



OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament (Hybrid)

Thursday 17 June 2021

Session 6



The Scottish Parliament
Pàrlamaid na h-Alba

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Scottish Parliament

Thursday 17 June 2021

[The Presiding Officer opened the meeting at 12:00]

First Minister's Question Time

The Presiding Officer (Alison Johnstone): Good afternoon. I remind members that social distancing measures are in place in the chamber and across the Holyrood campus. I ask that members take care to observe those measures, including when entering and exiting the chamber. Please use only the aisles and walkways to access your seats and when moving around the chamber.

The first item of business is First Minister's question time. I have begun discussions with parties on our shared aim to include as many members as possible in FMQs, so I would be very grateful if all participating members would bear that in mind.

Drug Deaths

1. Douglas Ross (Highlands and Islands) (Con): This afternoon, the Scottish Parliament will debate the next steps to tackle Scotland's drug deaths crisis. Does the First Minister accept that people in Scotland today are still being denied access to rehab, and that her Government's addiction treatment is fundamentally broken?

The First Minister (Nicola Sturgeon): I accept that we are not yet in the place where we want to be in terms of drug treatment and services generally, and in terms of drug rehabilitation services, in particular. Angela Constance, who is the Minister for Drugs Policy, will of course later set out the progress that we have made, the funding that we have committed and the steps that we are taking to address the matter. There are few things that the Government is more serious about doing. We are keen—and are open to doing so—to work across the chamber, as far as possible.

I have been open—notwithstanding our efforts and determination in this area of policy—in saying that I do not think that we have yet developed a package of policies that is sufficient to tackle the severity of the challenge that we face. I do not shy away from that. However, we are determined to ensure that we do just that; I know that Angela Constance is determined and is working hard to do it.

Douglas Ross: I think that the First Minister accepted that her Government's strategy on the matter is fundamentally broken. I look forward to

hearing more later this afternoon about what the Government will bring forward, because although the new standards that Angela Constance has already set out will be an important move in the right direction, they are not game changing. They are the basics; they are the very least that the Government should do.

People on the front line in the hardest-hit communities have been here before. They are hearing the same promises and warm words, but at the same time are seeing their families, friends and neighbours dying from drug abuse. All they hear is that, by next spring, the Government might manage to meet the bare minimum of expectations—which is that people who need treatment actually get it.

However, without teeth, the new standards will not make a dent in the crisis. Unless we give them a legal basis they are, in effect, optional and can be overlooked.

The Presiding Officer: Can we have a question, please?

Douglas Ross: The Conservatives' solution, which is backed by front-line campaigners, is a right to recovery bill that would give people a right in law to the treatment that they need.

Is the First Minister content to stop at the basics, or will she back our proposal and give people the power to get their lives back on track?

The First Minister: I will try, as briefly as I can, to address and engage with those points in substance, because they are important. However, I ask Douglas Ross to do similarly. Repeatedly, he stands up and puts into my mouth words that I have not said. That is okay for politics, but if we are genuinely—as I sincerely am—trying to find consensus on matters that are so serious, we all have a duty to try to put some of the politics to one side.

People are working across the country, including at grass-roots level, to deliver excellent services for people who have problems with drug misuse. I see it in my constituency. That is why it would not be fair for me to say that the system is "broken"; to do so does a disservice to their work.

However, that does not mean that I am denying that we have much more to do and that often in the past—I am being very frank—our response has not matched the response of the people at the grass roots. I am trying genuinely to engage on the issue.

In that spirit, I note that I understand that the Conservatives have raised the idea of a right to recovery bill. I met Annie Wells to discuss it a couple weeks ago. I said at the outset of this session that we would look at it in detail; we are doing so. Many of what I understand to be the key

strands in the proposed right to recovery bill are being taken forward as recommendations of the residential rehabilitation working group. We can go into that in more detail.

My mind is not closed to there being a statutory underpinning. However, we have to be cautious about waiting as long as it takes to pass legislation before getting on with the work. Work is already under way on each strand that would be in the proposed bill; I want to take that work forward as quickly as possible. That does not rule out there being a statutory underpinning, but we all know how long it takes—rightly and for good reason—to get legislation through Parliament. Therefore, for goodness' sake let us not put other things on hold while we talk about legislation.

I am serious about wanting to engage in good faith across the chamber. I hope that others will join us in doing exactly that.

Douglas Ross: The First Minister has now accused me twice this week of putting words in her mouth. [*Interruption.*] Let me be clear—the *Official Report* is accurate. On Tuesday, I was quoting her national clinical lead and asking whether the First Minister agreed with him. Today, I was quoting the First Minister accepting that the system is broken, which is why we are dealing with the case that I will put in front of members today.

The system is broken. If I may, Presiding Officer, I want to describe a case. I will keep the man's identity anonymous, but if the First Minister will personally intervene, I will provide her with his details through the charity FAVOR—Faces and Voices of Recovery UK—which is acting on his behalf.

The man was part of the Scottish Government's independent care review. He was abused as a child and still suffers from post-traumatic stress disorder. He has been in the system in Glasgow for four years, without a care plan. He has been trying to get into rehab for two years, but keeps hearing that he is “not appropriate for rehab”. He is at death's door. Today he is having a mental health assessment, which is just another hoop that he has to jump through because he wants to get better. His only hope, it seems, is private rehab, which is only possible because of a charity's generosity.

That individual case is shocking, but the same is being repeated all over our country. The Government has been in power for 14 years. How much longer do we have to wait for the real action that is needed to tackle the crisis?

The First Minister: When it comes to individual cases, I do not know all the details and, as Douglas Ross fairly said, they are rightly kept confidential when we debate such things in

Parliament. Of course I will look at the details of the case, if they can be passed on to me.

I hope that people will accept that it is not for me—as a politician who has no clinical qualifications or expertise—to decide whether an individual is, to use the term that was used, “appropriate for rehabilitation”. I think that we all accept that not everybody is “appropriate”, although perhaps that is not the best way to put it. Not everybody is deemed to be likely to benefit from residential rehabilitation.

I am very clear that, when the judgment of those who have expertise is that a person should have residential rehabilitation and will benefit from it, that person should get it. That is why we are, for example, significantly increasing investment in residential rehabilitation. The Minister for Drugs Policy has already spoken about that, and it will be part of what she sets out this afternoon.

This might be an unorthodox way of doing politics—people might be expecting me to stand here and defend everything that we have not got right in the past, but I am not going to do that. We have failed in aspects of drugs policy, so I am determined that we will get it right. I will not describe the system as being completely broken, because that would do a disservice to the many people across the country who are delivering services for people who are in need. However, I accept that the Government's response has not always matched that need, and that we have to get that right.

We must provide the funding and the right approaches; there is absolute determination to achieve that, so many strands of work are under way. It is difficult work and there are no easy solutions—I think that we all accept that. Change will not happen overnight, but we are determined to make the change that is required. That is why Angela Constance, as Minister for Drugs Policy, reports directly to me. The issue is one of the key priorities of the Government over the coming period; we are absolutely determined to make the change that people deserve.

Douglas Ross: I will ensure that the First Minister receives details of the case this afternoon.

We must tackle the issue now. Scotland's drug death figures are the highest in Europe and are only going to get worse in the next few years if nothing is done. The First Minister said that we cannot be overly cautious or wait too long before passing legislation, and I agree. In facing the Covid crisis during the past year and a bit, Parliament has been able to act and to pass legislation at record speed. We need exactly the same urgency in dealing with Scotland's drug death crisis.

My party will publish our proposals for a right to recovery bill before Parliament rises for recess next week. Will the First Minister agree with me, with addiction campaigners such as FAVOR, and with people on the front line, and back our bill to give everyone a legal right to recovery?

The First Minister: I have said previously and have repeated today—at least, I have given a strong indication, but am happy to say it more expressly—that I will look with an open mind at any proposals, including proposals for legislation. Douglas Ross has said that he has not yet published the draft bill. When it is published, we will look at it.

If there is consensus in Parliament about introducing legislation quickly and putting it through the process on an accelerated timescale, we will also consider that. However, we all know that even when there is consensus on the principle of legislation, there is often not—for good reasons—sufficient agreement on the detail to allow that. It is therefore important that we look closely at such things.

I am committed to doing that, but whatever route we take on legislation I will not hang back on the work that is under way. The Minister for Drugs Policy will set out the many strands of that work and give an update to Parliament this afternoon. It covers residential rehabilitation, which is the main issue that the Conservatives have pushed, as is reasonable, but there are many other aspects. The work is also about the quality of community services and access to same-day treatment, which is why the standards that Douglas Ross talked about in his first question are so important. We have a range of things to do and to get right.

Legislation might have a part to play; I am open-minded about that. However, we have to get on with the work, for the reasons that have, rightly, been set out.

Covid-19 (Personal Protective Equipment)

2. Anas Sarwar (Glasgow) (Lab): The report published today by Audit Scotland lays out the truth about personal protective equipment provision during the pandemic. It confirms that the Scottish Government was not prepared.

I accept that the specific challenges of Covid-19 might have been unique, but a major pandemic was not unexpected. Three planning exercises were held: Silver Swan in 2015, Cygnus in 2016, and Iris in 2018. All three made recommendations about PPE and all three were ignored.

When Covid struck, that meant that we did not have adequate supplies and struggled to cope, particularly in the early stages. Why did the First Minister and the Scottish Government not act on those three reports?

The First Minister (Nicola Sturgeon): We acted on all those reports. I have said before and I will say again that whether it is on PPE, the response to previous exercises, or indeed many other aspects of the pandemic, the Government, in common with Governments all over the world no doubt, did not get everything right. We have lessons to learn and, as I have said many times already, I do not shy away from that.

I am sure that there will be more scrutiny in the months to come, but one of the legitimate criticisms is that many of us, particularly western Governments, rested too much of our planning and preparedness on thinking that a pandemic would be a flu pandemic. That is relevant to the Audit Scotland report, and the remarks that I heard from Auditor General on the radio this morning reflected on some of our preparations around PPE. I recognise that.

However, anybody who has read the Audit Scotland report and who listened to the Auditor General this morning will also have heard something else. I will quote the Auditor General:

“The Scottish Government and NHS National Services Scotland worked well together under extremely challenging circumstances to set up new arrangements for the supply and distribution of PPE”

across the country. At no point did we not have PPE. At no point did we run out of PPE. At times, central stocks were very low, as they would have been in many countries given the intense global demand. Again, as is reflected in the report, we worked hard on the supply to make sure that health boards across the country had supplies of PPE, often on a same-day turnaround. We now have domestic supply chains for PPE that are much better than they were before the pandemic, when about 100 per cent of all our PPE was imported. The majority is now manufactured here in Scotland.

There are lessons to learn, but I pay tribute to everybody in NHS National Services Scotland and in health boards across the country who worked hard to ensure that Scotland did not run out of PPE at any point.

Anas Sarwar: The First Minister may not have run out of PPE on her spreadsheet, but it ran out in hospitals and in our care settings. If she asks the healthcare workers, they will tell her the truth.

Today's Audit Scotland report confirms that central stocks of PPE were so low at points that they could have run out within eight hours. In April last year, intensive care unit doctors raised the alarm that they were having to reuse visors. In Glasgow and Lanarkshire, out-of-date PPE with fake labels that had been put on top of the expiry dates was being used, and more than 1,000 social care staff were forced to organise a petition to get

PPE in their workplace. Across Scotland, we heard the same horrifying story and saw tragic images. A lack of PPE had devastating consequences. It cost lives.

In Scotland, a sixth of all Covid cases admitted to hospital during the first wave were healthcare workers or members of their household. In total, 21 healthcare staff and 28 social care workers have, tragically, lost their lives to Covid-19 in Scotland. Does the First Minister accept that that is partly the consequence of her Government ignoring its own warnings and not being prepared?

The First Minister: No, I do not think that that is the case, although there is much scrutiny still to come of the Government's handling of the matter. I welcome that and think that it is important.

I pay tribute to everybody who worked in our national health service in the early days of the pandemic and everybody who has worked in it up until today. People are still working hard in the face of the pandemic.

On whether Scotland ran out of PPE, I accept that this sounds like a bit of an arid political debate to somebody who works on the front of our health service, but if Anas Sarwar does not want to take my word for a simple statement of fact, I will again refer him to what the Auditor General said on the radio this morning, which was that people worked really hard to ensure that we did not run out.

I know and accept that supply was low at times. I was centrally involved in our response at that time. The Audit Scotland report says that stocks were low, but there are two other points that have to be made. First, that is a reference to centrally held stocks. As the report recognises, additional stocks were held at that time in local health board areas. Secondly, the most fundamentally important point—again, I will quote directly from the Audit Scotland report—is that supplies did not run out. The report says:

“there were always incoming orders to help manage the supply, with stock arriving and being shipped out to NHS boards on the same day at some points.”

That is down to the work of NHS National Services Scotland and people throughout the country.

When Richard Leonard was in Anas Sarwar's place, he, too, used to raise the point about expiry dates. At the heart of Anas Sarwar's argument, which is not an illegitimate one, is the idea that we should have bigger stockpiles. However, in relation to the stockpiles that we did have, when material that has been in a stockpile for a while is taken out of it, it often has to be revalidated because it will have passed an expiry date. Richard Leonard described that as

“Palming off out-of-date PPE”,

but that is, basically, what happens when there is a stockpile. However, we had arrangements to ensure that PPE was available.

We will continue to take steps. We have made significant changes to the supply chain and the distribution routes.

I will make a final point. Mutual aid arrangements were in place across the United Kingdom. At no point did Scotland have to make use of those mutual aid arrangements, but we provided mutual aid to England and Wales, following requests. We did not have to ask anybody else for mutual aid, because we did not run out of PPE. [*Applause.*]

Anas Sarwar: I am not sure that that is something to applaud—

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Well, it did not run out.

Anas Sarwar: I hear the Deputy First Minister saying that PPE did not run out. I do not deny that the Government worked hard, but I will take the word of the ICU doctors and the general practitioners who sent the pictures of out-of-date PPE, and I will take the word of the 1,000-plus care work staff who had to sign a petition to demand that the Government give them PPE. Those are the people whose word I will take. I accept that the ministers had to make tough decisions, but the hardest decision was for those who risked exposing themselves to the virus, and possibly taking it home to their family, in order to care for others. They are the people we should be thinking about today.

The law requires that workplace-related deaths be reported for investigation. However, it is left to the employer to determine whether

“there is reasonable evidence that a work-related exposure is likely to be the cause of disease”.

We have all applauded NHS staff and care workers on the front line, and we rightly call them heroes. Some of our heroes have, tragically, died, and their families deserve answers. The procurator fiscal is currently investigating only 27 deaths of workers across all sectors, but we know that 49 health and social care workers have lost their lives to Covid. All of those deaths should be referred to the Crown Office for a full and proper investigation, to establish that they were linked to the workplace. Can the First Minister give a commitment today that that will happen?

The First Minister: I want to ensure that every relevant aspect of the handling of this pandemic, whether in general terms or as it affected individuals, is properly and robustly scrutinised. I do not just welcome that scrutiny—I think that it is really important.

With regard to prosecutions, I ask members to cast their minds over the past few months and to think about how often, in completely different contexts, we have heard misguided allegations about how governments have tried to politicise the role of prosecutors. Prosecutors act entirely independently, which is right and proper, and any politician who suggests otherwise should think about that point.

The matters we are discussing are important. Anas Sarwar said today that we should think about those who work hard on the front line of our health service. I agree with that, but there is not a single day that I do not think about them.

Anas Sarwar mentioned care homes. The Audit Scotland report narrated that, before the pandemic, under all Administrations in the lifetime of this Parliament, the Government, through NHS National Services Scotland, did not supply PPE to the care home sector or to primary care. Instead, those sectors used to get it directly from private suppliers. One of the changes that we made was to directly supply the care home sector from the national health service.

There are undoubtedly lessons to learn, but it is not wrong in my view to say that we did not run out and that that was a good thing in the teeth of a global pandemic, when competition for supplies of PPE was so intense. Although I hope that we will not need the same volumes in the future, we now have significantly higher stocks of PPE. The Audit Scotland report and the words of the Auditor General reflect that we have worked hard every step of the way to ensure that our staff had PPE, and we will continue to do that each and every day.

Climate Targets

3. Patrick Harvie (Glasgow) (Green): During the election, the First Minister had to explain why her Government had missed two climate targets in a row. This week, a third annual climate target came and went, and Scotland is falling even further behind. On home energy use, transport, farming and land use, the Government is failing to live up to the rhetoric about world-leading targets. Year after year, the Greens propose stronger action and, year after year, we are told, "Don't worry, we have a new climate plan." With this third year of missed targets, the only difference is that the Government has had to admit, just months after the publication of its new plan, that that too needs to be replaced. That is not the bold leadership that we need. What does the First Minister think that her Government is doing wrong?

The First Minister (Nicola Sturgeon): I want to ensure that we are being factually accurate. The figures in this week's report, which I will address in

a second, are for 2019 and pre-date the updated climate change plan, so they take no account of the changes that were in that plan. It is important to be accurate about that.

Scotland is ahead of most other countries in the world, so I do not think that the question is about what we are doing wrong. On climate change, none of us is yet doing enough right to get to the point we need to get to. All of us need to accelerate our progress.

On the question of missed targets, we of course want to hit our targets and we have more to do to get there, but we should not overlook the scale of our progress. This week's report shows that emissions in Scotland are down by 51.5 per cent—the target was 55 per cent. That means that we are more than halfway to net zero, which is further ahead than the rest of the United Kingdom and further ahead than most other countries across the world. However, there is more to do. We will publish a catch-up to show not only what we are doing through the plan but how we will accelerate to catch up. For example, we see that transport emissions are down year on year but there is more to do there.

All of us across the world have to live up to the challenge. Scotland, like other countries, needs to accelerate progress, but Scotland is already further ahead than most other countries, and I want to make sure that we not only maintain that position but get even further ahead so that we are leading more by example.

Patrick Harvie: I am not so fussed about being further ahead of the rest of the UK, because I do not think that that would be any great boast. I want to us be further ahead of where our own targets say we should be.

If we take farming and land use as one example, at the moment, Scottish farmers are facing a perfect storm. They need to make even bigger emission cuts to make up for the wasted years, they need to adapt to a changing climate and protect wildlife—and the UK Climate Change Committee said this week that both the Scottish and UK Governments are failing on that agenda—and now they face an Australian trade deal that threatens to flood the country with cheap imports. We need to radically reform agricultural subsidies to meet those challenges, but the Scottish Government currently intends to put off doing so until 2024. Does the First Minister accept that that is simply too late for not only the next half-dozen climate targets but the rural communities that need to see change if they are to have a sustainable future?

The First Minister: Yes, I think that how we use land is an important part of how we meet our targets for the future, and we need to support our

farming community—and not undermine it as the UK Government is doing right now in trade deals—to make the changes that will allow them to deal with that. There is a great appetite and willingness across the farming sector, and we will continue to support it through funding mechanisms and in other ways.

This week's figures include a major technical change to the reporting of our emissions from peatlands, which is part of the report that was published. Agriculture is a central part of the process. I am not suggesting that Patrick Harvie is saying that we can do so, but we cannot just wish all the changes into being—hard work is under way and there is more hard work to be done to bring them about.

I am not simply comparing us with the rest of the UK—I want us to lead by example, and we are ahead of most other countries in the world. Is it going far enough, fast enough? No, but it is important in motivating us all to go further that we do not lose sight of the significant progress that we have already made.

One of the reasons why I hope that my party can reach a co-operation agreement with Patrick Harvie's party is that it is important that we are all challenged to go further and faster on the issue. The determination is there, which I am sure is shared across the chamber, so let us celebrate the progress that we have made but also use it to motivate us all to go further. That is what we owe to the generations that will come after us.

Covid-19 (Business Support)

4. Michelle Thomson (Falkirk East) (SNP): To ask the First Minister what engagement the Scottish Government has had with the United Kingdom Government regarding Covid-19 business support, in light of the rise of the delta variant. (S6F-00134)

The First Minister (Nicola Sturgeon): We recognise that deviating from our route map impacts on businesses. We have funded additional financial support to businesses in areas in which it has been necessary to retain restrictions for an additional period. We also continue to emphasise to the United Kingdom Government the need for additional funding to be made available for businesses. The situation exemplifies why it is so important that we have the requisite fiscal powers here to respond to the pandemic and, increasingly, to the recovery from it. The furlough scheme also continues to be hugely important to Scottish businesses and workers, and we again call on the UK Government to maintain that support for as long as it is required.

Michelle Thomson: I certainly agree with the First Minister's comments about the furlough scheme. With 3.4 million people still on furlough, and 553,000 fewer people in payrolled employment, it would be utterly unthinkable for the Tories to cut support prematurely.

The Scottish Licensed Trade Association, along with other businesses and trade unions, has called for

“an extension to the current support schemes available such as furlough, VAT reduction”

and

“deferral of loan repayments”.

Does the First Minister agree with that call?

The First Minister: Yes, I agree with it, and I thank Michelle Thomson for raising points that are important to businesses across the country. It is vital that furlough is extended for as long as possible, and the VAT reduction and deferral of loan repayments are important, too. Many companies will have taken advantage of the loans that have been made available. I welcome the fact that loans were made available, but consideration needs to be given to how, when and, in some respects, whether those loans should be repaid by businesses that need to get back to normal and a position of sustainability.

I recognise the responsibility that is on the shoulders of the Scottish Government to do as much as we can, but many of the levers lie in the UK Government's hands, and it is important that it uses them properly to support business.

Malicious Prosecutions (Inquiry)

5. Russell Findlay (West Scotland) (Con): To ask the First Minister whether the Scottish Government will provide an update on the commitment to hold an inquiry into the malicious prosecutions concerning Rangers Football Club. (S6F-00116)

The First Minister (Nicola Sturgeon): Both the Lord Advocate and the then Minister for Parliamentary Business made clear to Parliament on 10 February this year that the Scottish Government supports both parliamentary and wider public accountability when it comes to these cases. In February, the Parliament passed a motion in support of a judge-led inquiry. The Government supports and is committed to that. That inquiry can happen only when related legal proceedings are completed. Legal proceedings on the cases remain live, but there will be an inquiry once they have concluded.

Russell Findlay: We do not yet know how much these malicious prosecutions will end up costing taxpayers. The self-inflicted damage to the

Crown Office's reputation is unquantifiable. The Scottish National Party has agreed to most of the Scottish Conservatives' demands in relation to the inquiry, but one big question remains unanswered: will the judge who leads it be from outwith Scotland? That is a yes-or-no question.

The First Minister: Yes, I think that there is an argument for that. However, such decisions must be taken in the proper way and at the proper time. We are committed to this. Of course, in prosecution matters, the Crown Office acts entirely independently of ministers. It is important that there is a remit for the inquiry and that it is led by a judge who commands confidence. That is in the interests of everyone and we will take those decisions once the legal proceedings have concluded.

Psychiatric Hospitals (Discharge Delays)

6. Carol Mochan (South Scotland) (Lab): To ask the First Minister what action the Scottish Government is taking in response to reports that some patients are having to wait over three years to be discharged from psychiatric hospitals. (S6F-00111)

The First Minister (Nicola Sturgeon): No one wants people to be receiving care in psychiatric hospitals for any longer than is deemed to be clinically necessary in every case. Delays in discharge can be very challenging for individuals, but, for example, significant packages of care often need to be linked to specialist accommodation, which sometimes has to be commissioned, specially designed or even purpose built. That can take considerable time, during which those concerned continue to receive appropriate care in a hospital setting.

To help address the issue, in February this year, the then Cabinet Secretary for Health and Sport announced a £20 million community living change fund, to be allocated to integration authorities via health boards. The fund has been made available to help partnerships drive further service redesign, in order to adopt a preventative and anticipatory approach to supporting people who have very complex needs, which can help them avoid the need for institutional care in the future.

Carol Mochan: The figures that were reported were stark and unacceptable. As well as delayed discharges, there are serious issues of people being offered only out-of-area placements for care. Will the First Minister commit to introducing, through the legislation for a national care service, a statutory duty on integration joint boards to provide care in the community for people who leave psychiatric hospitals, rather than leave people in limbo for years, as has been reported this week?

The First Minister: Obviously, the whole Parliament has to debate the detail of the legislation that will establish the national care service. However, in principle, that is an important part of it.

I agree that it is important to make sure that people with complex needs have the right care in the community and do not have to be in institutional care when that is not necessary or appropriate. As I tried to set out in my original answer, the challenge is often the complexity of the needs of individuals, which means that it takes time to ensure that the right provision is available in the community. Sometimes, that can mean that accommodation has to be specially designed, commissioned or even purpose built.

There is a real obligation on everybody involved to speed up that process as much as possible, but what is really important is that the right provision is in place for the complexity of the needs of each individual.

The Presiding Officer: We move to supplementary questions.

Removal of Dental Charges

Natalie Don (Renfrewshire North and West) (SNP): I welcome yesterday's announcement that not only will dental charges be removed for care-experienced young people, as set out in the Scottish National Party manifesto, but the policy has been extended to all 16 to 25-year-olds. Can the First Minister tell us how that will benefit young people and what plans she has for the expansion?

The First Minister (Nicola Sturgeon): This is a really important commitment. Having committed to removing dental charges, our first step in doing that was to remove them for care-experienced young people under the age of 26. When we considered that, we decided that our first step should be removing charges for all young people under the age of 26. That was an important step and I am delighted that we could announce it this week. Approximately 600,000 people will benefit from that commitment.

