OFFICIAL REPORT
AITHISG OIFIGEIL

Criminal Justice Committee, Health, Social Care and Sport Committee, and Social Justice and Social Security Committee (Joint Meeting)

Tuesday 1 February 2022

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Tuesday 1 February 2022

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CONVENER

*Gillian Martin (Aberdeenshire East) (SNP) (Health, Social Care and Sport Committee)
*Audrey Nicoll (Aberdeen South and North Kincardine) (SNP) (Criminal Justice Committee)
*Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP) (Social Justice and Social Security Committee)

DEPUTY CONVENER

Natalie Don (Renfrewshire North and West) (SNP) (Social Justice and Social Security Committee)
*Russell Findlay (West Scotland) (Con) (Criminal Justice Committee)
*Paul O'Kane (West Scotland) (Lab) (Health, Social Care and Sport Committee)

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*Jeremy Balfour (Lothian) (Con) (Social Justice and Social Security Committee)
Miles Briggs (Lothian) (Con) (Social Justice and Social Security Committee)
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David Torrance (Kirkcaldy) (SNP) (Health, Social Care and Sport Committee)
Evelyn Tweed (Stirling) (SNP) (Health, Social Care and Sport Committee)
*Sue Webber (Lothian) (Con) (Health, Social Care and Sport Committee)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Rt Hon Kit Malthouse MP (Minister of State for Crime and Policing)
Marcus Starling (Home Office)
Beatrice Wishart (Shetland Islands) (LD)

CLERK TO THE COMMITTEE

Alex Bruce (Health, Social Care and Sport Committee)
Stephen Imrie (Criminal Justice Committee)
Claire Menzies (Social Justice and Social Security Committee)

LOCATION

Virtual Meeting

Scottish Parliament

Criminal Justice Committee, Health, Social Care and Sport Committee, and Social Justice and Social Security Committee

Tuesday 1 February 2022

[The Convener opened the meeting at 15:30]

Reducing Drug Deaths in Scotland and Tackling Problem Drug Use

The Convener (Audrey Nicoll): Good afternoon, and welcome to this joint meeting of the Criminal Justice Committee, the Health, Social Care and Sport Committee and the Social Justice and Social Security Committee. I welcome Beatrice Wishart to the meeting. No apologies have been received. The committees have agreed to convene jointly to consider the progress that has been made in implementing the recommendations of the Scottish Drug Deaths Taskforce.

I ask members to ensure that mobile phones are switched to silent, and to wait for the sound engineer to switch on their microphone before speaking.

Our business today is an evidence session on reducing drug deaths in Scotland and tackling problem drug use. I refer members to papers 1 and 2. I welcome Kit Malthouse MP, the Minister of State for Crime and Policing, and Marcus Starling, the head of the drugs misuse and firearms unit at the Home Office in the United Kingdom Government.

I invite the minister to make some brief opening remarks for about three minutes.

Rt Hon Kit Malthouse MP (Minister of State for Crime and Policing): Thank you very much for inviting me to your meeting. Such is the importance of tackling the misuse of drugs and drug deaths to the whole of the United Kingdom, but particularly to Scotland, that I have said many times that I am happy to engage with anybody who wants to talk to me about how we can improve our joint efforts to tackle the problem in all parts of the home nations.

When the Prime Minister stood on the steps of Downing Street back in 2019, he identified tackling drugs—in particular, the pernicious problems relating to the county lines drug distribution model—as a key objective of his Government to get on top of.

We started work immediately with an assertive plan that involved closing down many hundreds of county lines and restricting supply as much as we could, particularly into our smaller towns and villages.

Alongside that, we recognised that work needed to be done on deaths and particularly on health and rehabilitation. We established what we call ADDER—addiction, diversion, disruption, enforcement and recovery—projects in five areas of England and Wales to look at how we could better bring together therapeutic interventions with the policing effort to get on top of the problem. As part of that, we recognised that a UK-wide effort on drugs is required, so we initiated a series of drugs summits, the first of which was held in Glasgow back in 2020, to work out how we can best learn from one another as a set of four nations and improve our game.

That work culminated last December with the launch of a national drugs plan for England and Wales, which is called “From harm to hope”. There are three broad strands to the plan: restricting supply, at which we are getting better and better; building a world-class treatment and rehabilitation system, which, initially, will particularly focus on the 300,000 heroin and crack users who are causing so many problems; and how we reduce demand more widely. We have pledged to work closely with the Scottish Government on that.

We recognise that, although my job is about crime—drugs drive an awful lot of crime—addressing the issue is critical to the solution of many social problems, such as family breakdown and degradation. We also recognise that drugs drive so much poverty and deprivation, so we want to get on top of the issue.

Our relationship with the Scottish Government has been very constructive, albeit that one of the few areas on which we differ relates to drug consumption rooms. We continue to chew on that issue, and I am sure that we will talk about it today. I have a good, constructive relationship with Angela Constance; we have certainly had good conversations at the summits that we have attended.

I very much welcome your inquiry and your natural and very well-focused attempt to drive the Scottish and United Kingdom Governments in making greater efforts in this regard.

The Convener: Thank you very much indeed, minister.

We will move straight to questions, and I will open the questioning by asking about safe drug consumption rooms. As you will know, many

experts, people with lived experience and committees such as the Scottish Affairs Committee at Westminster have recommended the introduction of such rooms, given the contribution that they can make to reducing drug deaths in the UK. Indeed, Douglas Ross has said that he would

"not oppose the introduction of an overdose prevention centre in Scotland, and neither should the UK Government."

Is the UK Government still resistant to such a move? If so, what are the reasons for taking that position, given the strength of the evidence that seems to be behind the approach?

