LOCAL GOVERNMENT COMMITTEE

Tuesday 14 January 2003
(*Afternoon*)

Session 1

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LOCAL GOVERNMENT COMMITTEE
2nd Meeting 2003, Session 1

CONVENER

*Trish Godman (West Renfrewshire) (Lab)

DEPUTY CONVENER

*Dr Sylvia Jackson (Stirling) (Lab)

COMMITTEE MEMBERS

Mr Keith Harding (Mid Scotland and Fife) (Con)
*Tricia Marwick (Mid Scotland and Fife) (SNP)
*Dr Richard Simpson (Ochil) (Lab)
*Iain Smith (North-East Fife) (LD)
*Ms Sandra White (Glasgow) (SNP)

COMMITTEE SUBSTITUTES

Robert Brown (Glasgow) (LD)
Angus MacKay (Edinburgh South) (Lab)
*John Young (West of Scotland) (Con)

*attended

THE FOLLOWING ALSO ATTENDED:

Ms Margo MacDonald (Lothians) (SNP)

WITNESSES

Councillor James Coleman (Glasgow City Council)
Professor Peter Donnelly (Lothian NHS Board)
Ann Hamilton (Glasgow City Council)
Sue Laughlin (Greater Glasgow NHS Board)
Mike McCarron (Greater Glasgow Drug Action Team)
Les McEwan (City of Edinburgh Council)
Jim Sherval (Lothian NHS Board)
Ray de Souza (Edinburgh City Drug Action Team)
Councillor Kingsley Thomas (City of Edinburgh Council)

CLERK TO THE COMMITTEE

Eugene Windsor

SENIOR ASSISTANT CLERK

Ruth Cooper

ASSISTANT CLERK

Neil Stewart

LOCATION

The Chamber

Scottish Parliament

Local Government Committee

Tuesday 14 January 2003

(*Afternoon*)

[THE CONVENER *opened the meeting at 14:02*]

Item in Private

The Convener (Trish Godman): Comrades, I open the meeting. Do we agree to take item 3 on our agenda, which is consideration of a draft report, in private?

Members *indicated agreement*.

Prostitution Tolerance Zones (Scotland) Bill: Stage 1

The Convener: This is the third evidence-taking session on the Prostitution Tolerance Zones (Scotland) Bill. We have with us Councillor James Coleman, who is the deputy leader of Glasgow City Council, and Ann Hamilton, who is the council's principal policy development officer.

I—and, I suspect, John Young—must declare an interest, as we know both witnesses very well.

John Young (West of Scotland) (Con): Does that mean that I am not allowed to ask questions?

The Convener: You are allowed to ask questions that are relevant to the submission.

I welcome Councillor Coleman and Ann Hamilton to the meeting. This is the first time that they have attended a meeting of the Local Government Committee, but I am sure that they will not find giving evidence to us too onerous. After Councillor Coleman has spoken for a few minutes, the witnesses will take questions from members. I prefer dialogue to long introductions. Committee members have read the written submission.

Councillor James Coleman (Glasgow City Council): I will outline briefly Glasgow City Council's position on street prostitution in Glasgow. My colleague will provide technical background information on our proposals and on what we are doing.

Before Glasgow City Council was set up, there was no real policy on prostitution in Glasgow. We knew that there was a serious prostitution problem but the city's administrations and officials tended to turn a blind eye to it—nobody wanted to talk about it. When the present administration came in, it took a different view. We put social inclusion high up in our agenda and therefore had to examine all the relevant issues across the city, including women involved in prostitution.

We started to do a lot of detailed work and gathered a lot of information on the scale and nature of the problem, and quickly found that the problem is serious. As everyone is now aware, there are more than 1,000 street prostitutes in Glasgow, most of whom suffer from serious drug problems as well as other social problems. It was against that background that we decided to deal with the situation not as a sex problem but as a social problem. The position that we arrived at was that the women involved in street prostitution were victims whom society had rejected and that they needed help. The mainstream organisations, including the council, the health board and those in the voluntary sector, tinkered at the edges but

no concerted effort was being made to help the women.

Our main effort in the council is to help the women to leave prostitution. We do not accept that prostitution is a lifestyle choice for women. Women are forced into prostitution by various means. The social conditions of the group of women with whom we were dealing made it quite clear that they needed intensive help, counselling, support and an exit strategy to help them to leave prostitution and get back into the main stream of society.

We took the position that, although an unofficial tolerance zone exists in Glasgow, we would not support the setting up of a tolerance zone within the city because that would be tantamount to the acceptance of prostitution. We see prostitutes as the victims of prostitution and we would prefer to concentrate our efforts on helping them rather than on turning a blind eye to them and hoping that everything turns out okay. We know the nature of the problem but we believe that the solution is a long haul to get the victims out of prostitution.

Ann Hamilton (Glasgow City Council): The partnership approach has been important in Glasgow and the problem of prostitution is a strategic priority for agencies in Glasgow. We accept absolutely that harm reduction is important—all of the agencies are involved actively in harm reduction and have been for a long time. However, we are trying to examine some of the other activity that has not been undertaken in areas such as prevention, exiting and changing attitudes towards prostitution. The focus for health promotion must move away from the women. We always give the responsibility for safe sex to the women, yet it is the men who ask for unprotected sex and are prepared to pay more for it. We want to shift the focus on to the men and highlight the public nuisance that they create. They have a role to play in health promotion and are responsible for the violence that the women suffer and for the women's lack of safety. It must also be stressed that men who pay women for sexual services often take money from a family income to do so.

A lot of action is needed to address the severe problems that women face in prostitution but the bill does not provide the answers. We want to find ways of ending the discrimination that the women face in the criminal justice system and work on a range of other measures, such as preventing people from becoming prostitutes in the first place. We would welcome a different approach.

The Convener: Thank you for your comments. I would like to ask a couple of questions about your written submission. It states:

"over 150 women have come forward to ask for support to leave."

How many women completed the programme or left prostitution?

Ann Hamilton: The intervention team is working with between 50 and 60 women. Some of those women have been in contact since the team was established. Some have exited prostitution completely and some move in and out of it. We have found that it is much more difficult for women to leave prostitution than any of us imagined—they require a huge amount of intensive support to do so.

Although some women have exited prostitution completely, we have tended to concentrate on the women with whom the team is working in the long term, who number between 50 and 60.

The Convener: In your submission you state:

"Women involved in street prostitution in Scottish cities and in many English cities do not work for pimps."

That statement contradicts some of the other evidence that we have received. Can you define what you mean by a pimp?

Ann Hamilton: Traditionally, pimps are defined as men who run a number of women and profit from women whom they control. In Glasgow and other cities in Scotland, there are partners who profit from, and may have their drug habit paid for by, women's involvement in prostitution. Such partners are not in charge of a number of women.

The Convener: Last week, Base 75 and the Women's Support Project (Glasgow) gave evidence to the committee and talked about education. They described how young boys who are asked why women prostitute themselves reply that the women like sex or give other answers along those lines.

In your submission you state:

"materials looking at the nature and reality of prostitution have been piloted and are now being mainstreamed in to the curriculum of Glasgow Secondary Schools."

Does that mean that the council has decided that prostitution will be discussed and examined as part of a sex education programme? Will that happen in every secondary school or are you having difficulty introducing the project in some schools?

Ann Hamilton: The project was piloted in two secondary schools a year ago. It is now recommended as part of materials on violence against women entitled "Action Against Abuse". Those materials are available to all secondary schools in Glasgow and take-up has been very positive.

The materials have not been taken up by all schools and their use is not compulsory. However,

we have found that where support and training—which are part of the package—are available to teachers, they are very interested in including the materials in their curriculum. Feedback from young people has been very positive.

The Convener: The committee and I would be interested to receive any statistics that you have compiled on that approach.

Dr Richard Simpson (Ochil) (Lab): I read your submission with great interest. From both the evidence that you have given and the evidence that Glasgow representatives gave last week, the effectiveness of the partnership working is clear. Such partnership working is crucial in dealing with the problem of prostitution.

At the moment, there are two areas in Glasgow where prostitutes tend to gather. Regardless of whether we call those areas red-light districts—the term that you have used—drags or tolerance zones, they are areas in which, effectively, prostitution is managed. Since the tolerance zone in Edinburgh ceased to exist, the women involved in street prostitution have been dispersed substantially. We have received evidence that child prostitution, which was unknown in Edinburgh before the tolerance zone ceased to exist, has re-established itself. The number of incidents of violence has risen from one a month to six in November, although we have requested further evidence on whether that month was exceptional. In other words, the ending of a red-light area has had the effect of dispersing the problem and making it more difficult to provide much of what you talk about in your document—reducing self-harm, helping people to address their underlying problems of drug abuse and so on.

I am sorry that it has taken me a long time to get to my question, but the background is crucial. As and when the red-light area becomes increasingly residential—as we have seen at Glasgow green, where urban development has given rise to changes—how will Glasgow cope with its 1,400 prostitutes, given that the drug problem is not getting any better and even if you get 20 or 30 women out of prostitution a year? Without the appropriate powers, how will you cope with the problem and avoid what has happened in Edinburgh? I am not talking about a duty, but I am not sure what the correct term is. Perhaps Margo MacDonald can help me.

14:15

Ms Margo MacDonald (Lothians) (SNP): The bill is enabling rather than mandatory.

Dr Simpson: That is right. The bill is enabling. It would not force Glasgow City Council to make use of the powers. However, if the council does not have the powers at that point to plan an alternative to its red-light area, how will it continue to offer appropriate support to that population of women? The council has been in contact with Base 75 and is doing a fantastic job. However, as prostitution is increasingly dispersed across Glasgow as the red-light district becomes smaller, how will the council cope?

Councillor Coleman: That is a valid point. Your comment about Glasgow green is true. As we know, Glasgow green has been updated and modernised. Modern housing is being built and the prostitution problem conflicts with that.

The other unofficial red-light zone is in the city centre. We are well aware that there will be dramatic changes in Glasgow city centre. I expect that within the next three years the unofficial tolerance zone in Glasgow city centre will no longer be an unofficial tolerance zone. We already receive complaints about what takes place. Glasgow is now a 24-hour city. I am not talking about pubs; I am talking about businesses and the fact that people now live in the city centre. We are well aware that the sort of behaviour that went on in the past will no longer be acceptable. It is up to the council and its partners to come up with a new strategy to meet that situation head on.

We do not accept that prostitution will be relocated. We will need to up the ante. We say that we are dealing with 60 to 70 women. We know that we will run out of time in Glasgow. It is up to the council, which plays the lead role, and its partners to tackle the problem. We are certainly not going to go along the road of looking for an area in which to put the prostitutes, because that will not work and we do not accept that it is right in principle.

However, your question is perfectly valid. The answer that I can give is that we will need to come up with a solution. It will be along the lines that I have outlined and it will involve intensive work with the women to help them. The solution will not be to relocate them.

Ann Hamilton: The committee has heard from Base 75 about the specialist service that is provided, but that is only one element of the approach. We have been working with all the mainstream services—health, the police, social work and education—with a view to helping them to improve their service for women who are involved in prostitution. We are about to launch a leaflet for all council staff outlining the problems that women who are involved in prostitution face. The leaflet states that those women do not have a sexual problem and that they suffer from severe social exclusion. It suggests ways in which council staff can assist women. The health service has also considered mainstreaming harm reduction. It is not the case that women can go only to Base

75; if it were the case, we would undoubtedly face a major problem if the women moved.

Dr Simpson: I accept that. As far as I can see, Glasgow has gone further in mainstreaming in its services than any other area has. That does not alter the fact that major difficulties will emerge if those 1,400 women are spread throughout the city. There is evidence that that is beginning to occur. There is now prostitution in some housing estates where it did not occur before, because the existing areas are becoming smaller and the conflicts are increasing. Without a massive increase in resources, you will have a major problem.

You said that the criminal justice system should be changed. In the 25 years that I worked in Cornton Vale, almost no women were admitted from Edinburgh, yet 60 women were regularly admitted from Glasgow. The same law applies, but there is already a discrepancy. How will that be managed within a dispersed prostitute system, because that is what there will be? How will it be managed when 1,400 women are spread across the whole of Glasgow, there are regular complaints from citizens and the police are arresting people on a regular basis? Will there be an arrest referral scheme? How will you tackle the situation?

Ann Hamilton: We currently have arrest referral systems. Several alternatives to custody are working, but not to the extent that we would like. We have been trying to influence local magistrates and lay justices in that respect and we will pursue that matter.

The social inclusion partnership is examining the need for legal reform. The SIP believes that women prostitutes should be decriminalised in the future. However, that needs to be balanced with calling men to account and ensuring that public nuisance does not increase rather than diminish. The law as it currently operates must change and there must be reform. Because of the complexity of the partnership, we do not have a final position paper yet. However, it is fair to say that the partners would favour decriminalisation of women but criminalisation of men who abuse women, either by paying for sexual services or by profiting from the selling of sexual services.

Dr Sylvia Jackson (Stirling) (Lab): I want to continue with that line of questioning. From what has been said, do you accept that, if there is dispersal and the red-light area no longer exists, it will be more difficult for the women to use the support services that are currently in place?

Ann Hamilton: I think that it will be more difficult, which is why we are constantly reviewing what is happening. We have a group of staff from different agencies who examine the level of complaints, where women are being arrested. We constantly review that and consider how to respond to the changing pattern. The situation varies from week to week and, as Councillor Coleman said, we know that it will change significantly in the future. One response might be to relocate the drop-in centre or to make it much more of an outreach service. The changing pattern will be taken into account when we are planning services for women.

Dr Jackson: Paragraph 1.8 of your submission states your view that tolerance zones are a short-term measure and you have made it quite clear that, ideologically, you are against tolerance zones. In your view, how long is the short term?

Ann Hamilton: It is probably not that short term. Tolerance zones will certainly need to continue in the near future. We need to establish the prevention measures that I talked about. We need to consider more services for women who want to exit prostitution—I am thinking of drug programmes, for example. A range of measures needs to be in place in order for us significantly to reduce the number of women who are involved in prostitution in the city. Although the submission says that tolerance zones are a short-term measure, they will probably be there five or 10 years down the road.

Dr Jackson: I want to ask about the cost of the Routes Out of Prostitution social inclusion partnership. Did you say that so far 10 women have moved out of prostitution? Are we talking about more than 1,000 women? How much has the project cost so far?

Ann Hamilton: I think that there has been a misunderstanding. Routes Out of Prostitution comprises a number of different elements. One is the partnership of agencies. There is also a small unit that services the partnership and considers strategic responses on issues such as legal reform and prevention work. Another small team is dedicated to long-term work with women on exiting prostitution. That is the intervention team, which is only a small part of Routes Out of Prostitution's approach and comprises a co-ordinator, three development officers and an administrative worker. I do not have the figures that you request with me, but I can get hold of them.

Dr Jackson: Roughly how much does the project cost?

Ann Hamilton: The figure is around £130,000 to £140,000 a year. I said that 10 women have exited completely, but, as a result of support from the intervention team, many women who come along do not require to come back. The intervention team was established to work with women who are involved with street prostitution, but it has found that women who are involved in indoor

prostitution—in saunas, for example—come along. Such women might require less support in exiting. It is difficult to track where women are.

