

HEALTH AND SPORT COMMITTEE

Wednesday 10 December 2008

Session 3

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HEALTH AND SPORT COMMITTEE

30th Meeting 2008, Session 3

CONVENER

*Christine Grahame (South of Scotland) (SNP)

DEPUTY CONVENER

*Ross Finnie (West of Scotland) (LD)

COMMITTEE MEMBERS

*Jackie Baillie (Dumbarton) (Lab)

*Helen Eadie (Dunfermline East) (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)

Mr Frank McAveety (Glasgow Shettleston) (Lab)

Jamie McGrigor (Highlands and Islands) (Con)

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

*attended

CLERK TO THE COMMITTEE

Callum Thomson

SENIOR ASSISTANT CLERK

Douglas Thornton

ASSISTANT CLERK

David Slater

LOCATION

Committee Room 4

Scottish Parliament

Health and Sport Committee

Wednesday 10 December 2008

[THE CONVENER *opened the meeting at 10:06*]

Decision on Taking Business in Private

The Convener (Christine Grahame): Good morning, everybody, and welcome to the 30th meeting this year of the Health and Sport Committee. I remind all present to ensure that mobile phones are switched off. I confirm that the convener has, indeed, switched off her mobile phone, which makes a change.

Ross Finnie (West of Scotland) (LD): It is because she can see the controls today.

The Convener: I can see the controls.

No apologies have been received.

Agenda item 1 is a decision on taking business in private. In line with its usual practice, the Committee is invited to take in private item 5, which is consideration of its approach to its inquiry into pathways into sport. Are we agreed?

Members *indicated agreement.*

Subordinate Legislation

Sports Grounds and Sporting Events (Designation) (Scotland) Amendment Order 2008 (SSI 2008/379)

National Health Service (Travelling Expenses and Remission of Charges) (Scotland) Amendment (No 3) Regulations 2008 (SSI 2008/390)

10:07

The Convener: Our next item of business is consideration of subordinate legislation. We have before us two negative instruments. First, Scottish statutory instrument 2008/379 makes Galabank, Annan, subject to those provisions of the Criminal Law (Consolidation) (Scotland) Act 1995 relating to sporting events and the sale of alcohol, in place of Raydale Park, Gretna. The change reflects changes in the membership of the Scottish Football League.

Secondly, SSI 2008/390 makes changes to the National Health Service (Travelling Expenses and Remission of Charges) (Scotland) (No 2) Regulations 2003 (SSI 2003/460) to take into account recent changes in the benefit system.

Neither instrument was drawn to our attention by the Subordinate Legislation Committee. No comments have been received from members and no motions to annul have been lodged. Are we agreed that the committee does not wish to make any recommendation on the instruments?

Members *indicated agreement.*

Petitions

Methadone Prescriptions (PE789)

10:08

The Convener: Our next item of business is consideration of petitions. I refer members to the briefing papers. PE789, by Eric Brown, calls on the Parliament to take a view on regulation to ensure that a patient takes their methadone prescription while supervised by a suitably qualified medical practitioner. The committee is invited to consider closing the petition on the grounds that the Public Petitions Committee and this committee have extensively explored the issues raised by the petitioner and that the Scottish Government is introducing measures to investigate the link between prescribing policy and methadone-related deaths. Alternatively, committee members might wish to recommend another approach on which we might agree. I seek members' views.

Ian McKee (Lothians) (SNP): This issue has been extensively explored. Given the Minister for Community Safety's assurances in his letter to the convener, I think that we can close the petition.

Helen Eadie (Dunfermline East) (Lab): I am concerned that the Government's response does not really address the issue. According to the minister's letter, the Government has not commissioned any research and does not propose to do so. The minister draws attention to the work of the national forum on drug-related deaths and the piloting of a national drug-related deaths database. However, the minister qualifies what he says by noting that statistical comparisons of small local areas may not be possible because of the small sample size. The matter is not being addressed in a serious way. We need to think more about the issue and write back to the Scottish Government to say that we are not happy with its response.