As I said, our plans are to remove dental charges completely, because for some people they can be a barrier to getting the treatment that they need. For some people, that can lead to them needing emergency treatment. Removing that barrier helps individuals and helps the national health service make sure that people get the treatment that they need as early as possible, in the setting that is most appropriate for them.

ScotRail Strike Action

Liam Kerr (North East Scotland) (Con): Since March, conductors and ticket examiners at ScotRail have been taking strike action and it is

believed that that will go on into the summer. That has led to a huge reduction in services on Sundays, including for a number of key workers who have told me that there are only limited bus services to various hospitals around Scotland. What is the First Minister's view on those strikes and what is the Scottish Government doing to bring the action to a close and end the travel disruption for millions of passengers?

The First Minister (Nicola Sturgeon): I do not want to see strike action being taken anywhere across the country and I do not want to see it being taken on rail services either. It is really important that the employer tries to resolve the situation as quickly as possible. Collective bargaining rests with the operator and the trade unions concerned. I know that the transport minister has agreed to meet with trade union representatives later this month to discuss their concerns in more detail, and I hope that we will see a resolution as quickly as possible.

Over the months to come, we will be doing work to take ScotRail into public ownership, which will bring a range of different benefits to people across the country.

Asylum Seekers (Glasgow City Council)

Paul Sweeney (Glasgow) (Lab): The First Minister may be aware of reports that Glasgow City Council intends to extend the ban on asylum seekers coming to Glasgow as a result of the constraints of accommodation. We all know about the inadequacies of the Home Office's policy and its privatised service, but surely that is tantamount to an abdication of responsibility by us as Scots and Glaswegians to some of the most vulnerable people in the world. Does the First Minister agree that we should seek to lift the ban as quickly as possible and explore every possible opportunity to improve quality of life for the 5,000 or so asylum seekers in Glasgow, such as extending concessionary travel to them free of charge?

The First Minister (Nicola Sturgeon): I say this in relation to the current political leadership of Glasgow City Council, but also, to be fair, in relation to its last Labour leadership: Glasgow City Council is probably the last organisation that deserves to be criticised for how asylum seekers are treated. It has been one of the few areas that has welcomed asylum seekers and done everything that it can to support them.

However, there is an issue about the responsibility of taking in asylum seekers when the Home Office and the United Kingdom Government are refusing to put in place adequate provision for accommodation. These are difficult issues, but the target of our criticism—I suspect that Paul Sweeney and I agree more than we disagree on the issue—and the target of demands for change

should be the UK Government, not Glasgow City Council.

I want asylum seekers to be welcomed here and I want to make sure that we have provision for asylum seekers that has dignity and support at heart, and that could not be further removed from the very punitive and heartless approach of the Home Office. I genuinely say to Labour that we should be united on the issue and should not seek to blame Glasgow City Council for a problem that is not of its making.

Accident Prevention Messaging (Water Safety)

Clare Adamson (Motherwell and Wishaw) (SNP): I am sure that the First Minister and the whole chamber will join me in sending sincerest condolences to the friends and family of 13-year-old Aidan Rooney and to the wider St Aidan's high school community in Wishaw. Aidan died tragically after getting into difficulty in the River Clyde in what was, sadly, drowning prevention week. As we approach the school holidays, what is the Scottish Government doing to promote accident prevention messaging, particularly on water safety, to our young people and families?

The First Minister (Nicola Sturgeon): I extend my deepest and sincerest condolences to Aidan's family. Aidan was, of course, the young boy who so tragically lost his life in the Clyde last week. I cannot even begin to understand the impact on his family, his friends and the wider community. Although such incidents are thankfully rare, each and every drowning is one too many. They demonstrate the vital role of initiatives such as drowning prevention week, which is due to run from this Saturday.

We will do everything that we can to support the work of the Royal Life Saving Society and Water Safety Scotland, which work hard to prevent such tragic incidents. I encourage everyone to use the water safety resources that are freely available to ensure that everyone can enjoy water safely over the summer months.

For now, I am sure that the thoughts of us all are with Aidan's family.

Eating Disorder Services (Children and Young People)

Alexander Stewart (Mid Scotland and Fife) (Con): The Royal College of Psychiatrists has received figures that show that the number of referrals of children and young people with eating disorders soared to crisis levels during lockdown. Constituents in my region have been in touch to say that virtual appointments, loss of support structures, staff shortages and less activity in community services have fuelled the crisis. What action can the Scottish Government put in place to

improve services and ensure that face-to-face consultations return as soon as is practically possible?

The First Minister (Nicola Sturgeon): Everybody understands that eating disorders have a devastating impact on individuals and their families. Rapid intervention is essential and must be available. We published the “Scottish Eating Disorder Services Review” in March, and we will announce further steps by the end of June. We will also establish an implementation group to ensure that the review’s recommendations are taken forward quickly. Intensive home treatment is an evidence-based intervention for treating eating disorders, and part of the review group’s work will be to expand such services across Scotland.

In relation to mental health services more generally, as members know, work is on-going to extend the provision of community services, particularly for children and adolescents.

Scottish Qualifications Authority (Non-submission of Grades)

Michael Marra (North East Scotland) (Lab): Evidence in today’s *Scotsman* shows that young people who have been judged to have failed a course are not having their grades submitted to the Scottish Qualifications Authority. Although non-presentation of candidates for exams is a feature of our system in normal years, decisions this year are being taken after the result is known. Crucially, this year, young people whose grades are not presented to the SQA will lose their ability to appeal against how they are being judged. Does the First Minister believe that that is an acceptable practice? Will her Government issue guidance against that practice, ahead of the grade submission deadline next week?

The First Minister (Nicola Sturgeon): I am not aware of any evidence that suggests that that practice is being used this year in a less appropriate way than last year, but if there is evidence that anybody wants to put forward, we will look at it as a matter of urgency. The Educational Institute of Scotland has said that it is “not aware of this as an issue in schools”.

As Michael Marra rightly says, in a normal academic year, decisions are made about whether it is right to put a young person forward for a qualification or an exam, and such decisions should always be taken in line with the interests of the young person. That will be happening in some cases this year, but if anybody has evidence that it is happening inappropriately, we will, as I said, look at that as a matter of urgency.

United Kingdom and Australia Free Trade Deal

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): NFU Scotland has said that the agreement in principle with Australia “sets a dangerous precedent” for future free trade agreements. The deal has been done with no consultation, no consent and no parliamentary scrutiny. Does the First Minister agree that, if the United Kingdom Government is so confident about the benefits of the deal, it should be put to a vote, rather than the UK Government selling out Scotland’s farmers and crofters, just as it sold out fishing communities?

The First Minister (Nicola Sturgeon): Yes, I agree. The detail of the deal should be published in full. I suggest that it should be put to a vote not only in the House of Commons but in this Parliament, so that we can represent the interests of the farming community across Scotland.

I am deeply concerned about the implications of this trade deal and future trade deals for our farming sector in Scotland. I noted, as I am sure others did, the words of the Australian Deputy Prime Minister—just last night, I think—who said:

“The big winners are Australian producers, Australian farmers, indeed Australians full stop.”

When he was asked about Welsh, Scottish and Northern Irish beef producers, he said:

“I’m not so worried about those”.

It is not his job to worry about Scottish producers, but the fact that he is not worried suggests that the UK Government is not standing up for those producers’ interests in those talks. Therefore, we should open the issue up to scrutiny, including in Scotland’s national Parliament.

Breast Cancer Screening (Self-referral)

Liam McArthur (Orkney Islands) (LD): As the First Minister is aware, self-referral for breast cancer screening by women over 70 has been paused. That is giving rise to concerns for all those who are affected in all parts of the country, but particularly in places such as Orkney, which rely on mobile screening units visiting once every three years. As one constituent put it to me earlier this week,

“for many of us this will mean a wait of another 3 years—making 6 years in total without receiving a mammogram.”

Given the risk of cancers going undetected for such a prolonged period, will the First Minister ask our health secretary to look urgently at what can be done to reopen self-referral opportunities for women over 70 in island and rural communities?

The First Minister (Nicola Sturgeon): That is a really important issue. When the breast screening programme resumed in August last year, it was

done in a way that was in line with expert clinical advice and the recommendations of the Scottish screening committee. Initially, patients who receive non-routine appointments were prioritised; more recently, patients between the ages of 50 and 70 who receive routine appointments have been invited. Liam McArthur is right to say that we need to ensure that the service gets back to normal as quickly as possible, but that has to be done safely and in line with expert recommendations.

Although it does not directly address the problem for over-70s, since the screening programme resumed, more than 120,000 people have attended for breast screening. Over a similar period, in normal times before the pandemic, the number was around 135,000. There is work still to be done, but the service is getting back to normal and we want it to get to complete normality as soon as possible.

Autism Assessments (NHS Fife)

Mark Ruskell (Mid Scotland and Fife) (Green): Families in Fife who are waiting for autism assessments for their children are at crisis point. There have been no assessments since the start of the pandemic, and there is now a backlog of more than 1,000 children waiting for support. Given that there is currently nothing in Government guidance to prevent autism assessments from taking place, what more can the First Minister do to ensure that NHS Fife clears the backlog and gives families the support that they desperately need?

The First Minister (Nicola Sturgeon): A decision was taken through NHS Fife's multidisciplinary management group not to conduct remote assessments via Near Me during the pandemic, but the board plans to start face-to-face autism assessments in July, so there is a need to get that service back to normal and address the backlog. We will continue to work with NHS Fife and other health boards to support them to do that.

The importance of a diagnosis cannot be overstated and families' frustration and anxiety around delays is understandable, so there is a need for NHS Fife and other health boards to make sure that the issue is being addressed. I will ask the health secretary to write to the member with more detail on exactly how and when that will happen.

Travel Restrictions (Impact on Tourism)

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): This week, I met a Borders-based travel agent who has legitimate concerns about the effect of travel restrictions on his business. Like many others, my constituent has

lost commission from tour operators because of cancellations. Will the First Minister's Government consider further support for travel agents? What is her assessment of the proposal that individuals who have received double Covid jags could avoid quarantine on return from countries on the amber list?

The First Minister (Nicola Sturgeon): We continue to consider—on a four nations basis but also with regard to global considerations—what role vaccination might play in future in easing international travel. The impact on the tourism industry is understood, and we will continue to do everything that we can, within the resources that we have available, to provide support for affected sectors, including tour operators and tourism businesses. As I said in response to an earlier question, we will continue to urge the United Kingdom Government to make more support available.

The situation around international travel is really difficult. Unfortunately, that difficulty inescapable if we want to avoid in future what we have not been able to avoid now, which is the importation of new variants. I understand how difficult it is for those in the sector, and we will continue to do everything that we can to support them to get back to normal. Vaccination might have a role to play, but we have been clear that we have to be careful about some of the considerations around that.

12:49

Meeting suspended.

14:00

On resuming—

Portfolio Question Time

Justice

The Deputy Presiding Officer (Annabelle Ewing): Good afternoon, colleagues. I remind members that social distancing measures are in place in the chamber and across the Holyrood campus. I ask members to take care to observe those measures, including when entering and exiting the chamber. Please use the aisles and walkways only to access your seats and when moving around the chamber.

I ask any member who wishes to request a supplementary question to press their request-to-speak button or enter R in the chat function during the relevant question.

Sandesh Gulhane joins us remotely.

Sentencing Policy (Assault on Emergency Workers)

1. **Sandesh Gulhane (Glasgow) (Con):** To ask the Scottish Government what impact the presumption against short sentences has had on the number of people who are sent to jail for assaulting emergency workers. (S6O-00041)

The Cabinet Secretary for Justice and Veterans (Keith Brown): The presumption against short sentences was extended in 2019 from three months or less to 12 months or less and applied to offences committed on or after 4 July 2019. The impact of the extension is being monitored and Scotland's chief statistician published a second bulletin on 23 March that covers all charges that were disposed of in Scotland's courts from 1 January to 31 December 2020. At present, however, it is too early to assess the impact of the extended presumption, particularly given the impact of the pandemic on court business since early 2020.

Sandesh Gulhane: Less than a third of those convicted under the Emergency Workers (Scotland) Act 2005 for assaulting an emergency worker went to prison. Data from national health service boards, which covers only half of this pandemic year, shows that nearly 5,000 incidents of assault were recorded against NHS staff, and Kenny Gibson spoke earlier of the 250 assaults on ambulance crews, which the First Minister said were unacceptable. Those workers have supported the country through a pandemic and put their lives at risk to help, and we clapped for them. They deserve better protection.

Will the cabinet secretary support revoking the presumption against short prison sentences for NHS staff assaults so that those criminals can face true justice?

Keith Brown: I remind members that my party and other parties in the Parliament supported the introduction of the relevant legislation; it was opposed only by the Conservative Party. We will therefore not take lessons on the fact that we have to look after our emergency workers. This Government has also introduced an extension to the categories of emergency workers. We are very concerned, but we have a very good track record in using the law to protect emergency workers.

As I said, it is too early to determine the effect of the extension of the presumption against short sentences from three to 12 months. Statistics show that the proportion of people who have been given community sentences for convictions under the Emergency Workers (Scotland) Act 2005 has remained similar over the past 10 years, at around 30 per cent, as Sandesh Gulhane said. Just under a third of the people who were convicted under the act in 2019-20 received a community sentence, which is roughly the same proportion as in 2010-11. The proportion of people who have been given custodial sentences for convictions under the 2005 act increased from 30 per cent in 2010-11 to 32 per cent in 2019-20.

This Government has taken the necessary action to help to improve the situation for emergency workers, attacks on whom are always unacceptable, unlike the party that Sandesh Gulhane represents, which refused to support and, indeed, opposed the legislation that was brought in.

Prosecution System

2. **Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP):** To ask the Scottish Government what action it is taking to ensure that the prosecution system delivers fairer and more effective justice. (S6O-00042)

The Cabinet Secretary for Justice and Veterans (Keith Brown): Scotland's prosecution system is, of course, a matter for the Lord Advocate. The Lord Advocate is head of the systems for the prosecution of crime in Scotland and exercises those functions independently of any other person.

The Scottish Government has committed an additional £50 million in this year's budget to support recovery across the justice system, including increased funding to the Crown Office and Procurator Fiscal Service, which reflects our strong support for the vital services that are delivered through those offices. That is in addition to the increased funding that has been provided to

the Crown Office and Procurator Fiscal Service in recent years through the annual budget process.

Elena Whitham: I thank the cabinet secretary for that answer and for the previous commitment to consult on the not proven verdict. There is growing recognition across the chamber that there is a strong case for abolition of that verdict. Will the cabinet secretary encourage a wide range of stakeholders and those with lived experience to respond to the consultation when it is launched later in the current session of Parliament in order to inform the best policy decisions on the matter?

Keith Brown: I acknowledge the member's experience in the area. She will be aware that a broad range of stakeholders, including those with direct experience of the system, played a very important role in last year's engagement events on the findings of the independent jury research that was commissioned to consider the unique nature of the Scottish jury system. That included survivors with direct experience of the not proven verdict, and some of them gave powerful testimony on the lack of clarity about its meaning and implications. They also testified that they were unaware of or unprepared for the possibility that a not proven verdict might be returned in their case.

I am happy to confirm to the member that we will continue to take an open and consultative approach. As part of the formal public consultation, we will seek to capture the views of a broad range of stakeholders including legal professionals, the third sector and, as the member suggests, those with lived experience of the system.

Jamie Greene (West Scotland) (Con): I thank Elena Whitham for raising this important issue, which we will pursue in the new session of Parliament.

The cabinet secretary will be aware that less than 1 per cent of victims apply to the victims' right to review scheme when the Crown decides not to prosecute or to discontinue prosecution. The Inspectorate of Prosecution in Scotland recommends that all victims be notified of such a decision. Is the cabinet secretary confident that all victims are being contacted in such cases? If they are, why are so few of them taking advantage of their right to review?

Keith Brown: As we go through the questions, we will cover in more depth some of the victims' issues that the member quite rightly raises. If he is aware that parts of the system do not ensure that a statement is sought, I will be happy to look at the information that he provides. It is possible that we should look in more depth at why it would be the case that more people do not request that. Obviously, a different authority is involved and we have to respect that, but I am happy to look at the

issue, find more information about it and share that with the member.

Violence Against Women

3. John Mason (Glasgow Shettleston) (SNP): To ask the Scottish Government whether it will provide an update on its plans to tackle violence against women, particularly in relation to prostitution and purchasers of sex. (S6O-00043)

The Minister for Community Safety (Ash Denham): The Scottish Government remains committed to tackling violence against women and girls, and that work continues within the framework of the equally safe strategy. We have made £18 million available in 2020-21 to tackle violence against women, and we have pledged to allocate an additional £5 million within the first 100 days of this Government to support front-line services and deal with the demand that has built up during the pandemic. The pandemic has had a disproportionate impact on women, and those who are involved in prostitution have faced increasing challenges that have put them at further risk of harm.

Last year, we took forward Scotland's first national consultation on challenging men's demand for prostitution, and yesterday we published the findings and the Scottish Government's response. It sets out our commitment to develop a progressive model for Scotland to tackle this form of violence against women and a programme of work to co-design services with those who have lived experience so that support services meet their needs and, when the women are ready, help them to exit prostitution.

John Mason: I know that the minister has listened, as I have, to survivors and those who have experienced prostitution. It seems to me that very few women are voluntarily involved in prostitution; the vast majority are forced to be in it, either by somebody else or by their circumstances. Surely, if men are purchasing sex, they are guilty of violence against women and they should be criminalised.

Ash Denham: I would agree with the member. In the equally safe strategy, we set out that prostitution is a form of commercial sexual exploitation and that it is part of what we would consider to be, and would respond to as, violence against women.

I am very interested in taking forward the views that were expressed in the consultation. Obviously, different opinions were expressed. Many respondents favoured a decriminalisation approach such as the one that we find in New Zealand, while many others favoured an approach that is known as the Nordic model, which is

particularly associated with Sweden. We are committing to develop a model specifically for Scotland that will reduce the harms of prostitution, support women to exit it and, crucially, challenge men's demand for purchasing sex.

Rhoda Grant (Highlands and Islands) (Lab): Commercial sexual exploitation is an aspect of violence against women that we have made very little progress in defeating, and prostitution is a signal of how unequal our society is with regard to women. Victims of exploitation are still criminalised while those who exploit them face no sanction whatever. Will the Scottish Government legislate to change that situation and, in doing so, look at how victims who have been prosecuted can have their convictions erased? After all, such convictions are a huge barrier to their exiting prostitution and starting new lives for themselves.

Ash Denham: First, I commend the member for her long-standing interest and work in this area. She is quite correct in some of the points that she has just made.

As the member will acknowledge, this has been the first-ever consultation on prostitution and challenging men's demand for purchasing sex. I invite her to work with me and the Government as we develop a model that is right for Scotland—one that recognises the lived experience of those who have been involved in prostitution, seeks to challenge men's demand for purchasing sex and sits within our equally safe framework.

Victim Support

4. Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP): To ask the Scottish Government what action it is taking to improve support for victims of crime. (S6O-00044)

The Cabinet Secretary for Justice and Veterans (Keith Brown): In our manifesto, we set out a range of commitments aimed at ensuring that victims' rights lie at the heart of our justice system. As a result, we will appoint a victims commissioner to provide an independent voice for victims; we will review the provision of victim services; we will introduce a justice-specific knowledge and skills framework for trauma-informed practice; and we will ensure that restorative justice services are widely available across Scotland by 2023. Over the past five years, we have invested more than £88 million from the justice budget in supporting victims, including £18.2 million this year, and we are developing a new funding regime to ensure that support is available to all victims, regardless of crime type or location.

Dr Allan: Victims' rights should, of course, be at the centre of our justice system, and the introduction of a victims commissioner provides

Scotland with a real opportunity to lead the way globally on that. Does the cabinet secretary think that the Scottish victims commissioner could emulate the success of the Children and Young People's Commissioner Scotland?

Keith Brown: The Children and Young People's Commissioner Scotland plays a crucial role as the champion and guardian of children's rights, providing challenge where necessary. In those respects, the role is not dissimilar to that of the Scottish Veterans Commissioner, which I introduced a number of years ago.

The member is right to draw parallels with the role that a victims commissioner could play as an independent figurehead, representing victims' views and championing their cause while ensuring that policy and practice are considered from a victim's perspective. We will therefore work closely with victims and victims organisations to develop a role that is tailored to meet the needs of those affected by crime in Scotland, and a key facet of that role will be working with the children's commissioner to ensure that victims of all ages have their voices heard.

Russell Findlay (West Scotland) (Con): This week, I received a letter from the Parole Board for Scotland, telling me that the violent criminal who committed an attack against me had applied and been rejected for parole. I am one of the lucky ones: I am entitled to this information because my attacker is serving a sentence of longer than 18 months, whereas other victims of horrific crimes, including sexual violence, are not eligible for the victim notification scheme. Will the cabinet secretary consider extending the scheme to include victims in cases in which the offender has been sentenced to less than 18 months?

Keith Brown: As the member will know from previous exchanges, the Government is committed to making a number of changes, including in this area. Indeed, some of those changes will reflect some of the proposals that are set out in the Conservatives' 10-point plan with regard to victims.

Amendments to the Parole Board for Scotland rules that came into force on 1 March include provisions to ensure that the board considers the safety and welfare of victims on release and that victims receive a summary of its recommendations. Further work is being undertaken to rewrite the rules in order to modernise and simplify them, and we plan to consult on those new rules towards the end of the year.

There are commonalities in the approaches taken by the Conservatives and by the Government on this issue, and I make an offer that we work together on it, as it might well be that,

with the approaches that are set out in our respective manifestos, we can achieve the same ends. I hope that the member will feel able to engage in the consultation and with the Government to achieve the best outcome.

Victims' Mental Health (Effect of Trial Delays)

5. Liam Kerr (North East Scotland) (Con): To ask the Scottish Government what its response is to reports that delays to criminal trials are adversely affecting victims' mental health. (S6O-00045)

The Cabinet Secretary for Justice and Veterans (Keith Brown): As I made clear in the Parliament last week, in the "Justice: recover, renew, transform" debate, I recognise the impact that delays and uncertainty have on all those who are involved in criminal court processes, including on victims' mental and physical health. That is why the Government will ensure that our justice system takes account of the interests of victims, witnesses and, indeed, those who are accused of offences as the backlog in cases is dealt with.

Like all our justice partners, I remain committed to addressing the current court backlog, which is a consequence of the Covid pandemic, assisted by the additional £50 million of funding that we have provided to support recovery. On top of existing funding for victims organisations, we have committed to providing an additional £5 million this year to support front-line services that support victims of violence against women and girls, to deal with the outstanding demand that has built up during the pandemic.

Liam Kerr: The latest quarterly criminal court statistics show that the backlog has more than doubled, and Scottish Courts and Tribunals Service modelling estimates that it will not be cleared until March 2025. The resulting pain and mental health problems for victims are horrifying. We know that the backlog of domestic abuse trials in courts such as that in Aberdeen has caused victims untold anguish.

SCTS modelling states that expanding trial court capacity to 25 could clear the High Court backlog by March 2023. The cabinet secretary's motion in the debate last week said that there was a need to address the backlog, so will he commit to making that expansion?

Keith Brown: We have already announced and implemented a number of changes that seek to reduce the backlog and stop it increasing, not least of which are the remote juries that we have established in locations across the country, which I mentioned last week. The £50 million that I mentioned previously will be used—and is being used now—to ensure that we can scale up significantly the sheriff courts in September this

year. That should further help to address the backlog.

We have seen almost the same number of solemn and criminal cases taking place as took place prior to the pandemic, which has required a huge amount of effort by the partners—Liam Kerr mentioned the SCTS, but others have been involved as well. We are very grateful to them for that.

It is in all our interests to minimise the backlog, and I hope to work with Liam Kerr to achieve that over the coming years.

Pauline McNeill (Glasgow) (Lab): An accused person may not be held in custody for trial for more than 140 days unless the trial has commenced, but that period may be extended by a judge on cause shown. Prior to the pandemic, there were significant delays to High Court trials. Is the cabinet secretary satisfied that the use of cause shown is a high enough test to prevent court delays, or will that become meaningless if it is going to take such a length of time to get back on track? Will the cabinet secretary make a full assessment of the impact of delays on victims—especially victims of rape and serious sexual assaults?

Keith Brown: I am happy to come to the chamber at any time to give updates on the extent of the situation in the courts and the impact that that might be having on victims. Members can, of course, propose questions, motions and debates in the Parliament for that.

I acknowledge that remand, in particular, has been an issue because of the backlogs that we have seen. That causes concern and we want to take early initiatives to address that, in addition to the ones that I have already mentioned. However, I am happy to answer future questions on the subject from Pauline McNeill.

To be perfectly honest, I want to get a bit more information about the specific question that Pauline McNeill asked and to find out from those at the front end of the system what their experience has been. However, I am happy to work with Pauline McNeill on those issues.

The Deputy Presiding Officer: Paul McLennan is joining us remotely for question 6.

Cashback for Communities (East Lothian)

6. Paul McLennan (East Lothian) (SNP): To ask the Scottish Government how many projects have been funded by the cashback for communities programme in East Lothian since the initiative was launched. (S6O-00046)

The Cabinet Secretary for Justice and Veterans (Keith Brown): Since the cashback for communities programme was launched, in 2008,

young people in East Lothian have benefited from 40 projects and £1.5 million of investment. That has delivered more than 65,000 activities to support young people from East Lothian into positive destinations and divert them from potentially criminal behaviour.

