

RIGHT TO ADDICTION RECOVERY (SCOTLAND) BILL

POLICY MEMORANDUM

INTRODUCTION

1. As required under Rule 9.3.3A of the Parliament's Standing Orders, this Policy Memorandum is published to accompany the Right to Addiction Recovery (Scotland) Bill introduced in the Scottish Parliament on 14 May 2024.

2. The following other accompanying documents are published separately:

- Explanatory Notes (SP Bill 48–EN);
- a Financial Memorandum (SP Bill 48–FM);
- a Delegated Powers Memorandum (SP Bill 48–DPM);
- statements on legislative competence made by the Presiding Officer and the Member in charge of the Bill (SP Bill 48–LC).

3. This Policy Memorandum has been prepared by the Non-Government Bills Unit (NGBU) on behalf of Douglas Ross MSP to set out the Member's policy behind the Bill. It does not form part of the Bill and has not been endorsed by the Parliament.

POLICY OBJECTIVES OF THE MEMBER

4. The aim of the Right to Addiction Recovery (Scotland) Bill is to establish a right in law to treatment for addiction for anyone in Scotland who is addicted to alcohol and/or drugs.

5. Douglas Ross MSP believes that a rights-based system, providing appropriate treatment without delay, and where the person seeking treatment feels informed and involved in decisions on their treatment, would bring about the bold progress urgently needed by those across Scotland suffering from drugs or alcohol addiction. 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,¹ the high alcohol-related deaths,² 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 illness. There are also tolls which cannot be measured: the collective toll on individuals across Scotland addicted to drugs and/or alcohol, and the impact their suffering has on all of their families and friends seeking to support them. This in turn impacts on society, across communities and on public services required when drug and/or alcohol addiction

¹ [Suspected drug deaths in Scotland: October to December 2023 \(www.gov.scot\)](http://www.gov.scot)

² [Unacceptable rise in alcohol-specific deaths \(alcohol-focus-scotland.org.uk\)](http://alcohol-focus-scotland.org.uk)

has numerous knock-on effects. The Member can envisage the transformative positive impact for individuals and across Scotland as a whole of establishing the rights-based approach as set out in the Bill.

6. The Bill will give people diagnosed as having an addiction to alcohol and/or drugs access to the treatment that is most appropriate for them, and enable them to be informed and supported and involved in the decision making process. This is intended to ensure that, where someone has been diagnosed with an addiction to alcohol and/or drugs: the individual seeking support is informed of the potential treatments that are available to them and then can express a view on why one or more of them might be suitable for them; the specific circumstances of the individual are taken into account by the health professional in considering suitable options for treatment for the individual; and where the individual does not receive a referral for the treatment they have requested, or any treatment at all, they must be provided with a written explanation and have the right to a second opinion.

7. The person-centred approach intended by the Bill seeks to ensure the person receives the treatment that is most suitable to their needs and their personal circumstances, involving them fully from the beginning of the process. The Member would intend that this approach should then begin a holistic process based around a clear plan for the person seeking to recover from alcohol and/or drug addiction.

8. The Bill also establishes a timescale to begin treatment of, at most, three weeks after being prescribed it but earlier if practicable. This is in recognition that time delays in receiving treatment impacts on the treatment having a positive effect, as someone can become more unwell in the period between diagnosis and treatment, potentially becoming seriously ill and in a state of trauma. In addition, delays in treatment can lead to scenarios where a person cannot take up the treatment after a period of time passes, for example if they have deteriorated in condition or lost faith that treatment will be provided that will help them.

9. This three week timescale is consistent with the time period set out in the Scottish Government's Standard. The Standard requires that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.³ Public Health Scotland's statistical release for the third quarter of 2023 shows that, during that quarter, across Scotland 92.3% of all referrals began treatment within this period, but that there were five Health Boards which did not meet the 90% Standard. In those Health Boards, some individuals waited for up to 26 weeks before starting treatment.⁴ In total during that quarter, 534 people across Scotland waited for more than three weeks from referral to treatment,⁵ while in the previous quarter, 401 waited for more than three weeks.⁶ The Member considers that the key to addressing the level of alcohol and drugs deaths in Scotland lies in ensuring that patients do not have to wait for treatment which may potentially save their lives. For that reason, the Bill explicitly places in statute the requirement for treatment to commence no later than three weeks after the treatment determination being made.

³ [National drug and alcohol treatment waiting times - 1 April 2023 to 30 June 2023 - National drug and alcohol treatment waiting times - Publications - Public Health Scotland](#)

⁴ [National Drug and Alcohol Treatment Waiting Times - Public Health Scotland](#)

⁵ [National Drug and Alcohol Treatment Waiting Times - Public Health Scotland](#)

⁶ [National drug and alcohol treatment waiting times - 1 April 2023 to 30 June 2023 - National drug and alcohol treatment waiting times - Publications - Public Health Scotland](#)

10. The Member appreciates that in some areas being able to provide every person diagnosed with treatment as soon as is practicable and within, at most, three weeks will be extremely challenging to deliver given the availability of some treatments versus the level of need. On that basis he appreciates that implementation of the policy set out in the Bill will require increased levels of service provision for numerous forms of treatment service. As this is a Member's Bill as opposed to a Government Bill there is a limit to what the Member can make happen following the Bill being passed by the Parliament, however the Parliament's scrutiny process of the Bill will be a valuable opportunity for the Member and others to seek assurances from the Scottish Government that the necessary staff time, funding and other resources would be provided should this Bill become an Act of the Scottish Parliament.

11. The Bill places a duty on the Scottish Ministers to secure the delivery of the rights conferred by the Bill. The Scottish Ministers have the ability to confer function on bodies such as Health Boards and local authorities through secondary legislation stemming from the Bill. The Bill will also ensure that data about the patient experience is collected through the reporting mechanism the Bill creates. The aim of this is to produce meaningful information on how the Bill, once enacted, is being implemented in practice. This will allow the relevant decision makers to know precisely where the system is working and where it is not, enabling responsible bodies to work out what further actions are required to address these issues. For example, the annual report required under the Bill would include details of how many people have been referred to the different forms of treatment and identify the number of delays in receiving that treatment, including detailing the longest waiting times and the average waiting times experienced. This published information would also be open to scrutiny by the Parliament and the public as a means of holding the Scottish Government to account.

