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Scottish Parliament

Thursday 1 December 2022

[The Presiding Officer opened the meeting at 11:40]

General Question Time

Infrastructure (Discussions with UK Government)

1. Finlay Carson (Galloway and West Dumfries) (Con): To ask the Scottish Government whether it can provide an update on any discussions it has had with the United Kingdom Government regarding infrastructure. (S6O-01636)

The Minister for Transport (Jenny Gilruth): We meet UK Government counterparts to discuss matters of importance to Scotland, including infrastructure, as required. I was certainly disappointed that no UK Government minister was able to meet me this week in London on the matter of rail infrastructure, which Mr Carson may know has been a key feature in the on-going dispute between Network Rail and the National Union of Rail, Maritime and Transport Workers.

Furthermore, it was disappointing that the UK Government's November autumn statement did not enhance the Scottish Government's capital budget.

The UK Government has failed to protect our capital allocation against inflation, pursued a hard Brexit and tight immigration laws and presided over volatility in the financial markets. All of that is impacting on our ability to deliver on capital investment plans.

Finlay Carson: Unfortunately, I really do not thank the minister for that response. Last week, yet another horrific accident took place on the A75, when two heavy goods vehicles collided in the village of Crocketford. One of the vehicles overturned and hit several parked cars before careening through a pedestrian crossing into a house; it was a miracle that nobody died. Sadly, it is just another statistic, but for the people who live in that small village, such accidents are happening all too often.

I have lived next to the A75 all my life and witnessed the aftermath of hundreds of accidents, far too many of which resulted in loss of life. Report after report highlight the need for significant improvement on the critical link to Northern Ireland, with a bypass around Crocketford and Springholm at the top of the list.

Only last week, Michael Matheson said that the union connectivity review had fallen off the table,

only to be undermined by Jenny Gilruth, who said that discussions were on-going.

This is not about party politics. The people of Dumfries and Galloway and cross-party MSPs demand those bypasses—nothing less will be acceptable. Can the minister confirm that positive talks with the UK Government are continuing and commit today to those bypasses, so that communities will not have to wait a moment longer for the much-delayed strategic transport projects review 2?

Jenny Gilruth: I very much recognise Mr Carson's constituency interest in this matter. I do not think that it would be appropriate for me to comment today on any individual incident, although I am, of course, aware of the incident in question.

My officials in Transport Scotland engage regularly with our counterparts in the Department for Transport. I am advised that the A75 was discussed at the most recent meeting, which was held on 31 October, and that the DFT confirmed that the Scottish Government would be required to submit a proposal to the UK Government to approve the release of any funding for the A75. There is no guarantee from the UK Government that any additional funding is available, and any money that might be received from the UK Government would most likely be best targeted at further investigation of preliminary options for a local bypass at Springholm and Crocketford, as I think that Mr Carson alluded to. That has been identified through the STPR2 process.

It would be for Transport Scotland to lead and manage that work, because the trunk road network belongs to Scottish ministers. Irrespective of that, I have not received any substantive update from the Chancellor of the Exchequer on that matter. It would be much more appropriate—*[Interruption.]*

I hear Mr Carson heckling from a sedentary position. I have to say that this is potential, and my officials have been informed—*[Interruption.]*

The Presiding Officer (Alison Johnstone): I remind members that the only person speaking should be the person who is asking or responding to questions. I ask, too, that we pick up the pace, because we have a lot of interest in this item. Thank you.

Jenny Gilruth: I have received no substantive update from the chancellor or any other UK Government minister on the matter. It would be far more appropriate for the UK Government to protect and enhance Scotland's capital allocation to reflect rising inflation.

Finally, as Mr Carson knows, transport infrastructure investment decisions are devolved

to Scotland. If his friends in the UK Government want to increase funding to infrastructure projects in Scotland, they should do so through the already agreed and established processes of devolution.

Fuel Poverty (Engagement with Energy Sector)

2. James Dornan (Glasgow Cathcart) (SNP): To ask the Scottish Government whether it will provide an update on any recent engagement it has had with the energy sector regarding support for those at risk of fuel poverty. (S6O-01637)

The Cabinet Secretary for Net Zero, Energy and Transport (Michael Matheson): The First Minister has chaired two energy summits since August. All major energy suppliers attended the summits, along with advice providers and third sector organisations.

The summits discussed the impact of the measures that have been introduced by the United Kingdom Government in response to the energy crisis and agreed that the UK Government should be targeting more support towards people who are living in vulnerable circumstances. Other outcomes include the Scottish Government commitment to work with public and private sector partners to explore how people living in fuel poverty can be further protected within our devolved powers.

James Dornan: At the most recent summit, the Scottish Government agreed to work with Energy UK and other organisations to increase smart meter coverage in Scotland. Although aspects of smart meter usage are helpful, the cabinet secretary will be aware of the shocking and, frankly, immoral actions of energy companies that are using smart meters as a back door to switch consumers to prepay mode, often on a more expensive tariff and without informing people or having to apply for a warrant. That has already happened to more than 150,000 households, with the Office of Gas and Electricity Markets estimating that a further 180,000 households will be affected this winter. Can the cabinet secretary say how many households in Scotland that has happened to and whether it is legal, given that, previously, companies would have had to apply to the Scottish courts for a warrant before taking such action?

Michael Matheson: Although I cannot give an exact figure, we are aware of instances in which energy suppliers have switched their customers' accounts to prepayment mode without informing them or obtaining a warrant beforehand. That can have serious implications for customers, particularly those living in vulnerable circumstances. We condemn that kind of practice, as it is likely to exacerbate the challenges that some households in fuel poverty are already contending with.

I have asked my officials to engage with Ofgem directly on the matter and to look for action to be taken. In the meantime, I reassure members that, if they have a constituent who is affected, they can seek advice through our advice services and, primarily, through Advice Direct Scotland.

Mercedes Villalba (North East Scotland) (Lab): The UK's major energy distributors made £15.8 billion in profits last year, despite rising energy bills putting more consumers at risk of fuel poverty. Unite the union is calling on Ofgem to reopen its price review and set a clear cap on distributors' profits. Will the cabinet secretary join Unite in urging Ofgem to act now to end that rampant profiteering?

Michael Matheson: I certainly support the need to ensure that we take a fair tax return from those who are making excessive profits in our energy sector—energy companies, in particular. I gently point out to Mercedes Villalba that we are in a situation with energy companies making record profits, yet Scotland—one of the most energy-rich nations in Europe—has one of the highest levels of fuel poverty in the whole of Europe. Rather than writing to UK Government ministers or pleading with Ofgem to act on these matters, I would prefer to have the powers in this Parliament to tackle them, so that we can tax those companies properly and end fuel poverty once and for all in energy-rich Scotland.

Beatrice Wishart (Shetland Islands) (LD): Some of my constituents are experiencing significant delays in having faulty meters replaced or repaired, because energy companies have contracted out that work to third parties. Already impacted by high levels of fuel poverty, they face increased anxiety about their bills. Our island areas are also experiencing market failure and new electricity contracts for both business and domestic consumers. Has the Scottish Government had any discussions with the energy sector about these serious problems?

Michael Matheson: We raise such issues on a regular basis with Ofgem and the UK Government, which, ultimately, is responsible for those matters, including issues relating to energy meters and the failures in and regulation of the market. Those failures are evident and are adding to fuel poverty and the high increases in fuel bills that people are facing.

If Beatrice Wishart has some specific examples that she wants us to highlight to Ofgem, I am more than happy to receive such information and ensure that it is forwarded on to it and that we ask it to take urgent action to address the matters.

Northern Ireland Protocol Bill

3. **Jenni Minto (Argyll and Bute) (SNP):** To ask the Scottish Government what recent dialogue it has had with the United Kingdom Government regarding the potential impact on Scotland of the Northern Ireland Protocol Bill. (S6O-01638)

The Cabinet Secretary for the Constitution, External Affairs and Culture (Angus Robertson): I met the Foreign Secretary two weeks ago and urged the UK Government to seize the current window of opportunity to re-engage in good faith with our European partners, seek sustainable shared solutions on the Northern Ireland protocol and withdraw the bill without delay. The bill risks violating international law and sparking a trade conflict with our European Union neighbours in the middle of a cost of living crisis, with potentially disastrous consequences for Scotland and the whole of the UK. That is simply indefensible.

Jenni Minto: In its report on the legislative consent memorandum for the Northern Ireland Protocol Bill, the Constitution, Europe, External Affairs and Culture Committee reiterated its view that

“the extent of UK Ministers’ new delegated powers in devolved areas amounts to a significant constitutional change.”

Does the cabinet secretary agree that, to ensure that the Scottish Parliament has the opportunity to effectively exercise legislative powers to ensure that Scotland is a fairer, greener and progressive country, the constitutional change that is really required is for Westminster to keep its promise of 2014—that the power to decide how Scotland is governed lies with the Scottish people—and to grant a section 30 order?

Angus Robertson: It would indeed be far better for the Scottish Parliament and the Scottish Government to be able to make decisions in that area.

In general terms, people in Scotland have made a clear decision to be offered a choice about this country’s future in a referendum, and we call on the United Kingdom Government to respect that decision and to open discussions with the Scottish Government on a change to the Scottish Parliament’s powers so that it can give effect to the mandate of the people of Scotland that was obtained in last year’s Scottish Parliament elections. The easiest route to doing that would be through a section 30 order.

The Presiding Officer: Question 4 has not been lodged.

Planning (Energy Consent Decisions)

5. **Ruth Maguire (Cunninghame South) (SNP):** To ask the Scottish Government how citizens can influence energy consent planning decisions made under the section 36 application process. (S6O-01640)

The Cabinet Secretary for Net Zero, Energy and Transport (Michael Matheson): Citizens are able to engage in the planning process by making representations to the Scottish ministers on live section 36 applications.

Measures are in place throughout the planning and consenting process to ensure that views from the public are taken into account when decisions are made. Guidance is available to encourage applicants to undertake early and meaningful engagement with citizens who would be affected by a proposed section 36 application.

Ruth Maguire: I recently met constituents in Lylestone, who told me that they feel that they are in a David and Goliath-scale fight with a company that is proposing to build a large solar farm on farmland next to their village. They expressed worry and anger about the fact that the company concerned is acting as though the project is a foregone conclusion.

I seek reassurance from the Scottish Government that that is absolutely not the case and that the concerns and objections of residents of the village who would be most impacted by the proposed development will be taken seriously and acted on.

Michael Matheson: The application process under the Planning Act 2008 and the Electricity Act 1989 includes a clear mechanism to ensure that communities and members of the public can have their say when proposals are submitted.

Ministers and, of course, the planning authorities carefully consider all views that are submitted during the application process. Each proposal is considered on its own merits on a case-by-case basis. Those merits are carefully balanced against a range of matters that must be taken into account, including environmental, economic, renewable energy and climate change benefits. The purpose of that is to ensure that communities have an opportunity to feed into the process.

I hope that that provides reassurance to the member’s constituents that there is an open and transparent process for considering such matters.

National Qualifications (STEM)

6. **Alex Rowley (Mid Scotland and Fife) (Lab):** To ask the Scottish Government what action it is taking to address reported declining numbers of national 5 and higher pupils taking science,

technology, engineering and mathematics subjects in schools. (S6O-01641)

The Cabinet Secretary for Education and Skills (Shirley-Anne Somerville): We are committed to encouraging young people's ambitions to pursue STEM subjects. The evidence tells us that they continue to do so: the percentage of STEM entries at higher and national 5 level this year is stable compared with the level in 2019, which was the most recent previous year in which exams were held.

Since 2017, we have been implementing our STEM strategy, which includes work to ensure that there is on-going take-up of STEM subjects. For example, we are working through programmes such as the raising aspirations in science education programme to equip practitioners with the skills, networks and confidence that they need to deliver engaging STEM experiences. In addition, we continue to support the young STEM leaders programme.

Alex Rowley: We could trade a whole load of statistics back and forth, but I hope that the cabinet secretary would agree that we are not doing well enough when it comes to Scottish education and that we need to do better.

Does the cabinet secretary agree that, first, we need to prioritise sorting out the teachers dispute? It is absolutely shocking that teachers, who have been through so much, find themselves being forced on to picket lines to defend their pay and their jobs.

Secondly, does she agree that every education authority in Scotland should produce properly costed recovery plans, so that those can be scrutinised by democratically elected local councillors and by this Parliament and so that we can start to address the massive failings in Scottish education?

Shirley-Anne Somerville: I do not recognise the picture of Scottish education that Mr Rowley paints. That will be proven by the on-going work on the national discussion, where we are being told that there is a lot that is successful and good in Scottish education. Although I appreciate that we must always look to do better, it is advisable for us also to recognise what is going well and to see the good position that we are in at the moment.

We, of course, continue to liaise with all teaching unions about the current pay dispute. That work is on-going. Industrial action is in no one's best interests, particularly those of children and young people.

We are very close to the publication of the stretch aims that are part of the Scottish attainment challenge and are set by local

authorities. Those will allow us to look specifically at what is being done by each local authority so that we can look very carefully at attainment within councils.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): I recently attended a girls in energy conference, hosted by an energy operator and its college partners. The programme supports girls to take a one-year course during secondary 4 and provides a platform for them to pursue a career in energy. Given that that sector is still considered to be male dominated, will the cabinet secretary say what action the Scottish Government is taking to maximise opportunities for girls and women to pursue educational pathways and careers in STEM?

Shirley-Anne Somerville: That is an important question. We must all rise to the challenge of increasing not only the number of pupils who are interested in STEM but particularly the number of young women. I absolutely recognise the contribution made by girls in energy and by the courses that that organisation supports in Audrey Nicoll's constituency.

Equality is an integral and important part of our work on the STEM strategy. That is why Education Scotland's improving gender balance and equalities team continues to look at that.

Sue Webber (Lothian) (Con): The declining number of pupils taking STEM subjects at national 5 and higher appears to have coincided with a drop in applications to study medicine. Figures from the Universities and Colleges Admissions Service show that 19 per cent fewer Scots have applied to study medicine in the 2023 academic year than did in the previous two years. Is the cabinet secretary concerned not only by the drop in the number of pupils studying STEM but by the drop in the number of Scots applying to study medicine?

Shirley-Anne Somerville: I point to my original answer to Alex Rowley. Entry and attainment will inevitably vary from subject to subject, which is why I answered by giving an overall percentage of STEM entries. It is particularly important to recognise the number of new STEM subjects out there: mathematics has been joined by the application of mathematics and biology by human biology. We take very seriously our desire to increase the number of pupils taking STEM subjects and, whether it is in medicine or otherwise, to encourage young people to take up the opportunities for STEM-based subjects within our colleges, for apprenticeships and in our universities.

Fossil Fuel Boilers

7. Jeremy Balfour (Lothian) (Con): To ask the Scottish Government whether it plans to ban the installation of replacement fossil fuel boilers from 2025. (S6O-01642)

The Cabinet Secretary for Net Zero, Energy and Transport (Michael Matheson): In October 2021, the Scottish Government published its heat in buildings strategy, which sets out how we propose to remove emissions from Scotland's buildings by 2045, in line with the country's climate change targets.

As we committed to doing in this year's programme for government, the Scottish Government will consult in detail, in the coming year, on proposals for a heat in buildings bill. That will include further detail on how we propose to phase out the use of fossil fuel heating systems from 2025, as is committed to in our strategy.

Jeremy Balfour: People who are making decisions now about heating their homes should be able to have a clear idea from the Government about how impending regulations will impact them. However, key messages about what they have to do to make their homes compliant are not being relayed. Instead, the Government continues to make vague suggestions about what regulations might look like. Will the cabinet secretary tell concerned home owners when they can expect to have comprehensive details of what regulations will come into place from 2025 regarding replacement boilers?

Michael Matheson: If the member is looking for concrete examples, he just needs to look at the strategy. The strategy sets out that the early action by 2025 is actually focused on those who are currently off-grid gas supplied, and it is 2030 for those who are on grid for gas supplies. The strategy sets that out very clearly, and I hope that the member will share that information with his concerned constituents.

The details of the statutory regulations that will underpin that will be set out in the draft bill, which will be consulted on. I hope that that provides the clarity that the member is looking for. The information is set out in the strategy, which was published last October.

First Minister's Question Time

12:00

Gender Recognition Reform (Scotland) Bill

1. Douglas Ross (Highlands and Islands) (Con): I begin by paying tribute to the incredible life and legacy of Doddie Weir, who sadly passed away on Saturday. During his fight to find a cure for motor neurone disease, Doddie has been an inspiration to us all, with his bravery, infectious optimism and love of life. My thoughts are with Doddie's wife, Kathy, their sons, Hamish, Angus and Ben, and their wider family and friends. Scotland has lost a true sporting legend and a champion in the fight against motor neurone disease. [*Applause.*]

In the past week, the United Nations expert on violence against women offered to provide expertise to the First Minister on the Gender Recognition Reform (Scotland) Bill. Reem Alsalem raised concerns that the bill

"would potentially open the door for violent males ... to abuse the process of acquiring a gender certificate".

Her report states:

"This presents potential risks to the safety of women in all their diversity (including women born female, transwomen, and gender non-conforming women)."

Last night, the Scottish Conservatives asked the Parliament to simply acknowledge the report of the UN rapporteur, but the First Minister voted against that. Why can the First Minister not accept the concerns raised by the UN special rapporteur?

The First Minister (Nicola Sturgeon): I also take the opportunity to pay tribute to the life and legacy of Doddie Weir. He was a hero on the rugby pitch but, perhaps even more so, he was an inspiration off the rugby pitch. A question later in this First Minister's question time session will allow me to pay more fulsome tribute to Doddie, but, for now, let me say that my thoughts and condolences are with his wife, his children and all of his loved ones.

On the issue raised by Douglas Ross, not only do we acknowledge the comments made—it is not a UN report; those are comments made by a UN special rapporteur—the Cabinet Secretary for Social Justice, Housing and Local Government has written a substantial response to them. I believe that that response can be found on the Scottish Parliament website, because it was sent to the Equalities, Human Rights and Civil Justice Committee, which is the lead committee on the bill.

A number of organisations that represent women who suffer male violence and abuse,

including Rape Crisis Scotland and Scottish Women's Aid, have responded, too. They have set out in a number of respects why they disagree with those comments.

I take the safety of women and girls very seriously—perhaps more seriously than any other issue—as I am sure we all do. I have spent much of my adult life and all of my years in public office seeking, along with others, to advance the rights of women and girls and to ensure better protection for them against male violence.

Of course, any man who wants to abuse a woman—certainly in my experience, which I think will be shared by many across the chamber—does not need to in some way pretend to be a woman in order to do so. Any man who felt that need would not need a gender recognition certificate. Our focus as a Parliament, and as a society, should be on those who perpetrate violence against women and girls, which is men. It is not all men, of course, but it is men who abuse women. That should be our focus.

In taking on these issues and debating them fully and respectfully, which is really important, we should not further stigmatise a very small minority who are already perhaps the most marginalised and stigmatised group in society: trans people. In any group in society, where there are bad-faith actors, we deal with them; we do not stigmatise the entire group. I believe that very strongly.

Douglas Ross: From the First Minister's answer, I am not sure why she could not have voted yesterday for the Conservative amendment, which simply asked the Parliament to acknowledge that report from the special rapporteur. The cabinet secretary has responded to those comments, yet the First Minister and the majority of Scottish National Party MSPs could not support that amendment.

Let us have a look at the valid concerns that have been raised by that expert, Reem Alsalem. She said:

“the ... efforts to reform existing legislation by the Scottish Government do not sufficiently take into consideration the specific needs of women and girls ... particularly those at risk of male violence and those who have experienced male violence”.

To prevent the risk of attacks on women, my Scottish Conservative colleague Russell Findlay lodged an amendment to ban convicted sex offenders from changing gender, but the Scottish Government voted it down. Why does the First Minister believe that a convicted male sex offender should be able to change their gender, given that there is a risk that they will exploit the system in order to attack women?

The First Minister: Not only has the cabinet secretary responded in detail to the comments of

the special rapporteur—I encourage all MSPs and all members of the public who have an interest to read those comments, because they set out fully and clearly the reasons why, respectfully, we do not believe that those concerns are well founded—she will also meet the special rapporteur next week to discuss the concerns in more detail.

Of course, the bill has not only gone through two public consultations; it is currently going through extensive parliamentary scrutiny. A number of amendments have been passed at stage 2, in response to a number of the concerns that have been raised by members from all sides of the chamber.

The cabinet secretary will have set out fully and clearly to the committee the reasons why the Government could not support other amendments. It is then for the committee to vote and to decide on those matters—and, ultimately, it will be for the Parliament as a whole to reach decisions at stage 3, which we will reach before the end of the current parliamentary term.

These are difficult issues, on different aspects of which people have strong views. It is important that we engage seriously, respectfully and in detail, and that we remember that all of us see the protection of women and girls as a priority. However, I hope that all of us see the protection of the rights of trans people as important, too. Having considered in great depth all those issues over a long period of time, I feel that part of my duty is to set out clearly why I do not believe that those objectives are in conflict. In fact, I believe that it is important that we advance both of them, which is what the Government seeks to do.

Douglas Ross: I agree with the First Minister that we have to treat these things with the seriousness and respect that they deserve, and to look into them in detail. However, again, I asked a very simple question as to why the Government could not support Russell Findlay's amendment, and we got no answer on that. Surely, we should all be able to agree that convicted male sex offenders should never be able to change their gender. That is not about trans people. Sex offenders are criminals. That is exactly what Russell Findlay was trying to stop.

The First Minister is trying to say that the Government has dealt with the issue, but the UN expert says differently. The special rapporteur said that

“the Scottish Government does not spell out how the Government will ensure a level of scrutiny for the applications made to acquire a gender recognition certificate.”

She goes on to say:

“Other governments that have adopted a self-identification procedure for the legal recognition of a gender identity have done so.”

Other Governments did the necessary work before changing the law, but the First Minister has not. Right now, there are live court cases that could have a material impact on the bill. The UN expert says that the Scottish Government should,

“as a minimum, await the outcome of judgments on these very issues in front of both the Scottish and UK courts.”

The First Minister said that the bill is currently going through “extensive ... scrutiny”. Surely, therefore, the First Minister must agree to pause the bill until we have heard those legal judgments.

The First Minister: It is ultimately for the Parliament to determine whether a bill passes through this chamber.

On the issue of sex offenders, let me set out in more detail the reasoning for the Government’s position on Russell Findlay’s amendment. Current provisions for management of sex offenders are robust and effective. However, as was made clear during stage 2, we will expand the reporting requirements to include notification about an application for gender recognition. It is important to point out that, under the existing process in the Gender Recognition Act 2004, there is no requirement that an applicant must be what Russell Findlay’s amendment would have required. We consider that the amendments lodged by Russell Findlay would not be compatible with the European convention on human rights.

Notwithstanding that we think that the processes for sex offender notification requirements are already working well, the Scottish Government has made it clear that, before the provisions in the Gender Recognition Reform (Scotland) Bill are commenced, we will introduce legislation to amend the sex offender notification requirements to include notification about an application for a gender recognition certificate.

We are taking these issues seriously, but we are seeking to proceed in a way that will ensure that the bill is compliant with the European convention on human rights. We have been open to other amendments that have been lodged, including by Jamie Greene—a member of the Conservative group.

We take seriously the comments of the special rapporteur, which is why we have responded in detail. Respectfully, though, we do not believe that those criticisms are well founded. That is not a view that we hold alone. Organisations that work day in, day out with women and girls who are subject to violence, such as Rape Crisis Scotland and Scottish Women’s Aid, also believe that many of those criticisms and concerns are not well founded.

