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Scottish Parliament

Thursday 13 January 2022

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

General Question Time

The Presiding Officer (Alison Johnstone): Good morning. I remind members of the Covid-related measures that are in place and that face coverings should be worn when moving around the chamber and across the Holyrood campus.

The first item of business is general question time. In order to get in as many members as possible, I would be grateful for short and succinct questions and responses.

General Practitioner Services (North East Scotland)

1. Mercedes Villalba (North East Scotland) (Lab): To ask the Scottish Government what steps it is taking to improve the provision of GP services in the north-east. (S6O-00616)

The Cabinet Secretary for Health and Social Care (Humza Yousaf): The Scottish Government is committed to ensuring access to general practitioner services across Scotland, which is why we have pledged to increase the number of GPs by at least 800 by 2027. Currently, a record 5,195 GPs are working in Scotland, which is an increase of 74 from 2020.

The Scottish Government offers a wide range of initiatives to attract GPs to rural settings in particular, including golden hellos and bursaries for newly qualified GPs to take up posts in hard-to-fill rural locations. We established a graduate entry medicine programme focusing on general practice and rural working; we pay tuition fees for eligible students; and, in 2022, we will expand to the north-east the “Rediscover the joy” recruitment initiative.

Mercedes Villalba: The provision of GP services in Aberdeen is coming under increasing strain due to six of the city’s publicly run medical practices being put out to tender for private contract. I understand that the Scottish ministers are unable to intervene in the arrangements for individual practices, but the cabinet secretary has already informed me that he expects satisfactory systems to be in place for the benefit of all patients.

Given that an external investigation has upheld complaints from campaigners about the tendering process for Old Aberdeen medical practice, will the cabinet secretary now ask the health and

social care partnership to pause the tendering process so that a full and independent review of it can be undertaken?

Humza Yousaf: I recognise that Ms Villalba has raised the issue on a number of occasions, and I know that other members have concerns—understandably so. However, I will not ask the health and social care partnership to pause the tendering process, because that would be doing exactly what Ms Villalba has recognised that I should not do, which is intervene in local decision making. What I will do in relation to an independent review, which she has mentioned, is raise the issue again with colleagues in Grampian and ask my colleagues to raise it with the local health and social care partnership.

In the tendering that has taken place recently, the needs of patients and the local community have been put front and centre to achieve a more sustainable model of GP practice in the future.

Liam Kerr (North East Scotland) (Con): In early December, I asked about Carden medical centre in Aberdeen, which is closing due to the Government’s failure to carry out workforce planning and to train and recruit GPs. True to form, the cabinet secretary evaded my question, so I will ask it again. When precisely does he project that the north-east will have enough GPs to run the services that the people of Aberdeen need and deserve?

Humza Yousaf: Liam Kerr is incorrect in his assertion. Scotland has more GPs per head—per 100,000 people—than any other part of the United Kingdom. That is not by a margin or just slightly, but significantly more. There are 94 GPs per 100,000 people in Scotland, compared with 76 GPs per 100,000 people in England. We are investing, we have record numbers of GPs and we continue to recruit.

In relation to the patients of Carden medical centre, the medical practice that Liam Kerr referred to, it is my understanding that they will be or have already been automatically registered to a new practice. There are nine GP practices within a one-mile radius of Carden medical centre and a total of 27 practices in the Aberdeen city area. The needs of patients are being put first.

The reason why we have such a good record in GP recruitment and retention is because we invest in our GPs. I am sure that that is why the Scottish public has chosen to re-elect us for a fourth term and Liam Kerr continues in opposition.

Mental Health (Awareness)

2. Jenni Minto (Argyll and Bute) (SNP): To ask the Scottish Government what action it is taking to improve awareness of mental health. (S6O-00617)

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): The Scottish Government has highlighted the importance of mental health and wellbeing and provided a range of advice and support through the Clear Your Head radio, television and online campaign and NHS Inform, and via Young Scot's "Aye feel" platform.

In addition, our mental health transition and recovery plan includes a wider range of actions to support and promote good mental health and wellbeing in response to the pandemic. Those include: providing long-term funding for See Me, Scotland's campaign to end the stigma and discrimination associated with mental illness; working with employer groups, trade unions and mental health organisations to promote mentally healthy workplaces; launching a £15 million communities fund to support adult mental health and wellbeing in communities across Scotland; and working with partners to provide a range of resources to meet the needs of children and young people, including more than 200 new community support services.

Jenni Minto: Next Monday, 17 January, the Samaritans will hold its yearly event #brewmonday to remind everyone to reach out for a cuppa and a catch-up with the people whom they care about. Will the minister join me in supporting that event, which can also be carried out virtually?

Kevin Stewart: I certainly join Ms Minto in her support for the Samaritans. I greatly value the important work of the Samaritans and am delighted to support its #brewmonday event, which is really important. I recognise that January can be a difficult time of year for lots of people at the best of times. We all have our good days and bad days, but there is always a sense that the short days, the poor weather and the end of the festive season can have an impact, so we should all come together to help one another through it. I applaud the Samaritans for its efforts in that regard, and I urge every member to support the #brewmonday event.

Carol Mochan (South Scotland) (Lab): At Tuesday's Health, Social Care and Sport Committee, a leading occupational therapist, Suzanne Shields, called on parliamentarians to give

"children and families access to free physical and leisure activities, with support in place."

Does the minister agree that that is a key area that the Scottish Government must focus on as an immediate priority in relation to mental health policy? What assurances can he give today to the many children and families for whom physical and leisure activities are either too expensive or too far away?

Kevin Stewart: I believe that play and physical activity are extremely important in ensuring folk's mental wellbeing. That is one of the reasons why, for example, the Government's manifesto contained a commitment to putting resources into play parks.

I recognise what Ms Mochan says about the cost of accessing leisure activities but, as she is aware, much of the responsibility for such charges rests with local authorities. I encourage local authorities to use their budgeting process to look at what offers they can make to families that might have difficulty in accessing such services. I know that that happens in many parts of the country and I encourage the local authorities that do not have such schemes to have a look at them.

Phenylketonuria (Support)

3. Neil Gray (Airdrie and Shotts) (SNP): To ask the Scottish Government what support and treatment is available for people diagnosed with phenylketonuria. (S6O-00618)

The Minister for Public Health, Women's Health and Sport (Maree Todd): The inherited metabolic disorders service for adults and paediatrics is a national commissioned specialist service working out of sites in NHS Greater Glasgow and Clyde and NHS Lothian. The service is available to all IMD patients in NHS Scotland including those with conditions such as phenylketonuria.

The service aims to improve life expectancy and quality of life, and to provide diagnosis as well as advice and treatment to manage and control symptoms. Most people will require lifelong follow-up and support from the specialist service.

Neil Gray: For an adult or child with PKU, even the smallest amount of protein in their diet can have a major impact, and prolonged exposure can lead to brain damage. Right now, my constituents with PKU are having to follow the most restrictive diet imaginable, which means cutting out foods that would not have been thought to contain any protein.

Generic versions of the drug sapropterin are now available, which could transform the lives of eligible people with PKU in Airdrie and Shotts and across Scotland by reducing the need to restrict their diet. As generic versions cut the cost of supplying sapropterin, which had previously been a barrier to the use of Kuvan, will the Scottish Government in principle support PKU patients seeking sapropterin prescriptions on the national health service in Scotland?

Maree Todd: The Scottish ministers' policy priority is to increase access to medicines, especially those that are used in relation to rare, very rare and end-of-life conditions. As a result of

Scottish Government reforms and investment in recent years, we have significantly increased access to new medicines.

Neil Gray is correct—the first generic version of sapropterin has received a marketing authorisation from the Medicines and Healthcare products Regulatory Agency. To ensure best value for NHS Scotland, National Services Scotland National Procurement will shortly tender for the future supply of sapropterin to NHS Scotland. Given the launch of the first generic version, we are currently considering how best to provide advice to health boards on whether sapropterin should be made available for routine use in NHS Scotland, based on the latest available evidence.

Blood Donation

4. Fulton MacGregor (Coatbridge and Chryston) (SNP): To ask the Scottish Government what action it has taken to encourage people, who are able, to donate blood, particularly during the winter period and on-going Covid-19 pandemic. (S6O-00619)

The Minister for Public Health, Women's Health and Sport (Maree Todd): I would like to thank blood donors for continuing to come forward over the particularly difficult winter period, in spite of the on-going pandemic. That has meant that the Scottish National Blood Transfusion Service has been able to provide enough blood to meet the needs of patients, although the situation can be volatile, so I encourage those people who can donate blood to continue to do so.

SNBTS has well-developed plans in place to ensure that it has sufficient donors. Over the festive period, there were successful radio, television and media campaigns to encourage donations.

Fulton MacGregor: I thank the minister for that response and for her positive response to my members' business debate on the subject yesterday. I echo her calls to encourage people to give blood if they have not done so for a while or if they have never given blood before.

Given the importance to the wider national health service of donating blood, and the fact that the number of donors dropped during the first year of the pandemic, will the Government commit to considering what more it can do to increase the number of active blood donors, including by encouraging workplace schemes that allow employees time off to donate blood?

Maree Todd: I know that SNBTS is already doing good work with many organisations to highlight the need for blood donors, but I am very happy to look at what the Scottish Government can do to support that.

Paul O'Kane (West Scotland) (Lab): I was delighted to participate in Fulton MacGregor's members' business debate on the topic last night and to raise the fact that, last year—historically—we removed the ban in Scotland on gay and bisexual men donating blood, which has opened up the ability to donate to a whole new range of people.

What is the minister doing to promote that among communities so that people who may think that the previous stigmatising rule still exists can be told that it does not and that they can become blood donors?

Maree Todd: I again thank Paul O'Kane for raising the issue. It is indeed a wonderful step forward that the range of people who are able to donate blood has been widened. In last night's debate, we spoke about what a fabulous experience that is for so many people who have been denied the opportunity to help their communities by giving blood.

My impression is that most people who are affected by that change in the rules are well aware of it. I know that my predecessor, Joe FitzPatrick, worked hard to raise the profile of the issue before the regulations changed, but I am more than happy to look again to see whether there is anything else that we can do to help to raise awareness of that change. It is indeed a wonderful step forward in reducing stigma.

