uk\)](#)

¹⁰ [Scotland's Census first results | National Records of Scotland \(nrscotland.gov.uk\)](#)

¹¹ [3. The challenge we face - National Drugs Mission Plan: 2022-2026 \(www.gov.scot\)](#)

¹² [Drugs overview - Drugs - Health topics - Public Health Scotland](#)

¹³ [Treatment for drug use - ScotPHO](#)

¹⁴ [Drug and alcohol information system \(DAISy\) overview of initial assessments for specialist drug and alcohol treatment 2021/22 and 2022/23 - Drug and alcohol information system \(DAISy\) - Publications - Public Health Scotland](#)

¹⁵ [DAISy Initial Assessments 2021/22 and 2022/23 - Public Health Scotland](#)

¹⁶ [Drug and alcohol information system \(DAISy\) overview of initial assessments for specialist drug and alcohol treatment 2021/22 and 2022/23 - Drug and alcohol information system \(DAISy\) - Publications - Public Health Scotland](#)

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25. Separate figures included in the National Mission on Drugs: Annual Monitoring Report 2022-2023 reflected that 7,867 people started specialist treatment where they had an initial assessment recorded in 2022-23¹⁷.

26. It is worth noting in interpreting data on referral levels for drugs, alcohol, or co-dependence that, in a statement to the Parliament on the Minimum Unit Pricing of alcohol, in answer to a question on referral levels, the then Deputy First Minister (Shona Robison MSP) stated:

“We have asked Public Health Scotland to investigate the reduction in the number of referrals to treatment services, as we need to ensure that referrals are made wherever appropriate and that services have the capacity to meet people’s needs. It is vital that we know what lies behind the data.”¹⁸

27. The National Mission on Drugs: Annual Monitoring Report 2022-2023 refers to there being 235 drug-related hospital stays per 100,000 in 2021-22, and there being 3,641 ambulance service naloxone administrations in 2022-23.¹⁹ In 2022, according to National Records of Scotland statistics²⁰ there were 1,051 drug deaths, a decrease of 21% since 2021.²¹ More recently published (12 March 2024) quarterly Police Scotland statistics suggest that, in 2023, this figure was 1,197.²²

Alcohol

28. In terms of alcohol misuse, the Scottish Health Survey 2022²³ reported that 22% of people drink at harmful or hazardous levels (defined as more than 14 units of alcohol per week).^{24 25} This Bill specifically relates to those who have been diagnosed as having a drug or alcohol addiction. This means when that person has been diagnosed by a relevant health professional as having an illness that involves an addiction to or dependency on a drug or alcohol.

29. Drink Aware defines alcohol dependence as follows:

“Alcohol dependence, which is also known as alcoholism or alcohol addiction, describes the most serious form of high-risk drinking, with a strong - often uncontrollable - desire to drink. It means drinking at a level that causes harm to your health.”²⁶

¹⁷ [National Mission on Drugs: annual monitoring report 2022-2023 \(www.gov.scot\)](https://www.gov.scot)

¹⁸ [Meeting of the Parliament: 08/02/2024 | Scottish Parliament Website](https://www.gov.scot)

¹⁹ [National Mission on Drugs: annual monitoring report 2022-2023 \(www.gov.scot\)](https://www.gov.scot)

²⁰ [Drug related deaths decrease | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

²¹ [National Mission on Drugs: annual monitoring report 2022-2023 \(www.gov.scot\)](https://www.gov.scot)

²² [3. Main points - Suspected drug deaths in Scotland: October to December 2023 \(www.gov.scot\)](https://www.gov.scot)

²³ [The Scottish Health Survey 2022 – volume 1: main report \(www.gov.scot\)](https://www.gov.scot)

²⁴ [The Scottish Health Survey 2021 - volume 1: main report \(www.gov.scot\)](https://www.gov.scot)

²⁵ [The Scottish Health Survey 2022 – volume 1: main report \(www.gov.scot\)](https://www.gov.scot)

²⁶ [Alcohol dependence | Drinkaware](https://www.drinkaware.co.uk)

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30. In relation to treatment for alcohol addiction, in 2021-22 and 2022-23 DAISy recorded:

“...10,204 initial assessments for people starting specialist alcohol treatment in Scotland recorded in 2021-22. In 2022-23, 9,803 assessments were recorded.”²⁷

31. Alcohol Focus Scotland stated that 20,634 Scottish residents had at least one admission to hospital with an alcohol-related condition in 2022²⁸ and that there were 31,206 alcohol-related hospital admissions (stays) in Scotland in 2022-23.²⁹ Rates were seven times higher for people living in the most deprived areas compared with the least deprived (849 compared to 127 per 100,000 population).³⁰

Co-dependency

32. DAISy also records data relating to co-dependency (i.e. treatment for both alcohol and drug addiction). In 2021-22, a total of 2,153 initial treatment assessments for co-dependence on alcohol and drugs were recorded. In 2022-23, this figure decreased to 2,017 treatment assessments for co-dependence on alcohol and drugs.³¹

Treatment for addiction to drugs and/or alcohol – discharge without treatment

33. DAISy recorded initial assessments for specialist alcohol and drug treatment relating to 18,294 people resident in Scotland in 2021/22 and 16,936 people in 2022/23.³²

34. The National Drug and Alcohol Treatment Waiting Times (released on 19 December 2023)³³ highlights the instances where people are discharged before treatment:

“Discharges before treatment can occur for a range of reasons but may be indicative of inappropriate referral or a failure to engage with services. It is useful to consider the number of discharges before treatment when examining differences between the numbers of referrals received and the number of completed waits.

