

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

Monday 4 September 2000  
(*Morning*)

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## **SOCIAL INCLUSION, HOUSING AND VOLUNTARY SECTOR COMMITTEE** **27<sup>th</sup> 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

### **WITNESS**

Angus MacKay (Deputy Minister for Justice)

### **CLERK TEAM LEADER**

Lee Bridges

### **SENIOR ASSISTANT CLERK**

Mary Dinsdale

### **ASSISTANT CLERK**

Rodger Evans

### **LOCATION**

Committee Room 1



## Scottish Parliament

### Social Inclusion, Housing and Voluntary Sector Committee

*Monday 4 September 2000*

*(Morning)*

[THE CONVENER *opened the meeting at 10:02*]

### Items in Private

**The Convener (Ms Margaret Curran):** The meeting will be in open, formal session for about two minutes. I open the meeting formally.

As we are moving straight into private session, no members of the public are present, although I understand that they will be present later.

Do members agree to take in private item 3, on questions to the Deputy Minister for Justice, item 5, on the draft drugs inquiry report and item 6, on our future work programme? Do members also agree to take in private at our meeting on 13 September the next draft of the drugs inquiry report?

**Members** *indicated agreement.*

**The Convener:** We will now move into private session, in order to agree lines of questioning of Angus MacKay.

10:03

*Meeting continued in private.*

10:18

*Meeting continued in public.*

## Drugs Inquiry

**The Convener:** Let us move on. I formally give a warm welcome to our meeting to Angus MacKay, the Deputy Minister for Justice. I also welcome Kay Barton—head of the substance misuse policy division—and Brian Callaghan, who is the team leader of the drug misuse cross-cutting team.

Witnesses are probably well aware that we have been considering the issue of drugs and deprivation for some time. We have undertaken a considerable body of work and have a range of questions for you. In our usual style—although it seems some time since we have done this—our questioning will be robust, but I can assure you that it is meant in the politest of terms.

I ask the minister to give us a brief introduction and we will then move to questions.

**The Deputy Minister for Justice (Angus MacKay):** Thank you, convener. I have a brief statement, which I will make as quickly as possible.

First, I want to thank the committee for the opportunity to contribute to the inquiry that it is undertaking. From reading the reports of its meetings, I know that the committee has held a wide-ranging inquiry into drug misuse and deprived communities. The Executive welcomes the committee's work and the contribution, I hope, of practical proposals to the debate on the drug misuse strategy.

The Executive agrees with the committee's proposition that disadvantaged communities and socially excluded young people are most at risk from serious drug-related problems, but it is worth putting on record that not everyone who lives in a deprived community is involved in drug misuse and that the problems that are associated with drugs are not confined to such communities.

Our strategy attempts to protect all communities from the harmful consequences of drug misuse. Since the committee started its inquiry, the Executive has published "Protecting our Future", the Scottish Executive's drugs action plan. That action plan sets out the problem, the objectives of our overall strategy, what is being done now across the four pillars—young people, communities, treatment and availability—and what we intend to do next.

I am sure that the committee is aware of the extent of the problem. One in six schoolchildren has misused drugs and 84 per cent of serious drug misusers are unemployed. The picture is complex and multifaceted. Our strategy is to adopt a balanced approach across the four pillars that I

mentioned, to try to help young people to resist drug misuse, to enable people to receive treatment and rehabilitation and reintegrate into society, and to stifle the availability of illegal drugs.

No pillar is more important than another—they should complement one another. It is sterile to argue that we should concentrate either on policing or education and treatment, or that we can focus on only one of those issues at a time.

We are now trying to take action on all fronts to cut supply and demand. That means that better enforcement is being matched with better education, treatment and rehabilitation. We are trying to ensure that our schools offer effective drug education. We are funding drugs work in communities through social inclusion partnerships. We are exploring community disposals for drug offenders, providing more treatment and rehabilitation services and exploring reintegration bridges into employment. We have also set up the Scottish Drug Enforcement Agency, of which members will be aware.

The next thing that we will do for young people will be to co-ordinate better work on education and prevention and to improve the consistency of approaches. We will target the young people who are most at risk, such as those who are excluded from school, young homeless people and young offenders. This weekend's publicity on young drug users in Scotland underlines the importance of that work.

For communities, we need to improve links between the drugs strategy and other social inclusion initiatives. That is why the additional £2 million that the Executive allocated to social inclusion partnerships this year is to be spent on community-led projects that address community priorities or encourage public involvement in attempts to tackle drugs issues. Letters agreeing to the plans that were submitted have now been issued to those partnerships and the SIPs can start to draw on the funds that have been allocated to them.

We are also committed to providing more support for developing treatment services and reintegration bridges. The work programme in the action plan is being taken forward centrally by the Executive, the Scottish Drug Enforcement Agency and other key national players. Locally, it is being driven by the drug action teams and their constituent bodies, in partnership with the SIPs.

Resourcing the drugs strategy is a major issue. The Executive has already shown its commitment to the strategy by providing an extra £29 million since 1999. It would be premature of me to anticipate today the result of the current spending review, but we have already signalled that we will make the drugs strategy a high priority in our

forthcoming spending announcements.

We share the view that we need to find effective ways of preventing drug misuse and of reversing its impact on communities and individuals. We need to ensure that information about effective interventions is disseminated appropriately for those who need it. We are consulting widely about plans for the Executive's new effective interventions unit. In the next few weeks there will be an announcement about the unit's programme of work.

I am pleased to say that today I can announce the Scottish Executive's support for a major investment in drugs research by the Robertson Trust. The trust is investing more than £1 million of new money in research to be carried out by the Centre for Drugs Misuse Research at Glasgow University. Neil McKeganey will have a key role to play in that work. The chief component of the research programme will be a major study of treatment and outcome services, which will follow 1,000 addicts through those services. The programme will also include a study of what makes some young people resist drugs and others get involved and a review of European models of prevention. The Executive intends to bring together an advisory group to support the research team. The Robertson Trust's research will complement our research programme, which is out for consultation.

The final point that I would like to make concerns the Executive's commitment to joining up all the strands of work on the drugs strategy, nationally and locally. We think that the picture is improving gradually. We are trying constantly to foster a culture of co-operation across agency and departmental boundaries. We believe that the success of our attempts to do that is critical to our success in tackling the drugs problem more widely. The drug action teams have a crucial role to play in bringing together the budgets, policies and decision making of their component agencies, so that in every area of Scotland the nature of the local drugs problem is matched by a tailored local strategy to tackle drugs misuse.

We do not believe that the Executive has all the answers or a monopoly of wisdom on the issue and we hope that the committee's input will help us to take our strategy forward.

**The Convener:** Thank you very much, minister. That was comprehensive. We would like to probe with you a number of the themes that you have highlighted.

I smiled when you mentioned research, because that was one of the first things that I intended to ask you about. We have taken a great deal of evidence—formal and informal—from Executive officers and members of communities. They tell us

that the frightening thing is that we do not know the scale of the problem and do not really understand what is happening with drugs. Some of the support groups have said that there is a war going on out there and that we are losing it. How do you know that you are on top of the subject and that you understand what is happening in an area where there is so much change?

**Angus MacKay:** In its policy on drug misuse, the Executive has attempted as much as possible to sit down with a blank sheet of paper. Notwithstanding the fact that the strategy document "Tackling Drugs in Scotland: Action in Partnership", which was launched in March 1999, remains a central plank of our approach to drug misuse, there are clearly some areas that need to be fleshed out. An open recognition that the research that we have received to date has not been sufficient is important. That is why the Scottish Advisory Committee on Drug Misuse, which includes a range of experts—people who work in the field as well as representatives of the Executive and other agencies—was asked to form a sub-committee to consider closely what research is required to inform better the way in which spending decisions are taken. Research is needed into the problems that we face in the field, into the nature of drug misuse throughout Scotland and in different parts of Scotland, and into the ways in which different strategies and treatments work or do not work. The sub-committee produced a draft programme that is out for consultation at the moment. Once the consultation process has been concluded, we will take a decision about how we prioritise and fund the research recommendations that are contained in the final report.

My personal observation is that for many years drugs policy has been conducted without sufficient basic empirical evidence regarding the shape and nature of drug misuse in Scotland. At the weekend, *Scotland on Sunday* covered the issue of drug misuse among young Scots. The research document from which the newspaper article in question took its information was published in 1998. The information contained in that report was gleaned from three pieces of work, the first of which was carried out in 1993 and the last of which was carried out in 1997. That gives some indication of the extent to which research is only a snapshot in time and is not necessarily up to date. We need to construct a programme of research that tells us what is happening now, so that the policies that we develop are based on the current facts, rather than on received wisdom about what does and does not work or anecdotal evidence. I hope that the new research programme will start to address the fractured nature of everything relating to drug misuse—provision of services, decision making and funding sources. We need a much more coherent approach.

**The Convener:** That is welcome and addresses some of the points that were raised in evidence to the committee. However, if one goes into ordinary communities, people will say that we do not need sophisticated research to find out certain things because what is happening is self-evident. There is clear evidence that younger kids are becoming involved in chronic drug misuse and using serious drugs, such as heroin. Communities are collapsing under the strain of dealing with the problem and open drug dealing is taking place. People know that the system is not working for them. What are your worries about the scale of the problem that we face?

**Angus MacKay:** There is a distance between government in Scotland and the front-end experience of drug misuse in communities throughout Scotland. We must bridge that gap, both through the way in which we shape and deliver policy and through the way in which we make resources, particularly cash resources, available. The key way for us to achieve that is to make the drug action teams proactive and successful. If the drug action teams are to define a response to the experience of individual communities—a series of services and investment decisions that will tackle drug misuse in their area—they must have up-to-date information about that. They need to know about how the drugs are getting into their communities and about the ways in which drug use or poly-drug use manifest themselves there. The teams must know what kind of services—whether residential or outreach—are needed in their areas.

Providing answers to all those questions depends on up-to-date, accurate and comprehensive information—that is why the research programme is so important. It means that, increasingly, we will be able to make such information available.

**The Convener:** Do you think that there is a link between poverty and chronic drug misuse?

10:30

**Angus MacKay:** I have no doubt that there is a clear link between poverty and drug misuse. That is why I tend to characterise our approach to drug misuse in the following way. In the short term—to make an early impact—we need to be successful on the enforcement side.

