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Scottish Parliament

Thursday 29 October 2026

[The Presiding Officer opened the meeting at 13:30]

General Question Time

The Presiding Officer (Kenneth Gibson): Good afternoon, colleagues. The first item of business is general questions. As always, to accommodate as many questions as possible, I ask for concise questions and answers.

Rothsay to Wemyss Bay Ferry Service

1. **Jenni Minto (Argyll and Bute) (SNP):** To ask the Scottish Government when it expects new vessels to be available to support services on the Rothsay to Wemyss Bay route. (S7O-00405)

The Cabinet Secretary for Economy, Tourism and Transport (Stephen Flynn): I thank Ms Minto for her very sincere and continued interest in the matter. As she knows, the Wemyss Bay to Rothsay route is served by the sister vessels the MV Argyle and the MV Bute. They are a little bit younger than I am—they are around 20 and 21 years old. We expect the vessels to last until they are around 30 years old. As it stands, they are projected for replacement as part of phase 3 of the vessels and ports plan, which covers the period 2031 to 2036.

Jenni Minto: The two vessels are a good deal younger than I am.

As the cabinet secretary will know, the introduction of routine maintenance periods on a fortnightly basis has resulted in a reduction in current timetables. What assessment has been made of the impact of the change on people who live on Bute and those who commute to the island? Have alternatives, such as overnight maintenance or maintenance on a different day, been considered?

Stephen Flynn: It is an important point for members to be cognisant of in relation to not just those vessels but all vessels. As part of the islands connectivity plan, we want regular maintenance to be undertaken. Unfortunately, as a consequence of that, vessels will be out of service for a period. I assure Ms Minto that CalMac Ferries will look at every possible opportunity to mitigate the time that vessels are out of service. There is a particular challenge around working overnight in relation to staffing availability and the resulting noise in the surrounding area, but I encourage her, as I always do, to engage proactively with CalMac on the issue.

Stuart McMillan (Inverclyde) (SNP): Notwithstanding the phase 3 approach that the cabinet secretary highlighted, can he confirm that replacement of the two vessels is under consideration so that there can be a seamless transition at the relevant time?

Stephen Flynn: Yes, I can. I will build on my earlier remarks. As I outlined, we are considering that as part of phase 3, which covers the period 2031 to 2036. However, the vessels are also being considered as part of the proposed intermediate vessel programme. That work is under way, and I am happy to keep Mr McMillan and Ms Minto updated accordingly.

The Presiding Officer: Before we move to question 2, I remind members that they should not press their request-to-speak button unless they want to ask a supplementary to the next question on the list. They should not press it for questions that are further down the list.

Culture Portfolio (Accountability of Public Bodies)

2. **Stephen Kerr (Mid Scotland and Fife) (Con):** To ask the Scottish Government how it ensures that public bodies within its culture portfolio are held accountable for their performance. (S7O-00406)

The Cabinet Secretary for Education, Culture and Gaelic (Màiri McAllan): Public bodies are accountable to ministers for the delivery of their statutory functions, the effective use of public funds and their overall performance. Sponsor teams in the Scottish Government scrutinise performance, finances, risk and delivery against agreed objectives, while senior civil servants undertake annual appraisals of public body chairs.

Annual reports and audited accounts provide transparency and public accountability. Within that framework, public bodies retain operational independence and are responsible for their day-to-day decision making and the discharge of their statutory duties.

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Stephen Kerr: It is in an area of the cabinet secretary's responsibility and accountability that I wish to ask my next question. Before I do so, I declare an interest as a director of WhistleblowersUK, which is a not-for-profit organisation.

The interim chief executive of Historic Environment Scotland has publicly brushed aside whistleblowers' concerns as overblown, sought to frame their actions as unacceptable and dismissed Audit Scotland's report of a toxic workplace in HES. Does the cabinet secretary share my concerns about such an attitude towards whistleblowers, and is she concerned about the rather dismissive approach that the interim chief executive has taken towards Audit Scotland's report, which talked of a "toxic workplace culture" in Historic Environment Scotland?

Màiri McAllan: I thank Stephen Kerr for his question and for his written correspondence to me on the matter. I have looked very carefully at his letter and have responded to him this afternoon. I appreciate and expect that Mr Kerr will not yet have had the chance to see that. However, when he receives my letter, he will find a full account in response to the questions that he put to me.

For the record today, I state my unequivocal support for whistleblowers and underline the importance that I place on their protection. Mr Kerr's question and some of his letter were predicated on reporting in the press, and I want to put on the record that, on 20 October, the particular outlet concerned was required to issue a clarification to its 9 October article, which stated that the whistleblower was not explicitly threatened and that the article was not intended to suggest that Historic Environment Scotland had contravened the law on protected disclosures—in other words, whistleblowing.

I ask Mr Kerr to refer to the letter that I sent him today, and I am happy to answer further questions from him.

Alex Kerr (Hamilton, Larkhall and Stonehouse) (SNP): The culture sector is—rightly—receiving greater recognition of its contribution to Scottish society, with a larger budget in 2026-27 to match that recognition. With significant commitments to increase culture funding by £100 million a year, what lessons can be learned from the recommendations in the "Independent Review of Creative Scotland" to ensure that the additional funding is utilised as effectively as possible to support Scotland's vibrant creative sector?

Màiri McAllan: I welcome the opportunity that the review provides for Creative Scotland to strengthen how it supports Scotland's culture sector, artists, communities and audiences. Alex Kerr is absolutely right to point out that we are increasing culture funding by £100 million annually, representing the largest increase of the devolution era outwith Covid support. The review of Creative Scotland, which we are taking forward both collectively and independently, provides the right context in which to make the best possible use of that substantial investment.

Living Costs Support (Low-income Households)

3. Zen Ghani (Glasgow Cathcart and Pollok) (SNP): I refer to my registered interest as a councillor on Glasgow City Council. To ask the Scottish Government what additional measures it is taking to support low-income households to manage rising living costs during the current financial year. (S7O-00407)

The Cabinet Secretary for Social Justice and Housing (Shirley-Anne Somerville): The Scottish Government recognises the continuing pressure on household budgets, which is why we are investing more than £3.5 billion in 2026-27 to tackle poverty and support people with the cost of living. That includes our five family payments, free school meals and winter heating benefits, alongside £159 million this year to mitigate the impact of United Kingdom welfare policies.

We are considering the detail of the UK Government's budget, including the proposed £100 household energy payment, and we will ensure that households in Scotland benefit. However, households need lasting support, including an energy social tariff and an end to damaging welfare policies.

Zen Ghani: In communities across Glasgow Cathcart and Pollok, many families are having to make difficult choices between heating and eating as the cost of living continues to rise. What additional support can the Scottish Government provide to help households in areas of deprivation across Glasgow, and how will it ensure that people are made aware of the support that is available to them?

Shirley-Anne Somerville: As an example of the available support, I point to the sum of more than £18 million this year for free welfare, debt and income maximisation advice services, which help people to access the support to which they are entitled. However, the job would be made much easier if the UK Government budget had not been so much of a dismal failure in relation to actually helping people with the cost of living crisis. There was no lifting of the freeze on the local housing allowance, no scrapping of the bedroom tax or the benefit cap and no energy social tariffs, so the Scottish Government will continue to get on with supporting

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households throughout the country, including in the member's constituency. It is just a real shame that yesterday's budget was a missed opportunity to add to that effort.

Iris Duane (Glasgow) (Green): Yesterday, the Scottish Government revealed that it will mirror the UK Government and give people in council tax bands A to D a £100 household energy payment. Although I, of course, welcome anything that helps my constituents to deal with the cost of living, that fails to address the broken council tax system on which it is based. To actually help working-class families to manage the cost of living, can the cabinet secretary confirm whether the Government is working swiftly to abolish the regressive and punitive council tax?

Shirley-Anne Somerville: The work on council tax is ongoing, led by the Deputy First Minister. There is agreement about the need for reform, and the challenge is to determine what that reform looks like. In the meantime, given that the Scottish Government was given no notice of the UK Government's £100 council tax benefit policy, we are having to work at speed to ensure that households benefit from it this winter.

Pension-age Winter Heating Payment

4. Clare Haughey (Rutherglen and Cambuslang) (SNP): To ask the Scottish Government when it anticipates that payments for the pension-age winter heating payment will commence in 2026-27. (S7O-00408)

The Cabinet Secretary for Social Justice and Housing (Shirley-Anne Somerville): The pension-age winter heating payments for 2026-27 will commence from November and continue throughout the winter. The vast majority of payments will be made automatically, without the need for an application, and will provide support for more than 879,000 Scottish pensioners. The Scottish Government recognises the financial pressures that many pensioners continue to face. The payment provides direct financial support to pensioners to help with their heating costs during the winter months.

Clare Haughey: Forecasts from EDF Energy this week predict an eye-watering jump of 27 per cent in energy bills in January 2027. In total, energy bills are set to be £1,275 higher than Labour promised when it came to power in Westminster. That is coming at a time when families are choosing between heating and eating—I see that through my constituency casework. Will the cabinet secretary outline the different types of Scottish Government support that are available to pensioners, low-income households and families with disabled children and young people to help with their bills this winter?

Shirley-Anne Somerville: I am sure that everyone in the chamber, but particularly members from Scottish Labour, will remember that manifesto commitment to reduce people's fuel bills by £300. As Clare Haughey mentioned in her supplementary question, Labour has far outshone itself in its ineptitude on that area, because the hit that is coming this winter to pensioners, low-income households and families with disabled people is stark.

The Scottish Government has an investment package of around £205 million in our winter heating benefits. Some of those are not available anywhere else in the United Kingdom, including our child winter heating payment, because we understand and appreciate the difficulties that people are having.

The fact that we are sitting in energy-rich Scotland means that nobody should be struggling to heat their home. We will do what we can with the powers that we have, but it is only with independence that we can solve the crisis that many people are facing.

Policy Decisions (Consultation)

5. Thomas Kerr (Glasgow) (Reform): To ask the Scottish Government what consideration it gives to responses received through public consultations when making policy decisions. (S7O-00409)

The Minister for Parliamentary Business and Veterans (Jamie Hepburn): The Scottish Government values the views and evidence that are provided through public consultations. We recognise that people give their time, knowledge and expertise when responding to consultations. By analysing and understanding the perspectives of individuals, stakeholders and organisations on issues, we can understand their opinions or proposals.

Responses to formal written consultations are analysed in line with Scottish Government guidance and form part of a range of evidence that is used to take policy decisions. We consider the breadth of views that are expressed and the evidence and experience behind them, alongside research, expert advice and information that is outlined in relevant impact assessments.

We publish all consultation analysis and strive to set out how the responses have informed the decisions that we take.

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Thomas Kerr: The Scottish Government's consultation saw 77 per cent of respondents disagree with extending candidacy rights to foreign nationals, yet the Government proceeded regardless. It has now introduced legislation to address a loophole and to fix its own legislation while extending candidacy rights to Commonwealth citizens. Does the minister accept that that demonstrates a disregard for public opinion? Will he explain why he believes that foreign nationals should be eligible to serve in Scotland's Parliament, when most of Scotland does not believe that?

Jamie Hepburn: I go back to the point that I made: consultation is an important part of the exercise that informs the decisions that we make. Previously, this Parliament had enfranchised a range of individuals, including foreign nationals, who reside in Scotland. I think that, by and large, the franchise should reflect those who are entitled to stand for Parliament.

It is also the case that the same consultation informed a different decision that we took. We initially thought that we would enable 16 and 17-year-olds who are enfranchised to stand for election, but the feedback that we got through that process of consultation led us to conclude that that would not be an appropriate thing to do. That is a demonstration that consultation can impact the decisions that we make.

Homelessness (Local Authority Accommodation Duties)

6. James Adams (North East Scotland) (Con): To ask the Scottish Government what steps it is taking to ensure that local authorities are able to fulfil their statutory duties to provide accommodation to people at risk of homelessness. (S7O-00410)

The Cabinet Secretary for Social Justice and Housing (Shirley-Anne Somerville): Local authorities in Scotland have statutory duties to those who are assessed as being threatened with, or at risk of, homelessness. That requires them to take reasonable steps to ensure that accommodation that such people already occupy remains available or, if that is not possible, that other accommodation is made available.

Supporting people is not always about providing new accommodation. It can be about ensuring that timely support is provided to help households to sustain their tenancies. We are strengthening existing duties through the Housing (Scotland) Act 2025, which will ensure that steps need to be taken six months before someone is threatened with homelessness.

James Adams: The cabinet secretary will know that, in the past year, local authorities have failed almost 22,000 times to fulfil their legal duty to provide support to homeless people. Scottish councils simply do not have the resources to house everyone, particularly with such high demand. Given that councils are already struggling to support people who are in need, does the cabinet secretary agree that suspension of the local connection rule needs to be ended so that we can focus on housing people who already live in Scotland?

Shirley-Anne Somerville: This country has a proud history of having some of the strongest housing rights in Europe and, certainly, the strongest in the United Kingdom. Those housing rights are there for everyone, and the Government has absolutely no intention of changing that policy.

Iris Duane (Glasgow) (Green): I am aware that the Government is working to reduce homelessness, and I thank the cabinet secretary for our candid relationship in discussing that. However, the number of individuals who are living in unsuitable or temporary accommodation is still at an unsustainable level, while just under 45,000 homes stand empty across Scotland. What action is the cabinet secretary taking to bring those homes back into use? Will she explore the use of mandatory leasing orders so that nobody ever has to sleep on our streets again?

Shirley-Anne Somerville: By coincidence, I was at the Scottish Empty Homes Partnership conference this morning speaking to empty homes officers and I announced further funding to assist councils with grants to assist with repairs, for example, to get some of those empty homes back into use. A record number of empty homes was put back into use last year.

I was also pleased to hear about the compulsory purchase order hub that is being established to encourage learning across Scotland, as some local authorities use those powers more than others. I am sure that I will keep up to date with the member's views on some of the other aspects that were mentioned in the consultation on compulsory purchase order reform, which we decided not to implement at this point. However, we are still keen to see whether there are lessons that we can learn on that matter.

Julie MacDougall (Mid Scotland and Fife) (Reform): Shelter Scotland has recently recorded that the number of households assessed as being, or at risk of becoming, homeless shot up to more than 35,000 this year. The charity argues that more than 15,000 new social homes need to be built to even begin to address that problem. Will the cabinet secretary consult housing developers so that the overly burdensome planning regulations can be lifted and new social housing can be built more cheaply and quickly?

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Shirley-Anne Somerville: Planning does not sit within my portfolio, but the Minister for Public Finance is doing a great deal of work with developers to determine what can be done to make the system simpler, easier to use and, therefore, speedier. However, I met housing developers last Friday, and we discussed how more homes Scotland could help the developments that they wish to take place happen at greater speed. I thank them for that constructive conversation.