²⁷ [Drug and alcohol information system \(DAISy\) overview of initial assessments for specialist drug and alcohol treatment 2021/22 and 2022/23 - Drug and alcohol information system \(DAISy\) - Publications - Public Health Scotland](#)

²⁸ [Alcohol facts and figures | Alcohol Focus Scotland \(alcohol-focus-scotland.org.uk\)](#)

²⁹ [Alcohol facts and figures | Alcohol Focus Scotland \(alcohol-focus-scotland.org.uk\)](#)

³⁰ [Alcohol facts and figures | Alcohol Focus Scotland \(alcohol-focus-scotland.org.uk\)](#)

³¹ [Drug and alcohol information system \(DAISy\) overview of initial assessments for specialist drug and alcohol treatment 2021/22 and 2022/23 - Drug and alcohol information system \(DAISy\) - Publications - Public Health Scotland](#)

³² [Drug and alcohol information system \(DAISy\) overview of initial assessments for specialist drug and alcohol treatment 2021/22 and 2022/23 - Drug and alcohol information system \(DAISy\) - Publications - Public Health Scotland](#)

³³ [National Drug and Alcohol Treatment Waiting Times \(publichealthscotland.scot\)](#)

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“Between 1 July and 30 September 2023, a total of 3,097 (31.0%) referrals to community-based services were discharged before starting treatment...Of the 3,097 referrals discharged before starting treatment: 79.3% (2,459) were discharged and recorded as treatment incomplete due to reasons including the person disengaged, was unable to engage, or declined treatment, the referral was considered inappropriate by the service, or the treatment was withdrawn by the service...”.³⁴

Existing treatments for drug and/or alcohol addiction

Residential rehabilitation

35. The report of the Residential Rehabilitation Working Group: drug and alcohol residential treatment services, found that, on average, across 20 EU member states, residential treatment represents 11% of all treatment episodes.³⁵ The proportion of treatment episodes in Scotland that are treated in residential rehabilitation sits at around 5%. The Scottish Government, under the former First Minister, Nicola Sturgeon MSP, committed to increase this percentage to 11%, in line with the EU average.³⁶

36. In February 2024, Public Health Scotland published an evaluation of the Scottish Government Residential Rehabilitation programme.³⁷³⁸ It highlights that the Scottish Government has set itself the target to increase residential rehabilitation bed capacity in Scotland to 650 beds by 2026. Its findings included:

“According to a 2021 Scottish Government survey of residential rehab providers, there were an estimated 425 rehab beds in Scotland in 2020–2021. Of the additional 172 beds planned under the Residential Rehabilitation programme, 32 are already operational (see Table 2). This represents an increase of 8%, assuming that the 425 earlier beds continue to be operational. The increase in bed capacity to date covers specific target groups: individuals with children and people who can access NHS Lothian services. There has been no increase in bed capacity for individuals without children living in other Health Board areas. However, this is planned (see Table 2). The additional 172 beds currently planned would present an increase of 40% compared to the 425 beds recorded in 2020–2021, to a total of 597 beds, again assuming that the 425 earlier beds continue to be operational. A further increase of 53 beds would then still be needed before the end of 2025–2026 to achieve the Scottish Government target of 650 residential rehab beds in Scotland by March 2026.”

³⁴ [National Drug and Alcohol Treatment Waiting Times \(publichealthscotland.scot\)](https://publichealthscotland.scot) Data released in the report for 1 October to 31 December 2023 reflected similar levels of discharge before treatment (33.1%)

³⁵ [Residential Rehabilitation Working Group: drug and alcohol residential treatment services - recommendations - gov.scot \(www.gov.scot\)](https://www.gov.scot)

³⁶ [Residential rehabilitation: powering up in 2021 \(shaap.org.uk\)](https://www.shaap.org.uk)

³⁷ [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

³⁸ [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

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37. Currently, there are fewer residential rehabilitation beds in the statutory sector compared with the private and third sectors (25 beds across two providers in February 2021³⁹). One of those is the Lothians and Edinburgh Abstinence Programme (LEAP), run by NHS Lothian out of Woodland House in the Astley Ainslie Hospital. This is a three month, quasi-residential, treatment programme.⁴⁰ In 2021, NHS Lothian received £5 million to create capacity to support around 600 additional placements over five years at LEAP (and also to increase capacity at the linked Ritson detoxification clinic at the Royal Edinburgh Hospital from eight beds to 12)⁴¹ £3,281,055 of this funding was for eight additional beds in LEAP.⁴²

