Health, Social Care and Sport Committee – 18.02.2025

Informal engagement with people with lived experience of recovery from alcohol and/or drug addiction: Right to Addiction Recovery (Scotland) Bill

Note: Participants were split into five groups to discuss their views with Members of the Committee. Group 2 consisted of family members of individuals who have experience of recovery from alcohol and/or drug addiction.

Group 1

One participant felt strongly that some elements of the Bill feel like a step backwards from current service provision.

Timescales

- The Bill proposes a three-week timescale for access to treatment. However, the current MAT standards promise same-day access to treatment (Ref: Medication Assisted Treatment Standard 1 – "All people accessing services have the option to start MAT from the same day of presentation.") The Bill and MAT standards should complement each other, and it currently doesn't seem like they would work together.
- The moment that someone presents at a service is the crucial moment to help them. It takes a lot of courage to ask for help, and it is important for that help to be available quickly. Potentially requiring patients to wait three weeks for treatment could be a safety concern, and their situation could escalate in the intervening three weeks.
- The issue is not necessarily a lack of services, but maybe a need for staff to be better informed. It feels like some staff are working from old guidelines, and not necessarily reflecting the MAT standards. MAT standards are a positive thing, but they are not always being met in practice. There is a lack of understanding of the standards, and pressures on services can affect ability to meet the standards.

Treatment options

- An abstinence-based approach may work for some people experiencing substance use problems, but not others. If someone takes an abstinence-based approach to recovery, it can result in a bigger relapse. A harm reduction approach, in which a person learns how to manage their substance use and approach it more safely, can be helpful.
- The Bill feels vague – it doesn't say what kind of treatment people would have the right to. The participant was worried that in practice, this could lead to a medical professional referring patients to the easiest, least resource-intensive treatment option, which might not necessarily be the right option for the patient. The Bill should specify that patients should be told about all available options for treatment, and be able to choose what would work best for them. Otherwise it might look like a patient isn't trying with their recovery, whereas in reality the option offered wasn't right for them.

- Residential rehabilitation should be an option in a person's recovery, but the Bill shouldn't just be about that. It should be about what the person needs for their care. Some people might not understand all the different options available, and they should all be explained. It's important to address people's immediate needs in a holistic way, including things like housing and transport. It isn't easy to find accommodation when experiencing housing issues; even when a person is on the list for council housing, they can have a long wait.

Prevention

- The safer consumption room in Glasgow has improved things by providing a safe space for people to consume drugs. There should be more spaces like this, and more harm reduction spaces available. For example, some people accessing methadone need to travel a significant distance to the nearest pharmacy that supplies it. It is important to understand service availability and gaps when considering the Bill.
- When it comes to prevention, knowledge is key. In relation to the prevention of risks associated with substance use, things like naloxone training for people in the community play an important role. A lot has been done in education settings to prevent substance use, but people's choices and circumstances can affect their decision-making. Things like boredom, being out of work, and lack of community activities can make people more likely to start or resume substance use. Loneliness is also a big issue affecting substance use. Engaging with community groups and taking part in activities can be really helpful for people trying to recover from substance use problems.

The right to recovery should apply to those in the justice system

- If the Bill becomes law, it is important to make sure it applies to people in the justice system. Although the participant did not have personal experience of rehabilitation courts, they have seen friends successfully complete treatment accessed through rehabilitation courts. However, the person has to be willing to commit to treatment.

Access to wider treatment and care

- People with substance use issues might find it difficult to engage with medical services for other health issues, due to a number of factors such as having no fixed address. It's important to look at the wider issues that might prevent people from getting to the next step in their recovery.

Homelessness

- Many people experiencing homelessness are also experiencing substance use issues. This can lead to peer pressure for people to continue using substances. There are plenty of charities in Glasgow that offer support to people experiencing homelessness, but some of them aren't as present on the street as others. The Simon Community does a lot of work supporting people who are homeless or at risk of homelessness, helping them to meet immediate needs such as help with energy bills, and accessing pet food.

