

MEETING OF THE PARLIAMENT

Thursday 18 December 2008

Session 3

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Scottish Parliament

Thursday 18 December 2008

[THE PRESIDING OFFICER *opened the meeting at 09:15*]

Drink Driving

The Presiding Officer (Alex Fergusson): Good morning. The first item of business this morning is a debate on motion S3M-3125, in the name of Kenny MacAskill, on drink driving. I invite all members who wish to speak in the debate to press their request-to-speak buttons. Any members who do not wish to speak in the debate would also be welcome to press their request-to-speak buttons, as we have a lot of time available for the debate. I am happy to give every member at least a minute extra if they want to take it. I call Mr MacAskill to speak to and move the motion in his name. Mr MacAskill, you have quite a bit of time.

09:15

The Cabinet Secretary for Justice (Kenny MacAskill): Anybody who saw "Police, Camera, Action!" last night will be all too aware of the tragedies that occur as a consequence of drink driving, and of the delusions that some people have regarding the amount of alcohol that they can consume before it becomes unsafe for them to drive.

It continues to be the case that one in nine road deaths in Scotland is caused by drink driving. Behind that stark and simple statistic are families and communities that have been devastated by the deaths of loved ones. Last year, during the Association of Chief Police Officers in Scotland's festive campaign to tackle drink and drug driving at Christmas, 839 drivers were arrested for numerous drink-driving or drug-driving offences. That means that 839 drivers in Scotland took a chance and drove while they were over the limit or incapacitated and that 839 drivers were willing to risk causing death and injury on our roads—and those were only the ones who were caught. That is clearly unacceptable.

The majority of Scotland's citizens recognise that drink driving is dangerous and deplorable, but too many people still die every year on our roads as a result of drivers being over the limit. If we want our communities to be safer and stronger, we must tackle drink driving as being the cause of too many injuries, collisions and deaths. The current drink-driving limit has been in place for more than 40 years, but Scotland, along with the rest of the United Kingdom, is now a very different place. Our

laws have rightly evolved and adapted to reflect the changing society in which we live. Although the number of deaths and injuries on our roads has declined since the limit was set, that limit is now outdated and unfit for purpose.

Scottish Government research that was published this year found that, although there has been a reduction in the level of drink driving, 5 per cent of people who were surveyed thought that they had driven while over the limit in the past 12 months. The research recommends a reduction in the drink-driving limit to a less ambiguous level, as there is still confusion about how drinks and units of alcohol relate to the legal limit. Some of the confusion is not simply down to individuals. Glasses of wine may now contain substantial volumes, and beer that is sold in public houses and elsewhere often has a higher alcohol content than it did in the past. In addition, cars are faster and roads are busier than they were in the past. All those factors make drink driving significantly more dangerous. Research indicates clearly that the number of deaths from drink driving is slowly coming down, but still too many people are dying or being seriously hurt on our roads.

I wrote to the Secretary of State for Transport on 12 March, outlining the Scottish Government's support for a reduction in the drink-driving limit from 80mg to 50mg per 100ml of blood and for the police to be given the power to carry out random breath tests at the side of the road. Those would be life-saving measures, so we have continued to put pressure on the UK Government to make those changes. It is not a new issue: in a 1998 consultation paper, figures that were produced by the Department for Transport suggested that reducing the blood alcohol limit to 50mg could prevent 50 deaths and 250 serious injuries throughout the UK every year.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): The cabinet secretary mentioned random breath testing. Will he make it absolutely clear that support for the motion does not imply support for random breath testing?

Kenny MacAskill: The motion is quite clear. As Mr Rumbles correctly points out, we are dealing simply with the matters that are before us. For factual accuracy, however, I point out that my letter referred to two matters.

Recently, academics from University College London have suggested that as many as 65 fatalities a year in the UK could be prevented by a reduction such as I suggest.

In July this year, the UK Government's chief medical officer, Sir Liam Donaldson, stated publicly that the limit for drivers aged between 17 and 20 years old should be cut to zero.

The British Medical Association Scotland has said:

"Lives could be saved simply by reducing the drink-driving limit. There is evidence that driving is impaired with a Blood Alcohol Concentration (BAC) level of over 50mg/100ml and it's estimated that around 65 lives could be saved in the UK by lowering the drink drive limit."

The Association of Chief Police Officers in Scotland has said:

"Scotland and the rest of the United Kingdom are among a small group of European nations that have still not lowered the blood alcohol count. Too many motorists are ignoring the law and continue to drive after drinking. We need to look at lowering the limit to tackle one of the major reasons for loss of life on our roads."

The Automobile Association announced earlier this year that 70 per cent of 14,000 members who were polled favour a reduction in the limit, and the 2007 report of the European Transport Safety Council demonstrated that, in the past 10 years, the nations with the lowest blood alcohol limits have had the greatest success in tackling drink driving.

Brian Adam (Aberdeen North) (SNP): Does the cabinet secretary accept that the blood alcohol concentration level of 80mg per 100ml is arbitrary, and that a level of 50mg per 100ml is also arbitrary? If so, does he accept that, if we want to prevent people from drink driving, that level must be nil, or as close to nil as can be legitimately measured?

Kenny MacAskill: I accept that any limit is arbitrary. The Government's argument is that the level of 80mg per 100ml has now passed its sell-by date. A zero level has difficulties because alcohol stays in the bloodstream for a long time. The level of 50mg per 100ml is a European norm, and we believe that adopting that level would drive home the message that there is no safe or tolerable level, and that the idea that someone can safely have two pints of beer or two glasses of wine is false. We hope not only to save people's lives on the road, but to ensure that people can avoid the tragic consequences of being arrested for drink driving.

Robert Brown (Glasgow) (LD): Does the minister accept that, in these days of cross-Europe travel, there is a compelling case for a standard level across Europe?

Kenny MacAskill: Absolutely. We have made it quite clear that we would welcome an across-the-UK reduction to the European standard—it is not a constitutional matter. However, we believe that, if the Government south of the border does not wish to head in that direction, we should have the opportunity to follow the European norm. I accept that there are good reasons for harmonisation and standardisation across Europe. Our proposal to have a level of 50mg per 100ml takes us some

way towards that. The UK, Ireland and—I think—Malta are out of kilter with the rest of Europe, which has a safer standard.

Paul Martin (Glasgow Springburn) (Lab): Does the minister recognise that the European norm for penalties for drink driving is much less than the norm in the UK?

Kenny MacAskill: We are not in favour of varying the current penalties. Mr Rumbles asked about random breath testing: as I said, the motion does not address that and the Government has a different perspective on it. Today's motion relates to the blood alcohol level.

We believe that the current sanctions are appropriate and that sheriffs have the right to act appropriately. I have disagreements with some people on mandatory sentencing—although, I believe that Mr Aitken is in tune with me on that matter—but I accept that there are good reasons why we have mandatory sentences for drink driving. It is appropriate that people who are caught drink driving lose their licences—unless there is a medical reason for alcohol being present in their blood—and that if the person is caught drink driving again within the following 10 years, the sentence should be a minimum of three years, as is the current position, I think.

Paul Martin seems to be suggesting that Europe is benign in relation to drink driving. It is true that some jurisdictions take that approach, but anyone from this country who thinks that they can safely drive under the influence of alcohol in a Scandinavian nation will find that they will be treated significantly more severely there than would be the case in the United Kingdom.

The UK was one of only five European countries to record an increase in drink-driving-related deaths in the period that was covered in the ETSC report. It is clear that there is massive support in Scotland and across the UK for a reduction in the limit, and evidence from other countries suggests that the lower limit that we are proposing saves lives.

A driver's reaction times and motoring skills deteriorate after even a small amount of alcohol. Those of us who saw the programme that I referred to earlier will have heard people repeating the old adage that drinking makes them drive better: obviously, the clear scientific and medical evidence is that that is total bunkum. There is clear substantiation that a lower limit will reduce the number of deaths and serious injuries that are caused by drink driving. That is why we are pursuing the lower limit.

In November, the UK Government published the "Road Safety Compliance Consultation". Although the consultation raises some discussion of the reduction of the drink-driving limit, it does not ask

directly whether the drink-driving limit should be lowered. My colleague Stewart Stevenson, the Minister for Transport, Infrastructure and Climate Change, wrote to the Secretary of State for Transport expressing our disappointment that the UK Government has been so unwilling to engage on the question of a lower limit.

Bill Butler (Glasgow Anniesland) (Lab): I am surprised that the cabinet secretary says that the UK Government's consultation does not refer to the alcohol limit for driving. I have the summary here, and it asks:

"What priority do you think should be given to a change in the prescribed alcohol limit for driving?"

That is very clear.

Kenny MacAskill: If Bill Butler checks the *Official Report*, he will find that in regard to a reduction my words were:

"it does not ask directly whether the drink-driving limit should be lowered."

I did not say that the limit was not mentioned—I said that the consultation did not pose the specific challenge that we have to address.

To suggest that the drink-driving limit should be increased seems to be utterly absurd. I would be bemused if Bill Butler or any of his colleagues were to suggest that we should make it okay for people to drink more before they get behind the wheel. The specific question is this: "Do you want to lower the limit or do you not?" We, as a Government, certainly want to lower it. There has been a wasted opportunity to respond to the widespread and growing consensus in favour of a change. Just how much more evidence does the UK Government need?

Bill Butler: On that point—

Kenny MacAskill: Bill Butler has had his say.

The UK Government must stand up and recognise the strength of evidence and the strength of feeling in favour of a reduction in the limit. It should not continue to sidestep or delay. The matter is not about the constitution or about a constitutional battle—it is about saving lives on our roads. The position that I have set out is that of not only the Scottish Government, but of the Association of Chief Police Officers in Scotland and the British Medical Association. We in Scotland are ready to make the change and to reduce the limit. We would welcome support from anywhere else.

Although the safest option for drivers must be not to drink and drive, a 50mg limit would be a simpler message for drivers and drinkers to understand. Lowering the limit will also bring us into line with most other nations in Europe.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I hope that the cabinet secretary will cite any evidence he has that switching from 80mg to 50mg, as opposed to approximately zero, will be easier to understand.

Kenny MacAskill: I have cited a substantial amount of evidence from ACPOS, the BMA and Sir Liam Donaldson—Dr Simpson can check the *Official Report*. As I stated in response to Mr Adam, the limits are arbitrary. One could set a zero limit, but we are persuaded that that would have unwanted consequences because of the length of time for which alcohol stays in the bloodstream. A 50mg limit is the accepted norm in Europe and is supported by ACPOS, the BMA and a broad range of other reasonable opinion in this country. It triggers a message that people cannot have two pints or two glasses of wine—or sometimes a bit more because they have had a Christmas dinner at the staff outing. That is why we believe that reducing the limit to 50mg is the correct thing to do.

If evidence emerges that the limit needs to be lower and that other nations go down that route, we will be happy to follow. It is clear that the 80mg limit is now past its sell-by date, is jeopardising lives and is not delivering safety on our roads. We need action rather than another discussion document from the UK Government.

The direction in which we are heading is part of a wider Government agenda regarding Scotland's relationship with alcohol. We have made it clear that we cannot go on as we are. It is not simply about danger on the roads; it is about the effect on our health service, the impact on our criminal justice system and people's inability to maintain their involvement in the labour market. The cost of alcohol abuse is damaging us in Scotland and we must tackle it.

As we have often stated, the Government is not anti-alcohol, but we are anti-alcohol misuse. The stark truth is that our relationship with alcohol is holding us back as individuals and families, as communities and as a nation. The statistics, which we have presented on many occasions, are breathtaking.

Many of us experience the effects of alcohol-related violence and antisocial behaviour in our communities, and almost half of prisoners report being drunk at the time of their offence. We have to dispel the myth that alcohol-related harm affects only people with chronic alcohol dependency, or so-called binge drinkers. It is not a marginal problem. The uncomfortable truth is that many people—probably many of us in the chamber—fall into that category. Up to 50 per cent of men and 30 per cent of women regularly drink more than the amount that is specified in guidelines on sensible drinking. Those people place themselves

at increased risk of being involved in accidents, becoming the victims or, tragically, the perpetrators of crime, contributing to family break-ups, and developing cancer or liver disease. That is why we believe that there must be a change and why the Government has committed to a consultation on the issue, the responses to which we will publish in due course.

Respondents, including ACPOS, generally welcome the Scottish Government's stance and support tightening the laws on drink driving, especially to reduce the legally acceptable blood alcohol level. I say to Dr Simpson that several health organisations went further and called for a zero-tolerance approach to drink driving, especially for young people under 25. We do not preclude such measures and will be happy to consider them, but as a first and interim step we need to reduce the limit to 50mg.

The responses to the discussion documents are being analysed, and we will announce the way forward early in the new year. Early next year we will also publish a 10-year road safety strategy for Scotland. My colleague Stewart Stevenson has convened a road safety expert panel to advise on measures for the strategy. We have also consulted groups of young people aged 17 to 25—the age group that we know is particularly vulnerable on our roads. Action must be taken—that is why we believe that the time for consultation has ended.

The annual ACPOS festive campaign is an important weapon in the fight against drivers who still think that it is acceptable to drink and drive. We are committed to improving the safety of people on our roads and are delighted to support ACPOS in all its campaigns, particularly on drink and drug driving, which is why we are happy to accept the Conservative amendment. Drug driving is more difficult to analyse, but it is a serious and growing problem that must be addressed by whatever means are at our disposal. We hope that the campaign will help us to realise a further drop in the number of people who are killed or injured as a result of drink or drug driving, and to remove from the driving population those who are responsible. I send my best wishes and thanks to the police officers who are out on the roads over the festive period, working to ensure our safety.

I move,

That the Parliament expresses concern that one in nine road deaths in Scotland is related to drink driving; calls on the UK Government to reduce the 80 mg limit, which was set over 40 years ago, to a 50 mg limit in line with much of Europe; wishes Scotland's police forces success with their campaign over the festive season, and sincerely hopes that no one has their Christmas and New Year destroyed by those who choose to ignore the anti-drink-driving message.

09:32

Richard Baker (North East Scotland) (Lab):

Over the past year, Scotland's relationship with alcohol has been at the heart of debates here, and rightly so. Over the festive period, people across Scotland will enjoy a drink at a host of celebrations. It does not benefit our approach to come across as being solely puritanical, so we should acknowledge that social drinking is part of this time of year, as people enjoy a well-earned break. However, we must also acknowledge—not only during the festive season but throughout the year—that too often it becomes evident that in Scottish society we have not got the balance right between sociable drinking and drinking irresponsibly to excess. It is a huge challenge to change what has become a real cultural problem in Scotland. Drink driving is an area in which that problem can have its most devastating impact.

Drink driving is also one of the areas in which real progress has been made, because the vast majority of people are acutely aware of the dangers of drink driving and its potential consequences. Over the years, there has been a significant change of attitude on the issue. The British Medical Association briefing for the debate tells us that in the past 10 years the estimated number of drink-driving accidents has fallen by 16 per cent and the number of casualties by 18 per cent. However, that decline is not reflected in the number of fatalities, which remains at an average of 50 deaths per year on Scotland's roads—the same number as 10 years ago. The impact of every fatality is devastating and every fatality is a needless waste of life, which makes it all the more important for us to bring about reductions in these most depressing of statistics.

The Government motion is right to point out that there can be no room for complacency. The statistic that is quoted in the motion—

“that one in nine road deaths in Scotland is related to drink driving”—

places stark emphasis on that point. It is understandable that a significant body of opinion is pressing for a reduction in the permissible level of blood alcohol while driving and is making extremely persuasive arguments on the point. Parliament should take those arguments seriously; clearly, ministers have already been persuaded that the 80mg limit should be reduced to a 50mg limit.

Parliament has a crucial role to play in our police forces having successful campaigns against drink driving—locally and across Scotland—by ensuring that they are given the right resources to enforce the limits that are in place. I know that the Scottish Government supports the Road Safety Scotland campaign and its “Don't risk it” message. We could have a whole separate debate on police

resources, but the drink-driving limit is reserved to Westminster and our party views it as sensible to have consistency across the UK on the matter. I hope that, on this most important of issues, we can get beyond stoking up constitutional debate, with ministers here seeking to set themselves in opposition to their Westminster counterparts. Surely it is more important to seek consensus.

Brian Adam: I do not wish to get involved in a constitutional debate on this point. Will Richard Baker give us his view on whether the current limit should go down and if so to what level?

Richard Baker: I am coming directly to that point. Mr Adam has already made an interesting contribution on that issue in an earlier intervention. I am concerned about the Scottish Government's positioning on the constitutional issue. I am puzzled that, when the issue was raised at last week's First Minister's questions, the First Minister pointedly expressed disappointment

"that the 'Road Safety Compliance Consultation' document, which was published on 20 November, did not include a direct question on lowering the drink-driving limit."—[*Official Report*, 11 December 2008; c 13349.]

That is not accurate. I sincerely hope that the First Minister, while not seeking to create an unnecessary division on the issue—

Dave Thompson (Highlands and Islands) (SNP): Will the member take an intervention on that issue?

Richard Baker: I will make some progress first.

I have with me the "Road Safety Compliance Consultation" document, from the Department for Transport. On the first page of the document, in the executive summary—we do not have to look too far—it invites views on five issues, the second of which is drink driving. Only a little further down that page, paragraph 12 says that

"There have been calls for some years for a lower limit of 50 mg/100 ml, or less. We have said that we will keep the limit under review."

That is discussed in the context of a lower limit.

The consultation goes on to ask respondents for answers on the direct questions:

"what priority they think should be given to a change in the prescribed alcohol limit for driving"

and

"what evidence they are able to offer—and what further evidence do they consider should be obtained—to support a fully-considered decision whether or not to change the limit."

I do not think that it could be much clearer than that. There is no need or room to create unnecessary divisions on such important points.

Robert Brown: Will Mr Baker at least accept that that consultation document also states that the

"intention is to review the new evidence in the course of finalising our road safety strategy beyond 2010"?

In other words, whatever else can be said about that document, it is not a proposal for anything like immediate action on the matter.

Richard Baker: The document does consider significant and speedy action on the matter in the light of evidence and consultation, which is the right way to form policy. Every Government needs to make key decisions on important issues of policy such as this on the basis of sound and clear evidence. We have heard that there is sound and clear evidence out there; the consultation provides an opportunity for that evidence to be heard and properly considered.

The best approach would be for Scottish Government ministers to engage constructively in the consultation with their UK counterparts and to make the case for a reduction in the level, for which I have sympathy. It is right, before making policies in such important areas, to engage fully in consultation, so I believe that the UK Government is right to do so. Scottish ministers may seek further views as they engage in the process. All the evidence should be examined carefully.

The fact that a 50mg limit exists in other parts of Europe is persuasive, but there is perhaps a case for a different limit, and even for a further reduction. Perhaps members will make different cases on this point. Brian Adam made an extremely pertinent intervention on the issue earlier, during the cabinet secretary's speech. It is a crucial point, which deserves constructive debate and consideration.

Brian Adam: We are now seven minutes into your speech, and we have still not heard whether you favour a reduction. You have said that you are sympathetic to that, but you have not said whether you favour it or not. I have made my position clear, which is that the limit should be as close as possible to zero, although lowering the level to 50mg would be progress. What is your view, and what is your party in the Scottish Parliament's view?

The Presiding Officer: I remind members that they must address all remarks through the Presiding Officer and should not refer to other members directly.

Richard Baker: I am persuaded that a good case can be made for reducing the limit—my opinion tends in that direction. However, there is a consultation process in which all the evidence for, and implications of, setting a new limit will be considered. It would be better to have a lower

limit, but action should be taken on the basis of all the evidence and proper and constructive engagement. I hope that the Scottish Government will engage constructively in the consultation, because the issue is of the greatest importance, although I am rather more depressed that it might not do so after having heard the speech from the Government benches. Perhaps the situation will improve during the debate. The issue is crucial and deserves constructive debate and consideration.

If we are to address drink driving, enforcement and education campaigns are crucial, not just at Christmas but throughout the year. In 2006, the Scottish Executive launched a Scotland-wide summer campaign to tackle drink driving. During the summer of this year, Grampian Police cracked down on drink driving in my region. It was disappointing that the police found 29 motorists who were driving under the influence of drink or drugs, although it was notable that in the second week of the crackdown the number of drink drivers halved. That demonstrates not only that drink driving is a problem all year round but that police campaigns make a difference. We expect the Scottish ministers to ensure that Scottish police forces are encouraged and resourced to engage in more targeted campaigns, which have a direct and constructive influence.

The appallingly high number of road fatalities in Grampian, particularly on rural roads, means that people in the area are conscious of wider issues of road safety. Last year on Grampian's roads, 37 people died, 14 of whom were under 25, and 233 people were seriously injured. Such figures have led to concerted local campaigns, for example in *The Press and Journal*, and local action, for example by Aberdeenshire Council, which supported the safe drive, stay alive campaign. Earlier this month, Alison McInnes, who is a member for North East Scotland, highlighted the high number of fatalities in our area during her members' business debate on young drivers.

It is right to consider wider issues of road safety, so that we can reduce the still far too high number of fatalities on Scotland's roads. I welcome the amendment in Bill Aitken's name, which acknowledges the problem of people who drive under the influence of drugs. During many recent drink-driving campaigns, the police have targeted such drivers, whose behaviour also causes horrific and fatal accidents. We will support the amendment.

I hope that the Scottish Government will support the amendments. The UK Government's road safety consultation presents the Scottish ministers with an opportunity to gather opinion from throughout Scotland on drink-driving limits, and to engage constructively with their UK counterparts

so that evidence-based progress can be made. The cabinet secretary said that the debate is not about constitutional matters—as, of course, it should not be—but it strikes me that he and his colleagues are doing everything they can to make it so, which is regrettable and inappropriate.

There is an opportunity for consensus on a vital challenge that faces Scottish society and there is no doubt that members of all parties want effective action on drink driving. None of us wants to be a statistic in reports of lives that have been taken or devastated because of the actions of drink drivers. I sincerely hope that all drivers will heed the messages on drink driving so that during the festive season and the year to come people will be safer on Scotland's roads.

I move amendment S3M-3125.1, to leave out from "calls" to end and insert:

"recognises that the UK Government is currently consulting on road safety and related issues and that this includes an invitation for views on the current drink-driving limit; believes that a UK-wide approach on this issue is sensible; believes that Scottish ministers should engage constructively in the UK Government's consultation process, and believes that drink driving must be combated at all times of the year and that Scottish police forces must be properly resourced to ensure effective enforcement."

09:43

Bill Aitken (Glasgow) (Con): The cabinet secretary was correct to initiate a debate on drink driving, which is highly topical at a time of year when even those of us who are of a moderate disposition tend to drink more than we normally would. He was right to underline the tragic consequences of excessive drinking followed by driving. Particularly at this time of year, there have been horrendous incidents, in which people have been bereaved.

I will go some way down the route that the cabinet secretary is always keen to encourage by pointing out the good news. Members agree that a positive societal change has occurred in the past 20 to 30 years and that drink driving is less of a problem than it was. I will build on the figures that Richard Baker submitted. It is worth underlining the fact that, since 1996, the number of drink-driving accidents has decreased by 4 per cent. In drink-driving accidents, the number of casualties of all severities has decreased by 16 per cent and the number who have been killed has decreased by 40 per cent. The days when people with four or five pints in them got into a car and drove away in a cavalier manner have gone. However, a problem still exists with the irresponsible minority who require to be acted against most vigorously.

I am not totally persuaded that all the cabinet secretary's figures stand up to rigorous examination. He is correct to point out that in

some European countries, the limit is 50mg. In Scandinavia, 20mg is the going rate. However, he was slightly disingenuous about disposals. Many European countries do not impose mandatory disqualification, whereas he and I agree that disqualification should be mandatory, except in special circumstances that might arise very occasionally, such as emergencies.

The fact is that the problem is decreasing. I accept that the recent report from the Highlands was depressing, particularly given the nature of the roads and the distances that are travelled there, but overall in Scotland, people are being much more responsible. The police, the Government and the public can be congratulated on that.

Robert Brown: I generally accept what Bill Aitken says, but does he accept that the reduction in the problem has reached a plateau since the 1990s? The current concern is that we are making no further progress.

Bill Aitken: I question the figures slightly. I referred to figures from 1996 and I am more than happy to examine the numbers further, but the situation is certainly an awful lot better than it was 25 or 30 years ago. However, one death is too many.

The cabinet secretary and others have heard me adopt the theme before that the proper procedure is that enforcement is the answer. Under present legislation, the police are not allowed to perform random breath tests. That is appropriate, but practice has been somewhat different over the years. In Glasgow several years ago, the number of people who were breathalysed was well into five figures, but for minimal return. That was not justified under the law, but it had the appropriate deterrent effect, so the police probably thought that they were acting reasonably. However, they could leave themselves open to accusations of oppression by taking breath tests when no sufficient cause has been shown.

Dave Thompson: Does Bill Aitken accept that random testing applies in all European Union countries apart from the UK and Denmark? If it appears to work in all those countries, surely it would work here, too.

Bill Aitken: I accept that what Mr Thompson says is correct, but I do not accept that everything that other EU countries do is appropriate for us.

Drug driving is a most crucial issue on which the cabinet secretary and I have corresponded in the past year or so. He knows of my concerns, which I think he shares. As the drink-driving problem has eased, the drug-driving problem has increased. An experienced police officer told me recently his view that one in 10 drivers who leave Glasgow city

centre after 2 am on clubbing nights is driving while impaired by drugs.

The police have a real difficulty. If someone is stopped on the suspicion of having been drinking, there is an indicative breath test that gives the police powers of arrest. The person concerned can be taken to a police office and asked to submit to a Camic breathalyser test, which gives an almost immediate result. The system for testing for drug driving is much more convoluted and complex, and requires a number of tests to be taken at the locus, including the Romberg test in which a driver has to estimate 30 seconds' passage of time. If the police believe that the person is driving while impaired, the person will be taken to a police office and the police surgeon must be summoned. The effect of that can be that a police traffic car is off the road for two hours.

We live in an age in which technology improves almost hourly, and I am astounded that no one has come up with a machine that can speedily test the blood of an individual to see whether they are driving with drugs in their bloodstream. I find it disappointing that, despite my own best efforts—and, in fairness, those of Mr MacAskill—we do not yet have from the UK Government confirmation that such a device will be forthcoming soon. The way things are going, the issue of drug driving will become much more concerning.

The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson): It is unusual for me to do this, but we should defend the UK Government on this issue because there are considerable technical difficulties, although I understand that there have been developments. There is equipment in development that will, instead of testing directly for a wide range of possible drugs, test for the effects and impairments that derive from drug misuse. In the long term, that may offer the best way of detecting people who are impaired by the wide—and possibly widening—range of drugs that are constantly coming into use.

Bill Aitken: As the minister said, it is most unusual for him to defend the Westminster Government, but I point out that the issue has been going on for far too long. In January, I wrote to the then chair of the ACPOS road traffic group, and was told that a consultation document had been prepared, that the procurement process would be taking place, and that we would by now have such a device in place. That simply has not happened, and it should have.

Drug driving is becoming a much greater threat to pedestrians and other road users than it was 10 or even five years ago, and action is necessary. It is on that basis that I lodged my amendment.

I move amendment S3M-3125.1.1, to leave out from third “believes” to end and insert:

“further recognises the growing problem of driving under the influence of drugs, and believes that drink and drug driving must be combated at all times of the year and that Scottish police forces must be properly resourced and be in possession of the appropriate technology to ensure effective enforcement.”

The Presiding Officer: I call Robert Brown to open on behalf of the Scottish Liberal Democrats. *[Interruption.]* I have been misinformed. I call Mr Finnie to open on behalf of the Liberal Democrats.

09:53

Ross Finnie (West of Scotland) (LD): Thank you, Presiding Officer. It is an easy mistake to make. *[Laughter.]*

The Liberal Democrat policy position on drink driving wholly and unreservedly supports the lowering of the alcohol limit from 80mg to 50mg per 100ml of blood, so we support the motion in the name of the cabinet secretary.

The impairment effects of drinking alcohol are well set out in the briefing note from the BMA, and it is worth recalling their extent and nature. Drinking alcohol increases reaction time; increases stopping distances; reduces co-ordination; affects judgment of speed, time and distance; reduces field of vision and concentration; and can create overconfidence in the person at the wheel.

Although I accept in broad terms what has been said about the reduction in the incidence of drinking and driving, it is telling nonetheless that the figures show that the average number of deaths per year on Scotland's roads is 50, which is the same as it was 10 years ago. I accept, as Bill Butler pointed out, that the rate has fallen over time, but we cannot be entirely satisfied with the situation.

Bill Aitken: Mr Finnie might be perfectly correct in what he says, given the increases in road usage, the number of cars on the road and the number of miles driven by the average driver, but does he agree that, on any actuarial basis, it is surprising that fatalities have not also gone up?

Ross Finnie: I am not going to get into an actuarial argument with Mr Aitken. Given that cars and roads are supposed to be safer, I am not entirely certain that one can take only those simple facts and reach that conclusion. The important factor in those fatalities—the one link—is drinking and driving.

The Liberal Democrats are clear that reducing drink driving—and the resulting improvements in road safety—must be an integral part of a wider alcohol misuse strategy. I have at times joined in

accusations that the Government is indulging in constitutional mischief. However, if reducing the drink-driving limit is seen as part of an integrated strategy for reducing alcohol misuse, it is perfectly proper for it to be discussed and debated in the chamber. If we were unable to do that, we would be leaving out a critical element of any alcohol misuse strategy. I therefore do not agree with Richard Baker's point in that regard.

Bill Butler rose—

Richard Baker: Will the member take an intervention?

Ross Finnie: I will take Richard Baker.

Richard Baker: Does Ross Finnie agree that we did not say that the issue should not be discussed or debated in the chamber; we said that the important point was how work should be taken forward? Why cannot it proceed in a constructive and collaborative fashion? The opportunity exists for us to do that.

Ross Finnie: Strange and surprising though this may sound to members on the Labour benches, I found the cabinet secretary in remarkably constructive form this morning.

In their amendment, the Conservatives refer to drugs. Bill Aitken articulated and enunciated their position well, and gave the Liberal Democrats cause for thought. He is absolutely right that drug driving is an emerging and added problem—indeed, it might be an even greater problem than drink driving. However, Bill Aitken chose to lodge an amendment to the Labour amendment, and given that we cannot support the Labour amendment, we are unable to support the Conservative amendment. We cannot see a way in which it can be added to the Government motion.

At first glance, the Labour amendment appears attractive, as it states:

“the UK Government is currently consulting on road safety and related issues”,

which

“includes an invitation for views on the current drink-driving limit”

and goes on to say that that appears “sensible”. However, further consideration leads one to a different conclusion from that of Bill Butler or Richard Baker. The call that the amendment makes is odd and weak. It simply asks us to reflect on the priorities. What is the issue in all of that? If we are interested in containing drink driving, why make the focus of an amendment the setting out of priorities? The inference to be drawn from what Richard Baker said is that evidence is singularly lacking.

Bill Butler: On that point—

Ross Finnie: I will make this point, after which I will let Mr Butler make his point.

In 1998, the House of Lords Select Committee on European Communities reported on blood alcohol levels for drivers. The committee gathered extensive evidence and concluded:

"The permitted BAC for drivers should be reduced from 80mg/100ml to 50mg/100ml".

As the cabinet secretary said, later that same year, the Government paper "Combating drink driving - next steps" concluded that reducing the level to 50mg/100ml could save 50 lives and 250 serious injuries per year.

In 2005, the Parliamentary Advisory Council for Transport Safety, headed by emeritus professor Richard Allsop at the centre for transport studies at University College London, having reviewed all the evidence that was brought before it, concluded that lowering the level could be expected to lead to 65 fewer deaths and 250 fewer serious injuries. The council's conclusions were based on the 2003 road casualty figures. In 2006, a report on drinking and driving in Europe from the Global Alcohol Policy Alliance concluded:

"All drivers on European roads with a BAC level greater than 0.5 g/L should have an unconditional license suspension".

In 2008, the report "Reducing Drinking and Driving in Europe" by the German Centre for Addiction Issues, which was sponsored by the European Commission, concluded:

"A maximum blood alcohol concentration limit of 0.5 g/L should be introduced throughout Europe".

I am therefore puzzled that the UK Government seems to believe that no studies have been carried out and no evidence has been produced for the past 10 years. Indeed, one could suggest that it is wilfully ignoring all the evidence that has been produced in the past 10 years.

We should concentrate on the evidence that has been presented that changing the limit will affect the number of accidents and fatalities, and we should not pretend that just because sanctions are not uniform across Europe, that is an argument for doing nothing. It might be an argument for telling the European Commission that sentencing should be more uniform and based on what we do in the UK, where there is a serious mandatory sentence for breaching the blood alcohol limit. It is not an argument for doing nothing because the comparisons should not be made. The research does not make that point; it is clear that reducing the limit will lead to a reduction in the number of accidents and fatalities.

Bill Butler: No one disagrees that there is a considerable body of evidence, but given that the ability to change the situation is reserved, would it

not be more positive for us to say here today that there is a considerable body of evidence and to call on the UK Government to use the consultation to change the law? Would that not be more positive?

Ross Finnie: It would be difficult to construe the wording of the motion any differently. If the Parliament is saying that what is in the motion is what should be, anyone who reads it will be bound to conclude that that is our view, unless they have overindulged in the Christmas festivities. With all due respect, I repeat that there are times when the Government is quite mischievous, but we are being a bit precious this morning about the use of words, and pretending that this is a constitutional debate, not one about improving safety on our roads.

The message is clear and simple: there is evidence, and the UK Government should read the *Official Report* of this debate—I hope that it will—and take it into account. Also, I hope that it will then conclude long before 2010 that something needs to be done.

There is a substantial body of evidence to support the proposition. On that basis, the Liberal Democrats support the Government's motion. We regret that we are unable to accommodate the Conservatives' valid point because the Conservative amendment is an amendment to the Labour amendment, which we do not accept.

10:04

Dave Thompson (Highlands and Islands) (SNP): I am pleased to be taking part in this debate, because I have been campaigning for some time to have the drink-driving limit reduced from 80mg of alcohol per 100ml of blood to 50mg.

Since I started my campaign, I have received a growing amount of support from a wide range of bodies in Scotland, such as BMA Scotland, the Royal Society for the Prevention of Accidents, the Association of Chief Police Officers in Scotland, the Scottish Police Federation, Scottish Health Action on Alcohol Problems, Alcohol Focus Scotland, a number of councils, Cardinal O'Brien and, most recently, the Automobile Association, which has changed its position and now favours a reduction in the limit.

The current drink-driving limit was set more than 40 years ago and is long overdue for revision. Apart from the UK, only Malta, Luxembourg and Ireland still have a limit of 80mg of alcohol per 100ml of blood. When I first looked into the matter, I discovered that one in nine road deaths is caused by drink driving and that the Highlands and Islands suffer from a drink-driving rate that is 27 per cent higher than the national average.

Last week was the first week of a Christmas crackdown on people who drive while drunk. In Highland, police arrested 13 people for doing so, which is exactly the same as last year's figure. Those drink drivers included a 23-year-old disqualified driver who was arrested after refusing to do a breath test and a 45-year-old drink driver who was reported to the police by a member of the public.

