

HEALTH AND SPORT COMMITTEE

Wednesday 28 November 2007

Session 3

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HEALTH AND SPORT COMMITTEE

10th Meeting 2007, Session 3

CONVENER

*Christine Grahame (South of Scotland) (SNP)

DEPUTY CONVENER

*Ross Finnie (West of Scotland) (LD)

COMMITTEE MEMBERS

*Helen Eadie (Dunfermline East) (Lab)

Rhoda Grant (Highlands and Islands) (Lab)

*Michael Matheson (Falkirk West) (SNP)

*Ian McKee (Lothians) (SNP)

*Mary Scanlon (Highlands and Islands) (Con)

*Dr Richard Simpson (Mid Scotland and Fife) (Lab)

COMMITTEE SUBSTITUTES

Joe FitzPatrick (Dundee West) (SNP)

Jamie McGrigor (Highlands and Islands) (Con)

Irene Oldfather (Cunninghame South) (Lab)

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD)

*attended

THE FOLLOWING ALSO ATTENDED :

Bill Aitken (Glasgow) (Con)

Alasdair Allan (Western Isles) (SNP)

Bob Doris (Glasgow) (SNP)

Duncan McNeil (Greenock and Inverclyde) (Lab)

Margaret Smith (Edinburgh West) (LD)

Jim Tolson (Dunfermline West) (LD)

John Wilson (Central Scotland) (SNP)

THE FOLLOWING GAVE EVIDENCE:

Kenny MacAskill (Cabinet Secretary for Justice)

Nicola Sturgeon (Deputy First Minister and Cabinet Secretary for Health and Wellbeing)

John Swinney (Cabinet Secretary for Finance and Sustainable Growth)

CLERK TO THE COMMITTEE

Tracey White

SENIOR ASSISTANT CLERK

Douglas Thornton

ASSISTANT CLERK

David Simpson

LOCATION

Committee Room 2

Scottish Parliament

Health and Sport Committee

Wednesday 28 November 2007

[THE CONVENER *opened the meeting at 09:33*]

Budget Process 2008-09

The Convener (Christine Grahame): Good morning and welcome to the Health and Sport Committee's 10th meeting this session. I remind members and anyone else in the room to switch off their mobile phones. Apologies have been received from Rhoda Grant.

I welcome Nicola Sturgeon, the Deputy First Minister and Cabinet Secretary for Health and Wellbeing; John Swinney, the Cabinet Secretary for Finance and Sustainable Growth; and Kenny MacAskill, the Cabinet Secretary for Justice. They are accompanied by Alan Johnston, the deputy director of the drugs and community safety division; Fiona Campbell, the policy executive with the alcohol misuse team; and Richard Dennis, the head of the finance strategy division.

We do not know how today's evidence session will work out, but we will try it out and we are pleased to do it. The meeting is being held on the back of the Finance Committee's suggestion that committees should, as part of their scrutiny of the budget, focus on one particular budget line. A significant part of the budget on alcohol and drugs is outwith the national health service budget, which is why we have invited members of other committees to attend. In particular, the budgets for dealing with offenders with drug and alcohol problems lie within the remit of the Justice Committee, and the budget for local authority social work services to support people in the community with drug and alcohol problems lies within the remit of the Local Government and Communities Committee. I welcome the conveners of the Justice Committee and the Local Government and Communities Committee and their colleagues.

The evidence session will run until almost 11 am, at which time the Local Government and Communities Committee has a meeting and, I understand, one of the cabinet secretaries has a prior engagement. As I have already said to my colleagues on the Health and Sport Committee, to move the process along, we should try to keep our questions short—I know that members are not always hot at that. I politely ask the cabinet secretaries to keep their answers brief, so that we can get through as many questions as possible. I

will not ask members to direct questions at particular cabinet secretaries. However, if a cabinet secretary wants to speak, they should self-select and, likewise, if another cabinet secretary wants to supplement an answer, I ask them please to do so. However, all three should not feel obliged to answer every question, unless that is necessary.

I ask each of the cabinet secretaries to say a few opening words.

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): To save time, I have agreed with my colleagues that I will say a few opening words on behalf of all three of us, so that we can get under way with questions as quickly as possible.

I thank all three committees for inviting us—the meeting feels a wee bit like half the Cabinet meeting half the Parliament, but it is innovative and a good idea, and I hope that members will find the session useful. My colleagues and I are looking forward to the discussion and to hearing the views of the three committees.

I will be brief because I know that we have a lot of ground to cover. I stress the importance that the Cabinet and the Government place on tackling drug and alcohol misuse. As members are aware, since May, we have taken several significant steps towards delivering the Government's strategic objectives, one of which is to make Scotland a healthier country. We recognise the seriousness and gravity of the problems of drugs and alcohol misuse. I hope that, as the committees scrutinise our budget, they will find that it reflects the importance that we attach to the issue.

For example, our new drugs strategy, which is to be published next year, will be supported in the next three years by a 14 per cent increase in the drug misuse budget in the justice portfolio. In addition, the draft budget proposals that have been announced include an additional £85 million in the next three years to increase access to early intervention and treatment for people with alcohol problems. That is the largest-ever single increase in funding to tackle alcohol misuse in Scotland. Although the details of the allocation of that resource are still to be determined, I hope that members will agree that the funds will make a significant contribution to the work that the Government and other partners are doing to help deal with the alcohol problem. As with drugs misuse, we are developing a longer-term strategy for tackling alcohol misuse, which will be appropriate to the scale of the challenge that we face in Scotland and which will seek to focus on the long-term objectives of reducing harm and achieving sustainable change. Work on that strategy is on-going and publication is scheduled for spring next year.

I do not want to say too much more, except to point out that I know from the *Official Reports* of previous Health and Sport Committee meetings that several issues are of interest to the committee, including the totality of spend on drugs and alcohol, the matching of spend to policy, the role of the alcohol and drug action teams and the overall strategy. Those are all matters of serious interest to the cabinet secretaries and the Government, so we look forward to members' comments and questions. I hope that we can give illuminating answers.

Ian McKee (Lothians) (SNP): I thank the cabinet secretary for that statement and the other cabinet secretaries for coming to the meeting, which will be interesting.

In evidence, we have heard a bit about the financial inputs into dealing with drug and alcohol misuse, but there has been a degree of confusion about the effectiveness of those inputs. There is a certain amount of conflict in the evidence—it seems that many people do not really know much about what is going on. One statement that was made to us was that, in many countries, 20 per cent of the funds that are allocated to drug and alcohol issues is spent on research, whereas in Scotland and the rest of the United Kingdom, less than 1 per cent is spent on research.

The point was made that because the problem of drug and alcohol misuse relates to social factors, which vary from country to country, we cannot always rely on research from other countries in dealing with that problem ourselves. How can we target the money most effectively and make certain that we are getting value for money if we do not know which projects are successful and which are not and whether our money is being used to best advantage? Do you plan to increase the amount of money that is spent on research? Do you have any comments on what I have said?

Nicola Sturgeon: I will kick off. My colleagues will come in if they wish to do so.

Ian McKee is right that there has perhaps been too much discussion about inputs and not enough about outcomes, although an issue that is of interest to the committee—it is of equal interest to the Government—is that of getting more clarity about the inputs. For example, we know what is allocated in terms of central Government funding, but we have inherited a situation in which we are less clear about the additional spend by local authorities or health boards. Although we do not want to focus too much on inputs, there is a need to understand more about the total financial input.

That said, outcome-focused work is the hallmark of the new Government. We want, through our new relationship with local authorities, to move much more firmly to an outcome-based approach,

whereby we focus not only on how much money is being spent but on what we achieve with that money. It is imperative that we have that discussion in relation to alcohol and drugs. I have been interested in some of the outcomes from the committee's previous discussions on the need to focus more on prevention and recovery, which I am sure we will come on to in much more detail.

