Proposed Right to Addiction Recovery (Scotland) Bill – Douglas Ross MSP

Summary of Consultation Responses

This document summarises and analyses the responses to a consultation exercise carried out on the above proposal.

The background to the proposal is set out in section 1, while section 2 gives an overview of the results. A detailed analysis of the responses to the consultation questions is given in section 3. These three sections have been prepared by the Scottish Parliament's Non-Government Bills Unit (NGBU). Section 4 has been prepared by Douglas Ross MSP and includes his commentary on the results of the consultation.

Where respondents have requested that certain information be treated as "not for publication", or that the response remain anonymous, these requests have been respected in this summary.

In some places, the summary includes quantitative data about responses, including numbers and proportions of respondents who have indicated support for, or opposition to, the proposal (or particular aspects of it). In interpreting this data, it should be borne in mind that respondents are self-selecting and it should not be assumed that their individual or collective views are representative of wider stakeholder or public opinion. The principal aim of the document is to identify the main points made by respondents, giving weight in particular to those supported by arguments and evidence and those from respondents with relevant experience and expertise. A consultation is not an opinion poll, and the best arguments may not be those that obtain majority support.

Copies of the individual responses are available on the following website https://www.douglasross.org.uk/right-recovery-bill. Responses have been numbered for ease of reference, and the relevant number is included in brackets after the name of the respondent.

A list of respondents is set out in the Annexe.

Section 1: Introduction and Background

Douglas Ross's draft proposal, lodged on 6 October 2021, is for a Bill to:

> enable people addicted to drugs and/or alcohol to access the necessary addiction treatment they require.

The proposal was accompanied by a consultation document, prepared with the assistance of NGBU. This document was published on the Parliament's website, from where it remains accessible: https://www.parliament.scot/bills-and-laws/bills/proposals-for-bills/proposed-right-to-addiction-recovery-scotland-bill

Page 6 of that document sets out the aims of the proposed Bill. These are summarised below for ease of reference:

- to enshrine the right to addiction treatment in Scots law, placing an obligation on Scottish Ministers, Health Boards and others to provide treatment and set up reporting arrangements so that the quality and access of treatment provided can be monitored and reported to the Scottish Parliament;

- to seek to prevent individuals seeking drug and alcohol treatment services from being refused access for certain reasons;

- to introduce new national standards and guidance to increase the accessibility of rehabilitation programmes;

- to establish a national funding scheme to ensure that resources swiftly reach frontline treatment services in areas of acute demand.

The consultation period ran from 7 October 2021 to 12 January 2022. The consultation exercise was run by Douglas Ross's parliamentary office.

During the consultation period, Douglas Ross met with the following organisations and individuals to discuss the proposed Bill:

- Bluevale Community Club;
- Scottish Drugs Forum – (David Liddell OBE, CEO, Austin Smith, Lead for Policy, Practice and Communications and Rebecca McColl, Policy and Research Intern);
- Castle Craig (Dominic McCann, Chief Executive Officer);
- Scottish Recovery Consortium (Jardine Simpson, CEO);
- Cranstoun (Peter Krykant);
- Scottish Families Affected by Alcohol & Drugs (Justina Murray, CEO).

The consultation process is part of the procedure that MSPs must follow in order to obtain the right to introduce a Member's Bill. Further information about the procedure can be found in the Parliament's standing orders (see Rule 9.14) and in the *Guidance on Public Bills*, both of which are available on the Parliament's website:

- Standing orders (Chapter 9): https://www.parliament.scot/about/how-parliament-works/parliament-rules-and-guidance/standing-orders/chapter-9-public-bill-procedures#topOfNav
- Guidance (Part 3): https://archive2021.parliament.scot/parliamentarybusiness/Bills/25690.aspx

Section 2: Overview of Responses

In total, 195 responses were received, 189 of which were submitted via "Smart Survey" (an online survey which allows responses to be completed and submitted online). Six responses were sent in by email.

Of the six responses submitted by email, four made clear their view on Question 1 (the compulsory question). Of the remaining two respondents, one (Turning Point Scotland) subsequently indicated that it was "partially opposed" to the proposed Bill, so this has been reflected in the statistics. The final non-smart survey response, from Cranstoun, Transform Drug Policy Foundation, Release and EuroNPUD did not express a view in response to Question 1. That submission therefore does not form part of the headline statistics referenced throughout this document. It has, however, been considered and published along with the other submissions, and quotes from that submission are referenced in this document.

Of the remaining 194 responses, 35 were received from organisations, and 159 were received from individuals.

The responses can be categorised as follows:

Organisations:

- 2 (6% of organisational responses) from representative organisations
- 2 (6%) from public sector organisations
- 2 (6%) from commercial organisations
- 29 (83%) from third sector organisations.

Individuals:

- 45 (28% of individual responses) from individual professionals working in the area
- 4 (3%) from academics
- 3 (2%) from individual politicians (An MSP and two councillors)
- 107 (67%) from private individuals (members of the public).

There were also:

- 56 (29%) anonymous submissions
- 16 (8%) of submissions that are "not for publication" (all or part of response).

Eleven questions were asked in the consultation document, generally offering a range of options for the respondent to state which was their preferred one. For example, question 1 (which was the only question that respondents were required to answer) asked respondents to state which of the following options best expressed their view of the proposed Bill: fully supportive, partially supportive, neutral, partially opposed, fully opposed or unsure. Other questions gave variations on these options, depending on the information being sought.

One-hundred and fifty-one responses (78%) were fully or partially supportive of the draft proposal (124 (64%) were fully supportive; 27 (14%) were partially supportive). A number of comments were made highlighting gaps in existing service provision, whilst many responses highlighted the lack of resources provided for addiction recovery. There was a general acknowledgement among those supportive of the draft proposal that there are currently too many drug deaths and that steps need to be taken to address this. There was considerable support for the creation of a right to addiction recovery.

Eighty per cent of individual respondents (126) were either fully or partially supportive of the Bill, with two-thirds being fully supportive. The percentage of organisations supporting the Bill was slightly lower, at 69% (50% fully supportive; 19% partially supportive), with 30% fully or partially opposed (19% fully opposed; 11% partially opposed). Seventy-three per cent of third sector bodies were fully or partially supportive of the Bill, whilst 27% were fully or partially opposed. A number of the third sector bodies which supported the proposals represented organisations working with individuals affected by addiction, and included several faith groups.

Of those responses which were fully or partially opposed to the draft proposal, some of the following concerns were expressed:

- some highlighted that the proposal would take the responsibility for deciding on treatment away from trained clinicians, and would potentially give people with addictions false hope that they could force clinicians to offer a particular course of treatment;
- concerns were also expressed about how the proposal would be resourced and around potential legal cases emerging where professionals refused to treat people in the manner they had requested in exercising their right to addiction recovery;
- others argued that the proposed Bill potentially cut across existing work being carried out to improve addiction recovery or that the consultation focussed too heavily on residential rehabilitation.

Disclaimer

Note that the inclusion of a claim or argument made by a respondent in this summary should not be interpreted as verification of the claim or as endorsement of the argument by the Non-Government Bills Unit.

Section 3: Responses to Consultation Questions

This section sets out an overview of responses to each question in the consultation document.

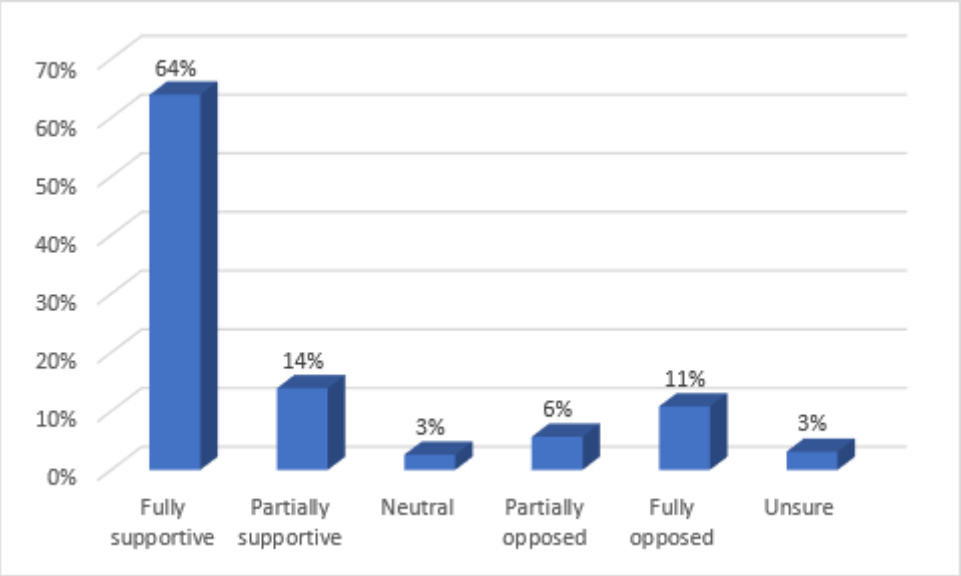
Aim and approach of the proposed Bill

Section 1 of the consultation document outlined the aim of the proposed Bill and what it would involve. Respondents were asked:

Question 1: Which of the following best expresses your view of the proposed Bill (Fully supportive / Partially supportive / Neutral / Partially opposed / Fully opposed / Unsure)? Please explain the reasons for your response.

With the exception of Cranstoun, Transform Drug Policy Foundation, Release and EuroNPUD (see "Section 2: Overview of Responses") all respondents (194) answered this question.

One hundred and twenty-four respondents (64%) were fully supportive of the proposed Bill, with a further 27 respondents (14%) partially supportive. Twenty-one (11%) were fully opposed and 11 (6%) were partially opposed. Five respondents were neither supportive nor opposed (3%) whilst a further six were unsure (3%), as shown in the below graph.



