

SOCIAL INCLUSION, HOUSING AND VOLUNTARY SECTOR COMMITTEE

Wednesday 26 April 2000
(Morning)

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SOCIAL INCLUSION, HOUSING AND VOLUNTARY SECTOR COMMITTEE **15th Meeting 2000, Session 1**

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

WITNESSES

David Belfall (Scottish Executive Development Department)

Nicky Munro (Scottish Executive Health Department)

Peter Knight (Common Services Agency)

CLERK TEAM LEADER

Martin Verity

SENIOR ASSISTANT CLERK

Mary Dinsdale

LOCATION

Committee Room 3

Scottish Parliament

Social Inclusion, Housing and Voluntary Sector Committee

Wednesday 26 April 2000

(Morning)

[THE CONVENER opened the meeting at 10:03]

The Convener (Ms Margaret Curran): I propose that the committee takes item 5 in private. I also propose that the committee takes 10 or 15 minutes to prepare a line of questioning for the Scottish Executive about the drugs inquiry. If the whole time is not needed to do that, we do not need to take it all. Are we agreed on those two suggestions?

Members indicated agreement.

10:04

Meeting continued in private.

10:11

Meeting resumed in public.

The Convener: I formally welcome members back after the recess—you will know that I never say “holidays” as a point of principle, although I believe that some people managed to get a break. I remind the public and members to ensure that mobile phones and pagers are switched off.

Petitions

The Convener: Item 2 on the agenda is petitions. We have three petitions before us today. Members will have received the paperwork for them and the recommendations.

I will start with petition PE113, from the Campaign for Borders Rail, calling for the Scottish Parliament to consider ways of reinstating a railway into and through the Borders. The clerk’s recommendation is that the committee notes the decision of the Transport and the Environment Committee to seek information from the Executive on the issue, and that it then co-ordinates the views of other committees. Do members agree to return to this petition at a future meeting, when we have learned the Executive’s views from the Transport and the Environment Committee?

Mr John McAllion (Dundee East) (Lab): Would it be possible for us to write to Scottish Borders Council and to the Scottish Executive, asking them what work has been done on social exclusion

arising from the lack of a Borders rail link, so that we are better prepared when we are asked for our comments?

Mike Watson (Glasgow Cathcart) (Lab): I notice that one recommendation of the clerk to the Public Petitions Committee was to agree to a debate on the matter in the Parliament. I think that, as part of the process of highlighting the issue, we should support that. The issue is important—I had not realised that the area was the only mainland region of Scotland without any trains. I think that we should go along with the clerk’s suggestion, but I think that this committee should back an attempt to find time for such a debate in the Parliament.

The Convener: In the meantime, we would try to get more information. The issue should be somewhere on our agenda for us to return to once we have the information. If there is then a debate, we will be informed for it. You have heard a lot of the information in the Public Petitions Committee, John, so would you say that such a course of action is appropriate?

Mr McAllion: Yes. The petitioners, in presenting their petition to the committee, made the point that there were important social inclusion aspects about the absence of a rail link. They wanted this committee in particular to be involved in examining that aspect. That is why I suggested that we could write to Scottish Borders Council, which has probably done some work on this matter already, and to the Scottish Executive, asking it what it can say about the social exclusion or inclusion aspects of the lack of a link. That would better inform us.

The Convener: We need a timetable for that.

Mike Watson: I wondered whether it would be possible for this committee to agree to support the Public Petitions Committee in its request for a debate.

The Convener: Do you mean as a formal decision?

Mike Watson: Yes. I would like to know from John McAllion whether the Public Petitions Committee indeed agreed that a request should be made for a debate in the Parliament. I would like this committee to support such a request.

Fiona Hyslop (Lothians) (SNP): One of the key points made by the petitioners is the social isolation of communities in the Borders. I agree with John that we should write to Scottish Borders Council, but I think that it would be useful also to ask the City of Edinburgh Council for its views. One of the issues in Edinburgh is access to employment, and the importance of the Borders as a potential future market for employers. If the Borders communities feel isolated, from whom do they feel isolated? I suggest that Edinburgh is one

of the key employment markets from which they are isolated.

The Convener: That would essentially take the form of written evidence. We would get the submissions, examine them, return to the matter and take a view on it, which would form our view of the debate. That is now noted. We also need a formal view: do members agree with Mike Watson's suggestion that we formally support the call for a public debate?

Members indicated agreement.

10:15

Bill Aitken (Glasgow) (Con): I am assuming that the petition sheet is representative; it is not the petition in its entirety.

Mike Watson: No, there were 17,000 signatures.

Bill Aitken: If the signatures that we have are representative, it is perhaps worth pointing out that one petitioner comes from Stirling and another comes from Dalgety Bay.

Fiona Hyslop: It is a national issue.

Mike Watson: It shows how widespread the support for this issue is; support is not just from Borderers.

The Convener: I take it that the convener of the Public Petitions Committee can confirm for us that there is widespread support for this petition.

Mr McAllion: Yes: the meeting in Galashiels on 27 March was the best-attended meeting that we have ever had.

The Convener: I know; I saw it on television.

Petition PE123 is from the Scottish Warm Homes Campaign, calling for the Scottish Parliament to identify, discuss and seek to implement measures that would eradicate fuel poverty as a matter of urgency. Members will be aware that fuel poverty has been on our agenda; it has been highlighted at a number of meetings and it is the one issue to which we have said that we will give due consideration in preparation for the housing bill. The recommendation is to fit that in with the work that we had already planned. Is that agreed?

Members indicated agreement.

Mr McAllion: After the Public Petitions Committee decided to send the petition to this committee and to the Transport and the Environment Committee, the petitioners wrote back saying that the issue also has health implications. They suggested that we should consult the Health and Community Care Committee about its views on the impact of fuel

poverty on health.

The Convener: That is part of the recommendation.

Fiona Hyslop: In considering the timetable for an inquiry, we should alert the Health and Community Care Committee about this at an early stage. We could perhaps have a joint meeting with that committee when we are taking evidence.

The Convener: That is a useful suggestion. We need, however, to get our heads round the future work load of the committee. We really need to get into the issue of fuel poverty, and we all know that the housing bill is coming up. I will make recommendations about preparations for that later. The recommendations on petition PE123 are broadly agreed.

Petition PE136 is from Training Adults in the Community, calling for the Scottish Parliament to persuade West Lothian Council to increase funding for the TAIC project to levels that will allow it to continue to provide a service. The clerk's recommendation is that the committee notes the petition and takes the wider issues that it raises into account in its forward agenda for voluntary sector issues.

Alex Neil (Central Scotland) (SNP): The key thing is to take the wider issues into account. We get into dangerous territory if we start to try to tell democratically elected local councils how to reallocate their budgets—we could be here for ever and a day if we create that precedent. Having said that, there is clearly a wider issue, for which I presume the Enterprise and Lifelong Learning Committee would be primarily responsible.

Mr McAllion: The petition has been referred both to the Enterprise and Lifelong Learning Committee and to the Equal Opportunities Committee. As convener of the Public Petitions Committee, I have taken up the individual case with West Lothian Council, rather than ask committees to do so.

The Convener: I think that the view behind the recommendation is that we do not have the capacity to get involved in such single, specific issues.

Fiona Hyslop: One of the things that we want Karen Whitefield, as reporter on the voluntary sector, to do is to examine the impact of the budget process on the voluntary sector. We should note that the voluntary sector is to a large extent having to deliver the Executive's social inclusion policies. I have concerns about the impact of these issues on people with disabilities. I think that that is the angle that we should take up, although Karen might want to build that into her work as reporter on the voluntary sector.

Karen Whitefield (Airdrie and Shotts) (Lab): I did some work over the recess on funding, with the intention of coming back with a paper. That will be included in my report so that we can examine the impact of the budget process on voluntary sector funding.

The Convener: Good.

Mr Keith Raffan (Mid Scotland and Fife) (LD): This is not just a question of funding the voluntary sector. We must also consider the implications of costs to the voluntary sector. I refer in particular to criminal record checks. The implications of the work of the working group, which was appointed last autumn and will probably not report until autumn this year, are huge.

The Convener: We considered and took evidence on that issue and we will pursue it. We agreed a set of work priorities, which arose from that evidence.

Drug Inquiry

The Convener: The next item of business relates to drug misuse in deprived communities. This issue has been on our agenda for some time and I am sure that people will appreciate our commitment to it and our stake in the debate. I warmly welcome the officials from the Scottish Executive who are here today. I am sure that they know that this is a friendly and warm committee and that we engage creatively with our witnesses.

I will ask you to introduce yourselves and to make a brief statement about your submission, which was substantial and for which we thank you. Most members managed to read through it. Part of the questioning will be on the submission.

David Belfall (Scottish Executive Development Department): I am the head of the Scottish Executive housing and area regeneration group and have lead responsibility for social inclusion. My interest is in the social inclusion and deprivation aspects of your discussion on drugs and deprived communities.