As has been said, we seem to have reached a plateau. Around 7,000 drink-driving offences are committed in Scotland every year, although the figure dropped as low as 6,000 in 2000. It is worrying that the number of drink-driving offences is creeping up again. There is evidence that reducing the blood alcohol limit would have a major impact. Between blood alcohol levels of 50mg per 100ml of blood and 80mg per 100ml of blood, the crash risk rises exponentially. That is not my evidence; it is the evidence of the University of Oxford. Someone who has 50mg of alcohol per 100ml of blood in their bloodstream is twice as likely to be involved in a crash as someone who has no alcohol in their bloodstream, but someone who has 80mg of alcohol per 100ml of blood in their bloodstream is 10 times more likely to be involved in a crash than someone who has no alcohol in their bloodstream.

There is a great need to reinforce the message that drink driving is unacceptable and that even a small amount of alcohol can impair people's ability to drive. Reducing the limit to 50mg of alcohol per 100ml of blood would do just that. A 50mg limit would mean that a small, 25ml measure of spirit, a half pint of ordinary beer with a strength of about 3.5 per cent—we should bear in mind the fact that most beers now have a strength of 5 per cent—or a small, 125ml glass of wine with a strength of 9 per cent would put someone over the limit. It is hard to find wine in the supermarkets the strength of which is less than 14 per cent. Having a 50mg limit would send a clear message that people should not drink and drive at all, because if they do—thanks to random testing—they will be caught.

There has been much discussion of the position of the UK Government, which has a mixed record on the issue. Before the 1997 election and again in 1998, the Labour Party announced that it intended to reduce the legal limit to 50mg of alcohol per 100ml of blood. The proposal was put out to consultation. The police, virtually the whole road safety community and public opinion all favoured lowering the limit. That was more than 10 years ago. However, in March 2000, the UK Government announced that it had decided not to lower the limit because it was awaiting possible moves to harmonise drink-driving limits in the European Union. In January 2001, the EU adopted a recommendation that proposed harmonisation of

the drink-driving limit at 50mg or less, but it was not binding on member states, and in the following year the UK announced that it had no plans to change the limit. In recent years, several other EU countries, including France, Germany, Spain and Denmark, have listened to that advice and have reduced their limits to 50mg.

Subsequently, the second review of the Government's road safety strategy, which was published in 2007, stated:

"During this review, many stakeholders have advocated reducing the UK's blood alcohol limit from 80 mg to 50 mg. But the limit cannot be considered in isolation ... We will keep under review the case for a reduction in the blood alcohol limit."

In June 2007, the road safety minister Stephen Ladyman offered some hope to those of us who want to reduce the limit when he said that the UK Government was again in favour of moving to a 50mg limit, but that it first wanted to see evidence that such a limit would be properly enforced by the police. Later in 2007, he said that the Government would publish a consultation paper to gauge public opinion on reducing the limit. No consultation paper appeared in 2007. I wrote to the Department for Transport in January and again in April, only to be told that it was pressing ahead with the consultation document and would give careful consideration to the views of interested parties in Scotland and elsewhere. We heard nothing until last month, when we found, once again, that the drink-driving limit was to be kept under review and that more time was needed to collect evidence. How many times does this matter need to be kept under review?

I must say that I do not recognise the document from which Bill Butler and other members have quoted. The consultation document, which I have with me, states clearly that "the limit" will be kept "under review", and sets out "steps to collect evidence". Moreover, the three questions in the drink-driving section on which views are sought do not mention the limit. Mr Butler and others must have a different document. I direct them to the relevant pages in the document that I have, which are, I think, 33 and 35.

That said, the fact that the issue has not been raised in the document does not mean that we cannot raise it or that the Parliament cannot take a strong view on reducing the limit. In that way, we can give the UK Government the benefit of our views and put some pressure on it.

Bill Butler: I could not agree more. Does the member believe—as I believe, and as I will make clear in my speech—that, as UK citizens, all members should make a submission to the consultation, arguing for a lower limit?

Dave Thompson: Mr Butler will find that a lot of people and all sorts of organisations in Scotland have made many submissions and given plenty of evidence to the UK Government four, five, six or seven times already, advocating a reduction in the limit. It is time that the UK Government listened to those views and applied a limit to the whole of the UK. I make it clear that I am not advocating a limit for Scotland alone; I want a limit for the whole of the UK, because the lives of people in England, Wales and Northern Ireland are just as important as the lives of people in Scotland.

However, the power rests with Westminster, and I hope that Labour members and others will change their views and agree that we should send Westminster a strong message that the limit needs to be changed. As I have said, the Westminster Government has prevaricated since 1997 and has changed its views almost every second year. It is time for it to look at the evidence that has already been submitted and to stick with the decision that it has made twice or three times already to reduce the limit to 50mg.

10:12

Dr Richard Simpson (Mid Scotland and Fife) (Lab): Dave Thompson has helpfully set out the history of the situation, which is an important aspect.

Before I begin my speech proper, I point out that, given that the Scottish Government has been quite good at discussing and trying to reach consensus with the Opposition on drug-related matters, it is a pity that there has been no similar offer of discussions on the alcohol policy in order to reach a common view. I recommend that the Government take that approach, because the issues are serious and are not on the whole party-political—although I acknowledge that the parties disagree on certain aspects.

The 80mg drink-driving limit was introduced in 1967 and it is clear that, since then, the measure has been extremely effective. I am just old enough to remember the situation before that change in the law. I recall as a student witnessing attempts to determine whether someone who was driving a car was inebriated. People were asked, for example, to walk a line heel to toe and to say the phrase “The Leith police dismithith us.” I cannot even say it, and I am sober.

Members: Failed! [*Laughter.*]

Dr Simpson: I should add that I was not partying last night; I have had no alcohol for the past three or four days. That demonstrates how difficult it is to say such a phrase if one does not have good enunciation skills.

There is also the perhaps apocryphal tale of the gentleman who offered to do a handstand and a cartwheel to show that he was not drunk. The police said that that would be absolutely fine, not knowing that the man was a circus artiste and was perfectly capable of such actions. Given that kind of very crude and inaccurate testing, the introduction of the blood test represented a very successful step forward. The new law, combined with much safer cars and improved roads, led to our having one of the best road safety records in Europe, in terms of a low number of fatalities. It is important to note that road safety here is much better than in many other places.

Interesting reviews and evaluations of drink-driving campaigns have demonstrated that the campaigns are getting through to some extent. In the six years to 2006, the number of people who reported ever having driven after drinking reduced from 55 per cent to 43 per cent; and, over the past year, the number has reduced from 37 per cent to 25 per cent. The campaigns are having some effect, but it is the case that 43 per cent of people had driven after drinking, which clearly is unacceptable. The whole generation before 1967, who regularly drank and drove, had to learn.

When I intervened during the cabinet secretary's speech, I did not want to ask about the evidence for reducing the figure from 80mg to 50mg. It is clear that such a reduction would have an effect, and I will come back to that point. The question that I was trying to ask was what is the evidence that reducing the figure will make people understand better that they should not drink and drive? It might simply make them say, “I will drink a certain amount.”

Drink drivers fall into three groups: borderline drinkers, who try to judge how much to consume; heavy drinkers, either regular, binge, or one-off at a party drinkers; and the morning-after group, who do not realise that the amount that they drank the night before renders them liable to be above the limit.

It is the borderline drinkers whom I want to consider. If the level is set at 50mg—there is good evidence that that would have a significant effect—we will be back here in a few years' time saying that we will have to reduce it again. Like the cabinet secretary today, we will say that it is past its sell-by date.

Dave Thompson: Given what he has said, would the member be in favour of a reduction to 50mg—or less?

Dr Simpson: I will come back to that point, but I am in favour of a reduction. With my medical hat on, I absolutely support the BMA's position on this.

As I was saying, my concern is that individuals will continue to take risks. The issue is

problematic. We cannot reduce the level to zero, because people might be on cough medicines or might take liqueur sweets. Liqueurs can also be used in food preparation. There are all sorts of reasons why a small amount of alcohol might get into people's blood. Neither a zero level—in absolute testing terms—nor a level of 50mg or 80mg has any particular merit, although we must consider Dave Thompson's point that the more people drink, the more likely they are to have a problem and to be unsteady. Studies are done on groups of people, but individual tolerances can be quite different.

Stewart Stevenson: The member may be aware that, in aviation, the limit is 20mg, with the additional requirement that no drinking take place in the eight hours before committing aviation. Does the member approve of the aviation level—which, functionally, approaches zero? Would he fly with a pilot whose level was 80mg?

Dr Simpson: Mr Stevenson makes his point very well. We need debate and effective consultation, although I agree that consultation should not go on and on and on.

I will be recommending to the UK Government that it consider carefully the report from the Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists called "Alcohol Policy: Using evidence for better outcomes", which is a most authoritative and detailed report on the evidence. It states clearly that reducing the level to 50mg is highly effective and is broadly supported by the research. The research also supports reducing the level for young drivers to zero, which has been achieved in a number of areas and states. In effect, a zero limit for young drivers has been in place in Australia since 1983, and it has had a significant effect on that age group. There is some evidence that a graduated driving licence is also helpful. Under that approach, a full driving licence is not issued straight away.

There is also evidence that the new approach of using ignition interlock devices is helpful. Where such a device is fitted, the driver cannot engage the engine unless their breath test shows that their level of alcohol is below a specific limit. That approach has been used in the United States and Canada and has been trialled in Australia. Evidence from Canada shows that, where the device is used by people who have already committed an offence, recidivism levels are considerably reduced.

We need to review the issue and reach a decision in the fairly near future. We should introduce a 50mg level not for the sake of its being highly evidence based but because, as the cabinet secretary said, the 80mg level is beyond its sell-by date and is no longer effective. The programme

needs a fresh impetus, and that would be provided by a change in the level.

I see that the Presiding Officer is indicating that my time is nearly up. We were trying to help by extending our speeches, but I am glad to be asked to wind up.

Finally, I make a plea that I made in the members' business debate on young drivers. There needs to be effective communication between the police and the health services on drinking issues. At present, general practitioners are not informed when the police are involved with people who have committed drink-related offences. As a GP for more than 30 years, I was never told that a patient of mine had a drink problem, so I was never put in the position of being able to help them to address it. I strongly urge the Government to use our powers to change that.

10:22

Alasdair Allan (Western Isles) (SNP): I pay tribute to the many members, including Dave Thompson, who have a record of campaigning on drink driving.

On the face of it, the issue of 80mg versus 50mg might appear to be pretty academic, but it is one of those issues where the statistics are compelling. Other members have already quoted some of those statistics, but the one that clinched the argument for me was the following, which was provided by the BMA. Someone with 50mg of alcohol per 100ml of blood is twice as likely to be involved in an accident as someone without a drink in them, but someone with 80mg of alcohol is 10 times more likely to be involved in an accident.

The current limit of 80mg was set 40 years ago, when Scotland had less than half the number of cars that it has now. In the same period, drink has become more than 60 per cent cheaper. The human cost of all that is only too apparent. In Scotland, one road fatality in nine is drink related, and there are families in all our constituencies who live daily with the consequences of that. Many of them will be known to us through our constituency work.

I make no case against drink. I would not be in a strong position if I tried to do so. I would no more make a case against drink than make a case against driving, but it is obvious that attitudes to drink driving have changed dramatically. I am old enough to remember when it was not unusual to hear people joke openly about the number of pints by which they had managed to defy the drink-driving law. They invariably hoped that, among their listeners, they would achieve the Robin Hood status that is achieved by poachers on a certain

type of estate. However, times have changed, and it is time to reflect the changes in law.

As others have pointed out, no European country apart from Ireland, Malta and Luxembourg regards it as acceptable to drive with more than 50mg of alcohol per 100ml of blood in the body. I appreciate that the point about random testing does not feature in the motion, but I point out that no other country in Europe except Denmark has a law that prevents the random testing of drivers. In our country, police have to jump through various hoops before they can test drivers. They have to suspect that a driver is driving erratically or committing a traffic offence or find that he has been involved in an accident. Case law has established that it is lawful for a police officer to stop a car randomly, but he can do a breath test only if he has reasonable cause, which is usually taken to mean that he smells drink from the driver. That is a convoluted situation. However, I accept that that matter is not in the motion.

I sympathise strongly with the sentiments of Bill Aitken's proposed changes to Richard Baker's amendment. Mr Aitken rightly comments on the dangers of driving under the influence of drugs—a phenomenon that is almost certainly on the increase.

I must confess that there is something about Richard Baker's amendment that I find perplexing and, to be honest, misjudged. I have no doubt whatsoever about Mr Baker's sincerity about the problem of drink driving, as his speech made clear, but his amendment seems to proceed from the assumption that the motion could be signed up to only by political opponents of the UK Government or people who share the SNP's position on the constitution. Other parties that do not support the SNP's position on the constitution clearly support today's motion.

I do not see what Richard Baker's amendment is all about, nor do I see that our motion is any kind of constitutional Trojan horse. Indeed, much as I would like to devolve powers on road traffic law from Westminster to Holyrood, the motion does not ask the Parliament to sign up to that; it simply seeks to reduce the blood alcohol limit for drivers. Nor is the motion opposed to the idea of the law in this regard being changed on a UK basis. Like others, I would be delighted if the law were changed on a UK basis. However, if that does not happen, we in this Parliament should have the guts to say what our view is.

The BMA, which speaks with unique authority on the matter, has welcomed all efforts in the Scottish Parliament to raise the issue with Westminster. Mr Baker's amendment enjoins us to participate in the UK Government's consultation on drink driving. Again, I have no difficulty with the UK Government's efforts in the area, just with the

slowness of its progress. I hope that a UK solution to the problem can be found and that the UK Government consultation will bear fruit eventually. However, if it does not, it would hardly be a revolutionary stance for us to call on the UK Government to act on our concerns about a matter of such cross-party concern as drink driving.

For what it is worth, I do not accept the argument that different drink-driving laws on either side of the border would be any more heinous than when we had different smoking laws on either side of the border. The public are well aware that criminal justice differs between the two countries. However, the motion does not call for any of that; it does not call for separate legislation. I hope that the motion appeals to everyone, regardless of their constitutional views.

I hope that the UK Government acts, but if it does not, I am with the BMA when it says that although the matter is reserved, there is full support for Scotland to increase pressure on the UK Government to take action.

Mr Baker and Dr Simpson said that they believe there is a good case for reducing the alcohol limit. Let us say so as a Parliament. The issue is too important for us not to take a stance on it. If we do not take a stance, we cannot expect much to change soon.

The Deputy Presiding Officer (Alasdair Morgan): For members' convenience, it might be helpful to say that we are catching up on the slack, so I ask open-debate speakers to finish within about half a minute of their allocated time of six and a half minutes.

10:28

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): Although it is a small minority of motorists who continue to flout drink-driving rules, that irresponsible minority still accounts for an appalling sixth of all road deaths in the UK.

Drink drivers do not consider the devastating effect of their selfish behaviour that maims and kills innocent victims. Drivers who continue to drink drive these days do not seem to care about the contempt in which Scotland holds them. Can it be the case that such drivers do not believe that drink driving will destroy their own lives? It seems unbelievable in this day and age that those drivers who get behind the wheel after consuming alcohol are not aware of the consequences of their actions—the lost respect, the loss of their job, the lost mobility and maiming of others and, ultimately, the loss of life. I am sure that, as Alasdair Allan said, every member will have constituents who have lost their lives or who have lost family members due to the actions of drink drivers. They

will also have constituents whose lives have been ruined by their own drink driving.

For the past couple of Christmases, the number of drivers arrested in Scotland over the four-week crackdown period has remained at, or just below, the 900 mark. The number of fatalities caused by drink driving also remains as stubbornly high as it was a decade ago. All Scotland's police forces do a tremendous job in protecting road users and pedestrians from the selfish and stupid actions of drink drivers. I thank them for their efforts, especially at this time of year.

As the roads minister, Jim Fitzpatrick MP, announced, the UK Government launched a consultation on new anti-drink-driving measures this year. Although those measures include proposals for more effective enforcement, I am sure that prescribed blood alcohol levels will be discussed. I am no expert, but I think that we need to look again at the prescribed blood alcohol limit, not only because the limit was set more than 40 years ago, as the minister said in his opening speech, but because of the confusion caused by the availability of stronger alcohol and larger measures, especially of wine and spirits, in our off-licences and pubs.

Lowering the limit will be a warning to those who drink up to the current limit, but it will have little effect on those who drive when they are twice or even three times the limit, which happens all too often. Setting a limit, whether it is at 80mg or 50mg per 100ml, will not mean a lot to most people and it will not stop drink driving.

I would set a limit at lower than 50mg—I believe that it should probably be at zero, although I accept Richard Simpson's point that it would be difficult to have a limit of zero. A much lower limit—of as near to zero as possible—would be much easier for people to understand and would make it much easier for our Governments and police forces to get across the message that it is not acceptable to drink and drive at all.

We spend an awful lot of money trying to educate the public on the effects of drinking and on how many units of alcohol various products contain. However, the message of that education programme is not getting through to most people.

If Scotland is to rid itself of the scourge of drink driving, more effort is required from the UK Government, the Scottish Government and, indeed, government at all levels. The issue is reserved and I have no doubt that the people who are working on the consultation and the Government ministers will take account of the debate that we are having today. I believe strongly that the Scottish ministers should continue to work alongside their Westminster counterparts, not just by exchanging letters every now and then.

Stewart Stevenson: It might be useful to say that I am entirely happy to talk to Jim Fitzpatrick. I have done so on a range of issues over my ministerial career and I have always found our discussions to be mutually satisfactory. We will of course continue to have a very good relationship on a matter on which we share concerns, although we do not yet share a view on exactly how to deal with them. We will continue to work constructively on the issue.

Cathie Craigie: I am pleased to hear that. Of course, views differ. As we have witnessed this morning, views differ across this Parliament. A consultation can be effective only if the people who ultimately take decisions go into it with an open mind and if the voices of the people who respond to it are listened to.

Dave Thompson: How many consultations is it appropriate to carry out before a decision is made?

Cathie Craigie: We do not need to talk about how many consultations are appropriate, but perhaps the SNP would be better able to answer that than I am. It is appropriate to listen to people and to come to the right decisions with a balance of opinion behind them.

It is wrong to argue, as Alasdair Allan has done, that the Parliament should send a strong message to the UK Government by supporting the SNP motion, which suggests that we reduce the limit to 50mg per 100ml of blood. Frankly, I do not support the setting of a limit at 50mg, and I do not think that the Parliament is united in any way on that given the views that have been expressed in the debate. The Parliament and the people of Scotland need to have this debate, and I am glad that we are having it.

Brian Adam *rose—*

Cathie Craigie: Sorry, but I have to make progress.

The enforcement programme at Christmas and new year is well publicised, and I am sure that it has an effect. Nevertheless, we must not forget that drink driving occurs at other times of the year, when too many drivers in too many parts of Scotland decide to risk it. The Scottish Government has a role in ensuring that the police are resourced and that the education programme continues.

I say to the Government and SNP colleagues that they should not try to use the debate to pick another fight with the UK Government. They should get on with the job of educating people on the dangers of drink driving and resourcing the police to enforce the legislation on our behalf.

10:37

Margaret Smith (Edinburgh West) (LD): I welcome the debate, as it highlights an important issue at a key time of the year—the day after the Lib Dem Christmas party. I believe that many people enjoy a drink or two over the holiday season, and there are those who would consider driving after a few festive glasses of wine or pints of lager. It is therefore vital that people are reminded at this time of year of the tragic and unnecessary loss of life that can result from drink driving and of the devastating impact that it can have on victims and their families as well as on those who lose their licences, livelihoods and families as a result of their drink driving.

Brian Adam: Will the member give way?

Margaret Smith: No, I am just getting into my stride.

Culturally, there has been an improvement in the situation over recent years, but we still need to challenge the perception that is held by some people that it is safe to have a couple of drinks and then get behind the wheel of a car. Any amount of alcohol affects an individual's ability to drive safely, through slower reaction times, increased stopping distances, impaired co-ordination and concentration and poorer judgment. I share the concerns that Bill Aitken expressed, on behalf of the Conservatives, about drug driving, as all of the above could be said about drug driving as well.

I join the minister in supporting police forces throughout Scotland in their campaign against drink driving over the festive season. I hope that the publicity surrounding the campaign will have an impact and make people think twice.

My colleagues and I support the call to lower the legal blood alcohol limit for driving. At our conference this year, we passed a motion that called on the Government to support a reduction in the legal blood alcohol limit to 50mg of alcohol in 100ml of blood. That move is supported by the BMA and other medical professionals as well as by the police and the Royal Society for the Prevention of Accidents. They have all acknowledged the difference that lowering the limit could make to safety on our roads. As we have heard, it would also bring us into line with the majority of European countries. Such a reduction was a recommendation of the European Union nearly eight years ago but, regrettably, it was ignored by the UK Government at that time. Harmonising the limit with that of the majority of other European countries would make the law clearer for all citizens, as has been recognised by other members.

I usually have a degree of sympathy with the view that the SNP Government seeks to make

mischievous on constitutional matters, but today—maybe it is because of the mood that I am in—I do not share the Labour Party's view in that regard. In fact, rather disappointingly, it is Labour that has engaged in mischief.

The UK Government is running a road safety compliance consultation, which we have heard about. It asks vague questions about the priority that should be given to a change in the limit, and what evidence could be sought in the process of making any decision on the change. However, as Robert Brown pointed out, the Government is not proposing a lowering of the limit and is not proposing any action until at least after 2010. Richard Baker says that there is a need to look at evidence, yet Ross Finnie outlined clearly more than a decade's worth of evidence. That was backed up by an excellent speech by Dave Thompson, which clearly showed the prevarication that there has been at UK level on this issue. The evidence is quite clear. What we need is not more evidence but action.

Some might argue that we should go for a full ban on drinking before driving, as that would be the clearest approach. However, as we have heard, there could be problems with that approach, due to false blood alcohol readings being obtained in certain cases—for example, if someone had taken particular drugs or, as Richard Simpson pointed out, eaten an extra plate of sherry trifle. Rather than that, we need a change in the law that will clearly catch those people who have driven a car after they have drunk a certain amount of alcohol.

The lowering of the limit has to be easy to understand and it has to be supported by the vast majority of people. I think that that is the case with regard to the Government's proposal.

The current drink-driving campaign has resulted in an increased number of morning-after arrests. In the first week of the campaign, one of those arrests was of a school teacher who was nearly twice the limit as she was on her way to work.

Brian Adam: Those who were out enjoying themselves last night and had a blood alcohol level of 200mg per 100ml or more at midnight would have almost certainly been above the 80mg level when they got in their cars at 8 o'clock this morning, because, typically, the rate of metabolism and excretion of alcohol from the bloodstream is around 15mg per hour. That varies quite a bit, and there are people who make a living out of doing back calculations of whether it is reasonable—

The Deputy Presiding Officer: This is rather a long intervention.

Margaret Smith: I accept that it was a long intervention, but it was also a telling one. I have to

say that, knowing that I was going to be speaking on this subject today, I moved on to orange juice after dinner last night for exactly the reason that Mr Adam identifies.

As Richard Simpson said, individuals have different tolerances to alcohol. Even if there was a ready reckoner for how much alcohol could be drunk by someone before driving, it would not deal with the fact that every individual's body has a different ability to process alcohol.

We need to encourage people to think about their drinking and reduce it where necessary, and we need to do so in a way that does not alienate the majority of the public and certainly does not demonise younger people. That is another issue that forms part of the alcohol strategy, so we have some concerns about the Chief Medical Officer's suggestion that younger drivers should have a zero limit, which would raise exactly the same problems as it would if it were applied to every driver.

It is worth remembering that the recent report of the Institute of Advanced Motorists stated that only 25 per cent of drivers aged 16 to 19 who were killed in crashes in 2005 were over the legal blood alcohol limit, compared with 33 per cent in the 20 to 39 age group. To focus on any particular age group is to miss the major point, which is that we need to reduce the limit across all age groups.

10:44

Aileen Campbell (South of Scotland) (SNP): I congratulate the Government on bringing this debate to the chamber at a time of year when drink driving becomes more of an issue than it is at other times. Although we will all, no doubt, enjoy a few sherries over Christmas, we should, quite simply, not drive if we have been drinking. However, as Alasdair Gillies of the Scottish Police Federation noted, under the current legislation, many thousands of drivers are still prepared to take a chance. That is unfortunate because, on the whole, people find drink driving to be unacceptable and contemptible.

As Alasdair Allan said, attitudes have thankfully come a long way over the past few decades. Before I was born, my mother and father were involved in a car accident in which a drunk driver ploughed into them. My mum told me that she was very badly injured and had to spend months in callipers—she still has the scars from the crash. There was no talk of compensation back then and no real moral outrage, because it was regarded as being just one of those things. Thankfully, things would be very different if such an incident happened now.

However, according to the police and others, the cavalier attitude to chancing it persists, so we

must do all that we can to stop it. The current limit in many ways encourages people to take a chance, because no one is really sure how much is too much to drink and when they can safely and legally drive.

Key messages about drink driving are often confusing and blurred in the public's mind. There is a view that a pint is okay, but the stark reality—as Margaret Smith noted—is that, depending on a number of factors including a person's size, weight, sex and tolerance of alcohol, the effects vary tremendously between individuals.

Scottish Government figures show that, in 2005, 30 people died and 990 were injured on Scotland's roads as a result of drink driving. Despite a fall in the number of drink-driving accidents and casualties over the past 10 years, the numbers are still far too high and represent many innocent families who have had their lives needlessly affected by drink driving.

Even more worryingly, senior Scottish police officers have expressed concern that the prevalence of young drivers and people in rural communities who drink and drive is still too high. I do not think that any member in the chamber disagrees with the principle that clearer messages must be sent out to curb the incidence of drink driving. The legal limit needs to be lowered to 50mg per 100ml of blood, as the Scottish Government proposes in its motion.

Other members have spoken about research that shows that the risk of an individual having an accident while driving increases tenfold when they have a blood alcohol content of 80mg per 100ml of blood—the current UK limit—compared with the risk that is involved in driving with a zero blood alcohol level. The risk that is associated with a level of 50mg per 100ml of blood is markedly lower than it is with the current UK limit.

Cathie Craigie: Some members have mentioned research that shows that people who are found to be driving with a 50mg level of alcohol in their blood are at a 50 per cent greater risk of causing an accident than those who have a zero alcohol level. Is the member convinced that setting that limit is the right way to go, or should we set it lower?

Aileen Campbell: As other members have said, reducing the limit to 50mg significantly reduces the risk. Throughout Europe, the incidence of drink-driving accidents has been reduced by having a 50mg limit in place, so it is a sensible way to move forward. We need to send out a clear message to help people to stop drink driving.

The BMA briefing said that a level of 80mg of alcohol per 100ml of blood would bring about a significant deterioration in someone's driving ability, which would be manifested in slower driver

reaction times, increased stopping distances, reduced field of vision and—in the unfortunate case of many young drivers—overconfidence.

Additional methods will be necessary to curtail the scourge of drink driving. Many of the briefings that members have received for the debate call for stricter enforcement to deter drink drivers, including the implementation of random breath testing, which is advocated by the BMA and was mentioned today by Dave Thompson. Research in Australia found that highly visible random testing can have a sustained significant effect in reducing levels of drink driving, alcohol-related road traffic crashes and associated injuries and fatalities. RBT is currently common practice in all other nations throughout the EU with the exception of Denmark. However, that is not the only difference between the UK and Europe. Tackling drink driving has been handled very differently on the continent, with 23 out of the EU's 27 member states having a legal alcohol limit set at 50g per 100ml of blood. Only the UK, Ireland, Luxembourg and Malta have an 80mg limit.

The BMA noted that Britain has lost its place at the top of the EU road safety league, and that the Netherlands and Sweden now have lower road death rates and have been more successful in reducing drink-driving crashes. It might come as no surprise that the limits in those two countries are 50mg and 20mg respectively. The European Commission recommends that member states should reduce the legal drink-driving limit to 50mg, and it has encouraged member states to increase RBT, particularly in trouble spots. In fact, I understand that one of the main reasons why the Commission did not propose Europe-wide legislation on the matter was that it was taken for granted that member states would implement measures at their level.

I welcome the work that the Scottish Government and my colleague Dave Thompson are doing to lobby the UK Government, as well as moves to tackle drink driving in the early morning, as folk who have drunk the night before forget the lingering impact of alcohol in their system. I raise a wee concern about the availability of personal breathalysers, often in the form of key-rings, as I am not sure that that sends out a good message. I understand that there is no regulation of the effectiveness of those devices, which can be bought freely over the counter.

Other members have stated that, in its "Road Safety Compliance Consultation" document, the UK Government does not address directly the current drink-driving limit or RBT. That would have been a good opportunity to rethink the limit and to recognise that Europe is doing things differently. I favour lowering the limit because I think that that is the right thing to do and it has been proven to

work. I hope that the spirit of consensus and of Christmas will allow us today to support the work of the Scottish Government and those MSPs who are working to reduce the limit.

10:51

Bill Butler (Glasgow Anniesland) (Lab): I am all for Christmas and consensus. In that spirit, I say that the Scottish Government's motion is timely. I congratulate Mr MacAskill on bringing forward for debate a subject of such importance to people throughout Scotland and the UK. Such is the gravity of the issue that I hope that Parliament will be able to arrive at a sensible consensus that expresses fundamental concerns that are shared by the people of all the nations of the UK.

No thinking person can be in any doubt that drink driving continues to present a significant danger throughout the year to all road users in Scotland. The statistics are compelling. In 2005, 30 people were killed and there were 660 drink driving-related accidents, involving 990 casualties. In Scotland in 2006, 59 per cent of motorists who were involved in injury accidents were asked to take a breath test; 4.1 per cent tested positive, a figure that has remained reasonably consistent in the past five years. Although there has been a downward trend in the overall number of drink-driving-related incidents of all severities, unhappily that is not mirrored in the number of fatalities, which remains at an average of 59 deaths per year on Scotland's roads—exactly the same as 10 years ago. Such carnage, with its concomitant human misery, is both unacceptable and, in large part, avoidable.

John Wilson (Central Scotland) (SNP): Does Mr Butler agree that car safety has improved greatly in 10 years and that the introduction of air bags in many cars has resulted in fewer fatal injuries in accidents?

Bill Butler: I do, but the statistics for fatalities resulting from drink driving remain worryingly high; I am sure that Mr Wilson and the chamber will agree on that.

We all know that alcohol, even in relatively small amounts, impairs the ability of drivers to drive safely. Slower driver reaction times, reduced co-ordination, poorer judgment of speed, time and distance, reduced vision and concentration, and the taking of unnecessary risks—as Aileen Campbell indicated—are the consequences of even a very modest intake of alcohol.

What is to be done to improve safety and to reduce the number of accidents, too many of which result in fatalities? We must remember that the toll is exacted not only on drivers but on their passengers, pedestrians and the families and friends of those who find themselves victims of

irresponsible drink driving. It is clear to me that a coherent national approach, not only across Scotland but throughout the UK, is required. This is an issue of such gravity that our constituents will demand—quite correctly—that politicians of all parties and none work together to agree a strategy that is based on a rational, commonsense approach and do so in a fashion that sets to one side constitutional point scoring or inflexible political dogma.

Alasdair Allan: Will the member give way?

Bill Butler: Not at the moment.

I was pleased to hear Mr MacAskill state earlier that this

“is not a constitutional matter”,

despite his slip into regrettable sophistry when I pointed out that the executive summary of the UK consultation document contains two questions that are directly and explicitly about changing the limit. However, as it is Christmas, I am willing to forgive that elementary slip in deductive reasoning, because reasoning is what we need—we need to be rational here today.

Robert Brown: Will the member give way?

Bill Butler: Not at the moment. Let us not become fixated on the incontrovertible fact that the matter is reserved to Westminster.

Aileen Campbell: Will the member give way?

Bill Butler: No, thank you.

Let us instead do what we are doing here in the chamber today: discussing the ways and means by which a significant danger to all our communities can be dramatically reduced.

Joe FitzPatrick (Dundee West) (SNP): Will the member give way?

Bill Butler: No, thank you.

The safety of the individual must be our paramount concern in this very important national conversation. I agree with the research that was outlined in the detailed and perceptive briefing from the BMA, which has already been referred to. It clearly indicates the pressing need to re-examine the issue of blood alcohol concentration level reduction. The evidence clearly demonstrates that

“The relative crash risk of drivers with a BAC of 50mg/100ml is double that for a person with a zero BAC; the risk rises to 10 times for a BAC of 80mg/100ml.”

Scientists believe that

“lowering the BAC level could be expected to lead to about 65 fewer deaths and 250 fewer serious injuries per year.”

In my view, that is powerful evidence of the need for change. Many of our European neighbours—

23 to be exact—have a 50mg BAC limit or lower. The Netherlands and Sweden, to pick two countries out of the 23, now have lower road death rates than the UK, and they have been more successful in reducing the number of drink-driving crashes. It seems clear to me that such a reduction in BAC has much to commend it. However, like Brian Adam, I personally favour a level as near to zero as is scientifically possible. That is the right way to go.

In our debate here at Holyrood, let us send out a clear message to our colleagues at Westminster that radical reform is required. That is perfectly legitimate, and it would indicate a welcome degree of positive co-operation between legislatures. Let us go further, in fact. Let each member here at Holyrood resolve today to make a submission to the UK Government’s consultation, urging such a course of action. Perhaps Mr Salmond, with his dual mandate, could also raise the matter directly, as a UK MP at Westminster. Such a direct approach would, I am certain, provide a welcome, constructive contribution.

Let us ensure that, this year, the story of Christmas remains one of new life, and is not a tragic tale of unnecessary death and heartache.

10:57

Rob Gibson (Highlands and Islands) (SNP):

The UK Government estimated in 1998—as has been mentioned more than once today—that reducing the limit to 50mg would save about 50 lives and 250 serious injuries a year. That knowledge is agreed across the chamber, and we are left in no doubt that action is needed soon.

As the motion

“calls on the UK Government to reduce the 80 mg limit ... to a 50 mg limit”,

we wonder why members on all sides of the chamber cannot take part in that Christmas message to the UK Government. I am surprised that it has been necessary to create barriers of reasoning, with some members promoting the Labour amendment as the proper way ahead—but without recognising that we agree, in fact, on about 99 per cent of the things that we are discussing. Could those members not go that 1 per cent further and support the Government’s motion?

Deeper cultural issues must be examined. My colleague Dave Thompson mentioned that we have a drink-driving rate in the Highlands that is 27 per cent higher than elsewhere. There are issues related to countryside living and the different culture of the Highlands—perhaps there is a harder-drinking culture in the Highlands and Islands. There are also dangers when there are no alternatives for people; I refer to instances in

which a driver has not been designated—and, indeed, to public transport.

In that respect, I very much welcome the arrangement that has been made in Inverness to have late-night buses during the festive period, which will allow more people to get away from the danger spots in the town, where violence might take place, and to get home. Should not such services be available at other times of the year? Although we highlight drink driving during the festive period, in summer the problem can be much worse, because people are tempted to drink and drive after going to barbecues or travelling further afield for the day.

In case members need an example that will sear in their minds the cost to us all of drink driving, I can tell them that when I was a young teacher, three pupils who were in my geography class at 4 pm one Friday afternoon were dead by midnight, along with two other people, after being mown down by a drink driver on the A9 near Calrossie. The accident had a huge and enduring impact on the local community and led to engineering changes being made to the road. The person who mowed down those young people exemplifies a phenomenon that we must find a better way to tackle.

