The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Thursday 8 November 2012

Session 4

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[The Presiding Officer *opened the meeting at 11:40*]

General Question Time

Advice Services Transition Fund (Barnett Consequentials)

1. Michael McMahon (Uddingston and Bellshill) (Lab): To ask the Scottish Government whether it expects to receive Barnett consequentials as a result of the United Kingdom Government's recently announced advice services transition fund and, if so, whether it will allocate those to advice services in Scotland. (S4O-01446)

The Cabinet Secretary for Finance, Employment and Sustainable Growth (John Swinney): I can confirm that the Scottish Government has received Barnett consequentials from the UK Government, arising from advice services, which amount to £3.4 million over financial years 2013-14 and 2014-15. We are currently considering how we can best support advice services in Scotland and that will be informed by the draft budget 2013-14 consultation process.

Michael McMahon: The key phrase in my question was "to advice services", not "for advice services". In the past, moneys that have been allocated for advice services have not actually made their way to organisations such as Citizens Advice Scotland or other independent advice services. Those organisations are telling the Welfare Reform Committee and the Parliament about the pressures that they are already under because of the welfare reforms that are coming from Westminster. We need to know that Citizens Advice Scotland and other bodies will receive funding in order to help them cope with the pressures that are coming. Can the cabinet secretary guarantee that the consequentials from that fund will go to those organisations and will he commit to ring fencing that money so that it can be allocated directly?

John Swinney: As Mr McMahon will know—I suspect that this was at the heart of the last point he made—the Government has generally taken the approach not to ring fence funds that have been passed to local government other than for very specific reasons. We have a set of agreements with local government as to how advice and other services are to be supported at local level.

Clearly, significant issues for Scotland are arising out of the welfare reform agenda that is being pursued by the UK Government, with which Mr McMahon and his committee are familiar, and I acknowledge what is at stake in that respect. I say to Mr McMahon that the Government is involved in substantive dialogue with the advice sector in Scotland on this question. As I indicated in my original answer, I expect the issues to be considered fully within the consultation process on the draft budget for the next financial year.

Energy Productivity

2. David Torrance (Kirkcaldy) (SNP): To ask the Scottish Government what actions it will take to raise energy productivity in Scotland in order to ease the energy cost burdens on individual households as well as to create a more competitive marketplace for small businesses. (S4O-01447)

The Minister for Energy, Enterprise and Tourism (Fergus Ewing): We are raising energy productivity in Scotland in line with our purpose to increase sustainable economic growth by spending around a quarter of a billion pounds over the spending review period on fuel poverty and energy efficiency.

Our energy saving Scotland advice network continues to provide support to households and small businesses on all aspects of energy efficiency. From April next year we will bring together business energy, resource and water efficiency into a single integrated resource efficient Scotland programme. It will provide intensive support to help small and medium-size enterprises reduce overheads through improved energy, material resource and water efficiency.

David Torrance: Does the minister agree that the emphasis on greater energy productivity in the future not only helps to compensate for diminishing oil and gas resources but is also, with the Government's energy efficiency infrastructure and renewables strategy in mind, the best way to ensure a reduction in costs for Scottish families and businesses in the long term?

Fergus Ewing: Scotland's oil and gas resources are still absolutely massive, of course, and worth £1.5 trillion. An additional 1 per cent of extraction above the current average will lead to £22,000 million of tax revenue if our policies are pursued.

I agree that cutting our energy usage is sensible and necessary, and we are totally committed to that. We are also developing a national retrofit programme, using Scottish Government funding of £65 million a year, to lever in resources from energy companies in the private sector, and others, to create a fund of around £200 million a

year to improve energy efficiency in our homes and help address fuel poverty.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): Great concern has been expressed in my constituency about the proliferation of wind farms. Is there any guidance for local communities on buy-in schemes to allow communities to profit directly from local energy productivity?

Fergus Ewing: Entirely fortuitously, I spent the morning at a conference that took place at my behest to bring together developers and communities. I am delighted to say that there are more than 3,400 such programmes throughout Scotland and that communities all over Scotland are benefiting from these moves. Indeed, my good friend Stephen Hagan from the Convention of Scottish Local Authorities told me that the island of Westray has received enough money to allow two young men to purchase a fishing boat. The money from renewable energy in Scotland is helping to create jobs in Scotland's rural and island communities—and the best is yet to come.

Breast Screening (50 to 70-year-olds)

3. Maureen Watt (Aberdeen South and North Kincardine) (SNP): To ask the Scottish Government whether it plans to change the guidelines on breast screening for 50 to 70-year-olds. (S4O-01448)

The Cabinet Secretary for Health and Wellbeing (Alex Neil): In keeping with the recent Marmot review's conclusion that the breast screening programme confers significant benefit and should continue, we have no plans to amend screening guidelines. The review also concluded that breast cancer screening extends lives through early detection and treatment, although it acknowledged that it can sometimes result in overdiagnosis. In light of that and in keeping with the review's recommendations, we will ensure that women receive the highest-quality information about screening.

Maureen Watt: With the number of people in Scotland diagnosed with breast cancer as high as 4,000 a year, 20 of whom are men, does the cabinet secretary think that the breast screening programme should be maintained and expanded rather than cut, and does he agree that scaremongering about unnecessary procedures should not deter women from getting screened, given that screening can detect many cancers at a very early stage?

Alex Neil: Breast screening saves lives; the Scottish Government fully supports the Scottish breast screening programme and its benefits and there will be no dilution whatever in the service. The Government receives expert advice on who should be screened from the breast and cervical screening national advisory group, all of whose recommendations are evidence based. Current evidence supports screening for all women between 50 and 70.

Jackie Baillie (Dumbarton) (Lab): I welcome the cabinet secretary's comments that screening will continue. After all, women need certainty about the breast screening programme. However, does he agree that more needs to be done to improve uptake for women in disadvantaged areas where levels of access are consistently lower?

Alex Neil: We know that uptake of breast screening is lowest in women with learning disabilities and in areas of deprivation. Although national health service boards are responsible for ensuring local uptake, the Scottish Government supports the boards with high-quality information that has been tested with women from areas of deprivation in a number of languages, and we will continue our efforts to increase uptake overall and particularly in deprived communities.

College Waiting Lists

4. Anne McTaggart (Glasgow) (Lab): To ask the Scottish Government how it plans to offer access to training and education to the 21,280 people reported in *The Herald* on 27 October 2012 as being on college waiting lists. (S4O-01449)

The Cabinet Secretary for Education and Lifelong Learning (Michael Russell): I welcome Anne McTaggart's question, because my firm hope is that all members will come to understand that waiting lists, which are maintained by colleges for administrative and course-specific purposes, were never intended to and cannot constitute a national means of determining sector-wide demand for places. Many people will appear on more than one list and some lists might contain people who have taken up another place in education or employment or who might otherwise have lost interest. The idea that one can measure demand simply by aggregating such diverse lists in every subject in every college is wholly misleading.

That said, I hope that Anne McTaggart and I can agree on the importance of clearly understanding the process used by colleges in handling applications for places and moving towards the collection of much better quality data on college applications. With that in mind, I intend to undertake an audit of the whole process of college applications, including a detailed examination of Scotland's Colleges's data and methodology, to ensure that it delivers maximum benefit for Scotland's young people.

Anne McTaggart: I understand that the cabinet secretary has been asked on several occasions to

provide the Parliament with information on the number of individuals on college waiting lists. It took an article by *The Herald* finally to reveal the scale of the problem that we face. Despite the cabinet secretary's protests, it is clear that such numbers are available and that thousands are being left without access to further education each year. Cabinet secretary, how could you let this happen?

Michael Russell: I am sorry that the member did not listen to my answer. It is always a mistake to write the supplementary before hearing the answer.

I repeat what I said, which is that some lists may contain people who have taken up another place in education or employment or have otherwise lost interest. The idea that one can measure demand simply by aggregating diverse lists on every subject in every college is wholly misleading. To be fair to *The Herald* story and to be fair to the statistics that Scotland's Colleges sent to *The Herald*, even those involved acknowledged the problems and said that they did not believe that 21,280 people were on waiting lists. That is why—I said this in my original answer, but I am happy to say it again—I intend to undertake an audit of college applications and a detailed examination of the methodology and the data used by Scotland's Colleges, because we need to ensure that what we are doing is serving Scotland's young people, not trying to use very doubtful data for political purposes, which is what we have just heard.

Linda Fabiani (East Kilbride) (SNP): Can the cabinet secretary comment on the feasibility, as part of the audit, of looking into a system of clearing for college students that is similar to that which exists for universities and which may take away from some of the issues regarding numbers?

Michael Russell: There has been considerable discussion with colleges over many years about how they improve their data collection and their processes for application. We need to balance local measures and the local method of application with much greater clarity about what the national data is. I therefore welcome the member's suggestion. I intend to remove the scope for confusion by means of the work that we plan with colleges, which I have just outlined. I hope that that will lead to an agreement across the college sector—the reformed college sector, the college sector much in need of reform—that its members will work more closely together to have a better system, just as the member mentioned.

Street Traders' Licences (Funfairs)

5. Richard Lyle (Central Scotland) (SNP): To ask the Scottish Government whether it considers that separate street traders' licences should be obtained for food stalls that operate within the confines of funfairs that have been granted a public entertainment licence. (S4O-01450)

The Minister for Local Government and Planning (Derek Mackay): The Civic Government (Scotland) Act 1982 does not require a separate street trader's licence for an activity already licensed under a public entertainment licence. However, local licensing authorities enjoy wide discretion in how they administer local licensing regulations and can apply the law to the specific facts and circumstances of individual cases.

Richard Lyle: I thank the minister for his answer. Does he not agree that local authorities should not—I repeat, should not—insist that a separate street trader's licence be obtained for food stalls that are operated within the confines of a funfair? As he said, that clearly contradicts section 39(3)(e) of the Civic Government (Scotland) Act 1982.

Derek Mackay: I advise Mr Lyle that local government has the discretion to deploy the law in the way that I outlined—it will depend on local circumstances as to what is appropriate. I of course encourage local authorities to act proportionately in delivering simplified and streamlined light-touch regulation while looking after both health and safety and proper hygiene. However, I remind the member that it is a matter for local authorities to determine, as long as they operate within the law. The member is perfectly entitled to offer a council appropriate advice.

Biomass Energy (Sustainability)

6. Marco Biagi (Edinburgh Central) (SNP): To ask the Scottish Government how it will ensure high sustainability standards in future biomass energy generation. (S4O-01451)

The Minister for Energy, Enterprise and Tourism (Fergus Ewing): The Scottish Government is consulting on expanded sustainability criteria for the renewables obligation Scotland, including new and more stringent limits on carbon emissions from dedicated biomass and biomass combined heat and power stations.

Marco Biagi: I welcome the consultation and its object.

As the minister might know, I was a supporter—albeit as a latecomer—of the stop Leith biomass campaign and have maintained a close interest in the issue since. Would the minister be willing to meet me as part of the consultation, to discuss the issues involved?

Fergus Ewing: Yes, I would.

Claire Baker (Mid Scotland and Fife) (Lab): I acknowledge that the subsidy has been removed from electricity-only stations. Is the minister aware, however, of concerns that the proposal to define

good-quality CHP plants across the United Kingdom as those having a 35 per cent efficiency level, which is considerably lower than the European Union directive, which states a level of at least 70 per cent for industrial applications, will create a loophole for inefficient biomass generation, and does he agree that we should be seeking to increase the level of efficiency at which subsidies can be claimed?

Fergus Ewing: The member makes a reasonable point. The consultation proposals—I stress that it is a consultation, so, by definition, we have not prejudged any outcome—suggest a different approach from that which I believe is being proposed down south. We have proposed that a 10MW threshold should apply to the use of biomass to produce only electricity and that, above that threshold, the biomass plants should be capable of providing electricity and heat.

In reaching that view, which we have put forward for consultation, we have taken account in particular of the views of all members of this chamber who have put them to me, including Mr Biagi, and those of the traditional timber sawmilling sector, which has pointed out that timber is a finite resource, that it has a call on it, which we recognise, and that the sector provides a great deal of employment in many rural communities.

National Grid Upgrade (Benefits in South Scotland)

7. Joan McAlpine (South Scotland) (SNP): To ask the Scottish Government what recent discussions it has had with stakeholders regarding the economic and employment benefits of the national grid upgrade in South Scotland. (S4O-01452)

The Minister for Energy, Enterprise and Tourism (Fergus Ewing): On 1 November, I met Frank Mitchell, from Scottish Power Energy Networks, who chairs the energy skills action group, to discuss a range of issues including investment in the transmission and distribution network of southern Scotland.

Planned investment by Scottish Power Energy Networks over the next 10 years amounts to £2,600 million pounds, which will see the creation of up to 1,500 jobs in Scotland. Early indications are that that investment programme will create further employment, with approximately 450 new directly associated jobs being needed, and many other opportunities locally.

Additionally, through Skills Development Scotland, we are supporting Scottish Power and Dumfries and Galloway College in order to develop specialist training provision to meet the expected demand for trained linesmen in that area.

Joan McAlpine: Those figures are welcome. Can the minister confirm my understanding that it is the growth of Scotland's renewables sector in the south of Scotland that has made the upgrade necessary?

Fergus Ewing: That is entirely right. It is the case that the renewable energy policies of Scotland have led to the certainty that we will see investment in not only the south of Scotland but the north of Scotland on a massive scale. Members will be aware of this morning's press release from Scottish and Southern Energy, which states that SSE could potentially make an investment of

"£5-10bn in the Highlands and Islands alone, across its energy networks".

Because of—and only because of—the certainty and clarity of our renewable energy policy in Scotland, we will see untold, unprecedented and unparalleled benefits for this country for the next several decades. [*Interruption*.]

The Presiding Officer (Tricia Marwick): I remind members that phones and other electronic devices should be switched off.

First World War (Commemoration)

8. Liz Smith (Mid Scotland and Fife) (Con): To ask the Scottish Government how it plans to commemorate the centenary of the outbreak of the first world war. (S4O-01453)

The Cabinet Secretary for Culture and External Affairs (Fiona Hyslop): The Scottish Government is working with a range of military and veterans organisations, cultural bodies, education groups and the United Kingdom Government on proposals to commemorate the centenary of the conflict and will ensure that Scotland plays its full part in world war one commemorations over the period from 2014 to 2018, remembering the role and the sacrifice of Scottish servicemen and the wider impact on society.

On 3 July, I met 19 Scottish organisations to share and set out plans and have had two meetings with the UK representation, in May and July. Events that are planned include, for example, two exhibitions at the national museum of Scotland.

Liz Smith: It is encouraging to hear that. The minister will know that the United Kingdom Government has already announced plans to commemorate the centenary with a new flagship scheme that will offer thousands of schoolchildren the opportunity to visit the great war battlefields as well as a £50 million fund to support community events. The Scottish Government has found some

funding for the commemoration of the battle of Bannockburn, so I ask the cabinet secretary to outline what financial support the Scottish Government could provide for the centenary.

Fiona Hyslop: Many schools in Scotland already organise visits to world war one battlefields. A school in my constituency does so on an annual basis. We are discussing how those trips and other existing learning activity about world war one might support and complement the centenary education programme. We are looking forward to identifying the consequentials in the autumn budget revision to see what funding is available. The member might be aware of the £50 million that has been announced by the Prime Minister, £35 million of which is for the Imperial War Museum's refurbishment, which was announced in February.

Particularly at this time, we need to take our roles and responsibilities in commemoration very seriously. The Government places great importance on future generations learning the lessons of war and commemorating those who lost their lives.

The Presiding Officer: Before we move to First Minister's question time, members will wish to join me in welcoming to the gallery the President of the Australian Senate, the Hon John Hogg. [*Applause*.]

First Minister's Question Time

12:01

Engagements

1. Johann Lamont (Glasgow Pollok) (Lab): If I may, I will depart from protocol for a second in this very important week. I have often disagreed with him and, frequently, I have complained about his tactics and his way of going about things but I do not doubt his commitment to Scotland, which we all share in different ways. So, I ask the whole Parliament right now to pay tribute to Craig Levein. [*Laughter*.] I also congratulate the First Minister on his longevity.

To ask the First Minister what engagements he has planned for the rest of the day. (S4F-00953)

The First Minister (Alex Salmond): I think that the whole chamber should congratulate President Obama on his re-election as President of the greatest democracy in the world. We should also congratulate Glasgow Celtic on their outstanding victory over what many people think is the greatest team in the world. [*Applause*.]

Johann Lamont: I have absolutely no difficulty in agreeing with the First Minister on those two counts.

According to Audit Scotland, the national health service has an outstanding £1 billion repairs bill. We have also lost more than 2,000 nurses and the First Minister has imposed real-terms cuts to the NHS of almost £200 million. Yesterday, the Auditor General, Caroline Gardner, said that the NHS in Scotland is on "an amber warning". Does the First Minister agree with the Auditor General?

The First Minister: The Audit Scotland report pointed out that Scotland's health service is well managed in terms of its finances. Johann Lamont will concede that there are now more people working in the national health service in Scotland than when the Scottish National Party took office and that, more important, on every single judgment of output on waiting lists and on patient care Scotland's national health service is performing in outstanding fashion.

Johann Lamont: The First Minister's breathtaking complacency in the face of a serious warning from the Auditor General that the NHS is on "an amber warning" does him and his Government no service whatever. The people of this country deserve better. It is clear that the First Minister does not agree with the Auditor General on the NHS. When we said that the Scottish Government had cut spending on colleges by a quarter, both he and his education minister said that we were wrong and that we were

scaremongering. The Auditor General has now said—not once, but twice—that college budgets have been cut by 24 per cent in real terms. Is she right or is she scaremongering, too?

The First Minister: The Government has protected the spending of the health boards and the revenue budget of the national health service in real terms. Just in case the former deputy leader of the Labour Party in Scotland has forgotten, I remind her that, when she was its deputy leader, the Labour Party refused to make that commitment in last year's election campaign.

Johann Lamont knows that we have kept our commitment on full-time equivalent courses in Scotland's colleges. I point out to her that, as we look forward, given the extraordinary capital investment that is going into Scotland's colleges at the present moment, the total funding for Scotland's colleges will reach £655 million by 2014-15 in capital and revenue investment. That compares rather favourably not just with the funding now but with the £217 million when the Labour Party took office in the first session of the devolution Parliament. Incidentally, in that year, the total capital investment in Scotland's colleges was £4 million; the expectation in 2014-15 is for £184 million.

Johann Lamont: If I was being charitable, I would say that that is just white noise between the end of one question and the beginning of the next one. The First Minister wants this to be a theoretical argument between him and me, but it is not. This is the independent voice of the Auditor General saying that there is a serious problem in the NHS and a serious problem in college funding, and he denies it.

Let me get this right. When Campbell Christie, Crawford Beveridge and the former Auditor General Robert Black say that we need to face up to a public spending crisis, the First Minister says that they are wrong. When the current Auditor General says that there is a cut in college funding, he says that she is wrong. When the Auditor General then says that the NHS is in crisis, she is wrong again.

If the First Minister will not listen to the people who count the numbers, maybe he will listen to the people who treat patients. Theresa Fyffe, of the Royal College of Nursing, says:

"Not being frank about the pressures on our health service, or transparent about how money is being spent, is storing up problems for the future".

When will the First Minister face up to reality and be straight with the people of Scotland?

The First Minister: I acknowledge the very substantial pressures on public services in Scotland including the national health service, but I put it to Johann Lamont that things would have been a great deal worse without—the Labour Party did not defend this—the real-terms increase in revenue spending in the national health service that we committed to in the election but the Labour Party refused to commit to. That is perhaps one of the reasons why she is sitting there and I am standing here as First Minister of Scotland.

I think that Johann Lamont is edging towards talking about the affordability of public services and her cuts commission, which is to review the key pledges and promises that have defined not just the Administration of the SNP but perhaps the devolution era: the commitment to having no tuition fees, so that there is not an obstacle to our students going to university or college; and the commitment to pensioners, so that they have free travel and so that they do not need to fear not being able to fund their care in infirmity. Those are crucial gains of devolution, which Johann Lamont and her party are now putting at risk. Those were things that they committed to only last year in the election but which are now all up for review in the bleak Midwinter cuts commission. Those are the things not just on which this party has been judged and re-elected but on which the Labour Party will be judged and never elected, on that platform.

Johann Lamont: First of all, acknowledging pressures on funding is not the same as doing something about it, which is the First Minister's job. Secondly, I am not edging towards anything; I am asking the First Minister to listen to what the Auditor General, nurses and doctors and people in public services are saying now about what is happening to their services. This is not an argument for an election; this is about understanding what is happening in the real world to ordinary people at this very time.

We know that the First Minister does not believe the Auditor General or her predecessor. He does not believe the experts that he himself appoints. Does he believe himself when he, Alex Salmond, said:

"politicians should have a higher duty and the duty is more to the economic cycle than the political cycle"?

I read that to mean that politicians should always put the interests of their country before the interests of their party. [*Interruption*.]

The Presiding Officer (Tricia Marwick): Order.

Johann Lamont: When will the First Minister come and join the rest of us in the real world? When will he face up to the cuts happening now in the real world and the £3 billion-worth of cuts that he is delaying until after his referendum? Does Alex Salmond still believe Alex Salmond, or has he joined the rest of Scotland in not believing a word that the First Minister says?

The First Minister: On points of correction, the Auditor General never said that the national health service was in crisis; on the contrary, her report pointed out that health boards were well managed. Furthermore, neither Campbell Christie nor Crawford Beveridge ever called for real-terms cuts in the national health service.

