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Thursday 19 April 2018

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Scottish Parliament

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

General Question Time

Paternity Leave

1. **Fulton MacGregor (Coatbridge and Chryston) (SNP):** To ask the Scottish Government what its position is on increasing the legal entitlement to paternity leave, and what discussions it has had with the United Kingdom Government regarding this. (S5O-01967)

The Minister for Employability and Training (Jamie Hepburn): Although employment law remains reserved to the UK Parliament and is the responsibility of the UK Government, we are funding the family friendly working Scotland partnership to promote family-friendly and inclusive workplaces to employers and employees in Scotland.

The Scottish Government, including its agencies and non-ministerial departments, provides eligible employees with up to four weeks of consecutive paternity leave at full pay. We would encourage other Scottish employers to work in partnership with their workforces to consider voluntarily offering a similar enhanced paternity leave.

Additional devolved powers in relation to employment would provide the Scottish Parliament with the ability to strengthen employment rights that work for Scotland. With the impact of Brexit still to come, the Scottish Government will publish a discussion paper on that in the next few months.

Fulton MacGregor: A number of studies have linked longer paternity leave with a wide range of positive outcomes, including greater maternal wellbeing, reduced incidence of postnatal depression and fewer behavioural problems in children. Does the minister agree that employers can benefit from offering enhanced rights in the workplace and would he join me in encouraging employers in Scotland to offer enhanced paternity leave of four weeks?

Jamie Hepburn: Let me reiterate that I would absolutely encourage employers to do so and not just for the reasons that Mr MacGregor has set out in terms of child wellbeing and parental wellbeing. We know that flexible working has a clear benefit not only for employees but for employers, because when an employer operates on a flexible basis in relation to their workforce, they can end up with a more motivated workforce, reducing absenteeism,

achieving better retention rates and increasing productivity.

That type of approach is important not only for families but for the Scottish economy. That is why we are, as I mentioned, funding the family friendly working Scotland partnership. It is a partnership that we participate in; we have provided £857,000 since 2014-15 for that programme. We are also promoting our fair work agenda on a wider basis.

Michelle Ballantyne (South Scotland) (Con): Has the Government done any assessment of the impact of increased parental leave on small to medium-sized enterprises? Those are obviously the areas of business that are most likely to suffer from employees being absent for a period.

Jamie Hepburn: I have just made the point that a flexible approach, irrespective of the size of employer, can in fact lead to reduced absenteeism, better retention rates and increased productivity. That is what the evidence demonstrates—not just in relation to enhanced paternity leave, but across the board in terms of the flexible work agenda. SMEs and other businesses and employers across Scotland could stand to benefit by adopting that flexible approach.

Planning (Scotland) Bill (Stakeholder Involvement)

2. **Ruth Maguire (Cunninghame South) (SNP):** To ask the Scottish Government how it is involving stakeholders with the development and implementation of its Planning (Scotland) Bill. (S5O-01968)

The Minister for Local Government and Housing (Kevin Stewart): The planning bill has been developed through a highly inclusive approach, involving extensive engagement and consultation with a wide range of stakeholders. That has included two formal consultation exercises, a series of stakeholder working groups and full publication of regularly updated information on the Scottish Government website.

We have sought out opportunities to engage our stakeholders throughout the development of the bill, and we will continue that very inclusive approach as the review of planning progresses.

Ruth Maguire: Ardeer peninsula in my constituency is subject to a 1953 order, which allows almost any development to be carried out without planning permission. I understand that that could cause an issue in relation to potential sustainable development of the site. Will the minister look into that matter and help to find a solution that best meets the needs of our community, promotes inclusive growth as per the aims of the Ayrshire growth deal and respects wildlife and the environment?

Kevin Stewart: I am aware of the very unusual circumstances surrounding the special development order for Ardeer. My officials have been in discussion with North Ayrshire Council officials about the complex planning position there, the possible options and how this might best be taken forward to a satisfactory conclusion.

I would be happy to meet Ms Maguire and stakeholders to discuss the issues and an appropriate way forward for that area.

The Presiding Officer (Ken Macintosh): Question 3 has been withdrawn.

Sport (Young People)

4. Stewart Stevenson (Banffshire and Buchan Coast) (SNP): To ask the Scottish Government what action it is taking to support and encourage young people to engage in sport. (S5O-01970)

The Minister for Public Health and Sport (Aileen Campbell): The Scottish Government strongly encourages people of all ages and backgrounds to try to participate in sport. To aid with that, we have protected sportscotland's budget for next year, committed to help mitigate the impact of continued reductions in its income from the national lottery, invested up to £50 million for our active schools programme between 2015 and 2019 and committed to increase the number of community sport hubs.

I want to take the opportunity to pay tribute to the achievements of team Scotland during the Gold Coast 2018 Commonwealth games. I am sure that everyone will agree. Following the success of team Scotland, I am confident that the performances by all our athletes will inspire young people to take up sport, allowing them to set and achieve their goals.

Stewart Stevenson: I particularly welcome the fact that a member of team Scotland was older than me. That is pretty unusual.

More seriously, I recently visited Cullen bowling and tennis club, where the members have taken on offering coaching sessions to young people to encourage a new generation of club members. Does the minister agree that that is an excellent example of a community-based approach to encouraging our youngsters to try new sports?

Aileen Campbell: I would also like to pay tribute to the athleticism of Stewart Stevenson.

That is a great example of encouraging young people to join a club. I wish Cullen bowling and tennis club every success. Our commitment to the active schools programme will not only allow children to try new sports but will provide them with a pathway to local sports clubs. I actively encourage that partnership.

I commend the club in Cullen, particularly during this year of young people, for its endeavours to get our young people and children active.

Help-to-buy Scheme (Stirling)

5. Bruce Crawford (Stirling) (SNP): To ask the Scottish Government how many people in the Stirling constituency have received support from the help-to-buy scheme. (S5O-01971)

The Minister for Local Government and Housing (Kevin Stewart): Help-to-buy data for Scotland is published at local authority level and is not readily available by parliamentary constituency. From October 2013 to March 2017, there were 190 sales in the Stirling local authority area that received support from the help-to-buy scheme.

Bruce Crawford: I now know that I will have to ask the council in future. However, I am grateful that 190 people in my constituency have benefited. The scheme is a much-needed way of supporting people, particularly those who are buying their first home, into a new home.

What is the age range for the scheme, and what is the percentage of first-time home owners?

Kevin Stewart: We estimate that 76 per cent of buyers who purchase a property with assistance through the scheme are aged 35 and under, and 66 per cent have been first-time buyers. That is based on analysis of the first three years of the scheme from September 2013 to March 2016.

Linda Fabiani (East Kilbride) (SNP): Will the minister look at my concerns about the open market shared equity scheme, in which a valuation price is set at a threshold? In very desirable areas such as East Kilbride, that means that it can be difficult for people to find suitable accommodation to purchase and still get assistance. That is disadvantaging people. I understand that the scheme has not been looked at for many years. Can consideration be given to that?

Kevin Stewart: I thank Ms Fabiani for her question and I well understand the desire to live in East Kilbride.

The price ceiling has gradually reduced from the original figure of £400,000 to the current £200,000 to ensure that more people can benefit from the available funding and to help target funding at lower-income families and first-time buyers. We accept that, in certain geographical areas, not as many homes will be purchased with assistance from the scheme.

I can assure Ms Fabiani that I will continue to look at all those points as we progress.

Major Trauma Centres (Aberdeen and Dundee)

6. Lewis Macdonald (North East Scotland) (Lab): To ask the Scottish Government whether plans for major trauma centres in Aberdeen and Dundee to commence in October 2018 have been affected by recent events at NHS Tayside. (S5O-01972)

The Cabinet Secretary for Health and Sport (Shona Robison): Progress on implementing the Scottish trauma network, including the opening of the major trauma centres in Aberdeen and Dundee in autumn this year, is continuing as planned. Implementation will not be affected by the recent events at NHS Tayside.

Lewis Macdonald: I am pleased to hear that clear assurance from the cabinet secretary. Will she also address the appointment of Malcolm Wright, the chief executive of NHS Grampian, to head up the team rescuing NHS Tayside from its current crisis? I think that when Shona Robison announced that appointment, it was as an interim appointment. However, in her statement the other day, Malcolm Wright was referred to as the new chief executive. Can the cabinet secretary clarify the future arrangements for the leadership of both NHS Tayside and NHS Grampian?

Shona Robison: Yes, I can. Malcolm Wright will remain as the chief executive of, and accountable officer for, NHS Grampian, so there is no change to that. I have not described Malcolm Wright as the interim chief executive of NHS Tayside, because I think that he should have the full title of chief executive of NHS Tayside. However, work will of course be under way very quickly to find a permanent chief executive for NHS Tayside. I have agreed with Professor Stephen Logan, the chair of NHS Grampian, that Amanda Croft, of whom the member will be well aware, will oversee the day-to-day operations of NHS Grampian in her role as deputy chief executive officer. I think that Amanda Croft is very capable of doing that. I hope that that will give the member the assurance that he seeks.

Graeme Dey (Angus South) (SNP): In relation to the situation in NHS Tayside, will the support team led by Professor Sir Lewis Ritchie continue to provide an assurance role on the board's future plans for services?

Shona Robison: Yes. Sir Lewis Ritchie's involvement with the assurance group will continue. He has a very important role and it is important that that remains the case. I can certainly ensure that Graeme Dey is kept informed about that continuing role.

Integration Joint Boards (Performance)

7. Liz Smith (Mid Scotland and Fife) (Con): To ask the Scottish Government what its position

is on the performance of integration joint boards since their creation. (S5O-01973)

The Cabinet Secretary for Health and Sport (Shona Robison): Integration authorities went fully live in April 2016 and are already delivering achievements. Individual integration authorities publish annual reports on how the new arrangements are delivering real change and improvements. The latest annual performance reports are due to be published in July this year.

Liz Smith: Will the cabinet secretary confirm to Parliament that she is aware of some of the very strong criticism, including from some within her own party, that is being levelled at integration joint boards because the current structures are not at all clear in terms of the lines of accountability for decision making and the accompanying accountability? Will she, with some degree of urgency, review whether the current IJB structure should be completely overhauled?

Shona Robison: The structures are fairly new and should be allowed to bed in. However, as with everything, we will always keep matters under review if there are particular concerns that need to be taken forward.

In relation to local matters, we would expect local partnerships to take forward any changes to services in a way that involves full consultation with the local public. We would expect that to be done in an open and transparent way. If Liz Smith has any particular concerns in relation to that, I suggest that she writes to me with the details.

National Health Service Boards (Use of Funds)

8. Murdo Fraser (Mid Scotland and Fife) (Con): To ask the Scottish Government what discussions it has had with the Office of the Scottish Charity Regulator regarding the use of public funds by national health service boards. (S5O-01974)

The Cabinet Secretary for Health and Sport (Shona Robison): At my request, the chief executive of NHS Scotland has written to all NHS board chairs seeking assurance that NHS Scotland endowment funds are being used appropriately. Responses are required by the end of April. That approach has been agreed with OSCR and responses will be shared with it. OSCR has agreed to review the evidence provided and, once it has considered all the relevant evidence and completed its risk assessment, it will come to a decision on whether to undertake inquiries into other NHS endowment fund charities. OSCR has indicated to my officials that it plans to be able to give a response on that by the end of May.

Murdo Fraser: This morning, the Parliament's Public Audit and Post-legislative Scrutiny Committee heard from the Auditor General for

Scotland, Caroline Gardner, and her evidence on the issue raised a number of quite serious issues that require to be addressed, including the conflict of interests that might arise for NHS board members who are being asked to deal with public funds as well as funds from charitable endowments. Given that, will the Scottish Government consider creating a structure whereby board members are no longer required to make decisions on both endowment funding and general funding for NHS boards?

Shona Robison: Murdo Fraser may be aware that the guidance on that was reviewed back in 2013. OSCR has already signalled, and we have agreed, that that guidance should now be reviewed again, for the very reason that he has pointed out—that there is a potential conflict of interests if board members are the trustees of an endowment fund. OSCR will come forward with sensible recommendations about what structural changes should be made to strengthen governance, which may include having external people sit on the endowment fund board as trustees. The member should be assured that OSCR has already indicated its desire to do that, and we have agreed that that needs to be done. I would be happy to keep Murdo Fraser, and indeed the chamber, updated as that work progresses.

Respite Services (Short Breaks for Carers)

9. Monica Lennon (Central Scotland) (Lab): To ask the Scottish Government how it will protect respite services to allow carers to access a short break, as set out by the Carers (Scotland) Act 2016. (S5O-01975)

The Minister for Public Health and Sport (Aileen Campbell): Under the Carers (Scotland) Act 2016, local authorities now have a duty to provide support to meet carers' identified needs that meet local eligibility criteria, and to decide whether that support should include a break from caring. The 2018-19 budget includes an additional £66 million to support additional expenditure by local government on social care, including for implementation of the act. In addition, the Scottish Government is providing £3 million in 2018-19 for the voluntary sector short breaks fund, which is administered by Shared Care Scotland and the Family Fund.

Monica Lennon: I am pleased that short break support is given prominence in the carers legislation that came into effect on 1 April. However, Lanarkshire Carers Centre has raised concerns that respite services are facing an uncertain future, with many short break providers believing that they are at moderate or high risk of local authority funding cuts. At a time when local authorities have seen a real-terms budget cut of nearly 10 per cent over the past eight years, can

the minister reassure carers and short break providers that sufficient funding will be available for those much-needed respite?

Aileen Campbell: I have already outlined the additional money that we put in to support the additional expenditure by local government on social care, which includes the implementation of the Carers (Scotland) Act 2016. I would also point to the fact that, at a service planning level, local authorities now have a duty to publish a short breaks service statement, providing information about short breaks services in Scotland so that people can understand what options are available. In addition, we provide money to the voluntary sector short breaks fund, which, as I mentioned, is administered by Shared Care Scotland and the Family Fund.

We know how important those short breaks are, and how important it is to enable carers to have a life alongside their caring role and ensure that their wellbeing is maintained. I am happy to engage with Monica Lennon on the particular issues that she has raised about Lanarkshire Carers Centre, but from our perspective we have put additional resources in to protect and support that important part of the act.

Gender Pay Gap (Companies)

10. Ash Denham (Edinburgh Eastern) (SNP): To ask the Scottish Government what its response is to the recent publication of large companies' gender pay gaps, which show that there remains a large pay gap among many companies across the United Kingdom, including in Edinburgh. (S5O-01976)

The Minister for Employability and Training (Jamie Hepburn): Although the full-time median gender pay gap in Scotland is lower than the United Kingdom figure—6.6 per cent, compared to 9.1 per cent—some of the figures that employers have reported highlight the very real challenge that remains to further reduce the gender pay gap. We need employers to take actions that improve the position of women in the workplace and in wider society. The Government has taken action by establishing a gender pay gap working group, funding returners programmes to support women following a career break, establishing working groups to challenge pregnancy and maternity discrimination and support the delivery of the women in enterprise action plan and framework, promoting payment of the living wage, and tackling occupational segregation and gender stereotyping through the modern apprenticeship equalities action plan and the Scottish Further and Higher Education Funding Council's gender action plan.

Ash Denham: I thank the minister for that answer, but it is particularly disappointing that the pay gap in Edinburgh, at 12.9 per cent, is

marginally higher than the national average, which is 12 per cent. Are there currently any talks between the UK and Scottish Governments regarding further improving the gender pay legislation?

Jamie Hepburn: I have mentioned the working group on the gender pay gap. One of its early areas of work will be to work with Close the Gap, Engender, the Scottish Trades Union Congress and other relevant bodies to develop a coherent action plan to reduce gender pay gaps across Scotland. If that requires us to make recommendations about legislative change, we will, of course, seek to engage, as we recognise that we are all required to make a significant effort. We will engage with the UK Government to explore options for legislative change and joint working on the issue.

First Minister's Question Time

12:00

Cambridge Analytica

1. Ruth Davidson (Edinburgh Central) (Con): No representative of the Scottish Conservative Party or consultant who works for it has ever met the disgraced data-harvesting company Cambridge Analytica or its parent company. *[Interruption.]* The Scottish National Party does not like it, but, if the question was good enough for Ian Blackford to ask at Prime Minister's questions, it is good enough for me to ask at First Minister's question time. Can the First Minister say the same about the Scottish Government and the SNP?

The First Minister (Nicola Sturgeon): As we said earlier this week, a consultant who was working for the SNP met Cambridge Analytica in February 2016. However, the SNP has never worked with Cambridge Analytica. We have never hired the company or paid it any money to do any work for us, which is surely the fundamental point.

In spite of what Ruth Davidson has said, I am not sure whether the Conservative Party as a whole—or, indeed, the United Kingdom Conservative Government—can say the same. We know that the links between Cambridge Analytica and its parent company, Strategic Communication Laboratories, are legion. For example, a former chairman of Oxford West and Abingdon Conservative Association used to run SCL, and there are reports that he is now the chief executive officer of Cambridge Analytica. Furthermore, SCL's founding chairman was a former Tory MP, and a director of the company donated more than £700,000 to the Conservative Party.

The UK Government has reportedly had a close working relationship with SCL. The Ministry of Defence paid the company £200,000 for carrying out two separate projects. According to *The Guardian*, SCL Group was granted by the Ministry of Defence what is called list X status, which means that it can access secret documents. The MOD also paid more than £40,000 to a branch of SCL for data analytics. It has been reported—I can say only what has been reported—that a Cambridge Analytica executive advised the Foreign and Commonwealth Office on lessons that were gleaned from the Trump election campaign. We also know that Alexander Nix, who is the former CEO of Cambridge Analytica, claimed in a letter to, I think, a foreign Government back in 2010 that he had worked with the UK Conservative Party.

I can say two things categorically: the SNP has never worked with Cambridge Analytica, and the Scottish Government has never worked with Cambridge Analytica. I am not sure whether the Conservative Party or the UK Government can say the same.

Ruth Davidson: If the First Minister had bothered to listen to my first question, she would know that the party that I am in charge of has never held any meetings or had any contact with Cambridge Analytica.

Let us get back to the party that she is in charge of, and let us review what we have found out this week. A former Cambridge Analytica director revealed that the SNP had, indeed, met the firm. I know that the SNP has raised sanctimony to an art form, but what stinks here is the reek of hypocrisy. When it comes to the dealings that others have had with Cambridge Analytica, the First Minister and her party have spent weeks demanding full transparency. However, when it comes to the SNP, it took a whistleblower giving evidence to a parliamentary committee before facts began to be dragged out into the open.

The First Minister has demanded full transparency of others but, hand on heart, can she really say that the SNP has shown it this week?

The First Minister: I think that Ruth Davidson has missed something, because Alexander Nix, the former chief executive officer of Cambridge Analytica, told a Westminster committee—not this week, but in February—in response to a question about companies pitching for work:

“It is not uncommon for us to go and speak to political parties. Indeed, in this country I think I have spoken with every political party ... Labour, Liberal Democrats, UKIP, SNP, Conservatives”.

Therefore, Cambridge Analytica has pitched to every political party.

The SNP has been very clear in saying that Cambridge Analytica tried to sell us its services—as I said, that was in the early part of 2016, when a meeting took place. However, back then, before any of the concerns that we are talking about now had come to light, the SNP decided that it was not a company that we wanted to work with. We judged Cambridge Analytica to be “a bunch of cowboys”. If the UK Government had done that, it might not have some of the links that I have read out.

Ruth Davidson: But, First Minister, it was not the UK Conservative Party that was caught out spreading allegations about others—that was all on you.

Let us put the First Minister’s commitment to transparency to the test. Yesterday, she was asked directly when the meeting—or meetings—

took place and who attended them, and her party’s leader at Westminster was asked likewise. She failed to answer, and he claims that he never knew. We have got a little bit further today, so let us get answers to those questions. Who was the SNP consultant who held a meeting with Cambridge Analytica? When in February did the meeting take place? Where did it take place? Those are very simple questions for someone who is committed to full transparency.

The First Minister: If Ruth Davidson had listened, she would have heard me say that the meeting took place in February 2016. I am not going to name somebody who was working as a consultant for the SNP, because they have done nothing wrong. There has been no wrongdoing. I am here to answer questions on behalf of the Scottish Government, but I am happy to answer questions on behalf of the SNP. I am the leader of the party, and I am not going to name somebody who was working on behalf of the SNP and who has done nothing wrong in order that a witch hunt can be carried out.

Given that we are talking about transparency, perhaps Ruth Davidson can answer some of the points about the connection between the Conservative Party and Cambridge Analytica. She says that the Conservatives have not done a range of things, but we know—certainly, it has been reported—that the Conservative Party has accepted donations from a director of the parent company of Cambridge Analytica. Does Ruth Davidson think that that is okay?

I will mention another connection that is perhaps closer to home for Ruth Davidson. Another company that is reported to have very close links with Cambridge Analytica is Aggregate IQ. We should remember that it was the Constitutional Research Council—a group run by a former vice-chairman of the Scottish Conservative Party—that gave a donation to the Democratic Unionist Party’s Brexit campaign. We still do not know the source of that donation, but we know that some of it was spent on Aggregate IQ, which has links with Cambridge Analytica.

If Ruth Davidson wants to be transparent, will she tell us the source of the donation that was procured by a former vice-chairman of the Scottish Tory party? I think that it is the Conservative Party and the UK Government that are mired in links to Cambridge Analytica and its various associates. The SNP has never done any work with them because, unlike the Conservatives and the UK Government, when we met them, we realised that they were “a bunch of cowboys”. If only Ruth Davidson’s colleagues had done the same.

Ruth Davidson: Let us get back to questions to the First Minister. Transparency SNP-style is to fling out allegations at opponents, fail to set out

your own record, deny that you know anything about it and, when you are caught out, give half-answers to legitimate questions. The First Minister says that she has been up front and transparent, but, given everything that the SNP has done over the past month, including keeping its Westminster leader in the dark, to the rest of us it just looks pretty shifty.

The First Minister: Ruth Davidson has said that all the links that I read out between those companies and the Conservative Party or the UK Government are allegations. I challenge her, when she has had the opportunity to review the *Official Report*, to come back and tell me which of the links that I have set out between her colleagues and those companies are untrue.

With regard to the SNP, let us cut to the chase and get to the nub of the matter. Yes, two years ago, before the concerns that we are talking about now had come to light, somebody had a meeting with Cambridge Analytica on behalf of the SNP. We decided that we did not want to do any work with the company. As a result, we have never hired it, we have never paid it any money and it has never done any work for the SNP or the Scottish Government. The same cannot be said of the UK Government, and I do not know for sure whether the same can be said of the Conservative Party.

Ruth Davidson started her last question by saying, "Let's get back to First Minister's questions." Well, let us get back to the responsibilities of the First Minister and the Scottish Government. Here are some of the things that Ruth Davidson could have come to the chamber and asked me about today. She could have asked me about the work to save BiFab. She could have asked me about the extra money that was announced yesterday for farmers, to help them with the impact of recent weather. She could have asked me about the extra money for the initiative to combat domestic abuse that was announced this week. She could have asked me about the update report on getting broadband to households across the country. She could have asked me about the major expansion of childcare training places that has been announced in the past few days. However, because Ruth Davidson does not have a leg to stand on with regard to any of those issues, all that she can do is come to the chamber and spread baseless smears.

I think that it is the Conservative Party and the UK Government that have questions to answer, and I look forward to her response with regard to which of the links that I set out is not true.

The Presiding Officer (Ken Macintosh): I recognise the level of political interest in the subject, so I will let the matter go in this case. However, we should try to stick to the First

Minister's responsibilities at First Minister's question time—that goes for both sides.

NHS Tayside (Finances)

2. Richard Leonard (Central Scotland) (Lab): This morning, the Auditor General told Parliament's Public Audit and Post-legislative Scrutiny Committee that repeated warnings about the finances of NHS Tayside were not taken seriously. Is the Auditor General wrong?

The First Minister (Nicola Sturgeon): I do not think that it is the case that the Scottish Government has not worked hard to support NHS Tayside. I heard the Auditor General—I think that this is the comment that Richard Leonard is referring to—refer to a statement, from a previous report, about use of endowment funds. There was certainly a line in one of the previous reports recording the fact of the transfer of endowment funds. The point that the Cabinet Secretary for Health and Sport has made, and which I make again today, is that at no point was that flagged up to the Scottish Government as a concern. If it had been, action would have been taken at that time.

The health secretary has exercised her ministerial power, for the right reasons and in the right way, to make sure that the leadership of NHS Tayside is strengthened, and so that it can go on delivering high-quality patient care while undertaking the necessary transformation in its services.