Hate Crime (LGBT+ Community)

5. Jamie Greene (West Scotland) (Con): To ask the Scottish Government what its response is to the latest figures showing that recorded hate crimes against members of the LGBT+ community have risen for five years in a row. (S6O-00620)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): Any form of hate crime towards our LGBTI communities is completely unacceptable.

Although the rise in recorded hate crimes may be driven by the willingness of victims to report incidents, we are not complacent and remain committed to building inclusive communities. We are providing more than £3 million in funding between 2021 and 2024 to tackle inequality and realise rights for LGBTI people.

Our recent report shows the progress that we and partners have made in tackling prejudice and fostering community cohesion. We will continue to work with stakeholders to co-create a new hate crime strategy, to guide how we tackle hatred and prejudice in Scotland.

Jamie Greene: I share the cabinet secretary's sentiment. There is simply no place in Scotland for intolerance and hatred of that nature. However,

with more than 7,500 incidents reported since 2014, the picture for many in the LGBTI community is often grim.

Will the cabinet secretary commit to undertaking an analysis of the underlying causes of the stark rise in case numbers? Is it a rise in verbal or online abuse or—and worse—a rise in physical attacks? What is the Scottish Government doing to ensure that Police Scotland has trained LGBTI liaison officers in all parts of Scotland to support the victims of those horrid crimes?

Shona Robison: I am willing to do that and to report back to the member. Police Scotland is part of the strategic partnership group on hate crime and is actively involved with other stakeholders in the development and implementation of the new hate crime strategy.

We are committed to understanding the causes of such crimes and ensuring that we respond fully to them. We know that hate crime, including that related to sexual orientation, remains significantly underreported and that it is unlikely that the figures reflect the community's true experience. Involving stakeholders in developing our new hate crime strategy will help us to tackle many of the barriers that communities face in reporting incidents.

I am happy to report back to the member about the specifics of what he asked.

Small Rural Businesses (Support)

6. Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): To ask the Scottish Government what action it is taking to support small rural businesses. (S6O-00621)

The Minister for Business, Trade, Tourism and Enterprise (Ivan McKee): Our enterprise agencies and Business Gateway provide a range of advice and funding to small rural businesses.

In addition, we are providing £375 million of funding, targeted at the hardest hit sectors, to businesses impacted by the current additional public health measures. We are working to make payments to affected businesses as soon as possible.

Information on the support available to businesses is available on the Find Business Support website, which is updated daily.

Rachael Hamilton: With its introduction of a licensing scheme, the Scottish National Party is about to put a wrecking ball through the rural short-term letting industry. Some organisations have quit the SNP Government's working group. In a recent parliamentary survey, more than 60 per cent of respondents said that the scheme will drive up costs for small short-term letting businesses.

Rural organisations such as the Association of Scotland's Self-Caterers, Scottish Agritourism and the NFU Scotland have all voiced concerns about the impact of this reckless scheme. Is it not time for the SNP to stand up for Scotland's rural businesses?

Ivan McKee: We do stand up for rural businesses across Scotland. I have outlined the steps that we are taking to support businesses through the current difficult situation and beyond.

Regarding short-term lets, the licensing scheme seeks to ensure that every short-term let in Scotland meets basic safety standards. I am sure that the member will agree that that is important in urban and rural areas and for large and small businesses. Our proposals deliver national consistency on safety standards by giving local authorities flexibility to tailor the scheme to local needs. Residents in some areas are continuing to experience issues caused by short-term lets and it is right that we are taking proportionate action to give local authorities the ability to take measures in that regard.

I have met many of the organisations that the member mentioned and have listened to their concerns. We have addressed some of those concerns in the legislation that my colleague Shona Robison is taking forward. We believe, for all the reasons that I have indicated, that that is the right measure.

The Presiding Officer: Regrettably, due to time constraints, I cannot take any further questions. We move on to First Minister's questions.

First Minister's Question Time

11:59

The Presiding Officer (Alison Johnstone):

Members who wish to ask constituency or general supplementary questions should press their buttons during question 2. Members who wish to ask supplementaries on questions 3 to 6 should press their buttons during the relevant question.

Financial Support for Businesses

1. Douglas Ross (Highlands and Islands) (Con):

On 14 December, I asked the First Minister to confirm that vital financial support that was needed by businesses that were affected by her Covid restrictions would be delivered before Christmas. The First Minister stood there and promised to do everything possible to deliver that, but she has failed. Many businesses have contacted us to say that they cannot even apply for that funding yet, let alone receive a single penny. Can the First Minister tell us how many businesses in Scotland have received funding so far and how many are waiting to receive it?

The First Minister (Nicola Sturgeon): This is an important issue for many businesses across the country. I said before Christmas, and I repeat today, that the Scottish Government, in partnership with local authorities, which are responsible for administering the significant bulk of the funding that we have made available, is working to get that money to businesses as quickly as possible. As I am sure that everybody will accept—including, I hope, Douglas Ross—there are some checks that councils have to make to guard against fraud and any businesses trying to claim money that they are not entitled to. I am not suggesting that many would do that. That process is on-going.

For the hospitality strand, for example, businesses that previously got support have been contacted, or the vast bulk of them have been contacted. They have been asked to complete a declaration, and then money will start to flow when those declarations have been returned. I know that many councils are in the process of making the payments. The City of Edinburgh Council and Midlothian Council, for example, have started to make payments, and Glasgow City Council is starting today on the back of that process.

The nightclub closure fund, on which I know there has been commentary this week, is also open for applications. Nightclubs are being asked to submit an application. As soon as they do so—within days—money will be allocated to them.

This is an on-going process, but everybody is working hard to get the money into the bank accounts of businesses as quickly as possible.

Finally, I remind Douglas Ross in particular that, where the Conservatives are in power—that is a touchy subject today, I know—some of this money is not being provided at all to businesses. This Government has made sure that we are providing financial support to businesses. Many businesses that are suffering the same impacts of Covid south of the border are not getting the money that businesses will get in Scotland.

Douglas Ross: Let us look at the First Minister's answer. Apparently, this is an important issue, yet she could not tell us how many businesses in Scotland have received the funding and how many are still waiting. She stood in this chamber and promised to do everything possible to deliver the funding before Christmas. Here we are in the middle of January and businesses are telling us that the process is going at a snail's pace, but the First Minister somehow defends it or blames councils for not acting quickly enough.

The responsibility is on the Scottish Government. The Scottish National Party added the restrictions in Scotland, which have impacted businesses, but it has not delivered the funding. A business group here in Scotland said yesterday:

"not a single penny of the funding we were promised before Christmas has reached businesses".

Now, a month after the funding was announced, John Swinney has come forward to say that it is "difficult to give a precise timescale"

for when the money will be paid.

I say to the First Minister that this has happened time and again during the pandemic. The SNP is quick to demand more funding from the United Kingdom Government but very slow to get it out to the businesses that need it. Is a month-long wait for this vital funding really good enough for our businesses?

The First Minister: At least under an SNP Government, money is being allocated to businesses and will get to them. Under a Tory Government, money is not getting to businesses at all.

I am sure that, if either central Government or local government was to disburse money without basic checks to guard against fraud, for example, Douglas Ross would be one of the first to get to his feet and complain about that as well.

The nightclub closure fund, for example, is open for applications. Businesses that have previously received support are being contacted and asked to complete their application, and then payment will

be made within a matter of days once that application has been received.

With the hospitality fund, for example, businesses are being asked only to complete a declaration, not to submit a new application. Businesses are being proactively contacted and councils are starting now—some have already started and some are starting today—to pay that money. I am not criticising councils. I know how hard and how quickly they are working to get that money out of the door.

I come back to the point that we all want this to be done as quickly as possible but, although businesses in every part of the United Kingdom are suffering some of the same impacts of Covid, in Scotland they will be getting financial support that businesses are not getting south of the border, where the Conservatives are in government.

Douglas Ross: Businesses in other parts of the United Kingdom were not shut down in the same way that they were shut down by Nicola Sturgeon. We all remember her Public Health Scotland telling people not to go to Christmas parties, and the First Minister went on television the next day to confirm that. That is why funding is required here in Scotland, and that is why it was required in December, not the middle of January.

The First Minister said that the delay is because there are basic checks to be made to ensure that the money goes to the right people. We cannot make the basic checks if in some areas the application process has not even opened. That is the problem that businesses are telling us about.

This week in Scotland, businesses were dealt another blow. Restrictions on them were extended by a further week without any clear evidence. The omicron data is now far more positive, and the First Minister herself has accepted that the Government's predictions in December were wrong, so why are hospitality businesses still being held back by her Government? Can she explain to people across Scotland why it is now safe for tens of thousands of people to go to stadiums but not safe for someone to walk from their seat to the bar in their local pub?

The First Minister: Douglas Ross must be the only person in the entire country who, in the run-up to Christmas, did not hear the howls from hospitality businesses south of the border about the collapse in footfall, the loss of revenue and the dire straits that they were in. He is standing here trying to suggest that businesses in every part of the UK have not suffered these Covid impacts. The difference in Scotland, of course, is that the Scottish Government has responded in a much greater way than the Government south of the border has.

On the application process for hospitality—I have already said this; Douglas Ross might want to listen—businesses are being contacted and asked to complete a declaration. That process is under way and the money has started to flow. The application process for the nightclub closure fund is open, and that money will be flowing soon as well, because we take seriously our responsibilities to allocate money and get it to businesses in a way that the Tory Government is simply not doing to anywhere near the same extent.

The projections before Christmas were not wrong. What happened was that we did not just fold our arms and accept them as inevitable. We took proportionate, sensible and balanced action. The public responded—as they have done throughout the pandemic—magnificently, and we were able to change the course of those projections. Is Douglas Ross really saying that, if he had been standing here—something that I know is hard to contemplate for people in Scotland, and even harder for some people in his own party, it seems—he would not have responded to those projections in December? If that had been the case, we would have been in a seriously difficult position right now. Because we took sensible action, we are now lifting the restrictions, but we are doing so in a safe and responsible way.

