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Tuesday 3 August 2021

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CONTENTS

	Col.
COVID-19	1
<i>Statement—[First Minister].</i>	
The First Minister (Nicola Sturgeon)	1
DRUG DEATHS	44
<i>Statement—[Angela Constance].</i>	
The Minister for Drugs Policy (Angela Constance)	44

Scottish Parliament

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[The Presiding Officer opened the meeting at 14:00]

Covid-19

The Presiding Officer (Alison Johnstone):

Good afternoon, and welcome to this virtual meeting of the Scottish Parliament. The first item of business is a statement by Nicola Sturgeon on Covid-19. The First Minister will take questions at the end of her statement, so there should be no interventions or interruptions.

The First Minister (Nicola Sturgeon): In updating Parliament today on the Government's decisions about further easing of Covid restrictions, I will confirm that, from next Monday, Scotland will move beyond the current level 0 restrictions, and I will set out the basis for that decision. However, in line with the cautious approach that we have taken throughout the pandemic, I will also set out a number of mitigation measures that will remain in place. I will then outline changes to the requirement for self-isolation of close contacts of positive cases. Finally, I will summarise the key points from new guidance that is being published today on arrangements for the start of the new school year.

Let me start by summarising today's statistics. The total number of positive cases reported yesterday was 1,016, which was 8.1 per cent of all tests. There are 406 people receiving hospital treatment, which is one fewer than yesterday, and 61 people are receiving intensive care, which is one more than yesterday. Sadly, nine deaths were reported in the past 24 hours, which takes the total number of deaths registered under the daily definition to 7,952. As always, I convey my condolences to everyone who has lost someone as a result of the virus. I can also report that 4,014,212 people have now received a first dose of the vaccine and 3,231,331 people have now had both doses.

Those figures are broadly in line with the trend that has been evident for the past four weeks. The number of new cases in Scotland reached a peak in early July. At that time, more than 400 new cases per 100,000 of the population were being recorded each week. That number has now fallen by two thirds, from 425 per 100,000 at the peak to 144 now, based on our most recent figures. Although the figure fluctuates on a daily basis, as we can see today, the average proportion of tests that are positive has also fallen, from more than 10 per cent to less than 6 per cent. Thankfully, the number of people in hospital with Covid is also

falling. In the past two weeks, it has reduced from 529 patients to 406 patients. The number of people in intensive care also seems to be declining, albeit gradually. That is all good news, and it demonstrates the value of taking a careful and steady approach to easing restrictions.

Another reason for the progress is, of course, the continued success of the vaccination programme. All over-18-year-olds have now had the opportunity to receive at least one dose of the vaccine, and all over-40-year-olds have been offered both doses. Those were key milestones for moving beyond level 0. They have been met, and the take-up of vaccination has been exceptional by any previous standard or, indeed, by comparison with our expectation.

Ninety per cent of over-18-year-olds have now had at least one dose of the vaccine, and 72 per cent have had both doses. Ninety-three per cent of over-40-year-olds have had both doses of the vaccine, and for those over 60 the take-up of both doses is as close to 100 per cent as could reasonably be hoped for.

There is, of course, still more to do, especially among 18 to 29-year-olds—I want to stress that point. Take-up in that age group has been good, relative to our initial expectations, but we want it to be better. That is why, for example, we are deploying walk-in and mobile vaccination centres across the country.

I can also confirm that preparatory work is under way for the next phases of vaccination. Following recent advice from the Joint Committee on Vaccination and Immunisation, invitations for vaccination are now going out to 12 to 17-year-olds with specific health conditions that make them more vulnerable to Covid, and we expect to have offered first doses to that group by the end of August.

In addition, I can advise Parliament that we are hoping to receive in the next few days updated advice from the JCVI on possible vaccination of others in the younger age groups, and we stand ready to implement any recommendations as soon as possible. We are also preparing to deliver booster jags during the autumn for people who have already been vaccinated, if that is recommended.

Therefore, the vaccination programme is likely to continue for some time to come. It may become a feature of life, but it has already saved many lives and achieved a huge amount of success, and I am very grateful to everyone who has helped and continues to help to deliver it.

It is the combination of the steady decline in cases, the success of vaccination—which is helping to weaken the link between cases and serious illness—and, of course, our understanding

of the social, health and economic harms that continued restrictions cause, all of which is underpinned by our obligation to ensure that any restrictions that remain in place are lawful—in other words, that they are both necessary and proportionate—that forms the basis for our decision to move beyond level 0.

The move beyond level 0 will entail the lifting of most of the remaining legally imposed restrictions—most notably those on physical distancing and those that impose limits on the size of social gatherings. It also means that, from 9 August, no venues will be legally required to close. That change is significant and hard earned. The sacrifices that everyone has made over the past year and a half can never be overstated.

However, although the move beyond level 0 will restore a substantial degree of normality, it is important to be clear that it does not signal the end of the pandemic or a return to life exactly as we knew it before Covid struck. Declaring freedom from, or victory over, the virus is, in my view, premature. The harm that the virus can do, including through the impact of long Covid, should not be underestimated, and its ability to mutate may yet pose us real challenges. Therefore, even as we make the move beyond level 0, care and caution will still be required, which is why I now want to focus on the protections and guidance that will remain in place after 9 August.

First, it will continue to be the law—subject to the existing exemptions—that face coverings must be worn in all the same indoor settings as is the case now. We will keep that under review, but my expectation is that face coverings are likely to be mandated in law for some time to come.

Secondly, test and protect will continue to contact trace positive cases. To assist with that, there will be an on-going requirement for indoor hospitality and similar venues to collect the contact details of customers. Although there will be a change in the approach to self-isolation for close contacts of positive cases—as I will set out shortly—anyone who is required to self-isolate will, if eligible, continue to have access to support.

Thirdly, we will continue to work closely with local incident management teams on appropriate outbreak control measures, including the use of localised restrictions in the future, if necessary. We will also continue to use travel restrictions as and when necessary to restrict the spread of outbreaks and to protect against the risk of importation of new variants.

Fourthly, we will continue to advise home working, where possible, for now. I know that most businesses are not planning a wholesale return to the office but recognise that a return of some staff will be beneficial to them and to employers. It is

vital that that gradual approach continues. We will also encourage employers to consider for the longer term, as the Scottish Government is doing, a hybrid model of home and office working, which may, of course, have benefits beyond the need to control a virus.

Fifthly, although we expect to see the careful return of large-scale events, we will, for a limited period, keep in place the processes through which organisers of outdoor events involving more than 5,000 people and indoor events involving more than 2,000 people will have to apply for permission. That will simply allow us and local authorities to be assured of the arrangements that are in place to reduce the risks of large-scale gatherings.

Last, but by no means least, we will continue to issue clear guidance to assist individuals and businesses to reduce the risk of transmission as much as possible. Rigorous hygiene, including regular hand washing, will continue to be essential, and good ventilation will also be important. I will set out shortly our intention to strengthen the guidance on ventilation in schools, but we will also work across the public and private sectors to ensure an approach to improved ventilation.

Even though, from Monday, the law will not stipulate physical distancing, we will continue to advise the public that, especially indoors, keeping a safe distance from people in other households and avoiding crowded places will minimise risk. We will also engage with businesses and issue guidance as necessary to ensure that safe environments for staff and customers are provided and that all reasonable steps are taken to reduce the risk of outbreaks.

I can also confirm that we continue to consider very carefully the possible, albeit limited, use of Covid status certification for access to certain higher-risk venues in future. We are developing an app to make access to Covid status certificates, which will include vaccination details, easier for international travel. That will be launched next month. The app will have functionality to support the use of such certificates for domestic settings, should we decide that that is appropriate. However, I assure the Parliament that we do not underestimate the ethical, equity and human rights issues associated with Covid status certification and that we will keep members updated and consulted on our thinking on that issue.

The decisions that I am confirming today reflect the fact that, principally due to vaccines, we are now in a different stage of the pandemic. Vaccination has weakened the link between case numbers and serious health harms, and that means that it is no longer appropriate or necessary—and therefore not necessarily even

lawful—for us to rely as heavily as we previously did on blanket rules and regulations. That will be welcome for many, but a source of anxiety for some. The chief medical officer will write to those who have been at the highest risk from Covid, who might previously have been asked to shield, to provide advice and information and to give assurance that they, too, can return to a much greater degree of normality. The needs and concerns of that group will not be ignored now or in the future.

I turn to the changes that we propose to the current rules on self-isolation to ensure that they remain reasonable and proportionate. Let me be clear at the outset that those who have symptoms of, or test positive for Covid will still be required to self-isolate, as they are now. However, from 9 August, an adult who is identified as a close contact of someone who has tested positive for Covid will no longer be required automatically to self-isolate for 10 days. Instead, if someone is double vaccinated, if it is at least two weeks since the second dose, and if they have no symptoms, they should get a polymerase chain reaction test as soon as possible. If the PCR test is negative, self-isolation can then be ended. As PCR results come back quickly—frequently within 24 hours—that will greatly reduce the time that many people will need to spend in self-isolation.

We are proposing a similar change for people aged 17 or under, most of whom, of course, are not yet eligible for vaccination. If a young person aged from five to 17 is identified as a close contact, they will need to take a PCR test, but they can end their self-isolation if they test negative. Children under the age of five will be encouraged but not required to get a PCR test.

In addition, test and protect will implement revised guidance for under-18s, including in schools. That means that the blanket isolation of whole classes will no longer be routine. Instead, a more targeted approach will identify close contacts at highest risk of infection, so fewer young people will be asked to self-isolate, and most will be asked to self-isolate for a much shorter period of time. Obviously, that is especially important as we approach the start of the new school year.

Let me turn to the wider arrangements for the return of schools. Updated guidance is being published today. As a consequence of the new approach to self-isolation, which is important to minimise disruption to education, and in line with advice from our expert advisory sub-group on education and children's issues, we have decided to retain, for the first six weeks of the new academic term, most of the other mitigations that are currently in place in schools.

That reflects the unique environment of schools, where large numbers of unvaccinated children and

young people mix with adult staff. Therefore, for up to six weeks—and subject thereafter to review—there will be a continued requirement for staff to keep at least 1m from each other and from children and young people while they are on the school estate.

After careful consideration, we have also decided to retain the current requirements for face coverings in schools for staff and for children aged 12 or over. That includes asking young people and staff in secondary schools to wear face coverings during lessons and while they are inside school buildings. I am acutely aware that many, many young people find that really difficult, so the approach will be kept under review, but for now, we consider it to be an important protection for them and for others in the school.

The expert advisory sub-group also emphasised the importance of good ventilation. We are therefore strengthening guidance in that regard. Many local authorities have already taken steps to improve ventilation in the school estate, and that work has highlighted the value of CO₂ monitors. Such devices are useful in assessing how well ventilated a space is and therefore how likely it is that the virus could be present.

The new guidance that is published today makes it clear that all schools and day-care services for children must have access to CO₂ monitoring, through fixed or mobile devices, which should be used to assess the quality of ventilation in schools and childcare settings, so that necessary improvements can be identified. Those assessments will be on-going over the coming weeks; we expect them to be completed—and necessary improvements identified—by the October half-term.

I confirm today that we are making available to local authorities an additional £10 million to support that work. Ventilation is one of the most important ways in which the risk of Covid transmission can be reduced, so improving it will be vital, now and in the future, to ensure that schools and childcare centres are as safe as possible.

Finally, local authorities and schools will ask all secondary pupils and all school staff to take a lateral flow test one or two days before they return after the holidays, and to take tests twice a week after that. Testing continues to be an important additional way in which Covid can be identified even in people who do not have symptoms.

We are also working with the further and higher education sector on plans for the year ahead. Specific guidance for universities and colleges on operating beyond level 0 has now been published. In addition, students will be encouraged to take a PCR test before any move to term-time

accommodation, and then to test twice a week after that.

The last year and a half has been—and this, inevitably, is an understatement—difficult and stressful for children and young people, parents, and all staff who work in education settings. I am so grateful to them for the understanding and co-operation that they have shown. The new school and academic term will still bring challenges—there is little doubt of that—but I hope that it will also bring fewer disruptions and allow a much more normal learning environment for all our young people.

Today's decisions are—in my view; I hope that people who are listening will agree—positive. They are possible only because of vaccination and the prolonged sacrifices of people across the country. Once again, I want to convey my deep appreciation of that to everyone across the nation.

The past year has reminded us all just how precious some of the simplest things in life really are. I suspect that many of us will resolve not to take them quite so much for granted in the future. Undoubtedly, the best way of doing that in the short term is to continue to be careful, cautious and sensible, even as legal restrictions are lifted. The Government will continue to provide guidance to help to get that balance right.

We all hope—I certainly do—that the restrictions that we lift next Monday will never again have to be reimposed, but no-one can guarantee that. The virus remains a threat, and as we enter winter it may well pose challenges for us again. As we have done throughout, the Government will seek to take whatever action is necessary to keep the country safe.

As has also been the case throughout, we all have a part to play in keeping the virus under control. As always, although this is perhaps counterintuitive, it is when we lift restrictions and inevitably give the virus more opportunities to spread that it becomes even more important for us to remember the basic actions that can reduce risk.

I want to stress again what we can all do to help to ensure that the next step forward is a sustainable one. The first and most important thing is to get vaccinated. If you have not done so already, please do so, particularly if you are in one of the younger age groups and are looking forward to resuming a more normal social life. You can get vaccinated by registering on the NHS Inform website for an appointment or by going to a drop-in centre.

Secondly, please test yourself regularly. Free lateral flow tests are available by post through the NHS inform website or by collection from test sites and local pharmacies. If you test positive through

a lateral flow test or if you have symptoms of the virus, you should self-isolate and get a PCR test.

Thirdly, stick to the rules that remain in place—for example, those on face coverings—and keep being sensible about the things that we know can help us to keep ourselves and one another safe. Meet outdoors as much as possible, especially for as long as we have reasonable weather. If meeting indoors, open windows, because the better ventilated a room is, the safer it will be. Remember that keeping some distance from people in other households and avoiding crowded indoor places are still sensible precautions, even if they are no longer legally mandated. Please continue to wash your hands and surfaces as much as possible.

