

SOCIAL INCLUSION, HOUSING AND VOLUNTARY SECTOR COMMITTEE

Wednesday 31 May 2000
(*Afternoon*)

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SOCIAL INCLUSION, HOUSING AND VOLUNTARY SECTOR COMMITTEE

† 21st 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

Mr Billy Fox (Glasgow Association for Family Support Groups)

Mr James Harrigan (Glasgow Association for Family Support Groups)

George Hall (Scotland Against Drugs)

Alistair Ramsay (Scotland Against Drugs)

CLERK TO THE COMMITTEE

Sarah Davidson

SENIOR ASSISTANT CLERK

Mary Dinsdale

ASSISTANT CLERK

Rodger Evans

LOCATION

Committee Room 1

† 20^h Meeting 2000, Session 1—held in private.

Scottish Parliament

Social Inclusion, Housing and Voluntary Sector Committee

Wednesday 31 May 2000

(Afternoon)

[THE CONVENER *opened the meeting at 14:30*]

Drug Inquiry

The Convener (Ms Margaret Curran): Good afternoon. I welcome everyone to the meeting. This is the first time that we have met on a Wednesday afternoon and, as we met in private session this morning, please accept our apologies if we seem a bit jaded. I am sure that once we get into the meat of our business we will be more than energetic.

I welcome our witnesses, Billy Fox and James Harrigan of the Glasgow Association for Family Support Groups. On behalf of the committee, I take this opportunity to thank you for your hospitality when we visited your premises. Keith Raffan and I were there on behalf of the committee and have reported back briefly on our visit—we shall talk about it in more detail later. It was a stimulating visit and extremely useful for our drugs inquiry. I think that you are aware of the terms of our inquiry. We are examining links with social inclusion and exclusion to see what practical things can be done to tackle drugs issues in communities. We do not want to stick to some of the clichés that we so often hear; we want to examine in detail practical suggestions about how to tackle the problem.

I invite you to introduce yourselves and your organisation and give us a brief introduction. Then we shall move on to questions and a broader discussion.

Mr James Harrigan (Glasgow Association for Family Support Groups): The Glasgow Association for Family Support Groups is the sole funded organisation in Scotland that cares for the families and friends of drug misusers. The association, which was constituted in 1986, was founded in 1984 by a few concerned parents who were perturbed about escalating drug use in their communities. From that small beginning, we now have 30 family support groups in Glasgow and 37 family support groups throughout Scotland.

We offer support, counselling, advice and information to parents, spouses, partners and families of drug misusers. Our philosophy is that to

help the family one must first help the misuser. We do that by making families aware of the crisis intervention centre and of all the relevant drugs projects, recovery groups and residential services. The association lobbied for many years to obtain the crisis intervention centre in Glasgow, and we were overjoyed when our hopes came to fruition.

After exploring all the avenues that are available to the misuser, we concentrate on the family members. Not only do the immediate family suffer; the peripheral members also suffer. We support and counsel families and, over time, they gain the necessary strength to resist emotional blackmail by misusers. That is particularly pertinent to mothers. If desired, we can refer families to the local family support group or to other groups outwith the families' own areas.

Family support groups are self-help groups sharing a common problem or condition. They have a common experience of a situation that causes difficulties not only to the person experiencing it, but to their families, friends and the community as a whole. Lack of understanding by the general public of the complexity of drug misuse, coupled with guilt, isolation and stigmatisation, causes the families to be socially excluded. By meeting in groups throughout the community, families can share their worries and guilt with other families. Open discussion of their problems can help to alleviate their suffering and reduce their isolation. By helping others, they help themselves.

Because of the increase in drug problems in the city of Glasgow, we have a grandparents group for people who have taken on responsibility for their grandchildren because of parental drug misuse. We also have a bereavement group, which is self-explanatory.

The association operates with three paid staff and 10 volunteers, the majority of whom have or have had drug problems in their families. We operate a drop-in centre for families, and support is available daily, on a one-to-one basis. Group and individual support is available on a Tuesday evening between 7 pm and 9 pm and on a Sunday evening between 6 pm and 8 pm.

The Convener: Thank you, James. We will probably want to pick up on a number of things you mentioned. Billy, please feel free to answer any of the questions.

The committee is struggling a bit in trying to grasp the scale of the problem. It is easy for us to talk to professionals and politicians, but it is more difficult to grasp the reality of the problem. Will you give us an insight into the scale of the problem and into some of the issues that you have to face daily?

Mr Billy Fox (Glasgow Association for Family Support Groups): The reason we are here today is to tell you that the scale of the problem is horrendous. Do not let anybody kid you on. We are dealing with the grass roots; we see the problem, and it is getting worse. I have been working with families for 19 years; this is the worst that it has been for five or six years and it is getting worse all the time. It is bad out there.

The sad thing is that younger and younger people are starting to use drugs. In the late 1980s, when we were talking to parents in schools, we did not think that one day we would be addressing a problem in primary schools. That is what is happening now. Many primary school children are exploring drugs and trying to use them.

The Convener: Why has the problem become worse in the past five years?

Mr Fox: I do not know. Perhaps more and more young people are using drugs. I think that drugs have become fashionable.

The Convener: Is the problem that younger people are taking drugs or is it that there is more problematic use? For some people, drugs are a serious problem; for others, they are less so.

Mr Fox: I feel that it is just that young people are exploring drugs. The "try this" and "try that" approach to using drugs is widespread. Years ago, it was alcohol. There are still problems with alcohol, but people are using drugs on top of alcohol.

The Convener: James, you said that there was a lack of understanding about the complexities of the problem. What are some of those complexities? Who needs to understand? What can we do to make them understand?

Mr Harrigan: With the greatest respect, it is you—the people who make the policies and influence the public—who need to understand. Anybody who influences people with a description of how a drug addict performs and what drug addicts do in society needs to understand. We have to look at these boys and lassies as people, first and foremost.

In the dictionary, a junkie is something that is discarded. How would you like your son or daughter to be discarded by society? How would you like your son or daughter to be thrown in a skip, like an old chair? That is what people have to take into consideration. The boys and lassies out there do not want to be drug addicts. They have become drug addicts as a result of whatever has happened to them. They need society's help to try to get out of that system.

The Convener: Can we turn the problem around?

Mr Harrigan: I do not think we can turn the problem around overnight. We need more understanding and more resources. We are doing our own small bit and have helped a few boys and lassies to get on with their lives. They have full-time jobs. Some are working as counsellors; others are working in other areas. If they can do it, so can others. They were encouraged; people trusted them and believed in them. If people continue to knock drug addicts for having a drug problem, there is no reason for them to fight back. They have to be given a reason to fight back.

The Convener: Thank you—there is a lot in that.

Fiona Hyslop (Lothians) (SNP): What type of drug or drugs tends to be used by the sons and daughters of the parents with whom you work?

Mr Harrigan: You have to understand that Glasgow drug addicts are unique; they are very greedy. Glasgow drug addicts will use anything that they can get their hands on. Years ago we were able to identify where a drug addict came from by what they used, but that is no longer the case. Years ago, if you put down drugs, certain drug addicts would go for certain things, but you would never do that to a Glasgow drug addict because he would just say, "I'll take them, I can use them." In Glasgow, people take whatever they can get their hands on.

Mr Fox: One of the most important things is that many addicts are poly-using. Heroin and Temazepam are problems, but people will poly-use if they cannot get those. Valium is also a problem. They are using Valium with heroin to come down. When they go to the doctor for a prescription, they inevitably get Valium to help them with their heroin or Temazepam problem. Painkillers and DF118—dihydrocodeine—are used a lot.

Fiona Hyslop: You mentioned that the crisis intervention centre in Glasgow is important to you and the families with whom you work. One of the concerns that we have heard in other evidence is that it is very difficult for families in cities that do not have a crisis intervention centre, because when a misuser wants to do something about what is happening they do not have anywhere to go and families do not have the comfort of having somewhere that they can refer someone to. Do you think that crisis intervention centres such as the one in Glasgow should be replicated elsewhere in Scotland?

Mr Fox: Definitely. The families fought for that centre because we saw the crisis centre in London and thought that there was a need for one up here. Often when we took people who were drug addicts to hospital, we were not received very well—there was a lot of stigma attached. We said

that we wanted a place where we could take them 24 hours a day, seven days a week, which could specialise in the condition of our sons and daughters and try to give us help. It is sad that it is only a 12-bed unit—we wanted 40 beds, but funding would allow us only 12—but we are thankful for it. It has shown that there is a need for centres elsewhere.

Fiona Hyslop: It seems that there is a connection between having strong family support networks and a crisis intervention centre.

You talked about grandparent support. In taking evidence, we are made increasingly aware of drug users with children. What support is given to them and, in particular, to women, who are obviously concerned about what will happen to their children if they involve a social worker or anyone who is meant to be helping them? What has been your experience of that, and what patterns and changes have there been in the past few years? In particular, what has been your experience of children who have to live with drugs day in, day out because of their families?

Mr Fox: We have often seen such situations. There are many young women who, because they have children, will not go near social services while they are using drugs. Often that is when it falls on the grandparents to help them by taking the children. The problem is that those grandparents do not receive any financial help and have to use their pensions and so on, which we think is disgraceful. We are trying to keep families together—that will not happen if they do not get financial support. A foster parent would receive support.

Fiona Hyslop: Is your organisation calling for anything specific to help?

Mr Fox: We are calling for more financial support for grandparents who are looking after their grandchildren because their children have drug problems.

Mr Keith Raffan (Mid Scotland and Fife) (LD): First, I wish to follow on from the points that Fiona Hyslop made. As it is estimated that there are between 12,500 and 15,000 addicts in Glasgow alone, the crisis centre, whose work I admire and respect, is basically fire-fighting in an inferno with one hose.

I do not know whether you agree with this and I am not trying to lead you, but my concern is that there should be a spectrum of treatment services because people can stay only for a limited time for detox in a crisis centre. Is enough being spent in Glasgow on treatment centres? If not, what provision would you like there to be?

Mr Fox: We would like more money to go into that. I know that this is a matter of funds, but

money is necessary if we are going to address the problem. A lot more detox centres are needed. People need to be taken in and given a bed, but hospital wards are being closed. Those places could be used for dealing with drugs problems. There should be treatment centres where people can talk to someone and get help. Counselling is important. Drug addicts will tell you that when they go for any service hardly anybody talks to them. In a needle exchange, they are given the needles and they walk out. They should be given more counselling. They want somebody to help them to look at their drug problem and to help them to get off drugs. I would like to see treatment centres.

14:45

Mr Harrigan: You gave a figure of 15,000 drug addicts in Glasgow. You should multiply that by two, three or four, according to how many people are in the family. Those are the people that we are dealing with. We are missing out on a terrible amount of people who are suffering.

Before we came here this morning, a lady was brought to us from her work by one of her workmates. She was devastated because she had found her boy last night with a needle sticking out of his arm. She had walked up and down with him and done all sorts of things to try to keep him going. People do not know that we exist. We must let people know that we are there for them. We have not got sufficient finances or the clout at the moment, but we are getting there. We hope that committee members will recognise that a terrible amount of families are suffering. Remember that, for us, the drug addict is not the victim—the families are the victims.