Had I followed the advice of Douglas Ross over these past months, we would not have face coverings still being used in Scotland and we would not have some of the mitigations that we have in schools. We would not have taken many of the sensible actions that we have taken, and we would be in a much worse position than we are in now. I will continue to follow a sensible and responsible course to lead this country as safely as possible through the remainder of this pandemic.

Douglas Ross: If the First Minister had listened to me and voices from the Scottish Conservatives in December, businesses would not be telling her in January that they are not getting the funding that they need. She said that I have to listen to her answers. I ask her please to listen to the businesses here in Scotland that are telling her that she made a promise to them that she failed to deliver. [*Interruption.*] They are waiting for that vital funding to protect their businesses and protect jobs, and the First Minister shaking her head and dismissing what they are saying undermines everything that they are trying to do to keep their business alive through this toughest possible time.

The First Minister tells us to live with Covid, but she does not trust the public. She imposes restrictions but does not deliver compensation. She says that the data on omicron—on Covid—is

more promising, and then she threatens businesses with a wider vaccination passport scheme. She demands more money from the UK Government, and then she does not give it to businesses here in Scotland.

When our economic recovery is so fragile, that is simply not good enough. Why are Scottish jobs and Scottish businesses always an afterthought for the First Minister and her Government?

The First Minister: That is—not for the first time from Douglas Ross—arrant nonsense. We cannot give more money from the UK Government to Scottish businesses because we did not get more money from the UK Government—money that not just the Scottish Government but the Welsh and Northern Ireland Governments asked for.

We managed to find, within our own resources, additional money, so that we can get extra support to Scottish businesses, because we accept how important it is, in the face of this on-going challenge, to provide as much support as we can to businesses. Right now, the Scottish Government is working with local government to get that money out of the door and into the bank accounts of businesses.

I come back to a central point. That is money that will get to businesses; counterpart businesses south of the border will not get that money, even though they have suffered much the same impact as businesses here in Scotland have suffered.

Week on week, I lose track of what exactly Douglas Ross thinks we should or should not do to tackle Covid. All that I can conclude is that his approach to tackling a global pandemic is simply to oppose everything that the Scottish Government tries to do. Thank goodness he has not been responsible for these difficult decisions because, given his display in Opposition, the country would be in a sorry mess over Covid had he had anything to do with them.

We will continue to take responsible decisions, we will continue to support businesses and we will continue to lead this country, as safely as possible, through the Covid pandemic.

NHS Lanarkshire

2. Anas Sarwar (Glasgow) (Lab): Almost 10 months ago, the First Minister said that her focus was on getting the NHS back to normal. Today, however, almost two years into the pandemic, things are getting worse, not better. Although I accept that omicron has put more pressure on our NHS services, many of the problems that we are facing were avoidable.

In September, residents in Lanarkshire were told to expect delayed and cancelled operations

when the health board was put into code black. This week, the health board has gone further, introducing a suspension of many general practitioner services for at least the next four weeks. Patients were told that NHS services would be cut except for the ones that, in the health board's words, it would "never wish to stop".

This is an unprecedented situation that is affecting the health and wellbeing of more than 650,000 Scots. Is it not the case that, for people in Lanarkshire, their entire health service has in effect been turned into an emergency-only service?

The First Minister (Nicola Sturgeon): No, that is not the case.

Let me reflect on Anas Sarwar's first point, which is that, 10 months ago, I stood here and accepted that that would be the case and said that we were focusing, at that point, on getting the NHS back to normal and back on track. Ten months ago—if my memory serves me correctly—we had not had the delta variant, nor, of course, had we had the omicron variant. This pandemic has dealt us two significant additional blows since that time, 10 months ago.

I accept that that means that what we had hoped would be the case—

Anas Sarwar: It was after delta.

The First Minister: Anas Sarwar says that it was after delta. That may or may not be the case, but what I am saying—which any reasonable person who is listening to this would accept—is that the pandemic has continued to deal us blows that we were not necessarily anticipating. Yes, that means that our NHS is still struggling with the weight of Covid in a way that we all hoped would not be the case by now. However, every single day, our NHS boards and those who work in the NHS are undertaking the task magnificently.

NHS Lanarkshire has operationalised level 2 of its general practitioner escalation framework. That is not the most serious level—there are levels 0, 1, 2 and 3. The health board has said that level 2 is initially for a four-week period, but we have asked it to review that weekly and to report to the Scottish Government on the status of that. The health board previously had to do that at an earlier stage of the pandemic, in 2020. That ensures that, given the staff absences that are being experienced right now, the health board can continue to focus on the patients who most need care.

None of us wants to be in this position. We hope that we will be out of it sooner rather than later, but that involves all of us continuing to take the responsible action to get Covid under control so that we can get our NHS fully back to normal.

Anas Sarwar: The First Minister says that what I said about emergency-only services is not the case. However, the previous guidance did not include primary care. That is now included, and the board has said that it is now essentially protecting only what it calls its “never” services.

It is also important to note that that was after delta, as the First Minister said, so we cannot say that it is all due to omicron. NHS Lanarkshire was warning of pressure last July, and code black was put in place in October. That was long before omicron arrived in the United Kingdom. By allowing the situation in NHS Lanarkshire to reach crisis levels, the First Minister has let down patients and staff who believed her when she said that a recovery plan was in place.

Across Scotland, more than 650,000 people are now languishing on NHS waiting lists, and 60,000 have been on a waiting list for more than a year. In one month alone, more than 1,600 operations were cancelled just hours before they were due to happen. The number of people and the length of time that they are waiting keep going up.

The First Minister promised a recovery and a catch-up plan. Should recovery not mean that things are getting better rather than worse? Should catch-up not mean that waiting lists are coming down rather than mounting up?

The First Minister: First—and I say this not to be pedantic, but because it is a really important part of the context—Anas Sarwar, in his first question—as, I think, the *Official Report* will bear out—referred to something that I said 10 months ago and then tried to say that that was somehow after delta. Delta was identified as a variant of concern in, I think, April or May of last year. Since delta, which caused significant additional disruption to the health service and society, we have, of course, had omicron, and we have been dealing with that. None of us wants to be in this position, but any reasonable person would realise that that has seriously frustrated the attempts on the part of the NHS, just as it has frustrated attempts across wider society, to get back to normal. That is the context that we are dealing with.

When it comes to NHS Lanarkshire, I think that Anas Sarwar is mixing up two different escalation frameworks. There is the Scottish Government’s NHS board performance escalation framework, which he has cited to me before in the context of the Queen Elizabeth university hospital. However, at the start of the pandemic, the GP escalation framework was also put in place, which goes from level 0 to level 3. NHS Lanarkshire is currently at level 2, which means that practices may need to request reduced access to some services in order to focus on the most seriously ill patients. That level has been put in place in Lanarkshire for a

short period, and we have asked for it to be reviewed weekly.

On waiting times more generally, we are focusing as much as possible on supporting boards to recover the position in terms of backlogs and waiting times, but key to doing that is reducing the pressure on boards and in hospitals that is being caused by Covid. Hopefully, over the next few weeks, as we start to see the omicron position ease, that will happen and those recovery efforts will escalate and accelerate.

This is a really difficult position for the NHS, but it is one that we need to support it through. The sooner that we get Covid back under control, the sooner those efforts can step up again.

Anas Sarwar: Ten months ago was the first time that the First Minister said that we would get the NHS back to normal, and the Cabinet Secretary for Health and Social Care published the catch-up plan after the election in May, which was also after delta. What patients expect, and what it is reasonable to expect after almost two years of the pandemic, is a return to normal NHS services—access to basic health services—so that we can protect people’s lives and livelihoods.

Nicola Sturgeon wants to pretend that all the problems in the NHS are because of the pandemic. However, she has been in Government for 14 years and has been the First Minister for seven years. The NHS was underresourced and undervalued by the Government and we had a workforce crisis before the pandemic. There were more than 3,500 nursing and midwifery vacancies. Let us not forget that Nicola Sturgeon, as health secretary, cut the number of training places. The Royal College of Emergency Medicine has said that we are at least 1,000 beds short in the NHS. The Government cut double that number and—staggeringly—450,000 of our fellow Scots were on NHS waiting lists even before the pandemic.

Patients are suffering and staff are burnt out. Is it not the case that we need a plan for recovery not just from Covid but from 14 years of this Scottish National Party Government?

The First Minister: The people of Scotland had the opportunity to make that choice less than a year ago, and they recorded a verdict on that.

On the impact of the pandemic, I am not suggesting for a second that all the challenges that the national health service faces are down to the pandemic. Before the pandemic, the NHS was dealing with changing demographics and the impact of technology, all of which was putting pressure on the NHS. We stood here and had exchanges on that at the time. However, Anas Sarwar seems to be trying to deny the significant effect that Covid has had—and continues to have—on the NHS. Over the most recent period,

as the NHS has been dealing with omicron, there has been a 65 per cent increase in Covid-related staff absences. That is the kind of pressure that the NHS is dealing with. We need to get that under control, bring the NHS and the country out of the pandemic and get back to dealing with other challenges.

I come back to my starting point. The SNP Government has put in place the solid foundations to deal with those challenges. Health spending is at a record high level in Scotland right now. NHS staffing is at a record high, and, since the SNP Government came into office, NHS staffing has increased by 27,000 whole-time-equivalent staff members. We have put in place the foundations. We need to get through Covid and then we will support our NHS to recover in full and continue to deliver the services that patients across Scotland need and deserve.

The Presiding Officer: We move to supplementary questions.

Independence

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): Does the First Minister agree that the unmasked disdain that the UK Government has shown in the past 24 hours for its own colleagues in Scotland—including by dismissing the Scottish leader as “a lightweight”—makes it crystal clear that Scotland needs to become an independent country so that we can escape the sleazy, corrupt and criminal Westminster system for good?