National Performing Companies (Meetings)

7. Neil Bibby (West Scotland) (Lab): To ask the Scottish Government when the Cabinet Secretary for Education, Culture and Gaelic last met with representatives of the national performing companies and what issues were discussed. (S7O-00411)

The Cabinet Secretary for Education, Culture and Gaelic (Màiri McAllan): Scotland's five world-class national performing companies play a central role in our cultural infrastructure. I have met individual representatives at recent meetings, including representatives of Scottish Opera and of the National Theatre of Scotland at a performance in August. My office is arranging a date to meet all five national performing companies together. I intend to do that before the end of the year. As discussed with the Europe, External Affairs and Culture Committee on Tuesday, my senior Scottish Government officials meet the national performing companies on an ongoing basis to discuss future sustainability, and I await advice in that regard.

Neil Bibby: I welcome the fact that the cabinet secretary intends to meet all the national performing companies in due course. There will be a lot to discuss.

I agree with the cabinet secretary about the importance of our national performing companies, but they have warned that they are reaching breaking point. The National Theatre of Scotland projects a deficit of £423,000. The Royal Scottish National Orchestra says that it faces its most serious challenge in a generation. Angus Robertson, the previous Cabinet Secretary for Constitution, External Affairs and Culture, said earlier this year, during the budget process, that the national companies were at the top of his list for future priorities. Are they at the top of the current cabinet secretary's priority list, or is something else? When will we see evidence of that?

Màiri McAllan: In recognition of the importance of our national performing companies, we provided an uplift of £1 million of funding across all five companies in 2025-26. That came on top of £700,000 of funding in 2024-25. Both our budget for this financial year and the spending review set out that, as well as protecting funding for the NPCs in the coming financial year, we will seek to provide them with additional funding in future financial years, as part of the commitment towards that additional £100 million for the culture sector by 2028-29. I absolutely stand by that.

Martyn Day (Falkirk East and Linlithgow) (SNP): The Scottish National Party Government's commitment to establishing a new national performing company is an important step in recognising the immense value of Scotland's traditional music sector. Can the cabinet secretary provide an update on progress following the round table that she hosted with trad music stakeholders?

Màiri McAllan: I am very pleased that we have committed to establishing a national performing company for traditional music. It is an exciting and timely opportunity to recognise that traditional music is an absolutely vital part of our cultural identity and, indeed, our international reputation. Following my expert round table on 27 August, which Mr Day referred to, we also ran a survey, which closed on 30 September. It received more than 300 responses, and I thank everybody who engaged with it. We will analyse those responses and confirm next steps shortly.

Bus Fare Cap (Engagement)

8. Patricia Gibson (Cunninghame South) (SNP): To ask the Scottish Government what engagement it has had with bus operators to boost services following its implementation of the £2 fare cap. (S7O-00412)

The Cabinet Secretary for Economy, Tourism and Transport (Stephen Flynn): I thank Patricia Gibson for her question, because it allows me the opportunity to share the good news with the Parliament once again that this Scottish National Party Government promised to deliver a £2 fare cap in the Strathclyde Partnership for Transport—SPT—area within the first 100 days of the Government, and we delivered on that promise. We now want to see increased patronage of our buses, and it is my hope that the £2 bus fare will encourage customers to take up the opportunity that we have given to them. I hope that that will help to ensure that more people across Scotland travel by bus.

Patricia Gibson: On that very point, following the introduction of the £2 fare cap, the Scottish Government has funded, via Strathclyde Partnership for Transport, bus service extensions from Glasgow on a pilot basis. Given that Irvine, in my constituency, has a population of more than 39,000, will the Scottish ministers work

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with SPT and bus companies to explore the reintroduction of an Irvine-to-Glasgow bus service, which would enable my constituents to benefit from the fare cap when travelling for work and leisure opportunities?

Stephen Flynn: Patricia Gibson goes to the very heart of one of the problems that we have. Each and every time I come to the chamber, my colleagues on the SNP benches and members across the chamber outline where there is a shortage of services and where people are not able to get to where they want to go by bus. That is exactly why this Government will take forward proposals to ensure that our buses are back in public control. I look forward to working with Patricia Gibson and with partners across Scotland to make sure that that happens.

Katy Clark (West Scotland) (Lab): One of the temporary reinstatements is of the X36 service between Ardrossan and Glasgow until March, and that is very welcome. The service was first withdrawn in 2022, and extensive representations were made for its reinstatement. That direct bus route to Glasgow benefits the three towns, as well as Kilwinning and the Garnock valley, so will the Scottish Government look at what funding can be made available to permanently reinstate the X36—that is, the Irvine service—and, indeed, to boost such services?

Stephen Flynn: The example that Katy Clark posits builds on the point that my colleague Ms Gibson made. It is the reality that, across Scotland, bus service provision as it stands does not meet the expectations of the public. Therefore, the public rightly come to our door to ask for investment. That is why we will not just continue to invest but take definitive policy action to ensure that buses are back under public control.

Willie Rennie (Fife North East) (LD): I am intrigued by what the cabinet secretary means by “public control”. Does he mean that there will be franchising in every part of the country? Is that a certainty?

Stephen Flynn: As convener of the Transport Committee, Mr Rennie will know that the Transport (Scotland) Act 2019 affords local authorities the ability to franchise, to run a municipal service or to run a bus service improvement partnership with operators. I am keen to build on the current legislation to ensure that we achieve the objective that, I think, we share: public control of Scotland’s buses.

Paul Sweeney (Glasgow) (Lab): Although I welcome the implementation of the £2 bus fare cap, I find it frustrating that it represents an additional subsidy for Scotland’s private bus companies. There is universal agreement in the Parliament that bus franchising in Scotland needs to be implemented as quickly as possible, starting in Strathclyde after years of delays, so will the cabinet secretary commit to working with Opposition parties to expedite the proposed better buses bill in order that we get the publicly controlled bus system that we desperately need?

Stephen Flynn: Yes.

Children with Additional Support Needs (Learning Services Support)

9. David Linden (Glasgow Baillieston and Shettleston) (SNP): To ask the Scottish Government what support it provides for online learning and interrupted learner services for children with additional support needs. (S7O-00413)

The Cabinet Secretary for Education, Culture and Gaelic (Màiri McAllan): The Scottish Government is committed to helping all children and young people, including those with additional support needs, to continue their education when they cannot attend school. We provide advice and resources to help all pupils to participate in learning, and we fund e-Sgoil’s online service for interrupted learners. That builds on the support that is already provided by schools and local authorities, and we continue to explore how online learning and technology can help children and young people who are struggling to stay connected to education. All that is done with a view to achieving excellence and equity for every pupil in Scotland.

David Linden: One example of a young person who is struggling at the moment is Rowan Simpson, my young and very bright constituent from Baillieston, who suffers from anxiety and autistic burnout. She is on a two-year waiting list for e-Sgoil, but she gets two hours of support a week from Glasgow City Council’s interrupted learner services. What action will the Government take to ensure access to education outside the school environment for children with additional support needs?

Màiri McAllan: I appreciate David Linden raising what is clearly a very difficult situation for Rowan and her family. I reiterate that every child should be able to access education that meets their needs, particularly when health issues or other factors make attending school difficult.

The Scottish Government funds i-Sgoil, which is part of e-Sgoil’s national online learning offer for interrupted learners. Personally, I know the difference that that can make to young people’s lives. No child should be without appropriate education support. While young people are awaiting access to a specific service, local

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authorities and schools must fulfil their duty to make suitable alternative arrangements if attendance at school is not possible.

Bus Network (Public Control)

10. Patrick Harvie (Glasgow) (Green): To ask the Scottish Government, in light of the First Minister's recent commitment to bringing the bus network back into public control by the end of the current parliamentary session, what assessment it has made of the legislation required to implement this policy and when it plans to introduce it. (S7O-00414)

The Cabinet Secretary for Economy, Tourism and Transport (Stephen Flynn): It is important to reiterate, building on the answers that I gave a minute ago, that the Transport (Scotland) Act 2019 allows local authorities to move forward with municipal ownership, franchising and bus service improvement partnerships with operators. As Mr Harvie will know, the First Minister has been clear—as have I—about our intention to bring buses in Scotland back under public control. We will do that through better buses legislation. I look forward to working with him and colleagues across the chamber to ensure that that happens.

Patrick Harvie: Last month, the cabinet secretary was completely unclear on whether the better buses legislation would involve one bill, multiple bills or no bill at all, and on when anything would happen. Three weeks ago today, I was told:

“Over the coming months, we will undertake further engagement and discussion regarding potential options before decisions on next steps are taken.”—[*Official Report*, 8 October 2026; c 11.]

Barely a week later, the First Minister told the Scottish National Party conference what the policy actually was—franchising everywhere, with the whole bus network brought back under public control. I am glad that someone has finally told the cabinet secretary what he is supposed to be trying to achieve. Is it not clear that, if any of that is going to happen, he needs to introduce an ambitious bill in the Parliament soon?

Stephen Flynn: Yes.

Graham Simpson (Central Scotland and Lothians West) (Reform): Is the cabinet secretary seriously telling us that he will impose franchising on areas of Scotland that do not want it?

Stephen Flynn: Is Mr Simpson seriously coming to the chamber and sitting among his colleagues—who regularly ask me direct questions about the removal of bus routes in their areas, the lack of service in their areas or the cost of running services in their areas—and opposing our intention to bring buses back under public control? Is that seriously the policy of the supposed party of working people, or is it the policy of those with very deep pockets?

The Presiding Officer: On that consensual note, we come to the end of general question time for this week. I apologise to members whose questions I was unable to take due to time constraints.

First Minister's Question Time

Party Leaders

14:00

The Presiding Officer (Kenneth Gibson): We now move to questions to the First Minister from party leaders. This week, we will begin with Michael Marra, who has up to seven minutes for questions and answers.

Rosebank (Support)

Michael Marra (North East Scotland) (Lab): Presiding Officer, as part of your brave new format, you have asked for short, sharp questions and short, sharp answers, so, I was in London this week telling the United Kingdom energy secretary and the Chancellor of the Exchequer that I support Rosebank—does the First Minister?

The First Minister (John Swinney): The process of consideration of the Rosebank application has to be applied by the quasi-judicial process that the Prime Minister talked about, where the implications of the consenting of that development have to be compared with the importation of oil and gas—[*Interruption.*]

The Presiding Officer: Excuse me, First Minister. Members, it is the first question. Let the First Minister answer, please.

The First Minister: Comparison has to be made between the carbon emissions of the Rosebank field and alternative importation of supplies. That is the legal test that has to be satisfied.

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Michael Marra: That answer was fairly short, but not too sharp.

The First Minister will not back Rosebank investment. He is blocking nuclear jobs and he can barely bring himself to say the word “defence”. Those are all areas where we can get the Scottish economy growing, which will create decent, well-paid employment for Scottish workers.

We need to grow the economy, because the Scottish Government has left the country facing a £5 billion black hole by 2030. That is despite the UK budget yesterday confirming that funding for Scotland will have increased by £18 billion since Labour came to office. Given the cuts that the First Minister is now pursuing and the desperate state of so many of our public services, people are asking, “Where has that investment gone?”

The First Minister: The factual position is that, as a consequence of the UK Government’s budget yesterday, the Scottish Government’s budget will reduce in real terms by 1.3 per cent next year, which is equivalent to a £550 million reduction in revenue funding. That is the reality of running public services while wrestling with a higher-inflation climate. That is the point that Mr Marra ignored in his question. There was nothing in the budget yesterday that provides the uplift for routine public services costs to deal with the increased costs of inflation.

Mr Marra mentioned a couple of topics that he says I do not mention. I mentioned defence in my speech to my party conference, because I think that our country is being left defenceless by the appalling approach to defence taken by the UK Government. He said that I cannot bring myself to mention energy security and renewables. I want Scotland to have the ability to use the resources of renewable energy to reduce the energy bills of people in Scotland, because we have seen, and we have had it confirmed from the chancellor, that Scotland’s energy wealth has been ripped off. I want it to work for the people of Scotland.

Michael Marra: The Scottish Parliament information centre and the Fraser of Allander Institute are both absolutely clear that the amount of money that is available for Scottish public services is going up. Why is the First Minister’s reaction always to seek grievance and division on everything?

Yesterday, one of his cabinet secretaries was in such a desperate rush to post the inevitable betrayal video that he could not even pause to spell Scotland properly. We know that Stephen Flynn is not a details man, but come on, let us have a think about things. They all know that the budget for next year is increasing again, but the challenge is the £700 million that the First Minister’s Government has lost by failing to grow the economy.

Can we put away the betrayal myths and work together to deliver growth in this country? Labour is driving forward real devolution to regions to help to improve living standards, but Scotland risks being left on the platform as the train pulls away. The First Minister will get on the train to Glasgow tomorrow to meet the Prime Minister, so can he tell us what powers he will put on the table to be devolved across Scotland to drive growth in our communities?

The First Minister: I look forward to my discussions with the Prime Minister tomorrow and to holding him to the commitment that he gave me in July that any additional powers or responsibilities as part of that programme will be provided with the consent of the Scottish Government and not over our heads or the head of this Parliament. I intend to hold the Prime Minister to that commitment tomorrow.

I have set out an agenda that is about devolving responsibility to local authorities on a regional basis, so that we strengthen local and regional capacity to grow the economy. That has been very clearly set out in the papers that the Scottish Government has produced. The question that none of us knows the answer to is whether Mr Marra is going to give any support whatsoever to strengthening local democracy in Scotland through having stronger regional and community authorities. That is the position of my Government and I look forward to hearing Mr Marra’s answer.

Michael Marra: The First Minister would do well by starting to actually explain that to the Convention of Scottish Local Authorities, which has made it clear in the past 24 hours that it does not have a clue—not a clue—what the proposals say at all.

Writing in *The Times* this week, Professor Anton Muscatelli said that, if Scottish growth had kept pace with that in the United Kingdom, Holyrood would have an additional £1 billion to spend each year, and he rightly warned of a devolution gap between Scottish regions and those in England. John Swinney cannot name a single power that he proposes to devolve to Scotland’s regions, so let me help him. He could hand over powers on skills to let local colleges design training to secure well-paid jobs in their communities, devolve powers over transport so that regions can join themselves together in ways that boost growth, and deliver power over economic development to put real power in local hands.

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This Parliament is one of the most powerful devolved legislatures in the world, yet we are one of its most centralised countries. Will the First Minister work together, or will he let Scotland be left behind?

The First Minister: In formulating that question, Mr Marra must have read the document that the Government published, because that document says that we think that there should be powers at regional level over skills, transport and economic development. I simply offer Mr Marra some generous advice, which is that he pay slightly more regular attention to the contents of Government documents.

I am very happy to co-operate with the Prime Minister on securing more powers for Scotland. I have spent my political life trying to ensure that power is exercised by the people of Scotland because I am certain that, when the people of Scotland decide on their own future and take issues into their own hands, the best outcomes will come about. That is why I believe that Scotland should be independent.