We will continue to proceed carefully. There has been considerable consultation on and scrutiny of the bill, and that is right and proper.

Douglas Ross: On the First Minister’s response on sex offenders, we know, as result of a Scottish Conservative freedom of information request, that in the past three years in Scotland, sex offenders have changed their name on more than 500 occasions. If sex offenders can change their name so easily, and for the reasons that they want to, why would they not also change their gender if that becomes easier as a result of the bill?

I understand that it is a complex issue, but the First Minister did not mention the live legal cases that are on-going, for which the special rapporteur asked for the legislation to be delayed. Those judgments are crucial, and a delay would be sensible. It is far better that the Government and the Parliament make good laws as opposed to quick laws. We want there to be full and proper consideration of all the implications of legislation, but, for some reason, the Government seems determined to rush ahead at full speed to pass the bill this month, which the experts and women’s groups say could have potentially damaging consequences.

The First Minister said that the special rapporteur’s criticisms are not well formed. Reem Alsalem is a United Nations expert. She is a special rapporteur on violence against women and girls. I personally think that very few people can speak with greater authority on women’s safety. The Scottish Parliament, including the committee that is in charge of scrutinising the bill, has not had the chance to examine her evidence and hear from her in person, which the cabinet secretary will do. Will the First Minister agree to pause the legislation so that we can properly consider the findings of the leading global expert on this crucial matter?

The First Minister: I cannot comment on live legal cases; I would be open to criticism if I were to do so.

Regardless of any individual’s view on the legislation, one thing that cannot be said with any credibility or basis in fact is that it is being rushed through the Parliament. From consultation through to introduction of draft legislation and formal parliamentary scrutiny, the process has been under way for a period of six years now. It has not been rushed; it has been done carefully—and rightly so.

Before I come on to the issue of the UN special rapporteur, let me respond to the question about registered sex offenders. It is already the case that such offenders must, by law, notify the police of any change of name. That requirement applies to an individual irrespective of the name that they

use or the gender that they identify as. Disclosure Scotland already takes steps to ensure that a person who requests a disclosure certificate does not succeed in avoiding the disclosure of any previous convictions by using a different name. It is important to recognise the protections that are already in place, which the bill does nothing to change. I accept that many of the issues that are being talked about—and many of those that are sparking concern—are not changed or impacted in any way by the detail of the legislation.

I come back to the UN special rapporteur. It is because we respect that person and the role that they hold that we are treating their concerns so seriously. Again, I encourage every member to read the cabinet secretary's response on the Parliament's website. She will meet the UN special rapporteur next week. However, other voices in the debate also speak from a lot of experience and expertise. It is not right to dismiss them either, because they are people who work every day of the week with women who are subject to male violence.

Lastly, given that we are speaking about a UN special rapporteur, I note that the reforms in the bill align with the stated position of the Office of the High Commissioner for Human Rights that trans people should be recognised legally through "a simple administrative process" that does not require medical diagnosis.

Scotland is not the first country in the world to make changes of this nature; many others have done so. As the cabinet secretary's response to the UN special rapporteur sets out, the concerns that are being raised in the context of our legislation have not materialised in the experience of other countries that are ahead of us.

Let us continue to treat these issues seriously, respectfully and calmly and allow the Parliament to continue to do its job properly.

Breast Cancer Treatment (NHS Tayside)

2. Anas Sarwar (Glasgow) (Lab): I join others in paying tribute to the late Doddie Weir. Throughout his life, as both a player and a campaigner, it was clear that he was a force to be reckoned with. He viewed his heartbreaking diagnosis of motor neurone disease as a call to action and bravely shared his story with the world and raised millions of pounds for his cause. He was an inspiration to us all and a champion for people who are battling MND. Our thoughts are with his family and friends at this difficult time.

The provision of breast cancer chemotherapy in NHS Tayside has collapsed, which has meant that vulnerable women are travelling across the country to receive life-saving treatment. At the root of the problem is a chemotherapy dosing scandal

that has gone on for three and a half years. Yesterday, *The Courier* released a documentary in which the affected women and their grieving families demand answers. We now know that no one believes the conclusions of the reports that have been commissioned by the First Minister's Government. Patients do not believe them, neither do doctors, and even the whistleblower who first raised the alarm described the conclusions of the reports as nothing more than "a guess".

For years, Scottish Labour has raised the issue and has been dismissed by the Scottish Government. Will the First Minister order an independent inquiry to restore confidence, relaunch the service and give patients and the public the facts that they need?

The First Minister (Nicola Sturgeon): Before I respond on the very serious issues that have been raised, I want to say, first of all, that Anas Sarwar is wrong to describe the Tayside service as having "collapsed". That neither comes close to accurately describing the current service nor does anything to help current patients or the dedicated doctors who work in the centre.

I want to illustrate a really important point, in particular for people in Tayside who might be watching this right now. About 150 new patients are referred to Tayside breast services every week, and of them about seven will receive treatment at another centre. It is therefore just wrong—I think shamefully wrong—to use the word "collapsed" to describe a service in which doctors are working in a dedicated fashion and which is treating many patients every single week.

As for the issues that have been raised with regard to the review, they are serious and require assessment by experts and clinicians. I am not a clinician—politicians are not clinicians—and we do not have the expertise to reach judgments on such matters ourselves. I will look carefully at what is being reported today, as will the Cabinet Secretary for Health and Social Care, and if a further process of review is necessary, we will not shy away from taking that action.

A Royal College of Physicians review, commissioned by NHS Tayside, into prescribing practices up to early 2020 has been undertaken, and the board will implement all of its recommendations. The review looked at a random selection of case notes from before and after the Healthcare Improvement Scotland review and confirmed, as the HIS review had already found, variation in practice against national norms. However, it also pointed to a range of improvements in practice since then. The authors of the RCP review included four oncologists and, of course, its findings aligned with previous published reviews, including that of Healthcare

Improvement Scotland. We will continue to take the issues seriously, but also responsibly.

Anas Sarwar: I suggest that the First Minister watch the documentary that I referred to and that she listen to the stories of NHS Tayside staff and the experiences of families. There are zero breast cancer oncologists in NHS Tayside—I repeat, zero—and if zero does not equate to collapse, I am not sure what definition the First Minister would use.

That has consequences for staff. There is a workforce crisis across our national health service, but it is being felt particularly in Tayside. According to a recent freedom of information request, there are nine vacancies in the oncology department, with the lead breast cancer consultant post having been vacant now for 839 days. That has consequences for patients, too, with more than 200 women having to travel to other parts of the country to get their treatment.

In February, the First Minister said that that situation was unacceptable, but things are getting worse, and the Government's failure to get a grip on the crisis is putting women's lives at risk. At one of the most traumatic times in women's lives, they are facing additional barriers to treatment and all the anxiety that comes with that. Can the First Minister tell us when local oncology services will be restored and can she guarantee that breast cancer oncology services have a future in Tayside?

The First Minister: Anas Sarwar asked me to watch the documentary. I will certainly take the time to do so—although I say to him that the health secretary has not only watched it, but took part in it.

These are issues that we all take seriously; indeed, the cabinet secretary will meet the current clinical teams next week. I take this opportunity to assure patients in Tayside that they have a very committed and compassionate team of doctors who deliver excellent care. Recruitment efforts are on-going; in fact, there has been recent success in recruiting a consultant in colorectal cancer in NHS Tayside. NHS Tayside also works closely with oncology teams in the other four cancer centres across Scotland to ensure that patients who need treatment are prioritised appropriately.

At this point, let me repeat what I said in my original answer. Yes, there are challenges in the Tayside service and yes, there have been reviews that have been necessary. If further reviews are needed, we will not shy away from doing them, and there is further work to be done. However, I repeat that, of the 150 new patients who are referred to Tayside breast services every week, just seven have to go to another centre to receive treatment. It is absolutely right to raise these

issues, but it does a disservice to the people who work in the centre to describe it as being in a state of collapse, because that is not the case.

Anas Sarwar: The women in Tayside do not want to see the health secretary in a documentary; they want to see a breast cancer oncologist in Tayside, and that problem has still not been fixed.

I am sorry, but the First Minister has said little today that will reassure women in Tayside and their families. We have a failing cancer service. That means that staff and women are being let down, but the First Minister has no serious plan to restore services. As usual, Nicola Sturgeon keeps telling us that the situation is unacceptable, but then expects patients to accept it anyway. We have seen that again this week. Ambulances are still queuing at accident and emergency departments, elderly patients are still waiting on trolleys for treatment, we have the longest waiting lists in history—now, more than 750,000 Scots are on NHS waiting lists—and women in Tayside are being failed by the collapse of cancer services.

The First Minister is in charge of NHS services in Scotland, and has been for 15 years. How long do Scots have to wait before she gets to grips with the crisis and actually does her job?

The First Minister: As head of this Government, I am in charge of the national health service, which is why I understand that running the NHS and resolving problems and challenges in it takes more than glib soundbites in the chamber of the Scottish Parliament.

As they have been throughout the entirety of the 15 years that my party has been in government, the people of Scotland will be the ultimate and, indeed, the only judge of whether this Government is trusted to continue with its stewardship of the national health service.

All those issues are taken seriously. It was because of original concerns about potentially substandard care that many of them came to the fore. I repeat what I said earlier: there is work to do to ensure the sustainability and the on-going quality of cancer care and breast cancer care in NHS Tayside. However, the vast and overwhelming majority of people who are referred to that service do not go for treatment to another centre but get good-quality treatment in NHS Tayside. I say again that it does a disservice to NHS Tayside to suggest otherwise.

On the wider point, day in and day out the Scottish Government works to address the significant challenges that our NHS faces. We can look at statistics that were published this week, which show that there has been a significant increase of 7.3 per cent in the number of in-patient and day-case patients who were seen in the past quarter; that, with regard to the referral to

treatment target, there has been an increase in the percentage of people being seen within 18 weeks, which is now 72.5 per cent; and that, with regard to the longest waits in our NHS, there has been a 20 per cent reduction in out-patient waits and a 22 per cent reduction for in-patient and day-case patients.

We will continue to do the hard work of supporting our NHS through these difficult times, because that is our job and our responsibility—a responsibility that was given to us by the people of Scotland.

Alcohol Sport Sponsorship

3. Gillian Mackay (Central Scotland) (Green):

Like others, I want to add the thoughts of my party to the tributes paid here today to Doddie Weir. His legacy will be not just his rugby but the honesty and bravery with which he faced his health condition and the incredible work that he did in raising awareness and funding. I send the most sincere and heartfelt condolences to his family. Their bravery has never failed to astound me, and his sons, in particular, have been in my thoughts this week. It is awful to lose a parent, and they are so young. They have been amazing in accompanying their dad to events over the past few years, and I hope that the whole family are getting the support that they need.

To ask the Scottish Government whether it recognises the harms that are caused by alcohol sport sponsorship to vulnerable groups such as young people and those in recovery. (S6F-01600)

The First Minister: It is the case that alcohol advertising and promotion can encourage young people to drink alcohol and can, indeed, act as a barrier for people in recovery. Restricting alcohol advertising and promotion is one of the World Health Organization's top three "best buys" to prevent and reduce alcohol-related harms.

We have launched a public consultation, setting out potential restrictions on a variety of methods of alcohol advertising, including on sports sponsorship. That consultation closes on 9 March next year, and I encourage anyone with an interest to respond.

The Minister for Public Health, Women's Health and Sport will meet key stakeholders, including sporting bodies, during the consultation period to hear about potential impacts and to gather their views on the proposals.

Gillian Mackay: It is well established that alcohol marketing is causally associated with the initiating of drinking, an increase in alcohol consumption and an increased risk of relapse for those in recovery. Sports sponsorship provides alcohol companies with a prominent and highly attractive method of reaching a large audience,

influencing how much and how often they consume alcohol. Does the Scottish Government recognise the need to implement restrictions on alcohol sport sponsorship as a public health measure to protect our population?

The First Minister: I will repeat what I said in my original answer. That is an important aspect of promoting better public health, discouraging young people from drinking alcohol and making it easier for people with alcohol misuse issues to recover from them.

There are, of course, difficult issues involved in relation to sporting organisations. We would encourage them to diversify sponsorship away from the alcohol industry.

It is because I agree very much with Gillian Mackay's comments that we have embarked on the consultation. Some complex issues are involved in it, but it is important that we listen to a wide range of people and, of course, key stakeholders, which we will do. The Government has a good record on implementing sometimes controversial policies, such as minimum pricing for alcohol, to try to reduce the harm that we know alcohol can do. That is the spirit in which we will take forward the consultation.

Jamie Greene (West Scotland) (Con): If the Government is seeking to curtail the advertisement of any perceived enjoyment of drinking, surely it must also raise public awareness of the harms of drinking, especially at this time of year. We know that drinking-under-the-influence offences have risen by 20 per cent over the past decade, but, last year, the conviction rate for those offences fell by a third, year on year. Many cases have simply been dropped because of delays in forensic testing. Aside from Police Scotland's public awareness campaign on the dangers of drinking and driving, what is the Scottish Government doing to raise awareness of that important issue as we enter the festive period? Does the First Minister agree that those conviction rates are simply far too low?

The First Minister: We all recognise that many people drink alcohol in moderation and that they enjoy doing so. We need to discourage and address people who have an alcohol misuse problem or who drink alcohol in ways that pose a danger to them and to others.

Obviously, the conviction rates for any offence are a matter for the courts and the independent prosecution authorities. Of course, I want to ensure that the Government is doing everything that it can to raise awareness. As we approach the festive season, we will, as we do every year and beyond, take steps to continue to educate people about the dangers of driving under the influence of alcohol and drugs. Ensuring that people who do

that are identified and prosecuted is a matter for the independent authorities, but we want to ensure that we have zero tolerance of that. The Government will continue to support those independent authorities in all ways that are appropriate.

Overseas Student Visas

4. Gillian Martin (Aberdeenshire East) (SNP): To ask the First Minister what impact any proposed reduction in the number of overseas student visas will have on Scottish universities. (S6F-01585)

The First Minister (Nicola Sturgeon): Scotland's world-class universities do a fantastic job in attracting students from around the world, and that should be welcomed. Unfortunately, the United Kingdom Government seems to be intent on jeopardising the internationalist outlook of our tertiary sector, as its policies continue to make it seem, at least, that the UK is not a welcoming place for people to come to live, work and study in.

I want to be absolutely clear that international students make a valuable contribution to our campuses, our society, our culture and, indeed, our economy. I think that, every year, more than 60,000 students from around 180 countries study in Scotland. We should continue to welcome and encourage that.

Gillian Martin: The proposals that seem to have been outlined by the Prime Minister seem to be at odds with the positive aspects of universities that the First Minister has just outlined.

Universities UK, which represents most Scottish universities, has said that international students make a net positive contribution of £25.9 billion to the UK economy and are the source of 70 per cent of education export earnings. Can the First Minister give an initial assessment of the economic impact that any reduction in student visas from the UK Government could have on Scotland's economy? At a time when Tory and Labour-backed Brexit has already had a devastating impact on research collaboration between Scottish universities and their European Union counterparts, how might that also impact on remaining international collaborations? Crucially, what can we do in Scotland to safeguard our universities from such reckless UK plans?

The First Minister: First, restricting the ability of international students to come to study in Scotland will have an adverse impact on our education institutions and on our society, which is more diverse and vibrant because of that contribution. It will have an adverse impact on our economy as well. I quote the director of Universities Scotland, who said in recent days:

"Any attempts to cut international student numbers at Scottish universities would be damaging to universities and the Scottish economy. Every year more than 65,000 students from more than 180 countries study in Scotland. This diversity brings significant advantages to both our students and the wider university community as well as generating a £1.94 billion net contribution to the Scottish economy."

That is why we need to do everything that we can to make it possible for people to come to live, work and study in Scotland. Brexit is making that more difficult, as it is making many things more difficult, and we need to find a way back into the heart of the European Union.

To answer Gillian Martin's last question, given that the Tories, Labour and the Liberals seem to support the UK being outside the EU, the only way for Scotland to get back in is by becoming an independent member of the EU.

UN International Day of Persons with Disabilities

5. Jeremy Balfour (Lothian) (Con): To ask the First Minister how the Scottish Government will mark the United Nations international day of persons with disabilities. (S6F-01589)

The First Minister (Nicola Sturgeon): The UN international day of persons with disabilities is a very important day. It highlights that disabled people continue to experience inequality and barriers. As a mark of respect for the day and to help to promote it, the Scottish Government will be lighting up St Andrew's house and Victoria Quay in purple. We also provide £5 million to support disabled people's organisations to tackle inequality and discrimination and promote the rights of disabled people.

We have committed to incorporating the UN convention on the rights of persons with disabilities into Scots law. We all want to ensure that disabled people benefit from all that we are doing to improve the lives of people and that we achieve equality for all.

Jeremy Balfour: I thank the First Minister for that very positive answer. Next Tuesday, I am lodging my final proposal for a bill to establish a disability commissioner for Scotland—an individual who will act as a champion for the disabled community and for all disabled people. What better way is there to celebrate the international day of persons with disabilities than by committing to supporting my proposal? Will the Scottish Government support it?

The First Minister: I want to try to give a positive answer to that. Of course, we will need to see the consultation responses when those are published and the detail of the proposed bill when it is introduced. As I have said in other contexts, it is not possible for any Government to give a

commitment to support a bill before it has seen the bill. However, I know that the Minister for Equalities and Older People has agreed to meet Mr Balfour to establish the details of the proposal for having a disability commissioner and we will certainly look as favourably as we can on it, because I absolutely recognise the sentiments behind it.

It is also important—I am sure that Jeremy Balfour would share these views—that we remind people that there are existing commissions to support and protect the rights of disabled people. The Scottish Human Rights Commission and the UK Equality and Human Rights Commission already play a role in relation to the rights of disabled people as well as in respect of age as a protected equality characteristic. There are existing mechanisms, but of course we should consider fully the proposal for a disability commissioner, which the member will shortly introduce.

Pam Duncan-Glancy (Glasgow) (Lab): In 2018, Scope found that disabled people in Scotland spent, on average, £632 a month on disability-related expenses such as taxis, the increased use of heating, special equipment and care costs. One in five disabled adults faced additional costs of over £1,000, and almost a quarter of families with disabled children were facing similar costs.

Given the current cost of living crisis, will the Scottish Government consider commissioning an update to that research?

The First Minister: I am happy to give that proposal consideration. I also recognise the reality for people with disabilities that Pam Duncan-Glancy has narrated today. Of course, we have already taken steps to implement our strategy—a fairer Scotland for disabled people. Over the five years of the delivery plan we have, for example, increased the number of people involved in choosing and controlling social care support through self-directed support. We have also seen Fair Start Scotland helping more than 9,000 people into employment and we have established a new child disability payment to replace the disability living allowance and a new adult disability payment to replace the personal independence payment. We are introducing a brand new child winter heating assistance benefit, which will only be available in Scotland.

We have done that work, but all Governments need to look to do much more. Having research to underpin and inform that work is always important, so I will certainly look at that suggestion carefully.

Industrial Action (Discussions with EIS)

6. Michael Marra (North East Scotland) (Lab): To ask the First Minister whether the Scottish Government will provide an urgent update on its discussions with the Educational Institute of Scotland after the announcement of new strike dates. (S6F-01601)

The First Minister (Nicola Sturgeon): First, I will say that these are difficult times for everyone, including those who work across the different parts of our public sector, such as teachers. It is also a difficult time for public spending because of the inflationary impact on the Scottish Government's budget. It is in that context that I say that a fair pay offer has been made to teachers, as appropriate, through the Scottish Negotiating Committee for Teachers. Of course, industrial action is in no one's interests: it is not in the interests of teachers, and it is certainly not in the interests of pupils, parents or carers, who have already faced significant disruption over the past three years.

The Cabinet Secretary for Education and Skills is in regular dialogue with all our teacher unions and spoke with the general secretary of the EIS most recently on Friday. Those discussions are on-going, although the chamber will be aware that only the Convention of Scottish Local Authorities, as the employer, can make a formal pay offer to the teacher unions through the SNCT. The Scottish Government does not negotiate separately with unions on teachers' pay.

Michael Marra: The offer that the First Minister has described that was rejected by teaching unions was made at the last possible moment. It sat on the cabinet secretary's desk for more than three weeks. Since the announcement of 16 more EIS strike dates, which will close our schools, deprive our children of their education and throw family life into chaos, no dates for negotiation have been sought or fixed. Next week, the Scottish Secondary Teachers' Association and the NASUWT will strike, which will mean that schools will close again.

No attempt has been made to avert that action by the Government. Our children have lost so much during the pandemic years. How can they afford a Government to be making so little effort to keep their schools open?

The First Minister: Frankly, that is just not the case. The offer that was made to teacher unions last week was the fourth offer that has gone to unions. We should bear in mind the point that I made that the Scottish Government does not negotiate separately with unions; that is done through the Scottish Negotiating Committee for Teachers. Anyone who looks at the efforts that the Government has made to give fair pay rises and settle any potential for industrial action with the

wider local government workforce and the national health service workforce will know that this is a Government—in contrast with other Governments in other parts of the United Kingdom—that is going to every length possible to reach fair agreements with our public sector trade unions.

The offer that has been made to teachers, which is the fourth offer that has been made, recognises the impact of the cost crisis on lower-paid teachers in particular, with an increase of up to 6.85 per cent for them. The offer is the same as the offer that has already been accepted by other local government workers. I have nothing but admiration for our teaching profession. Rightly, teachers are paid at higher rates than other workers in other parts of the local government workforce. However, the offer of the pay increase that has been made to teachers is the same offer that has been accepted already by the janitors and dinner ladies working in schools—it is a fair offer. If it is accepted, it would mean that, since 2018, teachers have had a 21.8 per cent cumulative pay increase.

Lastly, we have the highest starting salary in the UK for fully qualified teachers. Under the new and latest pay offer, a newly qualified teacher in Scotland would receive £7,400 more than their counterparts in England, and our most experienced classroom teachers would get £5,600 more than if they were teaching in England on the main pay range.

The Presiding Officer: Briefly, First Minister.

The First Minister: Our record shows our commitment to teachers. I really hope that that offer will be accepted, in the interests of teachers and pupils across the country.

Stephanie Callaghan (Uddingston and Bellshill) (SNP): The First Minister has noted already that strikes are in no one's best interests: not teachers, and certainly not pupils. Does she agree that, with a fixed budget, the Scottish Government has been put in an impossible position by the UK Government, with no additional support forthcoming to fund pay offers or mitigate the impacts of inflation?

The First Minister: That is a statement of fact—*[Interruption.]* It is a statement of fact. It is important to remember that the current pay negotiations are for this financial year, when the Scottish Government's budget has been eroded by inflation to the tune of £1.7 billion, and not an additional penny extra has been provided to help to deal with that.

We are not standing by and doing nothing. We are working really hard to give our public sector workers a fair pay deal. In Scotland, the offer that the NHS unions are considering provides an average increase of 7.5 per cent; in England under

the Conservatives and in Wales under Labour, the offer to the NHS is 4.5 per cent on average.

We are doing everything that we can to get every penny possible into the pockets of public sector workers, because that is the kind of Government that we are and that represents our values. However, we have a fixed budget, which is being eroded through Tory Government incompetence.