Paul McLennan: Cashback for communities is a transformative initiative, and it is heartening to hear that so many organisations and young people in my constituency have benefited from it. Can the cabinet secretary share with the chamber some of the findings from the evaluation of the latest phase of the programme, specifically regarding the impact that involvement in the scheme has had on young people's lives?

Keith Brown: I agree with the member, because I have seen the impact of the initiative in my own constituency. The evaluation of phase 4 of cashback for communities, which ran from 2017 to 2020, was published in December last year, and, during that phase, the initiative reached more than 100,000 young people. Involvement in the programme was found to have directly improved the wellbeing of more than 80,000 young people; to have moved 35,000 young people on to a positive destination such as a new job or further education; and, specifically, to have reduced the antisocial or criminal behaviour of more than 80,000 young people. More than two thirds of the young people who were involved were from the most deprived areas in Scotland.

A quote from one of our cashback for communities participants in the Action for Children behavioural change, wellbeing and inclusion service demonstrates the impact that the programme has on the young people of Scotland:

“I wasnae doing anything with my life ... now, seven months down the line, I'm in my first year of training and I'll be starting an apprenticeship ... In four years, I'll be a fully qualified electrician.”

The story of the success that we are having with those initiatives to divert people away from a life of crime is not told often enough.

Age of Criminal Responsibility

7. Alex Cole-Hamilton (Edinburgh Western) (LD): To ask the Scottish Government whether it will provide an update on its plans to raise the age of criminal responsibility to the international minimum. (S6O-00047)

The Minister for Community Safety (Ash Denham): Section 78 of the Age of Criminal Responsibility (Scotland) Act 2019 requires the Scottish ministers to review the operation of the act. The review is to cover the operation of the act generally, looking at, for example, whether it has achieved its objectives and whether all the provisions are operating as intended. In addition,

the review is to consider raising the age of criminal responsibility further.

The act requires that the review take place in the three years following section 1 coming into force. A report will be prepared following the review, which must then be published and laid before the Scottish Parliament. In addition, the age of criminal responsibility advisory group, which the Minister for Children and Young People chairs, considers that process as part of its on-going remit.

Alex Cole-Hamilton: As long as Scotland sets its age of criminal responsibility at 12, we shall forever fail in our ambition to lead the world on children's rights. We are in the basement, below Russia and China. Our progress to lift our age of responsibility from eight to 12 in the first place was glacial, but it started with a move to end the criminal prosecution of those aged under 12, which required no legislation. Will the minister work with the new Lord Advocate to end the criminal prosecution of those under the age of 14 and pave the way for us to finally lift the age of criminal responsibility to the international minimum?

Ash Denham: The member has mentioned a couple of countries, and, when we consider other countries, it is clear that the age of criminal responsibility means different things in different places. It often means the minimum age of prosecution or an age that provides protection from explicitly punitive sentences. In many countries, children of all ages can be subject to the various interferences of the criminal justice system, bar prosecution. I think that the member would agree that the balance needs to be right in the system, so focusing on individual international comparisons does not give due consideration to flexibility.

The Scottish Government is committed to examining that area, and I have set out a review process that the Scottish Parliament unanimously agreed when the legislation was passed, in 2019—I believe that the member was a party to that decision.

Police Scotland (Officer and Staff Numbers)

8. Dean Lockhart (Mid Scotland and Fife) (Con): To ask the Scottish Government what its response is to the number of divisional officers working in each local division as detailed in the latest publication of Police Scotland's officer and staff numbers. (S6O-00048)

The Cabinet Secretary for Justice and Veterans (Keith Brown): I would first like to thank the police officers and police staff throughout the country for their hard work and dedication throughout the pandemic.

The member will know that the deployment of officers is a matter for the chief constable. However, it is worth saying that we have a higher number of officers than we had at any time during the previous Administration. We currently have 17,283 officers—an increase of 1,049 police officers from the position that we inherited in 2007.

It is right that the chief constable should keep the size and shape of the policing workforce under review in the light of changing demands. Local police divisions have a core complement of officers who are always dedicated locally to community and response policing, and they can additionally draw on specialist services and resources at regional and national levels, providing the right people in the right place at the right time to keep people safe and meet the needs of our communities.

Dean Lockhart: If the cabinet secretary takes a closer look at the most recent figures, he will see that they show the scale of the cutbacks in the number of divisional officers since the Scottish National Party's police merger. More than 700 front-line officers have been lost from Police Scotland's local divisions since the national force was created. Does the cabinet secretary have any plans to reverse the local cuts and increase the number of front-line officers in Police Scotland so that it can get on with the job of tackling the rising level of violent crime that we saw before the pandemic?

Keith Brown: We remain committed to having the greater number of police officers that I mentioned, which is more than 17,000. That commitment is shared by the chief constable. I am not sure whether the member is suggesting that the chief constable should be instructed to move police officers around the country on the basis of what we think is the best solution. We do not agree with that approach—it is a matter for the chief constable.

It is also worth mentioning that some of the divisional officers that Dean Lockhart referred to have gone on to look at national priorities, such that the division in Fife, along with divisions in other parts of the country, can call on those national facilities, amenities and resources when it is necessary for them to do so. That is the chief constable's responsibility.

There are more than 12,000 police officers in our local divisions, and, as I mentioned, there are more than 17,000 in Scotland. In Scotland, we have around 32 officers per 10,000 of the population, compared with 22 officers—10 fewer—per 10,000 of the population in England and Wales. As has been the case since we came into office, we will continue to have more officers and to pay them at a higher rate than officers elsewhere in the United Kingdom are paid.

The Deputy Presiding Officer: That concludes justice portfolio questions. We will have a brief pause to allow members to change seats.

Provisional Outturn 2020-21

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a statement by Tom Arthur on the provisional outturn for 2020-21. The minister will take questions at the end of his statement, so there should be no interventions or interruptions during it.

14:26

The Minister for Public Finance, Planning and Community Wealth (Tom Arthur): Thank you, Presiding Officer. I welcome you to your new role.

I welcome the opportunity to update the Parliament on the provisional outturn against the budget for the financial year 2020-21. The provisional outturn demonstrates once again that the Scottish Government is prudently and competently managing Scotland's finances, even more so in such extremely challenging and uncertain times, taking into account, as it does, all the Covid-19 expenditure up to 31 March.

The financial challenges of managing our response to the pandemic have been unprecedented. There is an economic crisis as well as a health crisis, and the Covid-19 pandemic has been the biggest fiscal and policy challenge that the Scottish Government has faced over the past two decades of devolution.

The pandemic has reached almost every area of our lives, and it has required the Scottish Government to respond quickly and decisively by providing substantial additional funding for public services and support for individuals, business and the economy. Although our collective efforts, in tandem with the success of the vaccination programme, are helping us to win the fight to overcome the virus, that has not come without cost. I thank members of the national health service and the emergency services, and front-line staff across the whole of the public sector, for their amazing work over the past year. I also recognise the sacrifices that businesses and the public have made.

Every penny that has been received by the Scottish Government to tackle Covid-19 has been channelled to where it has been needed the most. To date, we have announced more than 170 Covid initiatives, which have provided bespoke financial support to businesses, individuals and organisations to support them through the pandemic.

In 2020-21, we allocated more than £9 billion to support the health, economic and social challenges that have been created by the pandemic, which is more than the Covid funding

that was passed to us by the United Kingdom Government. That includes more than £3 billion to support health and wider public health initiatives; more than £3 billion to support Scottish businesses; £1 billion for local government, to support the welfare and wellbeing of our communities; £850 million to support our rail and bus networks; and £450 million to support education and skills. Those figures demonstrate the scale and breadth of our response to the unprecedented situation, and it is against that extremely challenging financial backdrop that we report our provisional outturn.

Although the path to recovery remains uncertain, the Scottish Government remains committed to ensuring that we as a country get back on our feet and that the right steps are taken to support and guide Scotland's longer-term recovery.

The pandemic has put a spotlight on the challenges that we face as a result of having such restricted fiscal powers. There is an imbalance between the risks to which the Scottish budget is exposed and the levers that we have for managing those risks. That includes the existence of strict limits on how much and for what purpose the Scottish Government can borrow, which leads to our being overly dependent on UK Government policy; the time lag between the UK Government's announcements and the confirmation of further devolved funding, which makes real-time response and recovery planning extremely difficult; the uncertainty of the funding and application of certain Covid policies when there needed to be varying local responses to the pandemic, a prime example being the furlough scheme; and the single-year funding model, which means that the ability to carry forward our budget between financial years is extremely restricted. Unfortunately, Covid-19 does not stop at the end of a financial year.

The 2020-21 guarantee on Barnett consequential that was provided by the UK Government was a welcome development. However, that served only to reduce the risk of late deductions to our budget, which we again face for 2021-22.

What is not in doubt is that significant budget challenges lie ahead, and that those funding challenges will continue as we target our resources at stimulating a safe, swift and sustainable recovery for our communities, our public services and our economy. Significant uncertainty remains over the extent to which the UK Government will support the on-going cost of the pandemic. That is why we have requested a guarantee of future funding similar to that which was given for 2020-21. It is also why I, along with the Cabinet Secretary for Finance and the

Economy, will continue to make the case to the UK Government for more proportionate financial powers to help manage the pressures and volatility in Scotland's financial position and to allow the Scottish Government to respond fully to the crisis. The forthcoming fiscal framework review must take place in that context. A narrow, technical review of the framework will not deliver what the people of Scotland need or want.

I turn to the 2020-21 provisional outturn. Under the current devolution settlement, the Scottish Parliament is not permitted to overspend its budget. At the same time, the carry-forward of budget between financial years is highly restrictive, which means that the phasing of expenditure between financial years is extremely restricted. Therefore, there is a balance to be struck in ensuring that we maintain spending within our budget limits but do not generate high carry-forwards between financial years, which would risk breaching our reserve cap and losing funding.

Once again, we have managed to maintain that balance. I can report that the provisional outturn for 2020-21 is £48 billion, against a total fiscal budget of £48.5 billion. The remaining budget of £449 million, which represents just 0.9 per cent of our total budget, has been carried forward in full through the Scotland reserve. That was proactively managed, with £431 million already being anticipated in the 2021-22 budget reserve carry-forward.

It is important to note that there is no loss of spending power to the Scottish Government as a result of that carry-forward. Every penny has been allocated in full, allowing us to implement Covid response measures at the optimal time rather than be constrained to a single financial year.

The sum of £449 million is made up of £374 million of fiscal resource, £8 million of capital and £67 million for financial transactions—which, of course, can be used only for loans or equity investments in entities that are outside the public sector.

The provisional outturn is in line with our strategy to actively minimise the amount of capital that is in the reserve, in order to create headroom for the FT and resource carry-forwards that are required to support the 2021-22 budget position that was agreed by Parliament.

I highlight that the outturn figures for 2020-21 remain provisional, as they are subject to an ongoing audit process. Finalised figures will be reported as usual in the annual Scottish Government consolidated accounts and a statement of total outturn for the financial year 2020-21 later this year.

The provisional outturn demonstrates that the Scottish Government has maintained a firm grip on Scotland's public finances in the context of a year that has presented the most significant financial challenges in the past two decades of devolution. We have demonstrated that, once again, the Scottish Government has effectively managed Scotland's public finances and maintained the balance of not breaching our fixed budgetary limits and ensuring that the reserve balances will be deployed in full to fund 2021-22 spending priorities.

I commend today's figures to Parliament.

The Deputy Presiding Officer: The minister will now take questions on issues that were raised in his statement. I intend to allow about 20 minutes for questions, after which we will move on to the next item of business. It will be helpful if members who intend to ask a question press their request-to-speak buttons now, or as soon as possible.

Liz Smith (Mid Scotland and Fife) (Con): I join the minister in thanking the people who are on the front line as we grapple with the pandemic, which is obviously forcing Scotland to face up to very difficult circumstances. It takes just a quick look at the statistics that were published yesterday for us to recognise the scale of the challenges that lie ahead, especially in relation to securing people's jobs. There are also budgetary challenges.

I have three questions for the minister. I turn first to the underspend and the concern that, in this ongoing and serious pandemic, there continues to be a very large sum of public money that many sectors want to be spent on urgent support. For example, in the health budget there is an underspend of £183 million while there are backlogs in treatment. That is very serious.

Will the minister provide Parliament with full transparency on budget lines, regarding exactly how the Covid recovery money, including that which is provided to Scotland by the UK Government, has been spent and how it will be spent, across each sector?

Secondly, I note that transport once again has the largest underspend, which we are hearing just days after the Scottish Government announced that it has missed its climate change targets for the third year running. What money will be given to green transport and infrastructure projects to ensure that the effects of climate change will be mitigated?

Finally, this week the First Minister was accused by members of the national economic forum of not ensuring that enough effort has been made by the Scottish Government to engage meaningfully with the business community on planning for the future. What is being done urgently to address that problem?

Tom Arthur: I welcome Liz Smith to her new position. I will pick up on the last point and acknowledge the outstanding contribution that our businesses have made throughout the pandemic. I am sure that we can all think of examples from our constituencies of businesses that have gone above and beyond the call of duty. The member is absolutely right to raise the point. I will answer her questions in turn.

The health underspend came about due to consequential of £200 million that it was judged would not align with public health spending cycles. As I said in my statement, it is better that the money be deployed at the optimum moment rather than to fit within the strictures of a financial year.

On transport, money has been underspent on capital. Ultimately, that is a consequence of restrictions from the pandemic. That will be seen across many capital lines. Restrictions having been in place and construction having been closed for large parts of last year have inevitably led to some slippage in capital spending. However, money has been redeployed from capital for green transport. I will be happy to provide Liz Smith with more detail in writing, if she desires that.

In relation to business support and the overall question of how much money has been deployed, the Scottish Government has received in total £8.6 billion in consequential, but we have gone further and have spent more than £9 billion on supporting our communities through the pandemic. Specifically in relation to business, the total is more than £3 billion, which includes £2.6 billion that has been spent on various grant schemes that amount to more than 170 bespoke financial support packages for businesses and their communities.

We have also given support on non-domestic rates relief. We are the only part of the UK to give non-domestic rates relief of 100 per cent to the retail, hospitality, leisure and aviation sectors. That is a commitment that we have delivered that will, in total, cost more than £960 million.

I hope that those examples demonstrate to Liz Smith that the Government is committed to business. It has supported business through the pandemic and will continue to do so. However, we could do so much more if we had additional fiscal levers, so I sincerely hope that Liz Smith will use the influence that she has in her party to encourage the Chancellor of the Exchequer to engage constructively in talks with the Scottish Government and the Cabinet Secretary for Finance and the Economy, as we take forward the fiscal framework review.

Daniel Johnson (Edinburgh Southern) (Lab): I thank the minister for early sight of his statement, and I welcome him to his position.

A £449 million underspend while so many businesses are struggling to keep their head above water will seem to many people to be a cruel irony. I understand that the timing of some UK Government funds might have made an underspend unavoidable, but the lack of clarity about what that substantial figure is being used for is not so understandable.

Especially given the extension of restrictions, the deepening cash-flow crisis might prove to be terminal for businesses including taxi drivers, wedding planners and hospitality and tourism businesses. Will the minister provide more detail on how the funds have, apparently, been allocated? Will he confirm that the funds are being spent to support businesses that have been impacted by the extension of restrictions? Can he also set out plans to improve transparency around Covid funds, which the Auditor General for Scotland called for in February?

I come back to health spending. How can the Scottish Government manage to have an underspend in the health budget in the middle of a health crisis?

Tom Arthur: On Daniel Johnson's last question about health spending, which I addressed in my response to Liz Smith, the consequential arrived very late, in February. I am sure that he and every member in the chamber will agree that money should be spent on health in a way that delivers the optimal impact, rather than it having to be spent within the strictures of a financial year. I am sure that Daniel Johnson will, on reflection, come round to that view.

As I explained and set out in my statement, the overall underspend has been managed prudently through the Scotland reserve. Indeed, £431 million of the underspend was anticipated in the budget.

In relation to transparency about how the money is being spent, we took the unprecedented step of carrying out a summer budget revision in the previous financial year. The cabinet secretary has engaged fully with Parliament. She engaged with the Finance and Constitution Committee, and she will write to the newly constituted Finance and Public Administration Committee ahead of the summer recess to illustrate our thinking. We will, of course, all be happy to appear before the committee, in due course.

The Deputy Presiding Officer: Quite a number of members are seeking to ask questions, so it would be really helpful if we could have more succinct questions and answers.

Kenneth Gibson (Cunninghame North) (SNP): I welcome you, Presiding Officer, and the minister to your new posts.

The pandemic has shone a spotlight on the need for additional fiscal flexibilities to be devolved to Scotland on an on-going basis. They include greater borrowing powers, reserve limits and year-end flexibility. Such powers are essential to securing and consolidating a strong recovery from the crisis. The minister mentioned engagement. What engagement has the Scottish Government had, to date, with the UK Government on devolution of future fiscal flexibilities?

Tom Arthur: Mr Gibson is absolutely correct to raise that issue. The key challenge is the fluidity of the overall funding position. When announcements are made, we do not know when we will receive the consequentials. We had the Barnett guarantee last year, but we currently do not have that, so we do not know about negative consequentials. That would make budget planning extremely difficult in normal times; the situation is compounded in the context of a pandemic. The cabinet secretary has written to the chancellor and is looking to set up a quadrilateral meeting with the other devolved Administrations. I very much hope that the chancellor will take up that offer.

We are looking forward to taking forward the fiscal review next year. It is key that the review's remit be as broad as possible. I hope that we can work together as a Parliament to ensure that Parliament receives the powers that it needs in order to respond fully to the crisis and to progress Scotland's recovery.

Douglas Lumsden (North East Scotland) (Con): I refer members to my entry in the register of interests, which shows that I am still a member of Aberdeen City Council. From talking to other local councils, I know that there are still real pressures when it comes to funding in local government. I know that the minister will say that there is more money for local government, but most of it is coming in then going straight back out again for business support and ring-fenced initiatives. Will the minister commit to using some of the underspend to support local government, which is doing so much work in its local communities?

Tom Arthur: I welcome Douglas Lumsden to the Parliament; this is the first opportunity that I have had to do so. I also join him in acknowledging the extraordinary contribution of local government during the pandemic.

All the money that has been carried forward in the reserve was committed. I note that £430 million of it was anticipated within the budget process, so it forms part of the overall local government settlement that was agreed by Parliament earlier this year.

With regard to local government funding throughout the pandemic, in excess of £1 billion

has been given on top of the funding that had been allocated in the budget last year. That funding has been spent on supporting the wellbeing and welfare of our communities—on initiatives to support people who are on low incomes, including free school meals and winter support packages. If Douglas Lumsden would like to discuss those matters further, there will be an opportunity to do so as we go into the budget process later in the year. I am more than happy to engage with him as we go forward.

John Mason (Glasgow Shettleston) (SNP): I commend the Government on being so accurate with its budgeting; it came within 0.9 per cent. Covid is likely to lead to uncertainty around tax, so can the minister say anything about tax volatility?

Tom Arthur: John Mason is absolutely correct to raise the issue of volatility, which is addressed in the medium-term financial strategy. We have prudently used our resource borrowing powers to mitigate that volatility, but we could do more if we had further powers in the Parliament. I therefore reiterate the calls that I have already made for people across the Parliament to work together ahead of the fiscal framework review to ensure that we have the powers that we require to fully manage volatility.

Paul Sweeney (Glasgow) (Lab): Last year, the Government gave a £191 million no-strings subsidy to private bus company owners and underspent the transport budget by £343 million. When the Government is carrying forward that money into the reserve, will it consider taking equity stakes in bus companies and other transport firms to extend public ownership across the transport system and better enable us to have an integrated and greener public transport system in Scotland?

Tom Arthur: I welcome Paul Sweeney to the chamber, and I am happy to reflect on the substantive point that he has raised. In an earlier answer, I referenced the specific issue of money going to bus companies. There was an underspend in the area, but that money has been carried forward as part of the Scotland reserve to be redeployed on front-line spending in this financial year.

Patrick Harvie (Glasgow) (Green): I congratulate Tom Arthur on his appointment as a minister. There is no doubt that it is a difficult job, but there is a concern that the Scottish Government, in managing its finances, has put some of the pressure down the chain to local government and arm's-length bodies such as Glasgow Life. What more does the Scottish Government intend to do to ensure that facilities that are run by those bodies—such as Whiteinch library, on which decisions are being made this afternoon, as well as many other libraries, leisure

centres and community centres—are not lost as we see Covid recovery? What more will the Government do to ensure that those services are protected?

Tom Arthur: I recognise the vital importance of those local services to our communities. As Patrick Harvie knows well, the budget for local government is set as part of the overall budget and it is ultimately a matter for local authorities to decide how they spend those resources, but I am sure that that will be a topic of much discussion as we approach the budget process later this year.

Stuart McMillan (Greenock and Inverclyde) (SNP): I welcome the minister to his position. He has touched on the fact that the Scottish Government cannot overspend its budget and so must balance it throughout the year. Can the minister provide any details as to how the current percentage of underspend compares to that of other devolved Governments that are required to balance their budgets, such as the Labour Government in Wales?

Tom Arthur: I am happy to do so. Mr McMillan is absolutely correct to raise the fact that we cannot overspend our budget; indeed, we have a very narrow envelope in which to carry forward additional resource to the following year, and underspend for 2020-21 is in line with comparative years. For example, although the 2020-21 data for the Labour Government in Wales is not yet available, its underspend in 2019-20 was £189 million, which represents 1.3 per cent of its total budget and compares to the underspend of 0.9 per cent in this year's Scottish budget.

Willie Rennie (North East Fife) (LD): When businesses, especially tourism businesses, are crying out for support, they will find it baffling that millions of pounds of business support is stuck in Government accounts. The minister cutely dodged Daniel Johnson's question on how the funds have been allocated. Can he tell me how much of the underspend has been allocated to tourism businesses, especially those that depend on international visitors?

Tom Arthur: We spend every penny of resource that we receive. The £431 million carry-forward was anticipated in the Scottish budget. If I recall correctly, Mr Rennie voted for that budget.

The Deputy Presiding Officer: Willie Coffey is joining us remotely.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): The economic shock of the pandemic has been compounded by the shock caused by the Tory Brexit disaster. What steps is the Scottish Government taking to mitigate the impact of Brexit on Scotland's public finances?

Tom Arthur: Mr Coffey is correct to raise the issue of Brexit. The pandemic is the biggest economic challenge that we have faced in the past decade and it has been compounded by Brexit. As I said in my statement, the provisional outturn shows that the Scottish Government is prudently and competently managing Scotland's finances, even against that most challenging of backdrops.

We have been clear that we will do all that we can to support businesses throughout the pandemic. We will continue to do that and to support businesses that are impacted by Brexit.

Tess White (North East Scotland) (Con): I, too, welcome the minister to his role. The minister said:

"To date, we have announced more than 170 Covid initiatives to provide bespoke financial support to businesses ... to support them through the pandemic."

The fact is that too many people in the business community are telling us that they are not receiving the support that they need and that it is not clear who can access what. The timescales for business support grants are also not clear. Businesses are complaining about the lack of engagement—

The Deputy Presiding Officer: Please can we have a question? We are running short of time.

Tess White: What is the minister going to do about the lack of engagement and when is he going to do it?

Tom Arthur: Yesterday morning, along with the First Minister, the Deputy First Minister and the Cabinet Secretary for Finance and the Economy, I engaged extensively with businesses as part of the national economic forum. I will continue that engagement.

Bill Kidd (Glasgow Anniesland) (SNP): I welcome you to your new post, Presiding Officer.

I thank the minister for his clear statement and welcome him to his new role. Can the minister provide any further detail on measures that the Scottish Government is taking to provide certainty for our vital public services during this difficult time?

Tom Arthur: Due to prudent management of Scotland's public finances, the Scottish Government was able to protect our most vital public services without overspending our budget. During the last financial year, we have responded to the pandemic by allocating an additional £3 billion to health and wider health initiatives and an extra £1 billion to local government through measures such as our lost income support scheme, winter support packages and free school meals scheme. We have also ensured that our rail and bus networks remain sustainable through an

additional £850 million of funding and provided an extra £450 million to education to ensure that extensive support measures could be implemented.

Jamie Halcro Johnston (Highlands and Islands) (Con): I welcome the minister to his new position. He has rightly identified that the pandemic is as much an economic crisis as a health crisis, which means that how our public funds are used is vital. The most recent minutes that are publicly available on the Scottish Government's website for a meeting of the First Minister's Council of Economic Advisers dates from June 2020. Is that the last time that the group met? When will the group next meet and when is the next scheduled meeting of the advisory group on economic recovery? Are there any plans to amend the membership of either of those groups to give a stronger voice to Scotland's business community?

Tom Arthur: I thank Jamie Halcro Johnston for his question. I did not catch all of it. The body that he referred to has met since then. I apologise for not picking up the rest of his question. If the member wants to write to me on that, I would be happy to respond.

Law Officers

The Deputy Presiding Officer (Annabelle Ewing): We move to the next item of business.

