

MEETING OF THE PARLIAMENT

Wednesday 27 October 2004

Session 2

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SCOTTISH MINISTERS AND DEPUTY MINISTERS

FIRST MINISTER—Right hon Jack McConnell MSP
DEPUTY FIRST MINISTER—Right hon Jim Wallace QC MSP

Justice

MINISTER FOR JUSTICE—Cathy Jamieson MSP
DEPUTY MINISTER FOR JUSTICE—Hugh Henry MSP

Education and Young People

MINISTER FOR EDUCATION AND YOUNG PEOPLE—Peter Peacock MSP
DEPUTY MINISTER FOR EDUCATION AND YOUNG PEOPLE—Euan Robson MSP

Enterprise and Lifelong Learning

MINISTER FOR ENTERPRISE AND LIFELONG LEARNING—Right hon Jim Wallace QC MSP
DEPUTY MINISTER FOR ENTERPRISE AND LIFELONG LEARNING—Allan Wilson MSP

Environment and Rural Development

MINISTER FOR ENVIRONMENT AND RURAL DEVELOPMENT—Ross Finnie MSP
DEPUTY MINISTER FOR ENVIRONMENT AND RURAL DEVELOPMENT—Lewis Macdonald MSP

Finance and Public Service Reform

MINISTER FOR FINANCE AND PUBLIC SERVICE REFORM—Mr Tom McCabe MSP
DEPUTY MINISTER FOR FINANCE AND PUBLIC SERVICE REFORM—Tavish Scott MSP

Health and Community Care

MINISTER FOR HEALTH AND COMMUNITY CARE—Mr Andy Kerr MSP
DEPUTY MINISTER FOR HEALTH AND COMMUNITY CARE—Rhona Brankin MSP

Parliamentary Business

MINISTER FOR PARLIAMENTARY BUSINESS—Ms Margaret Curran MSP
DEPUTY MINISTER FOR PARLIAMENTARY BUSINESS—Tavish Scott MSP

Communities

MINISTER FOR COMMUNITIES—Malcolm Chisholm MSP
DEPUTY MINISTER FOR COMMUNITIES—Johann Lamont MSP

Tourism, Culture and Sport

MINISTER FOR TOURISM, CULTURE AND SPORT—Patricia Ferguson MSP

Transport

MINISTER FOR TRANSPORT—Nicol Stephen MSP

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LORD ADVOCATE—Colin Boyd QC
SOLICITOR GENERAL FOR SCOTLAND—Mrs Elish Angiolini QC

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PRESIDING OFFICER—Right hon George Reid MSP
DEPUTY PRESIDING OFFICERS—Trish Godman MSP, Murray Tosh MSP

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Subordinate Legislation	Dr Sylvia Jackson	Gordon Jackson

27 October 2004

Scottish Parliament

Wednesday 27 October 2004

[THE DEPUTY PRESIDING OFFICER *opened the meeting at 14:30*]

Time for Reflection

The Deputy Presiding Officer (Trish Godman): Good afternoon. The first item of business is time for reflection, for which our leader is the Rev Pauline Steenbergen from Peterhead.

The Rev Pauline Steenbergen (Peterhead): Speaking on the radio, an Iraqi woman living in Glasgow burst open my sleepy eyes. “Your country is stunningly beautiful,” she said. “Every day here, I see new shades of green.” Those comments opened my eyes and changed the way in which I saw my own land. Look out of your windows and see a stunning Scotland in full-blast autumn colour today.

There is plenty of beauty in rough, rugged Buchan, where I live. Not wild waves, biting winds and thick haar, but the people, language and culture are its treasure. Every day at bus stops, in playgrounds and in post offices, we see huddles of human beings doing what they call in Doric “haeing a news”. A rough translation is “stopping what you are doing, standing still, listening and communicating”.

In Buchan, news travels fast. Where I minister, in Crimond, which is famous for writing the melody for psalm 23; in St Fergus, which is associated with the gas terminal; and in Lonmay—where the granda of Elvis was from—I often hear what is going on in my life or my manse long before it even happens.

If I stopped speaking, if we mingled for a moment in the chamber and if we reflected together, what is new for you? What letters, e-mails, phone calls or conversations burst open your eyes this morning? What is new for you in a new building and a new era? Who is new?

If you and I are truly agents of change—bringers of a new nation—what new things do we long for today, fight for this week and pray for this year for the people whom we serve and the folk whom we love? Most of all, what desires do you and I have for change deep within ourselves?

I believe in a living and creative God who brings the new to make us new. Isaiah the prophet heard God say:

“Cease to dwell on days gone by ... don’t brood over past history. Here and now I will do a new thing ... it is happening already.”

This autumn, something new has the power to remodel you and me and thereby refashion our Scotland. “Embrace the new whole-heartedly,” Jesus said to his pals. “No one uses a new piece of cloth to patch up an old coat. No one pours new wine into fusty old wineskins.” Well, Jesus did not say that, but he would have if he had been from the north-east. New wine requires new wineskins.

What will 27 October 2004 bring you and me? Let us see, hear, taste, touch and smell a Scotland where every day there are new shades of green.

Business Motion

14:35

The Deputy Presiding Officer (Trish Godman): The next item of business is consideration of business motion S2M-1894, in the name of Margaret Curran, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Wednesday 27 October 2004

2.30 pm Time for Reflection
followed by Parliamentary Bureau Motions
followed by Executive Debate on Tackling Drugs Misuse – Protecting Scotland's Communities
followed by Business Motion
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business – Debate on the subject of S2M-1655 Mr John Swinney: Young Carers in Scotland

Thursday 28 October 2004

9.30 am Parliamentary Bureau Motions
followed by Executive Debate on Improving the Quality and Availability of Scotland's Housing
 12 noon First Minister's Question Time
 2.00 pm Question Time—
 Environment and Rural Development;
 Health and Community Care;
 General Questions
 3.00 pm Executive Debate on Making the Most of Scotland's Forests
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business – Debate on the subject of S2M-1807 Marilyn Livingstone: National Construction Week, 6 to 13 October 2004.—[Ms Margaret Curran.]

Motion agreed to.

Drugs Misuse

The Deputy Presiding Officer (Trish Godman): The next item of business is a debate on motion S2M-1882, in the name of Cathy Jamieson, on tackling drugs misuse and protecting Scotland's communities. There are three amendments to the motion.

14:36

The Minister for Justice (Cathy Jamieson): Everyone in the chamber knows that drugs devastate communities. They blight the lives not only of those caught up in addiction but of everyone around them. They blight families, neighbours, streets and communities. Of course, some of our most disadvantaged communities face the harshest added burden of drugs and the blizzard of offending and antisocial behaviour that goes with them. Police officers throughout Scotland share that struggle, whether it is the daily challenge as drug-related offending ripples through neighbourhoods or the wider challenge of tracking and catching the drug barons who make money from misery.

The Government stands four-square behind those families, neighbours, streets and communities that face the daily reality of drugs and drug-related offending. We are on the side of law-abiding, hard-working people, who have the right to live without the fear of crime and the fear of being victims of drug-related offending. We are on the side of children and families who struggle every day to cope with addiction that threatens to harm them and tear them apart. We are on the side of the police officers who carry the front-line responsibility for preventing drugs from reaching our communities and for dealing with the offending behaviour that accompanies them. We are also on the side of those who are addicted. However, I will be clear that we are on the side of those who are addicted when they have made the choice to come off drugs, to stop committing crime and to live a drug-free, law-abiding life.

There are challenges that all of us must face. The criminal justice service's repeat offender is the health service's repeat patient and the community's repeat problem. In opening today's debate, I will set out the Executive's active commitment to tackling drugs misuse and making where we live safer.

Tommy Sheridan (Glasgow) (SSP): Will the minister take an intervention?

Cathy Jamieson: I would like to make a few points before I take any interventions.

We must step up our action in four areas: enforcement, support for communities,

intervention, and treatment and rehabilitation. On intervention and drugs offences, I make it clear at the beginning that we will make the hardest part of the sentence work hardest on the addiction. On treatment and rehabilitation, we must close the gaps between services and end the fractures between health and criminal justice provision.

I want to say something about action on enforcement. An estimated one third of all recorded crime in Scotland—from that of highly organised international gangs to that of the desperate who feed their addictions—is drug related. There are nearly 800 specific drug-related offences a week and that is just the tip of the iceberg, as that figure does not spell out the number of thefts, car crimes, burglaries or other antisocial crimes that come about as a result of drugs.

The police are vital in our efforts to combat Scotland's drug crime. They are our front-line response in preventing drugs from reaching our communities and they often face difficult and dangerous situations. We remain fully committed to providing police services with the support that they need.

Alongside Scottish police forces and other law enforcement agencies, the Scottish Drug Enforcement Agency has already seized more class A drugs during the first half of 2004-05 than it seized in the whole of the previous year. The SDEA is also demonstrating its increasing ability to reduce the wider impact of serious and organised crime in our communities by identifying millions of pounds of criminal assets and cracking criminal and organised immigration networks.

Tommy Sheridan: Will the minister take an intervention?

Cathy Jamieson: No. I want to move on.

We need to step up our action. We must ensure that Scotland has the structures and services in place to provide robust protection for our communities. A persuasive case has been made for a new multi-agency law enforcement campus at Gartcosh, which will bring together a centre of world excellence in law enforcement around an expanded SDEA. We have set aside resources to enable that to proceed. Again today, I am sending a clear, uncompromising message to drug traffickers and criminal networks alike: Scotland is not a soft target; they are not welcome in our communities and we will take action to stop their evil trade.

Miss Annabel Goldie (West of Scotland) (Con): Will the minister take an intervention?

Cathy Jamieson: I really wish to move on.

Enforcement is critical, but we need to go further. We must also repair and strengthen

communities, particularly those that face the hardest battles. Our proceeds of crime legislation is really beginning to bite where it hurts criminals most—in their pockets. We have pledged that assets that are recovered from the proceeds of crime in Scotland will be used by the Executive to repair some of the damage that has been done to the communities that have suffered most as a result of drug dealing and other serious crimes. Today, I am announcing a seized assets community fund. Starting from next April, the fund will be available to support, in part or in whole, initiatives that will repair and strengthen our most disadvantaged communities, which have been hit hardest by drugs. In the first instance, the fund will be available to local community safety partnerships for both revenue and capital initiatives that visibly and innovatively help those disadvantaged communities.

We must also help communities to help themselves. We must shift the siege mentality from the communities on to the dealers and suppliers. That is why I am also announcing a further drive against those who deal in and profit from misery. From early next year, we will work with and support Crimestoppers in a major initiative across Scotland's communities, strengthening our communities' resolve and encouraging local people to give information anonymously and in confidence, through Crimestoppers, to the police.

I am taking this opportunity to make a number of very important announcements for which people have been waiting for some time. We must break the cycle of drug addiction, offending and prison. We must stop that revolving door. If addiction is part of someone's offending, challenging that addiction must be part of their sentence. That is why we have introduced a series of innovative criminal justice interventions that are aimed at breaking that vicious circle.

Today, we are publishing further independent research, which has been carried out by the University of Stirling, that shows that criminal justice interventions work and that we are heading in the right direction. Despite having extensive prior criminal histories, almost half the offenders who completed a drug treatment and testing order had no further convictions within two years.

Mr John Swinney (North Tayside) (SNP): I am concerned about the incidence of drug misuse in prisons, especially in the open prison in my constituency. What kind of resourcing will the Scottish Prison Service have at its disposal to undertake genuine rehabilitation? That is of concern to every member of the Parliament.

Cathy Jamieson: The member raises a serious issue. I will speak later about the range of measures that we need to have in place to tackle

addiction. What we do about that in our prisons is critical, and I will make some mention of that.

Even among offenders who did not complete a DTTO, the level of reoffending was lower in the two years after the imposition of the order than in the two years before. That is encouraging, particularly given the fact that the offenders who were placed on DTTOs were prolific offenders who were responsible for repeated offending to feed their addiction. Funding is in place for courts throughout Scotland to have access to DTTOs by mid-2005 and I am pleased to confirm that the new schemes around the country are well advanced.

Nevertheless, we have to do more. We must treat and rehabilitate those who are in the grip of addiction. I want to nail a myth that keeps coming up: this is not about treatment versus rehabilitation; it is about treatment as well as rehabilitation. However, to treat and rehabilitate we need to improve greatly the way in which our services and interventions join together.

Miss Goldie: I am listening carefully to what the minister is saying. However, all the statistics show us that, for example, harm-reduction programmes have resulted in an escalating reliance on methadone scripts, at an increased cost to the Scottish Executive. No one disputes that. We know that the harm-reduction programmes are not leading to abstinence. Can the minister explain how she proposes to resolve that dilemma?

Cathy Jamieson: For the avoidance of doubt—and because Miss Goldie has heard me say some of this before—I have already indicated that despite some improvement in our services, there are still too many fractures between the health and criminal justice services through which addicts and offenders can fall. Despite many people's efforts, several of our local public sector organisations have different policies on the management and delivery of drug treatment services. Despite having taken major steps forward in providing treatment and rehabilitation services within prisons, for example, and in forging better links with community drug services, there is still too great a disconnection between what happens inside and outside prison and that cannot continue.

That is why during the next few months I will be working closely with my colleagues in the Scottish Executive Health Department to close those gaps, to better align our criminal justice, health treatment and rehabilitation services so that they fulfil our purpose, and to reach the goal that should be common to all services—to help people to get off drugs. I hope that that is clear.

Mr Keith Raffan (Mid Scotland and Fife) (LD): I am grateful to the minister for directly refuting Miss Goldie's point. Is the minister aware of the

most recent national treatment outcome research study, which shows that for every £1 that is invested in treatment, £9.50—the figure is not £3 any more—is saved by reducing crime, the number of victims of crime and the health costs that arise as a consequence of people injecting drugs. That is the value of methadone and we have to shout about it.

Cathy Jamieson: That is why local service providers must show further improvements in the quality, consistency, range and integration of services, with more focus on performance and outcomes, such as increased numbers of addicts entering and completing treatment, and reduced waiting times. I will negotiate those improvements with the drug action teams, and future funding will be linked to formal agreements with the Executive that are aimed at delivering improvements on the ground.

We have made solid progress on resources and on getting people into treatment. Since 2000, we have delivered a 59 per cent increase in the number of non-residential services and a 38 per cent increase in the number of residential services, including a doubling of the number of beds that are available for substance misuse cases.

There was a reduction in drug-related deaths in 2003. More than 12,600 new people attended drug services last year, which is about 1,000 more than in the previous year. I intend to build on that success in the years ahead and increase the numbers who are entering treatment year on year.

Stewart Stevenson (Banff and Buchan) (SNP): I support an increase in the provision of treatment and I have listened to what the minister has said. In the draft budget that has just been published, target 4 provides for only a 10 per cent increase in the number of drug misusers entering treatment by March 2008. I hope that the minister can assure us that she will be announcing more ambitious targets today.

Cathy Jamieson: I will move on to something related to that. Our partnership agreement promised a review of drug treatment and rehabilitation services and a pledge to provide additional resources for those services. My announcements today will deliver both.

Many drug users suffer from a range of long-standing problems that often underpin their drug addictions. Those can range from mental and physical illnesses, social and family problems, to financial and unemployment problems. That is why we needed a review. We need to have better integration of services and more consistent interventions. Those are two of the key outcomes from our review of treatment and rehabilitation services, a summary of which I am publishing today on the Executive's website.

Tommy Sheridan: Will the minister take an intervention on that point?

Cathy Jamieson: Mr Sheridan can contribute to the debate later. I must press on.

The review recommendations include stronger links between drug services, housing services and services for homeless people; stronger links between services that prepare recovered and recovering users for education, training and employment; timely access to appropriate services; and more consistent high-quality residential and community services operating to independently inspected standards of evidence-based care.

I stress that our ultimate aim is to help addicts to manage their chaotic lifestyle and move on to become drug free. We will act on those recommendations and work with other United Kingdom departments to update clinical guidelines on treating drug dependence. We will build national care standards. We will introduce external audits of services, building on local good practice. All that will be done within the scope of service-level agreements between the key players at local level and the Executive.

We have come a long way from when treatment services were concentrated on a few hospital beds that were used only for detoxification. Some of the drugs workers to whom I have spoken have commended the progress that we have made. However, there is still a distance to travel. We must and will do more. Our review showed that there are capacity problems in many services, which contribute to waiting times that are too long. That is why we will provide an additional £6 million per year to support drugs services. That money will bring direct investment to support national health service boards and local authorities to more than £32 million by 2006-07. That is an increase of more than 23 per cent from 2004-05. By 2006-07, our aim is to increase the number of people entering treatment to around 15,600 per year.

Protecting Scotland's communities rests at the heart of tackling drugs misuse. I want to talk about the children of addicted parents, who are vulnerable beyond tolerance. I want to tell them that they are not forgotten and that the Government is committed in thought and in deed to protecting them and to making their lives easier. That is why I am also publishing today the Executive's response to "Hidden Harm: Responding to the needs of children of problem drug users". That was a United Kingdom report, but we have elected to publish our own response to set out what we are doing to help those most vulnerable children. We will ensure that the drugs services and children's services work more closely together. I am not going to let this go—I am going to push and push until we get it right throughout

Scotland so that everyone recognises what needs to be done and works together to do it.

I have not been able to touch on every aspect of the devastation that drugs bring, but I have set out the core of our commitment—enforcement, supporting families and communities, intervention, treatment and rehabilitation. We will work harder to get a grip on drug-related offending and to loosen the dealers' grip in our communities. We will provide addicts with the right services to make the right choices for themselves, their families and their communities. To do that, we must work more closely together throughout Government. That is why, as an Executive, we are doubling our efforts. Hugh Henry, who will close the debate this afternoon, will continue to co-ordinate the daily delivery of our drugs strategy, but I will now take the lead responsibility for co-ordination in the Cabinet and for the strategic direction of our policy.

Some people might look at the problem of drugs in our society as too difficult to handle or as a sign that something deeper is wrong with Scotland. I see it as the kind of problem that people elected us to fight. Of course addiction can be a living chaotic hell, but there is also hope, courage, determination and commitment in every battle and in every family afflicted by drugs. I hope that Parliament today will show unequivocally that we are on their side.

I move,

That the Parliament commends the Scottish Executive's integrated approach to reducing the supply of drugs and protecting communities from drug-related offending, improving education and information for young people about the risks from drugs and increasing the range and effectiveness of local drug treatment and rehabilitation services to help people to become free from drug dependence.

14:53

Stewart Stevenson (Banff and Buchan) (SNP): I will start on a consensual note: we share an ambition—throughout the chamber, I hope—to address the ill effects of addiction.

Addiction is a feature of human behaviour and, realistically, it cannot be eliminated. However, addictions can be benign or they can be harmful. When they cause harm to others, there is a role for society to act. When the harm is solely to the addict, it might seem that there is no duty to intervene. The defining characteristic of an addiction is that it removes choice from the addict. The addiction defines and dominates the plans, goals and future of an addict, rather than the characteristics of the individual as a human being that should be in control.

The minister used the phrase "chaotic lifestyle", as we all often do, to describe the lives of addicts.

It has been put to me, and I have some sympathy with this, that that is an inaccurate description. The addict's lifestyle is chaotic for the rest of us, but the reality is that addicts are very organised and adept at managing their lives to get the next fix. The trick is to turn that organisational skill and that commitment to achievement into a commitment to get out of a life of addiction and crime.

We support measures to reduce the harmful effects of smoking by tobacco addicts; we are not talking only about the criminal justice system. The issue for addicts, tobacco addicts among others, is not just choice. The driver is addictive compulsion. Information is very important in understanding addiction. Some of the debate has already focused on whether appropriate information is available on the know the score website. We cannot know too much about drugs and about the ways in which people use them and seek to conceal their use.

Mr Duncan McNeil (Greenock and Inverclyde (Lab)): Stewart Stevenson claims that we cannot know enough about drugs. However, does he agree that some of the information that is available contains a great deal of harm? For example, on one top search engine, I found a cannabis cookbook, discovered how to grow cannabis or make LSD in my kitchen and was offered the complete guide to manufacturing ecstasy. I had only to push a button. Is it not about time that we worked with our UK colleagues to ensure that these sites are not accessible and do not put our young people in harm?

Stewart Stevenson: Duncan McNeil makes a fair point. However, as someone who has spent 30 years in technology, I have to say that in reality we cannot do what he suggests.

I want to focus briefly on the know the score website, which contains some information that has caused concern. I believe that if parents are informed about and understand how their children might operate within the drugs business, they can ensure that their children are safe. I suspect that we will hear more about that issue during the debate.