In the medium term, we need to see success in treatment and rehabilitation. Obviously, we want success in all those areas as quickly as possible, but in the medium term, treatment and rehabilitation will begin to reduce the demand side, which will produce success.

In the long term, the critical intervention that must work is preventive education and the broader

social inclusion strategy. If we can tackle the problems with educational attainment, ill health, environment and housing, access to educational and training opportunities and employment, we will cut the fertile breeding ground from beneath the feet of the criminal organisations that deliver drugs to the market.

**The Convener:** People respect your personal commitment to the drugs policy, but we have heard quite a bit of criticism of the Executive's strategy: that there is too much emphasis on enforcement; that the Executive's measurements are all wrong and that the strategy is not delivering. There may be fine words in the strategy, but they are not making an impact out there. Keith Raffan will pursue that aspect in some depth, but what is your response to the criticisms from those who use and deliver services?

**Angus MacKay:** First, I do not think that the balance in spending patterns is wrong. I am sure that Keith Raffan will engage me on that, so I will not go too far down that path. Delivering on the enforcement side is absolutely critical. There is no point in helping people who have chronic drug misuse problems and trying to tackle the rising number of deaths from drug misuse at one end if we are not also tackling the supply to future generations of young Scots at the other end.

Secondly, the Executive has been at this game for barely a year. We have made significant progress in that time. The strategy we are following is explicitly a 10-year strategy. The Executive has signed up to the strategy—it is the one that we believe will work. People should remember that it is Scotland's strategy, not just the Executive's. It was developed, signed off and agreed by key players in all agencies, in all fields, at every level. What has been produced is an excellent policy document. It is a 10-year policy document, so it will take time to work. However, that is not to say that we cannot look for early wins.

We have made progress in bringing additional funding to the field. I hope that when the spending review round is completed in September we will be able to make further significant moves forward in relation to additional expenditure. We have the strategy and the structure of the drug action teams right. The publication of targets this autumn will mean that the progress or failure of the Executive—and of all the other agencies that have to deliver—can be measured. That is critical—transparency about what we are trying to do is important, both to ensure that we do what we say and to foster public confidence that together we can win on drug misuse. I think that we can win.

**Mr Keith Raffan (Mid Scotland and Fife) (LD):** I am glad that you said what you did about cutting demand as well as supply. As you know, my

concern is that we have not got the balance right. I am sure that you follow what is going on in the States, but I do not know whether you have seen *The Economist* this week, which says:

"If you want to see money thrown at a problem to no good effect, you need look no further than America's 'war on drugs'."

Further on it says:

"the war on drugs is a flop."

It goes on to quote George Schultz, secretary of state under Ronald Reagan and not a notable left winger, who said:

"we have gone overboard in devoting so much money to a penal, as distinct from a . . . preventive, approach."

Numerous other Republican governors are reported as saying the same. When will the Scottish Executive catch up with the Republican right?

**Angus MacKay:** My, what a tempting invitation. I will decline that offer. I do not recognise George Schultz as being a world-renowned expert on drug misuse, but I take your point on the quotes from *The Economist*.

We are not on the same path as the United States. In many respects, the United States has been ahead of us on the treatment and rehabilitation learning curve. It has had to deal with a more acute problem for a longer period of time. We do not follow the United States model of enforcement. One of the key weaknesses of that model is that there is no genuine drug enforcement agency that combines all the key agencies.

The United States system includes a number of enforcement agencies, all with competing interests. When I spoke to individuals who worked in those agencies, what came across was their feeling that they were being undermined by the fractured nature of their attempt at enforcement. A key principle of the Scottish Drug Enforcement Agency, which delivers value for money and coherence, is that it brings together all the agencies in one place. We are talking about everyone who could conceivably have an interest—the Scottish crime squad, the National Criminal Intelligence Service, the national crime squad, the security services, HM Customs and Excise, employment agencies and the Convention of Scottish Local Authorities—coming together on the enforcement side to say, "How can we beat this thing?"

The sharing of information, best practice and the development of policy approaches will make a significant difference to enforcement. It is already making a difference. I am not sure exactly what the figures are, but in the agency's first few months about 70 per cent of drug operations in



Scotland have been intelligence led, where previously the figure was 40 per cent.

The enforcement effort is increasingly being directed on the basis of a much clearer understanding of how Scotland's criminal drug networks work. It is therefore more likely to be successful and to do long-term damage to those networks.

**Mr Raffan:** It is difficult to measure success. At Westminster, I used to get fed up of Home Office ministers coming to the dispatch box about big catches of heroin or cocaine because we never knew what percentage that was of what was coming in. A lot more might be coming in. The test is the street price, which was going down, not up. That did not tell us whether much impact had been made. The National Criminal Intelligence Service, in its recent presentation, admitted that the £289 million that it seized last year was probably 3 per cent of the total drug market in the United Kingdom, which is £6 billion to £7 billion.

My concern is that resources should go where they will make an impact. There is a need for a radical rethink. We should concentrate on cutting demand. However, as you said, supply and demand is a sterile argument, and there will not be agreement.

**Angus MacKay:** First, in my short experience of this brief, the initial criticism of the current spending pattern was that we were spending more on enforcement than on treatment, rehabilitation and education. More or less the first major piece of work for the policy unit was to make an inventory of the money that goes from the Scottish Executive to the various areas.

That report, which will be published in the next few weeks—certainly before the end of October, so it will be available to committee members—showed that less than half of what we are spending goes on enforcement. More than half goes on the other areas. That gave the lie to the idea that we are spending more on enforcement than on the other areas that people advocate.

Secondly, more than 50 per cent of the £29 million that has been brought forward since the Parliament came into being has gone on treatment and rehabilitation. That would undermine the contention that we are spending more on one side than on the other and that we have got the balance wrong.

Thirdly, the drug cross-cutting bids that have gone into the current spending review do not contain a single enforcement bid; every bid is for prevention, treatment and education.

**Mr Raffan:** You know that I am a loyal Scottish Executive supporter, but I am concerned about your favourite word: outcomes. I do not think that

you are producing results through enforcement. I have heard a bit about the targets that you are setting. Will there be an opportunity for Parliament to debate them?

**Angus MacKay:** I certainly hope so. When we launched the drugs action plan and I announced the intention to publish targets in the autumn, it was my intention that the Parliament would have the opportunity not just to debate the targets but to contribute to their formulation.

**Mr Raffan:** I understand that one of the main targets is a 20 per cent reduction in drug deaths by 2005. Is that correct?

**Angus MacKay:** There is a range of targets.

**Mr Raffan:** Is that one of them?

**Angus MacKay:** I have not seen the latest version—it is out to consultation. We have not approved anything yet, so I am not sure what is in and what is out at the moment.

**Mr Raffan:** I am glad it is out to consultation—can I consult? You must be aware that the increase in drug deaths since last year is 23 per cent. Even if we achieve a 20 per cent reduction by 2005, the level will still be higher than it was last year.

**Angus MacKay:** I wish to make two points about that. First, I understand that next year's figures already look like they are beginning to tail off. They are either stabilising or reducing. There is already some evidence of a change in the drug death figures.

Secondly, the targets that we are trying to set should be challenging. They should be difficult to meet. If we meet them, we should ask ourselves how we can make them harder each year, so that we continue to make progress. However, they should also serve to test failure, so that if we do not meet targets we should be open, honest and accountable about that. We should ask ourselves why we are not meeting the targets and what changes we need to make to policy or funding to ensure that we meet them.

*The Scotsman* covered the targets very misleadingly. First, they were portrayed as a youth drug strategy. They are not; they are targets for the entirety of drugs policy. Secondly, they were portrayed as a leak. They are not; they have been issued formally for consultation, to a wide range of organisations. Thirdly, Mr Geddes, of a drug organisation in Glasgow, was wildly misquoted in the article. He has said that his comments were taken completely out of context. I am not sure where your information on the targets came from, but I ask you to stick to the consultation paper, as it is more factual.

**Mr Raffan:** I agree with you that targets should be challenging, and I hope that the drugs deaths target will be made challenging, as it certainly is not at the moment.

My final question concerns, first, the evenness of provision in health services, which is the core of this whole thing. It is no use talking about community involvement and everything else until provision of services is much more even, from one health board to another, than it is now. I have mentioned this to you before, so I shall not go into detail, but will cite two health board areas—Ayrshire and Arran and Fife. Those areas are topographically similar, similar in population and have a similar number of addicts, yet the service is much better in Ayrshire and Arran than in Fife.

Secondly, needle exchange is not nearly sufficient in either area. On our Dublin visit, we learned, yet again, that the sharing of spoons is a crucial issue. Aluminium spoons should be made freely and legally available, as they are on the continent.

Thirdly, there is the hepatitis C time bomb. I know that you are not from the health department, but “time bomb” is the phrase that was used by the former general manager of Fife Health Board. The figures from the Scottish Centre for Infection and Environmental Health show 7,000 to 8,000 cases, although a footnote says that that is an underestimate severalfold. The estimate for cases of hepatitis C in Scotland—with a cost for treatment of £10,000 a year—is approaching 45,000.

Can you please comment on those points?

**Angus MacKay:** There are a number of points there. If I miss any, I am sure that you will remind me of them.

You are absolutely right about the health board areas. We want to ensure that there is adequate provision throughout Scotland, as there are disparities. Two things need to happen. First, we need to be more aggressive and successful in rolling out the shared care arrangements, particularly involving GPs, as they give us the opportunity to provide a minimum safety net throughout Scotland. If we do that, we will have made a good start. We are taking steps to do that.

Secondly, we need to ensure that other kinds of services are also available in each of those areas—whether that means providing access to residential accommodation, which is appropriate for some people, or involves outreach work, such as the work that is undertaken by the drugs project in west Fife. I hope that, if we are successful in the current budget round and money is made available, the drug action teams will have a significant say in how that money is spent and shaped in their areas. They might not be the

budget holders, but that does not matter as long as they have a critical influence on the way in which the money is spent and shaped. That will allow them to put in place some of the services that you are talking about, where they are patchy.

We must examine the way in which the money is distributed between the various drug action teams. The incidence and prevalence research that the Executive has commissioned will play a major role in helping to determine which areas receive what level of funding, although we will also have to take into account several other factors.