The First Minister (Nicola Sturgeon): As we have just seen, I have big political differences with Douglas Ross, but even I am not as derogatory about him as his own Tory colleagues. The comments that he is “not a big figure” and “a lightweight” are not just personal insults directed at the leader of the Scottish Conservatives but say something much deeper about the Westminster establishment’s utter contempt for Scotland. If they cannot even show basic respect for their own colleagues, what chance do the rest of us have?

Westminster thinks that Scotland does not need to be listened to and can be ignored, and now we are being told that we have to follow a Prime Minister whose own colleagues think he is not fit for office. Independence is fundamentally about empowerment and aspiration, but an added benefit of being independent is that we will no longer have to put up with being treated like something on the sole of Westminster’s shoe. Today, I suspect that even Douglas Ross finds that a really attractive proposition.

In-Patient Vaccination

Sue Webber (Lothian) (Con): There are a number of people in hospital who have missed their vaccination appointments. In her answer to my colleague, Rachael Hamilton, the First Minister stated that that was for clinical reasons. Could the First Minister investigate the possibility of reviewing the policy and protocols in acute hospital settings in order to give those patients—and anyone else who wants it—an in-patient vaccination?

The First Minister (Nicola Sturgeon): I am happy to ask the Cabinet Secretary for Health and Social Care to look at that to see whether any changes require to be made. However, I repeat the point that I made earlier, and ask the member to take it in good faith: there is no blanket policy in place right now that prevents in-patients in hospital getting a vaccination if their clinician thinks that they should have it. If she can accept that that is the case, I undertake to see whether there is anything else in the wider protocols that is leading to a situation where people who could or should be getting a vaccination are not getting it. I will ask the health secretary to look into that and write to the member once he has had the opportunity to do so.

NHS Lanarkshire (Code Black)

Monica Lennon (Central Scotland) (Lab): I listened to the First Minister’s reply to Anas Sarwar and I have to be blunt: people in Lanarkshire are very afraid of becoming sick. Those who are already physically or mentally unwell are already at breaking point because many of them—such as Liz Barrie, who I have mentioned before—have been on waiting lists since before the pandemic.

The code black situation has been going on for 12 weeks now. On 9 December, I wrote to the Cabinet Secretary for Health and Social Care, who is, I think, sitting beside the First Minister, to ask for an urgent meeting with all the MSPs in Lanarkshire, because we are all worried, and I did not even get a response.

What am I supposed to tell constituents in Lanarkshire who are reaching for the Samaritans Scotland phone number because they cannot get through to general practice surgeries and they feel that they are not allowed to go to accident and emergency? The letter from NHS Lanarkshire yesterday did not even mention mental health. It is very scary for someone who is not a doctor and cannot decide whether they are an urgent case to hear about the suspension of services. Can we please get the meeting that I asked Humza Yousaf for, and can we get sight of a plan so that people in Lanarkshire can sleep better at night?

The First Minister (Nicola Sturgeon): I understand that this is a really anxious time not only for patients in Lanarkshire but for patients across Scotland and, indeed, the wider public, because of the on-going challenges of Covid and the impact that it is having on the national health service, secondary care and primary care, and in many aspects of life that, pre-Covid, people would have taken for granted as normal. All of us want to get back to normal as quickly as possible, and key to that is getting and keeping Covid under control and supporting the NHS to recover as we do that and come out of Covid.

On the step that has been taken in NHS Lanarkshire, of course nobody wants any health board to be in that position, but it is about ensuring that access can be maintained to essential GP services at a time of unprecedented demand and unprecedented staff absences. People can, of course, continue to use GP services where that is essential, wider community pharmacy services or NHS Inform if they have questions or queries that they need to be answered.

The measure is a short-term one. Nobody wants or will allow it to be in place for longer than is necessary, and we will continue to take steps to support the NHS to get all services back to normal as quickly as possible for all patients across the country.

National Entitlement Cards

Mark Ruskell (Mid Scotland and Fife) (Green): This week, we have seen tens of thousands of young people successfully applying for national entitlement cards, which will open the door to free bus travel across Scotland at the end of this month. We have also seen some schools and libraries help those who are the hardest to reach to apply for the card. What more guidance can the Government give to councils to ensure that those who could benefit most from the scheme successfully get their cards by the end of the month?

The First Minister (Nicola Sturgeon): I am delighted, as I am sure many people are, that applications are now open for free bus travel for young people under 22. The scheme will go live from 31 January, and it will make public transport much more affordable for children and young people.

Obviously, local authorities are key delivery partners, so we have already provided them with a toolkit to help them to communicate the scheme to local residents, including providing information on the range of ways in which people can apply. As Mark Ruskell has said, schools in some areas are co-ordinating applications on behalf of pupils. Councils are using public libraries. All partners are

working hard to make the application process as accessible as possible.

We know that some people might need additional support, so we are working with delivery partners to ensure that all young people and their families can be reached so that they are aware of the scheme and know what they need to do to make an application.

I hope that everyone across the Parliament recognises the substantial social and economic benefits that the scheme will bring for children and young people and families and, crucially, for our climate and environmental policies, and I hope that they will help to promote it to young people and families in their own constituencies.

Health Certification Rules (European Union)

John Mason (Glasgow Shettleston) (SNP): We understand that new European Union health certification rules will come into effect this weekend. Has the Scottish Government had any reassurance from the United Kingdom Government that Scottish exporters will not be damaged by yet more delays at borders?

The First Minister (Nicola Sturgeon): We seek assurances from the UK Government on an ongoing basis that the implications of Brexit will not cause disruption or, indeed, continued disruption, to Scottish exporters. I do not think that I could say that we have been given adequate assurances, because I am not sure that there are adequate assurances that can be given. By its very nature, all that Brexit brings in its wake causes disadvantage and disruption. For our part, the Scottish Government will seek to do everything we can to support businesses through that. That underlines again the fact that Brexit is against Scotland's interests and that it has been done to us against our democratic wishes.

Airports (Support)

Douglas Lumsden (North East Scotland) (Con): At the House of Commons Scottish Affairs Committee this week, we heard that 400 jobs had been lost at Aberdeen airport since the start of the pandemic. Can the First Minister outline what support the Scottish Government will give to our airports, or is that industry another industry that the First Minister has turned her back on?

The First Minister (Nicola Sturgeon): To take one example of the support that we are giving to aviation businesses, I note that we extended the rates relief that leisure, hospitality and aviation businesses were entitled to for another year. If I am getting this wrong I will stand corrected, but I think that that is more than the United Kingdom Government did around aviation. We are already providing additional support.

Airports, aviation and the travel sector more generally have been very severely hit by the pandemic, not just in Scotland or the UK, but across Europe and the world. We will do everything that we can to support the sector as it gets back to normal, as it hopefully does as we come out of the omicron wave.

**Scottish Qualifications Authority
(Examinations Process)**

3. Oliver Mundell (Dumfriesshire) (Con): To ask the First Minister what deadline the Scottish Government has set for making any further changes to this year's SQA examinations process. (S6F-00639)

The First Minister (Nicola Sturgeon): Given that we are still living through a global pandemic, contingencies are needed in education as in all other aspects of life right now. Should any of those contingencies be required—there are two key contingencies in education as far as exams are concerned—we would notify that as soon as possible.

I hope that that is not the case: I hope that we do not need to activate those contingencies. As has been clear since August, our firm intention this year is that exams will go ahead.

Oliver Mundell: The First Minister is right that contingencies are needed—but not the type that her Government proposes. She should be guaranteeing that exams will take place this year. Does she reflect negatively on the confirmation from the Cabinet Secretary for Education and Skills yesterday at the Education, Children and Young People Committee that no additional resources are being put in place to allow that to happen safely?

What has happened to suggestions about acquiring larger community spaces? What about putting additional invigilators in place? What about one-to-one support, most importantly for young people who have lost out on their learning?

The First Minister: Oliver Mundell says that the contingencies that we have put in place are not the type that should be put in place, but that is probably a standard for the Conservatives: we say one thing, and they will say another.

Let me say what those contingencies are, so that people can judge for themselves. The first contingency is that, if education is further disrupted because of developments in the pandemic—and we all hope that it will not be—additional support will be provided for those who are studying for exams. I am interested to hear that Oliver Mundell does not think that that is an appropriate contingency; I think that it is, indeed, an appropriate contingency.

The second contingency is that, if public health advice says that it is not safe for young people to come together to sit exams in the traditional way, we will go back to a situation that is akin to the past two years, where teacher judgment comes to bear instead of exams. Again, I think that that is an appropriate contingency.

We do not want to have to use either of those contingencies because we want exams to go ahead, as we think that is in the interests of young people.

Oliver Mundell asks me to guarantee things. I would love to be able to guarantee all sorts of things, but we are still living through a global pandemic. As we were reflecting on in my exchange with Anas Sarwar, we have had two new variants in the past few months alone. None of us can guarantee the immediate future in the context of the pandemic, but we make plans based on what we hope will be the case. Right now, that is to allow young people to sit their exams this year as normal, but to have sensible and appropriate contingencies in place in case something happens that makes that impossible.

Willie Rennie (North East Fife) (LD): To be frank, the Cabinet Secretary for Education and Skills has made a right mess of this. She issued two conflicting statements within two days, which included making a major announcement on Twitter, which is hardly the forum for such announcements. There was such confusion that the SQA had to step in to clarify things. Does the First Minister think that that is the right way to treat pupils who are preparing for exams right now?

The First Minister: That is a complete misrepresentation of the position. I am sorry if Willie Rennie missed it, but the education secretary set out in a statement to the Parliament in August last year, I think, what the Scottish Government's intention was in relation to exams this year, which was that exams would go ahead.

As she was reflecting, and as I have just reflected again, contingencies have to be in place when we are living through a global pandemic. However, the intention for exams to go ahead has not changed.

If Willie Rennie is referring to the same Twitter exchange that I saw, the Cabinet Secretary for Education and Skills was rightly seeking, not to make announcements on Twitter, but to deal with some of the confusion that, if I may say, the misrepresentations of Opposition politicians have added to, as we have just heard from Willie Rennie.