Kit Malthouse: As I have said, this is an issue where I am afraid we differ with the Scottish Government. I have been open to reviewing the evidence, particularly any new evidence, wherever and whenever it has become available—and I remain so—but, having looked at the balance of that evidence, I have to say that much of it is about a small number of locations and is quite limited. Although it points to some benefits, it is hard to disassociate that from a wider health-led approach in which the facilities generally sit.

When this debate was initiated in our first summit two years ago, my view was that the Scottish push—in particular, the Scottish National Party push—for DCRs missed the wider point that to truly solve the problem we needed a wider and much more extensive and assertive rehabilitation approach. I am happy to say that more investment is going into that in Scotland; certainly, at the last spending review, we secured unprecedented investment for building the world-class treatment system in England and Wales.

Alongside that, we believe that there are more complicated issues at play with regard to DCRs that need to be considered, not least some of the legal obstacles that need to be overcome. For example, if you were to put a drug consumption room in Govan, would that leave people in possession of drugs in Bearsden open to being arrested on their way there? If the drugs were to be supplied just outside the room, would that be a crime? We also believe that civil liability issues might attach to the individuals who worked in DCRs, administering the drugs, in the awful eventuality of there being a death or some kind of medical problem. There are lots and lots of practical issues that it would take time to work through, even if we were to step over the line and agree to the approach now.

The problem is so urgent in Scotland, as it is in England and Wales, and the numbers are so high that we will achieve much more by focusing hard on really rolling out strong and assertive health intervention, particularly some of the new pharmacological interventions that are being rolled out now. For example, we have had great success in south Wales—and, indeed, further afield in England and Wales—with a depot buprenorphine called Buvidal, which is effectively an opioid agonist with a ceiling. Its administration has had a transformational effect that is much better than that of morphine, and I know that the Scottish Government is looking carefully at how it can be rolled out as part of this effort. Those kinds of areas of expenditure will see much more benefit, are much more closely evidenced and are likely to have a much wider impact than our having to wrestle with the legal and practical difficulties of putting a DCR in place.

I am quite happy to look at new evidence and, as I have said, I remain open-minded. However, while we are considering that, we must step forward assertively in those other areas and do what we can to save lives.

The Convener: Thank you, minister. I will shortly hand over to members to open up questioning.

If we have time at the end of the session, I may come back to your point about the legality of safe consumption rooms and the Lord Advocate for Scotland's current position with regard to looking at such a proposal for Scotland.

I hand over to Russell Findlay.

Russell Findlay (West Scotland) (Con) (Criminal Justice Committee): Good afternoon, Mr Malthouse and Mr Starling.

Scotland's drug deaths crisis is—quite rightly—being treated as a matter of public health, but I wonder whether we sometimes lose sight of the fact that highly dangerous gangs make a lot of money from killing so many people. Can you explain your thinking on that aspect?

Kit Malthouse: We firmly believe that law enforcement is a critical part of the solution. While we absolutely have to ensure that we get help and rehabilitation right and deal with demand, we also need to deal with supply. You are right—there are large and sophisticated, and very violent and unpleasant, groups of individuals, both in the UK and externally, who are feeding the drugs in. They are doing it for money, and they are making a hell of a lot of money even as we speak.

We want to concentrate on that, as we have been doing over the past couple of years with some success, but we can definitely do much more. In particular, we can look at geographies where we think that policing can play a big part. In Blackpool, which is one of our ADDER areas, we have put in an ADDER project that involves co-ordinating health and social interventions, including housing, employment, therapy, treatment and rehabilitation; we have lived experience

workers who have contact with heroin and crack addicts. However, what is also critical to our approach is that the police are throwing a ring of steel around Blackpool to restrict supply. Over the past year or so, arrests for drug supply in Blackpool have gone up by 400 per cent. The reason for that is that we want to ensure that when a heroin addict walks out of a therapeutic appointment with somebody, they are less likely to walk straight into the hands of a dealer. When an acquisitive criminal whose crime is driven by addiction leaves prison and goes back to Blackpool, into the accommodation that is provided for them, we want to ensure that they are not going back into the hands of a dealer. We think that restricting supply is critical, and we are focused on that at all levels of policing in England and Wales.

Russell Findlay: In your opening statement, you talked about the importance of joint efforts and working together, and yet the Scottish Government has rejected an offer to extend ADDER into Scotland. Can you quantify, in any way, the possible detriment as a result of that decision? Alternatively, do you think that, as the National Crime Agency operates—thankfully—at a UK level, we continue to see those benefits?

Kit Malthouse: Scotland absolutely benefits from the National Crime Agency's efforts. I know that Police Scotland works hand in glove with the NCA on some of these issues. In fact, Scotland benefits from some of the enforcement work that takes place in England, because most of the drugs that come to Scotland emanate from England. For example, members might have seen that, in early 2021, the NCA and Kent Police bust open a manufacturing facility in Kent that was producing street benzodiazepines for Glasgow, and confiscated 27 million benzo tablets that were heading north of the border. Incredible volumes were coming from that factory and going up to Scotland; God knows how many it sent up before we managed to get ahead of it. We think that we can do something on restricting supply, but we would love to do more.

I would be very keen to see the ADDER approach in Scotland, as it would have benefits. I know that there is a lot of work going on through the Drug Deaths Taskforce, which is part of our ADDER information network. Part of ADDER's mission is to create a sense of movement and a learning network that can look at different practice in different areas and move towards a model that will have the greatest impact, so it will be looking carefully at what is going on. However, I would be keen to see from Police Scotland as much assertive restriction of supply as it can muster, not least because, geographically, Scotland has a huge advantage, in that exit and egress from your wonderful nation is quite limited. In essence, there are a couple of railway lines and couple of major roads—I know that there are more than that. Between us, it should not be too hard to intercept and restrict the supply that is travelling up and down the M1 and the M6 and the two rail lines, and to see what happens.

