



The Scottish Parliament  
Pàrlamaid na h-Alba

## Official Report

# MEETING OF THE PARLIAMENT

Wednesday 15 September 2010

Session 3

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## Wednesday 15 September 2010

### CONTENTS

	Col.
<b>TIME FOR REFLECTION</b> .....	28509
<b>SCOTTISH AMBULANCE SERVICE CALL HANDLING</b> .....	28511
<i>Statement—[Nicola Sturgeon].</i>	
The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon) .....	28511
<b>DRUGS STRATEGY</b> .....	28522
<i>Motion moved—[Fergus Ewing].</i>	
<i>Amendment moved—[James Kelly].</i>	
<i>Amendment moved—[John Lamont].</i>	
<i>Amendment moved—[Robert Brown].</i>	
The Minister for Community Safety (Fergus Ewing) .....	28522
James Kelly (Glasgow Rutherglen) (Lab) .....	28526
John Lamont (Roxburgh and Berwickshire) (Con) .....	28528
Robert Brown (Glasgow) (LD) .....	28531
Ian McKee (Lothians) (SNP) .....	28533
Dr Richard Simpson (Mid Scotland and Fife) (Lab) .....	28536
Patrick Harvie (Glasgow) (Green) .....	28538
Bob Doris (Glasgow) (SNP) .....	28540
Cathie Craigie (Cumbernauld and Kilsyth) (Lab) .....	28543
Mary Scanlon (Highlands and Islands) (Con) .....	28545
Angela Constance (Livingston) (SNP) .....	28546
Bill Butler (Glasgow Anniesland) (Lab) .....	28548
Nigel Don (North East Scotland) (SNP) .....	28550
Jamie Stone (Caithness, Sutherland and Easter Ross) (LD) .....	28552
Bill Aitken (Glasgow) (Con) .....	28554
Richard Baker (North East Scotland) (Lab) .....	28556
Fergus Ewing .....	28559
<b>BUSINESS MOTIONS</b> .....	28562
<i>Motions moved—[Bruce Crawford]—and agreed to.</i>	
<b>PARLIAMENTARY BUREAU MOTION</b> .....	28564
<i>Motion moved—[Bruce Crawford].</i>	
<b>DECISION TIME</b> .....	28565
<b>HUNTERSTON POWER STATION (CARBON CAPTURE)</b> .....	28572
<i>Motion debated—[Ross Finnie].</i>	
Ross Finnie (West of Scotland) (LD) .....	28572
Kenneth Gibson (Cunninghame North) (SNP) .....	28574
Lewis Macdonald (Aberdeen Central) (Lab) .....	28576
Annabel Goldie (West of Scotland) (Con) .....	28578
Liam McArthur (Orkney) (LD) .....	28579
Patrick Harvie (Glasgow) (Green) .....	28580
Willie Coffey (Kilmarnock and Loudoun) (SNP) .....	28582
The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson) .....	28584

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## Scottish Parliament

*Wednesday 15 September 2010*

[The Presiding Officer *opened the meeting at 14:30*]

### Time for Reflection

**The Presiding Officer (Alex Fergusson):** Good afternoon. The first item of business this afternoon is time for reflection. Our time for reflection leader is the Rev Robert Allan, Falkirk Old and St Modan's parish church, Falkirk.

**Rev Robert Allan (Falkirk Old and St Modan's Parish Church):** Good afternoon. I thank you for the invitation to lead time for reflection today.

When I was young, the home international football games were still played, and the big Scotland v England match alternated between Hampden and Wembley. I was too young then to go to Wembley, and it was my dream that one day I would get down there but, alas, the home internationals stopped before I got the chance to go.

The chant that the Scottish fans were heard to sing was,

"Que sera, sera  
Whatever will be, will be",

which rhymed nicely with "Wembalee".

"Whatever will be, will be" sounds too much like resignation: whatever is going to happen will happen, and our fate is sealed. Questioning is a significant part of the Christian faith. We meet life's mysteries and we have to live through them without fully understanding, but that does not stop us asking questions, and doing so can bring us even closer to God.

I question whether whatever will be, will be, because I believe that God gives us the opportunity, with him, to shape the present and the future. If we simply say that whatever is going to happen will happen, it takes the fight, the stuffing and the energy out of life. Why, you and I may as well not bother.

We are called to a higher purpose than that, though: to live life in all its fullness, to love our neighbours whoever they may be and to look after the world in which we live. The Church of Scotland may be in decline, but that does not mean that I have to accept that whatever will be, will be. Whatever form it takes, God's church will continue, and I will seek to shape it.

The psalmist says:

"our life is like grass.  
We grow and flourish like a wild flower;

Then the wind blows on it, and it is gone ...  
But for those who honour the Lord, his love lasts for ever,  
and his goodness endures for all generations."

Life is here and then it is gone—in the grand picture, it is like a blink of the eye. Now, we can live life for ourselves, make money, make a name for ourselves, and accept that whatever will be, will be or we can seize the day and live life well, actively shaping the present and the future for ourselves and for future generations. We may not be able to see into the future, but we have the opportunity to make a difference, and that is a great gift and a great privilege.

## Scottish Ambulance Service Call Handling

**The Presiding Officer (Alex Fergusson):** The next item of business is a statement by Nicola Sturgeon on Scottish Ambulance Service call handling. The cabinet secretary will take questions at the end of her statement, so there should be no interventions or interruptions. This is a 10-minute statement.

14:34

**The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon):** I welcome the opportunity to make a statement to Parliament on the telephony problems that the Scottish Ambulance Service experienced on Wednesday 21 July. I will cover the cause of the problem, what happened on the day to ensure that calls were answered, the steps that have already been taken to prevent a recurrence and the audit that the Scottish Ambulance Service is undertaking to provide assurance that patient outcomes were not affected.

First, I will give some background. The 999 calls to the Scottish Ambulance Service are answered by one of our three emergency medical dispatch centres, which are in Inverness, Glasgow and South Queensferry. A call handler answers the calls and obtains the necessary details to allow the appropriate ambulance response to be dispatched. The systems that are in place make that a seamless process. The Glasgow telephone system is the main hub for the three centres in Scotland and it manages the local telephone systems at the other sites.

At just after 1 in the morning on Wednesday 21 July, the EMDC in Inverness started to experience disruption due to a fault in its telephony system. That fault in Inverness caused the corruption of the processor memory at the Glasgow hub, and that subsequently affected the telephony systems across the EMDCs. Throughout the day, the ambulance service and BT worked to resolve the situation, and all centres were back in full operation by 3.30 that afternoon. Contingency arrangements were activated at all three centres, and those arrangements allowed calls relating to more than 90 per cent of the incidents that the ambulance service dealt with that day to be handled in Scotland.

The Inverness centre was unable to take calls in the usual way between 1.05 am and 2.55 pm. The South Queensferry centre was unable to take calls between 9.42 am and 3.30 pm. At both those centres, BT was able to route 999 calls to mobile telephones as part of the contingency

arrangements. The Glasgow centre experienced disruption between 9.56 am and 2 pm. During most of that time, four call takers were able to continue using the normal system and the remaining five call takers had to use mobile phones. However, between 1.10 pm and 2 pm, the Glasgow centre undertook a controlled closedown and restart of the system to clear all faults. During those 50 minutes, all call takers in the Glasgow centre used mobile phones.

In short, although the whole incident lasted from 1.05 am until 3.30 pm, it was only between 9.56 am and 2 pm that all three centres were affected and it was for only 50 minutes—between 1.10 pm and 2 pm—that the normal system was completely disabled. Scottish Government officials were advised of the telephony problems at about 12.25 pm and ministers' offices were informed about 15 minutes later. The Scottish Ambulance Service has advised that the 999 calls that were answered in Scotland, either in the normal way or by mobile phone, experienced no delays between the information being received from the caller and the details being logged on the ambulance dispatch system. In addition, there was no impact on ambulance response times.

As I said, calls answered in Scotland accounted for more than 90 per cent of the total number of incidents that the Scottish Ambulance Service dealt with that day. A small number of calls were, however, routed to other ambulance services through what are known as buddy arrangements. Those arrangements form part of the contingency arrangements for a scenario such as the one that the Scottish Ambulance Service experienced on that day, and are established across all emergency services in the UK. The arrangements involve information being taken by call handlers in the buddy organisations and then passed back to the SAS for an ambulance response to be dispatched.

As a result of utilising the buddy system, a total of 149 calls were answered outside Scotland and then passed back to the Scottish Ambulance Service—121 by the Northern Ireland Ambulance Service and 28 by the North West Ambulance Service. Although those calls represent less than 10 per cent of the 1,609 incidents that the Scottish Ambulance Service dealt with that day, I want to take this opportunity to record my thanks to the services in Northern Ireland and north-west England for the invaluable support that they gave us during this period.

The Scottish Ambulance Service is undertaking a thorough review of the events of 21 July and I will return to the output of that review at the end of my statement. However, it is already clear that most aspects of the contingency arrangements worked well. For example, BT has confirmed that

all 999 ambulance calls were answered during the period of disruption and I can also confirm that, once the patient information was logged on the ambulance dispatch system, ambulance response times were unaffected.

However, it is also clear that, as with any incident of this nature, we must take the opportunity to learn lessons. First and most obvious, we must work to prevent any recurrence of the situation. Immediately following the problem, BT was instructed to undertake a full review of system resilience. All the findings of that technical and complex review will be acted on and factored in to future contingency arrangements. Already, upgrades have been installed across the telephony system and analogue phones have been installed to support future resilience.

The second area in which we must learn lessons is use of the buddy system. The buddy system is an essential part of ensuring the resilience of the 999 service. However, because details are first taken by a call handler in the buddy service before being passed back to the SAS for an ambulance to be dispatched, there is an inevitable delay compared with the normal process, in which there is a seamless transfer of information from the call taker to the dispatcher. Use of the buddy system also means that, at virtually no notice, staff in another ambulance service are dealing with demand over and above the levels that they are resourced to manage.

The ambulance service has thoroughly reviewed each of the 149 calls that were passed from the Northern Ireland Ambulance Service and the North West Ambulance Service. Of them, 24 were duplicate calls, which means that 125 patients had their calls dealt with through the buddy arrangements. Of the 44 that were category A calls, the delay in the information being passed back to the Scottish Ambulance Service was less than 10 minutes in 55 per cent of cases, the average delay was 13 minutes and the longest was 57 minutes. For the 53 patients who were category B patients, the average delay was 32 minutes. The remaining 28 patients had non-emergency clinical needs.

I am very aware that these delays will have been distressing to the individuals concerned, including one of Jackie Baillie's constituents who wrote to me about the delay that she experienced. I would like to convey to all of them my apologies and those of the chair of the Scottish Ambulance Service.

Making changes to the operation of the buddy system to address such delays will be one of the key action points from the on-going investigation. However, at this stage, I again acknowledge the hard work of all staff on duty that day, including all the staff in the buddy services.

Of course, what matters most are clinical outcomes for patients, which is why, as part of its investigation, the Scottish Ambulance Service has undertaken a clinical audit of every 999 call received on the day. The audit has focused particularly closely on the 125 patients who were routed through the buddy system. Dr George Crooks, who is the medical director of the Scottish Ambulance Service, is now in a position to assure me that the clinical case mix and outcomes that were achieved on 21 July reflected those that are experienced when the service works as normal. As is the case every day, it is not possible to achieve a positive outcome for every patient who requires an emergency ambulance. However, the service has informed me that no adverse outcomes were attributable to the delays associated with the buddy system.

I emphasise to members that the Scottish Ambulance Service investigation is still on-going. I believe that it is important for the Scottish Ambulance Service to complete its thorough and detailed investigation into the incident and for the public to be reassured about the service's resilience, so I have asked the Scottish Ambulance Service to provide me with a detailed report on all aspects of the incident. To allow the SAS's audit and clinical governance committees to consider the report fully, I have asked for it to be submitted to me by the end of November. I will then make it available to members through the Scottish Parliament information centre.

Of course, that does not mean that no actions will be taken until that report is published. In fact, many of the telephony actions that are required to ensure resilience in the system are already complete and the service will continue to act quickly in response to the lessons that emerge from its investigations.

As I said, the Scottish Ambulance Service's detailed investigations remain on-going, but I hope that members are assured that the difficulties that the service experienced on 21 July are being responded to with the thoroughness that they deserve.

**The Presiding Officer:** The cabinet secretary will now take questions on the issues that have been raised in her statement. We have no more than 20 minutes for such questions, after which we must move to the next item of business.

**Jackie Baillie (Dumbarton) (Lab):** I thank the cabinet secretary for her statement and join her in thanking the Northern Ireland Ambulance Service and the North West Ambulance Service for their assistance on 21 July.

The cabinet secretary will agree that it is unprecedented for Scotland's three ambulance centres to go down simultaneously. At the time,

she said that there was no impact on patient care. As she admits in her statement, though, there clearly was an impact—as I will illustrate with the experience of two of my constituents.

The first constituent is Mandy Sweeney, whose father called 999 for an ambulance because she was in excruciating pain. He had to call back 50 minutes later and, in total, it took an hour and 15 minutes for an ambulance to finally arrive. The second constituent was an elderly lady who fell and hit her head on the pavement. It is unclear whether she lost consciousness, which surely made the call a category A one. She waited 45 minutes; the ambulance had to be called again and, in total, it took a total of an hour and a half to arrive.

It is clear that the cabinet secretary has not described the total delay experience. Instead, she has noted only the delay in passing information from Northern Ireland to Scotland, although there was evidently a further delay in the arrival of ambulances at their destinations. Will she provide that fuller information?

The cabinet secretary also mentioned that there were no adverse outcomes, other than those that we would normally expect, for the 125 patients who were affected by use of the buddy system. However, can she say whether there were any adverse outcomes at all for those 125 patients?

My final questions are on transparency. The cabinet secretary has made a 10-minute statement with not one mention of why she did not tell us about the matter. The Scottish Government is not normally known to be reticent when it comes to press releases, so why did I need to go to Belfast to find out what is happening in Scotland? Why did I need to rely on the Northern Ireland Ambulance Service for information and not the Scottish Ambulance Service? Who took the decision not to tell the public? Was it the cabinet secretary, the Scottish Ambulance Service or both? Cabinet secretary—why the big secret?

**Nicola Sturgeon:** Jackie Baillie covered several issues, but I will try to respond to all of them.

In relation to the two cases that she mentioned, I am aware of the first of those, and I referred to it in my statement. However, I am not aware of the second case. If Jackie Baillie wants to provide that information to me, I will ensure that the Scottish Ambulance Service looks into the case. The Scottish Ambulance Service stands ready to discuss the detail of individual cases with any patient or their family, or any member of the Scottish Parliament on behalf of constituents.

To answer some of Jackie Baillie's other points, I refer her back to much of what I said in my statement. I did not attempt for one minute to underplay the seriousness of the incident and I will

not do so now. However, it is not the case that all three ambulance centres were disabled for the entire period that she spoke about. As I said in my statement, the entire normal system was completely disabled for a period of only 50 minutes. That is a serious situation, but Jackie Baillie should have reflected those details in some of her questions.

Jackie Baillie also asked about outcomes. As she will appreciate, I am not at liberty to go into individual patient details but, as I said, the Scottish Ambulance Service is willing to discuss details with patients or their families directly. There will always be a variety of outcomes associated with calls to which the SAS responds; that is in the nature of the work of that emergency service. The important point is the information in my statement that I have been informed by the service that the full clinical audit that it carried out on all the cases found that there were no adverse outcomes that were attributable to the delay. In other words, no outcomes would have been changed had the delay not happened. That is an important point of assurance.

Finally, Jackie Baillie raised the issue of making an announcement on 21 July. She will appreciate that the situation was not on-going; instead, it was addressed and resolved. Had it been on-going, the balance of judgment might have been different. As I said in my statement, all the detail of the investigation by the Scottish Ambulance Service will be in the report that will be made available in SPICE. I am sure that all members will take great interest in that when it is published.

**Murdo Fraser (Mid Scotland and Fife) (Con):** I thank the cabinet secretary for providing advance sight of her statement. I welcome her reassurance that there were no adverse outcomes attributable to the breakdown. I also welcome the existence of the buddy system with the Northern Ireland Ambulance Service and the North West Ambulance Service, which is a clear example of the union dividend in practice.

The cabinet secretary acknowledged that distress was caused to individuals. It is therefore vital that lessons be learned and steps taken to prevent any repetition, if possible. The Scottish Ambulance Service is conducting an investigation, but did the cabinet secretary consider an investigation by an external agency rather than an internal investigation? Secondly, what will be the timescale for implementation of any recommendations in the final report when it is produced?

**Nicola Sturgeon:** I echo Murdo Fraser's comments about the buddy system. I said in my statement that I am grateful for the contributions of both of the other ambulance services on the day. Let us remember that the Scottish Ambulance



Service stands ready to provide that service to other ambulance services in the eventuality that they need it, which we hope will never be the case.

Lessons will be learned. As with any incident of this nature, that is absolutely essential. I made clear in my statement the particular areas where lessons need to be learned. Like all members, I will reflect on those fully when I see the final report that the Scottish Ambulance Service will produce. On the question of internal investigation, it is important that the report goes through the clinical governance and audit committees of the Scottish Ambulance Service, which will subject it to considerable and robust scrutiny. That final report will be available for all members to scrutinise when it is published.

On timescales, as I made clear in my statement, the action that the Scottish Ambulance Service requires to take will be taken as and when those lessons have been learned. As I also said, much of the work around the telephony systems and the resilience of those systems has already been undertaken. We will ensure that any other recommendations that the report makes are implemented with all due haste.

**Ross Finnie (West of Scotland) (LD):** I, too, thank the cabinet secretary for providing an advance copy of her statement.

Although we are reassured that the incident did not last for a prolonged period and that the contingency arrangements that had been put in place appear to have worked satisfactorily, the cabinet secretary will concede that making a statement of this nature serves a useful purpose in ensuring that the public understand that although there was an important and potentially difficult failure, the systems to cope with it were in place. The public can be reassured by that.