Willie Rennie (North East Fife) (LD): So the message to teachers is, "Just be grateful—you've had your lot; you're paid enough." That is not the way to treat teachers in this country. To play one set of workers against another is a disgraceful way to treat the people who taught our young people through the pandemic. Instead of making last-minute offers, hours before strike deadlines, is it not about time that the First Minister treated teachers with the respect that they are due and gave them a decent pay offer with the budget that she has?

The First Minister: I know that Willie Rennie does not get much attention these days but, even by his standards, that was a pretty shameful tone to take on an issue that is so important to teachers, pupils and parents across the country. I will set out again our approach. We are making an offer this year that recognises the impact of the cost crisis on the lowest-paid teachers and an offer that is as fair as, and gives teachers as much of an increase as, the offer that the janitor and the dinner lady have already accepted. In a fixed budget, we have to try to be fair across all parts of the public sector, and we are seeking to do that.

If the offer to teachers is accepted, it will mean that teachers have had a 21.8 per cent cumulative pay increase since 2018—I think that they deserve every penny of that—and that the outcome is that our teachers are paid better than those in other parts of the UK. Scotland would have not only the highest starting salary for teachers in the UK but, as the Organisation for Economic Co-operation and Development found, starting salaries for teachers that are 17 per cent above the European Union average at primary level.

That is how much we value teachers. In a fixed budget, we are doing everything possible to get every penny possible into the pockets of public sector workers. That is the right thing to do. To be frank, the tone that was taken will be seen for what it was by people across Scotland.

Motor Neurone Disease (Doddie Weir)

7. Brian Whittle (South Scotland) (Con): To ask the First Minister what action the Scottish Government is taking to build on the enduring legacy of Doddie Weir and support efforts to cure

motor neurone disease and similar neurological conditions. (S6F-01586)

The First Minister (Nicola Sturgeon): As we reflected earlier today, Doddie Weir was a Scottish sporting legend. As a human being, he was in so many ways one of a kind. He was a hero of rugby but, off the pitch, his response to his MND diagnosis was truly inspirational. He campaigned tirelessly to increase awareness of this cruel condition, as well as raising money for research through his foundation in the hope that a cure will be found, so that others who come after him will benefit.

I suspect that I speak not just for the Government but for everybody across the chamber when I say that we share Doddie's vision of a world without MND. It is important to say that much of the work that we did after 2015 was inspired by the campaigning of the late Gordon Aikman, who also deserves great credit. *[Applause.]*

We have invested around £700,000 in research to look at the progression of the condition and the development of a pipeline for new treatments. We have also doubled the number of MND specialist nurses across the country and ensured that they are now funded from and by the NHS. We are currently implementing the neurological care and support framework, to ensure that everyone with a neurological condition such as MND can access the co-ordinated and high-quality care that they need.

Brian Whittle: To say that Doddie Weir was a unique individual certainly undersells him. We should not forget that he was a world-class sportsman, but it is his indomitable character and the way he tackled head-on his diagnosis of MND that will endure. He certainly showed us how to live our best life. As many have said, people who met him could not fail to like him and be inspired by him. I can think of no one else who could have achieved what he did. Along with Rob Burrow, he brought the search for treatment and a cure for MND into everyone's thoughts. I also welcome the First Minister's earlier mention of Gordon Aikman's work.

The United Kingdom Government has pledged £50 million to help the search for MND treatments and, although the messages are positive, I ask the First Minister and everyone in the chamber to unify as a Parliament to encourage the UK Government to move quicker. Specifically, what will the Scottish Government do to work with charities such as the My Name's Doddie Foundation, to tackle these horrible neurological conditions and keep up the momentum that the big man started?

The First Minister: We have all mentioned the practical impact of the work that Doddie Weir did—

and, indeed, Gordon Aikman before him—but what always struck me about Doddie and Gordon was the courageous way in which they never allowed that horrible condition and its diagnosis to dim their spirit and their love for and capacity for life. I think that the last time I saw Doddie in person was at Murrayfield stadium. His smile lit up the room. That fortitude and resilience—in the face of something that none of us really knows how we would cope with—was inspirational. It united Doddie and Gordon and, in their memory, we all have a duty to go as far and as fast as we can to find the cure for this condition. I encourage the UK Government to go faster, but I also say to my Government that we need to go faster, to do everything that we can here and to work together. We already work closely with charitable organisations and we will continue to do so.

Thanks to the research that is being done, there are positive signs, but we need to make sure that those people who have the skills and expertise to find the cure have all the necessary support and resources. Today, in memory of the great Doddie Weir, I pledge that the Government that I lead will continue to do all that we can to find the cure that he so desperately wanted.

The Presiding Officer: That concludes First Minister's question time.

I regret that I have been unable to call any general or constituency supplementary questions today, largely due to the length of some exchanges. I will review today's exchanges to ensure that more members are able to participate in this session each week.

There will be a brief suspension to allow people in the public gallery and members to leave the chamber before we move to the next item of business.

12:53

Meeting suspended.

12:54

*On resuming—***Small Business Saturday 2022**

The Deputy Presiding Officer (Liam McArthur): I ask people who are leaving the public gallery to do so as quickly as possible, please.

The next item of business is a members' business debate on motion S6M-06414, in the name of Michelle Thomson, on small business Saturday 2022. The debate will be concluded without any question being put. I invite members to press their request-to-speak buttons now or as soon as possible.

I invite Michelle Thomson to open the debate, for around seven minutes.

Motion debated,

That the Parliament recognises what it sees as the importance of the Small Business Saturday initiative that is taking place across Scotland and other parts of the UK, on 3 December 2022; understands that Small Business Saturday aims to promote the work of small businesses, highlight their positive impact on their communities throughout the course of the COVID-19 pandemic and cost of living crisis, and encourage people to shop local and recognise the value of small businesses within their communities across Scotland; notes that Small Business Saturday involves support for a range of SMEs, including self-run companies, family businesses, local community stores, small manufacturers, wholesalers, business services and online stores; further notes figures from the Scottish Parliament SPICe briefing, *Scotland's Business Base: Facts and Figures*, showing that, in 2020, sole proprietors, owner-manager or employee director companies, mainly in the arts or education fields, accounted for 70% of the 364,310 private sector enterprises in Scotland and contributed 14% of employment in Scotland, and small businesses employing up to 49 employees accounted for 28% of all private sector enterprises and 29% of total employment in Scotland; considers that these figures show that the majority of enterprises in Scotland are small businesses; understands that the Small Business Saturday initiative is a grassroots campaign, which is in its 10th year and is sponsored in its efforts by American Express; congratulates the initiative on the work that it has done to support and recognise small businesses thus far, looks forward to the initiative's continued success in the future during what it sees as these uncertain and challenging times, and appreciates the work done across Scotland, including in the Falkirk East constituency, to support local small businesses.

12:55

Michelle Thomson (Falkirk East) (SNP): I am honoured to open the debate, which celebrates small business Saturday.

I encourage everyone to support their local small businesses, which are the heartbeat of our local communities. The small business Saturday initiative is a grass-roots campaign that is in its

10th year and is sponsored in its efforts by American Express. I am sure that most MSPs will meet local small business owners and employees on Saturday, as I will. We should tell them that we will increase our efforts to give them a voice and to support their endeavours in the coming year.

I will come to acknowledge the importance of small businesses in economic and employment terms later, but I start by acknowledging their social impact. Indeed, before the term was invented, many small businesses had been contributing hugely to the wellbeing of society in general and local communities in particular, whether through supporting local charities and providing general advice to customers, or just through being the friendly presence that is willing to listen to people in need. The human face of small business provides incalculable support in local communities.

As a member of the Economy and Fair Work Committee, I was pleased to see the launch this week of our committee report—"Inquiry into Retail and Town Centres in Scotland". To put it bluntly, most town centres in Scotland would quickly die without the active presence of local small businesses. However, the latter are placed at a huge economic disadvantage far too often, compared with large businesses.

To emphasise another point that is often missed, I note that although some large global businesses that have a Scottish presence can move their money around and take advantage of tax havens, local small businesses typically pay their taxes. That means that the proportion of income tax that is paid in taxes is often much greater for small and medium-sized enterprises than it is for many global businesses, which places the former at an added trading disadvantage. Many members who are taking part in the debate will know of small businesses that have struggled in recent years as the pandemic affected them, and whose owners have been taking out of their businesses significantly less than the minimum wage—yet, they continue.

With regard to the wider economy, some small businesses are part of a much larger critical supply chain. We often forget the breadth of small business services. Small businesses span a huge variety of activities—for example, operating a taxi, providing private nursery and childcare services, being the local sparky or plumber, working their croft, providing specialist research services, being the local lawyer or accountant, and often making better and cheaper coffee than the big chains that do not pay their taxes. The list goes on.

Although small businesses often serve larger businesses, too often that is not reciprocated. Many small businesses face late payments from larger businesses and owners sometimes find it

difficult to access affordable loans from banks to invest in their business. Too often, the relatively small sums that they need to access are not on the radar of lending houses. Despite that situation, SMEs are critical to the economy.

A Scottish Parliament information centre briefing called “Scotland’s Business Base—Facts and Figures” has indicated that sole proprietors, owner-manager and employee-director companies “accounted for 70 per cent of”

the 364,310

“private sector enterprises in Scotland”

in 2020. They employ thousands of people in every constituency in the land, and they are often long serving in local communities: in some cases, they are family-run businesses that span generations.

Small businesses have been critical, too, in helping communities to cope with the many privations that the Covid-19 pandemic created. Simple things, such as delivering local groceries to old-age pensioners while checking that they are alive and well, have more than an economic impact.

We all face the cost of living crisis; that is no less true for small businesses than it is for individuals. However, some people seem to imagine that businesses have it easy in comparison with individuals, but that is not true. Inflation is a common and deadly enemy. We have a cost of living crisis and a cost of doing business crisis, both of which are effected by the same enemy.

Some specialist small businesses are trying to support our economy by trading internationally, but they are finding that things have been made immeasurably more difficult because of Brexit and the barriers that have been erected to trading in Europe. The international reach of many small businesses has been critical in keeping open our window to the world. We must ensure that our trading policies reflect the realities that small businesses face. They do not have the luxury of saying, “Brexit is behind us”, because it is not, for them. They are living through the catastrophe that is Brexit to this day, and will have to do so into the future.

As parliamentarians, we must always do more to support our SNPs—I mean, SMEs—and recognise their worth in our constituencies. That was a Freudian slip! We must listen more to their problems and act to support them in difficult times.

I am very much looking forward to hearing other members’ speeches, and I thank all the members who signed my motion. As I close, Deputy Presiding Officer, let me do so by sending out our

heartfelt thanks to the thousands of small businesses in my constituency, Falkirk East, and across Scotland that are so critical to the economic and social life of our local communities.

13:01

Jamie Halcro Johnston (Highlands and Islands) (Con): I welcome the opportunity to speak in the debate on this weekend’s small business Saturday. I echo Michelle Thomson’s thanks to all small businesses across the country, and I thank her for bringing this important debate to the chamber.

I applaud the work of the small business Saturday campaign and its efforts to encourage us to shop locally and support our small businesses. This Saturday’s event comes at an important time of the year for Scottish retail, as it falls between the now embedded black Friday and cyber Monday sales. The annual event, which is in its 10th year, gives small businesses a chance to boost their revenue during the holiday shopping season and gives us all an opportunity to support our local communities.

Small businesses are vital parts of Scotland’s cities, towns and villages. From cafes to chemists to florists to fishmongers, they are the backbone of the Scottish economy, so it is right that we do everything that we can to support their success.

That is particularly true in my region, the Highlands and Islands, where smaller businesses predominate. In remote and rural areas, it can be a struggle for enterprises to thrive. The high cost of fuel and limited transport options are barriers for small enterprises and their customers. In island communities, some small businesses are hit both ways; supplier costs are increasing at the same time as delivery costs to get finished products back to the mainland and beyond are going up. Many small businesses are struggling with recruitment, which is particularly, but not exclusively, true in the hospitality and tourism sectors.

Events such as small business Saturday, as well as other initiatives, encourage small businesses to embrace digital solutions in order to expand their customer base. At a time when traditional retail can be a challenging environment, it is good that there is help and support to diversify.

Although small business Saturday can be seen as simply a campaign to get people to go down to their local high street, we must recognise that not all small businesses are on the street corner. Across our regions, new businesses are starting up in garages and spare rooms and on kitchen tables, often harnessing the power of an online

presence. Many shops are now finding an online angle to complement their physical presence.

We all know local businesses that enhance our sense of place. This weekend, at home in Orkney, I am looking forward to visiting the Eviedale Bakehouse & Bistro, which is a fantastic example of a small business that spans hospitality and tourism and provides a vital local service for a small community that is many miles away from the island's main settlements.

It is not just the service that small businesses provide to the public that is important. I was recently in the family-run Cafe Gallo in Stockbridge—it is run by Dellita and her sons Oscar and Jo. As well as keeping other businesses refreshed, it supports local businesses in the community by sourcing many of its products locally. When I pop in, I often notice people from other businesses coming in, not only to drop off supplies from their businesses but to use the cafe's services.

Especially in rural communities, businesses are often not only about building a livelihood; they are also about people. The closure of a small business, especially on an island, can have a knock-on effect across the community. We must not forget that many small businesses are still suffering from the knock-on effects of the Covid crisis, and they now face the prospect of an economic downturn amid the cost of living crisis.

Recovery can feel distant, and increases in the cost of living will have a broad impact. Understandably, people will search for lower prices, but we should always remember the additional cost that is faced in delivering services locally and the important local role that businesses play. In the midst of a pandemic, it is worth remembering the vital role that many small businesses perform in keeping communities supplied and services running.

I have pointed to a number of challenges, many of which were considered in the report of the Economy and Fair Work Committee, which I am a member of, that Michelle Thomson mentioned. I certainly commend that body of work to the chamber. However, we should also consider the positives that small businesses create, the entrepreneurship opportunities that they provide and their ability to perform a social role by contributing to our community. We must continue to support people who are setting out and starting up a business.

This Saturday is small business Saturday, but small business Saturday is not just about this Saturday; it is about every day of the week, and it is about reminding us that our local businesses depend on us just as much as we depend on them.

Fergus Ewing (Inverness and Nairn) (SNP): Will the member take an intervention?

Jamie Halcro Johnston: I am afraid that I have finished.

The Deputy Presiding Officer: Thank you, Mr Halcro Johnston. I confirm that I am available for Eviedale pizza on Saturday, if the offer comes in.

13:06

Paul McLennan (East Lothian) (SNP): I thank Michelle Thomson for lodging her motion. As she said, small business Saturday is in its 10th year in the UK. This weekend I will visit many small businesses in my constituency, as many other members will visit small businesses in their constituencies.

Michelle Thomson mentioned that there are about 360,000 private sector businesses operating in Scotland and that about 70 per cent of those businesses involve sole proprietors or partnerships. Therefore, we can see that there is scope to support and grow our small business sector much more.

The Economy and Fair Work Committee has just published its report, "Inquiry into Retail and Town Centres in Scotland", which is highly relevant to this debate. The committee welcomed the Scottish Government's policy refresh and its renewed focus on Scotland's town centres and the retail sector. It also welcomed the Scottish Government's retail strategy, which the Minister for Public Finance, Planning and Community Wealth announced a few months ago, and the establishment of the retail industry leadership group.

As we know, retail is an extremely important sector for Scotland's economy. The independent retail sector, in particular, plays an increasingly important role. Many of Scotland's retailers are looking to diversify and to embrace new channels for selling. I will say more about that shortly.

In its report, the committee stated:

"There is strong demand amongst Scotland's smaller retailers for more and better support to build their online presence and be able to take advantage of platforms and expertise that already exist."

I have seen that in my home town of Dunbar, which, with support from traders and the community council, has launched a website, ourdunbar.com. That has gone down really well and has resulted in increased trade.

The Scottish Government has committed £100 million to help businesses to improve their digital skills, capacity and capability. It has also committed to supporting improved broadband capacity and mobile connectivity in towns and

town centres to improve local digital platforms. That is incredibly important.

The committee also mentioned that it is vital that a broader range of opportunities is made available to upskill, strengthen and future proof the retail workforce. National and local government must do more to support that.

Business gateways are incredibly important in supporting businesses to establish and grow, especially in the first year or two, when they need a bit more support. We need to identify measures that can be taken nationally and locally to increase uptake, and to consider how Business Gateway's offering can be expanded and improved.

Scotland's towns are individual; there are six or seven main towns in my constituency and they all have their own distinct identities, communities, histories and futures. Every town has its story, and communities can be and are motivated by the expression of that unique story to drive forward change and improvement. We know that that works when there is a common purpose and community drive to shape the town, and there are lessons to be learned from everybody in that regard.

What is important is that every town and its community are empowered to create a vision with a focus on achieving that through a long-term town plan. I know that several towns in my constituency are looking to take advantage of that opportunity. To help with that, we must remove barriers and ensure that support, including appropriate advice and financial support, is available at all stages of development.

The town centre first principle in planning—which the Local Government, Housing and Planning Committee has discussed with the minister on a number of occasions as part of its consideration of national planning framework 4—is key and will continue to be so. I think that that has been broadly welcomed across the spectrum.

With any new proposed out-of-town developments, it must be demonstrated that town centre sites have been pursued and thoroughly evaluated, and that the development will have no adverse impact on town centres and will not compete with town centre provision.

I welcome the Scottish Government's consultation on permitted development rights and the intention to support the creation of a new general town centre use class, which gives town centres more flexibility to develop.

We need to see more transparency in the ownership of town centre property. I know that we have all had issues with land or properties that have been sitting unused in town centres for years because we cannot trace the owners. That is a

particular issue. Local authorities have a range of powers to tackle derelict or dangerous buildings, as came up in discussion of NPF4. We must encourage local authorities to do more in that area.

Small businesses are the heart of our communities: we all need to do more to ensure that they thrive.

13:10

Daniel Johnson (Edinburgh Southern) (Lab):

I thank Michelle Thomson for bringing the debate to the chamber. It always gives me huge pleasure to speak in the debate about small business Saturday because, as most members are aware, small business, and especially small retail business, is very close to my heart. It is so close to my heart that my declaration of interests barely does it justice—for the avoidance of doubt, I am a director of a business with retail interests, although those are very residual, and, before coming into Parliament, I ran a small retail business in Edinburgh, which is why I know how important small business is.

I also represent a constituency that has, in Morningside and Bruntsfield, one of the most vibrant and successful secondary high streets in Edinburgh, if not in Scotland. I am really looking forward to making visits to Toys Galore and Cafe Gezellig this Saturday. I might nip into the Edinburgh Bookshop and of course, because this is south Edinburgh, I will have to go into Nordic Living—I am sure that members would expect no less. In case I have not name checked enough businesses, I will mention that I have, in previous years, visited Ooh! Ruby Shoes, a wonderful retailer for gifts of all types. I might even suggest that people nip into Houseproud to pick up one or two items that they require for their Christmas day cooking.

I make those name checks because I really want to emphasise how important it is that we use our local businesses, especially at this time of year. As Michelle Thomson rightly pointed out, we have all become very aware of how important such businesses are as the glue in our communities. Through lockdown, those businesses kept the wheels on the wagon, kept us all fed and allowed us to sustain ourselves. That is how important they are.

Fergus Ewing (Inverness and Nairn) (SNP): I entirely agree with what Mr Johnson has said. I respect his experience in running his own business, as I did, albeit in a different century from him.

Thereanent, does Mr Johnson agree that one of the success stories of devolution, which we should all be proud of and which has been maintained

and protected in John Swinney's most recent emergency budget, is the small business bonus scheme? It is the most generous scheme for small businesses in the United Kingdom and takes more than 111,000 businesses out of rates altogether. That really has helped to address the financial pressures of Covid and of the recession.

The Deputy Presiding Officer: I can give you back the time, Mr Johnson.

Daniel Johnson: I am grateful to the member from making that point, although he is upsetting the order of my notes. We must recognise that retail depends on Christmas trade, especially when times are so challenging. If we think that those businesses are valuable, we must use them at this time of year.

I was going to come to the member's point. He is absolutely right that the small business bonus scheme is absolutely critical for many small businesses. We should look at that in the round. As Michelle Thomson pointed out, we are in the middle of a cost crisis. Businesses face costs on a number of fronts that undermine their viability. Although the help from the UK Government is of some use, I have spoken to local businesses that will miss out on that because their utility deals come up for renewal in the spring. They are facing seven or eightfold increases, and their utility bills are going from £10,000 to more than £100,000. No business can survive that.

I am glad that the member brought up the issue of rates. Many businesses have rates bills that now exceed their rent. If we look at how the poundage rate and rateable value are meant to work, that should never be possible.

I also note that there are issues with the small business bonus scheme. The moment that a business has more than three premises, it loses the bonus. Therefore, we need to look at rates and business costs in the round, because I think that there are many things that really jeopardise the viability of businesses.

I note the points raised about planning and technology by Paul McLennan. There have been a number of schemes to help small businesses to take up technology, but we have to acknowledge that they have not necessarily worked as well as they should have done. We need to keep thinking about what prevents small businesses from maximising the use of technology.

Small businesses are at the very heart of our communities. They are vital to bringing distinctive characteristics to many of the communities that we represent. If we value them, let us use them. This Christmas time, let us spend our money in local businesses on our local high streets.

13:15

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I congratulate my colleague on securing this timely debate. There is no better time to focus on local shops and shopping than in the run-up to Christmas—of course, I must not omit the trades and professions. In refurbishing my Gala office, I have used as many local trades as I can. Small businesses also include local pubs and hotels. Many of those small businesses are family owned, often over the generations, so both the businesses and their owners are embedded in and committed to their communities.

There are many great small businesses across Midlothian South, Tweeddale and Lauderdale, from the main streets of Lauder and Earlston to the town centres of Melrose and Galashiels, the high street of Peebles, the Penicuik precinct and the villages of Broughton and Oxton with their community shops, which I am pleased to say are doing well. I have visited both villages and community support is especially important there.

In addition, I am a shopper. This jacket—I just happen to have it on, by the way; I did not mean it as a prop—was made in the Borders and bought in Peebles. For the avoidance of doubt—this is for Jamie Halcro Johnston—I am not on commission.

All those businesses are key to the communities they serve. They all depend on local patronage and they are accessible year round when rural roads may be impassable and, of course, there is limited public transport.

Covid was tough on all small businesses, but especially on retail and hospitality. Covid restrictions, with movement curtailed and folk stuck indoors ordering online from the supermarkets and the likes of Amazon, meant that shopping habits changed, and they have remained to some extent changed to this day. Those small businesses were coming back into their own, but now they have yet another double whammy, as mentioned before: the cost of living and the energy crisis.

The Scottish Government has helped with its small business bonus scheme—I reference Fergus Ewing—which means that many local businesses pay no rates whatsoever. The recent figures for this year show that in the Borders, 5,820 businesses get relief, of which 5,600 pay no business rates whatsoever. In Midlothian, the figures are 1,220 with some relief and 1,130 with 100 per cent relief, paying no rates at all. However, I accept some of the comments made by Daniel Johnson, given his expertise.

The pressure on family budgets has meant that many people are cutting back as Christmas approaches. Some are finding that the choice is

between heating and eating, and the rest is simply not on the agenda. Then there is the cost of energy to businesses themselves. I have heard of local businesses—cafes, in particular—that now have sky-high energy costs and simply will not be able to stay open.

The UK has the energy business relief scheme, which automatically caps the cost per unit of non-domestic energy, so businesses need not apply because it is automatic. However, that scheme ends in March 2023. The First Minister has written to Rishi Sunak asking that something be put in its place for businesses that are still in need, and she also requested an enhanced windfall tax, which could raise £93 billion that could be applied to assist with both domestic and non-domestic energy bills. The Deputy First Minister wrote to the then—very temporary—chancellor Kwasi Kwarteng to ask for VAT, which is mostly at 20 per cent on non-domestic bills, to be reduced. Replies are awaited.