You mentioned hepatitis C. A Scottish needs assessment programme report is being produced, which has not been published yet. The Minister for Health and Community Care will issue a response to that report when it comes out. I shall examine that report closely, and the consequences of its recommendations on drug misuse, and will seek to have an input in their implementation. I recognise the importance of that.

The drug action teams can and must engage in the issuing of needles and so on. The whole thrust of our strategy is to ensure a coherent strategy, with clear objectives, throughout Scotland and to ensure that we invest in the field, which will allow the various agencies to do their job. The drug action teams must engage in shaping the services that are required locally. They are, after all, composed of all the key agencies—in terms of budgets, policy and service delivery—which should be capable of making a significant difference, providing that there are no obstacles in their path. Much of my time and effort, in the first year of the Parliament, has been devoted to geeing up the drug action teams and encouraging them to believe that they are being taken seriously. We have increased their resources to help them to function and we envisage them having a key role when and if additional resources are made available through the spending review.

Did I miss any of your points?

**Mr Raffan:** The legalisation of aluminium spoons.

**Angus MacKay:** The Home Office controls the legal matter of paraphernalia being issued in that way. A group in the Scottish Executive is also considering such issues and will make its recommendations quite soon. We will assess those recommendations.

**Mr Raffan:** It may be worth raising the matter at one of the joint ministerial committees.

**Angus MacKay:** Absolutely. We will see what the report says and try to act on its recommendations.

10:45

**Fiona Hyslop (Lothians) (SNP):** You said that none of the bids that are going in for the spending review are for enforcement. If the tackling of poverty and social exclusion is central, do you think it is appropriate that the lead responsibility for the drugs strategy continues to lie with the justice department? Bearing in mind your short, medium and long-term proposals in the strategy, is it about time that we reassessed whether the justice department is the most appropriate department to take the lead responsibility for the drugs strategy?

**Angus MacKay:** The justice department does not have the lead responsibility for drugs. As the minister, I have responsibility for drugs policy. I am supported by the former public health policy unit; I cannot remember what it became when the health department was reorganised, but it is located within that department. The lead comes from health department officials.

Having said that, I have overall responsibility within the Executive and lead a cross-cutting Executive sub-committee, which has four members from the health, communities, education and justice departments. The whole thrust of the Executive's approach is to try to take us away from the idea of operating in departmental or policy silos—to break those barriers down and cross-cut as we expect the component parts of the drug action teams to cross-cut to deliver services. That is what we seek to do through the cross-cutting team, the Executive drugs forum that I chair, which involves senior officials from all the relevant Executive departments meeting monthly to consider each of the areas of drugs policy in which we are trying to make progress.

**Fiona Hyslop:** Would it not be appropriate and feasible for another minister to take the lead responsibility for the drugs strategy?

**Angus MacKay:** I do not think that I am irreplaceable, if that is what you are asking.

**Fiona Hyslop:** You mentioned that drug enforcement is critical. Do you think that the proposals to cut customs services in Scotland are helpful to the enforcement proposals?

**Angus MacKay:** I do not think that there are any proposals to cut customs services; you may be talking about the location of customs at the Paisley site, where support functions are based. The level of support will remain the same; it is simply being reorganised geographically. There will be no reduction in the level of service in any event. The services that are being reorganised there provide a phone-in contact service for agents in the field, and are not concerned with drugs enforcement. I am not sure that they are relevant.

**Fiona Hyslop:** When James Orr gave evidence, the committee was concerned about his responses, as he found difficulty in explaining what added value the Scottish Drug Enforcement Agency would bring.

In recent weeks, issues have arisen concerning the accountability to the Government of certain agencies and arm's-length organisations. Concerns have also been expressed by police officers about the accountability of the SDEA. Who is James Orr accountable to? How can we ensure that the agency's proposals are given due public scrutiny? What is the role of the chief constables in the matter? What is your personal role? Are you personally accountable for the Scottish Drug Enforcement Agency?

**Angus MacKay:** You are referring to the Scottish Qualifications Authority, I suspect. I shall try to deal with each of those points in turn.

Operationally, the director of the Scottish Drug Enforcement Agency—and, therefore, the agency itself—is accountable to the Association of Chief Police Officers in Scotland. In policy and strategic terms, the agency is accountable to the Scottish drug enforcement forum. The drug enforcement forum met for the third time—the first time since the Scottish Drug Enforcement Agency was set up—last week, and the Prime Minister attended that meeting. The agencies that I mentioned in response to an earlier question are all represented on that forum, from the Convention of Scottish Local Authorities and the Employment Service to the security services and all the enforcement agencies in between. They have a direct role in helping to shape the strategic objectives of the organisation.

**Fiona Hyslop:** What is your role?

**Angus MacKay:** I chair the Scottish drug enforcement forum. In that capacity, I have a role to play in strategic terms but not in operational terms. As with other policing matters, ministers do not get involved in the operational side; that would be inappropriate.

**Fiona Hyslop:** The local authorities are obviously concerned about the way in which the Scottish Drug Enforcement Agency will be held accountable by the chief police officers, as the police boards include local authorities' representatives. I hope that the minister can clear up that confusion.

**Angus MacKay:** On the policy side, COSLA is represented, so the local authorities have some direct input. On the operational side, direct accountability lies with the chief police officers. Accountability then falls back on the local authorities through the police boards in Scotland. However, members will be aware that a review of police and fire structures is under way. It may well

be that, as part of that review, we will note issues for further work, one of which in the longer term might be where the Scottish Drug Enforcement Agency—and other enforcement agencies—will fit into the overall pattern.

**Fiona Hyslop:** What are the Scottish Drug Enforcement Agency's immediate priorities?

**Angus MacKay:** The immediate priorities are to cut the supply of drugs coming into Scotland and to disrupt the activities of the criminal organisations that deliver those drugs to market. One would hope—this was touched on earlier during Keith Raffan's questions—that, in the medium to long term, the market price of drugs will rise as the supply to the streets reduces. We hope that the availability of drugs will be reduced and that we will see indications of that. We also want the Scottish Drug Enforcement Agency to be involved in disruption work. Much of the work of enforcement agencies—not just in this country but in Europe and across the globe—is about disruption as much as capture and prosecution. That is important, and we have to find ways of measuring it.

I would like to place the work of the SDEA in a broader context, a matter that came up at the drug enforcement forum on Friday in response to a question from the Prime Minister. The work of the agency, and the work that is done on treatment and rehabilitation, have to be seen as part of a wider policy in the context of attempts to bear down on drug misuse in the United Kingdom and Europe as a whole. The SDEA must and will liaise with the National Criminal Intelligence Service, Europol, Interpol and a range of other agencies to ensure that our efforts are international. This is less and less about customs officers intercepting boats as they approach the shore, and more and more about using intelligence to find out, for example, what the routes are, who the key players are, and when shipments are leaving Turkey, central America or south America, and then trying to take out entire networks, to ensure that we dismantle entire operations.

**Fiona Hyslop:** You said that one of the measures of effectiveness would be the market. Committee members have visited different parts of Scotland; John McAllion and I went to Fife. When heroin is very cheap on the streets of villages—not just in cities such as Edinburgh and Glasgow, but in villages—it is evident that drugs are very pervasive. Their reach is extending still further.

Another striking point from the evidence that we have gathered so far is that nobody is talking about cannabis when talking about drug misuse in deprived communities; people are talking about hard drugs and heroin. Interestingly, when James Orr came to the committee, he talked about a concentration on hard drugs being the priority for

the SDEA. Do you endorse that strategy? Should we concentrate on hard drugs? Should we recognise that community concerns are not about cannabis but about drugs that are injected, such as the heroin that I mentioned in the villages of Scotland?

**Angus MacKay:** The answer to the last point would depend on whom you spoke to in communities. I have spoken to mothers of children with drug addictions and their concerns are about all drugs—especially about heroin, but about all drugs. They have seen their children start with tobacco or alcohol or cannabis, before moving on to harder drugs. They have their own views on substance misuse and those views are not unreasonable. In Fife, which you mentioned, the drugs market is especially buoyant. That does not surprise me; the SDEA has been operational only since June, so we are not even two and a half months down the line. We have to allow the agency some time to have an impact on the ground, and I am sure that it will.

If we consider the various drugs that are available in Scotland in terms of volume and impact, there is no doubt that heroin is the most damaging. I would therefore expect the enforcement agencies to put heroin at the top of the list. I would expect them to target all drugs, but in terms of the causes of death, ill health and criminality, and in terms of the volume that comes into the country, heroin is at the top of the list and should be the key priority.

**Robert Brown (Glasgow) (LD):** The minister said that he accepted the overwhelming evidence of the link between drugs and poverty and deprivation. However, that acceptance was not reflected in the most recent allocation of drug treatment funding to health boards, which, as I understand it, was decided on a per capita basis and according to age. How does the Scottish Executive decide on funding for different areas? Does the minister feel that the funding reflects appropriately the scale of the problem in an area such as Glasgow, which has multiple deprivation?

**Angus MacKay:** As Mr Brown knows, there are a number of ways of slicing up the cake; the question is, which way is the most sensible? As I said earlier in response, I think, to Keith Raffan, I want to decide—once the funding has been established through the spending review—exactly how we will allocate funds on the basis of drug action team areas and health board areas. Social inclusion partnerships are important, because they reflect problems to do with poverty and deprivation. However, Fraserburgh is an example of a town that has well-known and well-documented drug problems but does not lie in a social inclusion partnership area. Should Fraserburgh be excluded from access to the

funds? Absolutely not. We have to take a balanced approach.

We will consider a number of things. I want to see the results of the prevalence and incidence research that we are doing. Ideally, that should lead us in determining how we invest in the agencies and organisations that are working on the front line. I have seen in the past that it is easy to slip into a pattern of allocating and delivering funds in a way that reflects historical funding patterns. We need to know the problems in different communities as they exist now and, as best we can, to fund appropriately. That kind of work can take time, and I will be considering it once we know what we are getting out of the spending review.

**Robert Brown:** Does the minister expect to take early decisions on an interim approach, at least?

**Angus MacKay:** I hope that we will have the report of the spending review before the end of September. It will deal with the three financial years starting from next year. We therefore have between the end of September and the beginning of April next year to consider the various factors that could influence how we will split the money between the drug action teams and the health boards. That is a reasonable, if not enormous, amount of time. We will make decisions pretty quickly, as soon as we know how much money we will have and in what areas.