Early in her statement, the cabinet secretary advised Parliament that the calls were dealt with in the normal way or by mobile phone and that there were no changes in the way in which the system operated. Do we infer from that remark that there is no electronic logging of calls, or does that mean that the calls are logged anyway, before they are diverted to a mobile phone? It would be useful to know that. It is difficult for me and for members of the public to see that there is no change when the system diverts calls to mobile phones. If calls were not electronically logged, that suggests that there must be some manual logging. I would be grateful for clarification on that.

**Nicola Sturgeon:** I welcome the fact that Ross Finnie is reassured by the operation of the contingency arrangements. Yes—it is important and useful to share the Scottish Ambulance Service's information and understanding, as it

develops, about why the problem occurred, what needs to be done to minimise the chances of a recurrence and the impact on patients in terms of outcomes.

With Ross Finnie's permission, I will get back to him in writing on his third question, as I am not sure that I understand the point that he is making. I am also not sure where, in my statement, I said that there were "no changes" to the normal system. I was trying to convey the fact that 90 per cent of the calls could be dealt with in Scotland. Some of the calls were dealt with in the normal system, through the call handlers at the Cardonald centre, who were, with the exception of 50 minutes, able to continue to take calls in the normal way. The rest of the calls that were dealt with in Scotland were answered by mobile phone. Obviously, the systems were not identical because of the use of mobile phones. I will speak to Ross Finnie after the questions and will be more than happy to give him as much information as he needs on the operation of the system on that day.

**The Presiding Officer:** We come to open questions. There are seven members and seven minutes; therefore, brevity is the watchword.

**Christine Grahame (South of Scotland) (SNP):** We are forewarned. Does the cabinet secretary have a timescale for the completion of BT's review of its system resilience? Can she detail any further actions that BT has taken or is undertaking?

**Nicola Sturgeon:** I outlined in my statement some of the actions that had already been taken as a result of the BT investigation, which include the upgrade of systems and the installation of more analogue phones in order to provide greater resilience in the event of something going wrong with the system. BT has provided a much more detailed investigation and tactical plan to explain in technical detail exactly what went wrong that resulted in the problem, and to set out the measures that are required to ensure that it does not happen again. I am not technically proficient in all these issues, but they will all be detailed in the report.

On the timescale, as I said earlier, all the lessons that emerge from this will be acted on as they emerge. I have already demonstrated how that has happened with some of the telephony solutions. There is a deadline of 15 October for absolute completion of the BT report, in order that we get an absolute and comprehensive view of what has been done and what might still require to be done. All that information will be produced in the final report.

**Dr Richard Simpson (Mid Scotland and Fife) (Lab):** The cabinet secretary has not really explained why she had to be asked for a

statement rather than going public on this issue. The 24 duplicate calls reflect the level of patient concern. Has every category A and B call patient who survived—or the families—personally received an apology for, and explanation of, the problems that arose and the delays to which the cabinet secretary referred in her statement?

**Nicola Sturgeon:** All the cases have been clinically audited. As Richard Simpson will appreciate, I have given some statistics for the delays that were associated with the calls that went through the buddy arrangements, but not all those calls were subject to delay. In my statement, I personally and on behalf of the chair of the Scottish Ambulance Service apologised to anybody who experienced additional distress because of that. I am under no illusions about how serious an incident it is when the telephone systems of the Scottish Ambulance Service do not work as they are intended to work. That is why this matter is being taken so seriously.

I hope that all members will be reassured by the information about clinical outcomes, which are ultimately what matter. To be told by the Scottish Ambulance Service that those outcomes were not affected by the delays is a source of great reassurance to me. I hope that it is to others, too.

**Michael Matheson (Falkirk West) (SNP):** The cabinet secretary outlined that there were, in the course of using the buddy system, some delays in information being passed back to the Scottish Ambulance Service. Although I recognise that an investigation into that matter is taking place at present, given that we remain committed to the buddy system in the meantime, is the Scottish Ambulance Service introducing any interim changes to try to ensure that in the unlikely event that we require to do the same again, we minimise delays?

**Nicola Sturgeon:** I am grateful to Michael Matheson for raising an important aspect of this matter. I am reluctant to anticipate and pre-empt the specific recommendations that might be forthcoming from the full BT-led investigation. However, as I outlined in my statement, interim steps have been taken to improve the resilience of the Scottish Ambulance Service. Those steps are, in part, designed to minimise the chances of the buddy arrangements being required, which is an important interim measure.

Michael Matheson is absolutely right to highlight the importance of the buddy arrangements. It goes without saying—although I am about to say it—that we all hope that they would never be required in circumstances such as these. However, it is important that they are in place. They work both ways, they are an important part of the service's resilience and I am very grateful to the ambulance services that operated them.

**Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** As we have heard, it all started in Inverness, where the system went down for nearly 14 hours. Can the cabinet secretary tell me—possibly in due course—why the system went down, why it went down for so long in a remote and sparsely populated area and whether it was due to old or defective equipment? A postcode lottery in this kind of service is completely undesirable.

**Nicola Sturgeon:** It is certainly not my understanding that the problem was down to old equipment. There was an issue with the systems, which is why systems upgrades have been carried out already, not just to Inverness but to the entire system. As I said in my statement, the issue started in Inverness. The investigation so far tells us that that fault in the telephony system corrupted the processor memory, which affected the whole system. More of that technical information will be available as the investigation proceeds, but I assure Jamie Stone that the issue is not a question of equipment, as far as I understand it.

**Maureen Watt (North East Scotland) (SNP):** The cabinet secretary said that the disruption spread from Inverness to Glasgow through the connection between the systems. Will the review look into whether the response centres can be isolated or separated without affecting integration of services?

**Nicola Sturgeon:** I am sure that the investigation will cover all such matters. As I said in response to Michael Matheson, it would not be helpful to pre-empt some of the investigation's technical aspects. I hope that members are assured that the Scottish Ambulance Service, in partnership with BT, will consider all possible options to minimise the chances of a recurrence of the problem.

**Johann Lamont (Glasgow Pollok) (Lab):** I was stunned to discover on a visit to Northern Ireland on 11 August that the serious systems failure had occurred. I am even more stunned now to discover that not making that public was not accidental and that the cabinet secretary chose on a balance of judgment not to make public what happened. I would like her to reflect on that.

Given the importance of confidence in the call-handling system, the cabinet secretary's welcome announcement of a rigorous review and her apology, will she meet me to discuss how she is ensuring that systems issues that arise from two tragic constituency cases of mine of which she is aware, which involved Nikki Williamson and Mackenzie McManus, are being addressed? Have those cases been subjected to the same rigorous review as she committed herself to today?

**Nicola Sturgeon:** I say to Johann Lamont in all sincerity that I reflect carefully on all such incidents and on everything that is said in the chamber by members from across the spectrum. This incident will be no different. I respect her right to make her point about a public announcement on 21 July but, in return, I ask her to reflect on the fact that making such an announcement would not have changed a single aspect of the outcome.

As for Johann Lamont's request for a meeting, I am always prepared to meet members to discuss constituency cases, and this situation is no different—I am happy to meet her. However, to avoid any misunderstanding, I stress that the constituency cases to which she referred have nothing to do with the events of 21 July—they are completely separate.

**Nigel Don (North East Scotland) (SNP):** I am reassured because the system's resilience was as good as it was. I am sure that that reassures the cabinet secretary, too. Will she consider reviewing the resilience of NHS 24's out-of-hours telephone systems, which tend to work across NHS board areas? As she knows, I am particularly concerned about rural areas where the boundaries of boards such as NHS Tayside and NHS Grampian meet, where systems tend to be back-ups for each other and where it is important that the systems work.

**The Presiding Officer:** Please answer as briefly as you can.

**Nicola Sturgeon:** I am happy to meet Nigel Don to discuss any concerns that he has about the operation of NHS 24. It is important to stress that NHS 24 was not affected by the problems that we are discussing today.

## Drugs Strategy

**The Presiding Officer (Alex Fergusson):** Time is very tight this afternoon, so I must hold members strictly to the time that is at their disposal.

The next item of business is a debate on motion S3M-6978, in the name of Fergus Ewing, on the drugs strategy.

15:04

**The Minister for Community Safety (Fergus Ewing):** In May 2008, the Parliament and all MSPs from all parties agreed that we had to work together to put Scotland on the road to recovery. A radical shift was needed to tackle drug misuse and its destructive and tragic impact on individual lives, families, communities and our country.

At the heart of "The Road to Recovery" is the fundamental principle that people can and do recover from drug misuse. I have witnessed that fact for myself across Scotland and I have been proud to celebrate the achievements of those who are defined by their potential as individuals and not by their addiction. I have seen the strength and determination that are needed to embrace recovery.

Two years have elapsed since we approved the strategy unanimously. I will use this opportunity to recognise the significant efforts and personal dedication of front-line workers, to update Parliament on the progress that has been made so far and to consider the future impact of the strategy.

Alcohol and drug partnerships have a crucial role. ADPs take the lead in developing local solutions that will ultimately help individuals and communities to recover from the harm that drug and alcohol misuse can cause. We greatly value the role of the voluntary sector, which other parties have rightly highlighted in their amendments. The Government will, of course, continue to support voluntary sector organisations as integral partners in delivering recovery. Just last Saturday, I spoke at the conference in Stirling of Scottish Families Affected by Drugs and heard about the excellent work that it does to support families around the country.

Secondly, there has been increased funding for health boards. I recognised that an ambitious new strategy would require significant amounts of taxpayers' money. Every year since the strategy was published, I have increased the allocation to health boards for front-line drug services. Over three years, that represents a 20 per cent increase in funding—an investment offering hope and the opportunity of recovery for people struggling with

addiction, but also an investment that will make essential and enduring savings for our economy.

Thirdly, I turn to the social, health and economic cost. The annual cost to Scotland of drug misuse is estimated at £3,500 million. That is more than £60,000 per annum per problem drug user—a cost for the whole country. However, costs typically decrease by tens of thousands of pounds once an individual engages in treatment. Treatment works, but it pays, too.

Fourthly, there is the health improvement, efficiency, access and treatment—HEAT—target. When the strategy was launched, we knew that too many people were waiting too long to receive the help that they needed. Last year, we set a challenging target so that, by 2013, 90 per cent of those who needed treatment would get it within three weeks. Since then, we have already seen a significant improvement in waiting times. We are well on our way to achieving our target, with more people getting access to treatment, care and recovery support that is right for them. When someone needs help, it must be offered as quickly as possible. We must continue to focus on recovery in the widest sense. Getting into treatment is just the start but can bring about a stability from which recovery can begin and allow an individual to move from the first step of asking for help to future opportunities in education and employment.

Fifthly, I turn to the issue of drug-related deaths. Sadly, there are still those who do not seek help in time. Last year, we lost 545 people to drug-related deaths in Scotland. “The Road to Recovery” is beginning to make a difference, but we must do more to reduce drug-related deaths.

One method of seeking to prevent deaths is through the use of naloxone. Naloxone is an opiate antidote for use in the event of drugs overdose. It is not the solution to drugs deaths, but it can buy those 20 to 30 crucial minutes that can make the difference between help arriving and death.

Over the past two years, I have been persuaded that a national approach to naloxone is needed in Scotland. Over the next 18 months, the Scottish Government will fund implementation of the recommendations of the national forum on drug-related deaths to ensure that training for key workers is available across Scotland and that health boards are reimbursed for every naloxone kit that they give out; that effective evaluation is undertaken to determine the long-term impact of naloxone provision; and that all prisons in Scotland supply naloxone and training to those vulnerable to overdose on release from prison. A national roll-out will build on the success of pilots in Highland, Lanarkshire and Glasgow, where 55 reported uses of naloxone have potentially saved

55 lives. Under the national roll-out, those numbers will increase.

Our prisons are the right place to catalyse the programme. The Scottish Prison Service has a new substance misuse strategy, which was launched this year. It focuses on robust security systems to divert, disrupt, detect and deter the supply of illicit substances. Importantly, it will provide for integrated treatment and care packages that are tailored to the individual and their long-term recovery. I look forward to engaging today in discussion with colleagues about how we can further improve the work that is being done in prisons.

At the other end of the spectrum, early intervention and effective education are key to tackling drug misuse. To that end, I have invested in a programme of substance misuse education. Our know the score website and helpline provide credible, accessible advice and support 24 hours a day. Our programme of cocaine awareness weekends and campaigns has engaged with some of the people who are most at risk from the destructive impact of that drug.

I have commissioned a programme of training for key workers, that will focus on so-called legal highs, and I have asked young people from across Scotland to investigate what works best for them in terms of peer education and to report back to me at the end of the year.

The legacy of drug misuse will not be turned round in just two years. Ours is a long-term plan, which must be continually challenged. Recent research suggests that the average duration of an individual's journey of recovery is between five and seven years. That is why I have established the Scottish Drugs Strategy Delivery Commission. Chaired independently of Government, and with a membership of experts from across Scotland in the fields of medicine, pharmacy, recovery, enforcement, academia, local government and the voluntary sector, it also contains individuals with direct experience of recovery. The commission's remit is to assess and challenge the direction and pace of progress in delivering “The Road to Recovery”.

The Scottish Drugs Recovery Consortium, which was established this year, has a crucial role to play, too, ensuring that, as the strategy is translated into delivery, recovery remains at the heart of services.

**Robert Brown (Glasgow) (LD):** The paperwork on this subject identifies the patchy nature of the available research base, which the Government recognises. Will either of the bodies or initiatives that the minister has mentioned have a role in overcoming deficiencies in that regard?

**Fergus Ewing:** Yes, they will. That is one of the things that they aim to do. Robert Brown is perfectly correct to point to the importance of research in this field. The work that both the Scottish Drugs Strategy Delivery Commission and the Scottish Drugs Recovery Consortium are doing is very important, and it supplements the work that is carried out by my officials. Dr David Best and his colleagues in the Drugs Recovery Consortium make some effective expositions of how recovery works and succeeds, and of how getting into treatment is the start.

A series of positive things in life can also assist people with their recovery. For example, an individual can get family support or support from a friend who is willing to help them to cope with their addiction on a day-to-day basis, perhaps getting involved in group discussions or peer therapy, in which the individual is with other people who have been through the mill. Some structure can be provided to the day, so that the individual is not sitting at home doing nothing in a spiral of depression. They should get into education or training wherever possible. They might get into a relationship—one chap I spoke to in Ayrshire said that the key to his recovery has been his girlfriend. His life was transformed, and he had a reason to escape from the clutches of drug addiction.

All those things create a virtuous circle in which recovery becomes possible, and it works. It can be a matter of associating with people who are not addicts, who are sober and who have been through the mill themselves—they have come through to the other side of addiction. People can get away from the bad influences and the old friends who got them into drugs in the first place. All those factors play a part in helping with recovery.

**Mary Scanlon (Highlands and Islands) (Con):** Many drug addicts become very isolated. Will the minister acknowledge the wonderful contribution of Narcotics Anonymous, which acts as a support service to individuals through its weekly meetings across Scotland?

**Fergus Ewing:** I certainly will, and I also acknowledge the contribution of Alcoholics Anonymous and Cocaine Anonymous. Such groups bring together people who have faced up to their problems. In some cases they pursue the 12-step recovery programme, which works for many people, albeit not all people.

I agree with the points that were made by Mary Scanlon and Robert Brown, which illustrate the consensual approach that I am pleased has been taken over the past two years.

Finally, on 24 and 25 September, Glasgow Green will host the recovery weekend, one of the biggest events held in Scotland—I think the

biggest that there has ever been in Scotland—to promote recovery. I invite all members to join us there to show their support. I look forward to a full debate. I welcome members' views, and I believe that the debate will demonstrate the continued constructive and non-partisan consensus on tackling Scotland's relationship with drugs.

I move,

That the Parliament notes the progress made in delivering Scotland's national drugs strategy, *The Road to Recovery*; welcomes the fact that Scotland is leading the way in ensuring that recovery and the needs of the individual are at the heart of drug services; notes the progress made in significantly bringing down waiting times for access to services, and calls on the Scottish Government and all relevant national and local agencies to continue to drive forward the delivery of the strategy.

15:15

**James Kelly (Glasgow Rutherglen) (Lab):** I welcome the opportunity to speak in the debate. I recognise that, on the issue of drug misuse, there is a great deal that unites us across the chamber. I look forward to a constructive debate. There may be differences on some issues, but I believe that MSPs and parties are united in wishing to tackle drug misuse in Scotland's communities.

There is no doubt that "The Road to Recovery" is a step in the right direction, and we all welcome the fact that the recent drugs deaths statistics show a drop of 29 from the previous year. That is welcome, but the number of deaths, at 545, remains too high and the overall trend continues upwards. There is a great deal to be concerned about with regard to drug misuse in Scotland. Adult experience of drugs has risen from 18 per cent in 1993 to 33.5 per cent in 2009. Recent statistics show that nearly a quarter of 18 to 24-year-olds have taken illegal drugs. There is therefore no room for complacency on this issue.

There is also an underlying issue with hard drugs. Of the 545 drugs deaths, 322 related to morphine and heroin. In recent weeks, the *Glasgow Evening Times* has been running a feature on the extent of heroin use in Glasgow and the west of Scotland over the past 30 years, in which we read about the experience of those who have had to live with drug misuse. In reading some of the letters to the newspaper, we can sense the frustration people feel that the drug still blights the city and the west of Scotland.

We must be very concerned about the supply of drugs, particularly given that, per capita, Scotland is the highest user of cocaine and the fifth-highest user of heroin. A recent "Newsnight" investigation highlighted the fact that 99 per cent of the supply of heroin is from Afghanistan. It is important that there is a link between "The Road to Recovery" and "Letting Our Communities Flourish: A Strategy

for Tackling Serious Organised Crime in Scotland". The Government is doing some work to learn lessons from drugs squads in Holland, but there must be more co-ordination and a detailed implementation plan for tackling the supply of drugs.

The issue of drugs in prisons is also a cause for major concern. Unfortunately, many who enter the prison system do so as drug users. Statistics from 2008 showed that, of those leaving prison, 26 per cent tested positive for drugs. That shows that people are still using drugs once they are in the prison system and that drugs are available in prisons. In 2009, there were only 1,705 drugs finds in prisons, so there is a great deal to be done to tackle drug use in prisons. We want not only to eradicate drug misuse in prisons but to ensure stability in prisoners' lives as they try to return to normal society.