Nicky Munro is the head of the Scottish Executive public health policy unit. She has lead responsibility for tackling drug misuse. Peter Knight is from the information and statistics division of the common services agency of the national health service in Scotland—a long title—which provides statistical support. It produced the document “Drug Misuse Statistics Scotland”, which we included in the pack that we submitted to you. It is also responsible for a website providing a great deal of information on drugs; that website will be useful to members and others.

I will make three quick points about our memorandum. First, no community in Scotland is unaffected by drug misuse. Both urban and rural communities are affected by drug misuse, but it is clear that some communities are more affected than others are. The memorandum gives statistical information about people who come to hospital with acute needs for treatment as a result of drug misuse, and shows that those from the more deprived end of the spectrum are 17 times more likely to be admitted to hospital than people from the more affluent end are. That is a clear piece of objective evidence of the relationship between drugs and deprivation.

However, one needs to balance that by being clear that most people who live in deprived areas are not involved in drug misuse in any way and deplore the activities of drug dealers in their areas. It is important that we should not stigmatise communities or areas by identifying them as having particular drug problems. There needs to be sensitivity about this.

Secondly, we have the machinery nationally and locally—the drug action teams. We need to do more work at a community level on developing approaches to tackling drug misuse. We have identified in the drugs strategy to which the Executive is committed that one of the four pillars is the communities dimension of drug misuse. We have done some work on that.

One of our working for communities pathfinders—Cultenhove at St Ninians in Stirling—has taken drug misuse as its main focus and is doing much to tackle it. You may want to talk to that partnership. In January, ministers announced an allocation of £2 million for work in deprived communities. They recently announced how that money will be allocated—I passed the news release on that to Martin Verity. The money will be allocated to 24 area-based social inclusion partnerships on a population basis—there is a graded scale. No partnership will receive less than £30,000 or more than £80,000 a year.

Jackie Baillie and Angus MacKay have informed the chairs of SIPs of the provisional allocation and have asked them for expressions of interest by the end of April in using the money to tackle drug misuse. The ministers want SIPs to survey the drug problem in their areas, to talk to their drug action team and to identify the main problems, priorities and gaps in services. The ministers want the SIPs to involve the local community in that process. The SIPs should produce outline proposals by the end of June for how the resources could be used. We are not talking about new mainstream services but about encouraging the community to take the lead in projects, such as parent awareness events, and family support groups. We emphasise the need for community leadership.

Thirdly, we must not forget that it is not just geographical communities with which we need to be concerned. People who fall into drug misuse and lose their tenancies gravitate toward the city centres. We provided evidence on the extent to which rough sleepers have drug misuse problems. Since we produced the memorandum, the Glasgow rough sleepers initiative has produced a new monitoring report, which shows that, of the people who are in touch with RSI projects in Glasgow, 57.5 per cent have a drug misuse problem and 47.5 per cent have an injecting drug misuse problem. The problem with street homelessness and drugs is significant.

We have also drawn your attention to prostitution. There is a high level of drug misuse among street prostitutes. Estimates of the proportion of street prostitutes in Glasgow with drug misuse problems range from 70 per cent to more than 90 per cent. We set up the Glasgow Routes out of Prostitution social inclusion

partnership to address the specific problems of street prostitutes in Glasgow. In addition to tackling the area issues, we must remember those groups that have particular problems.

The Convener: There is much to discuss in what you have said and in the papers that you submitted. We will explore those issues under different headings. I will kick off on the subject of structures and processes. We will examine how the Scottish Executive develops and manages the drugs strategy. One could argue that the strategy is confusing as it is located in one department of the Scottish Executive but is accountable to a minister in another department. We need some clarification on that. Cross-cutting can mean that something falls between two stools. How does Angus MacKay manage a team that is located in another department?

Nicky Munro (Scottish Executive Health Department): When the Executive began work in July, one of the first things that the Cabinet did was to examine a number of issues that spread over a range of departments and that needed serious attention. It was felt that four such issues were so important that they needed Cabinet committees to consider them. Two of those issues were social equality and inclusion, and drug misuse. Angus MacKay, the Deputy Minister for Justice, was given cross-cutting responsibility. The cross-cutting nature of that responsibility should be emphasised; it was intended that he would examine how the strategy was being implemented across the Executive. Ministers for health, education and social inclusion joined him on the committee on drug misuse. It was thought essential that there should be that team of four to consider what was happening, to test for strategic purpose, to identify gaps and to ensure that the Scottish Executive was making the right connections.

The Convener: How much contact does Angus MacKay have with the unit?

10:30

Nicky Munro: My unit, the public health policy unit, deals with issues wider than the national health service, such as the co-ordination across the Scottish Executive of policy on substance misuse, including alcohol, smoking and drug misuse. On drug misuse, the team in my unit reports directly to Angus MacKay. We have brought together a group of officials—the Scottish Executive drugs forum—from all the departments that have an interest in drug misuse and in tackling it effectively. The group meets on a regular basis; Angus MacKay chairs those meetings. The purpose is to ensure that, at the level below ministers, the things that are being done are delivering the strategy.

The Convener: Are you confident that that happens? In my experience, cross-cutting can mean that you fall between different stools, that people stick with their departmental loyalties and do not co-operate as they should.

Nicky Munro: I recognise the challenge that you describe. We have now seen the group in action. The ministerial committee meets once a month and the drugs forum meets in support of that. People bring their proposals to the table so that everyone gets a chance to comment on them—more people are joining up than would have been the case nine months ago. The approach is making a big difference.

The Convener: How do you monitor the effectiveness of that approach?

Nicky Munro: First, we need to monitor how effective our drugs strategy has been and to consider how the Executive spends the money that it puts out in various directions. We have done that with the help of a report from our policy unit, which has considered the Executive's spending.

Clearly, the Cabinet has to be reassured that we are all doing our job. The ministerial committee reports regularly to the Cabinet on what is being done and on the major decisions that need to be made. We will be publishing an action plan on drug misuse in the next few weeks, which will be an opportunity for people outside the Executive to see what we are doing and to come to their own view on how joined up that is and how effective it looks against the strategy and targets that are outlined in the paper "Tackling Drugs in Scotland: Action in Partnership".

The Convener: If I were Angus MacKay and I said to you, "I'll give you the power to do one thing to change the structures to make this tighter and more effective", what would you do?

Nicky Munro: Do you mean within the Executive or within the—

The Convener: What is the one thing that we most need to do in relation to how the drugs forum relates to practice across the Scottish Executive?

Nicky Munro: We have to work hard at joining up within the centre and out in the field. So many people are doing good things; we need to maximise that. We have a way to go yet.

The Convener: So we need to work on the joined up part of the work?

Nicky Munro: I think that everyone who works in the drugs field would say that.

David Belfall: We do not pretend to be perfect at joining up—we are still having to work at it. In Whitehall, people in different departments come from different backgrounds; they do not often meet and do not talk much to one another. At least all

the relevant functions of the Executive are within the same organisation. We have people who have worked in different parts of the Executive. Nicky used to work in connection with the new life partnership in Whitfield in Dundee, so she has some experience of area regeneration. Before I was in my current job, I did the job that Nicky has and was responsible for drug misuse. Before that I used to deal with the police. We have got rather more joined up than in Whitehall, where there are departmental silos. We can make the links rather more effectively, but that is not to say that we have not got more to do in developing that.

Mr Raffan: The public health policy unit is central to the whole issue. There are concerns among many of the agencies on the ground. Perhaps you can give us some basic details to begin with. Obviously, you have a wide remit; how many staff are there in the unit as a whole? How many of the staff in your team deal with drug misuse? How has that changed over the past five to 10 years? I do not know how long the unit has been in existence, but I understand that the staffing and the budget of the unit have increased considerably over the past few years.

Nicky Munro: The unit was established in 1995 and the number of staff has grown. The number of staff within the unit who work full time on drug misuse has more than trebled.

Mr Raffan: Can you give me figures?

Nicky Munro: Twelve people work pretty much full time on drug misuse at the moment. It is important to say that we draw on other resources and people—for instance, Peter Knight, who is sitting here at the table.

One of the most important things for us was to invest in a better information strategy for drug misuse. Everyone has ideas about it but we need to ask what is happening to whom and where, how interventions are measured and so on. Critical to that is investing in information; that has involved pulling together a team in the information services directorate that looks more widely than just at the health service and gathers data from all around the system.

Mr Raffan: I am trying to get at specific points. What is the budget of the unit as a whole, compared with 1995? What is the administrative budget, for your staff and so on? If you cannot let me have the figures now, perhaps you can send them to the clerk.

Nicky Munro: I would be glad to send figures, because I would like to check them carefully first.

The main point is that we are not a spending unit, but a policy unit. We are trying to co-ordinate what is happening in public health and in tackling drug misuse, and to ensure that things work well

together. We will be engaging with the big spenders. My unit's budget would be about 1 per cent of the total health department spend. That is not important; what is important is how those resources are being used, whether it is in the general practitioners services, in the hospital system or more broadly across the Executive, in community education and policing and so on.

Mr Raffan: There is a perception among agencies in the field that the unit has grown and has become bureaucratic, and that its budget has increased greatly. The perception among many of the agencies on the front line that I have talked to is that you are not a body that is sympathetic to them. That is why I am asking how your administrative budget and so on has grown. How do you relate to people in the field?