This debate focuses on the illegal misuse of drugs. I want to go to a high level and lay out what I think are the ultimate goals of a successful public policy. Such a policy would eliminate the ill effects of addiction on non-addicts and, in particular, would end offending behaviour. It would enable addicts to regain control of their lives away from addiction, prevent and inhibit the recruitment of new addicts, and end the misuse of drugs in our society. I suspect that we could all sign up to such a policy. As the saying goes, it is better to aim for an unattainable goal and fail than it is to aim for a mediocre achievement and succeed. However difficult things get—and they will get difficult—we

must keep these distant goals at the forefront of our thinking and test all our plans to establish whether they move us forward towards them.

Is it worth the effort? Of course it is. Scotland has 50,000 heroin users and 43,000 people who might suffer from hepatitis C as a result of drug abuse. Partners, children and parents are damaged and in despair and a tidal wave of crime is blighting many of our poorest communities. This is a social exclusion issue par excellence. After all, heroin is the scourge of the most disadvantaged in our society.

Some have suggested that the NHS should provide pure heroin to all registered addicts. However, the Swiss experience suggests that that approach might benefit 5 per cent of users and might cost as much as 10 times more than other strategies. As a result, we do not accept that it would make a big difference.

A more fundamental point is that such an approach fails to acknowledge the circumstances in which 12 and 13-year-olds take up drug habits. They are recruited in a place called boredom. The spur is the repetitive tedium of the street corner. The cure is supported purposeful activity. Yesterday, I heard about the twilight basketball initiative, which has been organised by Scottish Sports Futures and has been successful in redirecting youngsters who might take up drugs.

Mr Raffan: Earlier, Mr Stevenson mentioned heroin-assisted treatment. I do not know whether he attended the meeting of the cross-party group on drug and alcohol misuse at which we received an interesting presentation on that very matter from Switzerland. Am I right in thinking that the Scottish National Party's view now matches the outcome of the group's discussion that heroin-assisted treatment can act as a last resort when other treatments have failed?

Stewart Stevenson: I want the minister and the Executive to undertake research to find out whether such an approach would work and provide a benefit in Scotland. The Swiss example has a different context. We must be careful not to act like a drowning man with a lifebelt and grab at solutions that seem to work elsewhere before we have established whether they will work here. However, I certainly do not discount that that could be something for future strategy.

Yesterday, Professor Neil McKeganey highlighted that drug treatment in prison has substantially less successful outcomes than has drug treatment in the community. Boredom in prisons fosters the use of drugs. Also yesterday, Clive Fairweather said that most of us would need something stronger than a Polo mint to survive a prison weekend. I think that I understood where he was coming from.

Prisons work well in keeping prisoners in, but the boundaries are porous. For example, tennis balls filled with heroin were thrown over the fence at Craiginchies prison last week. The warders caught some, but others disappeared. Fifty vehicles a day enter Barlinnie prison, but Clive Fairweather tells me that it takes two days to search a single vehicle comprehensively. We cannot eliminate drugs from prisons, much as we might wish to do so. Therefore, we must consider whether we are doing the right things.

Mr Swinney: The member has much experience from his own constituency of the drugs position in Peterhead prison. Does he feel, as I do, that there has been a deterioration in the management of drugs issues within prisons and, in fact, that there is a greater inability in the Prison Service to reform individuals' behaviour and their drug addiction because of the lack of intervention services within prisons?

Stewart Stevenson: My colleague makes a valid point. The cutting of prison governors' budgets by Prison Service management by 5 per cent a year is certainly making the job more difficult.

Today's announcements by the Executive have to be welcomed, by and large. However, there are difficulties that the Deputy Minister for Justice may care to address in summing up. Is the Executive taking over the role of directing and controlling the drug and alcohol action teams? There may well be a case for doing that, but the case should be made so that we understand what is happening. Gaps in service provision, particularly between prison and community, are of concern. Typically, when someone comes out of prison, they go straight back to drugs because they cannot get on a community programme.

Let me make some comments about the Executive's current targets. We talked about a 10 per cent increase in the number of addicts entering treatment and about £1 saving £3 and perhaps £9, but the reality is that the drugs problem in Scotland may cost us £1 billion a year. However, none of the budget's 12 priorities for NHS Scotland says anything on drugs. Today's announcement may move us forward in that. We are looking for an increase in the disruption of criminal networks, but we have abandoned specific targets for the Scottish Drug Enforcement Agency.

So what are some of the things that the Executive might care to do? One is to end the scandal of addicts being parked for years on methadone programmes. That is one of the big sources of criticism of methadone. Too many people who get on the programme do not get looked at further. The Executive could consider the New Jersey model in which a drugs counsellor

is attached to every addict throughout their history, with the funds to address their addictive behaviour.

Our amendments do not commend the Executive; we merely agree with the Executive. It must do more to earn our commendation. We stress the need for programmes to be available when people need them. That disnae mean on their first day, but it should be within a period rather less than the existing six months.

I move amendment S2M-1882.1, to leave out from "commends" to end and insert:

"agrees that an integrated approach to reducing the supply of drugs, protecting communities from drug-related offending and improving education and information about the risks from drugs is required and that this must provide an increased range and effectiveness of local drug treatment and rehabilitation services to help people to become free from drug dependence which is available at the time each service user takes the step of acknowledging the need for help."

The Deputy Presiding Officer: Before I call Annabel Goldie, I ask members to check that all mobile phones and pagers are switched off.

The Deputy Minister for Justice (Hugh Henry): On that matter, Presiding Officer, the problem is not just interference on the microphones. There is a terrible echo when members are speaking, which makes it difficult to pick up what is being said.

The Deputy Presiding Officer: Yes, that is being investigated. However, I was asking members to double-check that all devices were switched off.

15:04

Miss Annabel Goldie (West of Scotland) (Con): I propose to break with convention and go straight to the amendment in my name, which would, in effect, strike out the Executive motion because it seeks to tell the story as it is. However, I do not seek to diminish the excellent work—indeed, I pay tribute to it—that is being done by many dedicated men and women throughout Scotland as they struggle to make a contribution to the fight against the awesome and, from the evidence, overwhelming challenge of drug abuse in Scotland.

Although the evidence of what is now a modern-day plague blighting Scotland is frightening, it also commands attention. In 2003, more than 40,000 drug-related crimes were recorded—that represents a 38 per cent increase since 1997, or a drug-related crime every 12 minutes. In 2003, tragically, there were 317 drug-related deaths, which was an increase of 41 per cent since 1997.

As we know to our great concern from a recent BBC "Frontline Scotland" programme, our prisons

seem to be awash with drugs. One prisoner commented that it was easier to get drugs inside the prison than outside. Another prisoner indicated that, in his hall, he could get drugs within five minutes.

In answers to parliamentary questions that I lodged, we have seen the appalling revelation—if I may describe it as such—that methadone prescriptions are increasing relentlessly year on year. In 1997, more than 168,000 prescriptions were issued, at a cost of £1.5 million. In the year to 31 March 2004, that figure had risen to nearly 400,000 prescriptions, at an estimated cost of nearly £4.5 million. At that rate, we shall be getting close to 800,000 prescriptions by 2010, at an estimated cost of nearly £9 million a year.

Hugh Henry: Could Annabel Goldie use the rest of her speech to explain whether she would remove the availability of methadone for those to whom it is currently available?

Miss Goldie: I shall come to that point in my speech.

The projection that I have just outlined is terrifying, because it envisages a Scotland paralysed by drug abuse, with increasing numbers of desperate souls parked in the dismal and imprisoning cul-de-sac of methadone dependence. In other words, it is a publicly funded, legalised drug-addiction programme. The tragedy is that the more money we spend on legalised drug addiction, the less we have to spend on rehabilitation. What the Executive has announced today is worthy in its own right, but it is nowhere near enough, because according to the available statistics we are on a disaster course.

We are on a disaster course because the Scottish Executive has been scared to give political leadership. It seems to have been embarrassed about looking uncool. It has been wooed by politically correct trendies and has presided over confusion and escalating drug-abuse chaos. If anyone disputes that, let us look again at the evidence. The Scottish Executive does not believe in a drugs-free Scotland; it has never supported that vision. The Executive may have its own reasons for adopting that stance, but that is its view. I listened with interest to the Minister for Justice's comments about tolerance and abstinence, and I have to say that I think that that is the first time that I have heard such views articulated by the Executive in this chamber.

Cathy Jamieson: Does Miss Goldie accept that I outlined very clearly today the fact that I want a situation in which our communities are not blighted by drugs, in which we stop the supply of drugs getting on to our streets and in which we deal with people who have an addiction problem, get them off drugs and allow them to return to productive

lifestyles? I do not see what is unclear about the Executive's viewpoint on that.

Miss Goldie: My point is that that is a very recent statement of a somewhat altered position. To that extent, it is welcome.

I have to say, in relation to the evidence of what the Scottish Executive has been presiding over, that our prisons are awash with drugs. An estimated 60 to 70 per cent of prisoners are addicted. What is the response? To give heroin injection kits to prisoners. That beggars belief, and the Scottish Executive, whether it likes it or not, is in charge.

What about our young people? They seek guidance, their parents seek support, and what does the Scottish Executive offer? Know the score—a publicly funded, explicit guide to illegal substances and how to use them.

Mr Raffan: That is a travesty.

Miss Goldie: Mr Raffan scoffs, but—

Mr Raffan: That is an absolute travesty. Will Miss Goldie give way?

Miss Goldie: Look at the website.

Mr Raffan: I have asked Miss Goldie to attend the cross-party group on drug and alcohol misuse, but she has never come.

Miss Goldie: I ask Mr Raffan to go and look at the know the score website for himself. It provides an illustration of how to hide ecstasy tablets in a cigarette lighter. The Scottish Executive—

Hugh Henry: Will Miss Goldie give way?

Cathy Jamieson: Will Miss Goldie give way?

Miss Goldie: I have taken enough interventions and I wish to continue with my speech.

Mr Raffan: She is afraid to allow interventions.

Miss Goldie: The website is the Scottish Executive conniving at telling young people how to hide drugs from their parents and from the police. It is the Executive's do-it-yourself manual on how to end up in trouble if one is not already in it, and it should be more aptly entitled, "Know how to Score". It is a disgrace and the Executive should withdraw it immediately. We are running out of time and a radical change in approach is needed.

Cathy Jamieson: Will the member take an intervention?

Miss Goldie: I have been generous in taking interventions and I wish to continue with my speech.

We should not be too proud or too uninterested to consider other countries. Twenty years ago, Sweden, for example, was roughly where we are

now. Against all the odds, Sweden changed from a permissive tolerance of drugs to a controlled, restrictive and legally enforced approach that was based on education and rehabilitation, not on harm reduction. The results were obvious.

I was asked earlier whether my party supported the complete withdrawal of methadone. No, we do not. What we argue for is a switch from a harm-reduction policy, which is the Executive's stated position—

Cathy Jamieson: No, it is not.

Miss Goldie: It certainly is, and the statistics prove it. We should switch from that policy to a zero-tolerance approach and abstinence. That is why my party—unlike the Executive—has a strategy for a drugs-free Scotland. That strategy includes zero tolerance of drugs; reclassifying cannabis to class B; early intervention and education to prevent the problem in the first place; improved availability of drug treatment and testing orders for offenders who come before the district courts and, if necessary, the children's panels; and giving convicted offenders a clear choice between rehabilitation and jail.

We have to eradicate drugs from prisons, we have to improve prison rehabilitation, and we have to link that work with support on release. We have to ensure that, if drug dealers are found, charged and prosecuted, that is done on indictment at the very least, to ensure appropriate sentencing.

Drug abuse threatens the very fabric of our society. It destroys lives, it tears families apart and it leads to widespread and recurring crime and to the disintegration of entire communities. It is essential that we use all the resources of the state not only to discourage drug abuse but to do everything possible to eliminate it. That is why I have lodged the amendment in my name.

I move amendment S2M-1882.2, to leave out from "commends" to end and insert:

"deplores the escalating drugs abuse problem in Scotland and the implicit reliance on methadone harm reduction programmes and calls for a radical change in policy to reduce demand for drugs by providing a route to abstinence and taking more effective action to cut the supply of drugs."

15:12

Ms Rosemary Byrne (South of Scotland) (SSP): I welcome today's debate. The Scottish Socialist Party has campaigned consistently for a radical approach to drug treatment—an approach that recognises that we are not winning the war on drugs.

I was pleased to hear Cathy Jamieson acknowledge community struggles and the problems that families face with drug abuse; that acknowledgement will be key to moving forward.

However, the motion is written in the self-congratulating Scottish Executive house style and it refuses even to begin to acknowledge the scale of the problem of drug misuse in Scotland.

Of all the countries in Europe that can afford to be self-satisfied and smug because they are making serious inroads into the problem of drug misuse, Scotland is not one. In 2003-04, 12,657 new individuals were reported to the Scottish drug misuse database—an increase of nearly 1,000 individuals, or 8 per cent, on the 2002-03 figure of 11,691. In the five years since 1999-2000, there has been an increase of 21 per cent in the number of new individuals reported to the SDMD—from 10,346 in 1999-2000 to 12,657 in 2003-04. The corresponding rate increase is from 214 per 100,000 of population to 267 per 100,000. Those figures are huge, and they cover only those who come forward for treatment.

At the end of May this year, the *Edinburgh Evening News* carried an article on police fears of a new heroin epidemic in Edinburgh. The article said:

"With supplies flooding into the city—and prices at an all-time low—heroin is once again gaining a stranglehold in areas such as Muirhouse, Pilton and Sighthill, and is becoming easily available to a whole new generation of young people."

That story is reflected in communities across Scotland.

Drug and mental health problems are rife among the inmates of Scotland's only women's jail. A report by the chief inspector of prisons, Andrew McLellan, says that nine out of 10 women who are admitted to Cornton Vale prison, near Stirling, have addiction problems.

Although the problem is long term, every drugs project in Scotland has workers who are on contracts of between one and three years. I was disappointed that Cathy Jamieson did not make an announcement about improving that situation. We are losing the best drugs workers because no one who is on a contract of one, two or three years can plan for a long-term vocation. I would like the minister to respond on that extremely important issue.

I welcome extra funding, but I ask the minister to give assurances that services will be joined up and fully integrated. Cathy Jamieson has said that that will happen, but although there are numerous funding streams that provide resources, such provision is often not integrated, in spite of the DAATs' co-ordinating role. I want there to be a full review of the DAATs' role, so that we can move forward and join up services.

An area can receive funding through social inclusion partnerships, better neighbourhood services funding, tackling drug misuse funding,

health agencies and local authorities. In one town in the south of Scotland, all those funding streams resulted in a disjointed service. The situation became so ludicrous that drugs workers who received better neighbourhood services funding had no base from which to work. The town was overwhelmed by a whole lot of workers, even though there was no suitable facility for them to use and no joined-up planning had been done. A community-based rehabilitation facility could have joined together all those services and agencies. Money that should have been used for drug treatment and support was diverted to another area in the community and resources for fighting drugs problems were lost. That goes on all the time. People campaign for community-based rehab but the money is spent on workers and projects that are not joined up, with the result that we lose out.

Approximately 19,000 people use needle exchange in Glasgow. How do we tackle the problem of their need to get street heroin? Cathy Jamieson did not mention that issue—what does she suggest? I welcome the increase in safe injecting that needle exchange and other safety measures have achieved, but we must engage with such groups and bring services to them.

It is crucial that we engage with groups that are not receiving any support. We have all heard, only too often, of the clean-up of needles in our communities. That is a sure indication of the extent of the problem of users putting themselves at risk by not using needle exchanges. There is a need for outreach work to begin to engage with such groups to bring them appropriate services. That outreach work also needs to extend to our smaller towns. In Irvine, injecting was taking place along a route that the community used to get to the town centre. That area has recently been cleared and the group has moved on, but there is no support for its members. We need to engage with them and provide them with services.

It is crucial, too, that support should be provided for new training and treatment opportunities as soon as possible after people have accessed services. The new futures fund should be continued and expanded. It is estimated that 56,000 people in Scotland have drugs problems. If those people are to be given enough hope for the future, they must be able to see a way out.

Two years into a four-year project, the national treatment outcomes research study in England found that the provision of a range of residential and community treatment programmes meant that crime costs fell by £16.1 million during the first year and by £11.3 million during the second year. The data show that treating drug misusers in England has had clear economic benefits.

The Deputy Presiding Officer (Murray Tosh): I will have to hurry you.

Ms Byrne: We are all well aware of the impact that drug misuse has on families. According to recent estimates, between 41,000 and 59,000 children in Scotland have a problem with a drug-using parent. We must protect those children.

The Deputy Presiding Officer: You are over time. Can you finish quickly?

Ms Byrne: I cannot see the clock from here; that is the problem.

The Deputy Presiding Officer: I appreciate that.

Ms Byrne: We must ensure that we protect and support those families that are looking after the children of drug misusers. I would have liked the minister to have spoken about kinship care and about how to provide joined-up services across the country and a national strategy to support those families.

I move amendment S2M-1882.3, to leave out from "commends" to end and insert:

"views with concern the growing problem in our communities due to drug misuse; views the current provision for drug treatment and support as entirely inadequate, and urges the Scottish Executive to work with all agencies with a view to integrating services and ensuring full resourcing allowing a range of appropriate services across communities."

15:19

Margaret Smith (Edinburgh West) (LD): This is an important debate. The negative impacts of drug misuse affect every community and every family in Scotland. Drug users, their children, their families and the communities that suffer as a result of drug-related crime all feel the effects of drug misuse.

Drug misuse, which is a blight on our country, is a complex issue that requires proper research and resourcing. It also needs a proper response from politicians and not the outrageous allegations that we heard from Annabel Goldie.

In the face of increased drug misuse, we need to educate children and parents about drugs; to do otherwise would be an abdication of duty by this or any Government. I welcome the minister's statement and the result of the Executive review of drug treatment and rehabilitation services.

The Liberal Democrats feel that a flexible, person-centred approach needs to be taken to the treatment and rehabilitation of each individual. We need greater integration of the funding streams and services, including health, criminal justice, education, housing and, crucially, family services. We agree that it is necessary to improve the patchwork provision of care and treatment that is available across the country. To do so would mean that not only the people in our cities, but all

those who are in need, would have access to proper treatment. It is also crucial that a range of services and options is made available to users.

Hugh Henry: I take the point that Margaret Smith makes about the integration of services and the need to ensure that different agencies work together. Does she accept that one of the key groups that we are currently failing is that of the ex-prisoner? I am thinking of the break between the treatment that offenders receive in prison and that which is available in the community. Does she agree that the integration about which she spoke needs to be put in place so that prison-based services are integrated with those in the community?

Margaret Smith: The minister has saved the chamber from having to listen to part of my speech—that is in paragraph 16. That said, I agree with him absolutely.

Recently, I visited Saughton prison and spoke to inmates, one of whom told me that things were improving. He told me that he had been in Saughton before and that, on his release, he had had to go for about a month before anyone had helped him. All the good work that had been done in prison, albeit that it was done in an artificial set-up, was lost when he was released. I say “artificial” because other members have spoken about the greater effectiveness of community-based programmes. In the month after that prisoner’s release, instead of being re-integrated into the community, he did exactly what we would expect him to do in the circumstances—he offended again to feed his habit.

The important factor in this and many other issues is the need to work for better integration between the services that are available to people in prison and those that they can access in the community after their release. That means the involvement not only of Scottish Prison Service personnel, but of those in the voluntary sector and elsewhere who work in prison or the community.

As I said, the Liberal Democrats agree that it is necessary to improve the patchwork nature of provision. It is important that a range of services and options is available to users. For some, that will mean abstinence—about which some interesting studies have been done—but for many others it will mean methadone. The decision on treatment options is first and foremost one for the clinicians who work with the individual user and not for the politicians. However, we must look carefully at the results of programmes and evaluate them to ensure that we are following best practice. I will focus most of the rest of my comments on the impact that drugs have on the criminal justice system; my colleague Keith Raffan will touch on health issues.

Drugs have a massive impact on our criminal justice system and our communities. In 2003, more than 40,000 drug-related offences were recorded in Scotland. In common with many colleagues, I have spoken to offenders inside and outside of prison. Their lives, their families’ lives and their communities’ lives, as well as those of everybody else with whom they come into contact, are devastated by the effect of drugs. It is a sheer waste for our country that we do not tackle drug misuse properly.

The Scottish Executive has done a lot of good work, including the setting up of the Scottish Drug Enforcement Agency. I pay tribute to the men and women who work in it. I also pay tribute to those in our other law enforcement agencies for the work that they do in seizing even greater amounts of class A drugs. I welcome the clear message that the minister gave today on enforcement. I also welcome the setting up of the drugs courts and the greater use of drug treatment and testing orders, which are an acknowledgment that a range of different disposals is needed if we are to deal with the problem.