**Robert Brown:** We have heard a lot of evidence—in committee and on our visits—about the importance of what I might describe as throughput. People can be categorised as homeless, or coming out of care, or whatever, but we are dealing with individuals who may cut across a number of those categories, and who may be going in and out of prison. We got the impression that there were shortcomings in the following through of people's cases. There is a time gap between people coming out of prison and being caught up by the services. That is connected to the value that we place on the continuity, comprehensiveness and availability of the services. As well as steadying people with methadone treatment, we must offer them follow-up support, help them to find jobs, and perhaps support them when they are in jobs. That is important in theory, but it does not seem to be happening in practice.

**Angus MacKay:** Where we have services, they tend to be trying to stabilise people and to take the chaos out of their individual circumstances, before trying to treat them and to do rehabilitation work. We are weakest, I think, when it comes to moving people on from the treatment and rehabilitation period into training, education and employment, then supporting them beyond that period. In that context, I am especially anxious to consider the

new futures fund—and other funding as it becomes available—so that we can structure properly the way in which we give people the opportunity to move on.

I have spoken to people in the turnaround project and other agencies, and it is clear that when people first go to such agencies, their overriding objective is to end the chaos in their lives; they do not look much beyond that. Once their chaotic drug use is stabilised, their horizons widen. That is a continuous process. People who stay in contact with the agencies become more and more ambitious as they become more stable. We have to ensure that there is a framework to support them in their ambitions, especially with regard to education and training, which will allow them to get into employment and to have a stable lifestyle.

The Scottish Prison Service, with its revamped strategy and its prison co-ordinators, has made a good start in trying to link up with local through-care services. Additional money—I think about £500,000—has been allocated to that. We need to do more, and I am keen to do more. I cannot pre-empt the decisions that will come out of the CSR, but through-care is especially important.

I am concerned that the targets that we publish in the autumn should not be about just the process. They should not be about inputs and outputs, but about outcomes. The targets should be qualitative as much as anything else. It is no use just putting someone through a treatment facility then saying they are done and dusted and, "Away you go." We want to move people into positive lifestyles and encourage them to stay there, so we need to measure what works best in that respect. That is why the work of the effectiveness unit will be important; it will look at different strands, approaches and treatments and ask, "What works best? What works most effectively? What is most successful", particularly in terms of outcomes, not just outputs.

**Robert Brown:** Do you accept that there is an approach that requires on-going support, for example an individual-centred approach where the same people have contact with an individual? I know that sometimes there are difficulties in getting the resource and people to follow through, however it should not be just a matter of passing people on from one agency to another, but of ensuring, for example, that they are visited in prison and that the contact is maintained at that level.

**Angus MacKay:** That ideal of seamless service delivery is one to which we should aspire. There is no question about that. Traditionally, we have had a structure, not just in drugs but across the public sector, in which individuals are expected to fit in to the services that are available, and the services

are rigid. We should aspire to service delivery that wraps around, and fits the circumstances of, the individual, rather than the other way round. I hope that we will start to do that in the drugs field. Certainly, it is what we need to do. We will be more productive and successful if we are able to do that.

11:00

**Robert Brown:** My final point is on on-going funding. In this sector, as in others, one of the problems is that projects are set up, experience is gained, funding runs out, the project is abandoned, and some other project has to start from scratch with different funding. That is related to the emphasis on the competitive bidding process. Have you any thoughts on ways in which you can reduce the amount of bureaucracy and the time spent by people in finding funding, and increase the stability of those projects that work in order to provide services on a long-standing basis?

**Angus MacKay:** While I recognise that we have to balance on the one hand a regime that allows us to monitor what is going on—to monitor that we are getting value for money and that what works is being funded—we do not want to drown people in paperwork, so I am sympathetic to the argument. I would be enthusiastic about any attempt to streamline the various sources of funding and make the system simpler. As a former convener of finance in local government, it is my experience that we could do with rationalisation. How easy it is to achieve is another matter.

When and if money comes from the spending review, I am not sure that we need many more pilot projects or short-term tests of what might or might not work. A lot of that has already been done. There is too much reinventing of the wheel in the area of drug misuse. That is a large part of what I expect the effectiveness unit to help us to address. What do we know already? What information can we capture from that? How can we disseminate it to the field so that it is best used, and make sure that we do not continually recycle resources, as you say, into new projects just because they are supposed to be innovative or pilot projects?

When I first became minister, the policy document "Tackling Drugs in Scotland: Action in Partnership" had just been published in March 1999. One of the first questions that I was asked by officials was, "Are you happy with this, minister, or do you want a new strategy?" I looked at the document and at a number of others, and it is abundantly clear that there are people in the field who have clear views about what we should be doing and how we should be doing it. We need to move on to doing, rather than talking and thinking.

That goes for agencies as well.

**Karen Whitefield (Airdrie and Shotts) (Lab):** I was glad that you referred to education. The committee received evidence that suggests that the majority of secondary school teachers have not had any recent training on how to deliver effective drugs teaching. Is that an acceptable standard in Scotland's schools? If not, what will you do about it?

**Angus MacKay:** There are a number of different views on this matter. Some teachers do not think that it is appropriate for them to be teaching about drugs—they should be delivering on the curriculum and other matters—but at the end of the day, primary and secondary schools will have to play a key role in protecting children by arming them with information, knowledge and awareness. Scotland Against Drugs has done some excellent work in training teachers to be trainers and bringing private sector money to bear. It has done good work in primary schools through the drug-free zones initiatives.

Our own group, which helped to develop the guidelines and advice on drug misuse incidents within schools, is now at the next step in its remit, which is looking at the delivery of drug education in schools. It will make recommendations on what we need to do to improve the quality of information delivery, and to make it more uniform across Scotland. That is important.

There is no doubt that there are two stages in drug education. In primary school, children are receptive to general messages that drugs are bad for them and that they are threatening. In secondary school, children are much more likely to be sensitive to the experimentation that is going on among their peers, the things that they are exposed to when they are socialising, and peer group pressure to try things.

We have to look at arming children at primary school and secondary school levels with the information that they need to make rational choices themselves. As I have said time and again, politicians, police officers, teachers and parents are unlikely to be present when children make personal choices. We have to give them that kind of information, in a broader context, about alcohol, tobacco, health generally and self-awareness, so that we encourage them to make positive life choices for themselves. The way in which we do that is another matter. That is what our group is looking at, and hopes to improve.

**Karen Whitefield:** I am glad that you mentioned Scotland Against Drugs. The evidence that the committee has received is that the majority of primary school initiatives are funded by Scotland Against Drugs, but does that deliver an effective, across-the-board approach to drug strategies in

our primary schools, or are some of our primary schools losing out because it is a bit hit and miss? Should we be leaving it primarily to the private sector to fund these training opportunities and educational resources in our primary schools?

**Angus MacKay:** One of the things that we want to do is to ensure that we have a 100 per cent level of provision within primary schools, so that every child in every primary school in Scotland is being adequately supported and given proper teaching and education and the opportunity to learn what they need to know.

Scotland Against Drugs has done good work, and I hope that that will continue. Its remit runs out effectively in March 2001. At the moment, we are looking at whether it has a lifespan beyond that and, if so, in what capacity. The role that it has played in bringing private resources to bear is important. It raised recently more than £1.9 million for one of its initiatives. It has done good work in training teachers and would like to do a lot more. The community project work has also been particularly valuable, because it is all about empowering local people—whom I presume this committee has interviewed or come across in visits—who want to be hands on about protecting their communities and who want to play a positive role. That is valuable. Scotland Against Drugs could not be decried for that.

Scotland Against Drugs has been the subject of negative criticism in the past. That was about its previous role and remit, which has been refocused. It is no longer a “Just say no” organisation. It seeks to engage with a range of other organisations delivering in the field.

Do I think that it is appropriate to have primary school drugs messages delivered by the private sector? I am not entirely sure that it is done just by the private sector. We do try through statutory systems to make sure that drug education packs are available to primary schools and that they are delivering drug information and awareness to primary school children. Do I welcome the private sector coming into the field and making a contribution? Absolutely.

This is an issue for employers, it is an issue for insurers, it is an issue for everyone. The private sector and business have a role to play, whether that is in cash terms or in making sure that when we get our rehabilitation and integration bridges fully up to speed they make a contribution by providing training and job opportunities. In all those ways, the private sector has a role to play.

**Karen Whitefield:** I have a follow-up question about Scotland Against Drugs and its involvement in local communities. Since it has been revamped, how effective has it been in targeting money on Scotland's most deprived communities? My

experience from my constituency is that local communities have found it difficult to attract funding from Scotland Against Drugs, mainly because we do not have the businesses that are attracted to these communities. Is there a problem? This is not being anti-business, because business has a role to play, but it is about how you match up businesses with deprived communities.

**Angus MacKay:** I am not aware of the existence of that problem, but that is the sort of issue that we will need to look at when we are considering what the remit of Scotland Against Drugs might be beyond March 2001. If we are looking at Scotland Against Drugs as the primary agency for liaising with the private sector and bringing in significant funding and skills to the field, we have to look at how that funding and skills base is disseminated to different communities across Scotland. That has not been raised with me as a problem so far, but I will closely consider it. The quality of what Scotland Against Drugs does is very high. It has engaged more than 500 businesses, and that seems to have been well worth it.

**Karen Whitefield:** I want to ask you, minister, about how social inclusion partnerships empower communities and allow them to make a real input. I have encountered evidence that community representatives on SIP boards do not often feel that they are being given the validity that they deserve. When this committee visited Dublin, we gathered evidence that communities there are supported in being part of the solution and of the decision-making process. How will you ensure that community representatives in Scotland are engaged, with a valid role to play, and are able to help in working through the solutions that are required to tackle our drug problem?

**Angus MacKay:** This is a central issue for delivering our drugs policy: if communities are not engaged in helping shape policies for their areas, those policies will not have legitimacy and communities will not feel ownership—ultimately, the policies will not work.

I am not sure about the position in relation to the social inclusion partnerships, as I do not have policy responsibility for them, but I have spent a lot of time meeting members of drug action teams in their areas to discuss their points of concern. I also addressed some of the issues of concern to the Executive. Among the issues that I raised with the drug action teams, a key question was to find out what efforts they were making to ensure that communities and drug misusers were adequately represented on the teams and that their views were being heard.