15:45

We have some good relationships. There are organised crime partnerships between the northern forces, such as Merseyside Police and Greater Manchester Police, and Police Scotland. We would love to see more of that.

You point to something important. It is absolutely the case that the drugs gangs do not care whether it is Scotland, England or Wales; they just care about where they can make money. We need to make sure that, between us, we are on top of them as much as we can be.

Russell Findlay: Thank you. I do not think that I can have any more time.

Kit Malthouse: Sorry.

Russell Findlay: No, that is fine.

The Convener: If we have time, we will come back to members who want to ask follow-up questions.

Gillian Mackay (Central Scotland) (Green) (Health, Social Care and Sport Committee): Good afternoon, minister. Do you think that the war on drugs has been a success?

Kit Malthouse: First, I would not necessarily characterise it as a war on drugs. Do I think that the work that has been done over the past 30 or 40 years has meant that the situation is less bad than it might otherwise have been? Yes. Do I think that the battle against drugs or indeed crime is a linear one and that we can ever declare success? No; it is always two steps forward and one step back—in my humble experience, and I have been involved in fighting crime for more than a decade.

I guess that you are asking me a hypothetical question. We have to ask ourselves whether, if we had not had enforcement against drugs or done the work that we have done on treatments—even though we now want to ramp that up—the situation would be even worse than it is now.

Scottish drug deaths are at an all-time high. That is driven by demographics. There is a cohort of individuals who started taking drugs in the 1970s and 1980s, when enforcement was perhaps not as strong as it might have been. Unfortunately, their bodies can no longer take it and the number of deaths is rising, which is very, very sad. We have to ask whether that will continue in future. I certainly hope not, if we put our minds together

and drive the numbers down in a co-ordinated way. We can win, if we focus. That is my view.

Gillian Mackay: You said that you need more evidence on safe consumption rooms. There are at least 39 sites in Canada, there are peer-reviewed articles from Portugal and there is an evidence base in San Francisco, Seattle, Boston, Vermont, Delaware and Portland, Oregon—I have used the example of just three countries, from a cursory glance at the use of safe consumption rooms around the world.

The evidence is well established that safe consumption rooms save lives, and the Scottish Parliament has backed the approach. Given the evidence, and the democratic mandate for safe consumption rooms, what do you say to the families of people who could be helped by such facilities but currently cannot be, because of your Government's decisions?

Kit Malthouse: I would say that we should look, for example, at Portugal, which you mentioned: people always point to the drug consumption rooms but never mention that the Portuguese made a massive investment in health and rehabilitation. That is what has had the pivotal impact on reducing the number of deaths in that country. You also did not mention the drug consumption rooms that opened but then closed down because they did not work.

I am happy to look at new evidence. Quite a lot of the evidence that we have seen—and we have reviewed all the evidence—is from a small number of locations and is not necessarily up to date or telling us anything that we did not know already.

The big picture here is one of widespread, assertive and comprehensive investment in health and rehabilitation, over a long period.

As I said, if you have a solution to the practical and legal problems that I have enunciated, by all means let us know what that solution is. Questions such as how Police Scotland should police drug dealers around a drug consumption room, where drug consumption rooms should be, how people travel, and whether anyone is liable if someone dies in a drug consumption room all need to be teased out.

While we have that debate—as I said, I am happy to have it and to look at the evidence—it is critical that we do not lose focus and that you, as a committee, do not let me or Angela Constance off the hook in rolling out rehabilitation and doing our best to restrict supply.

I am sure that that is not your intention. However, I recognise that the media discourse is dominated by the DCR debate, when it should be dominated by a sense of urgency in our getting the roll-out of health and rehabilitation right.

It is also critical that we look at new pharmacological developments. If you get the chance, please Google Buvidal and find some of the videos that have been put up on YouTube by medical professionals who are using it on the front line in England and Wales. I watched one the other day and it was very affecting. It was a video of two front-line drug-prescribing general practitioners who are using Buvidal in south Wales. I think it was from when they had just started in 2020 or 2021. They talk about transformation in some of the most entrenched heroin and crack addicts whom they have come across. That is the kind of measure on which we can agree and can make faster progress if we concentrate.

Gillian Mackay: Am I out of time, convener?

The Convener: I am afraid that you are for the moment. We will move on and come back to you if we have time.

Pauline McNeill (Glasgow) (Lab) (Criminal Justice Committee): Good afternoon, minister, and thank you for appearing before us. I will press you further on safe drug consumption rooms. That is not because I do not agree with everything else that you say. I get the point that you make, but there are 66 cities throughout the world with consumption rooms and there have been no deaths at the sites that Gillian Mackay referred to. Moreover, 300 health professionals in England and Wales signed a letter after the Health and Social Care Committee at Westminster called for the introduction of drug consumption rooms.

Are you aware that the Lord Advocate in Scotland, Dorothy Bain, has said on the record that, if she is asked to consider the question in the context of public health and rising deaths, she will deliver a decision about whether it would be in the public interest to prosecute people who use in safe consumption rooms? As you said, minister, there are complicated questions, but such questions can be answered in law. To me, it is clear that we can clarify that, in the example that you gave in Govan, in the public interest and in order to save lives, the law would not be applied in designated areas.

Kit Malthouse: Let me give you another example. Say that a DCR opened in Govan but a drug user in Edinburgh wanted to jump on the train and go and use it. If they were apprehended on the train at the station in Edinburgh, should they be arrested and prosecuted if they say that they are on their way to the drug consumption room?

My concern is that Police Scotland might be put in a tricky position as to what prosecutions to pursue. We have to be careful about the signal that we send more widely on drugs, whether drug consumption is acceptable and whether we want to drive the numbers down. You will have seen

reports in the media today about the impact of cannabis on mental health in Scotland. There is a rising number of cases of people who show signs of psychosis and other mental health problems because of excessive cannabis use. We have seen some of that in England and Wales as well. It gives cause for concern about the confused signals that we might send on use and the position that the police are in when such messages are given.