A reduction in the drink-driving limit is one means of tackling the issue. We also need a culture change around our attitude to fast cars—and indeed around the belief that everyone should have a car. Cars are more powerful these days and the greater the speed, the greater the impact of an accident. It bothers me that young people still have a Jeremy Clarkson attitude to driving. If we are to change how people think about driving and drinking, we must address that culture.

Cathie Craigie: I am listening carefully to the member's thoughtful speech. Does he agree that the Labour amendment calls for debate on wider issues to do with road safety and compliance, which is exactly what he is calling for? I urge him to support the amendment, which would encourage debate.

Rob Gibson: Many Labour Party members have urged us to accept the Labour amendment. However, there has been a problem for so long that we are calling on the UK Government to reduce the drink-driving limit. Our approach is not unreasonable and takes account of conditions on Scottish roads, which we face daily and which members of all parties acknowledge need to be addressed. There is nothing wrong with the motion, and the weak arguments that members have made, which have introduced constitutional matters, have added nothing to the debate. It would have been helpful if the UK consultation had included a proposal to lower the limit to 50mg, which has been suggested at least three times in

the past. The prevarication on the issue must end and the motion takes the proper approach.

I support Diageo's never drink and drive campaign, which is supported by Lewis Hamilton and other well-known figures. Those people must take the message not just to the cities but to the countryside, where I live, where the problem is even more serious and special efforts to reduce drink driving are needed. I support the motion.

11:03

John Wilson (Central Scotland) (SNP): I am pleased to support the motion in the name of the Cabinet Secretary for Justice and I welcome the debate.

A number of years ago, at about 5.30 pm on a summer evening, I was driving through a small village near my home when my car was hit by a car that had been heading towards me. I suspected that the driver had been drinking, because he had just exited a public house, and when we exchanged details I smelled alcohol on his breath. I thought that the incident was a matter for the police, so I phoned the police, but when the driver realised what I had done he sped off in his car. The police contacted me and tried to catch the driver, but it was unfortunate that he could not be found at home and no action could be taken at the time.

How the police apprehend drivers who are involved in incidents and who are suspected of having drunk alcohol and of being over the limit is an issue, because after such individuals enter their homes, many of them claim that they have taken a drink to steady their nerves. We need to address that. Many incidents go unreported because of such behaviour by drivers who have sped home or entered someone else's house.

Bill Aitken: Is the member aware that the police can take appropriate action by testing such an individual, even if he claims that he drank subsequent to the incident? Appropriate blood tests can reveal whether drink was taken recently or whether that person's driving was impaired at the time in question.

John Wilson: I accept that. The issue is apprehending such a driver shortly after the event took place.

It is unfortunate that we live in a society in which far too many people suffer from overdependence on alcohol. Too often, we see the aftermath of that culture at the weekend in the accident and emergency units of all our hospitals in Scotland. What I have described sounds only like the usual Friday or Saturday night in any village, town or city. However, as other members have said, the situation is more horrendous when we see the

effects of alcohol on someone who is driving a 1.5 tonne vehicle that can travel at speeds of more than 70mph. The evidence is becoming more apparent that alcohol impairs the ability to judge speed and distance and that it has different effects on different individuals. Other members have mentioned that.

It is unfortunate that alcohol can result in more lethal effects than just the vehicle's driver being injured or killed. Often, the car's passengers are injured or killed. If the car is involved in an accident with another vehicle, the number of people who are injured or killed can rise dramatically. The effects of such actions can inflict untold damage on the families and friends of those who are injured or killed.

As a timely coincidence, last night's edition of "Police, Camera, Action!" on ITV1 at 9 pm followed the experience of the programme's presenter while driving with different levels of alcohol in his bloodstream. Tests were monitored by several specialists and new technology was used to monitor his line of vision and his attention to the road. The results shocked the reporter. As he consumed more alcohol, he felt more in control, but he was less in control in reality, as the tests proved. The programme also focused on several people who admitted to drinking to excess and driving regularly.

As members have said, it is especially relevant to individuals who have enjoyed themselves the previous evening at the office Christmas party, for example, to remember the effects of their alcohol consumption, which might mean that the alcohol level in their bloodstream is still above the legal limit. That applies particularly to people who intend to drive with children in their car the following morning.

I accept that we cannot have a zero level of alcohol in the bloodstream because of some medical conditions, which other members have explained. However, as a first step, we can urge the UK Government to lower the blood alcohol limit to be in line with that in other European countries, rather than rely on greater enforcement of existing limits.

It is important to highlight the drink-driving campaign at this time of year, but we must acknowledge that we should be aware of the effects of alcohol and of drink driving throughout the year. That is true particularly in the summer months, as Rob Gibson said, when people drive home from barbecue parties after consuming four or five pints of beer or four or five alcoholic drinks.

I urge members to support the motion in Kenny MacAskill's name at decision time and to send a clear message to all drivers at this time of year

and throughout the year that they should think before they drink and drive.

11:09

Robert Brown (Glasgow) (LD): The debate has been good and is appropriately timed as we move into the festive season, which is joyful for many but is—tragically—a time of loss and personal grief for some. I was struck by Rob Gibson's description of his experience in that regard.

The Liberal Democrats here and at Westminster support the reduction of the limit to 50mg. When I was a newly qualified solicitor—a procurator fiscal depute—the breathalyser had not long come into use. It was common for people to come up to me at parties and ask my view on whether some scheme or notion—some wizard wheeze, as David McLetchie might say—would get them off the hook if they were breathalysed. Their faith in the power of mint sweets, not drinking on an empty stomach or alleged legal loopholes in the legislation was extraordinary, as was their disappointment when I told them that, in my half-learned view, their plans would not work.

My point is that, in those days, driving under the influence of drink was not seen as particularly reprehensible. Now, however, there is no question but that young people, in particular, do not approve of driving over the limit and, indeed for the most part, do not approve of driving with any alcohol in their body. It is not cool to do so, and the change of culture and public attitude is manifest.

Like Margaret Smith, I am conscious of a certain paradox in discussing an alcohol-related issue the day after the Liberal Democrat Christmas party. However, I can assure members that Mr Finnie, Mrs Smith and I were models of sobriety at last night's events. Indeed, there was not even any sherry trifle on the menu.

Several issues have come out of the debate, although we have not touched on enforcement and publicity, which are also part of the picture. In an excellent speech, Ross Finnie referred to the accumulation of report after report—from the House of Lords, the UK Government, transport safety studies and two European bodies in particular—providing evidence in support of the move to an alcohol limit of 50mg. I was intrigued by Cathie Craigie's suggestion that we were not moving towards a majority or consensus in the Parliament in favour of that. Most of the Labour speakers personally indicated support for the move; Richard Simpson, with his greater medical and personal knowledge, was among them.

I say with respect to my Labour colleagues that they got the tone extremely wrong in their approach to today's debate. As others have said,

there have been constitutional debates in which the SNP Government has made mischief, but this was not one of them. Richard Baker danced on the head of many pins—

Richard Baker: Will the member give way?

Robert Brown: Not at this point.

In his best student debater form, Richard Baker tried to suggest that the British Government was somehow putting a proposal before the nation. It is manifest from the consultation paper that it is not doing that. There is no Government proposal; there is just a vague assertion that something might be consulted on and something might happen in the future.

Richard Baker: I was not dancing on the head of a pin. The consultation is clear: a change in the alcohol limit is being consulted on. Misrepresentation of that fact by SNP Government members is why there has been mischief and a failure to reach consensus. It is unfortunate that Mr Brown, too, has taken that position.

Robert Brown: That is not correct. It is manifest that the consultation is not on a change in the legislation. Governments that propose changes in legislation explain to us the changes that they want to propose, with a plan to introduce legislation in the future. The consultation is manifestly not that.

To use Bill Butler's words, there is a high level of sophistry in the attitudes of Labour members. Among that, good points were made, and it is unfortunate that the overemphasis on the constitutional element has detracted from the points that were made. Dave Thompson outlined the history and the changes in the Government line over time, and the reality is that there is no Government proposal for action on the table.

Let me draw into the debate one or two additional features that are worthy of mention. In the Government's drink-driving campaign this year, which began on 1 December, a total of 164 drivers have been caught drink driving or have refused to give a breath test; one in 10 of those were morning-after arrests. That is a significant feature of the problem.

The "Drinking and Driving 2007: Prevalence, Decision Making and Attitudes" survey, which was published in March 2008, showed that most people thought that a personal safe limit was two drinks, regardless of the drink, strength or size of glass, which could be enough to take someone over the limit. That is an important point, as people's habits and attitudes are based on their understanding of the law.

As several members have said, the age group that is most affected by accidents is 14 to 25-year-olds, for whom road accidents—alcohol-related

accidents in particular—are the prime cause of death.

A UK study of drink driving found that

"two-thirds of drink-driving offenders had BAC levels above 1.50, that 40 per cent of the offenders consumed"

a large amount

"of beer a week, and that driving after drinking was a regular habit for them."

The problem continues to be a major issue.

The evidence in support of the reduction to 50mg is overwhelming. It would be helpful if the chamber were to send out a unanimous message at decision time. Action on the drink-driving limit is necessary and important, but it must be combined with action on the wider issues of enforcement, publicity and tackling the hard core of people who regularly continue to drive when they are well over the limit. That is the important aspect of today's debate.

11:15

John Lamont (Roxburgh and Berwickshire) (Con): I welcome this Government debate on drink driving. That said, like several other members, I note that the matter is reserved to Westminster, which makes it crucial that we in Scotland work with Westminster to tackle the problem of drink driving.

I do not dispute the Government's good intentions in this regard; everyone knows the devastating effects of drink driving. However, I do not believe that reducing the permitted alcohol limit for drink driving would necessarily encourage people to change their drinking habits. Rather than extend the heavy hand of government, we should instead promote the culture of responsible drinking. As Cathie Craigie said, drinkers need to be made more aware of what constitutes a measure of alcohol, particularly in light of the size of glasses that many pubs and bars now use. The state can do only so much to tackle the problem by way of legislation. We must remind the citizens of Scotland that their obligation is to know the alcohol limit and when they cannot and should not drive.

The Association of British Drivers has stated a belief that drivers with a blood alcohol content level of above 100mg are the real problem and that cutting the limit to 50mg is likely to be counterproductive. As the association points out, the 80mg limit was chosen in the 1960s because 80mg to 90mg per 100ml accurately marks the point at which the accident risk starts to increase. Furthermore, previous Government consultations showed that drivers in the 50mg to 80mg per 100ml range are not overrepresented in the figures for fatalities or serious injuries. At the very

least, reducing the limit may be a flawed approach to tackling drink driving.

The SNP is moving to reduce the limit to 50mg because the law is more than 40 years old. However, over that time, neither the chemical formula of alcohol nor the human body has changed. If nothing else has changed since 1967, why change the law? Instead of lowering the limit, we must encourage responsible drinking and ensure that offences are punished appropriately.

Dave Thompson: Mr Lamont must accept that there have been a lot of changes since the mid-1960s. One example is the increase in the number of cars on the road. Although the number of serious injuries has reduced, that could be the result of many factors including improved car design, safer roads and better hospital treatment. Things have changed an awful lot since the mid-1960s. The member must accept that.

John Lamont: There is also no evidence to suggest that, if the limit is lowered, the number of accidents will reduce. The core of the problem is education: we need to encourage responsible drinking. People need to know what is—and what is not—an acceptable amount to drink, taking account of their personal circumstances and the legal limit that is in place.

Rob Gibson: Will the member give way?

John Lamont: I am sorry, but I need to make progress.

The cabinet secretary argued that the proposals will align Scotland more closely with the countries of Europe. However, as Bill Aitken said, it is important to note that many of the countries that have those lower limits tend to have lower penalties for drink driving. In some European countries, if someone has 50mg to 80mg per 100ml of alcohol in their blood, they receive points on their licence and a fine. If the penalties against drink driving were lowered in line with a reduction in the alcohol limit, the attitude towards drink driving may also change. A driving ban is a very strong disposal. We are concerned that, if people simply get points on their licence for drink driving, they may view that as a badge of honour. The measure would therefore have limited effect. Giving someone a complete driving ban makes them reconsider the way in which they drive in a way that fines and penalty points may never do.

Although we should not necessarily move to lower the limit from 80mg to 50mg per 100ml until we have more evidence to support such a step, I have more sympathy for moves to lower the limit for drivers who are aged under 25. Has the Scottish Government considered whether it could support that measure?

Bill Butler: On that point—

John Lamont: I will finish the point.

Investigating that measure could be a worthwhile endeavour, given that it has been shown that younger drivers are more likely to be involved in accidents in which diminished performance due to drink is a factor. There is some precedent for that already, because new drivers who have less than two years' experience and who receive six points on their licence receive a ban. Clearly, that puts the focus on younger drivers, and I encourage the Scottish Government to investigate that proposal further with the UK Government as another potential option to combat drink driving.

Bill Butler: I am astonished. Surely what the member proposes would be discriminatory, absurd and unenforceable.

John Lamont: It is not discriminatory. It is about focusing on an area in which there is evidence of a problem. Evidence suggests that young drivers who have been involved in an accident are more likely to have been under the influence of alcohol.

At present, Scottish police cannot randomly test alcohol levels in drivers. They need to have reasonable cause to suspect drinking, or the driver needs to have committed another offence. However, there might be merit in introducing targeted testing at specific times of day and in specific places, together with high-visibility policing. If people think that they will not be caught, they might be more likely to commit the offence.

I welcome the introduction of roadside testing for drugs, but I wonder what limit should be set. If an acceptable drug level limit were to be set, the implication would be that the Government condones drug use in a limited way. However, if a zero-tolerance approach were to be taken, that might push people into using harder drugs. For example, cannabis can stay in the system for up to two months, but cocaine, a harder drug, stays in the system for only a couple of days. We must come together with the UK Government on that issue to find the best solution for the rapidly growing problem of drug driving.

I remain sceptical about extending the heavy hand of government further than it already goes. Rather than always looking for new ways to legislate on the issue, we should emphasise the importance of drinking responsibly and being aware of alcohol abuse. If the people of Scotland take it upon themselves to prevent drink driving, that personal responsibility will do more to reduce drink-driving offences than will adding yet more legal constraints. Education and awareness, not the addition of more rules and regulations, will make the real difference in saving lives that are lost in drink-driving accidents.

11:22

Paul Martin (Glasgow Springburn) (Lab): We all agree that drink driving is unacceptable and that we should all work together to root out the problem. I have met families who have lost loved ones because of drunk drivers. The pain and devastation that are caused to victims and their families should motivate us all to root out the problem and work together with our Westminster colleagues. This should not become a constitutional debate about seeking differences of opinion.

Kenny MacAskill: Hear, hear.

Paul Martin: I note that Mr MacAskill makes a comment from a sedentary position. I am sorry to have to make this point, and will do it as constructively as possible, but the minister has been missing for two thirds of the debate. It is disappointing that a minister should be missing from such an important debate. Perhaps Mr Stevenson can give us an explanation for that when he winds up.

We have not talked about random breath testing today. I have always been of the opinion that, as a law-abiding driver, I have nothing to fear from random breath testing. I believe that random breath testing is an effective detection method that would help our police officers. If we are serious about tackling drink driving, we should support our police officers in every way possible, including providing them with the legal remedies that allow them to show initiative.

Robert Brown: Could Mr Martin give us any evidence of the help that random breath testing would be in changing levels of prosecution or the number of people who drink and drive?

Paul Martin: I understand that ACPOS has, in the past, supported the introduction of random breath testing.

Dr Simpson: I can give Mr Brown specific evidence. New Zealand introduced random breath testing in 1996, and the number of road deaths and casualties associated with alcohol fell by 21 per cent in the first year and by 38 per cent in the second year. There is the evidence.

Paul Martin: I welcome that helpful intervention from Richard Simpson, who is well versed in such matters.

It is important that Parliament pay tribute to police forces throughout the UK, who over the years have led a number of highly successful public awareness campaigns that have changed perceptions of drink driving, which in previous generations was an acceptable practice. There is no getting away from the fact that—as Bill Aitken, Aileen Campbell and others have said—drink driving used to be tolerated. Aileen Campbell gave

a clear example of the cavalier attitude that existed.

We have moved forward, and we should acknowledge that we have done so as a result of some extremely constructive public awareness campaigns that have set out a zero-tolerance approach to drink driving. In our amendment, we make the point that if we are to continue with such high-profile campaigns against drink driving, we must ensure that the Government provides the necessary resources.

We agree that greater use should be made of technology to detect whether drivers are under the influence of drugs so that they can be dealt with. Stewart Stevenson mentioned some of the technology that is being developed. The Tory amendment makes the constructive point that we must be vigilant at all times of the year. To be fair, there are a number of good examples of police authorities that are.

During Dave Thompson's members' business debate on the subject, Claire Baker referred to a number of successful initiatives in her region, including the successful safe drive, stay alive campaign in Fife, which is sponsored by Diageo. It works with senior pupils and college students to consider a range of issues that face new drivers, and it emphasises the dangers of drink driving. I note that around 1,500 young people take part in the project every year. The project's content reflects the findings of statistical evidence and feedback from emergency services personnel. We sometimes miss out the emergency services when it comes to feedback. Consultation is also done with education officers and road users. We must welcome the innovative and hard-hitting approach that the safe drive, stay alive campaign has adopted, particularly its involvement of the parents of road accident victims and other victims.

Our amendment recognises that the consultation that the UK Government is carrying out on road safety and related matters offers a holistic approach to the five key areas of speeding, drink driving, seatbelt wearing, drug driving and careless driving. I believe that the Department for Transport's consultation is a fair and comprehensive document. In relation to the point that Mr Brown and Mr Finnie—who has left the chamber—made, I refer to the consultation's invitation to respondents to say

"what priority they think should be given to a change in the prescribed alcohol limit for driving".

The consultation could not be any clearer; it will provide opportunities to respond on that specific issue.

I will not take any lectures from a Government that has passed only one piece of justice legislation and one piece of transport legislation in

21 months and that has passed a total of only seven bills since it came to power. I will not take any lectures on the ability of the SNP Government to make quicker progress on the issue than the Westminster Government, which has set out its timetable.

Suggestions have been made that the UK Government might be considering the introduction of powers that would allow the courts to gain new sentencing powers that would require repeat or serious offenders to have alcolocks fitted to their cars after they have served bans. Richard Simpson dealt with the matter constructively. We believe that alcolocks, which work by linking the ignition to an onboard breathalyser, constructively use the technology available to deal with persistent offenders who take every opportunity to evade the law.

This is not the last time we will debate this issue. I hope that the Scottish Government will show leadership by putting aside its differences with Westminster and working together on this issue with our colleagues in the Department for Transport.

I beg Parliament to support Richard Baker's amendment.

11:30

The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson): In the light of Margaret Smith's reference to the Institute of Advanced Motorists, I draw Parliament's attention to my entry in the register of members' interests, in which I have declared my membership of that organisation.

I am glad that we have had this opportunity to discuss this important issue and am heartened by the broad consensus on the view that the current levels of death and injury through drink driving are unacceptable. That thread has run through all the speeches. The casualty figures are moving in the right direction—the number of deaths and serious injuries in 2007 is 45 per cent lower than it was in the mid-1990s, but there is much more to do. One death is one too many.

I will respond to various points that have been made in the debate. Richard Simpson is one of many members on the Labour benches who support a change from the 80mg blood alcohol level, although there are varying opinions on what it should be reduced to. The key issue is that having alcohol in one's system leads to a reduction in appropriate decision-making powers and a diminution of motor skills. Alcohol also reduces inhibitions and multiplies a range of other effects. At 9.40, Richard Baker said that he thought it would be better if there were a lower limit.

Labour members have got the message; it is just not set out in their amendment.

Bill Aitken made a number of excellent points on drug driving. I note that no one disagreed in any material sense with his comments and I hope that there will be very substantial support for his amendment, even though in supporting it we will be left with a Labour Party amendment that still misses the point. In 1998, the Department for Transport at Westminster made it quite clear that reducing the blood alcohol limit to 50mg would prevent 50 deaths. It is time for us to express that view and to ensure, in a spirit of partnership, that Westminster takes account of it, given that the rest of Great Britain will benefit as a result.

Richard Baker: In a spirit of partnership, we, of course, welcome that limit. However, does the minister accept that members on the Government benches have argued not for a 50mg level alone but for three different limits? I believe that that makes the case for having a full consultation and taking the evidence-based approach that I am calling for. Surely the Department for Transport is looking for constructive engagement from the Scottish Government on this matter.

Stewart Stevenson: On three previous occasions, the policy at Westminster has been to reduce the limit to 50mg. The 11th question in the consultation documents asks,

"What evidence are you able to offer"

to support a change in the limit. The document is not seeking a real change; it is simply asking for more evidence, even though the Labour Administration at Westminster has suggested on three occasions that the limit be reduced to 50mg.

Bill Aitken also referred to Romberg's test, in which people have to estimate how long 30 seconds is. A few members—not, I hope, all the Liberals—should consider that point.

Ross Finnie highlighted certain points that the BMA raised in its briefing note, including slow reaction times, late braking and overconfidence. In an intervention on Mr Finnie, Bill Butler referred to the considerable body of evidence on the subject and Dave Thompson, who has been working on this matter for a long time, made a great deal of sense when he talked about crash risks.

Richard Simpson spoke about three groups of people who are at risk. He focused on the borderline group—the people who drink but try to stay under the limit—and suggested that particular difficulties arise with them. If we were to reduce the limit, there is little doubt that we would make those people think much more carefully about the implications of drinking at all. We would also see a reduction in people's drinking, as has been seen right across Europe.

Richard Simpson also mentioned interesting evidence from Australia and New Zealand and spoke about technical measures, although such measures alone cannot solve the problem. For example, a person who wants to continue to drive can get someone else to breathe into an in-car breathalyser.

Alasdair Allan talked about rural difficulties. He said that we are not against drink and we are not against driving, but we are against conjoining the two. He referred to the effect that drink driving can have on families.

Cathie Craigie said that a small minority of people offend. That is certainly true, but those people have a disproportionate effect on families and safety across Scotland. Cathie Craigie would go for a zero limit, as would one or two others including my colleague Brian Adam, and she called for more efforts from the Scottish and UK Governments. We are prepared to step up to that challenge: I hope that the UK Government is too.

Margaret Smith referred to EU recommendations of eight years ago and said that most EU countries have responded to those recommendations. Aileen Campbell gave more examples of personal experience. Bill Butler welcomed the debate and said that the numbers of deaths related to drink driving had been broadly the same for about 10 years. If that is not an argument for doing something now, what is? He also said that there would be 65 fewer deaths if the limit were 50mg. That is pretty strong evidence.

Rob Gibson raised cultural issues that relate especially to the Highlands, but which also relate to other places. Robert Brown and John Lamont gave closing speeches, although John Lamont missed the target altogether and said that we should work with Westminster—of course we shall—but said also that there is no evidence that lowering the limit will make a difference. I am afraid that we simply see things differently. John Lamont is in a tiny minority, probably even among members of his party.

Paul Martin suggested that we could legislate our way out of the issue. Absolutely not. We have to change our culture and we have to set appropriate limits for what happens on our roads. A limit of 50mg is working right across Europe, and 50mg is the limit that we want here. It will be a missed opportunity if we do not accept Mr McAskill's motion today. It refers clearly to the existing 80mg limit.

We have to remember that the issue that we are debating is about people. Few people who have reached my sort of age will not have been exposed to the consequences of drink-driving. In the past 10 years, I have witnessed two specific

instances. They did not involve personal friends; they were incidents that I came across. In France, someone came out of a side road and knocked a motorcyclist over. I was on the scene within two minutes. The necks of two people were broken. They were young people, and they were both dead—I had to go forward and check that they were dead. The drink from the driver's breath could be smelt from a great distance away.

In Edinburgh, I witnessed another incident at a junction, at which a man in a van drove into the side of another vehicle. I had to hold that man's scalp back on to his head. He could not see—not just because of his injuries, but because of the drink. He was not wearing a seat belt, and he had taken drink.

Those are the sorts of incident that drive home to anyone who is exposed to them the absolute need to engage in this issue. I urge members to support the motion that Kenny MacAskill has moved today.

Question Time

SCOTTISH EXECUTIVE

General Questions

11:39

Antisocial Behaviour Strategy (Review)

1. Jim Tolson (Dunfermline West) (LD): To ask the Scottish Executive when the review of the antisocial behaviour strategy will be published. (S3O-5320)

The Minister for Community Safety (Fergus Ewing): The findings of the review will be reported to Parliament early in 2009.

Jim Tolson: As the minister knows, I am particularly concerned about high hedges in relation to the antisocial behaviour strategy. In some cases, unfortunately, neither the neighbours concerned nor mediation can bring a successful resolution. Will the minister confirm that a legislative solution will be included in the strategy?

Fergus Ewing: I recognise Jim Tolson's interest in the matter and that of members from many parties who write to me frequently about the problems associated with high hedges. I confirm that we are investigating options, including legislative ones, for supporting a means of resolving disputes about high hedges. The findings of that work will be reported to the Parliament early in 2009, along with the findings of the review of national antisocial behaviour policy.

Roseanna Cunningham (Perth) (SNP): The minister is aware of the work of the street pastor movement, which is spreading throughout Scotland. I know that he was impressed by the Perth street pastors when he met them. Given street pastors' potential impact on the incidence of antisocial behaviour on city streets on the busiest nights of the week, will he consider their work in his review, particularly as it is a wholly constructive intervention that seems to make a real difference?

Fergus Ewing: Yes. At Roseanna Cunningham's request, I met Mike Archibald and Sandy Scrimgeour and discussed with them the work of the street pastors. The street pastors perform an excellent function. They are absolutely marvellous, particularly in Perth. By helping people who are depressed, drunk, in trouble or in need of a wee bit of practical help, they are a great help to the police. They are volunteers and they perform an excellent role, which I am certainly including in our consideration of how we tackle antisocial behaviour. We will announce the findings of the review early in 2009.

Affordable Housing (Aberdeen)

2. Nicol Stephen (Aberdeen South) (LD): To ask the Scottish Executive what action is being taken to alleviate Aberdeen's affordable housing shortage. (S3O-5318)

The Minister for Communities and Sport (Stewart Maxwell): As the strategic housing authority, Aberdeen City Council has primary responsibility for addressing housing need within its boundary. However, the Scottish Government is providing a grant of £115 million to build more than 1,500 new affordable homes in Grampian between 2007 and 2011 through the Devanha procurement initiative. More than 40 per cent of those homes will be built in Aberdeen city.

On 5 September 2008, I approved Aberdeen City Council's application for pressured area designation for 35 lettings areas within the city. It is estimated that that mechanism will prevent the loss of 413 council and registered social landlord properties through right-to-buy sales in the next five years. In addition, the open market shared equity pilot is available in Aberdeen with a budget of £935,000 this year.

Nicol Stephen: The minister will know that, in the city of Aberdeen, as in all other parts of Scotland, private sector housing development has all but ground to a halt, with associated redundancies. Despite that, demand for housing remains high. Of the £100 million of funding for additional housing that the Scottish Government is bringing forward from 2010-11 to help to maintain investment in the housing sector and provide affordable housing, how much will be made available to the city of Aberdeen? If he cannot give me the figure now, will he confirm that Aberdeen and Aberdeenshire will receive a fair share of the funding?

Stewart Maxwell: Of course, there is now an additional amount, over and above the £100 million, as a result of the pre-budget report.

We have already allocated the first £18 million of the accelerated investment programme for this year, and a further £17 million will be announced soon. We asked all local authorities in Scotland to suggest projects that they believe should be considered for the £17 million allocation. Aberdeen City Council has put forward a number of projects that will be considered, along with others from around the country, and a further announcement will be made early in the new year.

Brian Adam (Aberdeen North) (SNP): Can the minister tell me what the budget allocation for affordable housing in Aberdeen was during the four-year term of the previous Administration and what it will be during this Government's term in office?

Stewart Maxwell: The budget allocation for Aberdeen City Council during the period 2003 to 2007 was some £30.6 million. I am pleased to say that the budget allocation during the Government's term in office will be some £40.6 million. That will be welcomed by the people of Aberdeen.

Food Safety (Imports)

3. John Wilson (Central Scotland) (SNP): To ask the Scottish Government what procedures are in place to monitor the safety of food products imported from European countries and the rest of the world. (S3O-5348)

The Minister for Public Health (Shona Robison): Harmonised measures exist to control the safety of food produced in establishments within the European Community and for the control of imports.

Only food products imported from outside the European Community are considered imports and are therefore subject to imported food controls. A range of measures is in place to monitor the safety of food imported from outside the European Community.

John Wilson: What is the role of the Food Standards Agency, environmental health departments, importers and retailers in monitoring imported foodstuffs, particularly the level of contaminants in imported meat products?

Shona Robison: The role of the Food Standards Agency in respect of controls of imported food from non-European Union countries is to give enforcement support and advice and undertake audits of enforcement activity with respect to local authorities' food safety and food standards controls on imported food. The environmental health services of the local authorities that have responsibility for food safety and food standards check imported foods at points of entry. Veterinary officers employed by local authorities carry out veterinary checks on products of animal origin presented at border inspection posts. Local authorities are also responsible for inland checks.

I am happy to write to the member to give a more detailed response to the rest of his question about the role of importers and retail outlets.

John Scott (Ayr) (Con): Following my question to the First Minister last week, has the cabinet secretary or the First Minister had any further discussions about the labelling of processed food with the Department for Environment, Food and Rural Affairs or the UK ministers? If so, will she tell Parliament what plans are in place to address the anomalous position whereby food imported from other countries can, by being processed here in the UK, be labelled as British thereafter?

Shona Robison: Imported food should, of course, meet at least the equivalent required public health standard as food produced within the European community. It is important to make that point. The labelling issue to which the member referred is subject to on-going discussions among the Food Standards Agency, me and Richard Lochhead, the Cabinet Secretary for Rural Affairs and the Environment. We are happy to keep the member updated about progress on the matter.

Alasdair Allan (Western Isles) (SNP): What is the Scottish Government doing to respond to the on-going concerns expressed by many farmers and crofters about beef imports in particular?

Shona Robison: We are conscious of farmers' concerns and continue to have a dialogue with that sector about its concerns. However, I reiterate that imported food has to meet at least the equivalent required public health standard as food produced within the European community. I want to ensure that that point is made. Imported foodstuffs can be subject to documentary, identity and physical checks. As I said previously, I am happy to keep the member informed about the measures that we are developing and, of course, to continue to listen to the farming community's concerns.

Consultants Distinction Awards

4. Ian McKee (Lothians) (SNP): To ask the Scottish Executive whether it considers that the system of distinction awards for hospital consultants is in the interests of the national health service. (S3O-5338)

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): The system of distinction awards, which are available to all consultants working for the NHS, provides a mechanism to promote and recognise contributions from senior doctors that are over and above those normally expected and which represent outstanding professional work.

Similar schemes operate in England and Wales and the Scottish scheme is intended to ensure that Scotland continues to attract and retain the best possible staff, which I believe is in the interests of the NHS and patient care.

Ian McKee: The system of distinction awards is often justified by the need to prevent top-flight consultants from emigrating or moving into private practice. Is the cabinet secretary aware that out of the £25 million a year that the Government spent on distinction awards in 2007-08, and the unknown further amount spent to augment the pensions of former holders, only 3.25 per cent of the consultants under the age of 50—those most likely to consider emigrating—received an award whereas over 40 per cent of those over the age of

60 had their income augmented by up to £74,000 a year? Is it not time to review that divisive scheme?

Nicola Sturgeon: I am aware of the statistics that Ian McKee cites; he is clearly driving at an important point. Perhaps I can give members more statistics on the overall operation of the scheme. Thirteen per cent of consultants overall hold distinction awards and 1 per cent of consultants hold awards at the highest, A-plus level. More than 50 per cent of consultants have been awarded discretionary points—a system that complements the distinction awards scheme.

I agree absolutely with Ian McKee about the need for review. He will be aware that distinction awards and discretionary payments are under review by a group led by the chief medical officer. The principles that govern that review are the need for transparency and openness and equality of opportunity and for any rewards to consultants to be linked clearly to our wider objectives for the national health service.

I expect to know the outcome of the review early in the new year, when I will consider it and take a final decision.

Vulnerable People (Argyll and Bute)

5. Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive what action it will take to ensure that vulnerable older people in Argyll and Bute receive the most appropriate care services for their needs. (S3O-5261)

The Minister for Public Health (Shona Robison): Argyll and Bute Council and its local partners are responsible for ensuring that older people in their area have access to appropriate care services to meet their needs. [*Interruption.*] If Opposition members want the answer, they might want to listen; this is a very important issue.

The Scottish Government has provided Argyll and Bute Council with record levels of funding to meet its responsibilities, including for care services for older people. I understand that the council and community health partnerships have been consulting locally on the future delivery of care services for older people.

Alongside that, the council has been progressing the action plan of improvements that it was required to prepare following publication of the Social Work Inspection Agency performance inspection of its services last year. A follow-up inspection visit was undertaken in June, which confirmed that progress was being made across the 24 recommendations. A further follow-up performance inspection will be undertaken in January, which will look specifically at outcomes for service users.

Jackie Baillie: The minister will be aware of a number of cases in the past few weeks of pensioners in their 80s and 90s, many of whom are suffering from dementia, being denied appropriate care by Argyll and Bute Council. That is not just my view, but the view of medical professionals.

Is the minister aware that that coincides with Argyll and Bute Council imposing financial restrictions on its care budget? Given the minister's active and welcome interest in these issues, will she personally intervene in the interests of old, vulnerable people in Helensburgh and Lomond?

Shona Robison: I have taken a very close interest in Argyll and Bute. I understand that officials from Argyll and Bute Council have discussed a number of individual cases with Jackie Baillie and have assured her that care decisions in each case have been based on each individual's assessed needs and not on financial considerations. I also understand that Argyll and Bute Council has submitted to the Social Work Inspection Agency anonymised details of individual cases that Jackie Baillie has raised. The agency has been working with the council ahead of a follow-up inspection of its social work services, which is scheduled for January. That inspection will look specifically at the delivery of outcomes for service users.

In the light of that, I hope that Jackie Baillie will acknowledge that Argyll and Bute Council has raised the issue with the Social Work Inspection Agency. She should take comfort from that and be assured that the issue is related not to finance but to the care assessments made by the professionals—I am sure that she would not want to challenge their professional judgment.

Jamie McGrigor (Highlands and Islands) (Con): Does the minister acknowledge the concerns among residents of Argyll and Bute's 12 sheltered housing schemes, run by Argyll Community Housing Association, who have recently seen their warden services cut as a result of funding problems? Do those residents not deserve better services, rather than a diminution of services, from the Scottish National Party Government?

Shona Robison: Argyll and Bute Council is receiving record levels of funding this year to meet its responsibilities. It has stated explicitly that its current plans to redesign its care services for older people are not about making savings, but about improving outcomes for older people and their families. In fact, the council's single outcome agreement includes several commitments that are relevant to care services for older people. Those include a commitment to reduce the number of emergency hospital admissions of people aged

over 65; a commitment to increase the proportion of older people with intensive care needs who receive care in their own homes; and a commitment to the wider joint redesign of long-term care services for older people, including NHS continuing care. I would have thought that the member would welcome those commitments.

The Presiding Officer (Alex Fergusson): Question 6 was not lodged.