The percentage of organisations supporting the Bill was slightly lower, at 69%, with 50% fully supportive and 19% partially supportive.

Main Reasons for supporting the proposed Bill

The majority of responses were supportive of the proposed Bill (just under 80%). The main reasons given are outlined below:

Addressing problems with existing provision including resources

A common theme that emerged is that there are problems with service provision at particular points in the recovery process, with many respondents highlighting gaps in provision and problems with resourcing. A number of organisations, particularly those working with people struggling with addiction, considered that a statutory right to addiction recovery, accompanied by necessary funding, would help with plugging those gaps.

In fully supporting the proposed Bill, the Cyrenians (Org_006), highlighted geographical disparities in service provision and expressed surprise that a right to addiction recovery did not already exist, akin to the legal right to housing.

Glasgow City Mission (Org_33), another organisation supporting individuals struggling with addiction and which was fully supportive of the proposed Bill, expressed particular concerns about gaps at specific points in the recovery process, for example after relapse and post-crisis intervention.

Recovery Enterprises Scotland CIC (Org_007), in commenting on the existing position, stated:

> "…the landscape around addressing addiction and recovery has failed miserably over the past 14 years since the concept of recovery was introduced within the cross-party Road to Recovery strategy".

We are with you family group Ayr south Ayrshire (Org_004), which was fully supportive of the proposed Bill, added:

> "It's about time the government changed the policies to help people with addiction […] it's not working just now so big changes need to be made as the drug related deaths are rising".

Others described delays in existing service provision, a point highlighted for example by the Scottish Community Safety Network (Org_010), was partially supportive of the proposed Bill.

Phoenix Futures (Org_013), another organisation which works to help people recover from addiction, had received feedback from service users that accessing treatment was difficult or very difficult, adding that it was particularly difficult for individuals with complex needs to access the appropriate treatment. Phoenix Futures added that:

> "Treatment systems for people with addiction problems, and particularly more complex needs, are often poorly designed. This is in part due to a lack of engagement with people with lived experience of navigating the system in that design".

Inability to access treatment was highlighted as an issue by an anonymous respondent (IND_A_007), highlighting that this has a negative impact on the individual, and their families and support networks.

Existing problems with resourcing preventing addiction recovery were highlighted in responses including from groups such as Glasgow City Mission, who were working with people affected by addiction. One respondent, Tracey Yardley (Ind_015), stated:

> "Funding is cut for vital recovery services. Scotland has the highest drug deaths in Europe. Alcoholism is also a major health risk. Recovery can be a lifelong journey. Relapse can happen but having support can mean a difference to many. It may also lead to less crime".

The issue of lack of financial resourcing at present was raised consistently throughout responses to the consultation, including in responses to question 1. Issues around financial resourcing and funding are discussed in more detail under question 8 (on page 31).

Stigma and a person-centred approach

Concerns were expressed by respondents around the way that people who are suffering from addiction are generally treated by some authorities, with some respondents arguing that there was an element of stigma in the approach taken. Linked to this, a number of responses argued that there was a need for a more person-centred approach, placing the person at the heart of their own recovery from addiction, and including them in the decision-making process.

Not engaging due to the stigma surrounding addiction, sometimes reinforced by attitudes of professionals, was raised by respondents, some of whom work with people affected by addiction.

For example, Phoenix Futures (Org_013) stated that:

> "People seeking treatment are highly stigmatised and vulnerable at the point of access. Mainstream healthcare is not well designed for people with addiction problems, stigma from professionals and other patients can be a significant barrier to care and lead to an aversion on behalf of people with addiction problems to address their wider healthcare needs. This locks people with addiction needs out of mainstream society".

Recovery Enterprises Scotland CIC (Org_007) stated that around 50% of people with addiction issues in their area were not connected with treatment provision as a result of "barriers, previous negative experiences, and stigma".

A common view held by respondents who supported the proposed Bill was that it would help address stigma, by creating a person-centred approach to addiction recovery, with the addicted person playing a part in the decision-making process to help them to recover. For example, the Free Church of Scotland (Org_016) argued for a person-centred approach to recovery, carried out in partnership with third sector organisations such as churches. This would ensure buy-in from the individual to the help being offered to them, meaning that they are more likely to stick with a program they have chosen.

This point was reinforced by Street Connect (Org_009), which argued that, "We want to see fully person centred support, where people are able to access the treatment they desire". Adopting this approach whilst building on existing partnership working would, in its view, lead to the drug death numbers coming down. Street Connect was "fully behind" the proposed Bill.

The Poverty Alliance (Org_024), an organisation that was partially supportive of the proposed Bill's provisions, stated:

> "We support a human-rights based approach to treatment and recovery, and therefore agree with policies such as removing the ability to refuse individuals from accessing treatment due to reasons such as a medical history of substance abuse etc. We also agree with the principle of ensuring that the person dealing with problem drug use is empowered and supported to choose a treatment option which works for them and their personal circumstances".

The Poverty Alliance did, however, indicate that it had some concerns around the proposed Bill treating problem drug use with "a siloed approach".

Issues around adopting a "person-centred approach" are also discussed under question 5, in the section on "The principle of self-determination" (p24).

Some individuals and organisations supportive of the Bill argued that it could lay the groundwork for other necessary related work. Monica Lennon MSP (Ind_086) made the case that "Legislation alone will not address these challenges [of drug and alcohol misuse], however, it will establish legal rights for individuals and provide scope to place duties on health boards, ministers and other relevant bodies". The Church of Scotland (Org_014) argued that a specific duty should be included on the face of the proposed Bill to ensure that sufficient resources, education and training is provided to both people seeking treatment and professionals working with them, thereby empowering the person seeking treatment to know what their best option for treatment may be.

A further comment made by Recovery Enterprises Scotland CIC (Org_007) was that it was fully supportive of the Bill as it would, in its view "enhance uptake of people through offering choice, something seriously lacking", adding that "Services and systems can no longer think they are untouchable and must deliver under legislation as standards have not worked".

Reasons for opposing the proposed Bill

Seventeen per cent of respondents were fully or partially opposed to the proposed Bill (11% fully opposed; 6% partially opposed), citing different reasons for opposition. These responses are broadly summarised below.

Limiting ability of service providers to treat as they see fit

The view that the Bill's provisions will limit the ability to treat addiction as they see fit, and thereby place restrictions on their clinical judgment was raised by several respondents who opposed the proposed Bill.

For example, Specialist Pharmacists in Substance Misuse (Scotland) (ORG_012) referred to the right to addiction recovery as an "unenforceable aspiration" and added:

> "…The 'refusal' of treatment is referred to [in the consultation document] however this fails to appreciate the role of the clinician and care team in elucidating and determining the most appropriate, evidence-based and cost-effective treatment options for an individual based on their individual case and seeking to gain an informed agreement for a treatment approach".

Glasgow City Alcohol and Drug Partnership (ADP) (ORG_022) expressed similar concerns about the proposed Bill, arguing that:

> "Clinical decisions are not guided by legislation for any other care group. Clinicians are already governed by professional codes of conduct and standard operating procedures".

A number of respondents opposed to the proposed Bill expressed the related concern that it could potentially set up conflict between people struggling with addiction and clinicians seeking to treat them and could erode any existing good relationships between clinician and patient.

For example, the Scottish Drugs Forum (ORG_025) expressed the concern that the introduction of a statutory right to addiction recovery would:

> "…further disempower and potentially further marginalise people with a drug problem seeking treatment. This would potentially damage the establishment and development of a therapeutic relationship on which all drug treatment depends".

In response to a later question (question 5) the Scottish Drugs Forum advanced the argument that treatment professionals currently support informed decision making in a consensual environment that includes family, friends, partners and professional advocates. The Forum questioned whether

professionals would be as willing and able to have these conversations where a person “presents and demands a particular form of treatment”.

The concern that there would be a potential erosion of trust between patient and clinician was further explored by Glasgow City ADP, who highlighted that individuals seeking to enforce their right to treatment under the proposed Bill could draw clinicians and public authorities into unwanted legal disputes.

Scottish Health Action on Alcohol Problems (ORG_028) drew attention to possible conflicts that may arise between individuals seeking to exercise their right under the Bill and clinicians, and queried what mechanism would be established to resolve such a situation:

> “If the Bill was to pass, what would happen to someone who felt their right to treatment was being denied? It is not clear at this stage what the process would be in that situation, or what system would need to be set up to resolve such a situation”.

Funding of the right to addiction recovery

A number of respondents expressed concern that there would be significant resourcing implications of the introduction of a right to addiction recovery. These issues are covered in more depth in question 8 (p31), however the issue also arose in responses to this question.

For example, an individual who was partially opposed to the proposed Bill and who wished to remain anonymous (IND_A_037) stated:

> “In an ideal world all would receive the treatment they need - in the real world there is not enough funding for this, therefore what is available has to be channeled wisely”.

Another individual, who was fully opposed to the proposed Bill, expressed concern that the proposal will “just throw money at the problem” (William Christie, Ind_068).

A further individual who fully opposed the proposed Bill stated that she wanted to see treatment for individuals addicted to drugs when resources allow “as is the case for people requiring medical treatment for other illnesses e.g. cancer, heart disease” (Christine J. Alison, Ind_087).

Proposed Bill does not go far enough or address the right issues

Several respondents who were opposed to, or had concerns about, the proposed Bill commented that, whilst there was merit in, or good intentions behind, its aims, there were other provisions that would help address addiction that should be included.

For example, Cranstoun, Transform Drug Policy Foundation, Release and EuroNPUD (Org_032) raised concerns about the framing of the document and the proposed Bill, particularly in respect of the balance between residential or abstinence-based recovery and harm reduction programmes. It stated:

> "While welcoming the commitment to improving services and service access, we cannot support the 'Right to Addiction Recovery (Scotland) Bill' without clarity over a number of legal issues and functional details, but perhaps more significantly due to a combination of concerns around balancing of content, and framing".