12. The Member believes that work on implementing this Bill must be informed by lived experience, and therefore includes a requirement to consult those with lived experience in relation to the collation of the information for this annual report. This is to seek to ensure that the information published is not only statistics. The intention would be that the report would provide an in-depth picture, including qualitative data, of how referral and treatment experiences are functioning based on the real experiences of individuals seeking and receiving treatment.

13. The Member believes that the implementation of the terms of the Bill would lead to some individuals who may not feel able to engage with treatment processes at present to seek help. Ensuring any untapped need is provided for, and those individuals receive appropriate treatment, is a key step in providing the transformative change the Member envisages through the implementation of this Bill.

LEVEL AND SERIOUSNESS OF DRUG AND ALCOHOL ADDICTION IN SCOTLAND

14. According to figures released by National Records of Scotland in August 2023, 1,051 people died due to drug misuse in 2022⁷ and there were 1,276 alcohol-related deaths in that same year.⁸ Police Scotland's quarterly management information on current trends in drug deaths, published on 12 March 2024, states that there were 1,197 suspected drug deaths between January

⁷ [Drug related deaths decrease | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/news/press-releases/2023/08/23/drug-related-deaths-decrease)

⁸ [Alcohol-specific deaths 2022, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/news/press-releases/2024/03/12/alcohol-specific-deaths-2022-report)

and December 2023. This was 10% (105) more than during the same period of 2022 (1,092).⁹ Scotland currently has the highest number of drug deaths in Europe.¹⁰ Despite the slight fall in drug deaths in 2022 from the previous year, the death rate has risen steadily and consistently in the last 20 years and these latest figures from Police Scotland show that the numbers of drugs deaths per year continue to rise.¹¹ Furthermore, the most recently published Rapid Action Drug Alerts and Response (RADAR) quarterly statistics by Public Health Scotland, show that, in the most recent quarter, drug deaths have increased by 11%.¹² The Member considers that, despite numerous initiatives from the Scottish Government over a number of years, and additional funding allocated, the problem is getting worse, and a fundamental shift in approach is required to improve treatment, reduce waiting times, enable people with addiction to recover, and to bring the number of deaths down.

15. The Cabinet Secretary for Justice and Home Affairs, Angela Constance MSP, when Minister for Drugs Policy, described loss of life from drug-related deaths in Scotland as “our national shame”.¹³ Media headlines routinely now use phrases like “Scotland’s drug death shame” when referring to drug death statistics.¹⁴ Commenting on the Police Scotland drug deaths statistics on 14 March 2024, the then First Minister, Humza Yousaf MSP, stated that he was “devastated” to see a rise in drug deaths, describing the problem as “deep-rooted, endemic and insidious”.¹⁵

16. The Member is concerned that, despite recognition of the scale and seriousness of the problem, there is a lack of availability of residential rehabilitation and other treatment services. He believes this is exacerbated by some previously available services being closed. For example, the closure in February 2024¹⁶ of the Turning Point 218 service¹⁷ - a Turning Point Scotland and Glasgow Addiction Service initiative that took a person-centred approach for women offenders, including for treatment of substance use.¹⁸

17. The shortage of treatment availability compared to the level of need for the services is reflected in waiting times for treatment options. The Member believes that waiting times, including for residential rehabilitation, can be far too long. Public Health Scotland’s document, *Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report*, published on 13 February 2024,¹⁹ evaluated waiting lists for residential rehabilitation. This report found that, in

⁹ [Suspected drug deaths in Scotland: October to December 2023 - \(www.gov.scot\)](https://www.gov.scot)

¹⁰ [Scotland drugs deaths remain highest in Europe despite slight fall in latest figures | Euronews](https://www.euronews.com)

¹¹ Police Scotland - Suspected drug deaths in Scotland: October to December 2023 (12 March 2024). Available at: [Suspected drug deaths in Scotland: October to December 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot)

¹² Public Health Scotland, Rapid Action Drug Alerts and Response quarterly report (April 2024). Available at: [Rapid Action Drug Alerts and Response \(RADAR\) quarterly report - April 2024 - Rapid Action Drug Alerts and Response \(RADAR\) quarterly report - Publications - Public Health Scotland](https://www.gov.scot)

¹³ [Drug deaths are Scotland’s ‘national shame’, minister says | Evening Standard](https://www.eveningstandard.com)

¹⁴ [‘Drug death shame continues unabated’ nearly 300 dead in 90 days | Glasgow Times](https://www.glasgowtimes.co.uk)
[Scotland’s drug deaths shame | The Spectator](https://www.spectator.co.uk)

¹⁵ [Meeting of the Parliament: 14/03/2024 | Scottish Parliament Website](https://www.parliament.scot)

¹⁶ [Glasgow City Council funding cuts force closure of Turning Point 218 | Glasgow Times](https://www.glasgowtimes.co.uk)

¹⁷ [SNP Government ‘complicit’ in closure of vital service for female drug users - Daily Record](https://www.dailyrecord.co.uk)

¹⁸ [Your Support Your Way Glasgow - Turning Point Scotland - 218 \(yoursupportglasgow.org\)](https://yoursupportglasgow.org)

¹⁹ [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

2020-21, 10 providers had waits of more than three weeks. Of these, five providers had waits of two months or more.²⁰

18. The Member is also aware of concerns expressed by some individuals seeking treatment for drug and/or alcohol addiction that they consider that they have not been provided with treatment for reasons that do not relate directly to their need for treatment. This includes experiences of a lack of resources being the basis for limiting referrals to residential rehabilitation treatment or of situations where individuals have been informed that they are not appropriate for any treatment.²¹ The Bill seeks to directly address this situation by giving an unqualified right to the treatment prescribed or that the patient is referred to. The Member considers it important that the Bill also sets out a non-exhaustive “for the avoidance of doubt” list. The Member wants to put it beyond any doubt that the reasons in this list cannot be used as a basis for someone not to be provided with a treatment. These reasons include the cost of a treatment.