We have maintained real-terms revenue spending in the national health service, which is something that the Labour Party refused to do. That does not mean that there is no pressure—how could there not be any pressure when this Government and every public service face cuts from Westminster? I say to Johann Lamont that there is no solution to the problem of cuts from Westminster in threatening—as the Labour Party is doing—to cut the vital services to pensioners and students in Scotland.

Johann Lamont is the fourth Labour leader that I have faced across the chamber. If she pursues that line, she will certainly not be the last Labour leader that I face. She is putting forward to the people of Scotland the incredible proposition that somehow free personal care for the elderly, concessionary fares for the elderly and the abolition of student tuition fees are unaffordable—she also wants to cut a range of other things from the Scottish people—but the £163 million that Scotland contributes to the furbishment and refurbishment of the Trident missile system is affordable. How can the Labour Party maintain the position that spending on weapons of mass destruction is essential but services for the people of Scotland can be dispensed with? On that programme, it will never be re-elected to government in this Parliament.

The Presiding Officer: I call Ruth Lamont. I am sorry—I meant Ruth Davidson. [*Laughter*.]

Prime Minister (Meetings)

2. Ruth Davidson (Glasgow) (Con): To ask the First Minister when he will next meet the Prime Minister. (S4F-00949)

The First Minister (Alex Salmond): I am sure that that was not an intentional slip by the Presiding Officer, although perhaps it was appropriate, given the circumstances of the better together campaign.

I have no plans to meet the Prime Minister in the near future.

The Presiding Officer: I apologise to Ruth Davidson.

Ruth Davidson: Let us stick with the Auditor General. This week, Audit Scotland published a highly critical report that shows that reoffending costs Scotland £3 billion a year. The First Minister has had five years to get reoffending policies right, so why—according to the Auditor General—is there such a

"mismatch between what is delivered and what is known to work to reduce reoffending"?

The First Minister: There are substantial signs of progress in the Scottish justice system—it is not possible to have the lowest level of recorded crime for 37 years without having established progress in the justice system. That has been contributed to largely by having 1,000 extra police officers in the communities of Scotland. Of course, the Conservative Party says in this Parliament that it supports that, but that is belied by the action of the Conservative Party at Westminster, which is radically cutting police numbers south of the border.

We take with great care and attention—reoffending rates are a key issue and concern of this Government—positive suggestions from anyone about reoffending, but I think that Ruth Davidson will be reasonable and concede that in terms of falling rates of recorded crime, which is what matters, the criminal justice system is performing very well for the people of Scotland.

Ruth Davidson: The Auditor General seems to think that "what matters" is to have a reducing reoffending programme that works. Audit Scotland says that the Government is spending money on programmes that are not known to work; that there needs to be "stronger" national leadership; that there is a lack of cohesion; and that reoffending rates are "relatively static". It has also looked at the Government's plans to make things better—plans that have been up and running for more than six months—and it says that there is still "an urgent need" for improvement in "all of these areas."

Communities across Scotland are seeing the same people committing the same crimes time after time after time. Whatever the First Minister is doing is not working. When will he do what Audit Scotland is urging him to do and get serious not just about crime, but about reoffending?

The First Minister: Let us look at some of the initiatives that are designed to tackle reoffending—and offending, for that matter. They include the violence reduction unit, which the Government introduced and supports and which commands general support from across the chamber. The work that is being done on violence against women, including domestic abuse, has increased substantially in order to address that problem, and the legislation on support for victims' rights and compensation that has passed through Parliament commands general agreement.

I do not agree with Ruth Davidson's sweeping aside of the reality of the statistics, which is that recorded crime in Scotland is at a 37-year low.

That must indicate that some aspects of the justice system are performing very well for the people of Scotland. I urge her to look carefully at the interventions for early years and reoffending, for which the Government has budgeted under great difficulties and stringencies in order to give exactly the sort of national leadership that we believe is necessary so that we can continue to pursue our assault on crime rates.

I say ever so gently to Ruth Davidson that, as those achievements have been made against the backdrop of huge stringencies in public spending, I do not see how threatening to cut the Scottish budget by more than £1 billion—as she did this week—will help spending on criminal justice, on public services, on the national health service or on any other area of Scottish life. If the Conservative Party wants to pursue that programme, so be it—but it should not come to the chamber and constantly argue that public spending be directed at key areas while simultaneously proposing a further £1 billion budget cut.

Graeme Pearson (South Scotland) (Lab): What is the Scottish Government's position on the compensation that was received by William Beggs as a result of delays to his appeals?

The First Minister: We contested the case vigorously. Of course, we have to accept the court judgment and have no choice in that. The Scottish Government's position—as, I suspect, would have been the position of the entire Parliament—was to contest the compensation claim vigorously

Graeme Pearson: I thank the First Minister—

The Presiding Officer: I call Graeme Pearson.

Graeme Pearson: I thank the First Minister for that response. Does he agree that the public in general—certainly, communities throughout Ayrshire—find such awards to be extremely distasteful? Will he reassure Parliament that his Government will take steps to minimise the opportunities of which prisoners can take advantage to receive financial benefit from such events?

The Presiding Officer: That was a bonus question, Mr Pearson.

The First Minister: I doubt whether there is a single person in Scotland who does not believe that that award was "extremely distasteful". We can be reasonably certain that that would command the assent of the overwhelming majority—indeed, that it would be the almost unanimous view of the Scottish people.

The point about opposing the award—it was opposed vigorously in our pursuit of the case—is that it indicates the seriousness with which the Scottish Government and, I am sure, the Opposition parties took the matter. However, Graeme Pearson must know that, once the court judgment is made, we must follow it—irrespective of how "distasteful" it may be. Although he is right to say that it is a matter of great distaste for the Scottish people, we must accept what happened in a court of law.

Cabinet (Meetings)

3. Willie Rennie (Mid Scotland and Fife) (LD): To ask the First Minister what issues will be discussed at the next meeting of the Cabinet. (S4F-00950)

The First Minister (Alex Salmond): Issues of importance to the people of Scotland.

Willie Rennie: I was shocked this morning to read the *Daily Record*. [*Laughter*.]

In the *Daily Record* this morning—and this is serious—pharmacists were being condemned as "methadone barons". Does the First Minister think that it is right for front-line health professionals to be attacked for simply carrying out the Government's drugs strategy—a strategy that has been agreed across the parties in this Parliament?

The First Minister: I think that it is hugely important that we maintain the cross-party consensus on Scotland's policy against drugs. Almost 20 years ago, I joined the well-meaning and well-meant cross-party political initiative, Scotland Against Drugs. I watched that initiative dissolve into acrimony amid the competing claims of a variety of treatments and approaches to the drugs problem. At the end, to an extent it did not matter who was right and who was wrong, because so much attention was given to the differences in treatment that the policy was compromised.

The road to recovery policy, which was agreed across the Parliament, is hugely important. That does not mean that it is perfect or that it cannot be improved and amended, but it is of paramount importance that we maintain the consensus on the road to recovery policy. If we do not do that, we will fail not just the people who are suffering from drug abuse and their families, but all the people of Scotland.

Willie Rennie: I thank the First Minister for that very sensible response. I am reassured by what he said.

We are now in the situation in which the people who are being attacked by MSPs are not drug dealers or pushers, but the pharmacists in the community who are working on the drugs programme. It is not easy work. I have seen the work that they do, and it is not pleasant, but it benefits everyone. The use of methadone has cut deaths and disease, and it cuts crime. As the First

Minster said, MSPs should not seek to close down treatment options or to attack the staff who deliver them.

The scandal is not the provision of methadone for drug users, but that drug addiction remains so rampant in one of the world's wealthiest nations. What leadership can the First Minister provide so that our drugs strategy is based on evidence and the expertise of our health professionals?

The First Minister: I do not think that the views that Willie Rennie cites are general across the chamber. People are entitled to their views, but I think that it is far better to achieve consensus on the road to recovery policy and on whatever amendments and improvements we choose to make to it. There should be recognition that the problem is hugely serious, as is indicated by the number of drug-related deaths. There should also be recognition that, with many of the individual tragedies that the statistics reflect, the pattern of early death was set some time ago.

However, there are indications that drug use among young people in Scotland is dropping. The incidence of drug use across the general population is also falling. That is not to minimise the scale of the problem; it just shows that there are some hopeful signs. We must continue to have a coherent approach to this huge social issue and try to unite behind it. I am absolutely certain that we can do that only if we unite on a consensual policy—as we have done before as a Parliament—so that people know that the key thing is not that we score points against each other but that we come together on a strategy that can assist the people whom we are here to serve.

Trees (Fungal Diseases)

4. Maureen Watt (Aberdeen South and North Kincardine) (SNP): To ask the First Minister what impact fungal diseases will have on trees in Scotland. (S4F-00960)

The First Minister (Alex Salmond): I thank Maureen Watt for raising what is a hugely important issue. Members will be aware that ash dieback has been detected at some sites in Scotland. Over the weekend and at the start of this week, Forestry Commission officials worked around the clock to complete a rapid survey to identify potential distribution of the disease in Scotland. I am sure that members will join me in thanking all those who helped to undertake that work. This week, we have also responded to a request for assistance from Forestry Commission England by sending 15 staff to help it to complete its survey.

I can inform the chamber that, as of this morning, there were 11 sites in Scotland with confirmed signs of the disease. Because infection from ash dieback is seasonal, we have a window of opportunity to further develop our plans to mitigate its impact. The Minister for Environment and Climate Change, Paul Wheelhouse, will convene a summit of key stakeholders this Tuesday to take that process forward.

Maureen Watt: I would like to be the first person in the chamber to sincerely congratulate the First Minister on becoming Scotland's longest-serving First Minister.

Given that the United Kingdom Government may not have released advice on the vulnerability of ash trees as speedily as it could have done and that there is now speculation that a threat could exist to our iconic Scots pine, what information and advice can the First Minister give to those who are concerned about the potential susceptibility of Scots pine to the disease?

The First Minister: The Forestry Commission has undertaken regular surveys of pine species and we are monitoring closely the impact on the Scots pine. Trials of forest management techniques and chemical treatments are under way to identify ways to manage the risk that the disease poses to those trees. As a Government, we are doing everything that we can to protect the Scots pine species, which is truly iconic in Scotland, as the member was right to say.

Rob Gibson (Caithness, Sutherland and Ross) (SNP): Given the concerns about various species in Scotland, is it time that we had a national plan in Scotland for tree health and biosecurity? This Parliament could take a lead that would set a new tone for the debate in the whole of Britain.

The First Minister: That is a positive suggestion, which I undertake will be considered at the meeting with stakeholders that Mr Wheelhouse will host this coming Tuesday.

Dementia (Treatment)

5. Jackie Baillie (Dumbarton) (Lab): To ask the First Minister what steps the Scottish Government is taking to improve treatment for people with dementia. (S4F-00956)

The First Minister (Alex Salmond): As I am sure Jackie Baillie will agree, the key to effective treatment of dementia is early and accurate diagnosis. The latest figures show that the HEAT target that the Government introduced has led to a 39 per cent increase in diagnosis of the condition. That is welcome, but there is no room for complacency.

We will work with Alzheimer Scotland to put in place 300 dementia champions next year, to ensure that people who receive a new diagnosis of dementia are entitled to a minimum of a year of

post-diagnostic support. That is further to the announcement just last weekend that every health board has appointed an Alzheimer Scotland nurse, as we work to do everything that we can for people with dementia, their carers and, of course, their families.

Jackie Baillie: I very much welcome the progress that has been made. I am sure that the First Minister agrees that the 14 additional specialist nurses need to be set against the cut of 2,500 in the overall number of nurses in Scotland.

I bring to the First Minister's attention a response from NHS Fife to a freedom of information request, which says:

"During 2011, the highest number of bed or ward moves for a dementia patient in a single hospital stay was 13."

Does he share my view that that number of moves is unacceptable for dementia patients? What measures will he take to eradicate from our national health service the practice of boarding out?

The First Minister: We have introduced inspections of hospitals precisely to address such concerns.

Jackie Baillie's comments about the appointments of Alzheimer Scotland nurses do her less than credit. I prefer the views of Henry Simmons, Alzheimer Scotland's chief executive, who said:

"Completing these appointments is another significant milestone in our attempt to ensure that people with dementia and their families within general hospitals are treated with the utmost dignity and respect at all times."

He gets the point that Jackie Baillie fails to get—that the appointments will directly ensure that people with dementia and their families are treated properly across our excellent national health service.

Stuart McMillan (West Scotland) (SNP): Can the First Minister give an assurance that the driving forward of the national dementia strategy will be enhanced by the integrated health and social care strategy?

The First Minister: Yes, I can—I am sure that that will be the case. This is Scotland's first dementia strategy. It was completed in 2010 and it is being taken forward. It reflects the recognition, which I am sure is shared across the chamber, that the condition is extraordinarily serious in modern Scotland.

Margo MacDonald (Lothian) (Ind): I am glad to hear the last part of the First Minister's answer, but I have my doubts, because the people who are working at ground level on the integration of health and social care services are under great stress. They are trying to do everything at once, and I imagine that such work might be an extra task too far, so I will be getting in touch with the health minister to get an assurance about how that work will be carried out, if that is all right with the First Minister.

The First Minister: I am sure that Margo MacDonald's efforts in that direction are much appreciated. That is part of the process of ensuring that our national health service responds—as I believe it does—to the Scottish population's needs.

Female College Students (Support)

6. Liz Smith (Mid Scotland and Fife) (Con): To ask the First Minister what support the Scottish Government is providing to female college students. (S4F-00952)

The First Minister (Alex Salmond): The number of women students who attend colleges has been maintained at 65,000 full-time equivalent places, which is the same level as was delivered in 2006-07. That has been achieved with Scottish Government support for college students, including a 42 per cent increase in funding for childcare, which is crucial to many female students.

Liz Smith: Can the First Minister explain how the 26 per cent decline in the number of female students since 2007, which is twice the rate of the decline in the number of male students, sits with the Scottish Government's promises to widen access and to maintain overall student numbers?

The First Minister: The position on full-time equivalent places is as I have stated. It is true that the Scottish Government is concentrating on full-time courses because those are the courses that prepare people for employment. It is also true that we have expanded student support in colleges to record levels to enable people to attend full-time courses and that we have expanded funding for childcare by 42 per cent so that female students in particular are not disadvantaged.

I want to say two further things. First, the Conservative Party's credibility on the matter would be somewhat greater if it were not for what is happening to the revenue and capital budgets for colleges south of the border. The pressure is infinitely greater there than it is in Scotland.

Finally, will there be some acknowledgment from Elizabeth Smith at any time that, this year in Scotland, we have the highest number of full-time students at colleges and universities that there has been at any time since the Parliament was reconvened? Is that not a matter for celebration?

Glasgow 2014 Commonwealth Games

The Deputy Presiding Officer (John Scott): The next item of business is a members' business debate on motion S4M-04470, in the name of John Mason, on Glasgow 2014, Scotland's time to shine. The debate will be concluded without any question being put. Members and those in the public gallery should be as quiet as possible to allow the debate to proceed.

Motion debated,

That the Parliament notes the third and most recent visit to Glasgow of the Co-ordination Commission of the Commonwealth Games Federation (CGF) to receive a progress report on preparations for Glasgow 2014; welcomes the comments of CGF Vice President, Bruce Robertson, who said "the fact that a number of venues are either completed or are nearing completion, provides the CGF with significant confidence in the ability of Glasgow to deliver a successful Games"; considers that Glasgow 2014 is significantly regenerating Glasgow's east end, as well as the city itself, and that it will provide tangible economic, social and cultural benefits for Scotland, which it considers will be ready to host this great event.

12:32

John Mason (Glasgow Shettleston) (SNP): I will speak more loudly if there is any noise in the background.

I thank all members who signed the motion and the Deputy Presiding Officer and his colleagues for allowing the debate to take place.

The Commonwealth games in 2014 must be among the most exciting events in Scotland for a very long time. The games will run for 11 days, from 23 July to 3 August 2014, and will involve 17 sports at 14 venues. We expect that more than 4,500 athletes from 71 nations will take part. Scotland will take part in her own right, of course.

With the London Olympics now in the past, the attention of many people is switching to Scotland for the 2014 games. I certainly felt that on 3 October this year, when we had a games reception in Holyrood. Many of us met the games mascot for the first time at that reception. I noted that evening that, given Glasgow's footballing history, it is appropriate that a thistle is the mascot and that it is called Clyde.

The venues are coming along well—they are on time and on budget. The motion refers to the fact that the Commonwealth Games Federation has been extremely positive about how things are going in that respect.

One of the reasons why Glasgow won the games in the first place was the excellent facilities that were already in place. Other cities would have had to do much more to catch up, let alone match the progress that we have made since we won the bid. However, we must not be complacent, of course. Some of the venues inevitably have to come on stream quite late. Hampden Park is an example of that. Queen's Park will leave the stadium, and the athletics facilities will need to be installed immediately before the games.

I am delighted that five of the 14 venues are in the Glasgow Shettleston constituency. The velodrome and the Commonwealth arena are now operational and Tollcross pool is coming along. There will be hockey at Glasgow Green, and Celtic Park will be used for the opening ceremony. Of course, not least of the facilities is the athletes village, which is transforming that part of the east end of Glasgow hugely and which will leave us with social rented housing, a care home and private homes.

Other venues in Glasgow will include Ibrox for the rugby; Hampden for athletics; Kelvingrove for the bowling; Scotstoun for squash and table tennis; the Scottish Exhibition and Conference Centre for six sports; and Cathkin Braes for the mountain biking. Of course, the games are not just Glasgow games. I re-emphasise that there is activity outside Glasgow, at locations that include Strathclyde country park for the triathlon; the Commonwealth pool in Edinburgh for the diving; and Barry Buddon in Angus for the shooting.

A particularly topical issue this week is the start of the volunteer programme. Around 15,000 volunteers are required, and it is now possible to register interest in being a volunteer, which I did yesterday, although the formal application process will start in January. I gather that interviews will run from April next year, possibly through to the beginning of 2014. Each volunteer will receive around three days' training. The volunteering has a variety of strands. Last Friday, I attended the launch of more than gold in Glasgow, which is the umbrella campaign for the churches' involvement in the Commonwealth games. At previous games, churches have offered hospitality for the families of athletes, some of whom frankly would not be able to afford accommodation unless they are given help.

No major event such as the Commonwealth games would be complete without a few questions being asked along the way. One question that constituents sometimes ask me is whether the resources could be better used elsewhere. I touched on that when I said that, because Glasgow already had many venues in place, the investment has not been as big as other cities might have had to make. That is a real plus point. I am the first to argue for more investment in housing at every opportunity, but we must realise that, historically, housing in itself is not sufficient. The examples of areas such as Easterhouse in

the north-east of Glasgow and other post-war schemes show that even good-quality housing on its own is not enough to give life to a community and a city. We need jobs and other activities to help us to meet the targets on issues such as improving physical activity and health.

Another question has been about sponsors. One problem when we had the games previously in Edinburgh was the serious lack of sponsors, which led to challenges right up until shortly before the games began. Therefore, the number of sponsors that are already on board is encouraging, and I believe that more are to come. The sponsors include Scotland-based companies such as Harper Macleod, SSE and AG Barr, whom people might know as the makers of Irn-Bru. Just yesterday, Emirates was announced as an official sponsor for the games, which is in addition to its naming rights for the Emirates arena. For clarification, that includes the Chris Hoy velodrome and the Commonwealth arena. There can sometimes be a bit of confusion about all the names and what they mean. However, we have not lost the Chris Hoy velodrome—it is part of the Emirates arena.

It has been suggested that only good companies should be sponsors, while bad companies should be excluded. The problem with that is how we define a good and bad company. I guess that no company is wholly good and probably no company is wholly bad. If we put our pensions and savings only into good companies, I suspect that there might not be many places to put them. I suggest that, just like people, most companies are a mixture of good and bad. It is encouraging that sponsorship is coming in.

The profile of the word “legacy” has increased hugely as a result of the Olympics and Commonwealth games. Obviously, the physical infrastructure, including sporting, housing and transport infrastructure, will be the main lasting legacy, but we want more than that—we want to encourage more people to be active. Interestingly, the Age Scotland briefing for today’s debate points out that only 9 per cent of older people do the recommended levels of physical activity. Can we increase the figure and encourage more activity? I certainly hope so. We are not always good at that in the Parliament building. We have beautiful staircases, but many of us use the lifts. The games give us the opportunity to increase physical activity in general and specifically sports participation.

I thank the Parliament for the opportunity to debate the issue. I hope that we can join together in looking forward to and working towards the Commonwealth games in Scotland in 2014.

12:40

Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): I congratulate John Mason on securing the debate. It is always a pleasure to talk about sport in the Parliament, and it is a particular pleasure to talk about the Commonwealth games, an area on which there is cross-party consensus and co-operative working to make our 2014 games the success that I am sure they can and will be.

I attended the reception in the Parliament to which Mr Mason referred and I, too, was intrigued that we have a mascot named Clyde who happens to be a thistle. As a Partick Thistle supporter, I am not 100 per cent sure that that was a good idea—all joking aside, we have a fantastic mascot and I congratulate the young citizen of Cumbernauld who made it possible. She and Clyde are terrific ambassadors for the games.

John Mason is right to say that many venues were in existence before Glasgow made its bid to host the games. I was involved in the preparation of the bid and I am acutely aware that a strong deciding factor for the then Scottish Executive in taking the bid forward was that 80 per cent of the venues that would be needed were already available to us. Some venues might need refurbishment, but we had comparatively little to do to make venues suitable for 2014.