During the summer recess, Mike Pringle and I visited the drug treatment and testing order project in Edinburgh. We spoke to criminal justice social workers and medical and nursing staff, as well as to many of the offenders on the programme. One of the offenders asked whether I knew Cathy Jamieson. For a moment, I almost said, “No” but I had to say that I did. When the offenders heard that, many of them asked me to tell her that the programme was working for them. They said that they were engaged in a programme that gave them a dialogue with the people who were working with them, whether in the judiciary, social workers, doctors or nurses.

The result of such projects is that we are reaping the benefits, not only for the offenders but for society as a whole, because we are seeing reduced rates of reoffending. The projects are not an easy option. People are tested twice a week, and have to go back every month for review before a sheriff. The projects are highly intensive, not only for the offender, but for the judiciary and staff involved. However, all the people to whom I have spoken say that they have a big part to play in what we are trying to do. They are intensive, but they are worth while. They are not for everyone. Crucially, people have to want to get off drugs. Involvement with the projects has to be consensual. One cannot say to somebody, “You’re either going to prison or you’re going on that programme.” Somebody has to say, “I want to get off drugs. I want to make this work.” If they do not want to make it work, it will not work.

Research shows that such projects have a part to play, but they also represent another example

of multi-agency working, which is a key factor in reducing reoffending; we have already touched on that. I welcome the work that has been done by the Scottish Prison Service in conjunction with voluntary sector partners to tackle drug misuse.

The minister must address a number of issues in relation to the continued misuse of drugs in prison, to which many colleagues have alluded. We need to focus on rehabilitation in prison, because the results are not good enough. We must also examine the part that is played by random drug tests in prisons—and the perverse incentive to go on to heroin, which is cleared out of the system more quickly than cannabis is—the impact that continuing drug use has on family visits, and the importance of visits in prison.

The minister's announcement today will support Scotland's communities and those who are addicted to drugs, and improve the criminal justice system. I hope that Parliament will support her.

15:27

Patrick Harvie (Glasgow) (Green): I welcome the debate, but while it represents an important opportunity to address an issue that damages severely the lives of many Scots, I regret that we are debating it in the context of justice policy. The Scottish Green Party regards drugs principally as a health issue, and the victims of addiction and substance misuse as people who are in a health crisis, rather than as criminals.

Hugh Henry: Will the member give way?

Patrick Harvie: If Hugh Henry allows me to expand on the point, I will come back to him.

When people commit crimes, it is the root cause of their addiction or drug misuse that should be addressed. Prison is by no means the place in which to do that. In that respect, I acknowledge and praise the Executive's desire to improve the links between criminal justice and health services, and to give addicts the opportunity to better their lives, instead of sending them to prison.

Hugh Henry: I note Patrick Harvie's point that drugs misuse should be seen as a health issue, rather than a justice issue. Will he explain which part of the health service should deal with tackling drug dealers?

Patrick Harvie: I said that the victims of addiction and substance misuse should be dealt with as being in health crisis. The issues are health issues, not justice issues, therefore drugs legislation should be dealt with in this Parliament. We should begin with a thorough overhaul of our outdated laws, and move away from criminalisation. If addiction is first and foremost a health issue, it is wrong to criminalise its victims—not the suppliers, the victims—for the health problems that they develop.

Criminalisation forces us to persist with the notion that there are good drugs and bad drugs. Someone who occasionally uses cannabis recreationally with no consequent problems is a criminal, while someone whose drug of choice is alcohol is not, even if they seriously abuse it.

Stewart Stevenson: Will the member give way?

Patrick Harvie: I am sorry, but I have to move on.

I do not believe that a drugs policy that is based on such extraordinary doublethink can ever gain the respect that is required of the people whose behaviour we seek to change. Worse, the current criminalisation approach can make problems worse. I remember Margaret Thatcher, of all people, explaining its shortcomings.

We have a huge industry—a global, illegal, powerful and resourceful industry. By keeping its customers locked into their dependence on criminal suppliers, we ensure that the industry operates with the lowest possible regard for ethical norms. By disrupting the production or supply of specific substances, we raise the price, and, by raising the price, we make other sources of supply and production more commercially viable than they were before, so supply rises again and cost falls.

The alternative to that approach is often misrepresented as ambivalence or disregard, but we do not propose inaction.

Stewart Stevenson: In the absence of any heading on justice in the Scottish Green Party's 2003 election manifesto, can Patrick Harvie tell us on what justice proposals of any kind his party fought that election?

Patrick Harvie: Our full policy was available to anyone who asked for it and our drugs leaflet was available on every stall that distributed our manifesto. I am happy to send Stewart Stevenson a copy of it.

We propose and offer our support for many of the same actions to which the Executive is committed, but we believe that those actions will be more effective for the victims of addiction and the victims of drug-related crime if the context is changed. Ceasing to criminalise people for possession and ceasing to force addicts into the hands of criminal suppliers would present us with the opportunity to identify everyone with a drug problem, not only those who commit crimes and get caught and convicted. The minister implicitly acknowledged that point in her discussion of the drug-related prosecution statistics.

If our ambition for the victims of addiction is that they break free of their addictions and end the pain from which they, their families and their communities suffer, we must ensure that those

who will find a source of supply whatever we do have access to a source that will not sell them adulterated substances and will not exploit them further or push them towards crime, prostitution or ever-more dangerous substances, but will give them access to the information that they need and a direct route into support services to help them to quit or reduce their dependence gradually over time. It is crucial that they have access to the supportive therapy, such as counselling, that is necessary to deal with the emotional and psychological factors that underlie their self-destructive behaviour.

It is almost an article of faith to me, as someone with a background in counselling, that all human behaviour, including destructive and self-destructive behaviour, is purposeful, but the minister and Annabel Goldie fail to recognise that fact. The minister said that the Executive is on the side of drug users provided that they make the choice to give up, but in reality, those drug users who do not have the strength or emotional capacity to make that choice are the ones who need help the most. It is not enough to challenge addiction; understanding and support are needed if people are to gain the ability to free themselves of addiction. No one else can do it for them.

15:33

Mrs Mary Mulligan (Linlithgow) (Lab): I welcome the Minister for Justice's statement. I very much welcome her announcement of the seized assets community fund and know of a number of community groups, particularly one that supports families in the Armadale area of my constituency, that would be prime candidates for such funding. Perhaps I will speak to her about that later.

I acknowledge that the minister has accepted that there are certain gaps in the service and welcome her commitment to address some of them. Like Margaret Smith, I was recently told of a situation in which prisoners who had been going through a rehabilitation programme were released from prison on a Friday evening but could not make contact with the support services in the community until the following Monday. That is not the month-long gap to which Margaret Smith referred, but it is a long enough period for somebody in such difficult circumstances to find that they are vulnerable and be tempted to go back on the good progress that they have made, so it would be beneficial to address small gaps like that.

I support the work that is being done for the children of drug-abusing parents. We are all aware of the difficulties that some agencies have had in coming together to deal with issues. However,

progress has been made, and I welcome the minister's commitment to make further progress.

The minister covered the importance of stopping drugs reaching our communities, and I support that. I am aware that the police work closely with others, in particular customs officers, to prevent drugs from hitting our streets, but perhaps we should consider the step before that: production. What discussions, if any, has the minister had with Westminster colleagues about approaches to other Governments about production?

A number of constituents of mine recently returned from a visit to Afghanistan and informed me of the increase in poppy production there—I am sure that other members are equally aware of that. We all know that Afghanistan has come through a turbulent period. Although the recent elections there are welcome, no one can say that life is yet easy for the people of Afghanistan or for their new Government. However, we cannot allow the huge increase in the poppy crop to go unchallenged. Undoubtedly, unscrupulous people stand to make money from exploiting Afghan farmers and distributing misery on our streets. In the context of the collaboration to which the minister referred, what role can the Scottish Executive play, working with Westminster colleagues and other Governments, to tackle the supply of drugs in our communities?

Margaret Mitchell (Central Scotland) (Con): I am interested in that point. Does the member agree that that is even more important given that the drugs industry in Afghanistan and other countries is being used to fund terrorist activities?

Mrs Mulligan: There is obviously a bigger picture. We are all very concerned to tackle the problem, whatever the outlet for the funds that these people gather.

Having established my global credentials, I would like to get much more local. Recently I visited the West Lothian Drug and Alcohol Service. Like many community organisations, it is central to tackling drugs issues in our communities. The service is pleased with the policy measures that the Scottish Executive has introduced and with the local support that it has received to deliver the services that it is committed to providing. It goes without saying that the West Lothian Drug and Alcohol Service appreciates the fact that the Scottish Executive has backed up its policies with financial resources. Although representatives of the service were too professional to say it, what came through in what they were telling me was that the service did not receive the same resources under previous Governments. However, the service faces challenges even now, and I would like to raise a couple of them with the minister.

The West Lothian Drug and Alcohol Service has established a locality clinic, with the involvement of community drugs workers, social workers, alcohol workers and a number of other professionals, but the funding for it will come to an end in March 2005. Waiting times from the first point of contact to securing a place on a support programme have come down from 32 weeks to two weeks, and the needle bus that the service has provided has had great results. However, because of the uncertainty, the service has no indication of whether the clinic's work, which is showing results, can be continued, or whether its staff can be retained. Is there some way in which the funding issue can be addressed? I know that three-year funding is better than the annuality that applied previously, but it is not wonderful.

I turn to capital funding for projects such as the one that I have just described. The West Lothian Drug and Alcohol Service is presently using a tenement in Livingston very creatively, but it is outgrowing it, partly because of the success of the projects that it delivers locally. Those who provide the service feel that it has not been able to utilise capital spend in the same way as it has been able to utilise revenue spend. Could the Executive consider that, perhaps using futurebuilders funding?

I believe that the Executive is on the right track. Prevention, education, treatment and rehabilitation: those are how we can make progress on tackling drugs and the damage that they do in our communities.

15:39

Brian Adam (Aberdeen North) (SNP): I echo some of Mary Mulligan's remarks. She is right to stress the global dimension of the issue, which we need to address. It is not something that we can ignore and I certainly urge the Executive to take it in hand. We hear plenty these days about the war on terror and about how the situation in Afghanistan is being dealt with, but the reality is that there is increased production of opium-bearing poppies in Afghanistan, largely because Afghan farmers regard those poppies as a successful cash crop. We need to give them an alternative, just as we need to provide alternatives for addicts who have chaotic lifestyles to varying degrees and who need to be rehabilitated and made employable so that they can be productive in our society. We need to be in a position to help Afghan farmers move away from the poppy fields as a source of cash and to provide alternatives. I suggest that the Minister for Justice has discussions with her colleague, Mr Finnie, who, as I understand it, has responsibility for the Scottish agricultural and biological research institutes, to see whether anything can be done in Scotland to

produce successful alternative cash crops that might be grown in places such as Afghanistan. That could be positive.

Patrick Harvie: Does the member acknowledge that one of the factors that leads farmers to go back to opium production or poppy growing is the way in which world trade is regulated? Does he acknowledge that simply suggesting alternative cash crops has not been successful for other agricultural economies that have to compete with multinationals and subsidised western agricultural economies?

Brian Adam: I acknowledge that world trade arrangements influence these matters. However, there is no doubt that the fact that farmers can get cash for the crops influences them to grow them. I do not think that substituting crop production for subsistence farming is likely to prove attractive.

I turn to the impact of drugs on our prisons. We have heard about the outcome of some of the research that the Executive has commissioned—I am delighted that the Executive is commissioning research in this difficult area. In the past I have asked how many of the drug deaths that have been reported have happened not long after someone comes out of prison and where they have happened, because I do not believe that the experience is universal. As far as I am aware, it is not the experience of prisoners coming out of prison in the north-east. Will the minister tell us whether research on that has been commissioned? If it has not been commissioned, why not and when will it be commissioned? If there are differences in the number of drug deaths depending on where people come out of prison that might reflect differences in prison regimes, from which we might learn something useful.

Cathy Jamieson: I hope that the member will welcome the fact that we have indicated that we will examine every drug-related death that took place during 2003, so some of the points that he raised will be picked up in that process. Of course we acknowledge the problems with the transfer from prison back to the community, as I have indicated.

Brian Adam: I accept fully that there are problems with that transfer; we need to plug the gaps. However, I am not absolutely convinced that there is a universal association between people being released from prison and drug deaths. If there are differences in the number of such deaths, we might learn something useful.

On the Tories' amendment, although I have some sympathy for the idea that we need to think seriously about methadone prescription as the primary method of tackling heroin abuse, I have no sympathy for the implicit suggestion that the only way to tackle drug misuse is abstinence. The

current provision of abstinence support is woefully weak and is certainly not universal. There are different levels of support for different types of treatment in different parts of the country, which is rather unfortunate, to say the least. As the Executive develops programmes—I am delighted that it is going to increase the funding—I hope that we will have a much better, more uniform system to tackle the problems.

Mary Scanlon (Highlands and Islands) (Con): It seems to me that today's debate is going to be coloured by the question of who is right and who is wrong. I remind the member that the Executive set up its effective interventions unit in 2000, but there is little to tell us what is right and what is wrong. Does the member share my concerns about the funding, remit, research and conclusions of the unit?

The Deputy Presiding Officer: You have one minute, Mr Adam.

Brian Adam: I look forward with interest to reading further material that is published by the effective interventions unit. The debate over whether only abstinence works or only intervention works is irrelevant. We should be following whatever course works for the individual.

Hugh Henry: Will the member give way?

Brian Adam: I would love to, but I am in my last minute.

I believe that, in my area, we do not offer enough abstinence-type treatments. That might be true throughout the country. The reason for that lack is that there is a wide difference between what the public perceive as being successful, what the addicts and their families perceive as being successful and the advice that is given by professionals. We should pay heed to what professionals have to say, but their influence over public policy on the matter that we are discussing has been too great. They are not listening to what the public or addicts are saying. Most adults are telling us that they would prefer to go down an abstinence route—something like two thirds of them said that in a recent survey.

Mr Raffan: Will the member give way?

Brian Adam: I am sorry, but I do not have time to take any interventions.

We have not got the balance right; however, to present the argument in terms of one approach being right and another approach being wrong is not helpful in any way.

15:46

Margaret Mitchell (Central Scotland) (Con): A drug-free society is an ideal, but is none the less worthy for that. This debate is potentially wide

ranging but I want to concentrate on two main aspects: ending abuse and limiting access.

One of the most important steps towards ending abuse is to recognise that cannabis is a harmful substance in its own right, known to adversely affect the immune, reproductive, respiratory, cardiovascular, neuropsychological and central nervous systems, as well as acting as a gateway to hard drugs. It is quite definitely no soft option. That is why the Conservatives are fundamentally opposed to its declassification and intend to reclassify cannabis as a class B drug at the first opportunity.

Tommy Sheridan: Does the member recognise and agree with the following quote?

"The illegal drug trade occurs because the US and other Western countries pass anti-drug laws which they cannot enforce."

As a Conservative, does Margaret Mitchell agree with those words from Milton Friedman?

Margaret Mitchell: I do not agree with that. Tommy Sheridan displays the usual warped thinking from the SSP when we are trying to tackle a serious subject. We will move on to discuss some concrete measures.

One major issue in relation to ending drug abuse is drugs in prison. We know that there are drugs in prison, but accepting that something exists does not mean that it is acceptable. I am deeply concerned that the Executive's approach to drugs in prison appears to be the same as its approach to drugs in society, which is that it promotes harm minimisation. That policy might be acceptable as a limited short-term measure to prevent death and serious injury, but it can never be more than that. Certainly, it can never stand as a principal policy for tackling the serious problems that are caused by drugs.

Research has shown that a majority of prisoners who take drugs want not to manage their habit but to be free from drugs. Let us capitalise on that desire by taking advantage of the opportunity that exists to get people off drugs while they are in prison. That is something that the Executive has failed to do. It is important to understand that that objective will be realised only with investment and intervention. That means offering prisoners the chance to go on programmes of drug rehabilitation that are properly funded, resourced and—even more important—managed and which will not be abandoned due to staff shortages or illnesses in the Scottish Prison Service, which are a real problem.

Dr Sylvia Jackson (Stirling) (Lab): I had difficulty hearing because of the microphones, but I think that the member said that the Scottish Executive appears to be doing little to help prisoners who are on drugs. Would she mind

telling us what the Conservatives did when they were in power?

Margaret Mitchell: I could spend the next five minutes doing that. I assure the member that people with DTTOs were regularly tested. When Michael Forsyth was Secretary of State for Scotland, that was a priority. Unfortunately, I have no time to go into detail, but I am happy to take that up with the member later.

Access to a rehabilitation programme should be a prisoner's right, but with that right comes responsibility. We know that most drugs enter prisons through prison visits. It is understandable that prisoners do not want to be watched or listened to during a visit, but if prisoners use those visits to access drugs, their right to have open visits should be withdrawn immediately. They must earn the right to have such visits reinstated by showing that they can be trusted and that they are fully signed up to the rehab programme. However, that is only half the problem. Thereafter, measures must be put in place to ensure a prison environment in which prisoners who are clean are not tempted back to drug taking.

That brings me to the broad issue of limiting access, which presents a huge problem. On access to drugs in prison, the public would be appalled to learn that prisoners have access to mobile phones. It is impossible to be serious about controlling drugs in prison while that practice continues. The Scottish Executive must take decisive action to ensure that mobile phones are not available to prisoners.

Another important matter that must be tackled as a priority is the recently highlighted problem of some security firms acting as a front for organised crime, drug dealing, extortion and money laundering. Tom Buchan, who is the president of the Association of Scottish Police Superintendents, should be supported in his bid to persuade the Executive to subject those private firms to the same strict licensing regime as exists elsewhere in the United Kingdom. Instead, the Executive is doing what it does best—dithering. The minister is too often content to tinker at the edges by announcing initiatives such as a first-aid policy for drug users and their families.

If the minister wishes to tackle the access problem seriously, she should make introducing legislation a priority. She should make time available for that by abandoning the Emergency Workers (Scotland) Bill and setting aside the time that will be wasted on that unnecessary bill to legislate to deal with the licensing problem.

I have much pleasure in supporting the amendment in Annabel Goldie's name.

The Deputy Presiding Officer: We are significantly behind the clock, so I will have to cut

the time for speeches to five minutes after Sylvia Jackson's speech and the time limits will have to be observed.

15:53

Dr Sylvia Jackson (Stirling) (Lab): I welcome the minister's comments and her commitment to continue moving forward on this important matter. As she knows, Cornton Vale is in my constituency and I have had a long interest in many Cornton Vale issues. I have been supportive of the motion on halfway houses and of the time-out centre in Glasgow.

I am pleased to hear from the minister about the research that has been conducted at the University of Stirling and about the success with DTTOs. From listening to the Conservatives, one would imagine that nothing good is happening. Perhaps some Conservatives should come along to the cross-party group on drug and alcohol misuse, which they have not yet done.

Miss Goldie: Will the member give way?

Dr Jackson: I will not, because the member did not give way to me.

Mr Raffan: When the member has time, will she give the Conservatives a little education, so that they know the difference between DTTOs and random drug testing in prison, about which Mrs Mitchell was totally and utterly confused?

Dr Jackson: I thank the member for that information, which I have no doubt has been passed on.

I will talk about an important subject, which the minister touched on: young people and how they are affected by drugs, whether they take drugs or, as is more often the case, have parents who have become involved with drugs.

This year Stirling Council has revised a document about young people and substance use. It states that effective action against substance use is a challenge for everyone in society and that there is no one solution to the problem of substance use. There is a need to harness the energies and commitment of young people, staff, parents and all agencies who have specific roles to play. That is more true than ever.

We have talked about prisons. We should try to break the cycle of prisoners coming out of prison and having drug problems, and very much try to break the cycle in families when children are affected.

Stirling Council's report contains stark statistics. Some 11 per cent of 13-year-olds and 20 per cent of 15-year-olds had used drugs in the previous month. That figure is higher than the national average. By far the most common drug that was

used was cannabis, with 16 per cent of 13-year-olds and 33 per cent of 15-year-olds having used that drug in the past year. Some 40 per cent of 13-year-olds and 72 per cent of 15-year-olds had been offered drugs.

In my constituency and other constituencies, the drug action team or substance action team is the focal point for adopting the strategy and taking a multi-agency approach. The review of our strategy in Forth valley has been warmly welcomed. That said, I acknowledge that, in its November 2003 response to the Scottish Executive, the Scottish Drugs Forum said that we need to review further what is happening with our DATs and SATs.

Obviously, the police have a crucial role to play within the multi-agency approach. Although I want to concentrate on younger people, it would be remiss of me not to mention the great success in the Central region. Operation overlord began in February 2001, and drugs with a total street value of £2.6 million have been recovered. In addition, since April 2004, 122 dealers have been arrested, and suspected criminal assets worth £1 million have been retained. That is good news.