Richard Leonard has at least come to the chamber with a genuine, serious and legitimate issue that is within the responsibilities of the First Minister. However, whatever our differences of opinion about the matter, I hope that he will support the action that the health secretary has rightly taken.

Richard Leonard: The situation at NHS Tayside did not come as a surprise to anyone who was paying attention. Year after year, the health board sought bail-outs, year after year Audit Scotland warned that that was not sustainable, and year after year the Scottish Government has been in denial about the scale of the problem.

Between repaying loans, repaying the endowment fund and finding other efficiency savings, NHS Tayside now needs to make more than £200 million of cuts over the next five years. Does the First Minister agree that that will mean even longer waiting times and even more cancelled operations for the people of Tayside?

The First Minister: No, I do not agree. The purpose of the Scottish Government providing brokerage is to ensure that patient services are not affected as the board undertakes its transformation plans.

I also do not agree with Richard Leonard's characterisation of the Scottish Government's role. There have been issues in Tayside for some time: let me run through the steps that the Scottish Government and the health secretary have taken.

When the five-year transformation plan was launched in 2015-16, the Scottish Government put in place specific support arrangements. In March 2017, it appointed Professor Lewis Ritchie to chair an assurance and advisory group. In June 2017, when Lewis Ritchie produced his first report, the Scottish Government established a transformation support team to provide intensive support for the board between July and December 2017. In February this year, we had the second report of the assurance and advisory group. Shortly after that, the issue of e-health funding came to light. At that point, Grant Thornton UK LLP was appointed by the health secretary to look into that in detail. That report has been published for Parliament. Since the issue of the endowment fund came to light, the health secretary has, of course, taken action.

At every stage, there has been support for NHS Tayside, but when issues culminated as they did, the health secretary rightly decided that the leadership of the board required to be strengthened. That is why steps have been taken in the past two weeks.

Richard Leonard: None of the steps that have been taken have worked. A health board is raiding charity funds to pay the bills—and that is after fiddling the accounts. What makes it even worse is that that is all happening in Tayside, under the nose of the health secretary, who is the member of the Scottish Parliament for Dundee City East. It is too late for Shona Robison to be an honest broker in the NHS Tayside affair. Will the First Minister reflect on that and face up to the fact that the time has come for her health secretary to go?

The First Minister: I will continue to give my support, as First Minister, to the job that the health secretary is doing to strengthen the leadership of the NHS Tayside board with the new chief executive and chair that have been put in place, and to ensure that that board has support in undertaking the transformation that it needs to undertake. That is what we will continue to focus on.

In the final analysis, it is services to patients that are important. Actually, NHS Tayside provides a very high level of patient service, and our job—the health secretary's and mine—is to ensure that it continues to do that. I say with the greatest respect to Richard Leonard that that is what the health secretary and I will continue to focus on.

The Presiding Officer: There are a number of supplementaries.

Out-of-hours General Practitioner Services (Fife)

Jenny Gilruth (Mid Fife and Glenrothes) (SNP): Presiding Officer,

"Monday the 9th of April marked the first time in Glenrothes's 70 year history that there was no GP on duty at night caring for the town."

Those are the words of Dr Bob Grant, who is a retired local general practitioner. Fife's health and social care partnership's decision to close out-of-hours provision means that people from Glenrothes, Dunfermline and St Andrews are now being made to travel to Kirkcaldy. Does the First Minister share my concerns about the complete absence of public consultation, the costs that that will place on individuals who do not have access to a vehicle, and the resource burden that that move directly forces on staff at the Victoria hospital in Kirkcaldy?

The First Minister (Nicola Sturgeon): I thank Jenny Gilruth for raising an important local issue.

Recent changes to the out-of-hours primary care services in Fife are a short-term measure to ensure that appropriate levels of patient safety are maintained. I understand that a public consultation on a full range of longer-term options, including maintaining services at the existing four out-of-hours centres, will begin in June. Of course, overnight primary care emergency services will still be available at Victoria hospital in Kirkcaldy. I encourage not just Jenny Gilruth and other Fife members but the local population in Fife to ensure that they make their views known in that public consultation, when it starts.

Mossmorran Ethylene Plant

Mark Ruskell (Mid Scotland and Fife) (Green): Last night, the Scottish Environment Protection Agency issued a final warning to the operators of the Mossmorran ethylene plant, almost a year after surrounding communities were kept awake for days by noise and light pollution caused by flaring. There have been even more incidents of illegal flaring in recent months. What is the First Minister's definition of a final warning?

The First Minister (Nicola Sturgeon): SEPA is an independent regulatory body, and it is for it to set out what actions it will take when warnings that it issues are not complied with. We have discussed the issue in the chamber before, and I absolutely understand the concerns of local people about Mossmorran and the issues that have caused those concerns.

However, it is absolutely right and proper that SEPA is the organisation that takes the matter forward. I will happily ask it to write directly to Mark Ruskell to set out clearly what its further actions

will be, should it deem that Mossmorran has not complied with any conditions that it has set out.

Immigration

Fulton MacGregor (Coatbridge and Chryston) (SNP): The First Minister will be aware of the case of Olya Merry, who was ordered to leave the United Kingdom by the Home Office, despite being married to a Scottish citizen and having a Scottish daughter. Olya and her family, who are in the gallery today, are delighted that interventions by the Cabinet Secretary for Culture, Tourism and External Affairs and local politicians have led to the Home Office's decision being paused for review.

Will the First Minister confirm that the Scottish Government will continue to put pressure on the UK Government to ensure that Olya is permitted to remain permanently at her home in Coatbridge with her husband and daughter? Will she also confirm that the Scottish Government will continue to demand the devolution of immigration law, so that Scottish citizens are not affected in a similar way in the future?

The First Minister (Nicola Sturgeon): First, I welcome the Merry family to the gallery. I am sure that the whole Parliament will also want to welcome them.

Fiona Hyslop raised the case with the Home Secretary last week. We will continue to make appropriate representations in order to give the Merry family the peace of mind that they require about the right of Mrs Merry to remain permanently in Coatbridge with her husband and daughter.

This case, and the appalling treatment of the children of the Windrush generation that has come to light this week, demonstrate more clearly than has perhaps been the case previously that we urgently need a humane immigration system across the whole UK, and not the hostile environment that Theresa May has been so keen to put in place. We need a system that respects human dignity, that recognises individual circumstances and which does not focus on arbitrarily cutting numbers and unjustly forcing people to leave the country that they have come to call home. That is the sort of humane immigration policy that I want to see in place. We will continue to argue very loudly and clearly for that.

West Glasgow Ambulatory Care Hospital Minor Injury Unit

Sandra White (Glasgow Kelvin) (SNP): This morning, I received a press release—I believe that it will be issued to the press this afternoon—informing me that the minor injury unit at the Yorkhill hospital will close tomorrow, and that the

service will return to the Queen Elizabeth university hospital. That came as a surprise to me; it will be a surprise to my constituents who took part in a consultation and were absolutely sure that the minor injury unit would not go to the former Southern general hospital.

Does the First Minister agree that a press release is not the way to inform elected members or their constituents about such matters? Will she contact Greater Glasgow and Clyde NHS Board to convene a meeting about where in the west of the city of Glasgow the MIU will be based?

The First Minister (Nicola Sturgeon): First, I am happy to look into how the public information has been communicated. If what Sandra White has outlined is correct—I have no reason to believe that it is not—it strikes me that that is an unacceptable way for the health board to have done it. I am happy to ask the health board to communicate directly with Sandra White.

On the substantive issue of service provision, which is an important one in the city of Glasgow, NHS Greater Glasgow and Clyde reopened the west Glasgow minor injury unit at Yorkhill from early January as part of its plan to manage winter pressures. The timeframe was extended to cover the Easter holiday period.

The Cabinet Secretary for Health and Sport has made it clear that she expects Greater Glasgow and Clyde NHS Board to ensure that the west of the city has appropriate unscheduled care provision, and I know that the board will soon consider proposals for plans to provide such local services. The health secretary will continue to monitor the progress of that work and provide updates. I will make sure that a message goes to Greater Glasgow and Clyde NHS Board to ask it to contact Sandra White directly.

Perinatal Mental Health Services

3. **Willie Rennie (North East Fife) (LD):** A report issued this morning has found that new mothers in half of Scotland cannot access specialist life-saving mental health services. The Maternal Mental Health Alliance says that there is no specialist provision in Tayside, Fife, Dumfries and Galloway, the Western Isles, Orkney or Shetland; only Glasgow meets the required standards in the whole of the country. The First Minister was warned about the situation three years ago, so why is the Government failing mothers and their children?

The First Minister (Nicola Sturgeon): This is an extremely important issue, and we have taken the step of funding a national managed clinical network on perinatal mental health. As I am sure that Willie Rennie is aware, the MCN brings together specialists in perinatal mental health,

nursing, maternity and infant mental health and is designed to improve the treatment of perinatal mental healthcare.

The network is delivering a work plan, which includes assessing provision across all levels of service delivery. The report to which Willie Rennie refers should be taken into account in that. The network is also looking at how it ensures that all women, their children and their families have equity of access to the perinatal mental health services that they need. The work is on-going, and I am happy to provide Willie Rennie with more detail about that and to answer any further questions from him as a result of that further information.

Willie Rennie: The managed clinical network is a good thing, but it is far from enough. The institutes and the alliance have identified where the gaps in services are. The Government is not doing enough quickly enough. The Royal College of Midwives is scathing about the Government's record. It says that the consequences of poor services can be fatal. We should not forget that the tragedy of suicide is the leading cause of maternal deaths. Where is the six-week check? Where are the community networks? Why does Scotland lag behind England?

I ask the First Minister about mental health almost every single week in the Parliament and this week is yet another week when we hear of a new report on failures of the Government's mental health policy. One week, it is young people waiting an age for treatment. The next week, it is adults. Now it is mothers. Is it not the case that mental health is fast becoming this Government's record of shame?

The First Minister: Willie Rennie asks regularly about mental health and I give him great credit for doing so, because it is an extremely serious issue. However, every week when he asks me, I outline the work that the Scottish Government is doing to address the issues and concerns that have been raised. I guess that it is easy for him to dismiss the managed clinical network as important but not enough, but the work that that network is doing will enable us to address the specific concerns.

The report that has been published today provides further evidence and information that will be very helpful in the work that the MCN is doing. I know, for example, that one of the things that the report calls for—perhaps not surprisingly—is more prioritised funding, which we will consider seriously. In that respect, it is looking particularly at community services.

I have set out in summary the work that the network is doing around its work plan. That work will take forward the actions that address the concerns that Willie Rennie is raising.

I have absolutely no issue with Willie Rennie raising these issues; I encourage members to continue to raise them. However, I also ask and hope that members will appreciate that the range of work that is being done—whether about young people, perinatal mental health or other aspects of mental health provision—under the auspices of our mental health strategy, which was recently praised by the World Health Organization on a recent visit to Scotland, is specifically addressing these important concerns.

Social Security (Scotland) Bill (Terminal Illness)

Kezia Dugdale (Lothian) (Lab): Just weeks after Gordon Aikman's death, with his grieving family in the gallery, the Cabinet Secretary for Health and Sport promised a fast-tracked benefit system. She said that she would end the injustice of terminally ill people waiting months for their benefits—and I believed her.

Yesterday, the Scottish Government lodged amendment 111 to the Social Security (Scotland) Bill, the intention of which is to keep the failing system just as it is, reversing changes that were agreed to at stage 2. Given that Marie Curie has described that as very disappointing and that more than 50 leading doctors have expressed their deep concern in today's edition of *The Times*, will the First Minister please intervene to ensure that people with less than two years to live get the benefits that they so desperately need?

The First Minister (Nicola Sturgeon): I will take a bit of time to address this issue properly, because it is a serious one. I spent much of this morning discussing this very issue with the Minister for Social Security in advance of stage 3 of the Social Security (Scotland) Bill, which will take place next week. It is a difficult and sensitive issue and I am sure that Kezia Dugdale would recognise that it is also a complex one. I am sure that all MSPs on the Social Security Committee who have been scrutinising the bill would recognise that. I make it clear that the Government and the Minister for Social Security will continue to listen and discuss the best way forward on this right up to the stage 3 votes next week.

On the time limits, the change from two years, which was amended in at stage 2 of the bill, to six months relates to the difficulties that, according to some clinicians, there are in accurately diagnosing life expectancy over a period as long as two years. However, that is not the fundamental point in this. The fundamental point that I want to make, which I think is alluded to in the open letter that was published today, is that if we have a time limit that is the only basis for determining eligibility, whether that time limit is six months, two years or whatever, we will always have the risk of excluding

people who should be included, because time limits, by their nature, are arbitrary.

That is why the most important part of the Scottish Government's amendment is the second part, whose effect would be that there will be no hard or rigidly applied timeframe. That means that, for somebody who would not be able to fulfil the six-month timeframe requirement, a medical practitioner would still be able to certify their eligibility. Clinicians will still be able to use their judgment on a case-by-case basis. That is the important thing here.

In the discussions that I had with Jeane Freeman this morning, we were talking about how to get away from time limits and focus more on clinical judgment. We will continue to have discussions with anyone who is interested in the issue right up to the final stage of the bill. It is a difficult, sensitive and complex issue. I hope that all members recognise that it is not a party-political issue but one that we all desperately want to get right. I give a commitment today that we will do our best to get it right, because that is what we all want.

NHS Highland (Contracts)

Edward Mountain (Highlands and Islands) (Con): Given Audit Scotland's report on contracts in NHS Highland, which found that contracts were informal, long running without review, unaudited and not documented, and given the sums of money involved, can the First Minister confirm whether the Scottish Government has complete confidence in the management of NHS Highland? Given NHS Highland's annual overspend, could the matter be another example of incompetent governance?

The First Minister (Nicola Sturgeon): I understand that the report that Mr Mountain refers to relates to the provision of two contracts in NHS Highland: one is for healthcare at the Nairn medical practice and the other is for the carrying out of vasectomies across the Highlands. The report states that the contracts date from 1998. It raises issues of procurement. NHS Highland has already said that it is taking the required action to implement the recommendations and will monitor that via its own audit committee.

I expect all health boards to follow relevant procurement regulations to ensure the best use of resources. We have been clear that we expect NHS Highland to address the issues that are raised in the audit report and to fully implement its recommendations—as NHS Highland has already said that it will do.

Clyde Shipyards (Contracts)

Bill Kidd (Glasgow Anniesland) (SNP): In 2013, the unionist parties warned us that Scottish shipyards would lose out on contracts to build Royal Navy ships if Scotland were outside the United Kingdom. However, the Westminster Tory Government is now encouraging overseas shipyards to compete for the latest billion-pound order. Work from that order would create and secure up to 6,500 jobs. Will the First Minister back calls for that work to come to the Clyde?

The First Minister (Nicola Sturgeon): Yes, I will. That work should be on the Clyde, I argue that that work was promised to the Clyde and should definitely go to the Clyde. We should be very clear. What we are now seeing develop around that work and the future of the shipyards is nothing short of a blatant betrayal of Scottish shipyards. During the referendum, promises were made to those shipyards by the Tories, and indeed, by all the unionist parties—the shipyards were told of promises of work for years to come. The unionist parties specifically said that, if Scotland became independent, it would not be able to secure that work for the Clyde, because contracts could not go to “foreign countries”. It is an absolute betrayal and I hope that we will hear all parties across the Parliament stand up for shipbuilding on the Clyde.

Syrian Refugees (Resettlement)

4. Ben Macpherson (Edinburgh Northern and Leith) (SNP): I remind members that I am a parliamentary liaison officer to the First Minister.

To ask the First Minister how many Syrian refugees have been resettled in Scotland. (S5F-02247)

The First Minister (Nicola Sturgeon): Scotland has welcomed around 2,150 people under the Syrian resettlement programme since October 2015. We remain committed to welcoming refugees seeking sanctuary from the conflict in Syria and because of that refugees continue to arrive. I hope that they all receive a warm welcome in Scotland.

The Syrian community in Scotland will be worried about the current situation in Syria and particularly worried about their family and friends who remain in the country. My thoughts are with them.

I emphasise that Scotland will continue to provide a home for people who are fleeing war and persecution. We are committed to welcoming as many as we can of those who arrive in the United Kingdom during 2018.

Ben Macpherson: As well as warmly welcoming those from Syria who have made Scotland their home, I would like to take the

opportunity to pay tribute to all those organisations that have supported those who are settling into communities across Scotland, including the services provided by Multi-Cultural Family Base in Leith, in my constituency.

Like many others, I think that we should celebrate the positive impact of the resettlement programme in Scotland, but I am also concerned about the welfare of asylum seekers from Syria who are living here outwith that programme and who therefore do not receive adequate support from the Home Office as regards both funding and assistance to settle into communities. Does the First Minister agree that the Home Office must look again at what support it provides to asylum seekers, improve the support that is provided and treat everyone equally?

The First Minister: Yes, I agree very strongly with that. First, I thank local authorities and all organisations that have played their part in welcoming those who have come under the Syrian resettlement programme. Just before Christmas, I attended an event at the Convention of Scottish Local Authorities at which we celebrated the work that had been done to make sure that that welcome was as warm as it has been.

However, that should apply not just to those who come through the resettlement programme but to everybody who seeks asylum in our country. We believe very strongly that integration begins from day 1 of arrival and not just when people have been granted refugee status. The support that the UK Government provides under the Syrian resettlement programme is very good and very welcome, but that also serves to highlight the gulf between it and the minimal support that is provided for asylum seekers. Indeed, it creates a two-tier system. I encourage the UK Government to extend the model of holistic support that we see as part of the resettlement programme and to fund the integration of asylum seekers to give them an equal chance to rebuild their lives here and fulfil the potential that they and their families have.

Ivan McKee (Glasgow Provan) (SNP): Last week, in a feeble and misguided attempt to look strong and stable, the UK Government engaged in military action in Syria, on the basis of flimsy evidence, without waiting for the findings of an independent inquiry and at the behest of a presidential tweet. Such action risks increasing the flow of refugees from that war-torn country. Does the First Minister agree that the UK Government needs to do far more to facilitate the arrival of refugees in this country than it has done so far?

The First Minister: That is important because, regardless of anybody's views on the air strikes that took place last weekend—and there will be differing views in the community at large and, indeed, the Syrian community in Scotland about

the efficacy and the rights and wrongs of air strikes—they underline the importance of making sure that we welcome those who are fleeing the conflict in Syria. I have said before, and I will say again, that, for all that the UK Government does good work there, it could do much more.

All of us are appalled by the actions of the Assad regime. If it were to be the case—and I have no difficulty in believing that he is capable of doing so—that he launched chemical weapons attacks against his own population, all of us would be appalled by that. The question is how best to deal with it. My view, which has been borne out by experience, is that isolated air strikes do not help to resolve the underlying situation in Syria. As the United Nations secretary general has said, there is no military solution to the situation and we need to get back to finding a political one. I hope that that is now the priority of all the countries that are involved.

Ross Greer (West Scotland) (Green): Recent escalations in the Syrian conflict have displaced more people from their homes and only compounded the refugee crisis. Will the First Minister confirm whether the Scottish Government-owned Prestwick airport was used by the United States military in its recent air campaign, which will only serve to compound the conflict?

The First Minister: Look, we have discussed the issue of Prestwick airport, the commercial nature of what it does and the fact that what it does as regards military flights is no different to what it has done all along. As far as the Syrian conflict is concerned, there are two issues. I will not repeat what I have said about my views on air strikes. What all of us need to do is get back to a situation in which the Geneva political process in Syria is given priority. Fundamentally, we need to see a long-term, sustainable political settlement to the situation in Syria. All of us—many greater than those of us in this chamber—have a part to play in encouraging that process.

Sport and Physical Activity (Participation)

5. **Brian Whittle (South Scotland) (Con):** To ask the First Minister, in light of Scotland's success at the Commonwealth games, what the Scottish Government is doing to ensure that there is opportunity for all to participate in sport and physical activity, from grass-roots to elite sport. (S5F-02225)

The First Minister (Nicola Sturgeon): First, I am sure that—perhaps rarely—everybody will join in agreement when I take this opportunity to congratulate everyone who is involved with Team Scotland on achieving its best-ever away games by winning an amazing 44 medals, which beats the previous medal tally for an overseas games of

29 in Melbourne in 2006. The efforts of not just our athletes but everybody in Team Scotland, their support teams and their families have been absolutely incredible. I want to place on record my congratulations to each and every one of them. They demonstrate that Scottish sport is growing in strength and depth, with Sport Scotland and our governing bodies developing talent in our athletes, and coaching and support staff.

That success does not happen by accident; it comes through sustained investment in and commitment to our whole sporting system. We have created opportunities through the active schools programme, community sports hubs and a comprehensive range of performance and national performance centres. All of that is enabling more people of all ages and backgrounds to regularly take part in sport and physical activity, from grass roots to high-performance level.

Brian Whittle: I associate myself with the First Minister's comments on the amazing efforts of our athletes and I take the opportunity to recognise the governing bodies, clubs, coaches and volunteers across the country whose relentless hard work has been instrumental in delivering that success. Does the First Minister agree that success at elite level helps to drive participation, but that that can happen only if there is accessible opportunity? Does she also agree that opening up the school estate for extracurricular and out-of-school activities and aligning those activities with those of local sports clubs is an initiative that would help to deliver sustainable participation?

The First Minister: Yes, I agree with that, and much of that is already happening. Of course, with some private finance initiative schools, some of which were built under previous Tory Governments, there are restrictions on opening up sports facilities in that way. However, we are doing a number of things. We are protecting sportscotland's budget, we have exceeded our aim of creating 150 community sports hubs as part of the Glasgow Commonwealth games legacy and of course we have been investing in a range of national performance centres, with Oriam in Edinburgh being one of the shining examples.

I agree with the thrust of the question that high-performance success helps to drive and inspire performance generally, which is why we will continue to ensure that our funding and support span mass participation as well as providing more targeted support for our most talented athletes.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I, too, associate myself with the First Minister's remarks regarding the success of medallists and all who represented Scotland, but there is a "but". The Government's final evaluation report on the

Glasgow Commonwealth games in 2014, which was published this month, states:

"hosting a major event is not, in and of itself, likely to have an automatic, positive impact on population levels of sports participation and physical activity."

So not even hosting an event makes a mark. Given the increase in obesity, even in pre-school children, is the First Minister satisfied that the appropriate balance is being struck between elite funding and the humble, but I would suggest more pressing, provision of funding to encourage exercise—I stress the word "exercise"—at a very basic level?

The First Minister: Christine Grahame raises an important issue. That balance will always be important and, inevitably, it will not always be easy to strike. I certainly agree that simply hosting a major event will not deliver benefits, and we have never argued that. We have to work hard to get those benefits, which is what we have been doing since Glasgow 2014, and we will continue to do that during and after the European championships that will take place in Glasgow this summer.

However, we also invest heavily in community activity and sport. For example, on physical education in schools, through our active schools programme, between 2012 and 2016, we invested nearly £12 million in supporting schools to meet our PE commitment, and we have seen massive improvement in that respect. We are also doubling investment in active travel.

We are actually seeing an increase in the number of people taking part in sport, and many of our governing bodies are seeing rises in participation. For example, Scottish Athletics has experienced a 49 per cent increase in athletics club members since 2011; Scottish Swimming has had an increase of 25 per cent; and Scottish Cycling has had an increase of 12 per cent. The number of children meeting the guidelines on physical activity has increased from 71 per cent in 2008 to 76 per cent in 2016.

There is more work to do and we will always need to take care to get that balance right. It is important that we invest in community activity, but it is also important that we invest to give our most talented athletes the best chance possible of going to major competitions such as the Commonwealth games and coming home with medals.

"Local government in Scotland: Challenges and performance 2018"

6. Monica Lennon (Central Scotland) (Lab): To ask the First Minister what the Scottish Government's response is to the recent Accounts Commission report, "Local government in Scotland: Challenges and performance 2018". (S5F-02240)

The First Minister (Nicola Sturgeon): We welcome the report, which makes a number of recommendations to help councils to meet the challenges that they face and emphasises the need for councils to develop new ways of working. For example, it says that councils should work with communities to understand their needs and to actively involve them in decision making, which are objectives that the Scottish Government has been promoting through our community empowerment agenda. I encourage all councils to consider the report carefully, as I am sure they are doing, and to take any necessary actions to implement its recommendations.

Monica Lennon: The First Minister must be worried, as I am, about what the report says about the critical state of local government finances and about the warning that councils are struggling to provide care for our older people. This is really serious. The First Minister has a mandate to govern Scotland for the next three years; does she have the courage to fix the funding and care crisis so that all older people in Scotland receive the care that they need and deserve?