It is fair to say that over the years, from the days when Glasgow aspired to be a bid city to its becoming the host city for 2014, the Commonwealth Games Federation’s assessment reports have been consistently good. We do not give that achievement sufficient recognition. It has not just happened; it has required a great deal of work on the part of the Government, Glasgow City Council and the people whom we tasked to take forward the bid and the preparations for the games.

Commonwealth Games Scotland’s significance in the Commonwealth games family should not be underestimated, because its reputation helped us to get to where we are today. Commonwealth Games Scotland is known to be a strong supporter of the federation, and that has paid off for Glasgow and Scotland.

I look forward to welcoming athletes and their families and supporters to Glasgow. I am confident that they will have the time of their lives and that they will enjoy everything that Glasgow and Scotland have to offer. Like John Mason, I would very much like to volunteer at the games, not just because I have always had an interest in the games and have been involved from an early stage but because I was a recipient of the hospitality that Melbourne offered in 2006 to those of us who were fortunate enough to be able to visit

the city, and I would like to return the compliment. I, too, am signing up to be a volunteer in 2014. Perhaps we can get an all-party group of MSPs to do that; it might be interesting. I am told that only people who really want to work need apply.

As I look around Glasgow, I am delighted to see the new velodrome and arena, which are wonderful facilities, but I am slightly concerned that the north of Glasgow, which I represent, will have no tangible legacy from the games. I hope that we find ways of making the games meaningful for people in the north of the city. Since the idea of using Firhill stadium, Partick Thistle's ground, was dropped, there has been no proposal for the north of the city to replace it. We need to think seriously about that. There is currently an excellent proposal to make Pinkston Basin, in my constituency, the home of a paddlesports facility. Such a facility would be an excellent complement to the games but perhaps would not be part of the games themselves.

I am sure that the Glasgow 2014 games will be a huge success and that their success will be a catalyst for what I hope will be a successful bid for the youth Olympics in 2018.

12:44

Sandra White (Glasgow Kelvin) (SNP): I congratulate John Mason on bringing the debate to the chamber. The 2014 Commonwealth games is a great opportunity for Scotland to showcase exactly what the great city of Glasgow—my home city and constituency—has to offer. I am talking not just about the buildings, but the people who live there and—as John Mason said—the whole of Scotland.

I will mention some of the regeneration that has been happening in my Kelvin constituency. One project that has benefited directly from the 2014 games is the upgrade of the subway stations. That work—particularly the Hillhead upgrade—has been fantastic. I must mention the mural at Hillhead, although I will not dwell on it too much.

Patricia Ferguson: I would like to spare Sandra White's blushes, so I thank her for taking my intervention. She would not, of course, want to draw attention herself to the fact that she features in the mural, so I thought that I would do that on her behalf. Very fetching it is too, and I recognised her from the artistic representation.

Sandra White: I thank Patricia Ferguson very much for mentioning the mural, and I congratulate Alasdair Gray on the fantastic work that he has done. The mural is hugely popular in the area—that is all that I will say.

The next step of the upgrade is the Kelvinhall subway station, which is the gateway to the Kelvingrove art galleries and Kelvingrove park, where we have excellent grass facilities. The bowling competitions will be held in Kelvingrove park, and I was there—along with the minister—to open the new bowling greens. They are wonderful, and people talk about them all the time.

We also have the walkway along the River Clyde, which is getting an upgrade, and there will be transport along there. I would like more money to be spent on that particular project, especially on the part at Custom House Quay. The idea is that people will be able to cycle or walk all the way from the SECC to Glasgow Green and on to the east end. I look forward to that walkway being completed, as it is a fantastic project.

John Mason mentioned volunteering. That is an excellent project, and I am sure that we will get even more volunteers than we ask for. I point out to the minister—I have raised this with the 2014 Commonwealth games teams—that I have been approached by a number of groups in my constituency, as I am sure other MSPs have, that want to find out how they would go about taking part in the opening ceremony.

There are some excellent groups in my Kelvin constituency. There is a dance group called Indepen-dance that includes people with various levels of disability. It has performed in the Parliament, which was fantastic, and it would be wonderful for the group to take part in the opening ceremony.

Another group is called—I will say this very carefully—the Partick pluckers. It is a wonderful group of elderly people who play the banjo and sing, and it is based at Stewartville Street in Partick. There is also the Glasgow Old People's Welfare Association, and many other groups. Perhaps the minister can let me and other members know how those groups might be able to get involved in the opening ceremony.

As I have only 40 seconds left, I ask the minister if she could possibly get in touch with Glasgow City Council about the regeneration of George Square. A lot of constituents have come to me to discuss that issue. The square will be closed for something like two years, and it seems crazy that, while we are thinking about regeneration, we are not considering traffic-calming measures around the square. Perhaps the minister can take that suggestion on board; I have put it into the consultation. People are concerned that the square itself will be closed off for two years and may not be ready in time for the Commonwealth games.

12:48

Ruth Davidson (Glasgow) (Con): I congratulate John Mason on bringing the debate

to the chamber. I am delighted to be given the opportunity to speak about an exciting event that can bring the nation together in a positive way, behind a common purpose, in 2014. It is an event that will give Scots across the nation an opportunity to express what is great about this country, and the opportunity to promote our national identity while celebrating competition with and respect for our friends in the home nations.

When John Mason listed venues and what was happening at them, I was mentally ticking them off. I have played table tennis and badminton in Scotstoun, done a bit of crown green bowling at Kelvingrove and used the ranges at Barry Buddon for shooting in my previous life in uniform. Although I am, like most Scots, a very far cry from Commonwealth standards, it will still be a thrill to be able to see those venues being used on the television and say, "I've been there, I've done that." I think that people throughout Scotland will share that thrill.

The motion notes the latest progress on the games from the Commonwealth Games Federation co-ordination commission and I am pleased that it reports that a number of venues are either completed or are nearing completion and that the CGF has confidence in the ability of Glasgow to deliver a successful games. I share that confidence—the new facilities speak for themselves.

We have, I believe, 622 days to go and we appear to be ahead of schedule. I am sure that Scotland's largest, friendliest city—my home city and one that I am proud to represent—will step up to the challenge of filling the 15,000 volunteering spaces that are needed to help run the games. I concur with Ms Ferguson that perhaps a cross-party group of MSP workers could be attached to that volunteering project.

Glasgow 2014 will be a global event. It will involve 71 nations and territories representing one third of the world's population and it will attract an estimated television audience of more than 1.5 billion people from across the globe. Just yesterday, it was announced that Emirates Airlines is to be one of the major sponsors of the games, which is again a reflection of Glasgow 2014's international reach. The games will be good for Glasgow and they will help to cement its reputation as a truly world-class city.

I note that the para-sports programme will be fully integrated in the games, which will help para-sports athletes achieve greater exposure on the international sports scene. We are fortunate in many ways that the Commonwealth games can learn from and build upon the London 2012 Olympics and Paralympics in that regard. At the recent Commonwealth games reception, which has been referred to several times, I was struck by how appreciative the Glasgow 2014 organisers were of the access, the support and the co-working with the London Organising Committee of the Olympic and Paralympic Games that has been on-going. We know that 41 per cent of Scots are more interested in the Commonwealth games because of London 2012 and we need to build on that.

For me, the games will be much more than a sporting event. They represent a real opportunity to use sport to benefit businesses, organisations and communities across Scotland and to instil a lasting legacy for young people in Scotland. The venues will continue to be used after the games by a variety of athletes, from elite competitors to young people who have been inspired by the games to take up a new sport. EventScotland's games for Scotland initiative has already seen 40,000 people trying Commonwealth games sports and activities in 2010 and 2011, and I hope that that trend continues.

The legacy of the games can and should extend beyond the physical infrastructure of the houses, the events and the venues. Every person who gets off the sofa, every child who is inspired to try a new sport, every Scot who is proud to cheer on our athletes and every inch of progress that we make as a nation to see and practise the benefits of exercise in our own communities is a legacy worth competing for. I congratulate the member on securing the debate.

12:53

James Dornan (Glasgow Cathcart) (SNP): I thank John Mason for bringing the debate to the chamber. John is part of the reason why I am so happy to take part in the debate. When I first became a councillor, John was a council group leader. One of the first things that we did was discuss the outside bodies that we would like to be on. I was fortunate enough to get on to Glasgow's culture and sport board. There were many benefits to that: I saw parts of Glasgow and treasures in the city that I did not realise that we had.

I was fortunate also in my timing because I managed to meet a lot of the Commonwealth delegates. Every delegate I met was incredibly positive about Glasgow. They were positive about the facilities that we had and the legacy that we were looking for after the games but, mostly, they were positive about Glaswegians. They were positive about the warm welcome that they got and the enthusiasm from people in the city for the games, what they could bring to the games and what the games could bring to the city.

I firmly believe that, if it had not been for that well-known warm and generous Glaswegian spirit, we may well have struggled to get the games to

Glasgow in the first place. I cannot count the number of times that the delegates spoke to me about the welcome that they received. That is why I am so confident that the games will be a massive success.

I want to speak about what the games will mean to my constituency of Cathcart and to the visitors to my constituency. I am fortunate to have three of the biggest events in two of the great venues in my constituency. Hampden, home of Scottish football and just a javelin throw away from my constituency office—which is not a suggestion, by the way—is hosting the track and field events and the closing ceremony, which I am confident will be something to behold.

With its extraordinary panoramic views of the city, Cathkin Braes—as has already been mentioned—will host the mountain biking events. It will be Glasgow's first international-standard mountain bike course and will give the city a world-class venue to watch the sport in during the games and to have as a community facility for the rapidly growing sport once the games are over.

Hampden is likely to see many of the Olympic champions that we were all feting after the recent games. Stars such as Jessica Ennis, Usain Bolt and our very own Eilidh Childs have committed to appearing. Of course, many years ago Hampden used to host athletics events. The great Eric Liddell's last win on British soil took place here in 1925—no, I was not there. However, I suspect that this event will be of a slightly grander scale.

While the welcome influx of visitors is in Cathcart, it could do worse than to spend time looking at all we have to offer. There is the last conservation village in Glasgow city boundary at Carmunnock, which dates back to the early Christian missionary St Cadoc and which passed to the hands of the Stuart family in 1700. The Stuart family also owned large swathes of Castlemilk. If visitors visit Castlemilk stables, as I believe the minister may have done, they will see some of the remnants of that and later periods. That place, which is now owned by a housing association and well used by the community, is well worth a visit.

At the other end of the constituency we have Pollok park, which was named Europe's best park in 2008 and the United Kingdom's best park in 2006 and is home to the magnificent Burrell collection. Just down from there is the A-listed Pollokshaws burgh hall, which was built and paid for by Sir John Stirling Maxwell in time to celebrate Queen Victoria's jubilee. It hosts a magnificent Wurlitzer organ, which I saw just the other day on the 200th anniversary of Pollokshaws becoming a burgh. Close by is Sir John Maxwell school, which was built in 1854 and, much more importantly, is famous for the fact that the great John McLean used to teach Marxism there to packed night classes.

Probably the most important part of Cathcart's history lies in the battle of Langside. It is no exaggeration to say that if that battle between the forces of Mary Queen of Scots and her half-brother James Stewart had turned out differently and Mary had not had to flee to England to seek refuge from her cousin Elizabeth—we all know what happened then—many of the constitutional debates we have been having and will continue to have over the next two years might not have been necessary. Historic Scotland is considering whether to make the Battlefield area of my constituency part of its historic battlefields, which is a proposal that clearly has my full support.

The Deputy Presiding Officer: I would be grateful if you could draw to a close, please.

James Dornan: Due to time constraints I have had to miss out so many great places to visit in my constituency, but I will say that if all someone wants from a visit is a nice meal, a quiet drink or an evening out, Cathcart constituency also has those things in abundance. I am confident that Glasgow is going to host a magnificent games and I have no doubt that my constituency will play more than its fair share in their forthcoming success.

The Deputy Presiding Officer: Excellent.

12:57

Anne McTaggart (Glasgow) (Lab): I am delighted to contribute to the debate on the 2014 Commonwealth games and I thank John Mason for bringing to the chamber the issues of Glasgow's preparation for the event and the legacy that the games will leave behind.

I, too, am excited by the huge opportunities that hosting the Commonwealth games will bring to the city of Glasgow and all of Scotland. Already, we can see sport and extra-curricular activities becoming a focus for many schools and community groups. In Drumchapel, Camstradden primary school has recently been awarded a grant of £2,000 by the Big Lottery Fund, which it will use to develop sporting activities and opportunities for all their pupils. Parents, pupils and teachers worked together to secure that funding, and together they will enjoy the benefits that it will bring to the wider community in Drumchapel, and indeed to Glasgow.

That is not an isolated example of the enthusiasm that is building for the Commonwealth games, and I know that many of my constituents will be keen to volunteer for the duration of the games in a variety of different roles. Organisers are now advertising more than 15,000 voluntary

positions that are similar to the games makers of the London 2012 Olympic and Paralympic games—and I am glad that a few members have already signed up for them. Already there has been significant interest from members of the public in being involved in the same way.

I am also delighted at the preparations that are already on-going to ensure that there is a strong and meaningful legacy for Scotland after the games end. The youth legacy ambassador programme is a joint initiative by the Scottish Government, Young Scot and others that will promote the wider involvement of communities in Commonwealth games events. It will seek to host events all over Scotland to make the games of 2014 relevant to all those who want to be involved.

Every local authority in Scotland has two youth legacy ambassadors who undertake the work of promoting activity and involvement in sport among their peers. Only time will tell whether the programme will be successful, but if the young people's hard work and enthusiasm are any indication we can look beyond 2014 with optimism.

I believe that communities not only in Glasgow but across Scotland will benefit hugely from the Commonwealth games. Their impact could last for generations and it falls on us to secure the benefits for our children and grandchildren. Parts of Glasgow's east end have already been transformed by much of the new infrastructure and stadia and we must ensure that the process does not slow down or falter between now and 2014.

I look forward to the Commonwealth games with anticipation, optimism and, most importantly, pride in my city of Glasgow and Scotland's ability to host a fantastic international sporting event.

13:01

Jamie Hepburn (Cumbernauld and Kilsyth) (SNP): I, too, congratulate John Mason on securing this debate. I understand why there is great excitement in my native city of Glasgow about the forthcoming games; 2014 is obviously going to be an important year for the city.

A lot of regeneration work is already being undertaken with, for example, the transformation of the east end that John Mason mentioned and the social housing that will be left; the work on Dalmarnock railway station; and the tremendous facilities that the city of Glasgow will be left with. Ruth Davidson mentioned what is now known as Scotstoun leisure centre, which has been transformed over a number of years. Back in the day, it was known as Scotstoun showground, and I can certainly confirm that it has had a great transformation since my days as a schoolboy when I rather reluctantly had to do cross-country running there. It will be one of many fantastic facilities for the city.

Of course, it is not just Glasgow that is looking forward to the Commonwealth games; as John Mason rightly recognised in his speech and motion, it is an event for the whole country and "Scotland's Time to Shine". Many folk across the country will have a chance to play their part as one of the 15,000 volunteers who are being sought, and I particularly wish John Mason and Patricia Ferguson well with their applications.

My own constituency has already made its mark on the games. As mentioned earlier, AG Barr, which is based in the Westfield industrial estate in Cumbernauld, will be a sponsor of the event. It would also be remiss of me if I did not point out that the mascot Clyde, which has merited a mention, was designed by 12-year-old Beth Gilmour from Cumbernauld. She did very well, given that her design was selected following a UK-wide competition that attracted more than 4,000 entries. Indeed, the competition was described as UK-wide, but I understand that entries were received from across the world. I am sure that members will join me in congratulating Beth on having had her design chosen.

I also note that the mascot shares its name with the only senior football team in my constituency—I am sure that as a supporter of the team John Mason will be happy to hear me to say that—and that I warmly welcome the fact that Clyde is a thistle, as it reflects my own footballing loyalties. Patricia Ferguson, too, will welcome that.

I had not planned on mentioning this because I did not know about it until I came into the chamber, but I found on page 4 of Colin Keir's copy of the *Edinburgh Evening News* a rather touching photograph of Clyde in a very warm and tender embrace with our First Minister. I encourage all members to have a look but, of course, only the First Minister himself can say whether that betrays any of his political preferences.

As I have said, it is not just Glasgow that is looking forward to or which will secure a legacy from the Commonwealth games. I am very glad that, according to the "Legacy 2014: Be part of it" booklet we have all received,

"Over £13.5 million has been invested in the Active Schools initiative",

which is giving school-aged children the opportunity to participate in a wide variety of sports outwith their formal physical education classes at school. Moreover, there will be 150 community sports hubs "in place by 2016". Such moves will be fantastic for the whole country.

I close by coming back to my own constituency. The legacy for my area is that the Cumbernauld railway line will be electrified in time for the Commonwealth games to allow people to get in and out of Glasgow with greater ease. The line will be there for the long term, and my constituents will benefit from it. The fact that Glasgow will host the Commonwealth games in 2014 is good news all round and, again, I congratulate John Mason on securing this debate.

13:05

The Minister for Commonwealth Games and Sport (Shona Robison): I, too, thank John Mason for this timely debate, which has had some good speeches and suggestions. I will try to respond to as many as possible but, in case I miss some, I assure members that they have all been noted.

I am glad that many members noted in their speeches the third successful of visit of the co-ordination commission for the 2014 games. I was pleased that the chairman of the commission expressed his view that our preparations for the games are the best that he has seen in 20 years. That is reassuring, but we will not be complacent as there is more work to be done. That work will step up a pace as we get into the home straight.

Importantly, the chairman also said that our legacy preparations are a model for other countries to follow. Members have said that the legacy is as important as having a fantastic games, which of course they will be. We must ensure that there is a legacy for the whole of Scotland from the games. I have sent a copy of the progress report to all members, and I hope that they will have a chance to look at it in detail.

Members noted in their speeches recent events related to the games. For example, there was the completion of the Commonwealth arena and the Sir Chris Hoy velodrome. I encourage those who have not had a chance to go and look at those venues to do so, because they are absolutely fantastic. We have also had the unveiling of the games mascot, Clyde, which received unanimous praise. He is absolutely fantastic and one of the best mascots that I have seen for any games.

A lot of sponsors have come on board, with the most recent partner, Emirates Airlines, joining the Commonwealth games family just yesterday. Sponsorship is an important part of the raising revenue for the games, with the target being to raise £99 million through it.

Earlier this week, I attended the opening of the volunteer centre at Commonwealth house in Glasgow. The target is to have 15,000 volunteers for the games, and I encourage members to go and have a look at the volunteer centre. It was pleasing to hear so many people wanting to volunteer themselves.

We remain firmly on course for the games, but we are not going to be complacent, because there is a lot to be done over the next 20 months. As Ruth Davidson said, the Olympic games experience gave us an opportunity to learn all the lessons that we can. That has been helpful, and it is important that we keep the momentum going for the next 20 months.

I will respond now to as many members' comments as I can. John Mason made an important point about the churches' involvement in the more than gold campaign. It is fair to say that some countries that will send athletes are poor countries that struggle, so any support that can be given to such athletes and, indeed, their families when they are over here will be welcome.

John Mason also made the point that housing is not enough for the regeneration of an area and that the games are important as a catalyst for regeneration, particularly for the east end of Glasgow. I have seen tangible evidence of that important aspect.

Patricia Ferguson made a point about the importance of the Commonwealth Games Federation picking up on the issue of co-operation and partnership working. That is important to all of us.

Patricia Ferguson also made a point about the north of Glasgow. A lot of work is going on in relation to the Pinkston paddlesports centre, and the youth Olympics bid is having a direct benefit elsewhere in the north of Glasgow. Even if we do not win the bid, that work will have been a catalyst for the early regeneration of that part of the north of Glasgow. I hope that the member will take comfort in that and in the £10 million active places fund, which all communities can make applications to.

Sandra White talked about the upgrade of the subway. I want to see the mural that she mentioned—I have not seen it yet but I am going to now that she has told me about it. She asked about how organisations and groups can get involved. The contracts for the ceremonies have been awarded, but I will pass on her comments about how to involve the wider group of people and organisations who want to be involved in some way.

The regeneration of George Square is slightly outside our remit, but I will certainly make the point to our games partners in Glasgow City Council about the need for that work to be completed in time for the games.

Ruth Davidson said that the new facilities speak for themselves. I agree. The fact that many other

events have booked those venues in the period before the Commonwealth games tells its own story.

James Dornan did a fantastic job of promoting his constituency but also reminded us of the athletics history of Hampden, mentioning Eric Liddell's achievement in 1925.

Anne McTaggart highlighted the youth legacy ambassador programme, which offers young people an opportunity to be involved and to involve other young people. That is a great success story.

Jamie Hepburn talked about the games being an event for the whole of Scotland and paid tribute to 12-year-old Beth Gilmour, who did a fantastic job of designing the mascot. He also talked about two important things that are going on in our schools. The active schools network is a real success story and, added to that, there is the programme to establish 150 community sports hubs, which is a key legacy ambition. Half of those hubs will be based in schools, which will ensure that schools are open after school hours. We want to get the school estate open for business.

There will be an opportunity to go into these matters in a bit more detail before the end of the year, because I want to have a wider debate in the chamber on the games preparations. I hope that that will enable more members to be involved in discussing the preparations for the Commonwealth games and the legacy benefits for the whole of Scotland that will undoubtedly flow from our hosting of the games.

13:13

Meeting suspended.

14:30

On resuming—

Drugs Strategy

The Presiding Officer (Tricia Marwick): Good afternoon. The first item of business this afternoon is a debate on motion S4M-04719, in the name of Roseanna Cunningham, on the road to recovery drugs strategy. I remind all members that time is extremely tight and that I will have to hold them to their allocated time.