Scottish Health Action on Alcohol Problems (ORG_028) expressed concern about undermining work already underway:

> "Introducing a legal right risks diverting focus away from the opportunities that [forthcoming UK-wide Alcohol Treatment Guidance] affords and also the work being carried out on pathways into, through and out of residential rehabilitation in Scotland".

The Scottish Recovery Consortium (Org_019), an organisation which consulted people with lived experience prior to submitting its response (which was fully opposed), commented:

> "…we do recognise the good intentions behind the proposals and that they have created a space for public debate".

However, the response went on to express concerns about the lack of engagement in developing the draft proposal with people with lived experience and that, as a result, the view of the Consortium was that the proposal focuses too heavily on treatment and residential rehabilitation, which they argued is not the "best fit" for some. The Consortium considered that alternative approaches would be full implementation of recovery-oriented systems of care and a rights based approach, "where individuals regard and understand themselves as Rights Holders, and organisations and services fully realise their role as Duty Bearers".

An individual with experience of working in the field who wished to remain anonymous (IND_A_012), and who was partially opposed to the proposed Bill, stated that it:

> "…Doesn't go far enough to protect the rights of people who use drugs. Should enshrine the right to safe consumption in addition to recovery. It should not be a choice simply between taking drugs on the streets or recovery. We should support people long term, through safe consumption facilities and a human rights based approach".[1]

[1] Responsibility for drug policy is reserved to the UK Parliament. Therefore, any proposed Bill seeking to make provision in relation to consumption rooms may raise issues in respect of legislative competence.

Isobel Muirhead (IND_054) was partially opposed to the proposed Bill, arguing that it was "fine in the theory, but is no use if there is no robust framework of support to clients to access the care that best suits each person".

Specialist Pharmacists in Substance Misuse (Scotland) (ORG_012), which was fully opposed to the Bill, stated that the proposals over-emphasised residential rehabilitation and make a "significant assumption" that:

> "… residential rehabilitation is the best and most effective treatment option for the majority of patients. This does not appear to be evidenced nor explained. This premise ignores the value of any social or familial support and does not consider the ability of any positive gain through displacement to be carried forward once an individual returns to their previous situation".

Other responses advocated wholesale alternatives, such as the de-criminalisation of drug use[2]. The proposal was also criticised by one respondent as being "too vague" and needed further debate as to how this right might work in practice (Douglas McBean, Ind_083).

Neutral/Unsure

A small number of responses were either neutral on the question of whether to support the proposed Bill or were unsure (six were neutral; six were unsure). Some of the reasons given included:

- there is a lack of information in the consultation on what treatment would entail (Aidan Firth, Ind_042);
- there is merit in the proposed Bill, but there may be unintended consequences (Anonymous, IND_A_053);
- the proposed Bill's provisions might limit existing treatment mechanisms (Kat Cary, Ind_049);
- the consultation document did not provide evidence is that people are currently denied access to the addiction treatment they need (Kat Cary, Ind_049);
- there are alternative ways of addressing the problem (such as by tackling drug dealers) (Anonymous, IND_A_036);
- need to wait and see the detail of the Bill before reaching a view (Norman Kebell, Ind_057).

Other issues that arose

Finally, an issue that was raised in comments by a number of respondents to this question was concern over the use of terminology and language in the consultation document.

[2] See previous footnote in relation to drug policy being reserved to the UK Parliament.

For example, some organisations, including Alcohol Focus Scotland (ORG_029), who were partially opposed to the proposed Bill, expressed concerns that the right to "treatment" and the right to "recovery" were used interchangeably and that it was not always clear what each meant. Alcohol Focus Scotland stated in its submission:

> "…although the title of the Bill is about recovery, the consultation document refers at various points to 'a right to addiction recovery', 'a right to treatment', 'a right to necessary addiction treatment', 'a right to necessary treatment', 'a right to recovery treatment', and 'a right to recover approach'. Treatment and recovery are distinct concepts, with the former being more often associated with accessing medical care or a support service for help with an alcohol/drug problem, and the latter with broader and longer-term improvements in a person's mental health and wellbeing".

Alcohol Focus Scotland stated that the word "addiction" potentially caused issues in respect of people whose patterns of alcohol use may be problematic and who required support, but who were not necessarily dependent drinkers.

Turning Point Scotland (Org_030) expressed concern that the word "treatment" was used interchangeably with "residential-rehabilitation", adding that "we believe it presents an imbalanced picture of what treatment in Scotland should look like". The balance of the document was a concern also expressed by Cranstoun, Transform Drug Policy Foundation, Release and EuroNPUD (Org_032) which stated:

> "Throughout the consultation text there is an evident skew towards favouring a right to access certain types of treatment and health intervention options (specifically; abstinence based rehab and detox services) and marginalisation or absence of others (specifically; a group of interventions commonly grouped under 'Harm Reduction', including needle and syringe programs, substitute prescribing, supervised consumption facilities, drug checking services, heroin assisted treatment etc.)".

Scottish Families Affected by Alcohol and Drugs (Org_031) expressed concern about the use of terminology such as "drug user", which could, in that organisation's view, be stigmatising. Scottish Families Affected by Alcohol and Drugs argued that more inclusive, and "people first" language be used throughout, given that the proposed Bill is proposing change.

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

One hundred and seventy one respondents (88% of the total) answered this question. The majority of responses to this question (just under 70%) considered that legislation was required, whilst just over 17% considered that it was not required.

In favour of legislation

A number of reasons were given by those who considered that legislation was required. These are grouped into the following general themes:

Existing frameworks are inadequate

The argument that guidelines and existing frameworks are currently in need of change was made by a number of respondents. Some responses expressed concern that existing legal routes were not adequate or routinely used, others were concerned that existing access to residential rehabilitation and harm reduction services was not adequate.

For example, in relation to individuals currently asserting legally enforceable human rights through the courts, Simon P Crabb, an advocate with expertise in human rights law (IND_085), asserted:

> "I am aware that many organisations state that legislation is not required. I do not agree. If those affected by the bill already have legally enforceable rights, why are the courts not engaged in cases? We have a situation where thousands of people are losing their lives. I am not aware of any case in Scotland where the courts have been involved. We have strong legal system in Scotland with rights recognised in the Human Rights Act and the common law. We also have an independent judiciary. Legislation providing enforceable legal rights has benefited other vulnerable populations such as those who are homeless".

In relation to residential rehabilitation and harm reduction services, a number of respondents expressed concern with existing approaches. For example, Mrs Janet Jess B.A. (Hons) (IND_045), the creator and former counselling coordinator of the Grampian Addiction Problems Service, argued throughout her submission for a greater emphasis on residential rehabilitation, arguing that existing treatment and support services were "woefully inadequate".

In relation to existing systems for accessing harm reduction services, Phoenix Futures (ORG_013), argued that:

> "…people with co-existing mental health, disabilities, homelessness and childcare responsibility can find that the treatment system is too complex to navigate, their right to care is opaque and their ability to express their rights are extremely limited. Treatment systems for people with addiction problems, and particularly more complex needs, are often poorly designed. This is in part due to a lack of engagement with people with lived experience of navigating the system in that design".

In addition to the above, a number of respondents, such as the Scottish Tenants Organisation (ORG_005), expressed concerns around what they saw as a lack of progress by the Scottish Government on the issue.

Discrepancies in treatment

Some respondents expressed the view that legislation is required to limit discrepancies or inconsistencies in treatment.

This concern was expressed predominantly, but not exclusively, in relation to local and regional discrepancies in treatment, with some expressing concerns about different provision depending on which local authority area a person was in. This was an argument made by, for example, the Methodist Church in Scotland (ORG_008). Homeless Network Scotland (ORG_018) argued that this legislation would help to "ensure everyone will be treated fairly across Scotland" and that the Bill provides "the opportunity to re-dress current inconsistencies in availability of different treatment and rehabilitation options".

Other discrepancies or inconsistences highlighted included that people seeking treatment are not always made aware of the full range of treatment options that may benefit them, and face difficulties in accessing appropriate treatment. For example, this was an argument advanced by Phoenix Futures (ORG_013), which added:

> "…people seeking treatment should be made aware of the full range of treatment options that may benefit them and be encouraged with professional support to actively decide on a care plan that meets their life goals whatever they may be".

Improving outcomes for people who suffer from addiction

The issue of legislation being a driver for change for people who suffer from addiction was one that arose consistently. Several respondents expressed the general view that to improve outcomes and to effect change, legislation is required.

The Evangelical Alliance (ORG_026) stated that "legislation will help to speed up system change". That response was caveated with the statement that as not everyone is ready for treatment and recovery, individual needs should be respected.

The Evangelical Alliance also considered that legislation would raise the bar "politically and culturally". A point that one respondent, Steven Crockart (IND_004) developed was that, whilst legislation ought not to be required, he did not consider "that there is a political will in government to do this and therefore legislation is required".

Members of the Scottish Youth Parliament (ORG_017) believed legislation would improve outcomes as "there would be more accountability within the court system as a law versus it being a simple policy change".

Not in favour of legislation

Fewer responses to question 2 (around 17% of responses to that question) argued against the requirement for legislation. The following themes emerged from those arguing that there are viable alternatives to legislation:

Sufficient legislation and guidance are already in place

Several respondents argued that existing legislation and guidance did not need to be supplemented by a new Bill. For example, Stephen Wishart, an individual who works in the sector (IND_001), argued that guidelines were already in place and that new legislation would "make no difference". Glasgow City ADP (ORG_022) argued that sufficient provision was already in place in the Patient Rights (Scotland) Act 2011 and the Charter of Patient Rights and Responsibilities 2019 to protect service users and give patients access to addiction services. The Poverty Alliance (ORG_024) argued that the National Health Service (Scotland) Act 1978 made sufficient provision in respect of right to treatment. The Scottish Recovery Consortium (ORG_019) advanced the argument that "legislation is not in itself a driver for change".