If you are a mother yourself you will understand that, when you bring a kiddie into the world, you want the best for them. That does not happen for drug addicts—they get to the point at which nobody wants to know them. Can you imagine what it would do to you if the wee soul that you brought into the world was getting stigmatised, nobody wanted to know them and there was not enough help for them? We are working with people like that every day. We would like to be able to work with them 24 hours a day, but that is not possible at the moment.

Mr Raffan: Before I explore one or two of the funding issues, I would like you to tell me one thing. The convener and I recently visited Glasgow and met you. On the visit, I got the impression that the availability of services varied significantly between different parts of Glasgow. In the south, they were well developed; in the north, they were not so well developed. Is that your feeling as well?

Mr Harrigan: Yes, I agree with that. Resources should be given out. We are not asking for the

drug addict to be made a special case. We are asking for more recognition of the fact that those people are there. We are supposed to be a caring society, but at times we seem to choose who we care for. We choose to care for the parents, because we cannot work with the parents and the addicts. We should be looking after everybody as well as possible.

Mr Raffan: You have three full-time employees and 10 volunteers. Can you give us an idea of the budget that you operate on?

Mr Harrigan: We have a yearly budget of £700,000

Mr Fox: It is £74,000.

Mr Harrigan: Sorry. It is £74,000. I wish that it was £700,000.

Mr Raffan: Can you tell us the source of that money?

Mr Harrigan: Half is from the health board and half is from the council.

Mr Fox: Yes, £35,000 is from Greater Glasgow Health Board and £39,000 is from Glasgow City Council.

Mr Raffan: Does most of that go on salaries, office rent and so on?

Mr Fox: It goes on salaries, administration costs and the running of the complex. This year, we may have to pay rent, but we are trying to do something about that, because we have not got the budget for it just now. The health board and the city council are examining that issue to try to alleviate the problem for us.

Mr Raffan: Finally, on the volunteers, can you give us a rough idea of how you operate? How do they relate to the families?

Mr Harrigan: They relate to the families because they are suffering the same addiction and the same problems. Nearly all our volunteers are mothers or fathers; some are ex-addicts. They are there because they have been helped and they want to give help. That works tremendously well.

Mr Raffan: Do you have any relationship with the local drug action team?

Mr Fox: Yes. I represent the association on various forums. I have been helping to set up seven forums with other agencies. I am also on the Greater Glasgow South Drugs Forum. We can speak to the people on the drug action team, through the chair of the forum.

The Convener: Is that voice effective? Do you get to influence things in the drug action team?

Mr Fox: To be honest, we try very hard, but we do not get through to them in the way that I would

like.

The Convener: I do not want to put words in your mouth, but do you think that there is an issue with increasing the influence that people with your experience have on policy and on the professionals?

Mr Fox: Right.

The Convener: I will not put words in your mouth.

Mr John McAllion (Dundee East) (Lab): I am interested in what you have said about your group. Fiona Hyslop and I visited Fife and one of the most surprising things that I found was the extent to which grandparents are having to take on responsibility for children, because the parents are incapable due to their drug misuse. When did that phenomenon start to emerge? How widespread is it? If it is widespread, somebody should be doing something about changing the benefit regulations. Has anybody recorded the number of grandparents affected?

Mr Harrigan: The grandparents problem has been going since we got involved in this. People never brought up the subject, because grandparents just took it for granted that they would look after the grandkids. The way things are going for families economically means that they have got to the point where they are embarrassed to say that they need money to look after the weans. They would rather look after themselves, but they need the cash. We try to get them cash. We tried to get a test case. We were not successful in the long run.

Mr McAllion: Does the Government fail to recognise the reality of what is happening?

Mr Fox: Yes.

Mr Harrigan: As Billy said, why give so much money to foster parents—no offence to them; they are all good, caring people—and yet say to a blood relative who wants to look after the kid and keep the family unit together that they cannot get the money? There is something wrong.

Mr McAllion: The other thing that we came across in Buckhaven, Methil and such places was the fact that there is tremendous inconsistency among general practitioners, in prescribing methadone, for example—some GPs will; others will not. There was an absence of central prescribing. Is that a problem in Glasgow?

Mr Fox: There is that problem in Glasgow, but the situation is improving. A lot of work is being done by some GPs who are campaigning to get all GPs to do the same thing. More doctors in Scotland are prescribing now than before. However, there is still inconsistency, not just in Glasgow, but elsewhere. Some doctors will not

prescribe—they will not even look at an addict.

Mr McAllion: Is there any concept of shared care—a central prescribing unit, which looks after people some of the time and shares care with the GP? People in Fife were arguing for a central prescribing place, where people could go to get methadone in particularly urgent cases.

Mr Fox: We mentioned a long time ago that that might be a good idea, but the powers that be do not think that it is feasible. We thought that it would be a good thing. It was not only us who thought that—some drug addicts tell us that, when they are on methadone and are trying to hold down a job or go to college, they would welcome a central place where they could go before or after college or work to get their methadone. I do not know whether you have ever been in a chemist's shop and seen someone getting methadone dispensed to them. It is quite embarrassing, not only for the person taking methadone, but for the other customers. It is not possible to take the person away to give them the methadone. It gets done in front of people.

Mr McAllion: There was a moving case of a woman who was trying to come off heroin, but was trying to keep her addiction from her children. She was forced to go into the local chemist's shop and be seen by the whole community. Her children found out and it was a disaster for everybody concerned.

You mentioned changing attitudes towards people who are drug misusers. Is not one of the problems that, where there are no harm reduction measures and people have to depend on crime to pay for their habit, that alienates people from the communities in which they live, because they are seen as a problem—they break into houses, commit crime and so on—and others harden their attitude towards them?

Mr Harrigan: That is true.

Mr McAllion: How do you suggest that we get around that problem?

Mr Harrigan: It is a hard one, but in the years that I have worked with boys and lasses I have tried to put myself in their shoes. They need to get something, and at times desperate measures are called for to get it. It is partly the result of their lifestyle. Nobody condones what they do, but they feel that it is necessary. I do not know how we can change that. People say that we should make drugs legal, but—God forgive me—I hope that that does not happen.

Mr McAllion: You said that in the past five years the problem has, in your view, become much worse than ever before. That almost coincides with the introduction of Scotland Against Drugs. Do you think that the two are linked?

Mr Fox: Definitely not. We need to put a message across to people, as it is the next generation that is taking drugs. I hope that we can get the message right. The best thing to do is to get into the education system at an early stage and let kids know about the dangers of drugs.

Mr McAllion: So the question is not that what Scotland Against Drugs is doing is wrong, but that not enough is being done.

Mr Fox: Scotland Against Drugs is doing good things, but it is out on its own and not enough is being done. I believe that education is the way forward. Peer-group pressure is often what starts children taking drugs. We need to reverse that, so that there is peer-group pressure for them to say no to drugs.

Mr Lloyd Quinan (West of Scotland) (SNP): You were talking about the different messages that we need to put out. What do you see as the most important message that we need to send?

Mr Fox: The most important thing that we need to do is to tell children what drugs can do to them. Nobody wakes up in the morning and says, "I am going to become a drug addict." They feel that they will be able to control the drugs. We have to show them what can eventually happen to them. If that means showing them things through the eyes of recovering addicts, we should go for that. If not, we should have material that enables us to show them what is happening.

I know that many people do not believe that recovering addicts have a role to play in education, but this all depends on how we present their experience to the children. We must not glamorise it, but we must let the children know that these people are lucky to be alive. Sometimes we take boys and girls who are recovering addicts out to talk to youth groups and so on. I am not saying that that should be done in schools, but there are places where it should be done. We have also been saying for a long time that there should be teachers who specialise in drugs. There are teachers who specialise in mathematics and so on; why should there not be teachers who specialise in drugs? They would be able to put the message across.

Mr Quinan: Both of you have talked a lot about the stigmatisation of chaotic drug users and their families. I believe that for us properly to understand the problem we need to speak to both groups, but there seems to be some resistance to that. Obviously, drug users are not that interested in being up front about what they do. However, for us properly to understand what motivates those individuals once they have the problem, do you think that it is vital that we have a direct connection with drug users—perhaps even a place for them? You are in constant contact with drug

users, so you are privy to information, attitudes and agendas. Do you think that the drug action teams should allow users to play an active part, as Argyll and Clyde has, or should we keep them excluded?

Mr Fox: There is a place for them. The DATs should be listening to drug users and trying to integrate them into their work. We have invited MSPs to come to Barlinnie prison with us, where there is a drug support unit and a drug reduction unit. The prisoners would welcome that. We would love to see you in Barlinnie, where you would get the message first hand from people who are regularly in prison through drug-related problems. It is like a revolving door. We would be happy to arrange a visit—

15:00

The Convener: I am sorry to interrupt you, Billy. Some of us have already had a very useful visit to the prison. In the longer term, we will want to pursue the matter with you.

Mr Fox: I think that you would find it valuable to visit the prison and speak to the prisoners. They will welcome you and will be able to answer your questions.

Mr Quinan: A lot of the time, our questions usually arise from our idea of an ideal world. As a result, we make statements such as “We are working towards a drug-free Scotland”. Do you believe that that is possible?

Mr Fox: I do not think that I will see it in my lifetime.

Mr Harrigan: We have lost the drugs war and now we are dealing with what we call the survivors or the refugees. People talk about the war zones in places such as Kosovo; there is a war zone in Scotland that has not been recognised. Hundreds and thousands of so-called survivors out there are not getting the help that they need. With all due respect, we are sending money to all sorts of countries to help their refugees and survivors. What about ours?

Mr Quinan: From the evidence that we have already taken and our visit to Barlinnie prison, many people seem to be telling us, “Don’t count anything out—count everything in” and that we should learn from examples across the world. There are two schools of thought on the use of methadone. The initial issue centred on public health and the control of diseases that are transmitted through intravenous drug use. However, a whole set of new problems has arisen out of the use and the marketing of methadone and its effect on the individual addict.

Some say that methadone does not address the addiction problem, merely hides it, and that it is

not as efficient as programmes that are being run in Switzerland and were operating in the UK in the 40s, 50s and 60s, when there was heroin prescription instead of methadone prescription. Although the majority of people in the country cannot accept the idea that people are receiving free drugs, do you think that it is possible for certain people to lead a less chaotic life and be an active part of society if they are prescribed other drugs apart from methadone?

Mr Fox: Yes. Although methadone has its place and has helped many people, it is not the answer to everything. Other drugs are available to stabilise people; however, not enough research has been undertaken on them. We flag up methadone because, whether we like it or not, it is cheaper.