38. The cost of provision of beds in residential rehabilitation varies, including depending on the sector in which it is provided. In 2021, the Scottish Government carried out a survey of residential rehabilitation providers to build an overview of access, resourcing and provision of residential rehab across Scotland. The resultant report, Pathways into, through and out of Residential Rehabilitation in Scotland: Results from the Residential Rehabilitation Providers Survey (November 2021), stated that:

“The average cost of a placement in a core programme in rehab in Scotland is £18,112, with placement costs ranging from £6,504 to £27,500 (£350 to £5540 per week)...The total core programme cost ranged from £6,504 for 12 weeks at one facility, to around £27,500 for 5 weeks at another...Placements across private providers were typically shorter (5-12 weeks) and more expensive, while third-sector providers were typically longer and less expensive (14-156 weeks)”.⁴³

39. In terms of average treatment timescales, Pathways into, through and out of Residential Rehabilitation in Scotland: Results from the Residential Rehabilitation Providers Survey (November 2021), found that:

“The shortest core programme was 4 weeks, while one ran for 156 weeks, or 3 years. The average core programme length was 23 weeks. Some providers suggested that this was flexible based on individual need. Typically, private providers offered shorter programmes (between 5 and 12 weeks), while third-sector providers offered longer programmes (all over 14 weeks)”.⁴⁴

³⁹ [Residential rehabilitation: status report on current levels of capacity \(www.gov.scot\)](https://www.gov.scot)

⁴⁰ [LEAP Information for Professionals \(nhslothian.scot\)](https://www.nhs.uk)

⁴¹ [LEAP of Faith – The NEN – North Edinburgh News](https://www.nen.org.uk)

⁴² [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://www.scotland.nhs.uk)

⁴³ [Pathways into, through and out of Residential Rehabilitation in Scotland: Results from the Residential Rehabilitation Providers Survey \(www.gov.scot\)](https://www.gov.scot)

⁴⁴ [Pathways into, through and out of Residential Rehabilitation in Scotland: Results from the Residential Rehabilitation Providers Survey \(www.gov.scot\)](https://www.gov.scot)

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40. In terms of waiting times for residential rehabilitation, a Public Health Scotland evaluation, published in February 2024, showed that, in 2021, out of 18 rehabilitation centres, there were waits of three weeks or more in 10 of them on an average day in that year.⁴⁵⁴⁶

41. Up to date figures on the weekly average cost of rehabilitation beds broken down by third sector, health board direct provision and private sector do not appear to be available. Nor do details of the waiting times for residential rehabilitation for each individual waiting more than three weeks. This combined with the notable variations in the length of placements based on the individual's needs and also the type of provider makes it challenging to assess the increase in cost under the Bill specifically in relation to an anticipated need for an increase in residential rehabilitation beds.

Community based treatments – treatment times

42. Treatment services are in the main co-ordinated by ADPs and include community-based rehabilitation, detoxification services, stabilisation services and substitute prescribing services. These can also include harm reduction services, home alcohol detoxification services and psycho-social interventions.⁴⁷⁴⁸

43. The Scottish Government has set a standard that 90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. The National Mission on Drugs: Annual Monitoring Report states, in terms of waiting times for treatment, that:

“In 2022/23, 92% of referrals for community-based specialist drug or co-dependency treatment resulted in treatment starting within three weeks or less. This is in line with 2021/22, but lower than in 2020/21 when 95% of referrals resulting in treatment [started] within three weeks or less”.⁴⁹

44. Figures for the fourth quarter of 2024⁵⁰ show that 7,316 referrals to community-based treatment started treatment in that quarter, and that 90.5% involved a wait of three weeks or less.

45. In terms of the numbers of people waiting more than three weeks at any given time, Public Health Scotland's statistical release, National Drug and Alcohol Treatment Waiting Times: 1 July 2023 to 30 September 2023, states that as at 30 September

⁴⁵ [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

⁴⁶ Public Health Scotland highlighted that this snapshot was carried out during the COVID-19 pandemic so should be treated with caution.

⁴⁷ [2023-24 Scottish Government Direct Funding Allocation: Supporting the Delivery of Drug and Alcohol Services](#)

⁴⁸ [National Mission on Drugs: annual report 2022-2023 \(www.gov.scot\)](https://www.gov.scot)

⁴⁹ [National Mission on Drugs: annual monitoring report 2022-2023 \(www.gov.scot\)](#)

⁵⁰ [National drug and alcohol treatment waiting times - 1 October 2023 to 31 December 2023 - National drug and alcohol treatment waiting times - Publications - Public Health Scotland](#)

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2023, 534 people who were waiting for treatment had been on a waiting list for longer than three weeks.⁵¹

46. Figures breaking down the number of delays of over three weeks by specific type of treatment service, or length of delay, do not appear to be available in full, preventing an assessment on a treatment service by treatment service basis of the length of the waiting times. It is clear that some treatment services have less than 90.5% of referrals receiving treatment within three weeks.