In Scotland, there are grant schemes to assist small businesses. If they have not already done so, businesses should check out the Business Energy Scotland website and see what there is there. It may not be appropriate, but they should at least check it out.

Against a background of inflationary pressures on domestic budgets and additional costs on local business, it is time for us to do our bit, no matter how little, to support our local businesses. Shopping locally keeps the pennies and pounds local. It also leads to weary feet—with parcels—having a wee rest in the local cafe or pub. They need us, but we need them. Our town and village centres need them, too. We must not take them for granted—so, I say, shop local if you can afford to.

13:20

Ariane Burgess (Highlands and Islands) (Green): I take a moment to thank Michelle Thomson for securing this important debate.

The region that I represent—Scotland's Highlands and Islands—is home to less than 10 per cent of the country's population, but it accounts for 22 per cent of its social enterprises, many of which are thriving small businesses with a simple aim: to keep in the community the wealth that is generated by that community. Many of the people who will support small business Saturday this weekend may well shop at or receive the services of a social enterprise but not realise that that is how it has been set up.

I was honoured to host Social Enterprise Scotland's awards at the Parliament earlier this month. It was a fantastic celebration of the many social enterprises across Scotland that are

working to enhance the lives of individuals and families, and our communities and environment, through building community wealth. The sector contributes £2.3 billion to the economy and supports 88,000 jobs, while giving us all the opportunity to play our part in building community wealth.

Those innovative businesses not only have a specific social or environmental mission; crucially for rural communities, they reinvest their profits in the business and in the local economy. Those businesses are more likely to employ, buy and invest locally, so that the wealth that is created through their business activity continues to circulate in the local economy.

To mark small business Saturday, I welcome the opportunity to mention just three of the incredible small social enterprises in the Highlands and Islands.

New Start Highland provides a range of services, including housing support, employability training, furniture provision and mentoring, to help people get back on their feet.

In Shetland, the creative visual arts workshop Gaada is an artist-led community interest company. Its core activity involves sharing specialist art facilities and skills with Shetland's diverse communities through its Burra isle workshop.

In Inverness, Velocity Cafe and Bicycle Workshop is a social enterprise that combines three worlds: a vegetarian cafe, a bicycle workshop and a range of projects that promote health, wellbeing and sustainability.

As we have heard from members across the parties, all small businesses—especially social enterprises—are facing real challenges at the moment. Rising energy costs, inflationary prices for essential raw materials and difficulty in recruiting staff are repeatedly highlighted to me by constituents. I was contacted by a small bakery in Fort William, for which the price of sugar is increasing by 128 per cent. Coupled with staff shortages, that has meant that the business has reached a crisis point.

Those external threats to small businesses are having a disproportionate impact in remote rural communities, where small and medium-sized enterprises account for 79.5 per cent of private sector employment. The local authority area with the biggest fall in the number of registered businesses since before the pandemic was the Highlands, despite its being among the top five local authority areas when it comes to business density, along with Shetland, Orkney and the Western Isles.

That should cause concern to us all. This summer's Highlands and Islands Enterprise business panel survey showed that fewer than half of the businesses in our region had confidence in the economic outlook for Scotland, with exports tumbling and almost all members being impacted by rising costs, especially in remote areas.

There is support out there, whether through organisations such as the enterprise agencies, Business Gateway and Social Enterprise Scotland, or through the Government's plans, which are outlined in the Bute house agreement, to develop procurement practices to support local economies and microbusinesses. Yet the support that every small business wants most is that of customers.

I urge any constituents who are planning some festive shopping this weekend to make the most of the small businesses and social enterprises that bring vibrancy, bustle and life to their local high street.

13:24

John Mason (Glasgow Shettleston) (SNP): I thank Michelle Thomson for securing a debate on this really important topic.

When I was younger, it was pretty well all small shops. I used to get sent for the messages, and the butcher minced the beef as I watched, with the carcasses of cows, pigs and sheep hanging all around the shop. I think that Cochrane's was the largest shop in our area, until it was superseded by a Safeway supermarket, which seemed huge at the time, but nowadays would be seen as tiny compared with the big superstores that we have got used to. Is all of that progress? I am not sure.

Shopping is now easier and quicker, because we go round and choose our own products, instead of having to ask for things one at a time. I confess that, for much of the year, I use supermarkets a lot. It is easy and convenient, especially if we are busy, to jump into a supermarket and buy a range of goods—including alcohol, as long as we are in and out by 10 pm. Perhaps, though, that is one of the reasons why we have more problems nowadays with isolation and loneliness. Traditionally, going into a smaller shop, or a bank or a post office for that matter, has been a chance for folk to socialise and get a chat. Maybe we just have to accept that we now have a mix of very large stores and smaller stores, not to mention online shopping. Of course, as has been mentioned, online shopping can involve smaller businesses, too.

However, we do not want to lose all of our smaller physical shops, which is why it is crucial that we have a day such as small business Saturday to remind us of the importance of small

shops and other small businesses. I have tended to try to visit small businesses each year—usually shops, as they are open on Saturdays.

This year, I put a post about small business Saturday on Facebook and asked constituents for suggestions, in case there were some small businesses that I was not aware of. One person suggested there were 20 hairdressers in Shettleston, not counting the rest of the constituency. I do not think that my remaining hair could handle being cut 20 times on the one day, but we also have some excellent butchers, bakers and coffee shops, and I will be aiming to visit some of them. It struck me, though, that we have very few fruiterers left in the east end of Glasgow. The one in Shettleston that I used for fruit and vegetables is now no longer there. More positively, we are seeing an increase in independent bakers, as well as Polish, African and other shops that reflect Glasgow's much more mixed population nowadays.

Sometimes it can be hard to draw the line between what is a small business and what is not. For example, Costa and McDonald's are huge chains but, as they often operate on a franchise model, the people running a particular branch may be a small business. I tweeted something about a local Costa, and the next time I was in, the manager came over for a chat and explained how his was really a small business. He also gave me a free cake.

Finally, I want to mention small businesses that are not shops and cafes.

Daniel Johnson: Does the member realise that the point of small business Saturday is not to get free stuff but to pay for stuff?

John Mason: Yes, I heartily endorse that, although if the member wants to take me out for a coffee, I could be persuaded.

I guess that there are positives as well as negatives. For example, in my constituency, we no longer have any local newspapers, which is a disadvantage in many ways. However, we have a local magazine, *Hoolit*, which carries local adverts and, as a sideline, supports the use of Glasgow and Scots words.

Times change. We should not hanker for the past and we should welcome local initiatives and new businesses.

I end with a few questions. Do we think enough about how we shop? Of course, some of us are forced to buy the cheapest item, but others of us can ask ourselves questions such as: "Is this produce fair trade, so that the workers get decent pay and conditions?"; "Is this food supporting farming jobs in Scotland?"; and "Am I shopping in a way that supports local small businesses?"

13:28

The Minister for Public Finance, Planning and Community Wealth (Tom Arthur): I thank Michelle Thomson for bringing this important debate to Parliament. It is always a highlight of the parliamentary calendar to celebrate small business Saturday, because it gives us an opportunity to come together and recognise the immense contribution that small businesses make, not just to our local and regional economies but, cumulatively, to our national economy across Scotland. Small businesses have a vital role to play. Small business Saturday also affords us an opportunity to recognise the contribution made by individual businesses in our own constituencies and regions.

An issue that Michelle Thomson touched on very effectively was the social impact of small businesses. We recognise that certain of the commercial interactions and processes in our daily lives can perhaps be somewhat impersonal, but in the context of small businesses, we often establish very close relationships with the people who work at them. Whether the cafe, the pub, the butcher's, or the picture framer's—whatever the businesses on our local high street happen to be—we often form personal relationships with those individuals. They are not just transactional relationships but relationships with people who are fellow members of our community and, indeed, friends. That social impact is important, and it is also important in tackling a range of other issues.

For example, such social interaction is important for many people, including people who are more at risk of loneliness and isolation. Never had we seen the huge social impact that our small businesses have more than during the pandemic, which members across the chamber recognised. It is not any exaggeration to say that many of our communities would not have been able to get through the pandemic in the way that they did without the support of our small businesses. I therefore join colleagues from across the chamber in recognising not only the immense contribution that our small businesses make to our local economies but their social impacts.

Christine Grahame: Tom Arthur brings to mind a story that I have been told more than once: when someone did not call at the local shop for a few days, the shopkeeper went to find out whether they were all right, because they knew that something was very wrong if it was an elderly or infirm person. That is another example of how important small businesses are in the social system of a community.

Tom Arthur: I agree. That is an excellent example. Local pubs are also a particular example of the impact that small businesses have in providing support to people, including through their

digital footprint. Christine Grahame made an incredibly important point.

Of course, we cannot have this debate and ignore the significant economic challenges facing not only small businesses but our wider economy. In many cases, we are seeing the most challenging set of economic circumstances in our lifetime. It is therefore imperative that we do all that we can to support businesses through that. I recognise the comments that were made by Fergus Ewing and Daniel Johnson with regard to the small business bonus scheme, which I know is of immense support to and is hugely valued by small businesses. Indeed, the power and impact of the small business bonus scheme are articulated very effectively by the likes of the FSB.

Fergus Ewing: I entirely agree that we must be mindful of the current challenges facing small businesses. Thereanent, although I know that it is not his portfolio, is the minister aware of the concerns that the deposit return scheme, as it is planned to be rolled out, would impact pretty severely on certain small businesses, notably small craft brewers and distillers, because of the high costs and the burden of labelling? Many of the very small businesses that we have championed over the years have said that they might have to give up—or, if they do not give up, stop trading in Scotland. If that ever came to pass—I hope that it does not—it would be very deleterious. Is that an issue that the minister might wish to discuss with Lorna Slater, who I think is the minister in charge?

Tom Arthur: I thank Mr Ewing for his intervention. I assure him that I have had those discussions with my ministerial colleague, Lorna Slater. I have also spoken about it in detail with the Scottish Retail Consortium and the Scottish Grocers Federation. I am assured that Ms Slater is having the closest engagement and consultation with stakeholders to ensure that the DRS is launched in a way that means that we can recognise and celebrate it for the positive impacts that it will have on our net-zero and waste reduction ambitions, and work towards achieving the strongest buy-in and support from industry, remembering that it will be an industry-led scheme.

I made reference to the fact that I was conscious of the challenges. Michelle Thomson also touched on some of the more long-standing challenges that businesses face, one of which is, of course, cash flow and late payment. I appreciate that it can be challenging to keep track of all the legislation going through Parliament, but I draw members' attention to the Moveable Transactions (Scotland) Bill that is currently under consideration by the Delegated Powers and Law Reform Committee, with the intention that it shortly

be considered by the Parliament as a whole at stage 1.

13:36

Meeting suspended.

The bill, which I am leading on, is a product of the Scottish Law Commission, and it has the potential to make a powerful and transformational impact for small businesses, particularly around their being able to facilitate invoice financing, as the current legal structures in Scotland are not optimal for doing that. It will also allow for securities to be achieved over moveable corporeal and incorporeal property, which will be of much benefit to the wider Scottish economy. I look forward to further engagement with members on that legislation as it progresses through Parliament.

Members made a range of comments covering many different areas that I will not have the opportunity to cover in detail. However, I will pick up on important points that Ariane Burgess raised around social enterprises and community wealth building.

Social enterprises play a key role in our local economies. As we understand is inherent in their model, they reinvest our money back into local communities very effectively and play a key role in delivering a range of services. They are a fantastic example of community wealth building, as are more traditional small businesses. Earlier this year, I met the Federation of Small Businesses to discuss community wealth building, which I know that it is passionately interested in. Indeed, there was FSB representation on the community wealth building bill steering group that I chaired.

I will have a great deal more to say about community wealth building in the new year as we take forward our commitment to a consultation ahead of legislation later in this parliamentary session. At its heart, community wealth building is about seeing more of the wealth that is generated within our communities retained within our communities. That has many practical applications, such as making more effective use of sustainable procurement, employment practices that recruit from our localities, and seeing more business models develop that are consistent with small businesses' practices. Those models might mean businesses that are employee-owned, co-operatives, community interest companies, or social enterprises. Cumulatively, those can help to create more sustainable and resilient local economies that will be the bedrock for continued success for all our small businesses across Scotland.

I am conscious that time is against me. I once again thank members for their contributions to this debate and wish everyone a very successful small business Saturday.

14:30

On resuming—

Portfolio Question Time

Social Justice, Housing and Local Government

The Deputy Presiding Officer (Annabelle Ewing): Good afternoon. The next item of business is portfolio questions on social justice, housing and local government. Any member who wishes to ask a supplementary question should press their request-to-speak button or enter the letters RTS in the chat function during the relevant question. As ever, I would appreciate succinct questions and answers in order that I can get in as many questions as possible.

Social Housing (Damp and Mould)

1. Alexander Stewart (Mid Scotland and Fife) (Con): To ask the Scottish Government what action it can take to address any issues of damp and mould in social housing. (S6O-01628)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): The latest Scottish house condition survey, which was for 2019, showed that 99 per cent of social homes were free from damp and 86 per cent were free from any sign of mould.

The Scottish Housing Regulator is responsible for monitoring social landlords' progress towards the Scottish housing quality standard, which they are required to meet. The regulator can use its legal powers to intervene where there are problems so that landlords make any improvements that they need to make. Scotland's social rented homes have improved over a number of years to meet the standard.

Alexander Stewart: Many social landlords who own or manage properties across our local authority areas have admitted that they do not place any particular marker on properties to identify that they have damp or mould problems. What measures can the Scottish Government put in place to provide financial assistance to support social landlords in tackling such problems in their properties?

Shona Robison: Of course, social landlords are required to use the moneys that they receive through rents to ensure that the investment in their properties keeps them to a good standard. As I said in my initial answer, the latest condition survey shows that, on the whole, social homes in Scotland are meeting a good standard, but there is always room for improvement. That is where the regulator is so important, in ensuring that the sector is striving to make such improvements

where it needs to do so. The Scottish Government is continuing to invest in social housing more generally so that new homes are available. It is also important that investment can be made in bringing homes up to standard.

Natalie Don (Renfrewshire North and West) (SNP): I ask the Scottish Government to provide an update on the pilot by two Glasgow-based housing associations that uses internet of things technology to measure dampness in their properties. The pilot is being delivered by the technology firm North, which has a base in my Renfrewshire North and West constituency and is being backed by £3 million of enterprise funding from the Scottish Government. If it is successful, it could be rolled out to other social housing providers.

Shona Robison: We very much welcome the trial, and we support technological innovations that will help social landlords to improve the condition of their homes. The pilot will see sensors in homes sharing real-time data through the internet of things Scotland network, to help local authorities and housing associations to intervene proactively and to minimise issues including damp and mould. The development was supported by funding of £2.7 million from the Scottish Government, £150,000 from Scottish Enterprise and £30,000 from Highlands and Islands Enterprise. We will take a close interest in the outcomes of the trial.

Ariane Burgess (Highlands and Islands) (Green): The tragic death of Awaab Ishak raises the very serious impacts that can occur for people who live in damp and mouldy housing. That problem exists across Scotland and is exacerbated by our climate and by the fact that housing is often poorly insulated and ventilated. I have a constituent with three children who lives in a Highland Council property that has considerable mould and damp. My constituent provided the council with a letter from her general practitioner detailing that the children's breathing problems are due to mould, but the council has been slow to take action. Given the cost of damp homes to health services, as well as to the people affected, in what ways is the Scottish Government working to ensure that the prevention of ill health through improved housing conditions is a reality in practice?

Shona Robison: The death of Awaab Ishak is absolutely a tragedy. Nobody should lose their life due to poor housing conditions. I am also very concerned to hear about Ariane Burgess's constituent. I would be happy to look further into the detail of that case if she would like to provide me with the details.

At present, there are defined minimum standards, and, although we do not specify the measures that landlords should take, insulation

would normally be needed to meet the required level of energy efficiency. Although housing conditions in Scotland have been gradually improving, we recognise that there is more work to do, which is why we have committed to developing a new housing standard.

As I said, if Ariane Burgess wants to write to me with the detail of her constituent's case, I will look into the details.

Homeless Project Scotland

2. Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Government whether it will provide an update on what work it has undertaken to help Homeless Project Scotland find premises in Glasgow. (S6O-01629)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): Scottish Government officials maintain regular contact with Homeless Project Scotland and Glasgow City Council. We have encouraged the charity to continue to engage with the council and to explore accommodation options. The council is best placed to support the charity with identifying suitable premises. I understand that it offered properties to Homeless Project Scotland and they were declined, so the council continues to explore potential sites. However, I am aware that, to date, there is a limited number of available properties that meet the charity's specific requirements. I would encourage both to keep discussing.

Jackie Baillie: The cabinet secretary will remember that, in April this year, the First Minister said:

"I am happy to engage with the Homeless Project to see whether there is more that we, as a Government, can do to help it find a building."—[*Official Report*, 21 April 2022; c 19.]

Seven months on, winter is well and truly here, and, with the numbers of homeless people and the use of the soup kitchen increasing due to the cost of living crisis, nothing has really changed.

I welcome the engagement—of course, I do—but can the cabinet secretary tell me why there has been little progress to date and what she can do to help to secure premises for this very worthwhile project?

Shona Robison: First, I say to Jackie Baillie that we, too, are concerned about people queuing up in the street for food, particularly in the winter. We all want the outcome of appropriate premises being found.

Jackie Baillie will also understand that it is not for the Scottish Government to find and procure a building; that is for Glasgow City Council. What we can do, though, is encourage both parties to

continue to discuss. Jackie Baillie will be aware of some of the issues around the properties that were offered; however, we need to see some solutions here. Glasgow City Council is best placed to find the properties that could meet Homeless Project Scotland's needs, but there will need to be discussion, dialogue and perhaps compromise from both parties.

Miles Briggs (Lothian) (Con): In its "Scottish Housing Emergency Action Plan", Shelter Scotland calls on the Scottish Government to

"Conduct an audit of all homelessness funding—national and local—to identify the true levels of investment and to identify shortfalls",

which often lead to the situations such as the one that Jackie Baillie has outlined. Will the Scottish Government undertake to do that?

Shona Robison: We will always keep funding under review. We are in the middle of our budget process, as Miles Briggs will be aware. If he wants to bring forward some proposals around funding, of course, we will consider those.

In addition to the resourcing that local government gets through its funding, we provide funding through the £100 million ending homelessness together fund. Some of that is focused on programmes such as housing first, which has had a lot of success in ensuring that people are supported not just with a tenancy but with the wraparound support that they require.

We will keep these things under review. I do not think that anyone can question the commitment that we have made through some of our world-leading homelessness legislation, and we have backed that up with real investment as well.

Homeless Deaths 2021

3. Roz McCall (Mid Scotland and Fife) (Con): To ask the Scottish Government what its response is to the latest homeless deaths 2021 figures from the National Records of Scotland, which show that an estimated 250 homeless people died in 2021. (S6O-01630)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): These figures serve to remind us of the human stories behind the statistics, and drive our commitment to do all that we can to prevent homelessness from happening in the first place.

We know that experience of multiple forms of extreme disadvantage is linked to higher rates of ill health and premature death. The national mission on reducing drug-related deaths includes work to strengthen partnerships between health and homelessness services to improve outcomes for people experiencing homelessness with complex needs. An independent evaluation showed that

Scotland's housing first programme can transform the lives of people with difficult experiences of homelessness.

Roz McCall: The cabinet secretary will be aware that the latest available statistics from the National Records of Scotland show that the homeless death rate in Fife has trebled since 2017. Statistics from Ireland show that, after its rent freeze was introduced, there was a 30 per cent increase in the rate of homelessness. What evidence does the cabinet secretary have that the SNP-Green Government's recent rent freeze legislation—the Cost of Living (Tenant Protection) (Scotland) Act 2022—will not make an appalling set of statistics in Fife even worse?

Shona Robison: First, the rent freeze is designed to help tenants afford their rent, and it is disappointing that the Conservatives did not recognise the fact that, in a cost of living crisis that is partly caused by their United Kingdom Government, tenants will struggle to pay their rents. I would have thought that, in a cost of living crisis, the Conservatives might have supported such a measure.

The member will be aware that the rent freeze is in place until the end of March, and we have set a number of criteria around the issue of whether that will be extended. Of course, we are in dialogue with the social rented sector around an agreed outcome with it, which will be announced soon.

On homeless deaths, I have set out the complex nature of the issue, and its relationship with multiple forms of disadvantage relating to things such as drug-related death. We need to understand the complexity of the issue and to link it to a rent freeze is to take a simplistic approach to it.

We will continue to tackle homelessness and invest in reducing drug-related deaths through the investment of £250 million over this parliamentary session. We will do that because we are concerned about the human stories and tragedies behind those statistics.

Kaukab Stewart (Glasgow Kelvin) (SNP): As the cabinet secretary rightly said, those figures are heartbreaking, and my thoughts are very much with everyone who has lost a loved one.

In addition to the measures that have already been outlined, could the cabinet secretary provide further detail on the legislative measures that the Scottish Government is taking to tackle homelessness, such as, in particular, the suspension of the local connection test that came into force this week, and measures in the forthcoming housing bill?

Shona Robison: Local connection requirements have long been recognised as a

barrier to people realising their rights, which is why we have removed them. Most people who are homeless want to live in a community where they are already settled, but this change gives people choice about where they live, and the forthcoming housing bill will include rental sector reforms, further strengthening existing rights for tenants, and it introduces new homelessness prevention duties.

The Deputy Presiding Officer: Question 4 was not lodged.

Housing Strategy (Local Authority Funding)

5. Brian Whittle (South Scotland) (Con): To ask the Scottish Government what its position is on whether current funding provisions will enable local authorities to meet the standards in its housing strategy regarding social housing, including energy efficiency. (S6O-01632)

The Minister for Social Security and Local Government (Ben Macpherson): Although it is for local authorities to determine how they use funds provided to maintain housing stock and ensure compliance with relevant standards, at least £1.8 billion will be allocated over this parliamentary session to help retrofit heat and energy efficiency measures. That includes our £200 million social housing net zero heat fund, which is designed to accelerate the delivery of energy efficiency measures and zero emissions heating systems in social housing. Social landlords can also access the £300 million heat networks fund.

We recognise the challenges that social landlords face and continue to have constructive engagement with them on a range of matters.

Brian Whittle: I have contacted local authorities to ask them the same question. Some of them have stated that they cannot meet energy efficiency standard for social housing 2 within their housing revenue account revenue alone, and others have suggested that the levels of current support are not enough to meet the Scottish Government's heat in buildings strategy and new supply programme within existing timescales while keeping rents frozen. When the Scottish Government initialised the rent freeze, did it consider the unintended consequences of the social housing strategy, and especially energy efficiency targets? Irrespective of that, what will it do about that to ensure that those important targets are met?

Ben Macpherson: The Scottish Government continues to have very constructive conversations with social housing providers in the spirit that Brian Whittle has outlined, to gather evidence on the impact of the freeze on rents and on reaching

agreement in relation to rent setting in the social sector. That constructive engagement continues.

Social landlords have already made substantial investment in energy efficiency to remove poor energy efficiency as a driver for fuel poverty and to contribute to achieving the Scottish Government's ambitious climate change emissions reduction targets.

