

# **SOCIAL INCLUSION, HOUSING AND VOLUNTARY SECTOR COMMITTEE**

Wednesday 26 January 2000  
*(Morning)*

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# CONTENTS

Wednesday 26 January 2000

	Col.
DRUGS INQUIRY .....	549

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## SOCIAL INCLUSION, HOUSING AND VOLUNTARY SECTOR COMMITTEE 3<sup>rd</sup> Meeting 2000 (The Hub)

### CONVENER :

\*Ms Margaret Curran (Glasgow Baillieston) (Lab)

### DEPUTY CONVENER :

\*Fiona Hyslop (Lothians) (SNP)

### COMMITTEE MEMBERS :

\*Bill Aitken (Glasgow) (Con)

\*Robert Brown (Glasgow) (LD)

\*Cathie Craigie (Cumbernauld and Kilsyth) (Lab)

\*Mr John McAllion (Dundee East) (Lab)

\*Alex Neil (Central Scotland) (SNP)

Mr Lloyd Quinan (West of Scotland) (SNP)

\*Mr Keith Raffan (Mid Scotland and Fife) (LD)

\*Mike Watson (Glasgow Cathcart) (Lab)

\*Karen Whitefield (Airdrie and Shotts) (Lab)

\*attended

### CLERK TEAM LEADER :

Martin Verity

### ASSISTANT CLERK:

Rodger Evans



## Scottish Parliament

### Social Inclusion, Housing and Voluntary Sector Committee

Wednesday 26 January 2000

(Morning)

[THE CONVENER opened the meeting at 10:03]

**The Convener (Ms Margaret Curran):** Welcome to the meeting and to the glamorous venue. It is very nice.

Members will have seen the agenda. I move that item 3 be held in private, as it is a briefing from our adviser to help us with our work. I also move that we start next week's meeting with a 15-minute private session to discuss our lines of questioning for the evidence session. Are we agreed?

**Members indicated agreement.**

### Drugs Inquiry

**The Convener:** We start with an update on the drugs inquiry. Yesterday evening, Martin Verity and I met Dr Laurence Gruer, who is our special adviser on drugs. We are just beginning our work and the meeting was arranged to get us started. Keith Raffan has also been involved, so we will get some information to him.

Following the discussions that we had, we put together this short paper, HS/00/3/1, which summarises the direction that Dr Gruer has given us to get started. He thought that the paper that we initially considered was a useful start and said that we should keep that as it is. He believed that the direction of our inquiry was right and that we could manage it within the allocated time. That has been encompassed into the paper as a reminder of the focus of the inquiry.

I hope that members have had a chance to examine the paper. I will take general comments, then we will consider specific issues. Would Martin Verity like to add anything?

**Martin Verity (Clerk Team Leader):** I do not have much to add. The paper arises from the discussions that you had yesterday with Dr Gruer and the earlier work that the committee did in identifying the main areas on which the committee would focus.

**Mike Watson (Glasgow Cathcart) (Lab):** In paragraphs 2 and 4, are we using the word "drug" to mean heroin, cocaine and other drugs of that sort and not broadening the inquiry to include

alcohol? We all accept that alcohol causes a great many human problems, but it is not the focus of this part of the inquiry.

**The Convener:** There is a concern that the inquiry should not go too wide, but there is an appreciation that alcohol can interact with drugs. Where that is part of the agenda, we will consider it. We would not exclude it by definition.

**Mike Watson:** So we will consider the link between drugs and alcohol, but we will not examine alcohol as a drug and its misuse.

**The Convener:** That is my understanding of our previous discussion.

**Mike Watson:** Alex Neil does not look very happy at that suggestion.

**Alex Neil (Central Scotland) (SNP):** This is not just about alcohol, it is also about smoking.

**Mike Watson:** I accept that. My concern is that we could get dragged too wide and would not be able to focus the inquiry properly.

