

Dear Convener,

The Right to Addiction Recovery (Scotland) Bill

Thank you for inviting us to give evidence on the Right to Addiction Recovery (Scotland) Bill. I hope this letter is helpful to the Committee in its consideration of the Bill at stage 1.

The role of nurses working in alcohol and drug services

Nurses working in alcohol and drug treatment services have a variety of roles across prevention, treatment, harm reduction, and recovery contexts. They have varied job titles and work in many different settings. These include primary care, hospital-based services (including in emergency departments), specialist alcohol and drug recovery services, criminal justice settings and third sector organisations. Some GP surgeries have designated addictions nurses and nurses often have a key role in linking between services.

Working as part of a multi-disciplinary team is often a key part of the role and, in Scotland, many drug and alcohol services are nurse led. For example, the Primary Care Alcohol Nurse Outreach Service was implemented in selected Deep End GP practices and involved specialist addiction nurses working closely with GP practices to help engage and provide care for patients with alcohol problems who had not previously engaged with community alcohol services, and to eventually link patients to mainstream services. A 2022 studyⁱ found that this model provided a novel and practical approach to managing alcohol problems in primary care, specifically for people with moderate to severe alcohol problems who had low engagement with other alcohol services.

Nurses have a particular contribution to make to recovery outcomes, in particular through addressing the range of co-existing health problems that people present to alcohol and drug treatment with.

**Royal College of Nursing
of the United Kingdom**
20 Cavendish Square
London W1G 0RN
Telephone:
+44 (0) 20 7409 3333
RCN Direct 0345 772 6100
rcn.org.uk

**Royal College of Nursing
Scotland**
42 South Oswald Road
Edinburgh EH9 2HH
Telephone +44 (0)131 662 6158

President
Bejoy Sebastian
**General Secretary &
Chief Executive**
Professor Nicola Ranger
Director, RCN Scotland
Colin Poolman

Patron
HM King Charles III

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Their skills include assessing an individual's needs and they are responsible for the assessment, formulation, implementation and evaluation of complex programmes of care using a strength-based recovery focused approach that proactively involves the person and optimises self-management.

They work in partnership with individuals and stakeholders involved in their care to develop person-centred care plans that take into account their circumstances, characteristics and preferences. They work with a complex caseload of patients and also play a key role in providing holistic care, identifying vulnerabilities to domestic abuse, adult/child protection issues and mental health whilst coordinating and responding to the health promotion needs of patients focusing on improving their physical and mental well-being.

Nurses working in these services add value across a range of public health priorities for individuals, their family and the wider population. For example, public health activities can include: blood borne virus advice, testing and vaccination where appropriate; health checks, testing and advice for ageing service users; early detection of mental health issues and responding to mental health crises; and contributing to local systems for monitoring and responding to possible disease outbreaks, and changes in disease profiles and health needs of local populations.

The administration and management of medicines is an important aspect of the professional practice for nurses working in the alcohol and drug field. Experienced nurses are eligible to undertake additional training to become non-medical prescribers.

Nurses, particularly those with a mental health specialism, are well placed to respond to people presenting with mental health and co-occurring alcohol/drug use needs. They may also provide a liaison role between drug and alcohol treatment services and mental health services.

As in the wider nursing workforce, challenges around recruitment and retention exist which impact on service capacity. The Scottish government *drugs and alcohol workforce action plan 2023-26*⁷ set out these challenges, including short term funding for services, perceived lack of career pathways, stigma, workforce pressures and challenging caseloads.

Views on the Bill

Overall approach:

RCN Scotland supports the policy objectives of ensuring that individuals have timely access to the treatment that is most appropriate to them and ensuring that individuals are informed, supported and involved in the decision-making process about their care.

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There is a clear need to invest in quality, person-centered treatment and support services to ensure that individuals can quickly and easily access the care and support they need. This requires an increase in resources to expand service capacity and train and develop staff. There also needs to be a greater understanding of local needs and the existing workforce. Indeed, Audit Scotland's 2024 report on alcohol and drug servicesⁱⁱⁱ called on the Scottish government to implement its drugs and alcohol workforce action plan by carrying out a workforce mapping exercise comparing the skills and capacity needed with current staff resources and developing a workforce competency framework.