I note the points that Brian Whittle has raised, and I will certainly look to feed back to him on them through colleagues, if that would be of constructive assistance.

Willie Rennie (North East Fife) (LD): The cabinet secretary has indicated that mid-market rentals that are run by social landlords could be classed as social housing with regard to rent-capping provisions. However, in a written answer to me, Patrick Harvie told me the opposite. He said:

"Mid-Market homes are let under private tenancy arrangements".—[*Written Answers*, 21 November 2022; S6W-12026.]

Can the minister help me? Are mid-market rents social or private?

Ben Macpherson: Ministerial colleagues will write to Mr Rennie with further clarity. I appreciate that that question is not on energy efficiency, but we will follow it up.

Local Authorities (Support)

6. Russell Findlay (West Scotland) (Con): To ask the Scottish Government how it supports local authorities to ensure that the provision of local services meets the needs of local communities. (S6O-01633)

The Minister for Social Security and Local Government (Ben Macpherson): The Scottish Government works constructively and in partnership with local government, and it engages regularly and collaborates extensively to serve and support communities. However, we also respect and appreciate that it is the responsibility of individual councils to manage their own budgets and the responsibility of local, democratically elected councillors to make decisions on how best to deliver services in their local communities, on the basis of local needs and priorities.

Russell Findlay: Pupils and parents celebrated the opening of Dargavel primary school six months ago. However, parents and others in the community warned Renfrewshire Council that the school is half of the size that it needed to be. They were right. The school can take 548 pupils, but it needs space for 1,100 pupils. The council has apologised, but it has said that it cannot explain its monumental incompetence to deliver that vital local service. Can the minister use his position in

any way to find out why that local authority got it so badly wrong and how that will be put right?

Ben Macpherson: I appreciate the way in which Russell Findlay has raised that issue on behalf of his constituents. It is clear that it is an important one for his region and those whom he represents, but I direct him to the local council to emphasise his points and his and his constituents' concerns to it. I am sure that he appreciates that it would be inappropriate for ministers to intervene in matters that are the responsibility of local councils and locally elected councillors, who hold the council to account. We will note Russell Findlay's concerns, and I will certainly relay the question to the Cabinet Secretary for Education and Skills for her information, but I encourage him to take the matter up with the local authority.

Gillian Martin (Aberdeenshire East) (SNP): Without the full fiscal powers of a normal European state, the Scottish Government has consistently delivered as fair and affordable a settlement as it can within the fixed budget that it gets. Will the minister underline to his counterparts in the United Kingdom Government that Scottish local authorities need investment from all levels of government to meet the needs of communities as they grapple with the cost of living crisis?

Ben Macpherson: It is important to recognise that Scotland's settlements from Westminster have suffered a decade of austerity from 2010-11, with average real-terms cuts of over 5 per cent. That equates to a loss of £18 billion over that period. Despite that, local authority revenue funding is £2.2 billion, or 22.9 per cent, higher in cash terms in 2022-23 than it was in 2013-14.

The UK autumn statement does not go far enough to ensure that the Scottish Government can fully support our people, communities and businesses through the most challenging financial situation since devolution. Finance ministers are working through the implications of the UK Government's budget and we will announce our plans in the forthcoming Scottish budget later this month.

Cladding

7. Annie Wells (Glasgow) (Con): To ask the Scottish Government what progress has been made, in the last six months, in removing dangerous cladding from buildings. (S6O-01634)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): The safety of residents and home owners is our absolute priority. We are taking forward a robust programme of comprehensive and technical assessments through our single building assessment programme, which, in the

past six months, has been expanded to more than 100 buildings.

Assessments are being completed and discussions on remediation are under way and although we expect that the vast majority of buildings will be found to be safe, if immediate action is needed to safeguard residents, we will take action. Through Homes for Scotland, we are also working with housing developers on our safer buildings accord.

Annie Wells: I was recently contacted by a group of residents in Glasgow who were astonished to discover that they had been presented with remedial bills running into tens of thousands of pounds due to flammable material being found in the cladding on their buildings. If those charges are not met, many of those residents will face extremely difficult choices and could possibly lose their homes.

After turning to their local MSP in Glasgow, they were told that the Scottish Government has no money to help them. What action is the Scottish Government taking now to support such residents and will the cabinet secretary join me in meeting that group of constituents to discuss financial support in more detail?

Shona Robison: Of course I will meet them and if Annie Wells, in advance of that meeting, could send me some detail on that, I will ask officials to look into it, because communication with home owners in relation to those matters is very important.

I said in my initial answer that we would take immediate action to safeguard residents if it is needed; we have already taken such action, including some waking watches, which the Scottish Government is helping to fund.

There are also issues here around responsibility. We have committed £400 million to this programme of work and we have spent almost £1 million so far on assessments. However, where a developer can be found in connection with the property, the remediation needs to be the responsibility of the developer. It is when there is no developer to be found or they no longer exist that the Scottish Government will step in to fund any remediation work. I am not sure what the details are around this case but I am happy to look into it if Annie Wells can furnish me with those details.

“Keeping the Doors Open” (Age Scotland)

8. Liam McArthur (Orkney Islands) (LD): To ask the Scottish Government what its response is to Age Scotland’s report, “Keeping the Doors Open”. (S6O-01635)

The Minister for Equalities and Older People (Christina McKelvie): We recognise that community groups are a source of support, particularly in these difficult times, and also that there are challenges for some groups, so we will closely consider the recommendations in the report.

We have committed to investing in order to tackle social isolation and loneliness and we invested £1 million last year for immediate work, including helplines, befriending, and practical support. We continue to work with the social isolation and loneliness advisory group, of which Age Scotland is a valued member.

The communities mental health and wellbeing fund also tackles social isolation, loneliness and mental health inequalities, and £36 million has been made available to that fund this year.

Liam McArthur: As Christina McKelvie will be aware, Age Scotland’s report reveals the extent of the Covid-related pressures facing our older people’s groups across Scotland. The need to plug gaps in statutory services has dramatically increased the demand for assistance from those groups. In Orkney, dementia diagnoses are not being made and NHS Orkney has withdrawn from podiatry, placing huge pressure on Age Scotland’s Orkney services.

Will the Government accept Age Scotland’s call for a national fund to support older people’s community groups to help its members through the cost of living crisis? Will ministers rethink the decision to remove funding from the men’s sheds movement, which risks undermining an initiative that does such vital work in Orkney and in communities across Scotland?

Christina McKelvie: I know that local authorities, local organisations and lots of charities and third sector organisations are feeling the pinch as a result of the cost of living crisis, which is having an impact on their work and the services that they deliver.

I have visited many men’s sheds and it has always been a joy to do so, because, alongside their own work, they also do lots of public health and community work. In 2013, there were five men’s sheds in Scotland, and there are now more than 200. Since 2014-15, the Scottish Government has provided £570,000 and we have also provided £150,000 to Age Scotland for men’s sheds. In this year, £75,000 has been made available to help the Scottish Men’s Sheds Association to build further success as it continues to develop its business model, bringing new funding partners on board.

I would be happy to speak further with Liam McArthur about what more we can do about particular issues in local areas, especially in rural and island communities.

Bill Kidd (Glasgow Anniesland) (SNP): The Age Scotland report calls on the Scottish Government to continue to recognise loneliness as a key public health issue. What work is the Scottish Government doing through its national strategy to tackle loneliness and social isolation?

Christina McKelvie: In the first 100 days of the new parliamentary session we invested £1 million in immediate work by organisations that are tackling social isolation and loneliness, including helplines, befriending networks and practical support. We also committed to investing in and supporting organisations to tackle loneliness as a public health issue.

As I said, we are working with the social isolation and loneliness advisory group, of which Age Scotland is a valued member, to create a new delivery plan to mitigate the impact of Covid-19 and the on-going cost of living crisis on groups that are most adversely affected. We expect to publish the new delivery plan in early 2023. It will outline a range of actions that the Scottish Government will take to deal with social isolation and loneliness. I hope that the member will look out for that plan and will share it as widely as possible.

The Deputy Presiding Officer: That concludes portfolio questions on social justice, housing and local government. There will be a brief pause before we move on to the next item of business.

World AIDS Day 2022

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a debate on motion S6M-07025, in the name of Maree Todd, on world AIDS day.

14:58

The Minister for Public Health, Women's Health and Sport (Maree Todd): It is a privilege to open this debate. Today is a time of mixed emotions. First and foremost, it is a time to remember and pay tribute to more than 40 million people who have died of HIV and AIDS-related illnesses across the globe. We have become used to quoting fatality statistics and case numbers, especially during the past few years, and we have heard over and over again that those numbers are not just numbers—each represents a real person. Nonetheless, I will make that point again. More than 40 million people did not have the chance to reach their full potential, left behind friends and families and, all too often, had to battle stigma and prejudice on top of a deadly virus. They must never be forgotten. In paying tribute to them, I hope that we focus not on their deaths but on the lives that they led, and on the courage that so many of them showed in fighting for a better future, even if they knew that they would never see it.

As we remember, and as part of our tribute to them, we should also acknowledge that astounding progress has been made in diagnosing and treating HIV, and that that better future has, at least in part, become a reality. Forty years ago, an HIV diagnosis was, in effect, a death sentence. Today, it means daily medication or receiving an injection every two months. People with the virus can now live long, happy and healthy lives, without the fear even of passing on the virus, if they remain on effective treatment.

To be clear, that is not to downplay an HIV diagnosis, which can still have adverse physical and mental health impacts on an individual and which requires lifelong interventions to manage, but the illness is largely chronic now and not the killer that it once was. That is in stark contrast to the outlook when I was an undergraduate pharmacist in the early 1990s.

In Scotland, we have been working hard to prevent infection and ensure that those living with HIV receive the treatment that they need. The number of new diagnoses in Scotland has been falling since 2017. In 2018, we met the UNAIDS 90-90-90 goals, which are for 90 per cent of people living with HIV to know their HIV status; for 90 per cent of people with diagnosed HIV to receive sustained antiretroviral therapy; and for 90

per cent of people receiving antiretroviral therapy to have viral suppression.

All of that is hugely encouraging, but we cannot and must not think that the job of tackling the virus is done. We must instead set our sights on stopping HIV transmission. That goal might seem inconceivable to anyone who is old enough to remember the horror at the height of the HIV pandemic, but it is absolutely possible.

Of course, possible does not mean inevitable; it will require hard and dedicated work. We will need to test more people, work harder to find and connect with those who are at risk, and do all that in the most challenging circumstances that our health service has ever faced. None of that can happen without a clear plan. That is why, two years ago, the Scottish Government commissioned a proposal on how Scotland could become one of the first countries in the world to eliminate HIV transmission by 2030. In practice, that would mean zero people contracting HIV in Scotland.

Today, the Scottish Government welcomes that proposal, which was developed by the HIV transmission elimination oversight group—as an aside, I am told that other, longer names for the group were available. Before I go further, I extend my warmest thanks to Professor Rak Nandwani, who so ably chaired the group. I know that it was no small feat to assemble the clinical, third sector and academic expertise that was needed to develop the plan. I am also grateful to all those who made time to participate.

The proposal is wide ranging, and all those who worked on it should be proud of its ambition. The time today does not allow me to do justice to the care and consideration that have gone into it, and I urge everyone to read it for themselves.

Crucially, the proposal has three high-level goals. The first is to prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status. The second is to find people who are living with HIV, some of whom are still undiagnosed, and support them into HIV care and treatment. The third is to help to reduce the stigma that makes some people less likely to access HIV prevention, testing and treatment services.

I am whole-heartedly in favour of reaching those goals, as is everyone—I am sure—who is involved in HIV care or prevention. However, the plan acknowledges that the goals will be achievable only if organisations come together to make that happen—the plan calls that a whole-system and whole-society approach. That is often easier on paper than in practice. The scale of the effort that is required is demonstrated by the 22

recommendations that the plan sets out, which cover testing, education, prevention, contact tracing and HIV care. It would be unwise in the extreme for me to pretend that all of those goals can be achieved immediately. However, the plan recognises the complexity of the task and recommends an interim target on our journey towards transmission elimination.

The interim target is that Scotland achieves and maintains the UNAIDS 95-95-95 goals by 2025. I am pleased to announce the Government's commitment to that target—for 95 per cent of individuals with HIV to have been diagnosed; for 95 per cent of people who have been diagnosed to be receiving treatment; and for 95 per cent of people who are receiving treatment to have a suppressed viral load.

I take this opportunity to accept another of the recommendations in the proposal: that an implementation group be established to carry on the work that is needed to ensure that we reach our targets. That group will provide dedicated focus and accountability, while ensuring that the proposal is taken forward in a careful, considered way that recognises the current challenges that our health services and third sector face.

That is vital work, and I am delighted to announce that Professor Nicola Steedman, the Scottish Government's deputy chief medical officer, and Dr Dan Clutterbuck, clinical lead for HIV at the Chalmers centre, have agreed to chair the group. They are clinicians with huge experience in that field, and I am profoundly grateful that they will be taking on the task.

It will be for the group to develop a work programme, and I do not want to pre-empt that, but I will make two further announcements that, I hope, demonstrate the Scottish Government's commitment to transmission elimination.

The first announcement is that we will fund a marketing campaign, in recognition that a key pillar of the proposal relates to increasing education and reducing stigma. The campaign will be developed by a range of partners, including the third sector, academia, public health experts and people with lived experience of HIV, and I expect to see its first outputs in the spring. I have often heard that the alarming and intentionally fear-driven campaigns of the 1980s have left a damaging legacy of stereotypes and misconceptions. A campaign to address them is overdue, and I am pleased to be able to commit to that today.

The second announcement is that we will provide funding for a pilot of ePrEP clinics. In 2017, Scotland was one of the first countries in the world to introduce an HIV pre-exposure prophylaxis service, which offered free

preventative medication to people who were deemed to be at highest risk of acquiring HIV. To date, more than 6,500 people have had PrEP prescribed at least once and, in the four years since the service was launched, there has been a significant reduction in the number of new diagnoses of HIV among gay and bisexual men.

Gillian Martin (Aberdeenshire East) (SNP): Has there been an improvement in the number of women coming forward to access PrEP?

Maree Todd: An early action to support elimination efforts has been to widen eligibility guidance, so that anyone who is at risk can access PrEP. Work to develop and roll out that guidance is well under way. That is welcome news, but expanding eligibility also puts additional pressure on already stretched services. That is alluded to in the Conservative amendment.

We cannot address that overnight, but there is huge potential for people who are largely able to manage their care to request PrEP online and carry out necessary tests in their homes. Doing so could improve access to PrEP for people who live in remote or rural areas, while freeing up clinical capacity for people who might have more complex needs or require more support.

I must stress that it is only a pilot and, even if successful, it cannot be a panacea. However, it is an exciting development and, if we can make it work, in the long term, it has enormous potential to reduce inequalities—I think that that was what my colleague was alluding to—widen access and lessen the burden on NHS services.

I hope that what I have set out today conveys the Government's genuine ambition to end HIV transmission in Scotland by 2030. I have tried to explain how challenging that will be, but in case I have failed to do so, I will say bluntly that the challenge is considerable. However, I know that the reward of success is greater—the prize is huge. As I said at the start of my speech, it is measurable in lives saved and in improved health, and in our overcoming the scourge of a stigma that has endured for too long. Today, I pledge the Government's support for that; it is the greatest tribute that we can offer to all those people we have lost.

I move,

That the Parliament believes that, to mark World AIDS Day, everyone should commit to the goal of ending AIDS, and support the World Health Organization's call to recognise and address the inequalities that are holding back progress; recognises that key to this is ensuring there is equalised access to essential HIV services for all; welcomes progress in recent years in the decline of HIV diagnoses in Scotland, and supports the ambition of ensuring there are zero transmissions in Scotland by 2030; notes the encouraging impact of HIV Pre-Exposure Prophylaxis (PrEP), and that HIV incidence rates fell by

43% in a large cohort of men attending sexual health clinics following its introduction in Scotland; further notes that over 6,500 people have accessed PrEP in Scotland already, and endorses the widening access to ensure that everyone at risk of acquiring HIV is eligible to be prescribed PrEP; appreciates that everyone in society has a role to play in the goal of eliminating HIV transmission in Scotland, and commends the HIV Transmission Elimination Oversight Group's recommended population-based approach of testing, education and stigma reduction, combined with prevention, specialist care and contact tracing.

The Deputy Presiding Officer: Thank you, minister. I remind members who seek to speak in the debate to ensure that they have pressed their request-to-speak buttons.

I call Jamie Greene to speak to and move amendment S6M-07025.2. You have around eight minutes, Mr Greene.

15:10

Jamie Greene (West Scotland) (Con): I thank the minister for her opening comments; I will reflect on some of them in my speech.

Members might recall that, last year, I brought a members' business debate to the chamber to celebrate, commemorate and mark world AIDS day. I am pleased that we are having a Government business debate on the subject today, which gives us an opportunity to have a frank and fulsome debate on some of the issues.

My first debate on the subject took place as far back as 2016, after I was first elected, when Kezia Dugdale brought a very similar members' business debate to the chamber, in which I was pleased to participate. I read back through some of my historical speeches on the subject—I spoke in 2016, 2018 and last year—with a glint of intrigue, a bit of sadness and a bit of hope, too, which I will come to in my comments as I speak again today.

In that first speech in 2016, a few short months into my new political life, I used phrases such as “chemsex” and “gym bunny steroid users”, which were perhaps a little risky—they certainly raised the eyebrows of the official report and broadcasting people in the booths. However, if we cannot be frank and honest in the chamber on a subject such as this one, what is the point of having a debate about it in the first place? We should never be afraid to challenge the wider world or ourselves.

In the 2018 debate, the phrase “undetectable equals untransmittable”—U=U—was introduced into political discourse. I remember recounting the horrors of the 1980s and some of the anecdotes that I had heard, which, to be quite frank, affected me personally. Last year, members might recall that I opened a can of worms with my take on the anniversary of the passing of Freddie Mercury. We

also discussed the very topical TV show, “It’s A Sin”, which I still have not watched to the end.

I have struggled with how to go about my speech today. I want to say something different, because the subject is traditionally statistic heavy. Statistics are, of course, important, and we have heard many already, but behind stats are people, as the minister rightly pointed out.

The situation in Scotland and across the United Kingdom is markedly better than it was in 2016, or 10 or 20 years ago. Our collective ambition—and it is a collective ambition—to eliminate new HIV infections by 2030 is not just admirable but achievable. I am not one to praise the Scottish Government often when I stand in the chamber, but the introduction of the universal availability of PrEP is exactly the sort of game-changing policy that we needed. It has made such a difference because it has had a direct and immediate effect. In the first four years of the roll-out of the policy in Scotland, we saw a 43 per cent drop in the diagnosis of HIV among men attending sexual health clinics.

A rise in demand has also meant a huge rise in pressure on health services. That was true in 2018—I said it then—it was true last year, and it is still true today. That is the whole point of my amendment, which I hope that members are willing to support.

Alex Cole-Hamilton (Edinburgh Western) (LD): I commend Jamie Greene for his excellent remarks; he always speaks so well on this subject, as he does on so many others. Does he agree that the delays that are caused by the pressures that he has described around access to PrEP are potentially causing illness to spread, and that we should consider expanding the areas in which PrEP can be accessed? Access is limited, particularly for people who live outside of major metropolitan areas.

Jamie Greene: Alex Cole-Hamilton has pre-empted the next page of my speech—I thank him, as that is exactly the point that I want to make. I support calls, which are being made by many organisations, including the Terrence Higgins Trust, Waverley Care, HIV Scotland and others, to expand access to treatment and services, especially in rural, remote and island communities.

I cannot imagine being in the unenviable position of someone having to approach their local general practitioner, who might be a family friend or neighbour, and trying to explain to them what on earth PrEP is, what it is for and why they think that they need it—which is probably because they think that they are a high-risk person. They also have to say all that without sounding promiscuous or foolish. I do not envy people who are in that position, but I am afraid that it is one that many

Scots today are in. For example, if someone studies at the University of St Andrews, they have to travel to Glenrothes for sexual health services. How does that help to increase testing and access to treatment?

We do not all have the luxury or pleasure of popping along to the Chalmers or Sandyford centres, where the brilliant staff treat people with respect, kindness and, often, a bit of humour. I have absolutely no qualms about telling members that I saunter off to a centre for regular check-ups, even if I do get the odd annoying glance from the patrons sitting next to me in the waiting room.

Of course, if someone does not want to do that, much of this can be done at home: HIV and sexually transmitted disease kits are available, easy to use and free on demand. A couple of years ago, during Covid, I ordered a test, in the absence of being able to attend a clinic. I made a video of myself taking a home test and I chucked the video on Instagram. It warmed my heart when, a few days later, I got an email from somebody to thank me for the video because it had encouraged him to take a home test. I do not know the outcome of his test, but I can only imagine that it was an important one for him.

We have to destigmatise the issue. Knowing your status—we have spoken about this before—is the first and most vital way to defeat the virus. When in doubt, test: it is that simple. If you are afraid to go for one, whether you are afraid of the test or the outcome, talk to someone—talk to me or to any of us. I will happily come with you; drop me an email and we will go along together. Testing is vital. The U=U campaign lives on today, because we all know that undetectable means untransmittable.

In debates on this subject, we have spoken many times about stigma. I think that things are getting better. The fact that we talk so freely and openly in our national Parliament about the issue means that we are addressing stigma. Of course, Governments can make moves to address it—for example, there was the recent lifting of the ban on HIV-positive individuals on medication and people on PrEP serving in the military. There was also the landmark ruling on the blanket ban on gay and bisexual men donating blood; we did not go far enough on that, but we certainly made progress.

However, the 2030 goal will not be achievable unless we defeat the disease called stigma—and not just that disease but the other one that I have spoken about frankly in the chamber: the disease of bigotry, which often fuels stigma. It has been 30-odd years since the “Don’t die of ignorance” campaign. The question is, why has there not been a national campaign since then?

We have made progress, but we cannot defeat the virus at home unless we are defeating it abroad, so I want to raise a specific issue—if I have time, so with your permission, Presiding Officer. I am concerned that, although the worldwide trend is of a very welcome 32 per cent reduction in the number of new HIV transmissions between 2010 and 2021, there has been a rise of 33 per cent in the middle east and north Africa. For the past couple of weeks, we have spoken publicly about LGBT rights in Qatar, given the media attention on that country, but no one is really questioning the reality that there will be people there who are afraid to go for a test and to seek treatment, out of fear of retribution or prosecution, or even fear for their life. Political, religious and societal persecution remains, which is fuelling a rise in the number of HIV transmissions in that part of the world. Given that there is so much media attention on Qatar, perhaps we should use the opportunity to focus on the issue.

This is not just a job for Governments, for non-governmental organisations, for charities or for the third sector—they all have a role to play. I have countless examples that, if I had the time, I would share. It is all good stuff and welcome.

I will finish where I started, which is right back here at home. In Scotland, we will not meet our 2030 target if we do not properly fund and resource local sexual health services.

I welcome today's announcement of a public awareness campaign, and I look forward to more details on what that might look like and how much it might cost.

Let us get back on track with reliable data. It is hard to source data about the subject at the moment, which is why I support the Labour call for annual reporting.

I know that times are tough and money is tight, but we have come a long way on this issue, and now is not the time to take the foot off the pedal. That progress should not and cannot be in vain.

I hope that, one day—maybe even before I leave the Parliament—we no longer need to have this debate on this day in this chamber, because we have met our target and eliminated new transmissions. I really think that we can do it; I certainly hope that we can.