Sadly, when many prisoners leave the system, the first person they meet is a drug dealer who is only too happy to peddle them back into lives of misery. If we can clean up more prisoners within the system, we will have a better chance of ensuring that they have more stability in life and of steering them away from drugs.

Like the minister, I pay tribute to the job that the police and front-line workers do in tackling drugs misuse and tracking down drug dealers who inflict misery on our communities. My constituents feel great frustration when they know that a drug dealer is operating in their close and that people are turning up regularly to purchase drugs. From speaking to the police and constituents, I also know how they feel lifted when the police are able to track down and bust drug users. It sends out a strong message to communities that such activities are unacceptable and lets citizens know that they do not stand alone. It is important that we reinforce our support for the police in those activities.

I think that we all agree that the focus on the treatment of drug users is proper. I have a lot of sympathy for the points that the Liberal Democrat amendment makes on drug treatment and testing orders. It is a matter of concern that, in recent years, their use has fallen from 696 to 601. A lot can be done through such orders to move people away from drugs. I understand that a pilot of DTTO IIs has been undertaken. It is important that we learn the lessons of that pilot and consider how effective a Scotland-wide roll-out of the new orders would be.

I also indicate my support for the importance of early intervention in young people's lives to give them some stability. Sadly, between 40,000 and 60,000 children in Scotland have a drug-using parent and between 10,000 and 20,000 of those children live with that parent. That will clearly have

a major impact on young children under the age of five, so there is a clear role for early intervention in that situation. There was an important conference on that at the weekend.

I also know from discussions that my colleagues and I have had with the WAVE Trust that a key project has been carried out in Croydon in England, which is worth examining. Obviously, as we enter a spending review period in which money will be tight, such projects will face big challenges in demonstrating that investment in such programmes not only has an impact on people's lives but saves money across different budget areas. If we can introduce more stability into people's lives at an early age, they will contribute to the economy through full employment and will not place such a strain on the health service or the justice system. There is a lot to be said for early intervention.

It is important that we support projects that do all that they can to tackle drug use. Earlier in the year, I visited the Alternatives West Dunbartonshire CDS project in Dumbarton. It is important that such projects are not unduly cut in the coming spending review period. They will have to demonstrate their value, and I know from discussions that I have had with organisations such as the Princess Royal Trust for Carers that they understand that point. They have a positive contribution to make.

I welcome the minister's remarks and the work that has been done. There is still a lot to do; we cannot be complacent. Drugs have blighted too many lives and dealers still rule the roost in too many communities. "The Road to Recovery" is a step in the right direction, but we must continue the fight, defeat the dealers and clean up Scotland's communities.

I move amendment S3M-6978.2, to leave out from "welcomes" to end and insert:

"acknowledges the serious problems with drug misuse still blighting too many communities; recognises that, despite the small reduction in drug-related deaths in the last year, significant challenges remain in achieving a further reduction; is concerned about recent funding cuts to voluntary sector organisations and the impact that this could have on services; notes the high number of prison inmates abusing drugs, and urges the Scottish Government and Scottish Prison Service to do more to stop illegal drugs entering prisons."

15:24

**John Lamont (Roxburgh and Berwickshire) (Con):** I welcome today's debate and the degree of consensus that I hope now surrounds this important issue. For the first time since devolution, we have a national strategy to deal with Scotland's serious problem of substance abuse. Clearly, we welcome that. I want to underline our support for

the strategy, but I also want to remind the Government that its record in dealing with Scotland's drug problem will be judged by its success rather than its strategy. I want to look at the current extent of the problem and how effectively it is being tackled, with particular reference to drugs in our prisons.

As James Kelly pointed out, it is important that we never lose sight of the scale of the problem that we are trying to tackle. Far too many people in our society use drugs, and a worrying proportion of those are dependent on drugs. When the minister first introduced the strategy two years ago, he rightly said:

"there can be few more pressing issues ... than tackling problem drug abuse." —[*Official Report*, 29 May 2008; c 9087.]

Scotland had then, and has still, more problem drug users per head of population than any other part of the United Kingdom and more than most comparable western countries. Last year, Scotland had 545 drug-related deaths—more than 10 every week of the year—and almost 40,000 drug-related offences. Those sobering statistics underline the fact that literally thousands of families are being scarred by drug abuse and its consequences. Nor do those statistics take into account the wider costs to society, both economic and social. Put simply, this is a problem that we cannot afford to avoid any longer.

As I said, we support the Government's decision to adopt a new drugs strategy based on recovery and leading to abstinence—not least because we proposed it, and it is the right strategy—but as Churchill once pointed out,

"However beautiful the strategy, you should occasionally look at the results".

For the drugs strategy, the results matter, given that we are dealing with hundreds of lives every year. So let us look at the results. Although drug deaths are down by 5 per cent, the total is still the second highest on record and is well in line with annual fluctuations.

It is difficult to paint an accurate picture of drug use across the country, given the illicit nature of the activity, but it is easier to identify trends among members of our prison population, who are subject to regular surveys. I was particularly worried when the cabinet secretary revealed, in a recent answer to a parliamentary question, that the number of prisoners being prescribed methadone has risen by 37 per cent over the past four years. Furthermore, the proportion of prisoners receiving methadone relative to the whole prison population continues to grow. That is a concern, as it suggests that efforts to move drug addicts towards abstinence are not working properly. Some people said that such an increase was a positive step, as

it might mean that more people are being taken off heroin but, although that might be true, the whole reason why we fought for a new national drugs strategy based on recovery was to use methadone as a stepping stone to abstinence. More recent figures show that 20 per cent of prisoners who are prescribed methadone are on a reducing dose, which means that 80 per cent of such individuals are in effect being parked on methadone and forgotten about. Clearly, more needs to be done to turn the strategy into results on the ground.

Scotland may have an unenviable reputation for drug use, but it is certainly far from unique in that respect, so it is important that we learn lessons from other countries in which action has been taken to face up to drug problems. One such example, as my colleague Annabel Goldie has highlighted on previous occasions, is the approach that was adopted in Pennsylvania. The authorities in Pennsylvania recognised that

"Eliminating drugs in prisons is a crucial aspect of ensuring that prison order and safety are maintained, but perhaps most important, eliminating the problem ensures that inmates abstain from drugs during the time they serve their sentences—a necessary first step on the road to long-term abstinence".

Almost 10 years on from that brave new approach, Pennsylvania has reported that its prisons are virtually 99 per cent drug free. Imagine that. In Scotland today, the idea of an almost drug-free prison population is a dream. In 1999, Pennsylvania's prisons reported that the number of drug finds as a result of cell searches had dropped 41 per cent, assaults on staff had decreased by 57 per cent and inmate-on-inmate assaults had declined by 70 per cent.

We have proposed a number of measures that I believe would help us on our way to achieving similar results. All prisoners should be subjected to a drug test on their arrival in jail and subject to random drug testing thereafter. Testing must be comprehensive, robust and consistent. We also want drug-free wings in every institution, where prisoners who want to come off drugs can be removed from the availability and the temptation of drugs.

We must also recognise that the Government cannot solve the problem alone. The role that is played by voluntary and faith groups in helping the vulnerable is one of the greatest strengths of our society, and it should be recognised and encouraged.

The job of any responsible Opposition politician is to support the Government when there is common ground and to challenge it when improvement is needed. The Government should be given full credit for introducing the national drugs strategy, and we will support the strategy that we worked to deliver, but we would not be

doing our job properly and would be doing our country a disservice if we did not challenge the Government to do more to ensure that the strategy is the success that our country desperately needs it to be.

15:30

**Robert Brown (Glasgow) (LD):** In speaking to my party's amendment, I should say that Liberal Democrats are supportive of the issues that are raised in the motion and the other Opposition amendments. It may be a sign of the times or of the new politics, but I particularly like the Conservative amendment, which is quite comprehensive.

Waiting times for access to services; partnership between agencies; the identification of models that work; the role of the voluntary sector; the current funding pressures; tackling the availability of drugs in prison; an emphasis on effective rehabilitation; and the evil effects of drugs on communities are all relevant parts of a debate on which I suspect that there is little real party-political division.

I begin by putting the issue in perspective. Forty or 50 years ago, there was no significant drugs problem of the kind that we know today, when 23 per cent of 15-year-olds report that they have tried drugs. As James Kelly mentioned, up to 60,000 children in Scotland have a problem drug-using parent. The proportion of 16 to 59-year-olds who reported that they had used drugs at some point in their lives rose from 18 per cent in 1993 to 33.5 per cent in 2008-09, albeit that that number has fallen over the past few years. In addition, £16 million a year is spent on dispensing methadone alone, and drug use is a factor in almost half of crimes.

Drug use is a problem across society, but it is heavily associated with deprivation and alienation from society. In 2008-09, 71 per cent of the people who entered treatment were unemployed and almost a quarter of them had been to prison. A report by the Home Office police research group in 1998 commented on what it described as major heroin outbreaks during the mid-1980s in Merseyside, London, Greater Manchester and the Scottish cities. Its observation that those outbreaks involved a minority of 18 to 25-year-olds, the majority of whom were unemployed and lived in deprived urban areas, has been repeated in many other reports. It also spoke of the pernicious links to crime and prostitution. The 1990s saw an explosion in the use of recreational drugs, followed by a further expansion in the use of heroin, which the researchers said was supply rather than demand led. That is quite an important insight. A 2006 study estimated that more than 55,000 people were misusing opiates or benzodiazepines at that time. I can remember

using figures of 30,000 and 20,000 in the period since the Parliament came into existence.

I make those contextual points to demonstrate that drug misuse is a complex phenomenon. Tackling it is not just a technical matter that involves the immediate drug issues; it involves the peer-group influences that operate on individuals, their family networks and the opportunities that are available to people in life, as well as the pernicious influence of people who make much profit from the evil way in which they trade on the weakness and vulnerability of others.

I want to comment on three particular areas. The first is the continuing and urgent need for research on what works, which I touched on in my intervention on the minister. The Scottish Government's recent paper, "Research for Recovery: A Review of the Drugs Evidence Base", identifies the growing focus on recovery pathways and the lack of good research evidence in Scotland and the United Kingdom on the effectiveness of particular models, and I was interested in the minister's comments on that. It sets a fairly clear pathway that is based on personal choice, empowerment and strengthening communities. Continuity and the continuance of support, as well as peer-group influence through mutual aid groups, are vital.

The second issue is that of drugs in prison, which John Lamont homed in on. The chief inspector of prisons recently called for a review of drug testing for inmates when they enter and leave jail, and I was told recently by a former prison inmate that the regime in Scottish prisons is inferior to that in England in controlling the entry of illegal drugs and supporting prisoners who want to become or remain drug free, although that is anecdotal evidence. It is not simply a question of testing or making greater efforts to stop drugs getting in, important though those are; it is about achieving sustainable and motivated success that will endure after release. A new model of care has been piloted at HM Prison Edinburgh to support prisoners in their recovery from drug use and, following positive evaluation, it is being extended. Perhaps the minister will say something about the extent of the roll-out and the timescales for it.

The third issue is that contained in the Liberal Democrat amendment. Last year, in response to a parliamentary question from me, the Scottish Government told us that only 3 per cent of people who are convicted of possessing heroin were given a DTTO in 2007-08. There has been a pilot in the sheriffdom of Lothian and Borders to explore the usefulness of DTTOs with low-tariff offenders. The report on that pilot was positive and I wonder whether the minister will confirm that the pilot will be extended across the country and, if so, on what basis.



**Margo MacDonald (Lothians) (Ind):** Will the member take an intervention?

**Dr Richard Simpson (Mid Scotland and Fife) (Lab):** Will the member give way?

**Robert Brown:** I give way to Richard Simpson.

**Dr Simpson:** Although the pilot was welcome, it found that the number of women on DTTOs was much increased, which was a major problem with the original DTTOs. Hopefully, rolling out the pilot will improve the situation for women.

**Robert Brown:** That is borne out in the figures for Cornton Vale as well, which is a slightly different aspect of the problem.

Not every drug-using offender needs a DTTO, but they are a proven success and it is clear that they should be made more available to the courts. Stopping or even just reducing crime-funded drug use is a cost-saving exercise for government because it reduces crime and gets rid of a huge burden on the national health service.

Much progress has been made on tackling the scourge of drugs and we have a greater understanding of how to proceed. With the socioeconomic cost of illicit drug use in Scotland estimated to be at almost £3.5 billion per year, or, as the minister said, £61,000 per problem drug user, the challenge remains enormous, and the social and personal damage that is done to our communities is unacceptable. It is and must remain a priority for all political parties to tackle the issue on all fronts: inhibiting the supply of drugs and eliminating demand; focusing on prevention and recovery; prioritising, as much as we can, what works; and enhancing the research and sharpening our tools.

This is a worthwhile debate and I am sure that more insights will come out as we go on.

I move amendment S3M-6978.4, to insert at end:

“; recognises the effectiveness of drug treatment and testing orders (DTTO) in providing intensive, specialist support to individuals involved in drug-related offending, and calls on the Scottish Government to ensure that DTTOs are available to all Scottish courts as required.”

15:36

**Ian McKee (Lothians) (SNP):** I begin by outlining my personal experience in attempting to manage problem drug users in the community. Unlike many, the members of the practice in which I worked accepted it as our responsibility to try to help those of our patients who misused drugs. As we realised that it was a community problem, we agreed with the health board to look after patients from local practices in which the doctors were not willing to shoulder that responsibility. Altogether, I

and my colleagues, working closely with specialist, highly trained and experienced community nurses, looked after more than 200 patients.

The first thing that we needed to do was to stabilise the person who was looking for help. The usual picture was of a chaotic, often criminal, lifestyle of a user of a variety of drugs of dubious strength and purity. Health was at risk, especially for those who were injecting. Mostly, we entered into an agreement whereby we prescribed a daily dose of methadone, titrated to abolish most of the effects of withdrawal from other drugs. Regular urine checks enabled us to detect if illegal drugs were still being taken, and periods of daily supervised consumption made it much less likely that the methadone that we prescribed would be sold on the black market. The aim was to regularise the person's lifestyle, stop them injecting, avoid criminal behaviour and so produce circumstances in which normal family life could continue and the person could even hold down a job.

Over the years, some truths became evident. We learned the hard way that even the gentlest pressure from health workers or others to reduce intake was counterproductive. It seems so obvious to people who do not use drugs that a very gradual reduction of substitute medication is the way forward, but time and time again, we would get someone to a low level only for them to tell us that he or she had reverted to illegal practices to top up. It was more effective to treat patients with the respect that they had not always had before, to ask them how they saw the future and what their aims were, and to discuss life plans. One of the deep fears of all drug users is of having their drugs removed unilaterally; a not unreasonable fear, as many of them have experienced that. We tried to respond by putting them in charge.

That plan of treating patients as individuals who had the right to decide their own future often led to families staying together, employment and a new sense of self-worth. So I welcome the Scottish Government's sensible drugs strategy, which places the individual at the heart of drug services. It is only by devising individual, person-led care plans that we can successfully help those who are taking drugs and the wider community in which they live.

I agree that voluntary organisations and faith groups can help, but only if they use initiatives of proven effectiveness and only if they are asked.

Work is especially beneficial, and it is important that, for example, supervised methadone regimes do not stop people going out to work.

Let me now tackle head-on some of the criticisms that have been made in this field. Last month, Professor Graeme Pearson of the

University of Glasgow was reported as saying that economic decline breeds crime and drug abuse and that the Government should be tackling poor housing, health and employment needs rather than persisting with the sort of policy that I have outlined. Of course those long-running sores need to be tackled, but we cannot afford to wait until the decline is reversed. We must take action now.

Some optimistic folk have made the suggestion that recovering drug users should be helped by being moved to a different area, given new housing and found a job. What message would that send to young people who live in areas of decline and have not chosen a life of drugs? Would that not say to them, "You have to start taking illegal drugs before you get any help"? That is not very clever.

**Margo MacDonald:** I thank the member for giving way; I was late to the debate.

Like the member, I think that there has been a great improvement in how we are tackling the issue, but do we not need research into the reasons why people do not take drugs? We have not really established why some people start and why most people do not start—or if they do experiment, they stop quite young. We need to know.

**Ian McKee:** The member makes a good point, and I would certainly support such research being done.

The inescapable fact is that the vast majority of drug users will continue to live in the same area and will often experience the circumstances that led them to drugs in the first place. They are under continual pressure to buy illegal drugs from a variety of sources, and as the social conditions that might well have been the cause of the drug misuse in the first place are still largely there, it is no surprise that many give way to temptation again.

That is why well-meaning initiatives to provide residential detox centres, for example, often fall down. It is difficult but not impossible to get someone off drugs in such an environment, but what happens when they return to their old hunting ground? The need is for continuous support, even if that means prescribing carefully monitored substitute medication for longer than most of us would like.

As far as prison is concerned, let me draw members' attention to the impossibility of providing reasonable interventions for people who are admitted on short-term prison sentences. Such people often get all the worst aspects of prison without the help that can be offered. When children are involved, I agree that families in which one or both parents use drugs should be closely monitored, but I disagree completely that children

should automatically be taken from such families. It is important not to overreact. A person whose intake of drugs is supervised and controlled can often fulfil parental duties perfectly well, and to remove children in those circumstances risks not only harming the children but seriously exacerbating the drug problem. We must not make the best the enemy of the good.

15:42

**Dr Richard Simpson (Mid Scotland and Fife)**  
**(Lab):** The first three minutes of Ian McKee's speech should be bottled and presented. It was a perfect image of appropriate treatment and how to treat the individual, which is what the policy is all about.

There cannot be anyone in the chamber who doubts the continuing effect of drug use on our communities. As Robert Brown has already indicated, there has been a growth in drug use over the past 30 years, starting from practically zero.

When I was the minister, I began by changing the policies and telling young people the truth about drugs, which is an important starting point. We changed the strapline from "Just say no" to "Know the score", alongside providing education in every school about the different effects of drugs. I am not saying that that is the entire reason for this, but the latest report from the Scottish schools adolescent lifestyle and substance use survey—SALSUS—on 13 and 15-year-olds has shown a welcome and continuing reduction in those reporting the use of any drug in the previous month, down from 24 to 13 per cent among boys and halving among 13-year-olds to 4 per cent.