In short, enjoy being able to do more and meet up more—we have all waited a long time for that—but please protect yourself as you do so, principally through vaccination, and continue to take the greatest of care. If we all do that, we will increase our chances of keeping the virus under control. We will protect ourselves and our loved ones, and we will safely and securely return to the ways of life that we all value so much.

The Presiding Officer: The First Minister will now take questions on the issues that were raised in her statement. I intend to allow around 90 minutes for questions, after which we will move on to the next item of business. It would be helpful if members who wish to ask a question would type an R in the chat function now.

Douglas Ross (Highlands and Islands) (Con): The success of Scotland's and the United Kingdom's vaccination schemes means that we can now look to move forward and remove almost all Covid restrictions. In advance of today's statement, my party called for the easing of restrictions to happen as planned. We highlighted the need for rules on social distancing to be removed so that businesses can get back to normal trading. We sought changes to self-isolation rules for those who have been double vaccinated and a move towards a test first system, instead of a blanket requirement to self-isolate for 10 days. We have argued for some time for changes to the self-isolation rules for children in schools to prevent their learning experience from being disrupted further. For the same reason, we wanted the requirement for face masks in schools to be removed.

We proposed those steps because the vaccine is working. It is saving lives and limiting the spread of the virus, which is why I urge everybody to go out and get vaccinated.

We are pleased that the Government has listened to our suggestions. However, overall, today's statement is a mixed bag. It sets out some

welcome steps in the right direction, but the ongoing restrictions will hold back Scotland's recovery.

When Scotland moved to level 0, some people were—rightly—confused, because level 0 implies no restrictions, yet many restraints remained in place. We have now moved beyond level 0. Again, people could rightly assume that that means that Covid restrictions have been dropped, but curbs remain in place. Yet again, the goalposts have been moved.

We are beyond level 0—at level minus 1 or level minus 2—and the Government is still clinging on to control over large parts of people's lives. Events have capacity constraints, the threat remains of local lockdowns and travel bans, the Government seems to be U-turning on Covid status certification, home working is still being enforced and social distancing is in a very grey area because the legal restriction has gone but the guidance remains in force. Clear communication is essential to maintaining public trust and compliance, but the statement is not very clear on many fronts.

People have gone through a lot; they have made sacrifices and tolerated severe constraints on their lives. They have done so with impressive dedication because it was necessary and the public health data supported those decisions, but they are losing patience with these last-minute extensions to the limitations on their lives without full justification or a clear idea of what comes next. Is the First Minister seriously considering imposing another local lockdown in the future? Is she considering introducing a ban on people leaving their local area? If so, how will that be enforced? When will the state of limbo on social distancing end, so that all barriers are removed?

Given the scale of Scotland's drugs deaths crisis and the heartbreaking loss of life, even at this late hour, will the First Minister finally step up to lead her Government's response?

The First Minister: On that last point, Angela Constance, the Minister for Drugs Policy, will make a statement on Scotland's drugs deaths statistics as soon as I have finished taking questions on my statement. Angela was appointed by me, as all ministers are, and she reports directly to me. I will continue to ensure that the Government addresses that challenge and takes the necessary action. Angela will say more about that later.

As I listened to Douglas Ross, I struggled to understand whether the statement that he listened to was the same as the one that I delivered. I have spent every day since March last year trying to communicate clearly. I am sure that I have not always succeeded—I readily concede that.

Sometimes it feels as if Douglas Ross and his colleagues have spent many of those days trying to undermine that clear communication; I caught a whiff of that again today. I will try to take him through it again.

First, Douglas Ross is right to say that the Tories have called for most of the changes that I announced today. The difference is that they called for those changes to be made at a time when it would not have been safe to do so. Those changes would have put people at risk. That is why we have continued to take a safe, cautious and steady pace towards our exit from lockdown. That is right and proper and I will continue to do that, whatever brickbats I get as a result.

My fundamental duty as First Minister is to act in a way that keeps the country as safe as possible. Douglas Ross called the statement a "mixed bag"; I call it sensible and cautious. It will keep people as safe as possible. Keeping the virus under control and keeping people as safe as possible is also the best thing that this Government can do for our economic recovery.

With the exception of the rules on face coverings, most legal restrictions will be lifted from Monday. That is exactly what we said would happen. I do not know many people—Douglas Ross may be one of them—who think that continuing to wear a face covering while the virus continues to circulate is a significant hardship. Most of the people I speak to and most of those who contact me, although not all of them, think that that is a reasonable price to pay, not so much to keep ourselves safe but to keep others safe, in the hope that others will do likewise to keep us safe. That is part of the collective solidarity that most of us feel as we go through the pandemic.

Douglas Ross asked whether I am seriously suggesting that I might impose local restrictions or travel restrictions in the future. I say clearly to him that I fervently hope that that will not be necessary. If we all continue to exercise the care and caution that everyone has exercised for the past year and a half, we will minimise the risk of that becoming necessary. I am sure that every leader of every Government in the world would say this: the responsibility to keep people safe has weighed heavily on my shoulders every day for the past year and a half.

In direct answer to the question, I say that if I thought that such action was necessary to restrict and curb an outbreak or spread of the virus or of a new variant that would put lives and our national health service at risk, then, no matter how difficult or unpopular it would be, I would take that decision. I am elected to take the tough decisions to keep people safe. If Douglas Ross does not understand that, he should never want to be in this position. Leaders must be prepared to take those

decisions, however much we hope that they will not be necessary.

We have taken a route that has been cautious, careful and steady—sometimes too cautious for some people. Monday will be perhaps the most significant date so far. That is positive, but I am not going to shout that we are free from the virus, because that would mislead people. The virus is circulating and the risk of new variants is there. It is no longer proportionate to have legal restrictions in place in every respect. The Government must act lawfully. We will continue to advise people to be sensible and cautious and to follow the routine mitigations that minimise the risk. Anyone who thinks that that is wrong is not acting responsibly. I will continue to do my duty as First Minister to the very best of my ability.

Anas Sarwar (Glasgow) (Lab): I start by saying “Thank you” to all those who continue to work on our front line, in particular in our national health service, and to our vaccinators across the country, who have got us to where we are today. They are genuine heroes.

It is also important to recognise that people are still dying of the virus, so my thoughts and condolences go out to all the people who have lost a loved one in the past 24 hours, or at any point throughout the pandemic.

As the First Minister has outlined, we are now at a crucial moment in our exit from restrictions. I pay tribute to our citizens across the country for the huge sacrifices that they have made over the past year and a half to get us to where we are today. There is definitely light at the end of the tunnel. However, we are also at a crucial point for Scotland’s recovery.

It is good to see the positive improvements in case rates and in numbers of people in hospital. That is welcome, but as restrictions continue to ease, we need to ensure that people are being kept safe. That means that we need recognition that a new period in our fight against the pandemic needs a new approach. As we move beyond level 0, it will be important that we do everything to protect the freedom that people can enjoy again. That means retooling our vaccination effort to target the places where the rate lags, and preparing it for the next big challenge.

The past few weeks have also underlined the importance of test and protect. If increased testing is the alternative to self-isolation, we cannot allow resourcing of the test and trace system to be neglected again.

We all know how key vaccination is; we must maintain the progress and intensity of the programme. In recent weeks, the seven-day vaccination rate has reduced, and thousands of young people are still awaiting their first dose—

never mind their second. We should be doing all that we can to remove barriers to vaccination and to encourage uptake. I therefore ask the First Minister this: what plans are there to make vaccinations more accessible for people who need a dose?

We need to take vaccination centres to the hardest-to-reach people—not take the people to the vaccination centres. Will there be pop-up clinics at sporting events, universities, colleges and train stations, and when will they commence? Will the First Minister consider door-to-door vaccinations in low-uptake areas, so that we increase uptake in those postcode areas?

I also want to ask about on-going support for Scotland’s businesses and employers. Today’s news will be welcome for many businesses, including nightclubs, that have been closed for up to 18 months. However, those businesses will not bounce back immediately. How will the Scottish Government ensure that livelihoods are protected, and that Scottish businesses can continue to have confidence in their recovery?

It is also now recommended that some clinically vulnerable school-aged young people get the vaccine, and that there be a booster programme in the autumn. There is also a hope that eligibility for young people will be extended more widely. What guarantee can the First Minister provide that all eligible 12 to 17-year-olds will receive their first dose before the return to school in less than two weeks? There seems to be a slip in the target that has been outlined today. What work is being done in preparation for any increase in eligibility among 12 to 17-year-olds?

Finally, when will individuals who are most at risk receive details of how the autumn flu vaccine booster programme will run? The JCVI interim advice suggests that that should start in September. Does it look like that will be a reality, and will details be shared with Parliament?

Those matters are essential not just for keeping individuals safe, but for protecting our NHS into the winter. After so much restriction, it is only right that we move heaven and earth to protect our return to some level of normality. Again, I thank everyone across our country for the huge sacrifices that they have made, and continue to make, in the face of the pandemic.

The First Minister: Those questions are all perfectly reasonable. I will try to go through them all; I think that I noted them all down. If I miss any points of detail, I will either return to them later or write to Anas Sarwar afterwards. Most of the questions were about vaccination, so I will spend most of my time responding on that.

The only thing that I take issue with in Anas Sarwar’s questioning is a turn of phrase that I do

not think was reasonable, whereby some young people were described as “still awaiting” a first dose. All over-18s have been offered a first dose. Some have not taken up the offer; however, use of the word “awaiting” makes it sound as though they have not been offered it. We will continue to work to get uptake rates as high as possible. Uptake rates are high—higher than I might have anticipated in the younger age groups—but not as high as we want them to be.

Overall, our vaccination programme is going extremely well. We are above England and Northern Ireland for numbers of first and now, possibly, second doses of the vaccine having been administered, in terms of percentage of the total population. However, all four nations are doing well on that. Our vaccination programme is a success; everybody should recognise that, because it is down to the hard work of those to whom Anas Sarwar rightly paid tribute.

On the first question about whether we will have more pop-up vaccination clinics or sites, the answer is yes. We are looking at all possible ways to access young people where they are, as opposed to expecting young people to go to clinics. We cannot get to everywhere that young people spend their time. I had a conversation this morning—at the moment, it is just a conversation and not necessarily something that will happen—about the night-time industry and whether, as nightclubs reopen, there are ways to use them to increase vaccination of young people. We are also looking at sporting sites and other places where young people go regularly. We are looking to get vaccine promotion material into those places and, where it is possible and practical, to offer vaccination in or near those places.

Although I would never rule anything out, I have more scepticism about door-to-door vaccination, simply because of the labour-intensive nature of that approach, given that the vast majority of eligible people have been vaccinated. It would involve a lot of effort to go to a lot of doors where everybody has already been vaccinated. Therefore, I am sceptical about whether that would be the best approach to take, but we do not rule anything out. We want to get to as many people as possible.

On the points about the JCVI, we are trying to reach eligible 12 to 17-year-olds as much as possible before the schools go back. I have said that we will, given the nature of that group, build in a bit of flexibility and offer first doses by the end of August, but we want to do it as quickly as possible between now and the schools returning. Of course, the schools do not all return on the same day—some go back later in August than others.

As I said in my statement, we hope to get updated advice from the JCVI over the next day or

so. The JCVI is our advisory body, so it has to give us the advice that it thinks is right, and I respect that. I hope that it will recommend going further on vaccination of young people. I am particularly concerned with being able to offer vaccinations to 16 and 17-year-olds, if possible, which will obviously be important for those who will, for example, be going to college or university and mingling with older young people who have been vaccinated. We will see what the advice is, and we stand ready to implement it as quickly as possible.

We await the final position on booster vaccinations. My expectation is that there will be some form of booster programme, but we are making that assumption in order to get preparations under way. We will seek to notify people over the next few weeks and, certainly, into September.

Finally, I think, the most important thing that we can do for businesses is not just to get them open again—as of Monday, no business will legally be required to close under Covid regulations—but to build the confidence of their customers to start using their services again. That is one of the reasons why a cautious and careful approach is required. If people do not feel safe in venues, they will be less likely to go to them. We will work with businesses to encourage them to think carefully about the environment that they offer their customers.

We will continue to consider financial support for as long as is necessary, but, of course, we want to get businesses trading and making money again, because we do not have infinite sums of money to spend on business support. I again encourage the United Kingdom Government to extend the furlough scheme for longer, so that we do not have to cut that support to businesses earlier than would be appropriate for many of them.

I think that I have covered most of Anas Sarwar’s questions, but if I have missed any I will come back to them later.

Patrick Harvie (Glasgow) (Green): The First Minister, Douglas Ross and Anas Sarwar have recognised the importance of the vaccination programme. Everybody recognises that the people who developed and delivered it are due our immense gratitude. It has saved lives and it continues to do so.

However, it is also recognised that vaccination is not a cure-all. It does not eliminate all risk or prevent everybody from being exposed to the virus or to the risk of becoming extremely seriously ill or from having their life put at risk. Therefore, I am concerned that there is still a great deal of emphasis on the idea of Covid status certificates—so-called vaccine passports—particularly, as the First Minister referred to them, in relation to

higher-risk venues. If our ability to live our lives is dependent on our health status, there are human rights implications, and if the workers in those higher-risk venues are not fully protected, that raises equality issues.

Does the First Minister agree that, ultimately, only direct mitigation measures can make those higher-risk venues less risky and give us the protection that we need? Covid status certificates will not achieve that.

The First Minister: Those are perfectly reasonable questions, and I have a lot of sympathy for what Patrick Harvie is saying. He is right to say that, although vaccines are hugely effective and the vaccination programme has been hugely successful, they do not eliminate all risk and harm from the virus. We have never said that they do. However, we now have lots of evidence that vaccines significantly weaken the link between somebody getting Covid and their becoming seriously ill from Covid. Vaccines do not eliminate the link, particularly if a person has underlying health conditions, but they have weakened it. That can be seen in the much lower—albeit still concerning—levels of hospital cases in this wave compared with the levels that we had in previous waves.