Nicky Munro: Some of that is the consequence of the introduction of more of a performance management culture. We recognise that tackling drug misuse is difficult for everybody. For someone who is out in the field, on a drug action team or, especially, working for a local voluntary agency, some of the work is exposed and difficult and involves making all kinds of relationships work.

We also need to ensure, from the Executive's point of view, that people are delivering as well as they can. In the past, the answer has been that we did not know. However, following the preparation of the strategy for tackling drugs—with which I know you will be familiar—with the help of our advisers on the Scottish Advisory Committee on Drug Misuse, we have introduced a structure to try to ensure that we can hold the system to account for what it is delivering. That is new, and there will be some pain in it; however, we have tried, in our first year, to introduce a gentle version of performance management, which we may strengthen in future.

Mr Raffan: Do you see having representatives on SACDM from agencies and so on as your main way of connecting with the field?

Nicky Munro: That is an important question. SACDM brings together advisers and experts from outside the Executive. The definition of expert is not medical expert, although we have such experts on the committee and they are important. One committee member is the leader of the Culterhove project that David mentioned, which is a social inclusion partnership project. We have four representatives from the voluntary sector. It is important that those people tell us what is happening on the ground and not just within the structures. The other way in which we talk to people in the field is through drug action teams. We meet regularly with the chairs of those teams to hear what is going on in their areas and what the problems are.

Mr Raffan: There are 22 DATs, so that is a major set-up. However, they are a bit of a mishmash; your own evaluation was not exactly complimentary about them. Certain DATs, for example Glasgow DAT, seem to work well. However, there are alcohol action teams, substance action teams—for example, Forth Valley—and drug action teams. Their performance is uneven at the moment. How are you trying to bring the performance level of the worst up to that of the best?

Nicky Munro: Out of what you say, I would highlight the idea of an improving culture. We have to find a balance between championing organisations and helping them to improve. You are right to say that the review found quite an uneven pattern throughout Scotland. On the back of that, we invested in an information strategy to support drug action teams as much as to support the centre. We have packs for each drug action team, with statistics for their area and so on. We asked every drug action team to prepare a corporate action plan this year. We are giving the teams feedback on that and having meetings with some teams to discuss improvements that might be made. That process will continue year in, year out.

We have doubled the funding so that the teams can have extra support.

Mr Raffan: You doubled the funding because they did not bring the money to the table that you hoped they would.

Nicky Munro: The funding was to give them support. At that time, the teams generally had one support worker. Given the amount of work that they had to do, that caused difficulties. We wanted them to do more about prevention and evaluation. As we required them to do that, we had to give them the resources to do so.

As you say, the issue about bringing resources to the table is also important. We are doing work in that area with the Convention of Scottish Local Authorities because local authorities would be central to the process. This area will be an important measure of success in the years to come. We are considering targeting growth money with regard to the drug action team plan rather than the agency's inclination.

Mr McAllion: My question is for Dr Knight.

Peter Knight (Common Services Agency): It is just Mr Knight.

Mr McAllion: I am sorry. I awarded you an honorary title.

I would like to ask about the statistical sources that inform the Executive's policy on drug misuse. The document, "Tackling Drugs in Scotland: Action in Partnership", lists 14 different sources of

statistics. To what extent do you think that the statistics reflect the actual level of drug misuse in Scotland and to what extent are there gaps in the information?

Peter Knight: It is difficult to measure the extent of drug misuse. Inevitably, we obtain information at certain points only, such as when people come into contact with social services or respond to surveys. Neither of those methods provides us with the complete picture.

If a drug user goes to hospital as a result of their drug taking, information about the drug use is recorded at that point. That information is then drawn up nationally. The same applies if someone goes to a counselling, advisory or treatment service for their drug misuse. However, that gives us information only about those who have sought help. We are probably seeing only the tip of the iceberg.

We can find out about other drug users through surveys but, again, they can provide only part of the picture. We have school surveys in which research organisations interview schoolchildren on a sample basis. The Scottish crime survey will deal with drug misuse. The problem with surveys is that the drugs problem that causes the most concern affects a minority of people and a survey might miss them.

Information can be obtained through the capture and recapture approach, which uses all the data sets that are available to try to build up an overall picture.

We are trying to piece together a jigsaw, but we are not there yet. We hope that a number of recent initiatives will bear fruit in the near future and will supply some of the missing pieces of our jigsaw.

Mr McAllion: The problem with using surveys is that they are self-reported. Do you perceive problems with self-reporting surveys?

10:45

Peter Knight: Yes.

Mr McAllion: There must be implications for policy if the Executive is working on incomplete data. It is even possible that the data could be wrong.

Nicky Munro: You are right to ask Peter Knight these questions. It is difficult to measure drug misuse—that is recognised throughout the European Union. The monitoring centre in Lisbon is trying to come up with indicators that could be used across Europe. That would give us consistent results and allow us to compare strategies.

As Peter Knight said, there are gaps in our knowledge that we need to fill. We are funding a

national prevalence study, which should start in May, which will be dedicated to finding out the topical pattern of drug misuse. We have also examined the link between drugs and crime, a matter on which there is a great need for information. Between June and November last year, we ran a study in Fife and Strathclyde that dealt with drug use among people who were arrested. They were asked about their drug taking, but they also gave samples, which we could use as a reality check. The results of that study will be published in the next couple of months and will give us a focused view of the drugs that people who commit crimes are taking.

Mr McAllion: Apart from the work that you have mentioned, is anything else being done to fill the gaps in our knowledge?

Peter Knight: We are working with drug services to improve the detail of reporting on those who use these services. At the moment, if the drug user contacts a service, even for a substitute prescription as part of the methadone programme, we know about that user only at the point at which they first attend. We have been asked to try to obtain information on a repeat basis—to find out whether that person is still in touch with the service six months or a year later say, and whether they are still receiving alternative drugs. We hope to be able to monitor change over time and to determine the number of people who are in touch with the services.

Mr McAllion: How confident is the Scottish Executive about the reliability of the statistical information available?

Nicky Munro: We are confident that the information has improved enormously in the past five years.

Mr McAllion: But going from dreadful to not so dreadful could be seen as an improvement.

Nicky Munro: Our information would stand up well against the information available south of the border and in Europe. I know because people have come here and told us that.

Mr McAllion: That does not answer my question. I hope that Scotland is always better than England.

Nicky Munro: If you are asking me whether we can and should improve, the answer is yes. Dr Laurence Gruer is chairing a committee—a sub-committee of our main advisory committee—which is looking at our research needs. Its main purpose is to identify where we should put investment in research information over the next few years.

Mr McAllion: I should like to be clear. Is the Executive confident that the information and statistics that it is working on give a reasonably accurate picture of drug misuse in Scotland?

Nicky Munro: As accurate as is practical for this topic, bearing in mind that drug misuse is illegal, so it is harder to measure accurately than some other activities.

David Belfall: Short of conducting urine or blood samples of the population; in relation to some athletes, there are doubts about their value—

Mr McAllion: I will stop you there, in case you give William Hague any ideas.

David Belfall: Short of that, the best way forward is through surveys. We have taken advice on how to conduct the surveys. The practice now is to insert some dummy drugs, to check the accuracy of the results. We are always dependent on the accuracy of what people say. Some people who have not taken drugs might claim to have done so; others who have taken drugs might claim not to have done so. We try to get accurate information through surveys, but we must recognise their limitations.

Alex Neil: I will pursue the relationship with the UK drug strategy, but before I do so, I will ask a question that follows on from the previous point. The drug strategy that was published more than a year ago stated that one of the key objectives was to increase the proportion of drug misusers who participated in treatment and care programmes. How do you measure that? What targets have been set and what progress has been made?

Nicky Munro: The figures that are reproduced in the report by the information and statistics division show the number of people in contact with the services each year. Those are people coming forward for help; a range of services is involved. That can be measured every year. Again, I will be frank and say that there are measurement problems; there are questions about whether agencies are reporting more accurately than they used to be, whether we are sucking in a new group of clients and whether we are always comparing like with like. However, those statistics ought to be a fairly good indicator of whether people are accessing services.

Alex Neil: As you do not know the total population of drug users and you are using contact with the services to measure the proportion, is it not the case that the objective of the proportion of drug misusers is, by definition, not one against which you can measure progress accurately?

Nicky Munro: We are examining target setting. We have not finalised the proposal, but we are now in the position, on the basis of the better data that we have, to set some targets that we are confident about measuring and which we can realistically meet.

We will have to be sensitive to the fact that the

drug problem is not the same throughout the country. For example, it will look quite different in Glasgow from Shetland. There is also movement between different drugs. This is where the situation differs from alcohol and tobacco: a range of drugs are available and people's use will move among them.

From the point of view of the committee's inquiry, which is focused on deprived communities, heroin is probably the drug that people would pick out as the one that does most damage to the fabric of communities and people's lives. That would be the headline drug that we would always go for, but there is movement round other drugs as well. It is necessary to decide how to deal with those in any target-setting exercise.