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): Thank you for your evidence; it was worth listening to. You mentioned the importance of education and how we should be deglamorising drugs to young people. I have visited the special unit at Barlinnie, which certainly deglamorises the subject by showing the real lives of people who are in and out of prison on drug-related crimes. Ten young men in the unit who had decided that they wanted to be drug-free talked about the ability to make contact with people who could give them help after they had made their choice. They said that, in Glasgow, people sometimes have to wait for up to six months to see an adviser or someone who can provide specialised help. I notice from your submission that drug users or misusers are referred on by you. What is your experience of the situation that those young men mentioned?

Mr Fox: We visit the prisons, and I will tell you what is needed in Glasgow, and in other areas in Scotland—a place for prisoners to come out to on release, somewhere for them to go, a drop-in for them to go and get service. We are asking for funding for such a centre in Glasgow. We have spoken to the prisoners, and they would like to have that centre. The sad thing is, a lot of prisoners will tell you that, when they are released, the first thing they do with the £53 that they get in their hand is go for a hit. We would like someone to meet them on release, take them to that centre, and try to get them help.

That could be help given by family support workers, ourselves, or people who have been there and done it—former prisoners who are now living in the community and who understand where the prisoners are coming from. Prisoners have told us that they would like that sort of help. Without a place for prisoners to go on release, it is like a revolving door: as soon as they get their money, they are away into their habit again. If there was a drop-in centre, the services could go into it, find out what the prisoners’ needs were, and support

them.

Cathie Craigie: When we were at Barlinnie, it was pointed out to us that people who have just come off drugs may need intense treatment, but that later on their needs will be less. It came across that there was a real need for people to think together, and to work in partnership with different organisations. People said that there were big gaps in provision in Glasgow. What would you do to improve the way in which the national health service and volunteers such as yourselves work together?

Mr Fox: We have been asking for people to get together for a long time. To be honest with you, we are looked upon as the non-professionals in the set-up; but we have been doing this work for a long time, we would like to work with the other services, and we intend to. The services all have to get together, look at people's needs, and help them. That is a must. Things are starting to go that way slightly, but there is more needing to be done.

Mr Harrigan: If the likes of yourselves took off your political hats, came to our organisation as mothers and fathers, and sat and listened to other mothers and fathers who were suffering, you would come away with a different attitude. You are the people that will influence whatever gets done.

The parents are often forgotten about. We have to educate parents, not just the addicts or the kids. We are trying to do that. We go into schools with the police and we talk to the parents. There is a time for talking to the kids; but we go in the evening to talk to the parents. You have no idea how naive parents are about the drugs problem in their area and about what they would do if they found out that their son or daughter was a drug addict or was dabbling in drugs. They do not know what to do.

Billy and I—especially Billy—use ourselves as an example. We both have families and the reason our families never touched drugs, as far as we know, is that they thought that we were educated about drugs and knew about them. When you are dealing with drug addicts, you learn things. If that can work for us, it can work for anyone else. We have to try to educate people.

Cathie Craigie: In your introduction you spoke about stigma. If the use of drugs—or whatever else young people start with—came out from behind the curtains, and if parents and grandparents felt that they could talk openly about the issue, I believe that that would help.

Mr Harrigan: Yes, that helps.

Cathie Craigie: Does your group operate like that, so that people do not feel that they want to put a black sack over their head before coming to your door?

Mr Harrigan: We do not have an appointments system—anybody can turn up between half-past 9 in the morning and half-past 4 in the afternoon, and they can phone any time. Anybody who comes in gets seen right away, and they get seen by another parent. We do not stigmatise people. We do not have any preconceived ideas as to what kind of parents they are. We are here to help those people. We are there to try to put them at ease.

The worst burden on a mother is the thought that perhaps she was to blame for the fact that her son or daughter is a drug addict. In her heart she may feel that, somewhere along the line, she could have done something differently. We must work on that very hard in the early stages, getting parents, especially mothers, to believe that they are not to blame and that they have done their best for their son or daughter.

Cathie Craigie: Maybe I did not make the point as clearly as I wanted to. Do you think that Scotland Against Drugs, as well as educating young people of the dangers of drugs, should be educating parents to ask for help and support sooner if they suspect that their kid might be involved in drugs?

Mr Harrigan: How would they know whether their son or daughter was on drugs? Parents are always the last ones to find out. It is important to give them information on what to look for as time goes on, and that information should be structured so that they are not frightened.

Years ago, when people asked us, "What are the signs of addiction?" we would sit them down and tell them. A woman came and asked me that question, and I told her to watch out for the everyday symptoms. She came back the next week and said, "By God, my man's a drug addict." That woman was 80. Her man was sitting in his chair rubbing his nose and fidgeting because he was uncomfortable. We have to be careful what information we give to people. We must give them the information in such a way as to educate them without frightening them.

Mr Fox: We try to give them early warning signs to look out for, which are important for families to know about. We also speak to parents who are concerned about the problem—they do not have to have the problem—and we will open our doors to them to talk to us. We tell them what to look out for—the signs of drug misuse in families—and what to do about the problem, to prevent it happening to them. That is also why we go into schools and talk to parents in the evening.

Alex Neil (Central Scotland) (SNP): In the evidence that we have received so far, the Scottish Executive and others estimate that there are between 12,500 and 15,000 drug addicts in

Glasgow. In your experience, is that an overestimate, an underestimate or about right?

Mr Fox: Five years ago, we said that that number of people in this country were taking drugs. I think that it is now more than that—that is a conservative estimate. Those 12,500 people are also drug injectors, not drug addicts: it is important to note that. Only a quarter of them present themselves to services, which shows the big problem that we have.

Alex Neil: What number of people do you estimate are drug addicts in Glasgow? Double that number? Treble?

Mr Fox: I would add another 6,000 to that figure.

Alex Neil: So you would say that there are many more than 20,000 drug addicts in Glasgow?

Mr Fox: I would say that there are around 18,000 drug injectors. There must be at least 20,000 drug addicts.

Alex Neil: And three quarters of them do not present themselves to services, or do so late on.

Mr Fox: That is right. That figure came out recently from the social services departments, which see only 26 per cent of those people.

Alex Neil: Do you think that the situation is getting worse? Is that number increasing year by year?

Mr Fox: As I said earlier, the situation is getting worse. We are starting to see it happen to more people every year, and there are more drug-related deaths. There were 148 recorded drug-related deaths last year, but the actual number of drug-related deaths could be two or three times that number.

Alex Neil: In the past year, the Executive has set aside £13 million to set up the Scottish Drug Enforcement Agency, which deals with the legal aspects of the problem. Is the right balance being struck between the resources that are allocated to treatment, prevention and education, and those that are allocated to enforcement of the law? Would some of that £13 million have been better spent on resources such as yours?

Mr Fox: Without a doubt. I was asked that question only today, before I left. A chap came in who was on a programme. He asked me that question, and I answered yes. I honestly think that money taken from the drugs scene should be put back into services such as ours, which is trying to survive and to help people; it should not just go to enforcement agencies. That is what is happening: the police are giving the agencies all the money, and we are getting nothing. We have had to come here, hoping to get something from the Social Inclusion, Housing and the Voluntary Sector Committee—to get a worker, for example, which is

how I would like the money to be used.

Alex Neil: Do you think that the job which the police are doing—they are obviously putting in their best effort—gives rise to a revolving door? They get someone, lock them up; they come back out and go back to the drugs scene. Folk who go into prison for the first time are introduced to a drugs culture which they might not have encountered outside. What is your view? Where should the priorities lie in treatment prevention?

15:15

Mr Fox: You mentioned the revolving door—that is what I am talking about: 75 per cent of current prisoners are there because of drug-related offences. It is a revolving door. The police catch people, put them into prison, they get out and they go back in again.

More should be done on the treatment side. Taking drugs becomes an illness, and that is how we should consider it. It is not getting looked at in that way at all. Sadly, one of the young girls that we know very well got a year in Cornton Vale. That kid could have done with treatment instead of prison—that was the last thing she needed.

Alex Neil: Are you in favour of the idea of drug courts, whereby the individual cases result in something wider than just a sentence, and it is more about the treatment that is required for people?

Mr Fox: We have been campaigning for drug courts to be introduced in Glasgow and elsewhere. They should definitely be considered—it should not just be a case of imprisonment and that is it. People should be given an opportunity to address their problem and get help. If they do not do so, then prison can be used, but there should be alternatives to prison.

Alex Neil: There is a lot of evidence suggesting that the main problem among young smokers is with young women smokers. In your experience, is the drugs problem more prevalent among men? Is it getting worse among young women? What is the pattern?

Mr Fox: It used to be the case that a lot more men used drugs than women, but the women are now catching up on the men. The figure for men is only slightly higher.

Alex Neil: Have you noticed any change in the age groups? Are drugs still orientated towards younger folk?

Mr Fox: There is no age to drugs. A lot of people experiment at an early age, but it cannot be said that it is just young people who use drugs. I know somebody aged 56 who has just started using drugs. Drugs are in the community; they are

in society. It is true that a lot of young people are experimenting with drugs, and that is a big worry. They might start to get addicted, but they do not see that.

Mr Harrigan: I am not sure if you realise that one of the major problems is that some grandparents are addicts. They have kids who are addicts, and they in turn have kids who are addicts. Those kids have to get looked at somewhere along the line. We can deal with, or try to help, the addicts—the grandparents and parents—but we are not in a position to deal with the kids. There are lots of underlying things that people are not aware of: things that are going to rear their heads somewhere along the line and about which people are going to have to make decisions. We cannot afford to have the kids suffer, but our remit is the parents.

Alex Neil: There is a debate about the decriminalisation of cannabis. What is your view on the pros and cons of that?

Mr Harrigan: My personal view or the association's view?

Alex Neil: Both.

Mr Harrigan: My personal view is that if it is proved that cannabis can help for medicinal purposes, we have an obligation to consider that. Our parents and members have told us that every one of their sons and daughters started on cannabis, and it escalated to what they are doing now. I know people who have blown cannabis for years, and who just get on with their lives. There are exceptions to every rule, but we are not interested in the exceptions; we are interested in what is happening to the majority of people. Unfortunately, the majority of boys and lassies who start continue to do drugs, which devastate their lives. There may be a need to use cannabis in medicinal ways, if it can be proved that it definitely works—

Alex Neil: But not to have general decriminalisation?

Mr Harrigan: Personally, I do not think so.

Mr Fox: You are more likely to find cannabis on a young person than any other drug, because it is the most used drug. I do not like the fact that a kid who is found with a bit of cannabis on him has that fact on his criminal record for the rest of his life. We should have warning systems in place as well, but, to be honest, we did a survey of our parents and 96 per cent of them said that their children started on cannabis and moved on to other drugs. Many people disagree with that, but I can tell you only about our experiences.

Bill Aitken (Glasgow) (Con): I want to address the problem that you identified of the revolving door system, where people are given a custodial

sentence, come out of prison and then go back in again. In the course of this inquiry, it has struck me that while I have no difficulty with people being sent to prison, they are being sent to prison not because they take drugs but because they commit offences. Given all the alternatives that exist, such as diversions, community service and probation, by the time they are sent to prison, they have had quite a few chances.