That can be achieved in a number of ways. The Scottish Advisory Committee on Drug Misuse includes a community representative, Anne

Mooney. I believe she will be leading a workshop at the Scottish Executive's conference in late September. We will have either four or six workshops at the conference, in which community participation will be a key theme. The conference is aimed primarily at the drug action teams, and is intended to help them get up to speed with best practice in various areas around Scotland. For my money, community involvement is critically important.

**Karen Whitefield:** The Executive has given £2 million across the board to social inclusion partnerships for drugs work. Do you think that that represents sufficient resources, or is it just the start of future growth—or is it just to give an impression that something is being done at a community level, without much prospect of growth in the future?

**Angus MacKay:** Almost any part of the drugs budget could be said to be not enough for its area. Could we usefully spend more? Yes, of course we could. Would I like more to be spent on community participation in the future? Absolutely, yes. Would I like that spending to be meaningful, with what the communities say being taken into account in how policy is shaped and how services are delivered? Absolutely, yes.

**Bill Aitken (Glasgow) (Con):** You will be aware, minister, from the evidence that we have taken, of the fairly consistent message that there is tremendous variation in the drug treatment services available in different parts of Scotland. There is also clear evidence that some of the most vulnerable sections of the drug-using community are finding it difficult to obtain services. They include prostitutes, people with mental health problems and the homeless. What measures does the Executive have in mind to standardise the treatment facilities that are available, and to ensure that those particularly vulnerable people have a fair share of and access to services?

11:15

**Angus MacKay:** There are already some excellent examples of services for precisely the groups of people that Bill Aitken mentions. For example, the turnaround project in Glasgow, delivered by Turning Point Scotland, primarily deals with women offenders with drug misuse problems. Having seen it at first hand, I think that it is an excellent project, which works closely with women offenders before, during and after their time in Cornton Vale prison. It does excellent work, helping to reintegrate those people into the community.

That is an example of how it can be done. The challenge is to increase the level of work that such organisations are capable of carrying out in their

respective areas, and to ensure that, where appropriate, the same services are available elsewhere in Scotland. That partly depends on the outcome of the spending review, to which I have already referred several times this morning. I am optimistic that there will be an improvement in treatment and rehabilitation after the review.

The "Tackling Drugs in Scotland" strategy document and the targets that we will set in the autumn will directly engage with what we expect the drug action teams to be doing in their communities. We will not attempt to tell them what the nature of drug misuse is in their area, or how they should shape services on the ground to tackle that misuse; however, we have set targets, and have established the four pillars that we want to aim at, and, beneath those pillars, the key objectives that we wish to meet. We will expect the drug action teams to deliver on those targets, and that is what will deliver a high quality of service, whether that involves GP shared-care, residential services or outreach work—whatever is appropriate in different parts of Scotland.

The drug action teams themselves are reviewed annually, using a template to ascertain whether targets are being met in those areas where they have been set; where the gaps are; where their weak points are; and what changes they need to make to improve their service provision. We do that partly by meeting representatives of the drug action teams face to face—either ourselves or through officials—and partly by saying to the teams that we want them not only to have a strategy for meeting the national target, but to have an action plan detailing how they will implement the strategy on the ground and do what they say they are going to do. Where the strategies fail, we will intervene; where they work, we will praise the teams and encourage them to do better. That is how we intend to ensure an improved consistency of services across Scotland.

**Bill Aitken:** You have also dealt, minister, in one of the many glossy documents that the Executive has issued, with the question of drug initiatives that work. Turnaround is an obvious example of a project that works—it has had a fair measure of success. What other drug initiatives work, in your opinion?

**Angus MacKay:** I am trying to think which glossy documents you are referring to.

**Bill Aitken:** I can understand your difficulty, minister. The Executive issues so many.

**Angus MacKay:** The one I have with me, "Tackling Drugs in Scotland: Action in Partnership", is the only one that we have issued.

The turnaround project is working very well, and the work being done at Phoenix House is extremely impressive. Among the organisations I



have seen is a drugs project in west Fife, which does good outreach work. Beyond the individual projects, the GP shared-care model is critical, as it will provide the basic safety net which will allow people to have some confidence that, no matter where they live, they can contact an agency which will understand the nature of their addiction problem and will be able to give them meaningful support.

There are other projects: the Kaleidoscope Project, which is based in Kingston-upon-Thames, is excellent, and I would very much like for such models to be made available in some shape or form in Scotland. Kaleidoscope effectively provides a one-stop shop. It was decided some time ago that, if people require to attend a central agency daily for supervised methadone consumption, value could be added by building on other things, such as health education and sexual health education; access to reasonable food in order to follow a balanced diet; access to educational opportunities such as computer skills; and art therapy. Those are the opportunities that Phoenix House, for example, has the capability to deliver, particularly if it becomes involved—as it wishes to do—in through-care and reintegration bridges.

**Bill Aitken:** Once you have researched the issues and examined the spend that is available following the spending review, do you envisage a situation in which some projects might be discarded and others might receive a greater level of funding in order to build upon their successes?

**Angus MacKay:** I wish to cover two of the things that I have asked the effectiveness unit to do. The first is to go out to consultation about its remit—it is doing that now—with a view to the unit's establishing which general approaches work, and why. We need that information. The second is to establish mechanisms to evaluate individual projects. As members will be aware, money is very precious in this area. We want to secure additional resources, but we have to ensure that the money already being used in the area is working for us, particularly as we are discussing many tens or fifties of millions of pounds.

We have to find the projects that are working best and increase the resources to them. I have no doubt that some projects are not working well. If, judging from their outcomes, they are not delivering value for money, the investment needs to be redirected to the projects that work well.

Interestingly, whenever I raise the question of evaluation with representatives of individual projects, they are always extremely enthusiastic, because they are confident about the quality and results of the work that they do.

**Bill Aitken:** Finally, I want to pursue a point raised by Robert Brown about the importance of stabilising the situation of people who have been discharged from prisons. We have heard evidence, particularly after a visit to Barlinnie prison in Glasgow, that people who leave prison after serving custodial sentences receive very limited support. Although not all drug addicts wish to stop taking drugs, it is obviously vital to encourage people with a genuine commitment to try and kick the habit.

To some extent, we see people discharged from prisons into their home community being approached by pushers almost as soon as they get off the bus. Initially they can resist such approaches; however, the temptation will eventually become much greater unless support is in place. It is quite apparent that such support is currently lacking. At the end of the day, you could take measures to plug such gaps; however, in view of the fact that these people are particularly vulnerable, are there not certain measures that should be taken in the short term?

**Angus MacKay:** The short answer is that measures have already been taken. For example, the revamped prison strategy contains several new developments in the area that you mentioned. First, there is now an explicit commitment to partnership working with external agencies, which is very important as it gives us a chance to join together service delivery. Secondly, as a result of the strategy, through-care workers have already been appointed in several prisons, with more to follow. Thirdly, targets for through-care have been set for individual prisons.

Moreover, a variety of research is being undertaken. For example, research on through-care that will be conducted in Glasgow by Cranstoun drug services will help to inform how the Scottish Prison Service structures its attempts at through-care service delivery, and greater Glasgow drug action team is undertaking an analysis of gaps that will examine precisely this issue. Furthermore, a pilot model is due to be trialled in Dunbartonshire, if it is not already under way.

Above and beyond those measures, each prison will now be represented on local drug action teams. Of course, that will not work universally for through-care issues, as prisoners can come from any part of Scotland. However, it will mean that there will be a much greater awareness of what is going on in the field, especially concerning gaps in service delivery and what external agencies are doing to plug them.

In answer to your question, action has been taken in the short term through the revamped prison strategy. However, we will have to wait and see what additional resources we will receive in

September, after which we can take some decisions.

**Mr Lloyd Quinan (West of Scotland) (SNP):** You said that the SDEA's two principles are to cut the amount of illicit drugs entering the country and to disrupt criminality. How exactly is the agency able to prevent illicit drugs entering the country if it operates only within Scottish legal jurisdiction?

**Angus MacKay:** As I said earlier, the SDEA's strategic objectives are informed by a range of organisations, many of which have a UK-wide perspective. In fact, some organisations such as security services and the National Criminal Intelligence Service have a perspective beyond the UK. The SDEA will continue to liaise with such organisations on individual operations.

For example, a particular drug distribution network operating in Fife or wherever will have contacts across the UK and Europe, and perhaps as far back as the country of origin, which might be Turkey if the drug is heroin. As a result, collaborative work to identify individuals and the means of transport and, in particular, of moving money requires national and international co-operation across agencies.

**Mr Quinan:** Is the SDEA subordinate to MI5, MI6 and Interpol, as it requires their legal assistance and competence outwith Scottish jurisdiction to apply the principle of cutting the amount of illicit drugs entering the country?

**Angus MacKay:** If the SDEA is going to be successful, it will have to co-operate with the likes of Europol and Interpol. The drugs trade is international. If we simply focus our efforts on a national Scottish level, we will not do as well in disrupting and destroying the drugs trade.

**Mr Quinan:** With direct regard to that point—and not to the report about the transfer of Customs and Excise services from Paisley—there have been extensive cutbacks in HM Customs and Excise provision on all east and west coast ports since the previous Conservative Government. There have also been cutbacks in the provision of coastguard services. Both services were vital to the interdiction of small landings, particularly on the west coast of Scotland. For example, in a case three or four years ago in which a Customs and Excise officer actually died, an interdiction from Scotland into international waters caused that drugs seizure. Do you accept that we do not have sufficient coastguard or Customs and Excise provision on Scottish coasts to ensure additional ability to interdict within Scottish coastal waters?

**Angus MacKay:** I am not aware of any evidence to support that claim. The SDEA is based on an intelligence-led model, which means that, less and less, individual police forces will react to individual bits of information and will go

chasing after a particular organisation or individual. What will happen more and more is that all the intelligence available from all sources will come centrally through the SDEA, which has already constructed an intelligence database on the shape of various criminal organisations and how they connect across Europe and the rest of the world.

The database will shape how individual police forces or Scotland-wide co-operative efforts target individual operatives or organisations. We will rely less and less on random interception around our coasts and more and more on intelligence that tells us who the key operators are; where in Europe and the rest of the world they are based; how and when they are shipping the drugs; and when the drugs will be coming in.