Alex Neil: Developing the theme of the variable nature of the drugs problem among communities and in different parts of the UK, to what extent is there an identifiable Scottish drug strategy vis-à-vis the UK drug strategy? What is the relationship between the two? What is the level of the UK co-ordinator's involvement in developing the Scottish strategy and in addressing issues such as the ones that we have discussed—statistics, policy objectives and so on? Is there a distinctive Scottish drug strategy, or is it the tail-end Charlie of the UK drug strategy?

Nicky Munro: I will take your last question first. All the action priorities that are set out in the strategy were identified by a group of people in Scotland, who considered Scotland's drug problem and said, "What do we most need to do?" Those people were a mixture of members of the Scottish Advisory Committee on Drug Misuse, outside people who knew a lot about drug misuse and Scottish Executive officials who were involved in policy making on the issue, so it was very much a Scottish approach.

We used the headings to be found within the UK strategy, of young people, communities, treatment and availability. There were a number of reasons for that. We all felt that those were important topics, which is a focus that is more fruitful than some of the sterile debates on what enforcement is, what prevention is and what treatment is. We are focusing on some of the key groups—the young people and communities and so on—which is important.

We are helped in gathering data if the headings are grouped around similar topics to other parts of the UK, so we can benchmark and consider whether others are getting better results than we are. If they are, we shall want to know why and how we can improve things here.

There is one sense in which we need to connect positively with the UK strategy—most drugs that are taken on the streets in Scotland come from

outside the UK. Much diplomatic, police and justice activity takes place to counter drug trafficking and drug laundering. Much intelligence must be shared operationally by the police. On those aspects, we wanted to ensure that Scotland was connecting with the UK effort. Keith Hellawell, who is the drugs co-ordinator, is very conscious of that and comes to Scotland regularly to talk to Scottish ministers. In January, Scotland took part in a big European conference on drug misuse; I was part of the delegation that he led.

This is very much a matter of joint interests. Protecting Scotland means effective action at UK level. Most heroin comes in through Dover.

Alex Neil: Is the level of co-operation satisfactory? You mentioned some of the best practice being developed in Scotland; no doubt best practice is being developed on some aspects south of the border. Are the experiences being shared closely enough to ensure that best practice is adopted everywhere?

Nicky Munro: Much sharing takes place at agency level. The websites allow us to access information in all sorts of places. A European website shows evaluated prevention projects across the European Union. There is sharing at that level and between Scotland and the rest of the UK.

There is a UK advisory committee on misuse of drugs. I am the Scottish assessor on it, and five people from Scotland sit on it. The Scots make a strong contribution to policy making at that level, as well as to our policy making in Scotland.

Alex Neil: Where does the new agency fit in?

Nicky Munro: The Scottish Drug Enforcement Agency?

Alex Neil: Yes.

Nicky Munro: It fits into the co-ordinated picture in Scotland in this way. The director of the agency is a member of the Scottish advisory committee, so when we are talking about policy development or examining what drug action teams are doing, he participates in the same way as everybody else and pools knowledge with us.

There is also an operational connection with the UK efforts. Keith Hellawell will sit on the forum that oversees the work of the agency, to ensure that the operational and intelligence links are right.

Fiona Hyslop: I will move on to the specifically Scottish strategy.

In point 34, on page 10 of the Scottish Executive's memorandum, you confirm:

"While misuse of drugs is widespread across Scotland, the impact of drugs is much greater among disadvantaged groups and in disadvantaged communities."

To what extent does that statement drive the Scottish strategy? Does it influence the type of drug misuse that is covered by the Scottish strategy?

Nicky Munro: Yes. That was the reason why we identified a communities pillar in the strategy. It applies in Scotland, across the UK and in Europe and is widely recognised. Whenever one talks to people who are examining drugs, they talk about the link with poverty and the differential impact in communities where there is unemployment, poor educational attainment, poor housing and so on.

That also underlines our concern about heroin, which is particularly ingrained in communities that have unemployment problems and so on. We can look at that in two ways. If we do not tackle heroin misuse in the communities, it will stand in the way of the other things that social inclusion partnerships are trying to do. However, if we can reduce truancy, create better links into training and jobs and provide better alternatives for young people, it will be a good way to begin to tackle drug misuse. That will deal with the life circumstances that support much serious, enduring heroin misuse.

11:00

Fiona Hyslop: Does the Scottish Executive recognise the term "recreational drug use" and does it have a policy on that?

Nicky Munro: We recognise that there is potential damage in all drug misuse and that we should encourage children not to start taking drugs and encourage those who have already experimented to think about it and stop. However, we also accept that some drugs are so serious that we need to concentrate our efforts on them. I mentioned heroin because it is very addictive and is often taken through injection, which has further public health risks. We would like to be active across the drugs spectrum, but when it comes to treatment and rehabilitation, most of the efforts within the communities will focus on heroin, because people see that as the most problematic drug in Scotland.

Fiona Hyslop: You mentioned that your unit deals with substance misuse and that many of the DATs link drugs and alcohol use. I know that that is what happens in the West Lothian drug action team. In the Scottish strategy, to what extent is the policy on drug misuse linked with policies on the abuse of other addictive substances?

Nicky Munro: There are some common points and there are some points that are specific to drugs. If we are talking to primary school children as the basis of a health education programme, we might tackle drugs and alcohol alongside one another; we would want to ensure that children in

that age group were not taking either. As we go further into serious drug misuse, there are issues that are specific to drugs, such as injecting and particular links to crime, which we would tackle in a certain way.

Fiona Hyslop: What have been the main changes in Scottish drugs policy over the past five years?

Nicky Munro: One thing is the investment in shared care and treatment, which has been very important. Studies from around the world have documented the fact that good treatment programmes cut crime and result in healthier people. There is a big England-based study on treatment outcomes, which shows that there are many beneficial effects from treatment in the round, including less crime and people having fewer suicidal thoughts, more positive attitudes to their lives and being able to engage with family and community life.

The growth in such services over the past few years has been marked. There is also a feeling that we need to get a collective grip of the problem and that all the agencies should be involved. Five years ago, people would have said that there was no drug problem in their area, community or school; that is no longer the case—people are facing up to it.

Fiona Hyslop: In the strategy you have said that the need to make services more accessible is key. Outreach and detached workers are one way of making services more accessible. However, the same points about drugs policy were made in 1994. What is the difference between the numbers of outreach and detached drugs workers now and in 1994?

Nicky Munro: I do not have any figures on people with me. There are more specific services that are examining the needs of women and young people; David Belfall has described groups such as homeless people and sex workers for whom particular measures are needed, because of their lifestyles or particular aspects of their drug misuse. The provision has become more sensitive to the needs of particular groups and communities.

Fiona Hyslop: Would you be able to provide us with information on the number of workers?

Nicky Munro: I will try to do that.

Fiona Hyslop: I understand that there are no national surveys on drug misuse among under-16s. What measures are you taking to estimate drug misuse among under-16s in Scotland?

Nicky Munro: There are two surveys, which Peter Knight might talk about in more detail. The research unit on health and behavioural change at the University of Edinburgh runs a four-yearly cycle of studies on Scottish secondary school

children. That survey examines smoking, drinking and drug misuse and allows trends to be measured over time. There was also a dedicated piece of work by the Office of National Statistics, which examined young people's experience of taking drugs.

Peter Knight: The RUHBC survey compares secondary 2 and secondary 4 children. There have been other ad hoc surveys on primary school children.

Fiona Hyslop: Do you have a view on whether there has been an increase in the misuse of drugs among young people and whether they are starting to misuse them at a younger age?

David Belfall: We can give figures from two RUHBC surveys. In 1994, of those S2 pupils who said that they had used a drug—that includes cannabis—52 per cent had used a drug in the last four weeks. The equivalent figures for S4 pupils were 62 per cent in 1994 and 55 per cent in 1998. There was a slight downward trend, although these are not very palatable figures for any of us.

Fiona Hyslop: Recently, what specific policy approaches have been taken for that age group?

Nicky Munro: There is a review in the education department at the moment, which is covering the handling of drugs incidents in schools and the follow-up—teacher training and drugs education. I understand that it will report later this year.

When HM inspectorate of schools visits a school, it considers and comments on the range of drug measures that are in place. Over time, that allows us to develop a picture of what is happening in schools. Almost all secondary school children—the figure was 97 per cent when I last checked—have received drugs education at secondary school. The figures are lower for primary school, but there has been an attempt to improve that. We recognise that people are being offered drugs well before they get to secondary school.

Fiona Hyslop: How do you evaluate whether those programmes are successful?

Nicky Munro: Partly through the figures that we have just mentioned. When we return to schools, we find out whether children are taking drugs. The figures that David Belfall gave you showing a downturn were for children using drugs in the past four weeks—

David Belfall: No. The figures were for children who had ever used drugs.

Nicky Munro: Right. We need to examine whether children have ever taken drugs. We are particularly concerned about the group of children who continue to take drugs. Children will experiment. We know that if children are taking

drugs quite regularly, it is likely to be one of a cluster of activities, which include smoking, under-age drinking, truancy, vandalism and poor educational attainment. Those figures show us that this is something that we need to tackle in a co-ordinated way.