The First Minister: That is what we are doing. We just agreed to a budget—I appreciate that Labour voted against the budget—that delivers a real-terms increase in the revenue budgets for local authorities. We are transferring resources from the national health service into social care, so that we not only build up social care services to help local authorities with what they do but help to relieve the pressure on the NHS. We are taking forward the extension of free personal care to under-65s. We have already taken forward plans to pay the living wage to people who work in our social care services.

We are getting on with that work day in, day out. It might be better if, instead of making constant requests for us to do more and then voting against budgets that we bring forward to do exactly that, Labour were occasionally to bring something more constructive to this chamber.

Colin Beattie (Midlothian North and Musselburgh) (SNP): The First Minister will be aware that the Accounts Commission's report expresses a number of concerns, not least about the threat that leaving the European Union poses to Scotland's working-age population. Scotland's projected population growth is entirely due to inward migration, so does the First Minister share the commission's concern that leaving the EU could have an impact on the number of working-age people in Scotland, which would mean less money for public spending, through taxation?

The First Minister: Yes, I share that concern and I think that everyone in Scotland should share that concern. Our population continues to increase and is at a record high, but that growth has been

driven by migration. The Fraser of Allander institute, too, has highlighted concerns about the impact of Brexit on migration and our long-term growth prospects.

It is clear that not only is United Kingdom policy on immigration inhumane, but it is harming Scotland's economic interests. That is why this Parliament has backed our call for new powers so that the Scottish ministers can offer migration routes to people who want to make Scotland their home.

Royal Air Force (Centenary)

The Deputy Presiding Officer (Linda Fabiani): The next item of business is a members' business debate on motion S5M-10590, in the name of Alexander Stewart, on RAF100, the centenary of the Royal Air Force. The debate will be concluded without any question being put.

Motion debated,

That the Parliament acknowledges the centenary of the founding of the Royal Air Force (RAF) on 1 April 1918; notes its role in many conflicts, including the Second World War; acknowledges that, by denying the Luftwaffe air supremacy during the Battle of Britain, it helped prevent the German invasion of the UK; notes that the two Royal Auxiliary Air Force squadrons, 602 (City of Glasgow) and 603 (City of Edinburgh), which were established in 1925 and remain active, played a significant role in that conflict, including bringing down the first enemy aircraft in the UK over the River Forth in 1940; understands that many air bases have been established in Scotland because of its strategic importance, with those at Lossiemouth and Leuchars still in use; notes the founding of the RAF Regiment in 1941, to protect airfields from airborne troops, and the support that was provided by the Women's Auxiliary Air Force and Princess Mary's Nursing Service; acknowledges the establishment of the Women's Royal Air Force (WRAF) in 1949; notes that the first female officer trainees enrolled in 1970 and that the WRAF merged with the RAF in 1994, with the ban on women serving in close combat units being lifted in July 2016; considers the RAF to be an agile, adaptable and capable service that makes a vital contribution as a force for good in the world by delivering flexible air power wherever it is needed; notes what it sees as its multi-faceted roles in the UK and across the world; acknowledges that its past and present bases and operations around include the Falklands, Iraq, Afghanistan, Cyprus and many others; welcomes its role in keeping UK airspace safe and its commitment to providing opportunities, apprenticeships and careers for men and women in many diverse trades and specialities, including technical and engineering, aircrew, air operations and support, logistics, medical, personnel support, intelligence and force protection; understands that the centenary is to be marked as "RAF100" in a programme of events that will salute the service; notes that these will include community, regional and national events and activities that will run from April to September; acknowledges that there will be a centenary parade and flypast over London on 10 July 2018; wishes all involved with the celebrations the very best in their endeavours; looks forward to the many planned events; congratulates the RAF on its 100 years of years of service, and praises its personnel, past and present.

12:49

Alexander Stewart (Mid Scotland and Fife) (Con): I am delighted to open this historic members' business debate and I am grateful for the privilege of being able to do so. I pay tribute to everyone who has chosen to attend the debate in the public gallery.

A hundred years ago this month, King George V authorised the creation of a new branch of the British military, in response to the growing role of air power in warfare. The new force was created

on 1 April 1918, when the aviation branches of the Royal Navy and the British Army were merged into a single service, which was to be known thereafter as the Royal Air Force.

Expanding rapidly from its inception, the world's first fully independent air force fought in major conflicts in the second world war. Its most famous campaign was the battle of Britain, in which, from July to September 1940, the RAF fought off a hugely superior German air force, denying the Luftwaffe air supremacy over southern England and thereby preventing a German invasion of Britain. In May 1941, the battle of Britain came to an end. The then Prime Minister Winston Churchill said of RAF pilots:

"Never in the field of human conflict was so much owed by so many to so few."

By the end of the war in 1945, the strength of the RAF was almost 1 million personnel.

At the start of the second world war, 602 City of Glasgow Squadron—I am delighted that a number of 602 squadron's current personnel are with us in the public gallery this afternoon—and 603 City of Edinburgh Squadron, which were two of the first ever Royal Auxiliary Air Force squadrons, demonstrated exceptional skill and airmanship. They were instrumental in the RAF's success in ensuring that the Luftwaffe was dealt with. Here in Scotland, they dealt with an aircraft over the river Forth on 16 October 1939.

Scotland was—and still is—considered to be strategically extremely important for the defence of the United Kingdom. Indeed, the RAF constructed and operated enormous infrastructure north of the border at RAF Lossiemouth in Moray and RAF Leuchars in Fife. The level of RAF activity in my region of Mid Scotland and Fife during the immediate aftermath of the second world war was unprecedented, and the history and lasting legacy of that activity should forever be remembered.

In 1942, the RAF Regiment was formed to protect airfields from airborne troops. At its wartime peak, it employed around 60,000 personnel. Today, the RAF Regiment continues its vital role of defence, its exceptional training, and the humanitarian work that it has done and continues to do, and I pay tribute to it for that.

Bruce Crawford (Stirling) (SNP): I apologise to Alexander Stewart because I cannot stay in the chamber much longer; I have a meeting at 1 o'clock. However, I want to make one point. My son was in the RAF and I never had a prouder moment than when he passed out at RAF Halton a number of years ago. I also wanted to pick up on Alexander Stewart's point about training. The training that my son received and the values that were instilled in that young man stood him in great

stead for his future employment. That is one of the great things that the RAF still does today.

I also congratulate Alexander Stewart on bringing the debate to the chamber today.

Alexander Stewart: I concur with what Mr Crawford said. There is no doubt that the exceptional quality of training that the RAF provides gives individuals the opportunity to unlock their potential for a future when they are no longer with the service.

The RAF was supported in wartime by the Women's Auxiliary Air Force as well as by Princess Mary's Royal Air Force Nursing Service. However, the passing of the Army and Air Force (Women's Service) Act 1948 created the opportunity for a permanent peacetime role for women in the armed forces in recognition of their incredible wartime contribution. That led to the Women's Royal Air Force being formed on 1 February 1949. The WRAF offered women a full professional career in the air force for the first time.

Since the end of the second world war, the RAF has been involved in many operations that have been vital to the survival, stability and peace of many nations and their peoples throughout the world. From the Berlin airlift in 1948-49, through the huge effort during the cold war, on to the military support to the Royal Ulster Constabulary in Northern Ireland from 1969 to 2007, assistance in the Belize and Malaya conflicts, humanitarian work in the Democratic Republic of Congo, operations and logistics in the Falklands, Bosnia-Herzegovina and Libya, relief flights in Kenya, military intervention in Sierra Leone, Accra and Iraq, evacuation assistance from Beirut, and humanitarian operations following the earthquake in Pakistan, the RAF's efforts are endless.

As I said before, the RAF does so much. It is notable that this historic centenary is to be marked and known as RAF100, with a programme that will salute the centenary of the RAF through a wide range of local, regional and national events, including air shows, running from April to September. Indeed, to mark the commemoration here, our own Presiding Officer hosted a fantastic reception in the Parliament recently, with Air Chief Marshal Sir Stephen Hillier as the main guest.

RAF100 is being celebrated in many regions of Scotland, and on Saturday 26 May, the Ancre Somme Association Scotland will host the RAF baton relay at the Spitfire memorial on the former site of RAF Grangemouth, with a flypast and a band. The RAF will be holding a fully manned RAF100 historical display. There will be aircraft at the Glasgow science centre to give people the opportunity to view them and take part in the centenary.

My own contribution is the honour of securing this members' business debate, and again I welcome the RAF personnel in the public gallery. I look forward to the contributions from my MSP colleagues, who will speak in support of the fantastic, highly professional and tireless work that the RAF has continued to do.

The hallmark of this great anniversary will be an RAF centenary parade in London on 10 July. I congratulate the RAF on reaching this milestone of 100 years and on the operations that it has been involved in. I thank everyone from the past, present and future for their endeavours to ensure that the contribution of the RAF has been and will be maintained, and I wish the RAF all the best for at least another 100 years.

12:56

Tavish Scott (Shetland Islands) (LD): I thank Alexander Stewart for initiating the debate. I share the sentiment of his remarks about the role that the RAF has played in the past and will undoubtedly play in the future. I apologise to Mr Stewart and indeed to the chamber for having to leave this debate shortly. In one of the ironies of life, I have a meeting with one of Keith Brown's colleagues about RAF Saxa Vord—or what used to be RAF Saxa Vord—on Unst. It is just one of those things that occasionally happen.

I want to reflect on the role that the RAF played in Shetland over the war period and since then. However, the first thing that I should say is that one of the more arduous duties that local members may have had is taking on the speaking responsibilities at the annual Royal Air Force Association dinner marking the battle of Britain. Prior to the first time that I was asked to do that in Lerwick, I was advised that it was an occasion when those who had contributed so much to the role that their air force had played in the defence of our country let their hair down, to some extent, so it would not automatically follow that by the time that I was asked to speak, they would be completely in control of their faculties. That was a great relief to me, never mind to them, in relation to getting through that occasion.

The point of the RAFA club, which still exists in Lerwick, is that it is a place for many younger members of the RAF veterans community, who still meet to discuss old times and to remember those who are no longer with them.

Sullom Voe in Shetland was the coastal command squadron airfield for flying boats in the second world war. Indeed, I found out the other day that in November 1939, Sullom Voe became the first location in the British isles to be bombed. I am told that no damage was formally reported

apart from the death of a rabbit. I can assure members that that was not a great loss.

The complex was added to when a nearby airfield was completed—RAF Scatsta, which to this day continues to fly helicopter transfers to the west and east of Shetland for the oil industry. Of course, Sullom Voe is today known for the oil terminal rather than for anything else.

There are two notable events among great acts of heroism and bravery during the second world war. The first involved Flying Officer John Cruickshank, who was awarded the Victoria Cross for a successful attack on a German U-boat during the war. Despite being injured as he attacked, he managed to bring his aircraft home and indeed circled until daylight, when he could land and successfully save his crew.

The second is the crash of the RAF Catalina on the island of Yell, to the north of Sullom Voe, when she came back after searching the Norwegian coast for the Tirpitz. Ice built up on the wings, the weather was pretty awful and the aircraft crashed. Mercifully, all three of the crew survived. In the state that they were in, it was some remarkable achievement that they survived, given that they landed on the middle of Yell, many miles from any house or residence.

The only other point I want to make is about what currently goes on. When I was first elected, we still had the cold war, and RAF Saxa Vord in Unst was the radar dome that kept an eye on the Russians. It is coming back. Sir Stephen Hillier, whom Alexander Stewart rightly mentioned, came to Shetland in January to view the £10 million radar dome that links to both Lossiemouth and Coningsby in Lincolnshire and provides NATO and the RAF with forward warning of Russian—and it will be Russian—aircraft that are flying close to airspace that in this sense is part of the UK's responsibilities under NATO.

That is a source of concern to me and many others. I thought that we had moved on from the cold war period. When I was first elected, I did not think that it would ever come back. Here we are today, putting back radar and defence to cope with the threat that, in the modern world, I had simply thought had disappeared.

Because of that, I share Alexander Stewart's sentiments about the role that the RAF has played and its continuing role in the world that we live in.

13:01

Richard Lochhead (Moray) (SNP): I congratulate Alexander Stewart on his speech and on giving Parliament the opportunity to commemorate and celebrate the RAF's centenary. It is an opportunity to commemorate the service

given by tens of thousands of men and women over the past 100 years in defending their country and in participating in many other valuable tasks, many of whom made the ultimate sacrifice. It is also an opportunity to celebrate the RAF's role in Scotland and, from my own perspective, in my constituency of Moray.

I enjoyed the BBC programme "RAF100", which was presented by my constituent Colin McGregor, a former Tornado pilot at RAF Lossiemouth, who continues to live and work in the local community and, as some people in Elgin might say, his lesser-known brother Ewan McGregor. It was good that two Scots hosted that programme, as Scotland has had a big influence on the RAF. We should not forget that it was a Scot, David Henderson, who was credited with writing the report in 1917 that went to the UK Government in the name of General Jan Christiaan Smuts, making the proposal for the RAF, which was formed in 1918. Today, a Scot and former Kilmarnock academy pupil, Sir Stephen Hillier, is the air chief marshal and chief of the air staff.

The RAF fulfilled many important duties while defending our country and promoting humanitarian effort around the world over the past 100 years. Some of those duties may be controversial due to decisions taken by its political masters, but the service of the men and women has always been characterised by dedication and professionalism that can never be questioned. Many of the tasks have been vital—for example, the Berlin air lift in 1948 and 1949.

By 1939, no victory on land or sea could be achieved without superiority in our skies. The battle of Britain, which took place in 1940, is in many people's minds what defines the achievements of the RAF, and it was perhaps the service's high point. The D-day landings, in 1944, would not have been successful without superior air cover.

In Moray, throughout the generations over the past 50 to 100 years, people have been used to seeing the Buccaneers, the Shackletons, the Jaguars, the Tornados, the Typhoons, the Nimrods and so on in the skies above our local communities. Many of those planes were part of the Royal Navy, but the constant feature over that time has been the presence of the RAF in Moray.

Today, we still see in places such as Dallachy and Milltown the abandoned airfields and buildings that played important roles in the last war. We also still have RAF Lossiemouth. We had RAF Kinloss, but it closed in 2012 as an RAF base, although RAF Lossiemouth continues to thrive as Scotland's only operational airbase.

Lossiemouth played an important role in the second world war in various ways, but perhaps the

most famous of those was when 29 Lancasters from 9 and 617 squadrons took off from there in November 1944 and sunk the Tirpitz in Norwegian waters.

As I said, RAF Kinloss sadly closed in 2012, after 73 years as an RAF base. However, RAF Lossiemouth continues to expand and, as we speak, the ceremony is closing that has been taking place there to mark the cutting of the turf for the nine new P-8A Poseidon maritime patrol aircraft that will be based in Lossiemouth, which will join the Typhoons that have moved there to take over from the Tornados. There will also be a new squadron of Typhoons. RAF Lossiemouth will therefore play an even greater role in the defence of the country. That will bring other benefits as well, because Boeing, for instance, is going to build at RAF Lossiemouth, which will create new, high-skilled jobs there. I hope that there will be spillover for the local economy from that centre of excellence, which will be developed over time.

The RAF has helped to define many of Moray's communities. The former personnel, of which there are thousands, and the current personnel, of which there are also thousands, have played and continue to play a vital role in the local community of which they were—and still are—a part. They continue to contribute to that community, and I hope that that positive relationship continues in the future.

I join other members in wishing the RAF a very happy and prosperous 100th birthday.

13:06

Liz Smith (Mid Scotland and Fife) (Con): I thank my colleague Alexander Stewart for bringing the debate to the chamber on what is undoubtedly an historic occasion.

In the war museum in Valletta, one of the biggest visitor attractions is a Gloster Gladiator biplane known as "Faith". It is the sole survivor of the trio of biplanes "Faith", "Hope" and "Charity" whose pilots, virtually single-handedly and against all odds, defended night after night and hour after hour the tiny island of Malta in some of the darkest days of the second world war between 1940 and 1942. For me, it is an aeroplane that symbolises not just the ordeal of the RAF servicemen and the people of Malta who stood courageously against the Axis nations, especially when all looked lost, but the skill, determination and indomitable spirit that has been the hallmark of the RAF for the whole century of its existence. Indeed, I think that nothing better exemplifies the distinctive character of the RAF, which prides itself on the fact that all its personnel pull together as a team to deliver effective air power, no matter the challenges or the

environment in which the squadrons find themselves.

At the recent centenary event at Holyrood, which many of us had the great privilege to attend, it was clear that the abiding strengths of the RAF, whether they are to be found in the most senior officer or in the most junior cadet, are the strength of its leadership, the expectation and delivery of the highest professional and personal standards and the strong sense of tradition. We all owe so much to the RAF, whether because of its role in the darkest hour of the second world war or because it combines with the other armed services to defend this nation in an increasingly fragile world and to strengthen international peace and stability.

When seeking new recruits, the RAF says that it wants men and women whose personal qualities of integrity and respect reflect the core values of the RAF. The RAF wants men and women who will respond to a demanding way of life, who aspire to excellence, who share a sense of duty and commitment and who recognise that the life of another person might depend on them, as their life might depend on themselves.

My interest in the RAF is the result of my father's second world war service in Malta and, latterly, in Sicily. He was a corporal in one of the squadrons that faced the ultimate challenge of standing foursquare against the enemy during the siege of Malta, between 1940 and 1942, which included many months with little food or other comforts. They battled against all the odds to hold off the relentless bombing of Italy's Regia Aeronautica and then of Germany's Luftwaffe. No fewer than 3,000 raids took place on Malta's towns and ports in the course of two years, with 15,000 tonnes of bombs being dropped. What the RAF and, indeed, the people of Malta achieved as the "unsinkable aircraft carrier"—the term that Winston Churchill used to describe the island—was extraordinary. Fighting alone against the Italian air force between June and October 1940, just as their colleagues were about to do in the battle of Britain, the six volunteers who flew the Gladiator biplanes "Faith", "Hope" and "Charity" were the epitome of the RAF and all that it has meant to this country.

As members will know, the combined determination of Churchill and the chiefs of the air defence staff in the face of pressure from France to sell out Malta was the reason that the allies were subsequently able to defeat the Axis in the Mediterranean, and it was why the second battle of El Alamein, in November 1942—which, in turn, allowed allied landings in Morocco and Algeria, in operation Torch—was successful. It is little wonder, then, that the RAF was held in such high and precious regard.

In the modern era, RAF officers and their families would be the first to admit that much is owed to the supportive charities: the RAF Association, the RAF Benevolent Fund, the RAF Charitable Trust and the RAF Museum. I was delighted to learn that, thanks to the assistance of those charities, and in order to mark the centenary, the 14 war memorials dedicated to airmen from the first and second world wars, including those that commemorate the most decorated world war one pilot and the first pilot to shoot down a German zeppelin, will now have heritage protection.

I was also delighted to learn that, in the centenary year, the RAF is supporting a new programme that is designed to encourage far more young people into science, technology engineering and mathematics in Scotland. We know, from the evidence in schools, colleges and universities, that that is desperately needed, and I hope that it will happen in a very short timescale.

The journey from the merger of the Royal Flying Corps and the Royal National Air Service, on 1 April 1918, when each had around 100 aircraft, balloons and airships, to the high-tech service that the RAF is today is quite remarkable. In the excellent recent documentary that was presented by Ewan and Colin McGregor, whose parents live in Perthshire, just a few miles away from me, the history of 100 years of technical change was shown in its fullest measure, but so, too, was the dedication, professionalism and heroism of the RAF veterans who were interviewed. We all owe them so much.

The biplane "Faith", which stands alone but proudly in Valletta's war museum, remains, for me, the enduring symbol of the RAF. It is the courage of RAF personnel, as well as their will to win and their spirit, which is now being passed down through the generations, that is the mainstay of the RAF and, indeed, of this country, and we must celebrate this centenary.

13:11

David Stewart (Highlands and Islands) (Lab):

I congratulate Alexander Stewart on securing this afternoon's debate and on his comprehensive and thoughtful speech. The message that will resound across the chamber today is that we all owe a debt of gratitude and honour to the RAF for the role that it plays in the defence of our nation. I echo Poppyscotland's words:

"We thank all those who have served, are still serving, and their families for their service and sacrifice."

A little more than eight short years ago, I brought to the chamber a members' business debate to discuss concerns about the possible closure of RAF Kinloss. The cross-party campaign

was supported by all the party leaders at the time: Alex Salmond, Annabel Goldie, Tavish Scott and Iain Gray. I argued then—and I argue today—that armed forces personnel have a social covenant with our country in times of peace and in times of war. During times of conflict, I always remember the lines from John Maxwell Edmonds that are repeated every remembrance Sunday across Scotland and beyond:

"When you go home, tell them of us and say
For their tomorrow, we gave our today."

The importance of the social covenant was best illustrated to me 26 years ago, when the American naval base in Dunoon closed, with the loss of 1,500 American personnel. The local community rallied round and set up a dynamic economic committee that received European and Government funding support to diversify the economy and provide new jobs.

Like most members in the chamber today, my interest in the debate is personal. My father did his national service with the RAF at Kinloss as a fresh-faced 18-year-old, over 70 years ago. During my final year of school in the Highlands, I thought seriously about joining the RAF, but instead I chose the less hazardous conflict zones that come with a career in politics. However, during my time at Westminster, from 1997, I relished the opportunity to serve with the RAF for two terms as part of the armed forces parliamentary scheme. I put on record my thanks to my friend Sir Neil Thorne for his initiative in setting up the scheme at Westminster. I also welcome the scheme that we have in the Scottish Parliament, and I hope that members on all sides of the chamber will volunteer to take part in it.

During my involvement with the Westminster programme, I had direct experience of RAF Kinloss and Lossiemouth, as well as a memorable week in Basra, in Iraq, which is still etched on my memory. As part of the scheme, I flew in a Tornado fast jet, a Nimrod maritime aircraft and a Sea King search-and-rescue helicopter.

On my last day with the RAF, the Sea King that I was involved with had to attend an emergency in Glencoe. I vividly remember flying a few hundred feet above Loch Ness on the way to Glencoe and observing at first hand the bravery, expertise and professionalism of the pilots and the winch crew as they saved the life of a young Swiss mountaineer who had fallen and suffered severe facial injuries. My experience was a brief snapshot, but it gave me a tremendous admiration for the armed forces and for veterans.

We should always remember that people do not stay in the armed forces forever and that our responsibility to people who have served our country does not stop when they leave the

services. The covenant that we make with those in the service community does not stop when they rejoin civilian life.

It is also important that we bear in mind that, as a country, we have invested a great deal of money in training our servicemen and women and that, although we have a duty to ensure that they are looked after, we also have a duty to ensure that that investment in skills and training is not lost to society. That is just one reason why it is important that we ensure a high-quality transition from the services to civilian life.

I warmly welcome the debate to mark and salute the centenary of the RAF. RAF100 will consist of a wide-ranging group of community, regional and national events. Today, let us all unite in congratulating the RAF and praise the personnel of the past, the present and the future.

13:16

Maurice Corry (West Scotland) (Con): I am delighted to speak in today's debate to mark the 100th anniversary of the youngest and most prestigious military branch of the armed forces. I am reminded of the comment of the RAF representative at this week's meeting of the armed forces and veterans community cross-party group. The representative said that although the RAF is the youngest service branch, it is the best looking. As a former British Army officer, I could not possibly agree with that comment.

Nevertheless, I admire the RAF's spirit and determination. I thank the RAF for the many times that I have flown with RAF support command over the years, particularly to and from, and within, operational areas. I thank my colleague Alexander Stewart for having this members' business debate on such an auspicious occasion. It is right that we take a moment to pay our respects to the esteemed organisation—our Royal Air Force—and to those who have the privilege of serving in its ranks.

Despite its being the youngest service, it has a proud, and a very Scottish, record. That is demonstrated from the earliest days of the RAF, because Britain's first operational military air station was near Montrose. During the battle of Britain, the RAF stood as the final line of defence against the Nazi invasion, and was led by the Scotsman Air Chief Marshall Hugh Dowding. In more recent times, the RAF response to Russian threats against our airspace has been based at RAF Lossiemouth.

I want to speak a bit more about the modern RAF in Scotland. Its main operating base is, of course, in Lossiemouth in Moray, and it is growing. The additional squadron of Typhoon fighters is on the way, and the new P-8A Poseidon aircraft will

be based there. That is all great news for that part of the country, because it means that there will be more investment and jobs in the local community, to which Richard Lochhead so rightly referred. I am sure that that will include the new STEM programme, to which my colleague, Liz Smith, referred.