I return to education. Annabel Goldie said one thing that was true when she spoke about the role of education. For young people, school is a safe environment for part of the day. The curriculum, learning and teaching are also important. I am talking not only about the idea of the health-promoting school, but about the existing five-to-14 curriculum, which includes environmental studies and personal and social development, and the multi-disciplinary approach that brings together guidance, physical education, home economics and science to make children more aware of the issues and how to deal with them.

I want to mention briefly two initiatives that Stirling Council started. One is the interact initiative, which brings drama into the curriculum and helps children through acting out, with specialist support, so that they can come to terms with some of the issues around drugs. Drop-in centres also operate in some secondary schools at lunch time. They, too, have specialist help, and support children whose families are affected by drugs. Stirling Council thinks—as I am sure other councils think—that it could do much more if it had a little more resource. Again, one of the Scottish Drugs Forum's recommendations is that more family support posts and action research on supporting children living with grandparents would be helpful.

I support the motion.

15:59

Donald Gorrie (Central Scotland) (LD): I welcome the motion, which well reflects the

balanced approach that the coalition Government has to drugs, balancing enforcement against prevention of the problem in the first instance.

The minister, rightly, referred to the revolving door—which we do not want to have—and she had good ideas about preventing that. Many other members have also had good ideas about what to do with people once they get into drugs. I will concentrate on how we can prevent or discourage people from getting into the revolving door. There are some things that we can do better than we do at the moment to discourage people from getting involved with drugs.

Bruce Crawford (Mid Scotland and Fife) (SNP): On the issue of the revolving door, does the member not think it bizarre that, in the Kirkcaldy area, because of the new GP contract, the wait to access the services of a general practitioner for someone who wants to undergo drug rehabilitation has gone from six to 26 weeks? The GP contract is getting in the way in that area.

The Deputy Presiding Officer: Quickly.

Bruce Crawford: In fact, to access services in the Kirkcaldy area it would be quicker to commit a drug crime than it would be to get access through victim services.

The Deputy Presiding Officer: Come on. This is not reasonable.

Donald Gorrie: Certainly, it is important to deal with people as quickly as possible once they recognise that they have a drug problem.

We must place more emphasis on the need to have a positive attitude towards our communities by creating a vigorous community life through community activities, youth work and the promotion of sport and the arts. All those things are well worth while in their own right for individuals and for their beneficial effect on communities, but they have an added good effect in helping some young people to develop a positive involvement in good things in life rather than getting involved in drugs. A lot of effort must go in locally, and the Executive must support that sort of vibrant community activity through a good funding system.

It is also important to combat alcohol misuse and under-age drinking, which have a bad effect on the people involved and on their communities. Alcohol is often a gateway to drugs, and if we can tackle more effectively than we do at present the culture of binge drinking and under-age drinking, we will help ourselves to deal with drugs issues. I was heartened to read, in a cutting from today's *Evening Times* that I was given just as I was coming to the chamber, about Strathclyde police's vigorous campaign with regard to off-licences in North Lanarkshire and the sale of alcohol to

under-age people. We should do more of that sort of thing.

I take the same line as Brian Adam with regard to the argument that we must tailor schemes to help individuals rather than have a doctrine that says that either abstinence or substitutes are good. Some people might benefit from one approach; some might benefit from the other. I urge the ministers to give a fair wind to the idea of putting more effort into encouraging abstinence. The fact that Annabel Goldie espoused that argument in her usual robust style—that is the polite way of putting it—should not discourage ministers from considering the research. It is a serious proposal, as abstinence will help some people more than methadone.

Finally, we can better harness the talents of young people to persuade other young people to get on the right track. There is no use in a wrinkly like me saying to young people, “Drugs are a very bad thing.” They would tell me—quite rightly—to get lost. However, last week I listened to some young people in a Prince’s Trust project who had a pretty rocky past but who were being well motivated to start afresh with a new career. They were interested in helping other young people not to get into the same trouble as they had got into. If we can harness the energies and talents of such young people, they will speak with real vigour and accountability to other young people and help to lead them in the right direction.

We can explore some of those ideas; however, I think that the Executive is very much on the right lines. We just want to do more of the same, better.

16:04

Richard Lochhead (North East Scotland) (SNP): I am pleased that, after having a Parliament for the past five years, we are debating this issue in some detail. It has taken a long time to get here, but the issue of drugs misuse is one of the biggest for the communities that we represent.

When the Parliament met in Aberdeen a couple of years ago, I had a members’ business debate on the subject, which many members attended to discuss the issues. I lodged the motion for that members’ business debate because drugs misuse is such a huge problem in Grampian, the area that I represent in Parliament.

There are 1,400 registered addicts in the city of Aberdeen alone. The local agency workers reckon that around three times as many people are also addicted to drugs but are not registered with local agencies. That represents approximately 3 per cent of the population aged 15 to 54 in the city of Aberdeen. The issue is huge in Aberdeen and it is crawling into rural areas throughout Grampian.

There has been a major problem with drug-related crime in Aberdeen in recent years—for example, the number of housebreakings is double the national average. The local police reckon that 80 per cent of the crime that is committed in the city and region is related to drugs. We also have the highest rate in Scotland of babies who are born addicted to drugs and one of the highest rates of drug-related deaths.

A couple of years ago I had a private meeting—organised by a local charity—with 10 drug addicts. Many people from different backgrounds have become addicts in recent years in Grampian. The area has been targeted by dealers from south of the border because of its perceived wealth although, of course, it is not just wealthy people who become involved in drugs. I remember speaking to one woman who had lived in a leafy suburb of Aberdeen in a house that she owned with a car in the drive. The last time I saw that woman, she was begging on Union Street in the middle of Aberdeen. That brought home to me not only how huge the issue is, but the fact that the Parliament has to address it.

The people whom I met told me that they were desperate to get off drugs and to get back to some kind of stability. However, when they applied to local agencies to get treatment—I accept that this was a couple of years ago and that things have improved since then—they were told that, in some cases, they would have to wait for one and a half to two years. I ask members to imagine someone who voluntarily wants to get off drugs going to his local drug agency and health board only to be told that while they will help, he has to come back in a year.

Cathy Jamieson: The member has indicated that things have improved and I am glad to hear him say so. I hope that he will recognise that when we allocated funding to Grampian NHS Board earlier this year, we increased funding to more than £1.9 million—an increase of 49.5 per cent—to try to get those local services in place. I hope that he agrees with the message that I tried to give out today, which is that I expect to see a reduction in waiting times in each area. Obviously, there will be different pressures and problems in different areas and I welcome continued involvement to ensure that we get it right in each local area.

Richard Lochhead: I welcome that, and I will be examining all the minister’s announcements in the coming days to make sure that enough resources make their way to Grampian.

Grampian—and elsewhere—needs a mix of treatment programmes. Residential places will suit some people and community service will suit others. Parliament has to accept that there must be a mix of rehabilitation services.

The voluntary sector has been mentioned and is crucial. Some rural areas of Grampian have access to organisations such as Grampian Addictions Problems Service, which is run by volunteers and which scrimps and scrapes from year to year. Local people give the organisation hand-outs such as free computers to try to keep it going. That organisation is working at the coalface with addicts and their families. Everyone who has spoken in this debate has acknowledged that families go through sheer hell as a result of having an addict in the family. I appeal to the minister to work with her colleagues and other ministers to ensure that the voluntary sector is given adequate and consistent funding.

I have only one minute left and I will use it to talk about cocaine use. Much of the debate about rehabilitation services has centred on heroin, which has also been the target in Grampian. During the past four years, cocaine use in Aberdeen has increased by 600 per cent and the area is now being targeted by cocaine dealers. Cocaine users are a different type of client. They are often middle-class people with too much disposable income, but they now also have huge social problems. That situation requires a different response to that given to heroin users. Not enough research has been done into how we are to deliver rehabilitation services for cocaine users as well as heroin users and others. That is the next challenge on the horizon and I hope that the minister will turn her attention to it.

On tackling drugs in prisons, there is a lack of sniffer dogs in the Scottish Prison Service. Craiginches inmates know that the sniffer dogs hardly ever visit. We need more sniffer dogs in the SPS and in HM Customs and Excise to help to keep drugs out of our prisons and to stop them coming into Scotland. The drug-dog unit has not yet been reinstated in Scotland. The unit is run from the north of England and hardly ever visits our ports in Scotland. That situation has to be addressed, as the Scottish Affairs Committee in Westminster requested about three years ago, but we are still waiting for the unit to be reinstated.

16:10

Des McNulty (Clydebank and Milngavie) (Lab): The problems of drug abuse and the associated problems of alcohol abuse are two of the most serious problems that we face in Scotland. They blight so many people's lives, but they also hold back Scotland's economic, cultural and national development. Those problems have to be a national priority.

I recognise and welcome the comments that the minister made today about the priority that she intends to give to tackling drugs misuse and the measures that she will introduce.

Having heard Annabel Goldie and Margaret Mitchell, who are normally two of the most sensible Conservative speakers, I am a bit worried about the kind of radical approach that we can expect from Chief Wiggum—Bill Aitken—who is due to speak later in the debate.

We need to shift the focus on how we tackle drug abuse away from the client and more towards the community. That is the key dimension of change on which I will focus my attention. Nobody would deny the dreadful impact that drugs have on people, their families, their neighbours and the wider community. However, if we focus purely on the problems of the individual, we will not address adequately the problems of the family, the neighbours and the community. We do not necessarily give those people an adequate voice when it comes to tackling problems that affect them.

Drugs misuse is a problem that affects poor people, particularly those who live in deprived communities. I accept what Richard Lochhead says about there being particular problems in Grampian, as there are throughout Scotland. However, it is undoubtedly the case that west central Scotland and urban areas in that region have the most severe and intractable problems, often because the problems of drug abuse are a product of, conditioned by and associated with other problems. We will not deal with the drugs problem by focusing purely on that problem itself—we have to deal with the full range of problems in order to sort out the drugs problem. One cannot just pluck somebody out, sort out one aspect of their problems, re-engage them in the same environment that created the problems and then expect everything to be hunky-dory. It simply does not work like that.

We have to adopt a community-based approach, give communities more of a voice in the way in which we deal with the drugs problem and not confine the way in which we do that to drugs-based initiatives.

Schools will not deal with drugs effectively through drugs lessons alone. Rather, dealing effectively with drugs will happen through the way in which the school deals with the child in the context of the wider curriculum and through the way in which the school integrates the family with the education of the child. The problem will be dealt with through the ethos that is created in the school environment. Those are the important points.

I do not say that drugs education is unimportant. We owe it to children to teach them about the adverse effects of drugs and the devastation that they can cause. However, we will not wean people off drugs by inserting a little building block on drugs into the curriculum; that will happen only if

we recognise that drugs are a key problem. The way in which we manage the educational process must focus on how we deliver more effective outcomes.

The same is true in the context of policing. If we say that dealing with drugs is the problem of drugs officers, ultimately we will not mobilise the police service to deal effectively with a problem that affects everyone in that service. All police officers deal with the consequences of drug use by drug offenders. The same is true in the medical profession. The health problems of many people who present to general practitioners, doctors and consultants in certain specialties are associated with drugs problems.

We will deal with the issue of drugs only by recognising its full force and acknowledging that, although the steps that Cathy Jamieson has announced are crucial and very welcome, we need to rebalance our thinking on health, education and policing to ensure that we adopt a holistic approach. We need to go beyond a client-based approach that focuses on an individual to include the family, the neighbours and the community and to give people rights and a voice in the way in which this matter is taken forward.

16:15

Mary Scanlon (Highlands and Islands) (Con): Many members have mentioned Inverness prison is currently more than 50 per cent overcrowded. If we want prisoners to undertake further detoxification and rehabilitation programmes, we must seriously address certain staffing and overcrowding issues.

Mr Raffan: Will the member give way?

Mary Scanlon: My time has been cut.

Mr Raffan: My point is very brief. The whole point of DTTOs is to reduce the pressure on prisons.

Mary Scanlon: Keith—

Mr Raffan: Oh, just agree.

Mary Scanlon: No, I would never agree with Mr Raffan. That would be a dangerous thing to do.

The Executive motion refers to

"increasing the range and effectiveness of local drug treatment and rehabilitation services".

I hope that both ministers will consider the fact that in the Highlands a drug addict can wait up to four weeks for treatment and in Moray up to three months.

Although I welcome co-ordination across the Parliament on this issue, Dr Richard Simpson promised some time ago that dual diagnosis would

be introduced. I welcome the review that has been announced today and hope that something positive will come out of it.

I want to raise some questions that follow on from parliamentary questions I have asked over the past few years, most of which were answered by Hugh Henry. Given that asking parliamentary questions does not always lead to informative answers, I would now like to ask, first, how the Executive is monitoring the methadone programme. Has the effective interventions unit, which was set up in 2000, audited people on methadone? Has any evaluation been made to find out what is an effective intervention and what kinds of prevention, treatment and rehabilitation have been cost-effective? We need to know that information. We should not have to bat questions and answers backwards and forwards and be made to feel that one side seems to know more than the other. Indeed, the Executive website contains very little such evidence.

Secondly, how many people have progressed through the methadone programme to a drug-free lifestyle? Ministers need to provide the figures to back up their claim that the programme is a good one.

Furthermore, what has been done in response to the Scottish Centre for Infection and Environmental Health's report on injecting drug users in the Highlands who were also on a methadone script? What percentage of methadone patients are regularly tested for illegal drugs? Are their methadone scripts halted in certain circumstances? Some time ago, when I asked whether heroin was more addictive than methadone, Iain Gray replied:

"Heroin is generally thought to be more addictive than methadone. However ... drug users often claim that methadone is 'harder to come off' than heroin."—[*Official Report, Written Answers*, 2 July 2001; S1W-16696.]

We need guidance from the effective interventions unit on that question.

Finally, how often is methadone recorded as a factor in the cause of death? After all, doctors and pharmacists can be charged with culpable and reckless conduct for dispensing high levels of methadone that later result in death.

I want to return to the issue of dual diagnosis, which the minister touched on. Drugs and, indeed, alcohol are often used as a mask to cover up underlying mental health problems. When people complete the detox and rehab process—quite often successfully—they are often left to face their demons and to address the fears and anxieties that might have led them into the drug culture in the first place. Indeed, after ridding themselves of illegal drugs, they find themselves on legal drugs that they just cannot come off. For example, NHS Highland sent a gentleman a letter that read:

"You have been referred to the Community Mental Health Team, but unfortunately, due to a number of circumstances we are unable to allocate a worker to you at present. Your name has therefore been placed on our waiting list."

That gentleman committed suicide two weeks ago. The family found the letter among his belongings.

I am sorry that I must rush so much. There is around a 12-month wait to see a clinical psychologist in the Highlands. However, legal antidepressants are handed out freely without proper and adequate support and care. I remind the minister that many women in the 1950s and 1960s were given valium for post-natal depression and that they were still on that antidepressant when they were in their 70s. I ask the minister to co-ordinate her work with the Minister for Health and Community Care to ensure that that does not happen with the selective serotonin re-uptake inhibitor drugs.

16:20

Helen Eadie (Dunfermline East) (Lab): I am grateful for the chance to contribute to this important debate. Dunfermline East sits to the east of the M90 and its close proximity to that motorway has presented a challenge to the work of the police and to the towns and villages of Rosyth, Cowdenbeath, Keltie and Ballingry because they are the targets of dealers who regard the motorways as their fast track between London, the Midlands, the major ports and all points north.

My constituents live in an area that is, in the main, one of the most disadvantaged in Fife. Its villages and towns were once prosperous mining areas, but since the Tories closed the nation's pits, the families who continue to live there have faced major challenges. At the same time as the Tories closed our pits, they closed our naval base in Rosyth; the associated dockyards are now a shadow of what they once were. In other words, tens of thousands of jobs disappeared and the Tories ravaged our communities mercilessly. What followed were the drug dealers.

I have been involved politically in public life for almost 30 years in Fife and, briefly, in London. It is my perception that only in the past few years has public policy on drugs across the UK started to develop and have an impact. I would argue that that planning and strategy have been prioritised only because the Labour-led Labour-Liberal coalition has ensured that that is what happened. I cannot recall whether the Tories ever had a drugs policy. In contrast, one of the first actions of the Scottish Executive was the launching in May 2000 of a national partnership against drugs misuse as part of its drugs strategy. The Executive had the wisdom to include key partners, such as the voluntary sector, the NHS, drug action teams,

Scotland's councils and appropriate national agencies. We were delighted when, as part of the initiative, the then minister agreed that the second pilot drugs court be established in Fife in August 2002. Researchers at the University of Stirling found that sheriffs and drug addicts alike broadly welcomed the pilot project in Glasgow. In its first six months, only one DTTO out of 32 was breached.

In Dunfermline East, a variety of individuals are making efforts but I want to highlight in particular the work of Benarty Cares. Like Margaret Smith, I have been asked to convey to ministers that a local organisation feels that its work is being supported. Benarty Cares has been awarded funding by the Executive only recently and we are delighted about that.

We have seen the work of the Mothers Against Drugs initiative and others across Scotland, including Benarty Cares. It is crucial today to pay tribute to all those who work with us collectively as agents of change. Groups and organisations are being funded in a way that never happened in 18 years of Tory rule. If there is one policy change that I would single out for praise in connection with the Executive's approach, it is the change that came with the Proceeds of Crime Act 2002. I agree with Mary Mulligan on that point, because the 2002 act gives the Government power to seize drug dealers' assets. Since April 2004, the Scottish Drug Enforcement Agency has identified £8.5 million of realisable criminal assets for potential seizure by the Crown Office and Procurator Fiscal Service.

I am delighted to learn from the minister that the SDEA has widened its scope to cover all forms of serious crime, including drug trafficking, money laundering, organised crime and sex offences against children. The Executive's pan-European approach, working in close collaboration with police forces across the UK as well as with HM Customs and Excise and our European partners, is to be commended. That partnership strives to put an end to the criminal networks that supply drugs to Scotland.

When the Scottish Parliament's Social Inclusion Committee published its report in 2000, it found that drugs misuse had been increasing over the previous decade. It is interesting to note that the latest published figures show a fall of 17 per cent in drug-related deaths. It may be coincidental, but I believe that that has something to do with the Scottish Executive's determination, too.

A paper prepared by the Scottish Churches Parliamentary Office—briefing paper 6/10—reminds us:

"Probably the single issue that animated most newly elected MSPs back in 1999 was the drive to tackle Scotland's growing drugs problem. Those not already

aware of the problem heard so much about it on election platforms that they knew 'something had to be done'. But what?"

The document goes on to set out four pages of A4 that detail the progress and achievements of people across Scotland who are working collectively with the Scottish Executive to make a real difference. As pragmatic politicians, we must acknowledge that a lot has been done, but so much more remains for us to do. I am pleased to support the ministers in that task.

The Deputy Presiding Officer (Trish Godman): I now move to wind-up speeches. I call Tommy Sheridan. You have six minutes, Mr Sheridan.

16:25

Tommy Sheridan (Glasgow) (SSP): I begin by accusing the Executive of negligence and complacency in relation to the whole problem and the whole debate. The starting point for the debate has to be the fact that the overall scale of problem drug abuse, of drug-related harm, of drug-related crime and, shamefully, of drug-related deaths is increasing, not falling. The Minister for Justice referred to the lower level of drug-related deaths this year, but she dishonestly ignored the fact that the figure for heroin and morphine-related deaths in Scotland stood at 167 in 1999, when her Executive took power, and rose to 196 deaths in 2000, to 216 deaths in 2001 and to 248 deaths in 2002, and that it stood at a scandalous 382 deaths last year. That figure, the highest ever recorded, equates to more than one death a day from problem chaotic drug abuse—more lives than were lost at the height of the troubles in Northern Ireland. That shows the urgency with which we should be approaching the problem, and I am afraid that the back-slapping and the patting on the shoulder that is going on is simply not good enough. Those statistics expose the bankruptcy and failure of the Executive's political approach to drugs misuse. We are conning the people of Scotland with the continuation of an enforcement-based approach. Pounding chests and beating desks to sound tough about drug abuse, drug dealers and drug trafficking secures cheap headlines in cheap newspapers, but it does not solve the problem. It does not diminish in any way, shape or form the heartache within families or the social disorder within communities that is caused by the illegal drugs trade.

Let us consider five years of the Executive's approach to the problem. Over the past five years, we have had more drug-related crime, more drug addicts and more drug-related deaths. That is a record of failure, not success. The will may exist among Executive members to tackle the scourge of drugs, but the tools that they are using are

absolutely useless. We cannot empty the Atlantic with a teaspoon. Five years ago, the hard evidence that existed told us that for every £1 invested in drug treatment and rehabilitation services we saved £3 in other criminal expenditure. Today, the evidence shows us not that every £1 saves £3, but that every £1 saves as much as £9.50 in criminal expenditure.