Mike Watson: I would like to follow up one or two of the points on education. In your memorandum you mention the need to work in schools as well as the key role of the new community schools. Can you say a bit more about that key role? What are new community schools doing that ordinary, if that is the right word, schools are not?

David Belfall: We are in the early stages of new community schools. The idea is to try to bring together education, health and other services, so that children have a rounded set of services covering all aspects of health, including the abuse of drugs and other substances. There should be a consolidated and co-ordinated approach among the various agencies in delivering those services to children. However, we do not yet have any statistics to give you, because we are at such an early stage.

Mike Watson: What kind of support or information would a child receive at a new community school that he or she would not receive at another school?

Nicky Munro: It is a condition of getting the money to become a new community school that you have to be, or you have to work towards being, a health-promoting school. That suggests a whole range of measures and indicators for the curriculum and for the ethos of the school. There is health promotion activity that is especially concentrated on new community schools, but that is at an early stage, and we look forward to the evaluation framework of the schools telling us the experience across the piece. We hope that children will get a lot more health education of a positive nature, and that we will find that children have better knowledge of drug misuse, leading to less drug taking.

Mike Watson: Evaluation is clearly the key. It will allow issues that have not been covered to be added. What is the evaluation period? Will the schools be looked at after one year, two years, three years? For how long are new community schools to be funded?

Nicky Munro: I think that the period is three years, but I will come back to the committee if that figure is not accurate.

Mike Watson: Will the evaluation be at the end of that period or will it be done annually?

Nicky Munro: The evaluation is built in from the start so that there are baseline figures and so that

information can be shared regularly. If you are interested in that aspect, I will send you a fuller explanation.

Mike Watson: Please do.

I would like to turn now to the effect on people if growing up in a family where there is drug abuse. Paragraph 49 of the Scottish Executive memorandum on drugs and deprived communities states that:

"One in five of all people who seek help for problem drug use report living with dependent children".

What are you doing on that issue? In answer to an earlier question, you spoke about primary schools. Have you identified any additional work that needs to be done? In recent weeks, we have heard some horrific stories of very young children having been caught in possession of drugs and even having consumed them. How have such stories affected your approach to problems in families?

David Belfall: It is estimated that between 7,000 and 10,000 children in Glasgow have parents who are drug addicts. In Fife, it is estimated that 50 per cent of the children who are taken into care have parents who are misusing drugs. It is a big problem.

A steering group led by the director of social work in Dundee has its first meeting tomorrow. It is producing some multi-agency guidelines on dealing with families in which there are drug misusers and children. The social work services inspectorate is reviewing the arrangements for vulnerable families with children from the ages of nought to three. That review will include the ways in which drug misuse is tackled.

Mike Watson: You mentioned the proportion of children taken into care. When children of addicts are taken into care, how do you ensure that the home is a suitable environment for them to return to after a set period of time?

David Belfall: That is a judgment for the local social worker to make in the light of the circumstances of the case.

Mike Watson: Is that done on a case-by-case basis?

David Belfall: Yes.

Mike Watson: Are there no general guidelines?

David Belfall: We can check whether our social work colleagues have introduced any general guidelines. The group that I referred to, led by Jacqui Roberts in Dundee, is looking into that at the moment.

Mike Watson: The figures on homelessness in your memorandum are very illuminating. In paragraph 57, you talk of 34 per cent of rough sleepers having drug problems, and of even

higher proportions among the younger age groups, especially in Glasgow. The rough sleepers initiative and the homelessness task force are considering this problem, but what specific things are you doing in relation to the links between youth and homelessness?

In your opening remarks, Mr Belfall, you talked of street homelessness. To what extent is that characterised by the age of the people involved? Are the problems of young homeless people significantly different from those who are older?

11:15

David Belfall: There is a big problem, and the Glasgow situation illustrates the point. When we talk about street homelessness in Glasgow, we mean both the rough sleeping population and the hostel population. When people sleep rough, they do not always sleep rough for a long time. Sometimes they go in and then out of hostels. There is an older population that typically has a big alcohol addiction problem, and a younger population that has a big problem with drug misuse. The two populations are mixed together.

I lead a review team that is looking into street homelessness. It reports to the homelessness task force. Clearly, we cannot simply address the housing problems of these groups. We have to address their underlying addiction problems, as well as issues such as employment and training. That means ensuring that there are services available in the hostels to support people and to help them through their drug addiction and out the other side.

Mike Watson: That would be what is often described as a cross-cutting or joined-up approach, involving the linking of all the agencies.

David Belfall: Yes.

Mike Watson: I want to ask about the basic cause of drug abuse. Fiona Hyslop referred to a paragraph of your memorandum in which you make it clear that the problems are far greater in deprived communities. I am not trying to score political points, but I have to say that the previous Government often failed to recognise the link between poverty and drug abuse. From what you have said, that link now seems to be clearly recognised. Are you now focusing on the social inclusion and communities aspects of the drugs problem in addition to the more traditional health and crime aspects?

David Belfall: Absolutely. We need to address three aspects in answering the question of why we have such high levels of drug misuse in those areas. If people are under pressure—as they are through poverty and unemployment, among other things—they are more likely to resort to

substances of various sorts. That may entail smoking, drinking or taking drugs. The pressures that lead to that have to be addressed.

I was in Easterhouse last week talking to one or two people who said that the initial incidence of people taking drugs was probably no greater in Easterhouse than in Bearsden. That was their assertion; I have no statistics to justify it. They went on to say that it was because young people in Easterhouse did not have other opportunities in their lives that they were then drawn more fully into taking drugs and ended up as problematic drug misusers. In other areas, where family circumstances were perhaps better or where there were other opportunities, activities or job prospects, young people were pulled back from the route into problematic drug misuse.

The third aspect to mention is that if people are in poverty and are resorting to drug misuse, they are more likely to end up in one of the deprived areas.

Mike Watson: The comparison of Easterhouse and Bearsden is interesting. That may be the difference between recreational and more serious drugs. We will investigate that another time.

My last point reflects on the joined-up, cross-cutting approach to regeneration, to which evaluation is the key. As I said earlier, we must evaluate progress. Four regeneration areas—the new partnership areas—were set up in 1989. They have just completed their 10-year cycle, reports on which were produced earlier this year. Perhaps I should have that information at my fingertips, but I do not.

What attempt was made within the reviews of those four partnerships to establish their effects on dealing with drug abuse? Had the situation improved as the areas were regenerated during the 10 years of that input of resources? If it is possible to say that the situation has improved, I would like to project that forward into the new social inclusion partnerships, to ensure an identifiable improvement in regeneration policies.

David Belfall: The difficulty is that there was also a countervailing increase in drug misuse generally in Scotland over that 10-year period, so your point would not really measure the same thing.

Mike Watson: I take that point.

David Belfall: There are significant reductions in crime in some of the areas—I think that crime in Castlemilk was down by 38 per cent and in Wester Hailes by 44 per cent. While I cannot produce figures, the general perception is that the drug situation in those areas improved, but clearly it was not totally resolved during that 10-year period.

Mike Watson: But will ensuring that drug

misuse is addressed be a central part of regeneration policies when considering the success of the partnerships?

David Belfall: Yes. One of the milestones in the social justice plan is a reduction in drug misuse across Scotland. Arrangements are in place to monitor and to track that target.

Karen Whitefield: When I spend time in my constituency, I am conscious that people who feel that their communities are deprived or have a difficult problem with drugs also think that they are not listened to, that they do not have a voice. The Deputy Minister for Justice, Angus MacKay, said that communities in particular must have a voice within drug action teams. What are you doing to ensure that communities, women, families of drug users and drug users themselves have a voice in the policy-making process, and that their voice is as valid as the voice of the professionals, who are often far more articulate and better able to put forward their case?

David Belfall: We must ensure the involvement of local people, who have knowledge of the local situation and whose involvement is crucial. That is why we are channelling the £2 million through the SIPs, each of which includes community representatives. We urge the SIPs to identify community priorities for tackling drug misuse and to address those priorities, in order to involve and empower local communities in that work.

I mentioned the Culterhove pathfinder, the leader of which now sits on the Scottish Advisory Committee on Drug Misuse. We are keen to develop a community dimension to that work, so that we do not get just a group of professionals talking together, coming up with what they regard as solutions but which may not match the situation on the ground. If we are to resolve the problems of drug misuse in those areas, local people must take part, become involved and lead the efforts to tackle those problems.

Karen Whitefield: Employment is often seen as a key to the problem. What steps and initiatives are in place to help recovering drug addicts into employment? What evaluation is there of the effectiveness of those initiatives at keeping people in employment?

David Belfall: In answering that question, we would point to the new futures fund in Scotland. Linked to the new deal, it is a uniquely Scottish initiative. A number of projects are trying to address the problems of people who may have spent almost all their early years in drug misuse and who have no employment history, no skills and no training. The new futures fund is spending £2.5 million—out of £15 million—on drug-related projects and trying to train for employment young people in particular who have a background in

drug misuse. That is one of the ways in which we are trying to tackle that problem. I do not think that we can produce any figures on the evaluation of that approach, but the Government regards it as an important approach that it wishes to progress.