Group 2

Participants were asked whether creating a right in law to treatment for addiction would have made a difference to their experience of accessing treatment for a family member:

- Participants responded that it would not and argued this was because families are not mentioned anywhere in the Bill. They went on to argue that the Bill, if law, would have made accessing treatment much harder.
- They emphasised the importance of including families and reiterated that the word “family” does not even appear in the Bill.
- Participants argued that enacting this Bill would be a step backwards.
- They expressed concern that the rights set out in the Bill would override existing rights and diminish the existing “whole family” approach.
- Participants argued that being treated with dignity and respect makes a massive difference but went on to say that, in their view, this Bill would not deliver that.
- Participants were in agreement that work with the National Collaborative had been positive and welcome. In comparison, they expressed a view that the Bill would be a backwards step.
- One participant said the Bill felt political to them. They suggested that, instead of this approach, everyone involved needs to come together to reach a collective decision on the best solution.
- One participant said they had the impression that the Bill was quite one-sided in how it came about and questioned the extent to which families had been involved or consulted in the process of drafting it.
- Participants were in agreement that “people do need rights”. However, they went on to argue that things could be improved without the need for this Bill.
- Participants concluded that, very often, individuals with an addiction will not have capacity to make rational decisions – and that this is something the Bill fails to recognise.

Timescales

- One participant argued that a requirement for an individual to access treatment within three weeks was not realistic in a circumstance when they had recently had to wait more than three weeks to get a GP appointment.

Medical diagnosis as a gateway to accessing treatment

- Participants discussed the idea of a medical diagnosis being the gateway to accessing treatment, as envisaged by the Bill. They felt this was too narrow and that third sector organisations involved in supporting people with addictions should also be enabled to provide that gateway.
- One participant raised concerns that there is a danger in the approach taken in the Bill of medicalising everything. They described their own experience of visiting a GP who confessed to knowing nothing about addiction or how to deal with it. They expressed a preference for giving GPs the option of

signposting or referring to someone who does have the necessary knowledge and experience if they do not.
- One participant suggested that many health practitioners would prefer family members to remain ignorant of what they may be entitled to in terms of MAT standards, CARES or advocacy.
- One participant argued that there needs to be a lot more social support for individuals before they get to the point of requiring medical intervention. They also noted that many addicts will not have families to support them. They described the Bill as “quite cold” in that it gives individuals a right when the reality is that many individuals will not be in a position to exercise that right.

Treatment

- Participants concluded by emphasising the need to avoid a “one size fits all” approach to treatment, arguing that the 12 step approach taken by organisations like Alcoholics Anonymous will be effective in some cases but will not be for everyone. By the same token, not everyone wants rehab.
- Participants were in agreement that the Bill would need to have a broader scope, encompassing a whole family approach and allowing the possibility of individuals pursuing different pathways according to their individual circumstances (rather than a primary focus on abstinence).

Prevention

- Although acknowledging this is something that would be difficult to legislate for, participants argued that there needs to be greater support to prevent people getting into addiction and more social support and social workers trained to work with people who might be vulnerable to addiction, including in schools.
- Participants were in agreement that more money is needed but acknowledged that this is something that would be difficult to legislate for.

Stigma

- Participants described experiences of being denied help by police and paramedics on the basis that addiction was a “lifestyle choice” that they would refuse to deal with.

Health professionals

- Participants were doubtful about the provisions that would allow a second opinion from another medical practitioner, arguing that “medical practitioners will stick together”.
- Participants also highlighted the difficulty of relying on medical practitioners to make a diagnosis and prescribe treatment when they will be unaware of the level of manipulation an individual with addiction may have committed – whereas a family member will be fully aware of that.

Importance of recovery

- Participants argued the need for a much greater emphasis on recovery in the Bill and further stressed that “one size does not fit all”. They cited the example of someone with a methadone prescription who may be leading a relatively normal life, concluding “that’s OK”. They argued the emphasis should not be on abstinence in all circumstances because that will not work for everyone.
- Participants regretted that there was little differentiation between detox and recovery in the Bill. They emphasised the importance of recovery following detox.
- One participant spoke about her experience of a family member being advised by medical practitioners to undertake home detox without support and suggested they had been lucky to have survived that experience.