I agree with the premise of the question that having a meaningful outcome-based approach, which gives us confidence in both the outcomes that we are trying to achieve and the outcomes that we are achieving, means having a better understanding of what works and what does not work. International research has its uses, but the nature of the issues varies from country to country. We must therefore focus more on researching and understanding the nature of the problem and on evaluating what we do to ensure that we have a better understanding of and better information on what works and what does not work.

The Cabinet Secretary for Justice (Kenny MacAskill): Specifically on drugs, I confirm what the Cabinet Secretary for Health and Wellbeing has said. We must learn from best practice, both at home and abroad. There are universal factors, but some situations and factors change and evolve. We must ensure that we get effective outcomes as well as substantial inputs.

We are examining the option of establishing a Scottish Advisory Committee on Drug Misuse evidence sub-group, which would comprise key partners, to develop a more co-ordinated evidence base on drugs. The evidence sub-group would aim to ensure that existing research from Scotland and, indeed, from the rest of the United Kingdom and the world is consolidated, with any gaps identified. It would also aim to maximise funding opportunities by pulling together the resources of different funding bodies.

The Convener: I have a question for the Cabinet Secretary for Justice. Roger Howard referred to the importance of getting intelligence on which drug is coming into the community, so that we are not firefighting. Would such intelligence be part of the research base? He said that we would want to know, for example, that cocaine was the new drug, so that we could intervene before it flooded the market, rather than firefight. Could such issues be investigated?

Kenny MacAskill: I think so. Those matters impact on our communities from a criminal justice perspective and a health perspective. We have to learn from such situations. From the criminal justice perspective, we obviously have the Scottish Crime and Drug Enforcement Agency.

On Monday, I was in the Netherlands, where I met Scottish representatives in Europol and

Eurojust. It is clear that such matters do not come under Scottish jurisdiction only—they are pan-UK and international matters. Such organisations allow us to find out what is happening and where people may be trafficking drugs from. Drug trafficking is an international trade.

Equally, we must learn about health impacts. We must learn what the drug of choice is, what its street price is and what impact it has had, and about habits in communities and the drug of choice in them. In such matters, there is a clear interface between criminal justice intelligence and evidence on the impact that drugs are having. The issue is one of creating synergy.

09:45

Bill Aitken (Glasgow) (Con): We know that a great deal of money has been spent on tackling the problem of drugs over the past eight years. That money has been spent with the best of intentions, but I have a concern. It appears that a scatter-gun approach has been adopted. We do not know what works, and therefore how we can build on that, or what has failed so that we can discard it. From a budgetary point of view, such matters are exceptionally important.

Information may be coming, but I have not yet heard about ways in which we could tighten the observation of projects to prove to ourselves that we are getting value for money. It is obvious that if we want to get the bang for our buck, we will want to put it where it will work. Can any of the cabinet secretaries demonstrate to us exactly how they will tighten the observation of projects, how much it will cost to carry out inquiries into that and how they will guarantee that money will be targeted at where it needs to go?

Nicola Sturgeon: The Cabinet Secretary for Justice's comments bear repetition. The setting up of a Scottish Advisory Committee on Drug Misuse evidence sub-group is being considered. That sub-group would comprise key partners and its purpose would be to develop a better evidence base for what works and what does not work. It would consider not only existing research from other parts of the world, but research in Scotland in order to find out what is happening here and to determine what works and what does not work.

I agree with the premise of Bill Aitken's question. From a budgetary point of view, it is important to know what works and what does not work, as he said. Knowing that information is also important from an accountability point of view. In my opening remarks, I mentioned the global figures for our spend on tackling drug and alcohol misuse over the next three years. It is clear that we have detailed decisions to take on the allocation of that money, but I give a commitment that research and

evaluation will certainly be a higher priority for us than everybody would agree they have been in recent years.

The Convener: I think that Duncan McNeil has a supplementary question on research.

Duncan McNeil (Greenock and Inverclyde) (Lab): Ian McKee made an important point. From the figures in the Scottish Parliament information centre paper that has been provided to us, out of a total drugs budget of £432 million, £136,000 has been allocated to research, which is 6 per cent of 1 per cent. If we are going to take seriously what the Cabinet Secretary for Health and Wellbeing has just said about the development of an evidence-based policy, we must realise that the figures will not convince anyone out there that we are pursuing such a policy.

Nicola Sturgeon: I agree. Clearly, those are figures that the Government has inherited. I am not sure which figures you are referring to, but I think—

Duncan McNeil: I am referring to page 20 of paper HS/S3/07/10/01. A budget adviser has provided the committee with the material.

Nicola Sturgeon: Okay. I misunderstood which figures you were referring to.

Duncan McNeil: I refer the minister to annex B and page 20 of that paper.

Nicola Sturgeon: We do not have that in front of us, so I am not aware of the figures that you are referring to. I simply repeat what I have said—

Duncan McNeil: I do not have any reason to dispute the figures. Do you?

Nicola Sturgeon: No, I do not, but I do not know which figures you are referring to.

The Convener: Bear with us a minute—the paper is being passed to the cabinet secretaries. The paper was provided by the Government to our—

Duncan McNeil: They are Government figures.

Nicola Sturgeon: Are they 2006-07 figures?

Duncan McNeil: As I understand it, it is work that the budget adviser has carried out for the Health and Sport Committee using the current figures.

Nicola Sturgeon: I understand that. Obviously, we will look at the specific figure to which you refer. My understanding is that that is a figure for 2006-07. The point that I was making is that the figure is not to do with the budget going forward; it is to do with the current budget. In my comments, I was saying that there is a recognition and an appreciation that if we are to move to a system in which the money that we spend not only on drugs

but on alcohol has the desired effect, we must give greater priority to research and evaluation.

Duncan McNeil: What sort of figure out of the total budget would you consider to be reasonable for that?

Nicola Sturgeon: I will not give a specific figure, because you will appreciate that more detailed work—

Duncan McNeil: Do you agree that the figure of £136,000 is not satisfactory?

Nicola Sturgeon: You can probably take from what I am saying that I agree. I said that greater priority must be given to research and evaluation so, yes, I think that that figure is not satisfactory.

The Convener: Before we proceed, I will clarify the status of paper HS/S3/07/10/01—it is a briefing paper that is in the public domain and which was prepared for the committee, but which is based on information from the Government and the previous Executive.

The Cabinet Secretary for Finance and Sustainable Growth (John Swinney): We would be able to give quality answers if we could perhaps be pointed to the exact information that Mr McNeil is asking about. It is not unreasonable for us to ask to be pointed in the direction of the specific line that he is raising with us.

The Convener: In our defence, I thought that you had the paper with you. I apologise if that is not the case, but you have it now. I ask the committee to refer to page numbers when they refer to the paper, so that we do not have to go through it in detail.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I have a supplementary point on research. I welcome the establishment of the new SACDM evidence sub-group. That is an excellent move. In its assessment, the sub-group should take into account the fact that every pilot project under the previous Government had evaluation built in. That should be taken into account in assessing the research budget. However, one major problem is that, as other members have suggested, we have had lots of pilots, which one could almost call research projects. We need to consolidate what works, which I think is the point that Bill Aitken made.

Ross Finnie (West of Scotland) (LD): The cabinet secretaries will have gathered that the task that we have picked up from the Finance Committee is to look across the respective portfolios to see the integration and where we are going. The first difficulty that we have is in understanding the policy objectives, but our primary difficulty is in following the expenditure lines in the budget that back up those policy objectives.

My question follows on from earlier ones and may be more for John Swinney than anyone else. We understand that the figures that we have in the briefing paper are historical and we are sorry if you have not seen them. We understood that you had, but I will not go there. The paper was an attempt to help the committee by directing us to the total quantum of expenditure on drugs and alcohol and it indicates that the figures must be extracted from a wide range of portfolio interests. If you have had even a brief opportunity to glimpse at the paper, you will see the figures to which Duncan McNeil referred, of about £431 million for drugs and £106 million for alcohol.