Need for more funding, not legislation

As with other questions, the issue of funding arose in numerous responses to this question.

One individual who argued for more funding rather than legislation, stated:

> "Effective treatment and support could be provided with increased funding from Westminster to the Scottish Government. The treatment of addicts should not remove funding and resources from other parts of the NHS and Social Services, and this would be a likely outcome if addicts are given an inalienable right to treatment". (Christine J Alison (IND_087))

As reflected elsewhere, other respondents who favoured legislation also considered that greater funding was required alongside legislation.

Need for a re-design of services, not legislation

Some respondents argued that systemic redesign was required rather than legislation.

Scottish Families Campaign for Change – (FCFC) (ORG_027) argued that rather than enacting more legislation, "a redesign of services is required, to understand and address the complex needs of those affected by addiction and the underlying causes of addiction". FCFC further stated that what is required is "a more robust public health approach which works in an

integrative way with multiple stakeholders to create good health, by [addressing] inequalities and inequities in services and the justice system".

An argument advanced by an anonymous individual with experience working in the sector (IND_A_053), was that a "better focus" would be a change to the treatment system, involving "policy development, dialogue, lived-experience, advocacy, workforce development, a national training agenda, and true integration of community and residential [rehabilitation]" rather than new legislation.

Whilst not advocating wholesale re-design of services, With You (ORG_021) considered that a "sufficient case" had not been made for new legislation, and that it would welcome "additional clarity explaining why other alternative measures, such as strengthening some of the existing mechanisms that currently exist, are not sufficient". That submission made specific suggestions for alternatives to this legislation, such as incorporation of international human rights treaties into Scots law, amendment of the Patient Rights (Scotland) Act 2011 or amendment of the Equality Act 2010.

Finally, Scottish Health Action on Alcohol Problems (ORG_028) stated:

> "We do agree with the need for national standards and guidance, as set out in measures required to deliver the aims of the proposed Bill, but do not feel that legislation on a right to treatment will help in this regard".

Enforcing of rights leading to conflicts

The concern that greater statutory rights for patients being enforced might lead to conflict came up in numerous responses, with a number of professionals concerned that this could be an unintended consequence of legislation and that the proposed Bill did not address how to deal with this issue.

Some respondents expressed the concern that the provisions of the proposed Bill could lead to situations where individuals seek to exercise their rights under the proposed Bill but clinicians refuse treatment on clinical grounds, a concern expressed by Specialist Pharmacists in Substance Misuse (Scotland) (ORG_012) and Glasgow City ADP (ORG_022), which added that clinicians the Partnership had consulted, felt that "they may be pressured into recommending inappropriate treatment".

Those with other medical conditions

Another theme to emerge in submissions was that legislating for a right to addiction to recovery created a right not afforded to patients suffering from other medical conditions, thereby placing additional legal requirements on professionals working in this field.

This was a point made by, for example, Glasgow City ADP (ORG_022):

> "There is no evidenced reason to indicate that professionals working in the field of alcohol and drug treatment need to be subject to additional legal requirements that are not requirements for medical professionals working in any other specialist clinical area".

One anonymous respondent expressed concern about potential discrimination against people with other medical conditions:

> "To prioritise IN LAW those who have made a choice to become involved with drugs over others in society who have other medical conditions is wrong" (IND_A_052).

On the other hand, some responses to this and other questions argued that, at present, people suffering from other conditions such as cancer, would automatically receive medical care and, if appropriate, hospital treatment, but people suffering from addiction do not. Responses from, for example Yvonne McCready (IND_014), Alison Cann (IND_076) and Jean Henretty (IND_012) argued that this same level of care is not routinely afforded to people suffering from addiction but that it should be.

Alternative approaches

A number of respondents argued against the need for legislation on the grounds that there were other, more appropriate approaches that should be taken to address the issue. These included:

- the need for drug policy to be devolved to the Scottish Parliament; and
- cultural change and improved understanding of addiction.

Several respondents indicated that they did believe that legislation was required or may be effective, but highlighted areas that would need to change or be examined in concert with the proposed Bill to improve outcomes. Such responses included that legislation:

- must be supported with funding (Anonymous, IND_A_007);
- alone does not create an opportunity to review whether current addiction services are fit for purpose (Rebekah Whittaker, IND_016);
- should be supplemented by guidance (Cyrenians, ORG_006).

Several respondents made reference to the Scottish Government's forthcoming human rights bill, and whether a right to addiction recovery bill might not be necessary if a human rights bill were to be enacted. For example, Scottish Families Affected by Drug and Alcohol Misuse (ORG_031) stated that the emerging human rights legislation could:

> "…could transform the landscape in Scotland and has the potential to secure stronger and more far-reaching rights for those accessing support than what is currently proposed in the Right to Recovery Bill".

In its submission, Alcohol Focus Scotland (ORG_029) made a similar argument:

> "There are also wider legislative and policy developments regarding human rights in Scotland which AFS believes may offer the possibility to secure the rights of people accessing support for alcohol and other drugs in a broader and fuller sense than the proposal outlined in the consultation document".

Finally, an argument that was advanced by the Scottish Drugs Forum (ORG_025). was to make the case that the public sector equality duty should be expanded to include people with a drug problem, thereby giving them a statutory right to advocacy.

Question 3: How do you think the right to treatment established in the Bill would be most effectively implemented and enforced?

Options were (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.

One hundred and seventy-seven respondents (91% of the total) answered this question.

There was strong support in responses to this question for the creation of a duty, with every option proposing a specific duty being supported by more than 50% of respondents. Of these the most popular was a Duty on Health Boards (69% of respondents), whilst a Duty on Scottish Ministers attracted support from 63% of respondents to this question and a Duty on Integration Joint Boards (IJBs) was supported by 54% of those who answered it. The options for the introduction of established targets or standards, and for the requirement for the Scottish Government to report on the duty were also well supported (with 48% and 56% of respondents to this question favouring these options respectively). Although fewer respondents ticked the "other" box, this option was chosen by 41% of respondents to this question.

Comments from those who ticked the "other" box

Seventy-three respondents to this question ticked the "other" box. Comments made by those who ticked that box proposed a few alternative approaches to the options listed.

Other suggestions included that there should be:

- **a duty on local authorities**, given their responsibilities in respect of social work and social care.

- **a duty on alcohol and drugs partnerships**, with some of those commenting that there was a need for greater accountability for such partnerships.
- **a duty on all of the listed bodies** and that there should be greater joint working between the Scottish Government, local authorities and NHS boards, along with the third sector and the individuals seeking to recover from addiction.
- **greater or full powers over drug policy devolved** to the Scottish Parliament and the Scottish Government.
- **independent oversight** of the bodies implementing the duties,
- **full funding** of implementation of the proposals.
- **consideration given to other areas where duties are placed** (such as mental health legislation) and using the same models in respect of placing duties on bodies.
- **consideration given to the likely emergence of a National Care Service and a potential new approach to Alcohol and Drug Partnerships**.

General comments

Importance of accountability for decision makers in establishing right to treatment

A number of responses stressed the need for clear accountability and structures for decision makers in ensuring that the right to treatment was enforced. The responses ranged from general comments about the need for accountability for each agency (Martin Wilkie, IND_006) to more specific comments about the need for the Scottish Ministers to be accountable for application of the right to treatment (Evangelical Alliance, ORG_026), an issue also raised by Monica Lennon MSP (IND_086) was that “Ultimately, the Scottish Government should be accountable. Good reporting will improve transparency”. Other respondents highlighted the need for NHS boards to decide how resources are allocated, given their expertise.

There were a range of views on what the role of local authorities should be in establishing the right to treatment, with some saying that local authorities and/or alcohol and drug partnerships should be accountable for this given their local knowledge and responsibilities. However other responses took the view that a fresh approach was required, and that local authorities and existing alcohol and drugs partnerships should not have a role in establishing this right. One respondent, Dougie MacMillan, a professional with 28 years’ experience working in the addiction field (IND_084), argued for a review of such partnerships.

Joined up, multi-agency working in establishing right to treatment

A number of respondents thought that the most effective implementation and enforcement of the right to treatment would be through multi-agency working, thinking and action.

Groups which took this view included Calderglen House Residential Rehabilitation (ORG_001) and Street Connect (ORG_009). The Shetland District of the Methodist Church (ORG_011) argued that, in addition to agencies such as health boards and local authorities, this should include third sector bodies and committed faith organisations.

Targets / standards

A number of respondents commented that established targets and standards would help to ensure that a new right to treatment would be effectively implemented.

However, some responses argued against the use of established targets or standards. For example, one individual stated that "having faith in the right to treatment and not putting continual pressure on it… is much better than setting arbitrary targets" (Aidan Firth, IND_042). Another individual, whose response is published anonymously, argued against setting targets, stating that they may push authorities into trying to rehabilitate people with addictions that are not ready to be placed into treatment programmes (IND_A_023).

Question 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 / 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.

One hundred and eighty-nine respondents (97% of the total) answered this question. Three-fifths of respondents to this question (111) stated that they were either fully or partially supportive of the creation of a specific complaints procedure, and over half of all respondents were fully supportive (53%). A small number (15%) were opposed to the creation of such a procedure, with 11% fully opposed. One-in-four respondents were either unsure or took a neutral stance on the question.

Supportive

Of those who responded to this question who were supportive of the specific complaints procedure, many took the view that a new procedure was required

as existing complaints procedures were either clunky or too bureaucratic (a point made by Mrs Janet H Jess B.A. (Hons). (IND_045), or had concerns that complaints were not taken seriously under existing procedures.