I respect your Lord Advocate's position. Obviously, it is for her to decide. However, my point of view is that we need to be clear about the position, be clear about the law, invest in health and rehabilitation and do our best to try to drive down demand, particularly among young people who take drugs in a casual and unthinking way. There is no good way to take drugs. It is not good for your health—it absolutely is not. We need to hammer that home.

Pauline McNeill: Do you accept that the evidence so far suggests that establishing DCRs does not send out the wrong message? The evidence that I have seen shows that it does not tend to encourage further drug use.

I totally agree with you that there are questions about how the police would address the situation that you mentioned, but that could be dealt with. I suppose that the Lord Advocate—or, indeed, anyone else—would have to wrestle with a decision on what guidance would be issued in order to address that. I accept that it is complicated, but do you not agree that it could be done?

Kit Malthouse: In a sovereign Parliament, anything could be done. What I am saying to you is that practical difficulties might make it tricky to do that from a legal point of view, notwithstanding the principled objection that some people might have. Lots of issues around geography, travel time, users and civil liability need to be addressed. Even if we were to say yes today, doing all that work would take time. I am trying to communicate to you that the nature of the problem is urgent and that much more of a difference can be made if we build that treatment system fast and roll out those new interventions. I think that we can overcome—and, certainly, reverse—the trend much more quickly that way than we can with drug consumption rooms. It is a question of division of effort.

My colleague, Marcus Starling, has reminded me that other brands of buprenorphine are available, as well as Buvidal. It is a bit like the BBC—I have been advertising the brand too much and I am sorry.

Pauline McNeill: Thank you.

The Convener: No apology is needed, minister. We turn to questions from Sue Webber.

Sue Webber (Lothian) (Con) (Health, Social Care and Sport Committee): Before we get going, I will set the record straight on the position of my leader, Douglas Ross, on drug consumption rooms. He does not oppose a trial of drug consumption rooms and, like the chief constable, Iain Livingstone, he thinks that there needs to be much stronger evidence than exists at present before he can publicly support that policy.

Mr Malthouse, thank you for coming along. From discussions that I have had, it seems that the SNP Government has refused to sign up to the UK-wide scheme to tackle drug dealing through project ADDER. Are discussions on-going on the scheme or is the SNP Government still refusing to co-operate? What reasons has it given for refusing to participate in the project? In your opinion, and in the opinion of the UK Government, does that refusal stand up to scrutiny? If we had been taking part in that project, what resources might we have had in Scotland?

Kit Malthouse: Obviously, you will have to ask Angela Constance for her reasoning behind not going the full ADDER. We tried to encourage Scotland to have at least one scheme. I was very keen to get one going in Dundee, for example, where there is a specific geographic problem, and it would work well from an ADDER point of view.

The issue between us is about what role the police take. Fundamentally, we both believe in a public health approach, if that is the jargon that people want to use. However, my view is that a critical part of that approach is police activity. To be honest, you have seen that in the Scottish experience in the past. All those years ago, when knife crime was a massive problem in Glasgow, the knife crime task force got going, and a public health approach was adopted under Karyn McCluskey, who I met then and know well, because I was struggling with the same problem in London. People forget that the early years of that public health approach involved enormous police enforcement on knives. There was a big role for police to create the space for the longer-term work to take a hold. We think that the same is true with drugs, and that is certainly what we are seeing in Blackpool, South Wales, Norwich, Hastings and Middlesbrough, where we have the five initial schemes. We now have eight accelerators in more urban areas, which are doing amazing work. If any members want to come and visit an ADDER project in England and Wales, in order to inform yourselves about the difference and nuance, you are more than welcome, and that would be a great thing to do.

I do not necessarily want to use that as a point of friction, because our relationship is very

positive. The Scottish Government is part of the ADDER network, and it is watching and learning. At our summits, we present each other with information about how we are getting on and we are trying to learn from each other as we go. However, it would be great to have an ADDER scheme in Scotland, so that Police Scotland could show what a massive contribution such schemes could make to the effort.

16:00

Gillian Martin (Aberdeenshire East) (SNP) (Health, Social Care and Sport Committee): Welcome to the meeting, Mr Malthouse. I come at this from my perspective as convener of the Scottish Parliament's Health, Social Care and Sport Committee.

I have a very simple question. Do you agree that people who are addicted to drugs are unwell?

Kit Malthouse: Yes, I think that they are. They obviously have an affliction. The phrase that we sometimes use between us that they are sad rather than bad, and we think that what they have is treatable through pharmacological means.

Gillian Martin: I am sorry to go on about this, but in response to recommendations from the Drug Deaths Taskforce, you said that safe consumption facilities might "condone drug use". Does the very fact that you have said that straight off not show that, instead of your looking at them as a health intervention, you are opposed to such facilities because of an overriding concern that this is a case of public perception?

Kit Malthouse: No—it can be both. As I have said, we need to be careful about the signals that we send about drug consumption, its acceptability or otherwise, particularly to young people, and its normalisation. However, it is also possible—

Gillian Martin: But do people actively want to become addicted to drugs? My experience is that people take drugs for a number of reasons. It is not that they will not take drugs just because they are illegal; they might be taking them because they live in deprived communities and have issues in their lives that drive them to do so.

Kit Malthouse: I do not think that that is universally the case—that is a generalisation. There are a number of people who progress through drugs—they start recreationally with what are known as gateway drugs and unfortunately get ensnared. Some are victimised into taking drugs, and some are young people who experiment and for whom, unfortunately, things go wrong. There are undoubtedly some people who, as with some who drink, take drugs to try to overcome their own personal and emotional problems. There is no one particular route to addiction.