Mr Raffan: Is Mr Sheridan aware that that evidence also shows that, if we include addicts who use fraud to support their habits, the saving rises from £9.50 to £18?

Tommy Sheridan: Keith Raffan's point is well made, because the £9.50 figure is the most conservative estimate of the saving that results from the switching of investment.

What we require is a radical change and a radical political shift. It will take some courage because we will be criticised by tabloids such as the *Daily Mail*, but we must grasp the nettle.

Stewart Stevenson: The SSP's policy is clear in its manifesto: the party would provide free heroin to all registered addicts. Would the party also provide free crack cocaine to addicts of that particular drug?

Tommy Sheridan: That is a pity. It had seemed today that the SNP had matured over the past five years and had stood up to acknowledge that the cheap sloganising on this issue that we have heard from the party in the past was not good enough. Five years ago, the SSP was criticised by people like Stewart Stevenson for proposing the prescription of heroin as a way of stabilising adults' lives and of undermining the heroin trade in this country. Now I am glad to say that more and more members are asking why, given that the policy is working in other countries, we are not trying it here in Scotland.

I say to Stewart Stevenson that, yes, as part of a treatment programme, we in the SSP would make pharmaceutical heroin—along with a range of other services—available to addicts. We would do that to save lives and to stabilise people and get them back into society, but we would also do it to undermine the trade in illegal drugs.

The minister announced that the Scottish Drug Enforcement Agency had had a record year last year, seizing £55 million of illegal drugs. That represents at best 5 per cent of the illegal drugs trade in Scotland. We have to stop conning people that we are going to win any drugs war, because we are not.

We need a new and radical approach. For instance, we should take cannabis out of the criminal underworld. Why? Because—and I want the minister to come back to me on this point—over the past five years, 70 per cent of all illegal

drug arrests, 70 per cent of all illegal drug seizures and 70 per cent of all those imprisoned for the supply and trafficking of illegal drugs have been not for heroin or crack cocaine but for cannabis. Let us get rid of the soft target and let us dedicate more resources to treatment and rehabilitation and to providing local and accessible facilities in every Scottish community for children and parents who seek treatment.

We reject the Executive's motion today and we call for support for our amendment. What is being done just now is not good enough.

16:32

Mr Keith Raffan (Mid Scotland and Fife) (LD):

I agree with Mr Sheridan that we must have a balanced approach—not an imbalanced one that favours enforcement as opposed to treatment and rehabilitation, or the other way round—but I caution the Executive that there are two ways of tackling drug misuse: one is by cutting supply, the other is by cutting demand.

I get a bit concerned, and a bit bored, when ministers—both at the House of Commons when I was an MP there, and here—come to the dispatch box and boasting of seizures. The true test is the street price of drugs. Boasting of greater seizures is meaningless unless one knows what the seizures represent as a proportion of the total amount coming in. The only measure of that is the street price. On the United Kingdom Government's own figures, the price of class A drugs has plunged by between 20 per cent and 40 per cent over the past five years. I agree that enforcement measures are necessary, but let us get the issue in perspective and let us not wrongly assess the effectiveness of the Scottish Drug Enforcement Agency.

Since I introduced, 19 years ago, the private member's bill that is now an act of the Westminster Parliament—the Controlled Drugs (Penalties) Act 1985—I have become much more convinced that the way to tackle drug misuse effectively is to cut demand.

Cathy Jamieson: I hope that the member will accept that we have moved away from the SDEA targets that focus on the weights of class A drugs that are seized. We recognise that the way to deal with the issue is to disrupt the criminal networks and to seize the profits, putting them back into communities.

Mr Raffan: Of course we have to do that. I am glad that the Social Inclusion, Housing and Voluntary Sector Committee's inquiry, during the first session of the Parliament, into drug misuse and deprived communities helped to move the Executive away from an unbalanced emphasis on enforcement and towards a focus on treatment

and rehabilitation. I was a member of that committee and Margaret Curran, who is now a Cabinet minister, was the convener. I am sure that she would agree with my point.

The other point that I want to make is about Professor Neil McKeganey's research. Again and again in recent weeks we have heard that 60 per cent of users want to get off drugs. My God! The specialists to whom I spoke at a presentation to the cross-party group on drug and alcohol misuse found that figure surprisingly low. Of course drug addicts want to get off drugs but, as Mr Stevenson rightly said, it is not a matter of choice. Drug misuse is an addiction—a form of compulsive-obsessive behaviour. What such people want is different from what they can achieve.

It is interesting that in an earlier drug outcome research in Scotland study—the DORIS study—Professor McKeganey produced a figure that said that 60 per cent of respondents felt that harm reduction, principally through methadone, had motivated them to try to sort out their troubles. Many of the responses in such surveys depend on the questions one asks.

Let us put the issue in perspective. The debate should not be about abstinence versus harm reduction. That subject is stale; it is old hat. Watching Annabel Goldie re-enacting Nancy Reagan saying "Just say no" almost makes me pro Nancy Reagan. The speeches from members on my left have been rational; I am very sorry about the speeches from Conservative members on my right. Tory members have made two of the worst speeches in any drugs debate in the past five years. Their speeches were based on ignorance. I have warned Miss Goldie before about becoming too much in thrall to the viewpoint of Maxie Richards, but she has ignored me. I only wish that Miss Goldie had followed my suggestion and had come along to any of the many meetings of the cross-party group on drug and alcohol misuse that have been held over the past five years. That would have relieved her of her lamentable ignorance.

Miss Goldie rose—

Mr Raffan: I will not give way; the member did not give way to me. If Miss Goldie starts to show courtesy to other members during her speeches, I will show courtesy to her. She should sit down and listen and learn, because her speech was outrageous. It undermined the work of many people in the field and it has utterly destroyed her party's credibility with those in this country who are working extremely hard to tackle drug misuse. Her reputation in the field is next to nothing. She should ask Mr McLetchie for a move and one of the more responsible Conservative members should take her place.

We need as wide a range of services as possible. Brian Adam was right about that and Stewart Stevenson was right in his intelligent speech. I do not agree with everything that other members said, but at least they were trying to be positive. We need a full spectrum of services to be provided throughout Scotland, because there are gaps in provision in many areas. We must improve front-line services; the minister knows that. Early access to services is crucial for addicts. We must ensure that, when they are at rock bottom and want to get into treatment, they do not have to wait, come off rock bottom and then go back to active addiction.

We must examine what other countries are doing. Miss Goldie is right about that, if not in the countries that she identified—although Sweden has an effective methadone programme. For example, although it is estimated that Switzerland has 26,000 drug misusers, 20,000 of them are in treatment. The figures for the Netherlands are similar. Frankly, we must do a lot better than we are doing at present by learning how those countries manage to succeed in getting addicts into treatment.

Methadone has played a key role in the treatment and care of drug users. The programme here in Scotland is internationally renowned. Two years ago, I was in Australia and met Dr Andrew Byrne, who writes regularly to the *British Medical Journal* and *The Lancet*. He thinks that our programme is much better managed than that down south. It reduces drug-related crime. I have all the figures with me, which I will happily give to the Tories, and they are backed by no fewer than 15 academic papers. As well as reducing drug-related crime and the spread of blood-borne viruses that results from needle sharing, the incidence of hepatitis C and the number of drug-related deaths, methadone cuts down the chaos of users' lives and stabilises and improves them. The latest national treatment outcome research study shows that, for every £1 spent, at least £9.50 in crime costs is saved.

There are two areas of deep concern that I want to raise with the minister. The first is the detrimental impact of GP contracts on treatment services, especially in certain parts of the country, not least Fife. Bruce Crawford was right to mention the appalling increase in the waiting time in Kirkcaldy. The second relates to employability issues. The new futures fund initiative is coming to an end next March. When people get on to methadone, they can get their lives stabilised and get into employment. That is exactly what we want them to do. If the Tories knew anything about the subject, they would know that that was the point of the methadone programme.

The Deputy Presiding Officer: You must finish, Mr Raffan.

Mr Raffan: We must consider how we will progress the new futures fund initiative after next March.

16:39

Bill Aitken (Glasgow) (Con): The minister was right to begin with a graphic description of the effect of drug addiction on Scotland's communities. She was right to go on to condemn in absolute terms the people who are prepared to peddle in human misery. Throughout her speech, it was almost as if she was trying desperately to convince members that she is seriously concerned about the problem, but she does not need to do that—we know that she is seriously concerned about it. What we require to be convinced on is what she is going to do about the problem and whether the measures that she has announced today are adequate to cope with a problem that is a growing scourge in every community in Scotland.

Certainly, the minister succeeded in underlining in stark terms the difference between her and the coalition parties' thinking and that of the Conservatives. Whereas we believe in a zero tolerance approach, the minister's approach is one of resigned acceptance. It is as if she believes that drug addicts will always be with us, along with the poor.

Hugh Henry: Bill Aitken said clearly that he supports a zero tolerance approach. His statement echoes some of the comments that were made earlier, about supporting abstinence. I assume that if a drug addict took the abstinence route under which they did not get treatment but were required to abstain, they would no longer need to use needles. Surely the Conservatives' proposals mean that needle exchanges would no longer apply? Would the Conservatives immediately stop needle exchange programmes?

Bill Aitken: The fundamental issue hinges on determination: are we prepared to be sufficiently robust to make a tangible difference? I am aware, when I stand in the chamber and talk of a zero tolerance approach, that we will never remove the problem of drug addiction throughout Scotland. As the deputy minister knows, the fundamental issue is that unless we are prepared to go down that route, we will never make a real difference.

The minister also spoke about the way in which she has pursued enforcement—a subject on which I have some interesting figures. In 1997, 8,219 people were proceeded against in Scottish courts for drug offences. By 2002, although the number of offences had increased, the number of prosecutions had fallen by 16 per cent to 6,943. That is hardly indicative of a more determined approach to drug enforcement.

The messages that the Executive is sending out are mixed to say the least. We know that drug addiction leads to offending. Yet again, however, over the past few weeks we have seen graphic illustrations of the fact that drugs are readily available in prisons. Is it not absolutely farcical that, in the closed environment of a prison, people seem to have no difficulty getting drugs?

A management issue is involved. If those responsible are sufficiently determined, it should be simple to prevent drugs getting into prison. We should also be prepared to prosecute in the most rigorous manner all those who are convicted.

Tommy Sheridan: Unlike the member—who probably should be in prison—I have been a prisoner. I assure him that it is very difficult—almost impossible—to stop the supply of drugs in prison. If we cannot stop the supply of drugs in prison, does the member realistically think that we can stop the supply of drugs in an open society?

Bill Aitken: That is the counsel of despair. If we cannot stop the supply of drugs to prisons, or if we cannot diminish it significantly, we may as well just pack up and go home.

Patrick Harvie: Will the member give way?

Bill Aitken: No, there have been too many interventions.

Let us look at some of the other approaches that have been suggested in the debate. I agree that treatment has to be made available at the earliest possible moment to those who need it. What happens in Glasgow, for example? If someone is an offender, the quickest way to get drugs treatment is to commit more crimes. Once someone is 40 or 50 convictions down the road, they will go to the drugs court and almost certainly be given rehabilitation. However, the minor offenders who end up in the district court, including prostitutes, many of whom are anxious to get off drugs, have to wait for months to get treatment. Basically, the Executive's proposals do not size up.

Mr Raffan correctly pointed out that, during the Parliament's first session, the Social Inclusion, Housing and Voluntary Sector Committee undertook an intensive inquiry into the effect of drug addiction on poor communities. One of the pieces of evidence that struck me at the time was the way in which cannabis acts as a gateway drug, but the message that the Executive is sending out is that it does not consider cannabis to be much of a problem and will reclassify it. What on earth are we talking about? A tougher, more robust approach is required.

Of course, aftercare for prisoners is essential. It is one of the richest ironies that there is a unit in Barlinnie prison where prisoners can volunteer to

go to stay clear of drugs. Having visited it, I think that the prisoners were perfectly sincere—they were making every effort—yet on the number 37 bus from Barlinnie to Possil they would no doubt be tapped by some pusher trying to persuade them to go back on the habit. We give them very limited support, which is simply not on.

The debate has been depressing because it is a depressing subject, but perhaps the most depressing aspect of all is the defeatism on the part of the Executive and the lack of determination to face up to the realities of the situation and to act accordingly.

16:45

Mr Kenny MacAskill (Lothians) (SNP): In supporting the amendment in the name of Stewart Stevenson, we support the spirit and tenor of the Executive's motion and what it has said today and the SSP amendment moved by Rosemary Byrne. We fully dissociate ourselves from the comments of the Tories. We do not think that it is appropriate to talk about war or defeat. That must be addressed.

In the new chamber and new ambience in which we find ourselves, we are expected to have not just new solutions, but all the solutions. In an ideal world, that would be so. After all, why elect us if we cannot deliver? However, there are areas that are extremely complex and for which legislation is part, but not all, of the solution. The solutions are multifaceted and manifold. Things have to be tried—they may fail—and tried again. In certain areas, the success rate is nowhere near 100 per cent, but that does not mean that the solutions have failed, should not be tried or should not be persisted with. There is no clear solution. We cannot be delusional, deny reality, and say that we have the sole solution, that there is a magic bullet, or that a panacea is available. I dispute the positions of the Tories and, to some extent, Mr Sheridan's assertion that there is a simple solution. There is none.

The most telling contribution was Mr McNulty's, who acknowledged that the issue is not just about police and individuals, but about our communities and society. The problem is not just in Scotland: it affects all western democracies in some shape or form. The situation is certainly much less bad in Sweden than it is in America, and I would much rather pursue a north European solution than implement the Nancy Reagan solution, which Mr Raffan rightly said was being advocated by the Tories. It is not a recipe for success.

Miss Goldie: It is necessary to clarify what clearly is confusion in Mr MacAskill's mind. I said specifically that the policies that my party promulgates are modelled on what is happening in

Sweden. How others construe that is up to them, but that is our position. It is because the situation in Sweden is working that we used it to inform our thinking.

Mr MacAskill: The rhetoric was more akin to what we heard from Nancy Reagan in the 1980s, as Mr Raffan said. Then, it was "Just say no," which was simplistic. It was a failure then and it would be a failure now. That is why we have the utterly ridiculous position that the life expectancy of a young black male in Harlem is lower than that of a young male in Bangladesh. What does that say about the most powerful country the world has ever known?

We have to address the situation. We have to recognise that the solution is multifaceted, that no one party has the ideal solution, and that there is no one easy solution. That is not an admission of failure; it is a recognition of reality.

Tommy Sheridan: Will the member give way?

Mr MacAskill: Not at the moment.

As we say to drug addicts, unless we accept that there is a problem, we will never address the solution. We have to repeat that.

The issue is not simply repression. We accept and support the Executive's proposals to hammer and clamp down on those who are causing mayhem in our schemes. However, that is not the solution, and it never can be, because we are not in a war, which is where we fundamentally disagree with the Tories. In a war, there is an identifiable enemy, whether it be the republican guard or the red army. We do not have that here. We are dealing with our own people: our sons and daughters. They are as likely to be our neighbour as anybody else. The Tories cannot say that they will wage war because, if they do, they will wage war on our communities and society. The collateral damage will not be the drug offenders and dealers; it will be the sons and daughters of the drug addicts, who have never committed any offence. We cannot go down that route. It is fundamentally unacceptable.

Tommy Sheridan: Will the member give way?

Margaret Mitchell: Will the member give way?

Mr MacAskill: Not at the moment.

We have to accept responsibility and make it clear to our people that the issue is one of free choice. We have to say that if anyone takes a decision to deal in drugs or participate in supplying them, they will face consequences and there will be no excuses because it is simply unacceptable. We have to drive that home, but at the same time we must accept that some people feel excluded, marginalised and alienated from society, and that until such time as we address that fact, we have no hope of finding a solution.

I am a good friend of Paul Laverty, the scriptwriter for the film "My Name is Joe". He told me that, to write that script, he went and stayed in Possilpark for a while. He asked the young kids, who came from difficult backgrounds and had poor education, why they took drugs. They said that their best hope for the rest of their lives would be to get a minimum-wage job in Burger King or to look around them at who was driving a BMW and had bought a flat in the west end of Glasgow. That is not to condone those who deal in drugs, but it is reality for many people. As Mr McNulty said, we must address those communities as part of our society, because that is what they are and we cannot get rid of them. We must educate them, work with them on health and employment and take responsibility for this social malaise, otherwise we will never address the problems.

What Mary Mulligan and Brian Adam said about poppy proliferation and events in Afghanistan was correct. We should do what we can to persuade the poppy farmers in Afghanistan not to grow poppies and to find a crop, perhaps not a cash crop, that would be better for them and their society.

Many members present are sporting poppies and I am remiss in not doing so. Why do we wear them? It is not in support of the poppy farmers of Afghanistan, but as a recognition of young men who fell in poppy fields in Flanders. I do not remember our waging war with the poppy farmers of Flanders. No such problem existed in our society then. It was not that there was no drugs trade then—in fact, a generation before the first world war, we had an opium war with China because certain sections of our society desired to have access to the money and resources that went with the opium trade—but there was not the same sense of futility. There was futility in the carnage that took place at Ypres, Mons and other such places, but there was not the same sense of futility among the young men who did not need the benefit of a white feather to troop off to war: they thought that they were fighting for a better society.

We must realise that the problem lies within, that we have to have effective policing and that we have to deal with drugs. It is possible to burrow out as well as to burrow in, and if it was not possible to prevent allied servicemen from escaping from stalags or prisoners from escaping from the Gulag, we will not prevent drugs from coming into the country. We must address the policing, but the Tories must realise that we have a problem in our society and that we must address it, which means addressing social exclusion and bringing everybody on board and giving them a stake.

There is no easy answer, but the Scottish National Party will work with all parties in the Parliament that are prepared to be progressive

and work in a multifaceted way to address the most serious matter that our society has faced in its lifetime.

16:53

The Deputy Minister for Justice (Hugh Henry): In one respect, I agree with the Tories: the debate has been depressing. What is depressing is the pure political cynicism that they have displayed this afternoon in trying to distinguish themselves from other parties in the Parliament. I do not believe that their policy is a matter of logic or even that it is necessarily a matter of principle for them, because I hear senior Tories in Scotland and elsewhere in the United Kingdom admitting privately that some of the things that they are saying are unacceptable but that they have to say them for political reasons. It is depressing that, as a result, the Tories are prepared to gamble not only with the lives of many young people in Scotland, but with devastation in communities.

We know, as Kenny MacAskill was right to say, that there is no easy solution, because we all know that drug misuse has its roots in poverty, deprivation, lack of opportunity and lack of hope. That is one of the reasons why this debate cannot be seen in isolation from those that we are having on education, on investment in the early years, on the sure start Scotland programme and on the work that is being done in primary and secondary schools to improve opportunities for young people.

Nor can this debate be seen in isolation from the work that we are doing on looked-after children. We know about the problems that children experience if they move out of care and into drug addiction and, often, into prison. The debate cannot be seen in isolation from what we are trying to do to improve the health of people in this country. It cannot be seen in isolation from the debates that we are having about making Scotland a more prosperous country, where people have opportunity. People are absolutely right to say that this debate is but one facet of a much wider debate.

There are also immediate issues that we need to address in the Parliament, and there are things that need to be done. As Cathy Jamieson has said not only today but on previous occasions, we admit that things are not as good as they should be, that improvements could be made and that much more needs to be done. That is why she announced today some of the investment decisions that have been taken to build on the already substantial investment that has been made.

I will now refer to some of the specific issues that have been raised in the debate. Stewart

Stevenson talked about the know the score website, as did Annabel Goldie and others. Stewart is absolutely right to say that we cannot know too much about drugs. He is also right to talk about parents being informed and being able to help their children. For Annabel Goldie and others to portray know the score as giving children information on how to hide drugs is a complete travesty of the facts: the advice was taken from a publication telling parents where to look if they suspected that their children might be hiding drugs. Such a portrayal is taking something positive, twisting it and telling lies—it is as blatant as that.

Miss Goldie: Will the minister give way?

Hugh Henry: No, thank you.

Stewart Stevenson also raised the issue of heroin prescribing. He took a balanced approach compared with that of Tommy Sheridan and Patrick Harvie. He was right to talk about the experiment that has been conducted in Switzerland. Tommy Sheridan's conclusion is that we should do the same thing here. I visited a heroin-prescribing project in Holland. What came across very clearly from that very small experiment is that the Dutch have an aging population of heroin users. It is not a growing problem among young people there, which is unlike the situation that we face in this country.

Tommy Sheridan: Will the minister take an intervention?

Hugh Henry: No, thank you.