19. The *Evaluation of the Scottish Government Residential Rehabilitation Programme: Baseline report* (referred to in paragraph 17) highlighted existing challenges in the provision of residential rehabilitation for particular groups of people:

“There are ongoing challenges in terms of lack of provision for specific groups of individuals, including those with caring responsibilities, those with mental health needs and those who are unable or do not wish to go to a rehab centre further away from where they live. Those who are on opioid-substitution therapy may be less likely to be offered or access rehab. The equality implications of some of these ongoing challenges for specific groups deserve careful consideration”.²³

20. This report, in addition to highlighting the refusal of treatment to some individuals, also reflects experiences where referrals for certain treatments do not suit the individual’s circumstances and therefore make take-up of the treatment for the individual very challenging, for example those unable to attend a rehabilitation centre a long distance from where they live.²⁴ This issue informed the provisions in the Bill, specifically those which ensure the individual’s preferences for treatment are taken into account in the decisions made by the health professional responsible for assessing what would be most appropriate for them.

21. The process following diagnosis includes ensuring the person diagnosed: is told of the various treatment options and their suitability for them; is allowed and encouraged to participate as fully as possible in the treatment determination including by being able to give feedback, provide comments and raise concerns; is able to express their preference; is given a written explanation where they are not referred for the treatment they first request following an assessment

²⁰ [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

²¹ ['Man left at death's door by broken drug addiction services' | STV News](https://www.stv.com/news/man-left-at-death-s-door-by-broken-drug-addiction-services/)

²² [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

²³ [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

²⁴ [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

by a relevant health professional that it is not in their best interests; and has the right to a second opinion from another health professional.

22. The Member is concerned about a lack of funding for treatment for people who are addicted to alcohol and/or drugs. The Member considers a clear example of this lack of long term funding is the limited number of residential rehabilitation places currently available. The Financial Memorandum sets out the current funding levels in more detail and the additional funding required to make real improvements through the thorough implementation of this Bill.

SCOTTISH GOVERNMENT POLICY INITIATIVES

23. The Scottish Government has set out numerous policies and initiatives aimed at tackling drug and alcohol addiction, some aimed at prevention and others more focused on treatment. Announcements between 2007 and 2018 included: *The Road to Recovery* strategy (2008);²⁵ minimum unit pricing of alcohol (2012);²⁶ the creation of integration authorities and Alcohol and Drug Partnerships (2014);²⁷ and the *Rights, respect and recovery alcohol and drug treatment strategy* (2018).²⁸

Drug Deaths Taskforce

24. The Scottish Drug Deaths Taskforce was established in July 2019. The Taskforce published its final report in July 2022²⁹³⁰³¹ and the Scottish Government responded to the Taskforce report in January 2023 by publishing *Drugs Deaths Taskforce Response: Cross Government Approach*.³²³³

25. Recommendations made in the Taskforce report include (emphasis added):

- Recommendation 1: that “**people with lived and living experience must be at the heart** of the response to drugs deaths”;
- Recommendation 4: that individuals should **never be “turned away , or passed from service to service**, or told that their treatment is **conditional on another treatment”**;
- Recommendation 6: that “the Scottish Government should develop a National Specification outlining the **key parts of the treatment and recovery system that should be available** in every local area”;
- Recommendation 7: that there should be **increased and targeted funding**, and that this funding should be monitored;

²⁵ [The road to recovery: a new approach to tackling Scotland's drug problem \(www.gov.scot\)](http://www.gov.scot)

²⁶ [Alcohol \(Minimum Pricing\) \(Scotland\) Act 2012 \(legislation.gov.uk\)](http://legislation.gov.uk)

²⁷ [Section 1: Role and Responsibilities of the Integration Joint Board - Integration Joint Board: roles, responsibilities and membership - gov.scot \(www.gov.scot\)](http://www.gov.scot)

²⁸ [Rights, respect and recovery: alcohol and drug treatment strategy \(www.gov.scot\)](http://www.gov.scot)

²⁹ [Scottish Drug Deaths Taskforce: Changing Lives, Our Final Report July 2022](http://www.gov.scot)

³⁰ [Meeting of the Parliament: 12/01/2023 | Scottish Parliament Website](http://www.gov.scot)

³¹ [Scottish Drug Deaths Taskforce: Changing Lives, Our Final Report July 2022](http://www.gov.scot)

³² [Drug Deaths Taskforce Response: A Cross Government Approach \(www.gov.scot\)](http://www.gov.scot)

³³ [Scottish Government Response to the Drug Deaths Taskforce Response: Annex A: Detailed Response to each of the Drug Deaths Taskforce actions \(www.gov.scot\)](http://www.gov.scot)

- Recommendation 8: that “all services must be appropriately regulated, with **standards and guidance developed**, and should be subject to regular inspection to ensure safe, effective, accessible and high quality services”;
- Recommendation 18: that “the Scottish Government and ADPs should support the improvement of **partnership-working... including between statutory and third sector services, and with recovery communities**”.³⁴

MAT standards and National Mission to reduce drug deaths and harms (2021)

26. In January 2021, the then First Minister, Nicola Sturgeon MSP, announced a “new national mission to reduce drug related deaths and harms” supported by an additional £50 million per year, over the following five years.³⁵ Drug Medication Assisted Treatment (MAT) standards were developed as part of the new National Mission.³⁶ MAT standards are “evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland”.³⁷ There are 10 MAT standards relating to: same day access, choice, assertive outreach and anticipatory care, harm reduction, retention, psychological support, primary care, independent advocacy and social support, mental health, and trauma informed care.³⁸

27. The National Mission on Drugs Annual Report 2022-23³⁹ indicated Scottish Government plans, under the National Mission, to increase the number of approved, publicly-funded residential rehabilitation beds to 650 by 2026⁴⁰ (from 425 in 2021), thereby enabling 1,000 people per year to attend residential rehabilitation.⁴² However, according to Public Health Scotland’s *Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report*, published in February 2024, only 32 of those additional beds are currently operational. Assuming that the 425 original beds are still operational, this represents an 8% increase in rehabilitation beds.⁴³ Therefore, a further 193 rehabilitation beds will need to become operational in two years in order to meet the National Mission target.