There is less certainty about the impact of the vaccines on transmission of the virus, but we hope that they have a positive effect in that regard. I do not think that we can overstate the vaccines' importance to where we are now and how we hope to continue in the future. However, just as we must be realistic and frank about all such matters, we have to recognise the limitations of the vaccines as we celebrate their enormous success.

Patrick Harvie said that I put a lot of emphasis on Covid status certification. If that is how it sounded, I will try to redress that. I was not seeking to emphasise it or to pull it out as the next big thing that we will definitely do, but I wanted to be frank with Parliament that we are keeping our options open. Although we are not immediately planning to use it, in the app that we are developing there will be functionality that we could use in the future if we decided to have domestic certification, because the principal objective of the app is to make access to certificates easier for international travel. However, that does not mean that we have taken any decisions.

I am highly cautious about Covid passports—to use the colloquial term—for all the reasons that Patrick Harvie set out. I would be passionately and fundamentally opposed to their use for access to public services or anything else that it is essential that people can access. I agree that passports are not a replacement for sensible mitigations, but I think that there is a debate to be had about whether, for venues at which people's attendance

is optional and where we know that there is a higher risk of transmission, Covid passports could play a part in making those settings safer than they might otherwise be. There would have to be agreed exemptions in place, because there are people who cannot get vaccinated.

I am not ruling out Covid certification, as it would not be responsible to do so, but I think that people can hear—if they did not hear it in my original statement—that I am far from convinced that it is a road that we should go down. However, I do not want to close off Parliament's options, the Government's options or the country's options.

I give an undertaking that we will continue not only to update Parliament but to consult and involve it if our thinking on the matter develops to a point at which we are proposing to introduce Covid certification for any particular setting.

Liam McArthur (Orkney Islands) (LD): Only a few short weeks ago, Scotland had record numbers of daily cases—among the highest in Europe—and test and protect was buckling under the pressure. Thankfully, the figures are now going in the right direction, but as we look ahead to winter, it is a chastening reminder that systems must be built and staffed to withstand whatever the virus throws at them.

Like other members, I pay tribute to all those involved in the vaccine programme. However, like Patrick Harvie, I am concerned that the Government is still humming and hawing about domestic vaccine passports a full nine months after we first pressed it for a decision. Last week, John Swinney said that such an approach would be

“the wrong way to handle it”.

Now, there will be an app for our phones, paving the way for vaccine passports by stealth.

Given what the First Minister has just said, why will the Government not rule out domestic vaccine passports?

The First Minister: We are not planning anything by stealth. Today, in front of Parliament, I have been frank about the options that we are leaving open and I have given an undertaking to Parliament that we will be full and up front and will consult it in making any decision. I am sorry, but that is not doing something by stealth—it is actually quite the opposite.

I will come back to vaccine passports, because the issue is important. As I said to Patrick Harvie, and as I have said before, I am far from convinced that they are the right thing to do, but I will explain in a moment why we are not simply ruling them out for every possibility at this stage.

Before doing so, I will return to the first part of the question, about test and protect. Test and protect came under pressure in July, as it will always do when cases are surging, but it did not buckle under that pressure—it adapted and coped, and it is performing well. I thank everybody involved in test and protect. The work that they have done has played a part in getting us from a point where we had some of the highest case rates—even, at one point, the highest case rate—in Europe to a point where we have a much lower case rate. We are certainly there or thereabouts. I think that Wales might still be just below us, but we have the second lowest—and we may be heading towards the lowest—case rate in the UK.

These trends come and go, and it is what we do to try to stop cases surging—and, when they do surge, to get them under control—that matters. In the past few weeks, people working across our public health teams have done an excellent job, as has the public, to get us into the much stronger position that we are in today.

Finally, why do I not just rule out vaccine passports? I will not repeat everything that I have said about my scepticism and the need for a healthy degree of caution about them, because people have heard me say it. However, if there is one thing that I have learned—I like to think that I have learned more than one thing over the past 18 months, which have been grim, challenging and difficult for everybody—it is that, in the face of an infectious virus that keeps learning to run faster than us and that is changing itself to make the challenge ever more difficult, and after 18 months of having to ask people to live their lives in the most restricted and unnatural manner imaginable, it is not sensible just to rule things out for ideological or other reasons. I think that we have a duty to properly consider every possible step that we could take to get our lives back to normal and to keep them normal while protecting people from the virus.

Does that mean that we will take every possible step? No—there will be things that we decide are not the right things to do, and vaccine passports, in total or in part, may be one of those things. However, I do not think that it is responsible for me, as a politician, in the face of everything that we have lived through and what we are still having to deal with, to blithely rule these things out. I will continue to keep an open mind on anything that keeps this country safe while also allowing it to get back to normal.

Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP): Although the cut in Caledonian MacBrayne's passenger carrying capacity to 39 per cent was obviously made for understandable health reasons, it has very seriously impacted every aspect of island life since ferry routes came

under pressure at the beginning of the tourist season. Can the First Minister confirm whether passenger capacity will be returning to something more like normality as a result of today's statement? As she will be aware, visitors tend to book ferry tickets far in advance, but islanders who are travelling to see family or to care for sick relatives, or just to get to work, tend to need to book at much shorter notice, which means that, at present, they are simply unable to compete for spaces on ferries. What can be done to ensure that islanders now have more equitable access to ferry bookings?

The First Minister: I thank Alasdair Allan for that question and I know that the sentiments behind it will be felt very strongly by other members who represent island communities.

Physical distancing has restricted capacity on ferries, and that has resulted in significant problems for people who travel to and from the islands. Although that is frustrating for anyone who wants to travel to or from our islands, it has been particularly and horrendously difficult for those who live on our islands. I understand that, and I thank people for the forbearance that they have shown. In light of today's announcement on physical distancing, operators will be able to make more foot passenger capacity available from Monday, and that will ease some of the problems that Alasdair Allan talked about. Due to the continued need for enhanced cleaning regimes, there will continue to be a slightly reduced number of timetabled sailings on some routes; as in other settings, it remains important that we keep the environment on our ferries as safe as possible.

Regarding the essential travel needs of islanders, some capacity is being held back for turn-up-and-go travel and, in addition, for urgent medical appointments, islanders are guaranteed a space on the ferry as well as a taxi. The situation has been difficult, but I hope that today's announcement, which will be operational from Monday, will lead to a significant easing of the challenges that islanders have faced.

Murdo Fraser (Mid Scotland and Fife) (Con): Earlier, the First Minister alluded to vaccines for young people. Within the next few weeks, many 17-year-olds—shortly to turn 18—will leave home for the first time to pick up a university place and they would welcome the reassurance of a vaccination that is not currently being offered to them. Given that time is very short for people in that group, how quickly can the Scottish Government make a decision on offering them a vaccine?

The First Minister: As Murdo Fraser knows—or certainly should know—we are waiting on JCVI advice. When I say “we”, I am obviously referring to the Scottish Government, but the UK, Welsh

and Northern Irish Governments are in the same position. In a press briefing last week, I indicated from the platform behind me that the four chief medical officers had asked the JCVI to look again at its advice on vaccination for young people, and our chief medical officer has also written to the JCVI. I am hoping for—possibly veering towards expecting—updated advice from the JCVI in the next day or so, and I very much hope that that expectation will be realised. It is for the JCVI to advise, but I hope that it will recommend further vaccination of people in the 12 to 17-year-old age group. Assuming that it is safe and that the risk benefit analysis bears it out, in the fullness of time, I would like us to be able to offer vaccination to all people in that age group. Obviously, informed consent would determine uptake, but first, as a priority, I am particularly hopeful that we will see updated recommendations for 16 and 17-year-olds. You can probably hear in my voice that I am as anxious as anybody—perhaps more than many—to get that updated advice as quickly as possible and to see whether the committee advises what I hope it will. I am sure that the JCVI will make its advice known however it chooses; depending on what the advice turns out to be, I will set out the steps that the Government will take to implement it as soon as possible.

Collette Stevenson (East Kilbride) (SNP): I thank the First Minister for her statement and the update on the welcome roll-out of the vaccination for under-18s.

I recently met young people with autism in East Kilbride, and we discussed the vaccination programme. I would be grateful if the First Minister could set out the steps that are being taken to ensure that people with autism who want to get the jab feel able to do so.

The First Minister: It is important that we give people who are being offered vaccination the confidence and ability to come forward and get it. As Collette Stevenson is aware, the most recent JCVI advice recommends that children and young people aged 12 to 17 with certain underlying health conditions, including severe learning disabilities, be offered the vaccine.

There is information to assist those who might face particular challenges or who might be anxious about visiting a vaccination centre, which will include some individuals with autism—I recognise that. Information is available on the NHS Inform website, and we will continue to do everything that we can to make the process of vaccination as easy and straightforward as possible, particularly for those who will find it most challenging.

Jackie Baillie (Dumbarton) (Lab): I want to ask the First Minister about long Covid clinics. I know that the Scottish Government has funded research into long Covid, and a recent report from

the University of Stirling and the Robert Gordon University recommended specialist and integrated services to deal with long Covid. England has spent £34 million on 80 specialist clinics, with another 23 planned; Wales has spent £5 million on specialist clinical pathways. That is not matched in Scotland, and there are as many as 110,000 people suffering from long Covid, including children, who are simply not getting the support and treatment that they desperately need. When will the Scottish Government act to provide dedicated support and treatment for people who suffer from long Covid, and will the First Minister or the Cabinet Secretary for Health and Social Care agree to meet representatives of Long Covid Scotland?

The First Minister: I am sure that the cabinet secretary will be happy to meet anyone who wants to discuss those issues. I understand that he has recently met one of our Conservative MSP colleagues to discuss those issues.

We are committing significant sums of money to understanding long Covid, so that we can ensure, as quickly as possible, that the right resources are in place. I will come on to specialist clinics in a moment, but we should not lose sight of the fact that many people suffering from long Covid will first want to have access to generalist services—general practices and other services. We want people to be treated for any health conditions as accessibly and as close to home as possible.

Jackie Baillie said that the UK Government has dedicated £34 million to long Covid specialist clinics. I do not knock any money that is spent on these things, and the Scottish Government will certainly dedicate resource to appropriate specialist clinics in the coming period. I simply ask people to take a step back and analyse that. I point out that £34 million in an English context is about £3 million for Scotland. We will not get many clinics for that amount of money.

I would question the extent to which some of the headlines that we hear are matched by the reality of provision. It is important to ensure that we have the right specialist provision in place, and that we build it on the basis of the best understanding. Our understanding will obviously develop as our research develops, but we should build from an evidential base, and we should do it properly, rather than me saying, “Here’s £3 million,” knowing that it will not deliver many specialist clinics. We need proper investment and proper development of understanding to ensure that specialist provision does what we require it to do.

Paul McLennan (East Lothian) (SNP): Restrictions on international travel play an important role in our response to the pandemic, guarding against the importation of new cases. Can the First Minister provide an update on the

Scottish Government's latest engagement with the UK Government to ensure that a joined-up approach can be taken to international travel where possible?

The First Minister: Where we think the UK Government is taking the right approach, we continue to try to co-ordinate and take a four-nations approach. Broadly speaking, our approach on international travel at this point is consistent across the four nations. That has not always been the case, as there have been times when we have thought that a more rigorous approach was required.

We are working hard—I think that all four Governments are working hard—to co-ordinate both the substance of our policy approaches and the announcements. We do not always succeed in getting that four-nations co-operation, and there were some frustrations in the past couple of weeks about announcements that were made ahead of four-nations agreement to make them, but we will continue to pursue that.

I do not want travel restrictions to be in place any more than I want any other forms of restrictions to be in place. However, again, we would be irresponsible if we did not have them, given that perhaps the biggest risk that we face in the next phase of the pandemic is the possibility of a new variant that may start to challenge the efficacy of our vaccine. Although I hope that that never happens, we have to keep in the toolbox the tools to deal with that as effectively as possible.

Given that we live on an island, the more consistency there is across the different Governments, the better. However, my first and most important responsibility is to take the decisions that I think are right for Scotland, and I will continue to seek to do that.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): The Scottish National Party manifesto promised to set out a national recovery plan for the NHS within 100 days of the election, which is fast approaching. With a potential winter crisis hurtling towards us and a requirement for booster jags in the autumn, does the First Minister believe that the NHS should have to wait weeks for her health secretary to publish a remobilisation plan when health services are already overstretched, with a backlog of cancellations, staffing issues and an urgent need for additional support?

The First Minister: I think it is right that my health secretary takes the time to consult not only officials in the Scottish Government health department, but people across the health service, to make sure that we get our NHS recovery plan right—it will not be for the next weeks or months, but probably for the duration of this parliamentary

session—and that we do the proper work to ensure that it is the solid, deliverable and ambitious plan that the health service needs. It will be published within 100 days, as we committed to do, and the Parliament can scrutinise it when that happens.

Of course, we continue to give additional support to the NHS now. The NHS is not simply doing nothing while waiting for the plan; it is already in a process of recovery, supported by additional resource and other support from the Scottish Government, which will continue to be the case. Although I wish that that could be more, because the NHS deserves as much as we could ever give it, we have also given our hardworking NHS staff the best pay rise anywhere in the UK, because we recognise that, without our staff, the NHS cannot do what it does.

We will continue to support the NHS in the best way that we possibly can as it continues to cater for those with Covid—there are still many Covid patients in our hospitals—and, increasingly, gets the health service back to being the service that deals with people regardless of their conditions, as quickly as possible, and to the high standards that all of us know that we can expect from our national health service.

The Presiding Officer: Many members are requesting the opportunity to ask a question. I would be very grateful if we could have succinct questions and responses.

Rona Mackay (Strathkelvin and Bearsden) (SNP): In September, the UK Government plans to end the furlough scheme and the £20 uplift in universal credit. Does the First Minister agree that that will be a disaster for businesses and people on low incomes? What engagement has the Scottish Government had with the UK Government to ask for a reversal of those damaging plans?