People with Mental Health Problems (Carers)

7. Marilyn Livingstone (Kirkcaldy) (Lab): To ask the Scottish Executive what support is available to carers of people in the community with mental health problems. (S3O-5281)

The Minister for Public Health (Shona Robison): The Scottish Government recognises the importance of supporting all carers in continuing with their caring role. That includes the carers of people who have mental health problems.

We have put several measures in place to improve support for carers. Those include the commitment in our concordat with local government to make progress towards the provision of 10,000 additional respite weeks a year. We have provided local government with an additional £4 million to enable authorities to deliver that commitment in full by 2010-11. The additional weeks are intended to benefit a wide range of carers, including those who care for people with mental health problems.

To support the local planning of respite, we have issued jointly with the Convention of Scottish Local Authorities some short breaks guidance that includes a reference to the needs of people with mental health problems and their carers. In addition, we have invested £9 million over three years to support health boards in the implementation of their carer information strategies. Those strategies could include the provision of information on how to care for someone with a specific mental health problem or the provision to carers of training in how to deal with challenging behaviour.

Marilyn Livingstone: The minister is aware of the concerns of the National Schizophrenia Fellowship Scotland regarding the abolition of the Mental Welfare Commission and NHS Quality Improvement Scotland, which are to be replaced by a new scrutiny body. Can the minister tell me what consultation with stakeholders took place prior to that announcement? How will she be able to guarantee the continued independence of the Mental Welfare Commission in the new body? Will she reconsider the decision, in the light of the many concerns that have been expressed, and hold discussions with concerned stakeholders?

Shona Robison: There has been widespread consultation on the broad principles of the reorganisation of the way in which our scrutiny bodies operate. There was widespread agreement in the chamber—including on the Labour benches—that the public scrutiny landscape was cluttered and that changes should take place.

There will be further detailed consultation with stakeholders on the specific proposals that are now on the table concerning the roles and status of the new bodies. I am very well sighted on the issues that have been raised around the particular role and independence of the Mental Welfare Commission, and I assure the member that I will bear those in mind. I am happy to keep the member posted on developments as they happen.

Universities (Competitiveness)

8. Margaret Smith (Edinburgh West) (LD): To ask the Scottish Executive what steps it is taking to ensure the competitiveness of Scottish universities. (S3O-5317)

The Cabinet Secretary for Education and Lifelong Learning (Fiona Hyslop): Despite the fact that Westminster has imposed the tightest financial settlement since devolution, we have restored the principle of free education and have increased the share of spending that is going to Scottish universities.

We are investing a higher proportion of our budget in Scotland's universities than the previous Administration did—the figure has risen from 3.73 to 3.79 per cent, which is more than £1 billion a year. We have also delivered an above-inflation increase of 3.4 per cent in university funding for teaching and research in the current financial year.

The Presiding Officer: Order. There is an awful lot of background noise—too much, if I may say so.

Fiona Hyslop: I take this opportunity to congratulate Scottish Universities on its tremendous achievement in the research assessment exercise, which is published today. I recognise and celebrate the exciting and innovative work that goes on in universities throughout Scotland. The results reflect both the hard work of those who are working in our universities and the substantial investments that we are making in our universities.

Margaret Smith: I thank the minister for that speech. She will be aware of the recent Universities UK report, which suggests that English universities are growing more quickly than ours. Last month, the Committee of Chairmen of Scottish Higher Education Institutions told the Government that,

"in the current economic conditions, the priority should be to underpin"

our universities as

"one of Scotland's most valuable sectors and ensure its competitiveness, not just with England, but also internationally."

Does the cabinet secretary understand the seriousness of that call? Can she tell us what specific steps are being taken to address the committee's concerns, to improve competitiveness and to address some of the issues around international students and funding?

Fiona Hyslop: The Universities UK report contained a lot of mistakes. For example, education funding is £6,044 per student in Scotland, whereas in England it is just over £5,500. We also have a better record on international students, having taken forward the new horizons fund, which will have an impact on universities' funding.

I will be taking up the mistakes in the Universities UK report with its author shortly.

First Minister's Question Time

12:00

Engagements

1. Iain Gray (East Lothian) (Lab): To ask the First Minister what engagements he has planned for the rest of the day. (S3F-1294)

The First Minister (Alex Salmond): Later today I will have meetings to take forward the Government's programme for Scotland.

I know that the chamber will want to join me in recalling that Sunday 21 December marks the 20th anniversary of the Lockerbie air disaster. The community in Lockerbie will be observing the anniversary with a dignified programme of events to mark the occasion. Our thoughts are with them and with all those whose lives have been affected by the atrocity.

Later today, in a display of Christmas solidarity, all the party leaders and I will be launching the homecoming programme for next year. I know that the whole chamber will want to support that wonderful initiative, which is so important for our country.

Following that, I will be speaking with the directors of Norfolkline, which has today announced the opening of bookings for the first sailings of the new Rosyth to Zeebrugge ferry, which is of enormous importance not only to communities in Fife, but to our whole country.

Iain Gray: Those of us on this side of the chamber wish to be associated with the First Minister's remarks regarding the people of Lockerbie and that anniversary.

A year ago, on the day on which we rose for the Christmas recess, the First Minister sneaked out his consultation on the Scottish Futures Trust. A year later, the Finance Committee has published its report on capital investment and has said that there is insufficient information to judge whether the SFT will be a mechanism for improved value for money, to judge its role in managing a pipeline of projects, or to comment on the accountability and governance issues relating to the SFT.

A year after the consultation was launched, we still do not know what the SFT is or how it will work. Does the First Minister still believe that it is ever going to build anything? If he does, does he believe in Santa, too?

The First Minister: I will answer the question about Santa first. I note that Iain Gray told *The Big Issue in Scotland* that his Christmas wish was

"to get the new style Ray-Bans—as modelled by one Barack Obama."

I cannot promise that I can get him Barack Obama's pair, but I will see what I can do about getting him some sunglasses.

The Scottish Futures Trust promises and offers the people of Scotland better value for money than they have had from the disgraceful excesses of the private finance initiative and public-private partnership models. I have been totalling up the massive capital investments that have been announced or taken forward by the Scottish Government since the Scottish National Party came to office, and it comes to a grand total of more than £8 billion. However, the most satisfying aspect of that is that no less than £2 billion of that sum will be spent on projects under the non-profit distributing model, which is the financial mechanism that is at the heart of the Scottish Futures Trust proposal.

Iain Gray: The First Minister's Cabinet Secretary for Finance and Sustainable Growth has admitted that the non-profit distributing model is a version of PPP. The difference between PPP and the Scottish Futures Trust is that PPP actually builds schools and hospitals. The First Minister said that the trust would build bullet trains, roads, super ports and a Forth bridge, and that patriotic Scots would buy patriotic bonds for those patriotic projects. Last week, the Scottish Government published its strategic transport priorities for the next 20 years. The document was 3,000 pages long, and the Scottish Futures Trust was not mentioned once. Not one of the 29 projects will be built by the Futures Trust; the Futures Trust is dead. Will the First Minister do Scotland's parents, pupils, passengers and builders a favour, and bury the Futures Trust once and for all?

The First Minister: I remind Iain Gray—and Andy Kerr, who is sitting beside him—of the PFI disasters under the Labour-Liberal Administration. I remind him of the contrast between Hairmyres hospital, for which every single one of us will be paying for the next 20 to 25 years, and the announcements that this Administration has made, for example on the £842 million that will be invested in the new Southern general: public finance in the public health service.

I do not know whether Iain Gray has caught up with the instructions from London, but he might wish to know and understand that as of next April, after a transition period, everything comes on balance sheet: public-private partnerships, PFI, NPd—every capital investment. That is a recognition that PFI was part of the age of irresponsibility of off-balance-sheet funding. Therefore, it is important to get value for money from the capital projects, the efficiencies and the savings that the Scottish Futures Trust will bring forward.

Iain Gray: For 10 years, PPP not only built schools and hospitals, but created tens of thousands of jobs for Scottish workers. The Futures Trust debacle is costing Scotland jobs. The construction industry says that 25,000 jobs have gone already and 100,000 more are at risk, and yet the Government still plays politics with infrastructure.

In last weekend's B-movie, John Swinney played a poor man's Jimmy Cagney, reduced to threatening that schools and hospitals will "get it" unless funds are forthcoming for his Forth crossing. That might have been a potent threat if anyone in Scotland believed that the Government was ever going to build any schools or hospitals in the first place.

The Futures Trust—[*Interruption.*] I can wait all day.

The Presiding Officer (Alex Fergusson): Order. The First Minister will get plenty of time to answer—Mr Gray is allowed to ask a question.

Iain Gray: The Futures Trust—with no future—has £23 million against it, which could build new homes for almost 300 families. Will the First Minister take that money away from the Futures Trust now and use it to create some of the construction jobs that Scotland so badly needs?

The First Minister: The Scottish Futures Trust offers savings of £150 million a year in the capital programme. I repeat to Iain Gray the figure of £8,000 million of capital projects that have already been announced during this Government's term.

In between the long pauses in Iain Gray's questions, I did not quite get the references to Jimmy Cagney, but I note that—apart from his wish for sunglasses—Iain Gray's new year's resolution is to get a Johnny Seven gun. I might manage the sunglasses, but even Jimmy Cagney cannae manage the gun.

Iain Gray: We have all seen the First Minister's I M Jolly, but really he should be starring in "Only an Excuse?" It is not just his Futures Trust that is dead in the water; it is his local income tax, which no one wants, and his concordat, which councils want to renegotiate. It is also his energy policy, which even his economic advisers say is wrong. It is a response to the economic crisis that will culminate tomorrow in his launching a commemorative shortbread tin—nice, but not nearly enough. As Scots face the challenges of 2009 and circumstances change faster than ever before, the First Minister must raise his game, because he looks more and more like a rabbit caught in the headlights, paralysed by policies that do not work but that he will not drop.

Members: Question.

Iain Gray: I will come to the question—the answer will be much longer coming.

The Government has run out of ideas and is fast running out of excuses. Will the First Minister admit that after only 19 months he has run out of steam?

The First Minister: I do not know about I M Jolly, but I think that Iain Gray badly needs a new script writer. I M Jolly is a character whose role is to be depressed and scunnered—Iain Gray plays that character every week.

Since we are on the subject of finance, Iain Gray has had three weeks in which to work out whether the £500 million of Labour cuts are actually £500 million. Three weeks ago he told us that

“it may well be less than that, as we know”.—[*Official Report*, 27 November 2008; c 12865.]

The Finance Committee has received Professor David Bell's estimate of Labour Party cuts, which is more than £500 million. As he thinks about the new year, how can Iain Gray ask a single question about finance, given that we are looking forward to £1 billion being slashed from the Scottish budget over two years by Alistair Darling, Gordon Brown and Jim Murphy? It may not be entirely surprising that Iain Gray is totally at the mercy of decisions made in London—after all, they even run his constituency party.

Secretary of State for Scotland (Meetings)

2. Annabel Goldie (West of Scotland) (Con):

To ask the First Minister when he will next meet the Secretary of State for Scotland. (S3F-1295)

The First Minister (Alex Salmond): I have no plans to meet the Secretary of State for Scotland in the near future.

Annabel Goldie: In May, Her Majesty's chief inspector of constabulary for Scotland, Paddy Tomkins, published a report revealing that, when it comes to investigating and tackling serious fraud, Scotland is badly behind the rest of the United Kingdom. Specifically, the report called on the SNP Government to establish a national fraud capability and to do so as a matter of urgency—within three months. Seven months later, we do not have it. Given the turmoil surrounding the economy, the markets and our financial institutions, that is an extraordinary and scandalous dereliction of duty by the Scottish Government. All that has happened is that somewhere there is a working party. When did the Scottish Government first receive the chief inspector's report? When was the working party set up, how often has it met, and who sits on it for the Scottish Government?

The First Minister: I have read the report, which is being taken forward. Annabel Goldie

should understand that Her Majesty's Inspectorate of Constabulary for Scotland asked that, after the assessment of risks and threat had been completed, a report be made to the Scottish Government in 2009 on the need for such capacity. She should also remember that the national casework division of the Crown Office already tackles serious fraud investigations and prosecutions on a Scotland-wide basis.

HMICS's recent inspection recommended the measures that Annabel Goldie has outlined. Work is under way to respond to those recommendations, and a short-life working group to take them forward has been established. The business case will be presented to the Scottish Government in February 2009. We are working closely with the Association of Chief Police Officers in Scotland on examining the need for a national fraud capability, but the establishment of such a capability depends on the business case. That is an entirely sensible way in which to proceed.

Annabel Goldie: Those were not answers, but absolute drivel. It is no wonder that Paddy Tomkins, the chief inspector, said on “Newsnight Scotland” on Tuesday that he was

“disappointed by the speed of progress to date”,

adding that the issue

“needs to be tackled with alacrity”—

a word that may not be in the First Minister's vocabulary but is understood by everyone else.

It is inconceivable that, in the briefing tome in front of him—and, interestingly, there have been no whispered sweet nothings from Mr MacAskill, which shows just what a vacuum there is on this subject—the First Minister does not have the information that I, like everybody else, am looking for. The First Minister is forever bleating on about the powers that he does not have while refusing to use the powers that he does have.

Will the First Minister answer me? Why, on this urgent and overdue matter, has his Government behaved with such inexcusable delay? When are we actually going to get the much-needed and overdue new national fraud capability?

The First Minister: Annabel Goldie should have another look at the Tomkins report, which argued that, within three months, a post should be established to examine how harmonisation on fraud should be handled throughout Scotland. Following work with ACPOS, it was decided to proceed with a short-life working group to carry out exactly that process. It was always intended that a business case for how to deal with such a significant change would be made in the early part of next year, and I think that February 2009 should be considered as the early part of next year.

As for Mr MacAskill whispering sweet nothings into my ear—and as Annabel Goldie will concede—two things that he might want to whisper regarding the criminal justice system in Scotland are, first, that we have a 25-year low in recorded crime, which Annabel Goldie would do well to acknowledge; and secondly, that we have a record number of police officers to keep our communities safe. In the Christmas spirit, I am prepared to acknowledge Annabel Goldie's role in supporting this party in delivering that commitment, in the teeth of opposition from elsewhere and the abstention of the Labour Party on the matter.

Cabinet (Meetings)

3. Tavish Scott (Shetland) (LD): To ask the First Minister what issues will be discussed at the next meeting of the Cabinet. (S3F-1296)

The First Minister (Alex Salmond): The next meeting of Cabinet will discuss issues of importance to the people of Scotland.

Tavish Scott: That most senior and most loyal SNP back bencher, Alex Neil, told the Finance Committee that Scottish

"chief executives of quangos have been paid mega film-star bonuses."

He added that they were

"taking the taxpayer for a ride."—[*Official Report*, Finance Committee, 9 December 2008; c 864, 867.]

Was he right?

The First Minister: What he was right to do—as I always find is the case when I listen to Alex Neil—was to point out that the pay levels that were set by the quango state in Scotland during the term of the previous Administration were set when Tavish Scott was a minister of the Crown. There will be a general welcome for the fact that, during the past 18 months of this Administration, the number of national public bodies in Scotland has already been reduced from 199 to 165.

Tavish Scott: The difficulty for the First Minister is that new contracts from his Government are coming thick and fast. He has slashed the Scottish Enterprise budget by 40 per cent during a recession, yet the chief executive still gets £245,000 a year. The First Minister's new skills quango is advertising a six-figure salary for its chief. The advisory body that is the new Futures Trust also offers six figures, despite its being entirely bypassed by the transport strategy.

If the First Minister will not tackle his quango fat cats, is he tempted to look one last time at what is left of the arc of prosperity? Will he consider Ireland? Its budget proposes a 10 per cent cut for Government ministers. In these tough times, will the First Minister order the same for his ministers?

Members: Yes!

The Presiding Officer: Order.

The First Minister: I suspect that ministers in this Administration will accept the same pay levels and increases as members of the Scottish Parliament. Of course, given that we have far fewer ministers in this Administration, each minister gives better value for the public purse.

I will not mention overseas travel in this Administration, which is substantially less than it was under the previous, Liberal and Labour Administration. Given that it is Christmas, I will not blame Tavish Scott for the previous Administration's excessive travel budget, because I noted that in *The Big Issue in Scotland* he said that his Christmas wish and new year's resolution was to try to be nicer to Alex Salmond—I look forward to that at First Minister's question time in future. The present that Tavish Scott said he always wanted was a seat in the House of Lords.

Members: Ooh!

The First Minister: It is not within the powers of this Administration to grant that wish. Anyway, Lord George Foulkes has used up our quota.

Methadone Prescribing (Research Report)

4. John Wilson (Central Scotland) (SNP): To ask the First Minister, in light of the recent research report by the University of Glasgow on the effectiveness of methadone prescribing policy, what actions will be taken to address the report's findings. (S3F-1309)

The First Minister (Alex Salmond): We agree with the conclusion of the research, which confirmed

"the value of methadone-maintenance services as part of a 'mixed economy' of services for the treatment of drug use."

However, the national drugs strategy was clear that the focus of all drug treatment and rehabilitation services should be recovery. We want that wider range of services to be in place, to enable people to move on from their problem drug use towards a drug-free life and to make a positive contribution to Scottish society.

We recently announced the first national target for access to a range of drug treatments, through the health improvement, efficiency, access and treatment—HEAT—system, and we are working with the sector to ensure that targets are met.

John Wilson: I reinforce concerns that have been raised by the Maxie Richards Foundation. The foundation says that the £25 million that is spent on drugs harm reduction has only a 3 per cent success rate and fails to deliver the vital services that are required to treat people who have a drug addiction. I urge the First Minister to

consider action that would tackle how we deal with drug addiction in Scotland.

The First Minister: The Government's strategy to tackle issues to do with drug addiction was approved a few months ago by every party in the Parliament. It is based on the idea of recovery and on person-centred care. In the strategy document, we say:

"recovery should be made the explicit aim of all services".

Many members do not think that that was always the case in previous strategies.

The strategy acknowledges that different approaches work for different people. The key is to ensure that the range of services is available in all parts of Scotland. The Government is focused on achieving exactly that.

Margaret Curran (Glasgow Baillieston) (Lab): I am sure that all members acknowledge that drug addiction is a serious problem, not just for the people who are addicted but for their families and the communities in which they live. I am sure that the First Minister agrees that we should take every possible step to tackle that blight throughout Scotland.

Does the First Minister acknowledge that most sensible people in Scotland think that it is reasonable that people who are addicted to drugs and who are in receipt of benefits should be given support and treatment to come off drugs? Why is the First Minister opposed to doing that?

The First Minister: We do not want to create a situation in which benefit claimants jump the queue for rehabilitation services. It is sad that the queue was lengthy under the previous Administration, and the issue needs to be tackled now.

A pilot study in England on benefit withdrawal, which took place a few years ago, concluded that there were negative consequences of the approach for families, wider society and drug addicts. Given the pilot's conclusions and concerns about acceptable provision in the system of access to rehabilitation and about the priority that people in the queue should have, there are good reasons for being cautious about believing that the withdrawal of benefits would offer a magic solution.

Construction Industry (Jobs)

5. John Park (Mid Scotland and Fife) (Lab): To ask the First Minister what the Scottish Government's position is on the statement by the Scottish Building Federation that the 20,000 construction jobs lost in the last year will put Scotland's ability to build new roads, schools and hospitals at risk. (S3F-1302)

The First Minister (Alex Salmond): The Scottish Government understands the pressures that the construction industry faces. We also understand the need to support the industry now to maintain capacity. That is why we are accelerating our affordable housing investment plans and producing new capital investment plans.

I will give examples of that approach. We have announced £18 million of accelerated affordable housing investment and a further announcement will be made shortly on the remainder of this year's allocation. There were 432 local authority new-build housing starts in 2007-08, which is the highest figure for a decade. We are building on that through the £25 million fund to kick-start a new generation of council house building, which all but disappeared under the previous Administration. *[Interruption.]* Well, a grand total of six council houses—all in Shetland—were built in the last four years of Labour Party rule.

We have accelerated construction of the next stage of the Edinburgh to Glasgow rail improvement programme, which is worth up to £1 billion and which will increase rail capacity between Glasgow and Edinburgh. The key design contracts for that will be signed this month, ahead of schedule.

John Park: The First Minister knows that, among the 20,000 job losses, many apprentices face unemployment. At the UK level, clearing-house arrangements have been put in place to find such apprentices employment so that they can finish their training. The Northern Ireland Executive has guaranteed to find a job for every apprentice in the construction sector who faces unemployment. Will the First Minister give Scottish apprentices the same guarantee?

The First Minister: We are putting in place arrangements between Skills Development Scotland and the partnership action for continuing employment—PACE—initiative for that purpose.

I say to John Park that economic recovery and how it affects different sectors of the economy are hugely important. Some of us have had grave doubts that a general VAT reduction, at a cost of £12 billion, will have as much effect as would investing a similar amount in capital projects throughout the country. I raise that because the argument should be taken forward. We have now conducted an analysis by using the input-output model for Scotland, on the basis of Treasury assumptions, which I will make available to all MSPs. That analysis shows that a capital investment programme would create twice as many jobs in Scotland, which would include no fewer than 5,000 jobs in the construction sector, as a general VAT reduction would.

The point is that as we look to secure our construction industry for the future through training programmes and by meeting targets and requirements, we should also think about how best to avoid construction workers being made unemployed in the first place. According to the analysis that I cited, capital investment beats what the Chancellor of the Exchequer has done.

Energy Efficiency (Action Plan)

6. Liam McArthur (Orkney) (LD): To ask the First Minister when the Scottish Government will produce an energy efficiency action plan. (S3F-1313)

The First Minister (Alex Salmond): Our Climate Change (Scotland) Bill, which is the most ambitious bill to tackle climate change anywhere in the world, includes a mandatory provision to introduce an energy efficiency action plan for Scotland. That will require the Scottish ministers to report to Parliament every year on the action plan's implementation and to review it every three years at least.

Liam McArthur: On 5 November, the Scottish Government published its renewable energy framework. Section 3 of it, which is on energy efficiency, confidently says:

"We will set out in 2008 our Energy Efficiency and Micro-generation Action Plan, outlining the actions we are taking and plan to take across Government."

Last night, the Minister for Environment told the Parliament that he did not believe that the energy efficiency plan had been delayed, so will it be published in 2008?

The First Minister: I know that members want to see faster progress than even the statutory provision in the Climate Change (Scotland) Bill. That is why we will publish an outline of the action plan this coming spring.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): Which spring?

The First Minister: For the benefit of Mike Rumbles, I am looking at the efforts of the previous Administration. It promised a strategy in 2005 and then again in 2006, and it then delayed it until 2007. It never appeared.

The action side of the equation is important, and I know that that is what Liam McArthur is really interested in. That is why we are working with the energy companies to ensure, for the first time, that we see our fair share of carbon emissions reduction target spending on energy efficiency in Scotland. That is why we have launched the energy saving advice network—a one-stop shop offering advice to consumers and businesses on better energy use. That is why we have trebled—I

repeat, trebled—the budget for community generation and microgeneration.

I would have thought that, given the Christmas spirit that is flooding through the chamber, even Liam McArthur—lo unto the Liberal Democrats—would welcome that programme of decisive action by the SNP Government.

Lewis Macdonald (Aberdeen Central) (Lab):

When will the Government introduce measures to cut red tape on microrenewable generation for households and small businesses, as it has promised to do, and will it do so in line with World Health Organization guidelines on permitted development?

The First Minister: We are bringing forward exactly those orders because we want to ensure that everyone in Scotland can reap the benefit of that trebled budget for microgeneration—which I know, in his heart, Lewis Macdonald really supports.

The Presiding Officer: That concludes questions to the First Minister. I suspend this meeting until 2.15. [*Interruption.*] Of course, I completely overlooked the fact that we are going on to members' business, so I ask members leaving the chamber to do so quietly.

Dignity for Palestinians

The Deputy Presiding Officer (Trish Godman): The next item of business is a members' business debate on motion S3M-2878, in the name of Pauline McNeill, on dignity for Palestinians. The debate will be concluded without any question being put.

Motion debated,

That the Parliament welcomes the passage of the boat, Dignity, which travelled from Cyprus to Gaza with 11 European parliamentarians including three members of the Scottish Parliament on board; recognises that this is the third boat to challenge the siege of Gaza, which has become a permanent blockade and which has affected every aspect of Palestinian life to the point where they are now in receipt of the largest food aid programme in the world; is concerned about the impact of the blockade on ordinary Palestinians, denying them basic health care rights as there is a shortage of medicine, proper medical equipment and severe restrictions on leaving Gaza for referral treatment, which has resulted in many deaths as recorded by the World Health Organisation; supports the efforts of Edinburgh Direct Aid to send aid to Gaza, and recognises that action by the international community, to secure an end to the siege of Gaza and implement international law, is key to encouraging long-term peace in the Middle East.

12:33

Pauline McNeill (Glasgow Kelvin) (Lab): I am pleased to be leading off the debate on dignity for Palestinians. This is only the second time that the Parliament has debated the issue, and the debate could not be timelier as the situation is worse than ever. I welcome members of the cross-party group on Palestine, who are in the public gallery.

Desmond Tutu described the situation in Gaza as an "abomination", and Mary Robinson said that it is almost unbelievable that the world does not seem to care about a whole civilisation being destroyed. Scotland must play its part in exposing that human tragedy.

I will begin by talking about my recent trip to Gaza with Hugh O'Donnell and Sandra White—two members of the Parliament who showed great strength and determination in taking the 15-hour overnight trip from Larnaca to Gaza, with all the risks that that entailed—and eight other parliamentarians who travelled on the Free Gaza boat. The trip was organised by Dr Arafat Shoukri, the chair of the European campaign to end the siege on Gaza. Fifty parliamentarians were set to go through Egypt but, as we now know, Egypt has been complicit in the siege by permanently closing the Rafah border, and the original route was denied to us.

Arriving at 9 am at the Gaza port without any real hindrance, we were greeted by hundreds of local Palestinians and crowds of international

media. The BBC, being refused entry, could not cover the trip. We were only the third boat, and the first group of parliamentarians, to challenge the siege of Gaza, and we are eye-witnesses to the situation that now prevails there. We gained access to every aspect of life in what is the most densely populated area of the world: 1.4 million Palestinians occupy that tiny piece of land, and 80 per cent of them are now dependent on food aid.

Since 2006, when Hamas unexpectedly swept the board in fair and free elections, Gaza has been under a siege that has become progressively heavier. The strategy of isolating the people of Gaza—the world's response to that election result—has resulted in ordinary people paying with their lives. No one—not the sick, not the infirm and not young children—has escaped the physical and psychological impact of the virtual imprisonment of the people of Gaza.

The health of Palestinians is the single most shocking issue. The World Health Organization has recorded that several hundred deaths have resulted from the Israeli policy of refusing people permission to leave Gaza. The Israeli Government claims that it is allowing people to leave, but virtually no one has been allowed to leave in recent months. We saw that for sure.

Another result of the Israeli policy is that there are no spare parts for health equipment or machinery. Also, no specialist technicians are allowed to enter the Gaza strip to attend to medical equipment. At the neo-natal unit at Al-Shifa hospital, the incubators are so old that they are not up to providing care for new-born babies. A doctor showed us a young baby with hypothermia and said that the baby would not survive. Forty-five per cent of children have an iron deficiency and 18.5 per cent have stunted growth. On 16 December, the 271st Palestinian patient died as a result of the blockade. He was banned from leaving Gaza to get cancer treatment. If someone living in Gaza has cancer, the chances are that they will die. Malnutrition among children is rife and disease is spreading, mainly due to infrastructure breakdown. The sewerage network cannot cope. A recent plant breakdown resulted in the contamination of water in the area.

Andrew Muncie, the Scot who was recently reported as having been abducted by the Israeli navy, is an example of the many foreign nationals whom we met on our visit who go out fishing with fishermen in an attempt to prevent the Israeli navy from shooting at their boats. The support that those foreign nationals have given fishermen has been a success: catch levels are up twentyfold. However, the fishermen are now forced to fish within a 3 to 5-mile limit, which means that they are fishing in contaminated waters. The population has no choice other than to eat the fish, but the

practice is spreading disease, particularly among children.

Schoolchildren cannot aspire to achieve their chosen careers because unemployment is now above 50 per cent. University life is impossible: teachers cannot travel to learn. The mental health problems of people who live under permanent siege are acute, yet there are no mental health services in Gaza.

According to Medical Aid for Palestinians, 71 per cent of children say when interviewed that they want to be a martyr. That is shocking to many people. Of course, if the situation is not tackled, generations of young Palestinians will be lost to conflict. The blockage can lead only to further tension and conflict.

Scotland has a strong affinity with the Palestinian people. We must do what we can to stop this humanitarian disaster. I hope that the Parliament as a whole will back the efforts of Edinburgh Direct Aid, supported by the cross-party group on Palestine, in taking aid directly to Gaza early next year. We have many supporters, most recently from the Glasgow Central Mosque, the Sikh temple in my constituency, the Palestine Solidarity Campaign and many members of the Scottish Parliament—too many to mention.

The root of the conflict is the failure to achieve real progress in the establishment of a viable homeland for Palestinians. It is a failure of the world to challenge the illegal occupation of the west bank and the illegal siege of Gaza. We can no longer simply pay lip service to the idea of a two-state solution; it has to be made a reality. David Miliband, the United Kingdom Government Foreign Secretary, reiterated the UK position—which is exactly the right position to take—this week at a meeting of the United Nations Security Council. However, if pressure is not brought to bear on the main player—Israel—to bring about that solution, there will be neither peace nor progress. Like others, I condemn all violence, wherever it comes from. However, punishing all Palestinian people because of the actions of a few is morally wrong and will not lead to peace.

The Dignity delegation has urged the Foreign Secretary to visit Gaza to see the situation for himself. He must see the human tragedy and the impact of the illegal siege. I believe that he will go to Gaza when the time is right—I certainly hope that he will do so. Britain must challenge Israeli behaviour over the siege of Gaza. We cannot be complicit in silence.

There is much hope that Barack Obama, the incoming US President, will make the middle east a top priority. I am sure that we will all support him in that.

The head of the United Nations relief and works agency recently said that he believed that Israelis and Palestinians want peace and are ready for a solution, but that leaders on both sides are unable to bring that about. I believe that he is right. Europe must stop giving preferential trade terms to Israel until it abides by international law. Scotland must continue to play its part in raising awareness, campaigning and lobbying to bring peace to the middle east.

Palestinians do not desire revenge; they desire justice. I hope that we can play our part in bringing that about.

12:40

Sandra White (Glasgow) (SNP): I congratulate Pauline McNeill on securing the debate and commend her for her long-standing commitment to Palestine and its people.

I also commend the Scottish Parliament for having the courage and conviction to hold a debate on a subject that is very important for peace in the middle east and the rest of the world. Unfortunately, the situation in Gaza is continually overlooked by the international community and its media, but I hope that the Scottish Parliament's action today will serve to highlight the growing humanitarian crisis that is happening there.

I have been watching with interest the BBC's documentary on Aleem Maqbool's walk from Nazareth to Bethlehem, in which he re-enacts the journey made by Joseph and Mary. His documentary tells the human story behind the many headlines. There is also some surreal comedy, as he is told that one of his donkeys does not have the correct paperwork. Unfortunately, that would not be funny to many people in Palestine and the Gaza strip.

As we celebrate the 60th anniversary of the Universal Declaration of Human Rights—an aspiration that was born of the persecution of Jews and other minorities—many are still suffering. We must take this opportunity to uphold people's rights in the 21st century and stand up for those who are being persecuted and denied the right to live in peace and freedom.

The situation in Gaza is dire. People have no food, schools have no equipment, hospitals cannot repair their equipment, electricity is cut regularly, and people are dying from lack of medication. Why? In a democratic election—let us remember that the election was democratic—the people of Gaza elected Hamas. Let me put the politics aside: those people are being collectively punished. No one gets in or out, and no goods are allowed in or out.

I therefore praise the people who operate the Dignity, enabling medicine to reach Gaza and allowing people who urgently need medical help to get out. Teachers and doctors are told that, if they go to work, they will receive no salary, but if they stay at home, they will receive \$40,000. Why? Because Israel will not allow money to enter Gaza. The reason that Israel has given for that is that the crossings into Gaza are closed. Whose fault is that? Who closes the crossings? The Israelis—at the least, that is hypocritical.

I get very angry about this subject. What is happening in Gaza is nothing short of genocide and it must be stopped. We cannot let the situation continue. I welcome the statement from UN human rights delegates, in which they urged 100 measures to be taken by Israel, including ending the siege of Gaza. I sincerely hope that the Israelis take that statement on board.

Pauline McNeill has described exactly what we saw in Gaza. However, we did not see everything. More suffering is going on. The state of Israel was created 60 years ago. I ask the Israeli people to look on the people in Gaza and Palestine with humanity, as they themselves were regarded 60 years ago, with the Universal Declaration of Human Rights and the bringing into existence of the state of Israel.

We cannot allow the situation to go on. The international community must heed the words and the suffering of the people of Gaza. A humanitarian crisis is happening there, and it will get worse. I do not want thousands of people in Gaza to die—at my hands, if I do nothing. The international community has to take the message on board and tell Israel that it must end the siege of Gaza, and the issue of a Palestinian state must be settled.

12:44

Ted Brocklebank (Mid Scotland and Fife) (Con): I also congratulate Pauline McNeill on bringing this important debate before the Parliament. No one would condone the Israeli blockade of Gaza following its seizure by Hamas in June 2007. On a basic humanitarian level, it is unacceptable that the 1.5 million citizens of Gaza have to rely on less than a quarter of the volume of the imported supplies that they received before the Israelis set up the blockade.

Although the Israelis deny that there is a humanitarian crisis, earlier this year UN agencies reported that supplies of flour, rice, sugar, dairy products, milk powder and vegetable oil were regularly running out. Even when supplies get through, the main problem for Gazans is how to pay for them. A UN survey found that more than half Gaza's households had sold their disposable

assets and were relying on credit simply to buy food.

The Israelis respond by saying that food imports have been restricted because of their inability to transport goods as a result of Palestinian attacks, rather than because of limits that the Israelis have imposed on particular products. As Pauline McNeill and Sandra White have outlined, there is also the problem of the ability of patients in Gaza who are in need of urgent medical care to get through Israeli-policed crossings. Claims have been made that in the past year alone, up to 200 patients have died while waiting for permits. The Israelis counter-claim that at least three people who have obtained permits to leave for medical reasons have been found to be planning attacks on Israel. As ever, the claims and counter-claims have become part of a media war that is conducted by both sides and which is aimed at world opinion.

As we have heard, Dignity, the vessel on which Pauline McNeill, Sandra White and Hugh O'Donnell sailed, faced no direct interference from and had no radio contact with the Israeli navy as it delivered its relief cargo.

Hugh O'Donnell (Central Scotland) (LD): I have a point of information. We were challenged by the Israeli navy and we responded accordingly. It did not come into close contact with us.

Ted Brocklebank: I thank the member for that clarification.

It appears that the ploy of including politicians and journalists on the passenger list was effective, in that much-needed supplies were delivered. However, I noted that a Free Gaza spokesperson said that the problems in Gaza would be solved not by the provision of symbolic amounts of aid, but by political direct action to break the siege. In that connection, I am not sure exactly what direct action those who sailed on the Dignity were proposing; perhaps Hugh O'Donnell will enlighten us in his speech.