We can divide the problems of drugs broadly into three areas: recreational drugs, including legal highs; prescription drugs; and drugs of addiction. Most members so far have talked about only the last one.

Recreational drugs are important. So-called legal highs are now widespread, and I believe that we are already witnessing this year the core problem that is ahead of us—if we ban something such as mephedrone, a new offer appears tomorrow. We will need a European Union or even global approach to that issue if we are to prevent the harm that derives from those new drugs, but we will not get ahead of the supplier. We need to keep a fast-moving and well-resourced advisory group to look at and deal with the evidence as quickly as possible.

Prescription drugs have been in the news again with George Michael's recent conviction, and there can be little doubt that there is a large, growing and substantially unrecognised problem. It involves not only valium and benzodiazepines but

cough medicines and other over-the-counter medicines that contain codeine, all of which are a significant problem. Our approach has been rather unsophisticated. We need to review our strategy.

We in this party are at one with the Government's strategic approach, particularly to heroin addiction. We recognise that the road to recovery is not to require abstinence but, as Ian McKee said, to recognise that individual addicts need assistance if they are to progress on a pathway away from addictive use. All too often in the past, drug users got stuck. We need to shift the balance away from harm reduction; progression to a normal life should be the joint objective of those who treat and the treated.

Methadone remains one of the most evidence-based approaches to stabilising those with heroin addiction, but it was becoming the only treatment. Ensuring that it is part of a process that addresses the holistic needs of addicts has been a part of successive Governments' policy. Labour promoted integrated care; yet, in too many places, we still have silos of services. Silos remain even in Glasgow, which was one of the first to integrate its specialist national health service services and local authority social work services. Difficulties remain, such as the different approaches of the city's psychiatric services and the Glasgow addiction service to tackling those with mental health problems; integration of the prison service and community justice and community services; and integration of primary care-based support and voluntary and other services.

When I was out of the Parliament, one of the most difficult things I did was to try to develop a single status assessment. We have still not succeeded in getting a national one. As I said, too often, users are parked on methadone under general practice care, without adequate support. With Ian McKee, I tried to do more to tackle that in Wester Hailes in Edinburgh.

James Kelly mentioned drug deaths, the number of which has doubled since the 1990s. Although the recent reduction is welcome, every death involves a premature loss of life and affects the addict's family. I congratulate the minister on his approach to the naloxone programme, which is evidence based and has the potential to save lives. I have some further suggestions to make in this regard. We need to record more fully the details when any agency is involved in a near-miss overdose situation and then point the client towards the naloxone programme. We also need to reconsider increasing the use of buprenorphine or suboxone. Those alternatives to methadone are widely used in France and are associated with a substantial lowering of the death rate.

I welcome in particular the minister's development of a HEAT target within the overall

programme that he is promoting. That said, I have some issues to raise. First, there is gaming around the current waiting list system. When I was a minister, I called for the measure without knowing that it would produce the highly bureaucratic system that we now have. Perhaps a less bureaucratic recording system could be introduced. Closer periodic scrutiny by Scottish Families Affected by Drugs would also be welcome. Secondly, I promoted the 218 centre—formerly the Time Out centre—for women who would otherwise go to prison. If the centre works well, perhaps it should be piloted for men. Thirdly, I am concerned about possible cuts to voluntary organisations. Finally, we must address the damage that drugs do to the foetus and handle better the immediate post-birth situation. We need nationally the programme for pregnant users that Edinburgh has introduced.

Undoubtedly, members are at one on the direction of travel. In comparison with debates on alcohol, this debate is a pleasure to take part in. I only wish that we could take the same consensual approach to alcohol. Perhaps that is too much to hope for.

I commend the motion and amendments.

15:49

**Patrick Harvie (Glasgow) (Green):** Oh dear, I might be about to burst the bubble. In general, I find it hard to find much enthusiasm for the motion or the amendments. Undoubtedly some good work is happening as part of the road to recovery strategy. I do not doubt that for a moment. I also do not doubt some of the original intentions behind the strategy. Government emphasis on the use of the term “recovery” is an attempt to break the conceptual barrier between harm reduction and abstinence and the polarised debate that we have had in the past. However, it is not clear that that has been successful. There is still an undertone of refusing to view any type of recreational drug use as part of any kind of normal life.

For some people, abstinence is still an ideal that should drive policy in this area. As a Green party MSP, I welcome a bit of idealism in politics; I am not opposed to that. However, I cannot say that I share that particular ideal, and nor do many of the advocates of abstinence—I have seen many of them enjoying a glass or two of wine, a beer or a few whiskies. There is a dishonesty and a contradiction—even sometimes a hypocrisy—about our society's approach to recreational drug use.

Scotland's most common, widely available, profitable and harmful recreational drug—of which I am an enthusiastic user—is the subject of continual debate in the chamber, in relation to

harm reduction, licensing, taxation and even minimum pricing; yet almost nobody advocates the prohibition of alcohol, or even abstinence as a policy message. As many speeches are made in the chamber about protecting—quite rightly—the drinks industry and our independent pubs as are made about the public health issues that alcohol raises. There is a tension there, but not a contradiction.

Most of us recognise that alcohol—that recreational drug—is, while harmful, acceptable and can be part of a normal life. There is no attempt to suggest that all use of alcohol is misuse, so why do we get that type of approach with other drugs? Why do we not see the same honesty in the debate on other drugs?

I will quote someone who I must admit I rarely quote: the Labour politician Eric Joyce. In a comment that was headed, “Politicians lie about drugs because pretty much everyone else does”, he wrote:

“The banning of methadone just before the ... election, agreed by all parties, was a perfect illustration of how the drugs lie operates. Two people were found dead having consumed a bunch of substances”—

including methadone. He continued:

“It turns out that neither of the post-mortems in this case revealed ... even a trace of methadone. The legislation was of course simply designed to make everyone feel good about fighting the scourge of drugs while actually doing nothing of ... real value about it.”

Later in the piece he says,

“I don’t advocate drugs legalisation”,

so he does not share all of my views on the subject, but I think that we would both conclude that we need a more honest debate about the options before us.

That honest debate is beginning to happen, for example in Portugal. In 2001, Portugal became the first European country to abolish criminal penalties for personal drug possession. In addition, drug users were to be targeted with therapy rather than prison sentences. We must underline the point that there is no contradiction between the harm reduction approach and recovery, which the Scottish Government emphasises. Since Portugal introduced that policy, the number of overdoses and drug deaths—and the number of HIV cases among injecting drug users—has reduced significantly.

In California, there will be a public ballot in November—at the same time as the mid-term elections—on legalising and controlling cannabis in the same way as alcohol, so that adults who are 21 or over will be able to possess up to 1oz for consumption at home or in licensed business establishments. It will give state and local

governments the ability to tax the sale of cannabis for adult consumption.

**Margo MacDonald:** On the classification of drugs, does the member advocate that if members agree with his analysis, this Parliament should approach Westminster about a reclassification?

**Patrick Harvie:** The current classification system is largely nonsensical. A string of United Kingdom researchers and health professionals, and some within the police forces, have said, among other things, that the classification system needs to be re-examined. The fundamental question is whether the current legal context helps or hinders the reduction of the very many forms of harm.

After decades—generations, in fact—of that approach, we see widespread availability, including to young people, of products at cheap prices that are more powerful. Criminalisation has increased the trend towards more powerful products, and drugs are contaminated with ever more toxic substances.

All of that industry is in the hands of criminals, some of whom are responsible for appalling levels of violence and exploitation. If that is the result after nearly 40 years of the Misuse of Drugs Act 1971, what is the objective reason for thinking that the next 40 years will be any different? “Defeat the dealers,” says Mr Kelly. That is the same simplistic nonsense as talking about a war on drugs. It is time to stop mouthing such simplistic solutions to try to persuade ourselves that we are doing something useful.

15:55

**Bob Doris (Glasgow) (SNP):** As an MSP for the Glasgow region, I have a long-standing interest in the treatment of drug addiction. The Maryhill area in which I live has long been associated with some of the worst heroin addiction rates in the country.

If there was an easy way to solve the drugs problem, we have certainly had enough time to find it. There is no easy solution. There have been many initiatives in the past, but assessing whether they have had any impact is not always straightforward given that we will never know just how much better or worse the national drug problem would have been if those initiatives had not taken place. It is notoriously difficult to quantify the benefit of any individual initiative.

I accept with a heavy dose of realism that many countries have similar issues with addiction. However, our problem in Scotland is unacceptable to us and we must persist with action to tackle the blight of drugs. Our collective desire should be to reduce the blight of drugs on our communities to a

significantly lower level than we have at present and to do so at a rate that has never previously been achieved. We cannot sit and watch as the volume of drug-related crime and mortality and the range of social ills that derive from problem drug use continue to increase in the long term at enormous social and economic cost to us all.

That the problem affects everyone in Scotland at some level is in no doubt. Our hearts go out to the many families who have been directly affected by drug use—I have worked with many of them in the constituency and the communities that I serve—but let us also remember that the financial burden to Scottish society is estimated at an overwhelming £3.5 billion per annum. That is the cost of dealing with drug addiction. Any strategy to attack the drugs issue must also have at its heart the financial implications for citizens, and that requires a long-term financial commitment from the Government to reduce the ludicrous cost to our nation. We need to think of spending on addiction services as a financial investment as well as a social and moral duty.

On that basis, I ask that, in the national interest, policy makers from all our parties consider the financial implications of our nation's drug problem. I contend that, even as we face unprecedented cuts in public spending, we must do all that we can to ensure that, where possible, long-term investment in addiction services is increased in line with need. That is a difficult challenge but one that we must strive to meet where possible.

We also need to consider how the money is spent and how we can provide services as efficiently as possible. Many people believe that the pursuit solely of a harm reduction approach merely fosters a drug dependency culture and that the road to recovery model is long overdue. I agree. The Government has taken a bold lead in moving to recovery-based interventions. We have set the tone on a policy level, but far more remains to be done. In financial terms, there has been a 20 per cent increase over three years in the allocation to health boards for front-line drugs services but, more important, the Government has initiated the structures that we hope will deliver more effective treatment based on the underlying philosophy that drug addicts can completely recover from addiction and live rewarding lives without drugs.

We must ensure that there is clinician and local provider buy-in to the road to recovery model—that is essential—and that no part of the country persists with a one-club strategy of harm reduction only. Addicts can get clean and addicts do stay clean.

The Government is well on the way to achieving the self-imposed target of 90 per cent of addicts who require treatment being referred to an appropriate service within three weeks. Waiting

times are down, but I accept that there is a need to look beyond the statistics and examine the quality of the treatment that addicts receive.

I would like us to develop further the process of drug recovery treatment in our prisons. I know that some of the amendments cover that. The scale of the problem in prisons is clear. I have spoken to experts in the addiction field who are keen to look at the procedures for onward referral outwith the prison service on release, and for throughcare and continued support. We must strive to do better in that area. I am sure that the Government will take that on board and look for more progressive models to enable us to do that.

I have spoken to residential rehabilitation providers who have often, because of a lack of beds, had to turn away addicts whom their services would have suited. Turning away a cry for help can mean the difference, literally, between life and death. We must monitor how we use our resources to achieve positive outcomes for individuals and rebuild their lives. I want there to be adequate provision for anyone who takes the bold move to come off drugs. We need to think of the cost of treating the addict versus the cost to society of not doing so.

Specific treatments for addictions remain controversial and subject to a never-ending debate, but members should unite and send our best wishes to those who seek answers on our behalf. I am sure that we will follow with interest the outcome of the discussions involving the Scottish Drugs Recovery Consortium and its contribution to a recovery-based strategy, which we all support.

I want to use my final moments to talk about the realise community project, which was a local drugs project in the Maryhill area of Glasgow. It was close to me and my heart, but it folded recently. It put at its centre employability, pre-employability and productive things for recovering addicts to do in their lives, and gave a huge amount of added value at very limited cost to the taxpayer. It got adult learners to go to community-based education and helped to get them clean and to sustain them in being clean. There were positive throughputs to further and higher education destinations. People rebuilt their lives. I am talking about the voluntary sector making achievements at low cost. Unfortunately, the organisation is no longer with us. I ask all local authorities and public providers to think about using the voluntary sector more appropriately so that high outcomes are achieved for small costs.

I will support the amendments this evening.

16:01

**Cathie Craigie (Cumbernauld and Kilsyth (Lab)):** Eight days ago, I read a headline in *The Scotsman*: "Drug dealer aged 10 is arrested". That headline rattles our social consciousness. If children as young as 10 are playing such an active role in the sale of illegal narcotics, that makes me question the true scale of the problem that is striking our country.

If knife crime is the scourge of Scottish society, the onslaught of illegal drugs is an equally vicious and dangerous plague. I am sure that every member believes that it is necessary to tackle the problem head on.

Earlier, it was said that 545 people died last year as a consequence of drugs. That is a small drop on the numbers for previous years, but it is still 545 individual tragedies and 545 families broken.

The problems that we face run much deeper than substance abuse and dealing, bad as those problems are. Attention must be focused on our communities. Social deprivation, conjoined with community erosion and gang culture, drives many young people down an unforgiving path from which many of them will not return. We must cut off the problem at the source by investing in local communities and local task forces set up to address the problems. Increasing support to social work services and voluntary groups that work in the area is vital so that they can stem the generational drug transition from parent to child.

More than half of juvenile drug dealers were caught in the Strathclyde area, where my constituency lies. Hearing the stories of those pre-teenage children being embroiled in drug dealing forces us to think about where many of them will be in 10 years' time. Will they be in prison or dealing on the streets? Perhaps they will be parents with addictions. That is why it is crucial to enact early intervention programmes to offer stability and safety to young people whose parents use or distribute drugs.

The human, economic and social costs of drug abuse are high. It will help us to attack the problems in our communities if all levels of government work to support voluntary organisations, which often involve former addicts in providing support and counselling for addicts and their families in their fight against substance misuse. Experienced local organisations can provide support and work with addicts on their desire to build a more useful and stable lifestyle.

It is important to acknowledge the deep problem in our prisons, which many members have mentioned. In many cases, locking up people only fuels the persistent problems of addicts. It is believed that up to 25 per cent of Scotland's

inmates use drugs inside prison. In some cases, addicts can access drugs more easily while incarcerated than they can when free. That is completely wrong. The majority of people whom I represent find it difficult to comprehend why people who are in prison still have access to drugs. The Scottish Government and the Scottish Prison Service must do more to stop the free flow of drugs into our prisons.

Much of what the Scottish Government has revealed in "The Road to Recovery" strategy document is welcome. However, it is necessary to reiterate the importance of investment in communities and social work care. I realise that it is difficult to suggest increasing funding at present, but only by increasing funding for front-line community organisations, not cutting it, will progress be made. We must support social workers to locate vulnerable children and, yes, remove them from the homes of their drug-addicted or drug-dealing parents. We must deal with that as a society if we want to prevent the younger generation from falling into the same trap.

I spoke earlier about an article in *The Scotsman* last week. John Lamont was quoted in that article. I agree with him that we must have zero tolerance of drug dealers, but I do not agree with his point that we must have zero tolerance of young people who are dealers. We must recognise that young people, and especially children, need more support. I see that John Lamont looks a bit bemused, so I will read out what he said, which was:

"We need a zero-tolerance approach to tackling drug abuse and that should apply regardless of age or background."

**John Lamont:** Will the member take an intervention?

**Cathie Craigie:** Yes, I certainly will.

**The Deputy Presiding Officer (Alasdair Morgan):** I am sorry, but I cannot allow that when the member is winding up.

**Cathie Craigie:** Sorry, Presiding Officer.

On most issues, we cannot treat a 10-year-old in the same way as we treat a 25-year-old, and that is true for narcotics crime.

Only by investing in educating our young people about the dangers and by investing in community organisations, local authorities and, through them, social workers will we have a long-term improvement in the battle against drugs. I am glad that we can work without party division on those fronts, but the Government must do more to ensure that we deliver on the streets.

16:08

**Mary Scanlon (Highlands and Islands) (Con):** I will focus on John Lamont's amendment, which states

"that more needs to be done in identifying models that work".

Robert Brown shared that sentiment. There are more than 55,000 problem drug users in Scotland, and between 40,000 and 60,000 children are affected by the drug misuse of a parent. As the minister said, the social and economic cost is about £61,000 per drug user. Given that 34 per cent of individuals self-refer to specialist drug services and that a further 30 per cent are referred by a general practitioner, there is no doubt that many drug users acknowledge their problem and take action to seek help and support.

A recent review stated that switching to a recovery model is likely to require

"a fundamental change in culture and attitudes"

by many professionals and communities. That is interesting, and I hope that the minister will clarify the point in summing up the debate. I would have hoped that professionals would already be signed up to the recovery model, rather than to the past approach of parking people on methadone, sometimes for decades. Against that background, I point out that, for every month in 2008-09, an extra 1,000 new individuals engaged with treatment services. In the same year, nearly 0.5 million prescriptions for methadone oral solution were given, at a cost of more than £16 million. That cost has increased by 24 per cent in the past four years. The number of daily methadone doses has more than doubled in NHS Highland and NHS Orkney over those four years, and in the same period it has increased almost threefold in Shetland. With the financial constraints that we face, it is critical that we identify models that work and that are effective in the long term in addressing drug addiction and—as Margo MacDonald said—the causes of addiction.

Although we welcomed and continue to support Fergus Ewing's approach, which is based on recovery, it is disappointing that so little progress has been made on what treatment interventions work. That is highlighted in "Research For Recovery: A Review of the Drugs Evidence Base", which states that differences in the effectiveness of different forms of abstinence-oriented treatment have been less consistently researched and reported. It suggests that there is a need for research on and evaluation of drug treatment aftercare and that

"a clear strategy is needed for developing"

a Scottish evidence base that will both inform the delivery of "The Road to Recovery" and assess its impact.