The Presiding Officer: Malcom Offord now has seven minutes for questions and answers.

Pay and Benefits

Malcolm Offord (West Scotland) (Reform): In a recent edition of "Debate Night", a nurse told the audience that, even though she was earning a good wage, she was struggling to afford meat for dinner because her daughter's nursery costs were so high. The advice from her trade union was to get herself downgraded to a lower wage to qualify for welfare. The union told her to get herself down to band 5 so that it would be able to put her on a food bank referral.

Does the First Minister agree that that advice from a trade union might well be in her best interests financially, but that it is a damning criticism of the Scottish tax and benefit system, which perversely incentivises workers to earn less, not more?

The First Minister (John Swinney): Mr Offord's question rests on a completely fatuous basis. A band 6 nurse at the bottom of that pay scale in Scotland will earn £43,231 and take home £2,258 more after tax than a nurse on the same band in England. That is the reality. Nurses at the bottom of the band 6 scale in Scotland will take home more after tax than nurses on the same band in England, because nurses on that grade in Scotland are paid higher salaries. The basis of Mr Offord's question is completely and utterly fatuous.

The issue that the nurse is wrestling with is the fact that the energy wealth of Scotland is not being used for the benefit of the people of Scotland but is being siphoned off by others. That has been the case for the past 50 years.

Malcolm Offord: I am afraid that that answer does not help the nurse who is trying to put meat on the table for her daughter. At the end of the day, even if she decides to work longer hours, she will take home less pay. That is the issue of perverse incentives.

Let me give another example. Is the First Minister aware of the ghost army that is made up of 800 employees in the public sector in Scotland who have been declared redundant but are still being paid? Is he aware that 49 of those workers without work who have been declared redundant have continued to be paid for more than five years, and that one NHS Highland employee who has been made redundant has continued to be paid for 17 years—yes, 17 years?

According to *The Sunday Times*, those ghost jobs cost at least £25 million a year in salary alone. With that level of unjustifiable spending, is it any wonder that the First Minister faces a £5 billion black hole in his budget?

The First Minister: It is very rare for me to say what I am about to say, but I think that Mr Offord should pay a bit more attention to the issue that Craig Hoy raised in Parliament on Tuesday. It is very rare that the Conservative Party is quick out of the traps, but, on this occasion, it was. The issue was dealt with very admirably by the Deputy First Minister in an outstanding set of answers in my absence on Tuesday.

There are so many myths surrounding the material that Mr Offord raised. When people are redeployed to other roles in the public service, they have to work while they are undertaking those other roles. That is the nub of the answer to Mr Offord's question.

Malcolm Offord: Perhaps the First Minister is looking forward to being redeployed for 17 years.

Let us talk about ghost armies. The First Minister has said that his big-bang reorganisation of Scottish local government is driven by the need to make cost savings. That big bang has been made necessary by his Government's black hole, which will create another ghost army. It is a big bang that will create hundreds, if not thousands, of redundant employees who will be without work but will still be paid. Where are the cost savings in that?

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Surely that demonstrates that the First Minister's plan for public service reform is a shambles that will deliver neither rewarding and efficient jobs in the public sector nor value for money for the taxpayer.

The First Minister: The public service reform agenda is about improving outcomes for people in Scotland by ensuring that our local authorities have the capacity to deal with the larger strategic issues and—as I explained to Mr Marra, who has not been reading the Government's papers closely enough—to exercise responsibility for skills, economic development and transport. Perhaps Mr Offord would do well to read those documents, too.

The public service reform agenda is also about motivating and mobilising community engagement through the creation of community authorities in our communities, so that people have more control over what goes on in the communities that they live in, which I think is a very welcome sentiment.

Malcolm Offord: This is about centralisation. How interesting it was to hear in yesterday's budget speech a Labour Chancellor of the Exchequer talking about pushing power and money down to local authorities and local towns and cities in England. In Scotland, the answer appears to be to bring power back closer to Edinburgh and Holyrood.

Returning to my first question, which was about the need for work to always pay more, surely the First Minister now accepts that higher taxes in Scotland provide a disincentive to earn more. Why is it fair that firefighters in Scotland pay an extra £425 a year in tax? How does that incentivise them to work extra shifts? Will the First Minister now pledge to Parliament that he will not raise income tax in Scotland any further in next month's budget?

The First Minister: The Deputy First Minister will set out the Government's tax proposals on budget day. I come back to the point that I set out in my first answer, which applies to a number of sectors. I gave the example of a nurse. I could also give the example of a qualified teacher. A qualified teacher at the bottom of the pay band in Scotland, who earns £43,383, will take home £6,607 more after tax than their equivalent in England.

We have tax and pay systems in Scotland that are designed to ensure that people have more control over their resources, and they get a wider offering of cost of living measures in Scotland compared with those in any other part of the United Kingdom. This Government is providing a set of measures whereby we have free early learning and childcare, free prescription charges, free personal care and free university tuition. We are trying to support people with the cost of living, and we are supporting them with higher public sector pay and, as a consequence, more pay after tax than in the rest of the United Kingdom.

Climate Action

Ross Greer (West Scotland) (Green): On Wednesday last week, the United Kingdom Labour Government approved the climate-wrecking Jackdaw gas field. On Thursday, the Secretary of State for Defence, who welcomed that decision, warned us all to have three days' worth of emergency supplies in our homes to prepare for extreme weather caused by climate breakdown—he did not seem to understand the link between those things. Then, this weekend, Scotland was hit by extreme weather caused by climate breakdown. The Prime Minister has warned of a winter of severe flooding hitting us. However, despite all that, the UK Government seems intent on approving the far larger and far more devastating Rosebank oil field, which the First Minister has indicated he could support if it passed some kind of climate compatibility test. Is the First Minister genuinely suggesting that a monumental oil field could pass a climate test worth the paper that it was written on?

The First Minister (John Swinney): The first thing that I want to say is that the Government is committed to its agenda on climate action and the legally binding targets that we have set. That is why I answered Mr Marra's question in the way that I did. It is essential that any application that is taken forward for the development of oil and gas resources can be done in a fashion that is compatible with the legal obligations that we carry. The issues that Mr Greer raises must be assessed as part of that process, which must be done comprehensively. We live in a context—all our energy plans accept this—in which, for some time to come, we will still be using oil and gas. The question for us is whether we utilise resources in our own waters or import them from other jurisdictions. That is the purpose of the climate compatibility test. *[Interruption.]*

Ross Greer: That was a noble effort by Mr Middleton, who was clapping loudly by himself.

The First Minister knows fine well that the Rosebank oil field output will be used overwhelmingly for export. He mentions the Scottish Government's commitment to climate action, but, just this week, the Government approved a new gas-fired power station in Scotland. Not only will that be devastating for our climate; it will push energy bills up by making our electricity supply more reliant on gas, just as gas becomes more expensive.

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The next time that the homes and businesses of my constituents in Largs are flooded by extreme weather caused by climate breakdown, who should they send the bill to: the company that is making a fortune from causing climate breakdown through its gas-fired power station or the Scottish Government, which will let the company build it?

The First Minister: The consent that the Government has given on the Peterhead power station is subject to live appeals, so there is a limit to what I can say about it today. However, the reasons and rationale for that decision have been clearly set out by ministers, and it includes a commitment to the development of carbon capture and storage, which is an essential part of the approach to achieving the climate change targets to which the Government is committed.

The issues and circumstances that have been faced by Mr Greer's constituents in Largs—and your constituents in Largs, Presiding Officer—are of deep concern to me. The Cabinet Secretary for Economy, Tourism and Transport visited Largs on Monday, and the Government's resilience operation has been in place. I have made no secret of the fact—it is one of the pillars of my Government's programme—that we are taking action on the climate, recognising the severity of the conditions that members of the public increasingly face.

Ross Greer: It is impossible to reconcile the First Minister's rhetorical commitment to climate action with the Government leaning towards supporting a monumental oil field and having just approved a new gas-fired power station. It is not credible.

However, if the First Minister wants to take action to tackle the climate emergency, an opportunity to do so is coming up. His Government has already agreed to Scottish Green Party proposals for a tax on the 12,000 private jet flights in Scotland every year. He will have to set out the rate of that tax soon. Stop Climate Chaos Scotland, which is a coalition of charities and non-governmental organisations, has suggested that the rate of the private jet tax should be at least 10 times as much as the top rate of regular air passenger duty. Does the First Minister agree with that proposal?

The First Minister: As I indicated in one of my answers to Mr Offord, the Deputy First Minister will set out our position on tax issues in the appropriate fashion during the budget.

However, I say to Mr Greer that the Government's climate change plans have been set out to Parliament and scrutinised by Parliament. They include and involve a range of different measures that are to be taken to secure that journey to net zero. One of them is the utilisation of carbon capture and storage, and I am very concerned by the uncertainty that has been added into the plans on climate change by the changes in funding arrangements that the United Kingdom Government announced yesterday. What the Acorn carbon capture project requires just now is certainty of direction, certainty of time and certainty on funding. The UK Government has added significant confusion to all those elements and has undermined the certainty that was in place, and I deeply regret that.

Ross Greer: Not only is carbon capture and storage a mythical technology, but it will do nothing about the fact that energy bills will increase as a result of an increased dependence on gas. The First Minister has sidestepped that point completely.

On the point about constructive proposals, the Greens are happy to continue making those. This weekend, I set out our plans for a frequent flyer levy to make sure that wealthy bankers who fly between Edinburgh and London every week pay more than families who take one holiday flight every year. The Scottish Trades Union Congress estimates that that would raise about £50 million a year, which is enough money to deliver a railcard for the one age group in Scotland that is not currently eligible for discounted rail fares: 31 to 49-year-olds. Does the First Minister agree that Scotland should adopt a frequent flyer levy and make those regular flyers pay to reduce train travel for more Scots here at home?

The First Minister: As I indicated in my previous answer, the Deputy First Minister will engage in dialogue with other parties about the budget proposals and all issues in relation to tax, and will set those out to Parliament in due course.

This Government abolished peak rail fares, which has helped commuters the length and breadth of the country. That is just one of the transport measures that we have introduced, which also include the £2 bus fare cap. That was introduced first in the Highlands and then in the west of Scotland, and I announced recently that it will be extended to Aberdeen and the north-east of Scotland. We have concessionary travel for young people aged under 22 and for older people. Those are all achievements of the SNP Government of which I am very proud.

The Presiding Officer: I call Russell Findlay. You have five minutes for questions and answers.

Rosebank Oil and Gas Field

The rest of this Official Report will be published progressively as soon as the text is available.

4. Russell Findlay (West Scotland) (Con): Should Rosebank get the green light—yes or no?

The First Minister (John Swinney): I answered that question to Michael Marra.

Russell Findlay: Oh, no he did not. We all know that that is a decision for the United Kingdom Labour Government to make, but its budget said nothing about it, so I am asking John Swinney whether he thinks that it should go ahead. Yes or no?

The First Minister: I answered that question to Michael Marra.

Russell Findlay: He did not. John Swinney spouts his opinion on everything else that is not in his remit, so I will ask for a third time. Rosebank—yes or no?

The First Minister: For the third time, I answered that question to Michael Marra.

Russell Findlay: I am getting a headache. This is absolute torture. He has opinions on Gaza—*[Interruption.]*

The Presiding Officer: Let us listen to Mr Findlay.

Russell Findlay: Jack up the back agrees with me.

The First Minister has opinions on Gaza, Israel, Russia, Iran and Europe, but not on the North Sea. I will try again. I say to Mr Swinney that it is a yes or no question. Does he support Rosebank—yes or no?

The First Minister: In the interests of explaining to Mr Findlay what I said to Mr Marra, I note that there is a legal responsibility for every application to be considered. The carbon emissions that come out of the development of an individual site have to be assessed to determine whether they are compatible—

Stephen Kerr (Mid Scotland and Fife) (Con): Phone a friend. Ask Jack.

The Presiding Officer: Excuse me, Mr Kerr. Your party leader has asked a question and Mr Swinney is trying to answer it. Please allow him to do so.

The First Minister: Any development has to be assessed as to whether it is compatible with our journey to net zero. That is the legal obligation and it is the test that the United Kingdom Government has to go through.

As I also explained in an answer to Mr Greer, we will have a requirement for oil and gas for some years to come. The question that the UK Government has to determine is whether the import of oil and gas resources will have greater carbon implications than the extraction of resources in our own waters. That test was applied on the Jackdaw development, and it has to be applied on the Rosebank development.

I know that this is all performative and funny for Mr Findlay—*[Interruption.]*

The Presiding Officer: Settle down.

The First Minister: However, some of us take our responsibilities in this place seriously, unlike Mr Findlay.

Russell Findlay: I did not hear a yes or a no—that is all I asked of him.

A thousand Scottish jobs are being lost every month in the North Sea. For the sake of those workers, why can Swinney not just get off the fence and show a bit of backbone? Does he support Rosebank—yes or no?

The First Minister: If we are going to talk about the economic implications for the North Sea, I am very happy to do that. Russell Findlay's party presided over a haemorrhaging of employment in the North Sea; with the implementation of the energy profits levy, and the increase in it, the Tories culled jobs in the North Sea left, right and centre. We will take no lessons from the Tories about jobs in the north-east of Scotland.

The Presiding Officer: You have a final question, Mr Findlay.

Russell Findlay: I think we can give up on the yes or no. The First Minister is not going to answer—that is as clear as day, and people across Scotland will see that for exactly what it is.

He talks about energy wealth. He would reject North Sea oil, kill off the jobs in the North Sea, risk energy security and rely on dirty foreign imports. We all know why: it is because he is terrified of the Green Party and, indeed, of Nicola Sturgeon. Is that not the truth, Mr Swinney?

The First Minister: Despite the fact that Mr Findlay has had the opportunity to ask more questions, those have not got any better as a consequence of this change in arrangements.

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I want Scotland to have a clean energy future. I want Scotland to be able to benefit from the energy wealth of our country. We know that the countries that have strength in their domestic production of energy are the countries that are more successful in weathering the energy storm that we are facing.

We know that energy revenues in Scottish waters are expected to be more than £2 billion higher than forecast next year. The people of Scotland should not be facing soaring energy bills, and the Scottish Government should not be facing a £650 million budget cut. We would not have to face that if Scotland was a country that was able to decide its own future, with independence.

The Presiding Officer: Alex Cole-Hamilton, you have five minutes for questions and answers.

Learning Disabilities, Autism and Neurodivergence Bill

5. Alex Cole-Hamilton (Edinburgh North Western) (LD): Thank you, Presiding Officer. I welcome this refreshing change to FMQs.

Yesterday, the Scottish Liberal Democrats united the Opposition and defeated the Government on the principle of a learning disabilities, autism and neurodivergence bill. When will the First Minister act on the will of Parliament and introduce that vital legislation?