To get back to figures with which the cabinet secretaries are perhaps more familiar, only two lines in the draft budget are specifically for alcohol and drugs. One is in the health budget, where there is a line showing £20.1 million, £30.1 million and £35.1 million. The other is in the justice budget, where there is a line showing £29.5 million, £32 million and £32.8 million. Therefore, in year 1, the spending is £49 million, compared with the figure that we have of about £400 million. In an answer to a parliamentary question, it was stated that the figure for 2007-08 comes to £93 million.

At what stage will we be able to continue the policy discussion by following the lines of expenditure? How can we evaluate effectiveness in terms of policy and value for money when there are only two lines in the budget? Where, how and when might we get a further breakdown of the figures, which would enable us to get a handle on the moneys that are being spent, or which you propose to spend, on drugs and alcohol?

John Swinney: Mr Finnie raises a fair point about the delineation of budget lines in relation to drugs expenditure. He is right to say that there are two principal lines—one in the justice portfolio on drugs and one in the health portfolio on alcohol. Of course, expenditure on drug and alcohol services will feature in a number of areas of the Government's programme. Resources in the mainstream health board allocations will be allocated to drug and alcohol activity and there will be expenditure on drug and alcohol activity within the local government funding arrangements.

The question is about the degree to which we can draw together a cumulative picture of all that activity. I will give a couple of examples. It would take a significant amount of research and data gathering to assess the amount of time and resource that is expended in general practitioner practices on drug and alcohol issues, although undoubtedly, resources are expended in GP practices on such activity. Similarly, in local authority social work departments, a significant amount of resources will be allocated to drug and alcohol-related casework.

The Government has not collected cumulative data for all those inputs to provide a cumulative budget figure. In the financial returns from local government, for example, we can see what local authorities spend on headline drug and alcohol programmes, but because of operational issues it is difficult to tabulate what is spent on such matters in social work departments or in GP practices and other parts of the primary care system. Please do not misunderstand me—that could be done, but I would question the scale of resource that would have to be deployed to gather together all the information required to provide Mr Finnie with a satisfactory answer.

On how that all fits together to enable us to judge the overall effectiveness of policy interventions, the Cabinet Secretary for Justice referred to the work that the Government is undertaking on establishing the strength of the evidence base. Such evidence would be used to influence the deployment of resources on drug and alcohol activity locally, particularly within GP practices and social work departments, and would enable us to encourage the adoption of best practice in the deployment of resources.

Ross Finnie: Thank you for that response—I understand that such an exercise is not easy.

Through the committee adviser's approach to the Government, we were saying—as is outlined in paper HS/S3/07/10/1, which we thought that you had received but, sadly, you had not—that we understood those difficulties. However, because we also understood that in 2000 the Government produced the "Review of Executive Expenditure on Tackling Drug Misuse", we asked you to provide us with information, which you did, using the methodology of that report. That methodology endeavours to overcome some of the difficulties, rather than embroil the Government or anybody else in a useless waste of time trying to contact individual GP practices. In that regard, I understand and accept your point.

Is it, or would it be, possible for the committees to get an update so that we can examine the budget under the terms of that methodology, rather than through the two lines that appear in the level 1 document? That would enable us to treat seriously the policy issues that we are discussing and relate them to more detailed information about expenditure.

10:00

John Swinney: We can undoubtedly look further at that point on the committee's behalf and determine how much information can be provided. I give you an undertaking that we will consider that and come back to the committee in due course.

Nicola Sturgeon: It is in our shared interest to ensure that the committee has as much

information as possible, so we undertake to determine what further information can be given. There are three issues that we are concerned about. I am sure that the committee will share our views on at least some of them.

First, the budget headings are identifiable from the budget to ensure that they match policy. To go back to the previous discussion, we have an evidence-based way of assessing how much impact the spend has.

The second issue, which Ross Finnie raised, is how much additional money other partners spend. Catriona Renfrew from Greater Glasgow and Clyde NHS Board indicated that the board might spend money on drug and alcohol services over and above the money from central Government. We will endeavour to furnish the committee with as much information as we can on such expenditure. There is also the question whether that money is being spent strategically and in alignment with the money from central Government.

The third issue is what I think the committee has referred to as the expenditure consequences of drug and alcohol problems. That, as the finance secretary said, is probably harder to assess. It involves the added burden on GPs, accident and emergency services and the Scottish Ambulance Service, for example. We recognised that there was a gap in evidence on that, so the Government has commissioned a research project that aims to give an initial estimate of the size and value of the illicit drugs market in Scotland and to produce an initial estimate of the economic and social cost that is associated with illicit drug use. We are extending that piece of work to cover estimates associated with alcohol abuse and tobacco consumption.

We agree that it would be useful for us all to have more information and we undertake to furnish the committee with as much as we possibly can.

John Swinney: I have had the opportunity to examine in more detail the numbers to which Mr McNeil referred. If I am correct, he said that, in 2006-07, the Government spent £136,000 on research.

The Convener: Could you tell us where that is?

John Swinney: It is on page 8 of paper HS/S3/07/10/01, if that is the number to which Mr McNeil was referring. I think he said £136,000. I point out that there are another couple of budget lines for research and information on drugs on page 14: £320,000 and £195,000. It is important to bear those sums in mind for a complete picture.

Also, the global figure of some £400 million to which Mr McNeil referred involves a formidable

amount of expenditure within the criminal justice system: £112 million on the police service and £19 million on the Scottish Court Service. That puts in perspective the total that was referred to earlier.

Nicola Sturgeon: In addition to that, the paper mentions £511 million spent on research and information in the national health service. None of that undermines the point that we made that greater priority should be given to research and evaluation, but the figure that was cited earlier on was taken slightly out of context.

The Convener: I am grateful for that. The committee was impressed by Roger Howard's evidence on the impact that research and intelligence had on spending wisely to save. That is the point that Ian McKee started off with.

Michael Matheson (Falkirk West) (SNP): One area of concern that has been highlighted in evidence to the Health and Sport Committee for its consideration of the budget is the problem of silo thinking among different organisations in the delivery of services and the use of their budgets. Earlier, John Swinney referred to the fact that there are two budget lines—justice, and health and well-being—for drugs and alcohol services. We can add local authority spend into the mix. It can be difficult to understand who exactly provides which services.

The Government evidently is trying to adopt a clearer approach to service delivery. There are policy and budgetary aspects to that. What action does the Government intend to take to ensure a greater pooling of financial resources at a local level for the delivery of drugs and alcohol services? At times, according to the evidence that we have received, silo thinking comes into play. Different departments and the local health service might be prepared to provide funding only for their own services, while the justice side is prepared to provide only the services for which it is responsible. What action can the Government take to ensure more pooling of resources across different agencies at a local level?

John Swinney: I suspect that I could bore for Scotland on this subject, although I will have a shot at not boring the committee. One of the central purposes of the Government's whole approach, with its five strategic objectives, is to tackle just that point. It is also a reason why the First Minister decided to structure the Government with fewer departments and fewer ministers. The Government accepts that silo thinking is a problem, but we seek to overcome it and we are tackling it in a number of ways.

The first element is that section 1 of the strategic spending review document does not go through portfolios; it goes through our strategic objectives, outlining how we bring together different elements

from different portfolios to support the Government's objectives. For example, in the chapter on a safer and stronger Scotland, we refer to issues of drug misuse. We also refer to issues of addiction in the healthier section—issues of mental well-being are, in many respects, associated with drug and alcohol addiction problems. We recognise implicitly that we must, in our strategic direction as a Government, draw policy interventions much more closely together.

The second element is that the Deputy First Minister and I, with our respective responsibilities for the health service and local government, are trying to encourage a great deal more joint working at local level to overcome exactly the obstacles that you spoke about, Mr Matheson. There are a number of extremely good examples of new integrated practices emerging locally. We can forget about the headline governance issues that are always debated about how local authorities and health boards work together, because when we get down to the coalface, people work extremely well together when they have a common approach to tackling problems. We are encouraging the health service and local authorities to work more closely at the local operational level.