47. For example, Turning Point Scotland representatives suggested that waiting lists for their stabilisation services were high advising that, generally speaking, waiting lists for their services were around double the number of placements available.⁵²

48. In relation to residential rehabilitation, Pathways into, through and out of Residential Rehabilitation in Scotland: Results from the Residential Rehabilitation Providers Survey (page 22) states:

“Thirteen of the 20 facilities (65%) reported maintaining waiting lists to access residential treatment at the time of survey. A total of 261 individuals across these 13 facilities were on waiting lists at the time of survey. Average waiting times ranged widely across these two years. In 2019/20, average waiting times ranged from less than a week (n=5, 25%) up to 6 months (n=1, 5%). In 2020/21 two institutions reported waiting periods of 8 and 9 months. Waiting lists were primarily maintained due to demand outstripping capacity for residential rehabilitation at these facilities.”⁵³

49. It is reasonable to assume, for the purposes of calculating the required increase in service provision, that treatments requiring some form of residential stay could make up a sizeable proportion of those on waiting lists for more than three weeks. In addition, based on the information above on residential rehabilitation, it is reasonable to assume that a number of those people will have been waiting for a long period, including some waiting for up to 6 months or longer.

Estimating number of people yet to be diagnosed

50. The National Mission on Drugs: Annual Monitoring Report 2022-2023 considered the “hidden population” of people using drugs in Scotland:

“It is not currently possible to determine trends in the prevalence of problem drug use, for either the general population or young people. The latest data available from the Scottish Health Survey suggests that the percentage of people in

⁵¹ [National Drug and Alcohol Treatment Waiting Times \(publichealthscotland.scot\)](https://publichealthscotland.scot)

⁵² Meeting between NGBU and Turning Point Scotland – 16 February 2024

⁵³ It should be noted that the waiting times expressed here may have been longer as a result of the Covid pandemic, including the need for facilities to allow for social distancing in capacity levels. Report available at: [Pathways into, through and out of Residential Rehabilitation in Scotland: Results from the Residential Rehabilitation Providers Survey \(www.gov.scot\)](https://www.gov.scot)

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Scotland who self-report having a current problem with their drug use is fairly low. However, it is generally accepted that people who use drugs are in part a hidden population and are not well represented in population level surveys. Between the survey data and the most recent prevalence estimates (from 2015/16), it would be reasonable to conclude that there is still a sizeable population of people with problem drug use in Scotland.

As a hidden population, measuring how many people use drugs problematically is challenging. The Scottish Government is funding a collaborative project between PHS [Public Health Scotland] and the University of Bristol to produce a new estimate of the prevalence of problematic drug use in Scotland”.⁵⁴

51. Combine this “hidden population” with the number of people estimated to drink to a harmful extent in Scotland and it is reasonable to assume there will be a sizeable cohort of people within these groups that are addicted to some form of drug(s) and/or alcohol.

52. In advance of the completion of the kind of research mentioned above, it is exceptionally challenging to put a precise figure on the number of people in Scotland who currently are addicted to drugs and/or alcohol but who are as yet undiagnosed or seeking any form of treatment. It is therefore also not possible to anticipate the extent to which this cohort would seek diagnosis and referral for treatment on the basis of the implementation of this Bill, including as a result of being encouraged to do so through any associated public awareness campaigns.⁵⁵

53. However, it is reasonable to assume that a large proportion of those who at present are diagnosed and referred for treatment, but then do not undertake treatment, would be in a position to engage with treatment under the new approach established by the Bill and therefore the numbers in this group can form a basis for the assessment of costs associated with the Bill.

54. As noted above, quarterly figures showed that:

“3,097 (31.0%) of referrals to community-based services were discharged before starting treatment...[of these] 79.3% (2,459) were discharged and recorded as treatment incomplete due to reasons including the person disengaged, was unable to engage, or declined treatment, the referral was considered inappropriate by the service, or the treatment was withdrawn by the service.”

55. Note that this is the number of referrals that were discharged. There will be plenty of instances where people are referred for numerous treatments, so it cannot be assumed that every discharge of the 3,097 equates to the same number of people

⁵⁴ [National Mission on Drugs: annual monitoring report 2022-2023 \(www.gov.scot\)](https://www.gov.scot)

⁵⁵ For example, a large number of people may not consider themselves to have an addiction to alcohol or drugs or may be very resistant to seeking treatment.

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discharged from treatment. Many of the people discharged from one treatment will still be in receipt of another.⁵⁶

56. Under the provisions of the Bill it is more likely people will complete treatment as:

- they may feel more involved in the decision making process and have an increased understanding of what the treatment they have been referred to consists of and why it is appropriate for them;
- more people will receive treatment referrals appropriate to them due to their contribution to the discussion with the relevant health professional who is deciding on their treatment;
- on referral individuals cannot be refused treatment for numerous reasons set out in the Bill meaning there would be a reduced number of situations where “the referral was considered inappropriate by the service,”⁵⁷
- increased availability of treatment services under this Bill (and ongoing Government work) will mean many treatments will be available when needed (ie more quickly) and may be available closer to the homes of the patients and therefore easier to take up (increased services levels for other target groups such as those with children may also increase take-up);
- funding under this Bill for increased service provision will also make closure of vital services less likely, and this would reduce the instances of discharge because “the treatment was withdrawn by the service.”⁵⁸

Costs on the Scottish Administration

57. All figures set out in this section are drawn from earlier sections in this Memorandum and cross referenced to allow the reader to refer to the source of that data and any relevant caveats relating to each individual figure The cost of the increased drug and alcohol treatment service provision required under this Bill is calculated below.