I confess that I have no solution to the Gaza stalemate; nor, it seems, does the official UK envoy to the middle east, Tony Blair, whose job to date seems to have amounted to little more than keeping President Bush informed of what is happening in the region. From the point of view of the Scottish Parliament, although I have every sympathy for the plight of the Palestinians, I sometimes wonder whether we were right to set up a cross-party group on Palestine rather than one that focused on the welfare of all people in the middle east.

The current blockade of Gaza is only the latest confrontation in a conflict that has claimed the lives of tens of thousands of innocent people on both sides for more than half a century. What is

happening in Palestine is clearly a human and civil rights outrage, but it is difficult to take the moral high ground with the Israelis, given that 6 million Jews were exterminated, in complete disregard of their human rights, within living memory.

It seems clear that any solution will be achieved only through the normal diplomatic channels. Israel and Palestine are both proponents of the so-called two-state solution—a pact that recognises both Israel and the Palestinian Authority as distinct nations with mutually agreed boundaries. I suspect that the futures of the Prime Minister of Israel and his Palestinian counterpart, Mahmoud Abbas, who are lame-duck political leaders, and a peaceful solution to the Gaza stand-off will have to wait until the new American President can find a solution to his own nation's domestic problems.

However, the fact that we in the west are experiencing economic woes does not mean that we should forget the agony of the Palestinians or the need for a just and lasting settlement in the middle east, and I am happy to commend Pauline McNeill, Sandra White and Hugh O'Donnell for their personal efforts in that regard.

12:48

Marlyn Glen (North East Scotland) (Lab): I, too, congratulate Pauline McNeill on securing such a timely debate. As we break up for Christmas, it is fitting that we should take some time to consider the increasingly desperate plight of the people of Palestine. As has been said, their plight is not the result of a natural disaster but has been caused by, and continues because of, not just the actions of its near neighbours, but the inaction of the international community. Inaction can, of course, have just as devastating an effect as action.

I congratulate our three parliamentarians on taking part in the challenging and breaking of the blockade of Gaza. Their stories are fascinating and I hope that they have many opportunities to spread the word. I also understand their frustration at the fact that the media do not always pick up on such reports. However, recently there has been some interesting coverage of events. I recommend to members—particularly Ted Brocklebank—Jonathan Freedland's very thought-provoking analysis of the situation in yesterday's *Guardian*, in which he suggested that any solution should be more wide ranging than the long-sought two-state solution.

Moreover, today's *Scotsman* contains a report on BBC middle east reporter Aleem Maqbool's journey from Nazareth to Bethlehem, which Sandra White referred to and which illustrates the present-day hazards of the Christmas journey, including the checkpoints and security hazards that our MSPs experienced directly and which

Palestinians have to cope with every day. We cannot overemphasise the importance of reporting such direct experiences.

The historical twinning relationship between the Palestinian city of Nablus and the city of Dundee encourages such experiences. The decision to twin the cities was taken in November 1980 as a result of trade union links and after leading Labour politicians in the city met the mayor of Nablus, who had come to the United Kingdom to be fitted with new limbs as a result of injuries sustained when his car was booby-trapped. Over the years, several visits have taken place between the two cities and, although such activity has become increasingly difficult, it continues. In 2007, the Nablus-Dundee twinning association office was opened in Nablus, mirroring the association's office in Dundee. The association acts as a centre for people and societies in the two cities, allowing them to develop future plans, increase co-operation and enhance cultural exchange and dialogue. There are Dundee-Nablus newsletters and a wonderful website that gives details of the twinning and outlines the organisation's aims and mission statement.

This year, despite increasing difficulties, delegations have travelled in both directions, and very recently I was very pleased to show Riyad Khanfar, a former university teacher of technology, and Rola Kanaan, a councillor from Nablus, around the Parliament. The councillor told us about her colleagues, most of whom, like her husband, were in prison, and the teacher talked about his university, which has been closed down.

Such personal stories leave a lasting impression and allow us never to forget the people of Palestine and their struggles. Every time visitors return from Palestine, they bring back stories of hope and resilience, and we must continue to give our support.

12:52

Bashir Ahmad (Glasgow) (SNP): I congratulate Pauline McNeill on securing this important debate. I also congratulate her, Sandra White and Hugh O'Donnell on completing their recent voyage to Gaza. We are all pleased to have them back safe and sound.

Last weekend, I read in one of our national newspapers a deeply disturbing article, the headline of which—"Gaza families eat grass as Israel locks borders"—summed up the dire situation in that part of the world. I never believed that in the 21st century people would be eating literally nothing but dried grass and plants, and the situation shows clearly that the issue is not political, but humanitarian. It does not matter whether one believes in a one-state or two-state

solution; we all believe in dignity and respect, and what we are witnessing in the Gaza region is a lack of both.

One of the worst humanitarian disasters in the last century is unfolding before our very eyes. What makes it even more appalling is that, as a man-made catastrophe, it is completely avoidable.

The Israeli blockade has seen the demise of Gaza's infrastructure, with schools and hospitals across the region shut down. In addition, for the first time in its history, the United Nations relief and works agency in the region declared that it had run out of food. The Israeli authorities are collectively punishing the Gazan people for democratically electing a Government. Unfortunately, the majority of the world continues to sit back in silence.

Like every other reasonable person, I believe that Israel has a right to defend its citizens from attack. However, by continuing to punish those who have nothing to do with any attacks, Israel is simply causing more resentment and ill feeling towards itself.

I believe that support for the Gazan people is gathering momentum. I was delighted to hear that, including our MSPs, 11 members of European Parliaments made the voyage.

Last week, I celebrated the festival of Eid, and soon many will be celebrating Christmas. Unfortunately, the situation in Gaza means that most people will spend their Christmas in darkness and hunger. It is our duty and responsibility to continue to put pressure on the Israeli authorities and other influential partners to end the siege of Gaza. Only when people can eat again and the rule of international law is obeyed can a long-term peace become a reality.

12:57

Hugh O'Donnell (Central Scotland) (LD): Like other speakers, I congratulate Pauline McNeill on securing the debate—and on managing to survive our trip without the effects of mal de mer.

It is ironic that last week in the chamber we celebrated the Universal Declaration of Human Rights, yet our countries stand by and watch the Israeli Government turn the Gaza strip into the biggest prison camp in the world.

If we have an eye to history, we can see that the blame for the current political situation in Palestine and across much of the middle east lies firmly with Europe and the United States. Some would argue that the Balfour declaration, the British mandate and the creation of the state of Israel following the justified guilt of Europe for the terrible wrongs done to the European Jews and others by the Nazis are all to blame for what is happening in

Gaza and in the rest of Palestine. It is quickly becoming the largest humanitarian crisis that we have seen.

Let us not forget that the guilt of Europe and the USA is no excuse for standing by and allowing the Israeli Government, the Israeli Defense Forces and fundamentalist settlers to harry, harass, ghettoise and collectively punish the population of Gaza for the unacceptable acts of a few Palestinians.

We cannot stand by while the democratically elected Government of the Gaza strip is prevented from keeping the innocent civilian population alive—prevented by a blockade and an illegal siege by the Israelis and the states complicit, which, by turning a blind eye to what is happening, are allowing it to happen.

To engage in the siege on the basis that Hamas is a terrorist group is hypocrisy of the first order—not least because the roots of the state of Israel can be found clearly in Irgun and the Stern gang, and the atrocities that they perpetrated in their desperation, such as the bombing of the King David hotel in Jerusalem and the murder of British troops. If we applied that criterion, there would be no peace in Northern Ireland and perhaps no African National Congress in South Africa.

It is a cliché, but it is true—one person's terrorist really is another person's freedom fighter. In other situations, however, politicians got around the table. They spoke, they negotiated, and they found solutions and compromises. Yes, there has been direct action, including, for example, a boycott of Israeli goods, which is much the same thing as the Israelis preventing produce from Palestine from coming to Europe for sale.

The fighting must be stopped. Israel and the Palestinians must stop the bombing and the rockets, and meaningful talks must begin. We must not be silent, as we were between 1933 and 1939. The actions of the Israeli Government are no more acceptable than the actions of Hans Frank in Warsaw in 1940, and they have produced the same negative reaction. We must support the rights of all people in the middle east to self-determination, including the Palestinians, and we must remember article 2 of the Universal Declaration of Human Rights.

13:01

Sarah Boyack (Edinburgh Central) (Lab): I join colleagues in congratulating Pauline McNeill on bringing this matter to the chamber for debate. The debate is timely because of the longevity and severity of the crisis. As Pauline McNeill outlined, there is a real humanitarian crisis because of the long-standing failure to find political solutions to the Israeli-Palestinian conflict. We must not forget

what happens to the ordinary Palestinians as a result of that political failure, and I will focus on what we can do to help people in a practical sense.

There is a shop in my constituency called the Hadeel fair trade shop. It is based in St George's West church on Shandwick Place, and it aims to provide a sustainable source of income for craftspeople who work in community groups in the west bank and Gaza. It is a member of the British Association for Fair Trade Shops and it supplies other Fairtrade shops and traders as well as Palestinian solidarity groups. It is the only recognised fair trade Palestinian importer, so it acts as an important focus for Palestinians who want to get their goods out to market.

Hadeel, which sells Palestinian handcrafts, is seen as a symbol of the people and as a way for them to establish some normality in a world that is anything but normal. Like all fair trade initiatives, it makes a practical difference to people's lives. Making craft products helps people to survive psychologically during the long hours and days when they are not permitted to leave their homes because of Israeli-imposed curfews and they do not have any water or electricity. The profit from the shop goes directly to local traders, so they see the benefits. That is a practical way to support people and show that we have not forgotten them.

I will mention just two of the active local groups, to give members a sense of the work they do. Sulafa is an embroidery project in Gaza, which, as Pauline McNeill said, has suffered enormously. The project, which is supported by the United Nations Relief and Works Agency for Palestine Refugees in the Near East, encourages self-support and provides income for about 400 refugee women in eight refugee camps. It is an amazingly difficult project to co-ordinate, but those involved have managed to do it. Without trade or any economic activity, people have no income and no way in which to support themselves, so that project is hugely important.

The Atfaluna Society for Deaf Children is the first institution to be set up to support deaf people in Gaza. It was founded in 1992 and it boasts a modern school that gives people practical support. In particular, it supports parents and helps them to raise their children in what must be an incredibly hard life. Its income generation programme provides jobs and work-from-home opportunities for more than 350 women, men and their families. It provides training, particularly for young adults and women, to give them a future and some opportunity to support themselves.

Just yesterday, I got an update on those projects for today's debate. They cannot get any materials in or out of Gaza and they are running out of basic materials. Locally, nobody has money to buy

presents for Christmas—there are people who will be celebrating Christmas in Gaza and the west bank—and their borders have been shut for two months.

I ask the Minister for Europe, External Affairs and Culture to do what she can, and I ask colleagues to support Palcrafts by visiting the Hadeel shop and ensuring that it gets Scottish Government support as one of the fair trade organisations in Scotland that we have all supported on numerous occasions. I ask members to ensure that Palestinians are properly included, because it is incredibly tough for them to do that work. I ask members to visit the shop and look at the beautiful embroidery, pottery and little wooden jewellery boxes. When people buy those tokens, they should remember that they do not have to buy them only for Christmas presents; they can buy them all year round. People are not just buying a one-off gift; they are providing tangible support to a people who are trapped in a terrible tragedy. They are trying to support themselves; the least we can do is give them our support.

13:05

Bill Wilson (West of Scotland) (SNP): Like those who have spoken before me, I congratulate Pauline McNeill on bringing the debate to the chamber and on making the trip to Gaza with Sandra White and Hugh O'Donnell, apparently without suffering from seasickness.

For far too long the plight of the people of Palestine has received less attention than it should. The descriptions that we have heard of life in the Gaza strip make it clear how desperately the Palestinian people need a just solution.

On 1 September, following reports of IDF gunboats firing on fishing boats, I wrote to the Israeli ambassador to the UK. I noted the reports of Israeli gunboats firing on unarmed fishing boats while they were fishing in Palestinian territorial waters. I urged the ambassador to pass a message to his Government to make it clear in the strongest possible terms that unarmed civilians should not be the target of military attack. Actions such as that by anybody only harm efforts to build stability in the region. I received a reply from the embassy that stated:

"Although the group of activists that joined the Palestinian fishermen was verbally warned a number of times, they chose to confront with the IDF forces and as a result, shots were fired in the air."

That unarmed fishermen and observers might choose to confront armed gunboats struck me then—and strikes me now—as somewhat improbable. I responded:

"I regret to tell you that you have been grossly misinformed by the Israeli Defence Forces. I suggest that

you might wish to launch an immediate inquiry. The IDF were inside waters under the legal jurisdiction of the Gaza authorities ... as designated by the Oslo Accords of 1994. The IDF had no right to be warning anyone in these waters, far less firing at them. The only people 'choosing to confront' were the members of the Israeli Defence Forces."

I understand that several similar incidents have followed, which makes matters worse. I shall list but three: an Israeli military gunboat is reported to have rammed a fishing boat on 10 September; on 5 October, a Palestinian fisherman was shot in the leg; and on 4 November, the Israeli navy attacked Palestinian fishing boats using live ammunition and a high-powered water cannon containing a noxious chemical substance.

Soon after I wrote that letter, events compelled me to write another one, this time jointly with Sandra White, to protest against the kidnapping of fishermen and human rights observers by Israel. Once more, the fishermen were well within internationally recognised Gazan waters. I received a single reply to both letters. It made no acknowledgement of the fact that the fishermen had been in Gazan waters, it failed to mention that the boats were confiscated and returned only when Israel was threatened with legal action, and it made no mention of the theft of the global positioning system, which of course prevents the fishermen from proving that they had not ventured—and never would venture—into anywhere other than the waters in which they are legally entitled to fish under international law.

The most recent development—the refusal of the Israeli Government to allow the UN special rapporteur for human rights to visit Gaza—is of a piece with the theft of the GPS equipment. If the Israeli state had nothing to hide, there could be no concern about the visit. It is worrying to say the least that the Israeli Government has expelled international observers accompanying the fishermen, refused the UN representative entry to Gaza and acquired GPS equipment.

Oppression, like corruption, fears the light. The destruction of homes, collective punishment, the refusal to allow ambulances to cross through check points, the denial of fishermen the right to catch their food are actions that are abhorrent to all right-thinking people, and those who practise them do not like to be observed. That is why the UN human rights rapporteur is denied access.

I shall conclude by congratulating two Scots who have worked hard to bring the light of public scrutiny to dark places. Theresa McDermott has made several trips to Gaza and Andrew Muncie has had the dubious pleasure of filming Israeli gunboats while they fired upon and intimidated unarmed fishermen. He has been kidnapped, detained and expelled by the Israeli authorities for his troubles. There are many others who could be congratulated—Professor Jeff Halper, an Israeli

whom I have nominated for the Robert Burns humanitarian award, is an obvious example—but there are too many to name them all.

That there are too many such people to name is where hope lies. As long as there continue to be people who, at personal risk, seek to expose the actions of oppressive regimes, there will continue to be hope.

The Deputy Presiding Officer: Due to the number of members who are still waiting to speak, I am minded to accept a motion under rule 8.14.3 that the debate be extended.

Motion moved,

That, under Rule 8.14.3, the debate be extended until 1.24 pm.—[*Pauline McNeill.*]

Motion agreed to.

13:10

Jackie Baillie (Dumbarton) (Lab): I will not take that as a licence to speak for longer. I congratulate Pauline McNeill on securing the debate. I also congratulate her, Sandra White and Hugh O'Donnell, who returned from their trip to Gaza.

As a member of the cross-party group on Palestine, I think it is important that these issues are brought to the chamber, to raise awareness of what is happening in Gaza and to send a strong signal of support to the Palestinian people, who are suffering more than ever before.

I also pay tribute to the work undertaken by Edinburgh Direct Aid. I have no doubt that the work that it and others do in getting aid through, and demonstrating Scotland's support to Gaza, is crucial. Scotland has always been supportive of the Palestinian people and their cause and today we echo calls for all international organisations to work together in an effort to find a two-state solution.

As we have heard, the reality for ordinary Palestinians is that the siege has affected every aspect of their lives. Israel's blockade has meant that, since last month, the Gaza strip has been closed to virtually all supplies. Palestinians inside the territory have had to deal with food shortages, lengthy power cuts and no cooking gas. If that was happening here, we would be outraged; people would be on the streets and the Parliament would be ringing with the sound of condemnation. The situation has led the UN to describe conditions there as the worst ever, but despite all that the blockade continues.

Palestinian poverty is now at such a level that Christian Aid has described it as being as crippling a part of the conflict as the suicide bombs and the military incursions. Some 64 per cent of the

Palestinian population now exist on less than £1.10 a day—less than the official UN poverty line.

Gaza has been under siege conditions for more than two years now. Most of the population survive only by virtue of the aid from the UN World Food Programme, but Israel has allowed that aid into Gaza only five times in the past month. As others have said, 271 people—it is worth repeating that; 271 people—have died as a direct result of the blockade, and the deaths continue.

On 10 December we saw the 60th anniversary of the Universal Declaration of Human Rights, but the steadily rising death toll in Gaza highlights the painful gap between the declaration's peaceful rhetoric and the desperate reality for Palestinian people.

Only yesterday, the United Nations Security Council adopted a resolution that calls on all parties to intensify their efforts to achieve a two-state solution to the Israeli-Palestinian conflict. We must make real progress.

The UN has described the situation as a humanitarian crisis and said that it cannot go on. The people of Palestine cannot be denied basic health care or be allowed to slip further into poverty.

Sarah Boyack was absolutely right to talk about practical things that we can do as individuals, but we must take collective action, too. As 2009 approaches, it is perhaps more important than ever that we all commit to ending the siege of Gaza.

13:14

Robin Harper (Lothians) (Green): I congratulate Pauline McNeill, Hugh O'Donnell and Sandra White on going on their trip. Who is to know how dangerous it might have been? They have my admiration for taking the decision to go.

After half a century of vote after vote in the United Nations, successive Israeli Governments have been obdurate in their resistance to doing anything to provide justice for the people of Palestine. The evidence comes to Edinburgh almost weekly.

I pay my own tribute to the work that is being done by the St John's peace and justice centre and by Theatre Workshop in Edinburgh. Theatre Workshop has a Palestinian cafe and, under the direction of Robert Rae, it has employed Palestinian writers and directors. In addition, the short film "Trouble Sleeping" is now earning international awards. That kind of support for the people of Palestine is very important—it is what we can do, and it is what we must continue to do until something happens internationally to put

enough pressure on the Israeli Government to give the Palestinians true justice.

At the moment, hundreds of people are dying. It is only a matter of time before the people of Gaza, under the stress of being deprived of medical supplies and basic utilities, start to die in their thousands. The urgency to put as much international pressure as possible on the Israeli Government grows with every day that passes.

The only thing that has been missing in the debate is the observation that there is a ray of hope. When asked whether he was confident about the future, Desmond Tutu said, "I am not so much an optimist as a prisoner of hope." I think that we should all be prisoners of hope—the one big hope that the United States, whose influence on the situation could be considerable, will, for the first time, under the leadership of President Obama, do something rather than sit in yet another series of conferences with the leaders of the middle east.

13:17

The Minister for Europe, External Affairs and Culture (Linda Fabiani): The fact that the debate has been extended is a mark of the strong feeling that exists throughout Scotland on this subject. There is so much to be said that it could not be said in a whole day of debate in the Parliament.

Pauline McNeill eloquently and passionately outlined the current situation in Gaza. A civilisation is being systematically destroyed over the years. She also mentioned the people from important ranks in life who recognise the humanitarian aspects of the Palestinian cause, as well as the political aspects in many cases. Sadly, it is ordinary people who are paying the price all the time. Pauline McNeill, Sandra White and Hugh O'Donnell saw that at first hand when, on the third trip of Dignity, they witnessed the blockade and the effects of the siege of Gaza. Politicians are sometimes accused of being populist and leaping on causes. I want to put on record the fact that those three MSPs are long-standing activists on issues relating to the middle east. Pauline McNeill has visited Palestine before; Sandra White has visited Lebanon; and the first time any of us met Hugh O'Donnell, his interest and passion in the subject was marked.

Ted Brocklebank asked why we should have a cross-party group on Palestine. I think that the answer is very plain and straightforward: Palestine is suffering and people are dying each day, or starving—as Jackie Baillie and others have outlined. If people can do nothing else, it is valuable to raise awareness and focus on the issue. I used to be a member of the group, which includes representation from a broad cross-section

of society. It is not a talking shop about one particular aspect of the situation; it is a genuine way of bringing people together to try to find a solution to the terrible things that are happening in Palestine. As Sandra White said, collective punishment is going on in Palestine, and we have a collective responsibility to make people aware of that and to do what we can to stop it.

As Sandra White, Bashir Ahmad and Jackie Baillie said, the Universal Declaration of Human Rights has its 60th anniversary this year. Sadly, there are many examples across the world of human rights not being respected.

Hugh O'Donnell reminded us of the need to keep talking, and noted that if people had stopped talking about South Africa or Northern Ireland we might not have arrived at solutions there. Therefore, even if, as Robin Harper says, it is frustrating that the round-table discussions keep breaking down, it is time for action and incredibly important that we keep talking. The new discussions will focus on the UN Security Council's latest resolution, which encourages the USA, the European Union, the UN and Russia to keep working to help parties achieve a comprehensive, just and lasting peace in the middle east and to support the negotiations that were launched in November 2007.

The Scottish Government supports the right of the Palestinian people to self-determination and recognises the need for a two-state solution. There is general agreement in this chamber that that is the way to secure a safe and secure future for Israel and Palestine. We support any efforts to secure that comprehensive, just and lasting peace, and we welcome the new UN resolution.

Pauline McNeill: Will the minister take this opportunity to endorse the idea of a convoy of humanitarian aid from Scotland to Gaza?

Linda Fabiani: I was just about to address the humanitarian work that is being done by individuals and organisations across Scotland. There cannot be any moral and just person who would deny the right of people who are suffering to receive humanitarian aid or who would not support the provision of that aid. Indeed, in August, when there were issues about aid getting into Gaza, the First Minister wrote to the ambassadors of Egypt and Israel in London to impress on them the importance of humanitarian aid being taken to a people who are suffering. As I said before, it is always the ordinary people who end up paying the price in these conflicts.

Scotland-based non-governmental organisations do a huge amount of work in Gaza. There has always been an affinity between Scotland and Palestine. All sorts of organisations are involved, from the Theatre Workshop, which Robin Harper

mentioned, and Palcrafts, which Sarah Boyack mentioned, to organisations such as Edinburgh Direct Aid and Medical Aid for Palestine. Many people have been very quietly doing fantastic work for a long time. The generosity of Scottish people in supporting those charities must be commended.

Bishop Desmond Tutu talked about prisoners of hope. We should share the optimism that that phrase suggests. We must never give up on an ideal because, if we do, we are giving up on the people who are suffering. We should look forward with an absolute hope that one of the true priorities of President-elect Barack Obama will be to drive forward the peace process. On the back of the new UN resolution, the time is right for everyone to step up to the mark and be absolutely serious that 2009 should be the year when we see a potential solution for the trouble in the middle east.

13:24

Meeting suspended until 14:15.

14:15

On resuming—

Question Time

SCOTTISH EXECUTIVE

Finance and Sustainable Growth

Railway Stations

1. Michael Matheson (Falkirk West) (SNP): To ask the Scottish Government what plans it has to increase the number of railway stations. (S3O-5337)

The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson): Two new railway stations are included in the Government's transport interventions that were announced on 10 December 2008. They are Dalcross and a station in the Gogar area. Development of interventions on the Aberdeen to Inverness line will include consideration of the option of a station at Kintore.

Michael Matheson: The minister will be aware that there are communities throughout Scotland that are well served by railway lines but not by stations on those lines. That is the case in the Bonnybridge area of my constituency, which has seen a rapid increase in its population in the past five years. How should Transport Scotland and Network Rail identify areas such as Bonnybridge, where particular advantage could be gained from opening stations?

Stewart Stevenson: Transport Scotland and Network Rail work together and with ministers to consider the many opportunities for stations throughout Scotland. In many cases, it has been in the economic interests of developers to pay most of the cost of new stations. If there is a station in an area, that increases substantially the ability to sell houses at higher prices. We would be happy to hear about any proposals in Bonnybridge and other areas of the member's constituency in order to ensure that we actively engage to determine whether they are of national or local importance and, if appropriate, to proceed accordingly.

Mary Mulligan (Linlithgow) (Lab): The minister is aware of the new station that has been proposed for Blackridge on the Airdrie to Bathgate rail link. However, the section 75 agreement that was to help fund the station has not been signed. Will the minister stand by promises that were made by the SNP during the 2007 election campaign and commit here, today, to making up the shortfall and ensuring that the people of Blackridge get their station?

Stewart Stevenson: I am aware of some of the difficulties that the developers are having sustaining the previous commitments from their bankers to support the section 75 agreement. My officials and the officials of West Lothian Council are discussing the issue. The early feedback is that a resolution may well be found. In any event, I am absolutely confident that Blackridge will be part of the new and exciting railway that is being developed.

Roseanna Cunningham (Perth) (SNP): The minister will be aware of how welcome the new early train service between Perth and Edinburgh has been. I have used it already, and quite splendid it is, too. I wonder if I might chance my arm a little further in respect of a slightly different part of my constituency, where there is a longstanding campaign to reopen the Blackford railway station. The minister may be aware of the campaign, which I fully support. Is there any real possibility that the station will reopen in the future?

Stewart Stevenson: Roseanna Cunningham can be assured that her arm remains entirely safe in my hands. I have already agreed to meet one of the local councillors, who is part of the campaign to open Blackford railway station again—COBRA. I expect that meeting to take place shortly. Part of our consideration will be whether reopening the station is a matter of local or national benefit, but in any event I am engaged in that interesting proposal.

Scottish Water (Meetings)

2. Bill Butler (Glasgow Anniesland) (Lab): To ask the Scottish Executive when it next plans to meet the chief executive of Scottish Water and what will be discussed. (S3O-5266)

The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson): Regular meetings are held between officials and the chief executive of Scottish Water on a full range of issues that concern the business. Ministers last met the chief executive with the chair and board of Scottish Water in October. They plan to meet the chair and chief executive in March 2009 to discuss the draft business plan for 2010 to 2014.

Bill Butler: During the discussions in October, I hope that the minister expressed his Government's and Parliament's sincere thanks to Scottish Water's staff for their hard work since 2002, which has achieved savings of £1 billion through efficiency savings and reduced operating costs. I also hope that he will acknowledge that the on-going dispute over Scottish Water's imposition of a 15-month pay deal is having a detrimental effect on its staff's financial situation and morale. Given that over the same period the remuneration of Scottish Water's various executive directors has risen substantially, from an

average of £108,000 per annum to an average of £172,000 per annum, does the minister agree that Scottish Water's staff should be fairly rewarded for their dedication with a just pay settlement rather than the arbitrary imposition of what amounts to a wage cut?

Stewart Stevenson: Bill Butler may be interested to know that my colleague the Cabinet Secretary for Finance and Sustainable Growth met and had productive discussions with the Scottish Water unions yesterday. I associate myself with Mr Butler's tribute to the staff of Scottish Water, who have been a significant part of its success since 2002.

The rules and processes by which the remuneration of senior people in Scottish Water are set stem entirely from decisions by a previous Administration.

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): In the light of what the minister says, will he please refer to the *Official Report* of the Finance Committee meeting in which the Scottish Government's deputy head of finance confirmed that the new contract for the new chief executive of Scottish Water is substantially different from that of his predecessor and that it is indeed a deviation—that the Scottish National Party Government put in place—from the senior executive pay policy? Which minister signed off the new contract with the current chief executive's new pay?

Stewart Stevenson: Jeremy Purvis will be aware that the previous Administration set down policies and practices for remuneration of senior members of Scottish Water in the light of the substantial difficulties in retaining the necessary expertise to manage that company. The new chief executive's remuneration was set in that context.

Des McNulty (Clydebank and Milngavie) (Lab): Will the minister confirm that it remains the Scottish Government's policy to ensure that Scottish Water remains firmly in the public sector and continues to progress and rival in its work the most effective working of water companies elsewhere in the United Kingdom?

Stewart Stevenson: Yes.

Institute of Asian Professionals (Meetings)

3. Bashir Ahmad (Glasgow) (SNP): To ask the Scottish Government when it last met representatives from the Institute of Asian Professionals to discuss the current economic climate. (S3O-5324)

The Cabinet Secretary for Finance and Sustainable Growth (John Swinney): Scottish Government officials met representatives of the Institute of Asian Professionals on 9 December to

take forward a joint event scheduled for 9 March 2009. That event will focus on how best further to develop enterprise and other support for Asian and minority ethnic businesses, particularly in the current economic climate. The next meeting between officials and representatives from the institute is scheduled to take place in January 2009.

Bashir Ahmad: I know that the cabinet secretary values the significant contribution of the Asian business sector. As he is aware, Asian businesses have their own specific needs, which are affected by the current economic downturn. What can be done to use existing business support to assist the Asian business sector?

John Swinney: I assure Mr Ahmad that the Government is determined to make available to all representatives of the business community the type of advice that will assist businesses through the difficult economic conditions that we face. As I set out in my earlier answer, we will take special measures to ensure that we organise appropriate events to address the particular needs of the Asian business community, as part of the Government's programme of activities.

The Government's general business support measures include the work of the business gateway and the advisory support of Scottish Enterprise and Highlands and Islands Enterprise, in addition to the measures that we have put in place to reduce the cost of operating businesses through the small business bonus scheme. The Government is happy to make those contributions to support companies from the Asian business sector.

Andy Kerr (East Kilbride) (Lab): The Asian business community needs support, as does everyone else. I have been interested to hear about Asian networks throughout the world, which allow access to interesting funds such as sovereign wealth funds and other forms of capital. Has the cabinet secretary had any meetings on which he can report to Parliament on accessing such funds to assist with relieving some of the pressure on our budgets?

John Swinney: The Government is interested in co-operating with sovereign wealth funds. We have had discussions in that respect and we will continue to have discussions to ensure that we have available the type of investment that supports the development of the Scottish economy. The Government will take forward those discussions, which I know Mr Kerr will warmly welcome.

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): The current economic climate in Scotland is having a particularly bad effect on the construction industry. The Scottish National Party Government

could assist greatly if it would cut through the red tape that seems to be preventing housing associations from accessing funds to commission contracts. I am advised by—

The Presiding Officer (Alex Fergusson): A question, please.

Cathie Craigie: I am getting there. I am advised by a long-established contractor—

The Presiding Officer: Quickly, please—a question.

Cathie Craigie: What is the Scottish Government doing to stimulate the number of contracts that are being issued by housing associations? I am advised by a local contractor that it tendered for 21 contracts last year, whereas this year it has tendered for only 12.

John Swinney: The Government has taken action to accelerate £100 million of investment in the affordable housing sector in this financial year and the next one. We did that in August, when we could see a clear decline in the private housing market and a requirement for the public sector to do as much as possible to support the construction industry. That has, of course, been assisted by the Chancellor of the Exchequer's decision to accelerate the volumes of capital expenditure, on which I reported to Parliament in my statement on the pre-budget report. Part of that resource will be allocated to accelerating affordable housing projects to ensure that the construction industry has opportunities to build new properties and to satisfy the people of Scotland's need for housing.

Local Government Finance Settlement

4. Sarah Boyack (Edinburgh Central) (Lab): To ask the Scottish Executive how the local government finance settlement will impact on front-line local authority services. (S3O-5264)

The Cabinet Secretary for Finance and Sustainable Growth (John Swinney): I announced to Parliament on 11 December that the provisional amount of the local government settlement for 2009-10 had risen to £11.7 billion, which is an increase of 5.1 per cent compared with 2008-09. That will support councils in providing essential services for the communities that they serve and it includes funding to extend the council tax freeze for a further year.

Sarah Boyack: The cabinet secretary talks about the commitment of extra funding, but is he aware of the Chartered Institute of Public Finance and Accountancy's rating review, which states that, despite the 5.5 per cent education budget increase in 2008-09, which has been much vaunted by the First Minister, in reality and although 37.5 per cent of local authority

expenditure will go on providing education services, that is 2.1 per cent lower than it was in 2007-08? Will the cabinet secretary explain why he says that more money is going into education and front-line services when in practice there are serious cuts in staffing and other front-line education services in schools throughout my constituency, such as Boroughmuir high school and Abbeyhill, Balgreen, Craiglockhart and Roseburn primary schools? Will the cabinet secretary admit that the First Minister's comments were completely misleading?

John Swinney: The Government's local government settlement for 2009-10 represents an increase of 5.1 per cent on the previous financial year, and the increase for local government services in 2008-09 was higher than the average increase in the total Government budget. We have put in place the resources to enable local authorities to make their choices about the design of public services and I know for a fact that, in different parts of the country, they are investing heavily in education. Last night at one of my regular discussions with the Convention of Scottish Local Authorities, Councillor Jim McCabe, the leader of North Lanarkshire Council, made a strong argument about how different councils are investing in local authority education services. The Government welcomes that investment.

Road Works (Impact on Small Businesses)

5. Alison McInnes (North East Scotland) (LD): To ask the Scottish Executive what assessment it has made of the financial impact on small businesses of roadworks. (S3O-5310)

The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson): Although the Scottish Government is aware of the risk that road works will have a financial impact on small businesses and seeks, in collaboration with them, to minimise the impact, no formal assessment has been carried out.

Alison McInnes: Darren Williams of Tyre and Auto Care Services in Keith estimates that recent road works have resulted in £23,000 loss of income. Mr Williams has said that his business could not have withstood that loss of earnings had the works been undertaken in his first two or three years of trading. Will the Scottish Government investigate the possibility of compensating small businesses that are seriously affected by road works and may already be feeling the pinch of the economic downturn?

Stewart Stevenson: I am aware of the case to which Alison McInnes refers, as the local member has discussed it with me. We have sought to work with the business in question to minimise the effects on it and some other businesses in Keith. Unfortunately, when the road was lifted,

substantial difficulties were encountered in services, the nature of which was not known at the time. I believe that the difficulties are now largely resolved. We will learn any lessons that it is appropriate to learn from that business's experience.

Public Transport (Local Authorities)

6. Angela Constance (Livingston) (SNP): To ask the Scottish Executive how it will work with local authorities to improve public transport. (S3O-5327)

The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson): The Scottish Government encourages local authorities to promote public transport, as reflected in the single outcome agreements. As part of the bus action plan, we encourage local authorities and bus operators to work together to improve bus services throughout Scotland. That will include appointing a senior bus development adviser to promote the improvement of bus services, spreading good practice and highlighting the importance of a good bus network. We will also publish a national strategy on bus park and ride to encourage modal shift from the private car to more sustainable public transport.

Angela Constance: I receive many complaints about the quality and reliability of bus services in my constituency. Although local authorities can work with the Vehicle and Operator Services Agency to monitor commercial services, follow-up action is possible only after the traffic commissioner for Scotland has deliberated. Does the minister agree that the system is ineffective in coercing improvements?

Stewart Stevenson: There has been a substantial change in VOSA's engagement with the bus industry and it has taken some significant actions.

I want quality and reliability, which Angela Constance has described as not being delivered to the required standard within her constituency. Quality partnerships have played a role in improving bus services throughout Scotland. Statutory quality partnerships, which give greater powers to local authorities to direct or control, can also be used. We seek to simplify the legal processes that are associated with their creation, which will I am sure be of substantial assistance.