Iain Smith (North-East Fife) (LD): Of the estimated 1,400 street prostitutes in Glasgow, how many operate outwith the two main recognised areas to which Richard Simpson referred?

Ann Hamilton: Do you mean the east end and the city centre?

Iain Smith: Yes.

Ann Hamilton: I think that the police would confirm that most street prostitutes operate in the east end or the city centre. One important point is that they are there only to locate men who are interested in them—they then go elsewhere.

Iain Smith: The areas are effectively pick-up points.

Ann Hamilton: That is right.

Iain Smith: I am slightly confused by the evidence that we have received from agencies in Glasgow on the attitude there. In effect, Councillor Coleman admitted that an unofficial tolerance zone operates in Glasgow. However, he seems totally opposed to the bill, which would allow councils that wish to introduce tolerance zones to do so. We heard evidence from Aberdeen City Council that it would probably take that route if it had the opportunity to do so and we will take evidence from the City of Edinburgh Council later today. Why is Glasgow City Council opposed to councils being able to consider that route where it is appropriate for their area, even if it is not appropriate for Glasgow?

Councillor Coleman: Your question goes back to what I said earlier. There is an unofficial tolerance zone, which, as we heard, allows us to put policies in place to work with the women in that part of the city. However, that does not mean that we accept prostitution. Prior to the present council administration, nobody considered prostitution to be a problem issue in Glasgow.

The police know that women work in areas where there are cameras, particularly in the city centre and, at times, they allow that to happen. Like everybody else, we know that. However, we are against accepting an official tolerance zone because that would mean accepting that the women who are involved have chosen their way of life. That would mean that we accept prostitution as a lifestyle, which the council would never do. We know too well that the women are victims and that they are crying out for help. They need all the help that we can give them to exit prostitution. They do not need to be put in a council-stamped official tolerance zone and allowed to carry on as prostitutes. That is not social inclusion. We are concerned about the victims, who are the women.

If more resources are to be put in, we will use them to help women out of prostitution. If that means a major increase in resources, we will argue for that. We will come forward with partners and put resources on the table to up the ante to ensure that we help as many women as possible. Just because we accept the present situation does not mean that we will accept putting a council stamp on it. We know fine well that three years from now we will probably run out of space right across the city and that we will need to put measures in place to deal with that. However, any such measures will be based on the principle of helping the women, not on the fact that the council has set up an official tolerance zone.

Iain Smith: I accept what you are saying. However, the proposed legislation does not say that the council necessarily thinks that prostitution is a good or acceptable thing. Instead, it seeks to create an area where prostitution can be managed and where services that might help people to get out of prostitution can be provided. Ann Hamilton said earlier that she does not expect it to be a short-term issue. Indeed, it will take a long time to deal with the routes into prostitution, because evidence suggests that many people who have been abused in the past move into drugs and then into prostitution to fund their drugs habit.

Moreover, evidence from various sources suggests that zero tolerance on the male side—for example, making it a criminal offence to solicit prostitutes—is not effective either. Given that you will not be able solve such problems overnight, is it not better for your armoury to include the ability to introduce tolerance zones? That would be seen not as an acceptance of prostitution, but as a strategy for dealing with it if such a step is the best way of managing the problem in a particular area and as a means of ensuring that people can access services that will help them to get out of prostitution.

14:30

Councillor Coleman: Surely it would also be possible to set up services for women in the same way that we have set up Base 75 and initiatives in other places in Glasgow. That would be an excellent step forward in any city, and would not require the establishment of tolerance zones.

Iain Smith: How do you get access to the prostitutes if you do not know where they are? That is the problem that Edinburgh is facing at the moment.

Councillor Coleman: That is the contradiction. Either you help the women or you put a legitimate stamp on prostitution and classify it as a business.

Iain Smith: I do not agree.

Ann Hamilton: Glasgow and Aberdeen run areas that might be called red-light areas, tolerance zones or whatever. However, the problem arises when the space in those areas is used up and no other areas for such activity will be welcomed by local residents, businesses or the women themselves. As a result, it is difficult to see how the bill will assist Edinburgh or Aberdeen in its problems with locating such areas.

However, our principal problem is that we feel that the bill legitimises the harm that is caused by prostitution and that the council becomes almost an agent for facilitating prostitution. The responsibility for such areas is then transferred from the police to the local authority, which is highly problematic.

You said that zero tolerance had not been effective. However, after legislation that criminalised men and decriminalised women was introduced in Sweden, it was found that the number of women going into prostitution had fallen. We need to examine that model. A lot of claims that have been made about the benefits of tolerance zones do not stand up to scrutiny.

Ms Sandra White (Glasgow) (SNP): I welcome the representatives of Glasgow City Council. I know Ann Hamilton very well from various meetings; however, I do not know Councillor Coleman so well. Perhaps I should declare an interest in that I represent Glasgow in the Parliament.

I thank the witnesses for their submission and will begin with a few questions about makeshift tolerance zones. We know that the bill is enabling legislation that will establish tolerance zones. Many people seem to think that, once such a zone is established, the women involved will be safe; however, some of us know that it will simply be a pick-up point. I seek your views on that issue.

I believe that Ann Hamilton has mentioned my second point. As cities such as Glasgow, Aberdeen and Edinburgh regenerate themselves, tolerance zones or red-light districts are being moved about. Eventually we will run out of space for such areas. As I asked witnesses from Routes Out of Prostitution and Base 75 last week, if any such tolerance zone were established, would it be on some industrial estate? Would the women be bussed out there? Indeed, would that make things any safer? After all, we know that violence happens once the women have been picked up.

We know that tolerance zones are a long-term measure. Unfortunately, prostitution has been with us for hundreds of years. However, it is no good hiding our heads in the sand and saying that we will always have prostitution. We need to look at what social inclusion measures can be taken.

In the longer term—three or four years down the line—Glasgow City Council hopes that we can address the problem by, for example, adopting the Swedish model that was mentioned. Rather than simply discarding the proposed legislation on tolerance zones, has Glasgow City Council considered proposing to the Parliament other legislation along the lines of the Swedish model to deal with matters such as kerb-crawling?

Ann Hamilton: Women are undoubtedly safer when they are in an area that is covered by closed-circuit television, but they are not safe. CCTV also makes the police's job easier in identifying those who perpetrate violence, but the vast majority of violence takes place where the women are providing sexual services outwith the tolerance zone. Our submission quotes the Base 75 statistics, which show that 98 per cent of the assaults that were reported to Base 75 happened in places such as flats and hotels. A tolerance zone makes women a bit safer while they are in the zone, but it does not make them safer generally.

Your second question was on where such zones might be located. I suppose that the zone would need to be out in some kind of industrial area. That is what has happened in Utrecht and, as far as I know, in Amsterdam. The zone in Utrecht is outside the city centre in a disused bus station, which is where men go. To establish something like that would seem a very poor response to women. I would not have thought that the women, if they were consulted, would be enthusiastic about using such premises.

On kerb-crawling, the council's response to the review of the Civic Government (Scotland) Act 1982 asked for men's kerb-crawling to be addressed within the scope of that legislation. We would like the existing gap in the legislation to be filled. Some areas in England and Wales, where a concerted effort has been made to discourage men from kerb-crawling in the city centre, have reduced the level of public nuisance. What appears to have made a difference in England and Wales is the fact that the police have had the power of arrest. However, as that power has been available only over the past year and a half, the evidence is still to come in about how successful that policy has been.

John Young: As a former Glasgow City councillor, I am delighted to welcome representatives from Glasgow to Edinburgh—I have never been able to say that before.

I think that people would accept that prostitution is the oldest profession in the world. That phrase has been used throughout the centuries. Prostitution goes back far further than Sandra White mentioned. It goes back thousands of years to ancient Persia, ancient Babylon and ancient Greece.

I have several smallish questions. I was interested in Ann Hamilton's suggestion that we should be calling men to account. Mention was made of Stockholm, where people tried to do just that. Previous submissions have referred to what have been called John schools. However, I recall a meeting in Glasgow City Council several years back, in which a lady from Australia came to speak about this subject. She mentioned that, in San Francisco, if men were apprehended or arrested for kerb-crawling or trying to lift prostitutes, the police threatened to publish their names and photographs in the press if the men failed to come for two or three Saturdays to a certain centre or John school. I understand that we cannot do that here because of the European convention on human rights.

How do we go about calling men to account? That is perhaps the crux of the problem, but I am not sure what the answer is.

Ann Hamilton: The first thing to say is that we could call prostitution the oldest oppression rather than the oldest profession.

The second point to make is that we need a sea change in attitudes towards prostitution, in the same way that we have had in attitudes to domestic abuse and child sexual abuse. Those are no longer regarded as domestic, private affairs. They are regarded as having an impact on women, families and communities in general. All services are now considering their responsibility in that area. We favour the same kind of holistic, proactive response to changing the acceptance of men of going out and buying sex from women.

John Young: Not all men think that.

Ann Hamilton: No, I am certainly not saying that they do. Not all men abuse women or children. A lot of men—particularly young men—have the perception that buying sex is acceptable and a laugh and that it does no harm.

One of the issues to come out of the work in Glasgow schools is that we need to change the way in which boys and girls relate to each other generally and the way in which young men and women respond to each other. That will be a long-term issue.

The John schools, for example, react to the current situation and, in many ways, that is what we are doing. We are reacting to the harm that has been caused, but we would like to see a change and prevention will become the main tool that we use. We seek a sea change in attitudes.

John Young: I have two final short questions. One concerns the women being helped out of prostitution. Do you have any records that indicate that women who have come out go back in again? That must be a problem.

The second question might also be for Jim Coleman. The geography of Glasgow city centre is different from that of Edinburgh or Aberdeen. As you well know, there are lots of lanes in Glasgow city centre. They are not in use at night because they are bordered by commercial premises. There is virtually no police patrolling in those lanes and nobody goes down them when night falls, apart from prostitutes, perhaps. Prostitutes are at tremendous risk because certain men know where they are.

Would you care to comment on those points?

Ann Hamilton: While we have been supporting women out of prostitution, one of the barriers that has been reported back to us has been the benefits trap. Women go into low-paid employment and find it difficult to pay the rent and re-establish their lives. Women face a stigma and find it difficult to give up going to Base 75 and being friendly with other women in the same boat.

It is all about getting the women back into other social settings. If the women have criminal convictions, which most do, they will have to declare them. It is an attitudinal matter—their crimes are regarded as sexual crimes. It is regarded as a matter of morality rather than understood that the women have had a difficult time and a drug problem and that now they are looking for other work. Those are the kind of barriers they face.

A number of the women have lost their children, who might be looked after informally or by council social services. The women have experienced homelessness. A large number of them have experienced previous sexual abuse. That is why they need intensive, long-term support and not just to get out of prostitution. It is not a case of saying, "I will leave tomorrow." It probably takes a long time for them to get out and stay out.

The geography is undoubtedly different in Glasgow, but it would be wrong to say that the lanes in the city centre are not patrolled. Glasgow city centre—the red-light district in particular—is effectively policed so there is no drug dealing or other crime happening in that area. It is not the case that they are lonely lanes into which the police do not go. That is not where most women would take men to have sex. They would take them elsewhere.

John Young: I do not dispute the fact that the police try to do their job but, nevertheless, there have been roughly half a dozen murders in and around the city centre. I know that the police cannot be everywhere every minute, or even every hour. There are lookouts, pimps and so on. I know that that is a difficult question and I do not expect you to answer it.

Ann Hamilton: One of the women was murdered in the red-light district—the others had gone elsewhere. There is danger in women going elsewhere. However, they are picked up in the red-light district.

Tricia Marwick (Mid Scotland and Fife) (SNP): In your submission you state:

"The impact of the current draft Bill would be to shift responsibility for 'policing' red light districts from the police to the local authority and this would not be a positive move."

In its evidence to the committee, Lothian and Borders police said that they were anxious that policing of tolerance zones should be a matter for local authorities. You expressed concern about shifting that responsibility from the police to local authorities. Would you like to expand on that?

14:45

Ann Hamilton: In Glasgow, a number of services are involved with the red-light area—cleansing, security, policing and so on. We are concerned that the police would say that it was for local authorities to consult on, establish, maintain and manage tolerance zones. Effectively, they would have little role in such zones. At the moment, there is fairly high-profile policing of the red-light district. In the main, the police do not charge women with offences. That is the only difference between the role of the police in the red-light district and their role in other parts of Glasgow.

Tricia Marwick: However, you can see that it would inevitably fall to local authorities to establish, consult on and manage tolerance zones.

Ann Hamilton: That appears to be the way in which the scheme would work. I understand that when the Edinburgh pilot took place SCOT-PEP worked closely with the police to establish rules about what could and could not happen in the tolerance zone. Presumably, under the bill that would be the responsibility of the local authority. The bill refers to a code of conduct. Local authorities would determine how many women could work in a zone and a number of other issues related to conduct. Dress was one of the issues mentioned in the SCOT-PEP code of conduct.

Ms MacDonald: You have said that you have an effective system of management and that all the different agencies that come into contact with prostitutes take a co-ordinated approach. You have also said that you do not regard it as a system only for the short term. I do not suggest that Glasgow City Council is endorsing prostitution as a way of life, but you admit that you manage it.

Ann Hamilton *indicated disagreement.*

Ms MacDonald: If you do not manage it, you provide the means that help the police to manage it and that help prostitutes to manage themselves.

Ann Hamilton: No.

Ms MacDonald: Surely prostitutes are assisted in managing their way out of prostitution.

Ann Hamilton: We respond to women's needs. We assist in harm reduction and in enabling women to exit prostitution. We certainly do not manage prostitution in the city. That does not happen.

Ms MacDonald: That is too much sophistry for the official report, so we will cut to the chase. Why, when you recognise that your present arrangement for dealing with the problems that prostitution causes for prostitutes, their families and the general community will have to continue for a considerable period, are you unwilling to support an enabling bill that will allow Aberdeen and Edinburgh to do that in their way?

Ann Hamilton: We oppose the bill on principle, as it would endorse and legitimise prostitution and the harm that it does.

Ms MacDonald: However, you would concede that your suggestion that having a policy of tolerance zones legitimises and endorses prostitution is a matter of opinion.

Ann Hamilton: No, that is the experience in Glasgow.

Ms MacDonald: You have never had a tolerance zone, so how can you have that experience?

The Convener: You should allow Ann Hamilton to finish answering the first question before asking another one.

Ann Hamilton: The experience is our having responded to women within a traditional red-light area in Glasgow for a considerable number of years. Base 75 was established in 1987 and before that there were outreach services. The approach has always been about reducing the harm to women. It is not about managing prostitution and enabling prostitution to happen in a safer, easier way.

Ms MacDonald: With all due respect, that was not my question. My question was, how can you allege that a tolerance zone policy will legitimise and endorse prostitution? Your reply was that that is your experience in Glasgow. You then told me that you did not legitimise or endorse prostitution in Glasgow—I do not believe that you do, but neither do I believe that Edinburgh does.