I move amendment S6M-07025.2, to insert at end:

“; notes a rise in demand for access to appropriate sexual health services, and believes that timely access to such services is paramount in successful early detection, treatment and prevention strategies.”

15:20

Paul O’Kane (West Scotland) (Lab): I am pleased and proud to have the opportunity to open the debate on behalf of the Scottish Labour Party as we mark world AIDS day 2022. It is genuinely a pleasure to follow the minister, whom I know is very committed in this area, and Jamie Greene, who, as always, spoke with openness, frankness and integrity. It is always good to hear about his lived experience. As someone who is younger than he is, I find that it is always good to listen to him talk. [*Laughter.*] What he had to say about sexual health clinics, in particular, is important, and that is why Labour members will support the Conservative amendment today.

Today, we remember those people who have lost their lives to AIDS, we stand in solidarity with those who are living with HIV/AIDS and we commit to redoubling our efforts to eliminate HIV transmission, not only here in Scotland but across the world. We all stand on the shoulders of those who have gone before. As is so often said on world AIDS day, we remember the dead and we continue to fight for the living.

It is estimated that almost 7,000 people in Scotland are living with HIV. In recent years, we have made steady progress, with 92 per cent of people who are living with HIV being diagnosed, 90 per cent of people attending specialist services and 95 per cent of people who are accessing treatment reporting an undetectable viral load.

However, we cannot be satisfied with improvements because, although improvements are always welcome—every step that we take is welcome—it is not a case of job complete; it is very much still a work in progress. I think that we all recognise that and want to redouble our efforts to move forward.

As we have heard, not enough work has been done to widen access to PrEP to all areas of Scotland. That often results in a postcode lottery for treatment and access to things such as testing and drugs. I think that there is a particular issue in remote and rural communities, where people who may be eligible for PrEP are simply unable to access it because of their postcode. Jamie Greene spoke about some of the challenges that exist in that regard.

I am pleased to hear that the minister intends to proceed with a pilot to address some of those issues, and I hope that she will look at rurality as part of the pilot and seek to establish how we can quickly get more people to be able to access services online.

When it comes to education, it is clear that stigma is still associated with an HIV diagnosis. We must do more to tackle the outdated and often homophobic myths that continue to pollute the

discourse in this space and have done over many decades. Although we are far on from those darkest of days, it is clear that such discrimination persists. I welcome the minister's commitment to mounting a large campaign to address those issues in the public discourse. I look forward to receiving more information on that and, I hope, making a contribution to how we shape and progress that work.

In Scotland, there are certain groups of people who are more at risk. Those groups include gay and bisexual men, people who inject drugs and people who come from certain minority ethnic groups. It would be utterly wrong, though, if we continued to allow to persist the stereotype that HIV can affect only certain groups of people. We need to acknowledge that it can and does affect anyone.

I think that that is clearly borne out in the most recent statistics, which show that, in 2019, when there were 176 new diagnoses of HIV, the likelihood of men who have sex with men contracting HIV was only marginally higher than the transmission rate among heterosexuals: 37 per cent of new diagnoses were among men who have sex with men, while 32 per cent were among those in heterosexual relationships.

An important point that Jamie Greene made is that it is critical to remember that it was only last year that changes to blood donation rules allowed gay and bisexual men to give blood. That began to rectify an outdated and deeply homophobic practice, which was the product of the moral panic around homosexuality and the HIV/AIDS epidemic of the 1980s. Earlier this year, I was proud, as Scottish Labour's first openly gay male MSP, to give blood for the first time since I was 17. It is undoubtedly the case that that historic change in the law has helped us to tackle the stigma relating to HIV/AIDS and it is clear that we must do more to continue that work.

I know that there is a consensus in the chamber that we must eradicate HIV transmission by 2030. To achieve that aim, we must have important interim markers that allow us to assess our progress on the journey to elimination by 2030. That is why our amendment calls on the Government to outline clear timescales for our work to eliminate HIV. In that regard, we can learn from other Governments and from plans elsewhere. For example, in Wales, the HIV action plan for 2023 to 2026 sets down clear actions regarding eliminating new HIV infections, improving quality of life and reducing stigma.

I welcome the commitments that the minister has made today, which will be helpful to us all in scrutinising the work, getting it right and moving it forward. We have an opportunity to look at how concrete actions will be followed through and at

how much of the work can be mainstreamed into the HIV elimination plan.

We know that it is not enough to focus on the issues for just one day a year. We must do that day in and day out, week in and week out, and it should be a public health priority for the Government, Parliament, local authorities and us all.

The minister's commitment to set up a group to look at implementation is very welcome. Parliament will want to take time to scrutinise that work. That is why our amendment calls for regular reporting to Parliament, so that we can all have a say on those issues.

On this world AIDS day, we must commit to moving the debate beyond good sentiment and warm words and must focus on having clarity to deliver tangible actions to eliminate HIV transmission in Scotland by the end of the decade, which we can and will do.

I move amendment S6M-07025.1, to insert at end:

“, and calls on the Scottish Government to outline a clear timescale for eliminating HIV transmission in Scotland by 2030 and commit to providing the Scottish Parliament with an annual progress report.”

15:27

Alex Cole-Hamilton (Edinburgh Western) (LD): I am proud to rise for my party in this great debate. I am grateful to Maree Todd for bringing it to the chamber so that I can hear amazing speeches from the likes of Jamie Greene, Paul O'Kane and the minister herself. People speak with real passion and from experience and we can learn a lot. More importantly, it brings us together as a chamber, as did our debate last night about the 16 days of activism on violence against women and girls.

Every year, thousands of people around the world still die of this terrible condition. It has not gone away. Last year alone, 650,000 people died from AIDS-related illnesses, particularly in areas of poverty around the world. There is massive global health inequality: although there are life-saving and life-enhancing therapies, those are not available to many sufferers and 1.5 million people became newly infected with HIV last year. We have heard the desperate and cruelly symmetrical statistic that 40 million lives have been lost in the past 40 years—that is 1 million lives for every year that the disease has been manifest in our population. We remember them today.

It is incumbent upon us to recognise the toll that HIV and AIDS still take on those living with the illness, both around the world and here in Scotland. There is an ever-present threat of

complacency on the issue. Do not get me wrong: Scotland has made great progress in fighting the epidemic and we should rightly be proud of the role that we have played in acting as a global leader in ending transmission. We have heard several times—I salute the Government for it—that Scotland was one of the first countries in the world to make the life-saving HIV medicine PrEP widely accessible. It is absolutely vital in allowing people to protect themselves from transmission.

It is right that we acknowledge that, but we should not become complacent in doing so. Two years ago, the Scottish Government committed to ending all new HIV infection in Scotland by 2030. Although that was a welcome commitment, Scotland now risks being left behind other areas of the UK in driving the change needed to meet that target. In August this year, Scottish Liberal Democrat research revealed that patients in Lothian are forced to wait more than eight months for access to PrEP. That is just not good enough. We know that that medication is almost 100 per cent effective in preventing the passage of HIV. It plays a huge and important role in eliminating transmission in Scotland. Long waits for treatment risk an increase in transmission and the spread of the disease.

This year, patients have had to wait up to 260 days to receive medication, with all patients now waiting a minimum of 90 days in Lothian. In 2018, I asked the First Minister why Lothian had the longest wait in the country for PrEP and she promised to work with NHS Lothian to deliver the drug more quickly. However, four years later, not only is NHS Lothian still struggling to meet demand but delivery is even slower.

Jamie Greene *rose*—

Alex Cole-Hamilton: I will take an intervention from Jamie Greene.

Jamie Greene: I am just returning the favour, Mr Cole-Hamilton.

I wonder whether—and hope that—we might hear in summing up from the Government more about the pilot scheme and that it might be not just in rural and island communities, but in suburban and urban communities, as well, where there is a very hefty waiting time to get appointments and seek treatment or to get renewed treatment and testing. I hope that the pilot will include people in cities, not just outside of them.

The Deputy Presiding Officer (Liam McArthur): I can give you the time back, Mr Cole-Hamilton.

Alex Cole-Hamilton: Just as my intervention showed the next page in Jamie Greene's speech, so too does his intervention show members the

next page in mine. We must compare notes before speaking in the future.

However, Jamie Greene's point is well made. There is a postcode lottery in some cases, affected by where people are, particularly if they are in areas of rurality. Let us remember, too, that if someone lives in a small community, gaining access to intimate medical care of this kind can be very difficult. Everybody knows everybody else, but they may not know everything about your lifestyle and you may want to keep it that way. We need to find ways around that and ways of making that care far more accessible. The Scottish Government must ensure that every health authority has the right staff support and the necessary resources to eliminate HIV transmission through such preventative remedies from square 1.

It is also vital that we acknowledge that people who are living with HIV still face what Jamie Greene was right to call the disease of stigma. It is a disease—stigma blights so many aspects of our lives. It blights so many people who are vulnerable in so many ways, but in HIV I think that it is still one of the worst. It is discrimination. It is judgment based on people's personal lives and personal choices.

A 2019 poll by the Terrence Higgins Trust found that public attitudes to HIV remain largely outdated and out of step with scientific progress—what we know about transmissibility and non-detectable viral load. Almost half of respondents said that they would feel uncomfortable kissing somebody who was HIV positive, despite there being no risk of transmission from that person. Prejudice leaves many people with HIV feeling marginalised and excluded from their communities, and can even have a negative impact on job opportunities.

Stigma also fuels the transmission of HIV, as we have heard several times today, by acting as a disincentive for people to seek testing and, by extension, treatment.

Martin Whitfield (South Scotland) (Lab): Does Alex Cole-Hamilton agree that there is great hope in the proposed advertising campaign from the Government to try to attack that stigma at its root and move us away from those horrible images of falling tombstones, which people still talk about? We have moved on and so must the thinking.

Alex Cole-Hamilton: I am delighted that the Scottish Government intends to take this back to the public. In large part, the sum total of what people from younger generations know about HIV/AIDS may have been gleaned from that excellent Channel 4 drama "It's A Sin".

Martin Whitfield is right that things have moved on. HIV is not the death sentence that it was in the 1980s. There are therapies and treatments that we

need to bring out into the light and we need to let people understand the risks, because people may not believe that they are actually in a susceptible or at-risk group and be all the more exposed because of that. I absolutely agree with Martin Whitfield that we cannot be complacent, because people who are living with HIV cannot afford for us to be complacent.

We must redouble our efforts and work towards a Scotland that is entirely free of HIV stigma, with zero new HIV transmissions and deaths from AIDS-related illness. The technology and medical care that we have available should make that a material possibility. To that end, there is more that the Government should be doing. It should establish a national HIV testing week for Scotland, something that is already in place in England and Wales. I wonder whether the minister might address that specifically in her summing up.

Work must also be done to significantly broaden access to PrEP, as Jamie Greene and I both discussed in our interventions. It should be far more accessible beyond specialist sexual health clinics, which can be difficult for some populations to access. It should be rolled out in GP clinics and community pharmacies, and in maternity and reproductive health services—let us not forget the increase among women.

I close with the words of HIV activist Alex Garner, who said:

“I ... choose to be open about who I am because I understand that affirmatively declaring who I am in a world where we continue to be marginalized and dehumanized is a powerful form of resistance.”

The Deputy Presiding Officer: We move to the open debate.

15:35

Emma Roddick (Highlands and Islands) (SNP): I thank all the MSPs who turned up for the photo call that I was honoured to be able to sponsor, earlier today, to show support for the Terrence Higgins Trust, Waverley Care and the National AIDS Trust, and for Scotland’s goal of eliminating new HIV transmissions by 2030. I also thank everyone who is wearing a red ribbon.

Today, more than 40 years since the first cases were reported, is an important day in the journey towards eliminating HIV in Scotland. I will not be alone in noting the significance of the Scottish Government’s commitment to the interim 95:95:95 targets and to some other recommendations in the HIV transmission elimination proposal.

Being a member of the LGBTQI community, and working closely with others who campaign on issues that are important to us, I have heard some horrendous and heart-breaking stories from

around the world in the 1980s. I have watched documentaries and dramas from that time with horror and a miserable fascination.

Often, pop culture plays an important role in raising awareness of social issues, particularly in cases such as this, as younger people may not have a good awareness of what happened during the AIDS epidemic. Russell T Davies’s “It’s A Sin”—a short TV series that was set during the epidemic and that was mentioned by my LGBTI+ cross-party group co-convenor, Jamie Greene, who did a fantastic job in demonstrating how we can all play a part in destigmatising HIV—is a great example of a drama that is accessible and has clear messages but is also based on real experiences and true stories of what people went through and the stigma that they faced from friends, family and society.

Russell T Davies has said that he is very aware that younger generations are growing up without knowing anything about that period. We have to remember those stories and to be aware of the emergence of the same patterns. Young people who have HIV are still suffering the stigma that our whole community faces. We have to help them to understand where that comes from and arm them to challenge it, but we must also help them to know that they are not alone and that it is not they who are wrong.

Earlier this year, some of the incredibly stigmatising media commentary from the AIDS epidemic, and the kind of sentiments that were explored through characters in “It’s A Sin”, were echoed in stories about monkeypox. What were meant to be dramatised public reactions could be seen again, almost word for word, in tweets and Facebook comments under those stories. Yet again, people in the LGBTQI community were seen as disgusting, dangerous, risky, to be avoided and not to be touched. Too many people still believe the harmful misinformation that was spread before we understood what HIV and AIDS are, and too many do not know the difference not just between HIV and AIDS but between the HIV of reality and the HIV of scare stories.

Science has brought us a long way since the 1980s—to the point at which it is now completely possible for us, with existing therapies and preventative measures, not just to prevent AIDS but to stop new cases of HIV. PrEP alone is almost 100 per cent effective at preventing transmission, and, with the effective management of the virus, HIV-positive people are living into old age. Most people with HIV in Scotland are now over 50. It is not a death sentence. People can have a normal lifespan and can live healthily.

However, society still has work to do to catch up with that medical potential. In my contributions, I try not to make speeches that are too heavy on

statistics or to read out facts and numbers as if they are going to go into people's heads, but I will read out three, because they are incredibly important.

Almost half of the people who were surveyed in a Terrence Higgins Trust poll said that they would be afraid to kiss someone who was HIV positive—although there is no risk in doing so. That means that someone who is HIV positive might have only half as much chance of being kissed as someone else.

The figure goes up to 64 per cent—almost two thirds—when it comes to people not being willing to have sex with someone who is on effective treatment for their HIV, which prevents them from passing on the virus.

Most people with HIV will tell you that they face stigma because of their diagnosis. This morning, to mark world AIDS day, the Terrence Higgins Trust revealed data that showed that 74 per cent—nearly three quarters—of people with HIV say that they have experienced stigma or discrimination because of that.

The stigma and the lack of understanding of just how far we have come mean not only that people are suffering from that stigma and discrimination but that those at risk are missing out on the very thing that could prevent them from ever catching HIV. The high uptake of PrEP among gay and bisexual men has seen a significant drop in transmissions among that group but not so much among others, because 97 per cent of those accessing the drug through NHS Scotland are gay or bisexual men. We need to increase awareness of PrEP in other groups, so I was glad to hear the minister talk about expanding eligibility and access. I know that many cis women, trans people and non-binary people at risk of contracting HIV are completely unaware that PrEP is readily available to them and that, for those who are medically transitioning, it does not interact with their hormone therapies. We also know that black African women are more at risk and are not taking up PrEP. So, ladies and gents, please look into PrEP if you are at high risk, and protect yourself.

There are many places where people can go to get advice about preventing HIV and to get tested quickly and easily. Waverley Care, which operates throughout Scotland, including in the Highlands and Islands, offers free testing at regular drop-in clinics. Highland Sexual Health also offers that testing service and advice in Skye, Wick, Aviemore and other locations, as does Nordhaven in Orkney, which is based at the Balfour.

I know that the minister, as a Highlands MSP who has previously represented the region, will be keen to ensure—as I am—that rural and island residents can and know how to access sexual

health clinics. I hope that the marketing campaign that the minister mentioned in her speech will reach our constituents as well as those in urban areas.

15:41

Sandesh Gulhane (Glasgow) (Con): I start with the apology that I need to leave before the closing speeches.

I declare an interest as a doctor—that will be quite obvious from what I say next. Human immunodeficiency virus—HIV—is a group of viruses called retroviruses that destroy a certain type of white cell in our bodies—the CD4 T-cell. Common symptoms include malaise; myalgia, which is a muscle ache; headache; diarrhoea; neuralgia, which is pain across the nerves; and rash. It is important that we test people at that stage, because finding out early means early treatment. After that phase, people become asymptomatic, which means that they have no symptoms. That phase can last for years. Eventually, that leads to AIDS—acquired immune deficiency syndrome. AIDS is a term that covers a range of infections and illnesses resulting from a weakened immune system, but we do not ever need to reach AIDS.

Those of us of a certain vintage will still remember one of the most petrifying health campaigns ever. In 1986, actor John Hurt voiced the menacing “Don't die of ignorance” television advert, featuring a huge granite tombstone warning the public of a deadly new virus that anyone can catch from having sex with an infected person. I remember that ad—I was six at the time, and it was terrifying. I still remember that black tombstone coming down. I suspect that the point of the ad was that it was terrifying. The hard-hitting ads did not exactly put people off having sex with new partners, but they had a significant impact through changing behaviour, particularly by encouraging people to use protection and get tested.

The campaign's key message was clear and stark: if you ignore AIDS, it could be the death of you. Every household in Britain received a leaflet with the warning that anyone—gay or straight, male or female—could get AIDS and that 30,000 people were already infected. In the days when we posted letters—I am sure that most of us in the chamber remember that—the Royal Mail postmarked envelopes with “Don't die of ignorance”. Back then, there was little knowledge of the disease and no drugs to treat it with. The predicted death toll was terrifying. The UK Government was told that it could be millions and millions. Hospital wards could be filling up with dying young men.

Alex Cole-Hamilton: Dr Gulhane describes a terrifying time—I remember it, too. The stigma was legion around that time. There was a massive surge of infections in the 1980s, but there was also a surge in co-infections. People who had blood-borne viruses were contracting sometimes multiple lifelong viruses at the same time. Does Dr Gulhane agree that the work that we need to continue to do to tackle HIV and transmission in this country should be coupled with work on things like hep C, so that those communities that were co-infected are helped as well?

Sandesh Gulhane: I very much agree with Mr Cole-Hamilton. We need to work hard at also eliminating hepatitis C, which we discussed in a previous debate.

Back in the 1980s, there was little sympathy for gay men with HIV and AIDS. A common view, which was so unjust, was that anyone with HIV had brought it upon themselves and should be left to their fate. There were stigma, prejudice and discrimination, and HIV and AIDS were known as the gay plague.

When I was at medical school in the 2000s, we were taught about the devastating impact of a diagnosis of HIV. It was drummed into us that, before testing, we students had to counsel our patients, talk about the implications of a positive diagnosis and get their explicit, informed consent, because such a result could affect their health insurance, life insurance and travel insurance, to name just a few of the financial aspects. In London in the early noughties, people were still dying of AIDS. Later, when I was an orthopaedic registrar in Birmingham, although infection control protocols were robust, there was still the perceived additional threat of occupational transmission from HIV-positive patients.

Just look at how far we have come. HIV is still a lifelong infection, but it can be managed successfully by antiretroviral therapy—ART. There is no vaccine or cure for HIV, but, if a patient takes tablets daily, the virus will not replicate and progress to AIDS. Now we even have drugs that reduce the likelihood of people becoming infected. For those who think that they have been exposed to the virus, we have post-exposure prophylaxis—PEP—and, for those who are HIV negative but at high risk of HIV infection, pre-exposure prophylaxis medicine reduces that risk significantly.

Thirty years ago, a diagnosis of HIV and AIDS was a death sentence. Now, the medical profession considers HIV a chronic disease. In fact, the prognosis and life expectancy for a person living with HIV are better than those for someone living with type 2 diabetes. Living well with HIV usually involves taking one tablet per day, and it does not result in any reduction in life

expectancy. Regardless of how well it is controlled, type 2 diabetes is a progressive and life-limiting disease, with the need to increase pharmacological therapies over time.

It is estimated that 500 Scots are likely to be unaware that they are infected with HIV, and there is evidence that some people are still being diagnosed at a very late stage. On this world AIDS day, although there is so much to welcome regarding our knowledge of this disease and advancements in diagnosis, treatment and management, there is still so much to do. Our goals are to eliminate AIDS and have zero transmission of HIV by 2030. Testing will be key to achieving those aims, and well-functioning sexual health services are vital. However, too many people are still going undiagnosed, and that does not have to happen.

15:47

Joe FitzPatrick (Dundee City West) (SNP): Like others, I begin my contribution by remembering all those who have lost their lives to HIV and AIDS. Too many lives have been lost too early.

There have never been more people living with HIV in Tayside than there are now. We see new diagnoses every year but, as we have heard from Dr Gulhane, thanks to modern treatments, HIV-related deaths are now rare. However, people who live with HIV continue to experience disproportionate stigma and discrimination that have an impact on their willingness to test for HIV or to engage with treatment and prevention interventions. Ultimately, stigma fuels the on-going HIV epidemic in Tayside, in Scotland and around the globe. Such stigma has been a major feature in many of the contributions in the debate, and I will return to it later in my speech.

I recently attended an event at Discovery Point in Dundee, to hear more about plans to make it a fast-track city. Fast-Track Cities is a global initiative that unites local leaders and organisations in the common goal of ending the HIV and AIDS epidemic by building on and strengthening HIV programmes to accelerate a locally co-ordinated response that reflects specific local needs. It seeks to unite local leaders in Dundee and Tayside and link them to a network of like-minded leaders across the globe. The initiative provides technical support, including data and systems, opportunities to share best practice via connections with other such cities, capacity-building support and solutions for funding and resource mobilisation.

With the support of Fast-Track Cities, Scotland is on track to meet the UNAIDS target of elimination of AIDS by 2030.

In 2019, Tayside was the first region in the world to effectively eliminate hepatitis B, 11 years before the World Health Organization's 2030 target date. There is a determination in Tayside to also be the first to eliminate HIV transmission. I want to highlight the work of the Tayside sexual and reproductive health service, including Dr Sarah Allstaff, consultant genitourinary physician and clinical lead for HIV. Dr Allstaff and her team worked tirelessly during the Covid-19 pandemic to support people living with HIV. The Covid-19 pandemic had a unique effect on people living with HIV, often bringing back memories of stigma, contagion and contamination. The work of Fast-Track Cities stalled during the pandemic, so I am really pleased that, certainly in Dundee, that work is progressing once more at pace

I also commend the work of Waverley Care and the Terrence Higgins Trust. Waverley Care is leading on reducing new HIV and hepatitis C infections, getting people diagnosed, tackling health inequalities, promoting good sexual health and, crucially, challenging stigma.

The Terrence Higgins Trust, as members will know, has been supporting people living with HIV since the early 1980s—since those horrible ads that others have talked about. The trust provides testing services for HIV and other sexually transmitted infections and helps service users achieve good sexual health. It also highlights issues with the stigma surrounding HIV. The trust advises that stigma is often born out of fear and that it can take many forms, including hostility, physical and verbal abuse, and the avoidance of or exclusion of a person from activities that they used to take part in. My colleagues have noted some of the other impacts of stigma on people living with HIV.

Although we all hope that some day there will be a cure for HIV, the actions that we are taking right now mean that Scotland is on course to be one of the first countries in the world to eliminate transmission of HIV. In the meantime, it is crucial that we do everything that we can to tackle that stigma, which is a remaining barrier. Stigma is the recurring theme of my speech and other speeches today. HIV does not discriminate, as we have already heard, and neither should we or anyone else.