I also think that addiction is indiscriminate. There are lots of rich well-educated people who get addicted, just as poorer people do.

Gillian Martin: But, as the drug deaths statistics for Scotland show, it seems that particular areas of deprivation are affected.

You have asked Angela Constance for evidence. She has written to you today—I have her letter here—highlighting the trials in New York and pointing out that 59 people have been saved in the three weeks since those facilities opened. Are you content to look at that new evidence and, as Sue Webber has suggested, facilitate a trial that would give us Scotland-based evidence to allow us to make decisions from a public health perspective?

Kit Malthouse: I am certainly willing to look at new evidence—and I have to say that I did not know that Angela Constance had written to me today. We will look out that letter urgently. That has always been my offer; as I have said, I remain open-minded, and we will look at the wider health intervention in New York as well as the safe consumption rooms.

I do not think that you and I are particularly different on this. In my view, the way to deal with this issue, particularly the very unfortunate heroin and crack addicts who are afflicted by this addiction, is to give them long-term rehabilitative treatment, both on a residential basis and in the community, and to look at what more we can do with the new pharmacology developments. We should be focusing massively on that, as that is where lots can be done and where the big wins will be.

Gillian Martin: Do you accept that safe drug consumption facilities might be a gateway for people to get treatment?

Kit Malthouse: There are a number of gateways. As I have said, I am happy to look at the evidence, but at the moment, I am not convinced that this is the silver bullet that everybody thinks it is.

Gillian Martin: There is no silver bullet.

Kit Malthouse: Exactly. As I have said many times before, when we first started this debate, there were headlines in the *Daily Record* that I said that drug consumption rooms were a "distraction". Happily, shortly thereafter—a year or so later—the SNP Government announced big new investments in health and rehabilitation, which was exactly the right thing to do, as we have announced in the past few months as well, so let us crack on with that and see the big difference that it will make in these people's lives.

Gillian Martin: Thank you. I have run out of time—over to you, convener.

The Convener: Thank you. I will bring in Paul O'Kane next.

Paul O'Kane (West Scotland) (Lab) (Health, Social Care and Sport Committee): Good afternoon, minister. I am the deputy convener of the Health, Social Care and Sport Committee and, following on from themes that we perhaps have already heard, I want to focus on the public health approach to this issue. Would the minister view our actions to tackle drug deaths as a public health intervention and accept the requirement for that or does he see it as a criminal justice issue?

Kit Malthouse: I think that it is both. Heroin and crack addicts in particular are the individuals we are most concerned about. I know that there is a lot of poly drug usage and most of those, I think, who sadly die in Scotland often have a number of substances in their systems. Nevertheless, fundamentally, at the base of it is heroin and crack.

When you are dealing with those individuals, my view is that you are fighting for them with one hand behind your back if you are using those therapeutic and medical interventions to assist them but you are doing nothing or very little about supply. Restricting supply through the smart use of policing is critical to success. That sort of approach was critical to success, as I said earlier, in the early days of Glasgow's fight against knife crime and I think that it will be critical to success on drugs.

If you look at Blackpool—or if you look at Tower Hamlets, where we have an ADDER project—you will see that the police are absolutely integral partners. Very often, they are leading the project. A superintendent in Blackpool said the other day that she has been in policing for, I think, 27 years in and around Blackpool and it is the first time that she has felt that there is hope on drugs.

People have got to bear in mind that the police are not just about punishment; the police can be critical assistance partners in making sure that the doctors and the drugs workers and the counsellors have the chance and the space to win the battle for that human being over the drug dealers. That is why we think that the two go together.

Paul O'Kane: Would you accept, though, that we are in the throes of what is essentially a national emergency on this and that it needs a response that is akin to how we would react to other public health crises?

You talked about a silver bullet in a previous answer. I do not think that anyone is saying that there is a silver bullet for this. It is about a basket of measures; it is about communities being well resourced and supported to take the interventions that are right for them.

Would you recognise that poverty is an underlying cause and is an issue that needs to be tackled in order to deal with this crisis?

Kit Malthouse: No, actually, I do not. I think that it is the other way around, and the same is true of violence. I think that drugs and violence drive poverty, not that poverty drives them. There are lots and lots of people who live in deprived areas who do not take drugs and who are not violent and yet the drugs and violence in their areas hold them back.

My view is that if you can remove the drugs and remove the violence, generally, communities and neighbourhoods fly. There are examples of that around the world. Often, we are guilty of trying to solve the poverty and the deprivation—and we should try to do that as well; there is a moral obligation to do that too—and thinking that that will somehow mean that there will be fewer drugs and less violence. That does not follow.

There is quite an interesting book that came out a couple of years ago by the American academic Thomas Abt, called "Bleeding Out", where he posits that if you reverse that equation and deal with the violence—he is particularly focused on violence—and you drive violence out of a neighbourhood, generally, that neighbourhood will fly and your job of building that ladder out of poverty and deprivation is much easier, because you have removed the violence in the first place.

I think that the same is true with drugs. I am sitting here in the middle of London in the Ministry of Justice and I was in London local government for eight years. There are lots of parts of London that are deprived, but the vast majority of people are not taking drugs and they object to drugs being in their community, because they see the impact that they have on their kids. We have an obligation to deal with that as much as we do to use the various tools of the economy, social mobility and all the rest of it to deal with the poverty, even if we think that that will somehow solve the drugs problem.

On the policing issue, I agree that the numbers are so alarming that we should be treating it as an emergency. That is why we published a 10-year plan that is really well funded and will rebuild the treatment system in England and Wales. However, I do not understand why you would leave one of your most powerful clubs—the cops—in your bag.