Ann Hamilton: It is not our experience but our analysis that leads us to believe that a tolerance zone would legitimise prostitution. It is our analysis

that prostitution is a form of violence against women and a means of social exclusion of women.

Ms MacDonald: I understand all that. How do you explain the fall in the numbers of women working as street prostitutes—remember that the bill refers only to street prostitutes—in Edinburgh and the rise in the number of street prostitutes in Glasgow?

Ann Hamilton: They are two very different cities. The big difference is that Glasgow has a major problem with drug abuse and poverty. As I understand it, much of the prostitution in Edinburgh happens indoors, which is a different setting altogether. I do not think that we can compare the two cities.

Ms MacDonald: I have striven not to compare the two cities. That is why I was somewhat disappointed by your submission. In Utrecht there is a much higher level of compliance by the prostitutes, not in a disused bus station but in an industrial area that operates during the day. Sydney has a completely different take on street prostitution than does Melbourne. Every city has its own mix of culture, history, geography and local conditions, which produces a different situation. I suggest that it would be a good idea for Glasgow to accept that every city will come up with its own solution, not by endorsing prostitution but by helping to address the worst aspects of prostitution in the short term.

Ann Hamilton: How you see prostitution informs how you consider solutions. If you see prostitution as inevitable and acceptable and you think that it will always be with us, you will consider different solutions, such as official tolerance zones. If you look at prostitution in the way that Glasgow does, as harmful to women and having an impact on women's mental and emotional health, you would not want to legitimise it in any way.

Ms MacDonald: I am not legitimising it. Through the bill, I am attempting to do things that you suggested in your submission, such as

"preventing women, particularly young women, becoming involved in prostitution".

We say from experience in Edinburgh that the informal policy here helped do that. You said that Glasgow is committed to

"providing viable alternatives to women by supporting them to take up safe housing, child care support, drug programmes and training and employment".

SCOT-PEP did that and it operated an entry-to-employment programme. You also said that Glasgow is committed to:

"making it easier for women to exit".

SCOT-PEP tried to do what it could when women were ready. As you said in your evidence, women go in and out of prostitution over what can be a long period of time. It is important that someone is there at the right time to help a woman out, if she is going out. The next point is that Glasgow is committed to

"changing public perceptions of prostitution".

The public perception of prostitution has certainly changed in Edinburgh but, since the ending of the informal tolerance zone, we have discovered that people are more censorious and more judgmental about prostitutes because the women relocated themselves. I would be interested to know what policy you will pursue when the women relocate themselves after they are pushed out of the Bothwell Street area.

Ann Hamilton: There is confusion about what are the benefits of a tolerance zone and what is good practice by SCOT-PEP. SCOT-PEP has undoubtedly done a lot of work on harm reduction and tackling a range of issues with women who are involved in prostitution. Our point is that a tolerance zone is not needed to do that; an approach is needed that is women-centred and that provides opportunities and services for women. That is the benefit of having services like SCOT-PEP and Base 75. It is not about whether there is a tolerance zone.

Ms MacDonald: Well, Aberdeen City Council saw it as crucial to have the drop-in centre beside where the women work. Edinburgh has also found that the number of women who access SCOT-PEP's services and health services has dropped, because they are no longer coterminous. So there is experience—not opinion—to show what happens when services are targeted where the women work. We have called it a tolerance zone, but we could have called it anything that we liked—it is just about organising services to get them to the women most effectively.

Ann Hamilton: But the difference is that if you cannot make your service available within the area, or if you have dispersal, you have to consider different ways of providing the same service to women.

Ms MacDonald: I agree.

Ann Hamilton: That might be done through outreach. It might be done through satellite services. There might be a range of ways of doing that, but the benefit is the service that is provided, not the tolerance zone.

Ms MacDonald: In other words, if the service is the important thing and it can be delivered in any number of ways, providing it in the way that Aberdeen and Edinburgh want to provide it does not imply endorsement of or legitimacy for prostitution.

Ann Hamilton: For the way that they provide the service at the moment, that is right, but if you say that the local authority will now consult on, establish, maintain and manage tolerance zones—prostitution zones—that will legitimise prostitution. It will make it part of normal society and part of the normal workings of the council.

Ms MacDonald: No. It will mean that the women will not be subject to prosecution.

The Convener: Margo, I think that we will have to beg to differ on this issue. Councillor Coleman, do you want to add to what Ann Hamilton said?

Councillor Coleman: No, except to say that I am glad that we have had the opportunity to come through and speak to the committee. It is good that the committee is discussing prostitution. As the submission says, local authorities have tended to turn a blind eye to prostitution, and it is good that a committee of the Scottish Parliament is discussing it in the open. I hope that this is the start of a process, because prostitution is far wider, deeper and nastier than street prostitution. The committee should examine it in more depth.

The Convener: I do not think that we would disagree with that. I have a couple of questions. Perhaps the information could be provided later. Ann Hamilton mentioned women who are in difficulty and on benefits finding their way into prostitution to resolve the situation. It would be helpful if you could provide information on benefits and the poverty issues. Jim Coleman mentioned that Glasgow City Council produced a submission on the sentencing process. Richard Simpson picked up on the differences between Edinburgh and Glasgow in terms of women ending up in Cornton Vale. It would be helpful to have that submission.

We are talking about whether we should have a tolerance zone and what a tolerance zone means. Does it mean managing or does it not? Have we asked women who are prostituting themselves what they think? I do not know whether Edinburgh has done that. I do not recall asking the Edinburgh witnesses that question. It would be helpful if you had information on that.

It seems to me that you are also suggesting that soliciting should not be an offence any more but that kerb-crawling should. I feel that, where there is a gender imbalance at the moment, that would perhaps be swinging it the other way—although I have absolute sympathy with your reason for suggesting that. If a woman is charged and arrested for soliciting, she goes to a sheriff court rather than a drugs court. The big difference with street prostitution is the number of women who are using drugs. That is something that we need to address.

Committee members must establish in their own minds, then as a committee, whether a tolerance zone is a means to an end. Nobody in this room, or who has been in the room for the past two meetings, would object to any of your ideas about helping, supporting and encouraging the women to adopt a different lifestyle. It is very good that you are using the route of education for that. I recall that Councillor Coleman and I were both on Strathclyde Regional Council when there was a zero tolerance campaign run by Women's Aid. Young boys were saying that it was all right to hit a woman if she answered back. We have changed attitudes, and you are right to use that as an example, as SCOT-PEP did.

It will be difficult for us to decide whether a tolerance zone is a means to an end. Margo MacDonald is right to point out that this is an enabling bill. If it is passed, it will not mean that Glasgow City Council will have to implement it. There are significant differences between the job that you have to do and the job that City of Edinburgh Council has to do. The principles remain the same, and in the final analysis, you will want to get to the same place, but the way in which you get there might have to be slightly different. I am not sure. I hope that you can get back to us with the bits of information for which I asked.

Thank you for coming. It was good that you did not speak for long. I am not insulting anyone in saying that: it enabled us to get some good dialogue going, which was very helpful.

15:01

Meeting suspended.

15:08

On resuming—

The Convener: Okay, comrades, we will continue with the second evidence-taking session. I welcome Professor Peter Donnelly, the director of public health and health policy in Lothian NHS Board, and Jim Sherval, the drug policy and research co-ordinator in Lothian NHS Board. This is the first time that you have attended the committee, and you are welcome. I understand that Professor Donnelly will speak for a few minutes, after which I will open up the debate for questions. If Jim Sherval has anything to add, he should feel free to do so.

Professor Peter Donnelly (Lothian NHS Board): Thank you for the invitation to address the committee. I will keep my opening remarks brief, because it is probably more important to have questions and answers.

The Convener: That would be lovely.

Professor Donnelly: I shall establish the locus and interest of a health board such as Lothian NHS Board in the matter. It is quite simple: we are charged not only with trying to provide good health services, but with improving the health of the population as a whole and, specifically, with reducing health inequalities. People who are involved in street prostitution are a particularly disadvantaged group. They are at risk of attack and their health is at risk. Many of them are drug users and a great many have histories of physical, emotional and sexual abuse. They are therefore a legitimate priority group for us.

The de facto tolerance zone in Edinburgh allowed us to work with organisations such as SCOT-PEP to target services in such a way as to ensure the maximum uptake of the service. We believe that that has enabled us to minimise the health problems that are associated with street prostitution.

Jim Sherval (Lothian NHS Board): Underlying the experience in Edinburgh is the HIV problem of the early 1980s, which drives a lot of the pragmatism that is found in the city and the Lothians. As far as we can tell, street prostitution has not been a vector for the onward transmission of HIV.

The Convener: Before we start to ask questions, I should inform our witnesses that I will have to leave the committee at half past 3 and will hand over to Sylvia Jackson, who is the deputy convener. I mean no disrespect in doing so.

We have heard from the police and the support agencies that a high proportion of the street prostitutes in Aberdeen and Glasgow are drug users. That does not appear to be the case in Edinburgh. Why not?

Professor Donnelly: A proportion of street prostitutes in Edinburgh are drug users. The proportions might differ from city to city, but I support the view that was expressed earlier that each city is different in terms of its problems and the necessary solutions.

Services in Edinburgh have been successful in bringing about a situation wherein, to the best of our knowledge—this is backed up by consultants who work in genito-urinary medicine, or GUM—because of needle-exchange schemes and so on, there has never been a confirmed case of HIV being transmitted by a street worker. When you consider the situation that prevailed in Edinburgh in the 1980s and early 1990s, that is a remarkable fact and is a tribute to those who operated the pragmatic policy.

Iain Smith: Did you find that it was easier to provide health-promotion assistance to street prostitutes while the tolerance zone was in place than it is now?

Professor Donnelly: Yes. A large part of the services are provided by SCOT-PEP, which we support financially. SCOT-PEP found it easier to access clients when street prostitution was in a defined and understood area. Because that organisation was able, with our help, to have in the area premises that were open at appropriate hours, uptake of the services was considerable. However, because of the unfortunate demise of the tolerance zone, that has ended. Street prostitution has become dispersed, access to services has fallen off and needle-exchange programmes have largely collapsed—the health consequences of that are quite worrying.

Iain Smith: Do you have evidence of adverse health consequences, or are you referring to concerns and anecdotal evidence?

15:15

Professor Donnelly: It is too early to come to a definitive conclusion. As yet, according to our colleagues in genito-urinary medicine, there has not been a large upsurge in sexually transmitted diseases, but I would not expect to see such evidence yet. Members will appreciate that the dispersal of prostitutes and the fall off of access to, and uptake of, services make that a difficult question to answer. Put simply, we do not know what we do not know. It seems to be reasonable to assume that because the services—which Lothian NHS Board pays for—are not seeing people, those people are being put at greater risk.

Iain Smith: Are you providing advice or support to other areas of the health service, such as GPs and health clinics, in order to help them to identify problems associated with prostitution?

Professor Donnelly: Jim Sherval might want to address the drugs aspects and the good co-operation on drug services with GPs in the Lothians region. People are trying to put alternative outreach services in place, which are based in a static caravan and use outreach cars. However, given the demise of the tolerance zone, it is very much a make-do-and-mend situation. Members will appreciate that there are real difficulties with that set-up and that there are real limits to what can be done. Needle exchanges have been most adversely affected, which has obvious consequences for the spread of HIV.

Jim Sherval: The local health care co-operative for north-east Edinburgh has a clinic, to which GPs have referred many women who were using drugs. It is a multi-agency development involving Turning Point Scotland and Lothian NHS Board's drug action team. Therefore, there are other local services, but they are available only during the day and there is evidence globally and locally that the services are needed all the time because people

lead somewhat split lives. Local services are fully apprised of the situation, but are not always ideally situated to provide the necessary help.

Tricia Marwick: I have read Professor Donnelly's paper and I feel that not enough research is being conducted on tolerance zones to conclude whether they are a good or a bad thing. Do you agree?

Professor Donnelly: Such a conclusion depends on the evidence that people are looking for. If people are looking for a strictly scientific study conducted by a university and funded by a research council, in which the experience in a formally established tolerance zone and that in an unregulated zone are compared, they will not find one. I cannot find one and I have looked very hard.

In some ways, that is not surprising. As one begins to think through the difficulties of the experimental design, it can be seen that such a study is really difficult to do. The best evidence that can be obtained in this field probably flows from observation and experience and from those who have been involved for several years. If people are prepared to examine softer evidence, then there is some to consider. I have tried to record that evidence, such as it exists locally, in the part of the paper that deals with the facilitation of uptake of services, which the long-standing arrangements in Leith allowed.

Tricia Marwick: Your paper also stated that, when tolerance zones were introduced in Sydney and New South Wales, decriminalisation dramatically improved policing. My understanding is that the bill is concerned with tolerance zones, rather than with decriminalisation of prostitution. Are they, in effect, one and the same?

Professor Donnelly: I am neither a lawyer nor a legislator, so I defer to the committee on the latter aspect and to legal colleagues on the former. I am trying to reflect the public heath imperative, which is very much concerned above all else with harm minimisation and prioritising the health of the women, their families and their clients.

Tricia Marwick: You said that, as regards the impact on public health, there is a negative health impact on communities near tolerance zones because of drug dealers, increased kerb crawling and fear of discarded needles, condoms and the like. Surely you need to balance the positive effect that you and others claim for tolerance zones with the possible negative impact on communities within their vicinity.

Professor Donnelly: I have tried to stress that the negative impact on communities living near a tolerance zone, whether formally or informally established, "should not be underestimated." Those are the exact words that I use in the paper. I think that that is fair. I am not a lawyer, but my understanding of the intention of the legislation is that, first, it will be enabling, rather than mandatory. Therefore, it will be up to each council to decide what is right for it.

Secondly, my reading of the bill suggests that considerable pre-consultation is required before any council could choose to go down that route. I am trying to make it clear in that paragraph that during that pre-consultation period, councils will want to think extremely carefully about the siting of a zone in order to minimise any perceived disbenefits by local residents.

John Young: Over the past few weeks, there has been considerable discussion of tolerance zones and, to a lesser extent, the use of industrial zones, which I think could be highly dangerous for women, especially if those industrial zones are situated in isolated areas or are on the outskirts of towns or cities.

What would your opinion be if we decided to consider further the idea of state or municipally-run centres like those in France—brothels in other words? The centres could have needle exchanges, they could supply condoms and they could perhaps keep a closer check on the health of the women. Many people in this country, especially women, would raise their hands at such an idea, but I am interested in your views. Would state-run centres be better than tolerance zones? Such centres might be safer from the women's point of view.

Professor Donnelly: It could be argued that Edinburgh has experience of a situation that is akin to that, because there have been about 20 licensed saunas in Edinburgh for many years, although they are not exactly the same as brothels. It is interesting that the number has been fairly static and has not, as many people feared it would, risen over the years; it has stayed at about 20. The licensing procedure gives the council and the police a right of access and some control. That is not exactly the same as the other measures that the committee is discussing, but it is similar.