Members across Parliament supported the Terrence Higgins Trust "can't pass it on" campaign. I want to take this opportunity to again highlight the key message that people who are on effective HIV treatment cannot pass on the virus. Twenty years' worth of evidence proves definitively that people living with HIV with an undetectable viral load cannot transmit HIV sexually. As Jamie Greene and others have said in their contributions, undetectable equals

untransmittable. The message behind that phrase is worth repeating: people who are on effective HIV treatment cannot pass on the virus.

I am delighted that Dundee is to become a fast-track city. I am confident that we can learn from the fantastic works on-going in other cities across Scotland and around the world. On world AIDS day 2020, I stated that

"the goal of eliminating HIV transmission is now in sight".

Two years on, I believe that that remains the case. Let me be clear, though: irrespective of the progress that we have made in recent years, as the minister said in her opening remarks, elimination is not inevitable—but it is achievable. By working together, Scotland can—and I believe it will—eliminate HIV transmission by 2030. The minister's three significant announcements today will support that ambition.

The Deputy Presiding Officer: I call Claire Baker, to be followed by Evelyn Tweed. Ms Baker, you have a generous six minutes.

15:54

Claire Baker (Mid Scotland and Fife) (Lab): It is four decades since the first cases of HIV were diagnosed, and world AIDS day provides an important opportunity to stand with those living with HIV and those affected by it today, and to remember the millions of lives that have been lost to HIV and AIDS.

As we have heard, Scotland has made huge advances in that time, including being one of the first countries to make PrEP widely accessible. However, we know that more concerted and continued action is needed if the goal of zero new transmissions by 2030 is to be met.

Although we welcome the progress that has been made in the fight against HIV, there remain challenges that must be addressed holistically and specifically if we are to succeed. With cross-party backing for plans to end new HIV cases within a decade, the challenge for the Scottish Government is determining the route to get there.

Our amendment calls for a commitment to annual reporting to Parliament on progress, but we also need to see action such as a more proactive approach to HIV testing, wider access to PrEP, public education and work to address HIV stigma and HIV health inequalities, particularly among people who are intravenous drug users.

It is vital that the Scottish Government's drug strategy takes into account the risk of HIV transmission among populations in Scotland who inject drugs. Data on routes of transmission for first diagnosis of HIV recorded in 2020 shows that 17 per cent were linked to people who inject

drugs; and data on routes of transmission for those living with HIV, up to December 2019, shows that 9 per cent were linked to people who inject drugs. When we think about the risks of drug use, transmission of HIV and other blood-borne viruses must be a part of that discussion, so we can address that issue within the broader action that is being taken.

Alex Cole-Hamilton: Claire Baker makes a compelling argument about the link between intravenous drug use and HIV transmission. Does she agree that we saw an outbreak of HIV in Glasgow when funding was cut to alcohol and drug partnerships, and that that underscores why we need to adequately fund on-the-ground drug services in our country?

Claire Baker: That is an excellent point, and it is one that I made in last week's debate on the national drugs mission and the action on stigma. The centralisation of our drug and addiction services leads to good medical outcomes, but there must be more locally delivered provision, because that is where people look to access assistance, and, last week, I argued for more provision in GP practices.

When we look at our record on drug-related deaths, we must also think about the number of deaths that are related to HIV and hepatitis C. The National Records of Scotland's drug-related deaths publication for 2021 shows that, between 2010 and 2021, there were 413 deaths resulting from hepatitis C or HIV, which are not included within the definition of drug-misuse deaths but might be associated with present or past drug use.

Harm reduction measures have a key role to play in reducing HIV and other blood-borne viruses, and the effective delivery of the medication assisted treatment standards is important in ensuring that those measures are successful. MAT standard 4 includes provision for access to harm reduction services at the point of MAT delivery, injecting risk assessments and blood-borne virus testing. Service providers will be required to have a procedure in place to offer testing for HIV and other blood-borne viruses. However, as we know, implementation of MAT standards has slipped, with full implementations of standard 4 in place in only eight ADP areas where a progress report was carried out. Full development of MAT standard 4 will happen only if the services are properly developed and funded, and we must meet the target of delivery by next April.

We talk about safer drug consumption facilities primarily in terms of preventing overdoses, but they also reduce the risk of people contracting HIV and hepatitis C by providing people with a safe space to inject and reduce needle sharing. Of course, we are still waiting for those kinds of

facilities to be in operation in Scotland. I understand that a submission has been made to the Crown Office for the facility in Glasgow, but it is disappointing that, three years after the declaration of a public health emergency, we still do not have a pilot facility up and running in Scotland.

The joining up of policy and service delivery is vital in our fight to eradicate HIV transmission. We have seen the benefits of the collaborative working that has been engaged in by Public Health Scotland to prevent blood-borne viruses among people who inject drugs. In recognition of the fact that people who inject drugs are disproportionately affected by blood-borne viruses and of the challenges of tailoring interventions to reduce the health inequalities that are faced by that group, Public Health Scotland worked with NHS boards, third sector organisations and other key partners to design and implement monitoring and evaluation initiatives, and the needle exchange surveillance initiative that is supported by the Scottish Government is an example of data gathering to support better intervention, and is the kind of action that we need to see more of.

As I have said, last week, I spoke in the debate on stigma and the importance of addressing stigma in drugs policy. That, too, is vital to this debate. Knowledge and understanding of HIV among the public is still too low, and much more needs to be done to end the stigma and discrimination around it. There has not been a major public information campaign about HIV since the 1980s "Don't die of ignorance" messages. Data that was released this summer by the Terrence Higgins Trust showed that the public attitudes of many are still tied to that campaign, particularly among older people.

I welcome the minister's announcement this afternoon about an upcoming campaign. Like others, I would like to see more detail on that, but it is positive that a campaign is forthcoming, because just 38 per cent of people who were surveyed knew that people who are living with HIV on effective treatment cannot pass it on to partners. The same survey found that just 30 per cent of respondents would be comfortable dating someone who was living with HIV and on effective treatment.

A disconnect remains between knowledge about HIV transmission and the impact on how people who are living with HIV are perceived and treated. The Government has a role to play in addressing that. A new campaign should help to address stigma by informing the public about the realities of HIV, encouraging more people to get tested, and providing better support for those who are living with HIV.

If we are to successfully end HIV transmission in Scotland, we cannot do so by thinking about it in isolation. For individuals who inject drugs, the risks of harm are interlinked, and they need to be addressed by looking at them holistically. The implementation of the MAT standards can help to play a key role in ensuring that several providers are able to engage with at-risk groups. However, we have waited too long for that to take effect.

Improving public information is essential to reduce stigma, and collaborative work across agencies will help to reduce the inequality in the provision of support and to reach groups that can be too often missed.

16:01

Evelyn Tweed (Stirling) (SNP): I apologise to members for my lateness today.

"It felt like a death sentence."

Those were the words of a constituent of mine who supported his partner through an HIV diagnosis in the 1990s. The diagnosis was kept under wraps amidst a great deal of discrimination. Thankfully, my constituent was keen to highlight the enormous progress that has been made since his partner's diagnosis, with many public figures now openly sharing their status as HIV positive.

Today, on world AIDS day, we remember the millions of lives lost globally to HIV and AIDS. It is also an opportunity to stand in solidarity with those who are living with HIV and to reflect on the progress that has been made.

In 2018, Scotland met the UNAIDS 90-90-90 target, with 91 per cent of people living with HIV diagnosed, 98 per cent of them accessing treatment, and 94 per cent of them with an undetectable viral load. I am sorry to give some statistics, as we have already talked about that, but they are important.

Once again, the Scottish Government is showing an ambitious approach to tackling health issues. I welcome its announcements today.

Treatments for HIV are now very effective, and free HIV testing is available to anyone on the NHS. As we have already heard, pre-exposure prophylaxis, or PrEP, is a medication for people who do not have HIV, and it is almost 100 per cent effective in preventing transmission. I commend the Scottish Government for making PrEP available on the NHS. Scotland is the first nation in the UK to do so and one of the first in the world to take that approach.

However, as we have heard, social attitudes lag behind medical advances. Misconceptions of HIV risk still abound. In 2020, HIV Scotland found that 31 per cent of Scots believed that they were not

the type of person who could get infected with HIV, and only 17 per cent believed that medication could prevent HIV infection. If Scotland is to reach zero transmission by 2030, outdated myths need to be overcome, so I welcome the minister's comments on a new awareness campaign.

Since PrEP has become more widely available, the demographics of new diagnoses have shifted. Those who are being diagnosed are more likely to be women or black African, and to have acquired HIV outside Scotland.

However, from July 2017 to June 2019, less than 1 per cent of those prescribed PrEP were women, and only 0.4 per cent identified as African or African Scottish, despite that being an at-risk group. Black African and Caribbean women living in the UK report low levels of knowledge about the benefits and effectiveness of PrEP. That results in low take-up and little change in rates of diagnosis. Studies have also highlighted the importance of peer networks for information on sexual health for that group.

In a 2021 study, HIV-positive asylum seekers and migrants in Scotland reported feeling stigmatised by public health services. However, they described overwhelmingly positive experiences with dedicated services such as the African health project at Waverley Care. I look forward to hearing how the Government will support people of colour, migrants and asylum seekers through diagnosis, treatment and prevention.

Scotland has been able to show that PrEP has, and can continue to have, a powerful, population-level effectiveness. On world AIDS day, I am so happy to hear the positive progress that we are making and to hear my fellow parliamentarians speak about their own experiences.

We have moved on so much from the dark days of the 1980s—from the adverts showing tombstones, with foreboding music, that I remember as a teenager, and from the fear that everyone felt. Scotland is already well on the way to zero transmissions by 2030, and I welcome the Scottish Government's announcements today.

The Deputy Presiding Officer: I call Gillian Mackay, who has a generous six minutes.

16:06

Gillian Mackay (Central Scotland) (Green): I begin by expressing my condolences to everyone who has lost someone they love to AIDS. I also give my thanks to all the activists who have led, and who continue to lead, the fight for better treatment, diagnosis and understanding of HIV and AIDS. We would not be where we are today

without their efforts, which have often been made at great personal cost.

Huge medical advancements have been made in the decades since HIV was first discovered, and it is now a very treatable disease. However, access to diagnosis and treatment is still not equitable, both globally and in Scotland. Inequality drives risk and creates barriers to diagnosis and treatment across the world—70 per cent of new HIV infections are among people who are marginalised and often criminalised. According to the World Health Organization, division, disparity and disregard for human rights are among the failures that have allowed HIV to become, and remain, a global health crisis. We cannot make those same mistakes.

We can end HIV transmission only by scaling up HIV services, removing structural barriers and tackling stigma and discrimination worldwide. Those structural barriers are evident in Scotland. For example, the current HIV outbreak in Glasgow is closely linked to widening health and social inequalities—including those relating to poverty and deprivation—faced by people who inject drugs. Analysis by Public Health Scotland found that none of the deaths associated with the outbreak was from an AIDS-related illness. However, people who inject drugs face a range of inequalities that increase their risk of HIV infection and their rate of mortality, such as homelessness and poor access to healthcare. Those factors interact in complex ways, presenting significant barriers that prevent people from staying well.

The Scottish Greens believe that action to address underlying health inequalities will help to reduce the number of drug-related deaths as well as related harms such as HIV infection. Alongside tackling underlying inequalities, we need to ensure that it is as easy as possible to test for HIV. Vulnerable people who might be at increased risk can be labelled as difficult to reach, but, in reality, testing is not always accessible.

Early diagnosis is crucial to ensuring that people with HIV can live the healthiest lives possible. However, according to the most recent statistics from Waverley Care, three out of every 10 HIV cases are being diagnosed late. Waverley Care's analysis states that access to HIV testing can be impacted by structural barriers such as lack of capacity, time constraints, lack of knowledge about how to obtain a test, low perceived risk of HIV infection, fear of a positive test result and issues relating to disclosure.

Jamie Greene: Does the member think that there might be some merit or benefit to the proposal for a national HIV testing week, when there could be a huge country-wide roll-out of mobile, home and in-clinic testing in one specific identified week? That could help to find some of

the 500 undiagnosed people, which would go a long way towards reducing case numbers in Scotland.

The Deputy Presiding Officer: I will give Gillian Mackay the time back.

Gillian Mackay: Thank you, Presiding Officer.

I agree with the member. If a national HIV testing week becomes a reality, I would challenge every member in the chamber to get tested, too, so that we can help to break down the stigma.

I am aware that, although not directly related, the current protests outside abortion clinics, which are often on the same sites as sexual health clinics, are putting people off getting tested, because they fear being recognised. However, I echo Jamie Greene's calls to get tested, and I join him in offering to go with anyone who is frightened to do so or who has concerns.

In addition, people who live in rural or remote areas of Scotland might be discouraged from getting tested, as it can be difficult to maintain anonymity in rural communities, where simply accessing HIV testing services might expose someone's HIV status. It can also be costly to travel to get tested if facilities are located far away.

If we are to improve care for people with HIV and achieve zero transmissions by 2030, we need to ensure that everyone who has contracted HIV is tested and diagnosed. Initiatives such as those involving HIV self-sampling tests will play an important part, but we must explore other options to widen access. The Terrence Higgins Trust is advocating expanded opt-out HIV testing in healthcare settings, and the HIV Commission's flagship recommendation is:

"Opt-out rather than opt-in HIV testing must become routine across healthcare settings, starting with areas of high prevalence."

I am pleased to see the Government's commitment to that in its report "Ending HIV Transmission in Scotland by 2030".

Around the world, we have already seen the difference that opt-out testing can make. Around the year 2000, opt-out HIV testing was implemented in maternity services. With take-up of more than 99 per cent, that innovation has become mainstream and has eliminated HIV transmissions from mother to baby.

Subsequently, the National Institute for Health and Care Excellence published guidance in 2016 that stated:

"In areas of high and extremely high prevalence",

HIV testing is recommended

"on admission to hospital, including emergency departments, to everyone who has not previously been

diagnosed with HIV and who is undergoing blood tests for another reason.”

According to the Terrence Higgins Trust, the initial findings from the first three months of opt-out testing in England found that 102 people had been newly diagnosed with HIV and that 60 people had been reconnected to an HIV clinic. There have also been 328 new hepatitis B diagnoses as well as 137 new hepatitis C diagnoses. Piloting a similar approach in Scotland could be a vital way of ensuring that no one is left behind in Scotland’s response to HIV.

Along with improving access to testing, we must continue to tackle stigma, as we have heard from members across the chamber, because it still presents a real barrier to diagnosis and treatment. People who receive antiretroviral medication can reach an undetectable viral load, which means that they cannot pass on HIV to anyone else within six months of beginning treatment. That is incredible progress.

However, knowledge of HIV has not kept up with medical advancements. At the risk of being booed by colleagues, I point out that I do not remember the “Don’t die of ignorance” campaign.

Members: Boo!

Gillian Mackay: Thank you. I was not born until the early 1990s. However, I grew up during a time when there were many myths about HIV, several of which persist today. That is why it is so important that we raise awareness of improved treatments and what having an undetectable viral load means. The Terrence Higgins Trust’s “Can’t pass it on” campaign aims to spread the simple message that someone living with HIV and receiving effective treatment cannot pass it on. Raising awareness of that reduces the stigma around HIV, and it is a positive message that encourages people with HIV to stay on treatment in order to keep both themselves and their sexual partners healthy. The more people who test and start effective treatment, the fewer HIV transmissions will happen.

I welcome all the interventions that the minister has announced today, and I look forward to seeing the impact that they will have. World AIDS day is an important reminder that HIV has not gone away. An estimated 38.4 million people live with HIV, and more than 4,139 people are diagnosed with the disease each year in the UK. Access to diagnosis and treatment is not equitable, and stigma is still a reality in many people’s lives. We must continue to widen access to diagnosis and treatment, increase awareness, fight prejudice and improve education.

The Deputy Presiding Officer: Thank you, Ms Mackay. I will check what standing orders say about gratuitously flaunting youth—there you go.

I call Brian Whittle, who has a generous six minutes.

16:14

Brian Whittle (South Scotland) (Con): I promise that I will not fall into the category that you mentioned, Presiding Officer.

I am delighted to speak in the debate and to follow some excellent contributions. I am struck by how far we have come. I will show my age in remembering those who changed the conversation about AIDS and HIV and who helped to reduce stigma. Freddie Mercury was one of the first people of note who we found out had AIDS. The great American basketball player Magic Johnson remained in elite sports condition and went to the Olympics as part of the American dream team. I will always get in a mention of sport and rock music whenever I can, but those people were heroes to many and were in the public eye; they really brought to us the reality of AIDS.

In 2019, the Welsh rugby player Gareth Thomas announced that he was HIV positive, and the BBC documentary “Gareth Thomas: HIV and Me” aired shortly afterwards. He timed that announcement to coincide with his participation in an Ironman triathlon. A carefully orchestrated media campaign drove home the simple message that HIV did not weaken him—he was in control and his life was not over.

I do not know whether we all remember Princess Diana visiting the Terrence Higgins Trust and—shock, horror—shaking hands with people who were HIV positive.

All those people began to change the way in which we view HIV and to tackle the stigma.

In 2020, Nicoletta Policek, who served as chair of HIV Scotland, told of her experience as a woman living with HIV for most of her adult life. She reminded us that anyone can acquire an HIV infection—it is not limited to a subsection of people, as we used to believe and used to be told.

World AIDS day was the first-ever global health day. As at 31 December 2021, 6,415 people were living with HIV in Scotland. My colleague Jamie Greene spoke eloquently, and I agree with his assertion that access to better sexual health services is vital in the fight against HIV, but so too are education and access to public health services such as drug and alcohol treatments.

Many people who are living with HIV are not acknowledged in the public eye, such as those who are battling addiction or who are homeless. Those populations are often difficult to reach, which results in substantial health inequalities. I am proud to rock the ribbon for the world AIDS

day 2022 campaign and be an HIV ally of those who are often overlooked.

We need to look at public health programmes, such as needle exchange programmes. More generally, drug and alcohol partnerships are underfunded. Between June 2014 and December 2020, 188 new diagnoses of HIV infection were detected among people who injected drugs in NHS Greater Glasgow and Clyde's area, as part of an on-going outbreak. That was the largest HIV outbreak among people who inject drugs in the UK in more than 30 years.

I think that it is no coincidence that the needle exchange programme had been reduced at that point. Levels of reported needle and syringe sharing in the past six months have increased from a low of 7 per cent in 2015-16 to 11 per cent in 2019-20. We must be cognisant of that and understand the part that needle exchange programmes play.

I welcome the fact that the number of new diagnoses in Scotland is declining. In 2021, 218 reports of HIV diagnosis were recorded, in comparison with 326 reports in 2019. However, late diagnosis persists, so it is vital to continue to educate people and provide outreach. The proportion of first diagnoses that are recorded as being late has decreased in the past two years, during the Covid-19 pandemic, but there is evidence that some people are still being diagnosed at a very late stage of HIV infection.

It is concerning that individuals who are diagnosed at a late or very late stage of infection have an eightfold risk of dying within one year of their diagnosis. Often, their response to treatment and therapy is poor, which increases concerns about quality of life during their last months. Testing remains a key public health priority for all risk groups in order to reduce the number of undiagnosed infections. If we identify individuals early in their HIV infection, they can benefit from the most effective antiretroviral therapy and we can reduce the potential for onward transmission.

Public Health Scotland notes that the challenge during Covid-19 recovery is to re-establish and improve opportunities for testing in primary care settings and across all medical specialties, in addition to home and self-testing options. I argue that raising public awareness is also important—as Jamie Greene said in his intervention—so that the public know the risk factors and what help is available.

In East Ayrshire, there are an estimated 52 cases and, in South Lanarkshire, there are 577 cases. In Lanarkshire, North Lanarkshire Council, South Lanarkshire Council, NHS Lanarkshire and the Lanarkshire blood-borne viruses network have created a partnership to address HIV and

hepatitis, both of which we recognise that we could eliminate. That joined-up approach ensures that those services are accessible to the young and old alike, as well as to patients and medical providers.

Research into pharmaceuticals and treatments will obviously be extraordinarily important. PrEP is a drug that is taken by HIV-negative people before sex, and it reduces the risk of getting HIV. It continues to be a particularly effective preventative intervention, and the monthly average number of individuals accessing the service for their first prescription between July and December 2021 was the third largest observed since the first year of the programme. However, underrepresentation of some groups who might benefit from PrEP, such as women, must be tackled in order to ensure equality of access to the PrEP service.

Once again, I am thankful for the opportunity to speak in the debate. Of course, there is an awful lot of work to do but, if we have the will, we can eliminate this virus by the target of 2030.

16:22

Richard Leonard (Central Scotland) (Lab):

We have heard a lot in recent weeks in this Parliament about the founding principles of the NHS. We need to apply those founding principles of our national health service to the global community's fight against international and intergenerational pandemics. That means that we need to get medicines to people according to need, not according to wealth. That is what we need to do for those who are ill, not just for those who can afford to pay. That must be fully funded and paid out of general taxation. It should be done not to enhance the profit margin and the shareholder dividend but to enhance universal life expectancy and the humanitarian dividend, because people must be the assets on our balance sheet. Those are the principles of Aneurin Bevan, and those are the principles that we should stick to today.

There is another principle and article of faith that guides me and many others—although I recognise that it might be a minority view in this Parliament—which was best set out by Tom Mann, who, a century ago, wrote:

“No narrow nationalism can satisfy our people. Nothing short of Cosmopolitanism can really satisfy a world citizen. ‘The world is my country!’ is the declaration of every Socialist.”

So, I view the world crisis in AIDS as my crisis. I view it as all of our crisis, which is why we must all work to harness science and get the most advanced and effective medicines without frontiers to those who need them, because the prevention and treatment of HIV/AIDS is a human rights

issue. When private companies take over public health, profit becomes dominant over need, and we have a two-tier system.

The corollary of the corruption of power, which we see with the superprofits and racketeering of big pharma, is the corruption of powerlessness. So, we need more democracy in this global approach and an organised people's counterweight to the power of organised big business. I am talking about big businesses such as Gilead Sciences, which last year generated \$27 billion in turnover; settled a \$1.25 billion patent infringement case with one of its main rivals, ViiV Healthcare, which is majority-owned by GlaxoSmithKline; and still managed to pay Daniel O'Day, its chief executive officer and chairman, more than \$19 million.

Last year, the theme of world AIDS day was "End inequalities. End AIDS. End pandemics". This year, there is a warning to end "Dangerous inequalities". However, we know that inequality is the root cause of a still-rising number of cases in certain parts of the world. New infections are going up among women, and among young women and adolescent girls especially. In sub-Saharan Africa, girls are three times more likely to acquire HIV than boys of the same age.

I have to say to Conservative MSPs that this debate is, in the end, about inequalities of wealth, but it is also about inequalities of power, because what is happening out there globally is that, while people with wealth survive, people in poverty are dying. According to the UN, last year,

"children accounted for only 4 per cent of all people living with HIV but 15 per cent of all AIDS-related deaths."

The cuts to overseas aid, the cuts to organisations that tackle AIDS globally and the cuts to the Global Fund to Fight AIDS, Tuberculosis and Malaria beg these questions on world AIDS day 2022: where is our sense of injustice; where is our moral outrage; where is our adherence to a civilised code of human rights, let alone of children's rights, in this?

Winnie Byanyima, the executive director of UNAIDS, was absolutely right to say this week that "What world leaders need to do is crystal clear".