However, it is our view that legislation is unlikely to achieve the improvements needed in itself. A priority should be implementing the recommendations from the 2024 Audit Scotland report, which highlighted the need for better accountability, increased funding for prevention, better information to inform service planning, work to ensure funding is directed effectively and urgent action to support the workforce which is "under immense strain." There are many current Scottish government and local workstreams and initiatives, and the Charter of Rights for People affected by Drugs and Alcohol, looking at ways to improve outcomes for individuals affected by problem drug and alcohol use. It is our view that implementing and funding the various policies and improvement mechanisms would be more effective than legislating further.

The forthcoming Scottish government national service specification for alcohol and drug services should result in national standards outlining the types of services which should be available in all local areas and the standards they should be expected to meet. This is an opportunity to set out a holistic approach to treatment and recovery pathways but it will also require sufficient resourcing and a greater understanding of local needs.

Our views on the provisions in the Bill

Further to the overall view that legislating will not achieve the desired improvements to access high-quality, person-centered services, we would make the following observations about the Bill:

- The Bill does not recognise the wider needs of individuals which are important for recovery - including around mental health and trauma - and which need to be included in holistic, person-centered support for individuals.
- The Bill only covers individuals who have been diagnosed as having an alcohol or drug addiction, whereas many people accessing services will not have a diagnosis of addiction. Nurses will undertake initial and ongoing assessments of service users at various stages in their engagement with the service, utilising a range of assessment tools and methods to evaluate the severity of dependency and complexity of needs.

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- Focusing on those with an addiction diagnosis risks skewing resources away from many of the individuals seeking treatment and support as well as away from earlier intervention and prevention.
- The Bill does not include harm reduction services. This fails to reflect the importance of these services and their value for many individuals.
- While we completely agree that individuals should be involved in decision making about their care, in our view it is already standard practice to involve service users in their care planning. Nurses play a key role in developing trusted relationships with service users, ensuring that person-centered care plans are developed.
- There is no one standard pathway for accessing treatment and pathways vary between local areas. Setting out a prescriptive process in legislation which health professionals must follow doesn't necessarily fit with current practice and could result in unintended consequences and increased bureaucracy. For example, requiring health professionals to discuss treatment options which they do not believe offer benefit to the individual, would be confusing and counterproductive.
- The definition of health professional in the Bill covers medical practitioners, nurse independent prescribers and pharmacist independent prescribers. This procedure described in the Bill does not necessarily reflect the reality of access to treatment which often involves expertise from a multi-disciplinary team.
- As highlighted by SHAAP and the Royal College of General Practitioners, the Bill would shift diagnosis from specialist services to GPs, some other medical practitioners, nurse prescribers and pharmacist prescribers who would then be responsible for discussing and agreeing treatment options and referral. This would be a significant shift in workload, knowledge and responsibility.
- We agree with SHAAP's assessment that the Bill risks pitting patient against healthcare professional and that it would be preferable to take a collaborative approach to treatment and support in line with Realistic Medicine and to upscale and better resource that provision.
- In our experience, the introduction of targets can result in unintended consequences as service providers strive to meet those targets. We agree with the point made by the Royal College of Psychiatrists that, while timely access to treatment is essential, the quality and appropriateness of care should remain the priority. Deadlines set out in law may result in individuals being rushed into treatment which doesn't best meet their needs. Treatment plans need to be tailored to individual needs rather than driven by targets.

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In conclusion, while we agree with the aims behind the Bill, we believe that introducing a right to access services in legislation, when services are under strain and under resourced, will simply lead to people not having their rights met. There needs to be a better understanding of current and future need and investment in services to increase capacity and meet this need. Given the essential role of nursing in these services, a key focus should be developing the nursing workforce and investing in nursing roles to ensure a sustainable workforce. There also needs to be a greater focus on prevention, tackling health inequalities and addressing the drivers of problematic drug and alcohol use.

I hope this contribution is useful to the Committee.

Yours sincerely,



Colin Poolman
Executive Director

ⁱ [Exploring the management of alcohol problems in Deep End practices in Scotland](#)

ⁱⁱ [Drugs and Alcohol Workforce Action Plan 2023-2026](#)

ⁱⁱⁱ [Alcohol and drug services](#)

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