Mary Scanlon (Highlands and Islands) (Con): I am sorry to disagree with my friend Helen Eadie. Eric Brown petitioned us on a topic that has been widely debated. The minister's response is good and gives us much more than we have previously had. There is undoubtedly serious concern across Scotland about the issue that the petition raises.

The minister states in his letter:

"A cross-analysis of this data could highlight if there are any links between methadone-related drug deaths and dispensing".

We have never had such an analysis before. The minister also states that the Government is

"piloting the national drug-related deaths database in Lanarkshire, Dumfries and Galloway and Ayrshire and Arran."

I am not sure what the timetable is for rolling out the database, but it is a major step forward in the right direction. Certainly, my party has serious concerns about the lack of choice in using methadone and so on. We will welcome the information that will come from the database pilots. I welcome, too, the Government's response on the issue.

The Convener: The minister states in his letter that the Government hopes to

"roll out the first stage of the database in early 2009".

Mary Scanlon: Yes, and he continues that that "will be followed by the IT element".

The Convener: I hear what Helen Eadie says, but I disagree with what she proposes. Surely the first thing to do on the issue of methadone prescribing is to get the necessary data, which we do not have at present. Initial research can simply be about getting the data. It is interesting that the database will consider whether there are links between deaths and taking methadone, record the deaths of people who were taking methadone that they were not prescribed, and record whether clients have topped up their prescription. The database may not be conclusive and all-embracing, but it will include those three categories. It is important first to get such information.

Helen Eadie: That point does not address the qualification in the minister's response, which is highlighted in our briefing paper:

"statistical comparisons of small, local areas may not be possible due to the small sample size."

I agree that having the database is a good step forward, and I acknowledge that it will record information, including whether methadone was prescribed to the deceased. However, at the end of the pilot, we could still not have all the information that we need. I feel that we should have further reassurances from the Government that, in fact, it will address that issue.

Ross Finnie: There are two issues here. First, I agree with Mary Scanlon that things have moved on substantially since the petition was lodged. There is now far greater recognition in Government and in the medical profession of the need for supervised dispensing of methadone, which is not universally practised. Helen Eadie is right that there are issues in that respect. Nevertheless, it is clear that the policy direction, which is the only area that we can affect, is to get back to a situation whereby unsupervised dispensing of methadone is simply not the norm—I think that we are moving to that. Secondly, in

giving effect to that, the minister's letter is to be welcomed because it recognises that, unless we have the data, all sorts of unsupported claims can be made in Parliament.

I am in no doubt that drug misuse remains a matter of great concern not just to the committee, but to the Parliament as a whole, so I cannot conceive of a situation in which the Parliament will not want to bring the Government regularly to account on the delivery of its new drugs policy. To that extent, I believe that the petitioner has achieved a lot. He has not been unique in highlighting an unintended drift in the previous policy, which has had substantial unintended consequences.

My judgment is that the Parliament will never lose sight of the issue now that it has an active interest in bringing the Government to account on the delivery of its policy, and that it will concentrate on the change in policy, whereby the prescription of methadone must be supervised and there must be a database against which achievement of that aim can be measured. We should accept that the petition has gone as far as it can go, but that does not in any way prevent the Parliament from engaging in the normal process of putting the Government's drugs policy under scrutiny.

10:15

Mary Scanlon: I have a final point. According to the minister's letter, the information technology element of the drug-related deaths database is due to be rolled out

"towards the end of 2009."

I accept what Helen Eadie says. It is difficult, particularly in the islands, to provide supervised consumption of methadone on a Sunday, given the public transport situation and the fact that many island pharmacies are simply not open on a Sunday. A major step forward has been made, but I would like us to return to the issue, perhaps at the end of next year. The petitioner has successfully secured a commitment from the Government.

The Convener: I notice that the pilots are due to conclude shortly. It is open to any member to ask parliamentary questions on the issue to keep the minister on his toes.