Lossie is a central part of the defence arrangements for the United Kingdom, and it is home to the quick reaction alert units whose jobs it is to defend our airspace from incursion, particularly from the Russians. It also plays a part in our responsibility to our North Atlantic Treaty Organization allies by being part of the Baltic air-policing effort to deter operations from the Russian state. That work sits alongside a host of other activities. Lossie provides planes and men for operations in the Falkland Islands and operation Shader in the Middle East. It also hosts exercise joint warrior and a mountain rescue team.

A lot is happening in that one location, but Lossiemouth is not the only RAF presence in Scotland—the RAF's presence stretches right across the nation. Scotland is home to four of the RAF's reserve squadrons, namely the 602 City of Glasgow Squadron, the 603 City of Edinburgh Squadron, the 612 County of Aberdeen Squadron and the 2622 Highland Squadron, which all provide support in a number of vital areas including mission support, force protection, police, the RAF regiment and medical support. As the military comes to rely more and more on our reservists, the importance of those units to the RAF can never be underestimated.

Scotland is also the home of number 6 flying training school, which gives flight training to the RAF's university air squadrons and to the air experience flight, both of which give young people the opportunity to learn to fly and give them insight into what a career in the RAF could entail.

The RAF is also reopening the remote radar head facility at Saxa Vord in the Shetland Islands, to which my colleague Tavish Scott referred. That welcome investment of £10 million will keep our country really safe. Having experience of serving up there some years ago in exercise inside right, I know fully the extremely important role that that facility carries out in protecting NATO countries and our forces in the Shetland Islands right through to Turkey.

As we have heard, the RAF's history with Scotland is deep and meaningful. The RAF has a real commitment to Scotland, and I am sure that, over the next 100 years, it will continue to be strongly connected with our country.

13:20

The Cabinet Secretary for Economy, Jobs and Fair Work (Keith Brown): I thank Alexander Stewart for securing what has, I am delighted to say, been a very supportive and interesting debate. Parliament continues to acknowledge the work of all our armed forces. Today, we recognise in particular the Royal Air Force and its personnel, past and present, and we celebrate its formation on 1 April 1918, as the first independent air force in the world. Born of necessity 100 years ago, the RAF continues to lead the way today, as we have heard, in combating modern threats to our security and in delivering humanitarian aid around the world.

A century ago, we were in the midst of a terrible conflict, the likes of which it is difficult to understand and envisage today. Towards the end of the first world war, the Royal Flying Corps and the Royal Naval Air Service were merged to form the Royal Air Force. During the second world war, the RAF expanded very quickly. Aerial defence was provided by, among other aircraft, the elegant and instantly recognisable Hawker Hurricane and Supermarine Spitfire, including, of course, during the battle of Britain, which a number of members have mentioned.

Today, the RAF continues to defend our security and airspace 24 hours a day, 365 days a year, through its quick reaction alert force capability from RAF Lossiemouth and RAF Coningsby. As well as being home to the quick reaction alert north capability, RAF Lossiemouth in Moray is home to three squadrons of Typhoons. I am sure that the local communities are looking forward to welcoming more RAF personnel and families, who will accompany the arrival of a further Typhoon squadron and the Poseidon maritime patrol aircraft, which Maurice Corry mentioned.

The RAF family in Scotland extends well beyond the communities in Moray. A presence is maintained at Leuchars in Fife and two Royal Auxiliary Air Force squadrons are based in the central belt, all of which have a warm relationship and close ties with the local communities.

As members would expect, the RAF has changed a great deal over the past 100 years. The Women's Royal Air Force was created on 1 April 1918 at the same time as the RAF, following the formation of the Women's Army Auxiliary Corps and the Women's Royal Naval Service in 1917. During the first world war, separate women's services were formed for the first time. Women played an integral role in the first world war, and although the three services were subsequently disbanded, they were quickly reformed for the second world war.

In the 1990s, the separate women's services were subsumed into the main services, and women now work alongside their male counterparts in many and varied roles. The RAF has now opened all roles to women—it was the first of the three services to do so. The Royal Navy has had women serving at sea since 1990, and the Army has lifted the ban on women serving in close-combat roles.

Many of the speeches that have been made have drawn on the personal experience of members. At the risk of boring those who attended the event with the RAF that was hosted by the Presiding Officer a couple of weeks ago, I will briefly recount my experience of the RAF.

I have been obliged to hitch a lift with the RAF on three occasions, the first of which was in 1982, on returning from the Falkland Islands conflict, when we got a lift back from Ascension Island to RAF Leuchars. As a shy, modest and retiring marine, I remember not wanting to mention the fact that the seats on the aircraft were all facing the wrong way, but there were very good health and safety reasons for that.

The second occasion on which I hitched a lift from the RAF was on a trip to Norway from RAF Leuchars. What struck me at the time—this might be unremarkable for the RAF—was the pilots' ability to land a Hercules aircraft at a completely snowbound airport. The skill that that involved was remarkable.

The final and most memorable time was when I had the chance to fly in a Tornado, as David Stewart did. That followed the RAF coming to Parliament for an open day and my winning a ballot to be the MSP who got to go up in the Tornado. To my extreme disappointment, I passed the medical with flying colours, which meant that the pilot could do whatever he wanted—he had to observe the 200m floor, but everything else was open to him. The question that is usually asked is followed by the answer, "Three times." I will say no more than that.

As I said at the event, I was struck by the modest and understated manner and the evident competence and professionalism of the pilot. Such was his level of training and the extent of the practice that he had had over the North Sea and mainland Scotland that he did things in the air without really thinking about them. The personnel that the RAF produces are highly impressive.

Building on the success that we have seen, we now have Eric Fraser in post as the Scottish Veterans Commissioner. A number of members—David Stewart, in particular—mentioned the need to capitalise on the skills of veterans and on the investment that the country makes in the skills and competencies of our services personnel, and in

particular, personnel from the RAF. On points that were made by Richard Lochhead, I was struck by the example of the two people who left the RAF but stayed in Lossiemouth and developed a business with a product that was able to go into the American defence market. We have to do much more of that in order to keep the huge concentration of skills in the local area for the benefit of the local area. Maurice Corry and I have talked about the issue on a number of occasions.

As the other services do, the RAF provides career opportunities—engineers, aircrew, medics and many other professionals. Service personnel gain a variety of transferable skills during their military careers. Part of our job—I know that Maurice Corry agrees with me—is to tell services personnel how experienced and capable they are, and how useful and relevant the skills that they have gained are to civvy street. Many of those skills are in high demand in commercial organisations throughout Scotland—that is perhaps more the case for former RAF personnel than for other forces personnel.

Michelle Ballantyne (South Scotland) (Con):

While the minister is talking about skills, will he join me in congratulating the RAF on the work that it does with young people? We have the biggest air cadet organisation in the world. I was fortunate enough to serve as a flight lieutenant and squadron commander in the air training corps, and I have to say that the RAF does a superb job in supporting young people. It is particularly fitting that we celebrate RAF100 at the same time as we celebrate the year of young people.

Keith Brown: I agree, and I point out that I am wearing my year of young people badge today. I can also say that my twin nieces served with the ATC. They did not do so with any intention of going on to a military career, but they got a fantastic amount out of the experience, so I certainly join Michelle Ballantyne her commendation of the air training corps.

For my part, I am happy that the Scottish Government continues our focus on helping people who leave the armed forces to put their valuable skills into practice and to succeed in their chosen civilian careers.

As Alexander Stewart noted, On 10 July in London, the RAF will be on show for a centenary parade and fly-past. I am sure that that will be an excellent celebration and a fitting testament to all serving personnel who take part, and to the many RAF veterans who will turn out in support. Many events are planned for Scotland, too. They include the Scottish national air show, an RAF families garden party and many STEM events for young Scots, to encourage the take-up of those subjects in our schools.

I am pleased to have been provided with the opportunity to pay tribute to the men and women of the Royal Air Force in its centenary year. This will be, for them, a busy and exciting time, with many events, both official and unofficial. I imagine that the most fun will be had at the unofficial events, to which Tavish Scott referred. Those events will stoke up many memories for the years to come. I encourage all those who are able to do so to get involved in events and to enjoy the well-deserved spotlight on the RAF.

I hope that members join me in congratulating the RAF on reaching its centenary and, as Alexander Stewart has done, in wishing it continued success for the next 100 years.

13:28

Meeting suspended.

14:30

On resuming—

Safe Injection Facilities

The Presiding Officer (Ken Macintosh): The next item of business is a debate on motion S5M-11695, in the name of Aileen Campbell, on safe injection facilities.

14:30

The Minister for Public Health and Sport (Aileen Campbell): In 2016, 867 individuals lost their lives through problem substance use, and countless others were devastated by the loss caused by its impact. Alongside such loss of life, problem substance use can inflict pain, trauma and suffering on individuals, families and communities right across the country. At a time when we are updating our national drugs strategy to take into account changes that have happened in the past 10 years, we have a chance to review and improve the services that we offer to people and the methods by which we engage with and support them.

Since I came into this post, the rising number of drug-related deaths has weighed heavily on me. Given the nature of the population that we are talking about, and the allied challenges of austerity, I am very aware that that pain will remain in Scottish society for some time. Each number represents an individual loss of life, potential unfulfilled and a family devastated by grief. We cannot tolerate that, and therefore we need to examine what we are currently doing to help and support some of the most vulnerable people in our society and consider what we can do differently, even if it is unpopular or uncomfortable.

Sadly, we are not alone in facing that challenge, with other countries also needing to find ways to cope with problem substance use. However, the treatment and harm-reduction approaches that are taken vary, as do the results, so it makes sense to explore further those for which the evidence suggests that they can make a positive difference.

I have recently returned from Australia, where I was supporting our fantastic sportsmen and sportswomen at the Gold Coast Commonwealth games. Like Scotland, Australia has seen recent increases in the number of drug-related deaths. Between 2012 and 2016, the number of heroin-related deaths in Melbourne, Victoria doubled. In an effort to seek a solution, the Victorian state Government looked to the successes seen in Sydney, which had introduced a safer drug consumption facility—SDCF—in 2001. In the 16 years in which the Sydney SDCF has been open, it has had more than a million visits from individuals who seek to use its facility. During that

time, it has treated more than 7,000 overdoses without there being a single death. It has also recorded an 80 per cent reduction in the number of ambulance call-outs to the area, the number of used needles and syringes discarded in public has halved and nearly 80 per cent of local residents say that they support the facility.

I have spoken with officials from the Victorian state Government about their recent decision to approve an SDCF in the North Richmond neighbourhood of Melbourne. Like us, Victoria has chosen to treat the problems associated with substance use as a health issue rather than a justice one, which means taking a health-led response to the situation. For the Victorians, that meant looking at the evidence for what works and what would reduce the number of deaths. They did not have to look far to see the impact that an SDCF could have.

Closer to home, just before I left for Australia, I addressed the Dundee community forum as it launched a drugs commission to explore the problems that it faces on problem substance use, amid a growing number of drug-related deaths, and to look for potential solutions. At that forum, I explained that such solutions might initially seem controversial or unpopular, but we owe it to families who have lost loved ones and to those who have lost their lives to try something different, as the status quo for those furthest away from services is not working.

I am well aware that, for some, the idea of an SDCF is unpalatable and that the idea of offering a safe space for individuals to consume drugs seems wrong. However, I am clear—as is the Government—that our vision for this country is one in which all our treatment and rehabilitation services are based on the principle of recovery. Indeed, that commitment lay at the heart of our 2008 publication “The Road to Recovery: A New Approach to Tackling Scotland’s Drug Problem”. For some people, the possibility of recovery or abstinence is a long way off. In the meantime, it is important that we focus on keeping them alive and in touch with services that may provide them with the support that they require eventually to take further steps towards their own recovery.

John Mason (Glasgow Shettleston) (SNP): I agree with all that the minister says on the health aspect, but so far she has not touched on the supply aspect. It seems to me that the proposed model is built on people buying and selling drugs illegally, which is linked to organised crime. My main reservation about the policy is that we are building crime into the system.

Aileen Campbell: I do not agree with that assessment. It is about taking a public health approach to a public health issue. We currently do not have the powers to enable that to happen

legally. That is why I am seeking Parliament's agreement to enable us to ask the United Kingdom Government to give us the opportunity to take a public health response to the public health need in the city that John Mason represents.

An SDCF can offer a place where individuals can go and a safe space where they can be treated with respect, but it is also a place where they can build a relationship with treatment workers so that, if and when an individual decides that they want to make a change to turn their life around, they will have support on hand to do so. An SDCF would be a real shift in service provision. It would be a service that has no barriers to engagement and one that provides a highly marginalised population with a place to engage with staff, build trust and get support to address some of the wider issues that they face.

Following a recent debate on the topic at Westminster, the UK Government minister came under attack for misrepresenting some of the evidence on such facilities, and I am keen not to make the same mistake. Instead, I will defer to a 2017 report from the European Monitoring Centre for Drugs and Drug Addiction, which summarises some of the evidence on these facilities. The report found that the evidence that SDCFs can

"reach and stay in contact with"

highly marginalised individuals is

"well documented".

The report says that

"This contact has resulted in immediate improvements in hygiene and safer use for clients ... as well as wider health and public order benefits."

Such facilities are associated with increased uptake of diverse types of dependence care such as referral to an addiction treatment centre, initiation of detoxification programmes and initiation of methadone therapy. The report also states that evaluation studies have shown that there has been a "positive impact" on the communities in which the facilities are placed, including a

"decrease in public injecting ... and a reduction in the number of syringes discarded in the vicinity".

That is an important point in response to John Mason's question. Surely those outcomes deserve exploration to ensure that our communities feel supported.

Daniel Johnson (Edinburgh Southern) (Lab): I hear much of what the minister has to say. If there is evidence, we should indeed look at it, but what she is saying is focused on intravenous drug use. What about the wider services and the engagement that goes beyond that cohort of intravenous drug users in tackling the wider drug problem?

Aileen Campbell: I am talking about that specific group and a problem with drug-related deaths. There are examples from across the world where countries have taken up the opportunity to proceed with such facilities, which has resulted in a reduction in the number of drug-related deaths. I do not pretend that the measure would be a panacea for all the issues of drug and substance misuse in Scotland, but I am seeking agreement for us to try to initiate dialogue with the UK Government through which we can try to take forward a public health response to the growing and very real public health need that is felt keenly in Glasgow.

The evidence from the Sydney facility shows that it has had support from the local residential and business communities, because they have witnessed a positive change in the area as a result of the success of the SDCF. In Melbourne, locals actively campaigned for a safe injecting facility.

From the interventions that I have had, I am aware that, for some, the argument will be that there is no safe way to take a class A drug such as heroin. My answer to that is that SDCFs do not claim to make drug use safe; rather, they are based on the premise that it is safer to use drugs under supervision than to do so in a disused building or on the street or in any other place where an individual might take them and not be found should anything go wrong.

We rehearsed the arguments previously when setting up needle and syringe exchange programmes. We did not claim that doing so would make injecting safe; instead, we claimed that the programmes would make injecting safer by reducing the chances of the transmission of blood-borne viruses and bacterial infections.

An SDCF would also provide the opportunity for individuals to access the health and social care services that are usually out of their reach. On that point, evidence from the Sydney facility shows that about 70 per cent of the people who registered had never accessed any local health service before and that, since the introduction of the SDCF, almost 12,000 referrals have been made, connecting people to health and social welfare services in a way that never happened in the past.

Alex Cole-Hamilton (Edinburgh Western) (LD): The minister is absolutely right to say that there is a link between safe injecting rooms and use of other healthcare facilities. A key service in that regard is the alcohol and drug partnership. Will she take this opportunity to confirm that budgets for ADPs will be protected in future? They have not been protected in the past under this Government.

Aileen Campbell: We have invested record levels in ADPs, and in the previous budget we

committed to invest a further £20 million, to ensure that we can deliver on our new and refreshed approach to drugs.

Closer to home, the UK Government's Advisory Council on the Misuse of Drugs published a report in December 2016 in response to the growing number of drug-related deaths in the UK. In that report, the council recommended that consideration be given to the establishment of SDCFs in areas with a high concentration of injecting drug users. The council reported that in addition to the evidence that SDCFs reduce the number of drug-related deaths, there is evidence that they reduce the transfer of blood-borne viruses while improving access to primary care and more intensive forms of drug treatment. The council was clear that the evidence showed that the facilities did not result in an increase in injecting behaviour, drug use or—I address this to John Mason—local crime rates.

All that leaves me wondering just how much more evidence in support of SDCFs the Westminster Government requires before it will act. How many more people need to die before the UK Government agrees that such facilities save lives?

The issues that I am talking about affect individuals and communities throughout our country, but it is Glasgow that leads the charge for Scotland in its attempt to open an SDCF. For that reason, I want to take a moment to focus on the current situation in the city. The most recent statistics that I have seen indicate that the HIV epidemic in the city continues unabated. The outbreak among injectors in greater Glasgow involves about 120 people. Such a level of HIV infection is unacceptable in our society, and I am adamant that we must offer some solution to the situation. If one in five of the people who inject drugs in and around Glasgow city centre is involved in the outbreak, it seems essential that we should have a service that gives those people regular contact with services so that they can get effective HIV treatment.

In addition, Glasgow has had the largest number of drug-related deaths in the country in recent years, with 170 such deaths recorded in 2016. Again, the figure is unacceptable and the situation demands action.

I was encouraged by Glasgow City Council's recent discussion on the issue. The discussion was initiated by Scottish National Party councillor Mhairi Hunter, but agreement was sought from members of all political parties on the need for a safer drug consumption facility to be introduced in Glasgow, and the discussion ended with a unanimous vote to pursue the provision of an SDCF in the city.

In addition, a Conservative councillor invited Amber Rudd, the Home Secretary, to come to Glasgow to see the situation for herself. The invitation was backed by the rest of the council, and I add my voice to those who are calling for the Home Secretary or her minister with responsibility for drugs, Victoria Atkins, whom I am due to meet next month, to discuss the pressing and urgent issues to do with substance use on which we are unable to act due to powers being reserved.

My officials have been involved in discussions with Glasgow health and social care partnership, which has been developing the proposal from the start. They will continue to engage with the partnership as things progress. I will also soon meet Susanne Miller, the chair of Glasgow's ADP and chief officer of the health and social care partnership, to get a further update on the situation in the city.

We are currently working to renew our national drugs strategy. The current strategy has achieved a great deal and I pay tribute to the hard work of the people who were involved in delivering it: the ADPs, drug services, professionals, clinicians, people with lived experience and people from the third sector who introduced the world's first national naloxone programme, presided over a decline in drug use among our young people, supported more than 120 independent recovery communities and greatly reduced drug and alcohol waiting times.

Neil Findlay (Lothian) (Lab): I support much of what the minister has said about injecting rooms. She is right to focus on that today, but will she bring to the Parliament a debate in Government time to allow members to discuss the whole issue of drugs and the holistic approach that we need to take to drugs policy?

Aileen Campbell: I am always happy to engage—indeed, I have sought to engage—with parties across the parliamentary chamber, to ensure that members feel a degree of ownership of our drugs strategy. We took forward our road to recovery strategy in that way. I will happily engage with the member, who takes a keen interest in the issue, and I hope that he takes that commitment in the spirit in which it is meant, so that we can get something that delivers for people who are marginalised and vulnerable in the here and now, and make progress on safer injecting facilities.

Our refreshed strategy will seek to build on the achievements of the road to recovery strategy. It is also important that it seeks to rectify the gaps and shortfalls that have become all too evident. The new strategy must be innovative in its approach. It must be guided by the evidence of what works and it must be unafraid to suggest approaches that might make some people uncomfortable, at first. That will include ideas such as SDCFs or heroin-

assisted treatment. Against the backdrop of rising numbers of drug-related deaths, those bold ideas could be what makes the difference.

It is important, however, that we do not view such approaches as a panacea for all the challenges that we face with problem substance use in Scotland. Again, I would welcome all members who want to contribute to the refreshed strategy. The strategy will be backed by an additional £20 million each year during the current parliamentary session, and I have been clear that that money is not just to produce more of the same. Instead, I want it to encourage new thinking and approaches, and to encourage ambitious and innovative front-line responses.

Unfortunately, at this time, we are, to an extent, curtailed in what we can do as a nation in response to the problems that we face from substance abuse. The options that are available to us under current legislation are limited, but the situation in Glasgow is serious enough to warrant considering alternative approaches, including a supervised consumption room. I am pushing for a change in the legislation to let that happen. There are SDCFs in more than 70 cities around the world, but not one in the UK. Such a position is no longer tenable and I seek the agreement of Parliament to help change that.

I move,

That the Parliament believes that substance abuse must be approached as a public health issue; notes that Glasgow City Council and the Glasgow City Integration Joint Board have developed proposals to implement a safe drug consumption facility in the city in an effort to reduce harm and save lives; agrees that international evidence indicates that safer drug consumption facilities can potentially save lives and that implementation should be permitted in Glasgow; notes that, as the Lord Advocate has indicated, the lawful operation of safer injecting facilities could only be secured through changes to the existing legislative regime; asks the UK Government to make the necessary changes to allow the introduction of a facility in Glasgow, and believes that, irrespective of the creation of such a facility, every effort should be made to help prevent people from starting to misuse illegal substances and to help them get the support that they need to be protected from the harm caused by their use of drugs.

14:45

Annie Wells (Glasgow) (Con): As an MSP for Glasgow, and the Conservative Party spokesperson for public health, I have a particular interest in the proposal to set up a safe injection facility in Glasgow. The fact that the proposed safe injection facility has had so much local and national media attention shows how much public interest there is in the topic.

I fundamentally do not support the creation of such a facility because I believe that it will mask the reasons why we have reached this crisis point in the first place. That is why I am calling for “a full

sector-led” drug strategy review, as mentioned in my amendment, and an open and honest discussion about the drawbacks of such a facility.

The current strategy is evidently not working. In Scotland, drug-related deaths rose by 23 per cent in 2015-16. In Glasgow, which is a city that has a long and complex history with drugs, an HIV outbreak among drug users is now being described as a “health epidemic”.

Having grown up and still living in one of the most deprived areas of Glasgow, I know only too well what drug addiction can do to an individual and to their family, friends and community. When I was leaving my flat one day only last year, I saw emergency services in my street, only to find out that a former friend of mine had died because of drugs. I grew up with the guy; we played together and we were in and out of each other’s houses. His partner later told me that she had tried to resuscitate him after he had taken a cocktail of heroin and methadone.

Many years ago, I also lost a close friend to a drug overdose. She was a young woman with a child, and I had grown up with her and known her my whole life. She was such a lovely girl and, although we had grown apart, her death and seeing the impact that it had on her family have stayed with me until this very day.

That is why I am so passionate that we need to work first and foremost to get people off drugs altogether. Deaths are happening because people are falling through the net of a system that is not working. We have to ask ourselves how we got to this position in the first place. As I stated earlier, drug-related deaths are on the rise, having increased by 23 per cent in 2015-16. As the minister said, that means that 867 people died in 2016 alone. Worryingly, it is a long-term trend, with more than twice as many people dying from drug use in Scotland than was the case a decade ago.

The Scottish Government’s flagship road to recovery programme has been branded a total failure. Professor Neil McKeganey of the University of Glasgow’s centre for drug misuse research has spoken of the financial “black hole” that has been created by a drug programme that parks people on methadone with no attempt being made to get them off drugs altogether.

Last year, we saw huge cuts to alcohol and drug treatment funding, with health boards being told to top up budgets themselves. Described as “a false economy” by the British Medical Association, alcohol and drug partnership budgets were cut by 22 per cent. Can the minister honestly say that the Government has really committed to getting people off drugs altogether, and to addressing the

number of reasons why people might be on them in the first place?

Ruth Maguire (Cunninghame South) (SNP): I thank Annie Wells for taking my intervention and I am sorry to hear about the losses that she has experienced. Does she accept that we are not talking about an either/or situation? It is not about preventing or stopping harmful drug use in the first place; it is about providing protection for the 400 to 500 people who are injecting publicly in the area that Annie Wells represents, and who are vulnerable to real harm.

Annie Wells: I am trying to say that there is so much that we could have done before we got to this crisis point—which is why I would like to see a full sector-led debate. Are we seriously making a concerted effort to take people off methadone altogether, which in itself is a huge problem, or are we merely parking them on the drug in the hope that the issue will just go away?

Significantly, among the 867 people who unfortunately died in 2016, the heroin substitute methadone was implicated in 42 per cent of those fatalities. We need greater transparency about the issue. Information on the numbers of people on methadone prescriptions and on whether those on long-term methadone programmes are being seen by their general practitioner every three months, as recommended, is difficult to obtain.