28. The evaluation also indicated that 29 out of 30 alcohol and drug partnerships (ADPs)⁴⁴ had allocated ADP-approved funding for rehabilitation placements under the Residential Rehabilitation programme, and that in financial year 2022-23, 684 placements were approved for funding by ADPs under the programme; and an extra 64 placements were approved for funding nationally. The evaluation highlighted a “lack of robust Scotland-wide baseline data on who was

³⁴ [Scottish Drug Deaths Taskforce: Changing Lives, Our Final Report July 2022](#)

³⁵ [National mission - Alcohol and drugs \(www.gov.scot\)](#)

³⁶ [Medication Assisted Treatment \(MAT\) standards: access, choice, support \(www.gov.scot\)](#)

³⁷ [Medication Assisted Treatment \(MAT\) standards: access, choice, support - \(www.gov.scot\)](#)

³⁸ [Medication Assisted Treatment \(MAT\) standards: access, choice, support - \(www.gov.scot\)](#)

³⁹ [National Mission on Drugs: annual report 2022-2023 \(www.gov.scot\)](#)

⁴⁰ [National Mission on Drugs: annual monitoring report 2022-2023 \(www.gov.scot\)](#)

⁴¹ The National Mission on Drugs: annual report 2022-23 states that the capacity of beds in 2021 was 425.

⁴² [Expanding access to Residential Rehabilitation in Scotland \(www.gov.scot\)](#)

⁴³ [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](#)

⁴⁴ ADPs are multi agency partnerships in a local authority area including health boards, local authorities, Police Scotland and the voluntary sector, as well as other relevant stakeholders such as representatives of prisons in the ADP area. See, for example, [West Lothian ADP - Health & Social Care Partnership \(westlothianhsc.org.uk\)](#). The ADP is part of the local community planning structure and is responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs.

accessing rehab before 2021 and the outcomes they were achieving” which presented “a major limitation to the evaluation’s ability to explore the impact of the Residential Rehabilitation programme”.⁴⁵

29. In relation to service delivery, the evaluation stated:

“...in 2023, only 24% of respondents in a survey of referrers agreed that rehab was easily accessible. In a 2023 survey of individuals with experience of using drugs, only 19% felt reasonably well informed about residential rehab, giving a score of seven or higher out of 10. The available evidence also suggests substantial scope for further improvement of pre-rehab and post-rehab support”.⁴⁶

30. On 19 December 2023, the *National Mission on Drugs Annual Monitoring Report* was published.⁴⁷ This report provided an analysis of the progress made against the National Mission on Drugs between April 2022 and March 2023. Its recommendations included that future work could include **the feasibility of capturing monitoring data to inform the ambition to “improve lives”**⁴⁸ (emphasis added).

31. In summary, the Member recognises the recent investment in recovery services, however he believes this is within a wider context of underinvestment and cuts in previous years and that there has been a gap between Government ambition and actual service delivery.

32. The Member believes that a fundamental barrier to making progress towards improving the lives of those with drug and/or alcohol addiction has been a lack of sustained oversight and direction for the work to deliver these policy intentions. Examples include the number of different Cabinet Secretaries and Ministers in this area and where different initiatives and oversight bodies have been replaced by new bodies and initiatives. The Member believes that this turnover, combined with the changes to funding streams and arrangements to access funding, and slow progress of work on a number of initiatives, has impacted on the ability to deliver and sustain the improvements to treatment services required.

33. Indeed, the policy ambitions behind this Bill align with many of the ambitions behind the work set out above (for example, see the elements of the Drugs Death Taskforce recommendations in paragraph 25 highlighted in bold). The Bill seeks to make progress towards a number of the policy ambitions of the Taskforce as well as progressing recommendations from the National Mission such as the collation of meaningful data (see paragraph 28). On that basis, the Bill would not seek to diminish or replace valuable work already underway in this area, rather it establishes a process that complements valuable work already underway.

⁴⁵ [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

⁴⁶ [Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report \(publichealthscotland.scot\)](https://publichealthscotland.scot)

⁴⁷ [National Mission on Drugs: annual monitoring report 2022-2023 \(www.gov.scot\)](https://www.gov.scot)

⁴⁸ [National Mission on Drugs: annual monitoring report 2022-2023 \(www.gov.scot\)](https://www.gov.scot)

PROVISIONS OF THE BILL

Detail of the Bill

34. Section 1 of the Bill establishes that every person who has been diagnosed as having a drug and/or alcohol addiction has the right (a) to be informed as to what the appropriate treatment for their addiction is and (b) to be provided with it. Under section 1(2) this is a person that has been diagnosed by a relevant health professional as having an illness that involves an addiction to or dependency on a drug and/or alcohol. Section 1(5) also lists the types of treatment that this might include, namely: residential rehabilitation, community-based rehabilitation, residential detoxification, community-based detoxification, stabilisation services, substitute prescribing services and any other treatment that the health professional deems appropriate.

35. Section 2 establishes the procedure the relevant health professional must follow in determining treatment. In summary, the procedure involves the health professional, after diagnosis, explaining to the patient the different treatment options, with the patient being encouraged to participate as fully as possible in the decision making process as to the appropriate treatment. In making a treatment determination, the health professional and the patient must meet in person and the determination must take into account the patient's needs and be made with regard to the importance of providing the optimum benefit to the patient's health and wellbeing. As part of the process, the patient may request a particular treatment option within the list set out in section 1(5) of the Bill. The decision as to what the most appropriate treatment is for the patient is then for the relevant health professional. In making a treatment determination, the relevant health professional should have regard, as they would currently, to the document *Drug misuse and dependence UK guidelines on clinical management* ("the Orange Book").⁴⁹

36. Section 2(3) applies where a relevant health professional determines that no treatment is appropriate or that a treatment requested by the patient is not appropriate for them, even where the patient is content with the subsequent treatment determination. In that situation, the relevant health professional is required to provide a written statement of reasons to the patient, and advise the patient that they have the right to consult a second health professional.