The Dutch believe that their approach of heroin prescribing is appropriate for the small number of heroin users there. Stewart Stevenson is right to suggest that we should reflect on the experience abroad. We will also reflect on the experience of the pilot projects to be undertaken in England and on the conclusions that are reached there. If there are lessons to be learned, we will learn them. Stewart Stevenson is right to say that we should not blindly jump in and follow what is happening in other countries.

I was asked about DATs and whether we will take control of them. Some members asked about monitoring. We will monitor, but we will also set service level agreements, because we expect DATs and other bodies to deliver. If they do not deliver, action will be taken.

I will now return to some of the disgraceful comments that the Conservatives made. They accuse the rest of us of being wooed by the politically correct. In essence, they have been regurgitating the politically incorrect and the politically unacceptable. Annabel Goldie held up Sweden as the example to follow. She is right to draw attention to some of the things that are

happening there, but she went on to talk about drug deaths and the experiments that have been carried out.

The number of drug deaths has in fact quadrupled in Sweden in recent years. Is that a policy failure? If such a policy were tried in Scotland, would a comparable increase in deaths here be the price of the so-called moral high ground that the Tories want to take? The Conservatives are prepared to dice with the deaths of young people for a few cheap votes in this country, which is a disgrace.

What we have from the Executive is investment and a balanced and caring approach. We care what happens in our communities. Des McNulty is right to set this matter in a community perspective. We care deeply about what goes on and I assure members that we will not gamble with the lives of young people. We will not gamble with the devastation in communities. We will do what is right, but we will do it on an informed and principled basis.

Business Motion

17:00

The Presiding Officer (Mr George Reid): The next item of business is consideration of business motion S2M-1895, in the name of Margaret Curran, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Wednesday 3 November 2004

2.30 pm	Time for Reflection
<i>followed by</i>	Parliamentary Bureau Motions
<i>followed by</i>	Executive Debate on Schools
<i>followed by</i>	Business Motion
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business

Thursday 4 November 2004

9.30 am	Parliamentary Bureau Motions
<i>followed by</i>	Scottish National Party Business
12 noon	First Minister's Question Time
2.00 pm	Question Time— Enterprise, Lifelong Learning and Transport; Justice and Law Officers; General Questions
3.00 pm	Ministerial Statement on Youth Justice
<i>followed by</i>	Executive Debate on Domestic Abuse
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business

Wednesday 10 November 2004

2.30 pm	Time for Reflection
<i>followed by</i>	Parliamentary Bureau Motions
<i>followed by</i>	Executive Business
<i>followed by</i>	Business Motion
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business

Thursday 11 November 2004

9.30 am	Parliamentary Bureau Motions
<i>followed by</i>	Executive Business
12 noon	First Minister's Question Time
2.00 pm	Question Time—

Education and Young People,
Tourism, Culture and Sport;
Finance and Public Services and
Communities;
General Questions

3.00 pm

Committee Business

followed by

Parliamentary Bureau Motions

5.00 pm

Decision Time

*followed by
Curran.]*

Members' Business.—[*Ms Margaret*

Motion agreed to.

Parliamentary Bureau Motions

The Presiding Officer (Mr George Reid): The next item of business is consideration of eight Parliamentary Bureau motions. I ask Margaret Curran to move motions S2M-1884 to S2M-1887 inclusive, on the approval of Scottish statutory instruments.

Motions moved,

That the Parliament agrees that the Fishing Vessels (Satellite-tracking Devices) (Scotland) Scheme 2004 (SSI 2004/379) be approved.

That the Parliament agrees that the draft Ethical Standards in Public Life etc. (Scotland) Act 2000 (Modification of National Parks (Scotland) Act 2000) Order 2004 be approved.

That the Parliament agrees that the draft Scotland Act 1998 (Functions Exercisable in or as Regards Scotland) Order 2004 be approved.

That the Parliament agrees that the draft Scotland Act 1998 (Modifications of Schedule 5) Order 2004 be approved.—[*Ms Margaret Curran.*]

The Presiding Officer: I ask Margaret Curran to move motion S2M-1888, on the approval of an SSI.

Motion moved,

That the Parliament agrees that the Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No.10) (Scotland) Order 2004 (SSI 2004/412) be approved.—[*Ms Margaret Curran.*]

17:01

Mr David Davidson (North East Scotland) (Con): The Scottish Conservatives have consistently called for a move from the use of blanket bans, such as this order, to a system of health protection based on end-product testing, which is acceptable to the European Union.

Blanket bans not only damage the shellfish industry and the economy, but take time and effort to implement and remove, at a cost to the taxpayer. Our fishermen are disadvantaged in that at times of seasonal risk in the North sea and surrounding waters, Irish product can be sold in Scotland while our own product cannot. End-product testing would improve consumer confidence while moving the cost to the industry and saving it from economic disruption.

The former Minister and Deputy Minister for Health and Community Care consistently attacked our position and proposals. However, I am delighted that the new Minister and Deputy Minister for Health and Community Care have moved from that position. I was told at yesterday's meeting of the Health Committee that they are moving to a scheme of end-product testing, which should reduce dramatically the number of future

blanket bans. I welcome their acceptance of our position at last and the latest U-turn of the new ministerial team, which I trust will be the first of many.

However, today we will oppose this SSI and ask that the Minister for Health and Community Care inform members of the timescale for the implementation of an end-product testing regime for Scotland.

17:03

The Deputy Minister for Health and Community Care (Rhona Brankin): Mr Davidson fails to understand that our priority continues to be the protection of public health. The Tories imply that there is no risk to public health, but the fact is—let us get this fact straight—that toxins affecting Scottish shellfish have been detected at levels many times higher than those that can cause illness and death. Just one case of shellfish poisoning in Scotland could destroy the whole shellfish industry. The Tories in opposing the motion, and the SNP in abstaining from the vote, are failing to put public health at the top of the agenda, which is a disgrace.

The Presiding Officer: I ask Margaret Curran to move motions S2M-1889 and S2M-1890, on the designation of lead committees, and motion S2M-1892, on the membership of a committee.

Motions moved,

That the Parliament agrees that the Justice 1 Committee be designated as lead committee in consideration of the International Criminal Court (Enforcement of Fines, Forfeiture and Reparation Orders) (Scotland) (Revocation) Regulations 2004 (SSI 2004/437).

That the Parliament agrees that the Justice 2 Committee be designated as lead committee in consideration of the Victim Notification (Prescribed Offences) (Scotland) Order 2004 (SSI 2004/411).

That the Parliament agrees that Alasdair Morgan be appointed to replace Stewart Stevenson on the Edinburgh Tram (Line Two) Bill Committee.—[*Ms Margaret Curran.*]

The Presiding Officer: The questions on the motions will be put at decision time.

Point of Order

17:04

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): On a point of order, Presiding Officer, of which I have given you brief notice. I seek your guidance as to the interpretation of chapter 9 of the standing orders with regard to the introduction of an Executive bill. This afternoon I noticed that the Executive has introduced a bill—namely the transport bill. The press release is entitled, “Transport bill ... before Parliament.” However, it is not. The Scottish Parliament information centre does not have the bill and, therefore, MSPs cannot see it or comment on it or fulfil our function of democratic scrutiny of the legislation. Presiding Officer, I ask you to offer us your guidance on whether the Executive’s actions display discourtesy to the chamber. If that is the case, what guidance might you offer to the Executive in order to enable it to ensure that it avoids such transgressions in future?

The Presiding Officer (Mr George Reid): The Transport (Scotland) Bill has been formally introduced as it was delivered today to the clerk to the Parliament. However, it will not be available to members until it is printed, which will be tomorrow. Normally, Executive practice is to wait until bills are printed before making public comment.

The Minister for Parliamentary Business (Ms Margaret Curran): As you know, Presiding Officer, I am pleased to be the Minister for Parliamentary Business. As I am aware that one of my many tasks will no doubt be responding to many points of order raised by Fergus Ewing, I am pleased to have this baptism this afternoon.

I assure Fergus Ewing and this chamber that the Executive would not want to express discourtesy to the Parliament through any of its practices. I ask you to give me an opportunity to investigate the matter. I will happily report back to you in an effort to assure you that, in all instances, we want to co-operate properly with parliamentary procedures.

Decision Time

17:06

The Presiding Officer (Mr George Reid):

There are 12 questions to be put as a result of today's business. The first question is, that amendment S2M-1882.1, in the name of Stewart Stevenson, which seeks to amend motion S2M-1882, in the name of Cathy Jamieson, on tackling drugs misuse and protecting Scotland's communities, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (Aberdeen North) (SNP)
 Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fox, Colin (Lothians) (SSP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 Morgan, Alasdair (South of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)

Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

ABSTENTIONS

Aitken, Bill (Glasgow) (Con)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Mundell, David (South of Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Tosh, Murray (West of Scotland) (Con)

The Presiding Officer: The result of the division is: For 39, Against 62, Abstentions 18.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S2M-1882.2, in the name of Annabel Goldie, which seeks to amend motion S2M-1882, in the name of Cathy Jamieson, on tackling drugs misuse and protecting Scotland's communities, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Mundell, David (South of Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Tosh, Murray (West of Scotland) (Con)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)

AGAINST

Adam, Brian (Aberdeen North) (SNP)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fox, Colin (Lothians) (SSP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)

Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kane, Rosie (Glasgow) (SSP)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Leckie, Carolyn (Central Scotland) (SSP)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (South of Scotland) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robison, Shona (Dundee East) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Scott, Tavish (Shetland) (LD)
 Sheridan, Tommy (Glasgow) (SSP)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 19, Against 100, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S2M-1882.3, in the name of Rosemary Byrne, which seeks to amend motion S2M-1882, in the name of Cathy Jamieson, on tackling drugs misuse and protecting Scotland's communities, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (Aberdeen North) (SNP)
 Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fox, Colin (Lothians) (SSP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 Morgan, Alasdair (South of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)

Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

ABSTENTIONS

Aitken, Bill (Glasgow) (Con)
 Brocklebank, Mr Ted (North Scotland and Fife) (Con)
 Davidson, Mr David (Mid East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 McGregor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Mundell, David (South of Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Tosh, Murray (West of Scotland) (Con)

The Presiding Officer: The result of the division is: For 39, Against 61, Abstentions 18.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S2M-1882, in the name of Cathy Jamieson, on tackling drugs misuse and protecting Scotland's communities, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (Aberdeen North) (SNP)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Gibson, Rob (Highlands and Islands) (SNP)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marilyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (South of Scotland) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)

Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robison, Shona (Dundee East) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Curran, Frances (West of Scotland) (SSP)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fox, Colin (Lothians) (SSP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 McGregor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Mundell, David (South of Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Tosh, Murray (West of Scotland) (Con)

ABSTENTIONS

Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)

The Presiding Officer: The result of the division is: For 88, Against 24, Abstentions 7.

Motion agreed to.

That the Parliament commends the Scottish Executive's integrated approach to reducing the supply of drugs and

protecting communities from drug-related offending, improving education and information for young people about the risks from drugs and increasing the range and effectiveness of local drug treatment and rehabilitation services to help people to become free from drug dependence.

The Presiding Officer: The next question is, that motion S2M-1884, in the name of Margaret Curran, on the approval of a Scottish statutory instrument, be agreed to.

Motion agreed to.

That the Parliament agrees that the Fishing Vessels (Satellite-tracking Devices) (Scotland) Scheme 2004 (SSI 2004/379) be approved.

The Presiding Officer: The next question is, that motion S2M-1885, in the name of Margaret Curran, on the approval of an SSI, be agreed to.

Motion agreed to.

That the Parliament agrees that the draft Ethical Standards in Public Life etc. (Scotland) Act 2000 (Modification of National Parks (Scotland) Act 2000) Order 2004 be approved.

The Presiding Officer: The next question is, that motion S2M-1886, in the name of Margaret Curran, on the approval of an SSI, be agreed to.

Motion agreed to.

That the Parliament agrees that the draft Scotland Act 1998 (Functions Exercisable in or as Regards Scotland) Order 2004 be approved.

The Presiding Officer: The next question is, that motion S2M-1887, in the name of Margaret Curran, on the approval of an SSI, be agreed to.

Motion agreed to.

That the Parliament agrees that the draft Scotland Act 1998 (Modifications of Schedule 5) Order 2004 be approved.

The Presiding Officer: The next question is, that motion S2M-1888, in the name of Margaret Curran, on the approval of an SSI, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Alexander, Ms Wendy (Paisley North) (Lab)
Baillie, Jackie (Dumbarton) (Lab)
Baird, Shiona (North East Scotland) (Green)
Ballance, Chris (South of Scotland) (Green)
Ballard, Mark (Lothians) (Green)
Barrie, Scott (Dunfermline West) (Lab)
Boyack, Sarah (Edinburgh Central) (Lab)
Brankin, Rhona (Midlothian) (Lab)
Brown, Robert (Glasgow) (LD)
Butler, Bill (Glasgow Anniesland) (Lab)
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
Curran, Ms Margaret (Glasgow Baillieston) (Lab)
Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
Eadie, Helen (Dunfermline East) (Lab)

Ferguson, Patricia (Glasgow Maryhill) (Lab)
Finnie, Ross (West of Scotland) (LD)
Gillon, Karen (Clydesdale) (Lab)
Glen, Marlyn (North East Scotland) (Lab)
Godman, Trish (West Renfrewshire) (Lab)
Harper, Robin (Lothians) (Green)
Harvie, Patrick (Glasgow) (Green)
Henry, Hugh (Paisley South) (Lab)
Home Robertson, Mr John (East Lothian) (Lab)
Hughes, Janis (Glasgow Rutherglen) (Lab)
Jackson, Dr Sylvia (Stirling) (Lab)
Jackson, Gordon (Glasgow Govan) (Lab)
Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
Kerr, Mr Andy (East Kilbride) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Livingstone, Marilyn (Kirkcaldy) (Lab)
Lyon, George (Argyll and Bute) (LD)
Macdonald, Lewis (Aberdeen Central) (Lab)
Maclean, Kate (Dundee West) (Lab)
Macmillan, Maureen (Highlands and Islands) (Lab)
Martin, Paul (Glasgow Springburn) (Lab)
McAveety, Mr Frank (Glasgow Shettleston) (Lab)
McCabe, Mr Tom (Hamilton South) (Lab)
McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
McMahon, Michael (Hamilton North and Bellshill) (Lab)
McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
McNeill, Pauline (Glasgow Kelvin) (Lab)
McNulty, Des (Clydebank and Milngavie) (Lab)
Morrison, Mr Alasdair (Western Isles) (Lab)
Muldoon, Bristow (Livingston) (Lab)
Mulligan, Mrs Mary (Linlithgow) (Lab)
Murray, Dr Elaine (Dumfries) (Lab)
Oldfather, Irene (Cunninghame South) (Lab)
Peacock, Peter (Highlands and Islands) (Lab)
Peattie, Cathy (Falkirk East) (Lab)
Pringle, Mike (Edinburgh South) (LD)
Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
Radcliffe, Nora (Gordon) (LD)
Raffan, Mr Keith (Mid Scotland and Fife) (LD)
Robson, Euan (Roxburgh and Berwickshire) (LD)
Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
Scott, Eleanor (Highlands and Islands) (Green)
Scott, Tavish (Shetland) (LD)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Smith, Iain (North East Fife) (LD)
Smith, Margaret (Edinburgh West) (LD)
Stephen, Nicol (Aberdeen South) (LD)
Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
Watson, Mike (Glasgow Cathcart) (Lab)
Whitefield, Karen (Airdrie and Shotts) (Lab)
Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Aitken, Bill (Glasgow) (Con)
Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
Byrne, Ms Rosemary (South of Scotland) (SSP)
Curran, Frances (West of Scotland) (SSP)
Davidson, Mr David (North East Scotland) (Con)
Douglas-Hamilton, Lord James (Lothians) (Con)
Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
Fox, Colin (Lothians) (SSP)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallie, Phil (South of Scotland) (Con)
Goldie, Miss Annabel (West of Scotland) (Con)
Gorrie, Donald (Central Scotland) (LD)
Johnstone, Alex (North East Scotland) (Con)
Kane, Rosie (Glasgow) (SSP)

Leckie, Carolyn (Central Scotland) (SSP)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Mundell, David (South of Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Tosh, Murray (West of Scotland) (Con)

ABSTENTIONS

Adam, Brian (Aberdeen North) (SNP)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 Morgan, Alasdair (South of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 69, Against 25, Abstentions 25.

Motion agreed to.

That the Parliament agrees that the Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No.10) (Scotland) Order 2004 (SSI 2004/412) be approved.

Alex Johnstone (North East Scotland) (Con):
 The numbers are closer every time.

The Presiding Officer: Order.

The next question is, that motion S2M-1889, in the name of Margaret Curran, on the designation of a lead committee, be agreed to.

Motion agreed to.

That the Parliament agrees that the Justice 1 Committee be designated as lead committee in consideration of the International Criminal Court (Enforcement of Fines, Forfeiture and Reparation Orders) (Scotland) (Revocation) Regulations 2004 (SSI 2004/437).

The Presiding Officer: The next question is, that motion S2M-1890, in the name of Margaret Curran, on the designation of a lead committee, be agreed to.

Motion agreed to.

That the Parliament agrees that the Justice 2 Committee be designated as lead committee in consideration of the

Victim Notification (Prescribed Offences) (Scotland) Order 2004 (SSI 2004/411).

The Presiding Officer: The 12th and final question is, that motion S2M-1892, in the name of Margaret Curran, on the membership of a committee, be agreed to.

Motion agreed to.

That the Parliament agrees that Alasdair Morgan be appointed to replace Stewart Stevenson on the Edinburgh Tram (Line Two) Bill Committee.

Young Carers

The Deputy Presiding Officer (Murray Tosh):

The final item of business is a members' business debate on motion S2M-1655, in the name of John Swinney, on young carers in Scotland. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes with concern the recent report from the Princess Royal Trust for Carers recording the very high number of young people providing care to parents, brothers and sisters and other family members; warmly applauds the young people who give so much of their time, energy and emotion to support their family; pays tribute to the network of projects that provide support for the education, future development and quality of life of young carers in Scotland, and considers that the Scottish Executive should continue to expand support for young carers in Scotland.

17:14

Mr John Swinney (North Tayside) (SNP):

I welcome the new Deputy Minister for Health and Community Care to her post and hope that, in her first debate since rejoining the ministerial team, she may have good news for us at the conclusion of the debate.

I thank the 67 members who have supported my motion on young carers in Scotland, and the Parliamentary Bureau for arranging this opportunity for debate. I also welcome to the Scottish Parliament some individuals who run young carers projects in different parts of Scotland and many of the young carers who provide the support that is so warmly complimented in the motion that is before the Parliament. In an age of political disinterest and the questioning of the relevance of Parliament to young people in Scotland, I hope that many young people who are here today will see that the Parliament addresses issues that affect their lives in Scotland.

Young carers are young people who carry out caring tasks for a parent, grandparent, brother or sister. In the process, they assume a level of responsibility for another person that would usually be taken on by an adult. Some of them will care for a person with a disability; others will keep together a family that has been undermined by an addiction to drugs or alcohol. I have met a young carer who provides all the physical support to their single parent with multiple sclerosis and another young carer whose brother has cerebral palsy. That young person deals with his brother's washing, dressing and feeding each day. I have met 12-year-old carers who deal with the payment of household bills because of their parents' addiction to drugs. To be frank, they do so more effectively than some of us could probably manage. Over the weekend, we heard about the case of a 15-year-old girl with learning difficulties

who cares for her two blind grandparents. Among other things, she administers their medicine each day. That is the real life of young carers in Scotland.

For some of those young carers, the consequence of their role is that they have more responsibility. However, they are also more likely to see their education and health suffer and are more likely to find themselves isolated from many of their peers in our community.

I became aware of the issues that concern young carers, as young carers came to one of my surgeries and asked me to help them locally. As I have explored the issues that concern them in different parts of the country, I have seen that the issues are common, no matter which area is examined.

The 2001 census identified more than 16,000 carers in Scotland who are under the age of 18, but the number of hidden carers has been highlighted in recent research by the Princess Royal Trust for Carers, which suggests that the figure may be more than 100,000 in Scotland. Notwithstanding those numbers, at the very most, the 52 excellent young carers projects throughout Scotland can currently provide support to no more than 3,000 young carers in our country. In my constituency, research shows that in rural Angus and Perthshire, for every one young carer who receives support, there are between five and 10 who receive no support whatsoever.

That takes me to the central question of the debate. How effectively are we as legislators and policy makers delivering the support to which young carers in Scotland are entitled? Since the Social Work (Scotland) Act 1968, the rights of young carers have been recognised in legislation. That recognition has continued and been clarified by successive acts of Parliament. In the Community Care and Health (Scotland) Act 2002, a clearer duty was placed on local authorities to provide assessments for young carers. However, simply identifying legislative rights without putting in place the services to deliver on those rights is a meaningless process that might give comfort to us as legislators, but does nothing to address the real needs of young carers with those rights.