15:54

The First Minister (Nicola Sturgeon): It will give me great pleasure to move the motion seeking Parliament's agreement to recommend to Her Majesty the Queen the appointment of a new Lord Advocate and a new Solicitor General for Scotland. Those posts have a very long history indeed. The position of Lord Advocate was established long before the 1707 union of Parliaments. Today, those roles remain crucial to the rule of law in Scotland.

The current combined prosecution and Government advisory functions of the law officers have endured since the establishment of this Parliament, under all Administrations. However, as members will be aware, the Government made a commitment at the recent election to consult on whether those dual functions should, in future, be separated. I believe that there is a strong prima facie case to be made for that. However, it is important that Parliament considers carefully the precise detail of any reform. Depending on the nature of it, change may require primary legislation, including possible amendment to the Scotland Act 1998. There are complex issues involved, but I can confirm that the Government will take forward a consultation in due course. Whatever the outcome of such a consultation, it will remain hugely important that Scotland has law officers of the very highest calibre. I have no doubt whatsoever that the individuals whom I am nominating today fulfil that requirement. Before I turn to the nominations, I take the opportunity, on behalf of Parliament, to pay tribute to and thank the departing Lord Advocate and Solicitor General.

James Wolffe has served as Lord Advocate in extraordinary times. The issues thrown up by Brexit and then the emergency legislation necessitated by the Covid pandemic have been complex and largely unprecedented. During this time, the Government has benefited enormously from his intellect and from the clarity, expertise and—at all times—scrupulous independence of his advice. James Wolffe has also represented the Government at several important hearings, including the Supreme Court cases on article 50, the UK Withdrawal from the European Union (Legal Continuity) (Scotland) Bill and the prorogation of the United Kingdom Parliament. Those are among the most significant constitutional cases of recent times and will surely take their place in the history books.

I also pay tribute to the way in which James Wolffe represented the Scottish Government when he was defending, in the Supreme Court, this Parliament's legislation on minimum unit pricing for alcohol. In addition, he has worked to reduce the amount of time that it takes for the Crown Office to investigate deaths, and he has continued its work to improve the handling of cases relating to domestic abuse and violence against women. Any of those challenges and achievements in isolation would be significant; taken together, they represent a remarkable achievement and legacy.

For Alison Di Rollo, her time as Solicitor General has marked the end of 35 years as a first-class public prosecutor, including a spell as head of the national sexual crimes unit. For the past five years, she has served with distinction as Solicitor General. Her role, during that time, in establishing the expert group on preventing sexual offending involving children and young people will, I am sure, contribute to further improvements in the prevention and handling of such cases. She also represented the Crown Office in the Supreme Court, in the highly significant Sutherland case, which concerned evidence that was used to convict paedophiles.

For all that and so much more, Alison Di Rollo and James Wolffe have my thanks. They have both been outstanding public servants, and I am sure that they leave office with the very best wishes of members on all sides of the chamber.

I turn to my nominations for their replacements. My formal recommendation for Scotland's new Lord Advocate is Dorothy Bain QC. Dorothy is, without doubt—I think that I can say this without fear of contradiction—one of Scotland's most senior and highly respected lawyers. She has extensive experience in both civil and criminal law and has appeared in cases at all levels, including in the Court of Session, the High Court, the UK Supreme Court and the European Court of Human Rights. Dorothy is currently counsel to the Investigatory Powers Tribunal in Scotland and chair of the police appeals tribunal. She also spent nine years, from 2002 to 2011, as an advocate depute at the Crown Office. During that time, she made history by becoming the first woman to be appointed as principal advocate depute. She has conducted many complex prosecutions and appeals, including the first prosecution of Peter Tobin and the prosecutions relating to the operation algebra investigation, which resulted in the conviction of eight men for offences relating to the sexual abuse of children. From the comments that have been made since news of her nomination became known, it is very clear that Dorothy Bain is also highly respected, rightly, for her determination to speak up for the rights and the interests of the victims of crime. I believe that

she will be a Lord Advocate of the very highest calibre.

My nomination for Solicitor General for Scotland is Ruth Charteris QC. Ruth is also a lawyer who commands respect, rightly, across the legal profession. She has been an advocate for more than 20 years. For eight of those years, she was a standing junior counsel for the Scottish Government, advising and representing the Government in a number of cases.

For the past year, she has served as advocate depute at the Crown Office. She also chairs the fitness to practise panel of the Scottish Social Services Council. Ruth will bring to the role of Solicitor General a valuable combination of public law and prosecution experience, and I am absolutely delighted to nominate her today.

Dorothy Bain and Ruth Charteris are both individuals of the highest ability and integrity and I believe that, together, they will make an outstanding and formidable team. It is worth noting that, if these appointments are approved by Parliament today, it will mark the first occasion on which the roles of Lord Advocate and Solicitor General for Scotland have both been held by women at the same time. That would represent a further welcome step towards more equal representation at the most senior levels in the legal profession and in public life more generally.

However, while that may be a welcome additional benefit of their appointments—and I think it is—it is not the reason for their appointments. Fundamentally, I am nominating Dorothy Bain and Ruth Charteris because they are both supremely well qualified for the roles that they are being asked to do. They have a wealth of professional experience that I am sure will benefit the Scottish Government, the Crown Office and the justice system in Scotland more generally.

It is with great pleasure, therefore, that I move,

That the Parliament agrees that it be recommended to Her Majesty that Dorothy Bain QC be appointed as the Lord Advocate and that Ruth Charteris QC be appointed as Solicitor General for Scotland.

15:01

Douglas Ross (Highlands and Islands) (Con):

At the outset, I echo what the First Minister said and place on record my thanks to James Wolffe and Alison Di Rollo for their service over a particularly challenging number of years. I also join the First Minister in offering my congratulations and those of my party to Dorothy Bain on her appointment as Lord Advocate and to Ruth Charteris as she takes on the role of Solicitor General.

For the first time, both our top law officer positions in Scotland will be held by women, which not only makes history but provides the next generation of young women with new role models to look up to. However, there is absolutely no doubt that these appointments have been made because those are two incredibly well qualified individuals, with vast experience of Scotland's legal system.

As the First Minister outlined, Dorothy Bain has conducted some of the most high-profile criminal prosecutions and appeals, including the prosecution of Peter Tobin, which ended in his conviction and a life sentence. Dorothy Bain is clearly held in extremely high regard by her colleagues in the legal profession, who have noted just how highly respected she is across the entire legal system. Some people I have spoken to just in the past couple of days have commented on both the appointments as being extremely strong. Dorothy Bain comes to her new role at a time when the importance of the Lord Advocate seems, over the past few years, to have taken on even more significance, and that is likely to continue.

Before I get to the challenges facing the new Lord Advocate, I put on record again that my party supports splitting up the role, as the First Minister mentioned in her remarks. We have raised concerns about the dual role since devolution began, and those concerns have only become more acute as time has passed. There is a serious conflict between the roles of head of the Crown Office and chief legal adviser to the Scottish Government. Although I am confident that Dorothy Bain will handle that conflict with dedication and professionalism, the problems created by the dual role cannot be rectified by the skill and commitment of the person holding the office. The issue is systemic, and it is inherent. By their nature, the dual roles at times conflict with each other. The Alex Salmond scandal exposed the weaknesses for all to see. Time and again, it seemed that the dual role had put people in an impossible position. They appeared destined to fail, because there was no way to fulfil both roles properly. The role of the Lord Advocate was stretched to its limits and found wanting, to the detriment of the Scottish public and of the women at the heart of that affair.

Separating the roles is essential to restore public confidence in the position. While we appreciate that these things cannot be rushed, there appears to be consensus in the Parliament on reform, and we look forward to the Scottish Government producing its consultation. While we wish Dorothy Bain great success, I hope that this is the last time that the Parliament appoints a Lord Advocate under the current dual remit .

The task facing both the new Lord Advocate and the new Solicitor General is enormous. It is well known that, in recent years, the Crown Office and the Lord Advocate have become embroiled in a series of scandals. Catastrophic failings have been the focal point of press attention for a number of years, and they are not going to go away. Malicious prosecutions over the Rangers case will end up costing the taxpayer a fortune, although we still do not know how much. We need transparency over those costs first and foremost but, in time, we need to know what went wrong and ensure that it never happens again.

My party has been vocal about the problems with fatal accident inquiries and the length of time that they often take—we must see action there.

There is also a far wider problem that has been exacerbated by the Covid pandemic: the backlog of trials has put the justice system under severe strain, and the law officers will have our support as they seek to tackle that issue.

On the horizon there is also the looming shadow of a referendum bill, which the Scottish Government seems determined to bring forward. I trust that in the new Lord Advocate we have someone with the experience to speak truth to power at this pivotal point in Scotland's history as we seek to ensure that we rebuild from the Covid pandemic and focus on that more than anything else.

The challenges are numerous, and I applaud Dorothy Bain and Ruth Charteris for agreeing to take them on. My party will support them in their efforts to improve the Scottish legal system as they seek to restore public confidence at this crucial moment in our history.

15:06

Anas Sarwar (Glasgow) (Lab): I join Nicola Sturgeon and Douglas Ross in thanking James Wolffe and Alison di Rollo for their dedicated service to our country. Both are highly respected in their professions and both have worked through challenging times. Our entire country owes them a debt of gratitude.

Part of the joy of devolution in the Scottish Parliament is the chance to reimagine how Scotland looks, sounds and feels. Historians might disagree on who exactly was the first Lord Advocate, but perhaps the strongest claim to that title is that of Sir Ross Grimley, who in 1483 served as legal adviser to King James III. Scotland welcomed the new Scottish Parliament in 1999, and it would have been unrecognisable to Sir Ross in almost every way. However, the post of Lord Advocate, despite having changed purpose and character in those 516 years, would still, in a few respects, have been familiar to Sir Ross. Most

obviously, the post was always held by a man. In fact, even with the green shoots of a new type of Scottish politics sprouting in 1999, it took another eight years before the first woman would hold Scotland's highest legal office.

When this process is over, it is likely that both Scotland's most senior legal offices will be held by women, based not on tokenism but on merit. It is an important moment to remark on for a profession that, much like politics, still has a long way to go before it looks like the people whom it claims to serve.

Looking at the careers of both Dorothy Bain QC and Ruth Charteris QC, it is clear to me that Scotland will have in post fierce defenders of human rights and champions of victims' voices. Their colleagues speak of two individuals who are driven by empathy and a desire for justice. We all in this Parliament and, indeed, this country need and want them to succeed.

There will, of course, be times when people in this place express dismay with slow and what too often appear to be cruel and impersonal wheels of justice. We will call, as in the cases of Emma Caldwell, Milly Main and far too many others, for the new Lord Advocate to act with compassion and purpose to ensure that not only is the law followed, but justice is done. Such interactions between the politicians and the courts are inevitable, but what is often at stake is the core of our sense of values and fairness in our country. None of that will be a reflection on the good characters, good values and good judgments of the two holders of those legal offices.

It is clear, however, that we need to look at the reform of the role of the Lord Advocate, as the First Minister and Douglas Ross have said. In fact, although much of modern Scotland would be alien to Sir Ross, the closeness of the chief legal officer charged with conducting Scotland's public prosecutions to the nation's political leadership might just be all too familiar. Since the time of Sir Ross, a legal principle has developed that, in matters of legal judgment, what matters is not just whether there is, in fact, bias, but whether there is the possible appearance of bias. More recent history has tipped that issue out of the seminar rooms of law schools on to the front pages of our newspapers. That is why we need to have serious discussions in the Parliament about the separation of power between the person who is in charge of prosecutions in Scotland and the chief legal adviser to the Government.

We will proudly support Dorothy Bain and Ruth Charteris in taking on those vital roles in Scotland's public life, but we will also call on colleagues across the Parliament to make that contingent on reforming the offices. In doing so, we will all play a small part in changing the tone

and tenor of Scotland's history. We cannot lose sight of the injustices that still remain in our society and the work of building that more perfect nation is a collective duty for us all.

15:10

Maggie Chapman (North East Scotland) (Green): On behalf of the Scottish Greens, I am pleased to support the nomination of Dorothy Bain QC as Lord Advocate and Ruth Charteris QC as Solicitor General.

Last week, I spoke in the chamber about how our justice system should exist to correct imbalances of power and about how the system should not be used disproportionately by the rich and powerful against those who are marginalised, left behind and powerless. These appointments will, I hope, allow us as a nation to shift the deeply embedded power imbalances that exist in our justice system. In the same way as this new Parliament better reflects the diversity of our country than ever before and promises to be a more progressive voice for Scotland, I hope that the today's appointment of two outstanding women will allow us to look afresh at our justice system and reform it for the better.

Last week, I talked about the need to redress the power imbalance in our justice system and institutions that result in the woefully low rate of prosecution of men who rape and sexually assault women, and about the lack of trauma-informed support available to traumatised survivors. I talked about the fact that British and minority ethnic people are shamefully overrepresented in prisons, often subjected to a different standard by our police and courts systems and often disproportionately the victims of hate crime. I also talked about our prisons being overwhelmingly used to incarcerate the poor, while substantively failing to reduce reoffending. I am hopeful that the appointments today will allow us to act on those injustices.

I know that Dorothy Bain QC has a strong track record of prosecuting sexual offences and has done considerable work—often pro bono—on cases that have pushed forward the rights of women complainants in sexual crime cases. I am also aware of her determined work in support of victims of racially motivated violence, as exemplified by her support for the family of Sheku Bayoh, who, as I am sure that we all know, died after being pinned down by police while in custody. The choice to smear and criminalise him after his death compounds the initial injustice. Further, Dorothy Bain's compassion, empathy and desire for justice for the families of those who have completed suicide in custody are exactly the qualities that we want in our Lord Advocate.

Later this afternoon, we will discuss how we tackle Scotland's drug deaths crisis. I very much look forward to engaging with our two new senior law officers about a care-based approach of support and treatment rather than one of criminalisation. I hope that we as a country can focus on what is genuinely in the public interest regarding that crisis. Gillian Mackay and I will elaborate on this later today, but I hope that the new Lord Advocate will agree to roll out, as soon as possible, pre-arrest diversion schemes that do not result in a criminal record, to stop people's lives being wrecked with such records.

We need a deep change in our approach to justice. We need to keep survivors of sexual and domestic violence safe. We need to recognise that black lives matter. We need to approach substance misuse as a public health and social justice issue. I look forward, with hope, to working with our new senior law officers.

15:13

Willie Rennie (North East Fife) (LD): Next month will mark six years since the tragic deaths of Lamara Bell and John Yuill by the side of the M9 motorway. Presiding Officer, you will recall the circumstances. Despite calls to the police, it was days before they responded, and despite numerous promises to hold a fatal accident inquiry, the families are still left without answers.

The tragedy of the deaths of Lamara Bell and John Yuill has been compounded by the snail's pace of the Crown Office and Procurator Fiscal Service. That is no way to treat anyone. They are not alone; there is a long list of delays. Warm words are wholly inadequate. Reform is long overdue and that must be led by the new Lord Advocate.

Scotland has the worst drug deaths rate in the United Kingdom, Europe and the developed world. The rate in Scotland is four times that in England. In March, Parliament backed our motion to divert people gripped by drugs into treatment and to cease prosecution and imprisonment. We need a new approach from the Crown Office, which would be another huge responsibility for the new Lord Advocate.

I thank the outgoing Lord Advocate and Solicitor General for their personal service and commitment to the country, which have been remarkable. It is worth remembering that the problems that the Crown Office faces on fatal accident inquiries, drugs and other longstanding issues reach back to well before the current incumbent was in post. The Lord Advocate is appointed by and acts within the policy framework of the Scottish Government, so ministers cannot shrug their shoulders, as they,

too, bear a heavy responsibility for the lack of reform in the Crown Office.

There is one specific reform for the First Minister: the role of Lord Advocate needs to be split to end the apparent conflicts of interest. It is no longer appropriate for the Lord Advocate to act as both a prosecutor and a politician sitting round the Cabinet table. The issue is not new but, in the latter days of the previous parliamentary session, the conflict of interest between those duties fell into sharp focus. Even the impression of a conflict undermines the integrity of the role. Separate positions, with an independent director of prosecutions to run the Crown Office and Procurator Fiscal Service, could bring focus to the task of recovery in justice and a healthy separation of powers.

I support confirmation hearings for the top roles in our public bodies. Confirmation hearings would enable MSPs to question the new postholder and debate the challenging issues that they would face—many of which have already been mentioned—as well as their suitability for the position. We should have had such hearings this afternoon for the Lord Advocate and the Solicitor General, rather than the rushed process that we are engaged in. It might even have been helpful for the nominees to face such a hearing. However, that is not open to us today.

We are fortunate to have such respected and talented nominees in Dorothy Bain and Ruth Charteris, who are widely respected in the legal profession and beyond. I thank them for their contributions so far, I wish them well and I look forward to working with them in partnership over the next years.

The Presiding Officer: The question is, that motion S6M-00406, in the name of Nicola Sturgeon, on the appointment of law officers, be agreed to.

Motion agreed to,

That the Parliament agrees that it be recommended to Her Majesty that Dorothy Bain QC be appointed as the Lord Advocate and that Ruth Charteris QC be appointed as Solicitor General for Scotland.

Drug-related Deaths

The Presiding Officer (Alison Johnstone): I remind members that social distancing measures are in place in the chamber and across the Holyrood campus. I ask members to take care to observe the measures, including when entering and exiting the chamber. They should use the aisles and walkways only to access their seat and when moving around the chamber.

The next item of business is a debate on motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths. I will give members a couple of minutes to rearrange their seating positions.

I invite members who wish to speak in the debate to press their request-to-speak button.

15:19

The Minister for Drugs Policy (Angela Constance): Thank you, Presiding Officer. I welcome you, as well as new and returning MSPs—including health spokespeople—to your new roles. I look forward to working with you all as we continue on our national mission to prevent drug-related deaths.

At the start of the year, the First Minister announced an additional £250 million over the next five years to promote recovery and reduce the harm that is caused by drugs. In my role, I will continue to work across boundaries to both save and improve lives, through drugs services and services in mental health, homelessness, the justice system, and drugs education and prevention, as well as through tackling inequality. The core aim of this work is to support more people into the treatment and recovery that is right for them.

In March, I gave a commitment to Parliament to provide an update on this work and on funding allocations. In that month, we announced that £18 million would be allocated to four new funds: for recovery, local support, families and children, and service improvement. I am pleased to say that those funds opened at the end of May. They are multiyear funds, which will provide a shift to longer-term funding that provides security for third sector and grass-roots organisations, which are often at the forefront of saving lives.

I have listened to and acted on feedback about previous schemes. There is now a lighter-touch application process for smaller funds, and we are providing funding to third sector partners to help people through the application process. The first round of grants is reaching communities this month, so that funding is already making a difference.

Another important step forward has been the publication of the new medication-assisted treatment—MAT—standards at the end of May. The implementation of the new standards for treatment and care will be one of the key foundation stones for changing and improving services, meaning that, no matter where someone lives, the right treatment will be available to them quickly. The standards make a vital connection between informed and wider choice of treatment and other services and support, such as mental health, housing and welfare, and they include a presumption of family involvement. The standards make crystal clear what everyone has the right to expect and can demand from services.

Alex Cole-Hamilton (Edinburgh Western) (LD): Does the cabinet secretary agree with me that it is vitally important that, where we are trying to help mothers with substance-use issues to manage those issues, they are able to do so with their children, so that we are not compounding the adverse childhood experiences of those children?

Angela Constance: Absolutely. In short—yes, I agree that we must keep the promise.

The implementation of the standards is key. That is why, following the first meeting of the national mission implementation group yesterday, I announced £4 million of investment to ensure that we translate words into action. The first two standards—on same-day treatment and a wider range of options—should be implemented as a priority. We expect them to be in place in many areas by autumn, and to be fully in place by April 2022.

The MAT standards also pave the way for new and improved treatment offers. One of those will be long-lasting buprenorphine, or Buvidal, which is an alternative to methadone. Buvidal treatment has three main benefits. It requires only a weekly or monthly injection, which helps reduce the stigma that many feel when they have to go to the pharmacy every day. It gives people more clarity of thought, allowing them to get on with their lives. In addition, Buvidal is not usually associated with overdoses. It will not suit everyone, but feedback from people who have switched to Buvidal in pilot areas and in prison settings is very positive. We are allocating £4 million this year to encourage services to make that option more available.

The number of deaths in which illicit benzodiazepines are implicated continues to rise. It is therefore imperative that we build consensus among clinicians and others, working in collaboration with the sector and with people with lived experience, to help develop a treatment offer that reduces risks for people who are using street substances and addresses their needs. Related prescribing guidance is being produced this year by both the Scottish Drug Deaths Taskforce and

the Scottish Government. I will continue my efforts to persuade the United Kingdom Government of the necessity for drug-checking facilities in Scotland, which would help identify any substances that put lives at risk. I am also continuing to call on the UK Government to allow for restrictions to be set on the possession of pill presses.

Along with many other members, I also support heroin-assisted treatment as another option that should be made more available. It requires significant resources and a comparatively long lead-in time to set up, but I believe that it is worth the effort, and we are working with health boards to identify areas in which such services could be introduced. We will allocate £400,000 to explore the opportunities.

The Government is also fully committed to the establishment of safer drug consumption facilities. The evidence quite simply shows that they help to reduce drug deaths.

Stephen Kerr (Central Scotland) (Con): Karen Briggs, the chief executive officer of Phoenix Future in Falkirk has said:

“We know many people across Scotland would benefit from residential treatment but aren’t able to access it.”

Will the Government take steps to provide more beds in residential situations? There are currently no beds at all in Falkirk.

Angela Constance: Absolutely. We are committed to investing in and increasing the capacity in residential care, particularly where there is acute need.

I go back to the point about safer drug consumption facilities, on which I thought Mr Kerr was going to opine. I will continue to pursue two approaches at the same time. I am engaging the UK Government on the evidence, and seeking to persuade it to allow those life-saving facilities or to devolve the powers to the Scottish Parliament. In the meantime, we are also working with services to leave no stone unturned to overcome the existing legal barriers in our duty to seek solutions here in Scotland. *[Interruption.]* I want to move on. I did not realise that I had only 11 minutes; I thought that I had 13. Perhaps I can take the member’s point later; I do hope so.

The majority of people who die as the result of an overdose will previously have been treated in our national health service for a near-fatal overdose. Therefore, a major focus in our work will be to improve our response to near-fatal overdose. The Scottish Ambulance Service set up our first, formal near-fatal overdose pathways and we will expand those pathways so that they exist nationwide.

In the first few months of 2021, our front-line emergency services also increased the use of naloxone, which can help to avoid death from overdose. Every opportunity must be taken to get people the immediate treatment and support that will help to prevent a fatal overdose. We are therefore investing £3 million to build capacity in services and to increase the number of people who are brought to services following an overdose.

There are still far too many people who services have not reached, so we will invest another £3 million to support outreach services. That will help to ensure that there is effective outreach in every local authority area.

Alcohol and drug partnerships play a vital role in supporting and shaping front-line services. To ensure that those services provide support to families, through a whole-family approach, I am allocating £3.5 million to ADPs. On top of that, we will also ensure that ADPs receive an additional £10 million, and I am specifying that £5 million of that must be used to increase the use of residential rehabilitation and associated aftercare. I will be following the money with health boards to ensure that it is being used effectively for people who need support.

During the next five years, we are committing to invest £100 million for residential rehabilitation, which will be provided through an increasing profile of investment over five years. It will start with around £13 million of investment this year through the ADP funding and through the recovery and improvement funds, which were launched a few months ago. During the summer, working with the residential rehabilitation working group and other partners, we will agree milestones for that five-year investment. After recess, I will bring more details on those to Parliament.

Earlier this year, we published a detailed breakdown of current capacity. We are now working with partners to assess the demand for placements, where they will be provided, and what sort of specialist facilities will be needed. I am particularly concerned about the lack of provision for women with children.

The working group is developing new guidance to increase accessibility and improve referral pathways and support for people when they are leaving rehabilitation. That is so that we can realise our ambition that, where residential rehabilitation can be of benefit, everyone can access it in a way that is right for them.

In March, I gave a commitment to Parliament to ensure that the voice of real-life experience informs our journey every step of the way. I said that people, families, networks and communities will be more involved in local and national decision

making. I am allocating £500,000 to ADPs to be used to improve the existing local forums and panels that they lead. Many of those work well, but there is more to be done to build consistency for everyone. We will be working with ADPs during the summer to support necessary improvements.

During the summer, I will also set out our timetable for establishing a national experience collaborative. I see that national collaborative as one part of our preparations for a citizens assembly on drug law reform. I have allocated another £500,000 to support the setting up and running of the new collaborative.

People with problem drug use can be the most isolated, marginalised and vulnerable of citizens, and they are likely to be among the worst affected by Covid. It has been challenging to maintain a full range of face-to-face support during the pandemic, but many of those who are already in treatment have experienced more contact, albeit mainly by phone or online. We expect to see National Records of Scotland's annual report on drug deaths for 2020 in July. That will give us a better picture of the impact of Covid last year.

During the pandemic, we have significantly improved drugs surveillance. Public Health Scotland, working with Police Scotland, has captured regular reports of potential drug deaths, and those reports have already helped services to react faster to emerging trends. That is why we are now building a better public health surveillance system.

We are also working with National Records of Scotland on how more regular reporting of drug deaths will be put in place this year, in addition to its annual report. We are currently consulting on a new annual target for treatment and a framework to measure progress, implementation and the allocation of resources, and we will also run media campaigns on the use of naloxone and, crucially, tackling stigma. We are working with partners and the lived and living experience communities to develop campaigns.