The Minister for Community Safety and Legal Affairs (Roseanna Cunningham): In May 2008, the Parliament and members from all parties endorsed Scotland's first recovery-focused drugs strategy, "The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem". For the first time, we had a strategy that set out a long-term vision of recovery for Scotland and gave a message of hope to individuals, families and communities whose lives are affected by drugs.

Two years later, my predecessor Fergus Ewing provided an update to the Parliament, which focused on the progress that had been made on implementing the strategy and acknowledged the commitment and dedication of those who work to make recovery possible. The strategy was unanimously endorsed by Parliament for a second time. In June, I was pleased to take part in a debate on families that was initiated by the Conservative Party, in which we spoke about the impact of drug problems on families and all the work that is going on across Scotland to help and support families in their recovery journeys.

Now, four years on from the introduction of the road to recovery strategy and two years on from the 2010 update, I will use this opportunity to update Parliament on progress; to highlight the on-going and continuing plans for enabling recovery and implementing the strategy; and to recognise the significant efforts and personal dedication of front-line workers and all those who are working to deliver and support recovery.

We are in very different circumstances now compared with 2007. Prior to 2007, there was no overall strategy and a culture of underresourced services. In four short years, we have significantly changed the landscape. In that period, £162 million has been invested in front-line drug treatment services, which exceeds our manifesto commitment. We have maintained the funding year on year, despite a backdrop of economic austerity. That continued investment recognises the significant ambition of the strategy and offers people who are struggling with drug problems an opportunity of recovery.

We recognised that financial investment alone was not enough, which is why we established 30 alcohol and drug partnerships to support the delivery of recovery across Scotland. Each partnership has a local strategy that is focused on helping individuals, families and communities to recover from the damaging impact that drugs and alcohol can have. Since 2007, drug use among adults in Scotland has fallen and levels of drug use among young people are now at their lowest in a decade. Among 15-year-olds, there has been a fall from 23 per cent in 2002, when Labour was in power, to 11 per cent in 2010.

Prevention is essential, and the statistics show that our approach on that is working. However, we can never become complacent. The curriculum for excellence is the bedrock of prevention activity across Scotland. To support that, we have invested more than £5 million since 2007-08 in a national programme of substance misuse education. The innovative choices for life initiative, which is delivered in partnership with the Scottish Crime and Drug Enforcement Agency, provides an interactive alcohol, drugs and tobacco education programme for schoolchildren across Scotland from primary 7 up to secondary 6. Activities are provided throughout the year, supported by a website that was launched in September. An online event for P7s was broadcast only yesterday. Our know the score website and helpline continue to offer credible and accessible advice and support 24 hours a day.

All that work is closely tied to our on-going efforts on new drugs or so-called legal highs. The Government is very serious about identifying and addressing any threats to the health of people in Scotland. We continue to work with the United Kingdom Government, other devolved Administrations and Scottish police forces to gather and share information on those substances and their dangers. We are not simply waiting for the substances to be banned; we continue to ensure that information is available to those who need it.

We are ensuring that people who need help with their existing drug problems get faster access to the support that they need. Before 2007, waiting times of more than a year for drug treatment were not uncommon. The problem was frequently raised in the Parliament, as longer-standing members will recall. Change was a priority.

Four years on, statistics show the progress that has been made. Ninety per cent of people started treatment for their drug problem within three weeks of their referral between April and June 2012. That means that the target that we set for March 2013 has been achieved nine months ahead of schedule. In 2011-12, 15,600 people started drug treatment and began their recovery journey. That is in addition to the 40,000 people who received a specialist assessment of their drug use and care needs between 2007 and 2011.

Now that we have reached a high level of national performance, we are committed to ensuring that such access to treatment is sustained and that people in all parts of Scotland get the treatment that they need.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): Does the minister agree that it is about not just getting people into treatment and starting them on the road to recovery but sustaining them in treatment?

Roseanna Cunningham: I am absolutely in accord with that.

It bears repeating—I am sure that Dr Simpson agrees with this—that recovery means different things at different times to different people, and decisions about the most appropriate treatment can only ever be made on an individual basis.

That applies to methadone, as it does to every other treatment option. Does methadone reduce the incidence of drug-related deaths, blood-borne viruses and crime? We know that it does. Does it stabilise lives? Yes, it does. However, methadone is only one of a number of treatment options that are available. We are clear that it can be effective, but only as one component in a package of care, treatment and recovery.

Members should remember that not all drug problems are opiate based. We know that fewer than a fifth of the 19,000 drug treatments that were started in 2011-12 were for prescribed drug treatment—including, but not exclusively, methadone. There is a tendency to assume that everyone is on methadone. That is simply not true.

Sadly, we must recognise that we lost 584 people to drug-related death in Scotland last year. Each of those deaths is a family and community tragedy. We know that of that number, only 14 might be wholly attributable to methadone. In most deaths more than one substance was found, and in nearly all deaths alcohol was a contributing factor. That is the reality.

I want to ensure that all drug services in Scotland are high quality, effective and recovery focused. That is why I recently commissioned the chief medical officer, supported by expert members of the independent Scottish Drugs Strategy Delivery Commission, to gather evidence on opiate-replacement therapies that are used to treat people with drug addiction. I look forward to sharing the group's findings with Parliament in spring 2013.

We have also introduced a world-leading naloxone programme, to support people who are most vulnerable to opiate overdose. That is an

important intervention, as part of a range of available treatment and support, which can help to reduce harm and support people towards recovery. At a fundamental level, the intervention can bring people back from the brink of death. In the programme's first year, 3,500 take-home naloxone kits were issued, and we are still rolling out the programme.

I recognise that evidence is essential if we are to maintain a clear sense of what progress looks like. Much of the information that we needed to deliver the strategy was simply not available in 2008. That is why we have continued to invest in data collection and analysis.

For example, for the first time, we have a range of evidence that has allowed us to identify the ageing population of people with drug problems in Scotland—the group that I term "the 'Trainspotting' generation". After years and even decades of drug use, many people have become increasingly unwell and are experiencing a number of chronic health conditions in addition to their drug use.

We now know more than we have ever known about the people whom we support, but we do not know everything and there are still gaps.

Lewis Macdonald (North East Scotland) (Lab): The minister will recall that I wrote to her recently on the matter. I accept the point about availability of data, but does she acknowledge that the Scottish drug misuse database has been in existence in one form or another for more than 10 years and that some of the data in it are valuable and should be used as a guide to the position over a longer period?

Roseanna Cunningham: We continue to use every scrap of evidence that we can lay our hands on. Through our investment in the Scottish drug misuse database, we will start to get access to even more information from December 2012. From that report, we will know more—one concern has been that we have not had enough information—about people in treatment and the outcomes that they achieve in housing, employment and training, not just for opiate-replacement therapies but for all treatment types. We need to look across the board at successful outcomes.

Margo MacDonald (Lothian) (Ind): I thank the minister for giving way, because she is well into her speech. I interrupt to ask about cocaine. According to a United Nations report, Scotland has the highest cocaine use in the world. We should therefore be considering cocaine as a special case just now, because there are different qualities coming on to the market, and it looks as though there will be a repeat performance of what happened when we had different qualities of heroin coming on to the market and people were overdosing.

Roseanna Cunningham: There is a significant debate around the figures that have been published with regard to cocaine. Some of the figures from international databases are very out of date, and it is worth looking closely at what they are in fact measuring. However, I reassure Margo MacDonald that we are aware that there is a cocaine issue in Scotland that must be addressed.

I emphasise that the work we are doing involves looking at the outcomes not just for opiate replacement therapies but for all treatment types. That will help us to decide which treatments are working best.

I am committed to improving the evidence on what recovery looks like, especially on the wider outcomes that people in recovery achieve in—as I said—housing, employment and training.

There is a growing grass-roots recovery movement throughout Scotland that is led by organisations such as the Scottish Recovery Consortium, Scottish Families Affected by Drugs, the Scottish Drugs Forum and Scottish training on drugs and alcohol.

We have established the world's first recovery consortium. It is encouraging to see that, through the consortium's recovery campaigns and recovery college, the visibility of recovery is increasing, the role of advocacy is getting stronger and the voice of those in recovery is getting louder.

However, there are challenges, which the director of the Scottish Recovery Consortium has described so well:

> "People in recovery from addiction do not stand out in a crowd, they are anonymous; quietly going about their business of living life on life's terms … If they didn't tell you they were in recovery, you might never know."

How can we tell that people are recovering? Mutual aid and peer support are essential. There are 180 Narcotics Anonymous meetings taking place daily in Scotland—97 in Glasgow alone—and there are now fast-growing locally based recovery communities such as Edinburgh's Serenity cafe, Fife's Restoration cafe and Glasgow's recovery groups. Each of those provides a safe social setting for people in recovery.

It is also encouraging to see a growing virtual recovery community, which is providing support to people throughout Scotland wherever they live. Currently, there are more than 1,000 Scottish members of the online group Wired in to Recovery.

Recovery is also increasingly visible. Building on the success of Scotland's first national recovery

walk in 2010, which promoted and celebrated recovery, I was pleased to hear about Ayr's recovery walk and Aberdeen's first recovery day.

There are many individuals, groups and organisations that are helping to make recovery possible in Scotland, but it starts with an individual's strength, determination and hope for something better.

To take hold, recovery needs the nurture and enduring support of those who are closest to us: the family. However, families need support too, which is why the work that Scottish Families Affected by Drugs does is so important. William White, who is a world expert in recovery based in the United States, supported that type of approach when he argued:

"the leadership of the recovery movement must come from the recovery community, and the movement's agenda must be that of recovering people and their families".

Such evidence confirms that the approach that we are taking to recovery in Scotland is the right one.

We want to build on those achievements and continue to support the development of recovery communities. Scotland in 2012 looks a lot different and has changed for the better, but that changed landscape means that we must continue to adapt and evolve the road to recovery. The next phase will focus on quality and ensuring that delivery happens right throughout Scotland.

I have spoken about the work that we continue to do and the independent expert advice panel that I have set up to gather evidence on opiate-replacement therapies. That work will continue to support us in learning how to make the road to recovery work for the landscape in which we now find ourselves.

However, I warn all members about the dangers of stigma that attach to the issue because stigma is one of the biggest challenges that people who are using drugs have to face. We cannot and must not do anything irresponsible that increases that level of stigma.

I want to build on the success that we have had so far and move forward, and I look forward to a full debate. I hope that it is constructive and responsible.

I move,

That the Parliament recognises the progress made in delivering Scotland's national drug strategy, The Road to Recovery, and in particular the continued efforts and dedication of all those working to make recovery from problem drug use a reality; acknowledges the significant progress made in improving access to treatment and reducing waiting times, and calls on all relevant national and local agencies to continue to drive this long-term strategy forward with a focus on improving all aspects of quality with regard to how recovery is delivered, informed by advice on opiate replacement therapies arising from the review being carried out by the Chief Medical Officer, supported by an independent expert group.

The Presiding Officer: I call Jenny Marra to speak to and move amendment S4M-04719.3. Ms Marra, you have 10 minutes. If you take interventions, I warn you that they will come off your own time.

14:45

Jenny Marra (North East Scotland) (Lab): I welcome the opportunity to speak in this debate on the Scottish Government's drugs strategy. When it was launched in 2008, the strategy was supported throughout the chamber. Its primary focus on recovery was—and, Labour believes, still is—the right and proper method to best tackle drug addiction in our communities and on our streets.

There has been some success. For example, we welcome the latest statistics that show that 90 per cent of those seeking addiction treatments are being seen within three weeks. That was an important target that has been met ahead of schedule, and for that I congratulate the Government, our national health service and drug and alcohol partnerships across Scotland.

When Fergus Ewing laid out the strategic objectives of the road to recovery in 2008, he said:

"The strategy puts in place the foundations for a sustained drive to recover lives and reduce the social and economic costs of drugs on our society."

Four years on and over the past few months we have seen those fundamental aims unravel to reveal the growing cost of a worsening drugs problem in Scotland. Last year, nearly 600 people died of drug misuse—a fifth more than in the previous year and three quarters more than in 2001. The prescribed opiate substitute methadone contributed to almost half those deaths. That tragic statistic shows what we believe are the fatal consequences of a system that has gone stale under this Government's stewardship.

I want to tell members the story of Matt Dempsey who is 44 and from Possilpark. Speaking to a national newspaper recently, he said:

"I've been on methadone since I got out of prison in 2004. I got addicted to heroin while I was inside ... I would love to get off methadone and heroin but I've never been offered any help to do that."

Matt's story is not unusual: time after time we hear of drug addicts who feel trapped on the methadone programme without the necessary additional support to get clean. For people such as Matt, methadone has become an end in itself. He has little chance of finding a job because he has to queue for methadone every day. Without the necessary help and support, the chaotic lifestyles

of addicts such as Matt mean that they turn back to other substances before too long.

John Finnie (Highlands and Islands) (Ind): I am grateful to the member for accepting my intervention.

Will the member accept the point from me that there are individuals on the methadone programme who are holding down jobs and contributing greatly to society in the process?

Jenny Marra: Absolutely. I agree with the member. I am suggesting an alternative for some drug addicts, and I will elaborate my point.

Becoming trapped in a cycle of substance misuse and failure leads—as the drug deaths statistics have shown—to tragic consequences. The fact that the Government cannot answer basic questions on the effectiveness of the methadone programme is deeply concerning because unless we are able to assess it, the true impact of methadone on the recovery of addicts such as Matt and on our wider society cannot be properly measured.

Although we recognise, as I said to Mr Finnie, the advantages that methadone brings as one part of a comprehensive drugs strategy—

Roseanna Cunningham: Would the member like to tell us how many of those questions would have been answerable prior to 2007, when her party was in government?

Jenny Marra: The Government has had five years and, as I stated earlier, the problem has got worse and worse and worse. I ask the minister to take responsibility today rather than putting it back on to an Administration that was here five years ago.

Although we recognise the advantages that methadone brings as one part of a comprehensive drugs strategy, we need to know that public money is being spent to do more than simply strand addicts in a system that will not let all of them recover.

The cost to the Scottish taxpayer of funding methadone has reached a staggering high of £36 million a year. Locally negotiated rates for dispensing methadone mean that public money is being used to pay companies different rates to do the same job. Since 2007-08, the cost of dispensing and supervising methadone has increased by £4.4 million. Figures obtained by Scottish Labour show that, within that increase, some pharmacists are being paid up to 42 per cent more than the base rate to dispense the drug. Let me explain: in the Borders, where methadone use is comparatively low, pharmacists receive £1.75 for each dose that they dispense. However, in Ayrshire and Arran, which is one of the worst-affected areas, the fee rises to £2.49. We do not believe that that is fair, and we do not believe that the Scottish people think that it is fair either.

We believe that in its review the Government should look at the allocation of public resources to the drugs strategy and ask what measures can be taken to address that postcode anomaly. Such measures would have the potential to generate investment for other treatments that would help people who are addicted to drugs—

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): The member mentioned the amount that pharmacists get in the Borders and the amount that they get elsewhere. However, I do not know what her point was. I may have been drifting—although I try not to drift during the member's speeches. Can she explain her point?

Jenny Marra: There are locally negotiated rates that lead to some dispensers getting more profits than others get. We believe that there should be a flat rate across the country and that the savings from that should be invested in rehabilitation.

Willie Rennie (Mid Scotland and Fife) (LD): Will the member take an intervention?

Jenny Marra: No; I will expand my point about rehabilitation.

Residential rehabilitation centres are key to this. They offer intensive, full-time support to recovering addicts and have been heralded for their success in achieving what we all believe the drugs strategy should achieve: recovery and the rebuilding of lives.

Kevin Stewart (Aberdeen Central) (SNP): Will Ms Marra give way?

Jenny Marra: No; I will make some progress as I have already taken several interventions.

Today, those centres are chronically underused. In the Phoenix Futures centre in Glasgow half the beds are empty at a time when Glasgow's drugs death rate made up a third of all drugs deaths in Scotland last year. Beechwood house in Inverness is at 40 per cent capacity and, shamefully, in Dundee in my region there are no residential rehabilitation centres at all, despite Dundee's growing and significant drugs problem.

With the money that could be saved if we negotiated the amount that we pay to pharmacies, which, as I explained to Christine Grahame, is currently subject to regional variations, we could invest in those centres. We could progress the Government's drugs strategy by providing better local services that would be tailored to the individual through alternative options such as residential centres.

We hope that the minister reflects on those suggestions in her upcoming review. I believe that

all of us in the chamber want to see the drugs strategy succeed, but in order for that to happen we need to work together to build a strategy that is more effective than the one we have. We hope that the Scottish Government will supply the necessary leadership and political will to make that happen.

I move amendment S4M-04719.3, to leave out from "acknowledges" to end and insert:

"notes the important review of opiate replacement therapies; urges the review to report swiftly, and hopes that the Scottish Government will use its findings to inform renewed efforts to support recovery and protect people and communities."

14:53

Annabel Goldie (West Scotland) (Con): I thank the Scottish Government for bringing forward this debate. Putting it into a timeframe will provide a helpful perspective. The new strategy was the product of budget negotiations between my party and the Scottish Government in 2008. Prior to that there was no strategy; methadone was a management tool. I remember saying then, with reference to the road to recovery:

"That road will be challenging and in places very rocky, but at least we are on it."—[*Official Report*, 4 June 2008; c 9282.]

That remains important.

Four and a half years on we need to examine the pace of progress in delivering the strategy, as we also constantly need to explore fresh options and initiatives that may support that delivery. The general backdrop of the prevalence of drug abuse in Scotland is still very troubling. For example, we know from official figures that the number of drug users has increased substantially over the past decade. Reference has already been made to drug-related deaths and a depressing statistic in the 2011 figures was the confirmation that, for the first time, the number of methadone-related deaths exceeded heroin-related deaths. However, that might be down to a reduction in heroin users, who are moving on to harm reduction programmes.

We know that the stubbornly high level of drug finds in prison continues to present a challenge. Recent figures disclose that, last year, there were more than 1,700 finds and, for the nine months up to 30 September this year, 1,322. We also know that in 2011-12 the number of drug offences recorded by the police increased on the preceding year.

However, as the minister said, progress is being made among younger people and I have to ask where we would be had the strategy never been put in place. It is instructive to remind ourselves of its main components. It was about making a fresh start, preventing drug use, promoting recovery and ensuring that a range of appropriate treatment and rehabilitation services was available locally. Nevertheless, as the figures I have cited illustrate, we still face a major challenge. In that light, we need to investigate the disclosure that there is unused rehab capacity throughout Scotland. The very welcome review mentioned in the motion would be a sensible move, hence the first part of my amendment. We should also note that since 2008-09 the overall number of residential drug treatment centres in Scotland has fallen from 29 to 23, which is regrettable given that such centres work.

Let me now try to put the issue of methadone prescribing into context. It is very unhelpful—

Duncan McNeil (Greenock and Inverclyde) (Lab): Does the member have any outcomes for or proof of the advantages of residential rehab centres to show that they work better than any of the other proposals?

Annabel Goldie: Much of the evidence is anecdotal. However, having spoken to rehab facilities in my area, heard first-hand accounts from those who have recovered and seen the positive and clean lives that they are now leading, I think that such centres are impressive.

Polarising the debate is very unhelpful in any discussion of methadone prescribing. At one end of the spectrum, there is the view that methadone is harmful and expensive and should not be prescribed to anyone; at the other end, there is the view that it is a positive intervention that delivers a crime-free life of stability to the patient and should in no circumstances be interfered with.

The true position is somewhere in between. I accept that, depending on the individual, methadone might provide a bridge from the chaos of illegal using to a more stable existence. I have to say, though, that I consider sensationalist articles in tabloid newspapers to be unhelpful. That said, given that the road to recovery anticipates a range of options, I would also consider it unfortunate if someone seeking help who did not want to be prescribed methadone was given no alternative. As has been indicated, we know that methadone prescriptions—and their costs—have increased significantly. However, information on the number of patients who are on methadone is not available and we do not know how many have come off methadone or have had their prescriptions reduced. It will be quite difficult to make any objective assessment of the range of available options implicit in the strategy if we do not have the basic data.

However, I expect prescribers and their patients to be engaged in a judgment as to whether a prescription could be reduced or ultimately ceased. Methadone patients who are constituents

have told me that they have found it difficult to engage in such discussions; indeed, some have been discouraged from even embarking on them. That such discussions can be usefully pursued is evident from the methadone cessation pilot in North, East and South Ayrshire, which comes under the alcohol and drug partnerships and is aimed at supporting long-term methadone users. The only conclusion that anyone who reads the report of the pilot can reach is that it has had a whole host of positive outcomes from cessation and reduction of scripts to the people in question moving into education or even employment.

Given the levels that methadone prescriptions have reached, given that we know how many patients wish to discuss their programme and given the success of the cessation pilot, I feel that the review could examine how more information could be provided to patients—hence the second strand of my amendment. I also want the review to be open-minded about other replacement therapies. Might, for example, neuroelectric therapy, which is available in Scotland, play a role? How well does it work? What is the experience of it? Is there any evidence on it? There are many other positive areas that the review could explore.

However, underpinning all of this is the presence of a solid strategy that has the capacity to make a huge difference, and I thank the minister for bringing the debate to the chamber.

I move amendment S4M-04719.1, to insert at end:

"; believes that the success of the national drugs strategy derives from flexibility of approach toward and availability of options for those seeking recovery from problem drug use, and considers that these objectives would be usefully served by inclusion in the review of an inquiry into why there is underused capacity in rehabilitation facilities and consideration by the review of how more information might be made available to methadone patients about their treatment programme."