58. As highlighted in paragraphs 34 and 54 of this Memorandum, 69% of referrals for treatments result in treatment being completed (to at least some extent) and 31% of referrals (3,097 referrals) are discharged before treatment commences⁵⁹. 79.3% of this 31% of referrals do not commence treatment for reasons relating to engagement from the individual or withdrawal of the treatment or service for any reason (see Public Health Scotland data referred to in paragraph 34). This represents 24.6% of all treatment referrals.

⁵⁶ [Drug and Alcohol Treatment Waiting Times](#) statistics notes state: Where people are referred to more than one service provider, they will have more than one referral. Additionally multiple treatments can be recorded for one referral. Therefore, when interpreting these statistics it should be noted that the number of treatments does not directly reflect the number of people in treatment.

⁵⁷ [National Drug and Alcohol Treatment Waiting Times \(publichealthscotland.scot\) p.21](#)

⁵⁸ [National Drug and Alcohol Treatment Waiting Times \(publichealthscotland.scot\) p.21](#)

⁵⁹ [National Drug and Alcohol Treatment Waiting Times \(publichealthscotland.scot\) p.21](#)

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59. It is assumed that, as a result of the implementation of the Bill, there will be a notable increase in the number of treatment referrals that are not discharged before they commence. In other words, more people referred for treatment will be able to undertake it.

60. It is challenging to estimate the proportion of the increase in required treatments and so a range of estimates for this increase is being provided. This range assumes between half and two thirds of the treatments that are currently discharged before they begin will be commenced and, it is hoped, completed.⁶⁰ This represents an increase of service provision of between 12.3% and 16.4% (50% and 66.6% of 24.6% respectively).

61. If the £160 million budget accounts for the delivery of 69% of referred treatments, and it is estimated that this Bill increases the delivery of treatment services to between 81.3% and 85.4% (69% + 12.3% and 69% + 16.4% respectively), then using 2024-25 figures the cost of treatment delivery under this Bill would be between £188.5 million and £198 million. This is an increase of between £28.5 million and £38 million.

62. The significant majority of £160 million budget for 2024-25 is being allocated on a combination of direct provision of existing treatment services and initial investments in new services in order to scale up provision to meet need.⁶¹ In calculating the increased cost in the way set out above, the assumption is being made that the same approach to funding decisions will need to be made in future years, namely that a proportion of overall budget will need to be spent on maintaining service provision of some services and a proportion would be used to continue to commission more capacity.

Contribution to required increased service levels from existing investment

63. In relation to residential rehabilitation, the Scottish Government has committed to continuing to provide funding in its annual budget including in 2025-26 towards increasing the number of publicly funded residential rehabilitation beds. This increase will, it is hoped, establish 650 publicly funded beds in residential rehabilitation by March 2026. It is assumed these beds will be operational on a year-round basis and be provided for across the NHS and the third sector. It is assumed that each of these 650 beds will, over the course of a year, support two to three patients (assuming an average programme of 23 weeks). It is also assumed that the Scottish Government will further increase residential rehabilitation bed numbers in future years beyond 650 in order to achieve the stated desired outcome that 11% of treatment episodes occur in residential accommodation. On that basis, assuming Government planned work is delivered, there

⁶⁰ It is not assumed that it would be more than two thirds as there will remain plenty of reasons for discharge that do not relate to the bullet points on page 22 of [National Drug and Alcohol Treatment Waiting Times \(publichealthscotland.scot\)](https://www.nhs.uk/publications/national-drug-and-alcohol-treatment-waiting-times/). For example it may relate to the patient moving to another area.

⁶¹ A proportion of this budget will also be allocated to preventative spending such as Minimum Unit Pricing implementation and other forms of early intervention such as drugs education.

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would be capacity for hundreds more residential rehabilitation placements in the period following this Bill's implementation.

64. The investment currently underway to increase service provision for a number of treatment services including residential rehabilitation, detoxification services and stabilisation services amongst others, which is planned to continue to increase in future years, will generate at least part of the increased service provision required to implement this Bill.

65. Turning to the increased costs associated with the Bill's requirement for all treatments to begin within three weeks as required under the Bill, many of the current longer delays for treatment relate to residential rehabilitation and other services where investment is currently being made to increase capacity (such as increasing the number of beds in detoxification clinics). It is hoped that the Government's planned increased capacity (and further investment to increase capacity using additional funding required for this Bill) will contribute to a reduction in numbers of people waiting over three weeks for treatment.