Some respondents considered that a new complaints procedure must be fully independent, to ensure full confidence in the procedure. Others argued that it needs to be more accessible to people who are seeking addiction recovery than existing mechanisms. Others argued that a robust procedure or paper trail of complaints would enhance accountability and ensure that lessons are learned (an argument advanced by Mrs Morag Ferguson, an individual who is a peer worker (IND_025)).

A number of responses were received from people who themselves had struggled with addiction or had close family members who had. One individual argued that a specific complaints system "would allow patients the opportunity to avoid being locked in an unwanted, ineffective treatment for years because its "standard"", whilst another said that currently "I don't feel there is anywhere I can go to complain regarding my own treatment for addiction". Another individual with family experience of addiction argued that a specific complaints procedure would be "productive", adding that "we need to throw all we have at this in my opinion".

Opposed

A common view among those who were opposed to the creation of a specific complaints procedure or who were neutral on the matter (see below), was that existing complaints procedures were already in place and should be used rather than creating something new. For example, With You (ORG_021), argued that:

> "Rather than developing a new specific complaints procedure for each client group which we do not think is necessary, existing complaints processes need to be streamlined, simplified and additional steps taken to ensure people are empowered to use them, and provided with legal support when doing so".

Others expressed the specific concern that the creation of another procedure would lead to too many avenues, which would cause confusion and potentially complaints being missed.

Another respondents argued that complaining is not always helpful, and that a culture that encourages discussion would be more appropriate (Christine, IND_013).

Neutral / Unsure

A number of responses indicated that they were neutral on this question, whilst some indicated that they were unsure. In both cases, where respondents added comments, these tended to express scepticism of the

need for a new complaints procedure, with a number indicating that existing NHS procedures were adequate. Others expressed scepticism about the effectiveness of complaints procedures generally, whilst others, such as the Cyrenians (ORG_006) argued that individuals may be reluctant to complain, for fear it may affect their right to addiction recovery.

Others indicated that they genuinely had no view or lacked the experience or knowledge to comment.

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 / Partially opposed / Fully opposed / Unsure)?

One hundred and ninety respondents (98% of the total) answered this question. The majority of respondents to this question (83%) were either fully or partially supportive (68% fully supportive; 15% partially supportive) of allowing those suffering from addiction to choose a preferred treatment option. A small minority were opposed (8%) with the remainder of responses either unsure or neutral.

The number of responses which were opposed to allowing those suffering from addiction to choose a preferred treatment option (15 responses – 8% of responses to this question) was around half the number which indicated in response to question 1 that they were opposed to the need for legislation (33 responses – 17% of responses to that question) (see pp 10-13). This indicates that there are a small number of individuals and organisations who believe that there should be a right to addiction recovery but who either (a) do not believe that this particular Bill proposal is the most appropriate route (such as Specialist Pharmacists in Substance Misuse (Scotland) (ORG_012) and Cranstoun, Transform Drug Policy Foundation, Release and EuroNPUD (ORG_032)) or (b) do not believe that legislation is required to achieve this particular objective (such as Glasgow City ADP (ORG_022)).

Supportive

Among the responses which were supportive of this aspect, the following themes were prevalent:

The principle of self-determination

A popular theme that emerged in supportive responses was that an individual suffering from addiction should have the right where possible to determine their treatment. Many of those responses were caveated with comments such as “as long as a clinical professional has guided a patient to the best path for them” (Anonymous, IND_A_008) and “a professional should guide them through the options that are available to them to come to an agreed care plan

together" (Cyrenians, ORG_006), thereby stressing the importance of a partnership approach between patient and clinician/professional.

A number of supportive respondents to this question argued that by giving ownership to the individual for their own recovery, they are provided with part of the control they had previously been missing.

A partnership approach

Whilst a few responses expressed criticism of the approach taken by, or training given to, professionals currently (including responses from some professionals themselves), no responses suggested that professionals or clinicians should not be involved in the decision making process, simply that individuals suffering from addiction ought to be given a choice of treatment options and a stake in the recovery process (see for example, Rev Laurence Vernet, IND_065).

The general tone of supportive responses was that the ideal outcome would be a partnership approach between patient and clinician whereby the clinician gave the patient treatment options to choose from and the patient was empowered and supported to choose a suitable option for them, in some cases with assistance from third parties.

Glasgow City ADP (ORG_022), which was partially supportive of allowing people with addiction to choose a preferred treatment option, reflected that:

> "All evidence-based treatment options should be available to an individual, but the decision on a treatment pathway needs to also be made based on solid evidence, clinical judgement (including experience of the clinicians), risk assessment and in the best interests of the individual. Any treatment decision should be the agreed outcome of a fully informed and inclusive discussion".

An individual who had experienced addiction, and who wished to remain anonymous (IND_A_039), argued that, where the patient did not agree with the clinical options proposed, they should have a legal right, established in the proposed Bill, for a second opinion.

Training for professionals

A theme emerging from a few responses, including from professionals and individuals who had experience of addiction or dealing with its effects was that clinicians may not currently always take a holistic approach to a person's wellbeing and the wider needs of their families. To ensure a genuinely productive partnership approach, responses took the view that training for professionals in assessing the holistic needs of patients would be required should a right to addiction recovery be created. This was a view expressed by, among others, Irene McCusker (IND_055) and Faith Ougham (IND_066).

Faith Ougham also highlighted the need for specialist support for people with particular issues, such as veterans.

Opposed

Of the few responses that were opposed, a number were opposed on the basis that decisions on treatment should be purely clinical decisions for professionals and that the medical professional is the person best placed to make the decision.

Cranstoun, Transform Drug Policy Foundation, Release and EuroNPUD (ORG_032), argued that Opiod Substitution Treatment and harm reduction programmes should be given the same level of consideration as residential rehabilitation and the right to recovery.

Unsure

Some respondents were unsure about how the process would work in practice. For example, Alcohol Focus Scotland (ORG_029) questioned the types of support services this would apply to and the extent to which legal action could be taken to enforce the rights created under the proposed Bill. Alcohol Focus Scotland expressed the concern that the possibility of litigation would not foster a collaborative approach between patient and clinician and may have unhelpful consequences for the therapeutic relationship. Another concern expressed by an organisation which was unsure on this question was that this particular proposal could raise expectations which simply cannot be met (Scottish Families Campaign for Change – FCFC, ORG_027).

Question 6: Which of the following best expresses your view of the proposed Bill seeking to prevent treatment being refused? Please explain the reasons for your response.

One hundred and eighty nine respondents (97% of the total) answered this question. Over two-thirds of respondents who answered this question were supportive of the proposed Bill seeking to prevent treatment being refused. However, 17% were opposed, with a further 15% being unsure or neutral.

Supportive

Of those responses which were supportive, a number were categoric in their view, stating for example that “no ill person should be refused treatment” (Anonymous, IND_A_002) and “addiction treatment should never be refused” (Aidan Firth, IND_042).

Other supportive responses were slightly more caveated, with one individual (Anonymous, IND_A_024) arguing that whilst treatment should not be refused this rule should not apply to a situation where an individual believes they are entitled to a particular type of treatment without there being the necessary

information provided that assists that choice of treatment. Other supportive respondents, such as Cyrenians (ORG_006) stated that treatment should never be refused, except where accessing treatment at that specific time would put themselves or others in danger, adding that “there should be clear guidance on the instances when treatment could be refused/put on hold, and alternative treatment options explored”.

Other caveated responses included one which stated “I believe that treatment should never be refused. However, if it is not working, something else should be considered” (Mairi Martin, IND_005). Another, from John Milligan, a professional with experience in the subject (IND_020), recognised that “due to the nature of addiction that there has to be some restriction on how often someone can walk out and then come back”. Mr Milligan proposed that for certain treatments there should be specific time gaps between treatment episodes to prevent “a revolving door of never-ending failure”.

A number of respondents re-emphasised a point made in relation to the previous question, namely that decisions on treatment options have to be reached by clinicians and patients working in partnership. Evangelical Alliance (ORG_026) added that “Clear lines of dialogue between third sector rehabilitation centres and local commissioning services will also be important if there is a right to treatment when managing incoming patients”.

Opposed

Respondents who were opposed to the proposal to prevent treatment being refused expressed concerns (similar to concerns raised in response to earlier questions) about placing a legal requirement on clinicians to treat. For example, Tom Halliday (IND_041) stated that “No health professional or drugs counsellor should be compelled by law to provide treatment. If the addict becomes [abusive] then they should have the right to refuse to work with the abusive patient”.

Other respondents opposed this provision on the grounds that it would introduce a legal right that is not available to people with other types of illness (an issue raised in response to question 2).

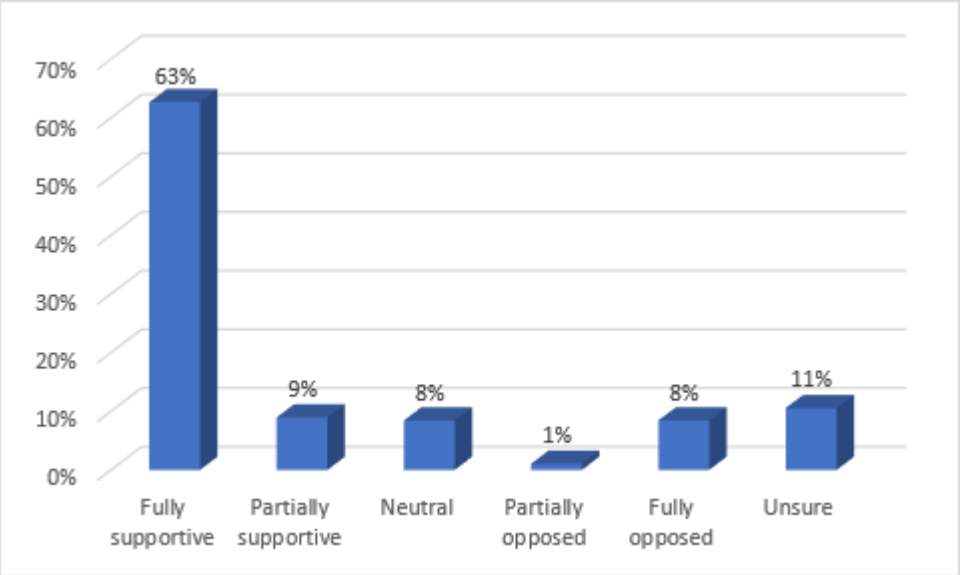
Other respondents argued that these decisions should be made on a case-by-case basis and discussed with appropriate staff who have front-line experience.