Karen Whitefield: Is the new futures fund being evaluated at present? Are you monitoring it as it develops? Do you have any idea how you will ascertain whether it has been successful?

David Belfall: We will produce a bit of paper for you on that, if we may.

Karen Whitefield: That is fine.

The drug problem is often linked with deprived communities. Do you believe that the only long-term solution to it is to regenerate communities? Are there other things that we can do in partnership?

David Belfall: Regeneration is an important way of tackling the underlying causes of problematic drug misuse. If we make progress in regenerating communities, we would expect the drug problem in those areas to begin to diminish. However, it should be recalled that there is also recreational drug misuse—a different but linked problem that will be more difficult to address through regeneration. That being said, regeneration is an important part of the strategy. That is why we are trying to reinforce it through this extra £2 million.

Karen Whitefield: Much of the evidence that we have received has concentrated on deprived communities. Have you done any work that would indicate the extent of problematic drug misuse in more affluent communities? Do you have different strategies for dealing with problems in communities that would not be regarded as deprived?

Peter Knight: The latter question is primarily a policy one. The question on measuring the extent of problematic drug misuse is the same in affluent communities and more deprived communities: how do we identify who has a problem? The most obvious way is through the people who use services. Through some of our information systems, we can identify the general geographical area in which a person lives. However, apart from hospital systems, which can identify a patient down to the street in which they live, the nationally available data sets are rather general. That makes it difficult to say with certainty whether people live in more affluent areas. I will ask Nicky Munro to address the policy issue.

Nicky Munro: Peter is right to say that the general surveys that we do provide a picture of the situation across Scotland. They tend to show that there is drug misuse everywhere, but that it is strong in deprived areas. That does not mean that we do not care about people in other areas or that

services should not be responsive. Each drug action team is supposed to obtain an accurate picture of drug misuse in its area and to decide where the priorities lie. If I live in Bearsden and I have a drug problem, I must be able to go to my GP—as I can—who needs to be able to provide me with the help that I need. If the problem is serious, I may need specialist help.

In rural communities, in particular, it is sometimes difficult to work out what is happening, because the population is small and well-off people may live alongside poor people. Across the Executive, we are trying to examine what is happening in rural communities in a cleverer way. Over the next few years, we may need to put some effort into examining drug misuse in those areas.

Karen Whitefield: I am glad that you picked up on the issue of rural communities. If someone lives in Bearsden and has a drug problem, they can access services in another part of Glasgow, whereas if they live in a rural community they can find it much more difficult to access services and can be isolated. What are you doing to address that problem? Do different strategies need to be formulated to address the drug misuse problem in rural communities?

How does one measure drug misuse in rural communities? What is considered to be a rural community? Often, the measure of whether someone in a rural community is affluent is car ownership, but many people in rural communities own a car not because they have a lot of money but because a car is a necessary means of transport and they have gone without other things to afford one.

Nicky Munro: We have examined whether specific measures are needed for rural communities. An example of a specific national response is needle exchanges. People who live in a city can probably travel to a community pharmacist, but it is difficult to do that if one lives up a glen. Special arrangements have been made to deliver needles to people in rural communities who are at risk of sharing needles. Many of the drug action teams serve communities that are predominantly rural. They have to examine where the problems lie and produce services that are tailored for those communities.

11:30

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): My questions, on treatment, will probably be for Nicola Munro and Peter Knight.

Nicola mentioned the work on drug-related crime in Fife and Strathclyde. Is there any evidence that treatment is more effective than enforcement?

Nicky Munro: We have figures that show the effectiveness of treatment regimes. The message coming out of the big cohort studies of people in treatment is that spending £1 can save £3. Those savings would be made partly from the money that would be spent to get and keep someone in prison. Some studies in the States that have considered the wider costs to the community have indicated higher savings than that. We can be fairly confident about the effect of treatment regimes.

Treatment regimes can be offered in various ways. Some can be offered through the health service to people who ask for help because they are ill. The number of people receiving treatment in the Prison Service is also increasing. Some measures that are designed to deal with people with drug problems who commit crimes, such as drug treatment and testing orders, which are beginning to get into their stride in Scotland, are based on the hope that there will be a return on any investment that is made in treatment because people will be taken out of the criminal path. The most recent figures that I have seen show that there have been six such orders in Scotland, so it is too early to forecast results. However, the pilot schemes that have been carried out south of the border show that such orders have diverted many people from crime.

It is difficult to detach what happens to the person from treatment or enforcement labels. That is why I cannot give you a complete answer. Certainly investment in treatment seems worth while.

Cathie Craigie: Much of the evidence that we have heard about treatment suggests that treatment produces the results that we seek. What evidence is there that the methadone programme is successful? Are there any other examples of programmes that successfully enable people to live drug-free lives? Karen Whitefield talked about providing opportunities to get back into work. From the evidence of agencies providing treatment in Cumbernauld and Kilsyth, it appears that although people still go to those agencies for treatment, they are able to hold down full-time jobs. Is that evidence replicated throughout Scotland?

Nicky Munro: Methadone is one of the most studied programmes because it has been used for a long time and it has been possible to examine large groups of people. Glasgow has one of the most advanced methadone programmes in the UK. That programme is well researched and has produced good figures about the gains that it has made. It has also considered the further gains to which you referred, such as getting people back into normal community and working life.

The other aspect that has been examined closely in Glasgow—we would need to do this else

where as well—is the safety of the programme. Methadone that is provided in supervised programmes is very safe, but methadone that is given without a close eye being kept on what is happening can be a dangerous drug. Therefore, to limit drug deaths, a clear recommendation is that for new users in particular, there should be a programme of supervised daily consumption in a pharmacy. That prevents methadone creeping out into the illegal market.

Cathie Craigie: David Belfall spoke about involving the community in tackling the problem. Some of the evidence that we received previously, particularly from Ayrshire, suggested that treating people in the community is much more successful than sending them away to be treated. How do you justify a methadone programme to the community groups who are totally opposed to it and are not drug users?

Nicky Munro: David Belfall may want to add to this. A lot of what we have been talking about today concerns the need to have discussion within communities of why things are being done and the kinds of results that are being sought. Where there is a methadone programme, the results that people will see need to be worked through, to explain why the programme might provide a better outcome than having people taken off the streets and sent to prison or other wise taken out of the picture. It is important to explain what is being done.

Community pharmacies, which are often the basis for supervised consumption of methadone, are close to their communities. Community pharmacists tell us that they can help in the process of justifying such programmes and explaining why they will work. However, there must also be discussions about community safety and the other aspects of drugs in the community. David Belfall would need to take that on. My colleague here, John Rowell from the justice department, is responsible for community safety and policing. He could say something on that if you felt that it would be useful.

David Belfall: You are quite right: the initial reaction of local people is to question methadone programmes and to say that people do not come off methadone programmes but that they are simply a method of stabilising the situation. The concept of substitute prescribing is not just to hand over the methadone; there should be counselling and advice and attempts should be made to help people off methadone programmes.

We need to promote a dialogue with the community so that the community understands the options that are available. There are people in the community who are averse to drug users, who want to deal with them simply through the criminal justice system. There must be more dialogue

about the disadvantages of that approach and the way in which programmes such as substitute prescribing can help to address the problems in a particular area. Some community groups are beginning to engage in that greater dialogue, beyond the initial discussion. We refer to some of the juries, for example, that are beginning to reach that level of discussion.

Cathie Craigie: Would one of you be able to comment on the success of the methadone programme and on whether it has been more successful when local prescribing is operated, whereby people receive their methadone at a local pharmacy? Or do you think that the programme has been more successful when the prescription and issue of methadone is operated centrally?

Nicky Munro: The clinical guidelines that were issued last year supported the idea of shared care, in which GPs are involved with training and specialist help where it is needed to enable people to access local services. Serious drug users are likely to have many other health problems. GPs provide a suitable focal point at which to address those problems.

The other important point in communities is that sometimes people will not travel. If someone is leading a fairly chaotic life and they are told to go to a hospital on the other side of the city, they may not turn up. If a service can be provided locally, is accessible, does not seem intimidating and does not involve crossing a boundary—which could be dangerous for a young person who is living in a dangerous neighbourhood—it is more likely that people will take up the programme and stay with it for some time, which is what is needed.

Cathie Craigie: Does the Executive carry out any sort of evaluation across the country, to determine how successful a particular scheme or programme has been? Do you try to provide a national strategy, or do you think that local programmes that reflect local needs and allow people to manage the programme locally are better?

Does the Executive follow up the money that is given to health authorities to target drug rehabilitation to ensure that it is being spent on that area, or is it possible that the money is getting lost in mental health budgets?

Nicky Munro: There are two big questions there. I will start with the evaluation side. The drugs minister, Angus MacKay, made it clear that he wants to take a hard look at what works. We will then invest in that. That will mean national and local evaluation. He discussed that fully at a meeting with the chairs of drug action teams a couple of months ago. We are in the course of setting up a prevention and effectiveness unit in the Executive, which will look at what the major

programmes are delivering and see whether we can improve them by comparing them with programmes elsewhere. However, there also needs to be a local evaluation culture, in which drug action teams look at local projects and projects look at their own work and measure what is happening. We have to have both of those working together.