Finally, families and the lived and living experience communities tell me that accountability at all levels is important to them. That is the challenge for each and every one of us. I have a duty to work with and collaborate with everyone, whether they are local partners or the UK Government, but I also have a responsibility to fully utilise our existing powers and resources and to seek solutions in Scotland.

I look forward to this afternoon's debate.

I move,

That the Parliament supports the national mission to tackle drug-related deaths and harms; welcomes proposals for the introduction of guidance to increase the accessibility of residential rehabilitation programmes; notes that

increased funding is supporting enhancements to ensure that resources reach frontline treatment, rehabilitation and recovery services in areas of acute demand; believes that the new Medication-Assisted Treatment Standards are fundamental to ensuring that everyone who requires support can get access to the drug treatment or support option that they seek; further believes that actions on the standards, such as the implementation of same-day prescribing and increasing the range of treatment options available across the country, will help save lives, and supports calls for an urgent four-nations summit to consider reform of the 50-year-old Misuse of Drugs Act 1971 to fully align the law with a public health response, so that all options for tackling the harm caused by drugs can be deployed, if supported by the Scottish Parliament.

15:32

Sue Webber (Lothian) (Con): I will speak to the amendment that has been lodged in my name on behalf of the Scottish Conservatives.

Drug deaths have become Scotland's national tragedy under the SNP. They have now reached a record high, and too many families and communities have been blighted by the crisis. The drug death rate in Scotland is three and a half times worse than that in the rest of the UK, and it is the worst in Europe. After nearly 14 years in power, the SNP has finally admitted that it should have done more to tackle Scotland's scandalous rate of drug deaths. I listened with keen interest to what the cabinet secretary said.

By Nicola Sturgeon's own admission, she took her eye off the ball. In 2007, 455 people died in Scotland following drug use; in 2019, the figure had risen to 1,264. The drug death rate has almost tripled on the SNP's watch, and the SNP should be ashamed of its record. The First Minister completely failed to act before the crisis spiralled out of control.

Drug-related hospitalisations have tripled in the past two decades. According to figures that were released by Public Health Scotland earlier this week, in 2019-20 there were 14,976 drug-related hospital stays. The drugs hospitalisation rate in Scotland now stands at 282 per 100,000 people. That is up from 87 per 100,000 people in 1997. The NHS Tayside figure of 334 per 100,000 people is far higher than the national average, and the Dundee City Council area boasts the worst drug death rate in Scotland. More locally, in the Lothian health board region, the number of people who died following drug use rose from 54 in 2007 to 155 in 2019—an upward trend that matches the Scotland-wide picture.

One cannot disagree that that increase has a significant knock-on effect on the national health service, reducing its capacity to deal with other cases. We hear time and time again that Scotland's NHS is at its limit—that cannot be argued with. By doing all that we can to reduce those admissions, we can relieve pressure on the

NHS. That is something that we can control now, and it should be a priority.

In a meeting with me, a constituent who has a lot of experience working in that sector highlighted several areas of concern. One cause for concern is not just the increase in drug deaths in the past ten years, but the fact that poly-drug use has increased so significantly. One of the biggest changes in the past seven years has been the massive increase in the use of non-prescribed benzodiazepines or “street BDZs”.

The National Records of Scotland reported that 94 per cent of all drug-related deaths in Scotland involve people who took more than one substance—poly-drug use. Opiates such as heroin and methadone are implicated in the majority of deaths, but users are often taking a lethal cocktail of substances, which increasingly includes benzodiazepines. I was shocked to learn that only one street benzodiazepine death was recorded in 2009, but that there were 814 in 2019.

My constituent also noted how addiction services have been subjected to disinvestment for at least the past 15 years and how services have struggled to retain staff, which continues to be a huge problem. We need to continue to designate additional funding in that direction, and I was glad to hear about some of that work today.

When patients tragically die, the workforce that helps them is shaken. I heard of one member of staff who had to struggle with two deaths in one day. Those staff are determined to deliver the highest quality service possible and, despite everything that they face, create bonds and form relationships with the service users. We need to find a way to protect and support them too.

The Scottish Conservatives secured an extra £20 million a year for residential drug rehab facilities. The measures were announced as part of a £250 million package over five years, which is specifically aimed at tackling the shocking drug death figures. Those measures are welcome news after the SNP’s hugely damaging cuts to rehab beds. However, it should not have taken the SNP 14 years to finally realise that its drug policies had failed.

Scotland has a large network of injection equipment provision and our national take-home naloxone programme was introduced in 2011. One could perhaps assume that those initiatives would help prevent opiate deaths rates—I am certain that they have—but rates continue to rise. We are not measuring in detail the success of the take-home naloxone programme, so we do not know for sure how many lives have been saved by it, although Public Health Scotland’s enhanced surveillance of problem drug use, which started in the past 12 months, is welcome. We do not know how many

drug-related deaths there might have been without the take-home naloxone programme. If we are not measuring the achievements of those programmes in detail, how do we know which programmes to invest in and which ones to put on hold?

A strong level of support exists for the introduction in Scotland of drug consumption rooms, which are used frequently in other countries across Europe. There are 31 facilities across 25 cities in the Netherlands, and 24 facilities in 15 cities in Germany. Other countries—Australia, Canada, Denmark and France—are increasingly adopting drug consumption rooms as part of drug harm reduction strategies and are seeing positive effects.

It is not as simple, however, as a straight comparison between us and other countries. What works there does not necessarily translate into a solution for Scotland. We have heard about all the solutions that are available to us right now in the minister’s proposal today.

Stuart McMillan (Greenock and Inverclyde) (SNP): Will the member take an intervention?

Sue Webber: No, thank you.

The Scottish Government must now find a solution to the hugely complex situation in Scotland that includes access to the new treatments that we have heard about; safe and secure housing, which is key; support through the justice system; and a preventative approach with children and young people—*[Interruption.]* No, I will not take an intervention.

As we said in our manifesto, we want to prioritise abstinence-based programmes. Everyone should have the right to rehab, and we are committed to working on a cross-party basis to deliver that for vulnerable people. We will continue to appeal for cross-party support to tackle drug deaths by opening up access to treatment and rehabilitation programmes. That is why we have lodged an amendment that calls on the Scottish Government to introduce a right to recovery as the starting point for the introduction of a bill that would ensure that everyone has access to the necessary treatment when they need or want it, not when professionals or organisations determine that they can be accommodated.

It is clear that the SNP’s Drug Deaths Taskforce has failed. In 2019, the SNP assembled the task force to tackle the rising number of drug deaths in Scotland. However, a year after the creation of the task force, leading campaign group FAVOR warned that Scotland was going backwards with its efforts on tackling drug deaths. Chief executive officer Annemarie Ward said:

“Even before the pandemic struck, we were seeing very little concrete action ... we need the Scottish Government to start properly funding rehabilitation and recovery programmes.”

The sector is rapidly losing confidence in the poor performance of the Drug Deaths Taskforce. It must publish a comprehensive review into the provision of drug and treatment services before the end of the year.

We cannot stop here. Appointing a drugs minister who reports directly to the First Minister is a positive move, and I look forward to working with Angela Constance in my role as shadow minister for drugs policy. However, the SNP must take action and work closely with key stakeholders in order to deliver support to those who need it most.

More should have been done earlier. Families have been failed, and entire communities have been left broken. This Parliament must ensure that drug deaths are reduced once and for all, and it must introduce a right to recovery to enshrine in law that everyone has access the necessary addiction treatment.

I move amendment S6M-00400.1, to leave out from “reform of the” to end and insert:

“how to work constructively across the UK to tackle drug-related deaths, and calls on the Scottish Government to introduce a Right to Recovery to enshrine in law that everyone has access to the necessary addiction treatment.”

15:41

Claire Baker (Mid Scotland and Fife) (Lab): I welcome this afternoon’s debate, and I am pleased to be leading for Scottish Labour on the issue in my role as shadow minister for drugs policy.

We must tackle Scotland’s high number of drug deaths, and I want to work with MSPs across the chamber to put saving lives and bringing an end to the misery of drug fatalities first, before our political differences.

In the previous parliamentary session, it was rightly made clear that the Government had failed to address a rising rate of drug deaths, and that Scotland having the highest rate in Europe was shameful, a poor reflection on policy makers and past decisions, and demonstrated an unacceptable lack of leadership and complacency from the Scottish Government.

We are at the start of a new session, and recent announcements from the Government, including the MAT standards and the investment to support their delivery, are welcome. Although my colleagues and I will push the minister and the Government to urgently deliver significant and meaningful change—and will hold them to account for the significant challenges in our communities

that drive drug use and dependency—I will work constructively and co-operatively with the minister to find solutions that address the health crisis, support the on-going work of the Drug Deaths Taskforce, and examine Scotland’s relationship with drug use, which would lead to a healthier society that values everyone and supports positive choices.

We will support the Government’s motion this afternoon, although I make clear that, although we accept the call for a four-nations summit, it must not be about nursing a constitutional divide that will lead to an impasse.

I wish the minister well in exercising her persuasive skills to present an evidence-based argument, but it is fair to say that it will be a difficult discussion. Making changes to the Misuse of Drugs Act 1971 would take time, but we do not have time to spare in Scotland. The Scottish Government must demonstrate that it will pursue all options in the existing legal framework to advance safe consumption rooms, testing facilities and other measures that can contribute to reducing fatalities and harmful drug use.

Clearly and correctly, the Lord Advocate is independent of Government, but we want to see the justice and prosecution service prioritise public health and harm reduction.

In her statement in March, the minister said that she was determined to “overcome the legal barriers” to establishing overdose prevention facilities, and that a team of officials was

“working to pull together expertise and options.”—[*Official Report*, 18 March 2021; c 53.]

In closing, I ask the minister to say more about how that work is progressing. Our amendment supports finding solutions in the existing legal framework, and I want that to be demonstrated.

Although the proposal for a UK summit focuses on where there are barriers, I want to recognise what we can do urgently that will make a significant difference. When the MAT standards are introduced, they will be transformational. Their introduction will have the effect of a creating a right to treatment without having to rely on introducing legislation.

The Dundee drugs commission established the need for many of the policies that are reflected in the MAT standards. Given the scale of Scotland’s drug deaths crisis, there should not have been such a delay in their being introduced. We now need to see huge cultural change in services and an increase in rehabilitation capacity—including for mothers and babies—that is supported by investment. We need to address stigma and discrimination through medical intervention and

work on mental health and trauma recovery, as well as social and community support.

Commitment to April 2022 as an implementation date means that some people will still fall through the cracks and not receive the treatment that they deserve and need in the coming months. Progress must therefore be accelerated. This year will be challenging. The standards are going to be incredibly hard to achieve but there must be accountability. Our amendment calls for an interim report at the six-month point in order to monitor progress. I recognise that the MAT standards include reporting mechanisms; however, we need robust monitoring of implementation, and clarity over where accountability lies.

There are changes that we can introduce in order to demonstrate accountability. We need the establishment of baselines so that improvement can be measured. The service is patchy across Scotland. We need to know where the gaps are and what ADPs and health boards are doing to address those. The MAT standards recognise the reality of staff burnout and fatigue. We need flexibility in relation to, for example, staff meeting the same-day prescribing target.

What is being done to address the issue of data on drug fatalities? The 2019 figure was the highest annual figure on record, making it the sixth year in a row that that has happened. The next set of drug figures that we receive will be from 2020. That makes it very difficult to model, test and evaluate policy innovation, although I note that the minister has talked about the public health surveillance programme, which might address some of the issues. Covid-19 has shown that we can extract data quickly and in an anonymised format. We need to look at how we can improve data and ensure that forensic toxicology is fully resourced and supported, with issues resolved.

However, there is really good stuff in the MAT standards, and work must be done to raise awareness and expectation. Commitments to assertive outreach and anticipatory care are all positive. In Fife, we now have an alert system for non-fatal overdoses, and we need to look for more options for intervention at key points. Will the minister also look at the expansion of the use of the nasal spray for naloxone, as opposed to an injection? That method is quicker and easier to administer. Taken together, the standards will make a significant difference to treatment and to recovery.

This week, I visited FIRST—the Fife Intensive Rehabilitation and Substance Use Team. Although this is my first drugs policy debate in my new role, I have a long relationship with drug treatment services across Fife, and I thank them for the work that they do in rebuilding people's lives. They have been at the sharp end of service delivery for many

years, and they understand intergenerational addiction, the impact of poverty and trauma, and the need for a culture change in all our addiction services. However, they can also talk about how people's lives and families can be transformed when they are given the right support and are treated with humanity.

I move amendment S6M-00400.4, to insert at end:

“; considers that the resources of the police and justice system should be focused on supporting lifesaving, public health interventions and believes that all options within the existing legal framework should be explored to support the delivery of safe consumption facilities; notes that delivering the new Medication-Assisted Treatment Standards will require significant service reform; believes that, given the scale of the drugs deaths crisis in Scotland, there must be public accountability and scrutiny over implementation of the standards, and calls on the Scottish Government to report on a six-monthly basis to the Parliament on the progress of implementation and service improvement.”

15:47

Gillian Mackay (Central Scotland) (Green): Dignity, which we all hope to maintain, is something that drug addiction has robbed from many, that the criminal justice system has eroded and that the continued lack of reform of the Misuse of Drugs Act 1971 will suppress for many.

Drug deaths have been rising year on year in Scotland. Since 2014, Glasgow has faced the largest incidence since the 80s of HIV, which has affected people who inject drugs. Scotland has the highest number of drug deaths in Europe, and the war on drugs has categorically failed.

David Liddell, the chief executive officer of the Scottish Drugs Forum, said:

“Scotland's drug problem has its roots in the harsh climate of 1980s deindustrialisation and the economic and social impact in the subsequent decades. Other countries chose a more interventionist approach by which the state created alternative employment and opportunity during these changes. This was not the policy in the UK. The consequence of this ongoing approach is a large and more entrenched drug problem nationally.”

[Interruption.]

The member's colleague did not give way, so neither will I.

Communities were robbed of their dignity through not being supported after their industries collapsed. As a result of a lack of intervention, second and third generations are suffering from addiction and complex trauma.

We know that, often, those with addiction have low incomes or no income and have issues in accessing a wide range of services, such as income support, NHS treatment and housing, as a result of a vast range of issues, including those that are not related to their addiction. Those who

manage to access treatment experience stigma, particularly in relation to medication.

We must ensure that support for those who experience addiction is person centred and holistic. Ensuring that the trauma that may have been the catalyst for their addiction, or any other acquired trauma, is addressed properly is essential to addressing the issues that dominate their lives.

We have to ensure that being drug free is not a condition of treatment. We would not require someone with lung cancer to stop smoking before we started treating them, so why are we insisting that, after a lengthy wait on a waiting list, someone must be drug free before being treated? Often, drugs are a coping mechanism and trauma is the real issue. Behaviour policing should never be part of our approach to rehab; it should be about maintaining dignity.

There are wider impacts that also need to be addressed, including housing and how we engage with people who may have had negative experiences when accessing services in the past. Stigma is an enormous issue in relation to accessing services. I hope that we can work with the Government and local government agencies to ensure that we remove that judgment of those who require help.

The Misuse of Drugs Act 1971, which is about to have its 50th anniversary, is out of touch and should rightly be out of time. The briefing provided by the Transform Drug Policy Foundation notes that the Home Office's independent review of drugs, led by Dame Carol Black, has been explicitly prevented from addressing the overarching legislation.

It is very clear that this is a health crisis. Health is devolved to the Scottish Parliament and powers over drugs legislation should also be devolved to ensure that a more compassionate approach is taken than that taken by the UK Government.

I turn to the substance of my amendment. Portugal decriminalised possession of all drugs in 2001 and in 2019 it established its first mobile safe consumption room. Drug-related deaths in Portugal have been below the European Union average since 2001 and the proportion of prisoners sentenced for drug-related offences has fallen from 40 per cent to 15 per cent. Rates of drug use have remained consistently below the EU average. The facilities primarily aim to reduce acute and direct harm by preventing overdoses from happening and, when they do happen, by providing intervention, and by ensuring that needles are not reused and that no one puts themselves in a dangerous or vulnerable position.

During the election campaign I had the pleasure of meeting and occasionally debating alongside

Peter Krykant. Peter is a fellow Falkirk bairn and runs the mobile safe consumption room in Glasgow. He documents on Twitter his experience of running the service and the great work that he does. One of his most distressing posts is about a young woman—given our debate this week on women's health, the post is particularly relevant. The young woman did not want to come inside the van to inject herself for fear of being arrested. Instead, she went down the nearest close, pulled her trousers round her ankles and sat on the ground, which was full of broken glass, animal faeces and dirty water. What have we done for her dignity? Without Peter to keep an eye on her, anything could have happened.

We have the ability to start today to make a change. I encourage all parties to support my amendment. Let us take a stand today to restore people's dignity and support the fantastic work of people such as Peter.

I move amendment S6M-00400.3, to insert at end:

“; considers that safe consumption rooms are an important public health measure that could reduce drug deaths and deliver wider benefits to communities, as they have done elsewhere; condemns the UK Government's refusal to support trials in Scotland and urges it to reconsider, and calls on the Scottish Government to investigate, as a matter of urgency, what options it has to establish legal and safe consumption rooms within the existing legal framework.”

15:53

Alex Cole-Hamilton (Edinburgh Western) (LD): I begin by thanking Angela Constance. In my intervention on her, I made the mistake of referring to her as a cabinet secretary, which has been picked up by other members. She should see that as a reflection of how important members regard her role to be. We all want and need her to succeed. I am grateful for the cross-party consensus that she is trying to build on this important topic.

Evidence matters. Professor Harry Burns said:

“Unless you have evidence all you have is opinion.”

The Liberal Democrats have had an evidence-based approach to drugs policy for years. We called for the decriminalisation of drug use long ago, and Portugal is just one example of that policy's effectiveness, as we have just heard in another excellent speech by Gillian Mackay. We have all the evidence that we need; it is now time to act.

Laurell K Hamilton once wrote:

“There are wounds that never show on the body, that are deeper and more hurtful than anything that bleeds.”

She was talking about unresolved trauma. The Liberal Democrat amendment puts trauma-

informed care at the heart of every aspect of recovery from drug addiction because there is an undeniable correlation between adverse childhood experiences and drug misuse.

Adults who experienced four or more adversities in their childhood are 11 times more likely to have used crack cocaine or heroin. In 2017, 74 per cent of drug death casualties in Tayside were known to have had a co-existing mental health condition—most commonly, depression or anxiety—at the time of their passing. In 2019, written evidence to the Westminster Scottish Affairs Committee recommended that the views and lived experiences of people who are affected by drug harms should be included when developing legislation. We, in this Parliament, must listen to those voices, too.

We must reduce the misery of drug abuse with compassion and treatment rather than prosecution. In the final days of the previous session, the Parliament unanimously agreed with that idea. We agreed to the principle of diversion by endorsing an amendment that was lodged by my party. That was an important moment, not least because it showed that the debate was maturing.

My amendment today seeks to continue that conversation because, although the conversation in the chamber might well have moved on, the situation on the ground has not. We are still sending the same number of people to prison for personal possession as we were a decade ago. That has devastating consequences. Police officers are well aware of the cruel cycle that follows an arrest. Assistant Chief Constable Steve Johnson gave devastating evidence to the Scottish Affairs Committee in July 2019. He told MPs:

“It is just a matter of time ... Of those people who come out of prison, 11% of them will die within the first month of having been released ... the police officers get used to this carousel, this sense of hopelessness and helplessness.”

That carousel must stop, and we, as a nation, are already empowered to stop it.

The Lord Advocate issues guidance to the police that sets the parameters of all police operations. It is the frame to the doorway into the criminal justice system. The guidance could direct more people who misuse drugs to the treatment and support that they need, as opposed to the destructive experience that many have in the criminal justice system. We know from correspondence with the outgoing Lord Advocate that the guidance has already been used to facilitate recorded police warnings for minor offences.

I reassure the Government that our amendment does not seek to direct the Lord Advocate. That is

not its intention or its implication. It is important to be clear about that, because the Lord Advocate's role is rightly independent, and that independence must be absolute. Dorothy Bain, as the new post holder, will no doubt have the drug death crisis near the top of her in-tray. Should she consider that a review of the guidance is necessary, it is important that she understands that she can do that in the knowledge that the Parliament will back her up and support her.

Rehabilitation is equally as important as trauma in the debate. I am gratified that access to residential rehab seems to enjoy support from across the chamber—and so it should. Residential care is not just about stabilising a person physically; it is about all the wraparound support services that come with it.

Before I came to the Parliament, I worked for Aberlour, Scotland's national children's charity. We operated a residential rehabilitation facility in a block of new-build flats, just off Glasgow Green, where mothers with addiction issues could come, with the children living with them, to get clear of those issues. It was the only facility of its kind in the country, and it even cared for neonatal mums and their babies, too. It still moves me, almost to the point of tears, that our service at Aberlour was equipped with what were referred to as “tummy tubs”, which were, in effect, oversized buckets that would be filled with warm water and used to comfort babies who were going through withdrawal by simulating the feeling of being in utero.

Problematic substance use among mothers accounts for as much as a third of drug dependency in some parts of the country. We know that having a drug-using parent in a child's early years is an adverse childhood experience in itself, but so too is time in care. Removing children from mothers for the duration of their rehab can lead to trauma, attachment disorder and loss. That might impact those small children for the rest of their lives.

That Aberdour facility was closed a little over five years ago, as it was no longer deemed a strategic priority by Glasgow City Council. That reprioritisation was due, in large part, to the fact that the Scottish Government reduced funding to alcohol and drugs partnerships by 23 per cent that year. Sometimes, our service would see occupancy at 100 per cent, but it would also drop below 50 per cent, and the city did not regard that as optimal. However, that is the nature of residential rehab; it is not a hotel. People are never wholly sure when they will need it, but when they do, they are glad that it is there.

I hope that we, in this chamber, can find consensus on this matter above almost every other aspect of social policy. I hope that we can

come together and address the challenge of this monstrous public health issue.

I move amendment S6M-00400.2, to insert at end:

“; notes the recommendation made by Sir Harry Burns to routinely record adverse childhood experiences, and believes that all aspects of recovery and treatment should be trauma-informed; understands that guidance has previously been issued by the Lord Advocate to police officers relating to the use of recorded police warnings in certain cases of minor offending; would support a new Lord Advocate reviewing this guidance and examining how it can be strengthened, in light of the resolution of the Parliament on motion S5M-24396 on 18 March 2021 and the support expressed for working towards diverting people caught in possession of drugs for personal use into treatment, and believes that a parliamentary statement after the summer recess from the new Lord Advocate on the principles and practicalities of diversion would be beneficial in informing public debate and the response of authorities to Scotland’s drugs deaths crisis.”

The Deputy Presiding Officer (Liam McArthur): We move to the open debate, the first speaker in which will be Stephanie Callaghan, who is making her first speech to Parliament.

16:00

Stephanie Callaghan (Uddingston and Bellshill) (SNP): I thank the minister for her update on yesterday’s meeting, and I look forward to hearing more. I welcome the additional financial commitments and the work around women with children. It was also good to hear from Gillian Mackay and Alex Cole-Hamilton.

I am honoured to make my first speech as the first woman MSP for Uddingston and Bellshill constituency. My predecessor, Richard Lyle, has the proud record of being the longest-serving SNP politician, having first been elected to public office way back in 1976, when I was just a five-year-old wee lassie. Richard’s retirement was well earned after a lifetime of serving our communities.

I am sorry—I have a bit of a cold, so I am stuffed up.

I thank the members of my wonderful team, who put heart and soul into my campaign; my good friend and election agent, Peter Craig; and my family, for their patience, love and hugs. I thank the people of Uddingston and Bellshill for entrusting me with the great honour of being their representative; I will represent every corner of our constituency. I promise always to respect and value their views and opinions and to seek to apply good judgment and balance in all my work. I will also pursue the clear mandate that they voted for—that Scotland’s future will be in Scotland’s hands in a future independence referendum.

Our local communities are rooted in the densely populated heart of Lanarkshire, with a 100-year

history of coal mining, and our working-class people are our biggest asset. People have stepped up to help during Covid-19, just as they did when my grandfather broke his back down in the pits.

However, we are not without our problems, and drug deaths devastate too many families. After Glasgow’s health board, Lanarkshire’s health board has the highest rate of drug deaths in Scotland, which, at the last count, was 163—an increase of 66 on 10 years ago. Imagine for a moment wiping out nearly 15 football teams—the full Scottish Premier League—or more than six classrooms full of children. That is the scale of the problem, and that is just Lanarkshire. We know what the root causes of addiction are, because the evidence is clear: poverty, deprivation, trauma, childhood adversity and poor mental health or mental illness. Those things destroy human connections and destroy hope.

Today’s motion is about a shared commitment to reverse the heartbreaking and appalling loss of life that affects all of us to some degree. We all know someone who is cursed with drug addiction. We must offer them hope and listen to their lived experience, and a citizens assembly is very welcome indeed. I welcome the motion’s support for

“the national mission to tackle drug-related deaths and harms”,

which has been a long time coming. The minister noted the Scottish Government’s commitment to provide £250 million of funding over the parliamentary session to give vital support to local outreach services, to expand residential rehab services, to implement the medication-assisted treatment standards that were published last year and, crucially, to move to a five-year funding cycle for third sector and grass-roots organisations on the front line. The evidence tells us that tailoring effective individual support and providing same-day treatment empowers people to seek support and recover. It works elsewhere, and it will work here, too.