Neutral / Unsure

A number of respondents were either neutral or unsure in relation to this question. This was mainly due to what respondents considered to be a lack of evidence that treatment was currently routinely being refused. A few others were unsure as they indicated that they had difficulty interpreting the meaning of the question. Several others did not specify their reasons for either being unsure or taking a neutral stance.

Question 7: Which of the following best expresses your view of requiring the Scottish Government to establish a national funding scheme? Please explain the reasons for your response.

There were 190 responses to this question. Of those, over 70% were fully or partially supportive of the Scottish Government being required to establish a national funding scheme. Around 10% were opposed and the remainder were either unsure or neutral on the issue. The below graph shows the breakdown of responses:



Supportive

Need for a change in approach to resources

Those supportive of the establishment of a national funding scheme argued that there needed to be a change in approach in respect of resource allocation, as well as policy and strategy, in order to enable resources to be allocated where there is need, and to avoid postcode lotteries (see below under “Need for consistency in funding mechanisms”). This was a point made by Calderglen House Residential Rehabilitation (ORG_001), an organisation fully supportive of a national funding scheme, that described current funding mechanisms as “very inefficient and not quick enough”.

Recovery Enterprises Scotland CIC (ORG_007) reflected that:

> “A national fund would support allocation of resources where there’s a direct impact and contributing to options for people’s recovery. Our collective approaches to date have failed, we must change mechanisms to enable fresh approaches, not more of the same by the same structures”.

This issue was also raised by the Methodist Church in Scotland (ORG_008), which called for a rethink of existing policy and strategy and added:

> "A National Funding Scheme would demonstrate the Scottish society commitment to address this issue. It seems that NHS or Local Authorities would have difficulties to find such funding in their current reserves so a national policy with its own national funding scheme appears the most logical".

Need for consistency in funding mechanisms

Those supportive of the establishment of a national funding scheme also made clear that there was a need for consistency across the country in funding addiction recovery. A number of respondents argued that introducing ring-fenced funding would help to end existing regional disparities in respect of treatment. Some respondents referred to existing arrangements as a "postcode lottery". Some supportive responses argued that guaranteed ring-fenced funding was essential to the success of a right to addiction recovery and treatment. One respondent was fully supportive of a national funding scheme as she believed a more consistent and ring-fenced approach to funding would save lives (Irene McCusker, IND_055).

Effect of a national funding scheme and practicalities

A number of supportive responses discussed the effect that fund might have and how it might operate in practice.

Supportive responses, such as the response from Elizabeth Daly (IND_070), a retired professional who worked in this area, argued that investing funding was essential, and would ultimately lead to a return in revenue in the long term, due to a reduction in prescribed substitutes and a reduction in crime.

Among others who were fully supportive of a national funding scheme, Street Connect, (ORG_009), advanced the case that centralised funding would reduce duplication and ensure that service providers are working to the same standards and ensuring options are available for service users to choose the pathway they desire.

In terms of how the fund might operate in practice, the case was argued by William Christie (IND_068) that the fund should be distributed to local authorities "on a population basis". Mr Christie argued that local authorities should have responsibility to "buy back" the proposed treatment regime. This would allow local authorities and local public health bodies to have the right to "follow their own course of action, with the proper performance metrics being in place". Evangelical Alliance (ORG_026) added that consideration would need to be given to the role of local decision makers to ensure decisions are not so centralised as to be made remotely from the specific context and losing local expertise.

Opposed

A number of responses were opposed to the operation of a national funding scheme for a range of reasons including its workability, the risk of politicisation of resource allocation and the impact on existing funding streams. Some argued that national funding schemes simply don't always work. Issues around the devolution of drug policy and resources and the need for the Scottish Government to receive more funding from the UK Government were also raised.

Some questioned where the money would come from and what impact this might have on existing funding streams. For example, a concern was expressed by With You (ORG_021) that such a scheme may be counter-productive as it would:

> "…implement a new funding model that would favour a very resource-intensive part of the treatment system. This could take critical resources away from the other parts of the treatment and recovery system. Any reduction in resources towards non-rehab treatment and support services would lead to higher caseloads, longer waiting times and reduce access to services".

Building on this concern, one respondent, who wished to remain anonymous, stated that they were not clear how a national scheme would work and were concerned that "Anything that adds additional steps for people to access support is potentially detrimental" (Anonymous, IND_A_043).

Neutral / Unsure

A number of those who were neutral or unsure on this question highlighted what they considered to be a lack of detail on how the scheme would operate in practice.

For example, one medical professional, who wished to remain anonymous (IND_A_049) stated that there was a need for more detail on how a national funding scheme would be developed and implemented. Simon P. Crabb (IND_085), a practising advocate, indicated that he did not have the experience to comment on the rights or wrongs of the proposal for a national funding scheme but argued that whatever funding model is used, transparency and accountability would be required to ensure funds are well spent.

A number of organisations that work with people suffering from addiction, some of whom were supportive of the aims of the proposed Bill took a neutral stance on this question due to scepticism that a national funding scheme would actually solve the problems the proposed Bill is seeking to address or that it would override existing schemes that are beneficial.

For example, Glasgow City Mission (ORG_033), which was fully supportive of the proposed Bill and many of the specific proposals within it, was neutral on this particular question. Its reasoning for this position was that such a scheme may just end up "replicating the same problems and fixing nothing". As an alternative, Glasgow City Mission suggested:

> "…a strategic review of how funding is allocated, the decision-making process surrounding that and the current lack of consistency in the answers that third sector agencies like ourselves keep receiving".

Alcohol Focus Scotland (ORG_029), which was partially opposed to the proposed Bill, stated that the National Funding Scheme would "bypass" the existing ADP system which in its view raised a number of issues. Alcohol Focus Scotland defended that system, stating:

> "A key benefit of ADPs is that they are multi-agency groups which bring together representatives from statutory and voluntary sector organisations at the local level, including health, police, fire and rescue, social work, and education. They also include people with lived experience. Where these partnerships work well, they can support the development of multi-agency approaches in relation to issues such as prevention and early intervention (with individuals, families and communities) and reducing health inequalities. They also support partners to identify trends in alcohol use and related support needs at a local level, and to be more agile, coordinated and effective in responding to any emerging issues. Their broad membership positions ADPs particularly well to consider and develop innovative responses to any challenges being experienced locally".

Financial implications

Question 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.

One hundred and ninety-one respondents (98% of the total) answered this question.

The majority of respondents who answered this question (58%) considered that there would be an increase in costs, with over 25% believing that the

increase would be significant. 18% thought there would be a reduction in costs. Slightly under 10% believed there would be no change in costs whilst 16% were unsure. Nine organisations believed there would be a significant increase in costs whilst six organisations believed there would be a significant reduction in costs.

With this question, a number of respondents who ticked different boxes made essentially the same points in their comments. Namely that the Bill would lead to short-term costs which would be compensated by longer term savings. It is clear that some perceived this outcome to be a cost (short-term investment) whilst others saw it as a saving (longer-term savings).

Increase in costs

Fifty-one respondents (27% of responses to this question) believed the increase in costs would be significant. This included a number of respondents who were fully supportive of the Bill itself. In other words these respondents consider that the policy in the Bill has sufficient merit to warrant a significant level of cost.

The Scottish Community Safety Network (ORG_010) an organisation which was partially supportive of the proposed Bill, indicated that the amount of additional demand on services which the proposed Bill might lead to would have a significant impact on the budgets of services, in particular the NHS and third sector. Should the Bill become law, the Network urged greater joined up working between agencies to prevent “spiralling future costs”.

With You (ORG_021) highlighted the increased costs of a greater number of people using residential rehabilitation services, along with an increase in potential costs of legal action against treatment providers where there were disputes about treatment.

Glasgow City ADP (ORG_022) highlighted that an unintended consequence of the proposed Bill may be that health and social care providers are unable to provide treatment due to lack of resource following on from the increase in demand for services, and consequent use of resources that a statutory right to addiction recovery would lead to.

Some respondents, for example Isobel Muirhead (IND_054) and David Dowell (IND_027) cautioned against the subject being treated as a purely financial exercise, and other respondents, such as Tracey Yardley (IND_015) referenced the human cost of addiction.

Reduction in costs

There was a widely held view that the provisions of the proposed Bill would lead to an increase in costs in the short term, but that this would lead to savings in the long term, particularly for the NHS and justice agencies.

For example, Iain Smith (IND_003), a professional with experience in the field, stated that there would be some increase in direct costs, but that the Bill would lead to longer term savings for NHS and justice agencies.
Thomas Lyon (IND_064) drew on personal experience as a professional working in the field to advance this argument, and made the case that individuals free from addiction would ultimately become net contributors to society, stating:

> "when you look at the long term [there] will be a significant increase in productivity from individuals free from substances, no more GP appointments, CAT teams, hospital stays, psychiatric services, DWP, criminal just, legal aid etc, these are all the services I frequented during my addiction. Now I pay tax, council tax, rent, TV licence, NI, there are no more services needed in my support, so the cost benefit analysis would outweigh any reason not to approve the bill".