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP) (Social Justice and Social Security Committee): My questions come from the fact that I am the convener of the Social Justice and Social Security Committee and a former Women's Aid worker and homelessness worker who spent a lot of time supporting people—[*Inaudible.*]—drug misuse.

My first question is around poverty, which you were just speaking about. We know that there are very strong links between poverty, deprivation, adverse childhood experiences, trauma and drug deaths, especially here in Scotland. We know that it is a very complex and multifaceted issue to address. Would you agree with the opinion that Scotland's higher rate of drug deaths reflects historical patterns resulting from economic policies of the 1980s, which we can also see in the north-east of England? Do you have views on which particular anti-poverty programmes, such as the Scottish Government's new child payment, will have the greatest impact on reducing drug harms?

Kit Malthouse: As I said earlier, there is definitely a demographic element to the drug deaths in Scotland of people who started taking drugs in the 1970s and 1980s and continued to do so. Their bodies are now unable to tolerate that, and therefore, sadly, they are dying in numbers that are too high.

Having said that, I do not understand why it is particularly bad in Scotland compared to, say, the north of England or other parts of the United Kingdom. It is so much worse in Scotland that there must be a reason, but I do not have an answer as to why that is. You probably know more about that than I do.

On the poverty issue, I would be careful about the difference between correlation and causation. As I said in my previous answer, over the years, there have been lots of attempts to deal with the underlying problems of poverty and deprivation, in the hope that doing so would deal with the violence and drugs that were perceived at the time to be the product of those problems. In fact, more often than not, around the world, we have seen that it works the other way round. When authorities deal with the violence and drugs first, generally, people—in particular, young people—who live in those areas will fly.

There is a very interesting project in the United States, in the Tangelo Park area of Miami, a neighbourhood that was riven by crime and low achievement. Lots of people were unemployed, and it is a very ethnically diverse area. An American philanthropist—I think that he might have been a dentist or have run some kind of medical thing—decided to adopt that neighbourhood. He promised the people two things: the first was free pre-school childcare and the second was that anybody who could get to college would get a free college education. Over the intervening 10 or 15 years, the incentive and intervention have meant that that area has now absolutely flown. Alongside that, the people dealt with the social problems and violence that were holding them back, because the community was given control of that stuff. It is more complicated than just saying that poverty drives these things.

Elena Whitham: Turning back to Scotland, we know that the cohort of people among whom we are seeing the most drug deaths at the moment are people of my age, who were born in the 1970s and experienced the lack of a just transition from the closure of our pits and industries. It is among those individuals that we are now seeing multiple deprivation and problematic drug use. We know that there is an issue with poly-drug use in Scotland.

16:15

In the time that I have, I want to push you again on the issue of a public health approach versus a criminal justice approach. The UK Government's 10-year strategy seems to have a really heavy focus on a criminal justice approach, but, as someone who has supported people facing criminal justice for their problematic drug use and with all the underlying social problems that they have, I know that a criminal justice approach would lead to those people not engaging. How do we square that circle?

You mentioned Karyn McCluskey and the violence reduction unit, but I would point out that, instead of solely criminalising people, the policing involved in that initiative sought to deter violence with, for example, amnesties for knife possession. Can I push you a little bit more on that?

Kit Malthouse: As I remember, there were quite a lot of arrests for knife possession at the time.

You put the problems at the time down to the economic issues in the area, but would it not be interesting to go back and look at the approach to drugs that was taken? How assertive was the policing at that time? How much intervention was there from a social point of view? What were the medical interventions like? If all those things had been absent, that might well have been the problem. As I have said, there were many areas across the wider UK that had the same economic issues but that did not have the same problem as the parts of Scotland that we are talking about. It is an easy assumption to make, but there is a difference between correlation and causation, and we sometimes need to look at things a little more deeply to see what the causes are.

You also talked about a public health approach versus a criminal justice approach, but I would not put a "versus" between those two phrases, as I think they go hand in glove. As I have said, you have an incredibly powerful tool in Police Scotland, which is a large and sophisticated organisation with thousands of men and women who are out on the front line, engaging in communities, every single day. The idea that you

would leave them in the clubhouse when you go into bat on such a huge problem as drugs seems to me to be a case of fighting with one arm behind your back. The police could play an enormous role in assisting health professionals and those who can give counselling, emotional support and everything else that is required to turn someone around from drugs by ensuring that there are fewer drug dealers and less drugs in Scotland. How can that be a bad thing?

Elena Whitham: I do not think that anybody is saying that that is a bad thing. We would all recognise that a basket of measures is needed.

Kit Malthouse: That is what I am saying. We are not taking a binary approach. We think that the whole system has to work together, and that includes the police.

The Convener: Thank you very much. I am going to move swiftly on to Jeremy Balfour, to be followed by Foysol Choudhury.

Jeremy Balfour (Lothian) (Con) (Social Justice and Social Security Committee): Thank you, convener, and good afternoon, minister. Can you tell me how much money has been invested in project ADDER cities across England and Wales, and do you know what the Barnett consequentials would have been had Scotland bought into it?

Kit Malthouse: I will have to come back to you on the Barnett consequentials, because it requires a complicated mathematical equation to get us where we might be.

How much did we spend on ADDER in total? We will write to you on that, but it is now running into the many millions, because we have just expanded it. You have got me on that one, but it is quite a lot. We will write to you with the number and the Barnett consequential.

I would also just say that, if I could have done so, I would have given some of my budget to establish an ADDER project in Dundee. I do not know what the legal position would have been, but I would have been quite happy to contribute.

Jeremy Balfour: It would be helpful if you could come back to us in writing on those questions, minister.

Kit Malthouse: I will.