37. Section 3 requires treatment to be made available to the patient as soon as reasonably practicable and no later than three weeks after the treatment determination is made. Section 3(2) sets out that treatment may not be refused to a patient on any matter other than an assessment by a health professional of the best interests of the patient and then, nevertheless, sets out a list of reasons that may not be used to refuse treatment. As referred to previously, the Member considers that currently these reasons can, in practice, be used to deny treatment and so, whilst the right is absolute, these reasons are set out expressly so that there can be absolutely no doubt. The reasons listed are: cost, medical history of alcohol or drug misuse, a criminal record involving misuse of alcohol or drugs, involvement with the criminal justice system, ongoing alcohol or drug misuse, a medical history of mental illness, an existing prescription for opioid replacement, or the patient being in receipt of substitute prescribing services.

38. Section 4 places a duty on the Scottish Ministers to ensure that the rights in the Bill are realised. It requires Ministers to lay regulations before the Parliament setting out the detailed

⁴⁹ [Drug misuse and dependence: UK guidelines on clinical management \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/drug-misuse-and-dependence-uk-guidelines-on-clinical-management.pdf)

arrangements to be put in place to ensure compliance with the duty to deliver the rights. This section also enables such regulations to confer functions on Health Boards and other decision makers (including integration joint boards – and by extension Alcohol and Drugs Partnerships (ADPs)).

39. Section 5 places a duty on the Scottish Ministers to publish a report annually and lay it before the Parliament. This report should set out progress made towards providing the treatments for drug and alcohol addiction recovery. Specifically, the report must set out how any powers conferred by the Bill have been exercised, set out the steps Ministers have taken to meet the Bill's requirements, and specify for each health board area the total number of patients, the number of patients receiving each type of treatment specified in the treatment determination, the number of patients who are waiting for treatment having made themselves available for it, the average and longest waiting times, the number of patients who have received a written statement of reasons, and the number of patients who have exercised their right to consult a second relevant health professional.

40. In preparing a report under section 5, the Scottish Ministers must consult patient representatives, bodies such as health boards and people with lived experience of drug and/or alcohol addiction. The Scottish Ministers must then summarise how their views have been taken into account when preparing the report. The Member considers that it is key that people with lived experience are involved in shaping the processes arising as a result of this Bill. Being a formal consultee on the annual report is one way in which the Member considers they can shape it.

41. Section 6 requires the Scottish Ministers to prepare a code of practice alongside the regulations setting out further how the duty to fulfil the right to treatment will be carried out by health boards and others such as integration joint boards. Those bodies are required to comply with the code, which is to be laid before the Scottish Parliament. The code must also specify the form of the written statement of reasons which a relevant health professional would be required to issue if they are not referring the patient for the patient's preferred treatment option. It is anticipated that the code of practice should give health professionals guidance to assist the health professional in proactively encouraging the person diagnosed with an addiction to drugs and/or alcohol to bring along a person with lived or living experience to the discussion on treatment options, and setting out ways in which such individuals can be fully involved in the process, to support the patient. Patients are currently able to bring along someone to appointments but the Member considers that being proactively informed of their right to do so and provided with the means to easily access an advocate would increase uptake of this form or support.

Annual report - contents

42. Under section 5 of the Bill, the Scottish Ministers are required to report to the Parliament on an annual basis on how the rights established by the Bill are being delivered. That report is required to be both published and laid before the Parliament (subsection (1)). The purpose of the report is to set out how the powers conferred by the Bill have been exercised (subsection (2)(a)), the steps the Scottish Ministers have taken to meet the requirements of the Act (subsection 2(b)), and to specify under subsection (2)(c) the following for each health board area:

- The number of patients seeking to access the right to addiction recovery;

- The number of patients in respect of whom a treatment determination has been made, by reference to the type of treatment specified in the treatment determination;
- The number of patients receiving the treatment specified in the treatment determination made in respect of them, by reference to the type of treatment specified in the treatment determination;
- The number of patients who have made themselves available for but are not receiving the treatment specified in the treatment determination made in respect of them, by reference to the type of treatment specified in the treatment determination;
- The average waiting time during the reporting period for each type of treatment specified in a treatment determination;
- The longest waiting time experienced by a patient during the reporting period for each type of treatment specified in a treatment determination;
- The number of patients who have received a written statement of reasons as to why no treatment option is appropriate or that a treatment is not appropriate for a patient; and
- The number of patients who have exercised their right to consult a second relevant health professional under section 2(3)(b).

43. This data will assist decision makers including the Scottish Government, health boards, ADPs and others to analyse how the process is working in practice including where there may be blocks or delays in relation to accessing a written explanation for a decision, receiving a second opinion, or receiving treatment within the timescales set out in the Bill. This analysis will enable the required changes to be made to ensure the process runs smoothly and people with an addiction can receive the treatment they need in a timely way.

Annual report – data collation

44. The data that will be compiled in the annual report will be health related and should be stored and processed as special category data with the standard associated security afforded to this data under the General Data Protection Regulations. Some of the information required in the annual report will already be collated by public bodies, while other new cohorts of data will need to be collated from medical records of individuals. The Member's intention is that all data published in the report should be anonymised as standard to prevent any individual from being identifiable. Care should be taken where the report provides data relating to small geographic areas or areas with low population to avoid the risk of identifying an individual to their community. It is not the Member's intention that the data within the annual report will be used to intervene in individual cases. That said, the data should be sufficiently detailed to enable analysis to identify issues with the functioning of the system, for example by area and by treatment type.

HOW THE BILL INTERACTS WITH EXISTING ARRANGEMENTS

Existing legislation

45. There is currently no specific statutory right to treatment for addiction. There is a general duty to provide a health service within section 1 of the National Health Service (Scotland) Act 1978. That section places a general duty on the Scottish Ministers to continue to promote a free,

comprehensive and integrated health service to secure: a) improvement in the physical and mental health of the people of Scotland and b) the prevention, diagnosis and treatment of illness. Although that Act provides a general overarching basis for provision of health services, it does not provide any specific rights to treatment.⁵⁰

Existing processes

Referral routes for treatment

46. The process established by the Bill is predicated on the assumption that an individual has received a diagnosis. It does not enable someone, under the approach provided for by the Bill, to access the right to treatment for drug and/or alcohol addiction in the absence of a diagnosis by a health professional. For example it would not allow for self diagnosis.