66. In 2020/21 95% of referrals resulted in treatment starting within three weeks or less. With the additional investment, including that provided for in the costs associated with this Bill, it is hoped that all those given the right to treatment within three weeks at most under this Bill can receive treatment to that timescale.

67. Given the scale and multi-faceted nature of the challenge in improving the lives of so many suffering from drug and/or alcohol addiction in Scotland, it is assumed the level of increased funding required will need to be provided on a recurring basis. It is not possible, given the lack of certainty as to the number of new people who will become addicted to alcohol and/or drugs in the future, to establish when the funding levels provided for treatment services will be able to be reduced.

68. As detailed below in the section on savings, the Member believes that, by implementing the provisions of this Bill, twinned with sustained significant investment on treatment services, there will be a marked increase in the numbers of people who are effectively treated for their addiction. On that basis there will come a tipping point where savings begin to be generated based on a steady decrease in the proportion of people across Scotland with an addiction to drugs and/or alcohol.

Scottish Government costs

69. The increased costs to the Scottish Government for increased service provision is provided alongside the increased costs for health boards and local authorities (including through ADPs) in paragraphs 86 to 88 below.

Promoting awareness and understanding of the new procedure

70. The Bill does not specifically make provision which places a duty on Ministers to promote public awareness of the procedure established by the Bill. However, the Member considers this to be a necessary step to ensure the positive impacts of the Bill can be realised, including by those who need to be encouraged to accept their addiction and seek diagnosis and then support through treatment services.

71. It is envisaged that such a campaign would seek to reach the adult population in general, with some targeting towards those experiencing poverty and deprivation. This is in acknowledgement of the high incidences of addiction where people are experiencing poverty. It would be for the Scottish Government to decide the exact terms of an awareness-raising campaign, however a number of previous campaigns have been analysed to seek to estimate potential costs.

72. The Scottish Government publishes information annually relating to how much it spends on marketing (or advertising) campaigns. The most recent available figures are for 2022-23.⁶² In terms of the type of campaign, a useful comparator would appear to be the Scottish Government organ and tissue donation campaign cost in the region of £237,553 in 2022-23. Adjusted for inflation this is £256,268.

73. It is assumed the campaign would need to run on a recurring basis to ensure awareness raising is done in a sustained way. On that basis it is assumed that a substantial campaign would run in the year when the Bill is initially implemented and then further campaigns would run for the next three years. The initial development of material for the campaign would be completed in year 1, meaning the recurring costs of running the campaign would be lower in future years. Lower recurring campaign costs are included in Table 1 on that basis.

74. The Scottish Government has a recurring budget for marketing campaigns, meaning potentially the Scottish Ministers could promote awareness and understanding within the existing budget. Additional costs would only be incurred if the overall budget for marketing campaigns was increased as a result of the Bill. To ensure full costs of the Bill are reflected as far as possible in this Memorandum, Table 2 of overall costs on page 18 assumes the campaign costs will be additional to the existing budget.

Reporting to Parliament

75. Section 5 of the Bill requires the Scottish Ministers to report to the Parliament. It sets out that Ministers must, on an annual basis, publish and lay before the Parliament a report “setting out progress made in the reporting period towards achieving the provision of the treatment to patients in accordance with this Act”.

⁶² Scottish Government (2023). Scottish Government Marketing Spend 2022-23. Available at: [Marketing spend 2022 to 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/campaigns/Marketing-spend-2022-to-2023)

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76. The Islands (Scotland) Bill Financial Memorandum based its costing for an annual report on Scottish Government costs incurred for collating other annual reports. The estimate of £8,400 in 2018 included staffing costs for the preparation of the annual report for two months in the run up to publication and publication costs. Adjusted for inflation this figure would be £10,355.

77. In addition to the collation and publication of the annual report, the Bill requires that prior to preparing a report the Scottish Government must conduct a targeted consultation and that this must include people with lived experience of drug or alcohol addiction. To aid this consultation, the Scottish Government may wish to establish an advisory group made up of those with lived experience and representative groups of those with lived experience. The Victims, Witnesses, and Justice Reform (Scotland) Bill Financial Memorandum sets out a detailed estimate for the cost of an advisory group informed by the experiences of victims of crime. It assumes a group holding quarterly meetings would cost between £28,000 and £42,000⁶³. Quarterly meetings may not be required in relation to the production of the annual report for this Bill, and the exact format of the consultation is a matter for the Scottish Government. However, given the emphasis the Member places on involvement of those with lived experience, full annual costs of £42,700 (adjusted for inflation) for this consultation process are being included.

Code of practice

78. The purpose of the code is to set out, for the benefit of the bodies who have duties placed on them through regulations under this Bill, how those duties are to be discharged. The code is therefore a key document in the effective implementation of the provisions of this Bill.

79. The Police (Ethics, Conduct and Scrutiny) Scotland Bill places a duty on the Chief Constable of Police Scotland to prepare and publish a code of ethics and to review the code from time to time. The Financial Memorandum for that Bill estimated that this will cost £10,000. Adjusted for inflation this would be £10,200.