**Mr Keith Raffan (Mid Scotland and Fife) (LD):** As Alex said, there are several gateway drugs to hard drugs, or class A drugs, particularly heroin. The idea was to keep the focus of the inquiry narrow but also to flag up issues that more appropriately might be examined by other committees.

I am happy with the general outline of the inquiry. I am not sure that I like the renaming of the inquiry to "Drug Misuse and Social Inclusion". I think that "Drug Misuse and its Impact on Deprived Communities" was better. "Drug Misuse and Deprived Communities" might be even better and simpler.

I do not know what progress has been made by Dr Gruer in drawing up a list of suggested visits. Has the letter gone out in relation to written evidence?

**The Convener:** I will come on to that once we have agreed to this paper in general. Dr Gruer gave us some recommendations about a model for visits and some examples that we could pursue.

**Mr John McAllion (Dundee East) (Lab):** I have a similar concern. This is not just about where we visit. When we state that,

"We want to see and hear from the people living and working in the most affected areas",

how do we decide which are the most affected areas in Scotland? Glasgow is in the news at the moment as having much worse levels of drug addiction than anywhere else in Scotland, but I am anxious that this committee does not become an investigative committee into Glasgow's concerns. There are other cities in Scotland; for example,

Dundee is of interest in this inquiry.

**The Convener:** I will move on to that issue now.

We had a preliminary discussion with Dr Gruer. What he suggested, which I think is an interesting model, is that we decide on certain areas and examine them. For example, he believes that we should visit Glasgow, Edinburgh and Dundee, then consider some of the rural areas. He gave us a list, which I will go through if members want.

We could consider the different aspects of the issue from that locality point of view. If we went to Dundee, we would talk to users, services and communities in Dundee. We would do the same in Glasgow and in, for example, Fife or Ayrshire, which Dr Gruer thought would be an interesting example. We could spend time in places such as Ayrshire and Dundee, to get a picture of how services were developed across the country. When we go to Glasgow we will get a very different picture of both need and services, as services are more developed there as well. Ayrshire has a different model, and we know about Fife as it has been raised with us.

I thought that that was an interesting model. Rather than considering a service and dashing about examining that, we should take a locality model and examine the issues in that way. Dr Gruer gave us some suggestions for that. I was going to recommend today that, if we agreed that principle, we could consider a programme and suggest a schedule of visits around that.

**Alex Neil:** I agree with what John McAllion, Keith Raffan and Mike Watson are saying but I understood that a key part of our task was to consider not just the impact of drugs on rural communities but the causal relation between drug misuse and poverty. We want to break that link and deal with underlying causes.

I am happy for us to talk about the interaction between drug misuse and social exclusion for individuals, families and communities, but we should recognise the fact that there are sections of society, particularly in poorer areas, that are particularly vulnerable. Young people are the best example of what I am talking about. We should make some reference to vulnerable groups, perhaps under the first bullet point in paragraph 5 of the terms of reference.

We should think about examining practices further of Scotland. I am not suggesting that we visit Holland and so on, but it would be useful to get background information about what work has been done in Europe as well as in Scotland on the links between poverty and drug misuse and about what programmes have been put in place.

**The Convener:** I think that a lot of that can be done. We included a gender dimension in the

original paper to ensure that we pick up issues of prisons, prostitution and suchlike. I think that we should include something about the needs of young people in the paper as well. You are right, Alex: that group is particularly vulnerable.

Yesterday, we ruled out the idea that we should travel to examine practices elsewhere. I wanted to go to New York, but that will not happen. Sorry, folks.

**Mr Raffan:** It would if we were a Westminster committee.

**The Convener:** Dr Gruer mentioned that Baltimore and Germany were interesting in this context, as is London. We should examine practices elsewhere.

**Alex Neil:** If there is a justification for a small number of committee members to visit New York, London or wherever, we should think about doing that. We should not feel that our hands are tied because of worries that we will be seen to be on jollies. If we are serious about coming up with radical recommendations, we should be prepared to travel.