The First Minister: I very much agree with Rona Mackay on both those points. We continue to engage with the UK Government on a regular basis, seeking to persuade it to change its position on both furlough and the clawback on the increase to universal credit.

I have already addressed the point on furlough in response to a previous question. Although we want to get businesses back to trading normally as quickly as possible, they need support for as long as is required. The premature ending of furlough will be very damaging to the jobs of many people across the country. Even at this late stage, I urge the Chancellor of the Exchequer to change his mind and make a further extension to furlough.

On universal credit, I do not know how anybody, having given an uplift to universal credit for people who were struggling the most before Covid, and who are probably struggling the most from many

of its impacts, could, in good conscience, suddenly claw that money back at a time like this. That is unconscionable. It will take perhaps more than £1,000 a year from people who need it most, and it should not happen. I urge the chancellor to change the position on furlough. I will speak even more strongly than that and urge him not to take money out of the pockets of those who can least afford it, to make the uplift to universal credit permanent, and to make that clear without any further delay. To do anything else would simply be unforgivable.

Neil Bibby (West Scotland) (Lab): There is widespread concern about compliance with Covid safety rules and the wearing of face coverings on public transport. Ministers were exercised about the actions of London North Eastern Railway, but what action has been taken to address compliance on ScotRail services and bus services in Scotland? It is not a small minority of cases. Why are levels of compliance on public transport not good enough? Given that the First Minister stated today that face coverings will still be required, what confidence can passengers have that rules will be adequately enforced next week, because that is not happening right now?

The First Minister: We must continue to support compliance, which has a number of different strands, in all ways. As we ease restrictions in some areas, it is all the more important that there is high compliance with the restrictions that we still think are required. I know very well how difficult it can be for people to be compliant with all the measures 100 per cent of the time. That is not easy for anybody, but it is really important that we all comply.

We will continue to communicate clearly with the public about why we are asking for certain things to be done, including the wearing of face coverings. We will also continue to engage with businesses, including ScotRail, to support them with enforcement and to encourage people to do the things that we consider to be necessary. We all have a part to play in that through our own compliance, through encouraging compliance on the part of others and by ensuring that we communicate widely on the need for compliance.

My final point is that, as we lift restrictions, people should understand that, if we are still mandating things in law, there must be a good reason for that. That is the case with face coverings. If you wear one, you protect others, and if others wear one, they protect you. That is one of the remaining things that we can all do to protect one another, and I encourage everybody—no matter who they are—to ensure that they do that.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): On 25 March, the day on which the Scottish Parliament went into recess for our

election, the UK Government announced that £1.5 billion was being made available for a discretionary relief scheme for businesses outside the retail, hospitality and leisure sectors. Scotland's share of that funding was to be £145 million. By 16 July, a written answer to me showed that we still had not seen a penny of that money. Has there been any progress in releasing that money to Scotland? Many of our local businesses are still feeling the impact of Covid and need further help. Will the First Minister press the case until the matter is resolved?

The First Minister: Yes, we will continue to press the case until such time as the money flows. It will then be up to the Scottish Government to ensure that the money flows quickly to those who need it. I will check with the Cabinet Secretary for Finance and the Economy and her officials on the current state of play with that particular funding, and I will write to Willie Coffey as soon as possible.

Miles Briggs (Lothian) (Con): My question relates to unsuitable accommodation orders. Charities such as Shelter Scotland and Crisis hear from people day in, day out about the poor conditions that they face in temporary accommodation such as bed and breakfasts and hotels. Problems range from a lack of space or basic cooking and cleaning facilities to intimidation by staff and arbitrary curfews that limit people's opportunities to work and live normal lives. Is the Scottish Government planning to delay the full implementation of the Homeless Persons (Unsuitable Accommodation) (Scotland) Amendment (Coronavirus) Order 2020, which will leave more families living in hotel rooms?

The First Minister: We do not want any suspension or delay to be any longer than is necessary. I absolutely share the view that we should not have people in unsuitable accommodation. Although Covid has caused unavoidable disruption and difficulties for local authorities, we need to ensure that they do not last any longer than is necessary. I know that the Cabinet Secretary for Social Justice, Housing and Local Government has been looking closely at that issue, and I will ask her to write to Miles Briggs with an update on the current situation as soon as possible.

Marie McNair (Clydebank and Milngavie) (SNP): With school pupils across West Dunbartonshire and East Dunbartonshire preparing for the new school term, will the First Minister outline what communications she or the Cabinet Secretary for Education and Skills has had with unions and teacher and parent associations to ensure that there is a smooth transition for returning pupils and staff, so that they feel safe and supported?

The First Minister: There is on-going engagement with local authorities, teachers unions, parents and young people themselves, which has taken place throughout the pandemic under the umbrella of the Covid-19 education recovery group. I indicated in my statement that we are publishing today—it is probably already published by now—updated guidance that sets out the mitigations that will be expected to be in place in schools from the start of the term, some of which I went through in my opening statement. I suspect that the positions on self-isolation and the continuation of face coverings will get most attention today, but in many respects the most important part of what I outlined earlier is the strengthened guidance around ventilation in schools and the additional funding that we are making available to local authorities to ensure that there is CO₂ monitoring in schools and that it is used to assess whether further improvements to ventilation are required. Local authorities will, I know, continue to liaise with schools, pupils and parents ahead of the school return to make sure that all appropriate steps, including around lateral flow device testing, are taken.

Maggie Chapman (North East Scotland) (Green): We know that vaccination does not prevent all infections or transmission of the virus. We also know that many young people will not be fully vaccinated by the time that colleges and universities are due to resume, in just a matter of weeks. Many college courses, in particular, require students and lecturers to be physically present, because of the high proportion of practical learning, yet they still do not have the information that they need to plan effectively. Safety should be the top priority, but how can lecturers prepare to return and run courses safely when they do not even know whether their whole class will be able to attend at the same time? When will more guidance for our colleges and universities be available?

The First Minister: As I think I said in my statement, guidance has been published for further and higher education, although further work is continuing, to make sure that the arrangements that are in place for the start of the new academic term are appropriate.

It will be the case that all over-18-year-olds will have been offered a first dose—they have been offered a first dose already—and, by mid-September, all over-18-year-olds who have been vaccinated will have been offered their second dose, eight weeks on from that. We continue to encourage uptake. As I have said, we hope to move vaccination into slightly younger age groups as well, although that is dependent on JCVI advice.

There are issues that I have set out today around our expectations on costing for students. I know that colleges and universities will be looking closely not just at the position on the move beyond level 0 and what that means in terms of legal requirements, but at what is a sensible and safe approach to a mix of on-site and remote learning. As well as guidance being published, I would expect learning institutions to be liaising with their staff and students well in advance of the new term.

Pauline McNeill (Glasgow) (Lab): The First Minister rightly acknowledged the deep sacrifices that have been made by the hospitality sector, with some businesses having been shut for the full 18 months. Some clarity is still required in relation to vaccination certification and mask wearing indoors. Will the First Minister clarify the position on mask wearing in nightclubs and at weddings and concerts? Although sampling in clubs and weddings, for instance, is a key scenario, there is confusion about how that is intended to work in practice. Can the First Minister give me any details now? Can she assure me that she will engage with the sector as soon as is practically possible to discuss how businesses might have confidence that they can operate in this new environment and to give them the clarity that they need?

The First Minister: As I said earlier, we are retaining the requirement to wear face coverings in indoor settings where that is required just now—so, in pubs and restaurants except when people are sitting down to eat and drink; when they are moving around, they are required to wear face coverings.

Nightclubs have not been open. It is important that we have similar mitigations in all indoor settings, but, as nightclubs are able to reopen from Monday, we will be engaging with the night-time industry sector about exactly how we will ensure that the right mitigations are in place and what will be expected of nightclubs, as well as what we would encourage them to do. I have to say that it is a long, long time since I was in a nightclub. Maybe I should go back to one sometime—I do not know.

Although it is a long time since I was a regular frequenter of nightclubs, I have had discussions in the past few days about allowing nightclubs to open again, which everybody wants to happen, and what restrictions might be necessary. It is clear that some restrictions would make no sense and would, even if a nightclub was technically allowed to open, make that really impractical. I say that simply to reassure Pauline McNeill that, as we finalise guidance for the reopening, while not stinting on appropriate safety measures, we will make sure that we are mindful of the practical realities in settings such as nightclubs.

On nightclubs, I have something to say to any young people who might be listening—those young people who were listening probably switched off when I said that it was a long time since I had been in a nightclub. If you intend to go back to a nightclub over the next few weeks—who could blame you for that?—and you are over 18, please make sure that you have had your vaccine before you do, because that will help to protect you. We want people to be able to responsibly enjoy things again, but we want you to protect yourself as you do. By doing that, you will be reducing the risk of becoming ill and helping to protect others. For all the detail around the return of nightclubs, that is an important issue that none of us should overlook.

Neil Gray (Airdrie and Shotts) (SNP): I thank the First Minister for her statement, which contained much very welcome news.

The First Minister rightly emphasised how difficult the past 18 months have been for our school pupils, staff and parents. Could she expand on her expectations for the return of school in the coming weeks? After the initial six-week period is over, can pupils expect to be able to take part in larger assemblies—with singing, for example? Does she expect parents to be able to enter school buildings for meetings and events in the coming weeks?

The First Minister: The guidance that we have published today sets out much of the detail on, for example, the ability of parents to go into early years settings again. We want to move forward in that direction.

The decision to keep most of the current mitigations in schools was not an easy one. I know from speaking to young people—young people whom I know in my own life, as well as many other young people—that they do not enjoy having to wear a face covering in the classroom, although many of them feel that it gives them added protection.

We do not want to have such measures in place for any longer than is strictly necessary, but it was the clear advice of the advisory sub-group on education that, if we wanted to change the position on self-isolation—as we wanted to do, to minimise disruption—given the unique nature of schools, where unvaccinated young people and adults come together in larger numbers, it was appropriate and proportionate to keep the other mitigations in place for a longer period. We said that that will be the case for the first six weeks. The position will be reviewed on an on-going basis, and if we decide to extend that beyond six weeks, we will set out the reasons for that clearly.

There are few things more important than getting schools and the lives of young people

back, as close as possible, to normality as quickly as possible, and we are very focused on that.

Liz Smith (Mid Scotland and Fife) (Con): In relation to that issue, the Covid self-isolation and social distancing rules prevented our outdoor education centres—[Inaudible.]—residential purposes, which, of course, is the main source of their income, and they are desperate for more clarity from the Scottish Government about when they will be able to reopen for residential purposes. Therefore, can I ask that that information is now made available?

The First Minister: I will ensure that contact is made with the outdoor residential sector as soon as possible—today or tomorrow—to discuss in detail what today's changes mean for it. Although we tried to support the sector—if my memory serves me correctly, we did so not only by providing additional money but by allowing as much of its activity to take place as possible—the absence of residential stays has been very difficult, and we want to get the position in that regard back to normal as quickly as possible.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): Last week, along with my Aberdeen Donside MSP colleague, I attended a briefing with the Scottish co-ordinator of a UK veterans charity and heard a sobering account of the multiple challenges that homeless veterans in the north-east continue to face, whose situation has been exacerbated by the Covid-19 pandemic.

I am aware that ministers are currently considering the Scottish veterans commissioner's report "Housing: Making a Home in Civilian Society". What update can the First Minister provide on progress in considering and acting on the recommendations that are made in that report?

The First Minister: Veterans issues are always extremely important to the Government. Given the impact of Covid on many veterans in particular, we recognise the responsibility to take forward those recommendations as fully and quickly as possible. I cannot outline the conclusion of that today, but I know that those matters are under active consideration by the Cabinet Secretary for Justice and Veterans, Keith Brown, who is, of course, a veteran himself. I will ask him to write to the member with an update as quickly as he is able to do so, having given the issues the proper consideration that they merit.

Sarah Boyack (Lothian) (Lab): Constituents who are upset about the cost of testing in advance of people travelling abroad have been in touch with me. Could the NHS not charge a nominal fee to provide that service and cover the costs while ensuring that a safe and reliable public service is available? Not all travel is for holidays. Many

people have families abroad or they need to travel for work, especially those who work in the transport sector.

I am still waiting for a response from the Cabinet Secretary for Health and Social Care to my question to the First Minister last month.

The First Minister: I hope that Sarah Boyack will forgive me, but I answered—rightly so—a lot of questions in the session last month, and I cannot remember exactly what the subject matter of her question was. There may be a good reason why we have not been able to respond to it yet, but I will ensure that that is looked into as soon as I get away from this session.

On the first point, we have looked at that—I have personally looked at it—over the past few days. I will be corrected if I am wrong in any point of the detail here, but I do not think that I am wrong. The Scottish Government is not able to unilaterally change the cost of the NHS test; that is decided through the UK Government. In many respects, changing that would be the simplest thing to do, but we are not able to do that unilaterally.

We have therefore been looking at whether we can open access to privately provided tests. The reasons why we have not done that so far have been concerns about the quality of the service, the turnaround times of the tests, and the reporting of the tests to allow proper analysis and reporting. Further work has been under way, including work that I know that the UK Government has been doing on looking at ensuring that performance standards are mandated for private providers. We are looking at that right now, to see whether that opens up the possibility of tests being accessible from other providers at lower costs.

I hope that everybody—particularly Sarah Boyack; I know where she comes from on such issues—recognises that ensuring that people have access to quality tests and that the service around that is of an acceptable standard, given what we are dealing with, is really important. That is why we have thus far mandated NHS tests.

Stuart McMillan (Greenock and Inverclyde) (SNP): It is very much welcome that we are seeing a route to normality, but can the First Minister highlight where anyone who may be apprehensive about readjusting to changing restrictions can access support, should they require it?