You asked about health board spend. The allocation letters that have just gone out to health boards make it clear that they should be talking to drug action teams and that moneys should be spent in line with drug action teams' strategies. We have also made it clear that we are following up the action priorities in "Tackling Drugs in Scotland: Action in Partnership." We will be keeping a close eye on that.

The Convener: Keith Raffan is champing at the bit to ask a question.

Mr Raffan: What are the gaps in service provision?

Nicky Munro: There is a need to develop shared-care services, which are strong in some areas but not in others. There is a need to provide for particular groups. More young, serious drug misusers are coming through to services. We need to ensure that services are meeting their needs. There is also a gap in the interface between prison and the support services for drug misusers outside prison. I could probably go on. Following the drug action team responses we identified a list of areas that we need to work on, but those are three important ones.

Mr Raffan: Do you agree with my assessment that service provision in Scotland is very uneven? For example, the areas covered by Ayrshire and Arran Health Board and Fife Health Board are demographically similar, with small communities in difficult areas, yet in the field, service provision with regard to needle exchange and harm reduction programmes is viewed as infinitely better in Ayrshire and Arran than in Fife, which is not consultant led. There are reasons for that, but there is a great deal of unevenness in service provision. Therefore, if you are going to be an addict, be an addict in Ayrshire and Arran Health Board's area: do not be an addict in Fife.

Nicky Munro: You correctly identified that there are differences in different parts of the country. We have to ensure that there is the right balance between local priorities and the national strategic thrust. They are brought together through evaluation, by pointing out that certain programmes are effective and by asking, "Why are they not in your battery?" We will be working hard on that.

Mr Raffan: I do not want to hog this meeting, so perhaps we could provide some written questions

later, because we have to probe this matter much further. May I ask about the comprehensive audit that the minister announced in October, which has caused a great deal of concern among drug agencies? How is that audit progressing? It is obviously working in terms of outcomes. When will it be completed? Will it be published? Who is carrying it out?

Nicky Munro: I think that you are referring to the review of the Scottish Executive's spend on drug misuse, which is still going on—but we have preliminary results.

Mr Raffan: No I am not; I am referring to the announcement by the Minister for Finance on 6 October of a comprehensive audit of all drug services to see how effectively agencies are using their money.

Nicky Munro: There are two points to be addressed: what we are spending and how effective it is. The policy unit study I referred to, and which has yet to be finished, has been looking at what we are spending, where there are obvious gaps and how the money is going out to the field. The audit to which you referred is part of that process.

The second part will be evaluation of effectiveness. The first question will be, "What is working and are we investing in the right things?" The second question, which is more for the local DATs, is, "Are we investing in the right agencies and organisations?" That may be the process that you describe as causing some unease in the field. The response that we have had from voluntary sector representatives on SACDM is that they recognise the need for that to happen. I am sure that they will want to advise us on how it can be done in the most positive and sensitive way to allow opportunities for organisations to change rather than disappear.

11:45

The Convener: I want to reassure Keith Raffan that we will get the opportunity to ask more questions another time, but we are running a bit short of time now.

Bill Aitken: What are the aims and objectives of the Scottish Drug Enforcement Agency?

Nicky Munro: I am not able to speak in detail for what the agency will do. Broadly speaking, its remit is to ensure that enforcement efforts in Scotland between the various agencies, the police and HM Customs and Excise are well co-ordinated and that we make an impact on the availability of drugs in Scotland.

Bill Aitken: You may have a bit of difficulty with my next question. What is the level of contact between the agency, ministers and officials?

Nicky Munro: Contact will be extensive, but if you want detailed information I can offer you a note on the work of the agency and how it is progressing.

Bill Aitken: What effect has the operation of the Crime and Disorder Act 1998, which effectively makes it easier to cope with the sale of drugs from tenanted premises, had on the overall problem?

Nicky Munro: I doubt if the effect will have come through in the overall statistics, but David Belfall may be able to say something about how it is working in terms of housing.

David Belfall: Mr Aitken is referring, I believe, to the expanded grounds for eviction.

Bill Aitken: That is right.

David Belfall: There have been a limited number of applications of that kind—the number is in single figures. The expanded grounds for eviction mean that a person can be evicted if they have been involved in drug misuse in the vicinity of their house or if someone associated with them has been engaged in such misuse.

Bill Aitken: The expanded grounds were hailed as a real solution to the problems in some parts of Glasgow. I am disappointed that they have not been used more extensively.

Cathie Craigie: Why is the number of applications in single figures when, as Bill Aitken said, the expanded grounds were hailed as a help? People living in the communities thought that they would help. Is the process too complicated?

David Belfall: I do not know that we can produce an immediate answer. We are talking about evicting a person from a house because someone else involved with that person is involved in drug misuse or because there has been drug dealing in the vicinity of the house. The ability to evict the person if he or she is directly involved in drug misuse has existed for some time and has only now been extended. It would appear that there has been insufficient evidence as yet to allow the courts to be used.

Bill Aitken: That is hardly encouraging.

On the general question of enforcement strategies, is there a consistent approach throughout Scotland among police authorities?

David Belfall: The general lines of approach are consistent: they give a lot of attention to tackling drugs misuse and target the local and middle dealers and the big operators in the background. If the committee is concerned about differences between areas, we can probe that issue.

Bill Aitken: What about so-called recreational drugs?

Nicky Munro: The Association of Chief Police Officers (Scotland) produced a strategy for police that was meant to support the main strategy, so in a sense they are all working to the same hymn sheet. However, there will be local differences in the pattern of drugs and how dealers are targeted.

The police are involved in more than enforcement. For example, they make a very active contribution to drugs education in schools. Police officers go into schools across Scotland and talk to children, which is a very effective measure. Furthermore, the police are often effective in supporting diversion into treatment. As a result, I prefer to think of the police as more than enforcers, although enforcement is a very important part of their role.

The Convener: Thanks very much. We must move on to funding, because we have a few critical issues to flag up.

Robert Brown (Glasgow) (LD): Nicola, you talked about the sterile debate about what constitutes enforcement, prevention and rehabilitation, which perhaps disguises a number of important policy issues. Can you distinguish between the money spent on enforcement and the money spent on treatment and rehabilitation?

Nicky Munro: That was one of the aims of the policy unit study that I mentioned. It tries to disentangle the policies that might be described as contributing actively from those that deal more with the fact that there is much drugs misuse in Scotland. Although its results are not yet complete, the policy review study has shown that the specific spend on drugs misuse policies—policies with a drugs badge—is £58.1 million. However, a range of other spend, which was described as generic as it had more to do with mainstream programmes involving GPs, teachers or community education workers, added another £85.4 million. That means that an overall figure of £143.5 million is being spent on the drugs strategy in Scotland. Further work has focused on how much is being spent because of the drugs problem in Scotland. That figure was estimated at another £100 million at least. However, that involves examining how people spend their time, which is a difficult calculation to do nationally.

Robert Brown: In a sense, finding out what is being spent on the drugs strategy is only the first stage; the second stage is to address the balance between enforcement and treatment. I appreciate that you need the answers to the first stage before you can move on, but new moneys such as the £10 million for the SDEA are clearly being spent on enforcement instead of treatment. How do you arrive at a balance between the two policies?

Nicky Munro: We have examined that balance in these figures and our best current estimate—

which we might refine—is that enforcement activity accounts for 46 per cent of the £143.5 million; treatment and rehabilitation accounts for 39 per cent; and prevention accounts for 15 per cent. The strategy's clear aim is to move spend into more proactive areas where it will support better outcomes. That aim will also underlie the Scottish Executive's current spending review.

Robert Brown: Is the funding for the SDEA and so on simply a reallocation of funding from existing programmes, or is it new money?

Nicky Munro: It is a mixture. The 20 per cent rise in funding that we put into treatment through health boards was new money from a previous spending review. In other areas, we would reallocate money by reordering priorities.

Robert Brown: You mentioned the audit. One of the voluntary sector's concerns is the need for secure longer-term funding. Much of that money comes through local authorities, the lottery and so on; can you use the audit to ensure that worthwhile projects get more secure longer-term mainstream funding?

Nicky Munro: Financial planning is very difficult for small organisations or services if they do not know what the next year's spend will be. Many of the grants to the voluntary sector have been awarded year by year. The Executive has been considering whether it could support three-year allocations, where a large percentage of the money will be guaranteed for the next two years. That should assist organisations with financial planning. We are considering that as part of the audit. It is probably a balanced package: it provides money for three years, but information on the outcomes and the results is sought.

Robert Brown: There is a balance between evaluation and security, but the amount of time spent on accessing additional funding for projects that people accept as successful seems disproportionate. One would like to think that a greater degree of firmness about this sort of thing comes out of this process.

The Arbuthnott review is trying to modify the formula under which health board funds are allocated. How does drug misuse fit in? Are the areas with the worst problems identified? Does such identification match with that of the extra funding received by health boards, or does it not directly impact?