Since the demise of the tolerance zone, it has been observed that, although street prostitutes do not access the services that are laid on—which is worrying—women who work in the licensed saunas continue to do so. That suggests that there are advantages to saunas, such as control, stability, predictability and access to services. The difficulty is that there will always be individuals who are not prepared to fit into, or will not be accepted into, that environment and who—for whatever reason—will continue to practise street prostitution. My argument is that a tolerance zone is probably the best way in which to maximise such women's access to services.

Dr Jackson: If I remember correctly, the evidence from Glasgow City Council seemed to be that when the red-light area disappears or is no longer needed—the council talks about it as a short-term measure—the council will have to consider other ways in which to support prostitutes. From what you say about the demise of the tolerance zone, Edinburgh is now in that situation. What is your view of Glasgow City Council's comments? It seems to think of the matter more positively and hopes that support services can be built up. For example, I think that mobile support was mentioned. Might dispersal in Edinburgh be different from dispersal in Glasgow? Perhaps that is the root of the problem.

I was struck by the comment in your submission on the lack of research on the issue. You talked about soft, qualitative research. To help us consider the issues more objectively, what sort of research should we undertake on the use of tolerance zones or existing red-light areas?

Professor Donnelly: I will answer your questions in reverse order. An opportunity to research the issues more thoroughly might flow from the committee's deliberations on the various models that exist in Scottish cities. The most useful research would be to examine cohorts of street prostitutes to understand better how they ended up in that situation. That would allow us to support them—through the ways that others have suggested—in exploring other means of supporting their drugs habits or making ends meet. It would also allow us to find out what happens to such women. My hunch is that we would be fairly horrified by the backgrounds and experiences that lead women to prostitution. Such research might also relate to raising the health expectations of what is a vulnerable and high-risk group. That is the kind of research that we should collectively endeavour to support.

I will address Sylvia Jackson's question about dispersal, which is a challenging difficulty for Edinburgh, although our colleagues from SCOT-PEP and other agencies are doing their best to address it. It is easier to access a facility that is located in the right place and which provides tailored services at the right time of day or night; everybody can understand what it does, including the police, so people are not harassed on their way to and from it. That is more appropriate than driving around in vehicles trying to find individuals in order to persuade them that you are who you say you are so that you can help them. That issue can be thought through without having to carry out research or a formal study.

15:30

Dr Simpson: Some of the material that is coming out is fascinating. The number of street prostitutes who are returning to the west from Edinburgh, following the ending of the tolerance zone, is interesting.

I have two specific questions. As no tolerance zone will ever be accepted by citizens in their residential areas, is Peter Donnelly confident that he can find a new zone? If so, why cannot that be achieved without a change to the law?

My second question arises from evidence that we have received that suggests that sauna owners were at one point referring new applicants for work in saunas for counselling before offering them employment. That led to some individuals being diverted from prostitution before they got started. Is it practical and possible for the idea of a tolerance zone to include individuals who work there being required to register and undergo counselling before they commence work? Such action could divert them from prostitution.

Professor Donnelly: Those are interesting thoughts.

On compulsory counselling, I understand where Dr Simpson is coming from and why he might propose that, but I would be concerned that if it happened, individuals might still end up practising street prostitution but in another environment outwith the tolerance zone and where counselling was not compulsory. The issue is important because it is about the balance between our being seen to be there—by being supportive, helpful and providing access to services—and our not being seen to condone prostitution as a lifestyle choice, to be blunt about it. To me, that is where the nitty-gritty of much of the debate that we have heard during the past few meetings lies.

There is a balance to be struck between harm minimisation, which is where I am coming from, and what would technically be called primary prevention—stopping prostitution. There is also a middle ground where both groups, which are equally well meaning, want to try to help individuals involved in street prostitution to move on. My take on that is that prostitution has been around in one form or another for as long as written history, so we should probably accept that that is unlikely to change in the immediate future. I am not condoning prostitution in any way; I am merely trying to follow a policy of harm minimisation for those who are involved.

I do not think that I have answered the other part of Dr Simpson's question, so perhaps he can remind me what it is.

Dr Simpson: The licensing system for saunas is, in a sense, managing off-street prostitution. Could it be made a condition of such licences that anyone who seeks employment in a sauna be required to have counselling prior to accepting employment?

We know that most of the people who get into the business have quite serious problems and that they come from difficult backgrounds. They need the opportunity to be told at the point of entry to the industry that there are other ways in which to address their difficulties, which might include debt, drugs or a history of abuse. People in those situations do not know what the alternatives are.

Professor Donnelly: Again, I understand why that suggestion would be made. My concern, however, is the same; if counselling were to be made a legislative prerequisite of working in a licensed sauna, the result could be a growth in unlicensed saunas. Perhaps the way to square the circle is to say that counselling should become part of the package that health caseworkers and others offer. It could become part of their right of access to licensed saunas.

I want to address another point that has been raised. I know of no one who is involved in any project or in this area of work who condones the continuation of prostitution, neither do I know of anyone who would wish for someone whom they loved to be involved in such work. Prostitution is a nasty, dangerous, abusive and risky thing to do. All of us would like to see it brought to an end, but people have been trying to do that for thousands of years. Until the day that we all move on, pragmatism says that we should try to ensure that people harm themselves or are harmed as little as possible.

The Convener: Do you want to add anything to that, Jim?

Jim Sherval: No. I just wanted to make a comment about compulsory treatment or counselling, which could militate against the benefits of people going voluntarily for counselling. It is important that the offer of information and advice is made and that people who have confused ideas about where to go for help and so forth have somewhere to go. It is particularly important for that offer to be genuinely made and readily accessible—there should be no barriers to such offers. To make such information and counselling compulsory could add to the feeling that we are talking about a homogeneous group instead of about individual women.

Ms White: I want to put on record my thanks to Margo MacDonald for introducing the Prostitution Tolerance Zones (Scotland) Bill. Whether we agree with the bill or not, it has brought prostitution out into the open and allowed us to speak about it. We have also learned a lot about the suffering of many of the women who are involved in this profession—although I would prefer not to call it a profession.

Richard Simpson mentioned compulsory treatment. We should remember that that treatment could also be offered to the men who access prostitution. We keep hearing about how women will be treated, but no one says anything about whether men are being or should be treated. I hope that the committee will examine that further in the context of other legislation.

John Young asked about saunas in Edinburgh, which are almost like legalised brothels, although they are not called that. I suppose that the same could be said for Glasgow's drag area or red-light district, which is not a tolerance zone per se, but it is looked upon and managed in that way. Why do we need legalised zones if Edinburgh is quite happy to condone legalised saunas as legalised brothels? Why do we have to legalise tolerance zones?

I agree that we want to protect women and give them the best possible services. I have asked all of the witnesses whether the situation has arisen because the original red-light districts were developed, but people did not want those activities in their area. The problem will eventually affect every city in Scotland that has a red-light district. Where will tolerance zones be located? Will they be in industrial estates with old and disused bus shelters? How would people access the women and how would they access the so-called tolerance zone in the first place? If tolerance zones move out to industrial estates—which I can envisage—will there be built-in services there? I know that the bill does not say that—it is enabling legislation—but my main concern is the safety of the women, which is paramount.

We must try to get the women out of prostitution, but tolerance zones must have back-up; that would have implications for councils, for police and for health services. The bill does not mention that type of back-up, so how will you access those women if they are out in an industrial-estate tolerance zone?

Professor Donnelly: Those are fair questions, and I am not sure that I am the right person to answer the legal aspect of the first one, but I will have a go. You can ask some lawyers about the advantages and disadvantages of having tolerance zones legally established as opposed to the matter's being dealt with in another way. I understand that the bill is enabling legislation, so it might suit Edinburgh to set up such zones. Our experience of de facto tolerance zones suggests that it would probably suit Edinburgh to use such zones. It might not suit Glasgow, which is fine. As I understand it, the legislation would allow each city to take its own approach.

Why should a city have a formal tolerance zone? On that question, I would be guided by the evidence that was given to the committee by Lothian and Borders police, which I have read. They suggested that it was easier to police

prostitution during the time of the de facto tolerance zone. It was certainly not safe for women, but they believed that it was safer. On the few tragic occasions when very serious crimes were committed, the police felt that the existence of the tolerance zone facilitated their investigation of those crimes. I would, therefore, be guided by the police.

From a health perspective, I can say that it is certainly easier if prostitution is confined to one area. We must bear it in mind that we are not comparing tolerance zones with nothing; rather, we are comparing tolerance zones with dispersed street prostitution. That might be challenging and it might be right to debate the ideal area—or, at least, the least problematic area—in which to establish a zone. However, I would rather go through all that pain than deal with the almost impossible difficulty of trying to deliver services when street prostitution is happening all over the place.

Tricia Marwick: It seems to me that we are talking about two specific aspects of prostitution and tolerance zones. One is policing, which is a matter for the police, and the other is public health, including both the health of the prostitutes and the wider health of the community. Local authorities such as Glasgow City Council do not want to take on responsibility for tolerance zones because they feel that they might be seen to be managing prostitution. When Lothian and Borders police gave evidence last week, they said that they did not want to take on responsibility for managing tolerance zones. It is my view that the matter is more one of public health. Would Lothian NHS Board like to take on the responsibility of managing a tolerance zone?

Professor Donnelly: We have been very proactive. We have taken risks and made ourselves unpopular—we have not taken the easy line. We have spent money and we have put people who work for us in risky situations and I think that we have, as a result, prevented what could have been a catastrophic explosion of HIV and AIDS in Edinburgh. I might be misinterpreting the question. If so, I apologise. If you are asking whether we are prepared to take a lead, our track record speaks for itself.

Going back to the evidence from the police and other witnesses, if tolerance zones are to work—whether they are established legally or informally—there is no doubt that many agencies need to be involved. That is what joined-up government on a local basis is about. The police, the health boards, the voluntary agencies, the social services and so on all need to be joined up. That is what happened in Leith. Members will have read the paper that Tom Wood submitted, which refers to the fact that many agencies contributed to the establishment of the de facto zone in Leith.

15:45

Tricia Marwick: I do not take anything away from the work that Lothian NHS Board has done, as the board's record speaks for itself. You are right that the issue should be about joined-up government and should involve local authorities, the police, health boards and other agencies working together to find solutions.

My point was that the bill would give local authorities the enabling power to seek to set up a tolerance zone. Glasgow City Council would certainly not be happy about having to manage such a zone and the police would not be happy about being the managing agents. Do you envisage that the health boards should have a greater formal role in managing such zones and that the other authorities should work with you?

Professor Donnelly: It is inevitable that each agency involved would have to manage the bit of the problem for which it was responsible. I do not think that it would be possible to have a single overall manager, although I do not claim to be an expert in the field. Those who manage street cleansing would still manage street cleansing; the same would be true of health services and social services. Everyone would have to manage their bit. However, I am not sure that the issue is about management; rather, it is about co-ordination, co-operation and trying, in a collective way, to do what is best.

Tricia Marwick: Do you envisage that Lothian NHS Board would act as the co-ordinating agency?

Professor Donnelly: It would be arrogant in the extreme for me to suggest that the health board should take over running part of the city simply because there was a de facto or legally established tolerance zone. I expect that all the agencies involved would work out who would do what and would agree on a co-ordinating structure.

You will not succeed in getting me to back off from our commitment to such work, which is important and has achieved a lot. If you seek to push me to say that we would not be part of the proposed set-up and would pass the buck, I will not make such a statement. We would be in the forefront, as we have been.

Tricia Marwick: That is not my intention. I am sorry if you have misinterpreted where I am coming from. The police in Edinburgh and Glasgow City Council certainly seem to be reluctant to be the main agencies. Given that a tolerance zone for prostitutes would involve a huge public health issue, I was asking a genuine question about whether the health board would see itself as the lead agency in such an initiative. Other agencies, such as the local authority in

Glasgow and the police in Edinburgh, seem to be backing off from their perceived role in advancing the issue. Their attitude seems to be that overall responsibility belongs not to them but to someone else. I wanted to find out how you felt about that.

Professor Donnelly: I am trying to think of helpful analogies. The statement that you have made—that the issue is primarily a public health matter, although many agencies are involved—would be true of some of the difficult and challenging work that is done on drug misuse. Although the police, social services, health services, local authorities and voluntary agencies are all involved, they somehow manage to find a way forward. Jim Sherval has better information on that aspect than I have and might want to add to what I have said.

The Deputy Convener (Dr Sylvia Jackson): I ask Mr Sherval to deal with the question briefly. We have gone as far with this issue as we can.

Jim Sherval: Managing is a slightly loaded term. However, the day-to-day co-ordination of services in the Edinburgh tolerance zone was carried out by the voluntary agency, SCOT-PEP. The women had a strong role, along with the prostitute liaison officer and GUM services. Although the voluntary agency may not be the responsible body under the bill, it was the key service provider and conduit. I am not sure whether that answers the question, but I hope that it adds more detail.

Ms MacDonald: I will put your mind at rest by assuring you that Lothian NHS Board will not be the lead agency if the bill is passed—the bill identifies the local authority as the lead agency. Am I correct in assuming that, although Lothian NHS Board may take the lead in promoting services and feel responsible for ensuring that women are able to access them, you would not be happy about spending the board's money on introducing security systems such as CCTV?

Professor Donnelly: Not only would we not be happy about doing that, but I guess that we would not be allowed to do it.

Ms MacDonald: The police, too, made the point that each part of the partnership has particular responsibilities. The bill would allow the police to make an application to the local authority to discontinue the zone. I can discuss with health authorities whether we need to be more specific about the circumstances that could trigger such an application. One can imagine that happening if there were an outbreak of infection. However, that is an operational matter; it is not dealt with in the bill.

Trish Marwick raised the issue of health boards' responsibilities for wider aspects of public health. Everyone knows—unfortunately, in Edinburgh, we are getting to know about it all over again—about the annoyance and inconvenience that can be caused to those who live beside places where women solicit. Discarded needles and so on may even cause danger to residents. Those problems cannot be overlooked, and the police are trying to police them. Does that not point to the requirement for a suitable location that is not on people's doorsteps? If we get the location right—one or two areas in Edinburgh may be right—are there disbenefits to the wider community of having a tolerance zone?

Professor Donnelly: No. I apologise if my earlier comments were not clearer. If we get the area right—ideally, by establishing it away from residential properties—there will be positive benefits to having a tolerance zone, rather than disbenefits. That would take to a defined area the problems of discarded needles and condoms, of local women being stopped on the street and of kerb-crawling.

Ms MacDonald: There should be street cleansing in such an area. If agencies work in partnership, the council's cleansing services should ensure that that happens.

Professor Donnelly: Yes. The crucial point is that the establishment of a zone would allow us to focus input of services on one area.

Ms MacDonald: We touched on the lack of evidence that exists. Do you agree that in Edinburgh that may be due partly to the fact that for almost 20 years the system was not broken? Do we need to fix it and to research it?

My second question relates to the sort of scientific evidence that we are seeking. It is a relatively recent phenomenon for municipalities throughout the world to adopt a formal programme of management of prostitution. Such programmes are aimed at improving the health of prostitutes and keeping out criminal elements and gangs that may move in on the back of the drug trade. The problem may be common, but its essence differs from city to city, never mind country to country, which may explain why evidence is currently diffuse.