Audit Scotland's report "Overview of mental health services" states not only that seven out of 10 prisoners have a mental health problem, but that 75 per cent of people who use drugs are estimated to have an underlying mental health problem. I would, therefore, like future research to examine the extent of self-medication. The report also states that barriers to recovery include psychological problems such as mental illness and the absence of strengths such as self-esteem. Therefore, any recovery model must have an evidential base and must include the factors that are critical to recovery, particularly given the cost of the services. I would go a step further and ask the minister to consider that, in future, funding be allocated on the basis of evidence of the effectiveness of services.

Despite the financial constraints that we face now and will face in future years, I ask that we move from a crisis management-type of treatment to a more positive and appropriate approach that is based on the individual's needs as well as on prevention and early intervention, such as Dr Ian McKee outlined. I found his experience and his speech very interesting.

I conclude by commending Narcotics Anonymous. We constantly talk about taxpayers' money funding voluntary organisations, but Narcotics Anonymous, like Alcoholics Anonymous, neither receives nor wishes to receive taxpayers' or Government money. However, every week, in towns and villages throughout Scotland, including Inverness, meetings are held by recovering drug addicts who are supporting each other to achieve long-term, drug-free lives.

16:13

**Angela Constance (Livingston) (SNP):** I confess that I have a strong dislike for the words "strategy", "framework" and "action plan". Although those terms convey meanings to politicians and professionals who are involved in the drug and alcohol field, I am not convinced that that terminology means much to the individuals, families and communities whose lives are blighted by drug misuse. Ultimately, people want to know what their Government and council are going to do about the problem. They want to know what we are doing about the chaotic drug user living next door to them, who has a constant stream of visitors day and night—the chaotic drug user who may or may not have children living at home. We must not underestimate or minimise the scale or scope of the problem of drug misuse in Scotland, given that more than 50,000 people are using illicit

drugs. Facing up to the facts is the first stage in recovery.

Neither must we hide our light under a bushel when it comes to the good things that are being done or that organisations and individuals are trying to achieve. It is good news that 100,000 children in Scotland have benefited from the cashback for communities scheme and that the curriculum for excellence is looking at how to promote effective educational programmes, such as choices for life and know the score. We have 1,000-plus more police officers on the street and the Scottish Crime and Drug Enforcement Agency has seized tonnes of drugs, to a value of £26 million. Record investment in drug treatment of £28.6 million is clearly good news, as it is 20 per cent more than before and exceeds the Scottish National Party manifesto pledge. The introduction of HEAT targets is most welcome, such as the target that by 2013 people should be treated within three weeks.

The central focus is indeed on recovery. There is a good news story here: the message in our on-going battle is one of hope, not despair, because people can and do recover from drug misuse and change is possible.

It is absolutely right to put recovery at the heart of all that we do, given the comorbidity of drug misuse with mental health problems and childhood sexual abuse. However, we also need to be frank in acknowledging that failure is also the norm on the road to recovery. Few people get it right first time—ask anybody who has tried to lose weight or stop smoking.

Children have to be at the heart of any framework or strategy. As part of our endeavours, our priority has to be to consider the children whose lives are adversely affected by drug-abusing parents. The problem is endemic and we need to be frank that having a parent who uses alcohol problematically is not and will never be conducive to a healthy childhood. I am not prepared to dress that up in political correctness. The unequivocal message should be, “If you’ve got bairns, you shouldnae be abusing drugs or alcohol.”

We also need to be frank and honest with each other about what we can and should do to solve the problem. As we have heard, it is estimated that between 40,000 and 60,000 children are affected by parental drug misuse. We believe that 10,000 to 20,000 of them are living with a drug-abusing parent. I am informed that there is on-going work to try to establish more accurately those numbers and who those children are.

Some 65,000 children live with a parent with an alcohol problem. Across the UK, a quarter of children who are on the child protection register

are there because of alcohol or drugs. The figures for children who are looked after, whether at home, in foster care or with family and friends, is comparatively lower. We need to be blunt in saying that we cannot go around every community in Scotland gathering up children whose parents abuse drugs or alcohol. We would never have the capacity to take all the children into care, nor should we.

When it comes to protecting children and giving them the best chance, there is nothing worse, or more dangerous, than a one-size-fits-all, blanket philosophy or policy, so what should we be doing? In families where the prospects of recovery are poor, we need to take faster and more decisive action to remove children. However, in the vast majority of cases we should be working with the drug-abusing parent. That is not easy—it is difficult but crucial work. At the heart of the strategy should be the aim to do more about parenting by running parenting programmes with individuals, communities and groups. That work can be done within the community, in the residential setting or in prison.

If recovery is to be part of our focus, the other crucial part of that focus should be on parenting. Across the disciplines that are involved in working with people who abuse drugs and alcohol, we need to train more people in parenting programmes.

16:20

**Bill Butler (Glasgow Anniesland) (Lab):** No one in the Parliament is not acutely aware of the scale of drug misuse in Scotland, the suffering that it causes the individuals who abuse drugs and their families, and the misery that it can generate in communities the length and breadth of Scotland. The scale of the problem is extremely concerning and there is no ready-made panacea.

The figures in the Scottish crime and justice survey of 2008-09 reveal a disturbing picture. For example, one in 13 adults reported using one or more illegal drugs in the 12 months before the survey interview. As for trends over time, the proportion of 16 to 59-year-olds who reported drug use at some point in their lives rose from 18 per cent in 1993 to 33.5 per cent in 2008-09. I admit that the proportion of adults who are aged between 16 and 59 who reported taking an illicit drug at any point in their lives has recently decreased. Nevertheless, the challenge that drug abuse poses remains real and extremely daunting, and not just for the individuals who are addicted to drugs, which range from amphetamines to ecstasy, cocaine and heroin.

**Patrick Harvie:** Will the member give way?

**Bill Butler:** No, thank you.



Between 40,000 and 60,000 children in Scotland are estimated to have a drug-abusing parent. Between 10,000 and 20,000 of them live with their drug-abusing parents and must attempt as best they can to deal with their parents' chaotic lifestyles. That cannot be right and cannot be countenanced.

I admit that the number of drug-related deaths fell slightly to 545 in 2009, as the minister said. That is 29 fewer, or 5 per cent less, than in the previous year. Of course, any fall in that figure is welcome, but no one in the chamber pretends that a small drop in the number of people who die from drug abuse is anything other than a hesitant step in the right direction. The journey that we must make as a nation is long and will not be easy. No ready-made cure-all exists.

I recognise, as Mr Ewing's motion says,

"the progress made in delivering Scotland's national drugs strategy, *The Road to Recovery*".

There is no doubt whatever about the Government's good intentions on this most difficult and complex policy. The ministerial team must be given its due. Ministers have made strenuous attempts to combat the misery that drug use can bring. The same is undoubtedly true of the two previous Labour-led Executives. However, no one disagrees that much still needs to be done.

For individuals who are trapped in the miserable prison of drug abuse, the personal consequences are serious—their livelihood, hope and self-respect lost; relationships destroyed; and family and friends alienated. In hundreds of cases, all that leads—tragically—to the loss of life.

The social and economic costs are also dramatic. The total economic and social costs of illicit drug use in Scotland are estimated to be equivalent to just under £3.5 billion per year, which is 10 per cent of the Parliament's budget. That includes costs to the public sector and the economy and wider social costs such as those to victims of crime. Of that £3.5 billion, the direct cost to the taxpayer is put at about £900 million a year, if we add together the impact of problem drug use on health, social care and criminal justice budgets. In turn, that equates to about £15,000 per problem drug user and £85 per recreational drug user. As a Parliament, we must do all that we can to tackle this menace to society.

**Margo MacDonald:** Bill Butler referred to recreational drug use. We have heard of problem drug use and of drug use. Does he agree that reclassifying drugs might help us to get on a better strategic footing?

**Bill Butler:** I am not sure; perhaps I should have used the phrase "drug abuse".

I would like the Government to pay greater attention to the problem that we face in our prisons. Unfortunately, as Cathie Craigie indicated, drug taking is part of daily life in too many of our prisons. That cannot be right or acceptable. It is thought that around 25 per cent of inmates in Scottish jails use drugs. Given that so many of Scotland's prisoners end up in jail because of their involvement in the murky half-world of narcotics, such a degree of availability in prison can only hinder the attempts that are being made to rehabilitate them. We must, as far as is humanly possible, have a zero or near-zero tolerance of drug use in prison. I do not know whether it is possible to eradicate it completely, but we must try. The Parliament looks to its ministers to take decisive action in that area, via the SPS.

The shift in the Scottish Government's drugs strategy from a focus on harm reduction to a focus on recovery—if I understand it correctly—is worthy of support if it means that the process will be centred around individuals' particular needs. This is an important debate. I hope that we can unite as parliamentarians to agree to do all in our power to tackle in an imaginative way what is undoubtedly the scourge of drug abuse in Scotland.

16:26

**Nigel Don (North East Scotland) (SNP):** Presiding Officer, I apologise to you and to the chamber for an extremely unsatisfactory broadcasting schedule that meant that I heard James Kelly's opening remarks, but no more, and that I did not hear John Lamont's opening remarks. I apologise to those members, in particular. That broadcasting schedule was extremely unsatisfactory; I trust that it will not be repeated.

The issues that I would like to address have already emerged in the debate, but I will look at particular details. As all of us know, we face funding challenges that are unprecedented within the lifetime of the Parliament, at least. We must be extremely careful to ensure that we provide integrated funding decisions. We have heard about services that are provided by local authorities, about services that are provided by the health service and about the role of voluntary organisations. Each of those has various funding challenges, various funding streams, and various things that are more or less ring fenced—or not—and subject to decision making by a good number of different people. If we are to get anything resembling integrated and sensible funding of drugs services—or any other service—we must get rather better at making funding decisions. That is one of the challenges for the Government, the health service and local authorities.

I return to an issue that Robert Brown raised briefly and that has not been mentioned again—the issue of whether some drug problems are demand led. I have the impression that there are folk who would not be using drugs if someone had not put them in their way. That leads me on to a point that, largely, has not been discussed—the fact that the police are working hard to disrupt the supply of drugs. That work needs to be recognised, applauded and affirmed. Whatever one makes of the war on drugs, part of it is designed to ensure that drugs are not readily available. If they are, we will change society's approach to what is and is not acceptable.

**Patrick Harvie:** Will the member give way?

**Margo MacDonald** *rose*—

**Nigel Don:** I am conscious that this may be the only subject that I will get to discuss. Two members towards the back of the chamber have indicated that they would like to intervene, but I will issue a challenge to them first.

I use recreational drugs—at least, I use two drugs that are non-medical. One is not recreational; I use it to enable me to stand on my feet at 2 o'clock in the afternoon, given the time at which I got up this morning in order to get here from Aberdeen. It is called caffeine. All of us use it, but it has a serious value in our society. The other is ethanol or ethyl alcohol, to those of us who are chemists, or just plain alcohol, to most of us.

I take on board Patrick Harvie's comments. If alcohol were invented now, I suspect that we would ban it, but it has been around for a rather long time and an awful lot of us survive very comfortably with it. Is it possible to state whether a drug is wholly recreational, has no significant addictive qualities and can be made chemically pure so that it is safe? If we can define those, Patrick Harvie might have a point, but I am not convinced that we can do that.

**Patrick Harvie:** Recreation is surely about the intent or nature of the use, rather than about the chemical nature of the drug. I point out that when the criminalisation of alcohol was attempted in the US, it led—just as it did with other substances—to much more toxic and harmful variants becoming widely available.

**Nigel Don:** That has clarified the point, although in the time that remains I am unable to elucidate all the issues within that. Patrick Harvie might think that a drug is recreational when it is not addictive and does not interrupt biological function, but it will come with the problem that it is not chemically pure. Unless we can derive something that is chemically pure, safe and readily available, and that does not have any other biological consequences, there is no such thing as a recreational drug. In addition, I do not agree with

the member's comment about the reasons why someone takes a drug. It is either dangerous or it is not—whether it actually affects the individual is another matter.

I will close with a thought about smoking. Is smoking a good idea? It cannot possibly be. My wife has an aunt who is well into her 80s—she is possibly approaching 90. She has smoked all her life and it has not done her any harm at all. Is that a reason for saying that smoking is okay? Plainly not.

16:31

**Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** Those last two speeches sum up the tone of the debate. From Bill Butler we had passion, and from Nigel Don we heard a thoughtful and elegant speech. If people outside the Parliament want to see its work being done well, this debate is a good example for them. It has been consensual, and that is right and proper, as the drug problem is no respecter of party-political divisions.

I will touch on some of the speeches that have been made in the order in which they were made. The Minister for Community Safety, Fergus Ewing, said that people can and do recover. That is a hugely important message, which we must remember at all times. That is the goal—the holy grail of what we are trying to do. The minister praised the voluntary sector's work and—partly in response to Robert Brown's intervention—highlighted the issue of peer support.

Speaking for the Labour Party, James Kelly was supportive. He said that the recovery strategy is a step in the right direction. He reminded us about the high levels of use of heroin and cocaine in particular and was the first member to speak about the issue of busting the dealers. That takes me to a point that relates to my constituency and which lies behind some written questions that I have lodged in recent weeks, as the minister will know. It is alleged by constituents that a drug dealer was lifted by the police in my constituency with about £12,000-worth of drugs on him, although charges have not yet been brought against him. Months have gone by since that incident. It is precisely that sort of anecdote, whether it is true or not—it probably is true in this case—that undermines public confidence in what is being done about such problems. For someone living in a council estate who hears about that sort of thing going on in their area, if a rumour is wrong it needs to be shown to be wrong, but if the suspicion lingers, that is deeply corrosive in itself. I will return to that point in my concluding remarks.

John Lamont spoke about success rather than strategy, and quoted Churchill. He made a most

interesting point about the virtually drug-free prisons—I understand—in Pennsylvania. We can learn from that.

My colleague Robert Brown correctly reminded us that, 40 or 50 years ago, and even perhaps more recently, we did not have a problem on anything like the current scale. He spoke about deprivation and alienation, and said that tackling the problems is complex. His amendment is based on three things, as he said. First, it is about research, as he said in an intervention. It is also about drugs in prisons. The Scottish system of controlling drugs is allegedly not as good as the English system. I refer again to the alleged dealer in my constituency who had £12,000-worth of drugs on him. We need to get to the heart of that story. Is it true or is it false? If it is true, what are we doing about it?

I also mention DTTOs and the roll-out by the Scottish Government of the successful pilot. The Liberal Democrats await the minister's comments on that.

As we have come to expect in the past three years, Ian McKee made a characteristically interesting speech. He gave us a most interesting account of his work as a doctor—Dr Simpson made a point about that, too—and spoke about the importance of treating patients as individuals.

In an intervention during Ian McKee's speech, Margo MacDonald brought out the issue that she has pursued throughout the debate.

Dr Simpson talked about keeping ahead of developments in the market—I do not think that "market" is the right word. He was concerned about the possible effect on voluntary organisations of the economic problems that we face. Bob Doris, too, made a plea to protect services during an extremely difficult period.

Patrick Harvie has consistently made his point about the current legal context, both in and before this debate. Margo MacDonald is in accordance with him in that regard.

When Cathie Craigie talked about a child as young as 10 dealing in drugs, she hit a chilly note. I do not doubt that what she said is true, and it demonstrates in sharp terms what we are faced with.

Mary Scanlon and Angela Constance made good speeches. How right Angela Constance was when she said that few people get it right first time. She talked about people who try to lose weight. I am now—thank God—a reformed smoker, but I tried many times to pack in the weed. That is fags; how much worse is it to pack in drugs, even with professional assistance? It is not easy, not one little bit.

I talked about the alleged drug dealer in my constituency. The evidence before my eyes and the eyes of quite a number of my constituents points, alas, to a worrying lack of information flow about what is being done. I do not doubt the efforts that are being put in, but sometimes the message is not getting through to the housing estates where people have witnessed changes over 10 or 20 years and see things dipping down and falling away. People say, "We did not have those problems in the past; now we do. We are scared to send our children out, because there are dealers around. People come and go next door all night long." That is debilitating and frightening for people. On that issue, I find myself in accord with Bill Butler's passion.

I do not doubt the good work that is being done and the good intent behind it, but we need to disseminate information about that among the people on the housing estates that I talked about. We need to tell people how they can help without having to fear that their windows will be put in—or worse. We have to build up public confidence. There is a slight issue in that regard. That is not a criticism of the Government; I support its policy. I also very much support the amendment in Robert Brown's name.

16:37

**Bill Aitken (Glasgow) (Con):** This has been a consensual debate, not because members such as the minister, James Kelly and me have lost our normal combative tendencies but because we realise how serious the matter is. Richard Simpson said that it was a pleasure to speak in the debate and I accept the context in which he said it, but the plain, unvarnished truth is that we all wish that a debate of this type was not taking place, because that would mean that we did not have a problem.

We must not underestimate the problem. It manifests itself in fiscal terms, as Robert Brown, the minister and James Kelly said. When we are paying out £61,000 in respect of every addict, there is a clear economic issue. Even more terrifying is the social issue—the litany of broken lives, criminality and all the detritus of drugs that so depresses many of our communities in Scotland. Therefore, we must look at the problem.

As from today, we should accentuate the positive messages that are coming out. The death toll is still appalling, but at least the number of deaths is reducing. That is progress. As the motion says, more people are seeking the treatment that is essential if we are to get them off a habit that will kill them or ruin their lives and—given their contribution to crime—ruin many other people's lives.

We have had a good-quality debate. We are fortunate in having members such as Ian McKee and Richard Simpson, who, as a result of their previous occupations, bring an expertise and knowledge to such debates that is not available to the rest of us. Everything that they said was perfectly true. I was particularly interested in what Dr McKee had to say about how his GP practice in Edinburgh faced up to the challenges of treating addicts.

The professionals accepted the change in emphasis in Scottish Government policy and responded positively. The voluntary sector makes an immense contribution to coping with addicts. All those people do that work despite the frustrations of dealing with people who frequently show an inability to deal with their problems themselves and to co-operate as they should. Despite those frustrations, the voluntary sector and professionals in social work or health carry on regardless. We are fortunate that we have them to service our communities so well.

There have been a number of interesting speeches. In another impressive speech revealing the knowledge that she has from her previous occupation, Angela Constance stated the difficulties that many families face and the impact of drug addiction on children. We must be careful not to apply a universal solution to an individual problem. Sometimes, children have to be taken into care, but that power requires to be used sparingly with a degree of common sense and sensitivity.