Construction Industry

7. Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive what is being done to assist the construction industry through the economic downturn. (S3O-5302)

The Minister for Enterprise, Energy and Tourism (Jim Mather): The Scottish Government

is supporting the construction industry through a range of initiatives. We are accelerating our investment plans in affordable housing and bringing forward capital investment plans. We are also increasing investment in school building programmes, allocating additional funding for college and university capital projects and increasing funding for capital programmes in the health sector. We will continue an active dialogue with the construction and house-building industries through the Scottish construction forum and the housing supply task force. That will allow us to respond as effectively as possible to the issues and problems that the industry faces in the current climate.

Mary Scanlon: There is no doubt that the recession is having a serious impact on the construction industry. What is being done to ensure that apprentices are being recruited and retained? In particular, what is being done to ensure that third and fourth-year apprentices who are facing redundancy because firms are going out of business can finish their apprenticeships to ensure that Scotland will have the necessary skills base for future years?

Jim Mather: I thank Mary Scanlon for that question. She will note that the First Minister addressed the issue to which she refers during First Minister's questions, when he talked about Skills Development Scotland and partnership action for continuing employment coming together to address the issue. We, too, want to address it through the work that we do with the Scottish Building Federation, the Scottish construction forum and the housing supply task force. The SBF had a meeting yesterday with the Cabinet Secretary for Finance and Sustainable Growth. On top of that, we seek to engage with the industry nationally, as we did in Edinburgh back on 28 August, and locally in constituencies by considering what we can do to create greater cohesion in the sector so that there is better understanding of the challenges that we all face, and so that we get as many people as possible working together to get the best possible results and to give apprentices the future that they deserve.

Rob Gibson (Highlands and Islands) (SNP): Can the cabinet secretary tell us about any discussions that he may have had with the Government in London about the potential to reduce VAT on house repairs or renewals to 5 per cent, given that the European Commission signalled that that would help the construction industry at this time? Has the Scottish Government any information on that matter that it can share with us?

Jim Mather: Indeed. Rob Gibson will remember from First Minister's questions today that the First

Minister expressed his preference for moving towards a more focused intervention on VAT for home improvements, as it is more appropriate for meeting the needs of Scotland and the Scottish construction sector. To that effect, the Deputy First Minister, Nicola Sturgeon, wrote to the chancellor on 17 November and 9 December to call for a temporary cut in VAT for home improvements and repairs, to bring it down from 17.5 per cent to 5 per cent. Sadly, although that move was supported across the industry, the chancellor rejected it.

Peter Peacock (Highlands and Islands) (Lab):

On the policy of bringing forward funding or allowing it to become available for capital projects, can the Government consider not only the volume of available capital cash but the purposes for which it is available? It is becoming apparent from discussions with the construction industry that it is not just the projects that may have long lead-in times for building that are important, because projects involving capital for cyclical maintenance may create more job opportunities in the short term. Will the minister ensure that, when civil servants consider policies, they give full regard to that?

Jim Mather: Peter Peacock has made an interesting point, which we are addressing: witness the work that the cabinet secretary is doing, particularly with local authorities, and our on-going open debate with the construction sector at national and local levels. I am willing to share with members the output of our meeting with the construction industry in my constituency, which has probably thrown up generic ideas that could operate in other constituencies, particularly rural constituencies such as the member represents.

Transport Projects (Fife)

8. Claire Baker (Mid Scotland and Fife) (Lab):

To ask the Scottish Executive what plans it has for new transport projects in Fife. (S3O-5263)

The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson): Transport Scotland's strategic transport projects review has recommended a package of surface transport schemes to be delivered over the next 20 years. In addition to the Forth replacement crossing securing cross-Forth travel between Fife and the Lothians remaining on schedule to open in 2016, the recommendations of the STPR include a wide range of improvements, such as improvements to the A92 through route management and targeted investment; the development of park-and-ride/park-and-choose sites on the A92; rail enhancements through more frequent and faster train services between Edinburgh, Cowdenbeath and Kirkcaldy; a direct double-track rail link between Halbeath and Inverkeithing to maintain the 60-minute commutable labour market around

Edinburgh and improve access to the port of Rosyth; and the provision of light rapid transit connections between Fife and Edinburgh, connecting the communities in Fife with the business and commercial opportunities in Edinburgh and West Lothian.

Claire Baker: Will the minister confirm whether the Leven to Thornton rail link was considered for inclusion in the strategic transport projects review? If it was, why was the link not included in the Government's final proposals? Will the minister pledge to find central funding for the link, regardless of its omission from the STPR?

Stewart Stevenson: Many projects will be progressed that have not been deemed to be of strategic national importance. The Levenmouth railway project, which is a potentially very important intervention for an area in some economic distress, is currently being pursued by the south east of Scotland transport partnership. I look forward to hearing more about the outcome of SEStran's deliberations as those become available.

Waverley Railway

9. Rhona Brankin (Midlothian) (Lab): To ask the Scottish Executive what progress has been made in relation to the project to reopen the Waverley line between Edinburgh, Midlothian and the Scottish Borders. (S3O-5265)

The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson): We have recently allocated further capital to accelerate a package of advanced works, including taking forward the diversion of key utility services along the route. The purchase of all necessary land is well under way and is expected to be effectively complete around April 2009. Good progress continues with the necessary procurement development for the main works, which will benefit from the acceleration of the advanced works. Contractors and financial investment organisations continue to express a strong interest in the project.

Rhona Brankin: As the minister is aware, the Waverley line will bring great social, environmental and economic benefits to Midlothian and the Borders, including some 360 full-time jobs in the construction of the line and 550 full-time jobs when the line is completed. Can the minister give us some more detail on what funding method will be used for the Scottish Government's contribution to the project? Can he put a figure on the Government's contribution? In addition, given the current economic uncertainty, what discussions have he or Transport Scotland officials had with developers about their financial contribution to the project?

Stewart Stevenson: The railway line will be built, financed and maintained by a not-for-profit company using a design, build, finance and maintenance contract under the non-profit-distributing procurement model. We have previously stated that the costs will be in the range £230 million to £295 million.

Like the member, I very much welcome the 360 or so jobs that will be created during construction and the more than 500 jobs that will result thereafter. Clearly, the contribution of developers is a significant part of the project. We should remember that developer contributions are expected over the life of the project. Discussions with prospective developers have taken place and will continue as the project moves forward.

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): I have written to the minister about a business in my constituency that still awaits Transport Scotland's view on how much of the business's land will be required for the construction of the line and whether its land will be required for access during the construction of the line. When the people in that business read the *Official Report*, are they expected to be happy that they will need to wait another five months for that information to be provided, especially given the current economic climate?

Stewart Stevenson: The member will be aware of the legal environment surrounding compulsory purchase orders and voluntary purchases of land. He should welcome the fact that we have now set a date—April 2009—on which we expect the land acquisition to be complete. That is very rapid and satisfactory progress. I hope that Transport Scotland continues to have meaningful discussions with the business to which the member referred.

Transport Links (Highlands)

10. David Stewart (Highlands and Islands) (Lab): To ask the Scottish Executive what progress it is making in improving transport links to the Highlands. (S3O-5298)

The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson): We have a fully committed programme of transport infrastructure investment to 2012, which includes investment in the A82 and the A9. That includes improvements on the A82 at Pulpit Rock between Tarbet and Ardlui, a new western bypass at Crianlarich and current design work to dual the Birnam to Luncarty section of the A9.

In addition, Transport Scotland's strategic transport projects review has recommended a package of surface transport schemes to be delivered over the next 20 years. Those include measures to improve road links on the A82

between Tarbet and Fort William, to reduce accident severity in the north and west of Scotland, to upgrade the A9 from Dunblane to Inverness and to enhance the rail network between Aberdeen and Inverness and between Perth and Inverness. An early priority is Highland main line rail improvements, which have progressed to stage 3—option selection—of the Network Rail guide to railway investment projects process. Full information on those projects and on all interventions is available via Transport Scotland's website.

David Stewart: I thank the minister for his detailed reply. Does he share my view that it is crucial to complete the missing link in the trunk link route, which will enable traffic to bypass Inverness, by connecting the A9 to the A82? Highland Council tells me that it cannot fund that project by itself. Will the minister provide an early Christmas boost to the Highlands and reconsider funding the completion of that project?

Stewart Stevenson: We have of course provided substantial boosts for the economy of Inverness from the dualling of the A96 to Nairn, the bypass of that city, the construction of a road between the A96 and the A9 to service the university of the Highlands and Islands and the creation of a railway station at Dalcross. We continue to talk to Highland Council and Highlands and Islands transport partnership about further connections to the A82, for which we have at last adopted the whole route action plan. The member can be absolutely assured that, as the economic case emerges that makes sense for us to prioritise particular interventions, we will look carefully at what we should do. We have delivered a package of interventions for Inverness and the area around it that is unparalleled in recent history.

Scottish Futures Trust (Investment Models)

11. Helen Eadie (Dunfermline East) (Lab): To ask the Scottish Executive what investment models the Scottish Futures Trust has recommended to local authorities for infrastructure projects for which they require funding. (S3O-5270)

The Cabinet Secretary for Finance and Sustainable Growth (John Swinney): The Scottish Futures Trust is supporting local authorities in developing strategies for planning, funding and delivering infrastructure projects and programmes across sectors and boundaries. That work takes account of a wide range of potential delivery and funding options.

The Scottish Futures Trust is advising Moray Council, Orkney Islands Council and Western Isles Council on schools projects that use the non-profit-distributing approach. It is also involved in discussions between the Scottish Government and

the Convention of Scottish Local Authorities about the school estate policy, which includes its funding and delivery.

Helen Eadie: What discussions has the cabinet secretary had with Fife Council, West Lothian Council and the City of Edinburgh Council about impacts on their funding proposals? As he knows, the biggest infrastructure project that is planned for Scotland—the new Forth road bridge—will have its northern landfall in the Dunfermline East constituency, which I have the privilege to represent. Will the cabinet secretary report what discussions about funding he has had with members of the European Parliament? Has he had discussions with the European Commission to determine whether any programme of funding can be secured from Europe? Will he explain what European funding, such as that for trans-European road networks, might be appropriate for the new bridge and might therefore reduce the impact on local authorities' investment models?

John Swinney: I assure Helen Eadie that ministers and officials have discussed with the local authorities that she mentioned the implications of capital investment in the replacement Forth crossing. Mr Stevenson spoke to the relevant local authority leaders about the strategic transport projects review. Of course, a set of such complex proposals cannot happen without adequate dialogue with the local authorities that are concerned.

Helen Eadie asked about European funding. The Government is exploring the opportunities for European funding that might be available to support the replacement Forth crossing as we endeavour to maximise the impact of our infrastructure investment in a wide range of projects.

Andy Kerr (East Kilbride) (Lab): In response to the first question from my colleague Helen Eadie, the cabinet secretary described functions of the Scottish Futures Trust. What is the difference between those functions and the previous civil service function of advising public authorities on public infrastructure projects? The Scottish Futures Trust's practice appears to be identical to that of the civil service under the previous Government.

As for the non-profit-distributing model, the cabinet secretary's minister Stewart Stevenson said in answer to a previous question that the Borders railway would use a not-for-profit company. What aspects of the Borders railway contract are not for profit?

John Swinney: The fundamental difference between what the civil service did and what the Scottish Futures Trust will do is predicated on the aggregation of different projects in different areas

to ensure that we secure effective value for money and that we retain, collectively, at the disposal of the public sector in Scotland, the negotiating skills and other attributes that will allow us to match the private sector like for like, and that are essential in such expensive projects. [*Interruption.*]

Mr Kerr repeatedly mutters the questions that he cannot summon himself to ask when he is on his feet, so allow me to address the point that he is muttering about. We have not—this never happened during his term in office—retained in the public sector in one place the skills necessary to ensure that the public sector has the negotiating strength to deliver effective value for money. Special purpose vehicles were put together in every part of the country, negotiated by different individuals.

Andy Kerr: Not true.

John Swinney: If Mr Kerr cannot understand that point, it is no wonder—

Andy Kerr: Not true.

The Presiding Officer: Order.

John Swinney: It is no wonder that we need the Scottish Futures Trust to deliver the value for money that Mr Kerr failed to deliver.

Economy (Scottish Borders)

12. Christine Grahame (South of Scotland) (SNP): To ask the Scottish Government what discussions it has held in the last month with local authority, enterprise company and local business representatives in the Scottish Borders with a view to boosting the local economy. (S3O-5333)

The Cabinet Secretary for Finance and Sustainable Growth (John Swinney): I was pleased to have the opportunity to return to Hawick on 8 December and meet local politicians and representatives from Scottish Borders Council, Scottish Enterprise, the business community and other local bodies to discuss measures to boost the local economy in Hawick and that of the Scottish Borders more generally.

Christine Grahame: The minister's visit was most welcome. I was there, as were other members of this Parliament, Westminster and local government, and I know that he has undertaken to visit again.

Does the minister agree that a vital growth area in the Borders will be in the housing and building sector, despite the national and global pressures that the sector is under? Can he assure members that the Government will do all that it can to support, in a practical way, the growth of housing, building and associated employment in the Scottish Borders?

John Swinney: I recognise the importance of ensuring that there is effective support and a project base for the local housing sector in the Borders. That point was made clearly to me at the meeting in Hawick, and it was made equally clearly to me when I attended an event hosted by the Scottish Borders Manufacturers Corporation some weeks ago in the Borders.

I hope that the Government's steps in the acceleration of affordable housing and capital expenditure will have the desired effect in the Scottish Borders, and I assure Christine Grahame that the Government will work to guarantee that we see the beneficial impact of that investment in different parts of the country, including the Scottish Borders.

Non-profit-distributing Model

13. Cathie Craigie (Cumbernauld and Kilsyth) (Lab): To ask the Scottish Executive what its position is on the reported statement of Professor John Kay, a member of its Council of Economic Advisers, that the not-for-profit-distribution method is "PFI with window dressing". (S3O-5268)

The Cabinet Secretary for Finance and Sustainable Growth (John Swinney): Professor Kay makes a valuable contribution to the work of the Council of Economic Advisers precisely because he can offer independent views on a number of key issues.

The non-profit-distributing model differs from the private finance initiative because it ensures that levels of return for private sector investors in public infrastructure are capped and proportionate, instead of reaching excessive levels as has been the case under the standard United Kingdom PFI model.

Cathie Craigie: It is clear that the Government will pick and mix the advice that it takes from its advisers.

Does the cabinet secretary agree that, although PFI may have some imperfections, it was a successful mechanism for delivering public works, such as more than 200 new and refurbished schools, and that it is at least better than the SNP Government's failure to meet its pledge to match Labour's school-building programme brick for brick? How many new bricks have been laid by this Administration?

John Swinney: I feel the onset of Bob the Builder in the Christmas season. To give Mrs Craigie a precise answer, I could get the civil service to go and count the number of bricks that have been laid by the SNP Government—

Mary Mulligan (Linlithgow) (Lab): Zero.

John Swinney: It would be a very big number, Mrs Mulligan. However, it would take a colossal

amount of resource to answer that question—almost as much resource as it takes to answer the pointless questions in which Lord Foulkes seems to specialise. However, if Mrs Craigie wants me to count the number of bricks, I am prepared to do that—the number will be massive. I am thinking of the schools that are being built in Falkirk, Aberdeen, and Perth and Kinross and the work that is under way on the M74—my goodness, I have lost count of the number of projects where the bricks are being laid. I am sure that Mrs Craigie will be rejoicing in the building that is going on in her constituency.

Organ Donation

The Deputy Presiding Officer (Trish Godman): The next item of business is a debate on motion S3M-3124, in the name of Nicola Sturgeon, on the organ donation task force.

14:56

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): Members will remember the good debate that we had back in March, after the organ donation task force published its first report, "Organs for Transplant". In its second report, "The potential impact of an opt out system for organ donation in the UK", which was published last month, the task force looks at the impact of a move to a system of opting out as the basis of organ donation. It is important and appropriate that the Parliament should have the chance to discuss its findings.

Those of us who are in favour of opting out and those who are against it hold strong views on the issue. However, it is important to stress at the outset that the difference of opinion is on the "how" of addressing the growing shortage of organs for transplantation. I believe that there is now a strong consensus on the urgent need to increase the rate of organ donation substantially and for politicians, the national health service and the general public to give that a greater priority than ever before.

In the time that is available to me, I will set out briefly the gist of the task force's thinking on opt-out, after which I will say what we are doing to bring about a doubling of Scotland's organ donation rate in the next five years.

In its second report, the task force makes it clear that its recommendation not to move to an opt-out system at this stage rests on a very finely balanced judgment. The report begins by pointing out the apparent correlation between higher donation rates and having an opt-out system. For example, the high donation rate in Spain is often presented as a direct result of that country's system of opt-out. However, Dr Rafael Matesanz, who was the architect of many of the changes that were made in Spain, was explicit in his evidence to the task force that presumed consent, or opt-out, is not the reason for the success of the Spanish system; donation rates started to go up only when changes were made to the transplantation infrastructure, not when the law was changed.

The report is also clear that there are no fundamental legal or ethical barriers to the introduction of a soft opt-out system, in which family members would be consulted about donation. A majority of the public—60 per cent—

support a change to a system of opt-out, provided that it is properly implemented and there is sufficient information to back it up. However, the report also says that the task force saw clearly how complex, as well as costly, it would be to put in place an opt-out system that would command the trust of members of the public and professionals. Recipients of organs also told the task force of their desire to know that organs have been freely given, as a positive act of gifting. The perception that the task force got from public and patient support groups was that assuming consent from silence belonged to a more paternalistic era of the NHS.

Significantly, some health professionals told the task force of their concern about the potentially negative implications that a move to opt-out could have for clinical practice. There was a suggestion that if opt-out were introduced, some intensive care practitioners might themselves opt out of participation in donation programmes. That is of concern, particularly given that so many of the task force's original recommendations depend on the co-operation of those practitioners.

For all those reasons—and more that I do not have time to go into—the task force felt that the issue was finely balanced. I was struck by its comment that, at the outset, its members held a variety of views but that, after hearing all the evidence, they reached consensus on the view that, on balance, although moving to a system of opt-out might deliver real benefits, it carries a significant risk of making the situation worse in the short term.

I welcome the task force's second report, which is a thorough and important piece of work that brings much-needed clarity on the advantages and pitfalls of moving to an opt-out system. The decision is finely balanced and I make it clear today that I remain on the side that is sympathetic to an opt-out system, but I have always said that I will be guided by expert opinion on such a sensitive subject, which is why I have indicated the Scottish Government's acceptance of the report's recommendations.

I also make it clear that, in my view, opting out is not off the agenda. The situation will remain under review. I accept as a starting point the task force's recommendation that opting out should be formally reconsidered in five years. However, if at any time between now and then it becomes clear that progress is not being made quickly enough, it is open to Parliament to bring such a review forward. The current key issue is about how much steady progress we can make between now and 2013 on driving up our donation rates.

George Foulkes (Lothians) (Lab): I appreciate everything that the cabinet secretary has said. Does what she has just said in her last few

sentences mean that she will accept Richard Simpson's amendment?

Nicola Sturgeon: No, I am not minded to accept it, although I will listen to the debate. It is important that we accept as a starting point the task force report's recommendation that, as things stand, we should take five years to do the other things that we need to do and then formally reconsider the situation. That is my position right now. If, in a year or two from now, progress has not been made, I will not rule out bringing forward the review. However, it is important for us to say that we accept the recommendation.

I want to move on to what we are doing to achieve success, because that is at the heart of the debate. The first step is to have a shared understanding of what success will look like. It is clear to me that the objective must be to more than double the organ donation rate in Scotland. I have given a commitment to ensuring that the resources are available to meet that challenge. At present, we have approximately 50 deceased donors per year, or just under 10 per million of population. Across the United Kingdom, the target is to make that figure rise to 24 per million of population, which would take us to 120 donors a year in Scotland.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): It is obvious from the evidence that was heard by the Health Committee in the previous parliamentary session and from the evidence that was taken by the task force that in Spain, for example, the key is having specialists in every major hospital, which needs resources. The cabinet secretary has mentioned resources, but could she give us an assurance that they will be directed in that way?

Nicola Sturgeon: If the member will bear with me, I will go on to talk about the specific issues that we have to deal with.

Our big advantage in Scotland is that we know that the majority of people would want their organs to help to save someone's life, so we must translate that willingness into names on the organ donor register and into donors.

This year, for the first time, we used television advertising to bring the kill Jill adverts to a mass audience. Indeed, on the day on which the report was published, the chair of the task force commended that campaign as good and effective publicity. We are considering carefully whether we should continue with that approach, or whether there is a more effective angle that we could adopt.

People also told the task force that they feel that the wishes about donation that they express in life should be respected after their death. That is the basis on which our current legislation rests.

However, we need to do more to make people aware of their rights under that legislation. We are therefore commissioning an information leaflet on people's rights under the Human Tissue (Scotland) Act 2006, which we will make widely available in places such as general practitioners' surgeries and pharmacies.

We are also making good progress in Scotland on implementing the recommendations in the task force's first report that are to do with breaking down the barriers to donation. We have appointed a lead clinician for transplantation in Scotland, John Forsythe. As well as being a highly respected transplant surgeon, he chairs the Scottish transplant group, which I asked in January to oversee implementation of the recommendations in Scotland. As part of the process of making donation a usual event, as opposed to an unusual one, John has been giving presentations to NHS board chairs, chief executives and medical directors about the recommendations that we need their help to implement, and they are all very supportive.

We are in the process of establishing a committee that will be responsible for organ donation in each mainland NHS board area and have started to appoint clinical donation champions in each of the hospitals from which most of our donors come.

We have already increased the number of donor transplant co-ordinators in Scotland, who will be embedded in donating hospitals to improve links with the critical care team. That will help to ensure that in all appropriate cases, discussion about donation becomes a routine part of end-of-life care. We have flagged up that issue in "Living and Dying Well", our national strategy for palliative and end-of-life care. In addition, the employment of co-ordinators will be transferred to NHS Blood and Transplant so that they have a recognised career structure and can develop as part of a team.

We are investing more in the commissioning of the arrangements for organ retrieval. We need self-sufficient retrieval teams that minimise the disruption to the other work of the hospitals when donation takes place.

Altogether, we have identified expenditure of more than £5 million over the next three years so that Scotland can contribute to the step change that we need to make. There is strong evidence from Spain and elsewhere that intervention at national Government level can shift organ donation rates from low to high levels. We must learn from the experience of countries such as Spain and introduce arrangements that are in line with those that have proved extremely successful elsewhere.

For some time, there has been general recognition that we must increase organ donation rates if we are to avoid the tragic and deplorable situation in which people die while waiting for organs. That is why it is time to act. In the words of John Forsythe, it is time to do the hard miles that will deliver the improvements that we all want to see. Although I am sympathetic to opt-out, I have never believed that it would be a panacea. We would need to do the hard miles on infrastructure regardless of the decision on opt-out. That must be our focus for the foreseeable future, bearing in mind that if we are not as successful as we need to be, we should reconsider the position on opt-out. That is the right way forward, and it is a sensible approach. I hope that members will show the enthusiasm that I know everyone has to improve the situation on organ donation, and I encourage all members to support the motion in my name.

I move,

That the Parliament accepts the recommendations in the second report from the UK Organ Donation Taskforce and notes in particular that the move to a system of opt out should be reviewed again in five years' time in light of the progress with implementation of the recommendations in the taskforce's first report, which are designed to remove existing barriers to donation, and that, in light of the growing shortage of organs for transplantation, Scotland should, within the existing legislative framework, take all possible steps to almost double its number of organ donors, as our contribution to the challenge of increasing organ donation rates across the United Kingdom from the present level of 13 donors per million population to 24 donors per million population by 2013.

15:07

Dr Richard Simpson (Mid Scotland and Fife)

(Lab): I welcome the opportunity to have another debate on organ transplantation—our most recent debate on the topic was in March—in the light of the publication of the organ donation task force's second report. I do not want to reiterate everything that was said in the previous debate, but a few things are worth repeating on the record.

The organ transplantation programme has been extremely successful over the past 50 years. It began with kidneys, but has been extended to include heart, heart and lung, liver, pancreas, bowel and cornea transplants. The number of organs that are being donated is gradually increasing. Thousands of lives have been saved and release from dialysis has transformed the lives of many people, because although dialysis is an excellent treatment, it ties people to machines for long periods.

As we know, about 3,350 transplants are carried out each year, but 1,000 people die waiting for a transplant. There are 7,600 people on the waiting list, 698 of whom live in Scotland, but we know

from research that that is a substantial underrepresentation of the number of people who could benefit from a transplant but who never make it on to the list because their clinicians know very well that they will never get a transplant. We are not dealing with a problem that we can measure and analyse statistically; we are dealing with a far bigger problem, which could become even greater.

The number of people who join the list has been rising by around 8 per cent per annum, but we face future challenges. As I have mentioned, the number of organs that can be transplanted is likely to grow. There are three additional challenges. The population is ageing and survival rates from earlier insults are better, with the result that people might seek transplants in their 60s and even their 70s. The increasing prevalence of type 2 diabetes will mean increasing levels of kidney failure. It is estimated that 20 per cent of hepatitis C sufferers might need liver transplants. The liver transplant situation has worsened over the past few years.

Although organ transplantation has a proud history of innovation and success, the level of organ donation has been poor and is getting poorer. We are sinking down the table. Even though a Health and Community Care Committee report that was published in 2000 and for which I was the reporter made many of the points that are set out in the task force's report, our progress over the past five years has been negligible. Indeed, over the past six years, the number of cadaveric donations has declined. Of course, that is partly due to fewer fatalities through improved road safety, but that cannot be the whole answer. Since 1990, cadaveric donations have declined by 25 per cent. In contrast, in the time that our donations have stayed static or declined, Spain has substantially increased its level of donations to the highest in the world at 35 donors per million.

The only thing that my amendment seeks to do is to remove the Parliament's tie to a five-year waiting period before a review is carried out.

Nicola Sturgeon: I hope that I have explained that we should not consider ourselves as being tied. I should point out that, taken literally, Dr Simpson's amendment removes any commitment to any review. I do not think that that is helpful. Does he not agree that we need such a commitment, bearing in mind that it is always open to Parliament to bring forward a review, if that is deemed necessary?

Dr Simpson: I know that we have all been very busy over the past week, but it would have been better if we had been able to sit down and work out a common approach. I do not want to be tied to a five-year waiting period before any review takes place; I think that a review could be carried out earlier than that. I realise that the cabinet

secretary has not ruled that out and very much welcome her comments in that respect—indeed, I make it clear that I disagreed with nothing in her speech—but by agreeing to this motion we will put on record that we are tied to this five-year period. If we leave that out, we can review the issue when we feel it appropriate.

The main reason for my approach is that, at 9.6 donors per million, the figure for Scotland is much worse than that for the rest of the UK, which stands at 13.4 per million. We might well need to address the problem earlier than the rest of the UK just to match what is happening there.

Christine Grahame (South of Scotland) (SNP): There is no whip on this vote and I remain very open minded on this issue. However, I respectfully suggest to Richard Simpson that, given the cabinet secretary's comment that it will be for Parliament to decide whether to have an earlier review, he consider as the debate proceeds whether he should press his amendment. I hope that the Parliament will support the motion unanimously but, in light of the cabinet secretary's remarks, the amendment raises a number of difficulties.

Dr Simpson: The cabinet secretary has put her personal views on the record, but she might not always be in that post.

Labour members, too, will have a free vote in this debate. I do not know what is happening in the other parties, so we will see what the Parliament decides. I simply do not want the Parliament's hands to be tied on this matter.

In the Scottish context—*[Interruption.]* I am sorry, Presiding Officer—I dropped my speech because I was getting excited.

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): Go on to page 3.

Dr Simpson: You are quite right—I will just tear that page out.

In its 2000 report, the Health and Community Care Committee highlighted a number of ways of extending organ donor registration; for example, GP registration forms, council tax forms, voter registration forms and other application forms could be used. Has the cabinet secretary considered any such measures?

In the Ochil constituency, Gordon Banks MP has been running an organ donor registration campaign in the *Alloa and Hillfoots Advertiser*, and a similar campaign has been running in the *Fife Free Press*. I wonder whether the Government could find some way of stimulating local campaigns in order to increase registration.

In the organ donation debate in March, the cabinet secretary indicated that she would take up

my suggestion of at least beginning the opt-out process by setting up an opt-out register. After all, according to the task force, 12 per cent of people strongly oppose a system of presumed consent. Those people should be given the opportunity to put their dissent on record and I hope that the cabinet secretary has raised my suggestion with those who administer the scheme.

I have said before—and it is worth repeating—that the problem with the current system is that the refusal rate, which stands at 40 per cent, is still very high. That figure has not changed very much, even though we know that, when they were asked a year later, the majority of families regretted making that refusal.

I noted the cabinet secretary's words carefully, and I agree with what she said. We cannot be in any way patronising to people; we cannot simply say that the professionals know best and are going to take the organs. I have never suggested a hard system of presumed consent.

Mike Rumbles: But surely even the use of the term "presumed consent" is terribly patronising.

Dr Simpson: It would be excellent if we could come up with an alternative term—some people have been talking about an opt-out system.

Out of the 27 European Union countries, 19 now have presumed consent. Seven of those 19 are opting for a hard system—with which I do not agree—and the other 12 for a soft system. A fact that we cannot get round is that eight out of 10 of those countries are represented among the countries with the highest donation rates. That may be for various reasons, but I imagine that presumed consent is one of them.

The other pitfalls that the cabinet secretary has referred to are very important. Have we clarified totally the situation in Scots law with regard to non-beating hearts? That will be important in improving the number of donations. The Human Tissue (Scotland) Act 2006 went some way towards clarification, but have we clarified all the other Scots law issues?

I will go through some specific recommendations from the report in the brief time that I have left. I am sure that we can agree on the need for a UK-wide organ donation organisation. However, should it come under the NHS Blood and Transplant system in England? Should it not be a separate UK system if the issue is serious enough to merit its own establishment?

I welcome the appointment of John Forsythe as a national champion, and the establishment of clinical champions locally in each hospital, which was another recommendation. I also welcome the fact that we will have a better organ retrieval system, which will clearly be important.

I welcome the £5 million expenditure but, if it is Shona Robison who sums up, I hope that she will say how the money will be distributed to hospitals to remove the financial barriers in each board and hospital. Our 2000 report suggested that there were significant barriers. We need to be able to encourage individuals. Will the £5 million cover the costs of transplant co-ordinators in every hospital? Will it cover an increase in the transplant unit capacity in Scotland? That will be necessary if we are successful in increasing the number of transplants that we undertake. Will it also get rid of the barriers to retrieval, and create the independent retrieval team to which the cabinet secretary referred?

The figures for black and minority ethnic communities are startling. I hope that the cabinet secretary will consider a specific education campaign on the promotion of transplants among those communities.

I move amendment S3M-3124.1, to leave out from second "the" to "which" and insert:

"those recommendations of the reports of the UK Organ Donation Taskforce that"

15:18

Mary Scanlon (Highlands and Islands) (Con):

I welcome the Cabinet Secretary for Health and Wellbeing's speech and her confirmation that she will review progress in the next one or two years. That will be important.

As I have said in previous debates on organ donation, the Scottish Conservatives have agreed to a free vote on the issue. Therefore, the views expressed from this side of the chamber are personal to each speaker and are not part of the collective view of the Conservative party.

Like the task force members, the more that I have examined the evidence for an opt-out system, the less obvious I have found the benefits for addressing the shortage of potential transplant donors to be. I very much support the main principles of the task force's report, and I congratulate the task force, and the health secretary, on dropping the words "presumed consent" from the title and on the accurate use of the words "opt out system".

I hope that I will now make this point for the final time, because I do not think that the concept of "presumed consent" has totally gone yet. Presumed consent is not consent. To consent means to agree or to give assent. Consent—whether to sex, marriage or the giving of body parts—cannot be presumed; it can only be given freely by an individual.

Likewise, a donor is a giver. Donation is an act of choice. Whether financial or otherwise, a

donation is something willingly given, not something willingly taken, by the state or anyone else. In that respect, I agree with the point made in paragraph 5.2 of the task force's report, which says that "presumed consent" is a misnomer.

My second point was mentioned by Richard Simpson, but is worth repeating. Diabetes is the main contributory factor to kidney failure. We should not lose sight of early diagnosis and management of diabetes, but we must also put more emphasis on the prevention of diabetes.

In previous debates, I have also raised the issue of trust between clinicians and families, and I further agree with the task force that an opt-out system of consent might undermine that concept.

As the Cabinet Secretary for Health and Wellbeing said, the system that is used in Spain is often cited as the preferred system. However, those who continue to argue for the system that they call presumed consent can no longer be in any doubt that what made a difference in Spain was not the opt-out system that was introduced in 1979, which had little or no impact on transplants, but the action that the Spanish Government took 10 years later when it invested in specific training for health care professionals and appointed donor transplant co-ordinators in every intensive care unit. I also point out that Spain has three times as many intensive therapy beds and transplant doctors as the United Kingdom.

There is a further point that is often missed in debates on organ donation. In Scotland, we still do not know how many people would have been willing to donate organs but were not asked to do so or could not do so because the organisation and co-ordination of retrieval were lacking or there were insufficient intensive therapy unit beds. In that respect, I welcome the £5 million and the increase in donor co-ordinators that the cabinet secretary announced today, although much more needs to be done.

There were only 20 more transplants in the UK last year than in 1999. Although I support the cabinet secretary's motion on organ donation, I want not only an increase in the number of donors but an increase in the number of transplants. However, unless there is considerable investment, that simply will not happen.

Nicola Sturgeon: I agree with Mary Scanlon. I ask her to acknowledge that that is why we have set a target to double not the number of people on the register but the rate of donation. She is absolutely right. Per head of population, we have more people on the register than other parts of the UK, but our donation rate is lower.

Mary Scanlon: I will come to that. If we are to be successful, we need two measurements—not just the number of people who are willing to

donate, but the number of successful transplants. Increasing organ donor rates is one thing, but actively using organs that are given with consent to save lives is quite another.

I was surprised to read that the number of cardiothoracic transplants reduced by 14 per cent last year and that there was an 18 per cent reduction in heart transplants and a 10 per cent reduction in lung transplants. I ask the cabinet secretary whether people who live in Orkney, Shetland and the Western Isles are given the same opportunity to donate and receive organs as people in the rest of Scotland. It has been raised with me that people in Shetland might be unable to donate, despite their wishes, because of the time, resources and distances involved, but also that they might be unable to receive organs. I ask the cabinet secretary to look into that.

I support the task force's view that a system of presumed consent

"would distract attention away from essential improvements to systems and infrastructure and from the urgent need to improve public awareness and understanding of organ donation."

Further, there is not much point in increasing the number of donors unless the system is in place to make transplants happen.

15:24

Ross Finnie (West of Scotland) (LD): I share with everyone in the chamber a commitment to increase the number of registered organ donors. The issue is complex and I welcome all the work carried out by the organ donation task force.

I am somewhat hesitant to join the dance on the head of a pin over Richard Simpson's amendment. I saw it rather differently from the cabinet secretary and Christine Grahame. Given that, after carrying out a whole body of work, the organ donation task force concluded that introducing what we will call temporarily an opt-out system is not to be contemplated at the current time, if one wants to increase donation levels, one has to refer to all the work and all the reports. There is nothing illogical in calling on that progressive body of work so I see no particular difficulty with the amendment.