The view that short term investment would lead to significant reductions in costs in the long term was summarised by one individual who wished to remain anonymous, in stating "Addicts given the opportunity to recover can significantly contribute to society" (IND_A_002).

No overall change in costs

Sixteen respondents argued that there would be no overall change in costs. Many of the arguments were similar to those advanced above, namely that short term cost would lead to long term saving.

Phoenix Futures (ORG_013) referred to the Dame Carole Black report *Review of drugs part two: prevention, treatment and recovery*, which evidenced the societal cost of addiction and summarised that £1 spent on treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services.

Calderglen House Residential Rehabilitation (ORG_001) advanced the argument that the Bill would be cost neutral as:

> "Overall costs of treatment including rehab will go up but surely cost to society will go down in medium to longer term. We need to allow individuals to become fully participating members of society again".

Yvonne McCready (IND_014) added "In all honesty, if we [take] into account each individual's hospital stays, detox's, police call outs, doctor appointments it would be cost effective for rehabilitation".

Other issues raised

Other issues raised in comments under this question were the impact of the proposed Bill on service providers, such as local authorities and health and social care partnerships (Glasgow City ADP, ORG_022). Cranstoun,

Transform Drug Policy Foundation, Release and EuroNPUD (ORG_032) stated that clarity is needed on how much the proposals will actually cost and what the impact would be if additional costs significantly exceed existing budgets, whilst Katherine A. Bell (IND_059) highlighted the potential impact on taxpayers who would not directly benefit from these provisions.

In summary, most respondents to this question, regardless of what box they ticked in response, thought that the provisions would lead to an increase in costs in the short term, but may result in longer term savings. Finally, 30 respondents to this question (a relatively high number) indicated that they simply did not know what the financial implications of the proposed Bill would be.

Equalities

Question 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).

One hundred and ninety-one respondents (98% of the total) answered this question.

The majority of respondents to this question considered that the proposed Bill would have a positive or slightly positive impact on the protected characteristics under the Equality Act 2010. 46% of respondents believed the impact would be positive whilst 9% considered it would be slightly positive. A small number (9%) considered that the effect would be negative or slightly negative. A higher proportion (36%) were either neutral or unsure on the issue. Of those who were either neutral or unsure, the majority were individuals.

General comments

A number of respondents took the view that there would not be a specific impact on people based on their having particular protected characteristics.

One respondent who wished to remain anonymous (IND_A_039) stated that “Addiction is no respecter of the Equalities Act 2010 but all protected groups have one thing in common, they are all human beings”. The respondent added that “good treatment is not only focused on dealing with the chemical dependency, it will also promote personal development and social integration which necessarily encourages respect for all”.

Malcolm Johnstone (IND_082), a politician who was fully supportive of the proposed Bill but who indicated that the impact of the proposed Bill would be neutral on equality stated that “Addiction affects everyone in society so I do not believe this will have an impact on equality”, whilst social worker Alison Findlay (IND_071) framed it differently, stating that “Addiction Recovery impacts on every group with protected characteristics”.

Several respondents argued that existing provision for people with particular protected characteristics, for example LGBT+ communities and some religious communities, needed to be improved, and that this proposed Bill may not necessarily take account of the specific needs of those communities. These impacts are discussed further below.

Impact in relation to LGBT+ communities

The Cyrenians (ORG_006) highlighted a need for specific intervention to support people identifying as LGBT+.

The Scottish Community Safety Network (ORG_010), who took a neutral stance on this question drew attention to the need for services that are acceptable and inclusive of the LGBT+ community. Scottish Health Action on Alcohol Problems pointed to specific studies carried out that provided evidence that people from the LGBT+ community are excluded from services currently because of assumptions made about sexual identities by service providers and other service users.

The Scottish Youth Parliament (ORG_017) also highlighted existing barriers faced in respect of treatment by some LGBT+ communities.

Impact in relation to age

The Scottish Youth Parliament argued that, in respect of the age characteristic, young people have complex drug and alcohol misuse and addiction issues that differ from adults, adding that “it can be often a lot harder for young people to realise they have addiction issues in the first places and there are not a lot of services or help that are targeted towards young people in these positions”. The respondent expressed concern that young people would therefore potentially be unable to claim their right to recovery.

Impact in relation to race

The Cyrenians (ORG_006) highlighted that “Drug and alcohol use in some minority ethnic communities can be hidden which can have a devastating impact on individuals and their families”.

The Poverty Alliance (ORG_024) noted the link between problem drug use and poverty, and noted that people with certain protected characteristics (one of which was people from black and ethnic minority backgrounds) are more

likely to experience poverty. The Poverty Alliance warned that “without carefully considering the relationship between poverty and problem drug use, there is a risk that these policy measures may exacerbate poverty, particularly for these groups”. The link between poverty and drug use is covered in more detail below.

The Scottish Youth Parliament (ORG_017) also highlighted existing barriers faced by people in minority ethnic communities.

Impact in relation to religion or belief

In relation to the protected characteristic of religion, some respondents representing faith-based organisations welcomed the provisions of the proposed Bill, commenting that it would potentially have the effect of protecting the right to seek a faith-based recovery approach, which may suit the needs of some people, a case made by Evangelical Alliance (ORG_026) and Street Connect (ORG_009).

Impact in relation to pregnancy or maternity

The Cyrenians (ORG_006) highlighted an existing lack of support for expectant mothers, stating:

> “These women should be given support options as a matter of urgency – whether community-based or residential. If prescribing is the best option then support should be given to safely manage this, and where possible decrease and cease prior to birth. We are aware that this is not always possible, but more intensive support should be given around this so that early years and bonding between mother and child is as successful as possible”.

Poverty and drug use

Another issue that arose in relation to this question, as well as in response to other questions, was that the underlying cause of drug use is poverty and there should be greater focus on addressing this.

For example, the Poverty Alliance (ORG_024) stated:

> "Based on the principle of "ensuring a strong, healthy and just society", a just society cannot be achieved without addressing the role of poverty in problem drug use. The relationship between poverty and problem drug use is evidenced by both data from the Scottish Government and Poverty Alliance research with members".

The Poverty Alliance added:

> "To tackle [stigma surrounding people with problem drug use], we need to change the discourse surrounding people with drug use problems which treats drug addiction as a poor life choice instead of the reality that problem drug use is a result of complex social and health structures, and poverty".

The Scottish Community Safety Network (ORG_010) argued for a focus on tackling inequality and poverty in Scotland, and building safer, healthier communities,

Turning Point Scotland (ORG_030) highlighted the link between problem alcohol and drug use and poverty and other factors, arguing that:

> "recovery depends on identifying, understanding and addressing the drivers of problematic alcohol and other drug use, drivers that are unique and personal to each individual. In our experience, that is supported by the evidence base, people will often require support in relation to mental health, housing, involvement in the justice system, education and employment, poverty, social isolation and disconnection".

Sustainability

Question 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).

One hundred and ninety respondents (97% of the total) answered this question. More than two-thirds of those believed that the proposed Bill could be delivered sustainably. 12% did not consider that it could be delivered sustainably, whilst 22% were unsure.

Sustainable

Reasons given by those who considered that the proposed Bill could be delivered sustainably reflected previous answers under the financial sections in relation to longer-term savings.

For example, an anonymous respondent (IND_A_003) who had themselves struggled with addiction, put it in the following terms:

> "…Less people strung out on drugs and alcohol would obviously create a healthier society…successfully cured they will find it far easier to get into employment then contribute to the economy… Less crime and neglect generated from addiction, addicts no longer ignored by a seemingly disinterested government would create what I'd say would be a more just society. One of those rare instances when everybody wins".

Another anonymous respondent (IND_A_039) reflected that:

> "…Promoting effective treatment that not only saves lives but allows people to move away from dependency on substances, services and benefits to become responsible and productive members of society will be a sustainable strategy".

Others, such as the Methodist Church in Scotland (ORG_008) made the more general point that implementation of the policies in the proposed Bill will contribute towards strong, healthy and just society, "where people and their families and communities can recover without stigma".

Not sustainable

Respondents who did not consider the proposed Bill could be delivered sustainably tended to oppose its overall aims. A number of responses highlighted the complexity of the issue and the long-term nature of making change.

This was highlighted by an individual who wished to remain anonymous (IND_A_052), who argued that:

> "…the problem of drug addiction will require many decades of social change: provision of work, education redistribution of wealth through the benefits of the previous two elements as well as sound and fair tax systems".

The Poverty Alliance (ORG_024), in a response which covered a number of areas, did not consider that the proposed Bill could be delivered sustainably in its current suggested form, indicating that, in its view:

> "… the consultation document fails to address that the biggest prevention of drug deaths is to reduce problem drug use in the first place…We would

encourage further investment into organisations who work with young people at risk of problem drug use, the children of people with a drug use problem, and young people in areas of high child poverty".

Unsure

Reasons given by those who were unsure whether the proposed Bill could be delivered sustainably included that this would depend entirely on funding and resourcing across a range of services, and on collaborative working between agencies.

Others, such as Transform Drug Policy Foundation (ORG_020) indicated that they did not consider that enough information was provided in the consultation document in relation to this question to enable them to reach a clear view on whether the proposed Bill could be delivered sustainably.

General

Question 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)?

One hundred and six respondents (54% of the total) answered this question.

Many comments made in response to this question repeated views expressed in response to earlier questions, and reiterated support or opposition to the proposal as a whole.

Other responses to this question included the following general points:

- there is a need for people who have experienced addictions and recovery in place to help others understand and be educated;
- addiction should be regarded as a medical emergency, not a personal choice;
- substance abuse is a health issue and should be decriminalised;
- the approach taken by Portugal to deal with drug and addiction issues should be considered (eg Aidan Firth, IND_042); Helen Love, IND_023; Heather Lewis, IND_046);
- time and effort would be better spent supporting existing services and the workforce, including appropriately using the Care Inspectorate and Healthcare Improvement Scotland;
- gambling should also be treated in the same way as drug addiction.