For effective intervention, we need to understand what is happening on the ground, but we do not. Seven years ago, the Scottish Government made a commitment to create a new system of collating information on drugs and alcohol—the drug and alcohol information system, otherwise known as DAISy. However, from what I understand, that has been pushed back again to October this year. It should be a priority, as should a focus on promoting smaller abstinence-based local treatment programmes that help drug users to kick the habit.

I have visited some of those places. During a visit to Turning Point in Glasgow, I was struck by what the lasting effects of drug addiction can be. I had frank and open discussions with service users—some had completed the abstinence programme and some were still on that journey—and their personal stories were deeply moving. Most of them had realised that their addiction to drugs was due to adverse childhood experiences such as abuse and family breakdown. Within the programme, they were receiving the help and support that they needed to deal with what was at the root of their problem.

One of the service users whom I spoke to—a female in her 30s—explained that she had been abused as a young girl, which had started her on the path to taking heroin. She never got the help

and support that she needed during the initial years of drug abuse. She then had a baby in her late teens and was unable to have a proper relationship with her child, who she did not see for 16 years. Through the abstinence programme that is run by Turning Point, the peer support that she received, and access to mental health treatment, she was starting to build a relationship with the child she had never known.

I also spoke to a man in his early 40s who had been in and out of prison and had lost any kind of relationship with his family because of his addiction to drugs. That addiction started at an early age. Again, the crux of his problem was never realised. He was still in the methadone programme while he was in prison, but he was also able to obtain illicit drugs.

Those are just two examples, but there are many people out there with similar stories to tell. That is why locally based abstinence programmes are so vital. The situation in Glasgow is extremely worrying.

Aileen Campbell: Annie Wells needs to realise that some people are far away from abstinence and need help with their recovery. Does she concede that it is not an either/or choice and that, actually, the proposal would enable people who are not currently connected with services to connect with services, which would be the best approach to protecting people from drug-related death? Will she concede that that is what the evidence tells us?

Annie Wells: I absolutely want people to be connected to services: of course I do. I would rather not have seen an ambulance in my street last year because a friend of mine had died. He had been on drugs for 25 to 30 years and had been on methadone all that time. I know that there are people who will not connect with services, but surely we need to look at the whole solution and not just at one thing. What we are talking about here—[*Interruption.*] Excuse me, minister—you intervened, and I am answering your question. What we are talking about here is setting up a place where we can put people who are so far removed from abstinence and saying, “There you go. There’s a place to go and take heroin.” Is that like saying, “We’ve forgotten about you”?

Aileen Campbell: No.

Annie Wells: I am sorry, but the minister asked about services.

In 2016, 30 per cent of drug-related deaths in Scotland occurred in the NHS Greater Glasgow and Clyde health board area, and about 20 per cent of all drug-related deaths in Scotland occurred in Glasgow city. As most of us are aware, there has been a recent surge in HIV cases in Glasgow, which has been described as a

“health epidemic”. Therefore, although I fundamentally do not support the creation of a drug facility, I do believe that it is time to have a sector-led review of Scotland’s drug strategy.

If the facility ever gets the go-ahead, it would have to be part of a wider recovery-focused strategy that aims to reduce the number of addicts. Addicts who use the facility would have to be provided with additional support towards recovery. The facility would have to be monitored extremely closely and be evidence led, and if it was shown to be not working, it should be abandoned.

To finish today, I reiterate my call for a full review of Scotland’s drug strategy. I am concerned that the introduction of a safe injection facility is a crisis measure in response to the long-term failings of Scotland’s drug policy. We should never have got to this point. As I have said, I am concerned that such a facility would send out the message to people that we have given up altogether.

I want Scotland to be ambitious with its strategy, and I want the Scottish Government to focus on the powers that it has to make real progress when it comes to addiction. The stakes are too high. Hope surely comes in getting people off drugs altogether so that they can live their best lives.

I move amendment S5M-11695.2, to leave out from “agrees that international evidence” to end and insert:

“recognises concerns regarding this approach; asks the Scottish Government to conduct a full sector-led review of its existing drug strategy, and believes that, irrespective of the creation of such a facility, every effort should be made to help prevent people from starting to misuse illegal substances and to help them get the support that they need to recover from addiction.”

14:56

Anas Sarwar (Glasgow) (Lab): The increase in drug-related deaths is a tragedy—it is a tragedy for the individuals concerned, for their friends and families, and for society. Scotland tops the league table in the European Union for drug-related deaths, and the position is getting worse, not better. In the past decade, the drug-death rate has doubled. Drug deaths in Scotland are 160 per million of population, while the EU average is 21.

It is not just an issue of ageing drug users. Drug use among young people is, I believe, as prevalent now as it has ever been. The substances might not all be the same, but we are kidding ourselves on if we believe that young people are not using drugs. MDMA, legal highs, cannabis, cocaine and others are rife in communities across our country.

We cannot allow ourselves to be viewed as distant “suits” who are out of touch with reality. Sadly, much of what we see on our television screens and at the cinema continues the glorification of some forms of drug use.

That is why we must, with honesty and in good faith, consider whether the current approach is working. This is not a political attack on the Scottish Government’s current drug strategy; it is a candid reflection that we are failing as a nation. I say that in full recognition that drug deaths have been steadily increasing since 1995—for long periods since then, my party has been in power. I want to make it clear that I do not believe that we can continue as we are. That is why, today, we will support the Scottish Government’s motion. I hope that the Government will recognise the good faith of our amendment and support it, too.

This is far too serious an issue, with far too many lives being lost and families affected, for it to be used as a political football or as a proxy for constitutional conflict between the Scottish and UK Governments. We should not allow it to become that.

Whatever position we agree today, we have to be honest enough to say that safe injection facilities are not the answer in themselves. Whatever benefits they may bring, they are not the magic bullet for solving Scotland’s drug problem. Nobody in the chamber is seriously suggesting that one injection room in one part of one city is an adequate response to Scotland’s very serious drugs problem, but it may well have a part to play,

We believe that, if necessary, powers should be devolved if all other avenues have been exhausted. In supporting the Government’s motion, however, we are not willing to give the Government a free ride. There are serious questions to answer—not the least of which is how the minister believes that cutting the funding to drug and alcohol partnerships will make things better. A budget that was more than £69 million in 2014-15 is a budget of less than £54 million now. It cannot simply be written off as a coincidence that, over that period, the number of drug-related deaths has increased sharply, and it cannot simply be a coincidence that the health impacts of dirty needles are increasing when needle exchanges are closing down. I would therefore welcome the minister’s explanation of how the cutting of budgets has made a positive difference, if it has.

I come back to the motion. Labour supports the Glasgow safe injection space proposals, but it is clear that we need a wholesale change in the approach to our drug strategy. Why? It is because the evidence that is before us is stark: whatever else our drug strategy might be, it is not a success. Our drug strategy is failing: it is failing

individuals, families, whole communities and our nation.

Aileen Campbell: I appreciate a lot of what Anas Sarwar has said and how he has articulated it. However, I worded the motion as I did in order to ensure that we focus on one element of drug policy so that the issue does not become a constitutional one and we could achieve consensus.

However, on the reference to a “failing” strategy, will Anas Sarwar concede that there have been successes, and that many people do not want to rip up the current strategy but to build on it? We have had the first-ever national Naloxone roll-out programme, we have seen a reduction in numbers of young people who are taking drugs, and we have a flourishing recovery community. All those can trace their roots back to the road to recovery strategy. We know that the strategy has shortfalls, but we want to plug any gaps. However, that does not suggest that the entire strategy and approach has been a failure. In fact, saying that it has been a failure does a disservice to the many people who are working incredibly hard to deliver it.

Anas Sarwar: I emphasise that what I am saying is not an attack on the Scottish Government, the existing strategy, the minister or the people who are doing lots of very important work across the country. What I am saying is a reflection on the stats and facts—the numbers and the evidence on the ground.

I note what the minister says about young people’s use of drugs, but I am sorry to say that that is not what I understand from my experience of talking to young people the length and breadth of our country. Young people are now seeing drugs in a much more normalised way.

There seems to be increased drug use among crisis individuals and people in crisis families, but what worries me is that there are lots of people right across the country who would not be regarded as crisis individuals or as being in crisis families who are normalising use of drugs. That might not be about intravenous drugs like heroin, but about legal highs, MDMA, cannabis and cocaine. That is why I think that we need a fresh approach.

There is a large degree of consensus across the chamber on the issue, and some of that has been articulated. I also think that there is a large degree of consensus among people who work with drug issues every day across our country. That is why we are committed to taking a fresh and wide-ranging approach to dealing with our country’s drug problems.

Alison Johnstone (Lothian) (Green): Will the member take an intervention?

Anas Sarwar: I am willing to, but I think that I am running out of time.

The Deputy Presiding Officer (Christine Grahame): The member is coming into his last minute, but I will give him a little extra time as he took a long intervention previously.

Anas Sarwar: Thank you.

The Deputy Presiding Officer: Your intervention must be brief, Ms Johnstone.

Alison Johnstone: I am not entirely clear about whether Anas Sarwar sees substance misuse as a public health issue or as a criminal justice matter, so I would be grateful if he could clarify that.

Anas Sarwar: I am just coming on to that. I see substance misuse as a public health issue. The complex nature of substance abuse means that it must be addressed across portfolios. We should look not only at our justice system, but at policing, housing, local government and—more important—the impact of poverty, inequality and austerity on the prevalence of drug use. That is why Labour will hold a wide-ranging cross-sector and cross-portfolio drug summit to consider innovative ways to improve the policy and political response to Scotland’s addiction problems. I think that Alison Johnstone and I are probably very much on the same wavelength in terms of making the issue less about a criminal justice reaction and more about public health.

We should seek to learn lessons not only from around Scotland and the UK but from all around the world, so that we can see how other countries have changed their approach and, as a result, changed levels of drug use. There are bold and innovative examples: Portugal is one, but I will not go into detail, given the time that I have left. However, we need to be brave enough to consider innovative proposals in a cross-party way.

Simply doing the same things over and over again, with the same forlorn hope that things might be different in the future is not the definition of an effective evidence-led policy. I urge the Scottish Government to do as the minister has said and not use our support for the motion as a proxy for a different disagreement, but to use it, and the willingness of members across the chamber, to take a fresh look and to consider new ways so that, years from now, people can look back and say that today, in the Scottish Parliament, we began the process of turning around Scotland’s position as the drugs-death capital of Europe.

I move amendment S5M-11695.3, to insert at end:

“; believes that this is too important an issue for it to become a constitutional conflict between the Scottish and UK governments; notes with grave concern the spike in drug-related deaths in Scotland; recognises that substance

abuse is not limited to any one demographic or age group, and believes that the addiction strategy is failing and a new, more holistic and rounded approach, recognising the complex nature of substance abuse, is needed, which considers wider inequality and appropriate support, whether that be in primary care, schools, prisons or other settings.”

15:04

Alex Cole-Hamilton (Edinburgh Western) (LD): I thank the Scottish Government for securing time for today’s debate. It is a crucial issue, and the recent coverage on “Channel 4 News” and our own understanding of the issue make the debate absolutely prescient. I welcome the minister’s efforts to foster consensus around the motion. It was important to me that she reached out to each of us to talk about the wording of the motion, and I am grateful for that. I also recognise the journey that her party has been on in taking the progressive attitude to addiction that the phrasing of the motion hints at, and I thank her for that, too.

However, before I give the fulsome support of the Liberal Democrats to the motion, I fear that I must briefly depart from that spirit of consensus. In this country, more than twice as many people are dying from drug use as were dying from drug use when her Government came to power, and this country’s rate of drug-related deaths is two and a half times that of the UK as a whole. Despite the minister’s response to my intervention, ADP funding is not at record levels. In fact, her Government’s response was to cut that funding by 23 per cent in 2015, which represents £1.3 million each year in our capital city alone.

I and colleagues such as Neil Findlay, Anas Sarwar and Miles Briggs raised that issue repeatedly over the past two years, but the Government did not rectify the situation fast enough and people are dead as a result. In 2016, a total of 867 people in Scotland died after using illegal or prescription drugs—23 per cent more than in the previous year and 106 per cent more than in 2006. Figures also show that heroin and opioids were implicated in 88 per cent of those deaths, which is why we will support the Government’s motion.

Aileen Campbell: I would pinpoint the fact that, as Anas Sarwar said, evidence shows that the number of drug deaths has actually been increasing since the mid-1990s. We are in the situation that we are in because there has been an increasing trend. It is not correct merely to correlate funding scenarios with drug-related deaths. That does a disservice to the point that we are addressing today in trying to find an effective solution to some of the issues that we are grappling with in Scotland.

Alex Cole-Hamilton: I am grateful to the minister for that intervention. However, if her Government’s response to an upward shift in the number of drug-related deaths is to cut ADP funding, there is something fundamentally wrong with its approach to drugs policy.

Although I have to remind the Government of its failure in that regard, I welcome the motion and hope for more like it to come, because there are many benefits to safe injecting spaces. There are 100 such facilities globally and, with more than 30 years of experience, they have amassed a weight of empirical evidence as to their efficacy in reducing the risky behaviour of needle sharing. I declare an interest as a co-convenor of the cross-party group on sexual health and blood-borne viruses. Such behaviour is, in part, why we have seen a rise in HIV infection in the city of Glasgow. There is a direct correlation with the number of drug deaths in that city.

I share the Government’s consternation that the Lord Advocate will not give immunity from prosecution to people who use the centre. I have some sympathy with the idea of devolving drugs policy, consistent with other models of federalism that my party aspires to, but my focus right now, and that of my party, is on changing the landscape of our policy response to drug use across the whole of these islands, and my amendment delineates the rest of the iceberg of which safe injection services are just the tip.

The Government’s motion rightly describes this as a public health issue. If I may, I will use the example of cannabis, because I think that there are public health benefits to cannabis that we are not yet exploring. I have raised before with the cabinet secretary the example of Murray Gray, a five-year-old constituent of mine in west Edinburgh. Murray suffers from a very severe form of epilepsy that causes him to suffer many violent episodes, attacks and fits every day. The only thing that can offer him any kind of relief is a cannabis derivative called cannabidiol. Murray’s mother Karen is about to take him to the Hague—against the advice of his doctors, because he is too unwell to travel—so that he can have that medication prescribed there. I accept that it is not down to the cabinet secretary and that cannabis therapy prescription is a UK problem, but it is a problem nonetheless.

Cannabis can provide many untold health benefits for a range of conditions, but right now it is causing only incalculable harm. It causes harm through the farms that are tended by children who have been trafficked to this country and who are held in slave conditions. It causes harm through the weapons-grade skunk that is available on the black market, which is linked to severe psychological difficulties—we could be generating

revenue streams that could be funnelled back into treatment. It also causes harm through the waste of police time and capacity issues in our prisons. We should remember that 60 per cent of drug arrests last year were for the possession of cannabis. The war on drugs was lost a long time ago, yet members in the chamber are still fighting it.

Gail Ross (Caithness, Sutherland and Ross) (SNP): Will the member take an intervention?

The Deputy Presiding Officer: The member is just about to enter his last minute, so the intervention must be brief, please.

Gail Ross: Does the member advocate the decriminalisation of cannabis for all uses or for health use only?

Alex Cole-Hamilton: As well as wanting cannabis decriminalised for health use, my party has called for a UK-wide regulated market for cannabis for recreational use. We need to take the profit that is derived from the recreational cannabis market out of the hands of dealers and human traffickers and put it into the Treasury.

Decriminalisation would also free up criminal justice capacity. We must ensure that those who can derive medical support and help from cannabis-derived therapies are supported to do so.

Our drugs policies have failed. I end my speech similarly to how Anas Sarwar ended his, by noting that the definition of insanity is to do things again and again and expect different results.

I move amendment S5M-11695.1, to insert at end:

“; urges, therefore, the Scottish and UK governments to adopt evidence-led drug policies to protect public health and prevent unnecessary drug-related harm and deaths, and believes that the scale of the challenge necessitates a step change in the approach to drugs, with solutions, in addition to safe injection services, that include heroin assisted treatment, protecting drug and alcohol service budgets, ending the destructive use of imprisonment for people misusing drugs and instead diverting them to treatment and education as part of the decriminalisation of the possession of drugs for personal use, local authorities making licensing decisions based on venues' efforts to keep their customers safe, and introducing a regulated market for cannabis.”

The Deputy Presiding Officer: I call Alison Johnstone to open for the Scottish Greens. She looks a bit surprised. Did you not know that you were going to speak?

15:11

Alison Johnstone (Lothian) (Green): I knew that I was going to speak, Presiding Officer; I am just pleasantly surprised.

The outbreak of HIV infections in Glasgow is a completely needless public health crisis, which might affect more than one in five of the 500 vulnerable people who are thought to inject drugs in Glasgow city centre, as we have heard. It is the worst outbreak that there has been in the UK for three decades. There can be no room for complacency. In Glasgow City Council, and on the area's integration joint boards, there has at least been cross-party consensus on the need to treat it as the crisis that it is. We must commend all those who are involved in the plans to institute a safe drug consumption facility.

The Scottish Greens have long believed that substance abuse is a public health issue. We fully agree that it is incumbent on the UK Government to make necessary changes to the existing legislative regime to allow vital health services to be introduced. Given the public health basis for the facility, I believe that the most appropriate change would be to devolve the relevant powers over the control of drugs to the Scottish Parliament. Efforts to save lives, reduce harm and support people who struggle with addiction are hampered by a counterproductive insistence on treating substance abuse as a criminal matter.

I also stress that I have real concerns about the loss of a needle-exchange service in Glasgow city centre. There are no legislative barriers to providing hygienic injecting equipment, and the lack of provision in that area must be addressed immediately. The facility was the busiest of its kind in Scotland, and every day without good access to hygienic injection equipment puts people at greater risk.

Although there is clearly work to be done to reach agreement on the powers that are needed to establish safe drug consumption facilities, there is no excuse for failing to provide appropriate needle-exchange facilities where they are in greatest demand.

Miles Briggs (Lothian) (Con): A number of members have raised concerns about the action that NHS Greater Glasgow and Clyde has taken. Does the member think that the Scottish Government should have taken action earlier to prevent the closure?

Alison Johnstone: Action is needed urgently, and I would be very grateful if we could reach a consensus on that point today.

Similarly, there is no need to delay the provision of heroin-assisted treatment. I am glad that NHS Greater Glasgow and Clyde is pressing ahead with the development of such treatment. A heroin-assisted treatment facility could also operate a needle-exchange facility without contravening existing prosecution policy.

However, in the long term we need to be able to introduce safer drug consumption facilities. Plans to do that in Glasgow were developed on the basis that it would be instrumental in tackling the recent HIV outbreak. It would also build a greater level of engagement with drug users who have complex health needs and who are not receiving the help that they need from other services, which is key.

It is well documented that safe drug consumption facilities can reduce the risk of disease transmission and overdose and can prevent other harm by improving access to addiction services and other health and social care support. NHS Greater Glasgow and Clyde's report "Taking away the chaos" illustrates that the majority of people who inject drugs in public places in the city centre are vulnerable in many ways. They have experienced homelessness, imprisonment and chronic poverty. The Scottish Drugs Forum is clear in its view that drug consumption rooms will help health professionals to reach the most marginalised drug users.

The European Monitoring Centre for Drugs and Drug Addiction's review of evidence shows that, in many European cities, drug consumption rooms provide a range of other health services, including referral to treatment and access to a nurse or a GP for primary care. The BMA supports the introduction of such facilities and highlights strong evidence that, when drug users can access such safe spaces, there is less public injection and syringe sharing. Consequently, the risk of transmitted infection is reduced.

In Scotland, we have made a commitment to eliminate hepatitis C by 2030. Prevention through treatment is an important part of that, but so is ensuring that drug users do not share syringes. Therefore, I was alarmed to read in "Taking away the chaos" that people who injected drugs considered hepatitis C "ubiquitous and therefore inevitable" and that sharing

"communal batches of drugs or ... using needles stored at public injecting locations ... was commonplace."

We cannot hope to eliminate hepatitis C without providing sufficient clean injecting equipment and safe places to use it, and the Hepatitis C Trust supports the introduction of safe drug consumption facilities.

We cannot tolerate such a serious public safety issue. Nobody should have to worry about dangerous needles being left in their closes or back courts, on the streets or in our parks. It is a really important point that drug consumption facilities will make our cities safer for everyone.

The BMA makes it clear that there is no basis on which to believe that introducing supervised consumption rooms increases drug use. In fact, in Switzerland and Spain some facilities have closed

because heroin use has decreased. Therefore, it was beyond frustrating to find out that the plans for such facilities had been blocked as a result of reserved legislation. The Lord Advocate has recognised the clear public health basis for those plans and has recommended that the UK Government be approached to get the relevant powers devolved. It is simply unacceptable for the UK Government to have stated that it has no intention of supporting the proposal or of devolving the necessary powers. It is extremely important that the Scottish Parliament sends out a clear message on the need for the proposed facilities to be introduced and for legislation to be amended or powers devolved, as necessary.

The Deputy Presiding Officer: We come to the open debate. Speeches should be of a tight six minutes.

15:17

Emma Harper (South Scotland) (SNP): I am pleased to speak in the debate. Given what has been said, it is clear that we must look at different approaches to help people who have problems with heroin use. I am even more convinced that the provision of safe consumption facilities is the path that we need to go down and that the Parliament must support that.

In preparation for today's debate, as a member of the Health and Sport Committee, I refreshed my memory on the committee's strategic plan, which states:

"In all our actions our overriding aim is to improve the health of the people of Scotland".

Therefore, it is my firm belief that any drug policy change should focus on providing help and support to those who need it rather than on punishing people.

I absolutely support the proposals that the minister has put forward in the motion so that we can do something different to help people and provide harm reduction and, in so doing, avoid unnecessary deaths. I welcome Alison Thewliss MP to the gallery, and I will follow the progress of her private member's bill as it proceeds through the UK Parliament. I firmly believe that we need to take a different approach. We must recognise that the most vulnerable people need our help.

In the evidence that it took, the committee was told that we need to address the stigma that is attached to drug use and misuse, and that our fellow human beings—our brothers, sisters, parents, aunts, uncles and friends—need our help. We need to treat people with compassion, dignity and care. As I mentioned, we must not impose criminality.

As a registered nurse with more than 30 years of experience who has cared for people with addiction problems, I had my eyes opened when I was studying for my degree at the University of the West of Scotland. One module focused on drugs and alcohol. The tutor, Dr Iain McPhee, inspired me, and I learned a lot about what Annie Wells was discussing in relation to the causes of people taking opioids and other drugs in the first place.

Bruce Alexander, a Canadian addiction specialist and researcher with over 40 years' experience conducted the rat park experiments, which aimed to show the effect that environment has on drug consumption, and demonstrated that the drug itself is not the sole cause of addiction. He built a rat colony that was 200 times the size of a normal laboratory cage, and housed within it rats of both sexes. He wanted to show that the reason why, in previous experiments that others had carried out, rats showed signs of addiction after drug exposure related to their poor, cramped cage conditions, which caused stress and anxiety. His experiment showed that, when the rats had improved conditions with toys, comforts and mates, the rats chose normal water over sweet morphine water.

The same experiment was happening at the same time in relation to humans, in the Vietnam war. Many of the American troops used opioids while in Vietnam but, when they returned home, 98 per cent of the users did not use heroin again.

Environment is important, and addressing that issue is one of the things that we can do as we explore the options before us. The safe injection sites are part of the multimodal approach that we can take to support the most vulnerable and marginalised people in our cities and places.

Safe injection sites are in use already in Vancouver, Toronto, Boston, Barcelona and Sydney, where they provide a stable, supervised and safe place to inject, which significantly reduces unnecessary deaths that can occur through overdose. The staff can supervise the use of the drugs and administer naloxone if a person's respiratory rate becomes so slow that they fail to breathe or they breathe at a rate of less than 6 to 8 breaths per minute, which is a complication of overdose. I have given naloxone to patients who have come out of the operating room with too much opioid on board. The supervised aspect of the safe injection sites prevents people from dying. We need to focus on the support that we can give people. The centres do not even need to be run by the national health service.

The motion states:

"international evidence indicates that safer drug consumption facilities can ... save lives".

In light of that, I want to make a point about Spain, one of our European neighbours. In Barcelona, a centre for safe drug consumption gives people access to sterile equipment for taking drugs. The issue has been spoken about already. Counselling is also provided at the site, as well as emergency first aid, if it is needed. As we tackle hepatitis C, which Alison Harris mentioned, we also need to consider the issue of HIV deaths, which Annie Wells mentioned. In order to reduce the incidence of HIV and hepatitis C infections, we need to support the sterile equipment aspects of the safe injection facilities.