However, on the basis of what I have heard, I do not think that sufficient is done for them once they get out. I am concerned that they get out, determined to stay clean, last two or three days and then something happens—they get a wee bit down—and the dealer is constantly around and about, nipping at them. The problem is that, eventually, they take a hit again. Is that a correct summation of the situation? How can we intervene to avoid that happening?

Mr Fox: I want to emphasise the need for a drop-in centre for people to go to when they first come out. We need to try to get people into drug-free environments. The majority of people do not take drugs, so offenders could be introduced to situations where they do not need to take drugs, such as Narcotics Anonymous or recovery groups. I would like more to be done in the area of aftercare and more recovery groups to be set up, so that drug users can go to see people on a daily basis and work on programmes with them.

You are right—if we do not take steps like that, what happens is inevitable and they go back on to drugs. They know where to go to get drugs, and it becomes hard for them to say no. They must be introduced to drug-free situations.

Bill Aitken: You identified earlier in your evidence that resources are always a problem with situations like this. You articulated the scale of the problem, about which I have little to question—you are probably spot-on on the numbers—and one drop-in centre would not suffice.

Do you think that there is any merit in the idea that part of a custodial sentence could be suspended on the basis that the offender attended a drop-in centre a minimum of three times a week for the first six weeks of his release, until such time as he had established himself as being able to remain drug-free over a comparatively lengthy period?

Mr Fox: That is a good idea. Something like that could be done. We should try to get offenders to make a commitment and to see if they can get help. Perhaps that idea could be considered.

Bill Aitken: I will turn to a slightly different point. You have been on the go for 16 years or so. Was it in 1984 that your organisation was established?

Mr Fox: Yes.

Bill Aitken: Therefore, you have gathered a fair amount of experience in that time.

I was appalled to learn that you think that there is now a problem with young kids. Did I interpret correctly that you now have some cases involving three generations of drug abusers in one family?

Mr Fox: To be honest with you, that is happening now. In the past, we had situations involving two generations and now we are seeing three generations.

Bill Aitken: What is the answer for the kiddies, who must be our greatest concern? Adults make their own choices in life, and while we might not agree with those choices, they are theirs to make. How do we cope with the vulnerable 10 or 11-year-old?

Mr Fox: That is a difficult question. I wish that we could answer it truthfully, but it is a hard one. I cannot imagine tearing them away from their family homes, but sometimes it is dangerous leaving them in that situation. There must be some sort of service that could come in and try to assist them. If they are going to treatment services, there should be workers there who could look at the situation with the grandchildren and the child. There is no counselling service for children. That is a gap in the service. They have to be a particular age before the service is offered to them.

Mr Harrigan: If you talk to kids and ask them if they are looking forward to going to their new school and moving up a grade, some of them will say no. If you ask them why, they say, "Maybe somebody will ask me about drugs." It is sad for a kid who is looking forward to moving on in their education that their main worry is that they will be introduced to drugs.

On the subject of age, when we go to parents I tell them, "If you have a kid that is five, six or seven years old, you have four or five years to get them educated about what could happen to them with regard to drugs. If you have a kid that is 11, you have roughly a year to educate them." It is all down to education. The guys in Scotland Against Drugs do a good job. They have education parties. I suppose it all comes down to resources. Education is the prime word. It is not just about kids, it is about parents as well. We have to educate parents and educate you.

Bill Aitken: Your experience is invaluable. With regard to kids, do you feel that the message that we are getting across about the potential finalities of drug abuse is stark enough? Should we be telling them about the way it is?

Mr Harrigan: Do you mean we should try to frighten them?

Bill Aitken: Yes.

Mr Harrigan: Did anything frighten you when you were a wee boy?

Bill Aitken: A lot of things frightened me when I was a wee boy.

Mr Harrigan: Did it put you off trying them?

Mr Fox: You have to try everything and see what happens. I might get a message from the shock-horror treatment. I might get a message from education in schools. Everything has to be tried to see how you can get a message across to individuals, because not everybody takes in the same message. I would try everything and anything to get the message across.

Bill Aitken: I am attracted by your view that grandparents frequently have a positive input, and that to some extent they are saving the jerseys in respect of the kiddies. I am also attracted to the idea that we should consider an amendment to the benefits system, whereby the grandparents get the money that the parents currently get but which they are not using as intended. Have you thought about the possible consequences of the withdrawal of benefits from parents?

Mr Fox: We think that the money should be given to the grandparents if they are looking after the kids. It is as simple as that. The argument against that from drug addicts is that they want the money, but they want the money to use on drugs.

Mr Harrigan: Why is the money not taken away when the kids are given to foster parents? The parents still get the money. That is not logical. If you give money to the addicts and you farm the kids out to foster parents, you still pay. However, if you take the money away from addicts and give it to grandparents, you will cause the grandparents more problems.

Bill Aitken: Yes. You will also cause all sorts of problems with social security people, such as raising the issue of who has the children, but that is an inevitable consequence.

Mr Harrigan: Those issues are not being raised just now. Only the grandparents are making a noise. Nobody else is.

Robert Brown (Glasgow) (LD): I want to raise two questions. Billy, I was struck when you spoke about being treated as a non-professional by some of the agencies. I think that I am right in saying that in Glasgow most of the agencies are run by the council or organisations of a public nature, whereas in other places they tend to be run by the voluntary sector. Have you any views on the best method of organising drug support services? Should they be run by the public authorities or by the third sector?

15:30

Mr Fox: Some should be run by the voluntary sector and some should be run by the private sector—there is a place for both. We are asking people to listen to us so that we can, I hope, assist each other and offer a better service to the people. At the end of the day, it is the people to whom we are offering the service who matter. If we can get together, we can perhaps offer that better service.

Robert Brown: There is a matter about attitudes that must be addressed.

Mr Fox: Yes.

Robert Brown: We have talked about family support groups and their support for families, which is their central role. Is family support a central issue in terms of the rehabilitation of addicts?

Mr Fox: Families play a big part. Parents must be taught to understand the problem that their son or daughter might have, so that they can learn to cope with it better. When parents come to us for the first time, they cannot cope with the problem. As Jim Harrigan said, the lady he spoke to this morning was—like other parents—devastated and could not cope. We have to make them cope with the problem, and meeting other parents helps them to do that because they can share the problem with people who understand it and with whom they have a link.

Robert Brown: I meant to take you to a stage beyond that. We can get the parents settled down once the situation has been recognised, but are they plugged in enough to the various other drugs services that deal with the addict? Is the families' position adequately acknowledged?

Mr Fox: Our association acknowledges it. We make sure that the parents and families have access to the appropriate services from which they will, I hope, get the help that they need. Sadly, those other services have waiting lists as long as your arm, but when addicts are looking for help, they need it there and then. You cannot tell them to come back in six weeks' time and that the problem will be dealt with then. We try to help them and sustain them through their problem while they wait.

Robert Brown: Can the other agencies plug into your organisation, and use you and the families of addicts as an aid to the rehabilitation of addicts? Is there a difficulty in that such opportunities might not be being used as they could be?

Mr Fox: They try to do that and we try to help them in that. It is right to do so because the support that a family unit can give is most important.

We sometimes run into difficulties because of the need for client confidentiality. Mothers and fathers are, as a result, not always told about the problem. We have been suggesting a family contract for a number of years. If an addict is serious about looking for help, why should not he or she let us all—the organisation and their families—know about it? We can all help, but we believe that addicts do not want their families to know too much about their problem. They might be coming to us only to keep mummy and daddy a wee bit calmer.

Mr Harrigan: I would like to comment on that. As I said, our organisation is joint-funded, but we are autonomous. We just say, "Gie's the money and we'll spend it our way." That works and we have proved it. Billy Fox is a full-time worker and there is an administrator and a secretary, but 95 per cent of the organisation is made up of volunteers. I am a volunteer—my work is outside the organisation. We want more recognition of the fact that being a volunteer does not mean that we do not know what we are doing. We have proved that we know what we are doing.

It would cost an awful lot of money for a health board, social work department or other Government agency to set up a facility such as the one that we have in Glasgow. We are saving the health board in particular a lot of money, because we keep many parents away from its doors—we know that for a fact and we want people to recognise that fact. We should get more resources because we are keeping people away from the doors of the health board. That way, we will be able to keep more people away from its doors. We will, perhaps, reach the point at which people do not have to go to the health board for help.

There is a need for the sort of situation that we can provide, where people can feel comfortable, knowing that they will not be judged, and stay for as long as they want. Nobody will say to them, "Thou shalt not," and the place is totally theirs. No pressure is put on them, and that is what parents need. We say, "We are here as parents to talk to you about parents. Come and see us. Come and see what we hope you will never have to go through yourselves, but which others are experiencing out there in the real world."

Robert Brown: I was very much impressed by my meeting with the Glasgow Association for Family Support Groups and by the contribution that it makes.

Mr Fox: Thank you.

Robert Brown: You have certainly got your message across to me, although I cannot speak for other members.

Mr Raffan: I have two or three very brief points. I know that we are running over time, so I would

appreciate fairly brief responses. I do not mean to be rude by that, but I am sure that you understand that we are under pressure.

Following on from Robert Brown's points, do Greater Glasgow Health Board and the social work department, as your principal funders, undertake any evaluation of what you do? Can you give us a brief idea of how that works?

Mr Fox: Every six months they evaluate our whole service, from volunteers and sessional workers to our three full-time staff. We are very accountable and they see everything that we do.

Mr Harrigan: It is important to note that our staff do not know whether they will have a job after each six-month evaluation. We find out every six months whether we will continue to get funding to keep those guys in employment. We do not have on-going funding guaranteed for three years, five years or 10 years.

Mr Raffan: I do not want to go over ground that we have already covered. We touched on prisons, and you may be aware of Simpson House here in Edinburgh. That organisation contacts prisoners while they are in prison and provides through-care after their release; it is a continuum. Do you think that that model is a good model that should be developed further to provide residential halfway houses rather than drop-in centres?

Mr Fox: A residential halfway house would be excellent. The time to contact prisoners is in the last three or four months of their sentence, after which they could be moved from support units into a residential facility. As parents, we jump at those things when we see them. We saw that Dungavel prison was to close and thought that it would provide a brilliant opportunity to establish such a facility. Honestly, it would have been ideal, but at £4 million we saw our hopes going down the Swanee. If a residential facility could be provided, that would be excellent.

Mr Raffan: You said that you thought Scotland Against Drugs did good work. What evidence is that view based on? Do you have direct experience of projects that that organisation has done, or is your view based on press coverage or on other things that you have heard?

Mr Fox: I know of projects that have benefited from Scotland Against Drugs.

Mr Raffan: Can you give me an example?

Mr Fox: Our own organisation is one of them.

Mr Raffan: You did not mention Scotland Against Drugs as one of your funders.

Mr Fox: Scotland Against Drugs helped us to fund a comic that was distributed in primary schools as part of an educational package. It has also helped us in the past by providing

information. Wherever we go, when we hold open days or other events, we support Scotland Against Drugs and distribute badges and leaflets to let people know about the work that it does.