Section 4: Member's Commentary

Douglas Ross MSP has provided the following commentary on the results of the consultation, as summarised in sections 1-3 above:

I wish to begin by thanking everybody who has taken to time to respond to the consultation on my proposal to introduce a Right to Recovery Bill. Every single response is very welcome, and I want to express my gratitude for the careful consideration people have given the proposal, the thoughtful feedback, and the support expressed by a wide range of organisations and individuals for what I believe to be a vital improvement for those seeking live saving treatment for addiction.

I was delighted with the overwhelmingly positive response. There were 195 responses in total, of which 64% were fully supportive and 14% were partially supportive. This means more than three quarters of responses can be described as supportive of the proposal, which I believe shows the recognition across society that a legal right to recovery from addiction is long overdue. I note in particular the responses from individuals who have direct experience of addiction, and from organisations and professionals who support those suffering from addiction on a daily basis.

The responses paint a vivid picture of the challenges currently faced by those seeking treatment for addiction and the benefits that enshrining a right to recovery in law would bring. There is powerful testimony from a number of individuals about the hardship and suffering faced by themselves and family members when they are unable to get the treatment they require. One response simply states that the current system is not fit for purpose, and that too many people are dying. One organisation pointed out that in their experience over half of the people they supported in 2020 stated that accessing treatment was either difficult or very difficult. Another professional explains that in their experience those seeking treatment currently find it impossible without further support. Sadly we also hear of the stigma faced by those with addictions and how these can be a significant barrier to accessing professional help, with many put off due to feelings of vulnerability. Some even feel they face stigma from professionals and other patients. Many responses simply state that they, or people they, know have been unable to access treatment.

It is clear there is a feeling that the current system is not working. One organisation tells us that in their experience people with complex life experiences, such as co-existing mental health issues, disabilities, homelessness and childcare responsibilities find it particularly challenging to access treatment. In their words the current rights of these individuals are 'opaque', which makes it difficult for them to articulate their rights when they face barriers to treatment. Another response points out that when somebody presents for treatment for addiction it is crucial that the system can take them in quickly as there is a short window to act, because the individual may lose the will to recover within hours.

There is also acknowledgement in the responses that recovery from addiction is a very personal matter, with each individual's journey being different, and that it is therefore important for people seeking help to have a degree of choice about the treatment they receive.

From the range and depth of responses provided, I believe it is clear that the current system does not work, that too many people who need treatment are unable to access it, and that people are suffering and even dying as a result. This needs to change.

It is also very welcome that Monica Lennon MSP has indicated that she is supportive of the proposed Bill. This is about saving lives and not party politics, and I am therefore delighted that Monica has expressed this support. Despite our political differences, it deserves to be said that Monica has a strong track record of standing up for the most vulnerable people in society, having brought forward one of the most important Non-Government Bills in the last session of the Parliament. Her support will mean that we can have an opportunity to improve the lives of people in Scotland suffering from addictions, and I wish to express my thanks to her.

I also note that there are responses opposed to the proposal which state that it does not go far enough. I want to make clear that I am open to new proposals in future as to how we can build on the Right to Recovery once passed to further improve treatment options for those seeking help for addiction. For the immediate future though we cannot allow perfect to be the enemy of good, nor can we wait for a holistic, all-encompassing approach which can only come from the Scottish Government. There are people unable to access treatment today, and as a result lives are being lost. We therefore must act now to ensure that the right to recovery from addiction is enshrined in law.

There are also responses opposed to the proposal who feel that it places too great an emphasis on abstinence treatment, and that this must be balanced with harm reduction approaches or have a greater focus on quality of life. I would respond to these concerns by reiterating that this does not need to be the final word on the matter, and once the Bill is hopefully enshrined in law further conversations can and must be held about how we can improve the services available to those seeking help for addiction.

In conclusion, I believe that the responses to the consultation make clear that at present there are too many people unable to access the treatment that they need for addiction to drugs and alcohol. Enshrining their right to recovery in law is vital to ensure nobody is denied the treatment they need, to clarify the rights of those individuals and has the potential to save many lives that at present are being needlessly lost. As the proposal has received strong backing and has been supported by members of another party, I intend to take forward a Bill at the earliest opportunity, should I earn the right to do so. I would also welcome further engagement with the groups who responded to our consultation as we continue the process and deliver a long overdue right to addiction recovery.

Annexe

Response Number	Name
Individuals	
IND_001	Stephen Wishart
IND_002	James Docherty
IND_003	Iain Smith
IND_004	Steve Crockart
IND_005	Mairi Martin
IND_006	Martin Wilkie
IND_007	Jim Thomson
IND_008	Kevin Walton
IND_009	Kenneth Hughes
IND_010	Kenny Wright
IND_011	James Mackay
IND_012	Jean Henretty
IND_013	Christine
IND_014	Yvonne McCready
IND_015	Tracey Yardley
IND_016	Rebekah Whittaker
IND_017	Rebekah Tarren
IND_018	Kevin Campbell
IND_019	Juliette Daly
IND_020	John Milligan
IND_021	Karen Anderson
IND_022	Paul Boyle
IND_023	Helen Love
IND_024	Ashleigh Evans
IND_025	Mrs Morag Ferguson
IND_026	Stan Malloch
IND_027	David Dowell
IND_028	Janet McWee
IND_029	Calliese Conner
IND_030	Catherine Nicoll
IND_031	Susan McAllister
IND_032	Nicola Watters
IND_033	David Birrell
IND_034	Sean Russell
IND_035	Robert McNair
IND_036	Leo S
IND_037	Alan Shanks
IND_038	Peter Marks

IND_039	Yvonne Keegan
IND_040	David Brown
IND_041	Tom Halliday
IND_042	Aidan Firth
IND_043	Sheila Leonard
IND_044	Paul McLaren
IND_045	Mrs Janet H Jess B.A. (Hons)
IND_046	Heather Lewis
IND_047	Gary Godfrey
IND_048	Liz Dineen
IND_049	Kat Cary
IND_050	Margot Russell
IND_051	Stuart Nicoll
IND_052	Richard McGuigan
IND_053	Petra Wright
IND_054	Isobel Muirhead
IND_055	Irene McCusker
IND_056	Christina Scott
IND_057	Norman Kebell
IND_058	John Smith
IND_059	Katherine A. Bell
IND_060	Sarah Campbell
IND_061	Eleanor Dempster
IND_063	Samuel Webster
IND_064	Thomas Lyon
IND_065	Rev. Laurent Vernet
IND_066	Faith Ougham
IND_067	Michael Hawthorne
IND_068	William Christie
IND_069	Elspeth Nicol
IND_070	Elizabeth Daly
IND_071	Alison Findlay
IND_072	Scott Murphy
IND_073	Rachel Cooney
IND_074	Frank Richard Crowe
IND_075	Michael Addison
IND_076	Allison Cann
IND_077	Leeh howell
IND_078	Alan Campbell
IND_079	Darren Concannon
IND_080	Peter J. Cochrane
IND_081	Jordan Martin
IND_082	Malcolm Johnstone

IND_083	Douglas McBean (Edinburgh)
IND_084	Dougie MacMillan
IND_085	Simon P. Crabb
IND_086	Monica Lennon MSP
IND_087	Christine J. Alison
IND_088	Sarah MacFarlane
IND_089	Debbie O'Brien
IND_090	Irvine Ormiston
IND_091	Fred Parry
Individuals (Anonymous)	
IND_A_001	Anonymous
IND_A_002	Anonymous
IND_A_003	Anonymous
IND_A_004	Anonymous
IND_A_005	Anonymous
IND_A_006	Anonymous
IND_A_007	Anonymous
IND_A_008	Anonymous
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IND_A_048	Anonymous
IND_A_049	Anonymous
IND_A_050	Anonymous
IND_A_051	Anonymous
IND_A_052	Anonymous
IND_A_053	Anonymous
IND_A_054	Anonymous
Organisations	
ORG_001	Calderglen House Residential Rehabilitation
ORG_002	Simon Community
ORG_003	NET Recovery Corps
ORG_004	We are with you family group Ayr south Ayrshire
ORG_005	Scottish Tenants Organisation
ORG_006	Cyrenians
ORG_007	Recovery Enterprises Scotland CIC
ORG_008	The Methodist Church in Scotland
ORG_009	Street Connect
ORG_010	The Scottish Community Safety Network
ORG_011	Shetland District of the Methodist Church.
ORG_012	Specialist Pharmacists in Substance Misuse (Scotland)
ORG_013	Phoenix Futures
ORG_014	The Church of Scotland
ORG_015	Bluevale Community club
ORG_016	The Free Church of Scotland
ORG_017	Scottish Youth Parliament
ORG_018	Homeless Network Scotland

ORG_019	Scottish Recovery Consortium
ORG_020	Transform Drug Policy Foundation
ORG_021	With You
ORG_022	Glasgow City ADP
ORG_023	SISCO
ORG_024	Poverty Alliance
ORG_025	Scottish Drugs Forum
ORG_026	Evangelical Alliance
ORG_027	Scottish: Families Campaign for Change : FCFC
ORG_028	SHAAP: Scottish Health Action on Alcohol Problems
ORG_029	Alochol Focus Scotland
ORG_030	Turning Point Scotland
ORG_031	Scottish Families Affected by Alcohol and Drugs
ORG_032	Cranstoun, Transform Drug Policy Foundation, Release and EuroNPUD
ORG_033	Glasgow City Mission
Organisations (Anonymous)	
ORG_A_001	Anonymous
ORG_A_002	Anonymous