The First Minister: As I indicated in my statement, we will issue guidance that advises people of the basic things that we can all do, and that we all should still do, to try to minimise the risk of transmission. I set out why it is no longer, in our judgment, necessary or proportionate—if we cannot satisfy those tests, we cannot always satisfy that these things are lawful—to keep legal

restrictions in place on all those issues. However, we will still advise people that when they are with people whom they do not know, keeping a safe distance is a sensible mitigation, and that if they are going somewhere that is very crowded—particularly indoors—perhaps they should not go. Hand washing is really important. Personally, I am not sure that I will immediately start shaking hands with people, because there are other ways to reduce the risks. Those are all things that we all have to think about in terms of our own risk approach and trying to operate in a way that reduces the risk.

We will issue guidance—that is the first thing that we will do to try to help people with that—and information continues to be available through all the usual Scottish Government sources. As I said, the chief medical officer will write directly, as he has done on previous occasions, to people who have been at the highest risk and who previously shielded with bespoke advice about how risk can be mitigated, so that people in that category can, like the rest of us, responsibly enjoy the greater easing of restrictions that we are looking forward to.

Liam Kerr (North East Scotland) (Con): It was reported recently that the proportion of people in Aberdeen who have been double jagged is the third lowest in Scotland, and, last week, NHS Grampian reported more than 100 positive Covid cases in 24 hours. What is the Government doing in the north-east to change those worrying statistics for the better?

The First Minister: Vaccine uptake is high in every part of Scotland. I said earlier that I think that our coverage of the population for first and second doses is higher than England's. There are regional variations, just as there are variations between age groups. Every health board, including NHS Grampian, is working hard—here and now, probably even as we speak—to try to get vaccines to the remainder of the people in eligible groups who have not yet come forward. No stone will be left unturned in doing that.

Let us remember that vaccine uptake is high. I have said this before but it is worth repeating: if, at the start of this year, as we embarked on the programme, my advisers had told me that we would reach the percentage uptake that we have reached, even in younger age groups, I would have struggled to believe that that was possible. The programme is an outstanding success; the job now is to make sure that we do not let up until we have got the vaccine to everybody who is eligible—or as close to that as is possible.

The Presiding Officer: Such is the interest in this important statement that there are still more than 20 members who are keen to ask a question.

I would be grateful for succinct questions and responses.

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP): I have been contacted by immunosuppressed constituents who have received both doses of the Covid vaccine but are concerned that, due to the medication that they take following organ transplant, they will not produce sufficient antibodies to protect against the virus.

What consideration has the Scottish Government given to providing antibody tests to immunosuppressed people, to ascertain the effectiveness of vaccination? Will further guidance be issued to that vulnerable group as restrictions continue to be lifted?

The First Minister: Presiding Officer, I will try to be briefer in my answers, but I want to do justice to these really important questions and I know that there will be people who are listening to the answers. I am happy to stand here for as long as necessary to get through all the questions. You are in charge of the timing, but I wanted to make it clear that I am happy to do that.

The member raised an important issue, which is of concern to people with suppressed immune systems. Currently, the guidance from the chief medical officer is to focus on using antibody tests to improve our understanding of Covid and in the clinical management of patients, where that is appropriate. However, clinicians, including general practitioners, have discretion to request an antibody test for an individual if they think that the result would be of benefit to the patient's clinical management.

We know that the vaccine offers significant protection against the virus, but we do not yet have evidence of exactly how effective it is for people with an impaired immune system. Therefore, constituents who are in that position should continue to be cautious about keeping themselves safe and should take sensible precautions, such as wearing a face covering.

Research is on-going to further our understanding of the immune response to Covid vaccinations in immunosuppressed patients. As we understand more about that, the advice and guidance that we give will be updated.

Paul O'Kane (West Scotland) (Lab): Over the weekend, I raised the need for digital vaccine certificates in the context of foreign travel. I note that the First Minister said that an app would be available from next month, but it would be helpful to have a clearer timescale, if that is possible, given that some of the commentary on the matter has been vague. Constituents have rightly been asking why it has taken so long to get an app in

Scotland, given that such apps exist elsewhere in the UK and in other parts of Europe.

Will the First Minister confirm that the app will be compatible with vaccination records from across the UK, which is particularly important for students who are travelling to university? Will she ensure that the app has the ability to deal with cases in which someone has had one dose of the vaccine in Scotland and one in another UK nation, or vice versa? I have heard from constituents that there have been problems in that regard with paper vaccination records.

The First Minister: That is an important question. I indicated in my previous parliamentary statement, and also before that, that the app was in development, although I give credit to Paul O'Kane for suggesting that it was his call for it at the weekend that led to my statement today. The app has been in development for quite some time.

I cannot give an exact date, but we anticipate that the app will be launched by the middle of next month at the latest. Obviously, we will try to accelerate that if at all possible. We are working with the other UK Governments to ensure that there is consistency in our approaches, although we are using different systems in Scotland.

Paul O'Kane mentioned the paper-based system for vaccine certification. We have been working on the wording and the branding of that, too.

Compatibility and consistency are important for use between the four nations. I refer back to what I said in previous statements and earlier answers about that. We have not yet decided whether we will seek to use vaccine certification for domestic purposes in Scotland. We are developing the functionality to make that possible, but we have not yet taken the decision that that functionality will be used.

Gordon MacDonald (Edinburgh Pentlands) (SNP): The First Minister said that the Scottish Government is funding nine research projects on long Covid and that that will help to build the services that will be needed to deal with the implications of long Covid. What steps is the Scottish Government taking to ensure that sufferers can share their experiences with the specialists who are working on the country's long Covid strategy?

The First Minister: That is a really important point. We have worked closely with the Health and Social Care Alliance Scotland to understand the views and experiences of people who are living with long-term conditions, including those who are living with long Covid, as we remobilise services in the health service generally and as we consider our response to long Covid. Officials continue to engage with third sector organisations and patient

groups to further inform the approach to long Covid to ensure that people receive the best possible care in the right settings and that that is supported by the right specialist approach.

Pam Gosal (West Scotland) (Con): The First Minister said that workers would begin to return to offices from June. We are now in August, and office working has still not restarted. I know from speaking to the Scottish Chambers of Commerce last week that businesses are eager to get staff back into their offices. Will the First Minister commit to publishing a plan for staggering the return of office workers and to publishing the data behind her Government's approach to the sequencing of the phased return?

The First Minister: I will be corrected if I am mixing this up with something else. There is guidance. I will look to see whether it can be published if that has not happened, but there is guidance on a phased return to offices. We will continue to work on that with businesses and sectors.

Although not everyone is desperate to get back to the office, many people are. Employers and, indeed, some workers will be keen to get back to the office, but we must ensure that we do that at the right pace. If we do not, we run the risk of setting back our progress and taking everything in the wrong direction. That is not responsible. My biggest responsibility here is to take the decisions that I think are necessary, regardless of how unpopular they are or of how unpopular they might make me. If I do not do that, I will not be doing a service to the country. We will continue to try to get that right.

I have had conversations with some businesses, and I know that most businesses are not planning a wholesale return to the office. Most businesses are thinking about a new normal. They would like to see more of their workers back in the office, but they recognise that the position might not be exactly as it was before Covid. That approach is to be encouraged. The Scottish Government is looking at a more hybrid model of home and office working, and it is not doing so only for the purpose of controlling Covid—there are issues of wellbeing and environmental issues that inform those debates.

At an earlier stage of the pandemic, we all talked about coming out the other end of the pandemic and not necessarily going back exactly to normal. Working in the office is one of those areas where it is appropriate to have a bit of a pause for thought and consideration of the best way of working in the future. There are other reasons to want to have people back in offices, such as the benefits that it brings to city centre economies. We cannot dismiss any of those reasons, but this is a moment to think seriously

about the balance that we want to strike in the future.

Emma Harper (South Scotland) (SNP): I welcome the further easing of Covid-19 restrictions, which will allow people to meet up in greater numbers. However, more people indoors means a greater risk of spreading the Covid-19 virus. That can be mitigated by good ventilation, as the First Minister has described, by introducing CO₂ monitoring in schools and even by high-efficiency particulate absorbing air filtration for virus that is aerosolised. Can the First Minister expand on the introduction of CO₂ monitoring and on whether further support with ventilation or HEPA filtration for public, third sector or business places is being considered?

The First Minister: As I indicated earlier, a focus on ventilation and better ventilation in places such as schools but across the public and private sectors is really important as we return to greater normality. We need a much greater focus on that, as I have set out today in relation to schools. We have issued guidance emphasising the need to ensure good ventilation across all indoor settings. That guidance includes reference to the possibility of using air-cleaning or air-filtration devices. We are considering what further steps we can take to support good practice on ventilation across all settings, regardless of location, and I can confirm that that includes consideration of the role of air-cleaning and air-filtration technology.

Katy Clark (West Scotland) (Lab): The SNP's "First Steps" document committed to establishing a Covid public inquiry within 100 days of the election. Could the First Minister outline what steps have been taken to establish a public inquiry and say when we can expect a start date, remit and chairperson to be announced?

The First Minister: In point of fact, that is not what our "First Steps" document said. It said that we would take steps and do the initial work with a view to setting up a public inquiry. It did not say that the public inquiry would be established within the first 100 days. It remains my commitment to have a public inquiry up and running within this calendar year, and we are considering the steps that we need to take to do that. We will fulfil the terms of our 100 days commitment, and we will set out as soon as possible exactly how we intend to take forward the commitment to holding a public inquiry.

We are, of course, talking to the UK Government—I have been completely open about that and I would be criticised if I were not doing that—about the potential remit of the public inquiry that it has committed to holding, so that we understand what issues it will look at and, therefore, what issues a separate Scottish public inquiry would look at and how all that would

interact. We will set out more of our considerations on that shortly.

John Mason (Glasgow Shettleston) (SNP): The First Minister has already mentioned booster or third jags. Can she provide any more information about that? For example, are we going to be using pharmacies more, as we do with flu jags? Depending on which vaccine we use, are there sufficient supplies available?

The First Minister: The detail that I can give at the moment is the detail that is laid out in the interim advice from the JCVI, which we are using as part of our planning process. That recommends that, if the final recommendation is to have a booster programme, that should begin in early September, so that we maximise protection in those who are most vulnerable ahead of the winter months.

It is recommended that any booster programme would be offered in two stages. First, it would be offered to those who were prioritised by the JCVI as part of the vaccination roll-out, notably those with suppressed immune systems, those in care homes, the clinically vulnerable, front-line health and care workers and the over-70s. The second phase would involve it being offered to those over 50, those aged 16 to 49 and clinically vulnerable, unpaid carers, other adult carers and those who live in households with someone who has a suppressed immune system.

Planning work for the operationalising of that is under way, and, just as we have done with the initial vaccination programme, we would want to get any booster programme done as quickly as possible but also as accessibly as possible, so we will look carefully at the appropriate settings for jags to be offered and more detail on that will be set out in due course.

Beatrice Wishart (Shetland Islands) (LD): Schools will soon return but, although the vaccine means that the virus is now a different beast, it is estimated that one in five teachers will be without full vaccine protection when they go back in a fortnight. Our freedom of information request found that vulnerable teachers contacted the Government in droves last year, anxious and asking for better safety measures. What assurance can the First Minister offer that the Government will listen to teachers this time around?

The First Minister: We have listened to teachers all along, but we also follow the expert advice of the JCVI on the order of vaccination. As I have said many times before, the people who call on me to do something different from the expert advice would probably be the first to criticise me if I, as a politician, chose to second guess and overturn the advice of the experts.

Vaccination has not made the virus a different beast; it is the same beast that it has always been, although it has mutated a little. The vaccine is helping us to combat the beast that is the virus. It is therefore absolutely right to talk about the need to get the vaccine to everybody in eligible groups as quickly as possible.

Teachers have been vaccinated in line with the priority set out by the JCVI. For example, every teacher over 40 will already have had the offer of their second dose. Any teacher over 18 will have the offer of their first dose, and second doses will be under way, as of now, for the eight weeks after the offers of first doses were completed. That has been done quickly and in line with the JCVI recommendations. With every day that passes, more and more teachers will be getting the protection of full vaccination.

Graham Simpson (Central Scotland) (Con): I want to ask about face coverings. The First Minister has made it clear that she thinks that the law on face coverings should remain. However, she will be aware that that restriction was removed in England a couple of weeks ago, and most people are choosing to continue to wear them. What needs to happen for the First Minister to change her mind on face coverings, so that we can enjoy the same freedoms that are enjoyed in England?

The First Minister: I do not want to get overly philosophical, but I am really confused about Graham Simpson's concern. If his argument is that everybody is going to wear face coverings anyway, why is he so concerned that we are asking people to wear them? If he thinks that everybody is going to wear face coverings anyway, what freedom does he think that people need? Maybe I have been on my feet for too long today, but I am genuinely struggling to understand what the point of that question is, other than just to try to find a point of disagreement with the Scottish Government.

We think that it is really important that people continue to wear face coverings, so we will tell them that by saying that the law requires it. We will keep that under review. However, if, at the end of the day, Graham Simpson is saying that he agrees that everybody should wear a face covering, how we choose to do that seems to me to be of secondary concern. If I am missing something in that, I apologise, but I think that it is right to say to people, "You should still wear face coverings."

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I refer to the importance of the test and protect app. It may be that familiarity is breeding contempt but, anecdotally, it seems that increasing numbers of people do not have the app active—either through omission or deliberately. Will the Scottish

Government therefore publicise anew the importance of the app's being live, which is essential to accurate contact tracing in order to reduce the spread of the virus? That is perhaps even more necessary as restrictions are lifted.

The First Minister: We will indeed give consideration to doing that. That is a perfectly sensible suggestion.

I think that the numbers bear out that the vast majority of people who downloaded the app on their phone still have it and use it. There will be some people who do not realise that it is switched off for some reason and forget to switch it back on, so regularly reminding people will be important.

Test and protect will continue to be important, and using the app will continue to be a really important way of helping test and protect. If we help test and protect, we help the rest of us. We will give consideration to reminding people of the importance of that.