The First Minister (John Swinney): The Government set out yesterday that it had decided to prioritise taking action to address the needs of neurodivergent individuals in our society by improving the services that are available to them, rather than proceeding with legislation. We never closed our minds to the concept of legislation, but we decided to put our energies into and prioritise improving services in the here and now.

I understand yesterday's decision of Parliament. The Government will consider the conclusions of Parliament yesterday and advise it accordingly of our legislative plans.

Alex Cole-Hamilton: I think that everybody watching this meeting would expect and hope that a Scottish Government such as John Swinney's would be able to do more than one thing at once—and my goodness, we need that bill.

Five years ago, John Swinney and his ministers stood in exactly the same place in the chamber and recognised that the need for legislation was acute. In fact, John Swinney got nearly 900 people and organisations involved, some of whom he asked to relive some of the most traumatising experiences of their lives; he marched them up to the top of the hill and left them there for five years only to march them down again unceremoniously last September. What does he have to say to them? Will he apologise to them now?

The First Minister: What I would say to those individuals who powerfully contributed to the consultation exercise and the legislation is that all the information that they shared with us and the lived experience that was set out then has influenced the plans that we have taken forward to deliver immediate action. The remaining feedback and points that individuals raised will be very much part of how the Government takes forward its policy agenda in this area.

As I said to Mr Cole-Hamilton in my first answer, the Government has never closed its mind to the idea of legislation. What we decided to do in the short term was to prioritise improvements in services to improve the lives of neurodivergent individuals in our society.

Alex Cole-Hamilton: The short term was five years ago, though. We knew then what needed to change, and John Swinney's Government did absolutely nothing. The need for the bill is absolutely clear: we need it to give vulnerable people with neurodiversity, autism and learning disabilities control over the decisions that are taken about their lives; we need to ensure that every professional that they encounter is trained in understanding how to work with their complex needs; and we need to break down the walls that exist between Government departments and public bodies in delivering services. Those things are not happening—they need legislation. Can the First Minister not see that?

The First Minister: As I have indicated to Mr Cole-Hamilton, the Government is taking forward a series of actions to address the issues that he has raised with me. That is the point of getting on with the work that we know must be undertaken. If legislative obstacles are impeding improvements in those services, the Government will consider those issues. We came to the judgment that we could make more of an impact on those issues if we invested the additional resources that we have announced that we will invest and took the steps that we are taking to improve services. That is the approach that the Government will take. However, we will consider the outcome of yesterday's vote in Parliament.

Alex Cole-Hamilton: The investment of resources—the £7.5 million that was put into neurodiversity—would not have happened without the Scottish Liberal Democrats. We need the bill because people with learning difficulties, autism and neurodiversity are dying 20 years before their time in some cases. If that is not a good reason for the Parliament to act with urgency to legislate, I do not know what is.

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Maree Todd, as minister, said that the bill would be, in her words, “world-leading”, yet England has an autism act and Wales has an autism code. Is it not the case that John Swinney’s Government is not only not prepared to lead but not prepared to follow?

The First Minister: No, that is not the case. We have committed to several steps that will improve services, including adopting the four-level national pathway for neurodevelopmental conditions proposed by the Royal College of Psychiatrists. Last year, we opened the £2.5 million multiyear autistic adult support fund, and we have set out in response to the points that have been made in the McManus review the steps that are required to ensure greater consistency in how support for children and young people is identified, planned and delivered. We are acting on those recommendations.

The Government is taking all those steps to ensure that we have practical improvements in the experience of neurodivergent individuals in our society. That is the approach that we are taking. We will, of course, consider the implications of yesterday’s vote, which is what I will always do when Parliament votes accordingly. It is important that we concentrate on delivering the support that is necessary to assist individuals in our country.

The Presiding Officer: That concludes questions to the First Minister from party leaders.

Alcohol and Drug Deaths (Public Health Approach)

The Deputy Presiding Officer (Clare Adamson): The next item of business is a debate on motion S7M-01766, in the name of Maree Todd, on strengthening Scotland’s public health approach to preventing alcohol and drug deaths.

14:35

The Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs (Maree Todd): I open the debate on behalf of the Scottish Government by offering my sincere condolences to everyone in Scotland who has lost a family member, a friend or a loved one to alcohol or drugs.

I know that each and every one of us in the chamber feels acutely the tragic impact that alcohol and drug harms have had on families and communities across Scotland. In 2025, 1,133 people in Scotland lost their lives to drugs, and 1,152 people suffered an alcohol-specific death. Those numbers are devastating, and each and every death represents a person who should still be with us today. As minister, I will continue to dedicate myself whole-heartedly to taking every possible action to support recovery and save lives and, above all, to listening to and acting on the views of people with lived and living experience on the harms of drugs and alcohol.

Previously, I have spoken of my personal family experience of addiction. I know that there are members here today who have their own experiences of addiction and of loved ones who have been impacted by drugs and alcohol. To those members, I express my sympathy and support.

Addiction turns lives upside down, and it has a multitude of impacts on a person and on their loved ones. From my family, I know that there is no one linear route to recovery, and I know that every person’s experience is entirely unique. That is why it is important that we take the time to discuss the issue today, because addressing it requires a collective effort from us all.

As Sandra Holmes, founder of Families Campaign for Change, reminded us all clearly in September, political point scoring has to stop. This is everybody’s problem. Her message to us all as politicians was that we have to get round the table with families, who have the answers. That now is non-negotiable. I make a promise today to do that, and I have written to the Health, Care and Sport Committee to ask that we keep channels of communication open for members to share any ideas or views that they might have from their discussions with families.

Members have also been invited to a cross-party discussion on 17 November, which will be convened by families, on what more we should be doing. I ask colleagues across the chamber to work with me in the spirit of the motion to ensure that the voices of those with lived experience and their families are at the heart of the decisions taken.

Scotland continues to face a combination of significant challenges. Inequalities continue to drive poorer outcomes, with those in the most deprived areas 15 times more likely to have a drug-use death and almost five times more likely to have an alcohol-specific death than those in the least deprived areas. We also continue to face the impacts of stigma—people face judgment, exclusion or difficulties when navigating services and accessing treatment and support.

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The drug market and patterns of drug use are changing rapidly, with increasing cocaine use, changes in the benzodiazepine market and the emergence of dangerous synthetic opioids. Substances such as nitazenes can be hundreds of times more potent than heroin, dramatically increasing the risk of overdose and death. We must respond quickly to that evolving threat by strengthening surveillance, improving early warning systems and ensuring that front-line services have the information that they need to act swiftly.

Alex Cole-Hamilton (Edinburgh North Western) (LD): I do not disagree with anything that the minister is saying, but I am concerned about the pace at which the Government is dealing with the threat of nitazenes. I first raised it three years ago, when there were only nine deaths associated with synthetic opioids—there are now 247. I have raised the issue 10 times in the intervening years, and when I raised it with the First Minister, it sounded for all the world like it was the first time he had heard of them.

Maree Todd: Let me be absolutely clear: nitazenes are very familiar to the health ministers in this Government, and to everyone in this Government, because they have wreaked such appalling harm on people in Scotland.

I agree that the member has raised those issues repeatedly. I am keen to hear from members today and in future about the changes in policy that we require to meet that need. I am keen to hear members' ideas. I accept that there will be many descriptions of the problems that we face, but I am keen to hear solutions, too.

Stephen Kerr (Mid Scotland and Fife) (Con): The minister gave a list of all the actions, with which I agree, that we should take in response to the evil trade in synthetic drugs. However, she did not mention organised crime gangs and the need for us to also have a strong arm of justice to deal with those evil organisations that are run as international businesses and make money from the misery, deaths and suffering of the people of this country who fall victim to their trade.

Maree Todd: Let me be absolutely clear: it is not either a justice response or a public health response; it is both a justice response and a public health response. We need to tackle the criminals who are wreaking death and destruction on our streets, but we also need to take steps to reduce the demand. We need to take the whole-system actions that mean that people are less likely to take drugs in Scotland.

Even as we respond to nitazenes, the drug market continues to evolve. That is the frightening truth. New synthetic opioids are emerging with alarming speed, including orphines, which have begun to appear in the United Kingdom over the past year. That is why our RADAR—rapid action drug alerts and response—early warning system remains so important. It provides timely intelligence on emerging risks and equips people who are using drugs but also front-line services with harm reduction advice and practical actions to protect lives.

Paul Sweeney (Glasgow) (Lab): In addition to the new testing facility in Glasgow coming on stream shortly, does the minister agree that nitazene lateral flow tests should be routinely available and dispensed across Scotland?

Maree Todd: I am certainly happy to hear that suggestion from Paul Sweeney, and I am happy to take that discussion offline and out of the chamber. We both know that there are limits to the safety and efficacy of those lateral flow tests, but they are being used in specific situations in some parts of Scotland.

There is no silver bullet to reduce alcohol and drug deaths. We need to take a person-centred, human rights-based public health approach that listens to people with lived and living experience and provides the right support at the right time in the right place. To prevent more avoidable deaths, we must work across organisational boundaries with compassion and dignity, and we must not reduce debate to a choice between different approaches.

We have taken forward a wide range of actions so far. We have improved residential rehab access and capacity, stepped up the distribution of life-saving naloxone and driven consistency and quality of care through the continued implementation of the medication assisted treatment standards.

Carol Mochan (South Scotland) (Lab): I want to raise the issue of rural areas and access to naloxone. We have to look at the spread of access to naloxone in more rural areas if we are going to save lives.

Maree Todd: The member is absolutely correct: we need to ensure that everyone who is at risk of overdose has access to naloxone, and we have been very successful at that initial step. We also need to ensure that people are confident about using naloxone and recognise that the risks from the new synthetic opioids mean that people might need to use multiple doses and for a period of time until help arrives. I am absolutely happy to work with the member on the issue.

We have introduced innovative and evidence-based interventions such as minimum unit pricing, the UK's first safe drug consumption facility, the charter of rights for people affected by substance use, and the drug

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checking services facility, the opening of which is imminent. Earlier this week, I announced funding for a new alcohol care team pilot in NHS Fife, which will better connect hospital and community services to support people who are experiencing severe alcohol-related harm.

We also continue to invest in recovery in residential settings and communities. In August, we announced £1.7 million to fund new support for residential rehabilitation and detoxification in Inverness. Today, I am pleased to announce an additional £750,000 for the additional placement fund to support alcohol and drug partnerships in funding additional residential rehab places, on top of the initial £2 million that was already made available in the fund this year.

Our backing for the Scottish Recovery Consortium will help to strengthen recovery communities and the vital peer-led support that they provide. Our £36.9 million alcohol and drugs fund invited applications from organisations working with people affected by alcohol and drugs. I am pleased to report that, in view of the high number of very high-quality applications that we received, we are making another £5 million available. That means more projects in more communities providing support to people where and when they need it.

Carol Mochan: The minister knows that I am very interested in alcohol services and treatment. Do we have a clear picture right across Scotland, particularly in rural areas, of the need for services?

Maree Todd: To be fair, I think that we have a good understanding, but it could always be better. It is absolutely vital that we continue our important work with local alcohol and drug partnerships. For example, in areas that have been particularly impacted by drug deaths as a result of synthetic opioids, services have carefully analysed those deaths and carefully worked on outreach opportunities and solutions that are local to the area. It is not for us in the chamber to make those decisions; it is for us to enable the local response.

The latest statistics are a painful and urgent reminder that the action taken is not yet enough. We must do more. Our new alcohol and drugs strategic plan, published jointly with the Convention of Scottish Local Authorities and backed by more than £160 million in 2026-27, sets out a clear long-term direction for addressing harms through an evidence-based public health approach. Our approach builds on the national mission and strengthens action in important areas. We will place a renewed emphasis on prevention and early intervention, tackling the drivers of harm before they take hold and reducing the risk of future harm.

In response to rapidly changing trends and emerging threats, we will strengthen surveillance to identify risks earlier and to expand the medication assisted treatment standards to cover all substances, including alcohol. We will also reinforce our whole-system approach, recognising that substance use does not exist in isolation, and drive co-ordinated action across health, social care, education, housing, justice and community services to tackle the factors that contribute to harm and support better outcomes.

We will underpin all that with a human rights-based approach, listening at every step to those with lived and living experience and their families. Our strategic plan provides a clear direction of travel, but no single party or organisation has a monopoly on good ideas. As I said from the outset of today's debate, I ask party representatives to engage constructively in discussions with the Government. Where members believe that our action is not going far enough, I ask them to bring forward solutions and offers of support and, in return, I commit that the Government will listen to those ideas with an open mind.

This issue is far too important for anything other than a serious discussion that is focused on solutions. Families, communities and people who are at risk expect us to work together to deliver change. That means challenging our established views and considering alternative opinions, specifically on drugs. It also means that we must have a grown-up conversation about the limitations that are placed on our response by an outdated United Kingdom legal framework in the form of the Misuse of Drugs Act 1971.

Let me be crystal clear about that. My raising of the issue is not an attempt to shy away from the Scottish Government's responsibilities on the issue. Too many people are dying preventable deaths as a result of alcohol and drugs, and we must do more to address that. However, it is a simple fact that the actions that we can take are heavily constrained by UK-wide legislation.

We need to accept that what works in one part of the UK may not work in another. We all know that the rate of drug deaths in Scotland is an outlier internationally, and it remains much higher than the rates in other parts of the UK. That means that we require solutions that are designed around Scotland's circumstances and that will deliver the best outcomes for our communities.

This is not about the constitution or blame; it is about ensuring that the people who are most at risk of harm receive the support and interventions that can make the greatest difference to their lives. We will continue to work constructively with UK Government colleagues to try to bring about the changes to the 1971 act that are urgently required. Where evidence points to opportunities to save lives and reduce harm, I hope that members across the Parliament will support our efforts to secure the tools that are needed to act.

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The Deputy Presiding Officer (Clare Adamson): You must come to a conclusion, minister.

Maree Todd: In conclusion, I hope that today's debate will be the beginning of a series of productive conversations on the issue. We might not agree on every policy proposal, but we can all agree that the intolerable rate of alcohol and drug deaths in Scotland must end. The people who are affected by alcohol and drug harm care far less about who gets the credit than about whether help is there when they need it. Let us match the scale of the challenge with the ambition, determination and collective effort that are needed to save lives because, behind every statistic is a person whose life was cut short and a loss that continues to be felt by those left behind. We owe more than words to those individuals and those who love them. We owe them action and a shared commitment to do better.

I look forward to hearing contributions from members from across the Parliament on how we can save lives.