14:59

Willie Rennie (Mid Scotland and Fife) (LD): I, too, thank the minister for bringing this debate to the chamber, because I think that it is a useful airing of an important issue.

There are about 60,000 drug users in Scotland. I met one of them, whom I will call Mary, when I visited Turning Point Scotland's facility in Glasgow. She had a young son and her ambition was to be able to take her young son to school in the morning after giving him breakfast. That was her lofty ambition—something that for us would be quite normal. If we have kids, we do such things every day, but for her it was an amazing ambition, because she did not see in what circumstances she could achieve it. Her son was getting looked after by her brother on an almost permanent basis.

I said that about Mary because we talk about big numbers and big programmes, but at the end of the day people like Mary are normal people who deserve a chance like anyone else. Some of the ways in which we talk about them and whether they do or do not contribute to society demonise them but, for me, they deserve a chance. They would love to go back and have another chance, and we should respect them for the tremendously difficult challenges that they go through. They go in and out of drug use; sometimes they are in remission and sometimes they relapse and go back into serious drug use. Such is the chaotic life that those people lead.

Mary was on methadone, along with 24,000 other people. However, for me the central methadone issue is about health professionals choosing the right way to proceed. It is not for politicians to decide which treatments can and cannot be used; it is about giving the health professionals the tools. They have the evidence and the know-how and are the best people to make decisions to help people out of their circumstances. Recovery means different things for different people. Sometimes it is about being able to stay alive; for other people it is about getting back into work. For Mary, it is about being able to take her son to school in the morning. That is why it is regrettable to see some of the stuff that has been happening in the *Daily Record*, supported by some in the Labour Party. Demonising pharmacists just for doing their job is deeply regrettable.

Often, we focus only on the medical aspects of drug use, but much of the issue is to do with a person's whole life experience. Perhaps they have mental health problems, housing problems or debt. Perhaps they have a chaotic family life and have been divorced. Perhaps they have had experiences in the military that have led them into drug use or alcohol use. We must sort out those issues as well if we expect people to recover long term. However, we must also recognise that sometimes people will have a chaotic lifestyle for some time. The simplistic view is that somehow we can get people into recovery automatically, if only we change one little thing, but that is just not going to happen.

I have been to some projects, including the Lothian and Edinburgh abstinence programme—LEAP—in Edinburgh. I saw its abstinence regime. It is not right for everybody, but it is right for some people. They brought the whole family in to share the experience and ensure that people were able to recover on a long-term basis.

It is a shame on this country that we have such a high proportion of drug users when we have

such wealth. Poverty—the pockets of poverty that we have in many communities—is the root of much of the situation. Again, we must deal with that if we are to expect any longer-term benefits.

Margo MacDonald: I thank the member for giving way, given that his time is so tight. I caution him against assuming that everyone who takes drugs is poor, because a strand of people with a lot of money have now started taking drugs.

Willie Rennie: I accept that, but a lot of it is associated with poverty and we should not ignore that.

On methadone, the HIV rate among drug users in Russia, where they do not have the same kind of programmes as we have in Scotland, is about one in three. In Scotland it is less than one in 20. I do not know what more evidence we need than that simple statistic. In addition, lots of scientific studies show that hepatitis C is reduced by about 80 per cent as a result of needle-exchange and methadone programmes. Elish Angiolini's report on Cornton Vale shows that when a lot of the women sent to the prison were taken off the methadone programme, the self-harm rates shot up. That is no coincidence, because significant benefit can be got from methadone.

Annabel Goldie is right when she says that the treatment is not necessarily right for everyone and is not perfect, and I accept that. However, we should not say that methadone is the reason why so many people are dying, because it is not. Other drugs were involved in 60 per cent of the cases in which someone's death was connected to methadone, and alcohol was involved in 40 per cent.

Duncan McNeil: Will the member give way?

The Presiding Officer: I am sorry, but the member is in his last 30 seconds.

Willie Rennie: Further, in many of those cases, the methadone was illicit, rather than being part of a programme. To simply say that all of those people are dying because of methadone is wrong. Methadone is part of the solution, not part of the problem. We need to be careful about demonising the programme and the pharmacists, because we might undermine the good work that is under way.

I move amendment S4M-04719.2, to insert at end:

"; recognises the harm reduction value of opiate replacement therapies as part of the recovery strategy, particularly in terms of reducing the transmission of serious blood-borne viruses such as HIV and hepatitis C, and considers it vital that a wide range of treatment options are available to ensure that professionals are able to offer a package of treatment and support that is person-centred and tailored to the specific needs and aspirations of the individual."

15:06

George Adam (Paisley) (SNP): Willie Rennie is correct when he says that this debate is about real people with real issues. We must remember that fact when we engage in debates on these matters and discuss the issues in the media. The issue is complex and, if it were easy to fix, we would have fixed it a long time ago and would not still be trying to find ways to sort things out.

In May 2008, the Parliament agreed that Scotland's national drugs strategy, the road to recovery, was the way forward and took the right approach to supporting individuals into sustained recovery from problem drug use. The fact that the Scottish Government is investing £28.6 million in frontline drug treatment and recovery services in 2012-13, which is an increase of 20 per cent, is to be welcomed.

The executive summary of the document that contains the strategy says:

"Central to the strategy is a new approach to tackling problem drug use based firmly on the concept of recovery. Recovery is a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society."

For me, that is the most important issue in this debate.

In April 2012, the Scottish Government, along with the Convention of Scottish Local Authorities and the NHS, issued alcohol and drug planning and reporting guidance in order to ensure that things could work at a local level and that people could feed issues into local single outcome agreements, because what might work in certain areas might not work in other areas. There will be scope for local involvement in that way.

I have heard complaints from constituents about methadone users in pharmacies—I have even complained about them myself, as my wife has a long-term condition, through no fault of her own, and has been getting medication from pharmacies. When I mentioned the complaints to the Royal Pharmaceutical Society, it invited me to a new pharmacy in Paisley—the Abbey Chemist pharmacy—where I was told how the issue is being dealt with in a more modern, thoughtful way, so that all the customers are looked after in a professional manner. During my visit, I met a constituent who was on the methadone programme. He was happy to see me—quite rightly, as he had a number of complaints about things that were happening in the area. That made it real, to return to Willie Rennie's point. When we meet the people who are involved in this issue, we do not see just the stigma or the fact that they are drug users; we see them as human beings, and that makes a difference.

One of the store managers with whom I visited various pharmacies that day was surprised that one of the pharmacies had a treatment room. She assumed that it would be a room for treating people's nails or some other cosmetic purpose. The owner of the pharmacy had to explain what it was for and said that one of the biggest complaints from users of the pharmacy was about people taking methadone.

The Royal Pharmaceutical Society's briefing says:

"Treatment with methadone is not a cure for addiction but as an oral treatment it reduces the harm associated with the use of illegal drugs and can help to stabilise drug misusers and promote recovery."

For me, that has to be the most important issue and the way forward.

When I speak in the Parliament, I tend to talk about things at a local level, in Paisley and Renfrewshire. I will do so again today because I must mention Renfrewshire's alcohol and drug partnership. It is involved in lots of community groups in the area, particularly in Paisley's west end, which includes Ferguslie Park. The partnership is working with the west end is safer and healthier—WISH—group, to which it has given money. That group is taking an holistic attitude to working with people who live in areas with the highest rates of deprivation in the whole of Scotland and is looking for ways in which they can make life better for themselves. That includes working with families who have family members with drug and alcohol problems.

The director of social work in Renfrewshire publicly says that we may have third-generation drug users in families. In that situation, we must find a way of working with those families. Therefore, I am glad that the Renfrewshire alcohol and drug partnership has provided funding for activities involving kinship carers, in particular. When families break down because of drug misuse or anything else, other family members tend to pick up the pieces. I have had to deal with that issue over the years, whether as a councillor or as a member of the Scottish Parliament.

The debate is not about methadone or the pharmacies that administer it; neither is it about the drug users with sometimes tragically chaotic lifestyles who find themselves on the road to recovery. It is about people and how we, as a society, can work together to ensure that all our citizens are given an opportunity to thrive and live life to the full. We could sit here all day discussing negative factors, but we have to do something. As I said earlier, if this was an easy problem to solve we would have solved it by now. That does not mean that we should panic and lose focus—

The Presiding Officer: Mr Adam, I regret that your time is up.

15:12

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I will start with the areas of implementation and drug policy in which the Government is to be commended. The introduction of the naloxone programme, which is being delivered in a measured way, supported by the Scottish Drugs Forum, is extremely welcome. The new and welcome waiting time targets appear to be largely being met. However, I urge the Government to get the Scottish Drugs Forum to undertake a survey to ensure that there is no gaming involved in those waiting times, which is an issue that I have identified in relation to other figures. I have received indications from those working in the field that some users are being offered assessment and treatment in a tick-box way to meet the target and that those offers are not, in fact, realistic. I urge the Government to look into that.

The minister's predecessor, Fergus Ewing, went to some trouble to engage members from other parties, and the Labour Party signed up to the road to recovery strategy quite comfortably. We did so partly because we had already established pilot schemes that embraced abstinence, such as the LEAP project in Edinburgh, which now has some problems with its premises but is nevertheless a welcome development. We had also established a programme of alternatives to prison that should not be forgotten—other members may address that—as well as drug courts, drug treatment and testing orders and the time-out centre for women offenders at 218 Bath Street. It is regrettable that that initiative has not been replicated, as the Angiolini report said should happen. I urge such a time-out centre for men to be piloted as well.

I further welcome the Government's recognition that methadone is a significant, evidence-based tool in reducing the incidence of HIV and improving community safety by reducing criminality. It is also a first step to recovery for many drug users. In response to Willie Rennie's comment, I cite the *British Medical Journal*, which said last month that a 54 per cent reduction in the risk of HIV among drug users can be ascribed to the methadone programme. I welcome the minister's restated confirmation that methadone will be used extensively for the initial treatment of opiate addiction. However, the review should concentrate on the delivery of methadone. Pharmacists who participate are being paid small sums, but, cumulatively, those can run into millions of pounds for chains such as Boots and Lloyds. I believe that there should at least be a nationally negotiated dispensing fee. The other

bits of the contract with the pharmacists are negotiated nationally and that should be negotiated nationally, too.

Margo MacDonald: Is it possible to have a national dispensing policy when a small chemist in the outer isles might dispense treatment to only a few but a bigger chemist elsewhere has much more business displacement?

Dr Simpson: I think that it should be possible to discount on a national fee, but we should not have the variation that we have at present, where NHS Ayrshire and Arran currently has the largest prescribing and the largest fees.

My concern is about the deaths due to methadone diversion. How many prosecutions have there been for diversion? Some pharmacists undertake the work as a service to their community that they would rather not do, so if there was an alternative, it might be welcomed. Therefore, I again propose that the review should consider recommending a pilot in a high-usage area under which the NHS itself would take on dispensing seven days a week under the supervision of a pharmacist prescriber.

I have to say that when I arrived in Edinburgh as an addiction specialist in 2004 and saw the contract for the proposed local enhanced scheme for general practitioners, I was, frankly, appalled. The requirement under the scheme was minimal. Frankly, too many patients were—and are—being parked on methadone and there were minimum testing requirements. I recommend that there should be a national enhanced services contract for general practitioners and that, over time, we should move to giving that only to GPs who have specific qualifications in the treatment of drug misuse and who are prepared to provide the holistic wraparound care that, as Willie Rennie pointed out, is critical to moving people on.

Both Labour and the Scottish National Party have promoted prescribing by qualified health professionals other than doctors, but the very slow implementation of protocols has meant that nurses and pharmacists, having been trained, are not able to use their skills because 14 different health boards have created 14 different protocols and have done so very slowly. We are wasting that resource, which means that we have to use more expensive resources.

In 2002, when I was justice minister in the current minister's place, the number of drug deaths was 382. I introduced the know the score approach, and drug deaths actually reduced over the next three years. They rose again only in 2006, and they have now increased, from 382 when I was minister, to 584. However, I have to say that drug deaths in the United Kingdom, including Scotland, peaked in 2008 and have actually reduced steadily since. Why is Scotland different? I do not have an explanation; I just ask the question.

One concern that I have, which was also highlighted by the UK Drug Policy Commission chaired by Dame Ruth Runciman, is that some clinicians precipitately withdraw treatment from those who relapse or top up. It is entirely appropriate to challenge those who top up, but there are too many clinicians who adopt a judgmental and punitive approach to those who relapse. Some services may be achieving their waiting list targets by discharging patients in order to create space—

The Deputy Presiding Officer (John Scott): You should be drawing to a close now, please.

Dr Simpson: In summary—in my remaining 10 seconds—we need to examine the variations in prescribing, which can vary by a factor of three between one area and another. We need to look at using non-medical prescribers. We need to introduce a NES contract. We need to have a new time-out centre. We need to monitor the services provided by the Scottish Prison Service—

The Deputy Presiding Officer: And that is it. Thank you very much. I call Christine Grahame to be followed by Graeme Pearson.

15:18

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I welcome the general tone of today's debate, but that tone should not stop constructive criticism or recommendations. We all know that this is a hard nut to crack. The solution is multidimensional and requires collaboration and co-operation among agencies. Those are clichés, and we know all that.

We know also—I agree with Willie Rennie on this—that drug addiction is closely, but not wholly, related to poverty, community circumstances, family and friends and the environment in which a person is brought up. I have yet to meet an addict who does not want to be freed from the personal prison that is addiction. We even have children who are born addicted because their addiction began in utero.

I welcome front-line treatment and the establishment of the alcohol and drugs partnerships—the key word being "partnerships". I also note the record funding in my constituency. Key, too, is the drop in waiting times: addicts need help from the moment they seek it, so any cut in delays is precious. In my constituency, the target of 90 per cent starting first treatment within three weeks of referral has been exceeded, so I commend the Government for that.

Others have spoken about methadone and other replacements, but I want to focus on the strategy's possible impact on reducing crime and reoffending. I note from the "2010/11 Scottish Crime and Justice Survey" that illicit drug use among adults decreased to 6.6 per cent in the period 2010-11. However, as others have said, there are many people who are now in their 40s and beyond who have been addicted for decades.

In Audit Scotland's report, "Reducing reoffending in Scotland", paragraph 22 states:

"An analysis of data provided by SPS"—

the Scottish Prison Service—

"shows that in March 2012, 40 per cent of all prisoners came from the most deprived areas in Scotland, compared to 15 per cent of the total Scottish population. Almost half (44 per cent) of prisoners also reported being under the influence of drugs at the time of their offence. This profile is similar to reoffender populations in other countries."

When that is put in context, the relevance of drug addiction, the drug trade and the impact on crime and reoffending is substantial. To buy drugs, a person must steal, rob and peddle them.

The majority of reoffenders are male, but many women offenders are drug and alcohol addicts, too. Cornton Vale has—but will have more so—a whole person and individual approach to help to break addiction. I think that the Justice Committee was, in general, welcoming of the reappointment of Kate Donegan as governor of the prison, and of the new head of the SPS and the drive to have Inverclyde as a custom-built prison for women prisoners and their rehabilitation.

I, too, commend the 218 project in Glasgow, which I visited with colleagues last year. The committee is keeping a note of how important such alternatives are.

The motion rightly speaks of

"relevant national and local agencies"

working together

"to drive this ... strategy".

Frankly, there is no greater requirement or, indeed, opportunity, for co-operative working than between our courts and prisons, health, and housing services and local authorities, than when the addict is in prison and—most certainly—when he or she is released from prison, because the dealer might be waiting at the gates to provide a freebie and, in a stroke, to undo any good work that has been achieved in the prison.

When I tell members that the average annual cost for each prisoner place in 2010-11 was more than £32,146, they will see the waste of money. The latest figures on the SPS website also indicate that there were recently about 8,500 people in Scottish prisons. Of those, some 30 per cent reoffend and are reconvicted within one year. If members accept the earlier figure that 44 per cent are under the influence of drink or drugs at the time of the offence—there are others who were not under the influence, but offend because of their addiction—and that we can reduce the reoffending rate by 10 per cent through a focused strategy, members can do the maths and calculate the savings to the public purse—let alone the savings to health and social services, for example—and the benefits to the chaotic life of an addict offender, and to their families and wider communities.

We must therefore ensure that money that is invested in the strategy is spent appropriately and effectively. One way to evidence that would be a reduction in offending rates and, indeed, reoffending rates due to drugs abuse, drugs purchase or drug-related crime. That would provide rock-solid evidence.

Dr Simpson: Will the member give way?

Christine Grahame: I have finished.

15:23

Graeme Pearson (South Scotland) (Lab): For the sake of fairness and a comprehensive review, the minister said that before 2008 there was no drugs strategy. However, at the millennium, the Parliament committed to action through "Tackling Drugs in Scotland: Action in Partnership". "The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem," which was published in 2008, certainly put some steel into what could be described as a strategy for the future. That document established a shift in policy from working simply to reduce harm to instead focusing on helping people to become drug free.

The strategy identified some key outcomes, which have been referred to, including the establishment of a national evidence group and the work with the NHS Information Statistics Division to deliver enhanced misuse databases. There is no doubt that there was a need for that information.

"Reducing harm and promoting recovery: a report on methadone treatment for substance misuse in Scotland" was produced in 2007. The report suggested, among other things, the setting up of a national methadone audit process to ascertain the number of people on methadone and their state of recovery, support for pilots of good practice, and the setting up of a strategic process to facilitate and co-ordinate quality research.

In a previous life, I contributed to those consultation processes. I welcomed the change in focus—I supported that change and support it to this day. However, for me, the key point of the

debate is to review what improvements have occurred in the intervening years and whether they take us in the right direction.

In September 2010, "Research For Recovery: A Review of the Drugs Evidence Base" suggested the introduction of a drugs research forum, saying:

"What we are lacking in Scotland … is a clear evidence base about the long-term pathways to recovery and their impact on families and communities."

On 5 September 2012, the minister gave an interview to the press in which she indicated her belief that there is a huge problem and that there are no figures to show whether our responses are work. I agree with that assessment. She also said that

"The whole point about the Road To Recovery is digging down and getting the kind of statistics you are talking about".

Although I agree that we need those statistics, the strategy is about reducing addiction and rehabilitation. She also said:

"it can't be done overnight and it is against a backdrop of there having been nothing for over 20 years."

I presume that that refers to the statistics that were available. There is no doubt that they were—and still are, to some extent—vague in the extreme.

What about the policy of reducing harm and helping people to become drug free? What has happened on that?

The minister asked how we know whether recovery is happening. During the past five years, 2,643 people have died as a result of drugs overdoses, with a record number dying in the past year alone, unfortunately. Each year, £8 million is spent on methadone, and a further £28 million was spent delivering it in 2011. That represents a rise of 36 per cent from the 2007 figure and a 9 per cent increase in the number of prescriptions. Each year, 22,000 people are prescribed methadone as an alternative to heroin. United Nations statistics still show that Scotland is at the high end of usage—a shame to our country. Almost 25 per cent of the population is prescribed methadone daily. More grandparents are becoming parents again, as they look after their children and their children's children.

Margo MacDonald: Will Graeme Pearson give way?

Graeme Pearson: I am afraid that I am short of time.

There is something to be done. There is a challenge to be addressed.

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): Will Graeme Pearson take a very brief intervention?

Graeme Pearson: I will.

Stewart Stevenson: Will Graeme Pearson clarify whether he really meant 25 per cent of the overall population? That is what we heard?

Graeme Pearson: The statistics that I received from Barlinnie prison—

Stewart Stevenson: Ah!

Graeme Pearson: Allow me to finish. Those statistics seem to reflect the experience in other prisons, too. They talk about somewhere in excess of 22 per cent of prisoners accessing methadone.

I have no doubt that those who provide services and care, including the doctors and chemists, are deeply committed to improving the situation, but they need leadership from the Government, direction from the strategic plan and strength to be given to its implementation.

After five years, the Government continues to suggest that it has insufficient statistics and that it is up against a problem in trying to work out how to invest in measures that work. It seems content to allow our prison population to queue daily for access to drug treatment and it is satisfied that 80 per cent of them will leave prison on exactly the same dosage of methadone as they were on when they entered.

If properly directed, the strategy as envisioned would help to support those who want to be rehabilitated. My comments do not undermine it, but call on the Government to get real about the drugs problem and to shift the scarce resources to solutions that are shown to work effectively.

15:29

Brian Adam (Aberdeen Donside) (SNP): I should declare an interest in that, in a previous life, I not only monitored people who were addicted to a variety of drugs but dealt with the forensic work that is associated with drugs deaths.

Putting that to one side, I note the advice that we all received that we should ignore the controversies, and that there is no need for them to continue. Of course, the controversies are to do with substitutes for heroin and harm reduction. Not only did we MSPs buy in collectively to the strategy; most important, the professionals, the Scottish Drugs Forum and the alcohol and drug partnerships bought into it. The strategy has already delivered some improvements. The most important people on this occasion are not us. They are not even the professionals. They are the addicts and their families who are willing to come forward to get treatment.

In the debate about substitution, there are advocates of buprenorphine and advocates of methadone. There is also the debate about

whether harm reduction is a worthwhile goal in itself. I think that those are important debates and we do not know the answers. That is partly to do with lack of data, so I hope that one result of the review will be improvements in data collection.

As far as the harm reduction debate is concerned, of course harm reduction is worth while. Any diminution in the spread of blood-borne viruses benefits everyone, but it is not the end. The goal has to be recovery, because getting on an opiate substitute is not the same as being on the road to recovery.