The third element is the Government's move towards policy direction by the achievement of outcomes. We have set out in the spending review document a direction of travel that we want to pursue in tackling issues. The key point is that the outcomes are not just central Government's outcomes; they are outcomes that the leadership of the Convention of Scottish Local Authorities has endorsed through the concordat. We have the opportunity to align national Government and local government policy much more effectively through the mechanisms that we have put in place. That alignment will not be achieved overnight, and I do not want to suggest to the committee that it is all sorted already—it will take a formidable time to achieve it—but we have put in place the architecture that will allow us to draw services more closely together.

Nicola Sturgeon: I will reiterate one point that the Cabinet Secretary for Finance and Sustainable Growth made. He outlined very well the national strategic approach and the development of outcome agreements. We should not underestimate the importance of local arrangements for joint working. Joint working has been driven through community planning partnerships and community health partnerships. The role of ADATs is important, too, and there is continuing work to review and reform them.

There are already examples of good practice. One key issue for us is to share good practice and spread it as far as possible. Just one example of

good practice is Lanarkshire's integrated addiction services, which I visited last week and which are a fantastic example of the NHS and local authorities coming together, getting over some of the issues that have kept them apart for so long and focusing on service users and their needs and putting them first. That work is delivering tremendous benefits through services to individual users. Examples of good practice exist if we look for them. We must encourage other areas that are perhaps not as up to the mark to consider those examples and learn from them.

Ian McKee: I have a supplementary question on that topic. The cabinet secretary has extolled the benefits of integrated working on addiction, yet we know that alcohol is a huge problem and that it is estimated that only about 3 per cent of people who have an alcohol problem also have a drug problem. The problems that people with alcohol addiction face are different, for a variety of reasons; for example, alcohol is legal but drugs are not. In my experience, people with alcohol problems are resistant to being associated with people with drug problems, which sometimes inhibits take-up of services. What is your view on linking drug and alcohol services all the time, when they are sometimes rather uneasy bedfellows? It has been suspected that, because drugs are a slightly more glamorous problem, drug services have attracted more money and attention, and it would be better if the two types of services were separated on occasion.

Nicola Sturgeon: That is an extremely important question. One interesting feature of the evidence that has been given to the committee is the differences in opinion that exist on the issue. It is important that we consider the integration of budgets and policy where that is appropriate, because it is important that we do not ignore linkages between drugs and alcohol, such as patterns of addiction. However, I agree absolutely that we must be mindful of the differences in the nature of the problems. One difference is the scale of the problems—about 1 per cent of the population are problem drug users, whereas many more people have alcohol issues. The problems are also different in range. For example, broadening our understanding and appreciation of the problem is at the forefront of our thinking on the development of our alcohol strategy. We do not want to diminish the importance of the problems of alcohol dependency and binge drinking, but nor do we want to focus exclusively on those to the detriment of the much bigger group of people who would not be identified as problem alcohol users but who probably drink too much, to the detriment of their health.

The problems are different in scale and range, and there is also the obvious difference that drugs are illegal and alcohol is not. For those important

reasons, although we want to encourage appropriate integration and strategic joining up, there is a strong case for also keeping a separate focus on the problems, as they are different in nature.

The Convener: I seek clarification from the Cabinet Secretary for Justice on the advisory group on drug misuse that he said he is setting up. Will it focus solely on drugs and not on alcohol?

Kenny MacAskill: Yes—the group is drugs based.

Nicola Sturgeon: However, we can learn from that approach for our research and evaluation of alcohol policies.

10:15

Duncan McNeil: The recent discussion, including that involving previous ministers, on the need to develop a joined-up agenda has concerned me for a while. Although we all agree that we need a joined-up agenda, integrated services and clear organisational priorities, we must acknowledge that one of the barriers is that people need to be adequately resourced. I have a big concern about that. I would welcome a comment about what is in the budget to tackle the need to invest in young people and families, which Tom Wood highlighted to the committee.

Despite direction, the best that we have been able to do is to guess that between 40,000 and 60,000 children are affected by parental drug misuse—the difference is not between five and 10, but between 40,000 and 60,000. We believe that between 10,000 and 20,000 of those children live with parents who have an addiction. I would welcome a comment on that from each cabinet secretary. Another cabinet secretary who has a big role in dealing with that issue is Fiona Hyslop, but she is not here. Despite best efforts, given the current figures, we have been unable to achieve local integration and the appropriate interventions to support those children adequately, or even to identify them.

Nicola Sturgeon: My colleagues will want to comment, but I will start. Duncan McNeil has put his finger on what is probably the most important and most difficult issue to get to grips with. He is right to say that, despite past direction and effort, we are still not where we want to be in identifying children who are at risk in such circumstances and making the right interventions.

We are talking about drugs and alcohol, but I have no doubt that what I will say applies more broadly. I encourage anybody who has not read the chief medical officer for Scotland's report of last week to do so, because it is probably the loudest clarion call yet for the view that the single

most important thing that we can do is intervene in the early years to protect children who live in the circumstances that Duncan McNeil described to prevent ill health later in life.

As well as developing the drugs and alcohol strategies that I have mentioned, we are working cross-portfolio and cross-Government on an early years strategy. Fiona Hyslop is the lead minister for that, but I have a big input as health secretary. I have no doubt that we need to find better ways through national policy and—crucially—through better links and joint working locally to identify and intervene with children who live in such circumstances.

John Swinney: I will follow up the point that I made to Michael Matheson. In section 1 of the spending review document, we have gathered several interventions that the Government is developing to support two of our key outcomes—ensuring that our children have the best start in life and are ready to succeed and that we improve the life chances for children, young people and families who are at risk. That is work in progress. A theme of the Administration will be to draw together policy much more clearly under major headings about what we are trying to achieve in all parts of Government. What matters is not just what we in national Government do but what local government does into the bargain.

Mr McNeil makes a strong point. Any of us who saw on the front page of a Sunday newspaper the terrible picture of a drug addict with a child lying beside him and another child in a push-chair will have been horrified. Key to how the Government is tackling the situation is an effective early years strategy that runs across portfolios, to support an emerging generation of young people and ensure that they do not fall into the situation that that newspaper photograph graphically showed affects some children in our society.

Kenny MacAskill: I am aware of Mr McNeil's long-standing interest in the subject, which he has pursued passionately. The issue is serious and complex. We intend to focus on prevention, early intervention and support for children and families, as well as help to prevent young people who are affected by substance misuse from becoming involved in it. We must improve the safety of and outcomes for children who are in families that are affected by parental substance abuse.

Our funding settlement to local authorities allows them to provide assistance and direction on many matters, which is as it should be, because the issues are complex. What is required to deal with circumstances in Inverclyde is not necessarily what is required to deal with matters in the Borders or in the Highlands, for a variety of reasons. Good practice must be learned, shared and implemented in each area, but issues relating

to the demography and nature of specific towns and communities require local authorities to be able to deal with matters as they see fit. Our priority is early intervention, to ensure that we protect and monitor children who are affected by parental substance abuse. We work with local authority partners and other agencies, but we give them some flexibility at a local level to allow them to address specific needs and different circumstances.

Dr Simpson: Duncan McNeil has raised the point—and the Cabinet Secretary for Health and Wellbeing has indicated—that the question of children is vital if we are to break the cycle. I was the minister in charge of drug policy in 2001, and I was in the post when the “Hidden Harm” report and our own first report came out. Since then, there have been two subsequent reports. I find it disappointing to read, for example, the Social Work Inspection Agency report on Grampian substance misuse services, which shows that issues concerning such children are still not even being recorded—we have a long way to go on that.

What do the three cabinet secretaries see as the mechanism for drawing together budgets at a local level? As Ross Finnie indicated earlier, it is impossible for the Government to draw together every piece of expenditure in every practice and every drugs service throughout the country—that is understandable—but it should not be an impossibility at a local level. It is 13 years since the ADATs were formed. When I went round as minister, the ADATs did not know about health expenditure, local authority expenditure or expenditure through the lottery, Lloyds TSB and other private sector funding. They could not draw funding together locally. How can they commission services if they do not do that? In light of the Cameron report, how will the Government ensure that the budget is driven forward in relation to its strategic objectives in working with ADATs?