I move,

That the Parliament deeply regrets every life lost through alcohol and drugs and offers its sincere condolences to all those who have lost a loved one; agrees that the tragic numbers of deaths from alcohol and drugs in Scotland are preventable and require the Scottish Government to use every lever available to save and improve lives; affirms Scotland's commitment to a public health and human-rights based approach; supports the expansion of evidence-based harm reduction initiatives as well as the expansion of recovery and rehabilitation both within residential settings and in communities themselves; agrees that an urgent response is required to tackle dangerously potent synthetic opioids and other emerging synthetic drug threats, including through optimising Scotland's surveillance system and early warning response; further agrees that the Scottish Government should continue to work constructively with the UK Government on substance use policy, noting that the 1971 Misuse of Drugs Act currently limits the ability to address all of the challenges faced in Scotland with a full public health approach, and ultimately recognises the crucial role that families play in the support and recovery of those using substances, and agrees, therefore, to work collectively across the Chamber to ensure that the voices of those with lived experience and their families are at the heart of decisions taken.

14:53

Jackie Baillie (Dumbarton) (Lab): I will start on a note of consensus. I agree with the minister that we owe people action. We have owed them that action over the past five years, since the drugs emergency was first declared. Last month, we recognised the grim reality that drug deaths had again risen and were 11 per cent higher than in the previous year—still the worst rate in Europe. Each of the 1,133 deaths is a personal tragedy and points to a succession of missed opportunities. More than 7,000 people have lost their lives since the Scottish Government declared the public health emergency, back in 2019.

The Government took its “eye off the ball” on drug-related deaths—those are not my words but those of Nicola Sturgeon. This week, we learned that alcohol-specific deaths have fallen by 3 per cent. Although that is absolutely welcome, because it is going in the right direction, it still remains high compared with the UK average. Deaths among women have risen, but men are still twice as likely to die from alcohol-specific causes. However, the inequality is truly stark. People in the most deprived areas are five times more likely to die from the overconsumption of alcohol than those who live in the most affluent areas. The disparity with drug deaths is even worse: people are 15 times more likely to die in our most deprived areas. Overall, one in six preventable deaths is related to alcohol or drugs. The case for doing more is self-evident.

I know that the minister is considering increasing the minimum unit price above the 65p level that was set in September 2024. Alcohol Focus Scotland and other organisations believe that that is necessary and will result in a continuing fall in the number of deaths. Whatever the Government decides, the minister must recoup the additional revenues raised from larger retailers to fund front-line alcohol intervention services, which we have asked for over many years. That would include, for example, the roll-out of alcohol care teams, which we called for in our manifesto. The estimated sum would be in the region of £65 million, which is not an inconsiderable amount when budgets are tight.

The Cabinet Secretary for Health and Care (Angela Constance): Ms Baillie will be aware that the Government does not receive revenue from minimum unit pricing, so will she describe the mechanism by which the finances could be recouped?

Jackie Baillie: I am aware of that and I want the Government to receive that money, because it would spend it effectively. We have previously set out the mechanism by which it would do that: taking that money—which is additional—back from large retailers. I am happy to talk to the Cabinet Secretary for Health and Care about that in more detail.

I welcome the minister's decision to launch a pilot on alcohol care teams in Fife, where people presenting with alcohol-related problems can access the specialist care and support that they need. Scottish Health Action on Alcohol Problems has pressed for such teams for some time, and I am confident that they will prove effective in providing support.

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The organisations that campaign to reduce alcohol harms also tell us that we need to restrict advertising and reform licensing. In the previous parliamentary session, the Government was forced to U-turn on its plans for alcohol advertising. We need to do more to protect children and young people from marketing, so let us consider how we can do that together pragmatically as well as improving drink awareness campaigning.

Another area that requires action is rehabilitation. Public Health Scotland has raised serious questions about the operation of residential rehab. In 2021, the Scottish Government committed £100 million over five years to its residential rehab programme. It set two ambitions: increasing capacity by 50 per cent to 650 places and ensuring that 1,000 publicly funded placements would be available each year. There has been some progress—it would be churlish to suggest otherwise—because the number of beds has risen by 35 per cent to 574. However, we are still 76 beds short of the target, and I am sure that the minister agrees that the existence of a bed does not mean that it is funded. Public Health Scotland's evaluation, which was published last month, found that only 30 per cent of the 150 professional stakeholders surveyed agreed that residential rehab was easily accessible. Nearly half said that a lack of funding had become a greater barrier over the previous two years, while 53 per cent of ADPs continued to report funding constraints. We are five years on and £250 million has been spent on the national mission. That is not a great verdict.

People face long waits for rehabilitation and detoxification. There are gaps in aftercare and there is insufficient suitable provision for people who have caring responsibilities, have mental health needs or do not meet expectations of pre-treatment abstinence. The cost of placements also continues to rise much faster than inflation. The average cost of a residential rehab place has almost doubled, from just under £7,000 in 2021 to over £13,700 in 2024. In the context of roughly flat cash, that represents a substantial cut in provision.

The real test will be a lasting fall in the number of drug and alcohol-related deaths, and we are clearly a long way off that.

I recognise the part that safe consumption centres play in reducing harm, but we need to evaluate the model before it is rolled out more widely. Equally, we need to be more prepared for the challenges from deadly synthetic opioids entering the market, and the setting up of drug-checking facilities has been too slow to date.

It is clear that we need to work together across the UK to tackle this issue, stop the criminal gangs and target county line operations, and provide support and recovery for those on drugs, but it ill serves the people of Scotland to have this turned into a constitutional debate, especially when the level of drug deaths is higher here than it is in the rest of the UK, despite the law being the same.

Finally, resources for local services must match the scale of the challenge. There was a time when the Government inflicted real-terms cuts of more than £40 million on alcohol and drug partnerships. More recently, Audit Scotland found that funding had decreased in real terms by 8 per cent due to inflationary pressures. At a time of high drug deaths and deep inequalities, that raises serious questions about whether the funding models for front-line services are suitable or sufficient.

Behind every statistic is someone who might still be here—and someone who wanted them to be—and we can and must do more. I am happy to confirm that I will continue to work with the families as I have done for many years, since before I came into this Parliament. The Government recognises that it should be judged not simply on the money that it announces, the glossy new strategies that it publishes or the targets that it sets, but on whether people can access help when they need it. The measure of success must be that we start to see an improvement in the number of deaths prevented, of people helped into recovery and of families spared the loss of someone whom they love.

Scotland needs urgency, accountability and sustained action. We will engage constructively in that process, because we cannot continue to make promises that fail to reach the people that the work is most meant to help.

I move amendment S7M-01766.2, to leave out from “affirms” to “public health approach” and insert:

“regrets that over 7,000 lives have been lost to drugs since the Scottish Government declared a public health emergency, with drug-related deaths rising in 2025; affirms Scotland's commitment to a public health and human-rights based approach; supports the expansion of evidence-based harm reduction initiatives as well as the expansion of recovery and rehabilitation both within residential settings and in communities themselves; agrees that an urgent response is required to tackle dangerously potent synthetic opioids and other emerging synthetic drug threats, including through optimising Scotland's surveillance system and early warning response; further agrees that the Scottish Government should continue to work constructively with the UK Government on substance use policy and tackling the drug gangs, as well as simplifying oversight of substance misuse services; agrees that the Scottish Government should recoup the profits from minimum unit pricing from large retailers to fund frontline rehabilitation services”

15:02

Thomas Kerr (Glasgow) (Reform): Scotland's drug and alcohol deaths are not simply statistics—they represent lives lost, families devastated and communities left asking why more was not done. In 2016, my dad was one of those lives, so, for me, this issue is personal, not political.

The latest figures make for devastating reading. In 2025, 1,333 people in Scotland died from drug use—an increase of 11 per cent on the previous year—and a further 1,152 people died from alcohol-specific causes. That is more than 2,200 lives lost in a single year. Behind every one of those figures is a human being—someone's son, daughter, mother, father, brother or sister. We must never allow the scale of the crisis to make us numb to the individual tragedies that are involved.

We must also recognise that these deaths do not affect every community equally, and that is what my amendment seeks to do, because some of Scotland's most deprived communities face a worse reality. In 2025, the rate of drug deaths in working-class areas—in areas such as the east end of Glasgow, where I come from—was 15 times higher than that in the least deprived communities. For alcohol-specific deaths, the rate was 4.8 times higher. Those figures expose a deep and persistent inequality in our country. For communities across Glasgow, this is not an abstract debate. Families in my city have experienced the devastating consequences of addiction, and too many people have watched loved ones struggle to access the support that they desperately need.

However, we need to be honest. This Government's attitude has been slow and ineffective, with our nation now becoming numb to the pre-prepared press releases and media appearances each year by Government ministers. "Thoughts and prayers", "Deepest condolences", "Thinking of families"—to put it bluntly, working-class families do not want to hear such phrases any more. What we want is action, not political spin or media strategies. Those families see a Government that is more focused on grandstanding and international politics while people in our communities die. Hundreds—no, thousands—of working-class people have lost their lives at the hands of the Scottish National Party. A genocide of Scotland's forgotten working class is taking place each year while this Parliament does nothing. As Faces & Voices of Recovery UK—FAVOR UK—says, "You keep talking, we keep dying." We need a system that intervenes.

Adam Harley (Strathkelvin and Bearsden) (LD): I welcome the constructive initial remarks in Thomas Kerr's speech, but does he recognise that the use of the word "genocide" in the context of this debate will make people switch off and is really unhelpful? I wonder whether he will reflect on that and commit to engaging in the debate on a cross-party basis, as much as possible, so that we can work together to try to save lives.

Thomas Kerr: As I said in my opening remarks, to me this is personal, not political. I used that language very carefully because that is what working-class people in my community consistently say to me. What else would we call hundreds of people dying every year, with the Government not taking action?

As I continue my speech, I think that Mr Harley will be pleased to hear that I will be constructive. I am happy to work on these issues on a cross-party basis, as I have done during the nine years that I have been a councillor on Glasgow City Council.

We need a system that intervenes early, provides effective treatment and supports people through recovery and rehabilitation. We need better access to residential rehabilitation, faster routes into treatment, stronger mental health support and more joined-up working between health services, local authorities, housing providers and community organisations.

We need a right to addiction recovery for all our fellow Scots. A bill that would have provided that was, shamefully, voted down in the previous parliamentary session, so I hope that members will support my amendment, which calls for such a bill to be reintroduced. Let us set aside politics and save lives.

We must also recognise the changing nature of the threat. In 2025, cocaine was involved in 589 drug deaths. That figure demonstrates the urgent need to improve prevention, public awareness and access to life support, and it shows why the police need the ability to support people by arresting those who sell drugs in the open air in cities such as Glasgow.

More than 1,000 people continue to die of alcohol-specific causes every year. Prevention, early intervention and accessible treatment must remain a priority.

I want the Scottish Government to be judged not simply on the strategies that it publishes or the funding that it announces but on whether the measures deliver tangible improvements to people's lives. I am afraid to say that the statistics say otherwise. Are people getting treatment when they ask for it? Can families find help before a crisis becomes a tragedy? Are rehabilitation services available when they are needed? Are we measuring success by fewer deaths, fewer families being devastated by loss and more people being able to rebuild their lives? Most important of all, is the Scottish Government now prepared to accept that it is

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committing a mass death of ordinary Scots whose lives could have been saved if we had a minister who was properly in charge of the brief? Those are the questions that matter.

Paul Sweeney: Does Thomas Kerr recognise that we also need more joined-up approaches? For example, City Property's destruction of the Turning Point 218 service on Bath Street was a needlessly self-destructive act that has undermined our approach to dealing with drug-related deaths. Such organisations provide a rich tapestry of community-based support, which is critical if we are to divert people from problematic drug use and help people who are dealing with addiction.

Thomas Kerr: I completely agree. As I said at the start of my speech, we need more joined-up approaches from various organisations, including local authorities and health boards, and other mechanisms to support people.

As I said, the questions that I asked are the ones that matter, and Scots deserve answers to them.

We should recognise the extraordinary work of front-line workers, recovery communities, charities and families who continue to support people through some of the darkest moments of their lives. They deserve more than warm words; they deserve a system that works alongside them and gives people a genuine opportunity to recover.

Every death from drugs or alcohol leaves behind people who must live with the consequences. We owe those families honesty and action. Scotland cannot accept thousands of lives being lost year after year as an inevitable part of life. We must do everything possible to prevent such deaths, support those affected by addiction and give people the chance to recover with dignity.

The test for the Parliament and the minister is not whether we can express concern about the crisis but whether we can work together to turn those concerns into results. Otherwise, the Scottish Government will continue to fail and we will continue to see more people losing their lives.

I have sought to be constructive in my amendment. I want to work alongside the minister and others to find a solution. We will not all agree on policies, but, as I said, this is personal to me, so I am willing to work together. I hope that the minister will be able to accept the amendment that I have lodged and that we can put politics aside to finally start to save lives.

I move amendment S7M-01766.4, to insert at end:

“; notes that the drug-misuse death rate, as reported by the National Records of Scotland, is over 10 times higher in the most deprived areas than in the least deprived areas; regards this as evidence that working-class communities are disproportionately affected by drug-related harm, and agrees that the right to recovery must be considered as part of the efforts to address substance abuse.”

15:09

Kayleigh Kinross-O'Neill (Edinburgh and Lothians East) (Green): As I have said before in the chamber, and as many have already said today, every death from alcohol or drugs is a tragedy. Behind every statistic is a person, family, community and life that should never have been lost. Although we rightfully speak about the scale of this public health emergency, we must never lose sight of the individuals behind the figures or the families who have spent years fighting for better support for their loved ones. I welcome the Scottish Government's recognition that these deaths are preventable and that we must use every available lever to save lives, but recognition alone is not enough.

We need to ensure that our commitment to a public health approach is reflected in the services that are available to people wherever they live in Scotland. As an MSP for Edinburgh and Lothians East, I know that the impact of alcohol and drug harms is not felt equally across our communities. It is often those who already face poverty—which has been discussed—as well as those in insecure housing and those who face barriers to healthcare who experience the greatest harm.

Addiction is no doubt a public health issue and we have done the right thing by treating it that way. However, no single area of public policy exists in a vacuum. Addiction, mental health and housing all overlap and interact, and we cannot solve one issue of public policy without being cognisant of them all. Tackling Scotland's drug and alcohol deaths must also mean tackling the inequalities that drive them.

We know that public health interventions work. Minimum unit pricing for alcohol is one of the clearest examples of Scotland taking bold, evidence-based action to reduce harm. The policy faced considerable opposition when it was first introduced, but the evidence has demonstrated its value in reducing alcohol-related deaths and hospital admissions. As SHAAP, which Jackie Baillie mentioned and which is an expert in the field, has argued, and as we argued in our 2026 manifesto, we could go even further by uprating minimum

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pricing with inflation every year. It is an example of what can be achieved when we are willing to put public health ahead of commercial interests.

In saying that, we cannot allow the success of minimum unit pricing to distract from the considerable work that remains. As has been said, yesterday's data shows 1,152 lives lost and countless families and communities left grieving. Perhaps even more concerning is the widening gap between Scotland's richest and poorest communities, which has already been mentioned by Thomas Kerr. Alcohol-specific death rates are now 4.8 times higher in our most deprived areas and, at the same time, access to specialist alcohol treatment has fallen by 40 per cent during the past decade. That should concern every single member of Parliament. We cannot claim to be taking a preventative approach while access to the services that help people address harmful alcohol use continues to decline.

