



The Scottish Parliament
Pàrlamaid na h-Alba

Clare Haughey MSP
Convener
Health, Social Care and Sport
Committee
c/o Clerk to the Committee

Douglas Ross MSP

25 September 2024

Dear Clare

Right to Addiction Recovery (Scotland) Bill

I understand that the Right to Addiction Recovery (Scotland) Bill, for which I am member in charge, has been referred to your committee for Stage 1 scrutiny.

The Non-Government Bills Unit (NGBU) has provided support to me in the preparation and drafting of the Bill. As part of that role, NGBU has carried out an Equalities Impact Assessment (EQIA) for the Bill in order to ensure that best practice has been followed and that the Bill's impact has been appropriately identified and considered.

The EQIA is attached at the Annex for the Committee's information.

Yours sincerely

Douglas Ross MSP

Equality Impact Assessment

Right to Addiction Recovery (Scotland) Bill	
(1) Aims of the Policy	
<p>What is the purpose of the proposed policy?</p>	<p>Douglas Ross MSP believes that any person who has been diagnosed as being addicted to either alcohol or drugs, or both, should have the legal right to access treatment to help them to recover from that addiction.</p> <p>In 2023, 1,172 people died due to drug misuse, and there were 1,277 alcohol-related deaths in the same year. Mr Ross believes that these figures are too high and show that there is a problem in Scotland with addiction to drugs and alcohol. Mr Ross also believes that this problem is made worse by the length of waiting times for some types of treatment, including residential rehabilitation.</p> <p>Mr Ross believes that a rights-based system should be created. This would give individuals the right to treatment without undue delay, and information and involvement in their treatment. Mr Ross also believes this would lead to progress in tackling addiction to alcohol, or drugs, or both.</p> <p>The Bill's policy objectives are:</p> <p>To allow people who have been diagnosed by a health professional as being addicted to either alcohol, or drugs, or both to be provided with:</p> <ul style="list-style-type: none"> ○ a treatment determination ○ a treatment that is appropriate for them <p>The treatment must be made available to them within three weeks of the treatment determination being made.</p> <p>If the health professional thinks that no treatment is appropriate, or that the treatment which the person</p>

	<p>wants is not appropriate, then the health professional must tell the person in writing why they think this.</p> <p>If the person does not agree with the health professional's decision, they can get a second opinion from a different health professional.</p> <p>The Scottish Government must report on its progress towards providing treatment to people addicted to either alcohol, or drugs, or both, every year. The report should be given to the Parliament and published by the Government. Before preparing such a report, the Government must consult people with lived experience of drug or alcohol addiction.</p> <p>The report needs to include certain statistical information for each health board area.</p> <p>The Scottish Government must prepare a code of practice to help the bodies which help implement the Bill know what they need to do. These are bodies like health boards and local authorities.</p>
<p>What are the anticipated outcomes of the policy?</p>	<p>The seriousness and scale of the problem in Scotland is well established and can be measured in many ways: be it the high and increasing level of drugs deaths, the high alcohol-related deaths, the significant pressures on drug and alcohol rehabilitation and treatment centres and consequential waiting lists, or more general pressures on the NHS due to drug and alcohol related illnesses. As well as the impact on the individual and the pressures on the NHS, there are wider impacts on individuals, their families and society more generally due to their inability to play a full role in society.</p> <p>The Member believes that the rights-based system provided for by the Bill, where appropriate treatment is made available without undue delay, and where the person seeking treatment feels informed and involved in decisions on their treatment, will bring about the progress towards reducing the number of</p>

	<p>alcohol and drug related deaths, and levels of addiction, in Scotland. It would also have a positive impact on their families, who are often their care givers, as well as to communities and society more generally, as people who have recovered or are recovering from addiction are in a better position to make a positive contribution to, that society. Included in this would be a longer term economic benefit as those individuals find themselves in a position to hold down stable employment.</p> <p>Finally, the Member, in line with views expressed by stakeholders, considers that this Bill could reshape how society views and addresses addiction, recognising recovery, health, and stable housing as the cornerstones of addressing addiction-related challenges and ensuring equal access to essential services. He considers that the provisions of the Bill, providing people diagnosed with an addiction to alcohol or drugs, to a right to treatment will remove stigma and will give people rights that they do not have under existing legislation.</p>
Who will be affected by the policy?	<p>People who are currently addicted to drugs and/or alcohol will receive the right to treatment to enable them to recover from their addiction. Their families and those closest to them will also be positively affected by the policy. Furthermore, the Member believes there will be a positive impact on society more generally as a result of the policy. The policy will also impact on health professionals, who will be required to implement the new processes established by the Bill, and local authorities, health boards and the Scottish Ministers.</p>
(2) What is known about the diverse needs of those who will be affected by the policy	
Gender* (including transgender, maternity and pregnancy)	<p>The <u>2021 Scottish Health Survey</u> showed that males were more likely to report currently having a problem with drug use (1%) compared to females (less than 0.5%). Among people aged 16-24 the difference between males and females was even higher (3% to 0.5%).</p>
Religion and Belief	<p>A number of residential recovery services are provided by faith-based organisations. The <u>summary of consultation responses</u> stated that:</p>