John Swinney: Please excuse me if I repeat myself, but the answer lies, in a sense, in what I said to the committee about our focus on the architecture of Government. We have established cross-cutting priorities through the pursuit of outcomes, and we have indicators to measure our performance. It is crucial that we have aligned the support for those outcomes at both national and local government level—I will labour that point quite a lot over the next couple of months. That alignment gives us the opportunity to encourage joint working with the health service at local level and local authorities, which—there is no debate among us on this—is essential. The question is how we can make that happen more quickly than it has been happening so far.

For this Government, joining up government is a big theme in what we want to do, because

resources are going to be tighter over the next few years. We must, therefore, ensure that the effectiveness of public expenditure is maximised, and the structure that we have put in place encourages that. The Deputy First Minister commented on the project in Lanarkshire, in which services have been joined up at local level. I took part yesterday in a large event on community planning partnerships at Tulliallan and the sense that I got from that discussion—and from other such events that I have taken part in—was that the Government's signal that it wants to break down the barriers and obstacles to funding is being taken seriously at local level. It might be helpful for us to come back in a year's time to see if we have made any progress. That is how we will determine the degree of progress that we have been successful in delivering.

Nicola Sturgeon: I have been travelling round the country attending health board annual reviews for the last few months, and much of what I will say revolves around community health partnerships. I get a strong sense from people on the ground who work in CHPs—the same, no doubt, applies to community planning partnerships and ADATs, although they are in a slightly different position, which I will come on to—that there is an appetite to get beyond structures and to focus on outcomes. Following the Cameron stocktake of ADATs, we have a piece of work to address the weaknesses that were identified, such as the facts that ADATs are a mixed bunch and they do not necessarily have the clout to follow through with their budgets. I am pleased that, when Tom Wood gave evidence to you, he seemed optimistic about the future for ADATs.

Putting that to one side, I think that we have the structures in place to enable joint working and the pooling of resources. The key now is to focus on accountability, whether through the performance management arrangements for the NHS or the outcome framework that we are developing with local authorities. We need to ensure that local authorities and the NHS are accountable for the outcomes, which they cannot achieve on their own without effective joint working. The structures exist, but we need to ensure that they are used properly and that agencies are held to account for the outcomes.

Kenny MacAskill: I concur with everything that my Cabinet colleagues have said. As well as ensuring that the right structures are in place and that there is accountability, we have to ensure that the personnel who are involved realise that we are all on the same side. We are a small country. In each and every department, we have to move away from people being precious. In some cases, information is confidential because of data protection or other matters, but at Cabinet level there has to be cross cutting and people have to

work together, and that has to be replicated on the ground. If information becomes available to the police that is relevant to those who deal with children and families, it should be shared unless there is a good reason not to share it. It should be dealt with speedily and effectively without unnecessary or undue bureaucratic process.

Dr Simpson: I hear what you say, but I advise caution. In 2001, when I was a minister, the effective interventions unit produced information on integrated working. Six years later, there is no doubt that there has been progress. You quoted some examples. West Lothian, where I worked, is highly integrated. However, progress is slow. My main concern is about the effect on children, because unless there is proper working between social work and drugs services, children will continue to suffer. I strongly urge you to ensure that there is more inspection and more accountability and that integrated working is driven forward with even greater purpose than it was under the previous Administration.

The Convener: I call Mary Scanlon. I think that you crossed out one of your questions, but I am sure that you have others.

Mary Scanlon (Highlands and Islands) (Con): I have been busy scoring out my questions for the past hour, but I have some left.

My first question is for John Swinney. I listened carefully to what you said and I agree. I would not want money to be taken from front-line services. You mentioned the scale of resource and so on, and I understand your point, but I am sure that you understand that my party had a strong manifesto commitment on that matter. We are scrutinising the budget, and the outcomes, commitments and policy intentions that you state will determine our vote in February. I am looking for a little more than the evidence that we have, which is confused and a mixed bag.

I seek a commitment on the increase in spending. I appreciate Duncan McNeil's point that the research is not available on best practice, but for us to say that we are honouring our manifesto commitment and perhaps to vote for the budget, I need a greater commitment than exists in the budget document and the evidence that we have taken so far. I do not know, convener, whether that means that the cabinet secretary might consider giving us another paper on his intentions. All that I am saying is that I need more than we have heard so far and what is in the budget.

10:30

Fiona Hyslop is not here, so I will ask the other cabinet secretaries about this matter. We have heard that there is little evidence to suggest that drugs education has had a significant impact on

drug use. I understand that there is very little alcohol education in schools. Will one of the cabinet secretaries give us a commitment to introduce something in that regard, which we hope will work?

My next question is for the health secretary. We want more money to go into drug and alcohol treatments. I have discovered over the years that some people with a drug or alcohol problem also have a mental health issue, but there are few facilities that can treat both conditions. Given that one person cannot be in a detox unit and a psychiatric hospital at the same time, it is difficult to provide treatment. I have discovered recently that one facility in Scotland treats bipolar disorder and alcoholism. Will you examine whether the facilities that we have are fit for purpose?

I also have a couple of questions for the justice secretary.

The Convener: I have to say that this is vintage Mary Scanlon: one question in 10 parts.

Mary Scanlon: I am asking the questions now, just in case I do not get another chance.

We have heard about lost causes, which I think is an unfortunate phrase. Are you ruling anything out? Would you consider compulsory treatment for drugs and alcoholism, which I understand is provided in Sweden? Brief interventions were mentioned. Are such interventions strong enough to work at the point where someone with an alcohol or drug problem ends up in accident and emergency or commits domestic violence and wants to address and change their behaviour?

The Convener: We cannot define that as a brief question, but never mind.

John Swinney: Given that I am keen to encourage members to vote for the budget propositions that I put forward, I am only too happy to provide whatever information Mary Scanlon requires—if I may be so injudicious. On 25 November, the First Minister wrote to Annabel Goldie following an exchange at First Minister's question time on 15 November about the contents of the drug misuse budget. That letter was copied to the convener of the committee, but if it is not available I will be happy to make it available to members.

The Convener: We will circulate it to members.

John Swinney: Okay. I hope that I have the protocols right on that.

The budget provision includes a 14 per cent increase over the period of the spending review. There are many competing priorities in the budget. I do not underestimate the significance of the drugs issue, but we are trying, across a range of fronts, to meet the spending pressures that exist.

In the drugs misuse line, which appears in the Cabinet Secretary for Justice's portfolio budget, there is a 14 per cent increase over the duration of the spending review. The preliminary information is that we expect spend by local authorities on community care services for people with drug and/or alcohol problems in 2006-07 to be in excess of £42 million, which is higher than the £37.3 million figure for the previous year. The local government settlement that we have put forward is good for local government and allows investment in local authority services. I am happy to provide any other information that Mary Scanlon or her colleagues require on that point.

I will not rehearse too many of the arguments, but we got a 0.5 per cent increase in the departmental expenditure limit for the forthcoming financial year. The settlement is tight compared to the settlements that we have had in the past, and we have had to accommodate a number of spending pressures within the budget. We have moved a considerable distance on that point. On the alcohol misuse line, the Deputy First Minister has put in significantly more resources than we inherited.

The Convener: I do not want to break up the matchmaking that seems to be going on, but could you correspond with me as convener so that the information can be circulated to the committee and members of other committees?

John Swinney: I would hate to leave you out of the loop, convener.

Nicola Sturgeon: I will briefly add to the comments on the budget for alcohol services. As the finance secretary has indicated, we are injecting a substantial increase in resources into alcohol services over the next three years. The baseline this year is £12 million, rounded to the nearest million. Next year, that budget goes up to £20 million, then to £30 million the following year and then to £35 million. I hope that that is an indication of the seriousness with which we take alcohol services.