In a letter to me that is dated 13 August this year, the minister's predecessor, Mr McCabe, advanced two points to explain the Government's stance on young carers. First, he said that the Government has increased funding for young carers support in the past five years. That is undeniable, and I welcome that increase in funding, but it is not delivering sustainable projects or meeting demand in our country. Projects get started, but the funding is often only temporary. The funding comes to an end and projects are plunged into uncertainty.

In Edinburgh, funding for young carers projects has halved in the past two years as a result of that practice. Mr McCabe's letter to me cited as an example an excellent project in Dundee. There, £170,000 of social inclusion partnership funding has come to an end and the project waits with considerable anxiety to find out whether regeneration project funding will bridge the gap in the future.

Furthermore, all projects highlight the fact that they cannot meet the demand in Scotland. The project in Aberdeen supports 112 young carers, but there are 2,242 identified young carers in the city. The project in Edinburgh supports 150 young people, but there are 111 young people on the waiting list and the waiting list is now closed for fear of raising expectations about the support that could be offered to young people. Simply saying that more money has been made available does not give reassurance that projects are meeting the expectations of the public.

The second point advanced by Mr McCabe is that the Government requires local authorities to deliver services under the Executive's carers strategy, for which resources are made available by the Government. However, the practical implication of that approach is that a consistent, basic level of support is not created at the local level. Members will be surprised to hear it, but North Lanarkshire council gives a grant allocation of 100 per cent to its young carers project and has funded that project over a long period. I welcome that, but it is the only such example that I have been able to find in the country. Invariably, young carers projects have a battle to ensure that health boards, education authorities and social work departments engage with them to determine how to deliver on their statutory obligations. In the real world, neither are sufficient resources allocated to provide a sustainable level of service to young carers groups nor are local authorities able to provide the consistent level of service that legislation requires.

I ask the minister, in the light of the evidence that I have brought to the debate, to respond to two specific requests. First, will she agree to meet me and a representative group of young carers to identify a set of measures that will begin to tackle the issues that I have raised in the debate on behalf of young carers? Secondly, will she commit herself to ensuring that stronger statutory support and guidance is put in place to give effect to the legislation that we pass in the Parliament? The debate has attracted enormous support from across the political spectrum, and I am deeply grateful—as I know the young carers are—for that support from members of all parties. There is an appetite among members to ensure that support for young carers is not the last item on the agenda or a priority that never reaches the top of the list.

We have a duty to do the right thing by the young carers of Scotland, and I hope that the minister will confirm that she will lead that effort. *[Applause.]*

The Deputy Presiding Officer: Seventeen members have requested to speak, which is far too many. I will cut speaking times to three minutes and will call as many as I possibly can.

17:22

Ms Wendy Alexander (Paisley North) (Lab): I commend John Swinney for an excellent initiative in calling this debate. I noted that, in his opening speech, he said that he and North Lanarkshire Council were rather strange bedfellows in the interests of young carers. I shall suggest another unfamiliar bedfellow, as I am about to bracket him with royalty.

Speaking in my constituency, Princess Anne said something very important about carers and caring. She said that none of us grows up expecting to be a carer—not at 50, 60 or 70; how much more unusual it is for someone in the first years of life to find themselves ending up as a carer. Princess Anne was speaking in Renfrewshire because, although we have not reached the level of support for young carers that exists in North Lanarkshire, a project has been established in Renfrewshire for more than five years. Christine and a team of young carers from Paisley—Craig, Neil, Heather, Michelle, Louise and Hannah—are in the public gallery today. All of them have been involved for five years in a young carers project in Renfrewshire.

As we heard at the meeting that we had with young carers this afternoon, there are an awful lot more hidden young carers than there is provision available. In Renfrewshire, there are four projects dealing with about 60 young carers; however, the census figures suggest that about 600 youngsters in Renfrewshire are involved in hidden caring. There is a desperate need to bring much greater visibility to the debate and in this chamber we would like to pay tribute to the Scottish Young Carers Alliance for bringing visibility to the debate. The young carers asked a very pertinent question when we met them an hour ago. They said "That is all very well, but what difference is it going to make?" In its five short years of life, Parliament has legislated twice on the issue of young carers. The issue is on the agenda for the first time ever.

A lot comes down to what the minister feels that she is able to do. The next steps are clearly about the need for a joint strategy, more joint working and making sure that local authorities do not just work with adult carers but also with young carers. The truth is that the minister cannot stand up tonight and promise everything. We have a good minister in Rhona Brankin. She has considerable

experience of special needs in education and also has a lot of experience in her life of these issues. A good minister such as Rhona Brankin will go back to her officials tomorrow and ask them, "What more can be done?" In that endeavour of asking for more, she will have the support of everyone who is about to contribute to tonight's debate.

17:26

Mrs Nanette Milne (North East Scotland)

(Con): I am delighted to take part in today's debate and I congratulate John Swinney on securing the opportunity to highlight the issues once again. I am also grateful for the notice that was given of the debate because it gave time for many young carers to make arrangements to visit the Parliament today.

I am particularly pleased that 11 of Aberdeen and Aberdeenshire's almost 200 known carers are here with Mary Drever and Shona Cormack from the Young Carers Centre in Aberdeen that is run by the Princess Royal Trust for Carers. Their support and enthusiasm is of immense value to the young people in helping to sort out their problems and ensuring that they get some relaxation and fun that they might otherwise miss.

Many young people look on themselves not as carers but merely as doing what needs to be done to help their loved ones at home. Many are reticent about their responsibilities and make light of what they do. They might face bullying at school from classmates who do not understand why they cannot always socialise. Teachers are often unaware of the situation and condemn absences, late arrival at school and failure to do homework. Life can sometimes get pretty miserable for young carers without a mediator such as Mary Drever or Shona Cormack to smooth the way.

Last night I spent a humbling few hours at the Aberdeen champions award ceremony, where local heroes who were nominated by friends and neighbours and voted for by readers of the *Evening Express* were awarded commendations or prizes under various categories. I was delighted that there was a carers category and even more delighted that a high commendation was awarded to a young Aberdeen carer—a 15-year-old boy who suffers from Crohn's disease and who looks after his mum and sister, who are both disabled, and who also cares for his baby brother. Such dedication deserves to be rewarded and people should know that we have some wonderfully caring young people in our communities.

Mary and Shona's young carers do not ask for a great deal, but they do appreciate the drop-in centre that they attend, where they can let their hair down, meet their friends and chat about their

problems and frustrations over a cup of tea or can of Coke. They can get peace to do their homework and, sometimes, even catch up on much-needed sleep. They need better facilities, bigger premises or, indeed, more small premises scattered around the area. Their lives would be easier if they all had personal computers to help them with their homework in the same way as most children have nowadays. They might not be able to afford them but they could be provided if people knew that there was a need.

Today's debate gives us the opportunity to highlight those issues, to stress the importance of advocates such as Mary and Shona, to ask for understanding from fellow pupils and teachers, and to give encouragement to the many young carers who soldier on unknown, because the young carers that we do know about are undoubtedly only the tip of the iceberg. We need to encourage the others to come forward, to share their burdens, to use the drop-in centres and to get help and support when they need them.

It is clear that there are not enough facilities; I will not elaborate on that in the interests of time. I simply say that I support John Swinney's motion and urge the minister to take heed of it. Those unselfish young people need help to sustain their responsibilities and to ensure that they do not lose out on their own education, childhood and teenage years.

17:29

Mr Mark Ruskell (Mid Scotland and Fife)

(Green): I thank John Swinney for raising this important topic for debate. I welcome the young carers from throughout Scotland who are in the public gallery. They gave us their time this afternoon to explain the issues and problems that they face—I appreciated that learning opportunity. I thank them for coming to the Parliament and for engaging with it.

Caring responsibilities are often undervalued in our society and they are often hidden. If, tomorrow, we took away the carers and others who do unpaid work at home and in the community, society would collapse. The report from the Princess Royal Trust for Carers highlights the hidden problem of young carers in Scotland, especially in Perth and Kinross, and the lack of support services. The report uncovers the fact that there are 200 young carers in Perth and Kinross alone, which demonstrates the potential for the expansion of support services for that group. The key finding of the report is clear: there is unmet need. The critical question is: what is the Executive prepared to do about the situation?

The Executive proposes the introduction of carer information strategies, which would help carers

seek out the support that they need. Although that might help some carers, it will not address the key problem that the Princess Royal Trust's report raises of the lack of support services for young people. We know that those who attend young carers projects value the service, and there is strong evidence of the projects' success. Will the Executive listen to the voices of young carers and fund more services on a more stable basis?

Like many members, I had a career in the voluntary sector before I entered Parliament and I know that the sector is continually dogged by short-term funding. Projects lurch from one type of short-term funding to another and they must always be innovative so that they can reapply for funding, but they rarely achieve stability. That is just not good enough for the vital service of supporting young carers. We either value the role of service providers such as young carers organisations, or we do not. If we value them, we must find a way to provide them with stability in the medium to long term.

We need a more holistic approach that addresses the needs of young carers and of the people for whom they care. We must also consider how to ensure support for and awareness of young carers' needs in education and other sectors. We cannot assume that teachers are always aware of the special needs of young carers in class. Training should be given to teachers on young carers' issues as part of their continuing professional development, which would start to integrate support into mainstream provision.

I welcome the debate. I will listen carefully to what the new minister says, particularly on long-term stability and the integration of services.

17:33

Donald Gorrie (Central Scotland) (LD): John Swinney's motion is important and he made a good and well-informed speech.

We have progressed a bit on the issue of young carers. I have been going to meetings on the issue for four or five years and I know that the situation is not as bad as it used to be, but there is still a long way to go. At those meetings, young carers have raised several points with me. First, nobody really knows about the problem. As has been said, we lack information on the numbers involved and the problem, so the Executive must ensure that figures are collected properly. We will be able to deal with the problem better once we know how big it is.

Secondly, the services that councils provide vary enormously. The Executive must exert pressure to ensure that the councils that are not so good copy those that are better. Councils have the right to deliver services in the way that they choose, but

they must deliver the required services and we must ensure that they do so.

The importance of respite care has always been emphasised greatly because the issue affects all carers, young or old. Councils and the voluntary sector provide some respite care, but more effort and resources must be put into that because when people get a break, it often makes the exercise of caring tolerable. Sometimes, it is not tolerable if people cannot get a break.

Young people have mentioned to me that schools are totally ignorant of their whole situation. Indeed, some of them get a lot of flak for being late for school or for not doing their homework when they have actually been looking after their family. Health, social work and schools must liaise better to ensure that people know that there is a problem and that schools are able to help young carers instead of giving them flak.

Support groups are clearly valuable. From talking to members in such groups, I know that a problem shared is a problem halved. If young people are given respite, they will be able to socialise with other young people, talk about their problems and enjoy themselves away from their difficult task.

We can improve the position of young carers in many ways. This is a major issue and I welcome the debate.

17:36

Karen Whitefield (Airdrie and Shotts) (Lab): I, too, congratulate John Swinney on securing this evening's debate. Young carers face many pressures and problems, such as conflicts between caring responsibilities and schooling, injury and poor physical health and a lack of time for recreational and peer-centred activities.

During my time as convener of the cross-party group on carers, it was obvious that the issue of young carers was difficult and contentious. On the one hand, many people understandably felt that young people should not be burdened with the physical and emotional pressures of caring for a loved one. On the other hand, the reality in Scotland is that that is exactly what happens. Many young adults and children are faced with the almost impossible task of caring for a parent or some other adult who, in normal circumstances, would be caring for them. We must also acknowledge that a strong emotional attachment exists between many young carers and those for whom they care. We cannot simply assume that young carers always want to be relieved of their caring responsibilities.

The solution to the problem probably lies somewhere in-between both perspectives. The

burden on young carers must be reduced as much as possible so that they enjoy their childhood and benefit from the educational opportunities that are open to them. In addition, we must ensure that they are given proper support. Fortunately, as we have already heard, an excellent example in North Lanarkshire shows how that can be achieved.

I am pleased to welcome young carers from North Lanarkshire—indeed, Campbell, one of my constituents from Shotts, was a star at the presentation earlier today—who are accompanied by staff members of the North Lanarkshire young carers project, who are to be congratulated on the work that they carry out in partnership with North Lanarkshire Council to provide a range of support measures to young carers, which includes taking about 40 young people away on an annual residential break to the Lake District. The project has also recently established a pilot to provide support to young carers of relatives who suffer from alcohol and drug abuse problems.

Importantly, the project seeks to ensure that the various agencies work in partnership to provide support not just for young carers but for the entire family. If successful, such an approach could alleviate the need for young people to provide a caring role in the first place. We must emphasise the fact that support for young carers—and, indeed, all carers—must be provided by a range of agencies, not just the obvious ones such as social work and the health service.

I ask the minister to outline the action that the Scottish Executive is taking to establish a young carers strategy and to build on the good practice that already exists in North Lanarkshire. Finally, I again congratulate the North Lanarkshire young carers project and wish it well in its future endeavours.

The Deputy Presiding Officer: Andrew Welsh will be followed by Rosie Kane. After Andrew Welsh has spoken, I will be prepared to accept a motion without notice to extend the debate.

17:39

Mr Andrew Welsh (Angus) (SNP): I congratulate my colleague John Swinney on choosing this particular subject for debate. The number of signatories to his motion and the number of members who want to speak show that he has indeed chosen wisely.

This afternoon, an important cause is before members. I can say, without any sense of cliché, that carers truly are the unsung heroes and heroines of our society. However, is our society sharing the burden of such individuals and recognising the value and worth of what they do? Few of us will ever be in the situation of being responsible for 24-hour care and concern for

others. Whether a past generation of women who sacrificed their life prospects to look after their elderly parents or the young people who dedicate themselves to the welfare and well-being of others, such people truly deserve our respect and our assistance as a community.

Few of us have ever had to face the reality of providing constant, open-ended care. That is one reason why I have always been a great supporter of respite care, whereby society shares individuals' burdens and recognises the importance of their voluntary contribution to the welfare of others. The work of volunteer organisations has done a great service in drawing to our attention the problems that face young carers in Scotland. However, a major problem for all voluntary organisations is the constant insecurity that they face about funding. I appeal to the Government to think again about public funding for such actions and activities.

Small amounts of public investment can reap large rewards in improving the lifestyles and life opportunities of carers and those for whom they care. With its local knowledge and local service input, local government should be specifically assisted to carry out its role. In Angus, our social work and health authorities have funded a young carers worker within the Princess Royal Trust for Carers centre for carers.

As a society, we must do more to identify the extent of the problem because, in many ways, it remains hidden, and young people cope privately and well with situations that are way beyond their years, experience and means. I congratulate the Princess Royal Trust and all connected with it on their work for the 90 young carers who are known to it in Angus. However, I want this debate to spark off a quest to identify the real extent of the problem and hence to address the human need involved.

The application of relatively small resources, used by dedicated trust workers, can bring great returns in assisting, encouraging and supporting young people whose daily actions and dedication not only deserve our support but are an example to us all. This is a national problem and it deserves national assistance as well as local action.

The Deputy Presiding Officer: I am now willing to accept a motion without notice to extend the meeting by 20 minutes. Is it agreed that a motion without notice be moved?

Members indicated agreement.

Motion moved,

That, under Rule 8.14.3, the debate be extended by 20 minutes.—[Mrs Margaret Ewing.]

Motion agreed to.

The Deputy Presiding Officer: I am grateful to the minister for agreeing to the extension.

17:43

Rosie Kane (Glasgow) (SSP): I congratulate John Swinney and thank him for lodging the motion and for drawing our attention to the Princess Royal Trust for Carers' report and its findings. The Princess Royal Trust for Carers in Perth and Kinross found that 200 young carers were unknown to those who provide care services. In addition, one carer was found to be only five years old. Sadly, those figures are probably repeated throughout the country.

John Swinney outlined most of the roles that young carers carry out in society, from shopping, cleaning and picking up medication, to bathing and assisting with personal care—you name it, young people are doing it behind closed doors. Those young people of all ages and backgrounds are picking up the slack and saving the authorities a fortune, as Mark Ruskell said. The cost to the young carers is their childhood.

The 2001 census estimated that there are 16,700 young carers in Scotland. However, as John Swinney mentioned, the recent survey by the Princess Royal Trust for Carers found that there could be and probably are as many as 100,000 young carers throughout Scotland. Organisations such as the Glasgow young carers project and the Shakespeare Street young carers project in Maryhill work hard to support young carers. However, that is not an easy task if they are under-resourced and it is impossible if they do not know where the young carers are.

The issue is about a big shift from the state to families, which started with Thatcher and continues today. Now it is the most vulnerable in society—our children—who are picking up the slack. Local authorities have a duty to assess the needs of young carers, but many authorities do not, cannot or do not have the assessment tools to do so. Many projects are hugely underfunded, and it is those requiring care and the children who provide care who pay the price. It is bad enough for somebody to be ill without them having to worry about the fact that their child is looking after them.

Care is not the responsibility of our children or young people; it is the responsibility of the Government. No child should have that responsibility thrust upon them, and I draw the minister's attention to the United Nations Convention on the Rights of the Child. Article 6 states that a child has the right to life and to the best chance to develop fully. Article 32 states that the Government must protect children from doing work that could be dangerous, could harm their

health or could interfere with their education. If ministers are committed to supporting children and young carers, they should also read article 27, which states that every child has the right to a fair standard of living. Parents should provide that standard of living and, in cases where parents cannot do so, an adequate standard should be provided by the Government.

I take my hat off to the young people who are here today. I pat them on the back and I offer them my support, but patting them on the back is not enough. I am humbled and amazed by them. I want to liberate them from their role as carers in such a way that they do not have to worry about the possibility of their families being broken up, so that they can get on with their childhoods.

17:46

Maureen Macmillan (Highlands and Islands) (Lab): Like other members, I congratulate John Swinney on instigating the debate. The issue of young carers is one that has been recognised only really in the past few years and, although there are examples of very good projects, a lot of ground still needs to be covered. That is particularly the case in remoter rural areas such as the Highlands and Islands region that I represent.

Like other members, I pay tribute to the Princess Royal Trust for Carers, which runs the Highland carers project, which does a lot of work online to support young carers. I am particularly pleased that the Highland Council is in the process of developing what seems to me to be an excellent young carers strategy to deal with the problems of that remote area. Being a young carer in a remote rural area is very isolating indeed, not just in terms of distance but in terms of social contact. It is difficult for someone who lives in a small community to maintain friendships if they cannot meet their friends after school or at weekends, or if their friends do not understand the responsibilities that they have.

Young carers have a range of responsibilities, from household chores to emotional support, to personal care and indeed to some heavy physical tasks. Unlike adult carers, young carers can worry about the authorities finding out their family situation in case the family is split up or in case the family is stigmatised by the rest of the community. It is even more isolating in a small community if a young person is caring for an adult who suffers from substance abuse—something that might not be reported to the authorities, or even admitted to neighbours, because of the social stigma attached to it. I note the Executive's response to "Hidden Harm: Responding to the needs of children of problem drug users". We must also look to see how we can support the children of those parents who abuse alcohol.

The Highland Council's proposal to have support for young carers centred in the local high school will surely make the education service more aware of the need for support and understanding, but health and social services must also be alert to the needs and entitlements of young carers. Indeed, they must be aware of their existence and I am pleased to see that that consideration has also been included in the Highland Council draft plan.

Two young carers projects are operating in the Highlands, one in Sutherland—in fact, the young carers from Sutherland took part in the riding for the opening of the Parliament building—and one on Skye. The Skye young carers project goes from strength to strength, and 48 young people are being supported in Portree. Since August, they have had their own premises in the town, funded by money from LEADER +, which provides a drop-in centre and gives them one-to-one support. We hope to extend that service to the south of Skye and to Lochalsh in the near future.

As with projects in other areas, there is the worry of getting continued local authority funding and the concern that the excellent plans that are being drawn up by Highland Council will fail in the end because of lack of resources. I look to the Executive to ensure that that does not happen.

17:49

Mary Scanlon (Highlands and Islands) (Con): When a speaker comes a bit further down the pecking order, the problem is that most of the issues have already been raised. The problem is exacerbated when one Highlands MSP follows another who has already spoken about all the local issues.

I want to raise two particular points. The first is about hidden carers, as mentioned by John Swinney and Maureen Macmillan. Some carers hide the care that they provide. That is especially true when there are mental health and drug and alcohol problems.