The forthcoming alcohol harm prevention plan is an opportunity to change that, and I look forward to the Scottish Government publishing that plan as soon as possible, with clear timetabled commitments to address the price, marketing and availability of alcohol. Crucially, that must be accompanied by meaningful investment in treatment and support.

The same principle must guide our approach to drug deaths. For too long, drug dependency has been treated primarily as a criminal justice issue rather than the complex public health challenge that it is. Criminalising people who are experiencing addiction does not address the underlying cause of substance use. That is why the Scottish Greens have consistently supported a public health and human rights-based approach to drug policy.

The opening of Scotland's first safe drug consumption facility in Glasgow was an important step forward. It recognises that keeping people alive must be our immediate priority, while also providing opportunities to engage with healthcare, treatment and recovery services.

Stephen Kerr: I am very sympathetic to the point that Kayleigh Kinross-O'Neill is making, but can she accept that any decision to decriminalise possession of class A drugs should be made by the Parliament and should not be a de facto decision by the Lord Advocate?

Kayleigh Kinross-O'Neill: I can agree with that. Holyrood should have more powers to deal with drug and alcohol deaths. That is a fantastic point, and I will get on to it in talking about Edinburgh's consumption room, which is following a similar process.

My point is that access to harm reduction should not depend on where someone happens to live. We should also be pushing back on rhetoric that demonises users by calling the facilities "shooting-up galleries". The success of the Thistle facility in Glasgow is clear and I am heartened that the City of Edinburgh Council has explored and consulted on plans to have a similar drug consumption facility in Edinburgh, but the truth is that we cannot wish away the existence of drugs and addiction and that they do exist.

Stephen Kerr: Will the member give way again?

Kayleigh Kinross-O'Neill: Yes.

Stephen Kerr: I know that we want to have consensus in these debates because of the nature of the subject that we are talking about and the fact that many people are dying, but I must challenge the assumption that the safe consumption room in Glasgow is a success. There are no measurable outcomes and there has been no review of that. To assume that it is a success simply because it exists is not a fair assumption.

Might the member also agree that the idea of the safe consumption of drugs that kill people is a misnomer to begin with? I understand the emphasis on harm reduction, but does she accept that there is no such thing as safe consumption of those drugs?

Kayleigh Kinross-O'Neill: The assumption that any consumption of drugs is unsafe is a fair one to make, but people do take drugs and will continue taking them, so the best that we can do for them is to make that as safe as possible.

I understand the member's point about the Glasgow consumption room. There is a lot of reticence about the data, but the fact that there have been 93 episodes of cardiopulmonary resuscitation means that lives have been saved. Forgive me for forgetting some of the language, but people have gone in and taken drugs when, if they had done that in their own flats, they might not have been able to phone for an ambulance or to get medical assistance.

I thank Mr Kerr for his interventions and will continue with my point about Edinburgh. These facilities exist not only to offer pathways for treatment and support but, ultimately, to save lives, as I have just said. We cannot put our heads in the sand and hope that the issues will disappear, and addressing them primarily

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through justice avenues has also not worked. The process works by supporting people with health issues through health avenues.

We must consider how these services can be legislatively expanded across Scotland, including in Edinburgh and other communities where drug-related harms remain devastating. As many people have already said, that includes responding to the changing nature of drug supply. As the minister said, the emergence of potent synthetic opioids presents a serious and evolving threat. The impact of those new strains of drug across the world, perhaps most visibly in the United States, is extremely stark. We need effective surveillance, rapid early warning systems, widespread access to naloxone, and services that are equipped to respond to new substances.

I say at this point that we very much welcome the recent announcement of additional resources for alcohol support teams and drug services in Fife. When we are looking at public sector reform, those are fantastic examples of ways in which we can build up and share work across the country. We cannot have a postcode lottery on access to life-saving interventions and that support must include both harm reduction and recovery services, rather than presenting those as competing alternatives.

We must also recognise that the challenges of addiction and dependency are not confined to illegal substances. Our approach to alcohol, tobacco and—increasingly—vaping demonstrates why prevention must remain at the centre of public health policy. The growth of vaping, especially among young people—a description that I would still use for myself—should remind us of the importance of acting early to prevent nicotine dependency. Although vaping can play a helpful role in adults stopping smoking, we must be alert to the risks of creating a new generation that is dependent on those machines.

The lesson is the same across all areas. We must understand what drives the use of harmful substances, address the commercial and social factors that contribute to that and make it easier for people to access support without stigma. The Scottish Government must use every available power and continue to press the UK Government for the changes that are required to deliver a genuinely comprehensive public health approach to drugs.

Ultimately, as many have said, the measure of our success will not be the number of strategies that we publish or the commitments that we make. It will be the lives that we save, the families that are spared the devastation of losing someone they love and the communities that are given the support that they deserve. Those must be our priorities.

I move amendment S7M-01766.5, to insert at end:

“, and supports the further rollout of safe consumption rooms to other local authority areas as a health-saving intervention.”

15:19

Miles Briggs (Edinburgh and Lothians East) (Con): Speaking in such debates is a very personal experience. I lost my dad to alcohol-related illness, and I know that the minister and other members, such as Thomas Kerr, have had similar experiences. I offer my thoughts and sympathy for all those who have lost their lives to drug and alcohol illnesses and the families and friends who have been left behind.

I have taken part in these almost annual debates on alcohol and drug deaths for the past decade and, today, it again feels as though nothing is changing. I have put forward many solutions and have tried to work with ministers, but it does not feel as though we are taking the issue as seriously as we should be. I think that the minister has too many responsibilities in her portfolio, which ranges from sport to women's health. We need to be honest about the fact that an emergency response has not been forthcoming.

In preparation for today's debate, I looked back at all the speeches and contributions that I have made and asked myself where we are going wrong as a country. Almost 20 years ago, pressure from the Conservative leader at the time, Annabel Goldie, resulted in the then First Minister, Alex Salmond, committing the SNP Government to the development of a 10-year drugs and recovery strategy. When that did not work, Annabel Goldie rightly called for a new focus on rehabilitation services, and, in the previous session of Parliament, my party leader, Douglas Ross, rightly worked to take forward his right to recovery bill, but it was not supported and then fell.

We know that recovery services should be at the heart of policy, but they have not been for the past 20 years. My concern is that policies are being supported that maintain people in dependency and create the drug deaths of tomorrow. Ministers used to talk about it being an ageing cohort.

Karen Adam made an excellent speech in yesterday afternoon's debate, in which she made a point that should also be made in today's debate—perhaps other members will talk about this later. We need to be honest about the fact that many people in our society are using alcohol and drugs to self-medicate because

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they have mental health issues and because long waiting times mean that treatment is delayed. Conservative members will continue to work with ministers to address that issue, but ministers must be willing to face some difficult issues.

I have raised the methadone programme on a number of occasions, but ministers have not reached out to say, “We need to review that now.” I hope that today’s debate will give ministers an opportunity to take away that message and to come back to Parliament to tell us that that is exactly what they will do. Today, it is estimated that there are 16,500 of our fellow Scots on the methadone programme. The statistics for 2025 showed that 338 people who died from a drug death had methadone in their system. The fact that 30 per cent of those who are in Government-funded treatment are dying is a sign of failure, but ministers are not willing to admit that the current system is not working. I hope that today’s debate will serve as a final wake-up call, the need for which I have spoken about for 10 years in a row.

Maree Todd: Will the member give way?

Miles Briggs: I will let the minister in once I have read out this statistic.

Over the past five years, 2,373 people on methadone programmes have died with methadone in their system. That is shocking, and the policy needs to be reviewed.

Maree Todd: Let me be clear: I am more than happy to work with the member on the issue. However, it is incorrect to say that every person who died with methadone in their system was on a methadone programme. Nothing in the statistics tells us how they obtained that opioid substitution therapy. It needs to be understood that people who take drugs sometimes obtain them through illicit means—in fact, that is mostly how they get them.

I do not plan to review the policy of opioid substitution therapy. On that issue, it is important that, as parliamentarians, we are extremely careful not to stigmatise treatments that are solidly based on evidence. The medical experts tell me that opioid substitution reduces the risk of death by 70 per cent.

Miles Briggs: I take on board what the minister has said, but I want to return to a speech that I gave in 2021. I hope that the minister will listen to this. My childhood friend Jamie Murray died from a drug-related death. His mum, Jane, bravely spoke out about the chaotic system that Jamie faced in trying to access support services and rehab. I used Jane’s words to make many of the points that I made, because it is vital that we understand the experience of people who support those with an addiction, rather than listening to civil servants or ministers who say, “This is our policy—we’re not willing to change it.”

As I said in that speech, Jane said:

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

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

It was soul destroying”.

It is easy to see how people end up on a roundabout way of living on those programmes. Jane continued:

“despite the fact that it was supposed to be family meetings we were attending, all the professionals ignored me and just spoke to Jamie, who clearly was very ill and unable to think”—[*Official Report*, 17 June 2021; c 82.]

and focus on what was needed.

Paul Sweeney: Will Miles Briggs take an intervention?

Miles Briggs: I do not think that I will get the time back, so I am sorry, but I cannot take the intervention.

Families do not feel part of the system. It is now 10 years on, and I do not know why we are still having this debate. Why can families not be let in? Why are they not a key part of supporting their family member?

I want to thank all those who work in our drug and alcohol services across Scotland because, from the many visits that I have made over the past decade, I know that it is one of the hardest jobs in our health service today, dealing with people—and, often, families—who are chaotic. I pay tribute to them for the work that they are doing.

There have been many calls over the past number of years for a service redesign, but ministers really must not see this as just a debating point; we need a root-and-branch reform of our systems, which have not worked. Harm reduction is not working, either. We need an independent review of the programmes and a redesign of alcohol and drug services. We need more prison-based interventions, followed by transitional and long-term support.

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Alex Cole-Hamilton: Will Miles Briggs give way?

Miles Briggs: I do not think that I will be able to.

The Deputy Presiding Officer (Clare Adamson): I am afraid that we are almost out of time.

Miles Briggs: That is why our amendment to the motion calls for the Government to set targets so that we can turn the situation around and ensure that the policies that we are pursuing are flexible enough to achieve that.

I move amendment S7M-01766.3, to leave out from “further agrees” to end and insert:

“recognises that preventing alcohol and drug deaths requires accessible treatment, effective public health measures and a strong justice response; expresses serious concern at the Scottish Government’s continuing shortcomings in access to treatment; regrets that the Right to Addiction Recovery (Scotland) Bill was not passed and calls for a legal right to timely and clinically appropriate treatment, backed by funded detoxification, residential rehabilitation, community recovery and aftercare; calls for a funded alcohol prevention and treatment plan with published targets and support for effective clinical harm reduction, alongside clear routes into recovery; further calls on the Scottish Government to review the effectiveness of the current methadone treatment provision and to report regularly to Parliament on access to treatment, recovery outcomes and the number of individuals assessed for rehabilitation who are not subsequently admitted to a programme, and agrees that the Scottish Government must use its existing powers, work constructively with the UK Government and involve people affected by addiction, their families and local communities in decisions.”

15:27

Adam Harley (Strathkelvin and Bearsden) (LD): I welcome the debate and thank the Government for securing it. I express my condolences to everyone who has lost a loved one through an alcohol or a drug death, and I extend my condolences to members who have shared personal stories today.

Every death is a tragedy. Every life mattered. In 2025, 1,152 people died from alcohol-specific causes in Scotland, while 1,133 died as a result of drug use. Taken together, that is 2,200 lives lost in a single year. That should focus our minds on one thing: how do we turn the situation around?

As I see it, our responsibility is not to defend ideological or political positions; it is to save lives. That principle sits at the heart of the Scottish Liberal Democrat amendment. When it comes to drug deaths, both robust harm reduction measures and rehabilitation services are vital for saving lives. Harm reduction keeps people alive; rehabilitation and recovery helps people to rebuild their lives. Scotland needs both, and it needs more of both if we are to prevent yet more tragedy.

Stephen Kerr: I know that I might be slightly repetitious and boring on this point, but although I agree with what Adam Harley is saying, he is missing the justice element: we have to deal with the supply. He is addressing the issues surrounding demand and use, but if we ignore the supply and are not prepared to talk openly about what we will do to stem the supply of these evil things, we will have to continue to deal with the human tragedy that we are discussing this afternoon.

Adam Harley: I thank Stephen Kerr for taking the intervention—that is not what I meant to say. I thank the member for his intervention.

I entirely agree with what Stephen Kerr is saying. I note that I will cover the justice elements in my speech. As I see it, safer drug consumption rooms are there to stop people dying. Kayleigh Kinross-O’Neill made the point well that we would rather that people take drugs in a place where someone can save their life and then get them into services that can help them to turn their life around.

Paul Sweeney: Adam Harley makes an important point about the synergy between harm reduction and rehabilitation services. The Thistle has demonstrated that there have already been 612 onward referrals, primarily to housing services, as well as drug rehabilitation services. That interdependence and the relationship building is key and is focused on the individual and their support network.

Adam Harley: I entirely agree with Paul Sweeney. Some people who have been helped by those services would otherwise not have accessed any help, and that proves the point. I know that Alex Cole-Hamilton wanted to make the point that some data is available on that. We have heard about cardiac arrests and about deaths being prevented in the Thistle, so there is some evidence in that regard.

I believe that we should be wary of arguing about what such facilities represent politically. I note that we have not heard too much of that today. We need to be laser focused on what they are trying to achieve, which is, as I said, to prevent people from dying. We need to ensure that everyone has support that is tailored to them, and the test should be simple: does the intervention save lives and does it connect people with treatment and recovery? If the evidence suggests that it does, we should support it. That is why our amendment supports the continued development and evaluation of safer consumption facilities. We support

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that not because they will fix everything but because the crisis is far too serious for us to dismiss any intervention that has potential to save lives. We also want predictable multiyear funding for rehabilitation services so that they can plan ahead.

A message that comes consistently from clinicians, researchers and those working on the front lines is that they want more options, not fewer. We need a system that offers a wide range of evidence-based interventions and gives people the best chance of finding support, including medication assisted treatment. It is important that people can access long-acting treatments such as Buvidal where that is clinically appropriate. I see that the minister is nodding. The same principle applies to alcohol treatment.

Residential rehab has a vital role to play and it should continue to be supported, but most people who experience alcohol dependency are treated in community settings and in our hospitals. If we are serious about tackling alcohol harm, we need to expand both community and hospital alcohol treatment alongside residential rehab and not instead of it. We should place a greater emphasis on prevention and early intervention so that people can receive support before they reach crisis.