There is no question but that the latest task force report spells out in various conclusions, to which previous speakers have referred, that an opt-out system should not be introduced at the present time. The conclusions point to the complexity of the situation and, perhaps more important, to the potential to undermine the concept of donation being a gift, to erode trust in NHS professionals and the Government and to impact negatively on organ donation numbers. As Mary Scanlon said, that would distract attention from the essential improvements to systems and

infrastructure and take away from the urgent need to improve public awareness and understanding of organ donation. Furthermore, such a system would be challenging and costly to implement successfully. Most compelling of all, the task force found no convincing evidence that it would deliver significant increases in the number of donated organs. Each element of its conclusions contains complex and difficult issues, many of which—to be fair—the cabinet secretary addressed in her opening speech.

The most recent task force report makes two further interesting points. I share Mary Scanlon's opinion that the use of language about organ donation has been profoundly unhelpful. I do not find helpful the use of the term "opt out" as opposed to "presumed consent". However, I am more concerned about what the report has to say about securing consent. I certainly share Mary Scanlon's opinion that according to ordinary usage of the English language, "consent" means taking active steps to accede to a course of action. Therefore, if someone presumes what course of action an individual should take, as posited in the case of organ donation, it follows that the individual has not given their consent. The whole thrust of all the task force reports is concerned with obtaining consent and ensuring that all sides accept it. Like the cabinet secretary, I found it instructive that the task force heard support from members of the public and patient groups for the principle of informed consent on the part of donors.

Further, the clinical working group heard powerful evidence from organ recipients who stressed the need to know that organs had been freely given by the donors and their families, and from donor families who often find great comfort in taking an active part in the decision to donate.

This Parliament tried hard to assist the consent process through some of the provisions passed in the Human Tissue (Scotland) Act 2006. Section 6 of the act provides expressly for adult authorisation that ought to give legal force and effect to the decision of any person who elects to join the donor register. However, as we all know, for many of the reasons stated in the task force reports, the absence of explicit consent from relatives effectively renders those provisions inoperable. That is challenging for us all.

The two key questions that emerge in relation to our trying to increase the level of donor donation are how we persuade more adults to grant authorisation in the first instance and, secondly and crucially, how we persuade relatives to accept the validity of consent that has been given freely.

The report of the task force in January this year set out the framework, with 14 specific recommendations for how to increase donor rates

by 50 per cent over five years and facilitate an additional 2,000 transplants per year across the United Kingdom. I am much encouraged by the fact that many of the announcements that the cabinet secretary made this afternoon addressed specifically many of those 14 recommendations—or those that come within her powers. Many of the recommendations are directed to the national health service and the health department. The announcement on establishing champions within health boards echoes much of what is said in the report and, equally important, what has been done successfully in Spain. All that is to be welcomed, as is the announcement on transplant co-ordinators, as we try to take a more cohesive approach to the issue.

I am quite clear about the willingness and the wish of all members in the Parliament to increase the number of people who register as donors and, therefore, the number of transplants that can take place. We all acknowledge that we must address the issues of what consent is, how we obtain it and how we persuade relatives of people who have given consent that they did so freely as adults, so their wishes must be respected.

15:32

Christine Grahame (South of Scotland) (SNP): I, like others, welcome the cabinet secretary's announcement of £5 million over three years for various measures to increase organ donation and intervention, and I welcome what she said about the processes and infrastructure arrangements.

On the five-year review, I will wait to hear what the cabinet secretary has to say about the Labour amendment. I think that it is unnecessary, given what has already been said and given that it is always open to Parliament to review the process at any stage, such as by lodging a motion to do so. The five-year review was part of the conclusions of the independent report; that is why it has been included.

I thank Richard Simpson for reminding us about those who die while they are on waiting lists. They are all individuals with families and friends who have lived in hope for far too long.

I note what Richard Simpson said about slow progress and the work that was done earlier. However, I believe that momentum is growing, simply because the Parliament has been debating the issue more often. I took part in Lord Foulkes's members' business debate on the issue.

It was important to await the independent report that we now have before us, so that we could have a dispassionate look at some of the issues. Everybody wants to have more people on the donor list and everybody wants people to be more

informed. I agree that the expression "presumed consent" is a complete contradiction. Consent is the very last thing on earth that we can presume at any time in any situation, as we all know.

I found the conclusions of the report extremely interesting, particularly paragraph 15.2, which states:

"the more the Taskforce examined the evidence, the less obvious the benefit, and the more multifaceted and multidimensional the issue of increasing donor numbers was revealed to be."

I have always felt that that was the case. If there was a simple answer, it would have been delivered. The issue is complex.

The British Medical Association's position on what it calls a

"soft" system of presumed consent"—

I do not particularly like either of those terms—is that it

"acts as a safeguard—families may be aware of an unregistered objection to donation. Secondly, it recognises doctors' duty of care towards relatives to relieve, and not add to, their distress in bereavement."

The second point is terribly important. We are not talking about people who are neutral or objective; we are talking about a highly personal, emotional situation for families, who are vulnerable. They might have had a view previously, but when they face the death of a loved one, they are in turmoil. The situation must be dealt with terribly delicately, and I look forward to the publication of guidance on how to talk to relatives in the appropriate manner. I imagine that many of our professionals do not really need such guidance, but it will not do any harm.

In the members' business debate, I quoted at length someone whose views should be listened to—Ian Grant, a consultant surgeon at the Western general hospital in Edinburgh, who deals with situations in which he has to approach the families of people who are brain dead or on the point of dying. He said:

"It is also unthinkable that a dead patient's organs would be taken without family agreement, and hence discussion with the deceased's family after brain-stem death will need to continue as before. It is vital that this discussion is informed by accurate knowledge of the patient's wishes expressed before death. This can only be guaranteed by a compulsory registration of patients' wishes, whether for or against donation"

That is important, and it picks up Mary Scanlon's point that organ donation is a gift. We should have a voluntary register—a compulsory register may be a step too far—to assist friends and relatives, who may not know what to do. Then, they would have before them the deceased's wishes either for or against donation to help them determine what

they ought to do—because, along with the professionals, they would have to decide.

Ian Grant continued:

"I write as a senior intensive care clinician with almost 30 years experience of dealing with brain-stem death and organ donation, and who strongly supports organ donation and transplantation."—[*Official Report*, 24 January 2008; c 5558.]

Those are wise words.

Having dealt with consent, I will develop the definition a little more. Not only must consent be clearly and freely given, as well as being informed, but the individual must have the capacity to know what they are consenting to. If we went down the route of consent being silence, we might discover only after the event that a person whose organs had been donated did not have the capacity to give their consent, which would be outrageous.

I am in two minds about Richard Simpson's amendment. Frankly, I do not think that we need it, although I am hesitant about voting against it. I may have to abstain in the vote, although I do not like abstaining—it is not in my temperament. I do not think that it was helpful of Richard Simpson to lodge the amendment.

I conclude on this point. In the debate, we must remember that while we talk about statistics and about increasing the rate of donations to 50 per cent from 30 per cent, really we are talking about the individuals on those interminable transplant waiting lists who would get the most precious gift of all—not just at Christmas but at any time—of having their life extended. Whatever we can do to assist that, keeping in mind the legalities surrounding consent and so on, will be to our credit.

15:38

George Foulkes (Lothians) (Lab): I, too, welcome the debate, although I have one reservation to which I shall return later. I apologise for having to leave for part of the debate, due to an engagement that I had arranged previously.

I join in congratulating the UK organ donation task force on producing an excellent report that provides a number of welcome recommendations that will improve organ donation services and the rate of organ donation throughout the United Kingdom. Although I welcome the task force's recognition of the importance of improving organ donation rates, like other members, I am disappointed that the report does not also recommend that we proceed straight away to an opt-out system—that is the phrase that I shall continue to use—for organ donation. I believe that there is a strong argument for that, which I shall make.

The number of people who are on the transplant waiting list in Scotland currently stands at 818. In September 2005, it was 695; so, it is growing. Yet, in 2007, only 271 organ transplants took place. In the Lothians, 135 people are waiting for an organ transplant and, according to the Department of Health, one person dies every day in England due to failure to find a suitable donor. That is the context for the debate.

Every year, people die needlessly while they are waiting for a donor organ. Evidence from many other countries has shown that an opt-out system can address the shortage of donor organs and save lives, and public opinion research in this country has found growing support for a change to the system. More than 60 per cent of people are in favour of an opt-out system—with safeguards, of course.

I read with concern and growing disbelief the report's finding that there was no convincing evidence to suggest that an opt-out system would deliver significant increases in the number of donated organs. We simply must consider what happens in other European Union countries—forget about what happens beyond the EU. Nineteen EU countries operate an opt-out system. It has been said many times that Britain's organ donation rate is substantially lower than half the organ donation rate in Spain. I accept that the rate in Spain is produced by a combination of having the necessary infrastructure and an opt-out system, but the opt-out system contributes. Britain has achieved an organ donation rate of only 12.8 per million compared with Spain's 35.1 per million. What other evidence is needed?

Let us consider medical opinion. Dr George Fernie, who is a member of the Scottish council of the BMA, said in response to the report:

"The BMA is disappointed by the taskforce's findings."

He said that an opt-out system together with

"sufficient surgeons, intensive care beds and transplant coordinators"

was needed. He spoke about a combination of things, just as there is in Spain.

Mike Rumbles: George Foulkes keeps mentioning Spain. Does he accept that we took evidence from Spain on the matter in the previous session, that the task force took evidence from there, and that it said in its evidence that it was the structure that was important, not the opt-out system? George Foulkes does not seem to agree with the evidence.

George Foulkes: Mike Rumbles is entirely wrong. It is the combination of the structure and the opt-out system that is important. Everyone to whom I have spoken says that.

The recommendation that has been made at least to review the position on introducing an opt-out system is welcome, but it was made on the understanding that the Scottish Government will invest money and effort to implement the other recommendations. I welcome the appointment of John Forsythe and the cabinet secretary's willingness to consider early review, but Ross Finnie was right. That willingness means that it is open to the cabinet secretary to accept Richard Simpson's amendment. That would do precisely what she said in her speech she wants to do.

We want and need donor numbers in Scotland to double. If we accept what the task force has recommended, organ donor numbers will increase by only 50 per cent in five years, as the task force said; donor numbers will not double.

Christine Grahame: Will the member take an intervention?

George Foulkes: No. I am running out of time.

In order to increase organ donor numbers by 50 per cent, the Scottish Government must provide the necessary funding and resources, employ specialist staff and conduct a hard-hitting national campaign. Even then, we will be lucky if a 50 per cent increase is reached.

My one reservation about this debate is that it has been a little bit like groundhog day—we are all making speeches that are somewhat similar to speeches that have been made in previous debates. Some sceptics—not I—have suggested that the Government decided to have this debate because it does not want to debate some of the other issues that that have not received a similar level of scrutiny, such as bedblocking, increased waiting times, the shortage of free personal care and improved cancer services. I hesitate to say that, but sceptics say it.

In summary, we should start immediately to implement the task force's recommendations, but we must be ready to revisit the possibility of introducing an opt-out system well before the five years. If the enhanced voluntary donation system does not produce the extra organs that are urgently needed, more people will die unnecessarily.

15:44

Ian McKee (Lothians) (SNP): Members will be aware that the first recorded organ donation took place some time ago, when Adam parted with one of his ribs in order that woman could be created. The undoubted success of that operation has resulted in numerous copycat exercises, although none has been deemed as being as favourable as the initial venture. However, there is no doubt that an organ transplant is the only pathway to

health—even life—for many thousands of people. The shortage of transplant donors means that, for far too many people, that pathway simply does not exist.

The donor deficit has fashioned my gut instinct that the British Medical Association's call for a system of presumed consent—if I may use the term—for organ donation is the best way forward. George Foulkes's silvery tongue convinced me, too. After all, what use is one's body to one when one is dead? Most religions believe that the soul leaves the body at the moment of death, leaving only a husk behind. Similarly, those who have no religious beliefs feel that a body without life is not much use. When I die, I want my body to be put to as much use as possible for others. They can take what they like, although I must give the warning that the liver is a little shop soiled. What is left should be turned into ashes and used as a fertiliser or to give a better grip on slippery roads, or for some such beneficial purpose. I will be somewhere else and will not care a hoot.

The trouble with gut instincts, however, is that they are often shown to be wrong. The BMA supports the UK task force's recommendation that we should improve the infrastructure that supports organ donation. All too often, usable organs have not been utilised because of administrative shortcomings. There has even been a financial disincentive for health boards and authorities to take part in organ donation. Although no one accuses the NHS of attempting to save money by discouraging organ donation, it seems sensible to remove such barriers in future.

Steps must be taken to encourage the public to sign up to the organ donor register. As the task force report states, although 65 per cent of the population say that they are prepared to donate organs after death, only 25 per cent have registered that preference. That gap must be narrowed if the number of organ donations is to be increased significantly.

Why not have an opt-out system? My first doubts arose when I read the organ donation task force's second report, which contains welcome recommendations. As the cabinet secretary told us, right at the beginning, the report states:

"When the Taskforce began its deliberations, members had a variety of views. By the end of the process a clear consensus had been reached, but only after an extensive range of evidence had been considered along the way".

I remind members that the task force's clear consensus was that moving to an opt-out system at this time may carry

"a significant risk of making the current situation worse."

Who are these task force members who have made that recommendation? Are they a load of do-gooders who are out of touch with the opinion

of those who are at the sharp end of transplant medicine? No. I have a list here, which shows that they are some of the most distinguished surgeons, physicians, nurses and administrators in the transplant field, many of whom I am sure are BMA members. There are also representatives from the National Kidney Federation, the patients forum, the Human Tissue Authority and NHS Blood and Transplant, as well as professors of law and medical ethics. I do not have a predisposition to support the conclusions of expert committees, but the findings and recommendations of this one must be taken very seriously indeed.

Why might an opt-out system make matters worse, not better? The task force exposed several factors. Families could feel pressured, the relationship of trust between families and clinicians could be eroded, and doctors might, as one witness said, jump in too quickly before a patient is actually dead. Some faith groups even suggested the possibility of starting an anti-donation movement to encourage people to opt out of donation should an opt-in—I mean opt-out—scheme be instituted. Others consider that, in this day and age, a system of presumed consent is a little paternalistic, as other members have said. Many of the people who gave those opinions are involved in transplant surgery or donation every day of the year.

Although I still support the eventual establishment of an opt-out system should that be necessary, I am inclined to support the task force's recommendation that the time is not yet ripe for such a bold move. As there are so many misconceptions in the community about organ donation, I accept that there is a serious risk that premature adoption of an opt-out system might not only make things worse in the short run but so poison the atmosphere that future progress would be inhibited. Members, including, I am sure, Lord Foulkes, will remember that the legislation to ban smoking in public places became possible only once the public had accepted its necessity. The same applies to organ donation.

Let us work hard to put the good recommendations of the task force's first report into action. We should also inform the public about the need for organ donation and dispel the myths surrounding its procedure. Then, and not until then, will a system of presumed consent become desirable and possible, although it may not be necessary.

15:50

Nanette Milne (North East Scotland) (Con):

This is our third debate on organ donation this year. There can be no doubt that the Parliament—and, indeed, the Government—takes the issue seriously and has given it substantial prominence

on the political agenda only two years after it approved the Human Tissue (Scotland) Act 2006, some provisions of which were designed to enhance the rate of donation.

During our debates, we have heard some well-reasoned and, sometimes, emotional speeches, which have put on record the cogent arguments for and against a system of so-called presumed consent to organ donation. The debate continues, and both of this year's excellent reports by the organ donation task force make it clear that there is no simple way to achieve an increase in organ donation. However, it is beyond dispute that there is an urgent need for more organs if we are to get anywhere near meeting the needs of the many people who await transplantation.

There also seems to be little doubt that, as Richard Simpson said, the number of people with end-stage organ disease will increase as our population ages and individuals suffer the long-term effects of the diabetes, obesity and excessive alcohol consumption that are prevalent in Scotland today. We must step up our efforts to alter lifestyles as a means of avoiding those diseases in the first place but, of course, the culture change will not happen overnight. Research must also continue into finding a cure for the many chronic conditions that lead, eventually, to organ failure and into the practicalities of viable organ generation within the laboratory.

In the meantime, transplantation is the only hope of saving the lives of many people whose organs can no longer perform their vital function, so we must consider every possible means of increasing the rate of organ donation and giving hope to those who are going through the pain and trauma of end-stage organ disease. Members should believe me that it is traumatic and deeply distressing to watch close friends or family members suffer the extreme breathlessness of respiratory or heart failure, or the severe pain of procedures such as sclerotherapy for the oesophageal varices that result from a failing liver.

I welcome the organ donation task force's latest report, which follows on from the one that we debated in March. The reports make it clear that the current system of organ donation is failing to meet the increasing demands that are placed upon it and that everything possible must be done to increase donation rates in the United Kingdom now within the existing legislation, which provides for opting in to donation. Initially, I was not clear about the intention of Richard Simpson's amendment but, having heard his explanation of it, I am inclined to agree with it, although the five years that the task force proposes seems a reasonable timescale for proper assessment of the efficacy of its proposals.

The factors that influence the rate of organ donation have been well rehearsed in our previous debates and the task force reports, and I have little to add. There is no doubt that there are many more people in Scotland who are willing to donate their organs than are on the donor register, and that it is largely inertia that stops them registering. As I have said in the Parliament before, it took me more than 10 years from my son's transplant to register myself, and I am not altogether sure that my husband and daughter are even on the register, although I know that both would want me to consent on their behalf should the situation ever arise.

Every opportunity to make organ donation easy should be taken up. Efforts should also be made to encourage people to think about what happens to their organs after death and to discuss the matter with their families. Unfortunately, in our society today, there seems to be a reluctance to acknowledge that death is an inevitable part of life, and it is seldom talked about in any depth. Our newspapers and other media are full of the fatal accidents that occur daily on our roads, but we do not often hear about the victims' contributions to saving the lives of others by the transplantation of their organs to which their bereaved families generously agree.

I agree with the BMA's assertion that improving organ donation infrastructure and increasing donor numbers are interdependent measures. To that end, we must somehow change our culture and create an environment in which donation becomes the normal choice. The task force has stressed the need to improve donor identification and referral and to enhance donor co-ordination and organ retrieval. The success of such efforts will depend on all parts of the NHS embracing organ donation as a usual, rather than an unusual, event.

The recommendations to improve organ donation infrastructure and to remove the barriers to donation should, if implemented across the country, go a long way towards achieving the UK target of almost doubling the rate of donation by 2013, without the need to resort to further legislative change. If the proposed infrastructure changes that the Government is addressing, which the cabinet secretary spelled out earlier, achieve the desired result, well and good, but if they do not, changing to an opt-out system with appropriate safeguards, which appears to be supported by more than 60 per cent of the population, will have to be considered again. I therefore very much welcome the task force's recommendation to review the situation in five years' time in the light of the progress that is made on implementing the recommendations.

I hope that between now and 2013, satisfactory progress will be made and sufficient organs will

become available for the many people who currently await them or who may require them in the future. Any one of us or our friends and family members could find themselves in need of organ replacement. I believe that we are morally obliged to do the utmost to increase donor numbers, even if we ultimately have to move to an opt-out position.

15:56

Helen Eadie (Dunfermline East) (Lab): Thank you, Presiding Officer, for the opportunity to contribute to the debate. We all think of giving in this Christmas season and of wrapping our Christmas presents, but a gift of an organ must be one of the most precious gifts that we can give. I would have a national gift register—I would not call it an organ donor register—that would entitle anyone to give any gift in the land that they wished. However, the most precious gift of all would be the gift of an organ.

Like George Foulkes, I strongly support an opt-out system, and I would take action on it now rather than wait five years. In the BMA's words, since 2000, many people have been

"calling for a radical review of the organ donation system and for concerted action to improve all aspects of transplantation".

The BMA also states that the UK organ donation task force

"has made clear in its two reports ... that the current system is unable to meet the increasing demands placed upon it and steps must be taken as a matter of urgency to increase donation rates."

I welcome that acknowledgement and the determined effort that is being made to improve the situation for those who are waiting for an organ.

As ever, I am indebted to those who contacted us about the issue prior to the debate. I am particularly thankful to the BMA, which advised us of professional support across the country for its position. Since 2000, it has been the policy of the BMA, which represents the majority of doctors in Scotland and the UK, to support a model of soft presumed consent. The Royal College of Surgeons, the British Transplantation Society and the Royal College of Pathologists have also declared their support for a system of presumed consent. The Royal College of Nursing removed its opposition to presumed consent in spring 2008.

Thinking of public opinion, I note that we have heard that upwards of 700 people are waiting for organ donations and that more than 60 per cent of the public support a shift to a system of presumed consent with safeguards. Countries that operate a presumed consent model have roughly 25 to 30 per cent higher donation rates than countries with

informed consent. I support a consolidated model in which improvements to the infrastructure are supported by legislative changes. I am disappointed that the UK organ donation task force did not recommend a shift towards a presumed consent system, because the UK has the lowest organ donation rate in Europe.

I support the task force's recommendation to improve the infrastructure, however, and I welcome the fact that the Scottish Government has committed to fund the changes by matching the level of funding in Scotland with that in England. If fully implemented, the infrastructure changes that the task force recommended will address some of the current system's shortfalls, such as missed opportunities for referral to a transplant co-ordination team and diagnosis of death by brain-stem tests.

One of the reasons for the relatively low donation rate in the UK is the 40 per cent of cases in which relatives do not consent to donation. Often, they have to decide without knowing what the deceased individual wanted, and their decision is made against a background in which saying no may appear to be the standard response to uncertainty. High-profile campaigns to raise awareness of organ donation and encourage more people to sign up to the organ donor register may go some way to improving that situation, although efforts over the past decade to achieve that have had limited success.

I continue to believe that a change to a system of presumed consent for organ donation, with the introduction of an opt-out system, would have greater benefit and would lead to more lives being saved and transformed. As Christine Grahame said eloquently in her speech, we must remember that we are talking about people whose lives might disappear through our inaction. We have the chance to take action now rather than wait another five years while we watch people die for want of an organ.

As politicians, we know that improving organ donation infrastructure and increasing donor numbers are interdependent. Donation rates cannot be successfully improved without better infrastructure and resources. Creating an environment in which donation is the normal choice would lead to more organs becoming available for donation and would allow the improved resources to be fully used. It is not a question of either improving the infrastructure or changing to a system of presumed consent; the question is whether infrastructural changes alone will suffice or should be combined with a change to presumed consent. I support the latter approach and am disappointed that the task force rejected that option. Presumed consent should continue to be considered as a serious possibility for the

future, should the changes not have the desired effect.

Repeated surveys show that the majority of the public say that they support organ donation. I heard and respect Ian McKee's opinion. Having worked with him on the Health and Sport Committee, I have a healthy respect for everything that he says. However, as well as the list of much respected people that he mentioned, we should have a healthy respect for the opinion of the wider public who were not part of the task force. In the most recent survey that was conducted in 2003 for UK Transplant, 90 per cent of people claimed to support organ donation. However, for various understandable reasons, only 25 per cent of the UK's population is registered on the NHS organ donor register.

Opponents of presumed consent often argue that such a system is an affront to patient autonomy because it removes choice from donors, but we need to consider how patient choice works in the present system. Around 25 per cent of organ donors in 2006-07 had registered their positive choice for donation on the organ donor register. In the remaining 70 per cent or so of cases, families decided on behalf of the deceased. Faced with the decision, around 40 per cent of relatives opt for the default position, which is not to donate. We know that in some cases relatives refuse to donate because the deceased made it clear in their lifetime that they did not want to—everyone has the right to refuse to donate their organs after death and to have that wish respected. However, under the current system there is no formal mechanism for people who feel strongly against organ donation to register their objection. In the absence of such a mechanism, it is impossible to be sure whether patient autonomy is being respected after death. A key reason why relatives refuse donation is that the wishes of the deceased are unknown, whereas family members rarely go against the known wishes of the deceased. Under a system of presumed consent, individuals are far more likely to have discussed their views with their families.

For those reasons, I hope that we will move with urgency to a situation in Scotland in which organs are available to people who depend on organ donation.

16:03

Michael Matheson (Falkirk West) (SNP): The nature of this debate is somewhat different from our March 2008 debate, which became rather polarised around the positions of either having an opt-out system or continuing with the present system with some changes. The organ donation task force report has changed the tone and nature of the debate to some degree.

Like others, I very much welcome the report and the way in which the task force has considered the issue in such detail. The report clearly sets out not only the challenges that our country faces in increasing the level of organ donation but the action that is necessary to increase such donation by 50 per cent in the next five years. It is fair to say that achieving a 50 per cent increase in five years is an ambitious target, given the history of the issue and the different actions that have already been taken to try to improve levels of organ donation. However, with its expertise, the task force clearly believes that the target is achievable.

When we consider the organ donation figures in the rest of Europe, it is worth bearing in mind that even after a 50 per cent increase in Scotland, our organ donation rate will be considerably below the average of many other European countries. That means that a 50 per cent increase in the next five years is only the first step in increasing our organ donation rate to be more in line with the European average.

I confess that I am something of a convert to the opt-out system. Like many, I have always recognised that the key way to increase organ donation is through the necessary infrastructural change in our health service. From the recommendations and findings in the task force's report, it is clear that the task force sees infrastructural change as key to achieving an increase—the evidence from Spain speaks for itself. That is not to say that I believe that an opt-out system does not have a role to play, because it might have a role to play further down the line if the infrastructural changes do not deliver the necessary increase that we want.

The infrastructural changes that must be made will not necessarily all be made quickly. That applies particularly to the cultural change that is necessary to go from seeing organ donation as unusual to seeing it as the norm in our health service. It is important to recognise that, even with a review in five years or sooner, instituting all the infrastructural changes that are important to achieving the 50 per cent increase might be difficult.

Like others, I welcome the £5 million that the cabinet secretary has committed to providing over the next three years. I also welcome the fact that the review need not take place after the full five years and that it might be sooner. On that basis, I will not support Richard Simpson's amendment, because I believe that a review should take place. The motion provides certainty about that.

It would help to have more clarity about the factors that could trigger the review. For example, will a 15 per cent increase in the number who are on the organ donor register in three years' time

allow us to say that we are not making enough progress? Will a 15 per cent increase in organ donations by year 3 allow us to say that we must review progress? It would help if the cabinet secretary gave more detail on the factors that she thinks will be taken into account in deciding on an early review.

As other members have said, it is important not to forget the human side. Our Parliament and the Government have a tremendous responsibility to get the system right. I have a family friend whose mother will, just this week, donate a kidney for transplantation because a kidney is unavailable for him and the future availability of a kidney is likely to be limited. Since that young man has had to go on kidney dialysis, he has lost his job and much of his social life. All the wider aspects of life that are affected by organ failure should never be forgotten. That is why, unlike Lord Foulkes, I believe that preventing the unnecessary death of 1,000 people throughout the UK every year is extremely worthy of debate in the Parliament. I would have thought that someone of his experience would recognise that the debate should not be about making cheap political points for his narrow political interest, because it is about saving individuals' lives.

16:10

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): Everyone in the debate wants an increase in organ donations, as Michael Matheson said, to save lives and to ensure that people who are in need have a much better quality of life. The question that we must address is: what is the best way to ensure that more organ transplants take place throughout the country and that we save as many lives as we can?

The UK organ donation task force has done serious work on the subject, and I am happy to follow all its recommendations. I was delighted that, in her speech, the cabinet secretary's tone was right and what she said was right. I do not agree with her personal views on opt-out, but everything else that she said was correct.

Richard Simpson's amendment is not helpful, because it does not support all the recommendations of the task force. It was clear from his speech that he wants to focus again on what he and others continue to call presumed consent. I respect the sincere views of Richard Simpson and other MSPs who support the state having the right to take a deceased person's organs without permission—that is what it is, even though they still call it presumed consent. I do not agree with them, but I respect their intentions.

Helen Eadie cannot have it both ways. A gift cannot be taken; a gift must be given. We should

not use the term “presumed consent” any longer. Most of us have not used it, although some members still use it. The term is misleading, and as Ross Finnie and Mary Scanlon said, presumed consent is no consent at all. Let us stop using the term.

We should address the real issue. When nearly 30 per cent of the adult population in Scotland is signed up to the organ donation register—better than in any other part of the UK—why have so few donations taken place while so many people are on the waiting list for a transplant? The problem is not getting more people on to the register, but getting the health authorities to act on the powers that are already given to them by the Human Tissue (Scotland) Act 2006.

I was a member of the Health Committee in the previous session of Parliament when we took evidence on the issue, and the Parliament changed the law. For the first time, we gave legal status to the organ donor register, the card and the wishes of the deceased. If a deceased person is on the register, no other formal permission from anyone else is necessary. The deceased’s wishes are paramount.

I agree with the UK organ donation task force and the Government’s motion that, within the existing legislative framework, we should take all possible steps—I like that phrase, “all possible steps”—to increase the number of transplants. Doubling the number would be immensely helpful, but like Michael Matheson I want to go further. I want everyone who is waiting for a transplant to have a reasonable chance of obtaining one.

I come to my main point. To achieve a real increase in organ donations, the Scottish Government must ensure that we have a system like the one in Spain, in which there is a specialist team in every major hospital to ensure that organ donation issues are fully and effectively addressed. I was pleased to hear from the cabinet secretary that work in that direction has begun with the £5 million that has been allocated. I genuinely think that that is a good step in the right direction. It is a question of investing resources where they are needed and taking action, and not just relying on an increase in the donor register.

The solution clearly lies with the Scottish Government. We need specialist teams in every major hospital, and only the Scottish ministers can provide the necessary resources. I am sorry that George Foulkes is no longer in the chamber, because I agree with Michael Matheson that George Foulkes missed the mood of members. This is not the time to criticise the Government on the national health service—those times will come later, I can assure the cabinet secretary—as the Government is going in the right direction on organ

donation. We should support the Government when it is moving in the right direction.

I am pleased that the cabinet secretary has started out correctly, but much more needs to be done if we are to achieve our goals. That is not to do with the register; the only measure is how many successful transplants we achieve over the next five years.

16:15

Irene Oldfather (Cunninghame South) (Lab): I will reflect on an issue that other members have touched on, but which I hope will be given further consideration in the debate over the next few years, whatever the timescale. I refer to the rights of those for whom informed choice, and therefore presumed consent, is difficult.

As the convener of the cross-party group in the Scottish Parliament on Alzheimer’s—and as members are aware—I have expressed in the Parliament the view that those with Alzheimer’s and dementia should have a voice, even when communication is not easy for them. We must ensure that any guidance or legislation that is put in place not only helps to facilitate an increase in the number of donations, but respects the wishes of the individual. We must have a clear strategy that allows vulnerable adults to express a view, particularly when communication and understanding are difficult for them.

The rise in the diagnosis of early-onset Alzheimer’s means that increasing numbers of younger people—some in their 50s and 60s—are affected. It is no longer only those in old age who are affected by Alzheimer’s. If a framework of opting out is brought into place, my hope is that guidance will resolve issues such as that which I have highlighted. I hope that it will make clear that the wishes of vulnerable adults are to be respected, no matter the way in which they can express them. As a society, we are too often deaf to those who can communicate only in non-verbal ways. That is wrong as a principle. We have a duty to ensure that we do not presume consent on behalf of those who have little voice, whether they are expressing a view on organ donation or on any other policy area. Their rights must be respected.

I turn briefly to the European Commission’s proposal for the directive, which it has entitled “standards of quality and safety of human organs intended for transplantation” and which it published just a few days ago. Although the proposed directive does not consider the system under which organs will be obtained—in other words, opt-in or opt-out—it requires a number of principles to be put in place, which are relevant to us. One such principle is for all 27 member states

to put in place modern and efficient systems for handling organ donation.

The proposed directive looks to improve the possibility of organ sharing between countries. It is generally agreed that the full potential for cross-border exchanges has not been realised thus far. Furthermore, the proposed directive seeks to discourage the black market in organ sales; all members can sign up to that.

It would be remiss of me not to mention that the Parliament's European and External Relations Committee has agreed to a subsidiarity pilot on the matter, in co-operation with the House of Lords. In effect, Parliaments such as ours are being given the opportunity to be consulted on matters of relevance and to comment on the processes by which decisions that are of relevance to us are agreed. In terms of the debate, we are talking of decisions on the standards of the quality and safety of human organs that are intended for transplant.

The European and External Relations Committee has written to the Minister for Europe, External Affairs and Culture and the convener of the Health and Sport Committee to invite their comments on the process and our role in it. I hope that the Parliament and the Government will take the opportunity that the pilot affords to put on the record our view on the matter.

According to the European Commission, 56,000 patients are on waiting lists for organs in European Union countries. The mortality rate for those who are awaiting heart, liver or lung transplants ranges from 15 to 30 per cent. The problem goes well beyond our borders. In particular, the proposed directive to which I referred affords an opportunity to tackle the exchange across Europe of organs for recipients who have a low chance of success because the organ is in the infrequent match category.

All members agree that more has to be done to increase the number of donors in Scotland. As other members have said, there is no greater gift than the gift of life. Let us reflect on that. In rising to the scale of the challenge, however, let us not forget those who have difficulty in understanding and in articulating their views. That is not a reason for not acting; it is a reason for ensuring that a robust and informed scheme is put in place.

16:20

Angela Constance (Livingston) (SNP): Medical advances and modern life have given us much to celebrate. We now have many more opportunities to give and save life. As Christine Grahame and Ross Finnie have already rather eloquently stated, organ donation should be the gift of life.

I have a very brave constituent who is waiting for a liver transplant, and I have been involved in making representations on her behalf about the care that she has received. There are currently 22 Scots waiting for a liver transplant, and my constituent is one of four who have been waiting for that transplant for more than a year. As a result, I am aware of the work of the Scottish liver transplant unit of the Edinburgh royal infirmary. It is a busy service with a 96 per cent occupancy rate for its 18 beds. It is a small unit.

The work that is done by the living donation liver programme is particularly exciting. The liver is an amazing organ that can practically regrow itself.

I have always been instinctively sympathetic to the BMA's position in favour of a soft system of presumed consent, notwithstanding the unhelpfulness of that language. The BMA's position is pragmatic and sensitive to the views and needs of grieving relatives. It is based on the reality of the current system, in which only 25 per cent of organ donors in 2006-07 have registered their positive choice, with 70 per cent of organ donations being decided by the families on behalf of the deceased.

However, having listened to the debate, I am interested in the suggestion that Christine Grahame made on behalf of Dr Ian Grant, who is a consultant at the Western general hospital. That suggestion was that we need people to register for or against organ donation, although I believe that Christine Grahame said that Dr Grant thinks that such registration should be compulsory. That is an attractive suggestion, especially as we all go for regular health checks. Women go to well woman clinics, many of us go for flu jabs, and we make regular visits to our GPs with our children.

We also go to lawyers to discuss the making of our wills and what we want to happen when we are no longer here. Nanette Milne is correct to say that, culturally, we have an aversion to talking about death, and the services with which we all have daily contact could do something to change that. I do not want to sound morbid, but talking about what we want to happen once we are no longer here must become a cultural norm.