**Mr Quinan:** I accept that, minister. However, the Americans have operated on that basis for 30 to 40 years. As we effectively know where the heroin in Scotland comes from, it would not be difficult to interdict at the point of growing. The Americans have applied the method with some success in Colombia and Venezuela. Unless you can tell me that spy satellites, the Royal Navy and the submarines that are scuttering around in the Atlantic are being used directly to enforce our anti-drugs policy, what has replaced the coastguards and Customs and Excise cutters and officers on our east and west coasts?

**Angus MacKay:** I will make two points. First, our intelligence sources are much more than you have described. We have access to the intelligence of various organisations with which we are now much more actively engaged. The UK-wide National Criminal Intelligence Service will receive a massive increase in funding as a result of the most recent budgeting round. Furthermore, we have a much better range of European and international co-operation for tackling drugs and drugs trafficking, which makes much high-quality intelligence available across countries and agencies.

Secondly, even if that were not the case, we are less and less reliant on interception on and around our coastline, and more and more reliant on an intelligence-led approach. However, even if we still needed to deliver provision on and around our coastline, we still have the capacity to do so, as the SDEA's funding does not just centre on structures, machinery or technical capability.

**Mr Quinan:** Will you answer a very simple question? Are there more illegal drugs coming into Scotland today than there were 20 years ago?

**Angus MacKay:** Of course more drugs are coming into the country today.

**Mr Quinan:** Okay.

On the secondary issue of the black economy, do you accept figures from the US Drug Enforcement Administration and the US Congress which show that the black economy of the world drugs trade is the fourth largest multinational business? Furthermore, do you accept that, in the light of such figures, we have to address the drugs problem in Scotland on a pound-for-pound basis, and that if we do not, we will fail?

**Angus MacKay:** I certainly accept the contention that the international trade in drugs is huge. I have often quoted sources that claim that it is worth the combined value of international trade in gas and oil. That sounds as if the trade itself should be ranked about fourth in the world. However, I am not sure what you mean in practical terms about matching the drugs problem pound for pound.

11:30

**Mr Quinan:** If we had the proper figures for the black economy and all the various forms of the drugs trade in Scotland, we would be able to confirm the estimate that the turnover in Glasgow, for example, is greater than that of the FirstBus conglomerate. I am saying that a multi-million pound problem—perhaps even a multi-billion pound problem—cannot be tackled without allocating funds on a pound-for-pound basis. I want to know whether the funding that we are allocating for health provision, recovery, rehabilitation and justice equates to the amount of money that is being generated by the drug business in Scotland.

**Angus MacKay:** The short and fair answer is that I do not accept what you are saying. I do not follow the logic about requiring to meet the problem pound for pound. We need to bring to bear adequate resources to ensure that we have a proper enforcement effort and a proper level of treatment and rehabilitation.

**Mr Quinan:** The money in the black economy is being spent by somebody. People are benefiting from it. Minister, you know as well as I do that the benefit is not going only to the international drug dealers and the large criminal gangs in Scotland. There is a spread of drug money in the black economy that operates from the lowest drug user to the criminal gangs. I want to know whether we have a pound for every pound that, whether we like it or not, is supporting sections of our deprived communities. In effect, we are dealing with an industry—the black economy.

**Angus MacKay:** I do not think that we would follow that line of argument in relation to any other form of criminality, such as burglary, which would work similarly. I am not sure that I accept the argument.

**Mr Quinan:** The specific health, rehabilitation and recovery problems that exist in relation to the drug problem do not exist in relation to burglary.

**Angus MacKay:** I accept that there is a huge amount of black economy money associated with the drugs trade. If we are to be successful in dealing with the drug problem, we have to move people away from criminal activity and toward legal activity; from illegitimate means of acquiring wealth to legitimate means of doing so. That is why, as I said, it is important in the longer term that the social inclusion approach is successful. That will enable people to engage in education, training and employment and move out of criminal lifestyles. They will be able to move away from the black economy and toward the legitimate economy.

**Mr Quinan:** A quick way to do that would be to make the offences no longer criminal. That would leave the problem as purely a health one. Do you have a view on that?

**Angus MacKay:** I do: I oppose it. I look forward to your party taking that proposal into the next election campaign, although I will be surprised if it does.

**Mr Quinan:** Minister, that is an unfortunate remark because this issue is not about politics; it is about addressing a problem. The fact that you believe that this is about party politics illustrates that half the problem of dealing with the situation in this country is that people are not prepared to tell the truth about drugs.

**Angus MacKay:** With respect, your question was entirely about politics. You asked whether I supported the legalisation of heroin. I said that I do not and my party does not either.

**Mr Quinan:** I did not ask you that, although I was going to.

**Angus MacKay:** If you wish to use the legalisation of heroin as a tool to tackle drug misuse, I invite you to campaign on that basis in the next election. If people support that strategy, they will vote for it; if they do not, they will not.

**Mr Quinan:** Do you support the idea of a parliamentary committee on substance abuse? That would remove the responsibility from the cross-cutting committee in the Cabinet.

**Angus MacKay:** I do not think that a parliamentary committee removes responsibility from a Cabinet.

**Mr Quinan:** Do you think that having a parliamentary committee on the drugs issue would be a step forward?

**Angus MacKay:** When I think back on what we have done in the past year, the Parliament has done not a bad job of debating the issue. From my

reading of the *Official Report*, I would say that the Social Inclusion, Housing and Voluntary Sector Committee has examined the issue comprehensively. I imagine that that committee will follow up a number of issues that come out of the inquiry. The Health and Community Care Committee and the Justice and Home Affairs Committee are capable of conducting their own inquiries. I know that most of the committees are heavily burdened and I do not know what the convener of the Justice and Home Affairs Committee would say about the establishment of another committee.

**Mr Quinan:** She is on record as supporting the idea.

**Angus MacKay:** On balance, I do not think that it is necessary.

**Mr Quinan:** You referred to the suggestion that the number of drug-related deaths in Scotland will stabilise or decline in the coming year. Will those figures include the people who died of the recent mysterious illness that affected intravenous drug users?

**Angus MacKay:** My understanding is that the figures that we have just published do not include such figures. Therefore, to be consistent, next year's figures will not include the deaths that you mentioned. I would be happy to make it clear—as I have done in the press release—that those deaths will not be included.

**Mr Quinan:** If those deaths occurred as a direct result of intravenous drug use, why are they not included in the figures for drug-related deaths? What other forms of drug-related death are not included in the figures?

**Angus MacKay:** I do not have that information to hand but I will ensure that it is provided so that the committee—

**Mr Quinan:** Are you confirming that there are other drug-related deaths that are not collated in the figures for deaths that resulted directly from drug misuse?

**Angus MacKay:** No, I am not confirming that. I was trying to say that I would be happy to provide the committee with a detailed brief on the make-up of the figures on drug-related deaths in Scotland. What I am also saying—

**Mr Quinan:** Do you believe that it is possibly—

**Angus MacKay:** Can I finish answering the question? You have interrupted me three times and I want to answer properly.

**The Convener:** Lloyd has specific questions, but it would be helpful if we got the information that the minister has mentioned before we pursue the minister further on that matter.

**Angus MacKay:** On deaths from contaminated heroin not being included in the figures, I must stress that it is important that—if the drug-related death figures are to tell us anything—we must be able to use them to compare like with like annually. Equally, it is important that we do not attempt to hide those figures. That is why we made it clear that the deaths from use of contaminated heroin were not included when we gave this year's record numbers. We regard that as a one-off outbreak. It might be that other outbreaks of a different sort will take place at other times, but if we are to have a meaningful picture of drug-related deaths in Scotland, we must be able to compare like with like.

**The Convener:** Members might wish to pursue issues that arise from that at another point.

**Mr John McAllion (Dundee East) (Lab):** I want to ask a few follow-up questions to the minister's answers on enforcement.

Minister, you said that in October you would publish the results of an inventory on Scottish Executive spending, which will show that less than half of the available funds are spent on enforcement. Those figures will not include spending by the Westminster Government, such as spending on Customs and Excise and the National Criminal Intelligence Service. I would like to know whether the figures will include prison spending. If all that money was thrown back into the equation, would more than half of the total spend on fighting the drug menace be spent on enforcement?

**Angus MacKay:** John McAllion is absolutely right. The figures do not include the UK-wide agencies that he mentioned, although they include the Scottish Prison Service budget. The UK spending breakdown on enforcement, rehabilitation and education is not clear. The kind of exercise that the Scottish policy unit conducted has never been carried out on a UK-wide basis. I would therefore be able only to guess about the effect of the inclusion of the spending that John McAllion mentioned on our figures. It is true, however, that we do not take account of the UK-wide spend and that it would add something to the enforcement side if it was added in.

**Mr McAllion:** I am at the stage when people describe me as a veteran. That means that I can remember things from way back. I remember Ronnie and Nancy Reagan launching a war on drugs and I remember President Bush and President Clinton doing the same thing. Throughout the 20 years when those people were in charge of the USA, the drugs problem got worse, the destruction in American communities got worse, the price of drugs got cheaper and the profits got higher. The more the USA spent on enforcement, the less effective the strategies were

in combating drugs. Are you saying that we will be different because our approach will be intelligence-led, whereas the USA's approach during the previous 20 years did not use any intelligence?

**Angus MacKay:** Your characterisation of what I am saying is not entirely comprehensive. I am saying that we will be different because the nature of drug enforcement in America is different from that in Scotland. We have a genuine single route for drug enforcement because of the way in which we have structured the agency. The USA has a host of agencies that compete with one another for resources and prominence. The USA acknowledges that it has never been successful in coherently bringing under one roof all of the enforcement agencies.

We will be successful not because we have a brilliant Scottish Drug Enforcement Agency—although I believe that it will make a significant contribution—but because we are pursuing a balanced strategy that realises that treatment, rehabilitation and education have critical roles to play. The drug trade is an international business—the way to destroy such a business is not only to damage its capacity to supply, but to lessen demand for the product. That is what we are trying to do.

In the context of the Scottish Executive budget, the figures that I have given illustrate that we are spending more on the rest of the drug misuse effort than we are on enforcement.

As I said, all the cross-cutting bids that have gone into the spending review are on the non-enforcement side, but a balanced strategy is the right way ahead. We are pursuing a balanced strategy, which should be even more balanced when the spending review is finished.

**Mr McAllion:** Let us turn to the other side of the balanced strategy—the importance that is attached to community regeneration as a means of tackling the drugs problem in Scotland. You said that that is critical, but does the Scottish Executive give it greater priority than enforcement? Is enforcement a secondary priority and community regeneration the Executive's first priority?