We have not previously done enough in Scotland to directly stem the deepening crisis and prevent harrowing deaths that traumatise the next generation. We must do better. Today, we hear lots of statistics, and it is absolutely right that we do, but I will leave that to others. It is also right that the steps to directly tackle addiction must continue to be part of the Scottish Government’s holistic plan for improved access to housing, health and social care, education and training, and welfare and family support. We simply must continue to take steps towards eradicating poverty and to hold the UK Government to account for inflicting austerity policies.

My ask today is that all those who are listening at home, in school or in the chamber have compassion for those who suffer addiction, recognise that it is not a lifestyle choice, or poor decision making or hedonism gone wrong, and take account of the underlying issues and inequalities.

We must also recognise that the actions of someone who is addicted are not a true reflection of the person they are inside—who they are, were or could be. Addiction is a soul-sucking riptide that casts people adrift from their true selves. It separates them from family and friends and pushes them to the margins of society. It is a public health issue, not a criminal one.

I have worked in some of the poorest areas, where drugs are rife. Sadly, I have seen the light go out in a young person's eyes as life spirals out of their control, but I have also seen the spark of hope ignite, and watched it grow and flourish into a better future that is happy and fulfilling. Our compassion is key. In addition to the practical steps on funding, accountability, delivery of the MAT standards nationwide and safe consumption, we must look after these people—and one another.

By empowering people who face addictions, we help to break the vicious cycle for tomorrow's kids. The motion promotes progress and hope.

I will finish on a personal note. On the one hand, just over a year ago, sadly, I lost a close family member to drugs. On the other hand, a close friend has beaten addiction. For them, access to medication and training led to a job, new friends, a loving partner and raising a family of their own. They were lucky. We must ensure that investment is available to everyone and that it does not come down to luck. We must live up to the motion—and more.

The Deputy Presiding Officer: Many congratulations, Ms Callaghan, and well done for dealing with a sore throat—there is no evidence that Richard Lyle ever suffered from a sore throat.

I call Brian Whittle. Do not take this the wrong way, Mr Whittle, but we have a bit of time in hand, so members should feel free to intervene, and I will give you the time back.

16:06

Brian Whittle (South Scotland) (Con): I hope that you are sitting comfortably, Presiding Officer.

Once again, I am delighted to have the opportunity to speak on what is a hugely important subject. As has already been said, Scotland has the unfortunate reputation of being the drug death capital of Europe. Our drug death rate is more

than three and a half times that of the rest of the United Kingdom.

My final speech in the previous session was on this topic, and I am delighted to have the opportunity to carry on where I left off. A few short weeks ago, I asked Angela Constance a crucial question in a bid to develop effective solutions to the crisis: why is Scotland so bad when it comes to drug deaths? I would have asked Gillian Mackay the same question if she had allowed me to intervene on her. Incidentally, I suspect that the situation is linked to the fact that Scotland also has the highest death rate among the homeless community. The answer that I got from the minister was that Scotland had seen a 400 per cent increase in street benzodiazepines, compared with a 50 per cent increase south of the border. I say to her that that is the what, not the why. That has contributed to the skyrocketing numbers, but it does not explain the reason for them.

Angela Constance: I am firmly on record as saying that there are three reasons why we have a distinct problem in Scotland: proportionally, more of our people are engaged in problematic drug use—there are deep reasons for that; frankly, we do not have enough of our folk in treatment; and yes, there has been a 450 per cent increase in the implication of benzodiazepines in drug-related deaths, which is greater than the increase south of the border.

Brian Whittle: I am only quoting the minister's speech and the exchanges that we had the last time round. I must ask the question again: why has there been such a huge increase in street benzos compared with elsewhere in the United Kingdom? She must be able to answer that question if she is to develop a successful strategy.

This week, I asked questions of some of those on the front line, from volunteers to survivors and those battling addiction. I will share some of the responses. One volunteer told me of the 40 home visits that she undertakes on a Thursday as part of the centre's outreach programme to visit those people who used to come to the centre pre-Covid. She said:

"When we knock the doors, the number of people who say, 'I thought you'd forgotten about me' is quite incredible."

She went on to say:

"The deprivation and the poverty we witness is heartbreaking. People walking the streets because they have no carpets or white goods or heating. The kids without clothes or shoes. I wish the people making decisions would walk with us when we do these visits and then we might end up with a different understanding of the problem."

Mark then picks up the story. I know that the minister took the time to speak to him, and I am grateful to her for doing so. He said:

"I have tried to speak to the council about unmet needs but nobody wants to discuss this because it actually raises a failure in the system and they find that very difficult to face. People are being demonised and don't access statutory services because of the way they are treated. They are made to feel worthless. People's human rights are not being met."

Finally, he said:

"No wonder people are gubbing street benzos."

Those are his words.

As a wee addendum, those on the front line are reporting that people are swapping alcohol for street benzos because they are a cheaper way to self-medicate. I have to ask the Scottish Government whether any work is being done on that issue, because, again, we need to know whether the by-product of a minimum price on alcohol is people switching to a cheaper option, and whether that is a component of the increase in street benzo use. In the end, it might go in another column in the ledger, but it is still someone dying.

Angela Constance: I am grateful to the Presiding Officer and to Mr Whittle for allowing me to intervene.

We are, of course, engaged in work to really understand the reasons behind people's use of street benzodiazepines. However, I wonder whether Mr Whittle would also join the Scottish Government in calling on the UK Government to introduce pill press regulation, which would make it harder for people to produce vast quantities of these street drugs, which they can then go on to sell for pennies in our communities.

Brian Whittle: Angela Constance will be surprised to hear that I concur with her on that, and I would support such a call.

A service user, who is now a volunteer, spoke to me about his journey in and out of prison and how recovery enterprises were the intervention that put him on a better path. He got out of prison at the end of the week. That is a practice that has to stop. As I have said over and over again in the chamber, why are we releasing prisoners into the community at a time when they cannot access any services for several days? It was precisely that situation that recovery enterprises rescued him from. They helped him to access accommodation and services, and generally made him feel welcomed back into the community. He said that, without them, he would have ended up back in prison, in what he called his "safe place". Prison was his safe place—the powers that be simply assumed that once his sentence was over, they would open their doors and that person, with an addiction problem, would know just how to fit back into society.

It costs £40,000 a year to keep someone in prison, not counting police and court costs. We

could spend a fraction of that if we stopped releasing prisoners on a Friday and had a step-down service available to transition prisoners back into society. The gentleman I am quoting lost a sister and brother to addiction, so perhaps the intervention that he received will break the chain.

Recovery enterprises might be unorthodox and difficult to fit into a support model. As the minister will know, Mark can shoot from the hip and make people feel uncomfortable, but he is passionate and knowledgeable. Unorthodox or not, such services save lives—is that not the main criterion that should instigate support? Sometimes success is just keeping somebody alive until tomorrow, and that is what those services, and others like them, do. However, the support that was promised by the Scottish Government is not getting to all the places that it needs to, and it is certainly not getting to the third sector, where I am aware that it is needed, and where the minister wants it to go.

Third sector organisations are most likely to be able to work with those who do not engage with statutory services. They are the ones that are reaching out and building relationships and trust with the most vulnerable and isolated and those who are most in danger, whom society seems to have forgotten. They are the organisations that can respond to immediate needs. Those organisations are run by the disruptors and troublemakers—the ones who make us feel uncomfortable, and so we should. They are the ones who are likely to have been in recovery themselves.

I am glad that, at long last, the Scottish Government seems to have its eye back on the ball and is using the extensive powers that it has always had at its disposal to tackle this crisis. However, the minister needs to ensure that those on the front line are getting resource and support as intended. I am telling her that, at present, that is not universally true, and I urge her to look at how those significant gaps can be plugged and how the voices of the most vulnerable in our society can be heard. They need a fully resourced third sector, and the minister will need a fully resourced third sector if she is to be as successful as we all hope that she will be.

The Deputy Presiding Officer: I thank Mr Whittle and the minister for embracing so wholeheartedly my invitation to make and take interventions.

16:14

Emma Harper (South Scotland) (SNP): I welcome the opportunity to speak in this important debate on Scotland's drug policy. I agree with the Government that the drug-related death figures that were published in December are

unacceptable, and I welcome the fact that we are moving forward with updated, innovative and person-centred approaches to better address problem drug use in Scotland.

I welcome the publication of the medication-assisted treatment standards and all the work that the minister outlined in her opening remarks. There is so much going on, and I look forward to any progress. I agree that it is crucial to address inequality, listen to lived experience and work in partnership with housing, the police and families.

I am keen to continue supporting efforts to enhance ways of working. I plan to continue to be part of the cross-party group on drug and alcohol misuse, along with my colleague Monica Lennon, and I would welcome others who might wish to join that cross-party group.

In the previous session, as the deputy convener of the Health and Sport Committee, I had the opportunity to participate in the Scottish Affairs Committee's inquiry into Scottish drug-related deaths in 2019. The inquiry heard directly from drug and alcohol support agencies, health services, academics, those with lived experience and families who had been affected by problem drug use. All the witnesses agreed that urgent reform is needed to solve the issue of drug deaths in Scotland.

The inquiry also heard from experts from Portugal, Germany and Canada, who examined the international evidence from countries that are taking a more progressive public health approach, not a punitive criminal justice approach, to tackling problem drug use. We found that the levels of deaths associated with drug misuse and eviction in those countries had reduced significantly, including by as much as 40 per cent in Canada. One recommendation from the Scottish Affairs Committee was that the UK Government must urgently introduce legislation to allow the Scottish Parliament to take its own approach to this hugely significant issue.

I support the motion, which calls for a four-nations summit, and I agree that the 50-year-old law needs to be reformed. A collective, four-nations approach could recommend and achieve law reform. The Conservatives' amendment does not go far enough in addressing that. Working constructively is welcome, but continuing with a criminal justice approach, not a public health approach, is wrong according to the current evidence-based approaches that we are reading about. I am not surprised by the Conservatives' amendment, however, as the UK Government's Home Secretary, Priti Patel, has consistently stated that she will not give the powers over drug policy to this Parliament or change the Misuse of Drugs Act 1971. Indeed, she has stated that the

drugs law is fit for purpose. However, maintaining the status quo is not work.

In the past few months, much welcome work has been undertaken by the SNP Government, which has committed £250 million of additional funding for urgent action to deal with addiction issues and the harm caused by addiction. We are preventing and reducing both alcohol and drug harm among many individuals by establishing the new national mission to reduce drug-related deaths and harms. The mission was announced by the First Minister and is supported by an additional £50 million per year.

Drug and alcohol services have been supported during the Covid-19 pandemic, including in Dumfries and Galloway, in my South Scotland region, where assertive outreach is under way. The investment, through the programme for government in 2021-22, of a further £20 million over two years to tackle illicit drugs is also really important.

Brian Whittle talked about street benzos, and that subject has been covered extensively in my South Scotland area by the BBC. More people are accessing illicit street benzos through the internet, through Facebook advertisements and so on. My understanding is that street benzos are being used when people cannot access their heroin or cocaine dealers. Street benzos can be much more potent in their strength, especially when consumed with alcohol, and that leads to the devastating consequences of death that we are seeing.

In addition to other areas that the Government is investing in, I am interested in what the minister said about the £1.4 million and the 10 third sector projects that are being funded through the national development project fund. That is also welcome, as we know how important our third sector partners are.

I will highlight some further issues for the minister. Anything that we undertake needs to tackle stigma and discrimination, which are a huge issue, especially in rural areas. I also ask for a commitment from the minister that any new policy approach will ensure that rural parts of Scotland are included. I look forward to seeing progress across the whole of Scotland, including in my South Scotland region. I welcome the acknowledgement that we need to achieve better outcomes and support services and that we must talk about compassionate communities.

I look forward to hearing the minister's response at the conclusion of the debate.

16:20

Michael Marra (North East Scotland) (Lab): I refer members to my entry in the register of

members' interests and to my recent employment, before I was elected to the Parliament, as the deputy director of the Leverhulme Research Centre for Forensic Science.

Drug laws are the same across the entirety of the UK, yet there are four times as many drug deaths in Scotland as there are in the rest of the country. Labour wishes to see the UK working together to progress reform wherever possible, but we must also exhaust every avenue and challenge the limits of our powers and imagination to make urgent change in Scotland.

The medically assisted treatment standards are welcome; implementing them is the hard work of service reform, and I am afraid that we have seen far too little of that in the long 5,158 days of the SNP Government. In that time, the number of drug deaths has spiralled and budgets for drug services have been cut. What is needed now is appropriate resource to make those standards possible. We must write in accountability and scrutiny. Earlier exchanges at First Minister's question time were useful in exploring the tensions of legislation and urgent action, and I believe that Labour's amendment is a useful solution in that regard.

The Dundee drugs commission recommended a number of the same policies as the MAT standards, including same-day prescribing and, crucially, the recognition that mental illness and addiction must be treated at the same time. We are now years on from the publication of the commission's report and progress has been painfully slow.

When a drug user reaches a moment when they believe that change is possible, treatment must be available to them. If they overdose on a Tuesday, survive and resolve to seek help on the Wednesday but then have to wait till the next week for the two-hour slot when prescribing is available, that is not same-day treatment by any real definition.

The MAT standards must ensure that the services are genuinely available all day and all week—I hope that the minister can reassure us on that in her remarks later—which will take resource, including consultants, who will simply not appear in a matter of months. The failure of workforce planning is costing lives, and new models of nurse prescribers must become the norm by later this year. There is a huge challenge of culture change in centring service delivery on people rather than dogmatic systems.

Treating addiction and mental health at the same time has proved to be one of the most difficult challenges in Dundee and Tayside. It is hugely resisted by some and dismissed as not being an issue by others, yet Tony of Dundee Fighting for Fairness interviewed hundreds of

service users who identified it as the single greatest problem in their lives when receiving treatment.

Individuals who suffer from addiction are typically involved in polydrug use—which has been mentioned by members already—as are the vast majority of problematic drug users. In 2008, benzodiazepines were implicated in 26 per cent of drug deaths; in 2018, with the number of drug deaths increasing dramatically year on year, that figure was 67 per cent. The massive increase was driven by the withdrawal of Valium prescriptions by Scottish NHS providers. I think that that answers Mr Whittle's question about why such drug deaths have happened in Scotland. Drug users replaced illicit NHS standard pills with street pill replacements. Those drugs cost pennies, as we know, and they are thrown back in batches of 20 or 30 pills at a time. In the words of one expert, that decision by our NHS moved Scotland from safe supply to complete chaos. The answer to Mr Whittle's question is in the policies that were pursued.

Drug users have no idea what is in those pills, and their strength varies wildly from batch to batch and from day to day. In the words of one user,

"Sometimes I feel almost nothing. Sometimes I lose a day."

The inevitability of that variability is overdose. Those policy decisions, which I am sure were made with good intentions, have been absolutely lethal. As the death toll continues to mount, week by week and day by day, that amounts to one of the most lethal policy errors of the devolution era.

We must own and respond to the challenge. We need close to real-time data on overdoses and deaths. We should not be waiting for two years to find out whether the decisions that we have made are killing people. We have seen on our television screens a fantastic example of such data being provided when the First Minister talks daily about Covid and the number of vaccinations, cases and deaths. We need such data to evaluate what we have done. If we had had the data on the decision to withdraw Valium scripts, we would not be in the situation that we are now in. We have to be able to evaluate what we do and respond to it.

We must recognise not only that the response will require policy remedies that are particular to Scotland but that the causes of major elements of the harm are the decisions that are taken here, in Scotland. Let us have summits and deal with the outdated Misuse of Drugs Act 1971 if we can, but the reasons that Scotland's drug deaths rate is four times as high as that of the rest of the UK are Scottish reasons, and we must act now to put it right.

16:25

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP): I rise to speak in support of the motion. After working on the front line supporting people experiencing multiple disadvantage for almost two decades, I finally have cause to believe that we will work collectively to drive forward the whole-system and cultural changes that are necessary to tackle the drug deaths emergency.

Recently, I sat at yet another funeral for a young person, with unbridled tears streaming down my face, mourning the loss of a talented and outspoken individual—a disruptor. I had grief for their loved ones and an almost visceral sense of impotence and a seeming inability to find a way forward that would stop so many needless and preventable deaths in Ayrshire and across Scotland. How much potential and talent have we collectively lost?

I have seen the harms that are caused by addiction up close and personal. I have spent countless hours helping people to try to navigate the disjointed, confusing, unyielding and often bureaucratic and linear world of homelessness services, addiction services, mental health services, prison services and social work services. Those services are full of people who are trying their very best but who are not always able to join up the dots for the individual in the middle.

Some 20 years ago, before trauma-informed care was even spoken about, I and my colleagues on the front lines knew that those we supported were often self-medicating to blunt the sharp and painful edges of their lived experience. I knew that the young woman I was supporting fresh from care who had been abused and abandoned as a child now felt abandoned by the care service and her corporate parents. She was all too easily trafficked from Ayrshire to Glasgow by those intent on profiting from her body and her misery. I tried to pick up the pieces as she sank into a spiral of heroin addiction and prostitution, with little control over any aspect of her young life. At the time, I was only 26. I had a case load of more than 40 at-risk young people to support. We were both drowning in a system that was neither life preserver nor lifeboat.

I do not know what happened to that woman. I think about her often, as I think of the many people I supported who have died through drugs, self-harm or violence. Again, think of all that lost potential. What could they have been, and what could they have done? What has their loss done to those left behind? The trauma ripples right through the very fabric of our country.

I have every confidence that my colleague Angela Constance will deliver the change that is needed on this crucial agenda. She has the

experience of being a social worker in a prison environment, ensuring that she understands what sticky support is and why it is critical to the success of someone's recovery. Like Brian Whittle, I have spent a lot of time with Mark and the team at Recovery Enterprises Scotland. I have also spent time with other grass-roots organisations such as the Patchwork Recovery Community. Those organisations epitomise sticky support.

The minister has written to the UK Government to urgently request a summit so that we can look at what drug law reforms are required and so that drug misuse can at last be understood and treated as a public health crisis. Current legislation hinders our ability to fully align the law with a public health response. Doing so would enable us to deploy all the measures that the Parliament could collectively agree to. I urge members from all parties to see how crucial the reforms are to the overall picture.

Legislation needs to be reformed to treat drug misuse as a health matter and not as a criminal justice matter. Too often, I would see my service users lifted on a warrant—sometimes on a Friday—taken into custody, and then being on remand for months, which in effect wiped out the countless hours of solid support work and progress that we had made. They would then be released into homelessness, thus starting the cycle again.

I whole-heartedly welcome the new MAT standards, as I have always understood that same-day access to services and treatment is vital for recovery. When someone is asking for help for addiction, they need it there and then and not in three months' time. People need to be at the heart of decision making, and they must have choice over what is appropriate for them. If that includes residential rehab, we must ensure that it is available in every part of the country.

Michael Marra: The experience that we have had in Dundee in pursuing the issue of same-day prescribing has been exactly as I described. On a Tuesday afternoon, same-day prescribing was available for two hours. Does Elena Whitham agree that, as we implement the standards, we have to ensure that things are genuinely available the same day when they are required, and that that has to be reported on by Government?

Elena Whitham: I agree. From what our minister has set out, I think that that is definitely the way that we are going. However, there is the wider issue of who can prescribe. Members have mentioned the need to have advanced nurse practitioners and so on. We need to have a huge skills audit to see where we need to divert the moneys. I absolutely agree with Michael Marra.

That was my first intervention, and now I have lost my place—hold on.

We need to make sure that there is a collective effort across the sectors to break down the silos. We need to remember that those with lived experience and tireless grass-roots organisations, operating on shoestrings, will play an absolutely vital role in this work. We must provide them with funding opportunities; I was happy to hear the minister reiterate that, and talk about making sure that the funding that is out there is getting to where it needs to go.

We need to dismantle a system that was created decades ago by building single-issue services, and we need to see that as part of a bigger whole. We are finally in a place where housing first and rapid rehousing are being rolled out, with wraparound support for those with complex needs. We are exploring how a duty to prevent homelessness could significantly reduce incidences of homelessness by making sure that the duty goes beyond the door of the housing department.

We have gold-standard domestic abuse laws. We have collective understanding of trauma-informed practice and of how adverse childhood experiences impact on life chances. We are moving towards a community justice model—a smart justice model—that seeks to understand offending behaviour and offer up the tools required for real and meaningful behaviour change without sending somebody down the road of incarceration. By knitting all those golden threads together, we will ensure that people in Scotland can access the sticky, consistent, effective and flexible support that is required to prevent those harms—which, collectively, harm all of us.

The Deputy Presiding Officer: Now that you have taken your first intervention, there will be no stopping you, Ms Whitham.

16:32

Miles Briggs (Lothian) (Con): I note from the outset that I hope that today's debate is the start of regular updates, debates and cross-party working on this most critical issue, which faces all our communities in Scotland.

More should have been done much earlier. Families have been failed. Entire communities have been let down and left broken, as Sue Webber said at the start of the debate. It is for members in this session of Parliament to make sure that SNP ministers deliver change and are held to account. I welcome the approach that Angela Constance has taken, and Scottish Conservatives have tried to work constructively with her since her appointment.

From speaking to people who are in services or trying to access services today, it is clear that we are at only the very start of the necessary reforms that can make a real difference. We need to start looking at how we can turn around the unacceptable levels of drug-related deaths and harms in our society.

Members have mentioned those working on the front line. Many such people have told me that they expect to see a higher number of drug-related deaths for the 2020 period when the figures are published next month. The pain and heartbreak for many families across Scotland is therefore set to continue. The negative impact that the pandemic has clearly and understandably had should not be underestimated, but it cannot be used as an excuse either.

I will spend some of my time focusing on the experiences of a family that I know personally. My childhood friend Jamie Murray died from a drug-related death. Jamie was found dead in a flat in Perth on 1 September. In his system was a cocktail of drugs including methadone, heroin, street Valium and cocaine.

Jamie's mum, Jane, bravely spoke out about the chaotic approach that Jamie faced when he tried to access support services and rehab. Much of what I want to say are the words of Jane Murray, because I think that it is vital that we understand the experience of those who, in Scotland today, are desperately trying to support their loved ones with addiction issues and to navigate access to services, which is so often so complicated. For too long, many families have felt excluded and have had to fight for everything for their loved ones while facing stigma and often feeling that they are being blamed by services.

Jane said:

"I used to go with Jamie to meetings, where he would be handed leaflets about methadone programmes, but when he'd beg to be sent to residential rehab, he was told there wasn't any funding.

He'd ask to get taken off methadone as the side effects are so awful, but when he asked to have his dose reduced or to try a different treatment, he was simply told 'no'.

It was soul destroying and easy to see why he felt like he was on an endless roundabout with no way off.

And despite the fact that it was supposed to be family meetings we were attending, all the professionals ignored me and just spoke to Jamie, who clearly was very ill and unable to think clearly."

As others have done, I thank all those who are working in drug and addiction services across Scotland. From the many visits that I undertook across Scotland while I was serving as shadow health secretary, I know that it is one of the most challenging healthcare jobs in Scotland today. However, a key area of improvement—I welcome

the minister's focus on it—is the need to urgently address the issue of continuity of care.

Jane, again, was critical of the system that is supposed to help addicts. She said:

“As soon as Jamie would build up trust in one worker, they would move on, leaving him to start at the beginning again.

What we did see was catastrophic policies which did not involve methadone reduction, but they did insist that if anyone had a dirty test they were out of the program after one strike.”

Michael Marra: Perhaps in speaking to advocacy groups, the member has heard what I have been hearing: there is significant burnout among professionals who have been working in this situation, particularly during the pandemic, and significant resource will be required to ensure the continuity of care that he is suggesting, and which I entirely agree is appropriate.

Miles Briggs: I absolutely agree with the member on that point. For five years, I have argued with ministers about a workforce plan. Although we have not heard it mentioned today, I know that that is also part of the minister's work, and we need it to be prioritised. There is sometimes too much moving around of NHS staff, who rightly get burned out in this service and, as has been mentioned, often feel demoralised in the work that they have to do to pick up the pieces.

A key part of the issue is looking towards how we support patients having rights. For too long, people with substance abuse issues have felt that they have no rights. That is why I fully support the Scottish Conservative calls for a right to rehab. If we are genuinely going to deliver person-centred drug addiction services, which we all want, accessing rehab must be a right and not an afterthought or added extra. I do not doubt that that will present many challenges. In many cases, it will be resource intensive, and I welcome the resources that have now been outlined. However, addiction maintenance services have only got us to the drugs deaths crisis that we have today, so we need reform and a new approach.

As I mentioned last week in the Scottish Government debate on building a fairer Scotland and addressing inequalities, the issue of access to healthcare has been raised by many stakeholders over many years. I welcome some of the reforms that the minister has outlined. However, when she sums up, I hope that she outlines whether the Scottish Government will also now commit to reviewing access to healthcare for people who are living with addictions, as well as for people who are homeless. I especially hope for reform around access to and registration with general practitioners. Last week, I raised the case of my constituents having to queue for just 10 available

appointments. That is one of the critical areas that we need to see reformed.