Ian McKee: I put on record that not all practitioners necessarily agree with what Ross Finnie said and Mary Scanlon implied—that all methadone taking should be supervised at all times. There are very good reasons why that does not have to be the case, despite the very bad cases that we know about.

In addition, the petition, which was submitted in 2004, requests that people who take methadone be supervised

"by a suitably qualified medical practitioner".

I know of no one in the field who thinks that every dispensation of methadone should be supervised by a medical practitioner, because that would be totally impractical.

The Convener: Such supervision is often done in pharmacies.

Helen Eadie has a final point.

Helen Eadie: Mary Scanlon made an important point. I agree with Ross Finnie that some progress has been made, but we should be mindful of the caveat about not raising unrealistic expectations. That is why I am keen that we pursue Mary Scanlon's almost throwaway suggestion that we revisit the issue in a year. We have the option to close the petition or to call for a progress report from the Government in a year's time. Given that the issue has been of continuing importance for the past nine years, I am not minded to agree to close the petition. I think that we should revisit it in a year's time, when we can consider an analysis of what progress has been made. The petitioner has brought a vital issue to the Parliament's attention.

The Convener: Indeed, but it is not necessary to keep the petition open to revisit the issue. The committee can decide to fit that into its work programme. I see that the Government hopes

"to roll out the first stage of the database in early 2009, followed by the IT element of the project towards the end of 2009."

I am not swayed one way or the other; it is up to the committee to decide. I am just saying that it is not necessary to keep the petition open, as we can decide to come back to the issue when we think about our work programme.

Helen Eadie: But the converse is also true—it is not necessary to close the petition. It is neat and tidy to do so, but if we keep the petition open, that will place an obligation on us to revisit the subject.

The Convener: There are conflicting views.

Ian McKee: I totally accept Helen Eadie's good intentions, but I agree with Ross Finnie. The Government's drugs policy will attract the attention of the whole Parliament on many occasions, so I do not think that it is necessary to keep the petition open. The petitioner has succeeded in his aim and the petition has taken on a life of its own.

The Convener: We could close the petition but write to the minister to say that we intend to review the position in a year's time, at the end of 2009. Individual members can monitor the situation in the interim.

Helen Eadie: I would be prepared to accept that suggestion with the caveat that we should ask the minister to provide us with a report to consider by this time next year.

The Convener: That is absolutely fine. It will not be a problem to do that once the pilots have finished.

Are members content for us to close the petition and to write to the minister using words to that effect?

Members indicated agreement.

Sports Facilities (PE1205)

The Convener: In relation to PE1205 by Chris Gallacher on the provision of local, regional and national sports facilities, the committee is invited to consider whether to deal with the issues that the petition raises as part of its pathways into sport inquiry and to close it on that basis or to adopt a different approach. I invite members' views. This is the Meadowbank petition.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I apologise for my late arrival, which is due to the cancellation of trains.

Mary Scanlon: As we are moving into stage 2 of our pathways into sport inquiry, I would like to consider the issues that the petition raises as part of that inquiry. The petition makes a good point. We should move forward on that basis.

The Convener: Are we agreed?

Michael Matheson (Falkirk West) (SNP): For clarification, it would be difficult for the inquiry to examine the specific issue of facilities at Meadowbank, because I suspect that that would result in our being inundated by requests from across the country. The petitioner should be aware of the fact that we will consider general issues around the provision of facilities at local level.

The Convener: Yes. I suspect that the committee might take the same principled line if other petitions about facilities are referred to us.

If we wind back to the letter to the minister—*[Interruption.]* I am getting confused because of my glasses.

Callum Thomson (Clerk): The committee kept open the two previous petitions that it considered that related to the pathways into sport inquiry, so I suggest that it might be worth while keeping open PE1205 for the duration of the inquiry.

The Convener: Do members agree?

Members indicated agreement.

The Convener: That is fine; I was going astray.

That concludes our formal business. We move into private session for consideration of items 4 and 5.

10:22

Meeting continued in private until 12:31.

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