Important role of families in recovery

- Participants argued that a family member needs to be involved in / attend assessments because they could be relied on to tell the truth, whereas the individual dealing with addiction could not.
- Participants explained that family members will know when an individual with addiction is lying and argued this was a key reason why they needed to be involved in the process.
- Participants were in agreement that family members should be involved in all assessments and that the right of family members to be involved should be explicitly stated in the Bill.
- One participant said their family member would have been unable to deal with requesting treatment while under the influence and would have needed the support of a carer or family member to do so.
- Participants emphasised the crucial importance of the role they play as family of someone dealing with addiction – it is essential for families to be included at every stage.
- Participants reiterated the importance of families being informed at the same time as the individual and of being involved in the discussion.
- Principally, participants highlighted the crucial role of family members in highlighting the truth of the situation given that individuals with an addiction can often not be relied upon to tell the truth.
- Participants emphasised that, to be able to access/request support, individuals have to be in the right place. Most of the time, someone dealing with addiction is only interested in how they can feed that addiction. They are also often having to deal with the embarrassment and shame of being an addict, which is why they will need a carer or family member to speak for them.
- Participants expressed a fear that, unless families are explicitly mentioned in the Bill, medical practitioners will take this as a signal to ignore them.
- Participants were asked how the rights of individuals could be upheld while involving family members and whether giving the individual a right to nominate a family member or carer to be involved would help to strike an appropriate balance in this regard.

- Participants recognised the importance of protecting patients. Although they thought such an approach would be “better than nothing”, they went on to highlight practical issues.
- One participant suggested that an individual dealing with addiction might grant a family member named person status on a good day but then withdraw it on a bad day.

Carers’ rights

- Carers’ rights are very important – we currently have rights to be informed as a main carer.
- One participant highlighted that they are not formally recognised as the carer of a family member with an addiction, even though that is the reality.

Family support groups

- Participants spoke positively about their involvement in family support groups as giving them a sense that they were not alone.
- One participant said their involvement in a family support group had helped them to prevent their family member from going down the route they would otherwise have gone down with their addiction.
- Participants cited examples of family members being on anti-depressants or sleeping pills or being off work as a result of their experience. They argued that better family support would reduce the cost to society of these impacts.
- Participants were in agreement that families need support and that this should be written into the Bill.
- One participant argued that, if families get support and are involved in the process, the chances of a good and lasting outcome for the individual dealing with addiction are greatly improved.

Support needed after treatment

- Participants pointed out that people can relapse into addiction when they return to a toxic environment after treatment. They argued for greater support to help people back into employment after treatment.
- In addition, they suggested there needs to be greater attention given to how people are treated when they come out of rehab. In this context, they also argued that families need help to understand how to treat their family members and to support them when they come out of rehab.
- They concluded by arguing there should be a right to recovery for family members as well.
- Participants argued that society needs support in understanding addiction.

Other points raised:

- Being given a legal right to treatment will result in people incurring legal costs to be able to realise that right. Participants questioned who would pay for this.
- Participants were critical of the fact that many support services currently only operate Monday to Friday when addiction doesn’t take the weekend off.

- One participant questioned what would happen in the case of a child seeking access to treatment. They assumed the family would have to be involved in such a case but then argued that if this was the case for a child, it should also be the case for an adult.

Group 3

Participants agreed that the idea of the Bill is positive and the focus on human rights is in the right direction.