Bill Butler highlighted the important problem of drugs in prison. I share his concerns and cannot be persuaded that the present situation is at all acceptable. So many prisoners leave jail—allegedly a secure environment—drug addicted. We must work harder on that, because we are not being fair on them or ourselves unless we cut the flow of drugs into prisons significantly. I know that it is not easy and that those people show a degree of ingenuity and skill that, if applied to their outside life, would result in their being useful citizens. However, they do not so apply it, and the Scottish Prison Service requires to do everything possible to remedy matters.

Cathie Craigie, in another well worthwhile speech, took issue with what my colleague John Lamont said in response to a newspaper article. Mr Lamont said that we must adopt a zero-tolerance approach to drug dealing. It cannot be gainsaid that that is the correct approach, but it is self-evident that a court or any other body would not deal with a 27-year-old drug pusher with 17 previous convictions in the same manner as it would deal with a 10-year-old.

**Margo MacDonald:** Will the member give way?

**The Deputy Presiding Officer:** I am afraid that he is just about to sit down.

**Bill Aitken:** The debate has been constructive. We are in for the long haul—everybody appreciates that—but we are making progress and the debate reflects well on all who contributed to it.

For the record, Presiding Officer, I move amendment S3M-6978.1, in the name of John Lamont, to leave out from first “notes” to end and insert:

“recognises the progress that has been made in Scotland with the publishing of Scotland’s national drugs strategy, *The Road to Recovery*; notes that, with the change in emphasis to recovery, Scotland has slowly started the journey toward battling the damaging effects that substance abuse has on society; believes that more needs to be done in identifying models that work, including those delivered by voluntary and faith groups, removing discrimination and territorial barriers and rolling out best practice to ensure that the ethos of the drugs strategy is felt in every aspect of rehabilitation; notes the significant role that substance abuse plays in criminal activity and the complex needs of those in custody with substance addictions, and believes that more needs to be done to ensure that prisons are drug free and every support is made available to those prisoners who want to become free of drugs.”

**The Deputy Presiding Officer:** I hope that you are a signatory to the amendment, Mr Aitken.

16:43

**Richard Baker (North East Scotland) (Lab):** I, too, welcome the opportunity that we have had to debate the drugs strategy and acknowledge that we have had a good debate with some considered speeches from members from all parties.

We do not all agree on every point. There was a discordant note from Patrick Harvie. Although I did not agree with many points that he made in his interesting speech, I, too, will talk about treatment-based interventions in the justice system and about those for whom a sudden detox strategy of abstinence would not be right. As others have said, we must have treatment that meets, and is sensitive to, the needs of the individual.

Although there is not agreement on every point, there are important areas of agreement because we are all focused on the common goal of reducing the appalling toll of drug misuse on our communities through crime, ill health, robbing children of their childhood and opportunities and—most distressing of all—the still-too-high toll of drug deaths in Scotland.

As a member for North East Scotland, I know all too well the impact that drug misuse can have. Too many communities in the north-east—not just in Aberdeen or Dundee but in our rural areas, too—are blighted by drug misuse. Aberdeen has been targeted as a fertile market for drug dealers,

with the vast majority of problems involving crack cocaine being confined to Grampian. Despite the efforts of Grampian Police and successful initiatives such as operation Lochnagar, levels of drug crime are still far too high.

When I was first elected as an MSP, I did not anticipate just how pervasive the problem was or how many cases would come to my office—be they related to crime, antisocial behaviour or problems resulting from family breakdown—with drug misuse as their root cause. However, we should also be clear that, as with so many problems with which we deal in this Parliament, there is no quick and easy solution and no silver bullet. Both Richard Simpson and Ian McKee outlined very persuasively the complexity of the problems. Therefore, we welcome both the progress that has been made in the strategy “The Road to Recovery” and the approach that the minister has taken to the issue and to today’s debate.

However, although it is right to focus on recovery rather than just on harm reduction, it was never the intention of previous strategies only to reduce harm. The ambition has always been to get drug misusers to end their addiction. No one wants drug misusers parked on methadone—we want them off drugs and playing productive roles in society—but we believe that methadone still has a role in stabilising chaotic lives. We must also acknowledge the difficulty of moving people along what is a long path to recovery, to which Angela Constance rightly referred.

**Margo MacDonald:** Does the member believe that the supply of heroin through the medical route has any appeal? Might that be relevant to the wider attack on drug misuse?

**Richard Baker:** The treatment needs to suit the individual, so we need to look at a whole range of treatments. A pilot programme of that approach—involving a very limited number of people with drug misuse problems in, I think, the north of England—has been evaluated and should be more carefully looked into. As Margo MacDonald might imagine, I would not want to go as far as others have suggested with some of the more radical approaches, but I think that there is very much merit in weighing up whether that approach, which has been piloted with a limited number of people, could be of use here in Scotland.

Given all the options that are available, we need to acknowledge just how difficult the problem is to deal with. In my view, although progress has been made on some issues, concerns remain about a number of others. We have seen improvements in waiting times for treatment, which is crucial. As the minister said, when addicts want to turn their lives around, we must give them every opportunity to do so. Therefore, we must hope that NHS funding

issues will not lead to a deterioration in waiting times for treatment. Of course access to treatment in the NHS is critical, but some of the programmes that are provided by the voluntary sector are also crucial in helping drug misusers not only to stabilise their lives but to turn them around and to get into work. That is why we have expressed our concern that, if local organisations suffer cuts and need to reduce their activities, achieving the strategy’s goals will be made all the more difficult.

On the criminal justice approach, a real difference was made by some of the initiatives in the previous parliamentary session, such as the shop-a-dealer scheme and the introduction of drugs courts and drug treatment and testing orders. We would have liked to have seen greater use of those in the past few years, as we believe that such initiatives can be effective in reducing drug-related crime and in helping drug misusers who offend to deal with the root cause of their offending behaviour. It is also important to acknowledge, as Robert Brown did, the scheme in Lothian and Borders where a different version of DTTOs has been applied to a wider range of offences. That is very welcome.

Where we have identified the greatest concerns and a need for much more effective intervention from the Scottish Government is on the issue of drugs in prisons, which Cathie Craigie and others have highlighted. The issue has also been highlighted by Brigadier Hugh Munro in his role as chief inspector of prisons. I am aware of the extraordinary lengths to which some people will go to get drugs into jail, so I do not pretend that the problem is easy, but we need more interventions to ensure that drugs are not brought into our prison estate and that more is done to detect them when attempts to do so are made.

**Robert Brown:** Will the member give way?

**Richard Baker:** I do not think that I have time—I apologise.

A number of members have mentioned the still-too-high number of drug-related deaths in Scotland. We must welcome the fact that 2009 saw a reduction in that number, because every drug-related death is a waste of a life and a terrible bereavement for a family. I have met some families in that terrible situation.

We must remember that the number of drug-related deaths is still significantly higher than in previous years and that, as others have said, it has increased in seven out of the past 10 years. That indicates the scale of the problem of drug misuse in this country and the severity of the challenges that we still face in tackling it. We have made real efforts in areas such as education and awareness over the years since devolution, and I believe that they will bear fruit in the future, but

right now we still face a problem that is intimidating in its scale and complexity. No one here has all the right answers and in terms of policy and approach, I do not feel that we are far removed from the Scottish Government.

We welcome the progress that has been made but, as Bill Butler said, we must be aware that there is still a very long way to go. I caution against the idea that we can change things overnight through radical departures, but I think that there are many examples of people working with drug misusers to improve their lives and deal with their addiction that show us what works. We must back those initiatives but be under no illusion that it will require perseverance, continuing discussion of our approach and a relentless focus on tackling drug misuse to ensure that more individuals and communities will be free from the blight that drug misuse has too often been for far too many in our country.

16:51

**Fergus Ewing:** I have found the debate to be extremely useful. Almost every speech has been thoughtful, positive and constructive and in some cases, as has been mentioned, members have reflected the experience that they brought to the Parliament. As Dr Richard Simpson said, Dr Ian McKee's description of the typical approach that a GP would take to someone who presented with a drug problem was a textbook example that we could all learn a lot from simply by reading it, if nothing else.

I want to respond to as many of members' contributions as I can and although I will not be able to respond to them all, because almost all of them have been so thoughtful, I undertake that my officials will study each one after the debate. I will request advice on, reflect on and consider all the suggestions that have been made, particularly the positive suggestions about how we can move forward with "The Road to Recovery".

I will respond first on the issue that commanded most of members' time—the problem of drugs in our prisons. The starting point is to acknowledge that the strategy devoted considerable attention to the two major challenges that face the Scottish Prison Service: preventing drugs from getting into prisons and managing prisoners with drug problems. I am pleased to say that since "The Road to Recovery" was unanimously approved by Parliament, progress has been made, and I think that it is fair to outline some of that for the benefit of those who are following the debate.

We all know that mobile phones were used to arrange for the delivery of drugs into prison. An inmate would phone up a friend to have drugs chucked over the wall at a particular time so that

they could be ingathered, or to arrange for them to be brought in at a particular visitation. Mobile phones have been banned in prison under prison rules, and it is now against prison rules and an offence under the Criminal Justice and Licensing (Scotland) Act 2010 to introduce or to attempt to introduce a mobile phone into a prison. That provision will come into effect shortly. Body orifice search system chairs are used to detect weapons and mobile phones. Mobile-trace machines are used and drug-analysis machines can detect minute traces of drugs on skin or clothing. I have seen all those items for myself at various prisons that I have visited.

In defence of the work that is done by our prison officers day in, day out, I would like to say that the prognosis of the current scenario is not altogether bleak. The figures for 2009-10 show that 56 per cent of prisoners proved to be positive on drug testing on admission to prison. However, on exit from prison, that had been reduced to 18 per cent positive. It would appear that there has been a 38 per cent reduction in the proportion of prisoners using drugs during their time in prison. I mention that because it is fair to mention the good news and all the good work that is being done with prisoners, which members will want to support.

In addition, perhaps as a result of the improved security measures, the number of drug seizures rose to 1,829 between April and March 2009-10. Early indications are that that figure is improving further following the introduction of the measures to which I have just alluded on mobile phones, 584 of which were seized in one quarter.

One of the problems with prisons is that those prisoners who spend 30 days or fewer in prison do not really have sufficient time to access the enhanced addiction casework services. They can, of course, get a methadone script immediately, where appropriate, and 85 per cent of prisoners who are on methadone were on it before they went into prison. However, those who serve short sentences in prison cannot access full treatment services.

John Lamont referred to the situation in Pennsylvania, which we have heard about before.

**The Deputy Presiding Officer:** Order. There are too many conversations taking place, especially among those who have not been here to listen to the debate.

**Fergus Ewing:** We do not have up-to-date information about how efficacious the Pennsylvania approach has been, but if we wanted to follow that example in Scotland, if that is what is being advocated—I am not sure that it is being advocated *per se*—there would be no visitors to prisons. Families would not see each other. I am not sure that the best way of helping

people to deal with psychological or mental health problems is to tell them that they cannot see their family. I do not think that that is being advocated, but I mention it just to put it into perspective.

The SPS recently published a substance misuse strategy and we recognise the progress that it is making. I am sure that all members will wish to recognise the good work that is being done, but as Bill Aitken and James Kelly said, there is a long way to go.

James Kelly was right to focus on the need for enforcement measures, so I am delighted that, between 2008 and 2010, the SCDEA seized more than 1.1 tonnes of class A drugs with a value of approximately £64 million. During the past two years, we have seen some of the most successful operations in the history of Scottish policing, in parts of Scotland such as Grampian and West Lothian. I attended a debrief of one of those operations, at which I learned that more than 100 people were involved in a dawn raid on a great number of dealers. Despite the number of people who were involved in and were privy to that exercise, there was not one leak to any drug dealer. If only we could say that about discretion among our political colleagues.

Mary Scanlon made a thoughtful speech, in which she referred to the research base and a document that was commissioned by the Scottish Government for the purpose of identifying the gaps. I will pursue the points that she raised and write to her about them.

Many members referred to the role of methadone, its cost, and the plight of people who have been parked on it for far too long. A clear consensus now exists in Scotland because of the evidence base and the orange guidelines, which are entirely consonant with the road to recovery strategy, and because of the excellent work of true experts such as Dr Roy Robertson and Dr Brian Kidd. The consensus is that substitute prescriptions such as methadone can play an invaluable role in stabilising drug users, but there is a concern that more needs to be done and a recognition that more must be done for those people who might have been on methadone for too long without other interventions.

In bringing my remarks to a close, I am delighted to say that we will support all the amendments this afternoon to reflect the consensus. The wording will perhaps not be absolutely as I would have drafted it, but setting that aside we will support it because we recognise that there is an overwhelming desire among us, which transcends all party differences, to see that the road to recovery strategy is delivered to tackle the scourge of drugs that so badly afflicts our country.

## Business Motions

17:00

**The Presiding Officer (Alex Fergusson):** The next item of business is consideration of business motion S3M-6982, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, which sets out a business programme.

*Motion moved,*

That the Parliament agrees the following programme of business—

Wednesday 22 September 2010

2.30 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Health and Sport Committee Debate:  
Inquiry into Clinical Portal and  
Telehealth Development in NHS  
Scotland

*followed by* Business Motion

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

Thursday 23 September 2010

9.15 am Parliamentary Bureau Motions

*followed by* Scottish Labour Party Business

11.40 am General Question Time

12.00 pm First Minister's Question Time

2.15 pm Themed Question Time  
Health and Wellbeing

*followed by* Scottish Government Debate: A Low  
Carbon Economy for Scotland

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

Wednesday 29 September 2010

2.30 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Scottish Government Business

*followed by* Business Motion

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

Thursday 30 September 2010

9.15 am Parliamentary Bureau Motions

*followed by* Scottish Government Business

11.40 am General Question Time

12.00 pm First Minister's Question Time

2.15 pm Themed Question Time

Justice and the Law Officers;  
Rural Affairs and the Environment

*followed by* Scottish Government Business

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business—[*Bruce Crawford.*]

*Motion agreed to.*

**The Presiding Officer:** The next item is consideration of another business motion, S3M-6983, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, which sets out a stage 2 deadline for the Alcohol etc (Scotland) Bill.

*Motion moved,*

That the Parliament agrees that consideration of the Alcohol etc (Scotland) Bill at Stage 2 be completed by 1 October 2010.—[*Bruce Crawford.*]

*Motion agreed to.*

**The Presiding Officer:** The next item is consideration of a further business motion, S3M-6984, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, which sets out a stage 2 deadline for the Children's Hearings (Scotland) Bill.

*Motion moved,*

That the Parliament agrees that consideration of the Children's Hearings (Scotland) Bill at Stage 2 be completed by 29 October 2010.—[*Bruce Crawford.*]

*Motion agreed to.*

## Parliamentary Bureau Motion

17:01

**The Presiding Officer (Alex Fergusson):** The next item of business is consideration of Parliamentary Bureau motion S3M-6985, on substitution on committees.

*Motion moved,*

That the Parliament agrees that

Claire Baker be appointed to replace Dr Richard Simpson as the Scottish Labour Party substitute on the Justice Committee;

Dr Richard Simpson be appointed to replace Claire Baker as the Scottish Labour Party substitute on the Public Petitions Committee.—[*Bruce Crawford.*]

**The Presiding Officer:** The question on the motion will be put at decision time.



## Decision Time

17:01

**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-6978.2, in the name of James Kelly, which seeks to amend motion S3M-6978, in the name of Fergus Ewing, on the drugs strategy, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

**For**

Adam, Brian (Aberdeen North) (SNP)  
 Alexander, Ms Wendy (Paisley North) (Lab)  
 Allan, Alasdair (Western Isles) (SNP)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Baker, Richard (North East Scotland) (Lab)  
 Brown, Keith (Ochil) (SNP)  
 Brown, Robert (Glasgow) (LD)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Campbell, Aileen (South of Scotland) (SNP)  
 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)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 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)  
 Godman, Trish (West Renfrewshire) (Lab)  
 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)  
 Henry, Hugh (Paisley South) (Lab)  
 Hepburn, Jamie (Central Scotland) (SNP)  
 Hume, Jim (South of Scotland) (LD)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Adam (South of Scotland) (SNP)  
 Kelly, James (Glasgow Rutherglen) (Lab)  
 Kerr, Andy (East Kilbride) (Lab)  
 Kidd, Bill (Glasgow) (SNP)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 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)  
 Marwick, Tricia (Central Fife) (SNP)  
 Mather, Jim (Argyll and Bute) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)

Maxwell, Stewart (West of Scotland) (SNP)  
 McArthur, Liam (Orkney) (LD)  
 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)  
 McLaughlin, Anne (Glasgow) (SNP)  
 McMahon, 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)  
 Morgan, Alasdair (South of Scotland) (SNP)  
 Mulligan, Mary (Linlithgow) (Lab)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 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)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Alex (Gordon) (SNP)  
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Sturgeon, Nicola (Glasgow Govan) (SNP)  
 Tolson, Jim (Dunfermline West) (LD)  
 Watt, Maureen (North East Scotland) (SNP)  
 White, Sandra (Glasgow) (SNP)  
 Whitton, David (Strathkelvin and Bearsden) (Lab)  
 Wilson, Bill (West of Scotland) (SNP)  
 Wilson, John (Central Scotland) (SNP)

**Abstentions**

Aitken, Bill (Glasgow) (Con)  
 Brocklebank, Ted (Mid Scotland and Fife) (Con)  
 Brown, Gavin (Lothians) (Con)  
 Brownlee, Derek (South of Scotland) (Con)  
 Carlaw, Jackson (West of Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Goldie, Annabel (West of Scotland) (Con)  
 Harper, Robin (Lothians) (Green)  
 Harvie, Patrick (Glasgow) (Green)  
 Johnstone, Alex (North East Scotland) (Con)  
 Lamont, John (Roxburgh and Berwickshire) (Con)  
 McGrigor, Jamie (Highlands and Islands) (Con)  
 McLetchie, David (Edinburgh Pentlands) (Con)  
 Milne, Nanette (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Smith, Elizabeth (Mid Scotland and Fife) (Con)