We should not lose sight of the totality of resource. That is about taking into account not only what other partners spend but how we spend the money that we control to try to reduce the burden on parts of the NHS, for example. I had a frightening discussion the other day with the chairmen of Greater Glasgow and Clyde NHS Board and the Scottish Ambulance Service, who described to me the alcohol-related impact of the 5 o'clock kick-off of the Scotland v Italy match two weeks ago on the ambulance service and accident and emergency services in Glasgow. That impact is hard to quantify in budgetary terms, but it is huge. I say that to make the point that we have to take spending in its totality.

I will respond briefly to two other points that I think Mary Scanlon directed to me. I agree that we should do more on alcohol education. It strikes me that one of the real issues on alcohol consumption is general ignorance of the value of units of alcohol and how many it is safe to drink. At the moment, we are rightly putting a lot of effort into raising the general population's awareness through initiatives such as alcohol awareness week but, if we could intervene much earlier—with children at school—we would save ourselves a lot of effort further down the line.

Mary Scanlon hits on an important issue when she mentions mental health. We have talked about the interrelationship between drugs and alcohol, but perhaps the biggest interrelationship of all is that between drugs, alcohol and mental health. I assure Mary Scanlon that I am very interested in examining how we can provide services and facilities that address those matters and their relationship to one another. There is a way to go on the provision of such services and facilities, but the approach has much to commend itself.

Kenny MacAskill: Mary Scanlon raised two matters with me in particular. The first was lost causes. The Government does not believe in those. We believe that every citizen is capable of redemption and every human being is capable of rehabilitation. However, in a world of finite resources, seeking to impose compulsory treatment may not be the best use of funds when we do not have as much as we would like. We do not rule compulsory treatment in or out; it would have to be considered.

She also asked about brief interventions. There is clear evidence that the best interventions tend to be wraparound interventions and wraparound care. However, the fundamental point is not whether the intervention is brief, short term, long term or medium term. We are talking about individuals with particular addictions. Each circumstance is different, so we want to concentrate on what works for each individual with their addiction problem in the circumstances and locality in which they find themselves.

The Convener: Richard Simpson wants to make a short intervention, but I will let the members from the Local Government and Communities Committee in first. Margaret Smith has kindly allowed herself to be reshuffled—in the nicest possible way.

Jim Tolson (Dunfermline West) (LD): Thank you, convener. I also thank Margaret Smith for that reshuffle because I am aware of the time and that some of us will soon have to go to the Local Government and Communities Committee meeting.

I have a short question for Kenny MacAskill about drugs in prisons. I refer members to page 10

of the paper, where they will see that there is a £9 million spend on education, enforcement and drug treatment in prisons, which is not an insignificant sum of money. I would like to hear from the cabinet secretary what the Government plans to do to work smarter with that £9 million.

Not only do many people go to prison with a drugs habit—often they use criminal activity to feed that habit—but a recent report indicated that more people are coming out of prison with a drugs habit than went into prison with one, which is extremely concerning. What is the Government doing both financially and practically to reduce that problem in the Scottish Prison Service?

The Convener: The line to which Jim Tolson refers is on page 10 of paper HS/S3/07/10/01.

Kenny MacAskill: The point is useful, because I will head off to Perth prison once matters have been concluded here.

The Convener: In a professional capacity, I hope.

Kenny MacAskill: Absolutely.

Bill Aitken: Some of us might hope not.

Kenny MacAskill: Drugs are far too prevalent in our prisons, and the Government regards the position as unacceptable. However, I have a great deal of sympathy for the Scottish Prison Service, which has to deal with overcrowding and record numbers. The service is concerned simply with containing the burgeoning prison population. We must move towards a situation in which we are able to address the problems of people in prisons. The matter must be addressed in tandem with getting a coherent prison policy, which we are committed to doing. We have set up a prisons commission to consider what the purpose of prison should be and who should be there.

The Scottish Prison Service is coping ably in these difficult times, but significant problems are caused by the pressures of overcrowding, which result in prisons not being able to concentrate on the core services that they provide. There is huge expertise in the service in dealing with sex offenders—Peterhead prison has received worldwide acclaim for its work in that area—and in dealing with drugs and addiction. However, at the moment the service is able only to contain and corral people and to keep the lid on a difficult situation. If we are to enable prison staff to do what is necessary, we must tackle the number of people with drug addiction problems who are going into prison. If we are to stop the cycle of reoffending and the churn that is the worst aspect of prison policy in Scotland, we must tackle addiction in prison, not simply contain people.

The Convener: Members of the Local Government and Communities Committee are

now leaving. Margaret Smith has been waiting to come in, but now she is not ready.

Margaret Smith (Edinburgh West) (LD): I lost one of my questions.

I echo the comments of the Cabinet Secretary for Justice about the professionalism of our prison staff. In the past, mandatory drug testing has been used in the Scottish Prison Service. However, on a recent Justice Committee visit to Cornton Vale, staff told us that mandatory drug testing was not helpful to them and had a negative impact. What is your view on the issue? What work is being done to evaluate the drug and alcohol programmes that are under way in the Scottish Prison Service?

In your manifesto, you made a range of commitments in relation to drug programmes. For example, you said that there would be a 20 per cent increase in funding for drug treatment and rehab programmes and that there would be ring-fenced funding for drugs education in schools. At the current stage in the budget process, it is genuinely difficult to see whether those commitments have been covered and, if they have been changed, why that has happened. Both the Cabinet Secretary for Health and Wellbeing and the Cabinet Secretary for Finance and Sustainable Growth highlighted a 14 per cent increase in the justice budget to deal with drug misuse. Can you provide some of the detail behind that figure? The justice budget is a bit confusing, because moneys are coming and going between budgets.

I have a specific question for the Cabinet Secretary for Justice. Yesterday you published "Reforming and Revitalising: Report of the Review of Community Penalties". You have our broad support for the direction of travel, which is to make better use of community sentences. Given the fairly strong evidence of the success of drug treatment and testing orders, you are considering extending that approach to a wider range of offenders. How much will that cost? Moreover, will the approach focus on offenders with drug and alcohol problems or will it simply be applied to those without addictions?

10:45

Kenny MacAskill: On mandatory testing, as I said to Mr Tolson, the drug situation in prison is unacceptable, but that is what we have inherited. I have to be governed by what those with the expertise feel is appropriate, and if they think that mandatory testing is inappropriate I am happy to accept their advice. However, that is not to say that drugs are being tolerated or accepted. The question is how drug tests are carried out, and I am happy for the experts to take the appropriate action to ensure that drugs are not brought into our prisons and, indeed, that our prisons and prisoners are as clean as they can possibly be.

As for the provision of alcohol advice in prisons, I recently visited HM Prison Edinburgh and saw a very impressive programme in that respect. Instead of throwing money at treating alcohol and drug problems in prison, we must ensure that when we open the door and release prisoners such work continues. This brings us back to Dr Simpson's point about the constant churn. The problem is that when people who have gone on a programme have served their time and are then—understandably—released, they find that such provision does not or cannot continue. If we are to break the cycle of reoffending, we must ensure that there is some kind of synergy. After all, it has been found that people need time to work with prisoners on such matters. That, in itself, is a good argument against short sentences; no sooner has the assessment been made than the prisoner is released.

That aside, we must ensure that prisoners who undertake such drug and alcohol programmes—which are of significant value and which, as I saw at Saughton prison, provide an excellent service—do not simply pick up a travel warrant, leave Saughton, Barlinnie or wherever and end up in the company of drug dealers or those with whom they previously consumed alcohol to excess.

I do not have the specific budget for extending DTTOs. However, I can say that we are not looking to reinvent this particular wheel. We have inherited what has been a remarkably successful scheme and are happy to build on it. We want to widen, deepen and expand the great benefits of DTTOs and the good practice that has built up around them.

Ross Finnie: What about the 14 per cent increase in the justice budget to deal with drug misuse?

John Swinney: I will take that question. In the previous Administration's 2007-08 baseline budget, the published figure for dealing with drug misuse was £31.7 million. There has been an in-year transfer of £3 million to the health and wellbeing portfolio and community justice services, which means that the drug misuse budget line now stands at £28.7 million. The difference between £28.7 million and £32.8 million, which is the figure for 2010-11, is 14 per cent.