Green Transition (North Ayrshire)

4. Kenneth Gibson (Cunningham North) (SNP): To ask the First Minister what steps the

Scottish Government will take to urgently progress the green transition in North Ayrshire, following the closure of Hunterston B power station on 7 January. (S6F-00650)

The First Minister (Nicola Sturgeon): The workers of Hunterston B have made a really valuable contribution to our energy security over many years, and I have no doubt that they will continue to distinguish themselves through the safe decommissioning of the site.

Although that process will take time, we must plan and invest in the green transition of North Ayrshire. We have invested £103 million in the Ayrshire Growth Deal, and we are working with partners to deliver projects that I know will help to create the good green jobs that are needed in the region.

We will also publish a draft energy strategy and just transition plan this year, which will set out how we will work with businesses, trade unions and communities, to manage the economic and social impacts of a changing energy system.

Kenneth Gibson: The closure of Hunterston B is the end of an era for North Ayrshire, regardless of one's view on nuclear power. One hundred and twenty-five jobs have been lost, with more to follow over the next eight years, as the plant defuels and is then decommissioned.

Significant investment that would bring 900 jobs is considered with regard to subsea solar energy cable manufacturing at Hunterston Port and Resource Centre—PARC. Does the First Minister agree that the efforts of the Scottish Government agencies that are working with North Ayrshire Council must be redoubled and on-going to attract and consider further potential job-creating developments at Hunterston?

The First Minister: Yes, I agree. As Kenny Gibson knows all too well, I grew up in North Ayrshire not too far from Hunterston B power station, so I know first-hand how important it has been, over many years, to the local economy.

As the station is decommissioned, it is important that we support that green transition, to which the Ayrshire Growth Deal is central. The Scottish Government and our agencies are working with regional partners to support the delivery of the Hunterston Port and Resource Centre project, the proposed subsea cable manufacturing project, to which Kenny Gibson referred, as well as multiple other projects across Ayrshire that are included in the deal. Colleagues in North Ayrshire Council lead and drive those projects on behalf of the wider deal.

It is important that we fully support that transition and I give an assurance that the Scottish Government will continue to do so.

Katy Clark (West Scotland) (Lab): Last month, I raised the point with the Minister for Business, Trade, Tourism and Enterprise that, although North Ayrshire Council has set up a task force to look at the economic development at Hunterston, its ambition has always been that the Scottish Government be involved, with a ministerial task force to look at the development of the Hunterston PARC site.

Will the First Minister look at that, given how important it is to ensure the creation of good quality trade-unionised green jobs? Since the area is of environmental importance and includes a site of special scientific interest, will biodiversity and environmental concerns also be taken into account?

The First Minister: I am happy to consider that wider point. I accept the importance of the environmental consideration for the reasons that the member has set out.

It is for the Scottish Government to set the wider policy and strategic framework, which we will do through the draft energy strategy and the just transition plan to which I have referred, both of which we will publish over the course of this year.

Beyond that, it is right that local councils and agencies drive those plans. As I said earlier, the Scottish Government is contributing more than £100 million to the Ayrshire Growth Deal. That balance between local leadership and strategic direction from the Scottish Government is always one that we need to be careful to get right. However, I will consider the wider point and revert to the member as soon as possible.

Jamie Greene (West Scotland) (Con): I, too, thank the workforce at Hunterston, who have been an integral part of the North Ayrshire economy and community.

Nowhere in Mr Gibson's question, or in the First Minister's answer, did I hear an explanation as to how the Scottish National Party's current moratorium on exploring new nuclear energy technology, or even having a sensible debate about it, will support either job creation in North Ayrshire or secure reliable energy for Scotland.

Why is the Scottish Government simply not interested in exploring Scotland's potential to be a world leader in that field?

The First Minister: People will continue to debate the issues and that is right and proper. I and my party have made clear our views on new nuclear power over many years. In summary, there are two reasons why I am behind that view: new nuclear power is not good value for money for taxpayers, to be blunt about it, and there is still the issue of what we do with the nuclear waste that

comes from nuclear power, which nobody has really been able to satisfactorily resolve.

Scotland has an abundance of renewable energy potential. In the not-too-distant future we will, for example, hear the outcome of the ScotWind leasing round, which is about ensuring that we maximise our offshore wind potential. We are focused on making sure, both for our energy needs and for the jobs and economic needs of the country, that we maximise the vast renewable low-carbon potential that we have and that is what we will continue to do.

Cancer (Data)

5. Brian Whittle (South Scotland) (Con): To ask the First Minister what data the Scottish Government has collected on the number of people diagnosed with cancer, and the stage at which they were diagnosed, since the start of the Covid-19 pandemic, and how this compares with pre-pandemic data. (S6F-00665)

The First Minister (Nicola Sturgeon): Public Health Scotland published the latest staging data for breast, lung and colorectal cancers in November last year. That report showed that the number of people diagnosed at the early stage is lower than would have been expected had the Covid pandemic not happened. However, more recent data shows that more patients are now being treated on an urgent suspicion of cancer pathway compared with the situation pre-Covid. Also, since the start of the pandemic, we have established the first early cancer diagnostic centres and launched public campaigns, including on lung cancer, to raise awareness of the vital importance of early diagnosis. We have also committed an additional £20 million to the detect cancer early programme.

Brian Whittle: I have a friend who has just been diagnosed with an aggressive form of prostate cancer that has unfortunately spread to other areas. He was diagnosed at stage 3, having waited six months for his test. As we are all aware, the national health service is under severe pressure and that kind of story is, I am sure, replicated across the country, so collection of that kind of data for non-Covid conditions is critical in planning for the challenges that may be coming down the track.

Today, in the COVID-19 Recovery Committee, we were told by an adviser that the data that is being collected is inadequate to make properly informed decisions on those matters. Does the First Minister agree that data collection and analysis is crucial for forward planning, including post-Covid planning, and if so, what will the Scottish Government do to support the development of data collection as quickly as

possible to help the NHS as it plans its future strategy?

The First Minister: First, I agree strongly that data is important in all sorts of areas, and particularly in this one, to make sure that we are diagnosing cancer as early as possible and treating it as quickly as possible after that. I spoke in my initial answer about the data on staging that Public Health Scotland publishes. I will certainly speak to Public Health Scotland about the additional data that it may be possible to gather and collect.

We put a big focus on early diagnosis, for reasons that everybody understands. Through the “Detect cancer early” programme, we have focused on some of the most common cancers, but one of the functions and purposes of the new early diagnostic centres is to make sure that symptoms that are perhaps not the ones that people may suspect are cancer are also treated more urgently. We are trying to widen that net as much as possible.

Staging is really important in anybody’s cancer journey, to make sure that they are diagnosed as quickly as possible, but so too is access to treatment. Even during the Covid pandemic, once the decision to treat was made, cancer patients waited between two and five days on average for treatment. All of those different stages are important and data is vital to understanding performance now and how we improve performance. I will certainly take back the points that have been made and discuss them further with Public Health Scotland.

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP): Covid-19 has undoubtedly had a challenging impact on the delivery of NHS services. Does the First Minister agree that the establishment of the three early cancer diagnostic centres that she has just mentioned, including the one in my constituency, are providing a welcome referral route for patients who do not have the standard cancer symptoms and that those centres will be the way in which we can get patients on the most urgent of pathways, specifically in unfortunate cases of later-stage diagnosis due to the lack of the traditional presenting symptoms?

The First Minister: I agree very much with that, and that is the point that I was seeking to make in response to the previous question. The urgent suspicion of cancer referral route is really important, but it refers people who have symptoms that are most traditionally and commonly indicative of cancer. The early cancer diagnostic centres seek to add to that and provide primary care with access to a new fast-track diagnostic pathway for patients who have non-specific symptoms that might be suspicious of cancer, such as weight loss and fatigue, which could be cancer but may be

other things. That widens the ability of primary care to get people who might have cancer into that fast-track pathway as quickly as possible. The centres add something very important and I hope that they will give additional reassurance to people who may be worried that the symptoms they are suffering are indicative of a cancer diagnosis.

Energy Costs (Support)

6. Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): To ask the First Minister what support the Scottish Government can provide to people struggling to pay their energy bills. (S6F-00662)

The First Minister (Nicola Sturgeon): Powers over the energy market are reserved. We have written to the United Kingdom Government calling for urgent action to support such households. In our view, such support should include a reduction to VAT, as one of the simplest short-term measures, and action on the warm home discount and the cold weather payment.

We have also taken action, within our powers and from our resources, through our £41 million winter support fund, which includes a £10 million fuel insecurity fund to help people with heating costs and provides £25 million of funding to local authorities to tackle financial insecurity. In addition, we continue to invest in making people's homes warmer and more affordable to heat, with more than £1 billion allocated since 2009 to tackling fuel poverty and improving energy efficiency.

Christine Grahame: I note those mitigations, but added to the misery of skyrocketing energy bills are the five per cent increase in the cost of living, the £20 cut to universal credit and the national insurance hike, which all push more Scots into poverty and desperation. All those issues are reserved to Westminster, but the impact and fallout lands on our devolved public services. Does the First Minister agree that only with independence and full power over our economy could we prevent that economic tsunami? While I am at it, I invite Douglas Ross to join us in that, because I am sure that he would have a better political future in an independent Scotland.

The First Minister: Those issues are really important; we sometimes debate them in the chamber as if they are abstract, but they have real meaning in people's lives. Inflationary pressures will be one of the biggest issues that we deal with in the months to come and will have a severe impact on household budgets. We have to recognise, as we try to decide how best to help people, where the powers and resources lie. Right now, levers over energy costs, 85 per cent of welfare spending, the minimum wage and national insurance are all held at Westminster. Although

the Scottish Parliament might want to act, it is not able to do so. We have also seen the Westminster Government take £20 a week out of the pockets of the poorest families in our country. Instead of helping, we see it do things that make life harder for those who are already struggling.

It is the case, in not an abstract but a tangible sense, that we should take more of the powers that are being misused by Westminster into the hands of the Scottish Parliament, so that we can use them in the interests of people across the country. Yes, Christine Grahame is right. We can try to do that through increased devolution—and we will always try to do that—but fundamentally, the best way of resolving the situation is for Scotland to become an independent country so that the Scottish Parliament can take the decisions that are in the interests of the country and not constantly have to hope that a Prime Minister who everybody in the chamber, I think without exception, thinks is unfit for office, will take those decisions for us.