Healthcare professionals

- Participants stated they understood GPs, nurses and medics would decide who needs treatment, but were concerned that they often lack sufficient knowledge, particularly in relation to alcohol addiction. Participants were also concerned that certain professionals may not know about all the treatment options available.
- It was highlighted that a good example of training happens in Dundee with medical students having conversations with people with lived experience of addiction – participants queried whether this could be rolled out more broadly.
- Participants stated that sometimes experience in primary and acute care isn't positive.
- Participants suggested that GPs should signpost their patients to third sector organisations – as many don't have time to come up with treatment plans themselves.
- Some concerns were expressed that medics don't understand "the nature of the beast" when it comes to drug and alcohol addiction.
- Participants were keen to highlight it is not just about medicine – and that family and community support is all important.
- Certain participants were concerned that doctors have a lack of knowledge about community services.
- Participants queried how professionals might feel about the provisions in the Bill.
- Participants were of the view that training for nurses is important.
- Some expressed concern that pharmacists might not have enough knowledge to meet their obligations under the Bill.
- Participants highlighted the need to build relationships with professionals – particularly as there is huge stigma and a need to build trust.
- Participants noted that many people don't come to services through GPs but through helplines.
- It was suggested there should be a specialist addiction nurse in each GP cluster.
- Concerns were raised regarding how hard it is to get appointments with GPs. Participants observed that individuals with drug or alcohol problems often don't want to deal with receptionists. Concerns were also expressed around stigma acting as a barrier (and that this is an especially pertinent issue in rural areas).

- Participants highlighted the need to raise awareness of these challenges.

Diagnosis

- Participants stated they didn't agree that there was necessarily a need for formal, clinical diagnosis – and argued that self-diagnosis should be enough.
- Some noted that people often don't tell the truth to medical professionals.
- Again, participants highlighted that stigma still exists in the NHS regarding drug and alcohol issues.
- Participants noted that people don't always go to a doctor – therefore there is a need to take a more holistic approach. They suggested that other factors, such as housing can play a big role in recovery pathways.
- Participants raised concerns that if the diagnosis of addiction appears in an individual's medical records, there may be a bias which could result in that individual receiving worse treatment from the NHS – and potentially not being offered follow-up.
- Participants echoed concerns around people being worried about disclosing information to healthcare professionals, especially if they have young children – and argued that this doesn't help recovery.
- Some participants noted that people in need of support are getting younger and younger and are often dismissed by health professionals.
- Participants stated that recovery pathways are complex – and that achieving recovery is not as simple as creating and following a treatment plan.

Capacity

- Some raised concerns that services and GPs don't have capacity to meet the requirements of the Bill.
- Participants were of the view that short appointments are not appropriate.
- Participants also highlighted concerns that there needs to be more NHS rehab bed capacity – especially in rural areas.
- Concerns were expressed that services only help people who are in crisis – and that this is mainly due to a lack of capacity.
- Participants highlighted that many people have to go private to receive a mental health diagnosis.
- Some commented on the need to capture the moment when people ask for help.

Right to treatment and right treatment

- Participants were of the view that people should already have a right to treatment, and therefore this doesn't need to be established in a separate Bill.
- Participants indicated total support for the National Collaborative, arguing "this is the way forward".
- Participants were of the view that everyone should be treated equally – but argued that putting this into practice is the challenge.
- Concerns were expressed that the provisions in the Bill might become more of a tick box exercise rather than something meaningful.

- Some raised concerns that the Bill might result in people being put on inappropriate treatment, such as anti-depressants.
- Participants were of the view that people (as opposed to medics) need a right to choose.
- It was highlighted that all parts of recovery should be equal, and that rehab is not for everyone or even available to everyone.
- Again, participants echoed an earlier point that there is a need to make decisions with the person – and that professionals shouldn't be making the decision on the person's behalf as this takes autonomy away from the individual.

Family

- Participants highlighted that addiction impacts on the whole family.
- Participants also highlighted that stigma and discrimination impacts on everyone.

Role of the third sector

- Participants noted the Bill focuses on rehab and treatment – and expressed concern that less money would go to the third sector and that funding would get diverted.
- Participants were also concerned that the third sector is already not getting sufficient funding or the recognition it deserves.
- Participants noted that the third sector often "picks up the slack" from mental health services.
- There was a consensus about the importance of sufficient money and funding being made available.
- Participants were of the view that the problem would not disappear as a result of this Bill – and that individuals and healthcare professionals would still need support from the third sector.