47. It is important to note that there are numerous existing processes for receiving treatment that are not initiated by a formal diagnosis by a health professional, including, for example, processes that involve self-referral, and processes where individuals are referred for treatment by individuals such as social workers where treatment commences without a formal diagnosis by a health professional. The purpose of this Bill is to give people a right to treatment following on from a diagnosis of drug and/or alcohol addiction. Therefore, for individuals who access treatment through these various existing routes not involving a relevant health professional and for whom treatment is working well and progressing, the Bill would not affect this.

Diagnosis

48. In diagnosing and then making a treatment determination, the health professional would have regard, as they would currently, to the document *Drug misuse and dependence UK guidelines on clinical management* (“the Orange Book”).⁵¹ This is a document for clinicians in relation to treatment for drug misuse to “guide the clinician and the commissioner in the provision of the right balance of interventions, which have the greatest likelihood to produce individual benefit and public good”.⁵² The document also applies to interventions in relation to alcohol misuse.

Health professionals prescribing treatment

49. The Bill defines a relevant health professional as a medical practitioner, a nurse independent prescriber or a pharmacist independent prescriber. It is envisaged that, where a person has been diagnosed they will normally have a treatment prescribed by the individual that diagnoses them. The Member considers that this will usually be a General Practitioner or Nurse Practitioner who would be authorised to prescribe any of the treatments in the list set out in the Bill.

Alcohol and Drug Partnerships

50. In practice, the Member envisages the treatment services set out in the Bill being provided in the main through ADPs⁵³ and managed within and alongside their existing systems and

⁵⁰ [National Health Service \(Scotland\) Act 1978 \(legislation.gov.uk\)](https://legislation.gov.uk)

⁵¹ [Drug misuse and dependence: UK guidelines on clinical management \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁵² [Drug misuse and dependence: UK guidelines on clinical management \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁵³ [Partnership working - Alcohol and drugs \(www.gov.scot\)](http://www.gov.scot)

processes. ADPs receive direct funding from the Scottish Ministers to carry out their work. Other means of provision of treatment and associated funding streams are also available and set out in the Financial Memorandum. It is the position of the Member that ADPs amongst others will require additional funding from the Scottish Government to ensure that the right in the Bill is given effect to and this is set out in detail in the Financial Memorandum.

Right to treatment – enforceability

51. At an individual level, should a person consider that they have been refused the opportunity to exercise their rights under the Bill, they could seek to enforce that right through existing NHS complaints procedures. If still unsuccessful, a person may have grounds to raise a petition for judicial review in the Court of Session.

Application to children and young people

52. 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 would set out how children would exercise this right and the potential role that other service, such as education and social work may have.

SUMMARY OF THE POLICY

53. In summary, the Bill:

- creates a right for those diagnosed by a relevant health professional with an addiction to alcohol and/or drugs to access an appropriate treatment as determined by a relevant health professional;
- provides for the diagnosed individual to be as involved as possible in the process around identifying an appropriate treatment;
- provides for a right to access treatment once it is prescribed as soon as is practicable, and within three weeks at most;
- places a duty on the Scottish Ministers to secure delivery of the rights conferred by the Bill, including by conferring functions on other bodies and producing a code of practice detailing how implementation should work in practice; and
- places a duty on the Scottish Ministers to publish an annual report to be laid before the Parliament on how the right is being used in practice, including input from those with expertise including people with lived experience.

ALTERNATIVE APPROACHES

54. The main alternative approach would be to create a right to addiction recovery for only drugs or alcohol. During policy development, the Member considered carefully whether to introduce a right to addiction recovery for people suffering from an addiction or dependence on one or more drugs. However the Member's abiding view is that (a) the death rates for both drugs and alcohol addiction are far too high and (b) there is a need to improve treatment and rehabilitation

for both addictions, given their significant individual, familial and societal impact. Furthermore, as treatment options often cover both alcohol and drug rehabilitation, and as there is a significant issue of co-dependency on both alcohol and drugs, the Member has decided to seek to address both drugs and alcohol in this Bill. As set out in the section above on Scottish Government initiatives, the Member considers that current work to combat the scale and seriousness of the impact of drug and alcohol addiction and dependence across Scotland requires more than existing work at policy level. Moving to a rights-based approach requires primary legislation and on that basis the Member is clear that the most appropriate approach was to pursue a Member's Bill.

CONSULTATION

55. On 6 October 2021, the Member lodged a draft proposal for a Member's Bill in the following terms—

A proposal for a Member's Bill to enable people addicted to drugs and/or alcohol to access the necessary addiction treatment they require.⁵⁴

56. The consultation process ran from 7 October 2021 until 12 January 2022.

57. The consultation document was published on the Parliament's website, from where it remains accessible: [Proposed Right to Addiction Recovery Scotland Bill | Scottish Parliament Website](#).

58. In total, 195 responses were received in response to the consultation, 189 of which were submitted via "Smart Survey" (an online survey platform which allows responses to be completed and submitted online). Six responses were sent in by email. A consultation summary was published on 30 May 2022.⁵⁵ The summary showed that:

- 78% of responses were fully or partially supportive of the proposal (64% fully supportive; 14 % partially supportive);
- 69% of organisations were fully or partially supportive of the proposal (50% fully supportive; 19% partially supportive);
- 80% of individuals were fully or partially supportive of the proposal (66% fully supportive; 14% partially supportive);
- 73% 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.