She went on:

"In one word: Equalize. Equalize access to rights, equalize access to services, equalize access to the best science and medicine. Equalizing will not only help the marginalised. It will help everyone."

If all right-minded people challenge prejudice and stigma head on, take action so that there is no place for the profit motive and the shareholder dividend in this humanitarian quest, recognise that silence is a vice, and show real international leadership, then there is hope for a better future.

We can break the link between corporate power and global poverty; we can end not only the "Dangerous inequalities" but the very pandemic itself. That is the task facing us in this generation. We can begin by setting a clear timetable in Scotland, with a route map and annual reporting. We can make sure that resources are guided not by profit but by need, and we can truly be, in the Tom Mann sense, citizens of the world.

The Deputy Presiding Officer: I call Gillian Martin, who is the final speaker in the open debate, for around six minutes.

16:28

Gillian Martin (Aberdeenshire East) (SNP): I, too, am glad that the Government has made time to hold a Government debate on world AIDS day. It allows us that bit more time to amplify the key aims of the National AIDS Trust, which works tirelessly to promote the information that people need to prevent new cases of HIV; to secure the rights of the people living with HIV; and, crucially, to fight against HIV stigma and discrimination. It also gives us a chance to let our constituents know what services are out there and to highlight the importance of testing.

HIV Scotland makes it easy for anyone who is worried that they might have the virus to get tested quickly. It can send self-testing kits, delivered in discreet packaging, to their home and signpost people to other forms of support. I was pleased to hear the minister's determination to get more people tested.

We have certainly come a long way in the decades since HIV and AIDS entered the public consciousness, and the strides that have been made in clinical treatment are a huge part of that. HIV is now a treatable and manageable condition. People who receive a diagnosis can expect long and healthy lives with managed care.

The extraordinary headway that has been made in how the virus is seen by society is due, in large part, to the bravery of the people who have come before us in speaking out, and to organisations such as HIV Scotland and Waverley Care that make massive contributions to tackling stigma.

However, stigma remains. Yesterday, it was concerning to read a piece in *The Herald* by Grant Sugden, the chief executive of Waverley Care, who said that, in a recent survey by the National AIDS Trust,

"only a third of people agreed that they have sympathy for all people living with HIV".

I found that really staggering and depressing. From that survey response, it seems that HIV is still associated with promiscuity or other behaviours that lead people to think that

contracting it is the fault of the person with the disease or that it points to some kind of moral failure. Those damaging and hurtful stereotypes persist.

I think that the dreadful “Don’t die of ignorance” campaign in the 1980s, with its sinister voice-over, images of terrifying icebergs and tombstones and ridiculous scaremongering messaging, was at the root of many of the problems around stigma that we still see today, so it is great to hear the minister commit to a new public messaging campaign. Apart from the 1980s campaign being completely and utterly useless at giving any public health information, it was hugely stigmatising and set the public discourse, which quickly became deeply homophobic and anti-public health. From the survey that Mr Sugden cited, it seems that the legacy of the campaign remains, preventing people from coming forward for testing and blaming them for how the virus is spread.

I echo Emma Roddick’s points about the HIV prevention drug, PrEP, which is currently almost exclusively accessed by men who are at risk of HIV. In the first eight months during which PrEP was available in Scotland, only 10 out of the 1,299 people who accessed the drug were women, which begs the question: are women not coming forward, and if not, why not? That is why I intervened on the minister’s speech in the way that I did.

One of the aims of the National AIDS Trust is to completely eradicate HIV. The decline in the number of cases in Scotland and the UK more widely is hugely welcome, but despite the progress that we have made here in preventing, treating and managing HIV, the illness is still a critical public health issue in other parts of the world and, in particular, in the global south. I have massive sympathy for everything that Richard Leonard said in his speech in that regard.

One in 21 heterosexual African women live with HIV, and UNICEF has reported that, globally, a child is infected with HIV every two minutes. Of the estimated 2.7 million children in the world who live with HIV, just half receive antiretroviral treatment, meaning that the rest of them have a very short life expectancy. The figures for how many children in sub-Saharan Africa are orphaned due to AIDS are similarly frightening and point to poverty and inequality being the main driver for this on-going public health crisis. We are managing it here in the UK—things are an awful lot better than they were—but, as Richard Leonard said, there are other countries that are not managing it, and they need assistance from big pharma and from Governments that are managing it successfully.

That just goes to show that we can never rest in the fight against HIV, and that we should never make outdated assumptions about who can be

infected. Nearly 40 years on from the discovery of HIV, we know so much more about the virus. We know that people who have access to healthcare can live with it. However, we also know that it is a diagnosis that is still rife with stigma, and that some demographics in Scotland might still be hard to reach when it comes to testing and treatment.

As long as HIV infection remains a problem anywhere in the world, we must talk about it and act to eradicate it in countries that do not have access to the healthcare and public health messaging that we have.

The Deputy Presiding Officer: We move to the winding-up speeches.

16:34

Carol Mochan (South Scotland) (Lab): I join all my parliamentary colleagues in marking this year’s world AIDS day.

In closing for Scottish Labour, I also want to take the opportunity to remember those people at home and abroad who are no longer with us, having lost their lives to this terrible disease. The work that we must continue should always be done with them in mind. I refer to Jamie Greene’s reminder that, behind the statistics, there are always people and their families.

The on-going battle against AIDS is a remarkable success story for co-operation on research and development that has had a positive effect, at least here in Scotland, if not all over the world. I will return to Gillian Martin and Richard Leonard’s points.

The Government motion correctly commends the work of those who have ensured that we have vastly reduced the number of HIV diagnoses across Scotland—I have no doubt that that feat will continue for years to come—but the intended goals cannot stop there.

As my colleague Paul O’Kane said, we will support the Tory amendment, which highlights the need for timely access to sexual health services and the importance of ensuring that treatment and prevention strategies are at the forefront of all our policy making.

A number of colleagues talked about the need to look at rural inequality. The minister nodded vigorously when that point was made, and I am sure that she will address it in her closing remarks. My colleague Gillian Mackay made an important point about the cost aspect for people who live in rural Scotland. She also spoke about the sensitivity of a situation in which a person in a very rural community might be worried about exposure before they are ready for it if they need to access services. Those are important points.

I thank Joe FitzPatrick for offering hope from his constituency in relation to where we might go with our work in this area. It is important that we all seek to talk about examples of success.

Many members spoke about stigma, which is such an important issue. This morning on the radio, I heard someone from Waverley Care speak about the need to reduce stigma. Although it is incumbent on the Scottish Government to do something about stigma, all members have a responsibility to act. Along with Waverley Care, we have called for an anti-stigma campaign, and it is great that the minister has said that the Government will run such a campaign.

Emma Roddick painted a historical picture and Brian Whittle mentioned a number of people who, in my lifetime, stood up and were counted. Given the petrifying advertising that went on in the 1980s, which Dr Gulhane and others mentioned, it is so important that we get the campaign right, and I hope that the minister will mention that again.

Scottish Labour shares the Government's target of reducing transmission to zero by 2030. As my colleague Paul O'Kane discussed, that is why our amendment calls on the Government

"to outline a clear timescale for eliminating HIV transmission in Scotland by 2030 and commit to providing the Scottish Parliament with an annual progress report."

I hope that the minister will support our amendment, which is about how we get there and make the biggest difference.

I thank my colleague Claire Baker for talking about the various transmission routes that exist and about other action plans that may need to come together to help us get to where we need to get to.

Given the havoc that HIV wrought for so long, it is incredible to think that we could reach the stage where it is under control and, potentially, is no longer transmitted at all. That was unthinkable not so long ago. I cannot begin to imagine the extent of the work and dedication that went into achieving that, whether that took the form of research or people making us aware of the issue so that we pushed and pushed on the facts.

Gillian Martin and Richard Leonard spoke about other parts of the world, where the reality is stark. Scotland and the wider UK have a responsibility to alleviate the suffering that many experience every day. To do that, we must continue playing a lead role in the fight against AIDS for generations to come, passing on to the rest of the world the hard-won knowledge that we have gathered. That begins with pushing against the damaging rhetoric from some quarters saying that foreign aid funding should be reduced. Foreign aid has vast benefits: millions have been able to survive with HIV and to live a prosperous existence in their communities.

We have a role across the globe and must not cut our efforts. We heard from Gillian Martin and Richard Leonard about how people in other countries live.

Innovation and research must remain key. The introduction of PrEP has been remarkably positive, as have the focus on prevention and specialist care and the use of contact tracing have. Together, those form a modern and considered approach to tackling the problem. It is important to mention Alex Cole-Hamilton's request for the minister to speak about some areas—such as Lothian—where there are very long waits for PrEP and about how those will be tackled.

If we can maintain the current trajectory and ensure accountability, we will be going a long way towards improving the lives of thousands of people at home and many more abroad. That can only be good. We can do this. I hope that all parties can work together to make an essential, global difference to HIV and AIDS.

16:41

Tess White (North East Scotland) (Con): It is a privilege to close the debate for the Scottish Conservatives. I remember the early 1980s, when the first cases of AIDS were discovered. I was a teenager at the time and around 16 years old. Looking back, I do not think I fully grasped the gravity of what was happening. I could not possibly have imagined in 1981 that an estimated 40 million people would lose their lives to AIDS-related illnesses in the decades following the first diagnosis.

Paul O'Kane said that we stand in solidarity with those who are living with AIDS, but, as Claire Baker pointed out, we cannot be satisfied with our progress.

Brian Whittle highlighted some heroes: Magic Johnson, Freddie Mercury and Gareth Thomas.

To have lost so many lives is heartbreaking, but so, too, is the awful truth that many were stigmatised and shamed before they died because of their illness and—all too often—because of whom they chose to love. Sadly, as my colleague Jamie Greene pointed out, there are still parts of the world where the number of infections is rising because people are afraid to go for a test or seek treatment, for fear of retribution.

Whether Richard Leonard likes it or not, Gilead developed 11 antiretrovirals that treated more than 16 million people. I say to him that, without Gilead funding, many HIV charities would not now exist and many lives would have been lost.

For many years, HIV and AIDS were vectors of social prejudice and lightning rods for bigotry, homophobia and discrimination. Although attitudes

have changed over time, they have not changed enough. Shaming and fear-inducing tactics are often used to change behaviour, and the HIV stigma of the 1980s and 1990s still looms large. Data released earlier this year by the Terrence Higgins Trust shows that public attitudes to HIV are still stuck in the 1980s. That terrible stigma was the main theme of Joe FitzPatrick's speech.

As we know, stigma can prevent people from getting tested. According to the National Aids Trust, roughly one in 16 people living with HIV in the UK do not know that they have the virus. Gillian Martin quoted alarming statistics showing that there is still huge stigma and hurtful stereotyping. As we have heard today, testing is pivotal, as is addressing the barriers that prevent people from getting tested.

My colleague Jamie Greene stressed the message, "When in doubt, test," and I commend him for his courage in posting the testing video. Gillian Mackay highlighted underlying issues of division, disparity and disregard. It is a huge issue when it comes to eradicating barriers to progress, as she said.

As the Scottish Conservatives' amendment emphasises, "timely access" to sexual health services is so important. Dr Sandesh Gulhane stressed the importance of a well-functioning sexual health service, Paul O'Kane cautioned about a postcode lottery and Alex Cole-Hamilton, Jamie Greene and Emma Roddick made calls to improve access to treatment services in rural areas, including in the Highlands.

If someone does get tested and receives a positive diagnosis, HIV stigma means that they can feel isolated and alone when they are most vulnerable. I was struck by a comment made by Nathaniel J Hall, who starred in the television series that has been highlighted today—"It's A Sin"—and who was diagnosed with AIDS at just 16. He said:

"There was a lot of working through all that shame of being gay and trying to unpick all that homophobia".

He had internalised that, and then came the other thing:

"I'd contracted this virus. I didn't tell anyone, I didn't tell my family and my friends—I told very few friends—until about 2017."

Imagine being 16 years old, being given a life-shortening diagnosis, which is what it was at the time, and trying to cope with it alone. Imagine trying to do that while dealing with decades of bigotry that makes you believe that, because you are gay, there is something wrong with you.

We need to keep working towards the goal of zero transmission by 2030. We also need to aim for zero stigma, which was so rightly pointed out

by Emma Roddick. We need to provide mental health support to people with a diagnosis of HIV and AIDS, if they need it. With early diagnosis and treatment, people with HIV can lead a normal life, so I welcome the announcement by the minister of a public awareness campaign. No one should feel that they must go through it alone. It is about emotional health as well as physical health.

Many of us in the chamber are wearing our red AIDS ribbons. They were first introduced 30 years ago, at the height of the AIDS crisis, by the Visual AIDS artists' caucus in the United States. In 1992, actress Elizabeth Taylor wore a red ribbon to the Oscars and it became an internationally renowned symbol of compassion, support, awareness and hope. She dedicated so much of her life to AIDS activism, even though she was warned that it was one of her lame-duck causes that could hurt her professionally. She stuck her head above the parapet over and over again as Governments the world over scrambled to come up with a coherent public health response.

As Maree Todd and Dr Sandesh Gulhane emphasised, with advancements in medical treatment, a diagnosis is no longer a death sentence. Antiretroviral medicines can effectively reduce the viral load to undetectable levels, and PrEP can prevent HIV if taken properly. We have come so far since the red ribbon first became embedded in our collective consciousness as a symbol of solidarity and hope. The UK has met and surpassed the UN's 1990 target. There has been a huge reduction in HIV transmission in the UK and in Scotland, but the fight to end AIDS is not over yet.

The Presiding Officer (Alison Johnstone): I call Maree Todd to wind up. You have until 5 pm, minister.

16:48

Maree Todd: Oh my goodness! I thank members for their participation in this incredibly important debate. I am very glad of the consensus and support that I am feeling around the chamber, and I am pleased to confirm that the Government is very happy to support both the Opposition amendments.

Today is a stark reminder that although there have been huge advances in treatment and diagnostic tools in recent years, the virus has not gone away. The stigma surrounding HIV diagnosis persists, and far too many people have died and will continue to die.

In Scotland, we have made tremendous progress, as I set out in my opening speech, but we cannot and must not become complacent. I am determined that we will build upon our successes, and I am grateful that the work that has gone into

the elimination proposal will help us to do that. I have every faith that the HIV transmission elimination strategy implementation group will continue to drive momentum and to deliver real and tangible results.

I will not repeat the detail of my opening remarks, but I hope that the announcements that have been made today demonstrate the Government's commitment to eliminating HIV transmission in Scotland by 2030 and to ensuring that people who live with HIV are able to live long and healthy lives, free from stigma and discrimination.

I will try to respond to many of the issues that have been raised. Jamie Greene opened by reflecting on the sadness of the day, but also on its hopefulness. I know that members of all parties share that sense of being on the cusp of something momentous, and I am absolutely delighted to be the minister for public health in Scotland at this moment. I commend Jamie Greene for his work in the area—in particular, for publicly testing and for using his position of power to tackle stigma.

I announced the commitment to widening access to the ePrEP pilot, which I hope will improve access to PrEP for people who live in remote and rural areas. However, I hope that it will also have an impact in urban areas.

I draw an analogy between the development of that service and advances that we have made in telemedicine access—for example, to early medical abortion at home. That is one of the few positive things that have come from the pandemic. With that advance, our sexual health teams have demonstrated their ability to be agile, to change how they deliver care, and to enhance their person-centred focus. We must be grateful for the many clinicians and teams around the country who have worked in the area for so long.

Jamie Greene: I am intrigued to hear the detail, and I hope that the minister will share it with members when she can do so. However, face-to-face contact provides two important things that remote e-pilots do not provide. First, when a person receives a positive diagnosis, they will need one-to-one personal interaction with somebody who knows what they are talking about.

Secondly, people who are taking PrEP are often tested for many other things, due to their sexual behaviour. Will that issue also be addressed? There is no replacement for physically going to sexual health services—which, too often and for too many people, are simply not available when they are needed.

Maree Todd: I am more than happy to provide detail as we develop it, as the Labour amendment

asks for, and I am more than happy to keep members updated.

As an MSP for a remote and rural area, I have heard directly from constituents who have been given very difficult news after having to travel, alone, for a very long distance—often involving a flight—to a hospital. They have told me that they would prefer to have had that news by telemedicine, in the comfort of their own home, with support and with their family around them. That illustrates the need to work in a person-centred way and that one size does not fit all. I trust the sexual health people who work in the clinics. They are phenomenal at working in that person-centred way, without judgment—certainly without pre-judgment—and without assumption. Day in and day out, alongside the people whom they care for, they get the decisions right.

Paul O'Kane talked eloquently about the homophobia and moral panic that have been front and centre of the AIDS debate since the HIV virus first burst on to the scene and into our lives. As the minister who has responsibility for the blood donor system, I am absolutely delighted that he gives blood. Every donation saves up to three lives, so I thank him. I also thank him for using his position of power to tackle stigma and to lead the way.

A number of people asked for more details about the pilot project. Because we will be trying to gain results from it, it will probably be necessarily limited to a specific geographical area. We are still developing it. However, the service that we will develop on the back of that pilot will be targeted at people who are able to self-manage, rather than being geographically targeted. Therefore, the final service, when it is developed, will potentially help in rural and urban areas.

Gillian Martin and others asked about women. I absolutely acknowledge that there is much more to be done on the issue. The educational resources that will be available to clinicians as part of the widening of access to PrEP will highlight that it is not only gay and bisexual men who are at risk of acquiring HIV. It is about risk profile, not gender.

Evelyn Tweed gave some incredible statistics that highlight the worrying and persistent idea that some people have that they are not the type of person who might catch HIV. That is another very powerful argument for a marketing campaign, if ever we needed one.

Emma Roddick, as ever, gave a beautiful and powerful speech. She should definitely use statistics more often. To state that people with HIV have half the chance that others have of being kissed is a powerful way of describing the lingering ignorance and the impact of stigma.

Dr Gulhane talked eloquently about medical advances over time. Nowadays, HIV is significantly less fatal than smoking, for example, which is still quite a common pastime that will kill two thirds of the people who do it. HIV is no longer the fatal disease that it once was.

Joe FitzPatrick took the opportunity, as ever, to highlight the fabulous work that is going on in Tayside to tackle HIV, and to highlight Tayside's world-leading work on tackling hep C. I commend him for his work while he was in this role. I know that he shares with me the absolute thrill of having been part of this exciting moment in history. The goal of elimination is in sight. As I would expect from a past public health minister, he took the opportunity to reiterate the vital message that people who are on effective treatment cannot pass on the virus. If that is the one message that comes out of this debate, it would be a powerful one to see being replicated throughout the media tonight and tomorrow.

Claire Baker was absolutely right to highlight the effort that is required to reduce risk for people who inject drugs. The Scottish Government has funded numerous projects that were designed to identify and enlist in treatment people in that population who have acquired HIV. For example, last year, we funded the cocoon project, which provides a person-centred approach for people who inject drugs and are at risk of poor sexual health, blood-borne viruses and increased mortality. The project provides point-of-care BBV testing and treatment, as well as testing for other diseases, including sexually transmitted infections and Covid-19. The main aim of the project is to provide an holistic service that combines all care at a single point, while integrating wound care, naloxone provision and other harm-reducing measures.

Claire Baker: In my speech, I mentioned MAT standard 4, which is the one that is about BBV testing. Can the minister assure me that she is speaking to the Minister for Drugs Policy, Angela Constance, and that they are speaking regularly to alcohol and drug partnerships about delivering on that, which has to be done by April?

Maree Todd: Absolutely. I have regular catch-ups with Angela Constance. That is a very high priority for both of us.

I was shocked to learn that my esteemed colleague Gillian Mackay was born when I was at university. What wisdom in one so young: it is just astonishing. I am very pleased to confirm that we are considering an HIV testing week as part of the marketing campaign. I, as a mum of three, have been tested three times. I would have absolutely no qualms about being tested again, and I am sure that many members around the chamber would join the campaign, should we decide that it is the best way forward.

Brian Whittle and I share an absolute passion for sport, and a belief in the power of sport to change the world. It will be no surprise, therefore, that I—as he does—commend sporting heroes such as Gareth Thomas, who are using their public position to counter stigma.

I also share much of the concern that was expressed by Richard Leonard. Although we are focusing today on eliminating HIV from Scotland, we must not forget that HIV is manageable only with access to the right treatment at the right time. Unequal access to HIV antivirals costs lives. We know that the disruption to health services that has been caused by Covid is likely to have made inequality worse. It is estimated that, in 2021, more than 38 million people around the world had HIV. Of those, 16 per cent had not been tested and did not even know their status. That is more than 6 million people, while more than 9 million people are waiting to start antiviral treatments.

We can—and we must—end that. First and foremost, that is because we can never accept any life being lost needlessly. Secondly, we are a connected global community, so nowhere is safe until everywhere is safe. We would continue to forget that at great cost to ourselves.

To answer the point that was made by Carol Mochan and Alex Cole-Hamilton, I point out that in August this year NHS Lothian recruited additional staff to enable it to increase the number of clinics and to reduce waiting times for patients to start PrEP.

I am extremely grateful that we have had the debate, and I thank all members who have been in the chamber to hear it. I also thank and commend the key stakeholders; representatives of many of them are in the public gallery, including HIV Scotland, Waverley Care and the Terrence Higgins Trust. Those organisations have been working in the field for decades, having begun doing so in an era when it was much tougher to stand up and speak out on the issue than it is now. I am so grateful to be working with them all.

I know that members will be unified in supporting our aim of ending HIV transmission in Scotland by 2030. Having such a unified collaborative approach will ensure that we reach that target and can better the lives of people in Scotland who are living with HIV.

Decision Time

17:01

The Presiding Officer (Alison Johnstone): There are three questions to be put as a result of today's business.

The first question is, that amendment S6M-07025.2, in the name of Jamie Greene, which seeks to amend motion S6M-07025, in the name of Maree Todd, on world AIDS day, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S6M-07025.1, in the name of Paul O'Kane, which seeks to amend motion S6M-07025, in the name of Maree Todd, on world AIDS day, be agreed to.

Amendment agreed to.

The Presiding Officer: The final question is, that motion S6M-07025, in the name of Maree Todd, as amended, on world AIDS day, be agreed to.

Motion, as amended, agreed to,

That the Parliament believes that, to mark World AIDS Day, everyone should commit to the goal of ending AIDS, and support the World Health Organization's call to recognise and address the inequalities that are holding back progress; recognises that key to this is ensuring there is equalised access to essential HIV services for all; welcomes progress in recent years in the decline of HIV diagnoses in Scotland, and supports the ambition of ensuring there are zero transmissions in Scotland by 2030; notes the encouraging impact of HIV Pre-Exposure Prophylaxis (PrEP), and that HIV incidence rates fell by 43% in a large cohort of men attending sexual health clinics following its introduction in Scotland; further notes that over 6,500 people have accessed PrEP in Scotland already, and endorses the widening access to ensure that everyone at risk of acquiring HIV is eligible to be prescribed PrEP; appreciates that everyone in society has a role to play in the goal of eliminating HIV transmission in Scotland, and commends the HIV Transmission Elimination Oversight Group's recommended population-based approach of testing, education and stigma reduction, combined with prevention, specialist care and contact tracing; notes a rise in demand for access to appropriate sexual health services, and believes that timely access to such services is paramount in successful early detection, treatment and prevention strategies, and calls on the Scottish Government to outline a clear timescale for eliminating HIV transmission in Scotland by 2030 and commit to providing the Scottish Parliament with an annual progress report.

Meeting closed at 17:02.

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