Peer support

- Participants were of the view that lived experience is important.
- Some stated that an individual is more likely to relapse without peer support.
- Participants argued that, when people reach out, there needs to be someone involved who has experienced similar circumstances and is therefore able to truly understand the issue.

Ongoing support

- It was highlighted that recovery doesn't end when treatment ends.
- Instead, participants stated that recovery happens on a daily basis.

Treatment options

- Participants were of the view that rehab is not for everyone.
- There was a consensus that there was too much focus on rehab in the Bill.
- Some participants commented that treatment in prison settings is "shocking".

Advocacy

- Participants were concerned that there was no mention of advocacy in the Bill.
- Some participants argued there is (sometimes) a need for someone to challenge doctors.
- Participants were also concerned that people might not be confident asking for treatment and might not know what treatment is available.

Timescales

- Participants highlighted that all people accessing services have the option to start MAT from the same day of presentation, and that the Bill needs to complement this.
- Some participants viewed the Bill as being a huge step backwards – and argued that the 3-week provision in the Bill may undermine the MAT standards.
- There was consensus amongst participants that putting timescales in the Bill is a bad idea.
- Participants argued that the three-week provision in the Bill could be too long for many, and that many people in need of assistance would likely be dead by then.

Other developments

- Participants were of the view that MAT standards are the way forward.
- Some participants argued that MAT standards need to be expanded to cover all drugs, including cocaine and alcohol.

<u>Group 4</u>

Initial discussion focused broadly on whether there was a need for the Bill:

- Participants were of the view that much of what is in the Bill is already covered by other pieces of legislation, policies, frameworks, or services that are delivered by third sector organisations. MAT Standards in particular were raised – and there was a consensus that more time must be given to existing initiatives to see if they are effective. MAT Standards described as “the gold standard”.
- Bill was seen as having good intentions but overly simplistic and doesn’t capture the complex nature of addiction. Not a one size fits all approach.
- One participant stated they viewed the Bill as somewhat of a political football and questioned the motivations of the Member as to why they were introducing it; speculating they were “capitalising on drug deaths”.

Resources

- There was a general view that existing services should be resourced better, rather than spending money on a Bill which may not deliver the desired

outcome – particularly as many of the mechanisms within the legislation rely on existing services which are under-resourced.

Right to treatment

- Participants highlighted that, in practical terms, they already have a right to be treated.
- One participant stated that when seeking treatment, they would regularly present to A&E and be treated clinically. However, clinical treatment is not the be all and end all – tackling addiction requires a measured and tailored approach, which they believe has not been captured in the legislation.

Stigma

- Participants were concerned about the potential stigmatisation that would come with being officially diagnosed as an 'addict'. Participants were worried that this may be an indirect barrier to people seeking treatment as many do not wish to be labelled as such.
- Participants highlighted issues with the language and terminology used in the Bill.
- Concern was also had to the potential effects of being diagnosed as an "addict" if you were in employment – addiction is not a protected characteristic under the Equality Act, therefore not subject to same protections.

Criteria for diagnosis

- Participants also shared concerns about the criteria for diagnosis – highlighting that under the act, it is likely they would not have met the threshold for addiction (but most definitely should have been).

Effectiveness of the Bill in rural communities

- Particular concern was raised as to the effectiveness of the Bill in rural areas. In small communities, often health professionals are familiar with the individual and their families etc. – likelihood of private info being leaked is high.

Health professionals

- Participants were sceptical about clinicians being the first point of contact. Not only were concerns raised regarding GP/Doctor's ability to diagnose and deal with people with complex addictions, but fears were raised as to the clinicians' own prejudice/biases being a factor in referrals. Potential for women in particular to be unfairly discriminated against.
- Bill potentially adds additional strain to GPs/Doctors.
- Questions raised as to why a Doctor needs to clinically diagnose addiction – implication being that if the individual is seeking treatment, they are aware of their addiction issues and likely aware of the causes too. Seems unnecessary for a Doctor to tell someone what they already know.

- Discussion was also had regarding the cycle of addiction – and how many people self-medicate due to mental health reasons. Questions raised as to how GPs would uncouple issues relating to mental health and issues relating to addiction. Often go hand in hand but are fundamentally distinct in the types of treatment required.