80. It should be noted that the Member would encourage wherever appropriate consultation with those with lived experience in the production of the code of practice, and considers the costs allowed for above in relation to consultation on the annual report could be used to also consult any reference group on the contents of the initial code of practice and on any updates produced from time to time.

81. The Bill sets out that the Scottish Ministers may publish a revised code of practice “from time to time”, without specifying the frequency of how often such revisions could occur. Continuing comparison with the Police Scotland code of ethics, which is to be reviewed every five years, it would be reasonable to estimate that revision of the code of practice could also occur every five years. It is therefore

⁶³ [Financial Memorandum accessible \(parliament.scot\) p.5](#)

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considered that a cost of £10,200 may be incurred roughly every five years in revising the code.

National Health Service costs

Staff training

82. Health professionals with a role under the Bill are medical practitioners, nurse independent prescribers and pharmacist independent prescribers. In relation to the procedure for determining treatment, training will be required for these health professionals on the overall process, including on the right of an individual to seek a second opinion, and the requirement for the health professional to make a written statement of reasons. In relation to the provision of treatment, staff will require to be provided with details of the specific conditions under the Bill which do not, in and of themselves, constitute reasons for them not to provide someone with treatment.

83. A useful comparator would appear to be the Human Tissue (Authorisation) (Scotland) Bill which required training to be developed and rolled out on a new NHS procedure. Costs include a member of staff to lead in the development of the training and overseeing this rollout. Adjusted for inflation, the cost of a similar programme of training would be £200,000. It is anticipated that this would be a one-off cost and then the training would be incorporated into existing training for new health professionals.

Staff time

84. In addition to the staff time required for the delivery of additional treatment services (set out above), there will be additional costs associated with the procedure for determining treatment. Following diagnosis, wherever an individual is not referred to, or prescribed their preferred treatment the relevant health professional would now be required to spend time providing a written statement of reasons setting out the basis for their decision. Relevant health professionals will also be asked to provide a second opinion where someone wants to seek an alternative view (informed by the written statement of reasons).

85. As set out above, the implementation of the Bill will lead to more completed treatments. This in turn will mean fewer repeat appointments being needed for patients who are seeking a new treatment, having had an unsuccessful patient journey. It is assumed that this reduction in appointments to determine a treatment will offset the staff time required to provide a written statement of reasons and to provide second opinions.

Costs on local authorities, health boards and alcohol and drugs partnerships

86. As set out above in paragraph 19, the four funding channels for the delivery of alcohol and drug addiction treatments are:

- Health Board baseline - this made up 40% of overall budget in 2022-23;
- Additional Alcohol and Drug Partnership funding - 35%;
- Grants via Corra Foundation - 9%;
- Scottish Government Managed - 13%.⁶⁴

87. Health boards and local authorities receive distinct proportions of the overall budget each year through a combination of baseline funding, ADP funding and Scottish Government Managed funding. Alcohol and Drug Partnerships involve both health boards and local authorities. The figures presented below therefore present projected costs that fall solely on health boards and also separate costs on ADPs. It does not provide specific separate costs on local authorities on that basis. As set out above, it is assumed that the cost of treatment delivery under this Bill would be between £188.5 million and £198 million. This is an increase of between £28.5 million and £38 million.

88. The calculations on the allocation of this additional funding between health boards, ADPs and the Scottish Government in future years is based on the same proportions of budget allocations used in 2022-23. In other words 40% of the additional funding required for service provision under this Bill will be allocated to health boards, 35% to ADPs, and 25% to the Scottish Government (25% is made up of 13% allocated in Scottish Government Managed funds, 9% allocated by the Scottish Government to the Corra Foundation to be allocated as grants, and 3% allocated by the Scottish Government to core funded organisations). These figures are set out in Tables 1 and 2 below. Table 1 sets out initial costs and recurring costs broken down by each of the types of additional cost incurred as a result of the Bill's implementation. Table 2 sets out initial and recurring costs based on the type of organisation incurring the cost.

⁶⁴ The remaining 3% of budget allocation was allocated by the Scottish Government directly to "core funded organisations". The [National Mission on Drugs Annual Report 2022-2023 finance section](#) sets out examples of these organisations including a number of third sector organisations.

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Table 1

Costs	Year 1 cost per annum (low)	Year 1 cost per annum (high)	Ongoing cost per annum (low)	Ongoing cost per annum (high)
Total cost of increased provision of drug and alcohol treatments	£28,500,000	£38,000,000	£28,500,000	£38,000,000
Promoting awareness and understanding	£256,268	£256,268	0	£156,268 ⁶⁵
Reporting to Parliament (including consultation)	£53,055	£53,055	£53,055	£53,055
Code of practice	£10,200	£10,200	0 (in a year where revision to the Code is not required)	£10,200 (in a year where notable revision to Code is required)
Staff training	£200,000	£200,000	0	0
Total	£29,019,523	£38,519,523	£28,553,055	£38,219,523

⁶⁵ This figure is included as it is assumed that the awareness campaign would need to run in more than one year to ensure that information, the level of awareness and understanding of the new process is spread widely across the population. It is assumed this running cost would be lower than the initial cost in year 1 of the campaign as much of the material required to be used in the campaign created in year 1 can be used again in future years.

