

Poverty Alliance Response to the proposed Right to Addiction Recovery (Scotland) Bill

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About us

The Poverty Alliance is Scotland's anti-poverty network. Together, we influence policy and practice, provide evidence through research, support communities to challenge poverty and build public support for the solutions to tackle poverty. Our members include grassroots community groups, activists who are experiencing poverty, academics, large national NGOs, voluntary organisations, statutory organisations, trade unions, and faith groups.

Consultation Responses

Q1. Which of the following best expresses your view of the proposed Bill? Please explain the reasons for your response. We would welcome comments on any experience you have had of accessing, or trying to access, addiction treatment.

Partially support –

The current level of drug deaths in Scotland is entirely unacceptable and represents a failure to deal with both the root cause of the problem or to sufficiently invest in the services that people need. In a just Scotland no one would lose their life to drugs and all would have quick and efficient access to an addiction treatment which works for them and their circumstances.

There is a known link between poverty and problem drug use. As stated in the consultation document, people living in the most deprived communities in Scotland are 18 times more likely to experience problem drug use compared to those in the least deprived communities. We cannot meaningfully tackle drug deaths in Scotland in the long-term without tackling poverty.

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.

However, we have concerns with the proposed legislation. Principally, we are concerned that the proposed bill may treat problem drug use with a siloed approach, failing to consider the structural nature of problem drug use, particularly in relation to stigma and poverty. For many years, problem drug use was largely seen as a 'lifestyle choice' and therefore any consequences from this were viewed as the responsibility of the individual. This limited view encouraged the demonisation and stigma of people with problem drug use, whilst also ignoring evidence about poverty, trauma and mental health.

Although we support many of the policies proposed in the consultation such as increasing the number of funded places in residential rehab facilities to ensure affordability is not a barrier to treatment, there is the need for a joined up approach which considers the role of poverty in problem drug use. This would include targeted investment in providing efficient treatment options in the most deprived communities, increased funding for community groups working with people who have experience of problem drug use, working with young people who are at-risk of problem drug use, and considering the role of stigma in exacerbating problem drug use.

Q2. Do you think legislation is required, or are there are other ways in which the proposed Bill's aims could be achieved more effectively? Please explain the reasons for your response.

As we understand it, the right to treatment for problem drug use is already included in legislation in Section 1 of the National Health Service (Scotland) Act 1978 therefore we are unconvinced that new legislation will be the most effective action that could be taken.

Q5. 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 – We believe that the person experiencing problem drug use should be empowered to choose a treatment option that works for them and their circumstances. This is particularly important for people with children and/or caring responsibilities who have other people impacted by their chosen recovery method.

To support this, all people seeking treatment should have access to independent advocacy services in order to make an informed choice that meets their needs.

Q6. 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. We would welcome suggestions about how this could work in practice.

Fully supportive – No one, regardless of circumstance, should be prevented from accessing treatment unless the treatment option is deemed harmful by a medical practitioner.

Q7. Which of the following best expresses your view of requiring the Scottish Government to establish a national funding scheme? Please explain the reason for your response.

Unsure – We do not believe enough information about the proposed national funding scheme has been provided in the consultation document for us to give an informed position.

Q9. 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?

Please explain the reasons for your response. Where any negative impacts are identified, you may also wish to suggest ways in which these could be minimised or avoided.

Slightly negative - Problem drug use is a structural issue that requires structural solutions. We know that there is a clear link between poverty and problem drug use with people living in Scotland's most deprived areas 18 times as likely to have a drug-related death as those in the least deprived areas, yet actions addressing or acknowledging the impact of poverty are not listed in the consultation document.

Relating this to protected characteristics as detailed in the Equality Act 2010, we know that people with certain characteristics are more likely to experience poverty for example women, disabled people, and people from Black and ethnic minority backgrounds¹. 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.

Q10. 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?

No – We do not believe that the proposed Bill in its current format will sustainably tackle drug deaths. 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.