**Mr Raffan:** I support a lot of what Alex said. The trouble with the title "Drug Misuse and its Impact on Deprived Communities" is that it sounds a bit like an academic thesis that will offer an analysis without recommendations.

I hope that the visits will not become too urban orientated. It is important that we consider the rural aspects. Comparing Ayrshire and Fife is a good idea. The situation in Ayrshire is good and the situation in Fife is appalling. Richard Simpson thinks that the social inclusion partnership in Alloa is a good example.

Visits are important, even if only a small group of us go. When we talked to some of the Westminster committees, the importance of our visiting places outside Scotland became apparent. It is important that we visit London and we can always try to get ourselves overseas. The Parliamentary Bureau has cleared applications for visits to Brussels, so who knows? We can try, anyway.

**The Convener:** Good for you, Keith.

**Fiona Hyslop (Lothians) (SNP):** I am pleased that we are moving on with this inquiry. We should plan what to do in the context of what the Parliament expects to come from it. In deciding which issues we should examine and which we should not examine, we should be open enough to identify links between drugs and alcohol in terms of gender issues and other issues.

Our work is a prelude to what the rest of the Parliament may need to do, and our biggest challenge will be to identify the point at which we

should examine evidence to explore those issues and the point at which we should flag them up. That would allow us to identify some of the work that a substance abuse committee or other group in the Parliament would do. Half our work will involve scoping for the rest of the Parliament, but we must keep our inquiry tightly focused.

I agree with Keith Raffan and Alex Neil that using the phrase "impact on communities" places more emphasis on the effects of substance misuse than on causal relationships. Keeping the wording along the lines of "drugs and deprived communities" would allow us the necessary scope, whereas a debate on the impact of drugs would deal only with the consequences. I think that we all agree on that.

10:15

**The Convener:** I sense that "Drug Misuse and Deprived Communities" is the title with which members would be most happy. Is that agreed?

*Members indicated agreement.*

**The Convener:** Since last week's debate, I think that we all realise that we cannot adequately cover this subject in the time available. Nevertheless, we can begin to work on it, and I have no doubt that we can make recommendations to the Parliament and to other committees about the issues that need to be pursued. Fiona Hyslop is right to say that we must take it seriously.

We have advised Dr Gruer that the committee would like him to give a briefing on drugs along the lines of the one given by the housing adviser. Again, we will go into private session around half-past 11 to have a frank discussion with him about the possibilities. I shall e-mail members with a list of the suggestions that he has so far given us for visits and I shall ask Martin Verity to look at our schedule to tentatively fit things in. I appreciate that not everybody will be able to go on every visit. On 23 February, one of the dates that we pencilled in, we could ask Dr Gruer to come at half-past 11 to talk through some of the tighter issues.

**Alex Neil:** It is important that we get a briefing and a proper summary of the research that has been done to date. We should have as much of that information as possible before we start to take evidence and ask questions, because we must get the methodology of our inquiry right. Of course, we are new to the game and we are learning, but I have felt that sometimes we have taken evidence before we had done our homework properly. We should do a fair bit of homework before taking evidence.

**The Convener:** We discussed that last night. Dr Gruer is already beginning to furnish us with some material. Keith Raffan and I have already seen a

report that we think is useful. The clerks have some information for members today and we will be circulating more. I shall speak to Dr Gruer and to the Scottish Parliament information centre about that.

**Mr Raffan:** I have three brief points to make. First, the more advance warning we have of visits the better. I recall that we said we would confine any visits to Mondays if possible, Fridays being constituency days. My second point was about written evidence, but I raised that earlier.

Thirdly, I have come across a problem with our equivalent of what is known in Westminster as the vote office, from which parliamentary papers are available. The staff there say that we can get command papers, which are House of Commons papers, but that we cannot get departmental papers. That affects the availability of the important paper, "Drug Misuse and the Environment", a copy of which I had to have sent from Greater Glasgow Health Board. It seems that our vote office is able to get only one reference copy for the library for the use of all members.