Professor Donnelly: That is fair comment, to which I have two brief responses. First, lack of evidence does not equal lack of effect—it simply means that no one has looked at the matter yet. Secondly, because of the individual nature of the cities that are involved and of the scenes in those cities, researching and drawing conclusions on a comparative basis is desperately difficult, as I have said. Probably the best approach is to allow each city to do what seems to work for it.

The Deputy Convener: I thank you for raising those issues with us, particularly those that relate to needle exchange and discarded needles.

I have a final question for Jim Sherval. You seemed rather alarmed by a question about the proportion of prostitutes who are drug users. I think someone mentioned that the proportion was far lower in Edinburgh than in Glasgow and Aberdeen. Do you have any further comments to make on that matter?

Jim Sherval: Not really. I was probably referring to the difficulty that Professor Donnelly mentioned with doing a lot of survey work on the issue. Anecdotally, the proportion seems to be lower in Edinburgh, but such things are relative. The proportion might be 90 per cent in one place and 50 per cent in another place, but 50 per cent is still quite a high proportion, although it might not be at the extreme level that is found elsewhere. That lower level may have been sustained over a number of years. There has probably been better access to information through more qualitative, rather than more quantitative, research.

The Deputy Convener: Thank you.

I suspend the meeting to allow the other witnesses to take their seats.

15:57

Meeting suspended.

15:59

On resuming—

The Deputy Convener: I welcome Sue Laughlin, the women's health co-ordinator for Greater Glasgow NHS Board, and Mike McCarron, the greater Glasgow drug action team co-ordinator. I invite Sue to say a few words, after which we will ask questions.

Sue Laughlin (Greater Glasgow NHS Board): I will confine my remarks to a few minutes. It cannot be stressed too much—I am sure that you have heard quite a lot of evidence to this effect—that the burden of poor health, both physical and psychological, that is carried by women in prostitution is massive. As I say in my submission, women who enter prostitution are already likely to be carrying a burden of poor health that will be exacerbated by their being involved in prostitution, including their exposure to disease, lack of safety and the trauma of engaging in prostitution. That fact has been neglected. We also realise that the health of men can be compromised, given that they are not prepared to take responsibility for safe sex practices in the wider population, and their health is also affected by the existence of prostitution.

In Glasgow, a comprehensive approach to prostitution is being developed in the context of a strategy to improve the health of women. That approach recognises the links between gender inequality and poor health, and specialist services that respond to the specific issue have been established. It is also important to note that specific efforts have been made to improve the quality of mainstream health services that are used by women. We must recognise that women in prostitution are women first and prostitutes second.

There is no evidence that the existence of tolerance zones has contributed to the improvement of public health, although some people claim that it has done so. If tolerance zones do anything to increase the amount of prostitution that exists, that also worsens the already poor health of the women and people in the wider community. The complex nature of the health problems that are experienced by women in prostitution necessitates a response that is rooted firmly in prevention, and prevention is incompatible with legislation that might serve to legitimise prostitution.

Greater Glasgow NHS Board welcomes the interest that has been taken in this group of women—it is rather belated, but is welcome nevertheless—and the good intentions behind the bill. Nonetheless, it is our view that a different package of measures, some of which might be legislative, is needed to address the causes of prostitution as well as the effects. We are concerned that an enabling bill would create a different pattern of response throughout Scotland. There would not be a national position on prostitution or a national response to the women involved; rather, a variable view would be given to the women about what is, and what is not, acceptable.

Mike McCarron (Greater Glasgow Drug Action Team): I will complement what Sue Laughlin has said by giving a brief picture of the prevalence of drugs in greater Glasgow and Glasgow city. The drug action team covers greater Glasgow, which includes Glasgow city and five other local authorities—or parts of those five authorities. However, today I shall focus on information about Glasgow city.

As members probably know, it is estimated that some 56,000 people in Scotland have a serious drug problem. Twenty-five per cent of those people reside in Glasgow, which has 12 per cent of the population of Scotland. Therefore, about 14,000 people in Glasgow have a serious drug problem, and 3.8 per cent of people in Glasgow aged between 15 and 54 have a serious drug problem. The comparable national figure is 2 per cent; therefore, the figure for Glasgow is significantly higher. The prevalence rate is 3.5 per cent in Dundee, 3 per cent in Aberdeen and 2.2 per cent in Edinburgh. Glasgow has an estimated

4,600 women who have a serious drug problem, while Dundee has an estimated 771, Aberdeen an estimated 921 and Edinburgh about 1,400 such women. Women make up about 33 per cent of the people in Glasgow with serious drug problems.

In the drug action team's understanding of what must underpin its strategy, we make a strong link to the correlation between drugs and poverty in Glasgow. The committee will be familiar with information, which it will have heard in previous evidence, such as the fact that Glasgow has the worst 1 per cent, and 65 per cent of the worst 20 per cent, of postcode sectors. We believe that that stacks up to a strong correlation between drugs and poverty, which underpins why Glasgow has such a high prevalence of drug problems.

A particular health concern is hepatitis C, due to the shared-injecting behaviour of so many intravenous drug users. We need to address that health issue seriously.

It is estimated that about one third—30 per cent—of the women with serious drug problems are involved in street prostitution. Of those 1,400 women, 95 per cent are estimated to be intravenous drug users. The committee will have received information already about the fact that the drug action team has commissioned research into that group of women, which is the group of drug users who have the most complex range of needs and the most deep-seated problems and traumas. I think that the committee well understands that, but I am simply describing what we are working with.

With such a high prevalence rate, we have had to adopt a strategy of providing some drugs services in the city centre. We have services such as Base 75, from which the committee has already taken evidence, as well as the Routes Out of Prostitution intervention team, which provides direct front-line services to the people who are involved in street prostitution.

We also have the Glasgow Drugs Crisis Centre, which provides a 24-hour, seven-day-a-week service. The centre receives about 60,000 visits a year from those who, in the main, are the most desperate or homeless, whom it provides with access to an all-night needle exchange and some methadone provision. If people are at the point of death or at serious risk of death, the centre will admit them into a three-week residential treatment programme. Women make up probably about 40 per cent of the 130 admissions that are made a year.

In addition to those city-centre services, an important element that we are developing is a range of locality services so that, depending on need, there is a local team in every part of the city to deal with addictions. Such teams provide health care, social care and other social work services for people in their communities. We try to offer people a chance to get help with the problem so that, as they become more stable, they can move on to rehabilitation in their area. We are really saying that, wherever they are, people need to have services that are appropriate to their needs.

At present, about 5,000 people are in treatment services across the city. The main aim of the drug strategy can be summed up as being to provide appropriate services that are accessible to all addicts. Unless we build up those services for the other 10,000 who are not yet involved in services, we will not start to make inroads into the impact of drugs. We work in close association with the other agencies in Strathclyde that are involved in social justice and in dealing with social and economic inclusion.

In conclusion, we think that the approach to drug services that we provide for the women involved in street prostitution, especially those that we provide in conjunction with the agencies surrounding Routes Out of Prostitution, is producing for women and the wider community benefits similar to those that are attributed to the proposed tolerance zones.

The Deputy Convener: I have two quick questions. First, what research is the drug action team undertaking to track street prostitutes through the various support mechanisms that Mike McCarron has just listed?

Secondly, Professor Peter Donnelly's evidence was that, because of the demise of the tolerance zone, Edinburgh has a rising problem with the disposal of needles and needle exchange. Also, it has been suggested that Glasgow's red-light area offers only a short-term solution. The witnesses from Glasgow said that that area might change, or even disappear, in five to 10 years. There may well then be a problem, and the authorities in Glasgow will have to consider how they will up the support measures that are in place at the moment in order to react to the potential dispersal. Could you also comment on that matter?

Mike McCarron: That is important at a time when we are building up services and are engaging and tracking what happens to a rising number of individuals. In the past year we have moved about 1,000 extra people into treatment services. Between them, the agencies involved—particularly health and social work—hold information about how many people are accessing and progressing with services.

Work is being undertaken to bring the different systems together into one, through which individuals receive appropriate social care and health care and have a pathway managed for them by a care manager. Information about

individuals under that system will be captured in our various data sets, and we will ascertain on that basis whether we are beginning to offer people routes for moving on.

I am not an expert on current issues around needles, but there is a prevention and responses sub-group, which involves all the agencies concerned with blood-borne viruses and has meetings with other DAT agencies. Those include Glasgow City Council's environmental protection services department, which is responsible for responding to issues concerning needles in an appropriate way.

Iain Smith: Greater Glasgow NHS Board's written evidence states:

"In Glasgow the absence of a tolerance zone has not inhibited the provision of appropriate and accessible health services".

We heard earlier that Glasgow City Council accepted that there was effectively an unofficial tolerance zone in the city's red-light area, around the location of Base 75. Is it really true to say that you are providing an accessible health service in

"the absence of a tolerance zone"?

Surely the reality is that there is one.

Sue Laughlin: I do not think that that question has informed the development of the work that we have undertaken to ensure that health services—mainstream services as well as specialist services—respond to the needs of women. That is the approach that should be taken in our view. The activities that have developed in Glasgow have come about because of a policy of improving the health of women. The health of women is affected by the inequalities that they face in society and by the abuse that they face—and we regard prostitution as a form of abuse. It is in that context that we have sought to improve our services for women.

Iain Smith: Although I am not disputing any of the things that you have just said, I am not entirely convinced that that answers my question. I totally accept that that is the basis of your work, but I was trying to get at the marked contrast between the evidence that we received on Glasgow and the evidence from Aberdeen and Edinburgh. I am referring to evidence from various agencies, including the police, local authorities and health boards. They recognise that tolerance zones in those cities offer an appropriate way to provide services to women where they are needed.

The approach seems to be different in Glasgow. There, the view is that a tolerance zone would not be the right thing, despite the fact that there effectively is one. I cannot quite get my head round the dichotomy between the policy—and I accept the policy intention of Greater Glasgow NHS Board and Glasgow City Council, which is ultimately to get rid of prostitution, as we would all want—and the reality, which is that a tolerance zone is operating in Glasgow. You do not seem to want other councils to set up such zones, if they think that appropriate. I cannot understand that strange dichotomy.

Sue Laughlin: As I have already said, services have not developed because of the existence or otherwise of a tolerance zone; they have developed as the result of another policy imperative. We do not see how introducing a tolerance zone would make any difference. Our observation is that, when a different view is adopted, the responsibility is not taken to identify and implement a comprehensive approach whereby health services become more sensitive to women's needs.

Iain Smith: If, as has been suggested, Glasgow's red-light district becomes unsuitable in the next two or three years for various reasons, such as the development of the area, the women might disperse through other parts of the city. How will you provide services to them when they are not in an easily identifiable area?

16:15

Sue Laughlin: Women already use services all round the city. They do not use just the specialist services that are available to them when they are in prostitution. We have evidence that they use our Sandyford initiative, which brings together family planning, the genito-urinary medicine service and our centre for women's health. We have some evidence that they use primary care services, and the challenge is making those services understand and be more responsive to women's needs when they attend, rather than concentrating our efforts on specialist services that label women as prostitutes rather than acknowledging that they are women.

Mike McCarron: I support that. I tried to make the point that by developing a range of services throughout the city, we have found that women, who live in different parts of the city but who enter the town for prostitution, access their local drugs service because of their drug problems. They go there not as prostitutes, but as women who have drug problems, many of whom have family connections. They receive a service that is given from that point of view.

We are trying to involve more women who have experience of prostitution or for whom that was an option or risk. We cannot do that simply by contacting people in the city centre who are known prostitutes. We must go into the services around the city, where we find women who are beginning to deal with problems, but who are not known as

prostitutes. The drug addiction of homeless people is another relevant matter. Of the 3,000 homeless people, 50 per cent have drugs problems, and a service is provided for them.

The multi-agency approach in Glasgow involves an element of not criminalising women simply in accordance with the law. That is one element of the bill that breaks new ground, because under the bill women would be formally decriminalised in a tolerance zone. That is part of a big debate that the bill touches on. A more fundamental examination is being undertaken of why women are criminalised when men are not. That issue was raised earlier and might be a form of gender discrimination in the law. Perhaps that needs to be considered in a broader, more comprehensive and fundamental way than the discussion of tolerance zones can touch.

The approach in Glasgow involves agencies trying to respond appropriately to women and to minimise harm. The criminalisation of behaviour compounds the situation and prevents people from accepting support and services. We have the problem of women who will not do that in different parts of the city, but that does not mean that we are not developing services for them, contacting them at drop-in centres and looking for them to deal with the issues that are important to them.

The Deputy Convener: I will ask an obvious question. How do you maintain that holistic approach and integrate drug treatment in localities with what happens when women come into the town? I take it that the support that they receive in the red-light area does not tackle drugs but deals with the prostitution element and how women can get out of prostitution, but I do not know. Will you explain how that all ties up?

Mike McCarron: Base 75 gives women in the city centre who are there for the purposes of prostitution and who have a drug problem, not only advice and counselling on prostitution, but medical treatment and help such as free condoms, methadone prescriptions and so on. They will also be offered opportunities to move into flats.

When women say to a service that they want some help and support, we want to be able to respond to that at the appropriate level and work with them until they reach the point at which they are able to move back to their own areas and make contact with the services there.

John Young: You have outlined a number of ways in which you are trying to help. As you and previous speakers have suggested, the fact that most prostitutes are on drugs—as their predecessors, going way back in time, were addicted to alcohol—creates a catch-22 situation. I wonder whether tolerance zones are a temporary phenomenon and whether they will survive. If you were dictators with complete powers and no shortage of finance and every legal means at your disposal, how would you tackle the problem of prostitution, bearing in mind that it has been present since Persia, ancient Greece, Babylon and so on? I think that it will always be with us, but what would you like to happen in terms of the law? My feeling is that, if Glasgow's tolerance zone were abolished tomorrow, prostitutes would congregate in the back lanes of the city centre and elsewhere. The police have so much on their hands that they would have no time to deal with the situation.

Sue Laughlin: We need a primary prevention approach. I do not agree that the fact that we have always had prostitution means that we cannot do that. Ultimately, only primary prevention will lead to health improvements—which is what I am concerned about—for prostitutes, their families and the community. Simply reducing the harm to women will not seriously address the severe health problems that they experience. The motivation for some of that has traditionally been to ensure that disease is not transmitted from a group of women who are perceived as being the carriers of the disease into the wider community.

We need to examine the measures that could be taken to help us introduce primary prevention. We have previously been able to address major social problems. We managed to get rid of slavery, which had been with us for some time—although there has been an upsurge recently in relation to prostitution. If we could do that, we can do something about prostitution.

Mike McCarron: The evidence that you have heard and the statements that have been submitted should inform you that, in the main, women become involved in prostitution in order to get money to feed their drug habit or that of a partner. We recognise that significant numbers of extremely damaged people who have been through care systems are involved in prostitution and that that means that the situation cannot be changed overnight. The social justice issues must, however, be addressed—which the Parliament and the Executive are now doing—as well as housing, training and employment issues. Women must be shown that it is possible to start doing something about their drug problem and their other family matters and to move on to a socially and economically included lifestyle. The more women who do that, the more hope other women will have and the more our services will make an impact. That has to be the solution, because women do not want to be involved in prostitution. There is an argument and an analysis that they are being prostituted, that they are the victims and that they are on the wrong end of a power balance with the male gender. That needs to be gone into and understood.