Table 2

Organisation	Year 1 cost (low)	Year 1 cost (high)	Ongoing cost (low)	Ongoing cost (high)
Scottish Administration (including SG managed funding, funding allocated on through the Corra Foundation and funding allocated to CFOs)	£7,254,881	£9,629,881	£7,138,264	£9,554,881
Health Boards	£11,607,809	£15,407,809	£11,421,222	£15,287,809
ADPs	£10,156,833	£13,481,833	£9,993,569	£13,376,833
Total cost	£29,019,523	£38,519,523	£28,553,055	£38,219,523

Costs on other bodies, individuals and businesses

89. The Corra Foundation is a grant-making charity which has administered Scottish Government funding as part of the Scottish Government’s National Drugs Mission. £13 million was allocated in grants via Corra in 2022-23.⁶⁶ The report for the Scottish Government funded projects between April 2021 and March 2023 states that:

“All funds administered through the Corra Foundation make grants available to projects which make a difference to people and communities. Through these funds, third sector and grassroots organisations can access varied levels of funding and support, ensuring that this funding has a wide and deep impact on frontline services across Scotland.”⁶⁷

90. If there is an increase in the number of people beginning treatment journeys on the basis projected above, then it would be for the Scottish Government to decide how

⁶⁶ [National Mission on Drugs Annual Report 2022-2023 \(www.gov.scot\)](http://www.gov.scot)

⁶⁷ [National Drugs Mission Funds Progress Report 2023 \(corra.scot\)](http://corra.scot)

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such funding to support these additional treatment journeys would be allocated. Additional funding could be allocated entirely directly to Health Boards, entirely through ADPs, or a proportion of the additional funding could be allocated through grants administered by the Corra Foundation. On that basis there are no definite assumed additional costs for the Corra Foundation under this Bill.

91. There are also no definite assumed additional costs for the wider third sector. As detailed above, third sector providers are key to the delivery of treatment services including residential rehabilitation and stabilisation services. It is assumed that the substantial increase in funding for treatment services outlined above will include some increased provision through the third sector including through grants administered through the Corra Foundation. In addition, it is assumed that increased service provision may increase funding for any third sector 'core funded organisations' that are involved in direct service provision. The National Mission annual report 2022-23 provides details of the roles of a number of the main CFOs:

“Core funded organisations (CFOs) provide vital expertise and services to support those with substance use problems and their families. This includes peer-led delivery of services and maintaining recovery communities; Crew (Scotland) is a nationwide public health charity that aims to reduce the harm and stigma associated with psychostimulant drug use; With You is a charity that provides free confidential support to people who are experiencing issues with drugs, alcohol, or mental health; Scottish Families Affected by Alcohol and Drugs support families across Scotland who are affected by a loved one's substance use and raise awareness of the issues affecting them; Scottish Drugs Forum is a drugs policy and information agency, working to reduce drugs harm in Scotland and provide a wide range of training and support to people who use substances and to people working in the sector; Scottish Recovery Consortium is a recovery-oriented charity that builds and promotes recovery from addictions in Scotland.”⁶⁸

92. As set out above these additional costs are being reflected as additional costs on the Scottish Government for further allocation to the Corra Foundation and CFOs as the Scottish Government considers is required.

Savings

93. The Member believes that the thorough implementation of the Bill, including the sustained investment envisaged, will lead to significant longer-term savings. The Policy Memorandum includes a focus on the transformative impact recovery from addiction can have on the individual, their families and friends, and the wider community. These positive individual and societal benefits can also be considered in financial terms, for example in relation to relieving pressures on public services.

⁶⁸ [National Mission on Drugs: annual report 2022-2023 \(www.gov.scot\)](https://www.gov.scot/publications/national-mission-on-drugs-annual-report-2022-2023/pages/100-to-109.aspx)

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94. Public Health Scotland’s assessment (in 2009) of the total economic and social costs of illicit drug use in Scotland estimates those costs to be around £3.5 billion per year (when adjusted for inflation this figure would be £4.3 billion).⁶⁹

95. In 2021, Dame Carol Black carried out an independent review of drugs in England for the UK Department of Health.⁷⁰ Phase 2 of that report focussed on prevention, treatment and recovery.⁷¹ That report called for “significant investment in this area”, but argued that:

“...the payoff is handsome: currently each £1 spent on treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services.”⁷²

⁶⁹ [Drugs overview - Drugs - Health topics - Public Health Scotland](#)

⁷⁰ [Independent review of drugs by Professor Dame Carol Black \(www.gov.uk\)](#)

⁷¹ [Review of drugs part two: prevention, treatment, and recovery \(www.gov.uk\)](#)

⁷² [Review of drugs part two: prevention, treatment, and recovery \(www.gov.uk\)](#)

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