	<p>“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)”.</p>
Age*	<p>Any person, regardless of age, is entitled to treatment if they have been diagnosed as being addicted to alcohol and/or drugs.</p> <p>According to <u>Public Health Scotland statistics published in March 2024</u>, the most common age group for co-dependency on drugs and alcohol was 25-34 years (33.0%), and it was 35-44 years (33.3%) for drugs. The median age at referral of those starting alcohol treatment was 47 years, compared with 38 years for drug treatment and 35 years for co-dependency.</p> <p>In respect of the application of the Bill to children and young people, it is the Member’s policy intention that the right should be able to be exercised by anyone who has been diagnosed as being addicted to alcohol and/or drug, including children. They would also be treated as patients in terms of the Bill and, as with existing health care for children, their parents, guardians or carers may have a role. It is anticipated that the Code of Practice, provided for under the Bill, would set out how children would exercise this right and the potential role that other service, such as education and social work may have</p>
Disability*	<p>Any person, regardless of disability, is entitled to treatment if they have been diagnosed as being addicted to alcohol and/or drugs. Given that addiction to alcohol or drugs can lead to conditions that would be considered to be a disability. Therefore, the provisions of the Bill are likely to have a positive and potentially preventative effect in respect of disability.</p> <p>According to <u>Public Health Scotland statistics published in March 2024</u>, disability status was similar across substance types. Fewer than 4.0% of referrals specified one or more disability. Disability</p>

	status was recorded as unknown in 71.7% of referrals starting treatment during the quarter.
Ethnicity and Race	According to <u>Public Health Scotland statistics published in March 2024</u> , ethnicity was broadly similar across substance types. White Scottish accounted for the highest percentage of referrals across all substance types, ranging from 58.1% (alcohol) to 65.3% (co-dependency). However, ethnicity was not recorded in around one third of referrals (between 28.9% and 35.0%).
Sexual Orientation	<p>Responses to the Member's consultation expressed concerns that LGBT+ people may currently be excluded from treatment because of assumptions made about sexual identities by service providers and other service users.</p> <p>Page 35 of the <u>consultation summary</u> sets this out in more detail. In particular, responses from Scottish Health Action, the Scottish Youth Parliament and the Cyrenians highlighted concerns about existing barriers and the need for specific interventions for LGBT+ people.</p>
Marriage and Civil Partnership	N/A
(3) Is there enough information to help understand the needs and/or experiences of those affected by the policy	
Gender* (including transgender, maternity and pregnancy)	Yes
Religion and Belief	Yes
Age*	Yes
Disability*	Yes
Ethnicity and Race	Yes
Sexual Orientation	Yes
Marriage and Civil Partnership	Yes

If not, what other information is required	N/A
(4) What does the information given say about how the policy might impact positively and negatively on different groups	
Gender* (including transgender, maternity and pregnancy)	On one hand, the fact that more males currently are more likely to report having a problem with drug use compared to females may mean that a greater number of males are, on the face of it, likely to benefit from the policy. Equally, the Bill provides for an information campaign, the purpose of which is to ensure that there is greater awareness among groups which don't currently report having problems with drug or alcohol use. As such, this may mean that the policy may in practice have a greater impact on women. Furthermore, as care givers are more often women, the Bill would have a positive effect on women from this angle.
Religion and Belief	As highlighted in section 2, 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.
Age*	<p>The policy is not targeted at any particular age group. Any person, regardless of their age, who has been diagnosed as addicted to alcohol and/or drugs would have the right to receive a treatment determination and to treatment. As highlighted in section 2 above, currently those in their 30s and 40s are most likely to be affected by the policy, as the median age at referral of those starting alcohol treatment is currently 47 years, compared with 38 years for drug treatment and 35 years for co-dependency.</p> <p>A long term effect of the Bill's provisions is that people are more likely to live longer, and are likely to live healthier lives into old age.</p>
Disability*	Currently, fewer than 4.0% of referrals for drug or alcohol treatment specified one or more disability. By providing anyone who has been diagnosed as addicted to alcohol and/or drugs with the right to treatment, this empowers people who currently do not receive the treatment they need, or are waiting for treatment, to be offered timeous treatment.

	<p>It may be the case that levels of disability are under reported at present, although there is not the evidence base to explicitly assert this. In particular, it may be that disabled people who have an addiction to drugs or alcohol do not feel that they can currently come forward, in which case the Bill would have a positive effect on this group.</p> <p>It is also worth noting that medium to long term addiction to drugs and/or alcohol can lead to disability. In this respect, by introducing a right to addiction recovery, the policy may have a positive effect by there being lower levels of disability.</p>
Ethnicity and Race	<p>As highlighted above, white Scottish accounted for the highest percentage of referrals across all substance types, but, in around 1/3 of referrals, ethnicity was not recorded. The Bill requires the Scottish Ministers to publish a report on progress towards achieving the provision of the treatments referred to in the Bill. To inform this report, the Scottish Ministers will be required to collate (anonymised) data. Although not explicitly provided for by the Bill, the Scottish Ministers could take the opportunity to use the data collection and reporting mechanism provided for by the Bill as a vehicle to collate better data on the proportion of people from ethnic minorities who are referred for treatment, and address any issues in respect of people from certain communities not being referred, waiting too long for treatment or being refused treatment.</p>
Sexual Orientation	<p>In introducing a right to treatment within specified timescales, the Bill will prevent people from being denied treatment for non-clinical reasons. As highlighted in section 2, the Member received evidence during the consultation on his draft proposal for a Member's Bill that people were being denied treatment due to assumptions being made about their sexual identities. A right to treatment, combined with a right to seek a second opinion (both of which are provided for in the Bill), seeks to prevent such a scenario arising in future.</p>
Marriage and Civil Partnership	<p>Although the Bill does not make explicit provision in respect of marriage or civil partnership, an effect of the Bill would be healthier familial relationships as people are given effective and timeous treatment for their addiction. The negative effects of addiction which lead to family breakdown would in some way be addressed by improved treatment options.</p>

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*Although not a protected characteristic, carers should be given specific consideration in this category (e.g. the potential impact on those who care for older people).

Member's Comment on NGBU's Equalities Impact Assessment

Evidence gaps identified

None

Member's comment:

Adverse impacts identified

None

Member's comment:

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