**The Presiding Officer:** The result of the division is: For 92, Against 0, Abstentions 18.

*Amendment agreed to.*

**The Presiding Officer:** The second question is, that amendment S3M-6978.1, in the name of John Lamont, which seeks to amend motion S3M-6978,

in the name of Fergus Ewing, on the drugs strategy, as amended, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

**For**

Adam, Brian (Aberdeen North) (SNP)  
 Aitken, Bill (Glasgow) (Con)  
 Allan, Alasdair (Western Isles) (SNP)  
 Brocklebank, Ted (Mid Scotland and Fife) (Con)  
 Brown, Gavin (Lothians) (Con)  
 Brown, Keith (Ochil) (SNP)  
 Brown, Robert (Glasgow) (LD)  
 Brownlee, Derek (South of Scotland) (Con)  
 Campbell, Aileen (South of Scotland) (SNP)  
 Carlaw, Jackson (West of Scotland) (Con)  
 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)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gibson, Rob (Highlands and Islands) (SNP)  
 Goldie, Annabel (West of Scotland) (Con)  
 Grahame, Christine (South of Scotland) (SNP)  
 Harvie, Christopher (Mid Scotland and Fife) (SNP)  
 Hepburn, Jamie (Central Scotland) (SNP)  
 Hume, Jim (South of Scotland) (LD)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Adam (South of Scotland) (SNP)  
 Johnstone, Alex (North East Scotland) (Con)  
 Kidd, Bill (Glasgow) (SNP)  
 Lamont, John (Roxburgh and Berwickshire) (Con)  
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)  
 Marwick, Tricia (Central Fife) (SNP)  
 Mather, Jim (Argyll and Bute) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 Maxwell, Stewart (West of Scotland) (SNP)  
 McArthur, Liam (Orkney) (LD)  
 McGrigor, Jamie (Highlands and Islands) (Con)  
 McInnes, Alison (North East Scotland) (LD)  
 McKee, Ian (Lothians) (SNP)  
 McKelvie, Christina (Central Scotland) (SNP)  
 McLaughlin, Anne (Glasgow) (SNP)  
 McLetchie, David (Edinburgh Pentlands) (Con)  
 McMillan, Stuart (West of Scotland) (SNP)  
 Milne, Nanette (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Morgan, Alasdair (South of Scotland) (SNP)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Gil (West of Scotland) (SNP)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 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)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)

Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Sturgeon, Nicola (Glasgow Govan) (SNP)  
 Tolson, Jim (Dunfermline West) (LD)  
 Watt, Maureen (North East Scotland) (SNP)  
 White, Sandra (Glasgow) (SNP)  
 Wilson, Bill (West of Scotland) (SNP)  
 Wilson, John (Central Scotland) (SNP)

**Against**

Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Baker, Richard (North East Scotland) (Lab)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Foulkes, George (Lothians) (Lab)  
 Glen, Marlyn (North East Scotland) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Gordon, Charlie (Glasgow Cathcart) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Harper, Robin (Lothians) (Green)  
 Harvie, Patrick (Glasgow) (Green)  
 Henry, Hugh (Paisley South) (Lab)  
 Kelly, James (Glasgow Rutherglen) (Lab)  
 Kerr, Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Ken (Eastwood) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McConnell, Jack (Motherwell and Wishaw) (Lab)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 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)  
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Stewart, David (Highlands and Islands) (Lab)  
 Whitton, David (Strathkelvin and Bearsden) (Lab)

**The Presiding Officer:** The result of the division is: For 70, Against 40, Abstentions 0.

*Amendment agreed to.*

**The Presiding Officer:** The third question is, that amendment S3M-6978.4, in the name of Robert Brown, which seeks to amend motion S3M-6978, in the name of Fergus Ewing, on the drugs strategy, as amended, be agreed to.

*Amendment agreed to.*

**The Presiding Officer:** The fourth question is, that motion S3M-6978, in the name of Fergus Ewing, on the drugs strategy, as amended, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

**For**

Adam, Brian (Aberdeen North) (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)  
 Brocklebank, Ted (Mid Scotland and Fife) (Con)  
 Brown, Keith (Ochil) (SNP)  
 Brown, Robert (Glasgow) (LD)  
 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)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 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)  
 Henry, Hugh (Paisley South) (Lab)  
 Hepburn, Jamie (Central Scotland) (SNP)  
 Hume, Jim (South of Scotland) (LD)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Adam (South of Scotland) (SNP)  
 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)  
 Marwick, Tricia (Central Fife) (SNP)  
 Mather, Jim (Argyll and Bute) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 Maxwell, Stewart (West of Scotland) (SNP)  
 McArthur, Liam (Orkney) (LD)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McConnell, Jack (Motherwell and Wishaw) (Lab)  
 McGrigor, Jamie (Highlands and Islands) (Con)  
 McInnes, Alison (North East Scotland) (LD)  
 McKee, Ian (Lothians) (SNP)  
 McKelvie, Christina (Central Scotland) (SNP)  
 McLaughlin, Anne (Glasgow) (SNP)  
 McLetchie, David (Edinburgh Pentlands) (Con)  
 McMahon, 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)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 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)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Alex (Gordon) (SNP)  
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Sturgeon, Nicola (Glasgow Govan) (SNP)  
 Tolson, Jim (Dunfermline West) (LD)  
 Watt, Maureen (North East Scotland) (SNP)  
 White, Sandra (Glasgow) (SNP)  
 Whitton, David (Strathkelvin and Bearsden) (Lab)  
 Wilson, Bill (West of Scotland) (SNP)  
 Wilson, John (Central Scotland) (SNP)

**Against**

Harper, Robin (Lothians) (Green)  
 Harvie, Patrick (Glasgow) (Green)

**Abstentions**

Brown, Gavin (Lothians) (Con)  
 Brownlee, Derek (South of Scotland) (Con)  
 Johnstone, Alex (North East Scotland) (Con)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Smith, Elizabeth (Mid Scotland and Fife) (Con)

**The Presiding Officer:** The result of the division is: For 102, Against 2, Abstentions 6.

*Motion, as amended agreed to,*

That the Parliament recognises the progress that has been made in Scotland with the publishing of Scotland's national drugs strategy, *The Road to Recovery*; notes that, with the change in emphasis to recovery, Scotland has slowly started the journey toward battling the damaging effects that substance abuse has on society; believes that more needs to be done in identifying models that work, including those delivered by voluntary and faith groups, removing discrimination and territorial barriers and rolling out best practice to ensure that the ethos of the drugs strategy is felt in every aspect of rehabilitation; notes the significant role that substance abuse plays in criminal activity and the complex needs of those in custody with substance addictions; believes that more needs to be done to ensure that prisons are drug free and every support is made available to those prisoners who want to become free of drugs; recognises the effectiveness of drug treatment and testing orders (DTTO) in providing intensive, specialist support to individuals involved in drug-related offending,

and calls on the Scottish Government to ensure that DTTOs are available to all Scottish courts as required.

**The Presiding Officer:** The final question is, that motion S3M-6985, in the name of Bruce Crawford, on substitution on committees, be agreed to.

*Motion agreed to,*

That the Parliament agrees that

Claire Baker be appointed to replace Dr Richard Simpson as the Scottish Labour Party substitute on the Justice Committee;

Dr Richard Simpson be appointed to replace Claire Baker as the Scottish Labour Party substitute on the Public Petitions Committee.

## Hunterston Power Station (Carbon Capture)

**The Deputy Presiding Officer (Trish Godman):** The final item of business is a members' business debate on motion S3M-6923, in the name of Ross Finnie, on Hunterston—not the way forward for carbon capture. The debate will be concluded without any question being put.

*Motion debated,*

That the Parliament notes the lodging of the application by Peel Energy Ltd to build a 1,600 megawatt coal-fired power station at Hunterston, North Ayrshire; understands that, initially, the power station is to have 400 megawatt of its gross output (300 megawatt net) processed through carbon capture and storage technology, which would leave 75% to 80% of the plant's CO<sub>2</sub> emissions unabated for an indeterminate length of time; considers that these unabated emissions, which could amount to up to some four million tonnes of CO<sub>2</sub> emissions per annum, are incompatible with the climate change targets set out in the Climate Change (Scotland) Act 2009, and accordingly believes that the development of carbon capture and storage technology should be restricted to existing coal-fired stations.

17:06

**Ross Finnie (West of Scotland) (LD):** I am very pleased to present the motion to the chamber. I am well aware that we have debated—indeed, we voted—on the specifics of the section 36 application. We have not, however, as a chamber, had the opportunity to discuss the principles that surround the use and application of carbon capture and storage technology, how it might successfully or otherwise be introduced in Scotland and the dangers or otherwise of applying it to new coal-fired power stations.

I have two preliminary points to make. First, I apologise to the chamber for the fact that the original form of the motion was lodged quite some considerable time ago. Then it lapsed, and I was advised by the chamber desk that difficulties might arise if I were to change it in any way. Although unfortunate, the two inaccuracies in the motion—namely, that the application was made by not Peel Energy but Ayrshire Power Ltd and was for a power station of not 1,600MW but 1,852MW—are not material. Although they do not affect the thrust of the points that I want to make, I apologise for the inaccuracies nonetheless.

Secondly, I reassure the minister that although the thrust of the motion has a lot about the policy of promoting new-build coal-fired power stations to test carbon capture technology, I accept that the riders that Bruce Crawford, the Minister for Parliamentary Business, made on 18 March in the climate change debate will apply to references to the section 36 application consent. I understand and accept the position that the minister is in; I do not seek to pursue the matter unnecessarily.

**The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson):** I thank the member for his understanding. I will try to respond to the maximum extent that is absolutely possible. I think that the debate will be a good one.

**Ross Finnie:** If there are inaccuracies in the motion, I regret to say that they are as nothing to the inaccuracies in the letter that Ayrshire Power circulated to members in advance of the debate. The public record of what I have said about this matter will show that I am not opposed in any way to the development of carbon capture and storage technology. As I have made clear on a large number of occasions, this technology could make a major contribution in terms of the global use of coal-fired power stations.

I am, however, opposed to a policy that suggests that it is appropriate to deploy CCS technology for new coal-fired power stations. There is a problem with that. A commitment to operate CCS technology is all well and good, but there are uncertainties around when it might be developed. In the case of the Hunterston application, that means that 75 per cent of the potential CO<sub>2</sub> emissions will remain unabated for an indeterminate period of time.

I say to the minister that it is extraordinarily difficult to see how that level of emissions—from any station that is developed anywhere in Scotland—would be compatible with the target of a 42 per cent reduction in CO<sub>2</sub> emissions that was set by the Climate Change (Scotland) Act 2009.

There are two important omissions in the letter from Ayrshire Power. First, it does not mention that there is a CCS technology development at Longannet, which has been supported by the Scottish Government and is in the process of applying for financial support from the United Kingdom Government. The application of CCS technology to an existing coal-fired power station seems to have two very obvious benefits. If it is proven to work, that is good, and it means that in the process we are attempting to reduce existing CO<sub>2</sub> emissions rather than creating new ones. That is where we should concentrate our efforts.

Secondly, the letter refers to an alleged gap in our energy supply, which is interesting, but makes no reference to the more recent report by Garrad Hassan, "The Power of Scotland Renewed", which demonstrates clearly that Scotland has the capacity to replace the existing power stations by means of investing in its renewable energy.

That is where we should be pointing to, but it does not preclude the development of CCS technology if we can prove that it works. I do not necessarily doubt the technology people who tell me that it can happen, but I have not yet met

anyone who can give me a more precise timescale for when it might come into play.

Two points of principle arise. One concerns the Government's guidance on section 36 applications, which calls for detail on how the compressed CO<sub>2</sub> will be dealt with in transportation and in storage. That is a serious omission of detail from the Hunterston application; there are references to it in the supplementary documents, but the detail is not provided in the main thrust of the application. That raises an important point of principle, because we must be able to assess not only the carbon capture technology itself, but how we store and transport it. The Government was right to set out in its guidance that the issue should be addressed in detail, but that detail is singularly absent from the Hunterston application.

The final point of principle is that any application anywhere in Scotland that impinges on a recognised site of special scientific interest deserves to be treated in a way that the public understands. I deeply regret that Scottish Natural Heritage has chosen not to renotify the Portencross SSSI on the ground that there is an outstanding planning application.

**The Deputy Presiding Officer:** You should be finishing now, Mr Finnie.

**Ross Finnie:** As a matter of principle, we expect SNH to protect our natural heritage. Apparently, it is able to negotiate with an applicant, but it is not prepared to tell the public or the Parliament what its intentions are regarding the SSSI. That is a dereliction of duty on the part of SNH. I have written to the Minister for Environment about the matter and I hope that it will be taken up. It is an important natural principle.

I thank members for attending the debate. I hope that we will discuss in some detail the principles that are involved in trying to promote carbon capture technology without imperilling the targets in our important climate change act.

17:15

**Kenneth Gibson (Cunninghame North) (SNP):** I congratulate Ross Finnie on securing this evening's debate.

I fully agree with the heading of the motion, but unfortunately I did not feel able to sign it, simply because of the last few words, which are that the Parliament

"believes that the development of carbon capture and storage technology should be restricted to existing coal-fired stations."

Members might recall that, in 2007, there was a proposal to build a £500 million CCS plant at Peterhead, which was expected to create about

1,000 jobs. BP said that the decision to shelve the project was a major disappointment, but that it was due to Westminster delays over financial support. The project, which would have been the world's first industrial-scale hydrogen power plant, was supported by Friends of the Earth. It would have demonstrated post-combustion capture of carbon dioxide emissions relating to electricity output of the equivalent of 400MW of capacity using an existing gas turbine, an existing steam turbine, an existing electricity network connection and so on. Peterhead would be an excellent site for carbon capture. Hunterston is not.

Ross Finnie mentioned Longannet. Last year, I visited Longannet with representatives of West Kilbride, Largs and Fairlie community councils, and we looked at the experimental model there. It was clear that it is at a very early stage. We were told that, for every 3 tonnes of coal that is cleaned, it takes another tonne of coal to do that. The technology is therefore very resource rich. Longannet was hoping to get the ratio to about 1:7. When I spoke to Ayrshire Power about the issue, it said that it expected the United Kingdom Government to pick up the tab, which in the case of Hunterston would amount to about £300 million a year for the 40-year lifespan of the project. There would be an electricity levy on UK taxpayers to fund that.

It is clear that the Hunterston project has little support. To illustrate that, I lodged a parliamentary question, which was answered only today by Jim Mather, to ask how many expressions of support and how many objections had been received by 1 September 2010. The answer states that there were 13 expressions of support and 15,500 objections to the Hunterston proposal. It is clear that there is significant opposition to the project.

It has to be said that Ayrshire Power has not covered itself in glory. When the project was first mentioned in 2008, the company talked about it as the world's first carbon capture plant, but we then realised that it would only be carbon capture ready with, as Ross Finnie pointed out, only a small proportion of carbon capture and sequestration included in the plant.

Local people are concerned about air quality. Dust already goes on to the houses of Largs and Fairlie because of the coal terminal. People are worried about the impact on traffic, about health, about ash lagoons, and about mountains of gypsum being stored up. EDF Energy, which runs Hunterston B, has put in what is, in my view, a damning objection that expresses its concerns about safety given the proximity of the Hunterston development.

I certainly agree with Ross Finnie that Longannet should be progressed, and I also believe that Peterhead should be progressed. In

today's *Guardian*, WWF Scotland's director Richard Dixon expresses concern that the UK Government might actually pull its resources from Longannet. Of course, Longannet is the site of the large-scale trial, so we need to progress it if the technology is to have any future. WWF makes it clear that use of the other sites that are being considered, including Hunterston, would result in vastly higher carbon emissions—in fact, an amount equivalent to Scotland's total annual emissions.

The Parliament should make it clear that we do not oppose the technology, but that it must be used in the right place and that Hunterston is certainly not that location.

17:20

**Lewis Macdonald (Aberdeen Central) (Lab):** I congratulate Ross Finnie on securing the debate.

Hunterston is, of course, no stranger to either base-load power generation or large-scale imports of coal. What is new is the proposal that a coal-burning plant should, in effect, take the place of an existing nuclear power station, with the substantial net increase in greenhouse gas emissions that that change of generation technology at Hunterston implies.

The proposal can be traced back to decisions that were made by the current Scottish Government to specify coal as the primary fuel for a new power station at Hunterston in the updated version of the national planning framework that was published last year. At the time, the Economy, Energy and Tourism Committee called for the national development of a new power station at Hunterston to be non-technology specific, but ministers chose not to pay heed to that call.

It follows that responsibility for a coal-fired power station proposal coming forward rests squarely with ministers, and they will also be responsible if it turns out that the specific application fails to receive adequate scrutiny as a result of its inclusion in national planning framework 2. That remains to be seen, of course. The minister has made it clear that he would not wish to comment on the merits of the application, but it would be helpful if he could indicate—I saw him responding to the comment that I made a moment ago—what level of scrutiny he believes will be appropriate for the application, in the context of the inclusion of a clean coal-fired power station at Hunterston in the national planning framework.

**Stewart Stevenson:** The member knows that I cannot talk about specific projects, but it would be useful to say that scrutiny is in absolutely no sense diminished by the inclusion of a project in the national planning framework.

**Lewis Macdonald:** I welcome that commitment. It is clear that we will want to judge that as the application progresses.

The wider issue of carbon capture has already been raised. When Ayrshire Power Ltd brought forward the proposal, it identified its ambition to capture the whole carbon output of the plant in due course. However, as Ross Finnie said, it has also made it clear that it is not in a position to do that at the moment.

Timing is crucial. It has been said that the current Government at Westminster has inherited plans for a competition to demonstrate carbon capture and storage at scale. I hope that it will deliver on that and that Longannet will be the host. It has also been said that carbon capture and storage technology is far from proven at commercial scale. It might cost £1 billion of taxpayers' money to achieve the necessary levels of capture and to transport and store the carbon that has been produced. The demonstration is not scheduled to deliver a result until 2014. Even when it does, there will be little appetite in the industry in general for spending shareholders' money until carbon capture and storage has been shown to operate successfully in a commercial environment.