Sue Laughlin: That is consistent with our overall approach to health policy in general, which has changed significantly in recent years to acknowledge that we must address the causes of poor health and health inequalities, rather than just the symptoms. I put the prevention of prostitution within that context. There are precedents for that in other policies that we have developed.

Ms White: I apologise for not being here at the beginning of your submission. I have visited many of the places and clinics that are mentioned in your submission, in particular the Sandyford clinic, which is an excellent initiative. Any time that I have been there I have seen that it is well used.

I have a couple of questions and possibly a couple of observations. We should all be aware of the fact, which you mentioned, that women do not go into prostitution through choice. It is not the "Pretty Woman", glamorous career that is portrayed on television and in other media. We should be aware that prostitution is the abuse of one human being by another. We are getting down to the nitty-gritty of prostitution, so I would like to put that on the record.

I have a couple of questions. Drug abuse is a big problem—for example, 95 to 97 per cent of the prostitutes in Glasgow are drug abusers—but the issue is not just drug abuse; there are mental health issues too. What other illnesses does prostitution bring upon women? In your professional opinion, do tolerance zones reduce the level of crime and the level of bad health that prostitutes have to endure?

Sue Laughlin: As I said in the paper, women who enter prostitution already carry a significant burden of ill health. We know the correlation between previous trauma, in particular the experience of child sexual abuse, and drug abuse and prostitution. They are already an unhealthy group of women. They have to cope with those experiences and some of them will exhibit a range of mental health problems, and may be using drugs as a form of coping with some of those previous traumas.

From all the research, we know that the act of prostitution itself is health limiting. Having to provide sex on a regular basis to strangers, who are often abusive, is not going to promote anybody's health. Women's mental health has been shown often to get worse. I cited one study in my paper, which showed that among one group of prostitutes, nearly 70 per cent of them showed the symptoms of post-traumatic stress disorder. When post-traumatic stress disorder has been created by other causes we take it seriously, but I do not think that until now we have taken it so seriously among this group of women.

Ms White: Would the introduction of tolerance zones improve the safety of women in prostitution? Would it improve the health of the women? Could the resources that have been spent examining tolerance zones have been better spent in the health service?

Sue Laughlin: In as much as tolerance zones would do nothing for prostitution per se—they are not likely to reduce prostitution; we are talking about tolerance zones as a means of managing prostitution—I cannot see how they would have any impact on the health consequences of being engaged in prostitution. There was a second part to that question, which I am afraid I have forgotten.

Ms White: I will direct the question about the resources that may be used to all the witnesses. Aberdeen City Council said in its evidence to us last week that if tolerance zones were introduced, health centres, for example, would have to be provided. Could the moneys that councils and health boards might spend on that be used in better ways for the women who are involved in prostitution?

16:30

Mike McCarron: Those services must be deployed regardless of whether there is a tolerance zone. There is no other answer. The agencies must be able to respond to the needs of their locality, within the powers that they have, in ways that will benefit the women. That means that more resources must be deployed where the women are.

From a Glasgow perspective, we do not see a tolerance zone as adding to our range of opportunities. In some ways, knowing how these things are dealt with in local government, one wonders whether a tolerance zone would pose a problem with bureaucracy, because there are procedures to go through. Inflexibility might be built in, because the zone would exist for a period of time. It might also lull people into thinking, "That has been done, so maybe we don't have to do so much." There is also an issue of nimbyism, so the suggestion poses questions. At the moment, whatever we have, we need to provide the services.

Sue Laughlin: We need to focus specifically on downstream measures. If we accept that there is a strong correlation between child sexual abuse and prostitution, we have to ask whether we have sufficient services and whether we have the quality of services that can support women, and indeed men, who have experienced child sexual abuse. Perhaps we should think about the resources that might be put into a specific, targeted approach to improve the quality of health services and other services to deal with that across the board.

Mike McCarron: One piece of research showed that 75 per cent of the women whom we are talking about showed signs of mental health problems that merited their having treatment. We need more resources to give women counselling and support, because we do not have enough. We will need to invest a range of relevant resources, given the women's backgrounds and experience of trauma, in addressing the problem.

Dr Simpson: Sue Laughlin has just posed the first question that I was going to ask. Given the women's backgrounds of high levels of physical, emotional and sexual abuse, in terms of a primary preventive role do we provide adequate services for young people and adolescents who have been abused? If we do not, that seems to be the area of primary prevention on which we must concentrate, which I think is what Sue Laughlin was saying.

Sue Laughlin: That is the case. We need more downstream measures. We need to try to prevent the abuse, so measures must be put in place to do that. We need to be able to address the abuse effectively in such a way that it does not generate the sort of social problems that we end up dealing with, such as drug addiction, homelessness and prostitution. There is a clear correlation between the experience of major trauma in people's lives and many of the social problems to which we end up having to respond.

Dr Simpson: My other question follows on from what Iain Smith said earlier. The major problem is that you have a red-light area that is gradually disappearing. Are you saying that the services that you are putting in place will be ready to deal with the dispersal of 1,400 prostitutes when the zone disappears, as it will—within three years if we accept Councillor Coleman's response or within five years if we use Ann Hamilton's response?

Even given primary prevention, which might reduce prostitution, and the effect of Routes Out of Prostitution, which might help, 1,000 to 1,400 women will be dispersed across the city. They will be subject to little in the way of policing—it will not be possible to police the whole city to promote the women's safety. There will no longer be CCTV cameras to identify the men who pick them up, so the men will be able to be much more indiscriminate. Base 75, which operates in a relatively focused way at the moment, will have to operate across the whole city. Are you saying categorically that within three years you will be able to meet the challenge without, as Peter Donnelly suggested, an identified zone, in which it is easier not to condone but to cope with supporting the women appropriately?

Sue Laughlin: As I said, most of the women are using health services already. It is not that they are not known to our health services.

Dr Simpson: Do you mean outwith the current zone?

Sue Laughlin: Outwith the current zone, in the communities in which they live. A lot of the work that Base 75 and the intervention team undertake, and a lot of the links to the sort of work that Mike McCarron talked about, ensure that there is a pattern of service delivery that women can access in communities. I cannot tell you that every one of our health services will be equipped to cope with the traumas of abuse in three or five years' time, but there will be services that women can access, because those services are already there and the women are using them.

That said, we have a strategic approach to improving the health of women that recognises that many of their health problems arise from their experience of abuse and trauma. We have introduced resources and activities that aim—over time—to ensure that the services that women access are better equipped to understand the context in which women present with their symptoms. We must continue to do that.

We are working with our psychology services, our community addiction teams, our accident and emergency departments and our maternity services to raise the profile of abuse in general. Within that context, we want to reach an understanding of prostitution, in the hope that, in time, that will improve practice and the nature of our response to women.

Mike McCarron: It is a daunting challenge. Currently, 33 per cent of people with serious drug problems are women. Historically, they have been less able to access services, so the number has been lower. At the moment, I understand that of the people who use integrated health and social work care in the city, 35 per cent are women. We actively try to engage them. In a place such as the Glasgow Drugs Crisis Centre, where people are taken into three-week beds, 40 per cent of people are women.

We are beginning to get the services to where women are and to get women to use them. It is a daunting challenge, but we are setting ourselves up for it.

Dr Simpson: I have two quick questions. One concerns Glasgow and the involvement in the time-out centre: will it be relevant to the problem that we have been discussing or more generally? The other question is: is there any need for change to the Rehabilitation of Offenders Act 1974? You mentioned earlier the element of justice. Does the legislation need to be amended so that women who move out of prostitution as a result of support have their criminality expunged more rapidly, because it is a barrier to their employment and rehabilitation?

Sue Laughlin: We hope and plan for the time-out centre to be integrated into the pattern of service delivery that we have tried to develop and which we must continue to develop, rather than the centre being separate. That would allow us to take an integrated approach, of which the women will be a part. A planning process needs to be undertaken to ensure that.

The Rehabilitation of Offenders Act 1974 seems to be a barrier to progress, as it labels women as sex offenders. That misrepresents the problem in which women have been involved. A change that allowed them to exit more easily could only benefit them and their health.

Tricia Marwick: Thank you for your submission and for your evidence, in particular the evidence on young women—I recognise that young men are also street prostitutes.

By and large, people on the streets are the most damaged by sexual abuse, their care backgrounds, mental health and homelessness problems. I appreciate the points that you made about the priority being to aid the prevention of prostitution. You said that the bill would not aid the prevention of prostitution; it would manage prostitution that exists. Do you agree?

Sue Laughlin: The approach is to seek harm reduction. I have been trying to argue that the health consequences of the act of prostitution are so profound that we should consider measures to reduce the incidence of prostitution and, I hope, to abolish it altogether. I do not think that I have seen any evidence that the introduction of tolerance zones will help us to do that.

Tricia Marwick: Your submission also says that if we are considering legislative changes, the creation of tolerance zones is not the most pressing element of preventing prostitution. I will sum up what I think you are saying, but please feel free to contradict me if I am putting words into your mouth. You seem to be saying that the bill is useful, because it has raised the issue of prostitution, which the Parliament should consider, but that a tolerance zones bill will not necessarily bring the long-term changes that we need to deal with prostitution.

Sue Laughlin: I will repeat what I have just said. I do not think that there is any evidence to show that the bill will make a significant difference to the primary prevention of prostitution. The inconsistencies that it might create across different council areas would also cause problems. If the bill is enacted and councils choose to set up tolerance zones, there would not be a consistent approach and understanding in Scotland. That would not be good for the health of the Scottish population, local populations or the women.

Mike McCarron: I support that. The assistant chief constables made the point that there is a need for a national policy framework and a range of appropriate interventions for women. The important issue of criminalisation must be properly understood and considered by Parliament in the context of that debate.

Ms MacDonald: I would like Sue Laughlin to explain why she thinks that the prevention of prostitution by tackling the root causes of most prostitution—poverty and inequality—is incompatible with a sensible and pragmatic means of delivering a duty of care towards people who are involved in prostitution?

Sue Laughlin: The presence of a tolerance zone implies that there is something about prostitution that means that it cannot be removed. I do not think that tolerance zones are a primary prevention measure. They would serve to institutionalise prostitution and so make it more difficult to ensure that we take the primary prevention measures that would make the ultimate difference.

Ms MacDonald: I have heard you say "I think" a number of times and you have opinions on a number of issues. You have said three times that you think that a tolerance zone policy would encourage and increase the number of working prostitutes. You also said that there is no evidence to show that a tolerance zone policy would diminish prostitution. How, then, do you explain that the number of street prostitutes in Edinburgh is falling and that the number of saunas in Edinburgh has remained static over the past 20 years?

Sue Laughlin: I am not familiar with how the data were collected in Edinburgh.

Ms MacDonald: Through the pay rates in the saunas, and the police counting the women.

Sue Laughlin: It seems to me that the balance of prostitution in Edinburgh is different from that in Glasgow. New prostitution, in the form of trafficking, raises a range of issues. We have sought to consider that issue as part of the Routes Out work. From our limited understanding, we know that women who have been trafficked are likely to end up in saunas or in private flats, which might well be the case in Edinburgh.

Numbers might appear to have gone down in one sector, but it must be impossible to tell whether there has been an overall reduction in prostitution. I am not clear how a reduction in sauna prostitution and trafficking could have come about as a result of a tolerance zone.

16:45

Ms MacDonald: The police told us in their evidence that one of the great benefits of knowing exactly where the women are is the intelligence

that can be built up on prostitution and associated criminality. It also diminishes the women's fear of the police; their relationship—police to prostitute and prostitute to police—is understood and is part of the idea of having a tolerance zone in operation.

The submission from Glasgow NHS Board states:

"the lack of a geographically determined space in which women can engage in prostitution has ensured that health services across the city have been encouraged to take responsibility for changes in practice to standardise good practice".

We have heard that there is a de facto geographically determined area in Glasgow in which prostitution is practised—whether that is interpreted as being the narrow act of soliciting, which is illegal and is practised around Bothwell Street and Cadogan Street, or the act of prostitution itself, which is not illegal and is found up alleyways.

It seems that Glasgow NHS Board is trying to have the best of both worlds. Its submission says that NHS services have grown because there is no geographically defined area, but other witnesses have said that there is such an area. Which is it? Is more being claimed for Glasgow than is required—it has a well-developed range of services for women, and is in the process of developing more? Why must the idea that Aberdeen and Edinburgh are able to deliver the same services with the same objective be done down?

In addition, will Sue Laughlin say whether Base 75, by being located on site, can offer an additional service because it is accessible at night.

Sue Laughlin: There are a lot of questions there.

Whether Edinburgh and Aberdeen have taken an equivalent comprehensive approach to improving the quality of services as Glasgow has taken is arguable. I am talking about health services; our planning decisions have been taken on the basis of our adoption of a women's health policy. We have made decisions about the services that we provide to women, some of whom are in prostitution and some of whom are not. Certainly, women in prostitution access many of those services. At no time have those decisions been informed by the lack, or otherwise, of a tolerance zone. The two are not connected in respect of our decisions to improve mainstream service delivery.

Ms MacDonald: I am interested in that, because I do not think that they are connected either. A range of services is being provided, and that will continue to happen, which is fine. However, is having a national attitude towards prostitution per se compatible with having different local policies towards prostitutes in each Scottish city, given that the geography and history of the penetration of intravenous drug use in each city is different? Why should we all be the same?

Sue Laughlin: One would expect responses in the different cities and health boards to be tailored, depending on the historical circumstances, but I would like to think that we would take a common view on what might ultimately make a difference to public health. Our judgment is that improving the quality of our services rather than building up specific specialist services, which are often run by the voluntary sector, will ultimately make that difference. In my submission, I tried to make the point that other areas have chosen to fund the voluntary sector to provide specific targeted services for tolerance zones but, by and large, they have left their mainstream services untouched in respect of improving their sensitivity to the women in question and women who are similarly marginalised.

Ms MacDonald: Do you agree that, simply by having this debate, other health boards might be encouraged to consider your policy for the well woman? To do justice to the other health boards, they would say that their policy might not be as well developed as your policy, but women's health is at the core of their health strategy.

I still fail to see why you believe that having an attitude towards prostitution, or even having a policy towards prostitution per se, that prevents people from wanting to become prostitutes, and having different methods of dealing with prostitutes in different cities are incompatible.

Your submission states:

"In countries where tolerance zones have been introduced the evidence indicates that prostitution has increased."

Which countries are you referring to? Are you referring to street prostitution?

Sue Laughlin: I think that the liberalisation of prostitution has led to an increase in prostitution. As I said, anything that runs the risk of increasing prostitution will worsen the health problems of women in prostitution and the wider community. Establishing a location in which it is acceptable to be a prostitute seems to say that it is acceptable to be a prostitute, which is incompatible with a primary prevention approach.