Nicky Munro: We have been working with the Scottish Advisory Committee on Drug Misuse to find out if there should be a rebalancing of the formula according to which we currently allocate money. We have had discussions over several years without finding an outcome that everybody felt to be fair. The Arbuthnott review has provided a new opportunity, partly because deprivation was

strongly reflected in it. Once the work is completed, we will reconsider whether that would be a better way to allocate drug misuse funding in future.

Robert Brown: So there might be some announcement in the context of the decisions made in the light of the Arbuthnott report?

Nicky Munro: We will certainly be clearer about the implications for funding and the degree of change required for individual health board areas. We will be clearer about the possible need to phase any change.

Mr Raffan: The balance of figures—46 per cent enforcement, 39 per cent treatment, 13 per cent prevention—is markedly different from the equivalent ratio for the UK figure. That £1.4 billion is traditionally quoted as 75 per cent enforcement, 13 per cent treatment and 12 per cent prevention. This is very important for us: perhaps you will keep the committee updated on those percentages and confirm them. They are markedly different—to an extent understandably so, given the enforcement issue. Most drugs enter the UK via Dover, and there is a loading down towards the southern end of the country. Do you agree that the figures for Scotland are markedly different from those for the UK as a whole?

Nicky Munro: As you say, Mr Raffan, the English figures will reflect the work carried out by HM Customs and Excise and other work that is not costed here because it is not part of the Scottish Executive programmes.

There is also the question of how to deal with the work of the police. I mentioned the police's involvement on a number of fronts—it is not all enforcement. Treatment in the Prison Service has to be taken into account. We have to take a close look behind the figures to see what we are measuring.

Mr Raffan: Do you agree with these figures:

“Taking the Government's (conservative) estimate of 20,000 injections in Scotland, that amounts to”—

drug addicts having to raise—

“£365 million a year (to sustain their habit)”

in Scotland.

In a separate survey for Glasgow, it was estimated

“that property to the value of over £190 million”

in the city of Glasgow alone

“was being stolen by drug addicts every year.”

When we consider those two figures and appreciate the dimension of the crisis that we are facing, what we are spending is not nearly enough, is it?

Nicky Munro: Well, you can—and, I am sure, will—make comments on what you feel is an appropriate level of spending. You will have an opportunity to do so to the minister. A spending review is in process. We have been increasing the spend, particularly on treatment, because we regard that as effective.

If we consider the crime figures, we would almost need an academic to stand back and distinguish between the crime that is absolutely down to the fact that people are drug addicts and need money to buy drugs, and the fact that there are criminals who take drugs. There may be an element of that in the figures that you have outlined, Mr Raffan, but this is a serious problem that we are determined to address.

The Convener: To what extent is drug misuse a factor in local authorities' grant-aided expenditure? How much is it part of the calculation of the money given to local authorities?

Nicky Munro: Local authorities will be contributing to tackling drugs through a number of their functions, predominantly through social work, as that is where the community care aspects and supporting children and families lie. They will also tackle drugs through education, through leisure and recreation and through housing. That underpins a lot of what councils do. Those that have social inclusion strategies will also see drugs as part of that agenda. The main spend line will be out through social work departments.

12:00

The Convener: Social work departments, particularly those in Glasgow, have said that they feel that their settlements are not appropriate, because they do not reflect their needs. Your submission says:

"Adults from the most deprived areas of the City . . . are 14 times more likely to be admitted to hospital for a drug related reason than adults from the most affluent areas of the City."

There is clear evidence that Glasgow carries a disproportionate share of the problem. Why does it not get the resources to reflect that?

Nicky Munro: There are two stages. The first is to get accurate needs assessment of what a council would need to spend on social work provision. The second stage would be to see that reflected in a grant-aided expenditure line for that service.

The Convener: Do you think that there should be a calculation for drug misuse?

Nicky Munro: We fund the drugs post in the Convention of Scottish Local Authorities. Part of that process is to support a drugs forum in which people can get together to talk about the drug

misuse services offered by councils, to discuss where spending priorities lie and to consider how councils should talk to central Government about allocations.

The Convener: Is that not part of the problem? Certain parts of the country are suffering badly because of the scale of drug misuse in communities. If we always take a Scotland-wide view, without recognising the real resources required for those communities, we will never solve the problem. We must take a hard decision and agree that if an area has a high-scale problem, it will get resources to deliver the necessary services. Is that not a political decision that should be taken at the centre?

Nicky Munro: There are always political decisions about allocating money, but we should be underscoring that with good information about where the problem lies.

The Convener: We know where the problem lies.

Nicky Munro: The national prevalence study will be important in determining where the most damaging drug misuse in Scotland lies and in making allocation decisions.

The Convener: Are you giving evidence to tell us where you think the problem lies? If we ask people out there, they know where the problem lies. We do not need to spend a lot of money on research when we already know that. I grant that there may be a need for more research, but we know where the problem lies and where the resources need to go, do we not?

Nicky Munro: People feel that they know that. If one is actually making decisions about money, and there will be winners and losers, one must ensure that one has a robust case and that everything has been considered. That involves understanding the problem well and understanding the linked problems. For instance, HIV is a problem in certain parts of Scotland, and that is linked to the provision of needle exchanges. We must ensure that those aspects are fed in as well.

Mr McAllion: Jack McConnell, the Minister for Finance, has already announced that he will be reviewing the distribution criteria for local government funding. As part of that review, will consideration be given to the prevalence of drug misuse in local authority areas when deciding the distribution format?

Nicky Munro: I expect that it would be.

Mr McAllion: Do you expect or do you know?

Nicky Munro: I know that all the services involved are thinking about the impact of drug misuse in their areas. If you want more detailed figures on that—

Mr McAllion: Is Jack McConnell thinking about that?

Nicky Munro: I believe that Jack McConnell is well aware of the drug problems in Scotland, and I am sure that that will be part of the process. If the committee would like more information, I can provide it.

The Convener: We have heard a range of information today, but we need more information to pursue some of the points that have been raised. We will send you a detailed list of further questions. Thank you for your help. We will be in touch with you.

Budget Process

The Convener: We now move on to item 4, which is the annual budget process. We have made some progress since we last met, but we still have some work to do.

Martin Verity (Clerk Team Leader): I advise the committee that, since the previous discussion on this item, the convener has written to the Minister for Communities to ask her the questions that were identified by the committee. We await her response. I shall also be having a meeting with the reporter to the committee in the next few days. The minister will be attending the committee on 23 May.

Alex Neil: I suggest that we write to Wendy Alexander and ask her about another question that has been identified. For the first time, the expenditure proposals contain a separate line item for Scottish Homes that, in view of its changing circumstances, might require some explanation. I ask that the committee write for more detail on the breakdown of that line item.

Martin Verity: I shall do that.

The Convener: Are we up to speed with that? An e-mail went out asking people who had issues that they wanted to flag up to write to Martin. Alex Neil, as reporter, will then work on that and give us feedback.

Alex Neil: That is right. The other issue that we need information on is the note from Mike Watson, convener of the Finance Committee, about the gender impact of expenditure. Will the Finance Committee give us general guidance on how it is to be done? Presumably, to make any kind of impact assessment meaningful, the methodology used by all the committees should be similar.

Mike Watson: We are at the start of a learning curve. The Engender paper that was circulated was what the Finance Committee used when making its decision. The points included in that paper are therefore the signposts, and the same letter was sent to all committee conveners. That is the most detailed information that we have at this stage. This was drawn to our attention after the process started. The first year is about seeing how the system works. We may want to change how things operate in the second year. I have no more details at the moment, but the Finance Committee thought that it was important to do that work at the start of the process, and I am pleased that we have been able to do that.

The Convener: We could write to Engender asking whether there are any specific points that it wants to raise. Quite a lot of work has been done on this, has it not?

Mike Watson: It has. If you would like to give over part of a session to someone from Engender coming to give evidence, it need not take up more than half an hour or 45 minutes. I am sure that Engender would appreciate that.

Alex Neil: It also raises the wider issue of the impact of expenditure on employment and on levels of poverty and social inclusion. That is a longer-term issue but it is one that the committee should begin to consider.

The Convener: Could you look into that, Alex? Half an hour from Engender would be worth while.

Mike Watson: Do you mean that we should invite Engender to give evidence?

The Convener: Yes. The reporter will consider whether we can incorporate that.

Mike Watson: I know that representatives from Engender would be willing to co-operate and to give the committee evidence or general advice.

The Convener: If we can squeeze them in somewhere it would be worth doing. It might even prepare us for more robust consideration next year. Wendy Alexander will be coming to the committee on 23 May. Are there any other questions about the budget? Members have none.

Before we go into private session, I would like to raise a point. The convener of the Equal Opportunities Committee has asked to meet me so that we can begin to consider areas of overlap. That committee has heard evidence that overlaps with our remit in areas such as employment. Are members agreed that I should discuss those matters with Kate MacLean?

Members *indicated agreement.*

The Convener: We shall now move into private session.

12:08

Meeting continued in private until 12:25.

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