The good news is that carbon capture and storage facilities at an existing power station will begin to reduce carbon emissions as soon as they are operational, whereas building a new power station with partial CCS will have the opposite effect. That does not mean that we should be against carbon capture and storage at new power stations for ever more. If the technology is proven at scale and the sums can be made to add up, there is the potential for CCS at new-build plants to make a real contribution at some point in the future. That point is not now—indeed, it might be quite a few years away—but we should not rule that out.

Instead, the Scottish Government should back up its warm words about CCS with action. I will give an example. The minister will know that Scottish Power has proposals for replacing the coal-fired power station at Cockenzie with a modern gas-turbine power station, and that there is to be a public local inquiry on that proposition. If we are serious about reducing carbon emissions while retaining jobs and investment in Scotland, ministers might want to consider how to expedite that public local inquiry and the replacement of existing fossil-fuel generating plants in general, rather than encourage the building of new carbon-emitting power stations. Scotland will need a diverse energy mix, and we should not rule out any low-carbon technologies that can cut emissions while maintaining production and jobs. However, new coal-fired power stations that

produce large quantities of unabated carbon emissions are not part of that low-carbon future.

17:24

**Annabel Goldie (West of Scotland) (Con):** I, too, congratulate Ross Finnie on securing this important debate. I say at the outset that the Scottish Conservatives, alongside our colleagues in the United Kingdom Government, have long been supporters of clean-coal technology. We support the Scottish Government's stated aim of Scotland becoming the European leader in carbon capture and storage. To that end, we welcome the CCS road map that the Government has produced jointly with Scottish Enterprise.

Turning to the motion, I note the deeply worrying figures that Mr Finnie cites on the levels of carbon dioxide that would remain unabated under the Hunterston proposal. However, rather like Mr Gibson, I would not wish to go as far as Mr Finnie does in seeking to restrict carbon capture solely to existing installations. That seems to be inflexible, although I accept that Mr Finnie raises real concerns about how we assess implementation of the technology.

The fact remains that, as with all new energy infrastructure, whether it be wind turbines, hydro schemes or—as we are debating—a brand new power station, it is essential that it be the right scheme in the right place. Mr Gibson raised legitimate questions about that. I am certainly aware, as he is, that local concern remains current and the community is worried. Having examined the details of the Hunterston proposal and the passionately expressed concerns of local residents, not to mention the issues that are highlighted in the motion, the Scottish Conservatives are not fully convinced that the site in question is an appropriate location on which to construct such an installation.

As someone who lives near the Clyde and who, like Mr Finnie, went to school in Greenock, I know the Clyde coast well. The proposed development is in an area of exceptional beauty that is rich in biodiversity and popular with tourists. We must therefore subject any such proposal to the highest levels of scrutiny. I am concerned by the representations of bodies such as RSPB Scotland and the Scottish Wildlife Trust, which have real concerns that the proposal could destroy a substantial part of the Portencross SSSI, which they say has the best remaining intertidal mud and sandflats on the outer Clyde and which are important feeding grounds for a huge range of waterfowl and waders.

The comments that were made earlier about the attitude of Scottish Natural Heritage legitimately give rise to concern. We must be in the business

of sustainable development and of considering proposal and consequence. It is difficult to justify development on the proposed scale on such a sensitive site if we are serious about fulfilling our obligations to preserve and enhance the rich diversity of our coastal locations and to respect the concept of a sustainable environment.

I note that the proposal entails an air emission stack of some 500ft in height. There is no doubt that that would be a disruptive and detrimental visual intrusion and that it would impact negatively on the landscape. Profound concerns have been expressed to me by local people about the road infrastructure in the area, which they feel is unsuited to dealing with the inevitable increase in heavy transportation that the project would entail. Rail transport also seems to be at maximum capacity. Concerns have also been raised with me about health, and the data to which Mr Finnie referred do nothing to assuage those.

I conclude with a word about the future energy development that my party would like in the region. The Scottish Conservatives, along with every other party in Parliament, supported the world-leading emissions reduction targets that were agreed by the Parliament last year. It is our conviction that achieving those targets will be exceptionally challenging if, as has been said, nuclear capacity is not part of the mix. To that end, the Conservatives would like the continuation of nuclear generation at Hunterston, initially by extending the life of Hunterston B beyond its current estimated decommissioning date for as long as it is safe to do so, and ultimately by replacing it with a new nuclear facility.

17:29

**Liam McArthur (Orkney) (LD):** The debate has been useful and interesting. I join others in commending my colleague Ross Finnie, not only on the motion and on securing the debate, but on pursuing with his trademark tenacity the concerns that he has highlighted alongside many members, representatives of the local community and non-governmental organisations.

Ross Finnie acknowledged a couple of the shortcomings in his motion. Kenny Gibson rightly highlighted the case of Peterhead, which illustrates a further shortcoming in the wording of the motion. Nevertheless, the motion has served a useful purpose in allowing us to have the debate this evening.

As Annabel Goldie pointed out, through the road map, Scotland can be proud of the position that we have taken in the development of our understanding of CCS. Scotland is clearly playing a leading role in developing it. I commend the efforts of Patrick Corbett and his team at Heriot-

Watt University, who perhaps deserve special mention, although I am aware that it has been very much a collaborative effort. All the members who have spoken in the debate have referenced Scottish Power's proposals in relation to demonstration at Longannet. That is something to which the Liberal Democrats have given strong support, not least through the efforts of the previous constituency MP, Willie Rennie. It is something that I want to see being taken forward as part of that pilot, and we will make suitable representations to the UK Government.

In passing, I mention that my Liberal Democrat colleague in the European Parliament, Chris Davies, deserves credit for his endeavours in securing significant funding for the rolling out of CCS across Europe at the sort of scale that we all want to see. Although the benefits will accrue in Scotland, it is the wider application of CCS internationally in the global fight against harmful emissions, combating the effects of climate change, that shows the true potential of what we are seeking to develop here.

Nevertheless, there are still uncertainties surrounding the scalability of the technology and the timeframe within which it can be achieved. Also, the concern has been expressed throughout the chamber this evening that it should not be seen simply as a get-out-of-jail-free card for those who make proposals such as that for Hunterston. As Ross Finnie said, that has the potential to produce over time unabated emissions that would call into serious question our ability to achieve the objective of a 42 per cent emissions reduction to which we all signed up in the Climate Change (Scotland) Act 2009.

Although I fully accept the restrictions on what the minister can say about the specific proposal, I observe that, in his response to Lewis Macdonald, he rather overlooked the fact that the inclusion of a coal-fired power station within the national planning framework perhaps concedes the principle. Although it may be subject to scrutiny, that is not the same as its not appearing at all in the framework.

I hope that, in his deliberations on the proposal, this evening's debate will give the minister a true sense of the widespread and collectively held concerns that exist in Parliament around the proposals of Ayrshire Power.

17:33

**Patrick Harvie (Glasgow) (Green):** I join other members in congratulating Ross Finnie on bringing the motion to the chamber for debate tonight. I agree whole-heartedly with the comment towards the end of the motion that the addition of "some four million tonnes of CO<sub>2</sub> emissions per annum"



through unabated coal burning is

“incompatible with the targets in the Climate Change (Scotland) Act 2009,”

which we passed just over a year ago, patting ourselves on the back for our ambition and consensus on the issue.

The only quibbles that I have with the motion are minor. It states that the Parliament

“understands that, initially, the power station is to have 400 megawatt of its gross output ... processed through carbon capture and storage technology”.

I would have said that the applicant “aims to have”. The phrase “is to have” implies that it is going to happen, but we simply do not know whether it is going to happen because nobody in the world knows yet whether it can happen. It is still an area that is subject to research and development at a pretty fundamental level. No one knows whether the technology can be made to work on a large scale.

Towards the end, the motion states:

“and accordingly believes that the development of carbon capture and storage technology should be restricted to existing coal-fired stations.”

I am perfectly happy to agree completely with the words that Ross Finnie used in his speech—he said that he was not in any way opposed to the development of CCS technology. I am not in any way opposed to the research that is going on, with support from Government funding, to find out whether we can make CCS work. However, as well as not being opposed to the development of CCS technology, I am not yet convinced about it. It is a fundamentally new area, which no one has yet been able to show is going to be viable.

The debate that we had on 18 March was mentioned earlier. I hope that it was not only because it was my birthday that members chose to support my amendment in that debate, because it raised serious concerns about the viability of the technology. An abstract from a paper in the *Journal of Petroleum Science & Engineering*, which I made available to members for that debate, suggested that the potential for sequestration has been wildly overassessed. It also suggested that, given the necessity of storing CO<sub>2</sub> in a closed system, unlike when we were trying to get oil or gas out, when the pressure under the earth or under the ocean allowed us to extract it easily, in this case the pressure will make it increasingly difficult to pump material in. The result of that is that the practical capacity for storage is much lower than the physical capacity suggests. The paper suggests that between 50 and 200 times more underground reservoir volume would be required to store the CO<sub>2</sub> from fossil fuel combustion than has been envisaged. It states:

“it renders geologic sequestration of CO<sub>2</sub> a profoundly non-feasible option for the management of CO<sub>2</sub> emissions.”

That is only one research paper; many others are being written elsewhere. No doubt, all arguments on this are beyond the specialist expertise of anybody in the chamber. However, the paper tells me that this is not a closed question. We do not yet know whether the technology can be made to work.

Lewis Macdonald said that the potential for CCS at new coal plants might exist at some point in the future and that that might be some years away. Yes it might. It also might never happen. We have to acknowledge both those possibilities. CCS technology might be incredibly useful for the world or it might not happen. We cannot put all our eggs in that basket.

Annabel Goldie said in her speech that she endorsed the ambition for Scotland to become a world leader in so-called clean coal technology. There is a huge risk in placing our hopes in such a speculative technology. I commend to members the objections raised by Christian Aid, as well as the other non-governmental organisations that have circulated material for the debate tonight.

CCS technology is a speculation. We cannot place our faith and trust in it. I hope that the fact that we passed, with significant majority support, a motion to oppose a specific project will call into question any consent for the principle of the project that might be implied from its inclusion in the national planning framework.

17:38

**Willie Coffey (Kilmarnock and Loudoun) (SNP):** I congratulate Ross Finnie on securing the debate. I also recognise the tremendous work that my colleague Kenny Gibson, the local MSP, is doing on the issue.

A number of constituents have approached me about the issue, which impacts on the future of the whole of Ayrshire, and, indeed, the whole of Scotland. Many constituents have expressed many of the same concerns as the local community about the environmental impact of the proposal by Peel Energy, which is the parent company. I share those concerns, which I have conveyed to the Scottish Government.

This evening I would like to make three wider points. First, is what is proposed needed? I well understand the difficulties that our Government faces in developing an energy strategy for Scotland for the years ahead in the context of Scotland's welcome and world-leading commitment to reducing carbon emissions.

On this particular site, it is worth noting that, when the development plan for Ayr county was approved way back in 1971, the late Gordon Campbell—the then Tory Secretary of State for Scotland, whom I am sure that my colleagues will recall—said that he

“considers the land suitable for industrial purposes which require the unique facilities at Hunterston, and that he intends himself to control the development of the land rigorously so as to ensure the amenity of the area.”

To take forward that approach, the national planning framework identified the development of a clean coal-fired power station on the site as a crucial element of Scotland’s future infrastructure. In looking at the background to the development and the proposal as lodged, I have been concerned that the statement in the national planning framework has been taken as a signal that a potential developer need not address the legitimate concerns of the local community and other parties.

On the central question whether such a plant is needed anywhere in Scotland at present, I understand that the Scottish Government has commissioned an assessment of future energy demand and supply. That will assess the current electricity supply base, deployment rates for renewables projects and likely retirement dates for existing base-load power plants.

The proposed plant might not be required to meet Scotland’s foreseeable energy needs or to be a demonstrator project for the viability of carbon capture technology. If that is so, the proposal should be summarily rejected and the site should remain protected against unwarranted development.

That brings me to my second point, which is whether we have the right partner. If the Scottish Government’s view is that the plant is required, will Peel Energy, the parent company, be the right delivery partner for a critical part of Scotland’s infrastructure? According to the company’s website, it

“is at the forefront of delivering low carbon energy for the UK”

and has

“a balanced portfolio of more than 3GW in generation or development including wind, tidal power, biomass and multi-fuel power plants with carbon capture and storage.”

Closer examination of the company’s portfolio reveals that the Hunterston plant represents more than half that balanced portfolio. Of the other projects that are listed on the company’s website, only three are identified as being in operation. They are all wind farms in north-west England, where many other Peel Holdings businesses are based, and their combined output is less than

80MW—one twentieth of the Ayrshire plant’s proposed output.

It is obvious that Peel Energy has its own definition of what makes up a balanced energy portfolio. It has been a power generator for just 10 years and has operated just one wind farm with an output of 3.6MW. The company does not have the resources or the track record to take on a project of the proposed scale or to respond fully to legitimate concerns about the project’s long-term impact on the environment and the local community.

My final question is whether the issue is for Scotland or the UK. Scotland needs to operate in the context of a UK-wide energy policy that continues to favour nuclear power and in which Scotland’s renewables sector is heavily disadvantaged by connection charges to the national grid.

Considerable concern is felt that the UK Government is so committed to the new base-load capacity that it will accept as demonstration projects proposals for new power stations that are likely to fail the viability test for full-output carbon capture. That could mean that new plants operate without an effective carbon capture mechanism for the majority of their capacity.

The financial interests of Peel Holdings must not be allowed to dictate the site’s use to generate carbon-releasing electricity for export. The Scottish Government should explore the use of compulsory purchase powers, if necessary, to ensure that the final decision on any energy-related development of the site is taken in Scotland and not in Westminster.

17:43

**The Minister for Transport, Infrastructure and Climate Change (Stewart Stevenson):** I join others in thanking Ross Finnie for the opportunity to debate the proposal. I congratulate him, Kenny Gibson and Annabel Goldie on their effective representation of their constituents’ views. I think that I have mentioned every member who has a constituency interest.

As members know, formally it is inappropriate for me to discuss the specifics of an active application such as that for Hunterston, which is subject to statutory consultation and consent procedures. To do so could be seen as pre-empting or prejudging any decision that is yet to be made by my colleague, the Minister for Enterprise, Energy and Tourism. Notwithstanding that, the debate and all members’ speeches will be published tomorrow, so they can help to inform decisions, whether by a council or a minister.

**Gil Paterson (West of Scotland) (SNP):** Can you comment on generating capacity in Scotland, for Scotland? We should not be having this debate, because any new capacity in Scotland would be for export.

**Stewart Stevenson:** I will restrict my comments on the issue. Without drawing any particular inference for any current planning applications, I noted Willie Coffey's point that we should not generate electricity in a carbon-intensive way simply to export it.

Decarbonisation of the electricity sector by 2030 is a vital prerequisite for meeting our 2050 target of an 80 per cent reduction in emissions. The roll-out of CCS has a key part to play in meeting that important target. However, that point is qualified by how we count the numbers for our 42 per cent target, which come from the operation of the European Union emissions trading scheme. We already know what those numbers will be, and they are unrelated to what we do in the real world. That is why it is important that we continue to pressure the EU to increase its target, so that our numbers benefit from the work that we are doing on the ground to reduce the CO<sub>2</sub> from our energy generation.

Ross Finnie pointed to errors in his motion. None of us who have participated in tonight's debate will hold those against him.

Reference has been made to the demonstrator and the decision that we expect in May next year. It is worrying to read in *The Guardian* the reports to which other members have referred. I hope that Ross Finnie and other Liberals will use their power to influence ministers at UK level to ensure that the £1 billion that was previously promised for the demonstrator remains available, because that will be a very important matter.

There was a bit of talk about sites of special scientific interest. I think that it is impossible for an SSSI's status to be changed while there is a planning application that affects it. I make that point based on recollection—it is not in my brief. If members care to write to me, I will be happy to provide them with the formal position.

Importantly, Kenny Gibson pointed to the fact that we must consider the use of gas. We have a successful gas-generation station at Peterhead and there are welcome indications that CCS for gas may be back on the agenda. The member also pointed to the fact that, currently, CCS is a rather inefficient way of using energy: for every tonne that is used to create energy, a tonne is expended to generate energy to capture the resulting CO<sub>2</sub>. That is an interesting point.

Like other members, Lewis Macdonald said that there is potential for 100 per cent carbon capture in the future. That will be one of the tools that will

be available in our inventory to reduce carbon emissions from energy production. Annabel Goldie made the same point, indicated that the Conservatives support clean coal and welcomed the road map that the Government has published.

Both Liam McArthur and Patrick Harvie showed scepticism about whether CCS will ultimately deliver. That is a perfectly reasonable point to make, because none of us yet knows whether it will. That is why it is important that we move forward with a demonstrator.

It is important that we continue to work with the UK Government, because energy is devolved to the Scottish Parliament only to a limited extent. In particular, we should look at how the CCS levy may touch on devolved powers, to ensure that Scotland-based projects benefit and are not merely contributors. We are confident that Scotland stands to benefit from funding from the new EU new entrant reserve allocation, which will begin in 2010.

We are driving forward academic research in CCS technologies with Scottish Enterprise and the Scottish centre for carbon capture and storage. We are working with the Scottish Environment Protection Agency and other European environment agencies to exchange information. And we are partnering the Scottish European Green Energy Centre to secure funding for several EU-funded research and development initiatives.

It is currently unlikely that Scotland can meet its energy needs for some years to come without some form of thermal generation. We of course expect good penetration from renewables over the next decade, although intermittency issues remain with regard to a variety of renewable energy sources. Therefore, retrofitting our existing plants with CCS will be an important part of the way forward, and we should not lose focus on that.

We recognise the challenges that lie ahead for CCS, but the opportunities for breaking new ground are considerable. We are committed to placing Scotland at the forefront of the development and deployment of CCS. That gives us a climate change benefit and it creates a commercial and economic opportunity for us. We want Scotland-based companies and researchers to be in a leading position to benefit from the multibillion-pound worldwide market. We want to promote the North Sea as Europe's principal CO<sub>2</sub> storage hub—noting the caveats that Patrick Harvie raised. We also want there to be large-scale demonstration projects in Scotland, thereby ensuring that we secure the ancillary and research and development services here in Scotland.

*Meeting closed at 17:51.*



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