59. Some of the concerns expressed by the minority who were opposed to the Bill focused on the amount of resource required to implement the proposal. The Financial Memorandum seeks to address the estimated cost arising from the Bill. Other concerns expressed included that the proposal would result in decisions regarding treatment options being taken completely out of the

⁵⁴ [Proposed Right to Addiction Recovery \(Scotland\) Bill | Scottish Parliament Website](#)

⁵⁵ [Proposed Right to Addiction Recovery \(Scotland\) Bill Summary of Consultation Responses | Scottish Parliament Website](#)

hands of clinicians. The Member has responded to these concerns by actively seeking to develop a Bill which balances the right of the individual to be informed and involved as far as is possible in the decision making process relating to their treatment with the requirement for the decision on a treatment determination to be taken by relevant health professionals based on their clinical judgment.

60. Following the consultation exercise, a final proposal was lodged on 30 May 2022 in broadly similar terms—

A proposal for a Bill to give those addicted to drugs and/or alcohol the right to access the necessary addiction treatment they require.⁵⁶

61. In terms of Rule 9.14.12 of the Standing Orders, a Member's Bill may be introduced if at least 18 other members have notified their support for the final proposal; those members include members of at least half of the political parties represented on the Parliamentary Bureau; and the Scottish Government has not indicated by the end of a one-month period that it intends to legislate to give effect to the proposal. Having met the above criteria,⁵⁷ the Member has introduced a Member's Bill in line with his final proposal.

EFFECTS ON EQUAL OPPORTUNITIES, HUMAN RIGHTS, ISLAND COMMUNITIES, LOCAL GOVERNMENT, SUSTAINABLE DEVELOPMENT ETC.

Equal opportunities

62. The Member has been supported by NGBU throughout the process of developing this Bill. NGBU has carried out an Equality Impact Assessment (EQIA) for potential impacts of the proposed Bill on people who have a protected characteristic, as defined by the Equality Act 2010. This will be sent to the lead committee to inform its Stage 1 scrutiny of the Bill.

63. The 2020 National Records of Scotland report on drug-related deaths in Scotland highlighted particular issues relating to age and sex. In relation to age, the 2020 report stated that almost two-thirds of all drug-related deaths were of people aged between 35 and 54 and that the average age of drug-related deaths has increased from 32 to 43 over the last 20 years.⁵⁸ Also, in 2018, it was reported that children as young as 13 were being treated for cocaine addiction.⁵⁹ In response to the Member's consultation, the Scottish Youth Parliament highlighted that 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”.⁶⁰

⁵⁶ [Proposed Right to Addiction Recovery Scotland Bill | Scottish Parliament Website](#)

⁵⁷ [Proposed Right to Addiction Recovery Scotland Bill | Scottish Parliament Website](#)

⁵⁸ [Drug-related deaths in Scotland in 2020, Report \(nrscotland.gov.uk\)](#)

⁵⁹ [Children as young as 13 addicted to cocaine - TFN](#)

⁶⁰ [Proposed Right to Addiction Recovery \(Scotland\) Bill Summary of Consultation Responses | Scottish Parliament Website](#)

64. Therefore the Scottish Youth Parliament expressed concern that young people might not claim their right to addiction recovery.

65. The 2020 report found that, after adjusting for age, males were 2.7 times as likely to have a drug-related death as females in 2020 (37.3 deaths per 100,000 population compared to 13.6). However, over time this gap has decreased – in the early 2000s males were more than four times as likely to have a drug-related death as female. The report also showed that there has been a recent disproportionate increase in the number of drug deaths among women.⁶¹

66. Responses to the Member's consultation highlighted a need for specific intervention to support people identifying as LGBT+. For example, in responding to the consultation, 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 also highlighted existing barriers faced in respect of treatment by some LGBT+ communities.^{62 63}

67. The Member considers that the Bill will have a broadly positive effect on equal opportunities. The Bill gives any person who has been diagnosed as being addicted to alcohol and/or drugs the statutory right to access treatment to help them to recover from drug addiction. The individuals who will most likely benefit from this provision will be vulnerable individuals who currently struggle to access treatment. Furthermore, given the correlation between drug and alcohol addiction and poverty,⁶⁴ the Member considers that the right to addiction recovery will potentially have a long-term positive impact on levels of poverty – by receiving timely and appropriate treatment for their addiction, the life chances of individuals naturally improve through greater life expectancy, improved physical and mental wellbeing, fewer negative interactions with the criminal justice system, and other longer-term benefits such as stable employment, housing and relationships.

Human rights

68. The Bill creates a new right, that of an individual who has been diagnosed as having a drug and/or alcohol addiction to (a) receive a treatment determination and (b) be provided with that treatment.

69. In terms of the impact of the Bill on existing human rights: underpinning the Bill is the Member's concern that the number of deaths from drug and/or alcohol addiction in Scotland is too high. It is the Member's expectation that introducing the rights in the Bill will lead to fewer deaths. Therefore, it is the Member's position that the Bill will have a positive impact on human rights, not least under Article 2 of the European Convention on Human Rights (Right to Life).⁶⁵ Further, drug addiction tends to intersect with poverty and deprivation. Therefore, the Member considers

⁶¹ [Drug-related deaths in Scotland in 2020, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

⁶² [Proposed Right to Addiction Recovery \(Scotland\) Bill Summary of Consultation Responses | Scottish Parliament Website](#)

⁶³ [Response Data - Members Bill Consultation \(doug.lasross.org.uk\)](https://doug.lasross.org.uk)

⁶⁴ See for example: ['We can't tackle drugs deaths without tackling poverty' - The Poverty Alliance](#)

⁶⁵ [Article 2: Right to life | EHRC \(equalityhumanrights.com\)](https://www.equalityhumanrights.com)

that, in providing a route to rehabilitation, the Bill will have a positive effect in terms of poverty and deprivation and on the health and well-being of people across society.

Island communities

70. The Member does not consider that the provisions of the Bill will have a disproportionate impact on island communities. Individuals living on islands, as well as individuals living in remote and rural communities, may encounter greater difficulty in accessing treatment services near to their home. However, the provision of a right to addiction recovery applies as much to individuals living on islands as it does to individuals living on the mainland. It may be the case that islands authorities find it more challenging to give effect to the right, if there is increased demand in their area. However, it is the Member's view that the Bill is enshrining in law what should already be happening in island and mainland communities, namely the right of an individual to receive treatment to help them to recover from addiction to alcohol and/or drugs.