Meghan Gallacher (Central Scotland) (Con): Parties have raised concerns about the barriers that are faced by some people who are transitioning from child to adult mental health services. Those barriers include outdated transition guidelines, too short a transition period, inconsistency between the diagnoses and treatments available across the services, and communication. As we emerge from the pandemic, will the Scottish Government commit to improving continuity for young people who are moving from child to adult mental health services?

The First Minister: Yes. That is an important issue to raise. I will ask the Cabinet Secretary for Health and Social Care to write to Meghan Gallacher with more detail on the work that we are doing on mental health in general and on that issue in particular.

The question is about mental health. It is important to focus on mental health, but the transition from child to adult services can be a challenge in all aspects of healthcare. I know that it is a challenge in cancer care, for example. It is an issue that we must focus on and get right; we must continue to learn and adapt. For obvious reasons, that is particularly important in the field of mental health.

I very much agree with the premise of the question and, as I said, I will ensure that more detail is provided on exactly what is being done.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): Last October, my constituent Jane Morrison lost her wife to Covid. She was only 49 when she died. I pass my sincere condolences to Jane and to everyone else who has lost a loved one.

The Government agreed that it would hold a judge-led, human rights-based public inquiry, with relatives of the deceased consulted on the terms of reference. I know that the First Minister answered a question on the issue earlier, but will she confirm whether bereaved families will be central to the inquiry? Will the Scottish Government engage with stakeholders, including bereaved family groups such as Cruse Bereavement Care Scotland?

The First Minister: Yes, I give that assurance. It is a strong assurance. I, too, convey my condolences to Jim Fairlie's constituent.

Just before Parliament broke up for the election, I met the Covid bereaved families group. I believe—I will be corrected if I am wrong—that Jim Fairlie's constituent was part of that discussion. The group impressed on me—it did not take much to persuade me—the importance to families of being properly and fully consulted in all aspects of establishing a public inquiry, and on the remit in particular, and of being front and centre to any public inquiry as it undertakes its work. I give that commitment.

I repeat my commitment to a human-rights-based inquiry, which is exceptionally important, and I give the commitment, as requested by Jim Fairlie, to liaise with not just the groups of bereaved families but other organisations that give assistance to families that are suffering bereavement. Cruse was mentioned, but no doubt there are others. I strongly commit to all those things.

Monica Lennon (Central Scotland) (Lab): We heard the First Minister confirm that consideration has been given to the limited use of Covid status certification for access to certain higher-risk venues. Will the First Minister elaborate on what she means by "higher-risk venues"? Does that include care homes, which were not mentioned in today's statement and which continue to be subject to restrictions on visiting?

The First Minister: I do not favour the use of vaccine passports for access to care homes. There might be arguments that could be made for that, but I do not know whether Monica Lennon heard me say—certainly not in my statement, but possibly in answer to a question from Patrick Harvie or Liam McArthur—that I would be strongly opposed to using vaccine or Covid certification for access to public services or places to which people have no option but to go, which obviously includes visiting people in care homes.

We have to take the most stringent measures to protect vulnerable people in care homes, but we also have to make sure that people have access to care homes. I will not elaborate too much further on that, because we have not yet taken

those decisions and it is important that Parliament is properly and fully consulted.

Obviously, nightclubs are the kind of setting that has most often been talked about. Because nightclubs are places where many—not all—young people like to go and they have higher risks of transmission, there is an argument for us to introduce certification, not as a substitute for other precautions, but as an additional measure. I am not yet convinced that that is definitely the case and no decision has been taken, which is why I continue to voice caution and give a commitment to fully involve Parliament in those decisions.

Siobhian Brown (Ayr) (SNP): It is very encouraging that so many pregnant women in Scotland have had the vaccination. The overwhelming evidence shows that getting vaccinated is the best way to keep pregnant women and their unborn children safe from Covid-19. What assurances can the First Minister provide to women who still have concerns? What support and information are available to them?

The First Minister: Again, that is a very important issue, so I am grateful for the opportunity to reiterate our advice on that. The vaccines that are available in the UK have been shown to be effective and safe, which is an important assurance. In line with guidance from the JCVI and following safety data, we recommend that pregnant women get the vaccine as soon as they are asked to do so. It is important to stress that that advice is supported by the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists. Pregnant women who have concerns can discuss them with their clinician and get the latest evidence on safety and what vaccines they will receive. Vaccination is the best way of protecting against the risks of Covid in pregnancy, which include admission of the pregnant mother to intensive care as well as the possible premature birth of the baby.

I ask all members to do everything they can to get the message across to pregnant women that they should take up the offer of vaccination as soon as it is available. It was drawn to my attention yesterday that, when they rightly put forward that sensible advice, voices in the Royal College of Midwives were subjected to all sorts of abuse from anti-vax voices on social media. I condemn that and show my solidarity to those professionals who are giving important and responsible messages to people who stand to benefit so much from vaccination.

Jamie Halcro Johnston (Highlands and Islands) (Con): The First Minister confirmed today that she feels that there is a debate to be had on vaccine passports and that the Scottish Government is still considering their use for access to certain high-risk venues. When will a

final decision be made on vaccine passports? Which sectors are currently being consulted on any potential introduction?

The First Minister: No, I will not give a date, not least because Parliament has to be fully involved in all those discussions. If I were to say that we will have decided that by such and such a date, I would not be doing justice to parliamentary consultation.

It is important that we consider all this carefully and consult sectors that could be part of the debate. There is work to be done on this and we are seeking to have a four-nations discussion. However, when the Prime Minister announced that the UK Government was going to use vaccine passports for nightclubs, we had not been consulted in advance; in fact, that was a change in what we thought the UK Government position was. We will try to have sensible discussions across the UK but, fundamentally, and in proper consultation with Parliament, we will take decisions that we think are right for Scotland. Given the sensitivities around the issue, we will do so with all the proper discussion and appropriate consideration.

Clare Adamson (Motherwell and Wishaw) (SNP): Health and social care services across the country are under immense pressure and, last week in Lanarkshire, there was severe pressure on the health and social care services, general practices and hospitals. Can the First Minister give an update on the services in Lanarkshire? What steps can my constituents take to alleviate pressure on those services and ensure that those who are in most urgent need are effectively prioritised?

The First Minister: In answer to the question, “What can all of us do?”, I say that we can all behave in a way that minimises the risk of Covid transmission, even as legal restrictions lift, because the more we reduce the pressure from Covid on our national health service, the more we enable it to catch up with the backlog and treat non-Covid patients as quickly as it wants to. We all have a responsibility to protect our NHS, and the vast majority of people have taken that responsibility extremely seriously since the start of the pandemic.

The Government continues to work through our NHS recovery plan, which, as I indicated earlier, will be published shortly, and to make additional resources and other support available to health boards. For example, NHS Lanarkshire will have received its share of additional funding to support a reduction in waiting times for urgent and emergency care, as well as funding to boost staffing levels and the number of available beds. We remain in daily contact with boards as they manage their capacity effectively between Covid and non-Covid care. We are, and I am, very

conscious of the on-going pressure on those who work in health and care, and it is important that we do all those things and more to support them as effectively as possible.

Gillian Mackay (Central Scotland) (Green): I welcome the First Minister's commitment to continue to provide support to those who are eligible if they are required to self-isolate. However, given that the latest figures show that only 24.2 per cent of people who are aged 18 to 29 have received two doses of the vaccine, many in that group will be unable to take advantage of the exemptions to self-isolation requirements and will therefore be the most greatly affected by those requirements. Will the First Minister consider extending self-isolation support to those who are not yet, or who cannot be, double vaccinated, so that they are not unfairly penalised?

The First Minister: I will certainly consider that. I cannot, before I have considered it, give a guarantee that we will do it, but I take the point that fewer people will be required to self-isolate for 10 days, which may therefore enable us to look to extend the eligibility for that support. I certainly undertake to look at that.

Obviously, the number of people in the youngest age group—the 18 to 29-year-olds—who are double dosed will be rising daily. The low figure in that group is indicative not of low uptake but of the fact that their first doses came later; the eight-week interval for second doses means that not all young people are yet eligible for their second dose. That is obviously a moving picture with every day that passes. However, Gillian Mackay makes a reasonable suggestion, and I undertake to explore it further.

Jackie Dunbar (Aberdeen Donside) (SNP): The tourism and aviation industries in particular have been severely impacted by restrictions. Can the First Minister provide an update as to the Scottish Government's latest engagement with the UK Government regarding what support can be made available to those sectors while restrictions on international travel remain in place?

The First Minister: Engagement with the UK Government on all those issues is, as the member would expect, on-going. I will ensure that further information about the detail of that and when we last engaged on particular issues to do with tourism and aviation is provided to Jackie Dunbar. We have always been frank that the impact on aviation and by extension on tourism, certainly international tourism into Scotland, will be the longest-lasting impact. It is therefore important that we continue to do what we can to support those sectors and encourage the UK Government to do likewise.

Alexander Stewart (Mid Scotland and Fife) (Con): Long Covid could be affecting more than 100,000 Scots, and it may have a major long-term impact on people's health and on our public services and our economy. With general practitioners having to deal with the lion's share of the extra workload, what is the First Minister's response to the Royal College of General Practitioners, which is calling on her to boost the GP workforce?

The First Minister: We continue to support expanded staffing across the national health service, and we look to support our NHS workers in various ways. I will not repeat everything that I have said about the work that we are doing on long Covid, but that work is important, and no doubt we will talk more about it in the weeks and months to come.

When people talk about long Covid, there is often a contradiction. In one breath, they talk about the risks of long Covid, as Alexander Stewart has just done, but in the next, as some of his colleagues have done, they call on us to be less cautious in our approach to the virus. We have to make sure that the services for long Covid are there, and that GPs and others are supported to deal with what they have to deal with, but we also need to continue to show caution in order to minimise the number of people who get Covid and, therefore, the number of people who will suffer from long Covid. Those aspects all hang together, and they are in the interests of GPs as well as everyone else.

Emma Roddick (Highlands and Islands) (SNP): I appreciate the information that has been given this afternoon about the forthcoming JCVI advice on vaccinating under-18s. If the advice that is expected in the next day or so recommends expanding the vaccine programme to include students, will every student be offered a first dose before they start university in September?

The First Minister: I absolutely understand the importance of the issue, but I do not want to go much further on it just now. As I said, we are expecting JCVI advice, but I have to wait to see what the advice is. If the advice is that we should go beyond the current groups of young people in terms of vaccination, I will need to see what order the JCVI proposes. For the reasons that we understand, I hope that there will be priority for 16 and 17-year-olds, but the JCVI might recommend a different approach. Before getting into commitments on dates, we need to see what the advice is. However, I can say that we will move to operationalise and implement any new recommendations as quickly as we can.

In encouraging the JCVI to look at the matter again, and to do so as quickly as possible, we have been mindful of the fact that we have an

earlier return-to-school date than other parts of the UK do and that the return of colleges and universities is looming for us all.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): My constituent received their first Covid vaccine in England and their second in Scotland. I understand that the NHS in Scotland is struggling to get confirmation of the details of the first vaccination to allow it to issue the relevant official documentation to confirm that my constituent has been double jabbed. What steps are being taken to ensure that such crucial information is transferred accurately and securely across UK health services? The transfer of that information will become increasingly important as students—many of whom will have had their first jab elsewhere in the UK—arrive in Scotland to study.

The First Minister: I will take Bob Doris's question away and come back to him with more detail. If he wishes to do so, I ask that he passes on the details of his constituent's case, and we will see whether we can help to speed up the process. If the process is not as smooth as it needs to be, I undertake to work with other Governments in the UK to improve matters.

The Presiding Officer: That concludes the First Minister's statement giving a Covid-19 update. There will be a brief pause before we commence the next item of business.

Drug Deaths

The Presiding Officer (Alison Johnstone):

The next item of business is a statement by Angela Constance on actions being taken to reduce drug deaths in Scotland. The minister will take questions at the end of her statement, so there should be no interventions or interruptions.

16:08

The Minister for Drugs Policy (Angela Constance): The loss of life in Scotland from drug-related deaths is as heartbreaking as it is unacceptable. It is our national shame. I offer my condolences to all those who have lost a loved one and my continuing commitment to do everything possible in our new national mission to turn the tide on rising drug-related deaths.

On Friday I attended a vigil in Glasgow. I talked to and heard from many people who have been directly affected by drug deaths—the very people who have been let down. Now more than ever, we need to ensure that the experience of those living with problematic drug use is at the very heart of solutions. That is why we are investing in local experience panels and a national collaborative of those with lived and living experience.

We know that drug deaths are preventable and avoidable. The publication of the 2020 drug death report on Friday was another stark reminder that the poorest communities suffer the most. That is why our national mission to save lives is linked to other work across this Government to improve the lives of those in mental ill-health, to address poverty and inequality, to prevent adverse childhood experiences, to build resilience through education and prevention, and to bring a public health approach to our justice system.

The 2020 annual report shows, for the first time, the terrible scale of inequality between our most and least deprived communities. The power of that analysis underlines the need for better information about the problems people face. We are making progress on that. Public Health Scotland is using a groundbreaking programme of data linkage, which will help to identify where actions are most needed. The report shows wide geographic variation in drug deaths. Areas such as Glasgow, Dundee and Inverclyde are the worst affected. However, even the least affected areas in Scotland still have a greater problem in comparison to anywhere else in England.

We know that people who are in services have better protection from drug deaths. We are focused on getting more people into protective treatment on the back of our long-term commitment to additional investment of £250 million, including £100 million for residential

rehabilitation. In May, I announced that £18 million would be allocated through dedicated funds for providers, including third sector and grassroots organisations, to improve services, increase capacity and improve access to residential rehabilitation, and to support children and families impacted by problematic drug use. Those are five-year funds, and organisations can apply for multiyear grants. Since March, we have provided £3.5 million in new funding for around 80 projects. That new approach is already helping to make grass-roots and third sector organisations more sustainable.