The arguments in favour of consumption rooms in Scotland are evidence based and progressive and clearly show that the centres can save lives. The outdated Misuse of Drugs Act 1971, which aims to criminalise people, means that, if the Scottish Government was to introduce safe injection facilities, the medical staff and the people working at the facility could be prosecuted. I am, therefore, in support of the motion's call for the UK Government to act on drug laws.

15:23

Brian Whittle (South Scotland) (Con): I welcome the opportunity to speak in this debate, not least because of the fact that it challenges the position that I would have taken prior to becoming an MSP. I freely admit that, not that long ago, my instinct would have been to rail against any policy that allows or enables illegal drug taking in any form. I have always struggled to understand how a person could get to a point at which they would voluntarily and knowingly enter into an activity that causes such self-harm. However, one of the things that this job allows an MSP to do, should they choose to do so, is to engage with members of the public from all backgrounds in order to inform and educate themselves.

To that end, I thank the many organisations across communities that have offered me the opportunity to speak to them and, more importantly, to their service users. That honest, warts-and-all engagement has certainly helped to inform and, in many cases, challenge and change my approach. I thank Addaction in Kilmarnock, Catalyst, HM Prison Kilmarnock and Centrestage Communities, to name but a few, for their continuing access and input on the specific issue that we are discussing.

A few weeks ago, having dropped into Addaction for a catch-up, I raised the question of safe injection houses, and the answer that I received was not quite what I expected. There was caution and a suggestion that people would be interested to see what results would come from establishing a trial in Glasgow. It was thought that a safe injection house would have a very limited

place in Kilmarnock, for example, and that, in itself, it would not be a solution to an increasing drug problem in East Ayrshire, especially given the rurality and therefore the limited access to any such facility for many users in the area. We need to note that East Ayrshire has had the highest rise in drug-related deaths in Scotland—some 104 per cent in a year—and that a similar trajectory is expected this year. That is against a backdrop of Scotland having the unwanted tag of the drug death capital of Europe, which has already been mentioned. I asked about the reasons for that alarming rise. A lack of resource and a lack of joined-up thinking between the third sector and the public services were front and centre in the response.

The Health and Sport Committee recently investigated drug issues in the community. As part of that process, I took evidence from service users. I heard the story of a woman who had been put on methadone and had remained on it for over 20 years. It is incredible that she had been unaware that she could get off that drug. It was not until she bumped into a peer who told her how she had managed to take the steps to continue her rehabilitation and eventually get clean from all drugs and treatments that she realised that her journey was not complete. She is now completely clean and has a job and a positive relationship with her daughter. I related that story and other stories of service users who were parked on methadone to the Health and Sport Committee and discovered that other committee members had heard similar stories.

The guidance says that a person's medication profile should be revisited annually. Obviously, that guidance is not being universally applied. My concern is that treatments such as methadone are not in themselves the solution; rather, they are only part of a potential solution. We should go back to Addaction's assertion that a reduction in resources is filtering through to the front line. I am concerned that all that the current strategy is doing is shifting the issue and not adequately supporting those who require help to get a lifestyle without illicit drugs and their treatments. It has become obvious to me that, in the Scottish Government's drug strategy, which is mirrored by other strategies, such as the much-criticised mental health strategy, its approach seems to be based very much on clinical solutions rather than there being the much broader approach that is required, including a cohesive preventative element. The rising issue of addiction to antidepressants, the Scottish Government's initial approach to our obesity epidemic and its obvious lack of a basic understanding of the preventative health agenda are related to that.

Aileen Campbell: Brian Whittle misunderstands much of what has been achieved through "The

Road to Recovery: A New Approach to Tackling Scotland's Drug Problem", including the 120-plus recovery communities. It is not about a medical solution to recovery, but about finding peer support among people who have gone through the journey themselves. Surely Brian Whittle welcomes that and would not suggest that the Scottish Government's attempts are being made only through an NHS response to drug addiction. The attempts are much broader and more holistic than that and are very much in the way that Labour's amendment suggests we should take forward our approach.

Brian Whittle: The reality is that drug deaths in Scotland are rising at an exponential rate. I am telling members about evidence that is coming from the front line. People are telling us that resources are not getting to them and that their resources are being reduced—that is the fact of the matter. The minister has to get a grasp of reality.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): Will the member take an intervention?

Brian Whittle: No.

That speaks to the crux of this debate and why the Scottish Conservative amendment calls for a sector-led review of the existing drug strategy. That is because the current strategy is quite simply failing. The Scottish Government should be able to accept that, take a step back and allow service users, the third sector and healthcare professionals the opportunity to develop a more cohesive, evidence-based strategy that will tackle the issue of drug addiction and the rising drug deaths rate in Scotland.

Although my thoughts on the creation of a safe injection facility in Glasgow are no longer black and white, it cannot, as has already been said, be seen as a panacea in tackling the drug issue.

There are elements of the Government's motion that we would support. Of course we should make

"every effort ... to ... prevent people from starting to misuse illegal substances and ... help them get the support that they need to be protected from the harm caused by their use of drugs."

The trouble is that such a vision is without meaning if there is no plan on how it is to be achieved, and those words are reminiscent of many of the statements that I have heard from the Scottish National Party in this chamber. As we know, the definition of madness is to keep doing the same thing and expect a different result. It is time for change.

15:30

Fulton MacGregor (Coatbridge and Chryston) (SNP): I take this opportunity to remind

those in the chamber that I am the parliamentary liaison officer to the health secretary.

I fully support the Government motion. I consider that the UK Government should devolve power to allow the Scottish Government to take the action that is needed to implement its ambitious plans, which are designed to tackle unsafe drug consumption, and allow us to implement safe injection services in our cities.

Our drugs problems are not as simple as saying that we are at war with drugs, or arguing that we should pursue a drugs-free society. That latter aspect is an ideal and does not deal with the reality of how people are. People need to face the reality that addressing our relationship with drugs is much more complicated than eradicating their supply or use.

The Government's proposal seeks to help the most vulnerable. We need to be bold and radical to help a generation of people, many of whom had to face horrendous policies in their youth and teenage years. Methadone, Suboxone and counselling just do not work for that group. It is not an either/or situation. Annie Wells talked about needing a net to catch people. The proposal, which is aimed at protecting those 400 to 500 people injecting publicly who were mentioned, is part of the net.

Brian Whittle talked about the front line. Prior to being elected, I worked intensely with the drug services in my role as a criminal justice social worker. My experience is that drug injection facilities are needed—indeed, there is evidence that safe injection services are successful, and supervised consumption has become an integrated component of the services that are offered in the drug treatment systems in a number of European countries.

I was heartened to read that some drug consumption rooms in Switzerland and Spain have been so successful that they are no longer needed and there has been a reduction in the number of those injecting heroin. We cannot ignore such inspiring evidence.

We have seen the success of needle exchange facilities. Again, we cannot ignore the outbreak of HIV in Glasgow. In 2017, 24 new cases were identified as a result of drug use, whereas in the other regions—except my own, Lanarkshire—there were none. In Lanarkshire, there were five new cases, which is also deeply worrying.

It is estimated that one in five of the 500 users who inject drugs in Glasgow is involved in the HIV outbreak, which now seems to be affecting about 120 people. There are challenges faced in engaging that population and ensuring that they are seeking treatment. A drug consumption facility

would offer the opportunity to engage with them and ensure that treatment is in place.

I back the refreshed substance misuse strategy as it will ensure that the wider health and social needs of those who struggle with drug and alcohol addiction are taken into account as part of people's on-going treatment and support. By joining up with the range of on-going work across Government to tackle poor mental health, homelessness, social isolation, stigma and employability, we are ensuring that engagement among the vulnerable is high and that they will be encouraged to use the services available to them and that the associated harms of drugs are reduced.

Although we must encourage needle exchange, there is obviously a problem in Glasgow. As the Royal Pharmaceutical Society points out, Scotland's busiest needle exchange at Glasgow Central station has closed, which will no doubt have a long-term negative impact on public health. That issue was mentioned by Alison Johnstone. If there is no safe place to exchange needles, we will undoubtedly see a rise in needles on the street, with the potential to cause harm to others.

I understand that the proposed drug consumption facility is designed to service the needs of an estimated 400 or 500 individuals who inject publicly in the city centre. There will also be the opportunity to ensure that individuals inject away from the family environment, where children and younger siblings might witness drug abuse. That aspect must be considered within the context of Gail Ross's members' business debate on ACEs and the need to protect children and young people from that harm.

The research and the evidence show that supervised drug consumption facilities result in a reduction of high-risk injecting behaviour, such as needle sharing, leading to a lower risk of HIV transmission and death from overdose. Ecological studies have provided evidence that, where coverage is adequate, drug consumption rooms may contribute to reducing drug-related deaths at city level; ultimately, there are no recorded cases of a fatal overdose in a drug consumption room.

In 2016, there were 867 deaths in Scotland from a fatal overdose of drugs, which is the highest number of such deaths in Europe, as many others have highlighted. There is no denying that Scotland has a high rate of drug overdose deaths—indeed, it averages an overdose death every 10 hours—but the wide introduction of drug consumption facilities would ensure that such facilities become an alternative to public injecting, and the Government should be commended for tackling the issue head on. That would perhaps not tackle those who inject at home or in other

environments, but it would certainly have an impact on those who overdose in city centres.

The level of drug taking in the general adult population is indeed falling and the level of drug taking among young people remains low, but the issues in Scotland are deep rooted and long-standing and we need a robust strategy to tackle them.

The proposal for a safer consumption facility in Glasgow is an example of how ambitious and innovative responses are being generated at the front line. I believe that working in partnership will ensure that we take measures at the correct level to address drug consumption and its associated risks.

Of course we should ensure that drug problems do not develop in the first place. However, we are not there yet and those who use drugs should have the opportunity to do so safely and with support available. If we introduce a safer consumption facility, vulnerable and exposed users would have a support system in place offering an opportunity for care, harm reduction and treatment options. Many users of heroin are homeless and suffer poor mental health, and they require support as they are members of one of the most marginalised populations.

Such facilities will work only if there is acceptance of them and correct promotion and if we ensure that they are safe environments without risks to users and support workers.

The evidence is there. The Scottish Drugs Forum supports the proposals based on the evidence collected from existing facilities around the world, of which there are now more than 100.

As the minister said, the proposal is not a cure-all, but I believe that it is an appropriate and robust step to take in tackling Scotland's relationship with drugs. We have a unique opportunity to deliver an innovative drugs policy that would transform Scotland into a beacon of compassionate, effective approaches to drug use. Let us be bold and support the motion at decision time.

15:36

Neil Findlay (Lothian) (Lab): I make it clear from the outset that I am speaking for myself on this issue; I am not speaking as a spokesperson for my party and I am not attempting to undermine anyone. I am not attempting to attack the Government or any other political party, because this issue is just too important to be a party-political dogfight.

Other members have mentioned the statistics. In 2016, almost 900 Scots died drug-related deaths. Every one of those is a son, daughter, brother, sister, mum or dad to someone. There

has been a 106 per cent increase in deaths over 10 years. It is the duty of every one of us to speak out about this. If those were the rates for flu or another illness we would be rushing to do something. The figure is twice the rate of that for deaths from liver cancer and the same rate as that for deaths from prostate cancer.

Fulton MacGregor said that there is a death every 10 hours—let that sink in. That is eight times higher than the EU average. We must do something about that.

I fully support the proposal for drugs consumption rooms, but focusing on that today undermines the absolute gravity of what we are facing. If we go about our villages, town and cities, if we go into bars and pubs, and if we look out the window and speak to people where I live, we get the real picture: drugs are readily and cheaply available. The price of cocaine is such that it is now available in every community. Ecstasy is selling for £5, heroin is selling for £10 and Valium is selling for less than £1. Much of the street Valium is counterfeit and laced with the likes of Rohypnol.

The proposal for the injecting room was a response to the spike in HIV infection in Glasgow. In my view, it has great merit, but it is just one tiny part of a big, complex jigsaw that we have to construct if we are serious about addressing this public health crisis. That is why I appeal to the minister to come back in Government time with a much wider debate on this issue.

Like other members, I have met several groups and individuals over the past year who are seeking help for their drug use. They told me that the system is failing them and society. They said that when a drug user seeks initial help, they feel supported and can be stabilised, but when that period of support ends and their case is passed over to their general practitioner, it becomes a medical issue and the support services very often disappear, leaving the person exposed again. They said that the situation had been exacerbated by the cuts to adult support services and council services that often play a supporting role.

A number said that they felt that they had been “parked on methadone”—those were their words—for long periods. I spoke to one man who had been on it for 25 years and to another who had been on it for 15 years. Both of them wanted to be drug and methadone free. Methadone has its place. I am not here to bash opiate replacement—far from it—but being crime free and illicit drug free was not the success that they sought.

Alex Cole-Hamilton: Does Neil Findlay agree that although methadone has its place, heroin-assisted therapies in other countries have been

backed up by scientific evidence as being particularly efficacious?

Neil Findlay: Yes, we should look at all of that.

All the people who I spoke to brought up the need for mental health support and the lack of community psychiatric treatment. When people do get support, it is helpful, but provision is patchy and is often not sustained. Several people spoke to me of the depression, loneliness and social isolation of addiction, which are all factors that added to their predicament.

Funding for projects was raised as a significant problem that services face. Alex Cole-Hamilton mentioned the cuts to the drug and alcohol partnerships, which were made at a time when we need more support than ever. That is an error.

The system is broken and we need a brave and radically different approach. Prohibition and telling people that drugs are evil and that people who take them are bad and feckless will mean that we see death rates rise even further. We need a new approach. We will never arrest our way to a drug-free society—indeed our jails are often the place where people are introduced to new drugs, such as spice.

We must recognise the scale of this public health crisis, particularly in working class communities, because if this was a middle class crisis, we would have had action to address the issues a long time ago. Many of the issues can be addressed here and now.

We should go much further and examine the Portuguese model that looks at the relationship that people have with drugs and focuses on them as individuals. In 2001, Portugal became the first country to decriminalise the possession and consumption of all illicit substances. Rather than being arrested, those who are caught with a personal supply might be given a warning, a fine or told to appear before a local commission to discuss treatment, harm reduction and support. Dealers and organised criminals are still dealt with robustly through the criminal law.

After that policy was introduced, the following years saw dramatic drops in problematic drug use, infection rates, overdose deaths, drug-related crime and incarceration rates. HIV infection plummeted from an all-time high of 104.2 new cases per million to 4.2 cases per million in 2015, and drugs use declined overall.

I understand that the Misuse of Drugs Act 1971 is a UK act and that the issue is reserved. I want see change across the UK, but not just in relation to consumption rooms. We need a holistic approach. Such a change will take bravery, commitment and honesty, but the status quo

means more deaths, more infection and greater profits for organised criminals.

I fully understand why people have the reaction that they do to drug users. In our society, we have been taught that the best way to deal with drug users is through imprisonment and the criminal justice system. That approach has failed communities, the police and the 867 families who had someone die of an overdose in the past year.

15:42

Clare Haughey (Rutherglen) (SNP): I refer members to my entry in the register of interests, in that I am a registered mental health nurse and currently hold an honorary contract with NHS Greater Glasgow and Clyde.

I am grateful for today's opportunity to discuss safe injecting rooms. This will be the third occasion on which I have spoken in favour of this type of healthcare facility, which is proven, across the world, to save lives. It is a huge source of frustration to me that the Scottish Parliament is unable to pass legislation that would allow safe injection facilities to be established in Scotland—a place where they are greatly needed.

The heart of Glasgow city centre is just a 10-minute drive from my constituency office in Rutherglen. It is a city centre where street injecting of heroin continues, where associated health issues are on the rise and where people who use drugs are risking their lives daily. Many of those people are long-standing heroin users, and despite repeated rounds of treatments, such as methadone and residential rehabilitation, their addiction and the risk to the public health and public order remains.

Research undertaken by the Glasgow city health and social care partnership suggests that there are approximately 400 to 500 people injecting drugs in public places in the city centre on a regular basis. However, many do not have the option of taking drugs in a clean and secure environment—they often take the drugs while hidden under bridges, in alleys, on waste ground and in dark public car parks. Each and every day those people risk losing their lives if they overdose out of sight with no immediate help available to them.

The scale of Glasgow's problem can be evidenced by looking at the proportion of Scotland's drug-related deaths that occurs in the city. Of the 867 such deaths in 2016, 30 per cent—or 257—took place in the Greater Glasgow and Clyde NHS health board area. Those 257 deaths are not merely a statistic: each represents an individual person, with their own story and background. They were mothers, fathers, sons and daughters who were let down by UK drugs

policy and a UK Government that refuses to look at the evidence of successive years of safe injection facilities overseas.

As members will be aware, Glasgow is not only counting the cost of drug-related deaths; it is in the midst of an HIV outbreak that currently involves around 120 people. As reported by ITV's Peter Smith last month, almost every person diagnosed with HIV in Glasgow uses heroin, and its prevalence is spreading faster there than it is anywhere else in the UK. In a step that will only exacerbate the growing problem, as Alison Johnstone alluded to, in September 2017 Network Rail closed its needle exchange service in Central station. That service was Scotland's busiest, handing out over a thousand clean injection sets to people each month and having benefited 2,000 people since it opened in 2016. As it stands, it is extremely difficult to control the spread of the virus, therefore new ways of thinking are required. Drastic public health issues need drastic solutions.

In 2015, Glasgow city health and social care partnership published a report entitled "Taking away the chaos", which looked specifically at the health needs of people who inject drugs in public places in Glasgow city centre. The report concluded, quite explicitly, that the way to deal with public drug use is to provide safe, managed spaces for people to inject in. As we have heard, not one person has ever died in a drug consumption room. Such spaces also improve access to, and increase integration between, existing services. In the report, particular reference was made to giving people the opportunity of accessing housing services, social work, welfare advice, primary care and drugs counsellors, all under one roof.

Indeed, a 2014 study into 62 drug consumption facilities across Europe found that they provided a wide range of auxiliary services. They treat people holistically, looking at all their health and social care needs. They also treat the whole person, because that is exactly what those who are addicted to drugs are: they are people—not addicts or users—and they deserve the best evidence-based care that we can provide. The benefits of safe injection rooms are not unique to those who use drugs, but apply to wider society, too. They reduce the risk of public injecting, reduce drug-related litter and cut down on the number of people who share injecting equipment, which, in turn, reduces behaviours that increase the risk of HIV and hepatitis C transmission.

The only things that stand in the way of introducing such a facility in Glasgow are the UK Government and its drugs laws. It is clear from today's debate that we have cross-party support here at Holyrood, but that is the case at Westminster and at local government level, too.

Earlier this month, Glasgow City Council passed a motion that unanimously supported establishing a drug consumption facility in the city, which it did with support from the Conservative group. In contrast to that for other UK cities that have previously considered such measures, the evidence shows that the scale of public injecting in Glasgow and its associated implications for the user and wider society justify the introduction of a pilot facility in the city.

This is not a political issue but a public health one. While politicians debate drugs policy, lives are being lost and families and friends are being bereaved. I therefore call on the UK Government to look at the evidence, listen to the calls of politicians, the Scottish Drugs Forum and health professionals, and do the right thing. No one is naive enough to think that the introduction of a safe injection facility will be a silver bullet. However, with sensible policies from Westminster, at Holyrood and at local level, we can make great progress in tackling the crisis. Scotland's unhealthy relationship with drugs is not changing, so it is time to change our laws.

15:49

Maurice Corry (West Scotland) (Con): I welcome the opportunity of speaking in today's very important debate. For decades, Scotland has faced a serious drug addiction problem. With the rise of opiates, and synthetic and psychoactive drugs, the problem has continued to grow and evolve, becoming more difficult to tackle. Throughout Scotland, and especially in our most vulnerable communities, we continue to see drug addiction take the lives of friends and families. We are also seeing a growing number of cases of diseases such as HIV and hepatitis C as a result of increased needle sharing. As Annie Wells said, in 2016, 867 people died from a drug overdose, and, from 2006 to 2016, there was an increase of 106 per cent in the total rate, which clearly puts community safety at risk.

In an ideal world, we would have a drug-free Scotland. Given the current crisis levels of drug addiction in Scotland, it is necessary to take small steps to achieve that. I want us to think globally. We need to get the United Nations involved, through the World Health Organization, to get to grips with the growing distribution of high-grade heroin from the poppy fields of Afghanistan. We need to restrict the growing and distribution of heroin in the Helmand province, which I saw when I worked there. Addressing that issue would go a long way towards dealing with the addiction issue. We could direct supplies into analgesics through the World Health Organization for health purposes. In fact, some years ago, the UK Government considered that approach.

Ruth Maguire: How would cutting off the supply help the 400 to 500 people in Glasgow whose lives are at risk today because they are injecting in the street? What do we do about them right now?

Maurice Corry: You may or may not know that the heroin that is produced in Afghanistan by the 100 farmers who grow it is high-grade heroin from the poppy fields. It goes on its way to Pakistan and is watered down or diluted and impregnated with wrong products. It then comes to the UK market, which is where the damage is done. We could get the World Health Organization to take up that production. I see no reason why we could not restrict the distribution.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I am curious to know whether you can give a timescale for when your strategy will result in help reaching the 400 to 500 individuals in the city that I represent who are exposed and vulnerable right now.

Maurice Corry: I will not put any timescale on it; I am just saying that this is a bigger problem than just the one that we have here. It is a global problem, and we need to go back to the sources of the product. My concern is that the product is being adulterated when it gets into the marketplace, and that is part of the problem in Glasgow or any other city in our country.

[*Interruption.*] Sorry for sitting down. Right—

The Deputy Presiding Officer: I like the way that you corrected yourself there. Off you go.

Maurice Corry: Thank you, Presiding Officer. I am always one for procedure.

As part of a wide review of all drugs services, we must look into whether the implementation of a safe injection facility in Glasgow city centre could help to reduce the number of overdose deaths and the number of cases of diseases being contracted from the use of unsterile needles. I have every sympathy with what members have said about the dire situation in Glasgow, and I understand it, having worked in Maryhill and Possilpark in Glasgow and having seen the problems on the streets there and in Bosnia and Afghanistan. The situation presents an environment that could allow us to examine whether such programmes could be beneficial in Scotland.

Around the world, such facilities have been introduced in many communities that face addiction problems. As has been referred to, as of 2015, nearly 100 facilities operated in 66 European and North American cities. The European Monitoring Centre for Drugs and Drug Addiction has reviewed many of those programmes and found that the results have been positive in many locations. In the Canadian city of Vancouver, the Insite facility has undergone

extensive analysis to ensure that it is serving its purpose. Research has found that clients are less likely to engage in behaviour that has an HIV risk and that there has been a considerable decrease in public injections and injection-related litter in the area of the facility. Within one year of the facility opening, there was a 30 per cent increase in the use of detoxification programmes by clients and, most strikingly, Vancouver saw a 35 per cent decrease in overdose deaths after the facility had been opened for two years.

If we were to open a facility in Scotland, it would need to undergo similar vigorous analysis to ensure that it was impacting the community positively, and it would also need to be part of a wider strategy. That would require independent studies and on-site monitoring to ensure that the facility was functioning as intended. Detailed rules would need to be established for the facility and for the individuals utilising its services, bearing in mind that many addicts lead chaotic lifestyles.

A facility could also provide important insight into how drug addiction is changing and allow the various sectors that work to combat drug abuse to understand the current state of the problem. The information could help us to better understand the problem and therefore help us to find better solutions.

The important facet of safe injection facilities is that they offer support and resources in relation to not only safe administration of drugs but pathways to recovery. A facility in Scotland should have such resources and recovery should be its main focus. The facility would need to be used on a transitional basis. Attendance at a safe injection facility should be seen not as a long-term solution but as a way for people to learn about resources and treatment options while they are struggling with addiction.

In many European countries that have introduced such facilities, particularly the Netherlands, there has been a significant decrease in injecting drugs, but there has been an increase in smoking.

The Deputy Presiding Officer: I am sorry, Mr Corry, but you must conclude there.

Maurice Corry: In conclusion—

The Deputy Presiding Officer: I am intervening now, Mr Corry. That means that you stop.

Maurice Corry: Oh, right. Okay.

The Deputy Presiding Officer: Thank you. I remind members that you are slipping into using the word “you” again. You should speak through the chair; I am the only “you” in the chamber. I am not just speaking to Mr Corry; that applies to other members, as well.