Scotland is fortunate to have some excellent academics, researchers and clinicians working in the field, as well as the fantastic people on the front line whom Miles Briggs paid tribute to. We should be investing in research that will help us to better understand what works for whom and why. We should be willing to embrace new ideas, test those ideas rigorously and then scale them up if they are proved to make a difference.

I also recognise the often hidden role of families. Family members are carers, advocates and sources of support through some of the most difficult circumstances imaginable, and we need to support them as well. During the summer, the minister and I attended the Scottish Drugs Forum conference, alongside other members in the chamber, and we heard directly from bereaved families. She will remember their pleas to be included in their loved ones' drug death reviews, and I believe that she is open to addressing the issues around that. It would be good to hear an update on that in her closing remarks.

We must remember that substance use issues do not appear out of nowhere. They stem from individual circumstances, trauma and isolation and, as we have heard today, those from deprived backgrounds are more likely to fall into addiction. We need to tackle that inequality and to tackle the mental health crisis that we are facing in Scotland. We need to tackle the supply of harmful substances, especially new synthetic opioids, and we need to tackle the loneliness and isolation that are faced by far too many in our society. We need to take a pragmatic approach and use every evidence-based tool that is at our disposal to save lives.

I move amendment S7M-01766.1, to insert at end:

“; believes that robust harm reduction measures and rehabilitation services are both vital in saving lives; supports the continued development and evaluation of safer consumption facilities, and calls for predictable multi-year funding for rehabilitation services; supports the expansion of evidence-based medication-assisted treatment, including long-acting opioid substitution therapies where clinically appropriate; recognises the particular challenges faced by individuals experiencing both substance use and mental health problems, calls for improved access to integrated dual-diagnosis support, and acknowledges the often hidden role of families as unpaid carers, advocates and sources of support, recognising the need for appropriate support for families in their own right.”

The Deputy Presiding Officer (Clare Adamson): We move to the open debate.

15:34

Jack Middleton (Aberdeen Central) (SNP): Every life that is lost to drugs or alcohol is a tragedy, and behind every statistic is a family grieving the loss of someone they love. I begin by offering my condolences to everyone who has experienced that devastating loss.

The latest figures show just how serious the challenge remains and why the Government must go further to reverse the rise in drug deaths. I welcome the minister's recognition of that challenge today in her announcement of increased funding for rehabilitation services. However, it bears repeating that, in 2025, 1,133 people lost their lives to drugs, which was an increase of 11 per cent on the previous year. A further 1,152 Scots died from alcohol-specific causes, which was a fall of 3 per cent. Although that reduction is welcome, we must be honest that neither figure is remotely tolerable. We must devote greater attention to Scotland's drug deaths crisis. The scale of the tragedy demands it, particularly with the growing threat of synthetic opioids.

That does not mean that alcohol harm should receive any less attention. As a younger person, I see the relationship that folk my age have with drink changing, and I genuinely feel that we are at a point at which Scotland is ready for a more open conversation, if we seize the moment. Given the minister's considerable governmental, personal and professional experience, she of course has the ability to tackle both challenges in tandem. However, I wonder whether discussing drugs and alcohol together sometimes leads to overlooking

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just how different they are. The use of one involves illegal substances that are often hidden from public view and pushed underground, while the use of the other is entirely legal, deeply embedded in our culture and, in many circumstances, actively encouraged.

For most people, the conversation about alcohol is not about ending consumption altogether—that is neither realistic nor something that the public want. Instead, it must be about evolving our relationship with alcohol into a healthier one. Drinking is a huge part of Scottish life. For many, that relationship begins well before their 18th birthday. Alcohol is simply accepted as part of almost every social occasion.

However, the consequences of alcohol use are not felt equally. Men are more than twice as likely as women to die from alcohol-specific causes, and people in our poorest communities are almost five times more likely to die from those causes than are those in our wealthiest communities. We should all be concerned with those inequalities, and particularly with the impact on working-class men. Of course, women are also affected, through both direct alcohol harm and the wider consequences of harmful drinking, including domestic abuse at the hands of men.

Miles Briggs: I thank the member for giving way in what has been an excellent speech. He will be aware that the number of women who died last year from alcohol-related illnesses was up 3 per cent on the year before.

One of the biggest issues is that access to specialist alcohol treatment has fallen by 40 per cent over the past decade, so people's ability to access services is not in a good place either. What would he suggest to ministers has to change in that regard?

Jack Middleton: I will shortly argue that we need to have more of a conversation with people experiencing alcohol harm in the communities in which they live.

We must recognise where progress has been made. Minimum unit pricing for alcohol has been an important intervention, with research estimating that there has been a 13.4 per cent reduction in alcohol-attributable deaths following its introduction. That demonstrates what evidence-based public health policy can achieve, but legislation alone cannot change a culture.

Since my election, I have spoken with alcohol harm campaigners. Some of them believe that a next step is removing alcohol from more settings. I understand the reasoning, but I remain sceptical that simply removing alcohol from certain places will necessarily change behaviour. We must consider whether we risk pushing drinking elsewhere, and potentially into less healthy environments. That does not mean avoiding difficult decisions; it means being realistic about how people live their lives. If we want to reach those who are most at risk—particularly working-class communities—we need to engage meaningfully where alcohol is part of everyday life. Whether, for men, that is at football, at pubs or at home, we need to have conversations rather than deliver lectures from this chamber.

Changing Scotland's relationship with alcohol will take time, and we must bring people with us. I want Parliament to empower people to make healthier choices, rather than simply telling them what choices to make.

Carol Mochan (South Scotland) (Lab): I appreciate where the member is going with his speech, because I also believe that it is particularly important that we take working-class communities with us. However, I would refer him to some of the citizens jury work, which shows that deprived communities recognise that being able to access alcohol very easily and readily is a problem. Some of that work is worth looking at.

Jack Middleton: I really thank the member for her intervention. In my role as deputy convener of the Health, Care and Sport Committee, I am willing to explore that issue much further—indeed, all members of the committee will do so.

I remain unconvinced that a top-down approach alone in solidarity will deliver the cultural change that we need. We must recognise that many people enjoy alcohol responsibly while being honest and up front about the harm that it can cause.

I know that my time is drawing to an end, so I ask the Government to ensure that that wider cultural challenge is reflected in its upcoming alcohol prevention plan. Alcohol harm deserves distinct and sustained attention and a national conversation. Ultimately, if we want to change Scotland's relationship with alcohol for good, that change cannot come from Government alone; it must come through a genuine discussion with people in the communities whom we are elected to serve.

15:41

Michelle Campbell (Renfrewshire North and Cardonald) (SNP): I remind members of my entry in the register of members' interests: I am a mental health nurse in NHS Greater Glasgow and Clyde.

We know that drug and alcohol-related harms and deaths remain one of the greatest public health challenges that we face. Although progress has been made, there is no room for complacency. If we are serious about reducing harm and preventing avoidable deaths, our political will and leadership must remain firmly focused on interventions and supports that will shift the dial to prevention, save lives, reduce harm and help people to recover.

Regardless of how we express our condolences, those people who lose someone to drugs or alcohol will find little comfort in words alone, so what matters is what we do next. To achieve that, we must be candid about the reality that we face today, honest about the progress that has been made and the challenges that remain, and prepared to adapt our response as the nature of substance use changes and new threats emerge.

Stephen Kerr: The member makes a valuable point about the need for evidence. Does she agree that, before we can properly assess whether one particular public policy or another is working, we should allow ourselves to be influenced by what the evidence suggests and not look at that evidence through a prejudiced or pre-decided position about what we think should work?

Michelle Campbell: That pre-determined information has sometimes informed past policies but I think that we are learning and that the Government is taking that aspect seriously. Most importantly, it is about not only quantitative data but qualitative data and how it is processed. Mr Kerr is absolutely right, but the data is far more nuanced than what we usually process. The Government is taking a better approach to that work and the narrative is there—what has been said in the debate is about what is important—but it is also about the way in which policies are driven forward.

During my career as a nurse, I have cared for many people whose lives were profoundly affected by alcohol and drug dependency. I supported individuals during moments of crisis, worked alongside families living with crippling anxiety and constant worry and, sadly, witnessed far too many lives cut short. The reality for many families is heartbreaking: they watch someone they love become consumed by addiction, despite every effort to support them. They have had difficult conversations and pleaded with that person to accept the help, and they live with a constant fear that the next phone call could be the one that they have dreaded receiving the most.

One of the most persistent barriers to improving outcomes remains the stigma that is attached to addiction. There very much remain a societal bias and a discriminatory view—a perception of who that so-called type of person is. Too often, people who experience substance dependency are viewed through a lens of judgment instead of compassion.

The reality is that addiction can affect anyone. Some of the narrative that we have heard today in the chamber has demonstrated that. Addiction does not respect background, profession, income or circumstance. Although its harms are often felt most acutely in our most deprived communities, addiction can touch any family and any community.

We must also recognise that, for many people, the roots of addiction are deeply entrenched in trauma, adverse childhood experiences, poor mental health or other profound life-changing circumstances and challenges. Addiction is rarely simple and neither is recovery. For many, the chaotic and all-consuming nature of addiction can make it incredibly difficult for them to engage consistently with support, attend appointments or navigate systems of care that are often complex.

Families and loved ones might do everything within their power to help yet still find themselves feeling helpless as they watch someone struggle to accept or sustain the support around them. That is why stigma is damaging. When judgment replaces understanding, people are less likely to seek help, more likely to suffer in silence and more likely to experience poorer outcomes. If we are serious about reducing alcohol and drug-related harms and deaths, we must continue to challenge stigma and ensure that our services are compassionate, accessible and built around the realities of addiction and recovery.

I recently visited Abbeycare Scotland in Erskine in my constituency. It was an incredibly powerful experience to meet people who are at different stages of their recovery journey. I spoke with individuals who are currently receiving support, people who are continuing recovery in the community and people who now dedicate their time to helping others to navigate the same challenges. What struck me the most was not only the courage with which people shared their experiences but the sense of dignity, compassion and community that exists in the service.

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The lived experiences that I heard about reinforced the importance of listening directly to those who understand recovery because they have lived it. There were many points of reflection. People spoke about taking ownership of their recovery, recognising the impact that addiction had on their lives and on those around them and the confidence that they have gained through residential rehabilitation. They also spoke about the importance of continuing support after treatment and about the value of services working collaboratively to help people to rebuild their lives.

However, one message came through particularly strongly. Although residential rehabilitation can be life changing, accessing the right support at the right time can still be challenging, and for some individuals and families, the cost of accessing suitable rehabilitation services can be a significant barrier. It is imperative that we continue to expand publicly accessible pathways into treatment and recovery so that access to support is determined by need and not by an individual's ability to pay.

The Deputy Presiding Officer (Clare Adamson): The member must come to conclusion.

Michelle Campbell: As a nurse, I carry the memories of those who I cared for and who sadly lost their lives. As an MSP, I remain committed to ensuring that we never become complacent. Every preventable death is one too many.

15:48

Irshad Ahmed (Edinburgh and Lothians East) (Lab): I welcome the debate. As we approach the winter, a time of year when the harms from drugs and alcohol hit hardest, publication of the number of deaths from alcohol and drugs is a grim reminder of how they damage lives all year round.

It was welcome to hear the news on Tuesday that alcohol deaths have fallen, but alcohol and drug poisoning is still directly responsible for more than one in 30 deaths in Scotland. Lots of others suffer from worse health or have painful stories of addiction, which can complicate relationships with families and work. It is hard to know what we politicians can do about all this, especially as someone who does not drink. However, it is impossible to shrug off the data.

I want to dispel a common myth. The number of alcohol deaths in Scotland has not always been high. In fact, it has gone from being one of the lowest in Europe in the 1980s to becoming the highest at the turn of the millennium. In Glasgow in the 1990s, there was a spike when alcohol-related deaths trebled before being brought back down. That trend has parallels with the drug deaths crisis and is something that we can surely learn from. That rise was in part because of more alcohol licences and the sale of cheap alcohol, and the trend fell as drinks slowly became less affordable. Sadly, the cost of alcohol can cripple household finances.

Controls on pricing may be a blunt tool, but they have been effective in reducing harm. The evidence points towards changing habits among the heaviest consumers and a fall in alcohol deaths. I commend those efforts, but we still have work to do on alcohol marketing and the level of consumption.

At a time when it is much easier to stay home or spend time alone on our phone, I do not want to underestimate the social value of a trip to the pub. Pubs are amazing spaces and, let us face it, the trend towards the sale of alcohol to consume at home has not helped us. It is linked with rising harms, but pubs are not spaces designed for families, young teenagers or religious minorities such as mine, and we need those shared spaces, too.

Scotland's health inequalities are shameful. They are worse in places where the high streets are empty areas and where people are denied access to services and jobs. Our most deprived areas have 15 times more drug deaths and five times more alcohol-related deaths. Alcohol and drug deaths affect young men in working-class areas most. A man's postcode in Scotland can predict their life expectancy—a man's postcode can carry four times the risk of dying early.

However, we do not have a public health plan that deals with all the social issues that we face. In 2011, the Christie commission made us aware of ideas of prevention. Fifteen years later, are we further forward? That is 15 years of missed opportunities. It is 15 years when we have jumped from one emergency to the next—from alcohol harm to drug deaths to homelessness to violence against women and girls.

It is good to see the Scottish Government getting behind prevention, but it must be co-ordinated action that is backed by investment locally. I am worried that joblessness and mental health problems in young people could be the cause of substance misuse in the future, and I am worried that cuts to the charity sector will isolate people and force them to manage their problems alone. I will work with the Government on their prevention agenda and on making public health a priority.

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15:33

Fulton MacGregor (Coatbridge and Chryston) (SNP): Every life lost to alcohol and drugs is a tragedy. Behind every statistic lie a person, a family and a community affected by loss. We all offer our condolences to everyone who has lost a loved one, and we all must recognise our responsibility to prevent further deaths. Today's debate has begun to bring that consensus to the fore.

I will use my opportunity to speak to focus on the importance of a human rights-based approach to the crisis and on the work of REACH Advocacy. It is based in my constituency of Coatbridge and Chryston, but it is a Scotland-wide service whose representatives the minister met fairly recently.

REACH Advocacy has developed its work around the straightforward principle that every person has rights that must be respected throughout their recovery journey. Its approach is grounded in lived experience. The organisation grew out of the experience of people who had navigated health, mental health support and other public services while facing challenges associated with substance use. They understood the difficulties that people can face when trying to access such support, and they recognised the importance of people knowing their rights.

REACH Advocacy was established 16 years ago and, since then, it has developed human rights education, advocacy training and practical support to help people understand their rights and advocate for themselves and others. I believe its work has important lessons for how Scotland now responds to alcohol and drug deaths.