Ross Finnie: That is very helpful. Indeed, the note on page 122 of the budget document says much the same thing.

John Swinney: I would be horrified if it did not, Mr Finnie.

Ross Finnie: However, we could also do with some clarification of the £12.1 million that has been allocated for drug treatment in 2007-08, although I have to say that I have lost the parliamentary question on that matter. According to the answer, the subject of the—

The Convener: Perhaps you could let Margaret Smith back in while you are looking for the question.

Ross Finnie: My questions are, first, where has that £12.1 million come from and does it affect the 14 per cent figure? Secondly, if the £3 million is very properly being taken out, as the note to which I referred says, where is the comparable note in the health budget saying that the budget figures in a particular line are “not comparable” because one now contains £3 million that has come from another budget heading?

John Swinney: I would be interested to know where the figure of £12.1 million that you mentioned comes from.

The Convener: That is why I asked Ross Finnie to pause and find his papers. Perhaps he could do that now.

John Swinney: There has been a £3 million transfer to the health and wellbeing portfolio and the community justice services budget, which are two separate budgets. We have to be careful about including footnotes in that amount of detail in what is already a very complicated budget document. I am happy to advise the convener in writing about the budget lines that have been affected by the £3 million transfer.

The Convener: Yes. We are all pen pals.

John Swinney: I look forward to corresponding with the convener.

Ross Finnie: The figures to which I referred were given by Fergus Ewing in a written answer on 27 November.

The Convener: Can you give us its number?

Ross Finnie: Yes. It is S3W-6480—I am beginning to feel like Stewart Stevenson, but never mind.

The Convener: That is the number of speeches that he has given, or perhaps the number of jobs he has had.

Ross Finnie: I will not go there.

The answer mentions the £31.7 million, which is the figure that we agree was allocated from the justice portfolio. It describes how sums of £23.7 million, and the £3 million to which you properly referred, were allocated from that £31.7 million. It goes on, without a change of subject—so the subject remains the justice portfolio—to state:

“In 2007-08, an additional £12.1 million has been made available for drug treatment and rehabilitation for offenders including Drug Treatment Testing Orders.”

I accept that those funds were never part of the drugs misuse budget figure, but I am nevertheless trying to get a handle on whether the movement of

expenditure between years is 14 per cent. You will understand that the £12.1 million causes a little difficulty. It may be that that money is in the budget under another heading—I am not saying that it is not—but it is not immediately clear to me where it appears.

John Swinney: Funding for drug treatment and testing orders will not appear in table 23.08, which is the safer communities budget. I think that that funding will appear in the local government section of the budget or under community justice services. We will provide guidance to the committee on that point.

Ross Finnie: I would appreciate that. The written answer continues:

“There is also expenditure on drugs from the local government budget.”—[*Official Report, Written Answers*, 27 November 2007; S3W-6480.]

John Swinney: There will be.

Ross Finnie: Sorry, but the bit to which I referred did not refer to local government. I am not disputing the figures, cabinet secretary, but the answer would perhaps have been more helpful had it been clearer. I would like you to clarify the issue.

John Swinney: With the benefit of the reference to the parliamentary question, we will ensure that the committee gets a full explanation of that point.

The Convener: I would like you to clarify all those issues. It is difficult to get clarity in the context of a meeting, so we would like a clear response to the committee in a letter, to enable us to see the explanation in writing. We will need that information before next week, when we will consider our budget response.

Margaret Smith would like to come back in—she has been delayed by her colleague’s long intervention.

Margaret Smith: That has been duly noted, convener.

Ross Finnie: I allowed her to gather her thoughts.

The Convener: That is not very nice—he gave you a long time to gather your thoughts, Margaret.

Margaret Smith: He is ever helpful.

I am generally happy with much of the response, but one of my questions to Mr Swinney was about the SNP’s manifesto commitments. Given that it is difficult to know which particular piece of drugs work is being done under which table and under which heading, can you give us an absolute assurance that the commitments made in the SNP manifesto on drug treatment and rehabilitation programmes, ring-fenced funding for drugs education in school and so on have been fulfilled?

Can you assure us that, line by line, every commitment that was made on drugs, alcohol and addiction issues in the SNP manifesto is fulfilled in the draft budget? I can ask that question only in a general sense, because the draft budget does not have more detail.

John Swinney: I will make two points. First, in the budget lines that are available, the committee has the same level of detail as the Government has habitually provided. No change has occurred to the volume of information that the Government provides in that respect.

Margaret Smith: I do not think that that is correct.

John Swinney: I can tell you that it is absolutely correct. The information is provided to level 3 detail, which is the level that the previous Administration always provided. Not one single bit of change to that level has occurred.

Margaret Smith: I suggest that you read the—

The Convener: The minister has given his answer. Whether or not there are disputes, that is his answer.

John Swinney: I will give my answer a third time, if that helps the record. The information is set out at level 3, which is the level to which information was given in previous budget documents.

Margaret Smith: We can disagree on that one.

John Swinney: Well, I will say it a fourth time. The same amount of information has been provided—

The Convener: The minister has made his point. Whether or not a committee member agrees is—

Margaret Smith: I do not need to hear the answer another time—

John Swinney: It is a matter of fact.

The Convener: The minister has made his point and we will move on.

John Swinney: My second point is that the Government has progressed its manifesto commitments and set out in the spending review document how it intends to meet its priorities in the next four years. As the Deputy First Minister said, a series of developments in drugs policy will take place in the next four years. The Government will take that forward at different stages in the parliamentary session.

The Convener: I have a quick supplementary question to the Cabinet Secretary for Justice. Many members here have been members of justice committees and we fully agree that throughcare is a huge issue. Does the funding that

has been provided to local authorities include provision for housing? A huge issue has been that when women from Cornton Vale and other prisoners with drug and alcohol problems are released, there is not housing in the appropriate place that takes them out of the community, as you said, or the proper kind of hostel—I mean not the old-fashioned type, but supported accommodation. Has that been addressed in the local government settlement? That is sometimes missed out of the menu for discharged prisoners.

Kenny MacAskill: I am not aware of the financial matters. To an extent, the issue relates to why we have decided to continue with CJAs, which is because we need joined-up thinking. CJAs were not established by our Administration, but we must make the current system—

The Convener: What are CJAs?

Kenny MacAskill: They are community justice authorities. CJAs work across local authorities, because such matters are better dealt with on a broader basis than the size of some individual authorities.

Housing is an important aspect and we have a variety of ways to address it. We have structures in the CJAs. We have multi-agency public protection arrangements and other systems to deal with groups such as high-risk sex offenders. To some extent, the answer is in having the structures. We must make the current structures work better, rather than become involved and embroiled in reconfiguring the wheel and in creating new structures, which would take considerable time.

Agencies must work better and ensure that they speak to one another. Tragedies have occurred—I think especially of a high-profile sex offence in Glasgow—when local authority departments have not spoken to the police, or vice versa. We do not require structural change, but we require bodies—local authorities, housing agencies and the police—to work better through the community justice authorities. They require to understand much more that they have a shared goal and direction and to be less precious about individual matters, except when a clear need exists, as with confidential police intelligence matters, for example.

Nicola Sturgeon: The convener was right to make the point in relation to people leaving prison, but it has wider applicability—as the evidence that the committee has heard shows—to the need to focus on the recovery as well as the treatment of drug and alcohol misusers. The most effective strategies deal not only with access to housing, but with employability, skills and training. We need to take that broader view more, whether we are talking about prison leavers or others.

11:00

Helen Eadie (Dunfermline East) (Lab): I apologise for my late arrival.

The comments of the Cabinet Secretary for Health and Wellbeing on alcohol licensing with regard to the recent football game chimed with me. Some of us were aghast to know that some of the pubs in Glasgow and elsewhere were open at 8 o'clock in the morning, creating all sorts of issues for us. I welcome his comments.