Recovery

- One participant was of the view that the Bill focused too much on treatment and not recovery. Questioned whether the Bill captures the nuances between harm reduction, treatment, and recovery.
- Participants were strongly of the view that lived experience and third sector work is vital to the process of recovery, and stated they did not think this was fairly reflected within the Bill.
- The importance of a community support to recovery was highlighted. Bill appears to treat recovery as a very individual/solo effort, which it is not in reality.
- Participants stated they felt the Bill had a limited grasp on the realities of addiction recovery – not a linear thing, "I will always be in recovery".
- Recovery works well in informal settings; the Bill makes the process much more formal.

Treatment options

- Participants felt too much focus was given to residential rehab. They raised a number of issues with this approach – namely resources, preference for local support, issue with families (parents to young families unlikely to want residential rehab), general apprehension of outcomes from residential rehab – "career criminals learn their best tricks in prison" – and that social workers, preferably with lived experience, in a better position to deal with people with addiction than clinicians.
- One participant also speculated that the focus on residential rehab has come from the organisation supporting the Bill, who are strongly in favour of residential rehab, which is not always seen as the best route.
- On residential rehab, one participant recounted their lived experience in supporting a person who completed a residential rehab programme, but subsequently relapsed and died shortly after leaving residential rehab. It was highlighted that despite the individual relapsing and passing away as a result, the fact they completed the programme would still be seen as a success – which doesn't sit well.

Timescales

- Questions raised as to what mechanisms will be in place should the timeframes contained in the Bill not be met – what are the repercussions? Having the right to treatment does not necessarily correlate to obligation to treat – Bill described as "toothless".

<u>Group 5</u>

Economic benefits of the Bill

- To start the discussion, one of the participants highlighted the cost-benefit analysis of the Bill. They felt that if the Bill had been in place 20 years ago then they would have recovered by now and the public sector would not have spent so much money on services that haven't helped them recover.
- It was highlighted that an analysis shows that every £1.14 spent on treatment and recovery services would save £4 in other areas of public spending.
- Other participants highlighted the wider costs that arise because of the ripple effect on families. It was felt that the Bill was a prevention issue.

The importance of having different options and being aware of them

- The importance of having different options was raised as a key strength of the Bill.
- Participants highlighted that the practicalities of treatment often meant that particular options may be suitable for some but not others. For example, people with children may not be able to do residential rehabilitation but they may be able to do day programmes. It was felt that there was no 'one-size fits all' so the Bill should reflect a wide range of options.
- The importance of being aware of the options was also stressed by many participants. One participant recounted an experience of being in hospital having contracted anthrax through injecting but was still never offered any help like rehabilitation. Other participants also recounted not being aware of what was available and never being told by the professionals they were in contact with what options were out there.
- The third sector was seen to be better at informing people about their options, but it was felt that if it was law then all workers would have to do it and there would be greater consistency.
- The role of harm reduction services was also discussed and they were still felt to be important as: "Everyone's recovery journey starts with harm reduction." (Participant of table 5)

Gatekeepers and barriers

- Statutory services acting like 'gatekeepers' was raised repeatedly by participants. It was stressed that often there is only a small window of opportunity for when people are amenable to seeking help, but when they do, they are faced with barriers, many of which seem arbitrary and unreasonable.
- Examples were given such as: 'you have to be free of drugs first' or 'your methadone dose has to be above/below a certain amount'. When faced with these barriers, the window of opportunity closes and people often give up on the idea of getting help or are left to do it themselves.
- Some also felt that services set people up to fail. One participant recounted their experience of being given a care plan that was physically impossible to comply with but it wasn't until another worker pointed this out that they realised.

- Others recounted instances of certain services or treatments being denied because it was prejudged what they might do in the future.