My final point, which the minister and my colleague Sue Webber have touched on, is that it is extremely important that we focus on the changing nature of addictions, drug use and drug deaths. For example, an explosion of self-prescribing has taken place during the pandemic. Here in Edinburgh, the area that I represent, NHS Lothian published figures for 2019-20 that showed that the number of hospital admissions for opioids increased by 24 per cent. There has been a significant trend in the number of hospital admissions for cocaine abuse, which has risen by more than 300 per cent. The number of hospital admissions for cannabinoid abuse has also increased by 64 per cent, and the number of hospital admissions for the use of sedatives and hypnotics has doubled during the past five years. Those are worrying trends, and we need to see more than a one-size-fits-all—

Stuart McMillan (Greenock and Inverclyde) (SNP): Will the member take an intervention on that point?

The Deputy Presiding Officer: The member is in his final minute.

Miles Briggs: The Scottish Government has an awful lot of work to do, and we all want the minister to drive forward the agenda. As Michael Marra said, outcomes and not processes must be at the heart of all the reforms. I want to see more detail about what the treatment targets that have been outlined will mean, because such targets are often not met in this country. Patient pathways are patchy and must be formalised. Standards of care must be delivered and reformed.

I hope that the minister can act in the spirit of urgency and emergency response that we have seen in the cross-Government working during the pandemic, and that we will get constant updates to make sure that we genuinely start to turn around the drug deaths crisis in Scotland.

16:41

Collette Stevenson (East Kilbride) (SNP): Before I begin my speech, I pay tribute to my brother Brian, who we lost to a heroin overdose in 2002. I also want to thank my dad, my sisters and my niece for their unwavering support and their resilience. I am so proud of how they dealt with that.

As well as Covid-19, the Scottish Government is working to tackle another major public health emergency—drug-related deaths. The reappointment of Angela Constance as the dedicated Minister for Drugs Policy shows the Government's determination. The minister has

made many welcome announcements since being appointed, and I support everything that she has said today.

Through the Drug Death Taskforce, much funding has been allocated to effective evidence-based interventions. For example, take-home naloxone kits will now be given to people who are at high risk of accidental overdose. The introduction of same-day support will also be invaluable.

The minister has been proactive in talking with people with lived and living experience, some of whom are developing a stigma charter so that we can work towards a stigma-free Scotland. She has also been engaging with stakeholders and the third sector to address the many issues that are faced by people who have addictions.

Locally in my constituency, the Beacons operates across South Lanarkshire and will have centres in four localities of the council area, including East Kilbride. It aims to ensure that visible treatment and recovery, alongside support services, are embedded in communities, with the essential values of compassion, dignity and respect for all who use the service.

Another organisation called Ypeople operates the pathways service, which is based in East Kilbride. It is a service for homeless people, some of whom have a history of drug use. As well as supported accommodation, it offers a community-based service to help people to maintain their tenancies. Such support is vital. People who have a history of drug use might need supported accommodation to help them in their early days of recovery, or to provide a solid foundation for them to be able to think about recovery.

People maintaining their recovery is made easier by wraparound support being in place. Of course, housing support is just one aspect of that. We need to ensure that people who are in recovery also have the right support to stay clean, whether that support comes from health and social care services or from the third sector. I hope that the Government will continue to keep that in mind as we go forward.

Paul O’Kane (West Scotland) (Lab): Will Collette Stevenson take an intervention?

Collette Stevenson: If Paul O’Kane does not mind, I would rather not. This speech is quite emotional for me.

The Scottish Government’s commitment to increase investment over the next five years will support a range of community-based interventions, quicker access to treatment and expansion of residential rehabilitation.

It is also important that families have somewhere to turn. The families as lifesavers

initiative, which is also funded by the Drug Deaths Taskforce, is a new initiative that will help relatives to increase their understanding of drug addiction and will support them so that they, in turn, can continue to support their relative.

I know from experience that many families have felt hopeless and that no matter where they have turned they have faced barriers to accessing rehab, addiction services and self-help groups.

I grew up in the 1980s, when jobs were hard to come by. Benefits were slashed, and nothing came easy to many families. Poverty and inequality laid the foundations for stigma and marginalisation, which never leave some people. For many of us, there was a lack of hope in the 1980s. Many people have experienced that during and after the recession, which is now being exacerbated by Covid.

We had Thatcher in the 1980s, and we have had Westminster austerity for the past decade. Yes, the Scottish Government can improve treatment pathways—that will happen—but the public health response is just one part of the solution. Socioeconomic factors are also important. For too many people, addiction stems from poverty, marginalisation, stigma and lack of opportunity.

Given the Scottish Tories’ inability to understand how their economic ideas affect wider society, and their inability to accept the evidence-based proposal for medically supervised safe consumption facilities, I take exception to their calling out the Scottish Government on the matter. There is nothing in the Government’s motion to which any other party should object.

I note that the Labour, Green and Liberal Democrat amendments will only add to the Scottish Government motion. However, the Tories clearly have no interest in reforming a 50-year-old law. If the Tories are serious about working across party lines to tackle a public health emergency, I want to see them work with the SNP and others to influence their counterparts at Westminster. Let us have an urgent four-nations summit to discuss reform of the Misuse of Drugs Act 1971, and let us at least pilot safe consumption facilities, where they would be appropriate.

I applaud the work that Peter Krykant has done to help to tackle drug-related deaths. He is a former addict, and I know how hard he has worked. I acknowledge the often very lonely experience that he has had to endure.

I want each and every one of the people’s lives that have been lost through drugs to matter. If for nothing else, let them be known for defining in legislation our future policies. As MSPs, let us work together and let us be bold and imaginative as we try to do right by them and to do right by the

thousands of people who are currently struggling because of the impact of drugs.

By reforming the law, empowering people to seek support, and making services stick with the people whom they support, we can and will tackle the emergency.

The Deputy Presiding Officer: Paul O’Kane will be the final speaker in the open debate, before we move to the closing speeches, for which everybody who has contributed to the debate will need to be in the chamber.

16:48

Paul O’Kane (West Scotland) (Lab): In rising to speak in the debate, I feel a number of different emotions. First, I feel an overwhelming sense of sadness about the lives that have been lost. Behind every number is a person. They were sons, daughters, parents, partners, family members, friends, brothers and sisters. Collette Stevenson powerfully described that, as have other members in the chamber today.

The word “scandal” is often overused in our politics, but there is no other word to use. It is painfully sad and heartbreaking for those who are left behind—for people who have all too often struggled to get the right support at the right time for their loved one.

I also feel anger because quite simply not enough has been done to tackle the root causes of the problem and to be innovative and flexible in approaches to policy around care and treatment. I feel anger because there has not been enough funding to support services properly and because there has been a lack of prioritisation of the issues.

Long before the Covid-19 pandemic, a pandemic was raging in our cities, towns and villages. It was born of poverty, trauma and poor mental health. That pandemic demands a public health response of the size and scale that we have seen in our current day-to-day context.

It will take leadership and a genuine commitment to listening—which we know has not always been the case, in the past. The Scottish Government was warned that cuts to the budgets of alcohol and drug partnerships in 2015-16 would lead to more deaths, but it went ahead with the cuts anyway. Labour has long called for funding to reverse the cuts, so it is welcome that the Government appears to be listening.

I want to focus my comments on the required public health response to the crisis. Reporting is not regular enough; annual reporting on deaths, which is two years retrospective, is not adequate for reacting with the flexibility that we need. The

minister touched on that; I hope that she will say more in her concluding remarks.

Michael Marra referred to that fact we have, throughout Covid, had a wealth of data at our fingertips and on our television screens daily, including analysis of trends and data-led decision making. We all are acutely aware of the importance of such intelligence in making the right public health decisions. It can be done, so why should it not be done for drug deaths?

We also need better data on issues such as the high number of people who drop out of treatment. The Scottish Drugs Forum has highlighted the high levels of poor retention of people in treatment, and we know through research by the University of the West of Scotland that there have been significant challenges in respect of alcohol and drug partnerships properly recording the number of unplanned discharges and, crucially, the reasons behind them. That data would allow consistent follow-up and support for people to re-engage with services.

Scottish Labour’s amendment calls for robust scrutiny of the new MAT standards, including six-monthly reporting to Parliament. We must ensure that we know whether the standards are met, and that we know what the impacts are of important interventions such as same-day access to services.

Inflexible services fail too many people, which leads to the unplanned discharges that I mentioned. The Scottish Drugs Forum has said that

“Treatment needs to be attractive and offer what people want, when they want it; and it needs to respond to changes in what people want over time—substitution prescription, support to address immediate health or social issues; support with longer term mental or physical health”.

We must invest in services such as those that the Royal Pharmaceutical Society and others advocate—for example, the availability of naloxone in a variety of community settings, and appropriate training for a variety of individuals in communities and healthcare settings on how to use it.

In common with many other organisations and parties across the chamber, Scottish Labour thinks that we must have meaningful and swift action on exploring all options to deliver safe consumption rooms.

Breaking down silos is also key. We cannot just pay lip service to initiatives such as housing first and then witness sustained cuts being made to local government budgets for support services in housing. We also know some of the concerning challenges that Shelter Scotland has raised, which relate to people being forced to give up their homes after having been told that they cannot

claim the housing benefit that is needed to pay for stays at residential rehabilitation centres that the voluntary sector runs.

I spoke at the beginning of my speech about the range of feelings that I had in approaching the debate. I also feel a sense of hope that we can work in partnership across the chamber and with individuals and their families, communities, and those who provide services and support, whether in healthcare settings or local government. However, we can achieve that sense of hope and optimism only if the Government is willing to listen. From the tone of the contributions to today's debate, I believe that there is a sense that the Government is listening.

Labour members will hold the Government to account. We will relentlessly seek the data that we need and we will interrogate it. We will continue to make the case for well-resourced and flexible services that prioritise individual needs and trauma-informed practice, because lives depend on that action.

We need to ensure that we collectively take responsibility, make the right decisions and move Scotland forward to deal with the scourge of drug deaths.

The Presiding Officer (Alison Johnstone):
We move to closing speeches.

16:54

Alex Cole-Hamilton: It has been a deeply powerful and moving debate. I will reflect on some of the contributions that have been made by members.

As we have heard, the Misuse of Drugs Act 1971 turns 50 this year, and the need to reform the act is greater than ever. It is outdated, it costs the taxpayer billions of pounds every year and it is simply not fit for purpose.

Earlier, when I quoted the evidence that was given by Assistant Chief Constable Steve Johnson, I spoke about the destructive cycle for drug users that is born out of a prison sentence. It is estimated that almost 2,000 organised crime groups are involved in the supply of illegal drugs, and between them they have trafficked more than 1,000 children, as Elena Whitham rightly referred to. The cannabis cultivation industry alone sees children from Afghanistan and Vietnam held in slave-like conditions in 21st century Scotland. Those are not the statistics of a system that is fit for purpose; they are the statistics of a broken system that is failing our most vulnerable citizens.

It is imperative that we work closely and constructively with all other nations across the United Kingdom, but Scotland has a drug deaths

problem that is far more acute than that of any of our counterparts in the British isles.

I am grateful for the tone that the minister struck at the top of the debate, and particularly for reinstating her commitment to put lived experience at the heart of Government policy and the route map out of the issue. I am also grateful to her for taking my intervention on the importance of allowing mothers to deal with substance use issues with their children.

The tone set by the minister kicked off a thoughtful debate. Sue Webber was absolutely right to raise the proliferation of poly-drug use, particularly the use of street benzos. The correlation between death and street benzos in Scotland right now undermines the suggestion that we have repeatedly heard for many years that our particularly Scottish problem with drug mortality was somehow caused by the ageing "Trainspotting" generation and the comorbidities that lie in that group. It is young people who are dying on our streets right now.

Gillian Mackay was the first to mention the HIV outbreak in Glasgow. That outbreak was absolutely coterminous with the 23 per cent cut in Government funding to alcohol and drug partnerships not only in Glasgow, but across Scotland. Although members such as Emma Harper are keen to restate the level of Government investment since that time, we still come jarring up against that devastating funding decision. Through that decision, we lost organisational memory, relationships and good, hard-working services that had been saving lives for years. Therefore, going forward, this Government should mainstream and protect funding, particularly for rehabilitation.

The current approach is not working, which is why we need a health-centred approach that will not only save lives, but mitigate risk factors that lead to drug use in the first place. In 2001, Portugal ended the criminalisation of people who use drugs, and it established a health-led approach instead. Since then, drugs-related deaths in Portugal have consistently fallen below the EU average. Levels of problematic use and school-age use have also fallen. Portugal has gone from accounting for nearly 50 per cent of yearly HIV diagnoses that are linked to injecting-drug use in the EU to just 1.7 per cent. That is partly why I welcome Labour's amendment. Safe consumption is essential to saving lives. Blood-borne viruses such as HIV and hepatitis C occur in one in four people who injects drugs, so the safe and adequate provision of clean needles is vital.

Paul Sweeney (Glasgow) (Lab): Alex Cole-Hamilton is making a powerful speech about the importance of overdose prevention and the use of facilities to ensure other public health benefits

such as minimising HIV transmission. In Scotland, the reality is that overdose prevention centres are not illegal. If they were, I would be arrested and charged, and so would Peter Krykant. We need to get a grip of the situation. Does Alex Cole-Hamilton agree that, in the minister's final remarks, she should address the issues of finding a legal pathway to safe consumption in Scotland and ensuring that Peter Krykant gets the resources that he deserves to continue his work in Glasgow?

Alex Cole-Hamilton: I am absolutely happy to endorse that point of view, and I hope that the minister will reflect on it in closing. I take the opportunity to put on record my thanks to Paul Sweeney and Peter Krykant for the volunteer work that they have done on the front line of the drug deaths emergency. They have put themselves at risk of criminal prosecution, but I hope that history will regard them as heroes and pioneers in the field. They deserve all our thanks.

Preventing deaths does not go far enough. We need to provide people who are suffering with addiction with the physical and emotional support that they need to recover, which is why rehabilitation is vital.

In her excellent first speech, Stephanie Callaghan reminded us that we must see the person beyond the addiction, and she revealed just how close to home the issue can be for some of us. I am grateful for her bravery, and for that of Collette Stevenson. In her powerful and emotional speech, Collette Stevenson captured us all and carried us with her.

With his usual absolute clarity, Michael Marra articulated the importance of getting help fast. The people who are in the grip of a chaotic lifestyle cannot wait for days for the help that they have sought in a moment of lucidity that might be all too rare. He was not overstating things in his use of the word "lethal" when it comes to the bad decisions that have been made.

Miles Briggs spoke of the trepidation that we all feel about the publication of next month's drug death statistics. Addiction is a disease that is in large part brought out by trauma. Paul O'Kane was absolutely right to call it a pandemic. Nobody chooses to become dependent on drugs, just as nobody chooses to develop any disease or mental illness. Those who suffer from addiction deserve the same level of care and compassion as any other person who suffers from a chronic health condition.

People are most at risk of death from drug use when they are at their most vulnerable—for example, after being released from prison, after a bereavement or relationship breakdown, or when in poor mental or physical health. That fact

underpins why I say that drug use is a symptom of and response to trauma, rather than the cause of it.

I close by saying that the responsibility for reversing Scotland's drug crisis does not lie solely with the Government or its task forces—it is incumbent on all of us as MSPs. As a Parliament and as a country, it is time that we stopped asking victims of drug misuse, "What is wrong with you?" Instead, we need to ask, "What has happened to you?" and, crucially, "How can we help you to heal?"

17:01

Maggie Chapman (North East Scotland) (Green): I am pleased to speak in support of the Scottish Green amendment. We also support the Labour and Liberal Democrat amendments, and consider that, when taken together, the motion and those three amendments signal a very welcome shift in political support towards doing something very different in order to tackle our drugs crisis. Something different—something so much better—is what we desperately need. We need a culture of care, not a war on drugs.

Scotland has followed many other jurisdictions in pursuing a war on drugs. Such an approach focuses on the criminalisation of users and petty suppliers, rather than seeking a solution to the deeper problems that underpin drug abuse. The war on drugs has totally failed to restrict the use of drugs or to protect from their harms.

In opening for the Scottish Greens, Gillian Mackay talked eloquently about how the drugs death crisis is a public health crisis and about how we need to understand and tackle the underlying causes of addiction if we are to deal effectively with a crisis that should never be considered inevitable.

When it comes to the impact of poverty, drug deaths are like the canary in the mine. We know that drug deaths are highest in the places that suffer most from poverty. Scotland has been scarred by poverty over the past 50 years, so it has some of the worst drug death figures in Europe—about eight times the average. The lives scarred by drugs are, of course, concentrated in particular places. In the region that I represent, Dundee's drug death rate of 0.23 per 1,000 people is almost double the national average.

Michael Marra: That point about the impact of poverty and the correlation between poverty and drug deaths was powerfully made, as it has been by others. However, many areas of the UK, such as the north-east of England, have similar levels of poverty to Scotland but not the same levels of drug deaths. Maybe Maggie Chapman will touch on the reasons for that difference. Some of the

contributions to the debate have pointed to that core issue of poverty, but the problem is particularly Scottish.

Maggie Chapman: I agree that there is a particularly Scottish problem that we need to get to grips with. It speaks to a range of issues around the ways in which we police and criminalise particular communities, which I do not think are mapped across the rest of the UK. The problem deserves much wider discussion. Alex Cole-Hamilton talked about evidence, and we need to understand better why the position in Scotland is so distinctive.

We know that the right response to drug deaths and drugs misuse is to approach them as a public health and social justice issue—not as a criminal justice issue. We must stop criminalising those who suffer from addiction, and we must stop enforcement action that we know disproportionately affects people who are already marginalised.

An example is the practice of stop and search. Two years ago, Police Scotland stopped a seven-year-old girl on suspicion of being in possession of drugs. She was just one of more than 3,000 children who were stopped and searched in a 15-month period. Although one in 20 searches involves a strip search—almost always for drugs—women are more likely than men to be strip searched, even though detection rates for drugs are significantly lower for women who are strip searched.

Unfortunately, we have a Westminster Government with significant powers over drug policy that sees drugs as an issue to be dealt with through the criminal justice system, but only for the poor—we know plenty of UK Government ministers who have got away with their drug use. We have more than 40 years of evidence demonstrating that the criminal justice approach fails. One curiosity of the devolution settlement is that although laws relating to drugs are Westminster's responsibility, enforcement of those laws is up to the Scottish Government.

That is why Scottish Greens asked the previous Lord Advocate to use his powers to ensure that safe drug consumption facilities be exempted from legal action, and, as I mentioned earlier, we will ask the new Lord Advocate to do the same. Enforcement is not in the public interest. Professionals in places such as Glasgow, as we have heard from Paul Sweeney and others, are taking the lead on providing those vital facilities, but they are doing so at risk of prosecution. We have also been arguing for a care-based approach to public policy that would ensure that drug users get the social and medical support that they need.

Dundee City Council has responded to the situation with a commission to seek solutions to the problem of drug deaths. The commission has made a set of strong suggestions about how to deal with drugs at a civic level, which include seeing the problem as a whole system and seeking whole-person solutions, increasing the accessibility of mental health services and taking an approach that is based on kindness, compassion and hope.

Although that is a move in the right direction, the key questions about how services would be funded and whether we can make the shift from a criminal justice focus to a social focus remain unanswered. The Scottish Government has begun to recognise the value of community-based solutions, but we need a whole-system approach to the issue that cuts across the artificial divide between Westminster and Scottish Government powers. We need to learn from countries such as Portugal, as has been mentioned, where decriminalisation has led to fewer drug deaths and fewer wider societal problems such as organised crime. Taking such an approach would change how we see drugs and begin a move from the war on drugs to a care-based approach that reduces the enormous harm that drugs cause.

17:07

Pauline McNeill (Glasgow) (Lab): The most mesmerizing speaker I have heard in this place—no offence to members—is Nanna Gotfredsen, who is a radical street lawyer who helped open Denmark's first drug consumption room. I hope to bring her back to the Scottish Parliament so that members can hear her speak. She helped raise a volunteer force to run a drug consumption bus in Copenhagen in 2011, which enabled addicts to consume drugs safely. That soon paved the way for public sanctioned facilities. I chaired the meeting in 2018 at which she spoke, thanks to the work of Fiona Gilbertson of Recovering Justice. Nanna Gotfredsen said:

"We basically don't have any drug deaths in DCRs and that is the same all over the world. I honestly think it's crazy that Scotland has such a terrible drug problem and you are not doing this."

Exactly—what have we been doing? Why are there no beds in Falkirk? It is outrageous. Sue Webber is right to say that the Scottish National Party should be ashamed of its record, but let us work together from this day forward. I raised the issue of high-strength street Valium with the First Minister two years ago and I got a good enough answer, but when I look back now I see that it was utterly complacent. Claire Baker hit the nail on the head: it is about saving lives, and the Lord Advocate should prioritise public health.

As has been highlighted, Scotland is the drug death capital of the world, and we have held that dismal title for six years. As Paul Sweeney said in an intervention, several lawyers—including Aamer Anwar, Mike Dailly and others—believe that we can operate within the law on the ground of the necessity to save lives. We have done that before—for example, in the early 2000s, to protect women in street prostitution in Glasgow. We can operate within the existing law without interfering with the independence of the Crown Office, which is an important point.

In the NHS Greater Glasgow and Clyde area, there were 404 deaths in 2019, which is about the same number as there were in the whole of Spain in the previous year. Scotland accounts for a third of all UK deaths. It is a dark crown to hold, and Brian Whittle is right to say that we have to be able to answer the question: why are we in that position?

Is it any wonder that the Royal College of Physicians of Edinburgh has called for bold measures, including the decriminalisation of the possession of illicit drugs? Portugal once had a similar drug deaths crisis, until it focused on health, not criminalisation, and funded treatment properly.

Drug consumption facilities supervise people who inject their own drugs. No one has ever died from an overdose in such a facility. That is one strand of a bigger policy. Drug consumption facilities are currently operating in at least 66 cities around the world. Concerns that such facilities might encourage drug use or increase crime have proven to be unfounded. Use is also restricted to existing dependent users. A review by the European Monitoring Centre for Drugs and Drug Addiction concluded:

“There is no evidence to suggest that the availability of safer injecting facilities increases drug use or frequency of injecting. These services facilitate rather than delay treatment entry and do not result in higher rates of local drug-related crime.”

Brian Whittle: In the previous session, we voted for a Government motion that discussed accepting safe injection rooms—although, to be honest, I am still to be convinced. My question is whether we have looked at what else we could do with the resource that would be required to deliver safe injection rooms, and whether it might benefit us to spend that money in other areas. A safe injection room would not necessarily have such a big impact in rural areas such as mine. The issue is how the resource can best be utilised.

Pauline McNeill: I agree that such facilities should be one part of a bigger policy. However, as we have heard, and as Paul Sweeney has seen for himself, Peter Krykant has literally saved lives. I have spoken directly to him. I am trying to point

out that the evidence is there for any people who might have concerns that such facilities might extend drug use. We have some hurdles to get over, but by no means do I want Brian Whittle to think that Scottish Labour’s position is that such facilities on their own will be able to deal with the problem. He is correct to say that we need to take a comprehensive approach.

The UK Government’s official advisers—the Advisory Council on the Misuse of Drugs—supports the setting up of drug consumption rooms. Westminster must change the law to allow such facilities across the UK, in the same way that Portugal did. Angela Constance is right that it is not just about changing the 1971 act for that purpose; there are other reasons why we want to modernise the law. I hope that other nations will support us in that.

As other members have done, I pay tribute to Peter Krykant, who has been running an unofficial drug consumption room. As I said, he has saved lives. By the end of March, he had supervised more than 500 injections and had no doubt saved lots of lives without that being on record. There is no further time to waste.

Collette Stevenson and Stephanie Callaghan reminded us that many of us have a personal stake in the issue. I believe that, such is the public concern, the public will, rightly, not allow the Parliament to waste another session. In his excellent speech, Michael Marra said that we must have the data and safe supply, but that we must have same-day treatment, too. I agree. Public Health Wales runs a website and a service that allows users to have their drugs tested anonymously.

The Presiding Officer: Could you wind up, please, Ms McNeill?

Pauline McNeill: Surely we have learned the lessons from complacency in the past—never again.

17:14

Annie Wells (Glasgow) (Con): I am thankful to be closing the debate for the Scottish Conservatives on a subject that is very close to my heart. There have been excellent and passionate speeches from across the chamber, and I hope that we can all work together constructively to reverse the crisis.

I thank the Minister for Drugs Policy for coming to the chamber to outline the Scottish Government’s plans and I welcome the fact that she is open to working across the Parliament to tackle the emergency. Some of the announcements, particularly around funding, are also a welcome first step and we look forward to

scrutinising them in more detail. However, as I will touch on, I believe that we need to go much further to save lives.

As many in the chamber have alluded to this afternoon, that crisis is our national shame. Scotland's drug death rates remain not only significantly worse than those in the rest of the UK and Europe, but our relative drug deaths numbers also exceed those in the USA. In 2007, in my home city of Glasgow, there were 147 recorded drug deaths in the NHS Greater Glasgow and Clyde area; in 2019, a staggering 404 deaths were recorded.

The nature of this public health emergency is also made clear in hospitalisations, as many people across the country are routinely victim to serious harm from the side effects of drugs. As we have heard from colleagues across the chamber, the recent figures from Public Health Scotland highlight that, in 2019-20, there were 282 drug-related hospital stays per 100,000 people. In 1997-98, at the dawn of Scottish devolution, that figure was 88 per 100,000, so those figures have more than tripled.