The Presiding Officer: That concludes First Minister's question time. There will be a brief pause before we move on to members' business.

Holistic Family Support

The Deputy Presiding Officer (Liam McArthur): I ask members who are leaving the chamber to do so as quickly and quietly as possible. I also remind members that Covid measures are in place and that face coverings should be worn when moving around the chamber and the rest of the Holyrood campus.

The next item of business is a members' business debate on motion S6M-01840, in the name of Martin Whitfield, on championing the right to holistic family support. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes the belief that all families across Scotland that need additional support should be able to get help when and where they need it; considers that article 18 of the UN Convention on the Rights of the Child establishes the right of families to help and support; believes that delivering accessible holistic family support is central to Scotland's commitment to Keep The Promise for children and families, and notes the finding from Change Programme ONE, that work in this area is underway, but not yet sufficient; notes the calls for a shift in public investment towards prevention; believes that many families were already struggling to access support services prior to the COVID-19 pandemic, and that vulnerable children, young people and families in Scotland have been the most affected by the impact of successive lockdowns; welcomes the commitment by the Scottish Government to deliver a Whole Family Wellbeing Fund of £500 million over the course of the current parliamentary session, and notes the calls for an urgent action plan to outline how the Whole Family Wellbeing Fund will be invested to implement the Family Support Delivery Group blueprint and route map, thereby making the right to whole family holistic support a practical and accessible reality for families, which would be consistently available across the country, including the South Scotland region.

12:51

Martin Whitfield (South Scotland) (Lab): It is a great pleasure to present this debate, because I think that the term "holistic family support" is at the heart of what we in Scotland believe about the environment in which our young people should grow up.

The idea is founded on article 18 of the United Nations Convention on the Rights of the Child. I would like to draw attention to the specifics of article 18, because it is normally paraphrased as a child or young person having

"the right to be brought up by both parents if possible".

However, the original wording also said that

"States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children"

and young people. It is so much broader than "the right to be brought up by both parents if possible".

That in no way undermines the fundamental fact that, for most of society, it is important that a young person grow up with both parents. However, that is not available for all parents and it is not the experience of all children. That is not to lessen the experience of children who, because of their circumstances, do not grow up in an environment with both parents. It is to those children, as well, that we must look, which is why I have drawn attention to the article's original wording and to the responsibility that rests, to be frank, on all of us to make sure that in every young person's life, every experience and every opportunity can be provided. That does not happen for every child, but adequate holistic support offers immeasurable help to the countless families to whom it can be provided.

We look to The Promise that we made in the recent past, which speaks so optimistically of what our young people should experience. I pose this question, and not as a criticism: are we committed to keeping the promise to children and families that all children in Scotland will grow up "loved, safe and respected"? If we are, we have to acknowledge that the work that is under way so far is not sufficient. The work that has begun is good, but it is not enough.

I express my thanks to the Coalition of Care and Support Providers in Scotland and the various groups that support it. I particularly thank Children 1st, Action for Children, Aberlour Child Care Trust and Barnardo's Scotland. I thank them for what their volunteers and staff do, and for what they have done, with young people and families to make their lives better.

Family support looks different for every family, and that is important. What works for the family at number 6 will not work for a different family at number 7. The people in the CCSF understand that tailored support that is right and fit for the individual families and young people who sit before them is essential. The problem could be something massive: there could be financial problems through poverty, which lies at the heart of so many troubles, or there might be physical or mental health problems.

The support might be just to sit down with a cup of tea, have a chat and let the person—a parent or carer—vent about a few of the stresses of the day so that, when they turn to their children to offer the empathy and care that children need in order to develop properly, they can give that.

Carol Mochan (South Scotland) (Lab): I thank Martin Whitfield for bringing the issue to the chamber. I want to mention briefly the work of the Health, Social Care and Sport Committee, which

took really strong evidence from the groups that Martin has spoken about.

There is one issue that I would like the member to respond to. A professional occupational therapist has raised the fact that, for some children, access to physical and leisure activities is too expensive or too far away, and that such activity might help in the family's recovery. Will Martin Whitfield and the minister respond to that?

Martin Whitfield: I am very grateful for that intervention. As Carol Mochan has rightly pointed out, what would work for one child might not be suitable for another but should be facilitated. That might be the free swimming that local authorities sometimes organise during the holidays. I think of all the volunteers who run sporting clubs and who sometimes, when a child is standing there unable to pay the weekly contribution, just smile and let the child through anyway. There is humanity, empathy and understanding not just here in Scotland but throughout the human race. However, we must go further and do better for our young people.

The people who provide family support seek to intervene, to help and to advise at early stages of concern. They provide advice to parents; they provide mental health support, finance and debt help; they provide support for families who experience homelessness, addiction and loss; and they provide assistance with a great number of other issues that families face.

That is preventative work. If it happens at the start of a crisis, the cost is less, which is how one might see it as an economist or accountant. If one wants to be a human being, one sees the work as making a crisis much easier to put right and much less likely to cause long-term damage. It will perhaps allow a child to escape a horrendous experience that might otherwise stay with them for the rest of their life. Not only does early intervention lead to better outcomes for our children and young people, but it makes sense economically, as I said.

The problem existed before the pandemic. Many families were struggling long before Covid-19, so we must ensure that our interventions and work help children as soon as possible.

I welcome the commitment by the Scottish Government to deliver a whole family wellbeing fund of £500 million over the course of this parliamentary session, but I call again for an urgent action plan to outline how the fund will be invested and implemented. That is necessary in order to make the right to whole family holistic support a practical and accessible reality for families that is consistently available across the country, including in South Scotland, which is my region. I ask for confirmation on how much of the

£500 million is new money and how much is pre-existing and pre-announced pots of money that have been brought together. I also ask for a commitment—this is a request from organisations that have sent out information on the issues—to multiyear funding, so that those organisations can plan ahead and move forward.

Families and individuals should sit at the heart of our decisions and the solutions that are provided for them. They should sit at the table when decisions are made. We claim, in this Parliament and this country, to champion the rights of the child, so we must champion holistic family support.

12:58

Rona Mackay (Strathkelvin and Bearsden) (SNP): I thank Martin Whitfield for bringing this important debate to the chamber. I am pleased to contribute to it.

Martin Whitfield is right. The wording of his motion championing the right to holistic family support is important—in particular, where it says

"that article 18 of the UN Convention on the Rights of the Child establishes the right of families to help and support".

Support for families that are struggling or going through difficulties has always been needed, but it is especially needed now, in the midst of a horrible global pandemic, the impact of which affects vulnerable children, young people and families most. That is why holistic family support is so important and necessary.

I am thankful that there are excellent organisations that are skilled at providing that, including Action for Children, Home-Start Scotland, Barnardo's Scotland, Aberlour Child Care Trust, Children 1st and many more that provide care and nurture to families across Scotland.

Action for Children protects and supports children and young people and provides practical and emotional care, thereby bringing lasting improvements to their lives. It runs 87 services across Scotland, and its 800 staff support, care for, and love more than 20,000 children and families across 31 of our 32 local authorities.

Home-Start Scotland is a local community network of trained volunteers and expert support that helps families with young children through challenging times in their own homes. In the previous parliamentary session, I attended a Home-Start parliamentary reception that was inspirational, to say the least, and at which I learned much more about what it does. Barnardo's supports thousands of individuals, and Children 1st is an exemplary pioneer of caring for children and families throughout Scotland.

Those are just some of the fantastic support organisations that help families who are in need. The difference in their holistic approach is that they do not tell parents what to do or lecture them; rather, they empower them to take control in an entirely non-judgmental and non-stigmatising way.

Families can need temporary support because of an unexpected crisis, a health issue, a dependency issue or financial trouble. Such life events could happen to any one of us at any time. If they are addressed early, those problems can be resolved or mitigated to allow the family to heal. Children are always given a voice so that they can help to play a part in creating a happier family environment.

As I said earlier, the Covid crisis has also seen the need for family support soar, with many families reaching out for help for the first time. Action for Children experienced a 415 per cent surge in demand for parenting advice in the first three months of lockdown, compared with the same time the year before. That is why the Scottish Government's commitment to deliver a whole family wellbeing fund of £500 million in the current parliamentary session is so welcome and important. The groundbreaking baby box and best start grants are testimony to our commitment to giving children the best start in life, as is our transformational early years programme.

However, we must continue to build on that—I agree with Martin Whitfield about consistency—so that families who are under pressure know that help and holistic support are there for them when they are going through the roughest of times.

Pam Duncan-Glancy (Glasgow) (Lab): Does Rona Mackay recognise that 76 per cent of applications to the Scottish welfare fund and 66 per cent of awards from the Scottish welfare fund are repeat applications for crisis support? That suggests that financial support is not really being given to the families that need it.

Rona Mackay: I agree that more must be done in that sense, but establishing a fund—as we have done—is a start. As I said, that has to be built on so that the problem that Pam Duncan-Glancy has brought up is alleviated; I say that it has to be done soon.

Supporting families who are in need is at the core of creating a better society in Scotland. I thank all organisations and volunteers. To all struggling families out there, I stress that there is unconditional help for them, if they reach out.

13:03

Oliver Mundell (Dumfriesshire) (Con): I thank Martin Whitfield for bringing the debate to the chamber, and for his thoughtful contribution—such

contributions have already become a hallmark of his time in Parliament. I doubt that I will meet that standard or test myself, but I am pleased to speak in the debate and to voice the Conservatives' support for his motion.

We have already touched on some important points, but I want to say up front that all families struggle. Being a parent is not easy. Being a carer is not easy. Of course there are those who face profound and difficult challenges, but it is important to remember that all families deserve our support and the support of the Government, its agencies and the many charities that do tremendous work.

During the pandemic, we saw how dependent we are on those third sector organisations, and we all owe them a debt of gratitude. The same applies to those in underfunded departments in our local authorities who struggle and who, when many have been working from home, have continued to go out and work with vulnerable families to make sure that they can eat and heat their homes and, most important of all, that someone is there to listen.