I apologise if the cabinet secretaries have already answered these questions; just tell me, and I will read the *Official Report* afterwards—please do not repeat yourselves. Will you comment on the evidence that the committee has received? The quality and relevance of the data in most of the contributions could be much improved. What are your plans to enable us to receive better data, so that future decisions that you have to take—and that parliamentarians have to scrutinise—will be much better informed?

The issue of heavy discounting of alcohol in supermarkets has been raised not just in the committee, but elsewhere in society. The national Government has had discussions with the food industry, which have influenced thinking—what thoughts and plans do you have with regard to that? Returning to the question of ADATs, an important issue that came up was the fact that there is no statutory requirement for any of the agencies to be involved with ADATs—that was of some concern to us. We heard from Catriona Renfrew, who said that there is no clear policy statement at a strategic level, or even at a more local level, on some of the outcomes that we would expect. I welcome the cabinet secretary's comments that outcomes would be a clear area of focus—that is highly relevant to the way in which budgets are spent. I welcome your thoughts on what your overall strategic statement will be.

Nicola Sturgeon: I will begin briefly, but the Cabinet Secretary for Justice is the best person to answer. We covered issues of research and evaluation, and the need to improve the quality of information, before Helen Eadie arrived, so I will not repeat that. I read Catriona Renfrew's statements about the need for clear policy—she has a good point. We have already covered a lot of ground today regarding our outcome-based approach, which is going in that direction. In light of the Cameron stocktake of ADATs, we are undertaking further work to reform them, and I hope that what emerges from that will address some of the weaknesses that have been identified. I will hand over to Kenny MacAskill on the issue of alcohol pricing.

Kenny MacAskill: We are reviewing ADATs. As I said in response to Dr Simpson, some ADATs

have been remarkably successful, and others have not done as well—it is a matter of deciding how to improve them rather than throwing the baby out with the bathwater. With regard to ADATs, the glass is half full rather than half empty. We are working on pricing and other matters relating to alcohol and hope to make further information available shortly. We have already made it clear that alcohol cannot be sold or displayed as just another commodity, because it is not. Alcohol has significant effects; it is not simply a tin of beans. I am, therefore, grateful to the members of the Justice Committee who recently passed Scottish statutory instruments on that issue. The next stage will involve considering pricing.

The Convener: I will come in before Helen Eadie asks her supplementary question. You mentioned that you were considering the review of ADATs. When might there be some kind of development on that? We need a timescale, so that all the committees that have an interest in the issue will know when the Government will take a position with regard to the role of ADATs and whatever else it is going to consider.

Kenny MacAskill: I am happy to come back to the committee with more detail on that. We look to roll out best practice as and when we can, rather than waiting for a final, conclusive paper. If there are matters that we should share throughout the ADATs, we will do that. The final review and documentation should be available in the spring of 2008.

The Convener: Helen Eadie wants to come in, and Margaret Smith and Mary Scanlon have short supplementary questions. However, I know that the cabinet secretaries have other appointments. Are you content to take a few more questions?

Kenny MacAskill: Yes.

Helen Eadie: What is the Government's view on the longer and longer opening hours that are being proposed by licensing boards throughout Scotland? What plans do you have to link licensing boards with the work of ADATs? That is another issue that arose during our evidence taking.

Kenny MacAskill: Work is in progress. The previous Administration passed the Licensing (Scotland) Act 2005, which we supported, and its provisions are being rolled out. Some of them will not kick in until September 2009, with Scottish statutory instruments on commodities and displays. The direction of the 2005 act is correct. The industry should be much more professional in its outlook and licensing boards should be much more empowered. It is not for us to specify what the licensing regime should be in Kirkcaldy or wherever. That is best left to the local licensing board.

You have an assurance that we will encourage licensing boards to be vigilant and to use their powers when people who sell alcohol breach their licence. They do not have a God-given right to sell alcohol and doing so carries responsibilities. The Government will fully support licensing boards' work to protect communities in whatever way they choose. In particular, that might involve revoking people's licences.

We seek to establish links between ADATs and licensing boards. The purpose of liquor licensing fees is to ensure that licensing boards are funded not by the council tax payer, who already pays enough, but by the industry that profits from selling alcohol. We hope that that provides licensing boards with the money that they need to deal with matters through licensing standards officers and enforcement. We are also considering other matters that might give licensing boards the ability to seek other revenue to use in dealing with matters locally.

The Convener: I call Mary Scanlon, to be followed by Margaret Smith. They promised that their supplementaries would be short. I do not want to have to redefine "short".

Mary Scanlon: My question is about methadone, which has not been mentioned this morning. A witness from Grampian Police said that, in a snapshot of those in custody, up to 34 per cent had drug and alcohol problems and that, of the drug users, about 50 per cent were on the methadone programme. Are you content with that programme? Are you going to review it? Is it the best option to get people back to health and back to work?

Kenny MacAskill: We have inherited a problem with methadone that has come about for the best of reasons. As a society, we introduced methadone to try to stabilise the situation, to stop the deaths that were happening, particularly in Glasgow, and to stop the criminal offending that happens when people seek to feed a habit. I do not think that anybody anticipated that we would get to a situation where so many people were parked on methadone with no likelihood of getting off it. Clearly, we have to review the situation.

The Government's position is that there is a place for methadone. It has a role in stabilising, and it may even be that some people will be on the programme continually, but that should not be the case for the overwhelming majority. We have to work with people to determine the best way for them to overcome their addiction. That might be short-term use of methadone, or methadone use for a longer period.

The situation is not acceptable to the Government from a policy point of view, but it is also not acceptable for those who are on

methadone, because it has clear health consequences that were not anticipated. It is the law of unintended consequences. However, there is still a role for methadone.

Margaret Smith: I will try to be helpful.

Nicola Sturgeon: Oh dear.

The Convener: This is the way to end the meeting. Bring out the cakes.

Margaret Smith: I hope that the Cabinet Secretary for Justice will give me the answer that I am looking for and that the message that it sends will be heard by not only the committee but wider society. I take on board the concerns that Nicola Sturgeon raised about the impact of alcohol intake on the day of the Scotland-Italy match. I found myself in a hostelry in Edinburgh where a fight broke out as a clear result of alcohol intake. I stress that I was not involved in the fight.

The Convener: She added quickly.

Margaret Smith: We are about to enter the festive season when, historically, the police have focused on tackling drink-driving. Will the Cabinet Secretary for Justice assure us that, as far as he is aware, police forces throughout Scotland will focus on the impact of not only drink-driving but driving while under the influence of drugs?

The Convener: We have drifted wide of budget questions. If you wish to answer the question, you may do so, cabinet secretary.

Kenny MacAskill: I can give the absolute assurance that Margaret Smith seeks. The Association of Chief Police Officers in Scotland and the Government recognise that we have a problem that is to an extent cyclical. We have narrowed down those who abuse alcohol and then drive, as well as those who drive under the influence of drugs. We have made significant progress on that within a generation, but we have to tackle the hard-core, recidivist minority who seem to think that the law does not apply to them.

The growing prevalence of drug-driving is an issue that we have to address, although it can be hard for the police to assess drug-driving. The police are working on that and we are co-operating with the authorities south of the border. I have sympathy with the view that we should reduce the drink-driving limit.

The Convener: I thank the cabinet secretaries for taking part in the evidence session, which was useful. We have had our moments, but I think that we got there. It is useful for members of other committees to hear from ministers responsible for other portfolios. I notice that members asked questions that cut across portfolios. I thank the members of other committees who attended the meeting, some of whom had to leave to go to their

own committee meeting. If they wish to write to this committee with any observations that they wish us to incorporate, we will do our best to do so. This is a difficult topic to draw together. We know that there is not a simple road map. If there were, someone would have given it to us and we would be able to cure everything. The topic is difficult for all parliamentarians, including those in the current Government.

The Cabinet Secretary for Health and Wellbeing likes us so much that she is coming back next week to go over her full budget with us.

11:13

Meeting continued in private until 12:01.

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