15:55

Sandra White (Glasgow Kelvin) (SNP): I want to be brutally honest: we are talking about long-term drug users who lead chaotic lives. I think that the whole Parliament agrees that such people need help in some form or another.

I am the constituency MSP for Glasgow city centre and I live in the city centre. I know exactly what goes on there; I see the discarded needles, as do my constituents. The issue is raised with community councils and with the police. However, I want to put that into perspective. There are certain areas in Glasgow city centre where, unfortunately, those poor people who have chaotic lifestyles go to discard their needles. The rest of Glasgow city centre is perfectly safe and welcoming for anyone who wants to go there. That absolutely has to be said.

The people who are suffering—the 400 to 500 injecting drug users—are the ones that we need to think about. We need to think about what is happening to them, and we need to save their lives, because they have reached a stage at which they cannot help what they are doing.

As members said, people do not want to inject in public; unfortunately they do inject in public and kids and members of the public see that happening. I thank everyone who has given evidence to me and other people and who has allowed me to speak to them about what is happening out there, not just in Glasgow city centre but in other areas—Jenny Marra might talk about Dundee, and other members might talk about Edinburgh.

In the long term, we have to regard drug misuse as a health issue, not a justice issue—although I will come back to the justice issue if I have time—and I thank Glasgow City Council for unanimously agreeing to a motion on consideration of an injection centre.

My colleague Alison Thewliss MP, who has been mentioned, is in the public gallery. We share responsibility for Glasgow city centre, which is in our constituencies, and I thank Alison for her Supervised Drug Consumption Facilities Bill. I want to read out something that she said in the debate on her proposal. She said:

“On Monday, one of my constituents mentioned to me that Glasgow already has drug consumption facilities: they are behind the bushes near his flat and in his close when it rains.”—[*Official Report, House of Commons*, 14 March 2018; Vol 637, c 903.]

I think that anyone who has been in the position of Alison Thewliss’s constituent will know that the person was absolutely right. There are drug consumption facilities in bin shelters, in bus shelters, in empty and disused buildings and in

fields. We need to do something about that, to help people.

We want to help people, but questions have to be asked about legality. As far as I am concerned, this is not a party political debate. It is not about the constitution and what is devolved to the Scottish Parliament. It is not about Westminster refusing to give us something. It is about asking for powers to ensure that people can go somewhere safe to inject. Somewhere safe—that is what it is all about.

I have been asked a couple of questions by constituents that I am duty bound to put to the minister—and I want to know for myself exactly what the situation is. Are we talking about a safe injection facility or a heroin-assisted treatment facility? That has not been made clear to me or to my constituents.

One of the biggest issues for me as well as for my constituents—I live in the city centre and I represent it—is where it will be sited and what is the police’s involvement in that? I see this as a health issue but, unfortunately, there are issues around justice and policing. We cannot hide from those issues; we need to look at them. I therefore ask the minister if she could answer those questions in her summing up. Are we looking at a safe injection facility to which people will come with their heroin or other drugs to be injected? Are we looking at a heroin-assisted treatment centre at which they will be provided with the drug? That has to be made clear.

Aileen Campbell: Will the member take an intervention?

Sandra White: It might be early yet to talk about where the centre is to be sited but it would be good to find out whereabouts in Glasgow’s city centre. What about police involvement? What do the police have to say about this? How will they be involved?

The Deputy Presiding Officer: I am not sure whether you are going to take the intervention or you are both just going to stand up.

Sandra White: I am happy to take the intervention.

Aileen Campbell: I have been clear that I am looking for Parliament to unite behind an approach to the UK Government to permit the pursuance of a safe injection facility. We do not have the power to do that. I understand that the Glasgow health and social care partnership is currently looking at heroin-assisted treatment, but today’s debate is about a safe injection facility or safe consumption rooms. We do not have the power to take those forward in the here and now.

The Deputy Presiding Officer: Ms White, you will need to finish in the next 30 seconds.

Sandra White: That is fine. The minister has clarified things for me because those questions were not clear as far as I could see.

I want to mention the removal of the clean needle exchange. That was a disgrace—we need more such initiatives.

I would like to know more about the police involvement and what will happen to people who are travelling to and arriving at the centre with drugs and that sort of thing. I am supportive of doing something to alleviate the suffering that these people are going through.

16:01

Jenny Marra (North East Scotland) (Lab): No one can doubt the harm that is being caused to our towns and cities by drug addiction, nor can we doubt that the current addiction strategy is not working for all our citizens. In that context, the Scottish Government's willingness to consider radical proposals should be welcomed.

However, like my colleagues, I caution the minister that, for her to begin the process of reforming addiction services with a proposal that the Government cannot enact under its own powers opens her up to the charge that she is playing politics. I am happy to take an intervention from her, but I urge her not to allow the topic to be dragged into yet another of our interminable constitutional fights.

Aileen Campbell: I do not want to do disservice to the private and confidential conversations that I had to try to get to a point at which we could unite behind a motion, but I did try to ensure that Opposition parties understood that this is not an attempt to find a way to have a constitutional argument. I am trying to respond to the problems that we face in Scotland and to find a Scottish solution to them, and we recognise that we need the powers and the ability to act on this. We do not have those powers and I want us to unite behind allowing me to go to the UK Government and tell it that Parliament is speaking with one voice on this issue.

Jenny Marra: I thank the minister for her clarity. I have been a member of the Parliament for seven years and we have not been inundated with Government debates on Scotland's huge problem with drug abuse and alcohol misuse and how those two problems are connected. That is why I make the point to the minister today. She does not look very pleased about it, but we have said that we will support her motion. However, this is one of her staging debates and there are myriad issues that need to be considered. If she could commit more Government time and more of her own chamber time to discussing such issues, she

would give comfort to those of us who want to see more time spent on them.

As Anas Sarwar said, we support the idea of safe injection sites, but we do so on the understanding that no one facility in one city, and indeed no one idea, can be enough to address the problems that our country faces from drug misuse. Scotland's drug death rate is a national tragedy and we owe it to our communities to keep an open mind on how to deal with that.

In 2016, 867 people in Scotland died drug-related deaths. In Dundee that same year, there were 38 drug-related deaths, under the narrow definition of drug-related deaths. Other people who were using drugs died of alcohol-related causes, which takes the overall figure much higher; we forget that at our peril.

Those figures mean that Dundee has the worst drugs death rate in Scotland and the worst in Europe. In 2016, that meant 38 or more families dealing with the death of children and grandchildren and, heartbreakingly, young children suffering the pain of the loss of a parent. It is a scar and a curse on our community in Dundee and it needs urgent attention, as I have just outlined.

On a strategic level, the Scottish Government's plan to develop a new substance misuse treatment strategy is welcome. In Dundee, we have just launched a new drugs commission to look again at how we address addiction in the city. Welcome though those developments are, I am a little worried that we are not seeking the fresh ideas and perspectives that we need.

Dundee City Council has appointed a member of the board of NHS Tayside to chair the commission and although I do not impugn that person, I feel that we need to bring fresh eyes and fresh ideas to Dundee and I wonder whether it is right to ask someone who is responsible for delivering and scrutinising statutory drug services to take that fresh look at the problem, which may include how services are delivered and reforms to those services. I ask the minister to kindly take up that point and address it if she agrees with me that we need a fresh chair and fresh eyes to look at this.

We absolutely have to have fresh ideas because we have a major and specific problem in Dundee and if we are doing things differently there that contribute to having the highest drugs death rate in the country, the commission must be able to identify what we are doing differently and begin the process of reform. I look forward to the parameters and objectives of that commission being published very soon.

Any debate on drugs has to take account of the reality of what is going on. Drugs are coming in to Dundee and to homes all across Scotland through

legal deliveries—through delivery companies and through the post. They are bought on the internet and they are arriving in shoe boxes. Drugs are being openly sold on Facebook. Facts such as those make the landscape more difficult and more complex and in a longer series of debates, minister, we could explore and take account of these myriad issues.

As Anas Sarwar said on behalf of Labour this afternoon, we are happy to support the Government motion but we would like to see more focus on giving all the aspects of drug and alcohol misuse equal attention as soon as the minister can secure time.

16:08

Rona Mackay (Strathkelvin and Bearsden) (SNP): I will start my contribution with a question. If your son, daughter, niece or nephew had a drug addiction problem, would you rather they injected those drugs in a dark alleyway or in safe, clean premises, supervised by medical staff?

I would say that the answer is a bit of a no-brainer. Studies have shown that safe consumption facilities can succeed in reaching long-term drug users who have had no previous contact with treatment services, and can be effective in getting some users of the facilities into treatment programmes.

A hundred safe injection rooms across 66 cities in 10 other countries—including in Switzerland, Germany, the Netherlands, Spain, Norway, Australia and Canada—have proved successful at reducing drug deaths and HIV infection rates.

Senior medical professionals have described the soaring HIV infection cases in Glasgow as a public health emergency. As we have heard, in 2016 Scotland had 867 deaths from fatal drug overdoses—the highest number of deaths from drug overdoses in Europe. Across the UK 1,573 people died in 2015 as a result of heroin overdoses.

There is an on-going outbreak of HIV in Glasgow, to which public injecting and needle sharing has contributed. By the end of 2016, 78 cases had been linked to the HIV outbreak in Glasgow, with further cases expected in the next few years, and 83 per cent of those affected by the outbreak reported that they had injected drugs in public places.

The costs of dealing with drug overdoses and the health problems associated with addiction in Glasgow have been rising sharply, along with the increase in drug-related deaths. The cost of drug addiction is mounting for the NHS. With increasing HIV infection rates and with the lifetime cost of treating HIV estimated at £360,000 per person, the

treatment cost is expected to reach £28 million for NHS Greater Glasgow and Clyde. Taking into account use of front-line health services and the costs of dealing with long-term blood-borne infections, the status quo costs the NHS in Glasgow over £29 million. It is, however, the human cost that I believe should be the most important factor in the argument for providing safe facilities.

Evidence from safe drug consumption facilities operating in other countries has shown reductions in the discarding of needles, reductions in high-risk public injecting and reductions in deaths from overdoses. They reduce the spread of blood-borne diseases through needle sharing and discarding.

We simply cannot do nothing. We must make changes and make them fast. The problem, as we have heard, is that despite the Scottish Government agreeing that there is evidence that safer injection facilities are successful, we cannot legally introduce safe injection rooms.

Victoria Atkins MP, parliamentary under-secretary at the Home Office, said in January this year:

“We have no intention of introducing drug consumption rooms, nor do we have any intention of devolving the United Kingdom policy on drug classification and the way in which we deal with prohibited drugs to Scotland.”

I hope that she changes her mind. Like others, I believe firmly that this is a health issue, not a justice issue. We are where we are. The Supervised Drug Consumption Facilities Bill, sponsored by my colleague at Westminster Alison Thewliss MP and mentioned by Sandra White, seeks to amend the Misuse of Drugs Act 1971 to enable the supervised drug consumption facility proposed by Glasgow city health and social care partnership to operate legally.

Primary legislation from the UK Parliament, or the devolution of drugs law to the Scottish Parliament, is required to make the necessary changes to the law to protect service users and staff from prosecution. Alison Thewliss's bill seeks to make the necessary amendments to the Misuse of Drugs Act 1971 to enable the supervised drug consumption facility to operate legally.

Safe injection facilities are a civilised, grown-up response to a problem that will not go away and is getting worse year on year. Safe injection rooms will reduce problems for the wider community, such as discarded needles that can easily be picked up by children, but they also reduce risks for users, who face increased risk of infection, blood-borne viruses or overdose.

The status quo is not an option. Let us learn from good practice in other countries. This is a public health issue and we must do everything that we can to deal with it now. Of course it will not

solve the wider drug problem in Scotland, but it will save lives now.

I urge members to support the Government's motion.

16:13

Gordon Lindhurst (Lothian) (Con): "What do you want me to do?" That was the question I faced.

Scotland tops the drugs-death rate in Europe and is breaking records for heroin and methadone hospital admissions. That is a very sad source of national embarrassment, to say the least. The overrepresentation of older drug users aged 35 and over is indicative of the failure under successive Scottish Governments to get people off drugs entirely. Many of those users have prolonged histories of drug abuse. Some may even be old enough to be part of the "Trainspotting" generation, the 1980s addicts immortalised in the best-selling Irvine Welsh novel, which was based in an area not far from the Parliament. They have led a life of addiction for decades and, as the Scottish Drugs Forum has warned, current services are unprepared to meet their care and support needs.

Although positive signs can be found among younger age groups, there are still worrying statistics that may indicate a reversal in trends, such as those showing that the number of 15-year-olds saying that they had tried ecstasy more than doubled between 2013 and 2015, and that cocaine use doubled between those years.

Those figures mean that we, as a society, are failing some of the most vulnerable people, who often come from more deprived backgrounds. Factors such as weak family and social bonds and few employment opportunities and community resources can all interplay and foster an environment in which drug taking occurs.

Unfortunately, in my work in the criminal courts, I have had much direct experience of what can happen as a result of drug abuse. The sheer devastation that drug use can cause, for individual lives, families and society generally, can be profound. The question "What do you want me to do?" was from a judge to me. It was asked in a sad case of a female drug user who had become involved in crime—indeed, she had lost fingers as a result of her habit and addiction. The only answer that I could give to the judge's question was "Please give her another chance." That was not a legal argument, but it was all that I could say on her behalf. However, he gave her another chance, rather than send her to prison.

That drug user was typical of many drug users who have ended up in lives of crime due to their

addictive habit. The solution is not to give up on those users as if they are beyond help, and it is not to assist them to continue a harmful habit through so-called safe injection facilities, because those same people remain reliant on drugs that prevent them from helping themselves and engaging with opportunities in the world of work and mainstream society that could take them away from the life that they find themselves in.

Opioid replacement therapies such as prescribed methadone can have a role in taking people off dangerous street drugs, but only if they are used to progress a user's recovery and eventually take them off drugs altogether. That requires regular engagement with the user to assist them on that road; otherwise, the therapies can simply become another part of a devastating and dangerous cocktail of drug abuse. Sadly, many who have been given the methadone alternative have subsequently been forgotten about and put to one side without any tangible progress being made towards recovery, sometimes for decades.

Those are now the failures of the SNP Government. There has been a failure to ensure that checks and balances are in place in the health system to ensure that users are recovering. Supervised consumption treatments focus on the circumstances in which drugs are taken rather than on the consumption of the drugs, which should be the main focus. To give users the best possible chance of turning their lives around, the Scottish Government should focus on taking them away from drugs altogether.

A legal basis is already there if the Scottish Government truly wanted to act, because there is the possibility of heroin-assisted treatment, which allows for legally prescribed heroin—rather than users bringing in street drugs, the content of which is unknown. Such treatment can be given under supervision and as a road to recovery. It can already be delivered legally within the framework of existing medicines legislation, as confirmed by the Lord Advocate, and it does not require a change in law by the UK Government

Scotland's drugs strategy is failing. We need an approach that puts resources into drug use prevention and recovery rather than into substitution, which continues the cycle of drug abuse.

16:18

Ruth Maguire (Cunninghame South) (SNP): I believe that problematic drug use is a public health issue and should be treated as such. Many people using drugs on the streets are struggling with multiple, complex issues. Safe injection facilities are about ensuring the dignity and safety of some

of the most vulnerable people in our communities, and about saving lives—and these lives are worth saving. A news report last month on the topic of safe injection facilities shared the story of Jane, a 29-year-old from Glasgow who uses in the city centre. She woke from a fix to find a rat chewing through her arm. She spoke about wanting to die. I was genuinely shocked to hear about the reality of Jane's life in 21st century Scotland.

It would seem logical that providing safe injection facilities would guard against such tragic situations and provide people with some safety and an opportunity for additional support and help. In such facilities, health professionals are always on hand to treat overdoses as well as offer health checks for any physical or mental health problems. Safe injection facilities could also help to reverse the alarming drug-related HIV outbreak that we are currently seeing in Glasgow. Almost every new case involves a person who is addicted to heroin. Through providing a safe space to inject drugs, with clean needles that would be disposed of carefully, safe injection facilities would be an essential tool in the fight against HIV—a fight to which every one of us in the chamber should be committed.

Treating people with dignity and respect is a good first step towards tackling the most profound issue of stigmatisation that surrounds addiction. Instead of leaving people to inject with dirty needles in alleyways, safe injection facilities treat people like human beings with a health problem, rather than as criminals. In building relationships and trust with often hard-to-reach or easy-to-ignore people, safe injection facilities also increase the likelihood of people engaging with services that can help treat their addiction and aid their recovery.

I commend work that is being done in my constituency through the peer mentoring approach that is being delivered by the North Ayrshire ADP in conjunction with NHS Health Scotland's public health directorate. Through that initiative, peer support workers, who have lived experience of addiction, support individuals who are undertaking treatment for a blood-borne virus and identify those who are at risk. That approach has enhanced the number of people being tested for blood-borne viruses and sexual health issues and increased the number of people commencing treatment. It has reached a number of marginalised individuals, particularly in homeless and prison settings. One of the people who benefited from the service said:

"The Peer workers have given me confidence to deal with everyday life. I feel safe with the peers knowing they have lived experience; this gives me hope that I can also recover if I do what they did. The power of example is very powerful."

I am pleased to tell the chamber that that peer approach won a health and social care innovation award for its good work. It is a strong example of how finding different ways to engage people can have a properly transformational impact in helping them on the path to recovery.

Safe injection facilities have an important role to play in getting Scotland to a stage where it is no longer the drug-death capital of Europe. Although it is important to note that youth drug use is falling—with smoking, alcohol consumption and drug use among young people at record low levels—we cannot ignore Scotland's rate of drug deaths.

Neil Findlay: I hear quite a lot about the number of young people taking drugs having fallen, but I have to say—and I am quite willing to put this on the record—that I have grave reservations about whether those statistics are correct, to judge from my experience of listening to young people in the communities that I represent. Does Ruth Maguire share those concerns?

Ruth Maguire: I do share those concerns. The ready availability of drugs and the cost of drugs reflect the fact that the war on drugs has not worked, and there is a lot to be done.

As I said, we cannot ignore Scotland's rate of drug deaths. The year 2016 saw the highest number of drug-related deaths recorded across the Ayrshire and Arran health board area since 2004, following a longer-term, more gradual upward trend. Sadly, that increase mirrors the picture across Scotland. A substantial number of those who die are not in contact with specialist services at the time of their death. In Ayrshire and Arran, the number is slightly higher than the national average of 36 per cent. We must find new ways to reach those who are not in contact with services.

Safe injection facilities are one way that we can do that. However, on the topic of safe injection facilities, we frequently run into a frustrating constitutional brick wall. As is so often the case, although we clearly have the political will to introduce safe injection facilities in Scotland, we do not have the powers to do so. The Scottish Government's support for safe injection facilities is correct and welcome, but the power to act lies with the UK Government, so I add my voice to those calling for the action that is desperately needed, and I urge other members from across the chamber to do the same.

Every drug death is an absolute tragedy, not just for the person involved and for their family and friends, but for our wider community. We all have to do everything in our power to change that.

16:24

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I agree with the introduction of safe injection facilities in Glasgow. The Scottish Government motion has been deliberately drawn narrowly, as we have heard from the minister, in order to garner cross-party support. That was the strategy for the motion and I am pleased that it has, with the exception of the Conservatives, achieved cross-party support. I thank all members across the chamber for the tone of the debate.

Brian Whittle: Will the member take an intervention?

Bob Doris: I would like to make a bit of progress first, and then perhaps I will let Mr Whittle in.

I am also pleased that today has sparked a wider debate on drugs policy and its funding, as promulgated by Anas Sarwar and Alex Cole-Hamilton. That is important: it should be debated, so I welcome those comments.

Why do I support the introduction of safe injection facilities? NHS Greater Glasgow and Clyde alcohol and drugs partnership's report, "Taking away the chaos", makes compelling reading, and it contains a strong evidence base. The 400 to 500 people who inject publicly in Glasgow city centre are at risk and are vulnerable. I acknowledge that such people can be challenging and resistant to help—let us not forget that—but we must care for them.

There were 170 drug-related deaths in Glasgow in 2016, and there were 867 across Scotland in that year. As we have heard, there were 47 new HIV diagnoses the year before that. The really strong recommendation in the "Taking away the chaos" report on piloting and evaluating a safe injecting facility is overwhelming. I stress that because if the facility is evaluated and found not to work, we can change the strategy. However, the report is compelling and such recommendations need to be tried.

The facility will not fix the problem, but it will help. I believe that it will lead to fewer fatalities and fewer needles being discarded unsafely in parks, alleys and back courts, and prevent all the public health dangers that are inherent in that. I believe that it will also lead to fewer HIV and hepatitis C infections.

There will also be more opportunities to engage with a hugely hard-to-reach group, and it is that opportunity that I want to explore further. We should look at the example of engagement with another hard-to-reach group—there is sometimes an overlap—which is homeless people. Between December 2017 and January 2018, 356 people presented at Glasgow City Mission's emergency

winter shelter, which represented a 5 per cent increase. Glasgow City Mission's website states:

"Conversations take place throughout the night and into the morning between staff and guests to ensure we are doing all that we can to help guests move forward into settled accommodation and that they can access the healthcare and other services that they require."

A lot of those guests will not previously have been on social services' radar, so that will be the first opportunity for them to engage with the services that are there to help them. The result was that the majority of people were given more stable accommodation within three nights of their appearing at Glasgow City Mission's shelter, and did not need to remain at the emergency shelter. Ninety-four people were referred to Govan Law Centre and given specific help on accessing benefits, and 111 people were signposted to the NHS's Hunter Street nursing facility. Because they had somewhere to go, real help was provided to vulnerable people who were off the radar of society and who were leading chaotic lives.

That is precisely the model that the safe injecting facility is trying to adopt in relation to some of the most vulnerable drug users in our society. There is a false debate between abstinence and safe injecting. It is vital that we understand that relapse is a normal part of recovery. Most people who recover in the long term relapse on several occasions. How do we support people who relapse and have chaotic lifestyles? We need places such as safe injection facilities so that they can re-engage with services. That is really important.

I admit that not everything is happy in "The Road to Recovery", and I am sure that the Government will engage to improve things. In my constituency, I hear about long-term use of methadone and people not necessarily being able to move forward to sustainable recovery. I hear concerns about the moneys that are made by certain pharmacies, which relate to the business model of supplying methadone to vulnerable people. I am repeating concerns that I hear in my constituency.

Alex Cole-Hamilton mentioned budgets. A new budget process in the Scottish Parliament starts this year, which will allow much earlier constructive and positive engagement, before the numbers for the budget have even been set. The challenge to all politicians—in the Opposition and in Government—is to have constructive and positive discussions about what budgets should look like. I am not saying this to be defensive, but let us not get hung up on numbers. The point of the budget process is not just inputs; it is also about outcomes for all our vulnerable people.

Alex Cole-Hamilton: Will the member take an intervention?

The Deputy Presiding Officer (Linda Fabiani): I am sorry, but there is no time.

Bob Doris: I apologise for not having time.

The Conservatives said that safe injection facilities are about writing off or forgetting the most vulnerable people in society: quite the opposite is true. *[Interruption.]* Annie Wells said that; members can read the *Official Report*. It may be about only 400 to 500 people on the streets of Glasgow, but they are human beings who need help and support. Parliament should unite to reach out and try to help them.

The Deputy Presiding Officer: We move to closing speeches. Alex Cole-Hamilton has up to six minutes, please.

16:30

Alex Cole-Hamilton: Thank you, Deputy Presiding Officer. I think that I reached a new height in peer review in my career as a parliamentarian when, on the margins of this meeting, Adam Tomkins described my amendment as “completely bonkers”. However, that is quite the usual Tory response to radical change that is supported by a weight of empirical international evidence—*[Interruption.]* I thank Ben Macpherson for applauding. *[Laughter.]*

I welcome the motion and its stabling of the matter under public health, because for too long drugs policy has been rooted in criminal justice—both in our minds and in the public policy that we have made in Parliament. That misstep has cost us space in our prisons, police time, untapped revenue for the Exchequer and lives. We have the highest rate of drug-related deaths in western Europe, which is an unenviable honour to hold, so I welcome the debate and hope for more like it.

In the minister’s intervention on me during my earlier speech, there was a suggestion that ADP funding is actually at its highest level yet. That is risible. Workers, statisticians and third sector stakeholders have all seen that the inescapable corollary of the 23 per cent cut that we heard about in several speeches and closure of services to which it has led, is the 23 per cent increase in deaths that followed last year.

I thank the minister for the motion, but I wonder whether she will take the opportunity to state on the record that she accepts that a cut in funding services was not an appropriate response, if we recognise that drug deaths have increased across the country over the past 10 years. Will she also pledge to protect those vital budgets going forward? I am happy to take an intervention on that point, if the minister would like to make one.