Fear and punishment

- Participants highlighted that there was a general fear and mistrust of services. One participant said that people are ‘running on fear’ as every time they’ve spoken, they have been punished. This meant that people felt like they couldn’t be honest with services.
- It was also highlighted that many women are scared of accessing help because they fear losing their children. There was a fear of social work in particular and a perception that services were there to punish people, not to help them.
- It was also questioned how many times people could ‘use the Bill’ or if they would only be permitted so many attempts to recover before there would be some kind of ‘discharge of duty’. The participants felt it was important that the Bill acknowledged that relapse is a normal part of recovery.

Lack of joined up care

- There was a feeling that services were not joined up and worked to their own care plan without taking account of the care plans of other services. One participant spoke of a case where a woman they worked with was booked in for rehabilitation but was talked out of going by social work. A lack of training for social workers was also highlighted as an issue that needs addressed.
- The links between statutory and non-statutory services was also raised as a problem. It was felt that statutory services used GDPR legislation as an excuse not to talk more to third sector organisations.

Holistic services

- All the participants expressed a desire for a more holistic approach to treatment and recovery. The range of options in the Bill was felt to support this. One participant stressed that their underlying problem was not drugs, but a need for therapy, therefore the options available to people needed to be about more than just drugs.
- Participants also felt that there needed to be whole packages of support, including aftercare. Community support was felt to be especially important and others felt we should move to a ROSC model of care (Recovery Oriented Systems of Care) as the Bill is about the right to recovery, not the right to rehabilitation.
- The role of other services was also highlighted as being crucial. For example, there was discussion about the ‘Housing First’ scheme, as well as Child and Adolescent Mental Health Services (CAMHS). Poor access to CAMHS was seen as an influence on people turning to drugs in the absence of help for conditions like ADHD.

The role of rights

- Participants felt that there are lots of promises and guidance out there but without the back-up of legislation then it means nothing.
- It was also felt that people are not aware of their existing rights and don't realise 'you can say no'.
- The participants felt that the Bill would help change things in this regard because, at the moment, even if they ask for something, they are told no. They felt the Bill would provide back-up and 'a bit of power' to the individual, rather than services running their life: "Recovery is about giving people control" (Participant of table 5)

Transitions

- Specific transition periods were highlighted as being important windows of opportunity to help people. In particular, prison release was highlighted as a key opportunity but one which was often missed.
- One participant spoke of their experience of being released from prison without any aftercare or support. Even though they had been honest and said they were likely to use drugs when they were released, no support was put in place or referral made to services because they had only been in prison a short time.
- It was highlighted that there is some help available within prison e.g. the Recovery café in Barlinnie, but places are limited and there is no link up when leaving prison. People are being released without accommodation and therefore are being released onto the streets.
- Another area of transition raised was in relation to looked after children and leaving school. One participant spoke of a case they were involved with involving a young care leaver fleeing an area and falling through the cracks because the local authorities were fighting over who should be responsible for their care. The participants also highlighted that gaining access to schools to speak to young people was nearly impossible.

Third sector

- The third sector was felt to be doing a better job than statutory services and that it was always left to the third sector to pass on information to people. The participants felt that the Bill would make the drug recovery services do the same.
- One participant also said they told more to the third sector as there was more trust within that relationship.
- When asked if the Bill would equip the third sector properly, the issue of short-term funding was raised. Some services are still only being funded for a year at a time.

Resources

- The participants were supportive of the Bill so long as it is not watered down and is given the resources it needs to be implemented.

- It was felt that finances may be the biggest barrier to the Bill working and it was questioned whether the initial investment that is needed to turn £1 of expenditure into £4 of savings will actually happen.
- Concern was raised about whether there are enough rehabilitation beds available in Scotland. It was highlighted that there are 14 rehab beds in Glasgow but they are accessed by people coming from all over Scotland.
- Adequate availability of other types of treatment was also questioned. Again, the importance of different options was raised because not all settings work for everyone. One participant felt there are enough services if they all work together.
- Recent reductions in funding for some services were highlighted. These were felt to have led to a reduction in the quality and effectiveness of services provided, with some places having reduced placements from 6 months to 3 months. This reduction meant that people felt they had only just got started on their recovery journey before they were kicked out.