As a community, people should be looking for help from organisations such as Scotland Against Drugs when trying to provide alternatives for children. If that body is not going to provide that help and support, who else will do it? I welcome that work. I know projects that have been helped by Scotland Against Drugs, to allow young people to participate in outdoor activities and to have the opportunity to go away and see things that they have never seen before in their housing estates. That is to be welcomed.

The Convener: We are about to move on to evidence from Scotland Against Drugs, as you are probably aware, and we will pursue those points with it.

I offer you the committee's warmest thanks for your evidence, which was direct and to the point. We note your point about funding and we shall refer to it later in our deliberations. Your evidence has been extremely useful. Keith Raffan and I have already visited you and I am sure that other members of the committee will take up your offer and visit you, as MSPs and as parents.

Mr Harrigan: You will get your tea.

The Convener: Yes, you make a really nice cup of tea. I can verify that.

I say this to all our witnesses, but you might particularly want to take this up. If you come across other information that you feel you should draw to our attention, please feel free to do so. We may well come back to you at a later stage of our inquiry to follow up a number of points.

Thank you very much. I, certainly, intend to see you again.

Mr Harrigan: Thank you, convener. If members give me their phone numbers, I will phone them all.

The Convener: He certainly will; that is a guarantee. We have to move on, because we are short of time.

Our next witness is Alistair Ramsay. I welcome you to the committee and thank you for the assistance that you have given us in our inquiry, including the informal briefing that you gave us at the beginning of the process. The documentation that you gave us was also very useful. Please introduce yourselves and make a brief introductory statement.

Alistair Ramsay (Scotland Against Drugs): On the previous occasion, we took the opportunity to tell members about Scotland Against Drugs, so I will not spend time going over the evidence that

we have already given.

I want to say a bit about my background in relation to the issue of drugs. I trained as a teacher and worked in the east end of Glasgow for 10 years as well as in other deprived areas in Strathclyde. Indeed, at one point, I began to think that only deprived children went to school in Strathclyde. My entrée to the drugs issue came on 4 August 1976, when a pupil whom I had taught for four years died as a result of substance misuse. I was sure that there was something concrete that schools could do to prevent that from happening elsewhere. I was involved in a variety of initiatives and developments from then until the end of 1998, when I was seconded to Scotland Against Drugs. I am due to return to the education department of Glasgow City Council on 31 March 2001, which is the end of Scotland Against Drugs, technically.

When I first joined Scotland Against Drugs, I inherited an organisation that could be described, at best, as unpopular. That meant that for the first year we had to restructure and build bridges between the groups with which the organisation should always have been working. That was determined by the refocusing that occurred in January 1998. We were commissioned to work with local communities, to retain support from business, to operate as a catalyst, to offer a range of solutions and to work with drug-related organisations nationwide. We have also tried to dispel the myth that Scotland Against Drugs is about "Just say no", that there is a "one size fits all" message and that we are not aware of the broader audience. We try to ensure that there are a variety of messages to support, help and guide a variety of young people who are engaging in activity that causes tremendous amounts of devastation.

We run several programmes, including a community programme, headed up by a seconded community education officer, which aims to enhance community action. We need to get work done in the community as the community identifies the work, rather than pontificate from an ivory tower about what needs to be done. We want to work with communities and ensure that there is community action through the Scottish drugs challenge fund.

We have a business programme that Sir Tom Farmer is driving forward. By the end of March 2001, he will have raised £1 million to train a head teacher and one other teacher in primary schools across Scotland. That is not public money. We have run several business breakfasts around Scotland to try to elicit support from the business community, and we have been able to gain support in cash and in kind from more than 1,000 companies.

We have a schools programme that is run by a seconded primary school assistant head teacher. That programme develops the idea of drug-free zones, an approach that we are launching later this year. That is a system whereby children take ownership of their educational establishment and say how they want it to be drug free.

We have tried to look closely at the social inclusion issues and to identify how Scotland Against Drugs might have an impact on them. We have programmes for working with prisoners; I was intrigued by the discussion that took place a moment ago. I know that you will not tell anybody, because we have not announced it yet, but we are about to make an award for a drugs counsellor on-site in a prison in Scotland, to try to deal with some of the issues that were raised earlier.

We have considered how we can promote action in the labour market. We are developing an initiative that will help recovered addicts back to work and have found a company that is prepared to support a pilot scheme.

15:45

We are looking at active citizenship, to ensure that young people are able to play a positive role. We have also provided some support for young homeless projects and are working with young drug users.

Are you getting value for money? I am sure that that question must be going through members' minds. I mentioned already that we have received £1 million from Sir Tom Farmer. In the current financial year, that will work out at roughly £500,000, which, when compared with the £500,000 that we get to run Scotland Against Drugs, means that we can match public money pound for pound and put that money to good use in communities. In addition, we have £500,000 from the Scottish drugs challenge fund. Again, we are able to match almost pound for pound what we get from the Scottish Executive with money from the Scottish business community.

So far, we have trained 1,000 teachers through the primary school initiative, which is evaluated by the Scottish Council for Research in Education. I decided that, while I was at Scotland Against Drugs, I wanted to concentrate on finding out what works and to evaluate initiatives. If something does not work, we should stop doing it. If it does, we should build on it.

We have put 165,000 school planners into secondary schools in Scotland, with a message on the back that reads, "Be with the majority. Choose not to use drugs"—because the majority of young people in Scotland do not use drugs. We need to send out a message to youngsters, as we have lost the opportunity to say to many of them that not

taking drugs is the norm and that we would like them not to take drugs. We want to put that right.

We have produced 700,000 copies of a parents booklet, which we distributed through the *Daily Record*, to give parents information, help and support. It builds on much that Billy Fox and Jim Harrigan said earlier. The booklet is still available through the Health Education Board for Scotland.

We have put £4.5 million into 140 community projects since the challenge fund began. This year, we have been able to match the £500,000 with more than £320,000. We have support from 100,000 businesses in Scotland.

Recently we ran an advertising campaign, which the committee might have been aware of. We have tried to ensure that the campaign money was used to best effect; you might want to discuss that.

The Convener: I am sorry for hurrying you, but we are running short of time. I am sure that members will want to explore with you a number of the issues that you flagged up.

I want to start where you started. Will Scotland Against Drugs come to an end?

Alistair Ramsay: At the moment, we cannot commit to anything beyond March 2001.

The Convener: Do you think that Scotland Against Drugs should come to an end?

Alistair Ramsay: Scotland Against Drugs has been able to achieve a huge number of positive things. We have been able to make the business community aware that it needs to recycle some of its profits into local communities, and to show it that if those communities are as drug free as possible, businesses will not have to deal with the presence of drugs in their work force or with workers worried about children with drugs problems.

We have also recognised that the drugs scene has evolved and that responses to it need to evolve. Scotland Against Drugs now is not the same as it was when it was first set up. Work in the drugs field does not often take account of the need to evolve. Many people start something and continue doing it for ever; often it is funded for ever. Nobody takes a step back and asks whether something is still valuable and whether it should continue. It might be necessary to do that. We need to recognise that the evolving availability of drugs and evolving drug-taking behaviour require an evolving solution. That is something that we have learned from Scotland Against Drugs.

The Convener: I accept that Scotland Against Drugs has evolved from the early days. You have probably reflected on our previous discussions, when we voiced some criticism of the early days.

How would you measure success? Some

witnesses have told us that much of the current educational work has little impact. It just confirms existing behaviour and does not change anything.

Alistair Ramsay: Do you mean educational work in schools or in society at large?

The Convener: Both. I am talking about the big poster campaigns and the educational packages that schools use.

Alistair Ramsay: The poster campaign that began on 30 March has not yet finished, so I cannot tell you what conclusions can be drawn from it, but I can say something about it. We had 469 calls to the freephone line in the first few weeks of the campaign. Those people wanted to become involved and deal drugs a blow, which was the theme of the campaign. Using figures from South Bank University that show that someone who is dependent on drugs and engaging in criminal activity costs the community £36,000 a year, we calculate that, if each of the callers were able to stop one person from engaging in the criminal aspects of drug dependency, we would save communities in Scotland £16.8 million. That would mean that the campaign would have paid for itself 33 times over. If we can stop 13 people becoming dependent on drugs, we will have covered the costs of the campaign.

The Convener: But we have been told that such campaigns do not work. We have heard evidence, today and at other meetings, that the problem is getting 10 times worse.

Alistair Ramsay: We have to consider what has happened up to now. You might have heard of a situation that is described as "bottoming out". That is what we say is happening when someone who has been using heroin for a long time becomes so disoriented that they seek help and become a statistic. What we are witnessing is not a worsening of the situation but an increase in our awareness of people with a drug dependency. Although there are nowhere near enough services to meet the demand, there are more of them than there used to be. More substance is available on the streets. Those circumstances mean that we are getting a clearer picture than we have ever had. However, we cannot be complacent as the situation will get a lot worse before it gets better. Nobody has the answer and we need to try different approaches.

The Convener: I accept that different strategies are needed for different groups. However, we have a responsibility to question the effectiveness of those strategies. We have had evidence to suggest that much of the education work is not well targeted. It is targeted at people who will probably not use drugs anyway. It tells those people that they are good, respectable members

of society but does not target people from socially excluded areas.

Alistair Ramsay: I agree with that. In the past, we have made assumptions that things would work although there has been little evidence to suggest that they might. We do not have good research strategies at the moment. We do not know enough about drug-taking behaviour and we do not know why some people in certain areas take drugs while others do not. To build efficient prevention programmes, we need to establish such information.

Many young people do not take drugs and society has to let them know that we recognise that fact and congratulate them. We also need to identify those who are at risk. To do that, we need to know why people take drugs, why three generations end up taking drugs, why certain communities are more at risk than others and so on. We have often depended on anecdotal evidence when we should have had a proper research structure. "Tackling drugs in Scotland" sets out the need for such a strategy.

The Convener: I think that more information is available than you suggest, but we will come back to that later.

Can you detail a few things for me in terms of the community programme, in which I have a particular interest? You talk about community initiatives and youth forums. Tell me exactly what you do within those, and what you have achieved specifically.

Alistair Ramsay: The Scottish drugs challenge fund provides the opportunity to put money into communities. People come up with ideas and bid for a restricted sum of money. We cannot fund every initiative—although there are many that we would love to fund—because of the Scottish Executive rules that are associated with the challenge fund, which clearly state that certain things must happen. I shall ask George Hall to comment on that.

We can determine whether the rules are being observed and examine the good ideas that are coming from communities. We are not trying to point fingers and say, "This is what you should be doing in your community." We ask communities what they want to do and they come up with the ideas.

The Convener: Will somebody give me some specific examples of what works in a community?

George Hall (Scotland Against Drugs): It depends on what you mean by what works. Projects in prisons have been mentioned, and money is being put into such initiatives, treating the community in its widest sense. We funded the Simpson House project—

Mr Raffan: Not entirely.