I commend the Government for its investment in bricks and mortar and in services. In the north-east, we have been extremely fortunate to have the Timmermarket clinic development, which deals not just with immediate rehab, but follows through and deals with all on-going problems. I am absolutely delighted that the waiting list has, in effect, been eliminated. Dr Simpson has cast doubt on whether that is the reality; it is certainly the reality in the north-east that there has been a significant change.

I think that we all endorse the idea that a whole-person approach should be adopted—one that deals not just with the immediate addiction problem, but with housing and employment problems, all of which are important. It is important that we deliver that support.

I hope that we can continue to maintain unity of purpose here in Parliament on the road to recovery. I commend the professionals for accepting the difficult policy that the strategy contains and for carrying it out.

15:34

Jamie Hepburn (Cumbernauld and Kilsyth) (SNP): I welcome the debate, as it is helpful to have the update on the road to recovery drugs strategy. The issue affects communities in all our constituencies, and the minister was right to highlight the cross-party support for the efforts that are being made.

It is important to place the debate in context. In the past number of years, the Scottish Government has invested to try to deal with the problem. This year alone, the Scottish Government has invested £28.6 million in front-line drug treatment and recovery services, which represents a funding increase of 20 per cent since 2006-07.

Thirty alcohol and drug partnerships have been created and are doing good work in communities. Lanarkshire ADP, which covers my constituency, is doing particularly good work and the drug waiting times target for 2013 has been met in Lanarkshire.

There is the idea that everyone who is in treatment is on the methadone programme, but that is not the case—the minister made that point well. In Lanarkshire, quite a variety of treatments are used, and 25 per cent of people who are on drug treatments for addiction are prescribed Suboxone—I do not know whether I pronounced that correctly, but I hope that I did the word justice.

I will focus on outcomes, which are important. We can measure some outcomes, so it is wrong to suggest that we have no information about what is happening on the ground. We can see that progress is being made and that drug-use levels are falling. The Scottish crime and justice survey that reported earlier this year showed a decrease in the number of adults who reported that they had used any illicit drug in the past year—the figure fell to 6.6 per cent from 7.2 per cent in 2009-10 and 7.6 per cent in 2008-09. Figures also show that fewer young people are taking drugs. It is clear that there are still too many people taking substances, but the reduction must be welcomed, and gives the lie to the suggestion that has been made that the problem is worsening.

Margo MacDonald: In relation to the statistics, there may well have been confusion in some people's minds because of the confusion in England about when it is and is not legal to take cannabis, for example.

Jamie Hepburn: That is a fair point, which was well made and is now on the record.

We know that waiting times are down. The Government set a target that, by March 2013, 90 per cent of clients would wait no longer than three weeks from referral to get appropriate drug or alcohol treatment. I emphasise that that target relates to drug and alcohol treatment. Not many families in Scotland have not been affected by drug abuse or—in particular—alcohol abuse in one way or another. The target has been met ahead of time. In the NHS Lanarkshire area, 99.9 per cent of people were treated within the target timeframe. That is a huge achievement for those who work in the field, and it should surely be welcomed by all.

It is interesting to see innovation in the treatment programme. The naloxone—again, I am not sure whether I have pronounced the word correctly—

Roseanna Cunningham: It is "naloxone" with the stress on the second syllable.

Jamie Hepburn: Thank you, minister.

Under the naloxone programme that has been introduced, 3,445 kits were issued in 2011-12. That programme has the potential to save lives. The Scottish Drugs Forum particularly welcomes the initiative, and it says in its briefing that the

programme should go further and that barriers to expanding it

"must be identified and dismantled."

It will be interesting to see how the review looks at that.

The idea has been suggested that pharmacists are somehow profiteering. I will deal with that gently, because the debate has been consensual and I do not want to turn it into a points-scoring exercise. The briefing from the Royal Pharmaceutical Society says clearly that

"dispensing high-volumes of methadone is not a route to easy riches ... It is normally undertaken by individual pharmacists with a deep commitment to helping some of the most unfortunate people in our country."

I agree very much with Willie Rennie that it ill behoves anyone to suggest that pharmacists have any motivation other than that which is set out in the Royal Pharmaceutical Society's briefing. I gently suggest that, if the big solution to Scotland's drug problem was to introduce a uniform payment to pharmacists for delivering the methadone programme, we would be living in a far easier world than the one that we inhabit. That suggestion was a strange contribution to this serious debate.

I strongly welcome the fact that the chief medical officer will review the strategy.

In my final 30 seconds, I want to mention the National Society for the Prevention of Cruelty to Children Scotland briefing, which points out that, in any review, it is

"vital that any alternative treatment options facilitate early identification and whole family assessment to identify and prevent harm to dependent children".

I would be interested to hear the minister's response to that point, which the Scottish Drugs Forum has also made. I hope that that can be viewed as a positive contribution.

I welcome the debate.

15:40

Duncan McNeil (Greenock and Inverclyde) (Lab): I give notice that I want to make a number of points and do not have enough time to take interventions.

The consensus in the chamber and over time is that we have a very challenging problem, which has confronted previous Governments here and Governments throughout the world. We hear the minister's justifiable claims for improvement in investment, but we must also recognise that the strategy has serious challenges.

A point that I need to make, which has not been made too often, is that the issue is not just for the addicts. The families and communities that live with the problem should not be forgotten, and the enforcement aspects cannot be forgotten. There are low seizures of heroin in this country, which indicates where more work can be done. There are genuine worries about increasing use of cocaine, there is recent evidence of widespread use of so-called legal high drugs, and more evidence is coming forward on the long-term harmful effects of cannabis use. We should not forget that.

Obviously, one issue that we are focusing on is that drug deaths in Scotland are at a 10-year high—the figure is as high as or higher than that in any other European country. Tragically, problem drug users have increased in my constituency since 2006. The current estimate is that there are 1,400, which is up from 600 in 2006. I have raised that issue not only today; last year, I had the opportunity to discuss with the minister last year's peak of drug deaths. There are also the 20 deaths that we have faced this year. They are all tragedies.

We must conclude or concede that topping up with methadone is a high-risk activity, and it should be recognised as that. In more than 50 per cent of the deaths in Inverclyde, methadone and topping up with it were issues. As I say, it needs to be recognised as a high-risk activity, and we need to implement measures to deal with it.

We are not talking about the investment or the strategy today; rather, we are talking about outcomes. The strategy's focus on the benefits of a focus on recovery was clear, but we still do not know how many drug users are being prescribed methadone across Scotland, how many are leaving the programme drug free, or how long they have been on the programme. There are no benchmarks for recovery that are based on the drug strategy, so we have no way of knowing how far down the road to recovery we are or how far there is to go before the goal of recovery-focused treatment for all drug users is realised. Until we get those benchmarks, we cannot examine what works and does not work.

We must recognise that not all the 60,000 drug users whom Willie Rennie mentioned are recoverable. That is a horrible and hard thing to say, but some people take drugs because they enjoy them. They are in a particular age group, and will continue to take drugs and the top-up of methadone. That is the tragic reality. We also need to face up to the fact that some grandparents, who have been mentioned, have been heroin users for many years. They now take drugs just to feel normal—not to socialise or to have a party, but just to feel normal. It is unlikely that we will move those people on, so some radical strategies probably need to be applied to

that group. They are not interested in or committed to recovery and are expending or soaking up money that could be used to support those who are committed to the programme. We cannot ignore that. That is one of the issues that we need to face up to.

We need to test people's commitment. People who are on the methadone programme should be tested regularly for topping up in order to identify their commitment, keep them safe and ensure that they are complying with the programme. If they are not complying and are not committed to recovery, appropriate action needs to be taken. If they are not committed to the programme, we cannot extend our commitment. The precious resources need to be shifted to ensure that those who are committed to recovery get the best treatment to ensure the best opportunity for recovery.

I see that the minister is not in her place, but I hope that she will read the *Official Report* of the debate, take on some of those ideas and feed them into the review of the strategy that is under way.

15:46

Dennis Robertson (Aberdeenshire West) (SNP): I congratulate the many hundreds of people who work on the road to recovery. Quite often, they are volunteers and/or carers, people who are on the road to recovery or those who have recovered. I associate myself with Willie Rennie's comments. He moved the debate forward from statistics to people, as did George Adam. Annabel Goldie said that we are on a difficult road, but at least we are on the road—and we are.

Jenny Marra said that the key to recovery is residential. I apologise if I misquote Miss Marra, but I fully believe that the key is an individual or person-centred approach. We need an holistic approach that is about the individual, so the treatment for one person might not be the treatment for the next.

Jenny Marra: I would have to look at the exact words that I used, but I do not think that I said that residential centres are key. I think that there should be a mix of programmes that are best suited to the person—a mix of methadone use and residential rehabilitation. However, the reality is that residential rehabilitation centres in our country today are vastly underused and there are empty beds.

Dennis Robertson: I am sorry, Miss Marra, but I believe that you said "key", although maybe the *Official Report* will show otherwise. I stand to be corrected.

Many years ago, when I was a member of a crime prevention partnership, I was involved in taking information to schools, teachers and parents about ways of preventing children and young people from getting involved with any kind of addiction, whether to solvents, drugs or alcohol. The road to recovery strategy is the right one.

In my social work days, one of the saddest cases that I had to work with involved a young woman who had a one-year-old child. She was a drug addict and an alcoholic. She wanted to look after her child, but she did not have the ability to do so. She was admitted on to a programme because, as a young mum, she wanted to try to ensure that she would be the right mum to bring up her child. When she came off the programme, she was absolutely fine for months, but then the addictive aspect of the alcohol and drugs became too great for her.

She approached the social work department, where I was her key worker at the time. The sad thing is that she wanted to give up her child—her son—and to go back to the road of destruction in her life. I suppose that in some respects she was showing her love for her son by acknowledging that her addiction was too great. She thought that she was doing the right thing for him. That one-year-old is now a young man; unfortunately that young woman is no longer with us.

It is about people. Each individual, whether or not they are willing to set out on the road to recovery, must be regarded as an individual, a person, a human being.

What we need is a partnership approach. The partnership approach is working, and it means partnership with housing, with Jobcentre Plus and with all the organisations out there that can try to aid the recovery process.

We cannot turn our backs on any person who has an addiction. We are there and, as a society, we should be responsible for ensuring that people get the best possible help.

That is why I firmly believe that we should do more to link addiction support with our mental health strategy. Many people who have addictions also have serious and complicated mental health problems. I would like a much more holistic approach to be taken.

15:51

Mark McDonald (North East Scotland) (SNP): Often when I speak in the Parliament I refer to the period that I spent as a local councillor in Aberdeen. Members will forgive me if I do so again.

A development that was delivered during my time as a councillor was the Timmermarket clinic

in Aberdeen, which was the first purpose-built one-stop centre in Scotland for people with drug misuse problems. The clinic was funded by a collaboration between Aberdeen City Council, NHS Grampian and the Scottish Government.

The facility has about 20 rooms that are used for consulting and treatment, office accommodation, meeting rooms, waiting rooms, play areas for patients' children and a courtyard garden. A team of about 30 people works there, including doctors, nurses, social workers, rehabilitation workers and admin staff, who deliver an intensive 16-week programme from the premises to patients who come in for treatment following GP referral.

More than 450 patients used the Timmermarket clinic in its first six months, and it has become an extremely successful part of the drug treatment landscape in the north-east. I am sure that the Government will consider replicating the approach elsewhere.

I have talked to drugs workers in the north-east and listened carefully to what they said about road to recovery. There is a degree of delight out there that we have a drugs strategy that is tailored towards and has a clear focus on recovery and which provides much-needed leadership. There is also delight at the great improvements in waiting times. In Aberdeenshire, which is one of the areas in the north-east that I represent, there are 1,400 or so drug addicts, of whom about 60 per cent are engaged in some form of rehabilitation or treatment scheme.

On the stigma of drug use, we often face a difficulty to do with self-definition. Willie Rennie was right to talk about users who are at the lower end of the income scale, but Margo MacDonald was also right to say that there is a group of problem drug users who do not regard themselves as such. I am thinking about individuals with high disposable incomes who use particular types of drug in what they regard as a recreational way. They would be categorised as problem drug users, but they do not identify as such. There are issues with regard to how we address that, on which I am sure the minister is focusing.

Dennis Robertson: Will the member take an intervention?

Mark McDonald: I ask Mr Robertson to wait for one second while I finish my point.

There is also an emerging problem with legal highs and the difficulties that they cause for the justice system and the treatment system.

Dennis Robertson: My understanding is that approximately 48 per cent of crack cocaine users are now in the Grampian area. Would that align with the assertion that the drug is used by people with more disposable income?

Mark McDonald: That is part of the problem. There is a complex landscape of drug addiction out there.

We are talking about individuals, and often about families too. The key is to strike a note of caution. As members of the Scottish Parliament, we hold a privileged position and are able to speak on a range of issues. We must be careful and cautious in the language that we deploy when we talk about issues such as drug abuse and misuse. We should be more careful in that regard, given the stigma that is often attached to the words and language that we use.

We have seen unfortunate headlines in the recent past that relate to things such as needle exchanges, which are of great benefit in preventing the transmission of blood-borne viruses such as HIV and hepatitis. There have also been unfortunate headlines about the methadone programme. It is worth highlighting that fewer than one fifth of those who are currently in treatment are on some form of drug replacement, which would include methadone. There are not the huge numbers that one might assume exist.

We must be careful to avoid a broad-brush negative stigmatisation of the methadone programme, which we have seen in some headlines. Such stigmatisation would only be detrimental to our efforts to get people who could have their lives stabilised through methadone to continue using it and to continue with the recovery programme.

Recovery will differ for individuals. As Willie Rennie mentioned, there are circumstances that need to be tackled such as homelessness, deprivation and the chaotic lifestyles that many people lead.

It is worth noting that we are talking about ordinary people. I could bring in my school yearbook and point to people who are now addicted to drugs. Many of us know people with whom we or our families grew up who are now addicted to drugs. We must be careful about the type of language that we use, the stigmatisation that can arise from using certain language and the difficulties that that can cause for those individuals whom we are trying to help to recover. Those are the people who matter most.

15:57

Mary Fee (West Scotland) (Lab): In recent months, figures have been released from the Government and leading experts in drug policy that have given us all food for thought. According to last month's *Holyrood* magazine, 59,600 people in Scotland are problem drug users, which is twice the prevalence in England and Wales. In Scotland, 53 per cent of problem drug users are not

currently receiving treatment, in comparison with just 33 per cent in England and Wales.

A staggering 24,500 people are now on the Government's methadone programme, and it was revealed last month—as has already been mentioned today—that methadone has been implicated in 275 out of 584 drug-related deaths.

Methadone is prescribed as a substitute to heroin and other drugs so that the patient can wean themselves off all illicit drugs and start their recovery process. However, that is not necessarily the case, as many are using methadone as a top-up to the drugs they are already taking.

I understand that methadone can have a stabilising influence on people's lives. However, there have been reports of some programme users being on methadone for up to 10 years. There is now a culture of long-term methadone use, which creates a psychological dependency that can be more controlling than any substance. Methadone use needs to involve a programme of stabilisation and detox with a view to moving towards abstinence.

The BBC reported in 2010 that some methadone users have been spitting out their methadone to resell. The practice, which is known as spit-meth, helps addicts to pay for heroin.

The failure of the methadone programme is not the only problem with the Government's drug strategy. It was announced only at the weekend that the Scottish Recovery Consortium has called a meeting to discuss the issue of residential rehabilitation. As has also been mentioned this afternoon, some rehab centres are only at half their capacity and Beechwood house in Inverness is only at 40 per cent capacity.

I recently had the privilege of spending a day with the people from the 218 centre in Glasgow. Again, that centre has already been mentioned. I commend the 218 centre for the excellent work that it does and the lives that it saves.

The Government strategy clearly has its failings and after four years it is now time for another approach. The Scottish Recovery Consortium has had its funding cut by more than a third in two years, from £398,000 in 2010-11 to just £262,745 for 2012-13.

Before the Scottish National Party came to power, it was quick to criticise the previous Administration's perceived lack of effort in tackling Scotland's drug problem. It was good to see that a comprehensive drugs strategy was published by the Scottish Government a year after the SNP came to power, but we need innovative approaches.

Mark McDonald: Will the member take an intervention?

Mary Fee: I have a lot to get through—if I have time I will come back to Mr McDonald.

We need innovative approaches if we are to tackle, for once and for all, the drug problem that we have. There must be a cross-party approach to tackling drug problems. The rise of new party drugs or legal highs is changing the drugs market too quickly for the methods that we have at our disposal to control drugs and treat drug misuse.

Although I applaud the Scottish Government and the NHS for meeting the three-week waiting time target ahead of schedule, I feel that three weeks is too long for vulnerable people who have identified a need for help to wait for treatment. Three weeks can make a huge difference in a drug user's life. Treatment should be at the point of need if somebody is going to tackle addiction, and the treatment and support should remain in place and not be interrupted throughout the entire recovery process.

Drugs policy does not take into account the different reasons why people take drugs and become addicted. Drug problems now need to be seen and addressed within their wider social and economic context. Entrenched drug problems appear to be significantly linked to inequality and social exclusion. Too many homes and communities are being devastated by drugs, so we cannot only support the drug user—we need to support the community.

For example, sending drug users to prison removes them from their social and family environment. That individual is reformed and stays clean for the six months of their sentence, but they are then put straight back into their social and family environment, which is where they took drugs in the first place. We need to support people and families in the long term or we will never solve the revolving door of drug users and reoffending.

Mark McDonald: Will the member give way?

Mary Fee: I am sorry, but I do not have time.

As is widely known, recovery differs between individuals. To support recovery a wide range of treatment, mutual aid and locally based community approaches are required. One key factor that needs to be taken into account in any rehabilitative program is the role of family support. People with drug problems are more likely to achieve recovery if they have a family that is supportive and which itself receives support. The involvement of adult family members of people with drug problems can promote recovery for their drug-using relative, but they also need support in their own right.

The UK Drug Policy Commission estimates that more than 1.4 million people in the UK have been adversely affected by their relatives' drug use. The

impact can also spread more widely, affecting family members' employment, their social lives and relationships, and the family finances.

Close working between local authorities and COSLA should be seen as a unique opportunity for local approaches that can set single outcomes and be properly evaluated.

We need to look at what works in the world of rehabilitation and get rid of what does not; we need to fight for decent housing and work opportunities that can enable individual recovery and improve society.

16:04

Jim Eadie (Edinburgh Southern) (SNP): We need a mature and informed debate about drug use in this country. Service users, their families and those who work in the field do not want drugs policy to become a political football. They want policy stability, national leadership and grass-roots involvement that allows for genuine engagement and empowerment on the part of individuals seeking recovery and the communities in which they live.

We are debating the national strategy—the road to recovery. The first thing to say is that recovery does not equal abstinence, a point which was well articulated by Annabel Goldie. The artificial distinction between harm reduction and abstinence has been highlighted by the United Nations Office on Drugs and Crime, which said that there is no

"contradiction between prevention and treatment on one hand and reducing the adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary."

The road to recovery strategy also makes it clear that people should decide on what constitutes their own recovery. People speak of the methadone programme as if it is the same across the whole of Scotland, but it is not. The quality can vary from place to place, as can the resources dedicated to the programme. However, despite negative media coverage—much of it taking place in the run-up to this debate—the fact remains that many people and their families benefit greatly from a period on a methadone programme.

The director of the Scottish Recovery Consortium, Kuladharini, who was the driving force behind a thriving service user-led recovery movement in Glasgow, put it well when she said:

"We are grateful for a policy that recognises diversity of recovery paths and acknowledges the importance of the lived experience of recovery".

Brian Adam spoke about the role of healthcare professionals in the strategy, and Jamie Hepburn spoke about alcohol and drug partnerships and the delivery of outcomes. ADPs need to demonstrate progress on outcomes for those affected by substance use. It is important to ensure that national outcomes are agreed and that we measure relevant indicators that demonstrate the achievement of those outcomes.

In an excellent speech, Willie Rennie reminded us that everyone deserves a second chance and that there are different routes to recovery. He also reminded us that many of the people we are talking about have underlying mental health and social problems.

The important point is surely that there is a range of services to which people with problem drug use need access, in order to remove obstacles to recovery. Dennis Robertson spoke movingly about the human experience, and George Adam told us about the importance of recovery in ensuring that people can be contributing members of society.

Jenny Marra: If the member agrees with me that diversity of treatment approaches is key to this issue, why are there no residential rehabilitation centres in Dundee, which has such a significant problem with drugs?

Jim Eadie: Although I cannot speak about Dundee, I recognise Ms Marra's earlier point that residential services are underused. However, I do not recognise her description of the drugs strategy as unravelling, and I do not think that people in the field will recognise it, either.

As an Edinburgh MSP, I have no problem in acknowledging the pioneering work undertaken by services across the country. We as a Parliament should be proud of the many good projects that exist across Scotland. In my city of Edinburgh there are some excellent examples of good practice. One example is the recovery hub, which acts as a one-stop shop, provides support services for people with problems associated with alcohol and drugs, and supports those people on their recovery journey.

Reference has been made by Richard Simpson and others to drug deaths. Dr Simpson's suggestion of an NHS pilot, perhaps under the supervision of a pharmacist prescriber, is worthy of consideration.

Recently conducted research in deprived areas in the east of Glasgow shows that people on a good methadone programme are eight times less likely to die than people who are not on the programme. Also, 50 per cent of drug deaths involved methadone that had not been prescribed. That illegal redistribution of methadone is referred to as "leakage".

The issue is complex and there may be a number of factors. There may be a lack of supervised dispensing, which allows for illegal redistribution. There may be no proper care plan agreement in place, with GP buy-in and appropriate supervision. The user may not be being prescribed the most appropriate dosage, which may lead to them taking illegal drugs as well as methadone. Those conditions often lead to the dangerous practice of poly-drug use, in which people take illegal drugs along with their methadone prescription.