Jeremy Balfour: The second area that I want to explore is the availability of treatment. Do you agree that, if someone wants to come off drugs and clearly needs treatment to do so, that treatment must be made available to them as soon as possible? A delay of even weeks or months on a waiting list will put people off looking for treatment. The key factor with this kind of prevention is ensuring that treatment is available when an individual wants and needs it.

Kit Malthouse: You are spot on. We, in England and Wales, are not yet in that position, but we recognise that there are critical moments in people's lives when they want to access such treatment or moments in their existence when we can entice them to get it or when they decide for themselves that they want it.

For example, a key area that we are focused on is exit from prison. We know that a huge proportion of people in prison have a drug addiction, or that they did have and are likely to go back to it when they leave. We will be offering a place to every person who leaves prison with a drug problem, in order to transition them back into society.

Similarly, we know that, when drug users have a moment of crisis in their life—for example, when they go into hospital because of a problem with their health—that is a moment at which we are able to get them into a wider treatment framework. It is very important that the ability to do that is stood up.

I have the ADDER number now: we will be investing £59 million over the next two or three years. We will come back to you on the Barnett consequential.

Your point is exactly right. It needs to be like other urgent health treatment—free and available at the point of need.

Jeremy Balfour: Finally, minister, before my time is up, what role does the third sector have? Clearly, it often works with local communities and knows those communities. Is the funding of third sector organisations, and working with them, key to your strategy in England and Wales?

Kit Malthouse: It is absolutely critical to our success. That has been writ largest in those ADDER projects. The most revelatory impact has been made by the group that is driving it—what we call the lived experience workers; the people who have been through the hell of addiction and have come out on the other side. They are able to relate to and talk to the people who are still in the grip of addiction and move them towards a better life. I have met a few of them on my visits. They are remarkable individuals who do great work and, very often, they are embedded in the third sector.

However, it is a whole-system approach. As I said before, when there is such an emergency, we cannot afford to leave anybody back in the clubhouse. We all have to focus on the numbers. ADDER makes sure that everybody focuses on the same people at the same time and in the same place. Sometimes, that is hard to achieve, but, when it is achieved, that can have a huge impact.

Jeremy Balfour: Thank you.

Foysol Choudhury (Lothian) (Lab) (Social Justice and Social Security Committee): Good afternoon, minister. The UK Government's drug strategy, which was launched in December, seems very much focused on the outdated law-and-order approach to tackling the drugs crisis. Do you not agree that the response to drug addiction needs to be public health focused?

Kit Malthouse: As I said in my earlier answer, that is a mischaracterisation of my approach. We believe that ours is a whole-system approach and that a public health approach involves the police in restricting supply.

Over the past couple of years, we have shown that the police can have a huge impact on supply. We have closed 1,700 county lines and have arrested more than 7,400 drug dealers. Critically, we have rescued more than 4,000 young, vulnerable people who were victimised into drugs. We should not forget those people, from a health point of view. There is a lot that policing can do.

Key to the policing of drugs is remembering two things. First, we have to focus on the jugglers—the people with unique skills who are driving the industry—and not on the front end and low level, at which, very often, people are victimised or brutalised into drug dealing.

Secondly, by focusing on drugs as a business and looking at the mechanics of that business, we can interfere with the business and make it harder for people to get drugs into all our constituencies.

We have been working with the police forces in the three big exporting areas—Liverpool, the West Midlands and London. They have been developing their techniques of using the telecoms that the drug dealers use against them, and they are now securing enormous numbers of convictions. The Metropolitan Police's conviction rate is 90-odd per cent on telecoms evidence alone. That is the way to turn what is, at the moment, a high-return, low-risk business into a low-return, high-risk business, which is exactly what it ought to be.

I ask members not to make the mistake of thinking that policing does not have a huge role to play, alongside health and therapeutic interventions, in combating drug misuse. It is all part of a public health approach.

Foysol Choudhury: Organised crime continues to blight our communities and prey on people who are suffering from drug addiction, and cross-border co-operation between police forces and crime agencies has an essential role to play in tackling it. Can you provide some detail of how Police Scotland and other police forces in the UK are working together to ensure that organised crime bosses face justice?

Kit Malthouse: Police Scotland has a number of operational relationships that assist it—we would hope—in the fight against organised crime, which you are quite right to identify as a key driver. We know that there is a large and sophisticated logistics operation that is bringing drugs from South America and Afghanistan into Scotland. Two years ago, the National Crime Agency, through operation Venetic, cracked open a bespoke communications system that those networks had built themselves, which resulted in the arrests of many kingpins and drug dealers in Scotland and elsewhere.

In tackling serious organised crime, Police Scotland has relationships with northern forces such as Greater Manchester Police and Merseyside Police. It also has a close relationship with the Metropolitan Police, through the national frameworks, and with the National Crime Agency. The NCA is embedded in Gartcosh, which I visited last year. It is very important that Police Scotland has such a close relationship with the agency.

Could there be more in place to bind Police Scotland into the overarching UK approach on drugs? There absolutely could, not least as we do more and more work to secure drugs coming in and out at the border, because we want to ensure that stuff is not diverted around the coastline into other areas. We can co-operate in a lot of areas, and I would love to do more.

Foysol Choudhury: I think that I am out of time, convener.

The Convener: If members and the minister are happy to extend the meeting by five minutes or so, I am happy to do so in order that members can ask some follow-up questions. If that is an issue for anyone, please feel free to update us in the chat function. In the meantime, I will bring in Beatrice Wishart.

Beatrice Wishart (Shetland Islands) (LD): Good afternoon, minister. You indicated that we must all do what we can to work together to save lives, and you said that you are focusing hard on health interventions in the drug deaths crisis. Do you think that, in order to bring the situation under control, global mortality experts are needed to assist the Drug Deaths Taskforce in dealing with what many people consider to be a public health disaster in Scotland?