The crisis has also hit the most vulnerable the hardest. It has been revealed that approximately half of the patients with a drug-related hospital stay lived in the most deprived areas in Scotland. That is particularly shameful, given that organisations such as Waverley Care have warned that, due to social inequalities, many people, such as those who are currently homeless, are at increased risk of being harmed by drugs.

I have lived in Springburn most of my life and I have seen at first hand the devastation that drugs can have on families, friends and communities. I spoke to a neighbour about that issue just this morning, and he said to me:

"How many people do we know in this street alone who have lost their lives due to drugs?"

That fact hits home—families up and down Scotland have been impacted by this dreadful crisis in some way. In the election campaign, Nicola Sturgeon admitted that her Government took its eye off the ball on that issue, when the drug deaths rate in Scotland almost tripled on the SNP's watch after 14 years in power. Played over many years, those are human costs and real-life consequences of a Government losing focus on tackling the issues that really matter.

Two years ago, the SNP set up the Drug Deaths Taskforce. It had an explicit remit to improve the health outcomes for people who use drugs, by reducing the risk of harm and death, but drug deaths continue to climb, as more victims needlessly lose their lives. It is no wonder that the failure of the task force to come up with effective

solutions to one of our nation's biggest challenges has been criticised by many third sector organisations.

Frankly, victims deserve better. Conservative members have consistently called for drug users to have better access to rehabilitation treatment and recovery programmes but, as the First Minister admitted in the chamber this afternoon, the SNP's record in Government on that has fallen far short. The SNP Government funded only 13 per cent of residential rehab places in Scotland in 2019-20, at a time when we needed it to go much further. According to the Government's own reports, waiting times for residential rehab can be up to a year, which is nowhere near good enough for people who are often critically ill and who require urgent support.

In the previous parliamentary session, the Scottish Conservatives helped secure an extra £20 million per year for residential rehab facilities. Along with many charities, we remain convinced that more funding in that area will be effective in providing support and, most importantly, saving lives.

I have been clear that my colleagues and I will continue to robustly hold this Government to account on drugs policy but, where possible, I am open to having a constructive relationship with the minister.

As things stand, Scotland's shameful drug deaths crisis is expected to worsen. Action must be taken now and for the future.

The Conservatives have appealed for cross-party support to tackle the crisis. A key pillar of our approach is to open up access to treatment and residential rehab treatment. The Scottish Conservatives have pledged to introduce 15 ambitious bills over the parliamentary session to secure Scotland's recovery from Covid. One of those bills will be on a right to recovery. Embedded in such a bill will be the belief that everyone in Scotland should have a right, enshrined in law, to the necessary addiction treatment that they seek. Never again should we be in a situation where fantastic recovery organisations need to seek legal counsel because people are denied access to rehabilitation and drug treatment.

The time has come to completely rethink how we deliver rehabilitation services and addiction treatment, or else we will continue to have more avoidable deaths. How the Government responds to the public health emergency will be one of the defining issues of the session. I hope that the minister will heed views from across the parties on how we can use the powers that the Parliament already has to reverse the drug deaths crisis.

Over the years we have heard many words, but now the time has come for bold action. Scotland is watching and we owe it to the victims to do better.

17:21

Angela Constance: When I spoke in the Parliament in the previous session, I said that I was determined to build a consensus across the Parliament and the country. I stress the point that consensus is not complacent or cosy—it is about collaboration, but it is also about challenge. Today's debate has been a good reflection of that. Both Claire Baker and Pauline McNeill noted that, given that we are at the start of a new parliamentary session, it is time to renew our commitment and focus on solutions, based on evidence and on what will work. I make a commitment to members to return to Parliament and the committees at regular intervals, to have one-to-one meetings and to hold round-table events. A debate such as this one can only ever scratch the surface.

Tess White (North East Scotland) (Con): Would the minister consider reopening the Mulberry unit at Stracathro hospital in Angus?

Angela Constance: I would be grateful if Ms White would write to me on that matter so that I can consider whether it is an issue for me or for the Cabinet Secretary for Health and Social Care. I will look out for that correspondence.

I give a commitment to have a deeper dive into the integration of addiction and mental health services; access to healthcare—not excluding primary care; workforce planning and support, including how we overcome issues around culture and burnout; reporting and data, which are important levers to change alongside legislative options; issues in and around our criminal justice system; gender-based issues; and issues in respect of minorities. We need a deeper-dive debate on residential rehab and other harm-reduction, evidence-based interventions.

Pam Duncan-Glancy (Glasgow) (Lab): I appreciate the opportunity that the minister has set out to consider how the issue impacts people from various different backgrounds. Will she consider taking the opportunity that we hope will come before us in this parliamentary session to examine the incorporation of various human rights treaties into legislation in Scotland in order to strengthen the rights of various groups, particularly people who have experienced drug use, in their access to housing, mental health support and community care services?

Angela Constance: Yes, absolutely. We need to have a rights-based approach both to treatment and to the broader agenda. If we are to address some of those wicked issues around how we treat

dependence on benzodiazepines, we need to engage in that debate, guided by clinicians, and develop that consensus, so that we have a safer treatment option for people who are using benzodiazepines.

We are connecting medication-assisted treatment with the broader agenda on housing and welfare, but at the heart of it all there needs to be choice—informed choice—and a public health approach with rights all the way through it. We are not picking and choosing; we need a solid whole-systems approach.

At the start of the debate, Sue Webber, who I welcome to her position, spoke about how she is very much in favour of abstinence-based treatment. I, too, am supportive of residential rehab and abstinence-based models. However—to paraphrase something that I read earlier this week—I do not support harm reduction over recovery, or recovery over harm reduction; I support, and we should be supporting, people, which is about getting the right treatment for the right person at the right time.

Gillian Mackay spoke powerfully about removing barriers and lowering thresholds for treatment. At the core of that is getting more of our folk into treatment that meets their needs, either to get them on the road to recovery or to stabilise them and stop them dying. We must not see harm reduction in isolation from either recovery or residential rehabilitation.

Many colleagues spoke about the importance of a trauma-informed approach. I say to Alex Cole-Hamilton that I will meet Aberlour and other providers very soon. Stephanie Callaghan and Collette Stevenson got to the heart of the matter in saying how we all need to take to our hearts the root causes of drug use. They both spoke about loss but also about hope, and they said that we should not leave it to luck, as we will all be judged on our actions. Elena Whitham spoke about her experience in the homelessness sector. She talked about how we all need to get out of our silos—that of course applies to political parties—and how we need to stick with people.

In the time that I have left, I turn my attention to the amendments. I will accept the Liberal Democrat amendment, and I appreciate Mr Cole-Hamilton's assurances that he is not seeking to direct the Lord Advocate, but I have to put some words on record. In accepting his amendment, we should all understand that the Lord Advocate exercises her functions regarding prosecutions of crime and investigations of deaths

“independently of any other person”,

as enshrined in the Scotland Act 1998. There are well-established principles and reasons—

Miles Briggs: Will the minister take an intervention on that point?

Angela Constance: No, thank you, Mr Briggs. I am not going to get into a debate about the role of the Lord Advocate, but we will come back to many other issues—[*Interruption.*] I will not take an intervention, because I am short of time, and I do not want to get six of the belt off the Presiding Officer.

I emphasise to Parliament that, irrespective of the constitutional opportunities and constraints, I am determined that we find solutions here in Scotland. On that basis, I am more than happy to accept the Green amendment.

I am sad to say that I cannot accept the Conservative amendment, but I want to be clear about where we agree and where we disagree. I assure members on the Conservative side of the chamber that I work collaboratively with everyone, including the UK Government, but I am not going to be ignored. I am not going to stand by and allow the UK Government to ignore our communities, or indeed the will of this Parliament. I am not going to ignore the importance of the Misuse of Drugs Act 1971, because it is time for a grown-up debate, based on the growing evidence that the act is incompatible with a public health approach to tackling our drug deaths crisis.

Miles Briggs: Will the minister take an intervention on that point?

Angela Constance: No, because I really am short of time—I apologise to Mr Briggs. With regard to enshrining a right to treatment, I would argue that our services already have a duty to provide treatment on the basis of other legislation, but I am genuinely open minded on that. I will look closely at the proposition when colleagues bring it forward, and I will not rule it out. In the past, under previous portfolios, I have introduced legislation to the Parliament on the basis that we sometimes need legislation to lock in progress and to get us over the line. I assure Parliament that, on the issues that members seek to address, we are engaged in that right now. That is about access, capacity and following the money, of course.

I am pleased to be able to accept and support the amendment from the Labour Party, because it touches on those core pragmatic issues of implementation, the scale of the change, accountability—absolutely—and the importance of reporting on progress.

It was not another politician and it was not a civil servant who persuaded me of the importance of the new medication-assisted treatment standards; it was Colin Hutcheon, a parent who I met through Scottish Families Affected by Alcohol & Drugs. Our last word should go to those from the lived and living experience community. I am quoting

Becky Wood, Allan Houston and Colin Hutcheon when I say:

“The road to reducing drug related deaths is rocky and twisting but is one we must persevere on if we are to go any way towards making Scotland a safe and happy place to live for everybody. All lives are precious, all children should expect to be nurtured and feel safe. All parents should expect their children to live long productive lives ... We believe it is vital we adapt and evolve our current systems using compassion, kindness, respect and dignity.”

Point of Order

17:31

Stephen Kerr (Central Scotland) (Con): On a point of order, Presiding Officer. I raised a point of order yesterday about members speaking remotely, even though they are here, in their offices, and even though there are clearly free spaces in the chamber. Interventions can enliven a debate and they can be made and taken only in the chamber. The technology that we are currently using does not allow for interventions on virtual speeches. I would add that the people of Scotland who are watching these proceedings will be bemused that members are speaking virtually when they are physically here on the parliamentary estate.

I understand that the principle of members who are in Parliament participating in debates and making contributions was raised at a recent meeting of the Scottish Parliamentary Corporate Body. Although we understand that parties have chamber arrangements, it should not be impossible to vary those such that any member making a speech can do so from the chamber when they are actually here in Holyrood. Not doing so quite unfairly gives the impression to others, here and watching at home, that the member has been reluctant to allow their arguments to be subject to intervention.

Presiding Officer, would you please give some guidance to Parliament on what the orderly way is for our business to proceed in relation to this matter?

The Presiding Officer (Alison Johnstone): I thank Mr Kerr for advance notice of this point of order. Seating in the chamber is currently restricted, as we know, as a result of Covid restrictions. It is, of course, for parties to determine allocations of available seats, and not a matter for standing orders. While all remote contributions do not currently enable interventions, I appreciate that Mr Kerr is referring to specific circumstances, and it may be the case that this is an issue that the Parliamentary Bureau will wish to discuss.

Parliamentary Bureau Motion

17:33

The Presiding Officer (Alison Johnstone): The next item of business is consideration of Parliamentary Bureau motion S6M-00429, on committee membership. I ask George Adam, on behalf of the Parliamentary Bureau, to move the motion.

The Minister for Parliamentary Business (George Adam): Thank you, Presiding Officer. It was a long time coming, but I can now say, "Formally moved."

Motion moved,

That the Parliament agrees the membership of committees of the Parliament as follows:

COVID-19 Recovery Committee

Membership: Siobhan Brown, John Mason, Jim Fairlie, Alex Rowley, Murdo Fraser, Brian Whittle.

Citizen Participation and Public Petitions Committee

Membership: David Torrance, Bill Kidd, Paul Sweeney, Jackson Carlaw, Tess White.

Constitution, Europe, External Affairs and Culture Committee

Membership: Clare Adamson, Jenni Minto, Alasdair Allan, Patrick Harvie, Sarah Boyack, Donald Cameron, Sue Webber.

Criminal Justice Committee

Membership: Audrey Nicol, Rona Mackay, Collette Stevenson, Fulton MacGregor, Pauline McNeill, Katy Clark, Jamie Greene, Russell Findlay.

Delegated Powers and Law Reform Committee

Membership: Stuart McMillan, Bill Kidd, Paul Sweeney, Graham Simpson, Craig Hoy.

Economy and Fair Work Committee

Membership: Colin Beattie, Gordon Macdonald, Michelle Thomson, Fiona Hyslop, Lorna Slater, Claire Baker, Colin Smyth, Jamie Halcro Johnston, Alexander Burnett.

Education, Children and Young People Committee

Membership: Kaukab Stewart, Bob Doris, James Dornan, Fergus Ewing, Stephanie Callaghan, Ross Greer, Michael Marra, Beatrice Wishart, Oliver Mundell, Stephen Kerr.

Equalities, Human Rights and Civil Justice Committee

Membership: Joe FitzPatrick, Karen Adam, Fulton MacGregor, Maggie Chapman, Pam Duncan-Glancy, Alexander Stewart, Pam Gosal.

Finance and Public Administration Committee

Membership: Kenneth Gibson, Michelle Thomson, John Mason, Patrick Harvie, Daniel Johnson, Liz Smith, Douglas Lumsden.

Health, Social Care and Sport Committee

Membership: Gillian Martin, Emma Harper, Stephanie Callaghan, David Torrance, Evelyn Tweed, Gillian Mackay,

Carol Mochan, Paul O’Kane, Annie Wells, Sandesh Gulhane.

Local Government, Housing and Planning Committee

Membership: Elena Whitham, Paul McLennan, Willie Coffey, Ariane Burgess, Mark Griffin, Miles Briggs, Meghan Gallacher.

Net Zero, Energy and Transport Committee

Membership: Fiona Hyslop, Natalie Don, Jackie Dunbar, Mark Ruskell, Monica Lennon, Liam Kerr, Dean Lockhart.

Public Audit Committee

Membership: Willie Coffey, Colin Beattie, Richard Leonard, Sharon Dowey, Craig Hoy.

Rural Affairs, Islands and Natural Environment Committee

Membership: Jenni Minto, Jim Fairlie, Alasdair Allan, Karen Adam, Ariane Burgess, Mercedes Villalba, Liam McArthur, Rachael Hamilton, Finlay Carson.

Social Justice and Social Security Committee

Membership: Neil Gray, Natalie Don, Emma Roddick, Marie McNair, Pam Duncan-Glancy, Foysol Choudhury, Miles Briggs, Jeremy Balfour.

Standards, Procedures and Public Appointments Committee

Membership: Bob Doris, Paul McLennan, Martin Whitfield, Alexander Stewart, Edward Mountain.—[*George Adam*]

The Presiding Officer: The question on the motion will be put at decision time.

Decision Time

17:34

The Presiding Officer (Alison Johnstone):

There are six questions to be put as a result of today’s business. The first question is, that amendment S6M-00400.1, in the name of Sue Webber, which seeks to amend motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. There will be a short suspension to allow members to access the digital voting system.

17:34

Meeting suspended.

17:37

On resuming—

The Presiding Officer: Members should cast their votes now.

The vote is now closed.

For

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)

Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and
 Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse)
 (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine)
 (SNP)
 Rennie, Willie (North East Fife) (LD)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley)
 (SNP)
 Wishart, Beatrice (Shetland Islands) (LD)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Abstentions

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Marra, Michael (North East Scotland) (Lab)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 O'Kane, Paul (West Scotland) (Lab)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Sarwar, Anas (Glasgow) (Lab)
 Smyth, Colin (South Scotland) (Lab)
 Sweeney, Paul (Glasgow) (Lab)
 Villalba, Mercedes (North East Scotland) (Lab)
 Whitfield, Martin (South Scotland) (Lab)

The Presiding Officer: The result of the division on amendment S6M-00400.1, in the name of Sue Webber, which seeks to amend motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths, is: For 28, Against 72, Abstentions 22.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S6M-00400.4, in the name of Claire Baker, which seeks to amend motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. Members should cast their votes now.

The vote is now closed.

Pam Duncan-Glancy (Glasgow) (Lab): On a point of order, Presiding Officer. My vote did not register. I would have voted yes.

The Presiding Officer: Thank you. We will record that.

Ariane Burgess (Highlands and Islands) (Green): On a point of order, Presiding Officer. My vote did not register on the app. I would have voted yes.

The Presiding Officer: Thank you, Ms Burgess. We will ensure that that is recorded.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)

Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Marra, Michael (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mochan, Carol (South Scotland) (Lab)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Ruskell, Mark (Mid Scotland and Fife) (Green)

Sarwar, Anas (Glasgow) (Lab)
 Slater, Lorna (Lothian) (Green)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sweeney, Paul (Glasgow) (Lab)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Villalba, Mercedes (North East Scotland) (Lab)
 Whitfield, Martin (South Scotland) (Lab)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Wishart, Beatrice (Shetland Islands) (LD)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)

The Presiding Officer: The result of the division on amendment S6M-00400.4, in the name of Claire Baker, which seeks to amend motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths, is: For 94, Against 28, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S6M-00400.3, in the name of Gillian Mackay, which seeks to amend motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. Members should cast their votes now.

The vote is now closed.

Anas Sarwar (Glasgow) (Lab): On a point of order, Presiding Officer. Apologies—my screen would not refresh. I would have voted yes.

The Presiding Officer: Thank you. We will ensure that that is recorded, Mr Sarwar.

Jeremy Balfour (Lothian) (Con): On a point of order, Presiding Officer. I would have voted no.

The Presiding Officer: Thank you, Mr Balfour. We will ensure that that is recorded.

Collette Stevenson (East Kilbride) (SNP): On a point of order, Presiding Officer. I lost my connection. I would have voted yes.

The Presiding Officer: Thank you. We will ensure that that is recorded.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Choudhury, Foyso (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lennon, Monica (Central Scotland) (Lab)

Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Marra, Michael (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mochan, Carol (South Scotland) (Lab)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Slater, Lorna (Lothian) (Green)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sweeney, Paul (Glasgow) (Lab)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Villalba, Mercedes (North East Scotland) (Lab)
 Whitfield, Martin (South Scotland) (Lab)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Wishart, Beatrice (Shetland Islands) (LD)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Haicro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)

Mundell, Oliver (Dumfriesshire) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)

The Presiding Officer: The result of the division on amendment S6M-00400.3, in the name of Gillian Mackay, which seeks to amend motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths, is: For 94, Against 28, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S6M-00400.2, in the name of Alex Cole-Hamilton, which seeks to amend motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Choudhury, Foyso (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Harper, Emma (South Scotland) (SNP)

Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Marra, Michael (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mochan, Carol (South Scotland) (Lab)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Slater, Lorna (Lothian) (Green)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sweeney, Paul (Glasgow) (Lab)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Villalba, Mercedes (North East Scotland) (Lab)
 Whitfield, Martin (South Scotland) (Lab)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Wishart, Beatrice (Shetland Islands) (LD)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire)

(Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)

The Presiding Officer: The result of the division on amendment S6M-00400.2, in the name of Alex Cole-Hamilton, which seeks to amend motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths, is: For 93, Against 28, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. Members should cast their votes now.

The vote is now closed.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): On a point of order, Presiding Officer. I was not able to access the digital app. I would have voted yes.

The Presiding Officer: Thank you, Mr Doris. We will ensure that that is recorded.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Choudhury, Foyso (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)

Duncan-Glancy, Pam (Glasgow) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Marra, Michael (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mochan, Carol (South Scotland) (Lab)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Slater, Lorna (Lothian) (Green)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sweeney, Paul (Glasgow) (Lab)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Villalba, Mercedes (North East Scotland) (Lab)
 Whitfield, Martin (South Scotland) (Lab)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Wishart, Beatrice (Shetland Islands) (LD)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)

The Presiding Officer: The result of the division on motion S6M-00400, in the name of Angela Constance, on tackling drug-related deaths, as amended, is: For 94, Against 28, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament supports the national mission to tackle drug-related deaths and harms; welcomes proposals for the introduction of guidance to increase the accessibility of residential rehabilitation programmes; notes that increased funding is supporting enhancements to ensure that resources reach frontline treatment, rehabilitation and recovery services in areas of acute demand; believes that the new Medication-Assisted Treatment Standards are fundamental to ensuring that everyone who requires support can get access to the drug treatment or support option that they seek; further believes that actions on the standards, such as the implementation of same-day prescribing and increasing the range of treatment options available across the country, will help save lives; supports calls for an urgent four-nations summit to consider reform of the 50-year-old Misuse of Drugs Act 1971 to fully align the law with a public health response, so that all options for tackling the harm caused by drugs can be deployed, if supported by the Scottish Parliament; considers that the resources of the police and justice system should be focused on supporting lifesaving, public health interventions and believes that all options within the existing legal framework should be explored to support the delivery of safe consumption facilities; notes that delivering the new Medication-Assisted Treatment Standards will require significant service reform; believes that, given the scale of the drugs deaths crisis in Scotland, there must be public accountability and scrutiny over implementation of the standards; calls on the Scottish Government to report on a six-monthly basis to the Parliament on the progress of implementation and service improvement; considers that safe consumption rooms are an important public health

measure that could reduce drug deaths and deliver wider benefits to communities, as they have done elsewhere; condemns the UK Government's refusal to support trials in Scotland and urges it to reconsider; calls on the Scottish Government to investigate, as a matter of urgency, what options it has to establish legal and safe consumption rooms within the existing legal framework; notes the recommendation made by Sir Harry Burns to routinely record adverse childhood experiences, and believes that all aspects of recovery and treatment should be trauma-informed; understands that guidance has previously been issued by the Lord Advocate to police officers relating to the use of recorded police warnings in certain cases of minor offending; would support a new Lord Advocate reviewing this guidance and examining how it can be strengthened, in light of the resolution of the Parliament on motion S5M-24396 on 18 March 2021 and the support expressed for working towards diverting people caught in possession of drugs for personal use into treatment, and believes that a parliamentary statement after the summer recess from the new Lord Advocate on the principles and practicalities of diversion would be beneficial in informing public debate and the response of authorities to Scotland's drugs deaths crisis.

The Presiding Officer: The final question is, that motion S6M-00429, in the name of George Adam, on committee membership, be agreed to.

Motion agreed to,

That the Parliament agrees the membership of committees of the Parliament as follows:

COVID-19 Recovery Committee

Membership: Siobhan Brown, John Mason, Jim Fairlie, Alex Rowley, Murdo Fraser, Brian Whittle.

Citizen Participation and Public Petitions Committee

Membership: David Torrance, Bill Kidd, Paul Sweeney, Jackson Carlaw, Tess White.

Constitution, Europe, External Affairs and Culture Committee

Membership: Clare Adamson, Jenni Minto, Alasdair Allan, Patrick Harvie, Sarah Boyack, Donald Cameron, Sue Webber.

Criminal Justice Committee

Membership: Audrey Nicol, Rona Mackay, Collette Stevenson, Fulton MacGregor, Pauline McNeill, Katy Clark, Jamie Greene, Russell Findlay.

Delegated Powers and Law Reform Committee

Membership: Stuart McMillan, Bill Kidd, Paul Sweeney, Graham Simpson, Craig Hoy.

Economy and Fair Work Committee

Membership: Colin Beattie, Gordon Macdonald, Michelle Thomson, Fiona Hyslop, Lorna Slater, Claire Baker, Colin Smyth, Jamie Halcro Johnston, Alexander Burnett.

Education, Children and Young People Committee

Membership: Kaukab Stewart, Bob Doris, James Dornan, Fergus Ewing, Stephanie Callaghan, Ross Greer, Michael Marra, Beatrice Wishart, Oliver Mundell, Stephen Kerr.

Equalities, Human Rights and Civil Justice Committee

Membership: Joe FitzPatrick, Karen Adam, Fulton MacGregor, Maggie Chapman, Pam Duncan-Glancy, Alexander Stewart, Pam Gosal.

Finance and Public Administration Committee

Membership: Kenneth Gibson, Michelle Thomson, John Mason, Patrick Harvie, Daniel Johnson, Liz Smith, Douglas Lumsden.

Health, Social Care and Sport Committee

Membership: Gillian Martin, Emma Harper, Stephanie Callaghan, David Torrance, Evelyn Tweed, Gillian Mackay, Carol Mochan, Paul O'Kane, Annie Wells, Sandesh Gulhane.

Local Government, Housing and Planning Committee

Membership: Elena Whitham, Paul McLennan, Willie Coffey, Ariane Burgess, Mark Griffin, Miles Briggs, Meghan Gallacher.

Net Zero, Energy and Transport Committee

Membership: Fiona Hyslop, Natalie Don, Jackie Dunbar, Mark Ruskell, Monica Lennon, Liam Kerr, Dean Lockhart.

Public Audit Committee

Membership: Willie Coffey, Colin Beattie, Richard Leonard, Sharon Dowey, Craig Hoy.

Rural Affairs, Islands and Natural Environment Committee

Membership: Jenni Minto, Jim Fairlie, Alasdair Allan, Karen Adam, Ariane Burgess, Mercedes Villalba, Liam McArthur, Rachael Hamilton, Finlay Carson.

Social Justice and Social Security Committee

Membership: Neil Gray, Natalie Don, Emma Roddick, Marie McNair, Pam Duncan-Glancy, Foysol Choudhury, Miles Briggs, Jeremy Balfour.

Standards, Procedures and Public Appointments Committee

Membership: Bob Doris, Paul McLennan, Martin Whitfield, Alexander Stewart, Edward Mountain.

The Presiding Officer: That concludes decision time.

Meeting closed at 17:52.

This is the final edition of the *Official Report* for this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

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