A human rights-based approach places dignity, fairness and wellbeing at the centre of decisions. It recognises that people who use substances are individuals with rights, needs and aspirations, like anyone else. They deserve to be treated with respect, and they deserve to be able to access appropriate support. Such an approach also places responsibilities on public services. People must be able to understand their rights, exercise choice and access the services available to them. Public bodies must take those rights seriously and be accountable for their decisions.

REACH Advocacy helps make those principles practical. Through its workshops and its Scottish credit and qualifications framework level 7 advocacy practice award, it equips people with the knowledge and skills to apply human rights in everyday situations. Its training helps participants to understand legislation, recognise barriers to services and put human rights principles into practice. The feedback from participants who have engaged with its service is particularly encouraging. Overall, participants comment that the training has helped them to understand how human rights influence their work and has left them feeling more knowledgeable and better able to apply what they have learned to their role.

Such experiences demonstrate the value of human rights education. Knowledge can give people greater confidence to ask questions, challenge decisions and seek the support that they need. The same principle applies to people experiencing problems with alcohol or drugs. Their ability to access treatment, housing, healthcare and wider support can have a profound effect on their lives. These services must work together, and people must be able to navigate them with appropriate assistance.

REACH's approach also recognises the importance of lived experience. People who have faced such challenges bring valuable knowledge to the design and delivery of services. Their experiences can help to identify barriers that professionals and policy makers might overlook. We should ensure that people with lived experience have a meaningful role in shaping Scotland's response. Their contribution should influence decisions about treatment, recovery, harm reduction and rehabilitation. Families must also have opportunities to contribute, with appropriate respect for the rights and wishes of the person receiving support.

Carol Mochan: I really appreciate the member's contribution. We are talking about the understanding of people's situations, so can we do more as a wider group, across the housing, health and transport portfolios, for people who have drug or alcohol addictions?

Fulton MacGregor: Yes, that is exactly what a human rights-based approach is about: bringing people together across policies, sectors or whatever phrase you want to use. That is exactly what REACH Advocacy, which I am focusing on in my speech, undertakes to do.

The minister has met members of REACH Advocacy before, but I encourage her to revisit the frameworks around the funding for its work, which has come to me as its local MSP. I ask the minister to use the reset and the open-minded approach that the Government and members are taking to look again at that. The service would be delighted to have the minister or any of her front-bench colleagues visit it again.

We need accessible treatment, effective harm reduction and strong recovery services in communities. We need to respond urgently to dangerous synthetic opioids, through better surveillance and early warnings. We

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must also continue to improve access to naloxone and residential rehabilitation. These things are in no doubt, and they must be done through taking a human rights-based approach.

We must also continue to work constructively with the UK Government on the changes needed to drug policy—a point that was made earlier in the debate. The restrictions associated with the Misuse of Drugs Act 1971 create challenges for Scotland's public health ambitions. That is not an excuse, and other members, including the minister, have made that clear today. However, it is a fact that the 1971 act creates challenges, and members should come together to pursue the powers and flexibility required to respond effectively to the needs of our communities here in Scotland who are suffering.

The lives lost to alcohol and drugs remind us of the scale of our responsibility. REACH Advocacy shows us how human rights can become part of everyday practice. Its work empowers people to understand their rights, strengthens advocacy and brings lived experience into decisions that affect people's lives. We must carry that approach into our national response. Every person deserves dignity and access to appropriate support, and every person should have a voice in decisions about their future.

I support the motion, and I hope that the Parliament can work collectively to ensure that Scotland's commitment to human rights is reflected in the services that people receive and the lives that we save.

16:00

Paul McLennan (East Lothian Coast and Lammermuirs) (SNP): Every life lost to alcohol or drugs is a tragedy. Behind every statistic are a person—a son, a daughter, a parent, a friend—and families left grieving. I am sure that most of us will have such a connection, through either friends or family.

I begin by offering my sincere condolences to every family in East Lothian and across Scotland who have lost someone they love. Their pain is real and it must drive us to act. Those deaths are preventable. That is not a slogan, but a fact. Because they are preventable, this Parliament and the Scottish Government have a duty to use every lever available to us—in public health, justice, housing, education and community support—to save and improve lives.

Scotland has chosen a public health and human rights-based approach, as Fulton MacGregor mentioned in his speech. That is the right approach. We treat addiction as a health issue, not a moral failing. I acknowledge Stephen Kerr's point that it is also a justice issue.

We must recognise the dignity of every person affected and commit to finding evidence-based solutions. That means expanding harm-reduction efforts, providing safer supply options where appropriate, and engaging in naloxone distribution, drug checking and other interventions to keep people alive long enough to recover. I remember that, when I was Minister for Housing, I visited the Simon Community and saw somebody being given naloxone right on the floor in front of me, which saved their life.

Such an approach also means expanding recovery and rehabilitation, both in residential settings and, crucially, in our communities. Recovery does not end at the door of a treatment centre; it continues in places where people live, work and raise their families. Recently, I met representatives of Substances Support Scotland, which has taken on the substance use service in East Lothian, and I will visit it again to meet some of its clients who are also my constituents.

As we have heard, we face an urgent and growing threat from dangerously potent synthetic opioids and other emerging synthetic drugs. Those substances are changing the nature of the crisis. I acknowledge the point that was made earlier about what we know about them, but it is how we deal with them that is the key issue. We must optimise our surveillance systems and strengthen early warning responses so that we can act faster and more effectively, as delay costs lives—of course it does.

At the same time, we must continue to work constructively with the UK Government. However, the Misuse of Drugs Act 1971 remains a significant barrier to taking a full public health approach in Scotland. We cannot ignore that reality, and I hope that members can come together to recognise that more of the relevant powers—if not all of them—should be devolved to the Scottish Parliament. Reserving powers limits our ability to respond here as fully as the evidence demands, so we must keep on pressing for the tools that we need while working in partnership wherever possible.

I have sympathy with Jack Middleton's points about the separation of drugs and alcohol approaches—he has made those in the Health, Care and Sport Committee as well. The Scottish Government has a commitment to publish an alcohol harm reduction and prevention plan later in 2026. The SNP manifesto pledged to treat tackling drug and alcohol harms as a public health mission, prioritise early intervention and prevention, and trial hospital alcohol care teams—ACTs. The recent Fife community-based pilot is a positive first step in that regard, but a clearer national commitment and timetable for hospital ACTs is now required.

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The forthcoming alcohol harm prevention plan will be the true test of the prevention agenda and must include firm, timetabled measures on price, marketing and availability.

Stephen Kerr: I have intervened before to say something similar, but I note that, although there is a lot of emphasis on harm reduction, the real test of our public policy in this area is surely recovery. It is about taking people out of the grip of these addictive substances, whether alcohol or, especially, drugs—Jack Middleton spoke a lot of sense when he talked about the difference between alcohol and drugs. We have got to try to focus more on recovery. Does the member agree?

Paul McLennan: Yes, I agree with that point. I think that I mentioned using every lever in public health, justice, housing, education and community support to address the issue. When I was Minister for Housing, there was a particular issue with drug and alcohol misuse among homeless people.

To return to the issue of alcohol, the number of alcohol-specific deaths in 2025 was 1,152. It has been mentioned before that the death rate was 4.8 times higher in the most deprived areas, and that nearly 30,000 hospital admissions were attributable to alcohol in 2024-25. Those figures understate the true burden, as they exclude alcohol's contribution to cancer, strokes and injuries. I note that Audit Scotland has reported a 40 per cent drop in specialist alcohol treatment over the past 10 years.

Alcohol harm costs Scotland an estimated £5 billion to £10 billion annually. In my opinion, that exemplifies failure demand on public services. We have heard the discussions about public sector reform and the emphasis on prevention. Alcohol harm is one of the areas for review in that regard. Minimum unit pricing has already reduced alcohol-caused deaths by an estimated 13.4 per cent, so the 65p level is only a modest real-terms increase. Automatic inflation-linked uprating is essential.

Most alcohol is sold cheaply in the off-trade sector. Policies should protect pubs while targeting supermarket sales. We urgently need marketing restrictions, including on sports sponsorship and alcohol-free brand extensions, and licensing reform that covers online-only delivery. I have met SHAAP on a number of occasions in my time in the Parliament. It is calling for a national roll-out of hospital alcohol care teams, restored community treatment and brief interventions, improvements in treatments in the justice system and a public health levy on large retailers.

Most importantly, we must put the voices of people with lived and living experience, and those of their families, at the centre of every decision that we take. Families are often the first line of support and the last line of defence. Their knowledge, resilience and pain must shape policy—there should be no decision about us without us.

Alcohol and drugs are not a party issue; they are a human issue. The issue is whether we are prepared to treat the crisis with the urgency and seriousness that it demands. I believe that we are. I believe that the Parliament can work collectively, across the parties, to reduce harm, expand recovery and give people and families the hope and support that they deserve.

16:06

Heather Anderson (Dundee City West) (SNP): I declare an interest as a serving councillor on Dundee City Council.

A number of years ago, I read a book entitled “Chasing the Scream: The Search for the Truth About Addiction” by Johann Hari. It explores the history of the so-called war on drugs from prohibition right through to decriminalisation of personal drug possession in countries such as Portugal. The author interviews incarcerated cartel bosses, police enforcement officers, family members impacted by drug use and many others as he tracks the increasing violence and fear dominating the international, national and very local drug trade. In the book, he challenges us to explore the range of options that we might pursue to deal with drugs production, but he also asks us to think about why there is such prevalence of drug use. One of his conclusions is that the opposite of addiction is connection.

Although the brutal exploitation of addiction through the illegal global trade is to be totally condemned, how we support the victims and the families and children dealing with the reality of addiction is for us to decide. I am proud that we are taking a humane and compassionate approach.

The Parliament knows that, in Dundee, we have seen more than our fair share of grief, trauma and loss caused by alcohol and drug use. Dundee has one of the highest drug-use mortality rates in Scotland.

At a recent meeting of my council ward community planning partnership, we discussed a grim table that showed that, in Coldsides, there were 617 drug-related hospital admissions per 100,000 residents. That is triple the Scottish average of 201. Although the number of drug deaths in our city has fallen from a peak of 72 in 2019, a further 47 people died in 2025. That mirrors the national increase.

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It is also significant that, in Coldside, there were 1,131 alcohol-related admissions to hospital per 100,000 residents. That is more than double the Scottish average, and, if we took into account all the other deaths caused by alcohol-related conditions, we would find the figure to be double that. The figures mirror national trends, which show a 3 per cent decrease in alcohol-specific deaths, but there is a worrying increase in women dying. I am sure that we would welcome an alcohol care team in Ninewells hospital. I would be happy to assist the minister in ensuring that that happens.

Every death is a failure of prevention, and my thoughts and condolences are with all the people who grieve those lost lives. We have heard many times that people from the most deprived areas are 15 times more likely to lose their lives to drugs than those from the least deprived areas. We know that alcohol-specific deaths remain nearly five times higher in the most deprived areas. Therefore, we are very familiar with the scale of work that we have to do. However, as I have said before in the chamber, Dundonians are relentlessly resilient and compassionate and continue to do all that they can to tackle the problems that we share.

Over the past months, I have been fortunate to visit some of the services that we are discussing, to talk to those providing and receiving treatment, and to witness first-hand the difference that those services make.

Like Michelle Campbell, I visited Abbeycare. In Jericho House in Dundee, there is a residential rehabilitation service, where residents living with substance misuse are provided with a dedicated support worker—often a peer support worker—as well as group therapy, counselling and clinical support. Those services are very clear that we cannot have recovery without rehabilitation. Jericho House's motto is:

"Let us choose to believe that something good can happen."

Through an abstinence approach, Jericho House is ensuring that, for men receiving treatment and support, something good is going to happen.

I am planning to visit Aberlour's Cowan Grove services in Dundee, where pregnant and young mothers are offered 24/7 intensive support with tackling addiction. Aberlour ensures that these women and their young children remain together while they address their substance use at their own pace and without judgment. Scotland currently has only eight recovery and rehabilitation beds for women and their children, and Cowan Grove has half of them. The women accessing those services are vulnerable: most are victims of domestic abuse; their children have previously been removed into care; or they have grown up around addiction.

We also know that mothers suffering addiction are six times more likely than fathers to have their children removed, and 100 per cent of the women receiving support from Aberlour were at risk of losing their children. The service, like many others in Dundee, focuses on breaking that cycle of intergenerational addiction. We know that children raised in families that experience addiction are already having adverse childhood experiences that will impact them in the future, and we can never count the cost of a childhood lost.

The Deputy Presiding Officer (Katy Clark): Could the member start winding up? Unfortunately, we do not have a lot of time today.

Heather Anderson: Of course we need to crack down on organised crime, illegal drug cartels and county line dealers, who both create and exploit addiction. The criminality makes it very difficult for mums to seek support for their children, but let us work compassionately with the victims of addiction. As a Jericho House resident would say,

"Let us choose to believe that something good can happen."

The Deputy Presiding Officer (Katy Clark): I call Helen McDade to speak for up to four minutes.

16:12

Helen McDade (Mid Scotland and Fife) (Reform): I will take the leeway that everyone else has, if you will allow that. I am sorry, but I was told five minutes, Presiding Officer.

The Deputy Presiding Officer (Katy Clark): That is not a problem. We all have to accept and stick to the time limits and not comment on them—four minutes was agreed with your business manager—but I hear what you say, in that you thought you had longer.

Helen McDade: Thank you. I will make sure that I stick to time.

I thank the minister for bringing the debate to the chamber and, as convener of the Health, Care and Sport Committee, I also thank her for her invitation to a round table that is coming up soon. I look forward to taking part in that.

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Of course, we all want to be collegiate, but we all have evidence to bring forward. Evidence base has been mentioned often, and I thank Irshad Ahmad for reminding people that Scotland had one of the lowest rates of addiction in the 1980s, so something has changed, and we need to look at that.

I will look at a few things in particular, and one of them is methadone. I have one thing in common with the minister, as she is a pharmacist, and I was a veterinary surgeon: I look at the medical aspects of this issue, but also at some of the other aspects, such as availability and what happens in relation to that.

We have talked about evidence base, and I look forward to being convinced that people being on methadone for up to 30 years is evidence of success. I think—and my party thinks—that we have to look at this again. The evidence is not there if people are still on it. If we look at the numbers, we see that a third of the deaths last year had methadone involved. The minister mentioned that it might not have been legally given but, of course, the more available it is, the more likely it is that somebody is selling it.

Heather Anderson: Will the member take an intervention?

Helen McDade: I thank Ms Anderson, but I certainly cannot take her intervention.

New drugs have been mentioned, but they are also available in other countries—and, again, we are the worst in Europe, so we need to look at what is happening there. I look forward to being presented with the evidence about that from the experts.

Ketamine has not been mentioned. I was appalled to discover that young women and men are losing the use of their bladders because they are on ketamine. The minister said to the health committee that action is being taken to publicise what is happening in that regard. There is a specialist centre in Aberdeen for that issue, and it would be good if more young people were told about the dangers.

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