**Angus MacKay:** You are asking me to make a distinction that is a false choice. Following a balanced strategy means that there will be adequate resources in play to deliver an enforcement effort that will interdict the supply of drugs into and across the country. However, there will also be adequate resources in the field to allow individuals who have drug misuse problems to access rehabilitation and treatment, and to move on through the integration bridges to employment and education. Those resources will

also allow communities to play an active role in shaping local services to deliver that part of the drug misuse agenda in their areas.

I do not think that there is a choice to be made between those priorities—we must follow both approaches if we are to be successful. It has not been made clear in the broader debate whether people are advocating that we should shrink the resources that are allocated to enforcement. However, if we took all the resources out of enforcement and dedicated them to community regeneration and rehabilitation, lucrative and well-organised criminal enterprises would still be able to get their products into Scotland and market them to future generations of young Scots. I do not think that it is sensible to fund either one approach or the other—we must fund both at an appropriate level.

**Mr McAllion:** You said that enforcement is a shorter-term strategy, whereas the social inclusion strategy is a longer-term strategy. What do you mean by longer-term? When do you expect the social inclusion strategy to begin to make a difference? Will that be in five years, 10 years, 15 years or 20 years? Is there a target?

**Angus MacKay:** I am glad that John McAllion asked that question, because there might be room for misunderstanding what I meant. When I say that enforcement is the shorter-term strategy, I mean simply that enforcement is best placed to deliver the quickest results. That does not mean that it will deliver the most effective results as time moves on. In the medium term, treatment and rehabilitation can start to shrink the problem that we have, but preventive education and successful social inclusion can cut from under the feet of the criminal organisations the capacity to market their products.

In terms of targets, we have a 10-year drugs strategy, and we expect all the elements of that strategy to make a contribution during that period. I do not think that we will have to wait 10 years before we see an improvement. We want early improvements as quickly as possible, but it will take 10 years for a comprehensive strategy to kick in at every level.

**Mr McAllion:** You said that you do not consider as adequate the £2 million that was given to the social inclusion partnerships to promote community-led responses to drugs problems. You also admitted that the Executive accepts that disadvantaged communities in Scotland are at greater risk from drug abuse than other communities. Do you think that the £75 million that was allocated by the Scottish Executive to 47 social inclusion partnership areas, which cover half a million people, is enough to get the 10-year strategy under way and allow it to make a significant impact?

**Angus MacKay:** I would not presume to intervene on an area of policy responsibility that is not my own, but I recognise that in terms of inequality and deprivation, there are some areas of Scotland that suffer more acutely because of drugs. However, every single community in Scotland has a drug misuse problem in some shape or form. We must balance the increasing drug misuse problems elsewhere in Scotland—particularly in rural areas—with the acute and focused nature of drug misuse that is concentrated in the geographical areas with which we are all familiar.

Sometimes the percentage increases for drug misuse are more acute in rural Scotland than they are in other parts of Scotland, although Glasgow and Strathclyde still have the lion's share of drug misuse problems. Our challenge is to strike a balance between dealing with the volume of the problem and its manifestation in every community.

11:45

**Mr McAllion:** I accept that you, as the responsible minister, must consider the whole of Scotland. However, the committee is concerned particularly with disadvantaged communities and our inquiry is about the impact of drugs on such communities. How will the policies that you are implementing to tackle drug misuse in disadvantaged communities be monitored? You said that you will be publishing targets, but so too will Wendy Alexander, through the social justice plans. Will the targets in the social justice plans, which are debated every year by Parliament, include targets for reducing drug misuse in disadvantaged areas? Will it be Wendy Alexander's responsibility to publish the figures and be held to account for them, or yours?

**Angus MacKay:** The social inclusion strategy is one of the four cross-cutting commitments that we have made, and the drugs strategy is one of the others. Because social inclusion is a cross-cutter, every Executive department is required to make a contribution to attaining the goals that are set out in the strategy. There are already drugs targets in the social inclusion document and it will be our job to ensure that we deliver services on the ground to hit those targets, so that the Executive as a whole can deliver its promises on social inclusion.

That aspect of the social inclusion strategy is similar to the drugs strategy as a whole. Although I have ministerial responsibility and the cross-cutting committee has overall responsibility for the Executive's drugs policy, each of the Executive's departments has an obligation to deliver on its target area. The targets that we will announce in the autumn will contain objectives for most of, if not all the Executive's departments. It will be for those departments to formulate policy that ensures

that those targets are met. My job will be to encourage or coerce the departments to do their bit in meeting those targets.

**Mr McAllion:** So it is not you who is accountable, but the ministers who are in charge of each department.

**Angus MacKay:** Ultimately, I am accountable for drugs policy, whether we succeed or fail. Having said that, I will expect my colleagues to make their contribution to the drugs strategy targets, just as Wendy Alexander expects them to contribute to the social inclusion strategy targets.

**Mr McAllion:** You mentioned the new futures fund. I understand that it has provided £800,000 to Glasgow for drug-related projects, but nothing to Ayrshire or Grampian—areas that the committee also visited. Are there some areas that will get no extra help from the Executive through the new futures fund?

**Angus MacKay:** One of my concerns about the new futures fund relates to what we said earlier about public services being shaped in a certain way and individuals being expected to fit in with those services. I am not convinced that we have got things right with the new futures fund. We are about halfway through the cycle of the first new futures fund. There are some questions that need to be asked about how it is operating and reviews are under way of how it is working on the ground. We must examine availability of the new futures fund throughout Scotland and the way in which it has attempted to deliver services in those areas where it is already available.

I have asked officials to raise the matter with the UK ministers who are responsible for the new deal, as well as with our own ministers in the Scottish Executive who have an interest in that area. We would like to meet those colleagues to discuss whether the money that is available through the new futures fund and the new deal, as well as the human resources and skills that are available through those structures, could be delivered differently.

Chaotic drug misusers—or drug misusers who have got past the chaos—do not think in terms of agencies and blocks. They think in terms of their contact point with someone who is willing to help them. For example, Turning Point Scotland deals with many people who have problems of all sorts and which have drug misuse built in. Such agencies need to be able to deliver a seamless one-stop-shop service to the people who are coming to them.

Is it possible for the new deal or the new futures fund to deliver employment opportunities through such agencies as part of their core work? We would get better value for the public pound if we delivered employment opportunities to people who

have drug misuse problems in that way. That would give us a better chance of putting those people in touch with employment issues, which would overcome the problem of expecting them to say, "Well, that's my drugs problem dealt with. I'm off to the Employment Service now."

If we are to get better value, we must consider changing the structure of the state and the way in which funding lines come into contact with the individual.

**Mr McAllion:** If the new futures fund, when you have monitored it properly, turns out to be hugely successful in helping people come off drugs, will you try to negotiate with other levels of government to make the fund available to everyone in Scotland who needs it?

**Angus MacKay:** I am not responsible for the new futures fund, so I cannot give that undertaking. However, I have asked for meetings with colleagues in the Scottish Executive and with UK ministers to discuss how the new deal and new futures fund come into contact with individuals who have drug misuse problems, and whether there is a better structure that would improve the quality of service and its geographical availability.

**Mr McAllion:** Is that the kind of thing that is discussed at the joint ministerial committee?

**Angus MacKay:** I do not know. I am not involved in the joint ministerial committee.

**Mr McAllion:** Do you not even see the minutes?

**Angus MacKay:** It is the sort of issue that could be taken up at the joint ministerial committee, but that committee has a formalised structure and its own cycle. However, I have asked to meet Tessa Jowell, the relevant UK minister, rather than wait to raise the matter in a committee. It is often in one-to-one bilateral meetings that most progress can be made.

**Mr McAllion:** If Tessa Jowell does not co-operate, perhaps you could put the matter on the agenda for the next joint ministerial committee meeting.

**Mike Watson (Glasgow Cathcart) (Lab):** Are you saying that you are not involved in the joint ministerial committee? Are only senior ministers involved?

**Angus MacKay:** I have not been involved to date. The joint ministerial committees are quite flexible.

**Mike Watson:** I am relieved, because that is not what I had understood to be the case.

I will pick up on two matters—community involvement and prisons. A lot of points have been covered, but I will fill in one or two gaps.

I am a member of a social inclusion partnership board and we are concerned about community representation on that board. You said that you could not comment on that because representation is not your responsibility. I welcome the fact that you have stressed time and again that there must be community-led initiatives. However, you have said that you have no means of ensuring that that community input exists, especially in relation to drug projects, drug initiatives and family support groups. How can we bring that input to bear, given that there seems to be no direct link between drug action teams, social inclusion partnerships and community organisations? People or organisations are falling into gaps, so they are not making it to the social inclusion partnerships. That is not your responsibility, but how will you overcome it? Will you link with the Minister for Communities and other ministers to overcome that?

**Angus MacKay:** We have informal discussions about issues that cut across both briefs. Issues such as how the extra £2 million that was given to the social inclusion partnerships should best be used have been discussed.

Perhaps the best way to answer that question is to take a step back and again say something about the drug action teams. If I were to highlight the primary problems that have held the drug action teams back historically, they would be that they have not—for several reasons—been taken seriously or taken themselves seriously.

The key has been funding. The drug action teams are delegate bodies, which are made up of local authorities, health boards, police forces and a range of voluntary organisations and community groups. The drug action teams do not hold any funds, yet all those other organisations do. The most important thing that drug action teams require, in order to be taken more seriously and to have more clout, is financial leverage. If the drug action teams control a budget to some extent, whether they hold it or influence how decisions about it are made, they have the capacity to lever decision making and funds from the other component organisations.

I say that because I hope that the new moneys that come forward will operate in that way. I hope that the drug action teams will have tight control over how the money is invested locally. I impart tremendous importance to the involvement of community representatives in the drug action teams—they will have a direct role in saying how the money is spent locally and on whether it is drug action team money, health board money, local authority money or even social inclusion partnership money. We want a coherent approach in each drug action team area. If I can get the community representation right on the drug action

teams, I will be happy that communities' interests are being acted upon.

**Mike Watson:** Who appoints members of drug action teams? Who would be responsible for ensuring that appropriate community organisations were represented?