George Hall: No, because the challenge fund works through partnership. That is what it is all about. As Alistair Ramsay and Billy Fox said, nobody has got all the answers; it is all about partnership and everybody must contribute. We could list 140 projects that have been funded, giving a geographical breakdown of where they have been.

The Convener: I do not want every project to be listed; I should like just a few examples of neighbourhood projects—not those that are Prison Service based—which help local communities to deal with drugs.

George Hall: I have a list of projects. Rosehall High School's healthy lifestyle project in Lanarkshire is all about having a healthy lifestyle and getting kids into that type of thing from an early age. The Carnoustie youth partnership project has built a drop-in café in Carnoustie. The "Mad for it" music and dance project in Tayside is all about youngsters going to dances and that type of thing.

The Convener: Let us move on. How do you measure the effectiveness of such projects? The world is full of organisations that want to give grants to community organisations—I know that world well. The key issue is discovering what works. One group can do a good job, and one group can do a poor job. What are the key criteria in your world?

George Hall: Every project is evaluated, and an evaluation report is produced as part of the process. Right at the start, the programme of community athletics in Lanarkshire was all about putting kids into diverse lifestyles and changing their attitudes. That worked well and has been taken on board in other areas.

The Convener: Therefore, the emphasis is on providing alternatives to drug misuse.

George Hall: Yes. Other projects centre on rehabilitation. One project in Drumchapel focuses on recovered drug addicts who are going into other activities and developing an outdoor lifestyle.

The Convener: Thank you very much.

Alistair Ramsay: As often as we can, we have independent research done on what happens in Scotland Against Drugs. In one programme, we took the only professional basketball team in Scotland—which is based in Edinburgh—to Glasgow, to provide a positive role model for young people. We then called in the Scottish Council for Research in Education to evaluate the project. I am happy to leave a copy of the SCORE's report with you.

The Convener: Thank you.

Mr Raffan: I have some budgetary points to raise, and would be grateful for one or two brief answers. Who carries out the evaluation—you or an independent body?

George Hall: It depends on the size of the project. If we are giving it a large sum, we will look for an independent evaluation. We fund projects from £1,000 to £50,000, and look for independent evaluations when possible.

Mr Raffan: Where does the level start at which you go for an independent evaluation?

George Hall: Anything over £10,000.

Mr Raffan: Many of the comments on "Campaign Overview" are general, and the date that appears most often in the action plan is 1998. Obviously, the organisation is now looking forward. It would be useful to have a list of projects—the action plan refers to 86 projects—with a budget attached to each. I appreciate that that is a lot.

George Hall: That is not a problem—we can give you everything.

Mr Raffan: Are there 140 projects now?

George Hall: An announcement is being made tomorrow—we know that you will not tell anyone.

Mr Raffan: I want to clear up a number of funding issues, because I am confused—please help me. What was your budget for last year?

Alistair Ramsay: We had £500,000 last year to run SAD—to pay salaries and administrative costs and to run the three mainline programmes. The Scottish drugs challenge fund provided another £500,000 on top of that.

Mr Raffan: You mentioned money from Sir Tom Farmer—was that for the primary school initiative?

Alistair Ramsay: That is right. In total, that will be £1 million.

Mr Raffan: I would appreciate it if you could let us have a rough breakdown of spending under the following headings: administration, how many full-time staff you employ, how many staff you employ in the field, public relations, media and advertising costs, and literature and merchandise. I would also be grateful if you could define merchandise for us. I will understand if you cannot give us details now; if you cannot, perhaps you could give us that information in a note.

16:00

Alistair Ramsay: I can give you some of that information now. We have a staff of seven, including the administration officer. We have no staff in the field, but I do not expect the staff of SAD to sit behind their desks; I expect them to get

out there and act as field officers as well as acting as strategic developers. We spend nothing at all on PR and media. When I joined SAD, I terminated early the contract of the company that had projects—

Mr Raffan: Was that Media House?

The Convener: It was Media House. We should note that for the record.

Alistair Ramsay: We fed that money directly into community projects, because I felt that that was probably a better use of the money.

Mr Raffan: And literature?

Alistair Ramsay: We are revising some of our literature. Some of our documents are beginning to age a bit. For example, "Drugs: know your stuff", which is for young people, is beginning to creak at the seams. We are revisiting the literature that we put out.

I circulated to all MSPs the "Community Action Guide", which I hope members remember—if not, I can leave copies. In addition, we have "Policy into Practice: Guidelines for Drugs Workplace Policies"; we give that to every company that is considering the development of a policy on drugs.

Mr Raffan: I have specific questions on the Scottish drugs challenge fund. I will come back to reports that I have received from the field, if I may use that shorthand phrase, but I notice that you have figures on the number of bids submitted and approved. Perhaps you will be able to give us the up-to-date figures, but there was quite a dramatic fall, for example, between 1997-98, when 105 bids were submitted, and 1998-99, when the figure fell to 70; that is a drop of over 30 per cent.

I have heard from people on the ground that some agencies have stopped applying to you for funding, for a number of reasons. Many of them think that the system is bureaucratic, lengthy and work-intensive. Everyone says that about all applications for money, but it appears to have had a more dramatic effect on submissions to you than on submissions to other organisations. What are your comments on that drop?

Alistair Ramsay: I will comment briefly on the submissions and George Hall will comment in detail on the sums involved and on the bids.

When I joined SAD, there was a traditional rush at the end of each financial year to disburse the challenge fund. We now ensure that the bids close in April; this year, the date was 7 April. By 15 May, all submissions had been reviewed and considered and, as George said, the successful bids will be announced tomorrow and the money will be released to the organisations that submitted those bids. Therefore, we have from June until March next year to spend the money and to

evaluate its use. We have tried to ensure that the process is much faster than it was in the past.

Mr Raffan: Is that the reason for the fall in the number of bids? Was the system slower before? Did you get feedback on that point?

Alistair Ramsay: Yes. George will speak about the number of bids.

George Hall: There has been a fall in the number of bids submitted; I agree that people view the system as bureaucratic, as there are hoops to go through. However, against that, we have introduced a community fund, which does not have the same, stringent criteria. The challenge fund involves money from the private sector, so we must ensure that everyone is accountable and that the money is not being wasted.

Mr Raffan: You say at page 2 of the action plan that working

“in isolation from other agencies and organisations would not be appropriate”.

That is fine, but you go on to say

“nor would articulation too closely be to the advantage of the targets for the programmes of Scotland Against Drugs”.

I will not ask you to translate that into English, but perhaps you could elaborate on it. What on earth does it mean?

Alistair Ramsay: It means that, in order to have absolute transparency in the challenge fund, we cannot get too close to organisations, in case favouritism is seen to come into play. As a result, we have tried to make the system absolutely transparent. There are set times in place—for example, any bid that was not received by 5 o'clock on 7 April was not considered, because that cut-off point was rigid. Any bid that was submitted incomplete at that point was offered help and support, to ensure that it was robust—such bids would be considered.

We have also tried to ensure transparency through an assessment panel, to demonstrate that successful bids were neither in my gift nor in the gift of any individual in SAD. The assessment panel had a clear view about assessing the bids. We must keep our hands on the table to demonstrate that things are being done properly, because we are dealing with public money.

Mr Raffan: But do you co-ordinate?

Alistair Ramsay: Yes, where possible.

Mr Quinan: I want to clear up a few issues on the relationship between SAD and the Executive. My questions are quite straightforward: is the organisation a Government agency? Alistair—who is your line manager?

Alistair Ramsay: I have a number of line managers. Sir Tom Farmer is the chairman of the

campaign committee, which runs SAD. Technically, we are responsible to that committee for everything that we do. I am responsible, under dotted-line management, to use that expression, to Andrew Tannahill, who is the chief executive of the Health Education Board for Scotland and the accounting officer for SAD. All our finances are administered through HEBS and I am responsible to him as well.

Mr Quinan: Who appoints SAD's advisory board?

Alistair Ramsay: The board was appointed originally by the Secretary of State for Scotland and subsequently by the First Minister.

Mr Quinan: What representation is on the present advisory board from front-line agencies?

Alistair Ramsay: I have to say none. Peter Wishart, who represented the voluntary sector, resigned recently from SAD. We are considering the structure of the campaign committee, to see whether it reflects properly what it should be reflecting, as that has not been happening. We are trying to ensure that the business community has sufficient involvement and that community groups have a better—

Mr Quinan: On that point, you said that you encouraged businesses to employ recovered drug users, but I have not heard any organisation using that terminology. All the medical evidence and all front-line workers in the field suggest that addicts are only ever recovering, rather than recovered—addicts themselves say that.

Alistair Ramsay: We have been trying to work with the business community in Scotland to examine the possibility of providing jobs for people who have had a drugs problem but are now drugs-free. However, that has been almost impossible, as very few companies are prepared to take on someone who is not able to demonstrate that they can do the job, that they have a work ethic and that they can sustain themselves.

We have approached Rainbow House in Glasgow to consider the cases of people who have completed the Rainbow House programme and are considered to have recovered from their problem and to be drugs-free. We are at an early stage of trying to establish a project on that. The project will provide those people with six months' work; during that period, they must demonstrate that they are drugs-free and that they are able to sustain all the rigours of work. We will arrange for them to be paid the going rate for the job. At the end of the six months, they will be able to get a reference from the project to use at the next stage of getting work.

We are sharpening up SAD's workplace programme, so someone will go round companies

asking for jobs for those people at the end of the six months. During the time that people are in the project, they must demonstrate that they are drugs-free; we have had an offer from a company to test them for free to ensure that they are not taking drugs. We have run that idea past a number of people who would be in the project and they are quite happy with the situation.

Mr Quinan: You said that you spent no money on advertising and public relations. Who paid for the large television campaign?

Alistair Ramsay: That was funded out of our budget for last year.

Mr Quinan: What was the cost?

Alistair Ramsay: The Deputy Minister for Justice awarded £1 million in February of the previous financial year. Half the money was paid in that financial year, and half will be paid in this financial year. The campaign committee decided to have an advertising campaign to encourage communities to come up with ideas for what they wanted in their areas. The business community was actively encouraged to come on board to provide support in cash and in kind.

Mr Quinan: Has the campaign generated any private sector financial support or support in kind?

Alistair Ramsay: The campaign has not finished yet. It is still running and we are still evaluating the implications. It has generated support. For example, the owner of a driving school phoned up and said, "How can I help? What can I do?" I asked if he would be prepared to give driving lessons to recovering and recovered drug addicts so that they could pass their tests and broaden their appeal to employers, and he was happy to do that. A hotelier asked how he could help and I said, "Would you be prepared to give a room in your hotel to a family who need a break from their home situation, or a suite to a group that needs to hold a meeting?" He was happy to do that.

We are not always looking for cash; we also welcome in-kind support. Another company had 10 computers and asked if we could use them, so there are now 10 groups that can keep their records on computers. Cash is still coming in, but we do not yet have a total figure.

Mr Quinan: Some people would suggest that, instead of spending that amount of money on television adverts, you could have paid for the hotel rooms and bought the computers.