Last night I was showing the Kirknewton gala day committee around the Parliament and debating chamber. The group was made up of a cross-section of women from different backgrounds and of different ages. While we were in the chamber, we were talking about the debates that are coming up. I get the sense that people want to discuss life-and-death issues. Although an individual might not be personally affected by an issue, they do not have to make a great leap to imagine what could happen to them or to one of their loved ones. It is important that we keep the debate going and that we do not stand still. I

welcome what the cabinet secretary said; if we need an earlier review of the situation, that will happen.

Organ donation needs to become the norm and the natural decision. It needs to become part of our culture to say that we will freely give what is, after all, the gift of life.

The Deputy Presiding Officer (Alasdair Morgan): We move to winding-up speeches.

16:25

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): I have listened to the debate—which is highly appropriate—with great interest. I am sorry that George Foulkes has left the chamber. He used an old rhetorical flourish that is almost like asking someone whether they are still beating their wife. It is a trick that works, but it did not work in this context. It is relevant to have such a debate in the season of good will because, as others have said, we are talking about saving lives.

The cabinet secretary discussed the work of the organ donation task force and its report. She mentioned that strong views are held on both sides of the argument in the Parliament, but the backdrop to that is the need to increase donation.

Richard Simpson mentioned two important obstacles to our efforts: the fact that we have an ageing population, which self-evidently presents a problem; and the problems that are associated with the increased incidence of hepatitis and diabetes. We are having to navigate our way through such problems. Richard Simpson suggested that people could register as organ donors on council tax forms. There are ways in which we could increase reach-out that would help us to tackle the problem.

I congratulate Mary Scanlon on getting to the heart of the problem with the expression “presumed consent”. I do not know how other members feel, but I feel that “presumed” is a difficult word. The word “presumption” carries a certain weight. To be light-hearted, many would presume from the way that I walk and talk that I am a Tory, but they would be entirely wrong to do so.

Nicola Sturgeon: They would presume more than that.

Jamie Stone: I will not rise to the sedentary comments.

Mary Scanlon provided an extremely apt definition of that problem, and I congratulate her on it. Her second point was about the remote islands. I am not aware of the issue, but it would bear some investigation by the cabinet secretary

and her team. Given the constituency that I represent, if remoteness were to get in the way of organ donation, that would be a significant issue for my constituents.

The two most important points that my colleague Ross Finnie made were about how we persuade adults to agree to donate and how we persuade their relatives to agree to that, which is very much the crux of the problem.

Christine Grahame was right to remind us that we are dealing with people who are addressing the ghastly face of death and all the emotional difficulty that goes with that, which is why sensitivity is so vital.

In addition to his customary witty remarks, which on this occasion were about Adam’s rib and the use of his own remains to grit the roads, Ian McKee quite rightly reminded us of the task force’s expertise. Its members came to their work with a multiplicity of opinions but reached an overall consensus. As Angela Constance said, it is important that we keep the debate going. Ian McKee’s point is useful in the context of how we in the Parliament, collectively, come to take a view on the issue.

Nanette Milne made an extremely useful point about celebrating the fact that people are alive because of the generosity of people who have died who gave their organs. If we can connect more with people who can say, “I am alive today because of the generosity of a person who is not with us,” we will fulfil part of the bargain. That will complete the equation, if you like, and will help families sign up to the decision making that Ross Finnie mentioned.

I acknowledge and applaud the considerable track record on organ transplantation of my colleague Mike Rumbles. He asked why so few transplants are carried out when so many people are signed up to donation. Many other speakers, including Helen Eadie, Christine Grahame and George Foulkes, have said that it is a question of getting in place the specialist teams. As Richard Simpson said, we must identify how the £5 million will be spread across everything that we are trying to do.

The issue is extraordinarily difficult, as I said, and I think that we are right to be in the position that the cabinet secretary and other members accurately described. The situation might develop. The Parliament has the power to decide to review the position sooner than in five years’ time. I am not inclined to support the amendment in Richard Simpson’s name, notwithstanding the generous spirit in which the member spoke to it. However, there will be a free vote.

As Nanette Milne said, we must reach out to people who are alive because someone gave their

organs. We must educate people and make organ donation easier and more matter of fact, as Richard Simpson said. We must also be able to talk about death, as Angela Constance said.

We must get on with it and see what we can do. The debate is crucial. People who could have a longer life are dying because organs are not available for transplant. Given our short span on this planet, a long life is probably what matters to us most. I congratulate all speakers in this worthwhile debate—and it would be inappropriate if I did not wish members of all parties a very merry Christmas.

16:31

Jackson Carlaw (West of Scotland) (Con): Many members who have spoken in previous debates on organ donation—on both sides of the argument—spoke in today's debate. Their testimony remains moving. Deeply sincere opinions are held on both sides of the debate on presumed consent—the final big issue.

Members have talked about opting in and opting out, but I am not sure that the terminology has worked, because I am afraid that the *Official Report* might show that several members unwittingly mixed up their opt-ins and opt-outs. If members cannot get it right, perhaps we are not using the right terminology.

We owe the organ donation task force a debt of thanks for its considered, balanced and persuasive report. I was willing to be persuaded that there should be an opt-out system, but I support the task force's conclusion that we should revisit the issue in five years—or sooner, in the circumstances that the cabinet secretary described—and in the meantime do far more to increase the number of people who proactively choose to opt in, given that a huge percentage of the public appears to be willing to do so.

I am anxious not to repeat what I have said in previous debates. I agree with much of what has been said in members' excellent and informed speeches and I welcome many of the actions that the cabinet secretary described. If only to lighten the mood, I will say that having showered applause on the cabinet secretary throughout the year I am crushed not to have received a Christmas card from her—

Nicola Sturgeon: Yet.

Jackson Carlaw: I can tell Richard Baker that I received a card from his colleague Jackie Baillie. Mrs Carlaw and I were rather discombobulated about what that might portend for next year. However, I have received the card in the spirit in which I am sure that it was intended.

In recent times many Labour spokesmen have made great play of the fact that under a Labour Government far more has been done to open access to computers for schoolchildren and families than was done under the Tories. Such comments are often made with great force and passion, as if they indicate some great failing on the part of previous Conservative Governments. That the average computer needed to be housed in a small boxroom when Mrs Thatcher came to office is neither here nor there. That laptops had yet to be produced and the internet invented are minor details. Of course, I could argue that the sector's potential was encouraged entirely by the entrepreneurial culture that the Thatcher Government established.

The other side of the coin is that Labour has been responsible for the loss of far more personal data than any previous Government has lost. We all lament Labour's serial incompetence. However, to be fair, the counterpoint to the argument that I just set out applies in this context. If laptops did not previously exist, let alone memory sticks or even disks, it is hardly surprising that more are lost now than were lost in the past.

Christine Grahame: On a point of order, Presiding Officer. I am sure that the member will relate what he is talking about to the subject of the debate, but I would be obliged if he got to the point rather more quickly.

Jackson Carlaw: I respond—

The Deputy Presiding Officer: May I first respond to the point of order?

It is clear that the member is in order; if it were otherwise I would have stopped him. However, I was beginning to wonder when he would get to where I know he is going.

Jackson Carlaw: The frequent loss of personal information is deeply ingrained in the public subconscious. That is likely to prejudice public confidence in the confidentiality of the systems that would be needed to manage an opt-out arrangement. People simply would not believe that they could depend on their express wishes being observed.

Such is the cynicism abroad among the electorate that I doubt whether many would be reassured that their wishes, having been expressed, would necessarily be observed. What, they would ask, would be the penalty if their wishes were not observed? Would an illegally harvested organ result in the criminal prosecution of the individuals concerned? If not, what would be the hand that held staff—passionate to save the life of another patient—back from making an accidental error? Those would be the public's fears, and I do not think that politicians, given the national record, can with any authority say that

any computer-based system today would guarantee that an individual's opt-out preference would be honoured. I say that with real regret, because George Foulkes spoke passionately to that side of me that is tempted to support the immediate introduction of an opt-out system.

Members should reflect on the emotions that would be stirred by the frenzied media scandal when the inevitable happened. That could lead to a massive crisis of confidence in the integrity of the NHS. The task force touches on all that, but I suspect that even the task force underestimates the political whirlwind that could follow. As members on all sides will know, seemingly trivial transgressions can trigger extraordinary attention. For that reason, at the moment I share the conclusion that we cannot proceed with an opt-out system today.

In our previous debate, I expressed my personal reservations about the national kill Jill campaign. From parliamentary written answers that I have seen on the numbers of people registering since the campaign, I think that my reservations had some foundation. I therefore disagree slightly with Nicola Sturgeon when she attests that the campaign has shown the way forward. On the contrary, I would prefer that we financed far fewer big-bang campaigns, and concentrated instead on enhanced direct mail when opportunities present themselves. For example, when the annual electoral roll form is distributed to households, could not a well-presented organ donation registration form be included? There are many other similar opportunities.

In the previous debate, Ian McKee suggested that a form might accompany passport applications. In fact, it already does. However, passport applications are a 10-year or five-year affair, and we need to accelerate matters faster than that. In any event, I should share with the chamber some reservations on the issue. My family has just renewed my sons' passports. I was rather taken aback when my 14-year-old son received his passport with organ registration material. I am not sure that all children should be approached directly in that way. Children mature in different ways and at different speeds. Some carry anxieties about life and death into their teenage years, and such material can prove unnerving and distressing. I must also observe that the leaflet that came with the new passports was a small one-colour affair and was undistinguished and, frankly, unimpressive.

Far better that national advertising and marketing budgets be concentrated and co-ordinated to ensure that high-quality material is produced—intended to reach individuals at least once a year—on a sustained basis, than that they produce inadequate and slapdash day-to-day

material supported by the odd big splash on the telly. I do not know whether Chris Hoy is a registered donor, but some such nationally respected iconic figure should front an individually pitched direct-mail appeal. The challenge is not just to persuade the people, but to get the people to act on their convictions.

As we go about implementing the vital recommendations of the first report of the organ donation task force—a report embraced by the Government and supported in this chamber—we must do more to increase voluntary registration in the wake of the second report. It may be that, in five years, public confidence in Government-run computer systems will have been transformed—I hope so. However, for now, the challenge year on year is for us to be able to demonstrate that we have acted in a concerted and nationally led way to raise substantially the number of volunteer donors and the number of transplants performed. That is our collective duty, and I urge the Government to lead that task with confidence, enthusiasm and courage.

16:38

Dr Simpson: The one thing on which all speakers appear to agree is that the conclusions and recommendations of the task force are both worth while and to be accepted and acknowledged. Its work is extremely welcome. All the recommendations—apart from the contentious one on the opt-out problem—are clear. I will come back to them later in my speech.

Whatever the outcome of the debate—which we may learn this year, next year or in five years' time—it is true that most members wish donations to be seen as gifts. I fully accept the points that were made by members who are concerned about the language of "presumed consent". Those of us who believe in an opt-out system have been struggling for years to find a term that would more correctly embody what we are seeking to achieve. I suppose that we have to return to "opt-out system" as the only term that does the job.

Ross Finnie made some good points about the Parliament's previous attempt—through the Human Tissue (Scotland) Act 2006—to endorse authorisation and therefore give some legal status to people's wish to donate. He also made the point, correctly, that that has not changed the practice of seeking the family's endorsement of any decision, even if it is authorised. That practice continues. Personally, I feel that that is correct. The family's wishes must always be respected. It is inappropriate for a family in grief to be forced into making decisions—

Mike Rumbles: Is the member saying that the decision of individuals who make it clear that they

want to donate their organs and are on the register could and should be overruled?

Dr Simpson: Those who are experienced in the field have said to me repeatedly that, in practice, families will continue to be asked. That soft system is present in 12 of the 19 countries that have opt-out systems, and I think it is the correct one. The families still need to be asked.

When the question is asked and the family is told that the deceased had expressed their wish to donate under a system that was authorised by the Parliament, the likelihood that the family will reject that wish is low. If they are asked to make a positive decision and say what the wishes of the deceased would be, they might not know, and they might not wish to make the decision at that time. It is too difficult for people to make that decision when they are in a situation of acute grief.

Christine Grahame: Does the member find attractive the proposal of the consultant surgeon at the Western general whom I mentioned? He proposes two lists—a list of those who opt in to organ donation and list of those who opt out, both of which would have persuasive status with the relatives and families.

Dr Simpson: It is important and correct that we understand the wishes in life of the deceased. A number of the countries that I mentioned have both opt-out and opt-in registers, and it is perfectly practicable to have those, whatever doubts Jackson Carlaw might have about their maintenance.

Public support for an opt-out system is undoubtedly growing. That is evidenced in the task force's report. Some say that the figure is more than 70 per cent—for example, the YouGov poll for the BMA—while others say that it is in the 60s. Whatever it is, the number of people who are in favour of an opt-out system is undoubtedly growing, so we will have to return to the issue.

We all agree that, whatever happens, we need to implement all the recommendations in the task force's report. We need an increased number of co-ordinators and a specified professional person in every hospital, whether they are a full-blown transplant co-ordinator or have that task just as part of their job. That approach is crucial to the delivery of the task force's recommendations, because it will make it usual for donation to be considered.

Mary Scanlon made the good point that we do not know how many donations do not happen because the family is not asked or the issue is not broached. I hope that the system of data collection and analysis and the audit of the process as it proceeds with the new recommendations will be undertaken appropriately. I look forward to seeing some detail on that.

I welcome the cabinet secretary's statement that there will be, as the task force recommended, an independent retrieval system that is co-ordinated nationally.

I would like to hear—perhaps not today, but within the next six months or year—precisely how the cabinet secretary proposes to remove the financial barriers that hospitals face. If it costs a trust in England or a board or a hospital in Scotland money to undertake donation, I suspect that they are less likely to follow it through.

In the UK, there are 1,000 deaths a year on the waiting list, and the number is growing. Donations from brain stem death and non-beating hearts are low compared with the rest of Europe and are declining. The transplant programme in the UK is, to be frank, being saved from a disastrous decline only by the huge increase in living donors. Angela Constance eloquently referred to liver donation as being an important element. Living donations are up quite substantially: kidney donations are up by about 100 per cent in six years to almost 680, and liver donations are also increasing.

It is interesting—it is almost a sign of desperation—that families take the risk of death, which is one in 3,000 from a live kidney transplant, or one in 100 from a live liver transplant, because they know that their relative cannot get a cadaveric, or dead, kidney. The increasing number of live donations shows the extent to which the programme is supported. I praise live donations—the families concerned are among the people who most need our praise—but we should not rely on them totally.

In today's debate, we have heard a spectrum of opinions. Some members remain almost entirely against an opt-out system—although even they take account of certain considerations—whereas others, such as George Foulkes and perhaps Helen Eadie, would like an opt-out system today and feel that the task force has missed an opportunity. Most of us, however, lie somewhere in between.

The cabinet secretary said that we will review the matter at an earlier stage in Scotland if we need to. I moved the amendment in my name, which would allow us the freedom to do what we want in that respect and not be tied to the task force's recommendation, because Scotland's current level of donation, at 9 point something per cent, is already substantially below the UK's 13 per cent, and is a quarter of the level in Spain. Even with all the measures that the cabinet secretary will introduce, it is extremely unlikely that we will achieve anything like the European average.

Christine Grahame: By maintaining your position on your amendment, you are actually

making the situation worse. You are removing even the mandatory review at five years for which the report asks. There is still flexibility for an earlier review, but you are removing even that backstop.

The Deputy Presiding Officer: Remarks should be made through the chair.

Dr Simpson: I cannot accept the member's point. The UK task force will undertake a review at five years—that will take place, whether we want it or not. The removal from the motion of our adoption of the task force's recommendations will allow us to—and perhaps give a signal that we intend to—have an earlier review.

Michael Matheson made a useful point, which I hope the cabinet secretary will address, if not in her summing up, then at a future point—perhaps in a statement on the progress that is being made. It is important that the triggers for that early review are defined. What will constitute sufficient success for us to decide that we can wait for five years? Perhaps we should wait, but we need to know what will constitute a sufficient improvement for us not to.

The opt-out system is used in eight of the 10 countries that have the highest levels of donation at present. We might have to consider introducing that system, because lives can be saved, and lives are currently being lost unnecessarily. I continue to commend my amendment to the chamber.

16:48

Nicola Sturgeon: I thank all the members who have contributed to this excellent debate. Strong views have been expressed on all sides, although everyone agrees about the need to do everything we can to increase the rate of organ donation.

I will start with Jackson Carlaw. I have two things to say to him. First, he made a good and well-crafted speech. I do not entirely agree with him on the issue that he raised, but it is an important issue that no one else raised: public trust in the state's ability to use and manage personal data or expressions of personal wishes. My real reason for mentioning Jackson Carlaw first, though, is to assure him that the Christmas card is in the post. That is not strictly true as it has not been written yet, but when it is—along with everybody else's—it will be in the post.

Opting out is a subject on which everybody has strong views. It generates impassioned debate and a wide range of opinions, as has been the case this afternoon. Richard Simpson is right: as the debate has developed, the number of people expressing definite support for opt out has grown, but so, too, has the number of people expressing definite opposition to it. In between those two positions are a lot of people who are genuinely

undecided. That has been reflected in this afternoon's debate.

I will respond to as many of the points that have been raised as I can. I accept absolutely that Richard Simpson's amendment is sincerely motivated; I do not doubt that for a moment. The SNP will have a free vote this evening. I will not support the amendment for two reasons. First, I believe that it is unnecessary and I would prefer the Parliament to unite. Parliament's hands are never tied; it is always open to Parliament to revise its view in the light of developing circumstances or new information. The position is no different in this case. Secondly, the amendment is ambiguous, so it would leave the motion ambiguous. Those who support opt out could read the amendment as allowing us to have an earlier review; those who are firmly opposed to opt out could read it as removing any commitment for the Parliament to participate in a review in five years' time. The fact that the amendment is both unnecessary and ambiguous will lead me to vote against it, but of course each member will reach their own conclusion.

Non-heart-beating donation and other ethical issues are extremely important. The ethics sub-group of the Scottish transplant group has been established to look at those very issues. One of the other issues that the sub-group will look at is that which was raised by Christine Grahame and Irene Oldfather: how certain groups of vulnerable adults—Irene Oldfather used the example of people with dementia—can be enabled to express a view.

Richard Simpson talked about the capacity issues, which are also very important. The extra resources that I have talked about today will support the increase in capacity. Increased donation rates will mean extra work for retrieval teams and co-ordinators and more demand for intensive therapy unit beds and theatre resources. Planning the necessary resources will be one of the key roles of the donation committees and the clinical donation champions.

Richard Simpson asked about what he described as the disincentive to boards of organ donation. He should be aware that the system of reimbursement has never been discontinued in Scotland. The amount has now been raised to £2,500 to cover costs to hospitals when donation takes place. I hope that that addresses the point.

Richard Simpson, Angela Constance and Christine Grahame raised the issue of allowing objections to be included on the organ donation register. NHS Blood and Transplant is considering that issue as part of the implementation of the recommendations. Angela Constance suggested a variation on the idea—that people can register for or against organ donation. I have no objection in

principle to that kind of scheme and understand that one of that nature operates in the Netherlands, for example. I will ask NHS Blood and Transplant to consider its feasibility in the context of its wider work.

Mary Scanlon raised the issue of the ability of people in island areas to donate. One of the things that we are expecting the donation committees that are set up in mainland boards to do is link with island boards to deal with some of the issues that Mary Scanlon raised. I would be more than happy to keep her updated on the progress on that. She got to the heart of the matter when she pointed to the need not just to increase the number on the register, which is a point that Mike Rumbles explored too. We already have the highest percentage of people of any part of the United Kingdom on the organ donor register, yet we have the lowest rate of organ donation.

The real challenge is to encourage people to sign up to the register and to ensure that that is translated into an increase in organ donor rates. That is why infrastructure, capacity, co-ordination and retrieval are all important. It is also why the issue that was raised by Ross Finnie, Christine Grahame and others about the Human Tissue (Scotland) Act 2006 is important. At its heart, that act says that the wishes that people express during their lives should be respected after their death—but that has not always happened in practice.

I am not comfortable with the suggestion that relatives should be shut out of donation decisions, but we have a job of work to do in raising awareness of the current state of the law and its intention and in encouraging relatives to give effect to the wishes of those who expressed them during their lives.

I will not comment on Ian McKee's suggestion about his body parts being used for fertiliser, but he made an important point about building consensus. I will return to the importance of consensus in a moment.

Michael Matheson spoke about the need for culture change. Today, we are talking about the hard things that we are doing in infrastructure terms to increase the donation rate, but we should not lose sight of the fact that this is about changing culture and mindsets—about encouraging everybody to see donation as the usual, not the unusual, event. That is extremely important.

The Deputy Presiding Officer: Order. There are too many conversations going on. This matter is important and should get the attention it undoubtedly deserves.

Nicola Sturgeon: Michael Matheson and Richard Simpson talked about an issue that is behind the Labour amendment. I believe that we

should accept the task force's recommendation to participate in a review in five years' time, although it is open to us to do so earlier if we think that is necessary. Michael Matheson raised the pertinent question what would trigger us to decide to have the review earlier. Ultimately, on such an important issue of conscience, that is a matter for Parliament, not for my sole judgment. Nevertheless, it is important that we try to get definition around the issue. I am happy to ask the programme delivery board, which is overseeing implementation of the task force's recommendations, to consider what interim markers might be devised to allow us to check whether sufficient progress is being made in the period between now and 2013, so that we can consider whether it is necessary to take action sooner.

I will conclude by reflecting on what everybody has agreed during the debate. None of us wants people to wait longer than necessary for organs. None of us wants people to die unnecessarily on the waiting lists for organs. The question is how we go about raising the donation rate. I am glad that the debate has focused so much on that. Everybody knows that I am sympathetic to a shift to an opt-out system, but on an issue as important as this we must move forward with as much consensus as we can manage.

I have never been of the view that opt-out is a magic solution: we know from the experience in Spain that even if we moved to an opt-out system tomorrow we would still have to do all the other things that the task force recommends. Therefore, my considered view is that we should—as the task force recommends—give ourselves time to do all the other things for a period, without the inevitable controversy that a shift to opt-out would involve. Whatever side of the debate people were on, such a shift would be controversial and run the risk of distracting us from the focus that we need on those other matters.

I ask members to support the motion. It does not tie Parliament's hands, but it focuses Parliament clearly on an important job of work that is absolutely in the interests of every person in this country.

The Presiding Officer (Alex Fergusson): Despite that valiant effort, I am afraid that I must suspend the meeting for 28 seconds.

16:59

Meeting suspended.

17:00

On resuming—

Decision Time

The Presiding Officer (Alex Fergusson):

There are five questions to be put as a result of today's business. The first question is, that amendment S3M-3125.1.1, in the name of Bill Aitken, which seeks to amend amendment S3M-3125.1, in the name of Richard Baker, on drink driving, be agreed to? Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (Aberdeen North) (SNP)
 Ahmad, Bashir (Glasgow) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Allan, Alasdair (Western Isles) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Gavin (Lothians) (Con)
 Brown, Keith (Ochil) (SNP)
 Brownlee, Derek (South of Scotland) (Con)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Campbell, Aileen (South of Scotland) (SNP)
 Carlaw, Jackson (West of Scotland) (Con)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)
 Constance, Angela (Livingston) (SNP)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Don, Nigel (North East Scotland) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 FitzPatrick, Joe (Dundee West) (SNP)
 Foulkes, George (Lothians) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Glen, Marilyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Annabel (West of Scotland) (Con)
 Gordon, Charlie (Glasgow Cathcart) (Lab)
 Grahame, Christine (South of Scotland) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Harvie, Christopher (Mid Scotland and Fife) (SNP)
 Hepburn, Jamie (Central Scotland) (SNP)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Kelly, James (Glasgow Rutherglen) (Lab)
 Kerr, Andy (East Kilbride) (Lab)
 Kidd, Bill (Glasgow) (SNP)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Roxburgh and Berwickshire) (Con)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)

Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Mather, Jim (Argyll and Bute) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West of Scotland) (SNP)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Tom (Hamilton South) (Lab)
 McConnell, Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McKee, Ian (Lothians) (SNP)
 McKelvie, Christina (Central Scotland) (SNP)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMahan, Michael (Hamilton North and Bellshill) (Lab)
 McMillan, Stuart (West of Scotland) (SNP)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Morgan, Alasdair (South of Scotland) (SNP)
 Mulligan, Mary (Linlithgow) (Lab)
 Murray, Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Park, John (Mid Scotland and Fife) (Lab)
 Paterson, Gil (West of Scotland) (SNP)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Alex (Gordon) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Elizabeth (Mid Scotland and Fife) (Con)
 Somerville, Shirley-Anne (Lothians) (SNP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Sturgeon, Nicola (Glasgow Govan) (SNP)
 Swinney, John (North Tayside) (SNP)
 Thompson, Dave (Highlands and Islands) (SNP)
 Watt, Maureen (North East Scotland) (SNP)
 Welsh, Andrew (Angus) (SNP)
 White, Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Whitton, David (Strathkelvin and Bearsden) (Lab)
 Wilson, Bill (West of Scotland) (SNP)
 Wilson, John (Central Scotland) (SNP)

AGAINST

Brown, Robert (Glasgow) (LD)
 Finnie, Ross (West of Scotland) (LD)
 Hume, Jim (South of Scotland) (LD)
 McInnes, Alison (North East Scotland) (LD)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 O'Donnell, Hugh (Central Scotland) (LD)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Tolson, Jim (Dunfermline West) (LD)

ABSTENTIONS

Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)

The Presiding Officer: The result of the division is: For 99, Against 15, Abstentions 2.

Amendment agreed to.

The Presiding Officer: The second question is, that amendment S3M-3125.1, in the name of Richard Baker, as amended, which seeks to amend motion S3M-3125, in the name of Kenny MacAskill, on drink driving, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Gavin (Lothians) (Con)
 Brownlee, Derek (South of Scotland) (Con)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Carlaw, Jackson (West of Scotland) (Con)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Foulkes, George (Lothians) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Glen, Marilyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Annabel (West of Scotland) (Con)
 Gordon, Charlie (Glasgow Cathcart) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Johnstone, Alex (North East Scotland) (Con)
 Kelly, James (Glasgow Rutherglen) (Lab)
 Kerr, Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Roxburgh and Berwickshire) (Con)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Tom (Hamilton South) (Lab)
 McConnell, Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Mulligan, Mary (Linlithgow) (Lab)
 Murray, Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Park, John (Mid Scotland and Fife) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Elizabeth (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Whitton, David (Strathkelvin and Bearsden) (Lab)

AGAINST

Adam, Brian (Aberdeen North) (SNP)
 Ahmad, Bashir (Glasgow) (SNP)
 Allan, Alasdair (Western Isles) (SNP)
 Brown, Keith (Ochil) (SNP)
 Brown, Robert (Glasgow) (LD)
 Campbell, Aileen (South of Scotland) (SNP)
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)
 Constance, Angela (Livingston) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Don, Nigel (North East Scotland) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Finnie, Ross (West of Scotland) (LD)
 FitzPatrick, Joe (Dundee West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Christopher (Mid Scotland and Fife) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Hepburn, Jamie (Central Scotland) (SNP)
 Hume, Jim (South of Scotland) (LD)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Adam (South of Scotland) (SNP)
 Kidd, Bill (Glasgow) (SNP)
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)
 Mather, Jim (Argyll and Bute) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West of Scotland) (SNP)
 McInnes, Alison (North East Scotland) (LD)
 McKee, Ian (Lothians) (SNP)
 McKelvie, Christina (Central Scotland) (SNP)
 McMillan, Stuart (West of Scotland) (SNP)
 Morgan, Alasdair (South of Scotland) (SNP)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Neil, Alex (Central Scotland) (SNP)
 O'Donnell, Hugh (Central Scotland) (LD)
 Paterson, Gil (West of Scotland) (SNP)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Alex (Gordon) (SNP)
 Scott, Tavish (Shetland) (LD)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Somerville, Shirley-Anne (Lothians) (SNP)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow Govan) (SNP)
 Swinney, John (North Tayside) (SNP)
 Thompson, Dave (Highlands and Islands) (SNP)
 Tolson, Jim (Dunfermline West) (LD)
 Watt, Maureen (North East Scotland) (SNP)
 Welsh, Andrew (Angus) (SNP)
 White, Sandra (Glasgow) (SNP)
 Wilson, Bill (West of Scotland) (SNP)
 Wilson, John (Central Scotland) (SNP)

The Presiding Officer: The result of the division is: For 55, Against 61, Abstentions 0.

Amendment, as amended, disagreed to.

The Presiding Officer: The third question is, that motion S3M-3125, in the name of Kenny

MacAskill, on drink driving, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (Aberdeen North) (SNP)
 Ahmad, Bashir (Glasgow) (SNP)
 Allan, Alasdair (Western Isles) (SNP)
 Brown, Keith (Ochil) (SNP)
 Brown, Robert (Glasgow) (LD)
 Campbell, Aileen (South of Scotland) (SNP)
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)
 Constance, Angela (Livingston) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Don, Nigel (North East Scotland) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Finnie, Ross (West of Scotland) (LD)
 FitzPatrick, Joe (Dundee West) (SNP)
 Foulkes, George (Lothians) (Lab)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Glen, Marlyn (North East Scotland) (Lab)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Christopher (Mid Scotland and Fife) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Hepburn, Jamie (Central Scotland) (SNP)
 Hume, Jim (South of Scotland) (LD)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Adam (South of Scotland) (SNP)
 Kidd, Bill (Glasgow) (SNP)
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)
 Mather, Jim (Argyll and Bute) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West of Scotland) (SNP)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McConnell, Jack (Motherwell and Wishaw) (Lab)
 McInnes, Alison (North East Scotland) (LD)
 McKee, Ian (Lothians) (SNP)
 McKelvie, Christina (Central Scotland) (SNP)
 McMillan, Stuart (West of Scotland) (SNP)
 Morgan, Alasdair (South of Scotland) (SNP)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Neil, Alex (Central Scotland) (SNP)
 O'Donnell, Hugh (Central Scotland) (LD)
 Paterson, Gil (West of Scotland) (SNP)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Alex (Gordon) (SNP)
 Scott, Tavish (Shetland) (LD)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Somerville, Shirley-Anne (Lothians) (SNP)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow Govan) (SNP)
 Swinney, John (North Tayside) (SNP)
 Thompson, Dave (Highlands and Islands) (SNP)
 Tolson, Jim (Dunfermline West) (LD)
 Watt, Maureen (North East Scotland) (SNP)
 Welsh, Andrew (Angus) (SNP)

White, Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Bill (West of Scotland) (SNP)
 Wilson, John (Central Scotland) (SNP)

AGAINST

Scanlon, Mary (Highlands and Islands) (Con)

ABSTENTIONS

Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Gavin (Lothians) (Con)
 Brownlee, Derek (South of Scotland) (Con)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Carlaw, Jackson (West of Scotland) (Con)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Annabel (West of Scotland) (Con)
 Gordon, Charlie (Glasgow Cathcart) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Johnstone, Alex (North East Scotland) (Con)
 Kelly, James (Glasgow Rutherglen) (Lab)
 Kerr, Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Roxburgh and Berwickshire) (Con)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McCabe, Tom (Hamilton South) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Mulligan, Mary (Linlithgow) (Lab)
 Murray, Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Park, John (Mid Scotland and Fife) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Elizabeth (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Whitton, David (Strathkelvin and Bearsden) (Lab)

The Presiding Officer: The result of the division is: For 66, Against 1, Abstentions 49.

Motion agreed to.

That the Parliament expresses concern that one in nine road deaths in Scotland is related to drink driving; calls on the UK Government to reduce the 80 mg limit, which was set over 40 years ago, to a 50 mg limit in line with much of Europe; wishes Scotland's police forces success with their campaign over the festive season, and sincerely hopes that no one has their Christmas and New Year destroyed by those who choose to ignore the anti-drink-driving message.

The Presiding Officer: The fourth question is, that amendment S3M-3124.1, in the name of Dr Richard Simpson, which seeks to amend motion S3M-3124, in the name of Nicola Sturgeon, on organ donation, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Foulkes, George (Lothians) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gordon, Charlie (Glasgow Cathcart) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Hepburn, Jamie (Central Scotland) (SNP)
 Hume, Jim (South of Scotland) (LD)
 Hyslop, Fiona (Lothians) (SNP)
 Kelly, James (Glasgow Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Tom (Hamilton South) (Lab)
 McInnes, Alison (North East Scotland) (LD)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mulligan, Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Elaine (Dumfries) (Lab)
 O'Donnell, Hugh (Central Scotland) (LD)
 Park, John (Mid Scotland and Fife) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stewart, David (Highlands and Islands) (Lab)
 Tolson, Jim (Dunfermline West) (LD)
 Whitton, David (Strathkelvin and Bearsden) (Lab)
 Wilson, Bill (West of Scotland) (SNP)

AGAINST

Adam, Brian (Aberdeen North) (SNP)
 Ahmad, Bashir (Glasgow) (SNP)
 Allan, Alasdair (Western Isles) (SNP)
 Brown, Keith (Ochil) (SNP)
 Brownlee, Derek (South of Scotland) (Con)
 Campbell, Aileen (South of Scotland) (SNP)
 Carlaw, Jackson (West of Scotland) (Con)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)
 Constance, Angela (Livingston) (SNP)

Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Don, Nigel (North East Scotland) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 FitzPatrick, Joe (Dundee West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Rob (Highlands and Islands) (SNP)
 Goldie, Annabel (West of Scotland) (Con)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Christopher (Mid Scotland and Fife) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Ingram, Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Kerr, Andy (East Kilbride) (Lab)
 Kidd, Bill (Glasgow) (SNP)
 Lamont, John (Roxburgh and Berwickshire) (Con)
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Mather, Jim (Argyll and Bute) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West of Scotland) (SNP)
 McConnell, Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McKee, Ian (Lothians) (SNP)
 McKelvie, Christina (Central Scotland) (SNP)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McMillan, Stuart (West of Scotland) (SNP)
 Mitchell, Margaret (Central Scotland) (Con)
 Morgan, Alasdair (South of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Gil (West of Scotland) (SNP)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Alex (Gordon) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Elizabeth (Mid Scotland and Fife) (Con)
 Somerville, Shirley-Anne (Lothians) (SNP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow Govan) (SNP)
 Swinney, John (North Tayside) (SNP)
 Thompson, Dave (Highlands and Islands) (SNP)
 Watt, Maureen (North East Scotland) (SNP)
 Welsh, Andrew (Angus) (SNP)
 White, Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, John (Central Scotland) (SNP)

ABSTENTIONS

Brown, Gavin (Lothians) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Glen, Marlyn (North East Scotland) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)

The Presiding Officer: The result of the division is: For 48, Against 64, Abstentions 4.

Amendment disagreed to.

The Presiding Officer: The final question is, that motion S3M-3124, in the name of Nicola Sturgeon, on organ donation, be agreed to.

Motion agreed to.

That the Parliament accepts the recommendations in the second report from the UK Organ Donation Taskforce and notes in particular that the move to a system of opt out should be reviewed again in five years' time in light of the progress with implementation of the recommendations in the taskforce's first report, which are designed to remove existing barriers to donation, and that, in light of the growing shortage of organs for transplantation, Scotland should, within the existing legislative framework, take all possible steps to almost double its number of organ donors, as our contribution to the challenge of increasing organ donation rates across the United Kingdom from the present level of 13 donors per million population to 24 donors per million population by 2013.

The Presiding Officer: Before I conclude, I wish each and every one of you a very happy Christmas and a good new year. I now close this meeting of Parliament.

Meeting closed at 17:04.

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