Being drug free is not the only positive recovery outcome. As some members said, keeping people alive on methadone who might otherwise die from illegal drug use is surely a positive outcome as well.

There have been calls for time-limited programmes, but in fact there is no evidence anywhere in the world that such an approach would be successful. Indeed, the originators of methadone maintenance treatment envisaged not people being drug free after two years or so but a long-term programme with appropriate support.

That does not mean that we need to expect everyone to be on long-term prescribing. It is true that some people will require only a short period of methadone treatment. People can become drug free, with fantastic outcomes, but a broad range of support is required. What is important is that people are empowered to decide on their own recovery.

16:10

Neil Findlay (Lothian) (Lab): This is an important debate because it is about people's lives and community cohesion and sustainability. It goes to the heart of how we deal with one of the greatest concerns for any parent, relative or friend—namely how we assist those who are closest to us if they become ensnared in drugs and the world that serious drug use drags people into.

As we heard, there are estimated to be 60,000 problem drug users in Scotland and almost 600 deaths occurred as a result of drugs last year. We should not forget that those deaths left families without a father, a son, a mother or a daughter. We can put that in perspective by looking around the chamber at decision time. It is the equivalent of five of us dying because of drugs or a combination of drugs and alcohol.

For six years, I worked as a front-line housing officer. In that role, I saw the multiplicity of ways in which drugs destroy not just individuals but community wellbeing, whether it was the elderly neighbour living in fear, the resentment at dealers showing off their ostentatious lifestyles with no apparent jobs to sustain them, health concerns about people who were visibly in decline, the anger at housing allocation policies, inter-dealer finance or a simple thing such as the dread felt by parents who keep their children indoors because they fear them going out on to the streets. Those were the concerns that people relayed to me and the housing association and councils that I worked for.

Let us be in no doubt that drug abuse is inextricably linked with poverty. The impact of drugs falls disproportionately, although not exclusively—as Margo MacDonald rightly said—on poorer working-class communities. It is they who suffer the most from the health impacts of drugs, but also from the associated crime, antisocial behaviour, violence, fear, loan sharking and the accompanying threats and intimidation.

The Scottish Drugs Forum recognised the complex picture of drug abuse in 2007, when it stated:

"there are strong links between poverty, deprivation, widening inequalities and problem drug use".

In 2000, a Scottish Parliament committee noted:

"deprived communities, with poor housing, poor amenities and high levels of unemployment were the most seriously affected areas."

That should be no surprise to any of us. Deindustrialisation created the conditions for drugs to thrive. In the former mining communities such as the one where I live and in large city housing schemes, our people have suffered horrendously over the decades as drugs filled the gap that was once occupied by a job and the social discipline and positive influences that came with it.

Today, as we see youth unemployment rising, benefits being cut and the impacts of austerity biting in those same communities, I fear that, rather than tackling deprivation, we might be creating the conditions that could lead to a new cycle of drug abuse.

I echo the comments that the Scottish Drugs Forum made in 2006, when it said that it wanted

"now and in the future to see deprivation given its full and proper place in all considerations of drug prevention policy, at both the local and strategic levels"

and that we should not let it "slip from sight". I fear that it may well be slipping from sight. The greatest alternative that we can offer to a life of involvement in drugs is hope. If we give people an education, the hope of a job and a caring, supportive community, they will have alternatives.

The road to recovery policy is a holistic approach with, I think we would all agree, sound motivations. It is not by accident that it has enjoyed cross-party support. It has led to some good initiatives. Other members have mentioned

the introduction of naloxone, which is seen as a model of good practice. There are calls for improvements to co-ordinated work, for example between child welfare organisations, mental health services and addiction services. Indeed, the Education and Culture Committee, on which I sit, is holding an inquiry into children and care, and we are looking at those very issues.

The treatment picture seems to be mixed: waiting times for those seeking treatment appeared to be reducing, but there has also been a reduction in residential care treatment places, as has been mentioned. I believe that any harm-reduction strategies and abstinence approaches must be tailored to the patient, and I think that there is general agreement on that.

All the treatments that are used and applied must go hand in hand with the fight against organised crime. In my local area there has been an innovative, multi-agency approach called operation focus, which is designed to eradicate organised crime. It uses gathered intelligence to act in one swoop to take dealers out of the community. The way it works is that houses are targeted and raided, with workmen on standby to follow up immediately and carry out repairs to the properties; they then sweep the streets and clean up the area, both physically and metaphorically. Police officers are on the streets in high-visibility patrols for the following couple of weeks. GPs and pharmacies are put on standby because supply has been taken off the streets, and schools are visited by police officers who reassure the pupils about what has just happened. In one school recently, the police officers left to a standing ovation from the young people at the assembly.

This is a complex issue, but we are doing it justice today.

16:16

John Mason (Glasgow Shettleston) (SNP): Clearly, drugs are a less common problem than alcohol, but they are still serious. There were 584 drug-related deaths in 2011, which is a sobering statistic. Glasgow's drug problem is worse than that of the rest of Scotland.

It is clear from the debate that different approaches are suitable for different people and that there should not be a one-size-fits-all approach. I believe that that is why the road to recovery programme has been such a big step in the right direction. In the east end of Glasgow some years ago, Glasgow Calton Athletic and David Bryce won a lot of respect for their approach to helping drug addicts, which was a zero-tolerance approach with an emphasis on sport and fitness in the drug addicts' lives.

David Bryce was a former drug addict. There was a lot of criticism of him at the time because his approach was slightly different from what Glasgow was doing generally, and there were quite a lot of clashes with the public agencies. However, it seems that he was a forerunner of some of the things that we are doing now. I think that he talked a lot of sense.

Incidentally, on a lighter note, during the 2008 Shettleston by-election the Deputy First Minister and I met some of the recovering addicts, who were heavily engaged in football. It has to be said that all of them and the Deputy First Minister were better at football than I was.

Another approach is zero tolerance with a religious emphasis. A number of groups in Scotland and overseas have taken that approach. Again, that is perhaps not appropriate for everybody, but it is for some. A book that I read years ago called "Chasing the Dragon" still sticks in my mind. It was written by Jackie Pullinger and was about her work in Hong Kong with drug addicts.

Methadone is the right and helpful approach for some people, as long as it is part of an overall treatment package. Some years ago when I was a councillor in Glasgow, there was a lot of criticism of the methadone programme because so many users were not getting any treatment or support in addition. It seems to me that there has been a huge change since then.

Jim Eadie: Will the member, as a Glasgow MSP, take from me, as an Edinburgh MSP, my thanks for and appreciation of the pioneering by Glasgow addiction services of a treatment approach that is annexed in "The Road to Recovery" document? As part of that approach, when a person is on a methadone programme there is buy-in from the service user, the pharmacist, the doctor and an addiction worker or nurse. The programme works well, and in that sense Glasgow addiction services have been leading the way for the rest of Scotland.

John Mason: I am happy to pass that on as and when I get the opportunity. The point about taking a joined-up approach is important, and I was just going to touch on it. Christine Grahame mentioned it, too.

I remember that some years ago I was at the interview of David Crawford, who is about to retire from being in charge of social work in Glasgow City Council. At the time of his interview he worked for Renfrewshire Council. Glasgow recognised that Renfrewshire was doing something better as, when the police were involved in a drugs case and found children in the household, they immediately referred them to social work. That did not happen

in Glasgow at that time. We can learn from each other, and that was an extremely good lesson.

I was recently given a report that was published last month by the Glasgow city alcohol and drug partnership. In it, a representative of Glasgow community and safety services says:

"This year, we've seen the establishment of various Recovery Cafés across the city, 120 supporters of Recovery taking part in the Great Scottish Run, numerous conversation cafes taking place and Recovery groups becoming key to planning and delivering events at GRAND week 2012."

There are quite a lot of positive lessons that we can learn.

George Adam referred to the joined-up approach in relation to pharmacies. There has been a public reaction, on occasion, against drug addicts hanging around pharmacies. When a new pharmacy is proposed in a community, as one was in my constituency recently, people ask whether methadone will be dispensed. Again, however, I think that there has been quite a lot of improvement in recent years.

In the summer, I visited a pharmacy in Shettleston, which happened to be part of the Co-op, and I was very impressed. The one thing that impressed me the most—apart from the fact that the facilities were much better than they used to be—was the personal relationship that the pharmacist can have with their patients, especially those using methadone. Whereas a GP's time is often extremely limited, it is possible for the pharmacist to build up a really good knowledge of the patient and, if there is a fluctuation from day to day, week to week or month to month, that can be picked up quite quickly.

When I was at Westminster, during the previous round of welfare reforms, it was suggested that treatment should be compulsory and people's benefits should be cancelled if they did not take part in treatment. I and the Scottish Government of the time—and, I assume, the whole Scottish Parliament—were strongly opposed to that, and I assume that we would oppose it in future because, if we take benefits away from folk, the kids will be damaged and the grandparents will have to pay the bills.

The Deputy Presiding Officer (Elaine Smith): As previously notified, if Margo MacDonald takes three minutes, that will allow me to give John Finnie three minutes as well.

16:22

Margo MacDonald (Lothian) (Ind): I congratulate the Government on the road to recovery, but I think that it is work in progress, because it still carries the faint echo of Nancy Reagan's just say no approach, which has bedevilled the drugs policies that we have had for the past 40 years.

I was the chairman of the Scottish Drugs Forum in the late 1980s and, when I saw the number of drug-related deaths that there were in Scotland last year, I honestly questioned how much of an advance we have made.

I have come to think that we have to learn to live with drugs. As Duncan McNeil said, some folk will continue to take drugs no matter what we do. We have to accept that there will never be a 100 per cent acceptance of any programme that we put in front of people.

I do not think that the pharmacists who are dispensing methadone should be demonised in the way that they have been by some people. Jenny Marra is not here to hear this, but we must remember that there is a good reason why a small pharmacist would not spend as great a proportion of his time on dispensing methadone as a larger pharmacist would, even if he had the personal relationships with his customers that John Mason spoke of. Dealing with people on a methadone programme can take up a lot of the pharmacies' time. That displaces business, so we have to compensate those pharmacies in some way. It is perfectly reasonable that there should be different payments.

That is a personal opinion. Another one is coming up.

As well as learning to live with drugs, we should do everything that we can to bring all our pressure to bear on London. We should do that after we have—as Richard Simpson and I suggested way back in the first session of Parliament—run our own study to discover what we need to discover about drug use in Scotland. We need to know who uses drugs, when they use drugs, why they use drugs, with whom they take drugs and why, for example, most people who start taking cannabis before they are 16 or 17 stop by the time they are around 32. Of course, we know the answer to that last question: it is because they can afford to get a good whisky then.

We should admit that we could do a great deal about the classification of drugs, which is now far too old-fashioned. Should cannabis still be classified? I doubt it. Heroin should go through a medical route—I am sure of that. We can start to put pressure on London after we have got the information that comes from evidence.

16:25

John Finnie (Highlands and Islands) (Ind): For me, the motion is about people and their individual needs, which should be assessed and, wherever possible, met. If that is done regularly,

the issues that have been alluded to, particularly by Duncan McNeil, should be picked up.

The debate has been a useful one, although any fixation on methadone has been less than helpful. At the outset, the minister talked about some of its benefits, and I know of individuals who have gone through methadone programmes who are now leading positive lifestyles.

I am pleased that the motion pays tribute to addiction workers, who have a very testing job. As we know from the briefing from the Scottish Drugs Forum, the long-lasting therapeutic relationship is key and many of the workers go above and beyond the call of duty in the way that they treat their clients. They not only get the client through the door but retain them there, which is very important.

Harm reduction seems to be considered by some as a negative, but to me it is a positive thing. We have heard about the benefits of syringe exchanges, which are benefits not just for the individuals but for their families, friends and the wider community in preventing the spread of hepatitis C and HIV.

I will pick up on a couple of issues that I do not think anyone else has picked up on. The first of those is the issuing of drug warnings. We had a series of tragic deaths in the Highlands. I understand that drug users have an extensive knowledge not just of market availability but of market strength. They also know the clear sequence in which substances must be taken to get them where they want to go and get them back down again. Drug deaths are, therefore, often complicated—the term "cocktail" is sometimes used. Sensationalism does not help, but drug warnings do. I am aware of the frustration at what was a logjam between the agencies in putting information out. Indeed, I have asked a parliamentary question on the subject. No one will be sued if they say that there may be difficult things out there. It is a bit like an avalanche warning: anyone will say that it is unsafe to go up a hill and no one will say that it is safe to go up in the winter, but there is no avalanche threat unless there is heavy snow. We need to address that issue.

The second issue is the danger of legal highs. I raised the issue of legal highs with the police but they told me that they had no intelligence on the subject, so I gave them names, locations and car numbers. I encourage everyone else to do that, as legal highs are invariably linked to the issues of controlled drugs.

Neil Findlay's point about housing is key. We need to recognise the link between drug abuse and poverty and realise whom we are serving. There are wider implications of putting drug users into communities when they are ill equipped to deal with the situations that they are confronted with.

Naloxone saves lives—that is the simple message. I welcome the roll-out and think that it should be extended to include the police service. Naloxone saves lives, and I hope that it can save more in the coming months.

The Deputy Presiding Officer: We move to closing speeches.

16:28

Willie Rennie: I have quite enjoyed the debate. I admit that I sometimes do not pay attention throughout a debate, but today I did. There were some excellent speeches. The core of the debate was the speeches from Richard Simpson, Jim Eadie and Dennis Robertson, who talked about the need for a personalised approach based on evidence and pragmatism, almost, that is professional led. One of the most powerful phrases to be used came from Christine Grahame, who talked about the "personal prison" of addiction. The drug addicts to whom I have spoken have talked about their situation in those terms. It must be hell that they cannot escape from that prison. Christine Grahame made a very useful contribution.

George Adam and Jamie Hepburn addressed the cost to pharmacies of dispensing methadone. That is not just the cost of procuring the drug; there is the cost of the consulting room, the cost of closed-circuit television for security, the cost of extra staff support, the cost of monitoring and the cost of extra training. There is also the cost of displaced business, to which Margo MacDonald referred. We should not just think that the apparently big sums that pharmacists receive are pure profit, because that is not the case. The costs can go way above that.

The Scottish Drugs Forum has provided a useful analysis on drug deaths this year that includes the point that there may have been a "heroin drought" that has led to greater experimentation and poly-drug use, including methadone—perhaps the topping up to which Duncan McNeil referred. We need to look behind some of the figures for the reasons why things have happened rather than accept simplistic headlines. There are very few cases in which there is one single cause for a drugs overdose, as there are often multiple drug uses as well as other issues.

In what I thought was quite a careful contribution, Duncan McNeil talked about how some people just will not recover. We have to consider the point that some people cannot be saved. That is a hard thing to say, as Duncan McNeil rightly pointed out. Again, it should be in

the hands of the professionals to make that judgment, but we have to accept that some people might not recover at all.

Dennis Robertson: On that point, although some individuals may not, for whatever reason, wish to come off drugs, is it not important to ensure that they are given a valuable service to aid them in whatever lifestyle they wish to have?

Willie Rennie: That is absolutely certain. I am not talking about cutting these people off at all. We need just to recognise that some people have different motivations and we need to ensure that the service that we provide for them is applicable to them.

Duncan McNeil: For clarity, I mentioned that there are some people who are beyond help because they have been addicted for so many years that they take it to be normal. I do not write off those people for ever, but for significant periods of time, which may mean years, they will not be susceptible to committing to recovery. However, we are supporting those people at great cost, not just in financial terms but at the expense of those who are committed to coming off drugs now.

Willie Rennie: Richard Simpson addressed that point as well. We need to make the right decisions about the care and treatment that we provide for people. The member makes a valid point. It is a difficult subject to raise, but I think that what has been said about it is a great contribution to the debate.

One concern is that some of the big services are not sensitive enough to the individual patient need—we are talking about patients here—and are not able to provide the alternatives quickly enough. I agree that we need to look at how some of the bigger services provide those services. I have been out and about and I have met many drug addicts in Turning Point in Glasgow, which has former addicts who go out to the community to try to help people who are in crisis. They are able to communicate in a way that many others are not able to do.

On the links to poverty, Neil Findlay is absolutely correct that housing and many other issues are often the root cause. The supported housing schemes in Glasgow, which are able gradually to move people back into the community and gradually change the support provided to them, are another good service.

A few years ago, I visited the toastie club in the middle of Dunfermline. I thought that I was dressing down for the occasion—I had put on my jeans and I thought that I looked scruffy—but everyone scarpered as soon as I arrived. They disappeared for about 15 or 20 minutes and then, one by one, they gradually came back in. They must have thought that I was a police officer or something. I thought that I looked appropriate to the circumstances, but they spotted me straight away.

My point in saying that is that Duncan McNeil is right that communities are feeling the pressure, and we need to recognise that. There is a big divide between drug users and the communities in which they live. I put up a Facebook posting about drug use the other day, and the response showed that a lot of people believe that drug users should be cut off. We need to recognise that there is a huge divide. People do not understand why drug users receive support, and we have a big job to do to convince people about the merits of providing support.

In many ways, the methadone programme and other support services are enlightened self-interest in ensuring that our communities are safe. We need to look beyond that, we need to work together and I am glad that we have a consensus.

16:34

Jackson Carlaw (West Scotland) (Con): Let me begin by referring back to the opening speech of the minister, Roseanna Cunningham. So often the exchanges in the Parliament are about holding the Government to account and having a fairly robust and sometimes confrontational, sometimes constructive discussion—I am happy to say that I play my full part in that—but in this afternoon's debate the Parliament has sought to work with, not against, the Government on the implementation of the road to recovery strategy, which all parties in this Parliament adopted and supported back in 2008, not least due to the intervention and commitment of Annabel Goldie at that time, and with everyone's involvement behind it.

We need to accept and recognise—I have been guilty of this myself—that talking about the issues in anything above a whisper is to risk bringing to the debate sensationalism and opprobrium, which is unhelpful to how that debate thereafter progresses. I am therefore genuinely perplexed about what Jenny Marra was seeking to achieve, because there was a suggestion—Christine Grahame brought this out, although I am not quite sure what its root was—of a fact being turned into an alternative policy based on a criticism of a section in our community who are tasked with the responsibility of implementing and helping with the road to recovery strategy. To use pejorative language like "methadone millionaires" was just unfortunate. That devalued and brought into the debate something that I do not think that any of us had anticipated we would have to deal with before it began, which was unhelpful and not constructive.

Jamie Hepburn: Does Mr Carlaw agree that the explanation about the ironing out of the differential pay levels is not the big solution to the drugs problem? It hardly strikes me as getting to the heart of the issue.

Jackson Carlaw: I am inclined to agree. I was not sure whether that explanation was counterproductive because it may well be that the pharmacists who are receiving £1.75 might decide that they want £2.49. The consequence of that policy would be the reverse because it would not produce—if I understood Jenny Marra's suggestion correctly—some pot of money that could be diverted elsewhere were everybody to be reduced to a lower rate. That struck me as trying to make a new policy out of something that was not that significant. I have talked about that suggestion for a minute and a bit, so I have digressed.

Annabel Goldie was keen to stress that we embraced a strategy in 2008. Although Graeme Pearson may talk about what happened before that, a notion is not the same as a strategy. What we have worked on in the past few years is a strategy that is proving to have a track record of success, not least because—in alcohol and drugs terms—younger people are no longer the exclusive focus of our concern; older people are at the heart of that.

Jim Eadie said that people should be empowered to decide their own recovery. On the polarisation of the methadone debate that Annabel Goldie spoke of, part of the problem—to turn to something Willie Rennie said about health professionals—is that some people have approached health professionals precisely because they want to be empowered to decide their own road to recovery only to find that health professionals, including GPs, have been reluctant to support them in their desire to reduce their methadone use or to come off it. Although I have said that we must be careful to speak in a whisper when we discuss drug-related issues, it is important that we recognise that the road to recovery is not for Scotland but for individuals. That road will always be there, but we should not be afraid to repair it or question aspects of the policy that we are on the road towards, if we think that there are issues arising from it.

I welcome Duncan McNeil's contribution because it was challenging. I do not think—as some characterised his remarks—that he was suggesting that people be abandoned. What I think he was saying is that there are times, when finances are finite, when persisting with a particular treatment with certain people who clearly do not want to be on that path is probably not the correct use of that resource, which could be concentrated more towards others who would benefit from involvement at that point.

Mark McDonald provided personal experiences about the Timmermarket clinic. We also heard from Christine Grahame about the experience in her area. I have already referred to Jim Eadie, but his was one of the most powerful and impassioned of the speeches, as was Neil Findlay's speech.

The only surprise for me beyond Jenny Marra's comments—the debate is serious and has been conducted in that way—was that Margo MacDonald managed to get Nancy Reagan into it. Given that Margo is a lady who, more than many others, has said no, that was something of a surprise.

The attendance in the chamber for the debate speaks to the genuine commitment and interest from all parties in working together to ensure that progress continues to be made.

16:40

Lewis Macdonald (North East Scotland) (Lab): The debate has illustrated the fact that drugs policy matters and that there is a real commitment across the chamber to getting it right, albeit that there are also different priorities.

We heard concerns about the impact of drug addiction on users and their families. Perhaps the most important and challenging aspect of that is the cycle of poverty, desperation and drug addiction repeating itself from one generation to the next—even, as George Adam said, to a third generation.