71. In terms of number of drugs deaths, the National Records of Scotland report *Drug-related deaths in Scotland in 2022*, published on 22 August 2023,⁶⁶ stated that Orkney Islands and Na h-Eileanan Siar had fewer than 10 drug-related deaths between 2018 and 2022, whilst Shetland Islands had the lowest rate of drug misuse deaths over that period with 11.7 per 100,000 people. In terms of alcohol-specific deaths, the equivalent report, *Alcohol-specific deaths 2022*, showed that, between 2018 and 2022, fewer than 20 people per 100,000 population died an alcohol specific death in Orkney and fewer than 15 per 100,000 population such a death in Shetland, both lower than the Scotland average. However, in Na h-Eileanan Siar, the figure is higher, at 30 people per 100,000 population.⁶⁷

72. There is existing provision by the relevant NHS boards in respect of alcohol and drug services. In Na h-Eileanan Siar this is run by the Outer Hebrides ADP.⁶⁸ Similarly, in Shetland this is run by the Shetland ADP,⁶⁹ as well as in Orkney where the ADP is signposted via the NHS Orkney website.⁷⁰ For islands located in the NHS Highland area, NHS Highland has information on drug and alcohol recovery services in Highland⁷¹ and in Argyll and Bute.⁷² Therefore, whilst the introduction of a right to addiction recovery may result in greater demand on the services provided by these bodies, it will also result in greater demand on services provided by counterparts on the mainland. Furthermore, the scale of increase is likely to be proportionately smaller on islands. Nevertheless, in developing a code of practice, consideration will have to be given by the Scottish Ministers to the impact on islands communities of increased demand for services.

73. There will be other considerations that will be factored into the code of practice. For example, section 2(1) of the Bill requires a treatment determination to be made in person. This is a deliberate policy choice, reflecting the fact that a relevant health professional can make a fuller assessment of the patient at an in-person consultation, and the patient is naturally more involved in the process if it is face to face. However, it is possible that this may be more challenging among

⁶⁶ [Drug-related Deaths in Scotland in 2022 - Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

⁶⁷ [Alcohol-specific deaths 2022, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

⁶⁸ [Outer Hebrides Alcohol Drug Partnership \(outerhebadp.com\)](https://www.outerhebadp.com)

⁶⁹ [Shetland Alcohol & Drug Partnership - Home \(shetlandadp.org.uk\)](https://www.shetlandadp.org.uk)

⁷⁰ [Drugs and Alcohol | NHS Orkney \(scot.nhs.uk\)](https://www.scot.nhs.uk)

⁷¹ [Drug and alcohol recovery - Highland | NHS Highland \(scot.nhs.uk\)](https://www.scot.nhs.uk)

⁷² [Drug and alcohol recovery - Argyll and Bute | NHS Highland \(scot.nhs.uk\)](https://www.scot.nhs.uk)

smaller island communities, as well as in remote parts of the mainland. It is the Member's view that the code of practice should assess what additional steps, if any, need to be taken to ensure that consultations are able to take place in person in island and in more remote communities without the patient's treatment journey being delayed.

74. A further matter to be considered by the Scottish Ministers when developing a code of practice is the extent to which the right of a patient to consult a second relevant health professional would in any way be more challenging for the patient given the size of communities and number of healthcare services provided on islands, particularly given the requirement for the patient and the healthcare professional to meet in person.

75. Consideration will need to be given in the preparation of a code of practice to any additional challenges that will be faced by people living on islands in respect of accessing a second treatment determination. These are challenges faced in other areas of health care by people living on island communities, and the requirement for NHS boards to provide services. Furthermore, the establishment of a right to addiction recovery generally places in statute practice which already takes place on island communities (albeit the right to a second opinion is new).

76. In summary, the Member intends that the implementation of the Bill will drive improvements in the provision of treatment services across Scotland including services easily accessible to those living in remote and rural communities including islands.

Local government

77. Section 4 of the Bill places a duty on Scottish Ministers to secure the delivery of the rights conferred by the Bill. As part of this, the Scottish Ministers must lay draft regulations before the Parliament setting the arrangements to be put in place to comply with the duty. This may include the conferring of functions on health boards, special health boards, the Common Services Agency, local authorities, integration joint boards and other public bodies.

78. Section 6 of the Bill requires the Scottish Ministers to prepare a code of practice in connection with the discharge of duties by health boards, special health boards, the Common Services Agency, local authorities and integration joint boards.

79. Furthermore, section 5 of the Bill requires the Scottish Ministers to report to the Parliament on progress made in achieving the provision of the treatment options described elsewhere in the Bill. Before preparing the report, the Scottish Ministers are required to consult health boards, special health boards, the Common Services Agency, local authorities and integration joint boards, as well as people with lived experience of drug and/or alcohol addiction, and other representatives of patients. In addition to being consulted on the report, the Member considers that local authorities (through ADPs) would have a role in collating and reporting the information which Ministers will require to publish in the report to the Parliament.

Sustainable development

80. NGBU carried out an assessment of the proposal, based on the key principles of sustainable development (SD) using the Scottish Parliament's SD impact assessment tool.

81. The Member considers that the Bill can be delivered sustainably, will make a positive social contribution, and has no negative environmental impacts. The Member considers that the Bill may improve some of the factors related to sustainable development, insofar as it could contribute to Sustainable Development Goals on good health and wellbeing, reduced inequalities, sustainable cities, and communities.⁷³

82. As highlighted earlier in the Memorandum, it is the Member's view that, if the right is given effect to, then there will be a long-term increase in the number of people seeking treatment for addiction, which in turn will have a positive impact on individuals, their families and their communities.

⁷³ [Explained: The Sustainable Development Goals | Concern Worldwide](#)

This document relates to the Right to Addiction Recovery (Scotland) Bill (SP Bill 48) as introduced in the Scottish Parliament on 14 May 2024

RIGHT TO ADDICTION RECOVERY (SCOTLAND) BILL

POLICY MEMORANDUM

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