Ms MacDonald: So harm reduction and prevention cannot be managed together.

Sue Laughlin: A harm-reduction approach is needed as part of an overall approach to prevention. However, one must ensure that a harm-reduction approach is not incompatible with the overall prevention approach. That concerns us.

The Deputy Convener: We will finish the questioning there. We could go on for ever, but there are still three more witnesses to come.

I thank the witnesses for giving evidence, for elaborating on the Glasgow approach and on the localised support that is given and for speaking about the red-light area.

16:51

Meeting suspended.

17:01

On resuming—

The Deputy Convener: We will resume the meeting, colleagues. This is turning out to be another long day.

I welcome Councillor Kingsley Thomas, who is the executive member for social work at the City of Edinburgh Council, Les McEwan, who is director of social work at the City of Edinburgh Council, and Ray de Souza, who is the principal officer for addictions and HIV for the Edinburgh city drug action team. I gather that Les McEwan will speak first; perhaps the other witnesses will want to speak briefly after him.

Les McEwan (City of Edinburgh Council): As you said, I am director of social work for the City of Edinburgh Council. I have worked in social work in the area for 35 years. I was chair of the Lothian region HIV/AIDS management team in the mid and late 1980s and have been a member of the Edinburgh drug action team since its inception—I am now chair of that team. Through such involvement, I have led on the subject of street prostitution for the local authority in a number of ways, most notably in 1997, when I participated for the city in a tripartite review of services to street prostitutes.

Having outlined my credentials—although I have thinned them out—I should start by saying what the City of Edinburgh Council's role has been and is in relation to prostitution and prostitutes. First, my local authority does not have and, I contend, cannot have a policy on prostitution, but it can and does have a policy on prostitutes. That policy is to work in partnership with others—notably health agencies, voluntary sector support groups and the police—to reach out and provide support to prostitutes. The underlying approach to that work has been and remains harm reduction. It starts with a recognition that prostitution—including street prostitution—exists and that attempts to eradicate it in different ways and at different times here and abroad have failed. Prostitutes are people and they offer services to people.

Given that we have acknowledged those realities, our objective is to reduce the harm to the individual and other individuals that arises from the activities in which they engage. As such harm is predominantly physical or medical, the lead agency is Lothian NHS Board, which, in conjunction with the council's environmental health department, has put a number of health-promotion, infection-control and illness-prevention services in place. The social work department's task has been to back up those services with social care, advice, counselling and support services.

Historically, direct services have been offered to street prostitutes in Edinburgh through voluntary organisations, of which there have been three—there is now one. Those organisations have been funded principally by Lothian NHS Board moneys that the Scottish Executive has made available, which have been backed up by funding in kind from the local authority.

The tolerance zone in Edinburgh was a pragmatic and imaginative approach by Lothian and Borders police to the realities of street prostitution. I understand that the committee has heard from police representatives, so I will not repeat the history of Edinburgh tolerance zones. However, I would like to add that the police's approach was supported by professionals in health and social care from around the mid-1980s, when there were real fears—based on what we knew then—that HIV infection would spread into the heterosexual population through prostitution generally, not just street prostitution.

In Lothian—mainly in Edinburgh, I must stress—in the mid-1980s, unlike in other parts of the country at that time, the largest group of people infected with HIV consisted of injecting drug users, some of whom were funding their habit through prostitution. In 1987, the HIV/AIDS management team that I chaired, which had been set up by Lothian Regional Council and Lothian Health Board, had a number of sub-groups to examine the various issues with which the area had to contend. One of those sub-groups focused on the sex industry.

In 1987, as a result of the work of that group, a meeting was set up with the police to formalise the approach to harm reduction among street prostitutes, within what the law allowed us to do. The fact that street prostitution was brigaded in one area made it relatively easy to establish services right beside prostitutes who were engaged in street prostitution. SCOT-PEP and Lothian and Borders police have set out in their submissions the main benefits for Edinburgh and its citizens that derived from the tolerance zone. As those outcomes are a matter of record, I will agree with what those organisations said, rather than repeating what the committee has already been told.

As a result of its child protection responsibilities, one of the council's continuing roles has been to link with SCOT-PEP's young people's project. Since the project's inception, we have made available professional advice to the project's advisory group, to its project worker—through direct supervision of that worker—and to SCOT-PEP as a whole. Between 1988 and June 2002, when the tolerance zone in Salamander Street ended, no child—by which I mean a person under the age of 16—came into contact with the young people's project. That was due largely to self-policing by the women on the streets and by the staff of SCOT-PEP. The project focused on working with 16 to 19-year-olds. There is some anecdotal evidence that the number of young adults on the street has risen since the tolerance zone in Edinburgh ended.

Against that background of proven benefit to the community of tolerance zones in Edinburgh, the council has responded to the bill in the written submission that the committee has before it.

Councillor Kingsley Thomas (City of Edinburgh Council): I will add a political perspective to what the director of social work has said. I have dual responsibilities in that I am responsible for policy and political direction on social work matters and, as an elected local councillor, I have democratic responsibilities to my constituents, which will not be dissimilar to those of members of the committee.

Our experience with the Leith zone has been widely reported. The zone, which was developed in the early 1980s and ran until August 2001, was all about getting the cleansing, public health, social work and social welfare services to work together more effectively in that area. From a council perspective, that involved various departments, such as environmental services, social work and city development, pulling together and working with health and voluntary organisations.

As Mr McEwan said, our policy has been on prostitutes, not on prostitution, and has focused on harm reduction and health promotion. We have used the council's departments, whether housing, education or social work, to work with health and voluntary organisations with those aims in mind. As has been reported, the Leith non-harassment zone helped with harm reduction and the problems that were associated with the spread of AIDS during the mid-1980s. The zone was all about siting the services that prostitutes need in an area of the city in which prostitution was focused. Over the past year, since we have been without the zone, we have seen prostitution disperse further and go underground, which has made it less easy to provide the health and support services that women need.

The benefits of the zones include the safety aspects that they offer women, whether that be from abusive clients or pimps. The zones also enable preventive services to be delivered, such as distributing condoms to reduce the spread of infection and sexually transmitted diseases such as HIV. The services are also about restricting the wider social nuisance, preventing dispersal to other areas of the city, reducing crime and helping councils and the various agencies to identify and have contact with the women who are involved in prostitution. In evidence last week—I think that it was from SCOT-PEP—it was said that 95 per cent of the women who were on the streets when the zone was in operation were in contact with and known about by the agencies. That is a powerful figure.

Our view of the bill is not that it legalises prostitution; we believe that it would give local authorities protection against the challenge that establishing a zone constitutes aiding and abetting a criminal activity. The operation of the Leith zone has been well covered by previous witnesses. The zone was based on the premise that prostitution always has and always will exist and that strict laws can drive prostitution underground, which can lead to worse criminal activities, whether that be drugs, extortion or blackmail. Ignoring the sex industry hinders good intelligence and preventive work and allows for further criminality.

As has been reported, the demise of the Leith zone resulted from an increased number of residents moving into a regenerated area—I saw reported somewhere that it resulted from the gentrification of Leith, which seemed to suggest that that was a bad thing. The traditional focus for prostitution consisted of a number of areas that were non-residential, where a zone could be managed without interference or problems to local residents. The difficulty that the city now faces is that not many non-residential sites are left, particularly in the north of the city where prostitution has tended to be based. There is tremendous pressure on the city for housing developments in non-residential areas. The type of housing that has been built in Leith over the past few years has helped to regenerate and redevelop the area, which is not a bad thing. In some respects, it is ironic that that situation has led to the difficulties that we are facing.

The dock area of the city, which includes Leith, has been the traditional area of the sex industry. That is probably also the case in Aberdeen, as the docks were the working areas of cities. If we consider moving zones too far away from those areas, there is a danger that women or their clients will not use them. We need to look at a number of aspects of road safety, cleansing and other safety issues.

Our experience of the zone in Leith has been positive, but I stress to the committee that, although the City of Edinburgh Council is interested in considering the introduction of tolerance zones, the identification of such zones can be difficult. That is where our elected role to represent the interests of the people who voted us into office and what can be called wider policy issues can come into conflict. We are elected to represent the views of people and we need to face the fact that people do not want to have the type of activities that take place in such zones on their doorstep.

Finding appropriate areas in cities is now a real challenge. However, that is not to say that we object to the bill; after all, it is enabling legislation that would give local authorities the power to go down the road of establishing tolerance zones only if they so wished. That said, as local elected members, we need to get to grips with the issue and find sites that could be appropriate for such activities.

The benefits of tolerance zones have been well covered by the professionals who have given evidence to the committee over the past few weeks and this afternoon. I support that work. However, I should end with the message that, although we will look at the issue, there are problems ahead for us all.

17:15

The Deputy Convener: I ask Ray de Souza whether he has any brief comments to make. We are a little short of time.

Ray de Souza (Edinburgh City Drug Action Team): I am the lead officer for the drug action team, which is responsible for commissioning and co-ordinating services for people with drug and HIV-related problems. As the committee has already heard from the three main partners—the council, the police and the health board—the team itself has really no more to add at this point, other than to say that its strategy is firmly based on the principles of harm reduction. Indeed, all the comments that Councillor Thomas and Les McEwan have made support the drug action team's principles and strategy.

Tricia Marwick: I hope that the representatives of the City of Edinburgh Council can help me, because I am genuinely concerned about some of the comments that they have made.

There have been two tolerance zones in Edinburgh—one in Coburg Street and one in Salamander Street—both of which have been closed down. Although you generally support the bill, which will allow local authorities to set up tolerance zones, you have also said that you are having real difficulty in identifying an area for such a zone. If you cannot identify a tolerance zone at the moment, how will you be able to identify a zone if the bill becomes law?

Councillor Thomas: The point is that we cannot legally identify a tolerance zone because at the moment no such thing exists.

Tricia Marwick: That did not prevent you from identifying the previous two zones. Why do you need the bill to identify another tolerance zone?

Councillor Thomas: The council did not identify the zones—I suppose it was more of a police operational matter. Earlier, I said that the biggest benefit of the bill is that it would give legal status to some of the measures that a local authority might want to take. At the moment, we do not have such powers; we cannot legally determine that a certain area is a tolerance zone.

Tricia Marwick: However, you supported the previous two unofficial tolerance zones. If another tolerance zone were created, even without the bill, would you also support that?

Councillor Thomas: Yes.

Tricia Marwick: So you do not need the bill in order to recognise a tolerance zone.

Les McEwan: The point is not that we would be able to recognise a zone, but that we would be able to establish one. At the moment, no agency has the power to do that. One of the written submissions that you have received states that Edinburgh faces a difficulty not because of a lack of powers, but because of resistance to the siting of a red-light area within a developing residential and business area. However, the first part of that statement is not true. The problem has been that, when the first tolerance zone in Edinburgh had to be moved because the zone was a developing residential and business area, no one had the power to establish another zone. The police, in consultation with a working group that was set up, took it upon themselves to establish the zone in another area. However, when that zone ran into difficulties, the problem was that no agency had the power to see the matter through to a conclusion.

Tricia Marwick: However, the experience in Edinburgh shows that, for a tolerance zone to exist, the local authority does not need the legal powers that the bill seeks to give it.

Les McEwan: That is true, but we should consider the reasons why the tolerance zone came into being in the first place. It is a historical fact that, when the Danube Street brothel closed, street prostitutes by and large congregated in particular areas. Subsequently, as a matter of expediency, the police took the situation a step further by concentrating the activities in the Coburg Street area.

Tricia Marwick: Your submission states that a specified tolerance zone has benefits. It continues:

"Making prostitution"—

I think that you mean soliciting—

"legal in these zones also clarifies the position for police officers, some of whom were not happy in the past having to turn a 'blind eye' in the unofficial zone."

At present, a blind eye is turned to the use of the saunas in Edinburgh for prostitution. If a tolerance zone is set up, a blind eye will be turned to soliciting in the zone. Given those two points, what is the problem with turning a blind eye to tolerance zones that are set up without legislation?

Les McEwan: We have no problem with that whatever, but I think that you are focusing on the wrong point when you say

"If a tolerance zone is set up".

The difficulty is establishing a tolerance zone when one needs to be established.

Tricia Marwick: You have not answered my question.

The Deputy Convener: In all fairness, the witnesses are talking about setting up a new zone, although perhaps I am wrong.

Les McEwan: If there is a need to set up an area within which prostitution can be concentrated, with all the benefits that would accrue from that, someone must have the power to set one up, otherwise it will not happen, as has been demonstrated in Edinburgh.

Tricia Marwick: A tolerance zone will not be set up unless there is public support for it. This is a huge nimby issue. Even if there is legislation, unless a suitable area is identified, there will be no tolerance zone.

Les McEwan: I think that Councillor Thomas's point was that there would be difficulties even if we had the powers in the bill. For example, there would be difficulties in identifying a zone. Perhaps I should not say this but, as the director of social work in the City of Edinburgh Council, I know that whenever we want to set up a new service the nimby people crawl out of the woodwork. No one wants a public service on their doorstep and one can understand why people do not want a service of this sort on their doorstep.

Tricia Marwick: Do you think that prostitution is a public service?

Les McEwan: It is not a public service, but it is a service.

Iain Smith: I might have misunderstood, but Councillor Thomas seemed to imply that the position from which the City of Edinburgh Council starts is that prostitution will always exist. That might or might not be the case, although I suspect that it is the case. Do you accept that the important thing about prostitution is that it is harmful to those who are involved in it and that the policy should be to reduce, prevent and ultimately eliminate it?

Councillor Thomas: It is not only the City of Edinburgh Council's view that prostitution will always exist—that view is widely accepted. You have summed up our approach, which is about taking a responsible, mature and pragmatic attitude to a situation that we wish did not exist. However, the world is not like that. With that in mind, we seek to reduce harm, improve health and reduce the criminality that is associated with prostitution as best we can.

Les McEwan: We listened to the previous witnesses from the members' lounge. The provision of clearly defined and good-quality services for women—as happens in Glasgow—is not an alternative to providing specialist services. Our view is that we must build up and improve generic services, but we also recognise the need to provide services that are focused on certain areas. We argue that street prostitution in the city is one area to which such a specialist focus needs to be applied. That is not to say that in Edinburgh we do not share a vision of a society in which street prostitution has disappeared, but the reality over my lifetime is that street prostitution—which can be traced back to antiquity—has not been eradicated, so we must take a pragmatic view. At the same time, we retain a vision that through primary preventive services we might make a huge dent in the number of people who are engaged in such activities.

Iain Smith: Thank you, but I wish to press you further. How would you respond to the argument that has been advanced in some of the evidence today that introducing legislation for tolerance zones in a sense legitimises prostitution and, to an extent, condones it, and therefore means that the primary objective of eliminating prostitution is not pursued?

Les McEwan: I may have read the consultation paper more closely than I have the bill, but my understanding of the bill is that a zone would be consulted on only where it was proven that there was a need to do so. So something has to exist or happen within a locality before there is a move to use the powers that the bill will give.