Rona Mackay's point in that regard was excellent. That listening ear must be non-judgmental and helpful, and support must be provided. Most important of all, the support must be consistent. We cannot put services in place and then pull them away. Pam Duncan-Glancy was right to say that, if people bounce in and out of crisis situations, we will not find a long-term fix. We all need to find the political will to address that.

Often, good support is provided during pregnancy or when people are about to have children. National health service classes are offered, although the fact that some of those have been provided online in the past few years has presented challenges for many new mothers, who have struggled to make connections and to find the support networks that they need.

The support that is provided at that stage often starts to drop off. Although support is provided by health visitors, that can often be sporadic and might be provided only at set points to meet arbitrary cut-off dates. That is where consistency is important. People need support and advice right the way through the development of the children who they care for.

I am running out of time, but I would like to take a moment to reflect on some of the work that I have seen being done in my Dumfriesshire constituency by Aberlour, in particular, which provides many services to help and support people, from homework clubs through to drop-ins. It is clear that the staff who are involved in those projects care passionately about the people whom they work with.

It is important that we ensure that provision is consistent across the country. Every member of the Parliament will be able to point to good projects and good practice in their constituency or region, but it is equally the case that many young people and families fall through the net. Until there is consistency of provision, we cannot consider it job done, no matter how much money—new or otherwise—is announced.

13:08

Pam Duncan-Glancy (Glasgow) (Lab): I congratulate my colleague Martin Whitfield on securing the debate.

No two families are the same, but under the UNCRC, every child has the same right to tailored family support. Disabled children are entitled to the exact same rights and fundamental freedoms as non-disabled children. That right is enshrined in the UN Convention on the Rights of Persons with Disabilities, too.

However, for families with disabled children to enjoy their human rights on an equal basis to that on which others enjoy them, they sometimes need things to be done differently. Disabled people being able to live independently and to have full enjoyment of our human rights does not mean that we want to live on our own or to fend for ourselves. Full enjoyment of our human rights means having the same freedom, choice, dignity and control as everyone else, and having rights to practical assistance and support in order to be able to do that.

It is that approach that allowed me and my family to be able to live with the same choices and freedoms as others. I am incredibly grateful for that and for the support that I have, which allows me to live the life that I want to live, and without which being here today in this chamber would not be possible.

I know the difficulties that my family faced in fighting to ensure that I was able to enjoy my rights to leave home, to get a job and to go to university, and that they could enjoy their right to live their lives. I will never forget the day that we finally secured my support, when my mum said to me, “At last, I can be your mum—not your carer or your social worker, but just your mum.”

My transition experience forced my family to become project managers in our own lives, and too many young disabled people still face that reality today. That is exactly why I am working to give all young disabled people a fighting chance through my proposed disabled children and young people (transitions to adulthood) (Scotland) bill.

Disabled children across Scotland are still being denied the opportunity to realise their full potential.

They go without the support that they need. That is why there is a stubborn disability employment gap of 32 per cent. It is why disabled people have poorer mental wellbeing than non-disabled people and it is why young disabled people are twice as likely not to be in education, training or employment after they leave school. It is why they believe that nothing that they will do will change their future. The support that young disabled people get is too often a postcode lottery: some get what they need, others in different areas have no access to anything at all.

The disability movement is testament to what can be achieved when people are given a fighting chance. Not to do so is a loss for us all. Children who go hungry in homes that families cannot afford to heat do not have a fighting chance either. They face barriers to their needs. A Parliament that prides itself on being progressive must recognise that meeting basic human rights is a low bar. It should be unquestionable. Without meeting those rights, how do we expect to enable people to fully enjoy and realise all their rights? We must urgently address child poverty and get on track to meet our child poverty targets, not because they are targets but because they are for children.

We all support doubling the Scottish child payment now, but we must go further. It must be doubled again by April next year to increase the chance for more children to live up to their potential. At the moment, only one in four children gets the rate of payment that the Government agrees that they need. Until the Scottish Government fully rolls out that payment, children who are older than six will miss out on that lifeline, and 125,000 children will continue to receive no payment at all. The Scottish Government must work with the Department for Work and Pensions to ensure a full roll-out as soon as possible.

With energy bills rising, the Government must also listen to our calls for a targeted winter fuel payment for families on low incomes. I know from engagement with the third sector that many organisations saw extraordinary increases in applications for support, as another member has mentioned. The reward for the sector has been a £1 million cut to its budget. The third sector cannot afford to plug every gap left by the Government. People are in real long-term crisis. We see that in the large number of repeat applications to the Scottish welfare fund. We need bold and sustainable solutions, not stopgaps.

A commitment to the full incorporation of human rights treaties plays a key part in that. Three months on from the Supreme Court’s ruling that UNCRC incorporation fell outwith devolved competence, the Scottish Government has failed to bring the bill back. Children and young people are not interested in the constitutional debate that

has held back the bill. They want to see their rights enshrined in Scots law. That includes a right to family support. They fought long and hard for that incorporation. The UNCRC incorporation bill must be brought back to Parliament at the earliest opportunity. I call on the Government to set out a clear timescale for when it will do that, so that we can get the bill on the statute book and build a Scotland where children really do flourish.

13:12

Paul McLennan (East Lothian) (SNP): I thank Martin Whitfield for bringing the debate to Parliament. I also thank Aberlour, Barnardo's, Children 1st and the CCPS for their briefings.

Just before Christmas, I met with First Step, an organisation that is based in Musselburgh and offers services in other parts of East Lothian. I also met with Home-Start East Lothian, an organisation that was mentioned by Rona Mackay. First Step is a community project for families with young children and is based in the Musselburgh East housing estate. It is an independent voluntary organisation funded by East Lothian Council and other funding bodies.

First Step was set up in 1990, more than 30 years ago, by a group of local parents who wanted somewhere safe and comfortable where they could meet and their children could play. The continued involvement of families and the local community in all aspects of First Step has been key to its success. That is a key idea that we should take from this debate: we need local solutions. The project has developed its services to meet local needs while continuing to be managed by a community-led management committee and employing a staff team to support local families.

First Step aims to provide opportunities for local families with young children to make positive choices in their lives by providing supportive centre-based and outreach activities that encourage parents and children to develop their self-esteem, confidence and skills. It offers parenting support, individually and in groups. It has nursery provision for children aged one to four and for funded eligible two-year-olds. There are groups and courses for parents, outreach and family support, and counselling and dedicated support for young parents. It is truly a one-stop shop for families.

In its briefing for the debate, Barnardo's said:

"Family support is an approach that centres on relationships, by providing a range of practical and emotional support to help strengthen and nurture family connections—getting alongside children, young people, parents, and carers in their communities and providing compassionate, consistent, and practical support and operating a 'no wrong door' approach."

The previous session of the Scottish Parliament saw publication of the Independent Care Review's final report, "The Promise". One of its core recommendations was that public spending be shifted away from dealing with the consequences of failure and inequality to invest in prevention and enable children and families to thrive, and it highlights the key role that family support can play in achieving that. The Scottish Government has convened the family support delivery group in recognition of the fundamental importance of keeping the promise and as a critical component in realising the rights of children as enshrined in the UNCRC.

The doubling of the Scottish child payment is, of course, a major step forward and it is very welcome as a first step. The Scottish Government's announcement of the creation of a £500 million whole family wellbeing fund as part of its Covid recovery strategy is also very welcome. There is a high-level strategy that sets out the aims, which include financial security for low-income households and enhanced wellbeing for children and young people. Children 1st states in its briefing that the commitment to create the whole family wellbeing fund and invest 5 per cent of community-based health and social care spend on such support is welcome.

I return to the point that we need to build on local solutions. First Step and Home-Start in my constituency are examples of how well that can work. However, detail is needed on how the investment will help to ensure that the Government delivers on the commitments that it made when it accepted the report "The Promise".

Holistic family support has been recognised by all parties in the Parliament as being a key element in tackling poverty, supporting attainment and preventing mental health issues. I look forward to working with the Scottish Government, First Step, Home-Start and East Lothian Council to expand family support services in East Lothian.

13:16

Stephen Kerr (Central Scotland) (Con): I thank my friend Martin Whitfield for bringing his important motion to the chamber for debate today, because my belief in the family is central to my political beliefs. It fills me with sadness to see the increased rate of family breakdown, and the sadness is not derived from some romantic, utopian view of family; it arises because the breakdown of families has a devastating impact on those who are involved.

When I talk about the breakdown of families, I am not just talking about divorce and separation. I am also talking about the breakdown of safe, stable and nurturing relationships in families where

parents stay together. A recent study from Canada concludes that 44.3 per cent of parents with children under the age of 18 who are living at home had experienced deteriorated mental health during the pandemic. As Professor Hazel Borland of NHS Ayrshire and Arran told the Health, Social Care and Sport Committee, there has been a significant impact on mental health which, tragically, is also resulting in an increase in suicides across the country. With the pandemic affecting the mental health of both parents and children, it is important that every family that is in need has access to the appropriate family support.

However, our approach to providing family support must change. Family support must emphasise the importance of relationships. Rather than looking at child and parent support in isolation, we must see them as being interrelated. We must look at the whole family. Pam Duncan-Glancy spoke well on that aspect. Central to that thinking is the understanding that children want loving relationships. As "The Promise" states,

"When children talk about wanting to be safe, they talk about having relationships that are real, loving and consistent."

For us to truly understand that, there must be a fundamental shift in our thinking. We must recognise the long-term pain that removing a child causes for children, families and communities.

Long-term, loving relationships are key to the nurturing of children and to their happiness and wellbeing. That is recognised in "The Promise", as several speakers have said. "Change Programme ONE" is a great way to deliver that, and I note that the third and charitable sectors add the love and nurturing that are often missing from Government programmes. Family support must be about exactly that. Children do not exist in a vacuum. They are raised by families and a broader community of people who love them. We are all responsible.

It is incumbent on the state to let family life flourish and to ensure that everything that it does enhances, rather than detracts from, the family. Teachers in schools, social workers, youth leaders and others must always work with families to support them and help them. Cutting across that is to be avoided.