Kit Malthouse: In all areas of social policy, we have a moral duty to look around the world and seek assistance where we can. In my career in borough, city and now national government, I have seen that we are often too reticent about looking elsewhere—there is a "not made here" kind of attitude. I am willing to scour the world, as I have in the past, for better ideas than my own to deal with the issues. If I can get assistance elsewhere,

as we have done in dealing with alcohol-related crime, I will do so.

I point the committee towards the work of the Advisory Council on the Misuse of Drugs in England and Wales, which helps us enormously in gathering evidence and looking at some of the issues that we face. Similarly, the UK Government also has a drug recovery champion, who attends to, looks at and feeds in information from around the world on what is happening on drugs so that we are best placed to make an impact.

Beatrice Wishart: You emphasised that, although investment in health and rehabilitation is critical, it is not the only action that can be taken. I realise that I am covering ground that other members have explored, but I want to ask about the importance of tackling poverty and deprivation in the health and rehabilitation strategy. Can you expand on your thoughts on that?

Kit Malthouse: As I said, my general view is that our job—certainly my job—is to remove the drugs and violence from neighbourhoods so that the other arms of regeneration, ambition and social mobility can do their work unimpeded by criminality and degradation. That approach seems to me to be the right way round.

16:30

Another big area that we ought to talk about, on which we have not been questioned today, is the role of so-called recreational drug use. A lot of people unthinkingly take drugs and regard themselves as not being addicted, but they are nevertheless driving violence and degradation, and feeding profits to the same gangs that are causing deaths in Glasgow, Dundee, Edinburgh and elsewhere. Reducing demand by dealing with those people, educating them and bringing them to understand the role that they play in the vast international criminal network is critical to success, too.

Those are the three pillars: police restricting supply; dealing with the poor people who are addicted through health and therapeutic measures; and doing something to drive down wider demand, in particular for cocaine and cannabis, across the whole United Kingdom.

The Convener: We have come to the end of the session, but I have a bit of time in hand if members are happy for us to extend the session to around 16:35. I will bring in Gillian Mackay, followed by Russell Findlay.

Gillian Mackay: Thank you, convener—we could discuss this subject all afternoon.

Minister, drugs are often cut with everything from baby powder to rat poison, and even cement dust. Testing drugs would prevent poisoning and thereby prevent further pressure on health services, which are devolved. In order to ensure that we can save lives, would you devolve powers to allow the Scottish Government to set up drug testing?

Kit Malthouse: I would not devolve those powers but, as you know, people who want to test drugs can apply for a licence to do so. I know that my officials have had conversations with Minister Constance's officials about what that process might look like, should people feel the need to apply for a licence to test.

You will understand that we ourselves test in certain circumstances, where we see that there is, sadly, a rash of deaths or that people are being hospitalised because of drug use in particular geographies. We link usage together and find that drugs are being cut with horrible stuff. If testing is required, licences can be applied for. That is a well-known Home Office system and, as I said, we can work with the Scottish Government to elucidate how the process might work.

The Convener: I will bring in Russell Findlay, who has been waiting patiently, and then, if there is time, I will bring in Foysol Choudhury and Gillian Martin.

Russell Findlay: A lot has been said about drug consumption rooms—[*Inaudible*.]—questions that have—[*Inaudible*.]—from those who zealously want such rooms to be rolled out, presumably in every Scottish town and city. It is worth repeating what Police Scotland's chief constable said, which was that he would need "stronger evidence" before he could support that approach.

Should there not be greater emphasis on helping drug users to rehabilitate, rather than on encouraging drug taking? Is there a slight risk that, in focusing on that contentious issue, we are distracting from the Scottish National Party's record? The SNP has presided over a doubling of drugs deaths in Scotland since 2008, and Scotland has now become the drug deaths capital of Europe.

Kit Malthouse: As I said when I came to Glasgow for the first drugs summit, all those years ago—two years, or whatever—I took the view that it was a distraction from the big picture. At that time, I was urging major investment in health treatment and, happily, that is what happened, just before the most recent Scottish Parliament elections, which was very welcome.

I agree with you completely that the big win is in investment in health. I have been successful in persuading the UK Government of that, and we now have hundreds of millions of pounds to rebuild the system in England and Wales; I hope that the same will happen in Scotland. I have said again and again that focusing on consumption

rooms is a distraction from the important work of building that system. You are right that, in the long run, it is better that we rehabilitate people away from drugs rather than put in place consumption rooms. I will look at new evidence when it comes but, at the moment, I am not convinced.

The Convener: I will bring in Gillian Martin to ask the final question.

Gillian Martin: In response to Gillian Mackay's question, the minister mentioned that licences might be available to assist with drug checking. I am not aware of such a system—it is the first time that I have heard of it. If there is licensing available for that kind of facility, could it also be a vehicle for a pilot project for a safe consumption facility?

Kit Malthouse: No. As I have said, as things stand, a number of offences would be committed in such a facility. The Home Office has a licensing system. In the past, we have granted licences for back-end checking of drugs—that is, for drugs that are surrendered and are therefore not returned. We look at every application on its merits, and we would be happy to do so in this situation.

We should not forget that, in order to put in place a drug consumption room, primary legislation would be needed to overcome any issues, if indeed, legally, they could be overcome. It would be hard to have in place a series of laws that would create a kind of amnesty over other crimes, unless one were to restrict their effect geographically, I suppose. I am not a lawyer, and it would take a smarter mind than mine to work out how to overcome those obstacles.

The Convener: That completes the evidence session. As usual, time is against us, but we have covered a lot. I extend my thanks to you, minister, and to your officials for attending. If members have any further questions, we will follow up with you in writing.

We will meet again tomorrow to hear from the Minister for Drugs Policy and the new chair of the Drug Deaths Taskforce.

Meeting closed at 16:37.

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