Alistair Ramsay: That is certainly an argument. However, we are trying to encourage the business community to make a long-term and sustainable contribution to tackling the drugs problem. The 1,000 people who attended the business breakfasts wanted to know how they could help. If

1,000 business are interested, there must be many others that, with a little encouragement, would also be prepared to help.

A number of companies will simply send us a cheque, and other groups that attended the business breakfasts have responded to appeals for cash. We held a business breakfast in Inverness at which Sir Tom Farmer committed Kwik-Fit workers in that area to raising £5,000. Before the breakfast was over, a businessman wrote us a cheque for £5,000 to match the contribution that had been made by Sir Tom Farmer. We are able to create that kind of interest from the business community in Scotland and lever in funds that would not otherwise be available.

Mr Quinan: It is interesting that we have had little or no discussion yet about people who have drug problems. Is the SAD focus solely on spreading a message in the business and educational communities?

Alistair Ramsay: No.

Mr Quinan: With a prevention-based budget, what should be the main focus—the celebration of those who do not use drugs or the targeting of the most vulnerable?

Alistair Ramsay: And others in between.

Mr Quinan: That is not the question that I was asking. Should the campaign celebrate those who do not use, or target the most vulnerable?

Alistair Ramsay: I do not think that we can separate those two aims; we need to do both. If we are to prevent the problem from escalating in the future, and if we are to encourage people to take a direction in their lives, we must give them the opportunity to develop the skills that are appropriate to their needs. In the past, we have tended to hit young people with information and not with skills. That is the direction that we now need to go in, but we still need the services to support those with drugs problems. We must consider carefully what services are needed, how they are to be funded, where they are and whom they will attract.

Mr Quinan: I have anecdotal evidence from a number of organisations about the drop-off in applications to your organisation, which Keith Raffan mentioned. Some groups have said that, if an organisation approaches Scotland Against Drugs, Scotland Against Drugs always demands a payback, asking the group to change its message or the manner in which it delivers that message to do what Scotland Against Drugs wants. Some groups that have been working effectively on the ground—especially harm-reduction groups—therefore feel that they can no longer approach you.

16:15

Alistair Ramsay: That may have been the situation in the past, but it is certainly not the situation in Scotland Against Drugs now—absolutely not. I would be grateful if you could encourage whoever made those comments to come and speak to me directly, because that is not the image that we want to portray.

We have three opportunities to provide support for communities. The first is the challenge fund, which has specific rules laid down by the Scottish Executive that everyone must abide by. Secondly, Scotland Against Drugs has a community programme; Bob McCafferty has been going round Scotland talking to youth and community groups, tenants' associations and other groups to encourage them to get funding from us to advance, develop and enhance the work that they are doing in their communities. Thirdly, the other half of the £1 million that was promised in February will be fed directly into communities.

The view that you have heard may be associated with what Scotland Against Drugs once represented, but it is certainly not true of what we do now.

Mr Quinan: Everything that you have said about the community programme indicates that the money that is collected will be disbursed to community organisations by one of your members going round each group to see whether there is an attractive project that you would like to fund. Are you purely a funding-based agency?

Alistair Ramsay: No. I chose to second a community education officer, who was experienced in the field, to give advice and support to groups and communities around Scotland. We can give advice as well as funding if groups need help to get started up. We do not see Scotland Against Drugs as an outreach organisation. Yesterday, I took a telephone call from a family support group in the east of Scotland that wanted help—I offered both help and money—to run an open day to encourage local people and other parents to come forward and offer support and help. That is the sort of support that we can offer.

Mr Quinan: We have heard from Gail McCann of Mothers Against Drugs and taken evidence from the Glasgow Association for Family Support Groups. Do you specifically target such groups? Do you have good connections with Mothers Against Drugs or its equivalent in Alloa? Those are projects that have come straight out of the grass roots and are run by people who have first-hand knowledge of the problem.

Alistair Ramsay: I met Gail McCann shortly after I was appointed as director of Scotland Against Drugs. At one point, we dedicated a

member of staff, almost full time, to giving that group support and help. A video tape was produced and money was made available through the challenge fund for various projects that Gail was involved in—in Easterhouse and with Locals Against Drugs in Alloa. Bob McCafferty goes along regularly to Gail McCann's meetings to ensure that we give her any support we can. That is the nature of the community programme that we are trying to establish.

Mr Quinan: What would happen if SAD did not exist?

Alistair Ramsay: The best people to answer that question are the ones who have benefited from the existence of Scotland Against Drugs, and from the 140 projects that would not have been funded if it had not been for Scotland Against Drugs.

Mr Quinan: How many of those 140 projects are still in existence? One immediately springs to mind: Calton Athletic.

Alistair Ramsay: Calton Athletic is still in existence.

Mr Quinan: Not as a full-time organisation in the same way as it was.

Alistair Ramsay: But as far as I am aware it is still in existence.

The Convener: Lloyd, I have to hurry you. I know that you are on a roll, but I have to hurry you.

Mr Quinan: I am finished. Thank you.

Mr McAllion: I agree with what you say about the post-1998 reorientation of what Scotland Against Drugs is all about. You are not just about saying no; you are about a giving out a variety of messages. But if you look at the philosophy that is set out on page 2 of the document that you submitted to the committee, the three bullet points are: do not start; choose to stop; choose to stabilise and stop. They are just three variations on the theme of "just say no". Is there a danger that you are missing out an important group who do not perceive drugs as a problem but think that drugs are the solution to their other problems? That is what we hear when we go out into communities and speak to front-line workers. They say that your kind of message does not work with the people who are most likely to misuse drugs.

Alistair Ramsay: Not necessarily, because we are trying to ensure that the kinds of evolutionary issues that you raise are being dealt with. For example, we are working with Crew 2000 to see whether it is possible to set up initiatives to deal with some of the issues surrounding young people who might be diverted away from taking drugs, but doing so through a group that has a different

philosophy from Scotland Against Drugs.

There is a significant amount of support for what we are about and for our document, which went through the Scotland Against Drugs campaign committee. We cannot change the aim of Scotland Against Drugs without getting all-party agreement. That is part of the conditions of the organisation, so we are trying to establish a baseline from which we can develop. That philosophy is the baseline.

Mr McAllion: Would it be fair to say that that philosophy is directed at politicians and the business community? It is not directed at the people who are suffering from the misuse of drugs. Are you telling us that your philosophy is designed to get respectable people on-side?

Alistair Ramsay: No, that is not what I am saying. I am saying that it is the baseline from which we can develop.

Mr McAllion: Can that philosophy be broadened out to be less judgmental?

Alistair Ramsay: Yes it can.

Mr McAllion: Who would do it?

Alistair Ramsay: We can do it. That is what I am saying; we have to evolve. Like every other organisation working in the field, Scotland Against Drugs has to recognise that there is a need to change. When I came to Scotland Against Drugs, we changed quite dramatically because I felt that we needed to evolve. We still need to evolve. We cannot be set in tablets of stone. We have to take into account the demands, but we cannot do everything. We cannot do it all, but we can help those who see areas that need to be developed to get their operation together.

Mr McAllion: I accept that nobody has all the answers, but one of the things that we pick up when we go out into communities is the absence of British and Scotland-based research about what works. Work has been done in America and research is available that shows the kinds of strategies that have an effect and can begin to reduce drug misuse. There is a crying need for that kind of investment here. Why is Scotland Against Drugs not putting money into research of that kind, rather than preaching to people who are not taking drugs anyway and saying, "Don't do it"?

Alistair Ramsay: I went to America two years ago. In Washington I spoke to the organisers of various campaigns, including campaigns for safe and drug-free schools. I went to the Bronx in New York. They all told me that there is a lost generation. I said, "Of course. I know what the lost generation is." They said, "No you don't. The lost generation is the group of adults that has lost the opportunity to say to young people who are not using drugs, 'Great. Brilliant. Well done. That is terrific. That is what we like to see.'"

I also went to Cornell University in New York to speak to Professor Gilbert Botvin. He has been developing a package of materials called life skills, which has been put into schools and which he has been evaluating over a 10-year period. It has a success rate of 80 per cent compared with a control group. The package is about teaching young people the life skills they need to be fully developed adults and deals with alcohol, drugs, tobacco, sexual health and so on. That is the kind of direction that we need to evolve to.

Evolution is beginning to take place. A schools drug safety team has been set up under Ken Corsar, the director of education for Glasgow City Council, which will make recommendations about drug education and the messages that young people should be getting. We cannot stand still and say, "This is the way to do it," but initiatives need to be based on good research. Gilbert Botvin has good research and we should be acting on it.

Mr McAllion: But you will accept that there is a need for Scotland-based research to find out what works in Scotland.

Alistair Ramsay: Absolutely. Last year, we approached Neil McKegany at the centre for drug misuse research at the University of Glasgow with the idea of researching young people who do not take drugs to find out why they do not. It was to cost in excess of £70,000. I did not think that that was a particularly good use of Scotland Against Drugs money at that time; it was better to put the money into communities and stimulating and encouraging community growth. That was a value judgment that I took. We have invited five agencies to tender for research that will give us some answers; we have been working in the dark for far too long. I do not just mean Scotland Against Drugs; I mean we in Scotland.

We identify the need for a research strategy in our document and I wholeheartedly endorse that view. We need to understand why people start taking drugs, why they continue to do so, what it is like up to the final stages of drugs misuse and what are the implications for parents. We need research into all those areas.

Mr McAllion: Finally, on the challenge fund, there has been some comment on why the number of bids is reducing over time. Is not one of the factors the high number of bids that were unsuccessful in the first two years? I think that there were 64 unsuccessful bids in year one and 73 in year two. There was a massive reduction in the number of bids the following year. Are not people learning that it is not worth the effort, the time and the money that is put into bids because for every one that is successful at least two are unsuccessful and those groups have wasted their time under the bid procedure?

Alistair Ramsay: I cannot comment on what happened at Scotland Against Drugs before I arrived. There are indicators on this issue with regard to the challenge fund.

George Hall: We have said that there is a reduction because people view the bid process as bureaucratic.

Mr McAllion: If for every successful bid there are two unsuccessful ones, are we spreading disillusionment rather than dealing with the situation? We are making it worse with this process because we are raising hopes and then dashing them?

George Hall: That is how the process is set up; it is a bidding process.

Mr McAllion: That is what I am asking about. Do you think that the process is set up properly? We can make recommendations.

The Convener: Now is your chance.

George Hall: We would like a reduction in the criteria that are applied to bids. We would like the requirement for one third of support to come from the private sector to be dropped, because some areas, particularly rural areas, find it hard to get that level of support. We would also like volunteering work to count as a contribution.

Mr McAllion: You could pass your list of recommendations to the committee.

The Convener: Yes, that would be interesting.