However, as Duncan McNeil said, there are equally strong concerns about the impact of drug use and dependence in the wider community. Drugs and addiction are responsible for many serious crimes, and too many in our communities have suffered the effects of chaotic and antisocial behaviour by drug users in their neighbourhoods, as Neil Findlay vividly described.

To acknowledge that and ensure that we have the most effective policy approach is not to lack empathy with drug users. Far from it. It is to recognise that we all have an interest in getting it right.

Richard Simpson laid out why methadone continues to be an essential part of treatment for heroin addicts. It remains an essential tool, but it is also important to be confident about how and when it is used.

Central to that concern must be the black market in methadone, in which a duly prescribed drug is sold for cash with which to buy heroin to use on its own or as a top-up to methadone. The user who sells clearly runs a direct risk of harm as

a consequence and, as Willie Rennie said, methadone that is sold on the open market is a major contributor to drug-related deaths.

Jenny Marra was absolutely right to highlight further issues on the dispensing of methadone by high-street pharmacists, an issue that George Adam also mentioned. Jackson Carlaw suggests that no voices should be raised above a whisper on those issues. However, the public expect us to speak out on the issues connected with drug use that are of concern to them and we would do nobody a service by maintaining that low tone of voice.

Mark McDonald: The words and language that members deploy are key. We have a responsibility to use language in a careful manner that does not stigmatise extremely vulnerable individuals. Does Mr Macdonald not accept that that is the point that was being made?

Lewis Macdonald: If that is the point that was being made, it was clearly wide of the mark because the issues that Jenny Marra raised concerned the dispensing of methadone. Richard Simpson raised the same issues.

The original idea behind dispensing methadone in the community was to reduce stigma. That is why the Scottish Drugs Forum, for example, thought that it was the right thing to do. However, many communities have had a different experience. In those cases, there is a perception that the delivery of services to the general public took second place to the business of dispensing methadone.

Indeed, George Adam—who is sitting next to Mark McDonald—raised that point when he hit the headlines on methadone in Renfrewshire in August this year. It is a fair point. I expect that he reflected the views that he received from communities.

The visibility of drug users in those cases is part of the reason why some who supported community delivery, such as the Scottish Drugs Forum, are now more cautious. I urge ministers to consider the issues around how and when methadone is dispensed, including the positive and specific proposals that Richard Simpson made and to which Jim Eadie referred.

There must be a strong and decisive approach to the black market in methadone. We know the damage that it does to sellers and buyers. It needs to be tackled. Those guilty of trading in methadone need to feel the full force of the law, as, indeed, do those who deliberately set out to create high-value markets for drugs such as cocaine and crack cocaine.

Christine Grahame: The member has defended things that Jenny Marra has said in the press, if not in the chamber. Is he saying that there are pharmacists out there who are making money unnecessarily out of dispensing methadone in the way that they do?

Lewis Macdonald: There is clearly a disparity in that respect, but it is also extremely important to say that the call that is being made is that we should look not simply at the cost, but at the method and the locus of dispensing. That is why Richard Simpson made the proposal that he made. I hope that ministers paid close attention to it and that they will respond accordingly.

Graeme Pearson highlighted the lack of reliable data, which undermines the objective of having a fully informed debate on progress in delivering the road to recovery strategy. The minister will know—as I have pursued the issue directly with her by way of parliamentary questions, in correspondence and earlier this afternoon—that too little appears to have been done to align the information that is available from before 2008 with the data that is being collected now. Indeed, members of the Scottish Government-established Scottish Drugs Strategy Delivery Commission, who have been involved in such work over a period of time, are concerned about

"the tendency for government to forget the processes and initiatives undertaken in the past and the lessons learned".

They say that the effect of that is "demoralising for the field", as well as "hugely inefficient", and they call on the Government to take steps

"to improve its Institutional Memory."

That is not a point for the current Government alone; I hope that ministers will recognise that we all have an interest in a debate that is fully informed. Therefore, I urge ministers to address the issue of access to information from the whole period of devolution as positively and promptly as they can.

Although debate on the issue is very welcome, it is surprising that the Government has chosen to have such a debate just a few weeks before the data that has been collected on progress in the past four years is made available—that is to happen in December. It might have been helpful to publish the data first so that we could be fully informed in holding the debate, rather than holding the debate before we have the data.

The "First Year Report" of the Scottish Drugs Strategy Delivery Commission highlights a number of areas in which improvements are required. It starts with the need for proper recording of individual cases and of overall progress and trends. The commission argues that it is impossible to know how well founded the concerns about people being parked on methadone are if we do not know how many people who have been

assisted on the road to recovery have relapsed or have given up on recovery altogether.

Mark McDonald: I am keen to clarify something that I sought to clarify when I attempted to intervene on Mary Fee. She said that the strategy was failing and that a new direction was needed; she also felt that a wait of three weeks was too long. Is that the Labour Party's position now? What alternative does it think should be offered? I have not heard much on that.

The Deputy Presiding Officer: You are in your final minute, Mr Macdonald.

Lewis Macdonald: We need to make full use of the rehabilitation facilities that exist—there is certainly evidence that that is not yet happening and there needs to be a strong emphasis on that aspect of policy.

There has been much talk during the debate about the importance of consensus in drugs policy. I believe that there is much common ground on the urgent nature of the challenge and on the need for effective action. There is also a common interest in getting it right in the interests of those who are trapped in the cycle of drug dependence and of communities, and in the wider public interest.

As Christine Grahame said, we should not be afraid to have a debate on how best we do that. We should not be afraid of constructive criticism of the roll-out of the strategy, so that we can make it better. That must be our focus. If ministers recognise the need for continuing review of what works best and provide the leadership that is needed, we will be able to maintain a high degree of agreement on and support for the road to recovery, but it is clear that there are areas in which improvements are needed.

16:48

Roseanna Cunningham: We have certainly had an interesting debate, but we should not lose sight of the fact that we are talking about people's lives and that we have a duty to be responsible in all that we say and do.

Only last week, the Scottish Drugs Forum—which is made up of experts in the field—articulated its continued support for the road to recovery, which it feels

"articulates a clear and sound vision for services to work to and it would be unfortunate if party politics were to muddy the waters."

I could not put it better myself.

The debate has provided evidence of the issue's complexity. That complexity means that those who reach for simplistic solutions will fail. This Government has never shirked from the challenge that drug addiction poses to society, and four years' hard work is already making a difference. However, no one has ever claimed that there was not more to be done. I do not think that any society anywhere in the world has reached that point in respect of drug policy.

Everybody here recognises that all drug deaths are more than just statistics; they are individual, family and community tragedies, and more needs to be done to get behind the figures and understand what is happening. I accept that, but I have never not accepted that. Stigma from the media continues, which we need to address, and emerging legal highs are a constant source of concern.

The delivery of the road to recovery cannot be determined by political timescales. It requires long-term partnership working and collaboration, and huge achievements have already been made. We are beginning to see the successful impact of the Government's commitment to increased investment in front-line drug services. We have heard about the successes, such as improved access to treatment—more than 15,600 people entered treatment in the single year 2011-12 alone—and a reduction in waiting times to three weeks from referral to treatment. If Labour members are serious in saying that three weeks is too long, I still challenge them to say what the period should be.

Mary Fee: Will the minister take an intervention?

Roseanna Cunningham: Can I just get into my speech?

Services are increasingly offering a choice of treatment that meets people's needs, and of course we want more of that to happen across the country. We have a world-leading naloxone programme, which is setting a pace that is being recognised internationally, and we have the lowest rates of reported drug use in the general population and among young people in a decade.

Perhaps Mary Fee can tell me what waiting time she thinks would be appropriate.

Mary Fee: I commend the Government's three-week waiting time for treatment. My point, which was a personal view, was that three weeks can mean the difference between someone committing to coming off drugs and not committing to that. However, I welcome the three-week waiting time.

Roseanna Cunningham: I should very much hope that the member welcomes the waiting time since, not very many years ago, the waiting time might have been a year. We have made huge efforts to get the figure to where it is. It would be ideal if, after every person crossed the threshold, their immediate referral was immediately dealt with

through treatment, but I suspect that it might be a little while before we get there.

Is everything perfect? Is the problem solved? No, of course not. We do not claim that—nobody would. However, we are starting to see the presence of recovery communities, which are an important part of the debate, as they make a difference to people's lives.

For the first time, more people are moving on in their recovery journey. In Glasgow, 111 people have taken part in the Scottish Drugs Forum's addiction worker training project, which supports, trains and prepares individuals with a history of problem drug and alcohol use to work in social care. The majority of graduates have secured full-time jobs in the social care and addiction fields, which cements their long-term recovery and contributes to the recovery of others. I ask members just to think about that success for a minute.

We now have to do what we have always said needed to be done—we must move on to the third phase of delivery, which is about quality. The work so far is only the beginning. For recovery to become a reality for everyone who is affected directly or indirectly by drugs, we must not start to question our commitment to the national strategy—we need to start moving with pace to ensure that recovery is at the heart of service provision.

The evidence that we have gathered has allowed us to identify the existence of the ageing cohort of drug users who have complex medical problems. That presents more and new challenges, which we will need to address. We will need a better connection between clinical treatment and follow-up support in the community whenever it is needed, to ensure that recovery is sustainable for people who are moving towards a life that is free of problem drug and alcohol addiction. I know that everybody here wants to see that.

That means a renewed emphasis on support for sustained recovery in communities. I want quality to be at the root of services—I want people to have access to the right services at the right time, with support from a workforce that has the knowledge, skills and attitudes to support people into and through their recovery—but that takes time.

I want to see good-quality data that tell the full story. I want good-quality data, information and evidence that tell us about opiate-replacement therapies and their place in recovery, and I want good-quality data that tell us where we need to learn and improve and how we can continue to provide evidence-informed interventions for those who need them most.

Lewis Macdonald talked about the timing of the debate. I have a simple answer to the question of why I wanted to discuss the drugs strategy now rather than in December. The independent expert group on opiate-replacement therapies, which I commissioned last month, will meet for the first time tomorrow, and I wanted it to have an opportunity to be able to consider a debate in the chamber and the range of issues that members raise.

Dr Simpson: My question is really about the previous point. If NHS Ayrshire and Arran is prescribing methadone at a rate of 212 per 100,000 and NHS Forth Valley is prescribing it at rate of 56 per 100,000, and there is a huge range between those two figures, it is clear that we do not have a full understanding of the picture. All the boards cannot be providing the best service. I ask the minister to ensure that prescribing is related to the number of people who go into treatment so that we can understand the issues. [*Interruption*.]

The Deputy Presiding Officer: Can we have some order for the minister's speech, please?

Roseanna Cunningham: I would expect variations, given that there is a locally based system. Different choices and decisions are being made, and that is an important part of the progress that we are making. We have already heard about different areas prescribing in different measures. There is an interesting question behind the issue that Richard Simpson raises, but this is not just about the need for uniformity across the whole country.

The group on opiate-replacement therapies will objectively consider the evidence that supports the role of those therapies in the treatment of substance misuse. That consideration already includes, at my behest, addressing leakage, for example. That will mean looking fairly robustly at the prescribing guidelines and considering whether they are not being entirely adhered to in some cases. I have asked the group to look at that matter.

I will also ask the group to take on board the comments by the Conservatives and extend the review to include the broader rehabilitation picture, including the use of residential rehabilitation, and to take up points about the variation across the country in the use of the available beds. I look forward to the outcomes from that group, which will be considered in the Parliament.

I say to a number of members, including Jenny Marra, that a range of treatments are currently not just on offer, but being taken up. Of the 15,600 people who entered treatment in 2011-12, more than 8,000 were given structured preparatory and motivational interventions, and prescribed drug treatment, including methadone, was offered to

3,700. That is the figure that I referred to—fewer than 20 per cent. Community-based detox was given to 345, community-based support and rehabilitation were given to more than 6,000, and residential detox and rehabilitation were given to around 678. If we add up all the figures, we discover that the figure comes to more than 15,600 because frequently more than one treatment is offered, and people take up more than one treatment. Therefore, the notion that people are on methadone alone is not necessarily true. Members who think that that might be happening perhaps need to do just a little bit extra work to discover the truth.

Lewis Macdonald: Will the minister give way?

Roseanna Cunningham: No. I need to get on, as I have only a short time left.

A number of speeches were very powerful. Richard Simpson raised many very important points, as I would expect. I want time to consider some of the specific things that he talked about, and I will get back to him in that regard.

Jim Eadie's speech on methadone usage was well focused. He will be happy to know that I have already tasked the review to investigate many of the points that he raised.

Duncan McNeil made quite an important point. There are people who may never want treatment. If more than 60,000 people in Scotland have a drug problem, many are not coming forward for treatment. I have met individuals who have been on drugs for a very long time, but one day something snapped and then they have been off them. I spoke to a woman in Dundee who had been a drug user for 32 years. She woke up one day, decided that she had had enough, presented herself to Narcotics Anonymous, and that was it. I do not want us to assume that there are people out there who cannot be dealt with. They can, but it is not easy—it is tough. I take Duncan McNeil's point.

I have run out of time. I accept the Conservative and Liberal Democrat amendments but, sadly, not the Labour amendment.

Prisons (Interference with Wireless Telegraphy) Bill

17:00

The Presiding Officer (Tricia Marwick): The next item of business is consideration of motion S4M-04737, in the name of Kenny MacAskill, which is a legislative consent motion on the Prisons (Interference with Wireless Telegraphy) Bill, which is United Kingdom legislation.

Motion moved,

That the Parliament agrees that the relevant provisions of the Prisons (Interference with Wireless Telegraphy) Bill introduced in the House of Commons on 20 June 2012, relating to the interference with wireless telegraphy in order to prevent the use of electronic communications devices (including mobile telephones) in, or detect or investigate the use of such devices within, prisons and young offenders institutions, so far as these matters fall within the executive competence of the Scottish Ministers, should be considered by the UK Parliament.—[*Kenny MacAskill*.]

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

Decision Time

17:00

The Presiding Officer (Tricia Marwick): There are five questions to be put as a result of today's business. The first question is, that amendment S4M-04719.3, in the name of Jenny Marra, which seeks to amend motion S4M-04719, in the name of Roseanna Cunningham, on the road to recovery drugs strategy, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Beamish, Claudia (South Scotland) (Lab)
Bibby, Neil (West Scotland) (Lab)
Boyack, Sarah (Lothian) (Lab)
Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Eadie, Helen (Cowdenbeath) (Lab)
Fee, Mary (West Scotland) (Lab)
Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
Findlay, Neil (Lothian) (Lab)
Grant, Rhoda (Highlands and Islands) (Lab)
Gray, Iain (East Lothian) (Lab)
Griffin, Mark (Central Scotland) (Lab)
Henry, Hugh (Renfrewshire South) (Lab)
Kelly, James (Rutherglen) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Macdonald, Lewis (North East Scotland) (Lab)
Macintosh, Ken (Eastwood) (Lab)
Malik, Hanzala (Glasgow) (Lab)
Marra, Jenny (North East Scotland) (Lab)
Martin, Paul (Glasgow Provan) (Lab)
McCulloch, Margaret (Central Scotland) (Lab)
McMahon, Michael (Uddingston and Bellshill) (Lab)
McMahon, Siobhan (Central Scotland) (Lab)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
McTaggart, Anne (Glasgow) (Lab)
Murray, Elaine (Dumfriesshire) (Lab)
Park, John (Mid Scotland and Fife) (Lab)
Pearson, Graeme (South Scotland) (Lab)
Pentland, John (Motherwell and Wishaw) (Lab)
Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
Smith, Drew (Glasgow) (Lab)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Stewart, David (Highlands and Islands) (Lab)

Against

Adam, George (Paisley) (SNP)
Adamson, Clare (Central Scotland) (SNP)
Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
Beattie, Colin (Midlothian North and Musselburgh) (SNP)
Biagi, Marco (Edinburgh Central) (SNP)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Burgess, Margaret (Cunninghame South) (SNP)
Campbell, Aileen (Clydesdale) (SNP)
Campbell, Roderick (North East Fife) (SNP)
Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
Constance, Angela (Almond Valley) (SNP)
Crawford, Bruce (Stirling) (SNP)
Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
Dey, Graeme (Angus South) (SNP)
Don, Nigel (Angus North and Mearns) (SNP)
Dornan, James (Glasgow Cathcart) (SNP)
Eadie, Jim (Edinburgh Southern) (SNP)
Ewing, Annabelle (Mid Scotland and Fife) (SNP)
Ewing, Fergus (Inverness and Nairn) (SNP)
Fabiani, Linda (East Kilbride) (SNP)
Finnie, John (Highlands and Islands) (Ind)
FitzPatrick, Joe (Dundee City West) (SNP)
Gibson, Kenneth (Cunninghame North) (SNP)
Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
Harvie, Patrick (Glasgow) (Green)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hyslop, Fiona (Linlithgow) (SNP)
Johnstone, Alison (Lothian) (Green)
Keir, Colin (Edinburgh Western) (SNP)
Kidd, Bill (Glasgow Anniesland) (SNP)
Lyle, Richard (Central Scotland) (SNP)
MacAskill, Kenny (Edinburgh Eastern) (SNP)
MacDonald, Angus (Falkirk East) (SNP)
MacDonald, Gordon (Edinburgh Pentlands) (SNP)
MacDonald, Margo (Lothian) (Ind)
Mackay, Derek (Renfrewshire North and West) (SNP)
MacKenzie, Mike (Highlands and Islands) (SNP)
Mason, John (Glasgow Shettleston) (SNP)
Matheson, Michael (Falkirk West) (SNP)
Maxwell, Stewart (West Scotland) (SNP)
McAlpine, Joan (South Scotland) (SNP)
McArthur, Liam (Orkney Islands) (LD)
McDonald, Mark (North East Scotland) (SNP)
McInnes, Alison (North East Scotland) (LD)
McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
McLeod, Aileen (South Scotland) (SNP)
McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
McMillan, Stuart (West Scotland) (SNP)
Neil, Alex (Airdrie and Shotts) (SNP)
Paterson, Gil (Clydebank and Milngavie) (SNP)
Rennie, Willie (Mid Scotland and Fife) (LD)
Robertson, Dennis (Aberdeenshire West) (SNP)
Robison, Shona (Dundee City East) (SNP)
Russell, Michael (Argyll and Bute) (SNP)
Salmond, Alex (Aberdeenshire East) (SNP)
Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
Stewart, Kevin (Aberdeen Central) (SNP)
Sturgeon, Nicola (Glasgow Southside) (SNP)
Swinney, John (Perthshire North) (SNP)
Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
Torrance, David (Kirkcaldy) (SNP)
Walker, Bill (Dunfermline) (Ind)
Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
Wheelhouse, Paul (South Scotland) (SNP)
White, Sandra (Glasgow Kelvin) (SNP)
Wilson, John (Central Scotland) (SNP)
Yousaf, Humza (Glasgow) (SNP)

Abstentions

Brown, Gavin (Lothian) (Con)
Carlaw, Jackson (West Scotland) (Con)
Davidson, Ruth (Glasgow) (Con)
Fergusson, Alex (Galloway and West Dumfries) (Con)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Goldie, Annabel (West Scotland) (Con)
Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
McGrigor, Jamie (Highlands and Islands) (Con)
Milne, Nanette (North East Scotland) (Con)
Scanlon, Mary (Highlands and Islands) (Con)
Scott, John (Ayr) (Con)
Smith, Liz (Mid Scotland and Fife) (Con)

The Presiding Officer: The result of the division is: For 34, Against 68, Abstentions 12.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S4M-04719.1, in the name of Annabel Goldie, which seeks to amend motion S4M-04719, in the name of Roseanna Cunningham, on the road to recovery drugs strategy, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S4M-04719.2, in the name of Willie Rennie, which seeks to amend motion S4M-04719, in the name of Roseanna Cunningham, on the road to recovery drugs strategy, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S4M-04719, in the name of Roseanna Cunningham, on the road to recovery drugs strategy, as amended, be agreed to.

Motion, as amended, agreed to,

That the Parliament recognises the progress made in delivering Scotland's national drug strategy, The Road to Recovery, and in particular the continued efforts and dedication of all those working to make recovery from problem drug use a reality; acknowledges the significant progress made in improving access to treatment and reducing waiting times, and calls on all relevant national and local agencies to continue to drive this long-term strategy forward with a focus on improving all aspects of quality with regard to how recovery is delivered, informed by advice on opiate replacement therapies arising from the review being carried out by the Chief Medical Officer, supported by an independent expert group; believes that the success of the national drugs strategy derives from flexibility of approach toward and availability of options for those seeking recovery from problem drug use; considers that these objectives would be usefully served by inclusion in the review of an inquiry into why there is underused capacity in rehabilitation facilities and consideration by the review of how more information might be made available to methadone patients about their treatment programme; recognises the harm reduction value of opiate replacement therapies as part of the recovery strategy, particularly in terms of reducing the transmission of serious blood-borne viruses such as HIV and hepatitis C, and considers it vital that a wide range of treatment options are available to ensure that professionals are able to offer a package of treatment and support that is person-centred and tailored to the specific needs and aspirations of the individual.

The Presiding Officer: The next question is, that motion S4M-04737, in the name of Kenny MacAskill, on the Prisons (Interference with Wireless Telegraphy) Bill, which is United Kingdom legislation, be agreed to.

Motion agreed to,

That the Parliament agrees that the relevant provisions of the Prisons (Interference with Wireless Telegraphy) Bill introduced in the House of Commons on 20 June 2012, relating to the interference with wireless telegraphy in order to prevent the use of electronic communications devices (including mobile telephones) in, or detect or investigate the use of such devices within, prisons and young offenders institutions, so far as these matters fall within the executive competence of the Scottish Ministers, should be considered by the UK Parliament.

Meeting closed at 17:03.

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