I think that that is a ridiculous situation, but that decision has apparently been made on the grounds of cost. I was not aware of the distinction between parliamentary papers and departmental papers, which does not apply at Westminster. All Westminster papers should be available here at the Scottish Parliament. I think that the matter should be taken up with the Presiding Officer very quickly. We are encountering problems now, but all other committees will also encounter them sooner or later.

**The Convener:** Do you think that I should write to the Presiding Officer?

**Mr Raffan:** I think that we must check on the facts, although I am pretty sure that they are correct, having spoken to the head of the information department—

**Alex Neil:** The document supply centre.

**Mr Raffan:** The document supply centre. Thank you, Alex. I had been groping around for the right name. Perhaps Martin Verity can confirm the facts with the head of the document supply centre. It should be taken up at the highest level, because it is an absurd situation.

**The Convener:** Yes. There is nothing that feeds my anger more than Westminster getting things that we do not.

**Mr Raffan:** We should have access to their papers.

**The Convener:** Yes. We need to go into some depth.

**Mr Raffan:** There is a distinction between command or House of Commons papers and

departmental papers.

**The Convener:** Have you seen the paper that Laurence Gruer sent us about the specification for written evidence?

**Mr Raffan:** I saw the one that he gave us at the last meeting with him in Glasgow. I have not seen another.

**The Convener:** He has sent another paper. Martin will send copies of that to members. Are there any other issues?

We will use e-mail to communicate about visits and will try to draft a timetable so that members may put dates in their diaries.

We cannot go to Glasgow all the time. Everybody looks at me when Glasgow is suggested. We all have commitments to our own areas, but we cannot go everywhere.

**Mr Raffan:** Perhaps one or two of us could comment on visits in certain areas. John McAllion could advise us about Dundee. If we go to Dundee, I would like to visit The Corner, because of its work on youth education on drugs and so on. I want to ensure that we do not miss things out.

**The Convener:** That would be useful. Would you be happy to discuss that through e-mail? Martin Verity could co-ordinate that for us.

**Fiona Hyslop:** The membership of the committee is largely based in Glasgow and central Scotland, and Keith Raffan, John McAllion and I have important representations to make for the rest of Scotland. It would be to the committee's credit if it could expand in that way.

**The Convener:** As long as we do not forget Glasgow.

**Karen Whitefield (Airdrie and Shotts) (Lab):** There is not just Glasgow, but Lanarkshire too.

**Alex Neil:** I want to make a small, but significant, point about the rural dimension. There is a tendency to visit relatively large rural towns: if we were discussing rural Fife, the first place we would think of would be somewhere like Cupar. However, in Ayrshire some villages are being targeted by drug dealers. When we are dealing with the rural dimension, we should visit some of the villages and hamlets, which have become targets for such activity.

**The Convener:** We can consider locale, including Ayrshire, when we talk to Dr Gruer.

**Robert Brown (Glasgow) (LD):** Let me redress the balance slightly. There were articles in the newspapers today about Glasgow City Council's report on the extent of the drug problem in the city. It is clear that that should be a focal point of the committee's work. Although I do not disagree with

what Keith Raffan, Alex Neil and others have said about considering examples elsewhere, we must not avoid the Glasgow issue, which is central to the success of the strategy.

**The Convener:** Thank you, Robert. I could not have put that better.

We will now move into private session to consider our draft report on the Abolition of Poidings and Warrant Sales Bill.

10:23

*Meeting continued in private until 12:37.*

### Corrections

*Official Report, Social Inclusion, Housing and Voluntary Sector Committee, 19 January 2000; c 119, for "No, although warrant sales should be retained" read "No. Warrant sales should not be retained" and c 136, for "£100,000" read "£100 million".*



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