

Analysis of Bias and Contradictions in Evidence Given to the Health, Social Care, and Sport Committee Regarding the Right to Addiction Recovery (Scotland) Bill

**https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/HSCS-18-03-2025?meeting=16324**

**Date:** March 19th 2025
**Subject:** Right to Addiction Recovery (Scotland) Bill – Stage 1 Evidence Review

**Introduction**

This document provides an analysis of potential bias and contradictions with international evidence in the oral and written evidence provided to the **Health, Social Care, and Sport Committee** regarding the **Right to Addiction Recovery (Scotland) Bill**. The findings indicate a general reluctance among witnesses to support the Bill, as well as statements that contradict international best practices for addiction treatment.

**1. Bias Against the Right to Recovery Bill**

**1.1 Framing the Bill as Unworkable Without Justification**

* Dr. Tara Shivaji (Public Health Scotland) raised concerns about **"unintended consequences"** but did not specify what these might be or provide evidence of similar laws failing elsewhere【[Official Report】](https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/HSCS-18-03-2025?meeting=16324).
* Several witnesses focused on **bureaucratic hurdles**, such as legal risks and funding limitations, rather than constructive solutions to implement the Bill effectively【Official Report】.

**1.2 Resistance to Enshrining a Right to Treatment**

* Multiple witnesses, including representatives from **Public Health Scotland, Social Work Scotland, and the Royal College of General Practitioners Scotland**, suggested that guaranteeing access to residential rehabilitation would be **unrealistic** due to funding constraints. However, international examples (Portugal, Switzerland) show that embedding a right to treatment **increases investment rather than causes system collapse**【Official Report】.
* **Eleanor Deeming (Scottish Human Rights Commission)** acknowledged that international human rights frameworks support a legal right to treatment but suggested that the Bill should take a **piecemeal approach** rather than enshrine a clear right in law【Official Report】.

**1.3 Overemphasis on the Social Nature of Addiction**

* **Lyndsey Turfus (Social Work Scotland)** stated that addiction is primarily a **"social problem"**, suggesting the Bill’s medical approach is misplaced. This contradicts **World Health Organization (WHO)** recommendations, which classify **substance use disorder as a medical condition requiring structured treatment**【Official Report】.

**1.4 Negative Framing of Legal Protections**

* Some witnesses argued that the **legal right to treatment could create stigma** and public resentment, implying that people with addiction should not have legal protections similar to those for other health conditions. This contradicts international evidence that legally protecting treatment access **reduces stigma by normalizing addiction treatment as part of healthcare**【Official Report】.

**2. Contradictions with International Evidence**

**2.1 Failure to Align with WHO and UN Recommendations**

* WHO and **United Nations Office on Drugs and Crime (UNODC)** advocate for addiction treatment to be recognized as a **human right**. Some witnesses acknowledged this but opposed enshrining this right in law, despite **successful models in Portugal, Switzerland, and Canada**【Official Report】.

**2.2 Misrepresentation of Harm Reduction vs. Recovery-Based Approaches**

* **Dr. Peter Rice (Royal College of Psychiatrists in Scotland)** suggested that harm reduction is **more important for some substances than others**, downplaying the role of structured recovery pathways. International research supports a **combined approach of harm reduction and recovery-oriented systems**【Official Report】.

**2.3 Overstating Legal Barriers to Treatment Rights**

* Several witnesses claimed that a **right to treatment could not be enforced due to lack of resources**. However, **international evidence shows that creating a legal right to treatment leads to an increase in service provision and accountability, not a reduction in capacity**【Official Report】.

**2.4 Omission of Key Treatment Modalities**

* Witnesses suggested the Bill **lacked explicit harm reduction options**, despite the Bill allowing for **multiple treatment pathways**. This mischaracterization contradicts evidence showing that comprehensive treatment—including **harm reduction, detox, and residential rehabilitation**—yields the best long-term outcomes【Official Report】.

**3. Conclusions & Implications**

* The evidence presented to the Committee **demonstrates a clear bias against the Right to Recovery Bill**, often focusing on potential obstacles rather than solutions.
* Many statements **contradict international best practices**, particularly regarding the effectiveness of legislating treatment access.
* Witnesses predominantly framed the Bill as **problematic rather than as an opportunity** to address Scotland’s **record-high addiction deaths**.
* **Failure to recognize addiction as a medical condition requiring legally guaranteed treatment** undermines Scotland’s ability to tackle the crisis effectively.

**Recommendations**

1. **Ensure clarity in the Bill’s intent** by countering misleading claims that it excludes harm reduction or enforces an abstinence-only model.
2. **Challenge claims that a legal right to treatment is unworkable**, using **international examples** to demonstrate feasibility.
3. **Highlight contradictions with WHO and UN guidelines**, reinforcing that Scotland has a duty to align with best practices.
4. **Address the narrative that addiction is "primarily a social problem"**, reinforcing the medical basis of substance use disorder.
5. **Engage with policymakers and media** to counteract negative framing and ensure a balanced discussion.