**Angus MacKay:** The drug action teams are, to an extent, self-appointed, but we make it clear in the templates and during liaison with drug action teams that we expect proper community representation on the teams, either directly on the board or through liaison with appropriate community groups.

**Mike Watson:** Do you monitor that?

**Angus MacKay:** Yes—through the annual template. I have also asked at every meeting that I have attended with the drug action teams, "Who is the community representative here? Where are they? How often are they involved?" I cannot stress enough that the Scottish Executive conference on drugs, which will be held at the end of September and which is aimed primarily—if not entirely—at the drug action teams, will have as a focal point the active involvement of local communities.

**Mike Watson:** You have stressed the link between deprivation, disadvantaged communities and drug misuse. However, that is not taken into account in local authority allocations, which would ensure that account is taken of the areas that suffer most, whether they are the big cities or the further-flung rural areas and places such as Fraserburgh. How can that be built in to ensure that proper account of the problems is taken in future local authority allocations?

**Angus MacKay:** Do you mean in terms of the grant-aided expenditure share that each local authority receives?

**Mike Watson:** Yes.

**Angus MacKay:** As I mentioned earlier, that issue must be taken up when we see how much money we get out of the spending round and consider how we share it between health boards and drug action teams. We must consider the most sensible basis on which to take decisions about how much money goes into each area.

The one basis on which I do not want that to be decided is historical funding programmes—I am only too aware from my experience in local government that that can often mean that we put money into the wrong areas. That is why the research into prevalence and incidence of drug misuse is so critical. For example, it has been raised increasingly with me that Fife is an area that has a growing problem with drug misuse, yet the area feels that because it does not have a historical pattern of funding, it has not had the

resources that would be appropriate to deal with drug misuse, whereas other areas have. We must find a way to move away from that and to have a clearer picture of who needs what, so that they get a fairer share of the cake.

**Mike Watson:** I will switch to prisons. I was with the committee's delegation that went to Barlinnie prison in May. We were confronted with several statistics that took our collective breath away. One was that of 570 admissions in Barlinnie in April, 350 admitted drug misuse or showed signs of drug misuse. The drug budget for dealing with drug issues in Barlinnie is about £3.5 million—about 15 per cent of the prison's budget.

An issue that was raised in evidence that was taken by the committee—especially from Cornton Vale—was the amount of drugs that gets into and is circulated in prisons. What can be done to restrict the flow of drugs? There are restrictions on the testing that can be carried out on prisoners and their families and there are good reasons for that. However, the flow seems to be unstoppable. Only Perth and Edinburgh prisons have special testing facilities for prisoners. Do you plan to develop means by which the flow of drugs into prisons might be reduced?

**Angus MacKay:** We can address that in three ways. The first is new technology. There have been trials—I am not sure whether they have been in the UK or other countries—of technology that might, for example, allow body cavities to be searched without physically searching prisoners. That is one example of how new technology might present ways of reducing the flow of drugs into prisons.

There are two other points. One relates to what the Scottish Prison Service is doing to expand drug-free areas in prisons. Make no mistake, a large number of individuals who are part of the prison population want to live in drug-free prison areas because those areas are freer from violence, intimidation and so on. Those areas are growing and the SPS has targets for increasing them.

One of the best things that we can do is examine the way in which we deal with individuals who come before the courts on drug-related charges. If someone is involved in serious drug-related charges, it is appropriate that they be sent to prison. However, it might be that we should examine increasingly some of the issues that surround relatively minor drug misuse and non-dealing offences. Such offences do not necessarily merit imprisonment, but should be considered in terms of treatment and rehabilitation—I am thinking about what I have seen in the drug courts in north America. It is possible to construct a fairly stringent regime that requires an individual to comply with it and which



will last a fairly long time—12 to 18 months. Such a regime can include mandatory regular testing for non-drug use and require attendance either as a resident in a rehabilitation facility or as part of outreach work with an agency that deals with drug rehabilitation.

If we go down that path successfully, we can reduce the number of individuals who are in prison because of drugs or drug-related problems. That would allow the existing resources and skills of the Scottish Prison Service to be focused more closely on the smaller group of prisoners who have drug problems. That is one way in which we can make a substantial leap forward relatively quickly. We are examining ways of bringing that model forward, having heard a presentation on a model that is similar to a drug court, which was led by the Convention of Scottish Local Authorities and which COSLA developed in association with other groups.

**Mike Watson:** An issue came up—I am not sure which member raised it—about how to deal with prisoners after they have been released, to avoid them falling back into their previous ways, in terms of drug misuse.

You mentioned through-care workers as being partly responsible for bridging that gap. In “Drugs Action Plan: Protecting our Future”, one of the main items that is included in the checklist is the introduction of drug strategy co-ordinators—one for each prison. Was that the person you had in mind? I ask because part of the role of drug-strategy co-ordinators in prisons is to deal with people who have been released from prison. Was that what you had in mind? I had not heard the term through-care workers before and wondered whether it was a shorthand term for drug strategy co-ordinators.

12:00

**Angus MacKay:** My understanding is that every prison has a drug strategy co-ordinator, but that there are also through-care workers.

**Mike Watson:** Are those workers linked to the drug strategy co-ordinator? There appears to be an overlap.

**Angus MacKay:** Yes, they are linked.

**Mr Raffan:** Have you examined the Simpson House model? It is very good, although it deals with very few people.

**Angus MacKay:** Here in Edinburgh?

**Mr Raffan:** Yes. Through-care is crucial. I am worried about the situation in Scottish prisons. I make no criticism of those who are in the front line: people such as Kate Donegan do first-class work. However, I am worried about the

bureaucracy of the Scottish Prison Service, the attitude of which is unenlightened. The evidence that the SPS gave to the committee did not impress me.

We need far more treatment and counselling in prisons. The guys in the drug-free zones in prisons have had the guts to go cold turkey, but they get very little support. They are ejected into the community, where they return to the same people, places and things—the context in which they use drugs. We need a halfway-house system and a through-care system. If prisoners get good counselling in prisons and if halfway houses and sufficient through-care are provided, they are much more likely to stay clean. Do you agree?

**Angus MacKay:** I would like the through-care model to be developed more thoroughly. There is no doubt that individuals often come out of prison and go back to communities without having addressed their drug misuse problem. Those people can come into contact with much purer drugs than they experienced during their prison term—right away they overdose and we have a potential drug fatality. We can address that problem by becoming more successful at introducing people into rehabilitation in prisons and by developing a through-care network that is more comprehensive and that works better.

The Scottish Prison Service is already well on the path to achieving that. The new strategy is excellent. I take issue with some of Mr Raffan's comments because there is evidence that other individuals support my position. Clive Fairweather, HM chief inspector of prisons, has welcomed the new strategy actively and says that it is a significant step.

**Mr Raffan:** I am not interested in the strategy—to hell with strategies unless they are implemented. I am interested in the current situation, which is near scandalous. When will that change?

**Angus MacKay:** With respect, Mr Raffan, that is what the strategy is about—changing the position on the ground. That is why we have drug co-ordinators.

**Mr Raffan:** When will we see significant changes in Scottish prisons?

**Angus MacKay:** I am having a Lloyd Quinan moment.

The situation is changing. That is why there are drug strategy co-ordinators in every prison and why through-care workers have been appointed in several prisons. The strategy has already started to change the situation on the ground. The quality of the strategy and its implementation are very good and the strategy has been welcomed in several quarters.

**The Convener:** I am sure that we will return to that point in future.

**Fiona Hyslop:** There is logic in the idea of drug treatment orders and drug courts and the SNP has advocated those ideas in the past. However, when we were in Dublin, there was some discussion about piloting drug courts and treatment order initiatives and some concerns were raised. How can we justify the fact that criminals and offenders will get treatment and rehabilitation services more quickly and easily than would people in the community who desperately need such support? Whether all the political parties agree that drug treatment orders should be introduced, it will be difficult to justify such orders unless facilities for treatment and rehabilitation are available generally to communities.

The committee has visited people in different areas and there is concern that those who want to get off drugs are not getting access to treatment early or quickly enough. If we push the idea of drug treatment orders without addressing the general availability of rehabilitation and treatment, we will have a very difficult political problem to tackle.

**Angus MacKay:** I do not defend that position because I do not have to. That is not the current situation, because we have not introduced the model that Fiona Hyslop and I have both described. If we go down that path, we must ensure that treatment is not defined by criminality. A drugs court model will not work without a comprehensive range of treatment and rehabilitation facilities—for a drug court to work, it must be able to attach offenders to a treatment or rehabilitation facility. The key point is that it should not be just the court that allows access to those facilities. We have no intention of creating a court-only path to such facilities.

However, we intend to increase the range of non-custodial options. There is no doubt that individuals in different circumstances need to be able to access appropriate forms of treatment and rehabilitation. We need more flexibility for and from the courts, as well as the ability for social work agencies to intervene more effectively across the range of treatments. Drug treatment and testing orders have a role to play, as do probation and some version of a drug court.

**The Convener:** Thank you, minister.

We have been impressed by the way in which you have talked honestly about the drugs problem and the fact that we must face it and tackle it. The statistics are clear. Should not we be honest and admit to parents and young people that drugs are here to stay and that our aim is to minimise the worst effects of drugs?

**Angus MacKay:** Anyone who wants to admit that can pack their bags and go home. I am not interested in that approach—I want to tackle the problem. I am not saying that we can eradicate drugs from our streets within 10 years, but I am saying that we can make a substantial difference. We can have fewer drug deaths, fewer drugs in our communities, fewer people needing rehabilitation and treatment and more people going on to fulfil their potential. That is a fight that is worth fighting.

**The Convener:** If you were to look back five years from now, what is the one thing that you would have liked to have achieved?

**Angus MacKay:** There is a tendency in Scotland to focus the drugs debate on the numbers of drug deaths. However, drug misuse manifests itself in many ways and drug deaths are just one example—chronic ill health also attaches to drug misuse. There is a range of indicators that tell us about the many problems that are associated with drugs misuse. If I could improve only one of those indicators, I would like to reduce the number of young Scots who develop a drug misuse problem year on year. That would let us know that—in historical terms—we were gradually bearing down on the problem and that we are currently moving towards success.

**The Convener:** If you are still the minister responsible for drugs and we are all still here, we will ask you to come back to the committee to comment on that.

Thank you for dealing with the committee so directly.

12:07

*Meeting continued in private until 13:05.*

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