As part of the Get Heard Scotland programme, the Poverty Alliance conducted in-depth interviews with community organisations in July and September 2021 to contribute to the development of the next Scottish Government Child Poverty Delivery Plan. Addiction was identified as a key issue for several community organisations, with one organisation stating it

¹ Poverty and Income Inequality in Scotland 2017-20, Scottish Government
https://data.gov.scot/poverty/#Equality_analysis

was the 'single biggest issue in our community', highlighting the need for more community-based support in the form of community-based addiction workers.

The organisations that we engaged with recommended better linkages between approaches designed to address child poverty and those focused on drug misuse. It was noted that issues of trauma and broader community wellbeing are closely linked to drug and alcohol issues. A joined-up approach to tackle poverty and problem drug use should be adopted to reduce drug sustainably.²

Structurally, sustainable recovery can only be achieved if the person with problem drug use can afford to take time out of other responsibilities to go into treatment. This links directly to our views on the inadequacy of the social security system and the imbalance between low wages and the rising cost of living. We must ensure that those in treatment have an adequate income that enables them to afford a decent life, if we are to ensure a sustainable recovery.

Relatedly, experiences of problem drug use can represent a major barrier to obtaining and sustaining paid employment. The difficulty in securing paid employment impacts an individual across all stages of problem drug use whether this be the problem drug use itself; being in treatment and in recovery. Even for individuals engaging in abstinence-based recovery, the ability to secure and maintain employment are reduced due to factors such as experience with the criminal justice system, gaps in employment history and the stigma of having or having had a drug use problem³.

To prevent this, we would encourage targeted investment in treatment options for people with problem drug use in areas of high deprivation. This should be twinned with increased funding for third sector and community organisations working directly with people who have experience of problem drug use in these areas.

Longer-term, there is a need to understand the impact that lack of adequate income and poor working/living conditions has on individuals and the relationship between these and problem drug use. Inadequate incomes and poor living conditions will have a detrimental impact on a person's ability to treat problem drug use and this must be addressed to ensure sustainable recovery. Similarly, the stressors associated with poverty, although not exclusively, can lead an individual into problem drug use. This is another area where the relationship between problem drug use and poverty must be considered. For people who turned to drug use to cope with the financial and social stresses that are often experienced by people living in poverty, completing treatment, and then returning to regular life may risk relapse and potential overdose if the original stressor of poverty is still a factor.

Lastly, the consultation document fails to address that the biggest prevention of drug deaths is to reduce problem drug use in the first place. There is a need in particular, to engage with young people who may be at-risk of problem drug use. We would encourage further

² Child Poverty Delivery Plan- consultation with Poverty Alliance Members, Poverty Alliance, Unpublished

³ Scottish Drugs Forum submission to Commons' Scottish Affairs Select Committee Inquiry on 'The Use and Misuse of Drugs in Scotland' <https://www.sdf.org.uk/wp-content/uploads/2019/05/SDF-Scot-Aff-Com-Problem-Drug-Use-in-Scotland-Apr-2019-SDF-Response.pdf>

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.

Q11. 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)?

We are also concerned with the lack of mention of addressing the role of stigma in fuelling drug deaths. The Scottish Drugs Forum highlight that “people’s internalised stigma result in feelings of a lack of self-worth and inhibit their engagement with help and support from others, including services.”⁴. The stigma towards people with problem drug use can prevent people from admitting they have a problem and prevent them from reaching out for help, whether that be from family and friends, or actively seeking out treatment to go into recovery. Stigma also plays a part in preventing people with problem drug use from trying to enter the job market, find housing and build social connections.

To tackle this, 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.

For more information please contact:

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⁴ Moving Beyond ‘People – First’ Language, Scottish Drugs Forum, <https://www.sdf.org.uk/wp-content/uploads/2020/10/Moving-Beyond-People-First-Language.pdf>