Aileen Campbell: I outlined that our commitment has been borne out by the funding

that we have put into ADPs. The £20 million that we have earmarked in the current budget will enable us to do more to ensure that the new strategy will be delivered with impact, and to reverse some of the things that I think we share concerns about.

Alex Cole-Hamilton: I am grateful to the minister for those comments, and I look forward to working with her to see them being realised.

Annie Wells, in her speech for the Conservatives, called for a radical overhaul of our approach to drugs and the drugs strategy, which was echoed by Brian Whittle. However, she failed to acknowledge that the drugs policy was initiated by her party as the price of Tory votes to support SNP budgets in the early days of the first SNP Administration. I absolutely agree that a whole-system approach is needed, but it strikes me that the Conservative approach to the matter is abstinence or incarceration. Gordon Lindhurst asked us what we want him to do. Changing the record would be a good start.

Brian Whittle: Will the member take an intervention?

Alex Cole-Hamilton: I am afraid that I must make progress.

I want a whole-system approach. I want a whole-system review, but I start from fundamentally different first principles from those that the Conservatives would ascribe to a review. Those first principles recognise the hard brass tacks, which were well articulated by Anas Sarwar in his speech, that delineate our unique and destructive relationship with illegal substances in this country, which puts us ahead of so many European countries in terms of mortality. For my party, that starts not with the fruitless pursuit of abstinence or with strangling the world heroin supply, as Maurice Corry rather bafflingly suggested—it is not drugs’ widespread use but their legal status that is the problem—but with how we deal humanely with the people who use drugs.

Alison Johnstone made an excellent speech and referenced the NHS Greater Glasgow and Clyde report “Taking away the chaos”, which was also referenced by Bob Doris. That link between vulnerability, social deprivation and substance use is vital to the debate. Alison Johnstone rightly referenced the closure of the needle exchange at Glasgow Central station, which is another example of a retrograde policy step, which we must prevent in the future.

The environment was mentioned by Emma Harper in her fascinating description of scientific experiments in this policy area.

There might be much in my amendment that members find instantly uncomfortable. I get that.

However, I suggest that they find themselves on the wrong side of both history and the empirical international evidence that shows that safe injecting rooms lead to harm reduction. Brian Whittle expressed the need for caution and said that he was concerned about the lack of evidence, but there is 30 years of experience in the matter and there is evidence about heroin-assisted therapies, which I mentioned in an intervention on Neil Findlay. There is also evidence for decriminalisation and for a more liberal approach to drug use wholesale. We heard about the example of Portugal, in that regard.

The German writer, Sebastian Marincolo, said:

“The legalisation of marijuana is not a dangerous experiment—the prohibition is the experiment, and it has failed dramatically, with millions of victims all around the world.”

Nowhere is that more evident than in the case of my constituent, Murray Gray. Murray’s mum, Karen, is tenacious, and I am proud to know her. I am looking forward to our meeting with the cabinet secretary and I hope very much that she will be able to offer Karen some help.

I thank members for a robust and interesting debate. We have heard heartfelt contributions about local examples from Clare Haughey, Fulton MacGregor and many others. The debate underscores the human reality that unites Parliament: we all want to reduce the harm that drugs bring to our constituents, and we want to reduce the prevalence of drugs in our communities.

I finish by echoing Jenny Marra’s call for more Government time in which we can take the debate forward, and, indeed, legislate.

16:36

Daniel Johnson (Edinburgh Southern) (Lab):

I will begin my reflections on the debate by highlighting Bob Doris’s speech, which, in many ways, went to the heart of what we are trying to do. He made a compelling argument about why we need to look at the issue of safe injecting rooms, but he was frank about some of the wider issues in this policy area. He also stated that we need a broad debate. That neatly sums up what we need to do. Although the debate has been focused on a particular policy—I understand the minister’s desire to have the debate in order to consider that particular policy—it is impossible not to think about the wider implications, because there are connections right across policy areas and the issue impacts on many others such as poverty, exclusion and deprivation.

Today’s debate has been honest, frank and, at times, emotional, and it had to be so. The minister clearly set out the case for safe injecting rooms,

and that case was reflected by other members such as Alex Cole-Hamilton and Clare Haughey, who looked at international examples from places such as Australia, Spain and Switzerland. We have to do that, as we must have a frank and honest assessment of what works and of how we can make a difference.

In that regard, I appreciated Fulton MacGregor’s speech, in which he took a balanced, front-line view. He considered the option of safe injecting rooms but gave a frank assessment of what happens when people are on methadone. Members came back to the issue of methadone as a treatment time and time again, and it is something that the chamber should reflect on.

I will be clear: Labour will support the motion tonight because the case has been made for why we need to consider the use of safe injecting rooms, which provide clean, safe facilities and, importantly, can help us to connect individuals to other services, as the minister said. That is why the issue has to be thoroughly investigated. There is an issue about the community benefits that the proposal might have but, fundamentally, our action needs to be evidence led.

Annie Wells’s speech was powerful, and we must engage with some of the issues that she raised. Her speech was grounded in personal experience that brings home just how serious the issue is. She was right to question whether the policies around methadone are working. Many members talked about people being parked on methadone, and we need to be frank about whether that is happening and tackle it. However, I do not think that this is an either/or situation, and I certainly do not think that the policy proposal is necessarily about giving up—indeed, it must not be so.

I will reflect briefly on something that Sandra White raised. She asked what kind of facility there might be. Has the minister considered whether a clinically led facility, which might not breach existing laws, could be considered as an alternative, although that might be more expensive? I think that Gordon Lindhurst brought up that issue as well.

Let me reflect on Labour’s position. It is important not to look at substance misuse solely through the lens of intravenous drug use and the particular cases—acute as they are—of people who use heroin and opioids, because the problems of substance misuse are much wider than that. As Anas Sarwar said, we must not kid ourselves that substance misuse and addiction are confined to a particular demographic or age group.

Alison Johnstone: I seek clarity on the Labour position. Is Labour advocating that we move away

from criminalising users to treating the issue as a public health issue?

Daniel Johnson: We must treat addiction as, first and foremost, a health issue. Labour member after Labour member has made that very clear.

If I have time, I will touch briefly on criminal justice issues. First, though, I will refer to what Neil Findlay said. He put things very well in speaking about having to look at the local reality. There is a vital need to take a global perspective while looking at what works. I think that Jenny Marra reflected those comments.

Scottish Labour is committed to having an open and frank discussion in the weeks and months that lie ahead of us and to using a summit to consider the wide range of policy options and approaches that can be taken to tackle substance misuse and addiction in the round. There has been a failure of policy, because there is a failure in trying to criminalise individuals—that is fundamentally flawed logic. We are not dealing with people who are rationally looking after their own interests; they are addicts and they cannot do that. By definition, they are incapable of doing that.

We also have to consider the particular failure in Scotland. As many members have pointed out, the number of drug deaths in Scotland has doubled. The level here is two and a half times the level in the rest of the UK and eight times the level in the rest of the EU. We have to consider why that is and what has happened here.

We see some of the most acute issues in the criminal justice system. The Justice Committee recently visited Serco, and the experiences that it heard about there were quite horrific. I do not have time to go into them, but I urge all members to consider the experience of addicts in the criminal justice system and to look at the issues that they face, why the system is not an appropriate context for them and the changes that we need to make in our prisons to provide the support that those people need. It is unavoidable that addicts will come into contact with the criminal justice system. No matter how much the emphasis is placed on health, first and foremost, which is right, that will never be completely avoided.

We must have a broad and frank debate and holistic solutions, and we must be evidence led.

16:43

Miles Briggs (Lothian) (Con): A few months ago, my Lothian colleague Alison Johnstone and I visited the Edinburgh alcohol and drug partnership as part of the substance misuse inquiry that the Parliament's Health and Sport Committee was conducting. That was one of the most valuable visits that I have undertaken since becoming an

MSP, but it left me concerned that we, as a country, are failing to address the drug crisis that too many of our fellow citizens face.

On that visit, we met a number of service users who were being supported through a peer-led, tailored approach in order that their addiction could be stabilised and that counselling and other forms of support could be delivered. In our conversations with several people, it was clear that early intervention had failed them and that the opportunity to access early pathways to support and recovery were simply not good enough or not available.

The story that an individual told Alison Johnstone and me about how she had ended up where she was will stick with me. She is now 40. When she was just 12, her father introduced her to heroin, which led to a spiral of addictions over the course of her life. That was a real example of adverse childhood experiences, which we increasingly talk about in the Parliament. As my colleague Brian Whittle said, it is important that we look at that side of how we can prevent people becoming addicts in the first place.

I asked a specific question about when and how people had sought early help to address their drug addiction. In a number of cases, visits to GP surgeries or other support services had been met with the response that the individual was not a problematic enough drug user to merit a referral to specialist support services.

We need a new approach similar to the Government's aspiration on mental health. The Scottish Government needs to develop an ask-once, get-help strategy for drug addiction.

Daniel Johnson: That is helpful. I wonder what the Tory position is on safe injection rooms, because that has not been clear in the speeches so far. Will you clarify that one way or the other?

Miles Briggs: I do not know whether you were here for the opening speeches. Annie Wells outlined clearly that we do not consider that there is a case for the facilities to be put in place now, as the services that are currently in place support people.

I pay tribute to and praise those who work in our drug and alcohol partnerships.

Neil Findlay: Will Mr Briggs take an intervention?

Miles Briggs: No, I want to make progress.

I have been hugely impressed with the Lothians and Edinburgh abstinence project. LEAP is a programme for up to 20 people who want to stop using drugs, and people who take part in the programme can access supported housing run by City of Edinburgh Council. Access to Industry also

works with people on the programme to help them to start training or education or to get a job as part of their tailored recovery plan—and it is on delivering those plans that we must focus.

Perhaps most important, people who complete the programme can get support for up to two years after they finish. Sadly, service users told us that the limited number of places available means that it is difficult to get on to the programme, although it was an aspiration that they all wanted to achieve. We should be encouraging and delivering investment to expand initiatives such as that.

Clare Haughey: Will the member take an intervention?

Miles Briggs: No, I want to make progress—I have a lot to say about the issue.

I have visited a number of drug and alcohol partnerships across Scotland, and I am sorry to say that they continue to highlight that they are the Cinderella service of our NHS. As Alex Cole-Hamilton stated, that was demonstrated to them most recently when the Scottish Government looked to cut £20 million of funding from the partnerships before undertaking a U-turn on its decision, which I think we have all welcomed.

This Government and Parliament have a record on drugs and substance misuse policy on which both must be judged, but I cannot honestly stand here today and say that the country has got the issue right or that the SNP Government's proposal simply to refresh the strategy is what is needed or is good enough for most vulnerable people in our society.

Jenny Marra and Neil Findlay made excellent speeches and I agreed with their sentiments. We have a national crisis and we need national action, but not just in one policy area in which the Government is interested.

Neil Findlay: Will the member take an intervention?

Miles Briggs: Very briefly.

Neil Findlay: I sat beside Mr Briggs on the Health and Sport Committee for more than a year and a half, and I respect him. I do not believe that the position that he has put forward as he stands at the Conservative's front bench is his view. You should be honest with the chamber and tell us what your real view is.

The Deputy Presiding Officer: Before you do, Mr Briggs, I remind everyone in the chamber that members should always speak through the chair and not directly to each other when making interventions and delivering speeches.

Miles Briggs: I very much welcomed the opportunity that the new SNP Government took back in 2008 to develop its road to recovery

strategy. Today, we should be focusing on that strategy, which was intended to focus on recovery. I welcome and pay tribute to the fact that my former party leader, Annabel Goldie, and the Scottish Conservative group at that time put so much work into trying to make the strategy a success. However, we need to be honest and accept that, by all measures, the strategy has not delivered.

The strategy has been in place for 10 years, during which time, as we have heard, the number of drug deaths has increased by more than 50 per cent. Recent figures show that the rate of drug deaths in Scotland is running at two and a half times the rate in the rest of the United Kingdom.

I have spent a number of months researching and looking at different models of care and support for drug and alcohol addicts, as Neil Findlay has outlined. The Conservatives want to be part of forming a new, overarching national strategy, and I have written to ministers, calling for the review to be extended. However, the first time that the minister spoke to me about the issue was when she phoned me yesterday evening ahead of the debate.

In 2007, the then First Minister, Jack McConnell, visited a trial of neuro-electric therapy, a drug-free addiction treatment invented by a Scottish neurosurgeon, Dr Meg Patterson, and saw at first hand how addictions can be treated differently. The treatment is used today in drug rehabilitation services across the world but not in Scotland—at least, it is available only in private clinics. I accept that the most effective treatment will always depend on the circumstances of the individual. There cannot be—and there is not—one size that fits all, but we need a recovery-focused strategy that aims to reduce the number of addicts. The use of opiate replacement and heroin-assisted treatment should be limited and used only as a short-term route to recovery.

It is clear that we need more than just the policy refresh that SNP ministers are proposing today, and that is what our amendment seeks to deliver. We need a sector-led review of all drugs policies in Scotland. We must look at how we can truly create a recovery-focused network—which is the focus that the Scottish Conservatives envisaged “The Road to Recovery” would deliver over a decade ago—and embed recovery models in all future delivery arrangements.

The Conservatives believe that it is time for the Parliament to truly make this a major priority and for a full sector-led, cross-party review of drugs. I support the motion and the amendment in Annie Wells's name.

16:50

Aileen Campbell: As Daniel Johnson articulated, this debate has been challenging. Members have been divided at times and the debate has been incredibly emotional, but that is entirely appropriate as we as a Parliament need to consider maturely how we bring our collective thoughts and opinions to bear in order to effectively tackle the problems that Scotland is currently facing with substance misuse.

On the subject of safe drug facilities, the motion seeks Parliament's agreement to ask the UK Government to enable us in Scotland to respond to a public health challenge with a public health solution. It is not an easy solution—it is not an easy issue—and it might not be immediately popular or comfortable. Therefore, aside from some points made by colleagues, I have genuinely appreciated the general tone and articulation of Opposition members' views on the safe drugs facility—particularly those from colleagues in Labour, the Greens and the Liberal Democrats. I welcome their openness to considering the issue and working together on it.

As Neil Findlay said, this issue is

“too important to be a party-political dogfight”.

It requires us to work together and to put aside party-political point scoring to focus minds and roll up our sleeves to tackle the problem.

As Neil Findlay and Clare Haughey reminded us, the 867 deaths represent a huge and untimely loss of life and devastation for the families and loved ones who are left behind. Those people are mothers, daughters, sons, fathers and friends. Like many others in the chamber, I have met many of the families who have been impacted by problem substance use and drug deaths. I have attended remembrance services and I have seen the hurt and trauma caused and listened to the stories of helplessness from families who felt unable to help their loved ones or keep them safe.

In listening to those stories, each and every MSP here should be thinking, “There but for the grace of God go I.” Addiction is not something that impacts only some people some of the time; it can and does affect us all. Clare Haughey summed it up simply by saying, “they are people.” Those people deserve to get the help and support that they need in order to cope with or recover from their addiction.

That is the premise on which we must base our approach. That is why a public health approach based on respect, tolerance and solidarity is needed.

As I said in my opening speech, we in the Government have chosen to treat problem substance use as a public health issue, which

naturally implies that we will seek a public health response where possible in order to address some of the harms posed. What we are currently seeing in Glasgow—a rising number of drug deaths and increasing numbers of individuals infected by HIV—clearly falls into that category. An evidence-led response seems not just sensible but essential.

I should be clear, however, that that does not mean that the Government is losing sight of the criminal elements associated with some of the illegal drug trade. I say in response to Sandra White's points that, although we are clear that we want to help and support those who are affected by problem substance use, we are still committed to doing everything that we can to tackle the scourge of illegal drugs and the dealers who cause the misery that blights the lives of so many.

Let us also remind ourselves why the safe consumption facility is necessary. The facility is designed to service the needs of an estimated 400 to 500 individuals who inject publicly in the city centre and experience high levels of harm. There have been outbreaks of HIV, with more than 100 new cases since 2015, of anthrax and of botulism. The proposals would help reduce the risk of future outbreaks. In 2016, there were 170 drug-related deaths in the Glasgow City Council area, up from 157 the previous year.

The British Medical Association, the European Monitoring Centre for Drugs and Drug Addiction and the Advisory Council on the Misuse of Drugs have indicated their support for pursuing safer drug consumption proposals in order to promote harm reduction. Those efforts are all based on evidence.

At this time, the Misuse of Drugs Act 1971 is reserved legislation and, as the Lord Advocate indicated in his response to Glasgow HSCP in November last year, the lawful operation of such a facility could be secured only through changes to the existing legislative regime.

It is on that point that I seek the support of Parliament. I reach out to colleagues from parties across the chamber to allow us to seek agreement from the UK Government to do something on the issue. That support would enable me to say that we—politicians, professionals, practitioners and the people who are most affected—have a united voice.

This is not a constitutional spat. I am very clear how I would like to deal with the constitutional arrangement of Scotland, but I know that that view is not shared by all of Parliament. However, the constitutional arrangement is not what is motivating me to make my plea. My motivation is to do the right thing. As the minister responsible, I do not want to waste the privilege of ministerial

office by doing nothing, just doing the simple thing or simply hoping that the issue will go away. We need to unite behind something innovative and bold, such as safe facilities, to tackle the problem effectively.

Anas Sarwar: I thank the minister for her comments and I welcome the tone that she has used. I repeat that the Labour Party will support the Government motion today. In the spirit of consensus and bringing our Parliament together and recognising that we face a challenge that is historic—not just for this Government, but for previous Labour Governments as well—will she support the Labour amendment to the motion?

Aileen Campbell: Unfortunately, because of the approach that has been taken in the amendment in calling the current strategy a failure, supporting the amendment would not sit comfortably with us. I understand and appreciate the content of many of the Labour speeches today, but I cannot agree with the amendment on the basis that it says that the strategy has been a failure. Many things have been achieved and we have delivered many improvements.

However, we are not losing sight of the shortfalls and the gaps that need to be plugged, which is why we want to renew our approach.

Miles Briggs: One thing that has come out of today's debate is that many members are uncomfortable with the current strategy. Will the minister agree to a sector-led, cross-party review of the strategy, which all parties have now called for?

Aileen Campbell: I am absolutely willing to work with other members from across the Parliament. We will continue the dialogue after the debate and ensure that we seek the ideas, thoughts, views and considered opinions that many members have expressed today to ensure that they inform our strategy. We are refreshing our strategy for the reasons that have been articulated—there is a need to understand the changing landscape of drug addiction and we need to address the ageing group of people who are becoming the drug death statistics that we have to grapple with every year. [*Interruption.*]

The Deputy Presiding Officer: I ask members to call a halt to their private conversations.

Aileen Campbell: It is important to recognise that the safe consumption facility that we are discussing today is not the totality of our ambitions to tackle problem substance abuse. That is why we are renewing our strategy to reflect the changing landscape of drug taking in Scotland, taking on board all the views and opinions that we have heard today, and ensuring that we consult and engage with those who work in the sector. I reassure members that our approach is far

reaching: our strategy will ensure that wider health and social needs are taken into account as part of people's treatment and support. That will include joining up with a range of work across Government to tackle poor mental health, loneliness, social isolation, employability, homelessness and the issue of children affected by parental substance misuse. In response to the calls from Neil Findlay and Clare Haughey, I say that it will tackle the issue of stigma to ensure that we can support people and change the culture and stories and articulation around people who are in desperate need.

Our strategy will recognise that the nature of Scotland's drug problem has changed and that there is a need for a greater focus on harm reduction measures for the ageing group of long-term drug users who are the major contributors to the increase in drug-related deaths. We should also recognise that significant progress has been made since 2008: drug taking overall is falling and drug use among young people remains low. We have also achieved significant reductions in treatment times for those who need help with drug and alcohol problems.

I take on board the concerns that were expressed by Neil Findlay, Ruth Maguire and others around some of those statistics. We will continue to build on our achievements and we intend to plug the gaps that we know need to be plugged.

Several other members raised issues that I want to address. The motion is seeking to unite the Parliament behind safe consumption facilities. However, to respond to points raised by Sandra White and Daniel Johnson, Glasgow is looking to introduce a combined facility to allow safer consumption facilities and heroin assisted treatments to coexist. Glasgow health and social care partnership is looking to locate the facility in the city centre—the area that currently sees the majority of public drug-taking behaviour. There will be robust consultation with residents and businesses in advance of that.

I absolutely share the views and the disappointment that have been expressed about the decision by Network Rail. We will continue to work with Glasgow health and social care partnership to find ways in which we can enable it to cope as best it can.

I conclude by again thanking members for their views. I understand that there are differences along the edges but, today, I commit to all parties that I will endeavour to work with everybody on this issue to ensure that we can unite behind a refreshed and renewed drugs strategy that deals and copes with the changing landscape of drug taking in Scotland; which does not lose sight of the need to be bold and innovative and to challenge

uncomfortable feelings about some of our approaches; and which is always motivated by a wish to tackle drug-related deaths and their impact in our communities, which we all feel a sense of disappointment and devastation about. I reach out to other parties and will continue to work with them to make it a success.

Decision Time

17:01

The Presiding Officer (Ken Macintosh): The first question is, that amendment S5M-11695.2, in the name of Annie Wells, which seeks to amend motion S5M-11695, in the name of Aileen Campbell, on safe injection facilities, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Greene, Jamie (West Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Mason, Tom (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dugdale, Kezia (Lothian) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)

Finnie, John (Highlands and Islands) (Green)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Rennie, Willie (North East Fife) (LD)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Russell, Michael (Argyll and Bute) (SNP)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, Tavish (Shetland Islands) (LD)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wightman, Andy (Lothian) (Green)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division is: For 27, Against 80, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S5M-11695.3, in the name of Anas Sarwar, which seeks to amend the motion in the name of Aileen Campbell, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Mason, Tom (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Rennie, Willie (North East Fife) (LD)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinrossshire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)

FitzPatrick, Joe (Dundee City West) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Abstentions

Finnie, John (Highlands and Islands) (Green)
 Greer, Ross (West Scotland) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Johnstone, Alison (Lothian) (Green)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 47, Against 54, Abstentions 6.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S5M-11695.1, in the name of Alex Cole-Hamilton, which seeks to amend the motion in the name of Aileen Campbell, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Finnie, John (Highlands and Islands) (Green)
 Greer, Ross (West Scotland) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Johnstone, Alison (Lothian) (Green)

Rennie, Willie (North East Fife) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Scott, Tavish (Shetland Islands) (LD)
 Wightman, Andy (Lothian) (Green)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Cameron, Donald (Highlands and Islands) (Con)
 Campbell, Aileen (Clydesdale) (SNP)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Corry, Maurice (West Scotland) (Con)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinrossshire) (SNP)
 Davidson, Ruth (Edinburgh Central) (Con)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dugdale, Kezia (Lothian) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)

Maguire, Ruth (Cunninghame South) (SNP)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Mason, Tom (North East Scotland) (Con)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Tomkins, Adam (Glasgow) (Con)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wells, Annie (Glasgow) (Con)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Whittle, Brian (South Scotland) (Con)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division is: For 9, Against 98, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The final question is, that motion S5M-11695, in the name of Aileen Campbell, on safe injection facilities, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)

Dugdale, Kezia (Lothian) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Rennie, Willie (North East Fife) (LD)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Russell, Michael (Argyll and Bute) (SNP)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, Tavish (Shetland Islands) (LD)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wightman, Andy (Lothian) (Green)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Cameron, Donald (Highlands and Islands) (Con)

Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Greene, Jamie (West Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Mason, Tom (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)

Abstentions

Mason, John (Glasgow Shettleston) (SNP)

The Presiding Officer: The result of the division is: For 79, Against 27, Abstentions 1.

Motion agreed to,

That the Parliament believes that substance abuse must be approached as a public health issue; notes that Glasgow City Council and the Glasgow City Integration Joint Board have developed proposals to implement a safe drug consumption facility in the city in an effort to reduce harm and save lives; agrees that international evidence indicates that safer drug consumption facilities can potentially save lives and that implementation should be permitted in Glasgow; notes that, as the Lord Advocate has indicated, the lawful operation of safer injecting facilities could only be secured through changes to the existing legislative regime; asks the UK Government to make the necessary changes to allow the introduction of a facility in Glasgow, and believes that, irrespective of the creation of such a facility, every effort should be made to help prevent people from starting to misuse illegal substances and to help them get the support that they need to be protected from the harm caused by their use of drugs.

Meeting closed at 17:05.

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