We published the medication assisted treatment standards at the end of May. Those standards set out, for the first time, what people should expect and demand of services: in particular, same-day treatment and access to a wider range of options, including residential rehabilitation. I have given services a target this year to have the standards implemented by April 2022, although I expect many areas to have the first standard, including same-day prescribing, in place before then. I will meet with health board chief executives on 18 August to drive home the importance of the standards as a national priority in response to Scotland's other public health emergency. To support implementation, we have provided an uplift in funding to alcohol and drug partnerships and, over and above that, £4 million for specific improvements to meet the standards this year.

The 2020 statistics show another rise in benzodiazepine-related cases. The drug deaths task force and the Scottish Government have consulted on changes to prescribing practice and guidance. An expert group will meet next month to build consensus on that. The role of prescribers, including general practitioners, will be crucial in helping to stop that number rising further in the future.

We also need to know more about who is using illicit benzodiazepines or street Valium, where they are using it, and how they are using it. I am commissioning a rapid evidence review on the use of benzos, so that we can take all necessary action to address it. I will continue to push the United Kingdom Government on allowing the checking and testing of drugs in Scotland as well as on the regulation of the possession of pill presses.

The 2020 report also shows that methadone was implicated in more cases than before, so I am also commissioning urgent research on the role and risks of methadone in drug-related deaths, albeit in the context of poly drug use. We need to understand more about the drivers behind that trend, including prescribing practice and the risks and needs of the most vulnerable. I also want to

see alternatives to methadone and long-acting buprenorphine made more available to people.

We know that release from custody can be a vulnerable time for many individuals, with increased risk of drug-related harms and deaths. The Government will, as a priority, continue to mitigate any risks and consider ways to improve the circumstances of and the support that is available for individuals who leave custody. We will commit to reviewing the conditions around release from custody, including the issue of Friday liberations and wider issues of throughcare support, release from remand and access to services. We will work with stakeholders to consider the options that are available to us, including new models of care and procedural or legislative change that might be necessary.

Although men are more likely to use and experience harms from drugs, there has been a recent disproportionate increase in the number of drug deaths among women. We know that there is a strong link between women having children removed from their care and the risk of drug-related death. I have committed to getting more women into treatment and recovery and to tackling the issues around barriers to women accessing services and keeping families together. One of the priorities will be to develop and upscale women-specific services, particularly residential rehab, for which there are currently only limited options available.

I am therefore pleased to announce that Phoenix Futures has been successful, in principle, in its bid to the recovery fund to establish a new national specialist family service. The service, which will be located in North Ayrshire, will be based on an existing facility that is run by the organisation in Sheffield and will offer a family-focused programme of interventions for up to 20 families at one time.

I have also worked with Police Scotland, Public Health Scotland and National Records of Scotland to reach agreement on providing more regular reporting on suspected drug deaths in our pursuit of getting more people into treatment quickly. Starting in September, and for the first time in Scotland, quarterly reports on suspected drug deaths will be published, which will allow us all to respond to what is needed more quickly and will, of course, help the Parliament to monitor progress. Better information will allow us to set a treatment target for 2022. This year is about ensuring that same-day treatment is available and that the range of available treatment options is wider, as part of implementing the medication-assisted treatment standards.

Many actions have been taken for the first time during 2021, including the pilot project in which police officers have been carrying and

administering naloxone. That will already have saved lives, and it builds on the way in which emergency services can contribute to our mission, with the Scottish Ambulance Service having led the way on naloxone carriage thus far. I am keen to see more, or all, police officers carrying naloxone kits as quickly as possible.

I have previously referred to media campaigns that the Scottish Government will be running. Today, I can announce that the campaigns will focus on the use of naloxone and on tackling stigma, which is still a barrier to accessing life-saving services.

The creation of a national care service will be the biggest reform in health and care since the creation of our national health service in 1948. Ministers have agreed to consult on the remit of the national care service and on whether to include alcohol and drug services in the systemic changes to the way in which people access services. In particular, we are asking whether residential rehabilitation should be commissioned on a national basis. The consultation, which opens next week, is an opportunity to consider how we can better support Scotland's most vulnerable and marginalised people, and we are committed to listening to the feedback, including from those in the alcohol and drug sector.

No one should underestimate the scale of the challenge that we face. I certainly do not. We have made progress with other preventable deaths, such as those from alcohol, violence and some cancers, so change is possible. However, change will not always be comfortable, and I make no apologies for that.

Through the changes and the actions that I have set out today, we can improve and save lives, as part of the national mission, by getting more people into the protection of treatment and recovery. That will help to reduce the number of drug deaths in Scotland. We have had the humility to accept what has been wrong. Going forward, we will have the courage to do what is right.

The Presiding Officer: The minister will now take questions on the issues raised in her statement. I intend to allow around 20 minutes for questions. It would be helpful if members who wish to ask a question could put an R in the chat function now.

Douglas Ross (Highlands and Islands) (Con): It was vital for Parliament to hear the statement today as thousands of Scots continue to die from drug abuse, but the crisis requires decisive action from the top. It demands leadership.

Where is the First Minister? She was not at the memorial in Glasgow on Friday and she has point-blank refused to stand up and speak for her Government today. It is not enough for the First

Minister to admit that she took her eye off the ball. Words will not solve the crisis. People need action, and they expect to hear from the First Minister.

Drug deaths have peaked for the seventh year in a row. Our rate of drugs deaths is almost four times higher than that of any other country in Europe. If you live in a poorer part of Scotland, you are 18 times more likely to die because of drugs. Behind all of those shocking statistics, there are lost loved ones and broken families.

When will the First Minister and this Government wake up? When will she stop abandoning our communities? When will she listen to those on the front line?

Like the minister, I attended the memorial in Glasgow on Friday but, while she wanted to quote song lyrics, I explained what Scottish Conservatives will do. We have published our proposal for a right to recovery bill; it is with the Parliament team and is being prepared for launch. The bill has been developed by front-line experts to guarantee that everyone gets the treatment that they need. It is backed by seven recovery organisations and, apparently, by Scottish National Party MSPs. It would cut through the broken system and save lives.

People who have lost family members and close friends to drugs deserve a straight answer. If the First Minister will not come to Parliament today to give a commitment, will the minister do so? Will the Scottish Government be bold and back our bill?

Angela Constance: I was appointed by the First Minister, an appointment approved by this Parliament, to lead the new national mission to tackle our drugs deaths crisis. I report directly to the First Minister and I am accountable to Parliament for the work that I have done day in and day out since I was appointed seven months ago.

It is right that I should make a statement to Parliament today, and I am glad of the opportunity to do so. I wrote to the Presiding Officer before recess and last week to ensure that I conveyed my willingness and availability to respond to any parliamentary request. I was also glad of the opportunity to attend the vigil on Friday to pay tribute and to offer condolences in person to those who have lost loved ones.

I know that Mr Ross has not been in this Parliament for as long as I have, and I appreciate that he may not know me very well. I do not play games and I am not remotely interested in playground politics. I will again be clear regarding his proposal to enshrine the right to treatment in law. I will of course, as will the First Minister, give serious and fair consideration to any proposal.

I have never ruled out the need for further legislation, as I hope was demonstrated in my statement today by the comments that I made about a national care service and our justice system, but I say respectfully to Mr Ross that I have yet to see the bill. I will not give him a blind or blanket commitment. It is my job to look at the detail. Scrutiny works both ways.

I have made a number of detailed commitments to Parliament regarding investment and delivery, and I must also implement the Government's manifesto. Mr Ross wants me to implement his ideas and his manifesto commitments. It is imperative that I see the detail of that work.

Some stakeholders are very supportive of the proposal. I have worked closely with some of those stakeholders on, for example, how we address the anomalies that are caused by housing benefit. If it was not for the action that this Government has taken, people would still have to make the harsh choice between accessing residential rehab and keeping their tenancy.

I am determined that we will take as much action as possible and that we will always give fair and serious consideration to detailed and serious work when it comes forward.

Anas Sarwar (Glasgow) (Lab): This is no reflection on the minister, but I am extremely disappointed that today's statement was not made by the First Minister. Nicola Sturgeon cannot escape the fact that she and her party have been in Government for almost 15 years. She cut the budgets for drug and alcohol services, and under her watch the rate of drug deaths in Scotland is almost five times that of the rest of the UK, despite our having the same laws. The minister is right to say that this is Scotland's national shame, but she must recognise that it is the Scottish National Party's shame, too.

We need urgent action to save lives. We cannot ignore the link between Scotland's higher drugs death rate and our suicide rate. We need a coherent strategy and a plan from this Government. More funding is welcome, of course, but it must do more than fill the holes that the Government's cuts created. Yes, we need to look at drugs law, but that cannot be a cover for this Government's failure.

The issue must be declared to be a public health emergency. In some age groups, people were more likely to die from drugs than from Covid over the past year, even at the height of the pandemic. We need a major effort—on the same scale—to confront the drugs crisis.

Will the minister commit to providing regular updates on the progress that is being made? Will she reform services, guarantee the availability of residential rehab, integrate substance abuse

services and mental health services, and increase same-day prescribing? Will she back all that up with the funding that is needed?

If this really is a national mission, let the Government demonstrate that by its actions.

Angela Constance: This is the fourth time since my appointment that I have appeared before the Parliament. Most recently, during the very good, cross-party debate, I made a commitment to give the Parliament regular updates on the detail of how we connect our emergency work with the longer-term work to improve lives.

On all the work that Mr Sarwar mentioned and more—how we increase capacity in and access to residential care, how we support our workforce, how we implement our human rights obligations, how we turn our fine words into action, and how we can see the impact on the ground of this year's considerable increase in funding—I have already committed to proactively update the Parliament.

I reassure Mr Sarwar that we have a plan. On his remarks about funding, it is factually correct to say that in the financial year 2016-17 there was a reduction. However, that was compensated for in later years. The bigger point is that, since 2008, we have invested more than £1 billion in drug and alcohol services, and it is clear that inputs do not always equal outputs, so, as well as making additional targeted long-term investment, it is crucial that we follow the evidence. It is a question of leadership and how we get a culture of compassion and change in our services and our society.

I am sure that Mr Sarwar welcomed my announcements this year about widening access to treatment, with £3 million for outreach services, and about our determination to implement the new medication-assisted treatment standards. For the first time, we have published new standards, with clear expectations and with an implementation plan and resources to back that up.

I hope that Mr Sarwar has heard today's significant announcements, particularly about meeting the needs of families and children, the work for the rest of the year and the move from annual to quarterly reporting. We will announce the new treatment target. We will focus on the national collaborative and our work on the national care service; there will also be the important campaigns on tackling stigma and on naloxone.

Finally, as a former criminal justice and mental health social worker, I assure Anas Sarwar that his point about the far better integration of addiction services and mental health services is not lost on me.

Gillian Mackay (Central Scotland) (Green): I extend my condolences to everyone who has tragically lost a loved one to drug overdose.

As others have said, we need action now to prevent further loss of life. In June, a majority of MSPs supported my amendment to the Government's motion on drug-related deaths. That amendment called on the Scottish Government

"to investigate, as a matter of urgency, what options"

it had, within the current legal framework,

"to establish ... safe consumption rooms".

Will the cabinet secretary provide an update on what progress has been made on establishing safe consumption rooms as part of wider harm-reduction strategy and treatment options?

Angela Constance: Gillian Mackay will be aware that the Government is firmly in support of the implementation of safe consumption rooms. That view is based on 30 years of evidence. There are 100 drug consumption rooms in 66 cities in 10 countries around the world. We know that they are not the only solution, but they help to save lives, and we are committed to implementing them irrespective of the constitutional constraints that we face.

I assure Ms Mackay that very detailed work is going on within Government. I am cautiously encouraged by that work and, although I do not yet have a proposition to put in front of the Parliament, I assure members that, when it comes to implementing evidence-based interventions that will save lives, I will leave absolutely no stone unturned.

Alex Cole-Hamilton (Edinburgh Western) (LD): Last week, we learned that, in a single year, nearly 1,400 people had their lives cut short and their potential extinguished—many of them decades before their time. Apologies are hard to accept, because pleas were dismissed for years, and I will never understand why ministers surrendered services and expertise by cutting ADP budgets by so much in 2015-16 and 2016-17.

The drugs deaths crisis will be ended through compassion and treatment, but people who are gripped by drugs misuse are still regularly directed into the criminal justice system. Two hundred people a year are being imprisoned for possession. That situation has not changed in a decade, and the police say, rightly, that is pointless and damaging to lives.

In March, at the second time of our asking, the Scottish Government finally agreed to the principles of diversion and of stopping the imprisonment of vulnerable people. Now that decriminalisation is under consideration by the task force, how will ministers take that forward?

Angela Constance: I hope that Mr Cole-Hamilton will recognise that I have always been clear that this is a public health emergency, that we cannot arrest our way out of a drugs death crisis and that we need to be reducing the demand for drugs as well as the supply.

He is absolutely correct that we need to prevent people from going into the criminal justice system in the first place. It is important to recognise that diversion has existed in Scotland for more than 40 years, and work by Community Justice Scotland has been very important in helping to roll out more consistent practice on that. However, it is also important at every twist and turn of our justice system that we increase opportunities for people to get into treatment, because that will provide a protective factor and help people to turn their lives around.

On decriminalisation, I hope the member knows that the Government has an open mind. We will be led by the evidence, and we have made commitments in and around citizens assemblies. It is imperative that we take our communities with us in the direction of travel, but we also need to challenge ourselves and each other to be bold.

The member is right to point to the fact that the drug deaths task force is undertaking some work on drug law reform, and I assure him that it will make recommendations that will apply to both the Scottish Government and the UK Government, because there is no doubt that some of the UK-wide legislation puts limits on our public health approach, and we are determined to overcome that.

Emma Harper (South Scotland) (SNP): I would also like to offer my condolences to the families of all those who have lost their lives.

The Scottish Government has rightly identified tackling drug-related stigma as a priority in our national mission of reducing drug deaths and harm. Therefore, can the minister outline what education is being provided or is intended to be provided to healthcare professionals who do not work directly in drug and alcohol services, such as hospital and community staff, as well as to the wider public, to tackle drug-related stigma?