Iain Smith: I am not sure that that answers my point, which was that it has been suggested that if you have a formal tolerance zone, rather than the present approach, where informal arrangements are made—usually led by the police—for areas in which prostitution already takes place, you are, in a sense, legitimising prostitution. How would you respond to that accusation?

Councillor Thomas: I understand that point, but I do not see that we condone prostitution or any illegal activities associated with it if we support moves to legitimise tolerance zones. We provide a great many services to drug misusers, such as rehabilitation services. We do not condone drug misuse, but we know that we have a responsibility to provide services to vulnerable people who are involved in such activities. There is a parallel. A toleration zone could be one of many ways of dealing with the problem. As Mr McEwan said, the argument is not toleration zones versus routes out of prostitution. Both approaches can work together, and both have worked together in Edinburgh.

Les McEwan: The straight answer to the question is that if the bill is enacted, the activity would indeed be legitimised in the area of the tolerance zone. However, it is another question whether we as a society would be increasing the overall incidence of prostitution or preventing the decrease of the incidence of prostitution.

Dr Simpson: That is the focus of the argument. The argument from Glasgow is a principled one; it is that if we institutionalise prostitution by a tolerance zone, we fail to tackle the problem in an appropriate way. The parallel of drug misuse is not a good one. The equivalent would be setting up a zone in which drug misuse was legitimised, but you are not in any way trying to do that by providing a drug misuse service. The worry is that the bill will institutionalise, and therefore to some extent legitimise, prostitution. I accept that you are trying to cluster the prostitutes so that you can provide a service to them, but in so doing you are setting up a zone and stating that it is okay to have prostitution there. That is Glasgow's objection.

I do not think that you answered Iain Smith's question. I have a fundamental worry. I understand what you are trying to achieve—everybody is trying to achieve the same thing—but the evidence that we have heard is that the number of prostitutes on the streets in Edinburgh has dropped very substantially since the ending of the tolerance zone.

The level of violence against the remaining prostitutes has risen, and there are problems with delivering services to the remainder because of their dispersal, but the fact is that the number of prostitutes in Edinburgh has decreased because the ones who come from the west have gone home. If a tolerance zone is set up again, those prostitutes will presumably be attracted back in and the level of street prostitution will increase. I do not think that you have answered that point and, unless you do, people will have difficulty supporting the introduction of tolerance zones.

17:30

Councillor Thomas: When the toleration zone was operating, there was better management of the situation. I picked up some cuttings from the *Edinburgh Evening News* of 28 December, about people in Leith taking to the streets to "reclaim" them from the prostitutes. It is arguable that the increased dispersal of prostitutes since the ending of the zone has made the difficulties for local people worse.

Initially, prostitution was concentrated around Coburg Street and it later moved to Salamander Street. It is now moving to the Shore and Leith links, and is present in a much wider area. That has increased problems associated with the inconvenience and nuisance for local people, who are now voting with their feet and trying to do things about the situation.

Ms White: I was glad that Richard Simpson picked up on that point. The responses have not really clarified anything for me, but I am obviously conscious of the differences of approach between Glasgow and Edinburgh.

Having listened to weeks of evidence, I am struck by the fact that there is one group missing: the prostitutes themselves. Nobody seems to have put forward the point of view of the prostitutes, particularly those from Edinburgh. We have been hearing about regeneration, nuisance, voters, representation and benefits of the zone. I cannot see any benefits in having a tolerance zone, and nor can some of the witnesses who have given evidence. I think that the bill goes one step towards legitimising prostitution, and I for one would never support that.

I am worried by what you have said about women constantly getting moved around and about the nuisance that prostitutes bring. Not once have you mentioned the so-called clients or customers: the men. They are the nuisance; they are the people who come into the areas concerned and perpetuate women's entering into prostitution.

Instead of having a tolerance zone, would it not be far better for us to consider the kerb-crawling legislation that applies in the south of England? There have been conflicting reports—some say that it works and others say that it does not. Should we also be considering the Swedish system, under which it is the men, not the women, who are challenged?

When I first saw the bill and spoke to Margo MacDonald about it, my first concerns were about the safety of the women. If safety was covered, the bill was at least worth considering. However, it appears from the evidence that we have received that the tolerance zone is nothing but a pick-up zone.

You have indicated today that you do not even know where a tolerance zone will be. I have asked all the witnesses where the tolerance zone in Edinburgh will be. Will it be away out in the outskirts, near the Gyle centre or somewhere else where prostitutes will be bussed, with the men coming along in their cars? No one has been able to answer that. The questions about the safety of the prostitutes have never been answered, as the violence occurs after they leave the tolerance zone. On top of that, we are talking about—

The Deputy Convener: Could you come to a question, Sandra?

Ms White: I would like to hear the witnesses' reaction to those points. Today's evidence seems to have suggested that a tolerance zone will bring marvellous benefits. I cannot identify any benefits from what the other witnesses have told us. Tricia Marwick asked where the Edinburgh tolerance zone will be. Will it be at the Gyle centre or further out? How will the prostitutes get there? How will the zone be policed? How will services be put in place? The bill would in effect legalise prostitution, so I could never support it. However, I would like to hear your thoughts.

Ray de Souza: Tackling prostitution will always present a number of agencies with dilemmas. There are so many dimensions to prostitution that one would need to break the issue down into bite-size pieces before tackling it. If we are to go down the route of legislation, that means having to legislate for each particular problem or issue to do with prostitution as it affects the community.

Our concern, which is reflected in the evidence that we have submitted, relates to the welfare of prostitutes. Dr Simpson drew a parallel with drug addiction. If our harm-reduction policies towards drug addicts are effective, they attract more people into services. That is not a bad thing—an increase in the number of people who use our services is a good thing. We are concerned about keeping those who choose to prostitute themselves—

Ms White: You have read the evidence—95 to 97 per cent of prostitutes are drug users and say that they have not chosen prostitution. I have real difficulty with the evidence that you are giving.

Ray de Souza: Do you mean that the women are saying that they have not chosen to be prostitutes?

Ms White: Yes. If they did not have to feed a habit, they would not choose to be prostitutes.

Ray de Souza: Absolutely. We acknowledge that women have not chosen to be prostitutes. However, having a tolerance zone makes it easier for us to deliver services to them that help them to make an appropriate choice to keep themselves healthy and to decide at the appropriate time to exit prostitution. That is an important point—we are not condoning prostitution or prostitutes. However, by engaging with prostitutes appropriately in a tolerance zone, we are able more easily to help them to enter services.

Councillor Thomas: We are not condoning prostitution or prostitutes. We are certainly not condoning their clients. The problems are caused by the clients rather than by the prostitutes. However, we must deal with the situation that confronts us today. No one is saying that the situation in Edinburgh is the same as the situation in Glasgow or Aberdeen—clearly, it is not. Historical and social factors have led to there being a need for different solutions for different problems. We are saying that there is evidence—which was presented to the committee last week by organisations such as SCOT-PEP and today by Lothian NHS Board—that when the toleration zone was in operation in Edinburgh the situation was managed better, in relation to harm reduction, health issues, health promotion and the crime that is associated with prostitution.

It has been pointed out that the bill is enabling legislation—it does not make the establishment of tolerance zones mandatory. Zones are another tool that local authorities could use, if they wished, to deal with the problems in their areas.

Ms White: You say that the bill is a tool that local authorities could use. Glasgow City Council referred to the Civic Government (Scotland) Act 1982. Is that not another tool to eradicate prostitution and to deal with women's drug abuse and mental health problems? Would you not consider using that legislation, instead of simply establishing a tolerance zone?

Councillor Thomas: Over past years, we have used everything that is available to us, including the Civic Government (Scotland) Act 1982 and the powers that it gives us to introduce byelaws. We will consider that issue. As is the case with most problems in life, there is not one easy solution to the overall problem of prostitution. We need to have a range of solutions at our disposal. The evidence that has been presented has shown that over the years the tolerance zone worked well, by and large. Such a zone could work well again, although it would be difficult to find an appropriate site for it.

The Deputy Convener: Sandra White raised the issue of safety. Previously it was suggested that, since the tolerance zone ceased to operate, there has been less safety and the number of violent acts has risen. Can you clarify the position to ensure that we have it on the record correctly?

Ray de Souza: The information that we have received from SCOT-PEP and other colleagues is

that in recent weeks the risks that prostitutes face have increased, because of the dispersal of prostitution throughout Edinburgh. We are dealing with anecdotal evidence. The culture of prostitution in the city involved prostitutes looking out for one another. That is not the case if prostitutes are dispersed. To avoid prosecution or arrest, prostitutes will enter cars very quickly, which places them at greater risk. Previously they might have taken time to negotiate with potential clients.

Tricia Marwick: You rightly said that this is enabling legislation and that local authorities are not being forced to establish tolerance zones. There are 32 local authorities in Scotland—30 of which either have no opinion on, or are opposed to, the bill. Aberdeen City Council is operating a tolerance zone without the legal back-up of the bill and the City of Edinburgh Council, which you represent, has been party to tolerance zones. Would implementing the bill not be like using a sledgehammer to crack a nut?

Councillor Thomas: It might have made it easier for Edinburgh to maintain its zone had it had the legal back-up of the bill.

Les McEwan: I am in no doubt that had Edinburgh had the powers outlined in the bill, it would still be operating a tolerance zone.

John Young: I first became a councillor in Glasgow Corporation in 1964. That local authority had 111 members, and if the idea of a tolerance zone had been introduced, not one of the 111 councillors would have voted in favour of it, but time moves on and views change.

However, have views really changed? I notice that Glasgow City Council's submission states that when Amsterdam and Melbourne introduced regulated areas for prostitution, they saw a big increase in the sex industry and associated activity. Another interesting point is that the chairperson of Interpol's working group on the trafficking of women and children for sexual exploitation outlined at a seminar last year that normalising street prostitution by establishing tolerance zones does not result in any benefits for women.

At one time, tolerance zones would not have been tolerated—for want of a better expression. In a future decade, might we even see a system like the one that is operated in France, where there are state or municipally owned brothels, which protect women a lot more and give them medical care, free condoms and needle exchange facilities? I wonder about that option because I find it interesting that the chairperson of the Interpol working group does not think that tolerance zones are a good idea.

Are tolerance zones here to stay, or will local authorities opt for a different solution? I know that there is no definitive answer to that question, but I would like to hear your opinions.

Les McEwan: When he appeared before the committee, Deputy Chief Constable Wood outlined the history of the establishment of the tolerance zone in Edinburgh. It came into being after a well-established brothel went out of business because of the increasing frailty and subsequent death of the owner. Prostitution went on to the streets, and the zone was established through the imaginative and pragmatic approach of the police. It would be impossible to speculate on how things are likely to go in the future.

The council's vision is to eradicate prostitution and street prostitution. It is essential that we do not underestimate the efforts that society must put into the primary preventative services.

John Young: I appreciate that it is difficult to forecast the future, but what is your view of the French system, which operates state or municipally owned brothels? In the future, might that approach be more effective than tolerance zones, or is there no place for such a system in our society?

17:45

Councillor Thomas: It does not necessarily follow that tolerance zones today mean legalised brothels tomorrow. The tolerance zones in Edinburgh were established to deal with specific types of prostitution. The saunas in Edinburgh have been mentioned. They deal with a different type of prostitution. There are different strands to prostitution and the sex industry. I do not agree that a prostitution tolerance zone would automatically lead to legalised brothels, and I would not support that suggestion. It is a possible solution to a specific problem, which may work in some areas but not in others.

Ms MacDonald: Would you outline the number of acts of the Westminster Parliament and the Scottish Parliament that apply only to Edinburgh? Through my role as convener of the Subordinate Legislation Committee, I know of a parking law that applies only to Edinburgh and Glasgow. Tricia Marwick stated that enforcing the bill might be like

"using a sledgehammer to crack a nut".

Does that allegation hold water, if there is a precedent of legislation applying to only a handful of local authorities?

You referred to the difficulty of finding a suitable location for a tolerance zone. Officials in Edinburgh are aware of that; it is a problem that exists in all cities. The natural and traditional location of the zone in Glasgow has been squeezed. If suitable non-residential areas in and around the Leith docks were identified, could the

council introduce security measures, such as hard-standing parking for the SCOT-PEP van that offers on-site services to working prostitutes or an entrance to a closed road? Could the council spend public money to implement such measures without the powers contained in the bill?

Councillor Thomas: I am not sure that it could. I am not a lawyer and I am not an expert on the legislation. Politically, such an approach would be difficult and, as things stand, I am not sure that the council would have the necessary legal back-up.

I was not entirely clear about your first point about the legislation applying only in Edinburgh. I do not see passing the bill as

"using a sledgehammer to crack a nut".

The bill will give local authorities another route to go down, if they so wish, to deal with local difficulties.

Les McEwan: The powers to provide the measures that Margo MacDonald suggested are contained in section 12 of the Social Work (Scotland) Act 1968, which places a duty on local authorities to promote social welfare on such a scale as may be deemed necessary. However, the question is whether those powers are specific enough to overcome some of the difficulties that were apparent when the second tolerance zone in Edinburgh came under threat. The answer is no.

Ms MacDonald: That was why I was asked to convene a steering group to determine whether we required regulations to stiffen the provisions in the statute book.

Sandra White said that as far as she is aware, prostitutes in Edinburgh and elsewhere have not given their opinions of tolerance zones. Les McEwan and I were members of a committee on which there were women who were prostitutes. Most prostitutes do not want to walk into a room and say that they are prostitutes. They are just people going into a room and, believe me, there are opinions scattered throughout the submissions and the bill that were derived directly from prostitutes. Does Les McEwan agree with me that the proof of that is that there was a compliance rate of approximately 95 per cent with the rough-and-ready regulations that were set down for the Salamander Street tolerance zone?

Les McEwan: That is true, and the same applied to Coburg Street.

The Deputy Convener: I thank the witnesses for giving evidence to the committee. I am sorry that you had to wait for so long. Thank you for being very patient.

Iain Smith: In last week's private session, we discussed prosecution policy and the roles of the Crown Office and Procurator Fiscal Service. It was advised that the Justice 1 Committee had taken evidence on that subject. I have read the *Official Report* of that meeting and it raises several issues. Could we write to the Crown Office to get some clarification, rather than having an additional witness session?

The Justice 1 Committee's evidence confirms that whether someone is prosecuted for soliciting is akin to postcode prosecution. It depends on where the person is when he or she is arrested, and people in Glasgow are more likely to be prosecuted than those who live in other parts of the country are.

In their evidence, representatives from Grampian police stated that the fiscal in Aberdeen had advised that he would not prosecute anyone found to be soliciting in the area that has since become the tolerance zone. In fact, the fiscal's approach was the main driver for the area's becoming a tolerance zone. It would be helpful to write to the Crown Office to ask for clarification on several issues. For example, does the Crown Office provide fiscals with guidance on which cases to prosecute and what factors they should take into account when faced with an issue that affects the public interest? Does it advise on how that should be defined in these circumstances? Clearly, practice differs in different parts of the country. We should also ask why the number of prosecutions in Glasgow is so high compared with that in other parts of the country.

The Deputy Convener: Do members agree with that approach?

Members *indicated agreement.*

17:53

Meeting continued in private until 18:26.

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