**Prepared by:** Annemarie Ward
**On behalf of:** Faces & Voices of Recovery UK (FAVOR UK)
**Date:** March 19th 2025

**Briefing Document: Strengthening Support for the Right to Recovery Bill**

**Date:** March 2025
**Prepared for:** MSPs and Advocacy Groups Supporting the Right to Recovery Bill

**1. Identified Supportive Voices**

While the majority of witnesses in the committee hearing expressed concerns about the Right to Recovery Bill, **several individuals provided statements indicating support for its principles**. These witnesses can play a crucial role in reinforcing the Bill’s case in future evidence sessions.

**Key Supporters and Their Statements:**

1. **Dr. Tara Shivaji (Public Health Scotland)**
	* Recognized the **vision, ambition, and principles** of the Bill.
	* Stated that a **legal right to treatment could improve outcomes** if implemented effectively.
	* Emphasized the **need for continuity of care**, which aligns with the Bill’s goals.
2. **Eleanor Deeming (Scottish Human Rights Commission)**
	* Expressed **support for the Bill’s intent**, stating it aligns with **human rights frameworks** such as:
		+ **ECHR Article 2 (Right to Life)**
		+ **UN Covenant on Economic, Social and Cultural Rights (Right to Health)**
	* Suggested the Bill could be **strengthened to ensure compliance with international human rights law**.
	* Acknowledged that **enshrining a right to treatment would likely improve Scotland’s human rights record**.
3. **Sandesh Gulhane MSP (Scottish Conservatives)**
	* Pushed for clarity on whether **enshrining a right to treatment would improve measurable outcomes**.
	* Questioned how the Bill could be **integrated into existing treatment frameworks effectively**.

**2. Strategic Next Steps for Supportive Witnesses**

To ensure that these **supportive voices are maximized**, the following steps should be taken ahead of the next evidence sessions:

**A. Strengthen the Human Rights Argument**

* **Eleanor Deeming (SHRC)** should be encouraged to:
	+ Reaffirm that **Article 2 of the ECHR** obligates the government to prevent avoidable deaths, reinforcing the need for a **legal right to addiction treatment**.
	+ Cite international models (Portugal, Switzerland) that demonstrate **how legislating a right to treatment leads to improved access**.
	+ Advocate for stronger **accountability mechanisms** in the Bill to prevent government inaction.

**Suggested Question for the Next Evidence Session:**

* *"Does the Scottish Government accept that enshrining a legal right to treatment would enhance compliance with its international human rights obligations?"*

**B. Push for Clarity on Implementation and Funding**

* **Dr. Tara Shivaji (Public Health Scotland)** should:
	+ Request a **national treatment framework** to ensure that services meet the requirements of the Bill.
	+ Ask the government to **commit to ring-fenced funding** for addiction treatment to prevent implementation failures.

**Suggested Question for the Next Evidence Session:**

* *"Can the Government commit to ring-fencing funding for addiction treatment to ensure the Right to Recovery Bill is not undermined by resource limitations?"*

**C. Challenge the Misrepresentation of the Bill’s Treatment Approach**

* Some witnesses **mischaracterized** the Bill as focusing exclusively on residential rehab, when it actually guarantees access to **a range of treatment options**.
* **Supportive MSPs (e.g., Sandesh Gulhane)** should:
	+ Ask **why the Bill is being framed as too medical when it includes multiple treatment pathways**.
	+ Reaffirm that the Bill **does not exclude harm reduction but rather ensures access to all evidence-based treatments**.

**Suggested Question for the Next Evidence Session:**

* *"The Bill does not prescribe a single treatment model but instead guarantees access to a range of options. Why is it being framed as restrictive when it actually promotes choice?"*

**3. Recommendations for Advocacy Groups**

* **Engage with Eleanor Deeming and Sandesh Gulhane** to encourage stronger public statements in support of the Bill.
* **Provide briefing materials to Dr. Tara Shivaji** that highlight international best practices and ensure she feels confident advocating for the Bill.
* **Counter misleading narratives** by ensuring media engagement and public awareness of what the Bill actually proposes.
* **Monitor future evidence sessions** to challenge attempts to misrepresent the Bill’s impact.

**Conclusion**

The Right to Recovery Bill has the potential to transform Scotland’s addiction treatment landscape by ensuring access to treatment as a legal right. While there has been **resistance from some witnesses**, the supportive voices identified here provide a **strategic opportunity** to push for **stronger human rights protections, better funding commitments, and a fair representation of the Bill’s treatment options**.

**Next steps:** Advocacy groups should mobilize around these supportive voices, ensuring they are fully prepared to challenge misinformation and advocate effectively in upcoming sessions.

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