Angela Constance: A wide range of work is going on. Ms Harper will have heard me speak about the importance of our national media campaign, which will be rolled out later this year. That will be important to raise awareness across society, including among those who work in the drugs field or in wider health and social care services. Work on a stigma charter is being led by the lived-experience community. Her point about workforce development is crucial, for the wider public service workforce as well as for those who

are currently engaged in drug and alcohol services work.

On the work that was led by the Deputy First Minister and NHS Education for Scotland, she will be aware of the work around—[*Inaudible.*]—trauma-informed nation, which is, in essence, about asking people, “What happened to you?”, as opposed to asking them what is wrong with them. All that is important work in tackling stigma, because we know that stigma is a barrier to people accessing treatment. We must remove it and we must have a far better discussion about why language matters.

Annie Wells (Glasgow) (Con): I, too, was at the memorial in Glasgow last Friday, and I, too, could see the hurt, anger and frustration that was on display from those who have tragically lost loved ones. I would also like to send my condolences to those who have been affected.

As the minister has noted, the widespread availability of fake or street Valium continues to have a devastating effect on the victims of drugs, with benzodiazepines involved in a staggering 73 per cent of all Scottish drug deaths in 2020. Now, there is a worrying suggestion of a correlation between street Valium related drug deaths and the introduction of minimum unit pricing for alcohol. Will the minister commit to a review to discover whether there is a clear link?

Angela Constance: Ms Wells might not be aware of this, but there is a regular review of the impact of minimum unit pricing on alcohol, and, thus far, that evidence shows that there is no relationship between minimum unit pricing and the increase in use of benzodiazepines. Nonetheless, as I said in my statement, I have commissioned a rapid review of current use of benzodiazepines, because we need to know or have better information about what is driving that. Is it that people cannot access the treatment that they need quickly enough, or is it that the treatment that they are in receipt of is not right for them?

On the work to tackle the street Valium crisis, I hope that Ms Wells will support my calls to the UK Government to introduce a pill-press regulation. It is not right that people can access pill presses and produce vast quantities of street Valium and sell it for pennies in the streets of Scotland. The production of street Valium is not happening elsewhere; it is happening in Scotland. Therefore, her support in seeking regulation of pill presses would be very helpful.

I also highlight the importance of drug-checking facilities. Again, there is a need for a licence from the UK Government for that. I am in discussions with the UK Government and, I have to say, it has been fairly constructive to date. There is a myth that drug-checking facilities encourage or increase

drug use. That is not the case, judging from what we know elsewhere in the world. Things such as drug-checking facilities help to save lives. This is an example of where we must be bold and follow the evidence.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): The minister’s announcement that there will be a specialist residential family service in Ayrshire is very welcome. Can she explain whether she sees that family approach as one that could be rolled out across Scotland to support families, especially women? Will she give further consideration to supporting other recovery settings and facilities as best she can, so that people can have genuine hope that they can find a better future for themselves after recovery?

Angela Constance: I am absolutely delighted to make the announcement today of the national project for which Phoenix Futures has been successful in bidding for additional resource from our recovery fund. It is indeed a national project. I can say to Mr Coffey that we are expecting bids from other providers, both for filling the gap for women and women with children and for our work to take a more regional approach to improving capacity and access to residential rehab in every part of Scotland.

I highlight the £5 million recovery fund that is available for providers to access, and the £5 million service improvement fund is also available for service providers.

An important part of the project that we have announced today is about keeping families together. That is part of our promise, both to children who have had care experience and in tackling the rise in drug-related deaths that is being experienced among women. I am very proud to make this announcement today. This national service represents an important step forward in ensuring that we break down some of the intergenerational problems with poverty, improve life chances and help families and parents on the road to recovery.

Michael Marra (North East Scotland) (Lab): After years of failure and so many lost lives, the Government’s rhetoric must at last be consistent with the decisions that the minister takes. Does the minister agree with me that the work of 12 staff providing wraparound intensive support cannot be replicated by four staff taking on that work on top of their existing jobs? That is what is happening to the housing first scheme in Dundee. It has a proven record of helping those with addiction to maintain stable lives, and it has been praised by the First Minister. Will the minister be led by the evidence and immediately refund the housing first project?

Angela Constance: Let me give Mr Marra an assurance that I am more than happy to look in detail at the issue, and I would appreciate it if he would write to me with the full details. Like him, I am a big supporter of the housing first approach. My colleague Kevin Stewart, who is now the mental health minister, was pivotal, in his time as housing minister, in driving that forward. The housing first approach is crucial in meeting the needs of people with multiple and complex needs: people who not only have mental health problems and drug and alcohol issues but are experiencing homelessness. I can assure him that, if he writes to me in detail, I will look at that with some urgency, and I will seek to address matters with him and with colleagues locally and across government.

Gillian Martin (Aberdeenshire East) (SNP): I listened to the minister as she outlined the welcome uplift in rehabilitation treatment availability. Yesterday, however, David Liddell, the chief executive officer of the Scottish Drugs Forum, said:

“There is huge support within the drug treatment services for policymakers’ moves to ensure more people get into treatment but this strategy will be undermined if the needs of people using high doses of benzodiazepines are not adequately addressed.”

The minister touched on that in her answer to Annie Wells, and I welcome the proposed review. However, I would like to ask her some further questions. How has the use of street benzos led to the tragic outcomes for the people behind the figures that were released? What is being done to tackle the availability and supply of those unprescribed substances in our communities and to help those who might be harmed by them?

Angela Constance: I am grateful to Ms Martin. She is quite correct to point to the evidence that we need a far better treatment offer for those who are using benzodiazepines—in particular, street valium.

Of course, people are using benzodiazepines in the context of poly drug misuse, which makes treatment somewhat more complex, and the risks need to be weighed up with care. Nonetheless, I am committed to galvanising the clinical community in Scotland, because we have to find a way to make people safer. There is not necessarily an ideal solution in terms of how we treat benzodiazepine dependency, but we need a treatment offer that is far more person centred, whereby people have a wide range of options, are empowered to make an informed choice and, crucially, are able to access treatment quickly at the time of asking.

With regard to the work to address supply, notwithstanding my earlier comments that we have to focus on reducing the demand for illicit drugs as

well as on reducing the supply of drugs, I obviously engage with the justice secretary and Police Scotland, who are very focused on serious and organised crime in this country. I refer back to my quest for pill-press regulation, as I know that not only the Royal College of Psychiatrists but Police Scotland are very much in favour of that. From my discussions with the UK Government in and around that aspect, I know that it is seeking advice from the National Crime Agency and expects further information this autumn.

Sue Webber (Lothian) (Con): I thank the minister for taking the time to make such an extensive statement today. My question builds on the answer that she has just provided to Ms Martin. The SNP has said that it will do everything that it can to tackle Scotland’s drug deaths crisis. However, the UK Government has invited the Scottish Government to work with it on project ADDER—addiction, disruption, diversion, enforcement and recovery—three times, and three times the SNP has snubbed it.

The SNP’s persistent refusal to work with the UK Government is costing lives. The First Minister admitted that she has let Scotland’s drug deaths crisis spiral out of control, and the SNP’s obsession with independence has come at a high cost. The Scottish Government must focus on the devolved public health and justice systems that it controls. When will it accept the UK Government’s invitation and start working constructively with it to solve this national crisis?

Angela Constance: I assure Ms Webber that I work constructively with everyone—it is just unfortunate that that is not always reciprocated. The Scottish Government has, indeed, had a close look at project ADDER, and the drug deaths task force participates in the project ADDER learning network, so we are keeping our ear to the ground with regard to any learning from that.

However, the harsh reality is that although the Scottish Government wants to implement a public health approach to the drug deaths crisis, project ADDER is, I suggest to Ms Webber, not entirely replicable as a good public health approach. It is not that we do not look at evidence of what is happening elsewhere; it is just that project ADDER does not fit our needs. We have a particularly acute problem in Scotland and we need to fully implement a public health approach. I cannot emphasise that enough.

I point Ms Webber in the direction of Dame Carol Black’s second report, which was also commissioned by the UK Government and which has much more synergy with the work that we are doing in Scotland. It is about investing in treatment services, promoting recovery, making links with housing and tackling poverty. It is about a culture

and systems change, and having joined-up Government.

We look around and learn from wherever. I am sad that that is not always reciprocated in regard to some of the reasonable requests that I have made of the UK Government, such as that it is now high time that we had a review of the Misuse of Drugs Act 1971.

Jackie Dunbar (Aberdeen Donside) (SNP): Every drugs death is a tragedy, so it is critical that the Scottish Government continues to invest in tackling the epidemic by ensuring quick access to treatment and community interventions. Will the minister provide assurances that the Scottish Government is doing all that it can to improve the situation while working within the limitations of devolved powers?

Angela Constance: I assure Jackie Dunbar that, as I am a pragmatist, my focus is always on doing as much as I can as fast as I can with the powers and resources that are at my disposal. In addition, I continue to work with and persuade others to do what they can to help us.

The core aim of our national mission is to get more people into treatment—to be frank, not enough of our people are in treatment. When people ask for help, we must respond quickly to their request. We should not miss those golden opportunities when people seek help and support.

An example of where we are connecting our emergency and life-saving work with broader work to get people into treatment and to improve their life chances is our work on what are called non-fatal overdose care pathways, which recognises that people who tragically die of an overdose often—more than half of them—have a history of overdose. We of course need to prevent people from having an overdose in the first place, but when people reach such a crisis point, it is imperative that we offer them help as quickly as possible.

There are a number of mechanisms and services that we fund to improve the situation. For example, in hospitals, we use peer navigators—people with lived experience—to reach out. The Scottish Ambulance Service, which has been pivotal in developing non-fatal overdose care pathways and in the roll-out of naloxone, is part of the emergency response, and it does sterling work in connecting people to local services. We have invested in outreach services, because we need to do far better at proactively identifying the people who are most at risk. To increase the chance of people remaining in treatment, we must provide services that offer wraparound care and that are less judgmental, and when people fall out of treatment or relapse, we need to follow up on them.

Sandesh Gulhane (Glasgow) (Con): On the roll-out of naloxone to the police, I note that, if someone injects a substance into someone else's body against their wishes, they are subject to being charged with assault. How will the Scottish Government ensure that police officers are not sued for administering naloxone?

Angela Constance: I assure Sandesh Gulhane that the Lord Advocate has given robust assurances on that matter. The evidence from across the world will show that naloxone can save lives. As a serving clinician, Dr Gulhane will be very focused on evidence-based interventions and treatments. In British Columbia in Canada, the authorities did three things: they introduced same-day prescribing, they introduced safe consumption rooms and they widened the distribution and roll-out of naloxone. Today, a very important four-nations consultation on widening distribution of naloxone has been launched. In response to the pandemic, our previous Lord Advocate was able to make some exceptions, so that we could safely, medically and legally widen distribution of naloxone to non-drug services, and we need to continue that work. I hope that the consultation will lead to permanent changes in the regulation and legislation across the UK, because it is beholden on all public servants to do everything that we can to help with that emergency response. I was never a clinician, but I am a former social worker and I can say hand on heart that, when I worked in prisons or communities, if I had had the opportunity to carry naloxone, I would have been more than happy to do so.

Collette Stevenson (East Kilbride) (SNP): I thank Angela Constance for everything that she has said today. Can she outline what assessment has been made of the success of overdose prevention facilities elsewhere in the world? Can they play a part in reducing deaths from drug use? Does she agree that it is vital that family members are also able to access the support that they need?

Angela Constance: Yes. As I said earlier to another member, there are 100 safe consumption rooms around the world, and there is a massive evidence base showing that they work. They help to save lives and help people with their onward journey into recovery. They provide an opportunity to connect with people where they are at a moment in time and to give them other information and support to address issues that underlie their use of drugs in the first place.

As I hope Collette Stevenson knows, I am absolutely committed to tackling the plight of families. We fund Scottish Families Affected by Alcohol and Drugs, and there is a £3 million children and families fund that local grass-roots and third sector organisations can apply for. We

have also provided additional money and uplift to alcohol and drug partnerships and been very clear that a proportion of that must be invested in whole-family approaches and family inclusive practice.

Paul Sweeney (Glasgow) (Lab): I thank Angela Constance for her statement today. She announced some constructive measures, particularly around benzodiazepines, which, as we know, have been a key driver in the tragic increase in deaths. What approaches is the minister considering, particularly around policing? In different parts of the UK, in particular in the Thames Valley and the West Midlands, the police and crime commissioners have led good innovations to adopt more enlightened methods of policing. With political leadership from the justice secretary and others in the Government, we should force Police Scotland to look at that approach more seriously, because, in England, police and crime commissioners have shown the way, including—as the minister mentioned—around drug testing. In Bristol, that has progressed with the Loop project, which has been really successful on the ground. Will the minister consider looking at those benchmarking opportunities and perhaps leading more active delegations, including MSPs, to those places of innovation, so that we can learn from them?

Angela Constance: Now that there are fewer travel restrictions, there will be more opportunities for me and other ministers, in partnership with MSPs, to see for ourselves innovation that currently exists in Scotland or elsewhere in the UK.

I assure Mr Sweeney that I have engaged with police and crime commissioners. It strikes me that they are wrestling with many of the same issues and some of the same frustrations that I experience with the UK Government. As I do, they want to work in partnership and constructively with all tiers of government to implement evidence-based solutions.

I will certainly look at the Loop project. In relation to drug-checking facilities, my understanding is that there was a licence for a particular event in England a few years ago. There is a reticence in the UK Government to issue such licences, but it has said to me that, if I provide information and evidence on areas of particular need in Scotland, it will look at that, so I will press the UK Government at every twist and turn.

Police and crime commissioners have different powers and responsibilities from those that we have in Scotland. They look at how they can use the powers, resources and opportunities that they have at their disposal. Likewise, we must look at the opportunities that we have to make every aspect of our criminal justice system more evidence led and more humane.

Meeting closed at 17:01.

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