Alistair Ramsay: The challenge fund stimulates a great amount of growth, but it is a bit of a straitjacket. We took precautions, particularly this year, to make sure that good projects did not fall because they did not meet the criteria or because the assessment panel did not give its blessing. We are going to mop up a number of projects that have had difficulty getting private sector funding. Private sector funding is important, because we are trying to create sustainability, and we are trying to say to the businesses that are coming in as partners, "When our money is not there any more you need to continue to fund this so that there will be sustainability."

Fiona Hyslop: I should declare that I attended one or two of the early advisory board meetings as a representative of my party.

You said that you have a budget of £500,000 and generate £500,000 from the private sector, so you generate £1 for every £1 that you receive. If Scotland Against Drugs did not exist, that £500,000 could be directed at community and voluntary groups. The voluntary sector manages to generate £3 for every £1 it receives, so for every £1 that is spent on the voluntary sector we get back £3 of value. Would it be more efficient if the public purse funded voluntary groups directly,

rather than indirectly through you?

Alistair Ramsay: Mathematically, you are correct, but the principal function of Scotland Against Drugs is, alongside community development, to lever in support from the business community. The business community does not readily recognise its role or its responsibilities. We have been able to capitalise on the links that, for example, Tom Farmer and other businessmen on the campaign committee of Scotland Against Drugs have with other colleague businessmen and businesswomen around Scotland who are prepared to contribute financially.

Scotland Against Drugs has been able to operate as it does only for the past seven months. I spent the first seven to eight months of my time with Scotland Against Drugs trying to rebuild an organisation with support from people who would not stand next to the name of Scotland Against Drugs at any time. It was a particularly difficult job.

We now have something from which we can move on. We are trying to ensure that the best value for the money being given to Scotland Against Drugs can be obtained in the long term. One of the major potential contributors—which has not contributed in the past but which can contribute—is the business community.

16:30

Fiona Hyslop: You mention a long-term, sustainable involvement with the business community, but you say that you could finish or close next year. There are perhaps difficulties with that contradiction.

When you mention the rules, I am concerned—I think we all are—that the rules that govern you are extremely restrictive and mean that people have to change policy from what is needed to what you need to get funding. For example, will Crew 2000 have to compromise its service to get funding from you?

Alistair Ramsay: No—absolutely not. Crew 2000 is a perfect example of a group to which, in my view, Scotland Against Drugs needs to be closer. For far too long, Scotland Against Drugs was at war with such groups. I do not think that that has given good value for money.

I had discussions with Mike Cadger of Crew 2000 in December last year, just to open up dialogue, and again recently. The principal function of that was to identify the areas of common ground, where Scotland Against Drugs and Crew 2000 could collaborate without compromising the roles of the two organisations.

Fiona Hyslop: You talked about removing the need for private sector funding for when bids come in. We have a good example from our visit to Fife.

An organisation is being set up there to try to do the things you talked about—help stabilised drug users or recovering addicts with life skills in order to get jobs. That organisation did not want to go to Scotland Against Drugs for funding because it would have difficulty with the private sector, not least because businesses' year-on-year budgeting would not fit in with what the organisation needed. It could not get involved for a very practical reason. It approached Scottish Business in the Community to secure that business relationship.

The rules are failing and I think it is incumbent on you to come to us with suggestions about how you can change your rules so that if there is a service, you or, if you are gone and dusted, whoever is around after you, can ensure that services are delivered. Do you agree to do that?

George Hall: Yes, we would agree.

Alistair Ramsay: Yes.

George Hall: We have a very close liaison with Scottish Business in the Community. I was seconded to it from the Scottish Executive to start with. Most of the projects that started with business involvement came about through Scottish Business in the Community.

Alistair Ramsay: I have a meeting on 16 June with the chief executive and the chairman of Scottish Business in the Community to explore how our two organisations will work more closely.

Fiona Hyslop: If family support groups—representatives of which we heard earlier in this meeting—were to disappear next year, that would have a major impact and would give rise to a real sense of loss. A much-needed and valued service would no longer exist, and that would have a devastating effect on people across Scotland, particularly in Glasgow.

You almost seem to be coming from the opposite point of view: it is like planned obsolescence. Do you have an exit strategy?

Alistair Ramsay: No. I said that we cannot commit to anything beyond March 2001 because that is the date that has been set for Scotland Against Drugs to finish. If Scotland Against Drugs goes on beyond that date, the decision would need to be taken by Scottish Executive.

I would be extremely concerned if the family support groups disappeared tomorrow or at any time. I have been working with Billy Fox and Jim Harrigan for nearly 14 years; if we disappeared, 14 per cent of their income would disappear as a consequence.

Mr Raffan: On the chart showing the number of projects being supported by the drugs challenge fund by geographical area—on page 23 of your action plan—I notice that Fife is missing.

George Hall: We funded a project in Fife last year.

Mr Raffan: It seems to be missing. The areas shown are health board areas?

George Hall: Yes.

Mr Raffan: Fife does not appear. I would be quite interested to hear about the project there. Perhaps you could drop us a note about it.

George Hall: We funded a project there. A supplement was produced by the drug action team that was sent to every household in Fife.

Mr Raffan: Fife is clearly a central area, as it has between 4,000 and 5,000 injecting drug misusers. There seems to be a gap: there is just one project there, while most comparable areas have four or five projects.

I would like to try to clarify your figures on the private sector. Between 1996 and 1998, £2.5 million was raised from the private sector. That is what you say on page 1 of your document. What about 1998 to date? Can you tell us roughly how much you have raised since 1998? Is it less, more or about the same?

George Hall: The total is now £4.5 million.

Mr Raffan: So that is the total for the whole four-year—

George Hall: No. Sorry. The total is £4.7 million, right from the very start—to date.

Mr Raffan: So there is slightly less from the private sector in the past two years compared with the earlier period, perhaps dogged by those early pre-you years—Mr Macauley's years—oops! I should not have mentioned the name.

Alistair Ramsay: One of the reasons we chose to have an advertising campaign was to challenge: to get more bids and more support, particularly from the business community in Scotland.

Mr Raffan: The fairly disastrous first two years clearly had an impact on the private sector's contribution.

George Hall: I think that there was a substantial contribution from one company in particular in the first year.

Mr Raffan: Perhaps we could get a breakdown of that, covering the four years and what you gain per year. That would be helpful simply for us to assess the funding. You put emphasis on leveraging in private sector money.

Alistair Ramsay: It is sometimes difficult to put a value on in-kind support. For example, we have an office for which we pay £1 per year in rent to the Clydesdale Bank, which pays the rent on our behalf. We can provide what you ask, though.

Mr Raffan: Perhaps you could do your best—with money and detailing in-kind support.

I asked about press, media and TV. You said that you cancelled the public relations contract when you came. Then, in answer to Lloyd Quinan, you mentioned a very expensive TV advertising campaign. Why did you not tell me about that when I asked my question?

Alistair Ramsay: Because you asked about the original allocations—about how the budget was broken down. You asked for a breakdown of the £500,000 budget that Scotland Against Drugs was given—

Mr Raffan: I wanted to ask the question in a broader way, but I am very glad that Mr Quinan asked his question.

Could you, again, let us have figures, over your period or even over the four years, for how much has been spent on public relations, advertising and so on? We want the figures. It is important for us to see what was spent when. It is not fair to attach to you things that happened in the early years.

My final point—well, I have two final points—is on roadshows. You have an outing for children in Glasgow which I keep hearing about.

Alistair Ramsay: It is called “Choices for Life”. It was born in the canteen of Strathclyde Police headquarters, when the police wanted to do a powerful finger-wagging exercise with primary school children. We were able to convince them that it would perhaps be better to examine something that would enhance what should be good educational practice.

There is a band called QFX. We do not fund it as such, but we buy pieces of equipment for it and try to give it as much encouragement as we can. The Scottish Exhibition and Conference Centre event was an opportunity to tell young people that there are choices that they can make and that some of them—which they make at their age or could make quite soon—can affect their entire life. A range of issues can inform their choice. One of them is drugs. QFX gave a rock concert, at the end of which the band talked to the youngsters about drug use, drug use in music and about why they do not use drugs.

In some senses, there is an opportunity to turn the music industry back on itself. We often see the industry as a big danger for drugs. The cost of going to the roadshow is about 50p per head and the children talk about it for months afterwards. The feedback from schools has been hugely positive. We went for two days this year instead of just one because so many of last year's primary 6 pupils—now primary 7—were biting their teachers' ears, asking, “When are we going to the SECC?”

or, “When are we getting the rock concert?” It would be silly not to try to capitalise on such interest.

About 32,000 youngsters went to the SECC—

Mr Raffan: So how much is this costing?

Alistair Ramsay: I do not know. You would have to ask Strathclyde Police for its figures. We contribute £20,000.

Mr Raffan: Crew 2000 has been mentioned and I have been listening to the answers. What has come through is that you have quite an evangelical approach. That is how it comes across, although I know that it has changed from the early years.

You are a couple of men in suits. You are not teenyboppers; you are almost as old as I am. When I compare you with Crew 2000, I think, “Well, are these guys going to reach young people and kids in the way Crew 2000 does?” Would it not be better to scrap Scotland Against Drugs and give the opportunity to Crew 2000, who really understand kids and young people and could get closer to them and make more of an impact?

Alistair Ramsay: Part of the partnerships is trying to reach youngsters through other organisations. That is how we are trying to run Scotland Against Drugs now. It is about working in partnership with people.

Out of respect for you, it would have been inappropriate for me to turn up in jeans and a tee-shirt today. That is why we are wearing suits.

Mr Raffan: Are jeans and tee-shirt what you normally wear when you go out when working?

Alistair Ramsay: Normally.

Mr McAllion: Even the Prime Minister wears jeans and a tee-shirt.

The Convener: So you are following Mr Blair's example?

Alistair Ramsay: Is there a better lesson?

Mr Raffan: There is a substantial point there—Crew 2000 reaches young people. It is able to do that and to get into a community. Do you have the same ability?

Alistair Ramsay: That is why I want to develop a relationship with Crew 2000; it enables such work to continue in areas where we find common ground. There are many other agencies around Scotland with which we need to open up dialogue. We have been making such approaches only in the past seven months. There is value in that, although we have a long way to go.

We added to the logo of Scotland Against Drugs the text “partnerships in action”. We are trying to

create as many partnerships with people as we can. It does not matter whether those people are wearing suits or trainers and tee-shirts—as long as we are making a difference. That is what Scotland Against Drugs is about. If that is being evangelical, then I am it.

Mr Raffan: Do not get too hung up on the suits. It was a facetious point, but you know what I was getting at.

The Convener: I would like to conclude by thanking you for your evidence today. The session was robust at times, but it was all very good-natured. Your evidence was very interesting and we will probably follow up some requests with you. If you have things to which you wish to draw our attention, particularly as you are developing new themes—you clearly indicated that you are—we would be very happy to receive information about them.

Alistair Ramsay: Support for the continuation of Scotland Against Drugs would be most welcome.

The Convener: I thought you might say that. Thank you very much. I am sorry I had to rush at the end, but we have had a busy day.

I remind members that the clerks have some information on finance to circulate.

Meeting closed at 16:41.

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