I, too, commend the work of the Princess Royal Trust for Carers. The debate has taken me back to a presentation made by young carers from Golspie in committee room 1 when the Parliament was in its old home up the road. They gave us a drama presentation to illustrate the many issues that affect them in their responsibilities caring for their parents—for example, having to conceal their parents' problems, especially those relating to mental health, drugs and, in one particular case, alcohol. The young people felt that their loyalty to their parents would be questioned if they went outside to ask for care. Maureen Macmillan raised that issue and it was wonderfully illustrated by the Golspie carers. We also heard about the effect of the young people's caring responsibilities on their

schoolwork and their achievement of qualifications, and about the impact on life's opportunities.

There were some points that John Swinney did not mention; one was bullying at school. A paper from the Princess Royal Trust for Carers highlighted the fact that one survey found that almost every young carer whom the trust supported had been bullied at some time. Another issue was physical ill health—for example, tiredness, stress and worry, and mental health problems.

Many carers do not recognise themselves as carers. They are children and part of a family. We all naturally help our family without labelling ourselves as carers. It is shocking that there could be up to five times more carers than is recorded at present.

I thank John Swinney for giving us the opportunity to have this debate.

17:52

Nora Radcliffe (Gordon) (LD): I add my thanks to John Swinney for highlighting this issue. Inevitably the debate will contain a degree of repetition, but some things bear repeating so I will carry on regardless.

Wendy Alexander told us that Princess Anne said that no one expects to be a carer. However, many do not recognise themselves as carers. Although a question on the issue was contained in the most recent census, even the total of 16,700 carers identified is almost certain to be an underestimate.

How do we find young carers? That question bothers me a lot. Are schools, general practitioners, health visitors and other community professionals geared up to look out for the signs and investigate whether a youngster is taking on caring responsibilities? Young carers are unlikely to have the knowledge, confidence, contacts, ability to seek help—or even the likelihood of being listened to—that adults do. It is therefore especially important for adults to look out for them. Do the professionals know what to do if they find young carers? What is included in teachers' or health professionals' training and how is information about local and national support disseminated? We hope that the minister will look into those questions and perhaps come back to us with answers.

It is essential that there is more awareness and more take-up of the statutory right of a carer to have his or her needs assessed. Obviously, that has to be backed up by service provision to meet identified needs. If the statutory right of a young carer to have his or her needs assessed is taken

up, it would benefit young carers not only directly but indirectly. Young carers often pick up where an adult carer who can no longer cope has left off. Support for the adult carer before that point is reached would save a huge amount of heartache and suffering—not to mention money.

The final point that I want to make is that young carers in rural settings are even more isolated. For example, it is difficult and expensive to organise the peer groups that their urban counterparts find so helpful and reassuring. My nominee to attend the official opening of the Parliament was someone who had been a young-carer support worker, employed part-time, with a case load of more than 30 young carers scattered all over central Aberdeenshire. It was hard for her even to visit all her charges, because of the travelling distances and times involved.

We can, should and must do more for those young people, who are not only being robbed of a care-free childhood but often being left to carry adult burdens. Good work is being done, but a great deal more of it is needed urgently.

17:55

Irene Oldfather (Cunninghame South) (Lab): I congratulate John Swinney on bringing such an important issue to the forefront of our minds and join colleagues in welcoming to the Parliament representatives of Scottish young carers. I am pleased that many members who made speeches in my members' business debate on carers in June of last year are present tonight. It is vital that the Parliament keeps such matters high on its agenda.

Young carers have lived in the shadows for far too long. Too often, they take on the burdens of responsibility of people far beyond their years and do not come forward to get the support they deserve. For some young carers, caring is an occasional task, but for others, who may live with a relative, it can be a 24/7 responsibility. For some, there will be emotional rewards, recognition, love and appreciation for the efforts that they have made, but for others, such as those who care for people with a mental illness or dementia, there may be very little recognition or feedback for the sacrifices that they make. That is task enough for anyone, but if we add to that the pressures of doing well at school, nurturing friendships, coping with peer pressure to fit in, we get a vague idea of the immense pressures that young carers have to deal with day in, day out.

Thankfully, support groups are now springing up. In my constituency, I am in regular contact with the Princess Royal Trust for Carers centre in Irvine, where the staff are doing a fantastic job not only in assisting young carers, but in identifying

hidden young carers. The centre runs homework clubs and sends representatives into schools to raise the profile of carers and to take away the stigma. It also organises trips for young people and maintains close contact with the social services team to ensure that the entire family can be supported.

We have come a long way and a great deal has been achieved, but continued commitment and investment are required. Supporting carers is not an optional extra; it should be an integral part of service delivery. I know that the minister is highly sympathetic to these issues and I hope that she will take the opportunity that the debate offers to progress a positive agenda. I again congratulate John Swinney and thank the young people for coming to the Parliament to put their case to us.

17:58

Mrs Margaret Ewing (Moray) (SNP): I preface my remarks by thanking the many individual members, including the minister, and the groups and Parliament staff who sent me kind wishes in various forms during my recent stay in hospital. That meant a great deal. I watched all the early debates in the new building from a horizontal position. I am glad to be back in a vertical position and to be able to participate in a debate with members face to face. [*Applause.*]

I am especially glad that my first speech on my return to the Parliament is in support of the excellent motion in the name of my friend and colleague John Swinney, because he has raised a very important issue.

I want to concentrate on the educational side, from my experience as a teacher. Mark Ruskell spoke about the need to ensure that teachers are made aware during their training of the need to recognise that many youngsters who arrive late or show little interest in class work or homework are not necessarily disciplinary cases, but youngsters who need support and help because they are caring for someone in their household. Often, the person they are caring for is a parent who is ill, so they take on the responsibility for ensuring that their younger siblings are washed, dressed, breakfasted and ready for school. In the evening, they go home to a similar routine of shopping, cooking and ensuring that medication is available. It is important that there is a facility for such youngsters to be questioned gently, because they often hide what is happening to them and do not want to talk openly about it. The teaching profession must ensure that there is such a facility.

Put quite simply, some children have lost out on the best and most important developmental years of their lives, both educationally and socially. Often, they have had neither the time for

homework or further study nor been able to participate in any of the school's extracurricular activities. I find it sad that, although their friends could go out and play hockey, netball or football, those children had to return home to their responsibilities. It is certain that matters have improved since the time that I was a young teacher; nowadays, we are more aware of the problem.

For a youngster to lose out on those educational and social opportunities is a form of social deprivation. Sadly, it is one that affects a great number of young people in our society. As elected members, we must try to ensure that the direction we take in the Parliament shows our young people that we care for them. We must not ignore the problem; indeed, we have a moral responsibility not to do so.

In the Moray Council area, 165 young carers have been identified. As I am sure members appreciate, they are only the tip of an iceberg. It is a problem that the Princess Royal Trust for Carers is working to highlight.

The Deputy Presiding Officer: I am sorry, but I will have to hurry you.

Mrs Ewing: I know that the minister cares deeply about the issue—

The Deputy Presiding Officer: Quickly, please.

Mrs Ewing: I know that she will be able to give us the good news that John Swinney seeks.

18:01

Murdo Fraser (Mid Scotland and Fife) (Con): I congratulate John Swinney on securing a debate on this very important subject and on the way in which he has managed to highlight the issue in the media over the past few days. My contribution will be relatively short: many of the points that I was going to make have already been well covered and I know that other members are keen to speak.

A few weeks ago, with my colleague Margaret Mitchell, I had the pleasure of meeting the young carers group in Perth and Kinross. It was moving to hear the youngsters tell their individual stories about their caring roles. The young folk told us about looking after parents, grandparents and siblings who were disabled, had mental health problems or suffered from drug or alcohol addiction.

Because of their caring roles, those young folk are missing out on school and—accordingly—on life opportunities. As Margaret Ewing said, because young carers have to continue in their caring role when they return home after their lessons have finished, they cannot engage in after-school activities such as sports or pursue

hobbies. They are unable to engage in normal social activities with their peer group and often have few friends of their own age. That means that their emotional development is adversely affected.

The Perth and Kinross young carers project, which is run by the Princess Royal Trust for Carers, does a tremendous job in assisting those young people. The project offers a Duke of Edinburgh award scheme for youngsters, an 11-13 group with different activities and a homework club. Crucially, the activities encourage socialisation and help the young folk to deal with their problems of isolation. The project also runs a number of seasonal activities.

A mapping exercise in the Perth and Kinross area revealed that that rural area could contain as many as 200 young carers. The number is huge and deeply worrying and the Perth and Kinross young carers project does not have the resources to deal with the present demand for its services.

Although the young carers project in Perth is doing a wonderful job, it needs more resources to help it address this growing social problem. Throughout Scotland, the provision of services for young carers is at best patchy. I hope that today's debate will highlight the issues and help to push the needs of young carers up the political agenda. For too long, those young people have been hidden from public view.

18:04

Marlyn Glen (North East Scotland) (Lab): It goes without saying that people who carry out a caring role deserve an accessible and well-resourced support network. That is particularly true of young carers. I am delighted that so many members have stayed behind to take part in this important debate in which the crucial points that have to be raised have been reiterated again and again.

It is essential that we ensure that caring for a family member does not impact negatively on young people's development, education or social activities. Children and young people are entitled to the chance to be just what they are—children and young people. They should not have to shoulder the responsibilities that are more suited to an adult.

As we have heard, there is evidence that caring for relatives impacts negatively on young people's lives. A Scottish Executive central research unit publication of 2002, entitled "Young Carers: assessments and services", highlighted that sole or primary young carers' school attendance or performance is often affected by their caring role. It seems self-evident that if a pupil is coming to school late or missing whole days because of the burden of their caring role, their educational

attainment will be adversely affected. I do not believe that schools are geared up to pick that up, but I know that teachers are becoming much more aware of the problem.

Recent research has also indicated the detrimental effects of caring on the mental health of young people. As we are all well aware, mental health issues affect a huge number of the population. One in five of us will be affected at some time in our lives. I am relieved that mental health is one of the Scottish Executive's priorities. Early intervention is essential, so we need to ensure that we target young people.

We are moving in the right direction, and I welcome the commitment that the Executive has shown to ensuring that young people are supported in their caring roles. Through the carers strategy, we have seen an increase from £5 million a year in 1999 to £20 million this year in the funding that is available to support young carers. However, we do not want to perpetuate young caring; we need to ensure that holistic support is provided to whole families, so that young people are protected from inappropriate levels of caring. We need more partnership working across adult and children's services to achieve such an holistic goal.

The young carers project in Dundee, which is in the region that I represent, has been mentioned. It benefited from social inclusion funding and received £170,000 between 2002 and 2005. I add my voice to those calling for continued support for that project.

In my last minute—

The Deputy Presiding Officer: Last seconds.

Marlyn Glen: —I want to mention the work of Professor Kathleen Marshall, the commissioner for children and young people in Scotland, and the recently appointed staff of the commission, who safeguard the rights of children and young people.

The Deputy Presiding Officer: Quickly, please.

Marlyn Glen: She wants to ensure that children and young people are aware of their rights. The first of their rights is to be just that—a child. She is already aware of the impact of mental health issues on young people. I look forward to close contact between the children's commissioner and various parliamentary committees, so that young carers and young people can always be at the top of our agenda.

18:07

Margaret Mitchell (Central Scotland) (Con): I join other members in congratulating John Swinney on securing this important debate, which highlights and recognises the work that young

carers do in supporting their families, and which, more important, provides us with the opportunity to suggest what could be done to give young carers greater support.

It goes without saying that we should know how many young carers there are, where they are, and what their needs are, but we do not. Consequently, a crucial first step in ensuring that young carers are supported is to identify them as carers as early as possible. Schools are best placed to help with the identification process. That is already being done in some local authority areas, such as Perth and Kinross and North Lanarkshire, where voluntary carers organisations work with guidance staff in some secondary schools. That initiative should be expanded to include briefing staff in primary schools to look for the tell-tale signs, such as a pupil who continually arrives late for school, is constantly tired, gets behind with work, or has a high level of absences as a direct result of the pressures of their role at home. Occasionally, as a release from the pressures at home, some children can be disruptive or indulge in antisocial behaviour. When that is the case, funding should be accessed from moneys that are made available by the Executive to tackle antisocial behaviour, to address the problems and to give the young carers the support that they need.

The essential point is this: to tackle the problems of young carers and to provide the support that is required, there has to be stable core funding or foundation funding, like the funding that has been put in place by North Lanarkshire Council, as others have already mentioned. Among other things, that would allow voluntary organisations to offer the longer-term support that enables potential problems to be identified and addressed at an early stage.

Firefighting to deal with crises will always be more expensive than continuous support. I call on the minister to take that point on board and to ensure that three-year core funding is available for organisations that support young carers throughout Scotland and that renewed funding is decided early enough to ensure that the necessary stability continues.

18:10

Bill Butler (Glasgow Anniesland) (Lab): I congratulate John Swinney on securing the debate and on his thought-provoking speech. The subject is of real importance.

One of the first groups that I had the pleasure of showing around the new Parliament building was a group of young carers from my constituency who were brought to the Parliament by staff from the Glasgow west carers centre, which operates in

Glasgow Anniesland. It does sterling work in identifying young carers and trying to ensure that those exceptional young people have the support that they need. Pat Moran and her staff are to be commended for their work.

On that group's visit to the Parliament, I took the opportunity to sit down and listen to what the young people said to me. One of the things that struck me, as a former teacher, was the difficulties that young carers can face at school, and it is on those difficulties that I want to touch briefly, as did our colleagues Margaret Ewing and Marlyn Glen.

Every one of the young people to whom I spoke that day raised with me their concerns about the variable support that they received in their schools. Before schools are able to attempt to address young carers' needs, they must create an atmosphere of trust, in which a young person feels able to confide in a member of staff without any fear or apprehension of a negative response. The young carers expressed to me a clear desire for properly trained members of staff to act in a pastoral capacity, so that they have someone to speak to and to keep updated on their home situation.

When schools offer such a service, it is sometimes done half-heartedly or unsuitably, with new and inexperienced staff often finding themselves in roles for which they lack the appropriate in-service training to address the young person's singular needs adequately. It might be worth local authorities' while to explore the possibility of each school having a designated support worker who is drawn from a carers centre to act as a source of advice to any such pastoral teacher. The introduction of such properly trained and supported members of staff would greatly increase the level of support that is offered to the young people. I have no doubt that carer support centres throughout Scotland would be more than willing to work in conjunction with schools to help to train and brief staff on such issues. Indeed, the Glasgow west carers centre has tried to help young carers and schools deal with such problems by drawing up a standard carers programme of the type that I have been discussing.

Other members said that absence should be considered sympathetically, which is also important. If we are serious about creating the environment for every child in Scotland to be able to fulfil their potential, we must consider putting in place a range of measures to support young carers. Only that type of sensitive and coherent approach will meet those young citizens' complex needs, and I look forward to hearing the minister's thoughts on those suggestions and the many others that members from all parties have made in the debate.

The Deputy Presiding Officer: I thank all members present for co-operating in the timing of the debate.

18:14

The Deputy Minister for Health and Community Care (Rhona Brankin): I often think that the Parliament should take pride in how it connects with Scotland's youth. The debate has provided an opportunity to hear the voice of a particular and, I am sure that we all agree, special group of young people, and I too welcome them to the Parliament.

My former role as a support teacher and my role as a member of the Parliament have given me, as other members' roles have obviously given them, an insight into the issues that young carers face. I share John Swinney's desire to ensure that that group of children and young people is supported and protected, so I thank him for initiating the debate. I recognise the work that has been done by the cross-party group on carers—by people such as Karen Whitefield and Irene Oldfather, who have initiated related debates in the past.

The debate has rightly focused on the work that still needs to be done if we are to support and protect young carers in a way that they deserve. I am pleased that the motion recognises that some progress is being made in this important area. The need to support Scotland's young carers is recognised in the Scottish Executive's carers strategy, which was launched five years ago next month. Under the strategy, and through significant investment in services attached to it, the Executive has sought to put in place the building blocks that will help deliver a better deal for all Scotland's carers.

The strategy has delivered new and improved services, including new services to support young carers. Under the strategy, the number of young carers projects in Scotland has risen from 23 in 1999 to 52 this year. To improve the quality of those services, we funded the Princess Royal Trust for Carers in developing national standards for young carer support projects. Those are now in operation on a voluntary basis throughout Scotland. To promote those services among teachers and pupils, we have made young carer information packs freely available in all schools.

Many members have spoken about the importance of schools in the context of young carers, and I agree with that. I am convinced that schools have a vital role to play in identifying young carers, as well as in ensuring that they are supported in their studies. The Education (Additional Support for Learning) (Scotland) Act 2004 will help to ensure that young people who, for whatever reason, require additional help to aid

their learning get the support that they need. I will be meeting the Deputy Minister for Education and Young People at an early date to discuss how the needs of young carers are to be taken into account under the 2004 act and, more generally, to consider how schools can get involved in identifying young carers and making them aware that support is available.

Accessing support has been made easier for young carers. Our carers strategy has delivered significant new legislative rights for carers, including young carers, who now have the right to an independent assessment of their support needs for the first time, whenever they need it. We will need to monitor how that progresses, and there will be a requirement on local authorities and on national health service boards to provide data and information on carer assessment.

Even with that progress, the issues for policy makers, service providers and the voluntary sector have become even more pressing. There is now clear evidence that there are many more young people with caring responsibilities than was previously thought. There are varying estimates of the actual number of young carers, as we have heard today. We need to establish what the actual figure is, as well as the level of care that is being provided. I will be looking to conduct work in that area as a matter of priority. I thank those members who raised that particular issue in the debate. We will explore with stakeholders how that work can be done, taking into account the great sensitivities surrounding the issue.

We need to take action across a range of fronts to improve support structures for young carers, a point that was raised by many members. We need to have long-term mechanisms in place to identify young carers, using a range of avenues, from schools to health professionals. We need to ensure that support services for young carers are delivered in a joined-up way and we need to establish closer links between children's services and adult services in order to facilitate holistic family support.

We need to integrate further the young carers agenda with other policy initiatives, for example our work on social inclusion and our work to support children and families, particularly those who are affected by drug and alcohol misuse. We need to ensure financial stability for projects, another issue that has quite rightly been raised during the debate. I am speaking about the kind of projects that support families in need, and particularly children in need. The record levels of investment that are now being provided by the Executive for social care should help to create that stability. We must continue to seek stability of funding. There is a lot more to do.

Mr Swinney: The minister has rightly stressed the importance of financial stability for the network of projects that exist in Scotland today. Can she give Parliament any reassurance about what practical steps the Government can take to guarantee that financial stability? There are many projects around the country that are looking over the precipice as far as their finance is concerned, and they could achieve a great deal more if that financial uncertainty was removed.

Rhona Brankin: Yes. I think I have been as clear as I can be that I acknowledge the need for financial stability for those projects. Since 1999 resources have quadrupled and we must acknowledge that additional funding; however, I undertake to work to ensure financial stability.

I acknowledge fully that there is a lot more to do. In order to agree a way forward, I want to work closely with organisations such as the Princess Royal Trust for Carers, local authorities and the NHS as well as with members of the Parliament. As a first step, I intend to meet representatives of the main carers organisations in Scotland over the coming weeks. In answer to Karen Whitefield's question, I will be discussing with them the need for a young carers strategy and I want to hear their views on the way forward for it. I also need to hear the voice of young carers; that is absolutely vital.

Tackling the young carers agenda in the focused and cross-cutting way that is required is an absolutely huge task. We also need to deliver other priorities that we have already agreed with national carers organisations, such as our commitment to introduce NHS carer information strategies and our work to secure more robust evidence on how the carers strategy is impacting on carers, including young carers. We are also undertaking a complex and comprehensive examination of the future role of informal care, which will include considering the role of young carers. The aim is to set the policy direction now so that we can best meet the challenges that we will face over the next 10 years. Our findings are expected to emerge next summer.

As we consider the way ahead, we need to ensure that we have clarity of purpose. I believe strongly that we must work towards minimising young caring through the increased provision of family based support. I agree strongly with Rosie Kane on that issue. However, that is not to dismiss the invaluable contribution made by organisations, such as the Princess Royal Trust for Carers, which deliver the valuable support to young carers that is acknowledged in the motion. Neither is it intended to devalue in any way the immense contribution that young carers are making day in, day out here and now. I believe—and I am sure that everybody here agrees—that young carers can be justifiably proud of what they do. I join the Parliament in

applauding all Scotland's young carers, including those who are with us here today.

Meeting closed at 18:23.

It is the task of the Executive and the Parliament to work with young carers to support them and protect their rights, not as young carers but as children and young people—their right to an education, a stable and secure life and equality of opportunity. I assure the members who have spoken so passionately, and the young carers who are with us, that I acknowledge the importance of the issue and pledge to take forward our work. That might be one of our most significant challenges yet. We are already helping to lift children out of poverty. We need to help lift them from underneath the burden of care to a place where they can be children first and foremost.

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