However, support from Government is always to be welcomed. In the recent programme for government, as previous speakers have said, there was an announcement that £500 million will be provided over the current session of Parliament for a whole family wellbeing fund. That funding has been welcomed by members throughout the chamber. I have asked for a breakdown of how it will be allocated, but I have not yet received any answers that I deem to be sufficient.

To conclude, I would like to ask two questions, which I hope the minister will address in her remarks. How much of the £500 million for the whole family wellbeing fund that was announced in the programme for government will be allocated to each local authority in each year of this parliamentary session? Given the commitment to dedicate at least 5 per cent of community health and social care spend to family support services by 2030, can the minister inform us what the current percentage is? Those are pretty clear questions.

Decisions on family support must focus on the needs of children and families. That requires funding to be spent at local level and a fundamental shift in our thinking. Families are idiosyncratic and diverse. I have never met two families that were the same. In Scotland, we must be resolved to support that diversity in all its glory and to work alongside members of families to nurture, support and love the next generation.

13:21

The Minister for Children and Young People (Clare Haughey): I am grateful to Mr Whitfield for bringing the debate to the chamber and I welcome the opportunity to discuss this issue. I want to thank members for their contributions on this important topic. I often reflect on the fact that the Parliament works well when we all work together, and this seems to be an area where we are all wanting to pull in the same direction.

Family support is not a new concept. Experienced practitioners and professionals across Scotland have long highlighted the benefits of a holistic and whole family approach to supporting families. An early offer of support that is sustained for as long as the family needs it is fundamental to our getting it right for every child approach.

As recognised in "The Promise" and Martin Whitfield's motion, and as mentioned in a few contributions across the chamber today, children have the right, which is enshrined in the UNCRC, to be raised safely in their own families. For all but the very few, that is absolutely what is best.

Access to effective family support can be the critical factor in ensuring that that is achieved. That is even more important now, given what we know about the negative impact of the pandemic on child poverty, inequalities and the wellbeing of children, young people and families, especially those on the edges of care, or looked-after children.

The Scottish Government is already taking significant action across a range of areas to support families. Our baby box programme has distributed more than 200,000 baby boxes across

Scotland to provide much-needed support to families at the very start of their child's life. We are the only country in the United Kingdom to offer the equivalent of 1,140 early learning and childcare hours to all three and four-years-olds and around a quarter of two-years-olds, putting children first regardless of their parents' working status. We have expanded universal free school lunches to all children up to and including those in primary 5.

We continue to invest heavily in child and adolescent mental health services. Our mental health transition and recovery plan is supported by a £120 million recovery and renewal fund, which will transform services, with a renewed focus on prevention and early intervention in response to the challenges of the pandemic.

We want to do more in recognition of the additional financial challenges that many families are struggling with. We have declared a national mission to tackle child poverty, calling on all of society to work with us to make the changes that are needed. However, while we are doing everything that we can within our devolved powers to support families, the UK Government is doing the reverse.

Pam Duncan-Glancy: We have significant devolved powers on social security to reduce child poverty, but at present only one in four children living in poverty in Scotland accesses the £20 Scottish child payment. How does the Government plan to address that to ensure that the other hundreds of thousands of eligible children across Scotland get access to the money that they need?

Clare Haughey: We need to ensure that people are aware of what their entitlements are. I am sure that there are families who are not aware of that, and it is incumbent on the Government to ensure that families get access to the benefits that they are entitled to.

Recent research from the Joseph Rowntree Foundation shows that families that do not have an adult in work, and lone parents who are in or out of work, are significantly worse off than they were 10 years ago. That is before we take into account rising food and fuel costs, which will hit the poorest families most.

We have repeatedly called on the UK Government to make fundamental changes to universal credit to make it a proper safety net for all. We echo the calls made last week by charities ranging from Save the Children to Age UK for the UK Government to reinstate the £20 uplift to universal credit that was made during the pandemic and prevent more families from spiralling into destitution.

In contrast, the Scottish Government's budget sets out our choices to back families through the cost of living crisis. We are making £197 million

available in the year ahead to support the doubling of the Scottish child payment to £20 per week per child from April. That will immediately benefit 111,000 children under the age of six. Ahead of the full roll-out of the payment to all eligible children under the age of 16, we continue to deliver bridging payments worth £520 this year for as many school-age children as possible.

Stephen Kerr: The minister started off by saying something profound and true, which is that, when we work together across the parties, we can get things done. It was rather gratuitous and unnecessary and a deflection for her to move on to talk about the UK Government. As a Scottish Government minister responsible for this important policy area, will she tell me when the Government will bring back its legislation on the UNCRC?

Clare Haughey: The Scottish Government is committed to bringing back that legislation as quickly as we can. We are working at pace through the judgment that was made by the Supreme Court. However, my constituents would certainly think that a Scottish Tory defending the cut of £20 a week in universal credit in their pockets could be construed as gratuitous and unnecessary.

We are taking a range of action to tackle the cost of the school day for children and help them to reach their full potential. We have committed £11.8 million to deliver the increased minimum school clothing grant of £120 for every eligible pupil in primary school and £150 for every eligible pupil in secondary school. We have also committed £21.75 million to continue alternative free school meal provision for around 150,000 children and young people during school holidays.

Importantly, we do not want families just to survive; we want them to thrive. As the Promise change plan for 2021 to 2024 highlighted, we need our services to feel seamless for the people who experience them.

Although there are many pockets of good practice—we have heard of them in various speeches from members—we need to support whole-system change so that the principles of good holistic family support are delivered consistently and sustainably across all areas. That does not mean a single model of family support. Instead, it means a service that wraps around families so that, when they need help, their needs are met in a seamless, joined-up and sustainable way that is unique to their own circumstances.

We also want families to be able to access support regardless of where that need is identified—a general practitioner, an early learning and childcare setting or wherever it may be. Those services need to work collectively in a multi-agency and multidisciplinary way to provide the

spectrum of support that will best enable the whole family to thrive. That means working together across boundaries to support children's services planning partnerships and our workforces to pool resources and maximise their potential to deliver transformational change.

Over the two years since the independent care review concluded, we have worked positively with The Promise Scotland and other key stakeholders to establish how we ensure that the lives of our children and families who are care experienced are improved. By the end of this parliamentary year at the latest, we will publish a single implementation plan that will set out the actions and commitments that we will deliver to ensure that we keep the promise by 2030.

We have shown our commitment to driving transformation and fundamental service redesign. As part of this year's programme for government, we announced £500 million of whole-family wellbeing funding over this parliamentary session, with £50 million in 2022-23 and the expectation that it will ramp up significantly in subsequent years once capacity and capability build in the sector.

Martin Whitfield: Is there a commitment to a multiyear settlement for our third sector so that it can do forward planning, which is essential?

The Deputy Presiding Officer: Minister, please begin to wind up your speech.

Clare Haughey: We are working very closely with the third sector in our planning for the funding, so it will be very closely involved in that.

I had quite a bit more to say, but I have taken some interventions, and the Presiding Officer has asked me to wind up.

I commit to write to Stephen Kerr on his specific points and give him all the detail that I can at the moment, with the caveat that we are, obviously, still working collaboratively with stakeholders and, most importantly, listening to the voices of children and families in the development of services and supports going forward.

Ultimately, we want Scotland's children to grow up healthy, happy, safe and loved, and we recognise that, in most cases, their families are the best people to make that a reality. We need to challenge ourselves to do things differently but, above all, keep the voice of families at the heart of everything that we do.

The Deputy Presiding Officer: Thank you, minister; that concludes the debate.

13:30

Meeting suspended.

14:00

On resuming—

Portfolio Question Time

Rural Affairs and Islands

The Deputy Presiding Officer (Annabelle Ewing): Good afternoon. I remind members of the Covid-related measures that are in place, and that face coverings should be worn when moving around the chamber and the Holyrood campus.

The next item of business is portfolio questions on rural affairs and islands. Questions 1 and 5 are grouped together. I will take supplementary questions on those questions after both have been answered. If a member wishes to ask a supplementary question, they should indicate so during the relevant question by pressing their request-to-speak button or entering the letter R in the chat function.

Rural Economy (Arran)

1. **Katy Clark (West Scotland) (Lab):** To ask the Scottish Government what recent actions it has taken to support the rural economy on Arran. (S6O-00608)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): The Scottish Government is committed to supporting our rural economies, including that of Arran. Last June, I launched the islands communities fund, of which the Community of Arran Seabed Trust is already a beneficiary, receiving £130,000. The Arran Pioneer Project has received £14,508 through the healthy islands fund. Through the islands infrastructure fund, North Ayrshire Council will receive £259,000 to spend on infrastructure on Arran and Cumbrae.

Katy Clark: The cabinet secretary will be aware of the problems associated with the ferry cancellations that affected Arran this month. I understand that the islands connectivity plan is overdue. How does that plan link with ferry service levels and contingency plans for the islands when problems associated with ferry cancellations occur? Would the cabinet secretary be willing to meet passenger groups to discuss the challenges?

Mairi Gougeon: I am sure that the member will be aware that a lot of those matters, particularly in relation to ferries, are the responsibility of the Minister for Transport. However, I try to engage as much as I can, given my overall responsibilities for the islands.

We are aware of the impacts of the pandemic and Brexit on Arran and other island communities,

and how frustrating it is when, at short notice, ferry services are affected. We cannot lose sight of why those are lifeline services. Children need them to get to school, residents need them to access services on the mainland, and public services and local businesses need them to get their workers back and forth.

I use this opportunity to emphasise that we need everyone to consider carefully both the current advice, which is to stay at home as much as possible, and whether their ferry trip is essential. Every time someone takes the virus on board a ferry it puts the health of the crew at risk, which puts the service at risk, which has significant wider impacts, some of which we have seen recently. We all need to work together in the short term to minimise the impact of the variant and try to sustain those lifeline services for island communities.

I would be happy to get back to the member with further detail on the islands connectivity plan, which is due to commence and be published this year.

Island Economies (Support)

5. Carol Mochan (South Scotland) (Lab): To ask the Scottish Government what preparations it has made to support the rural economies of Scotland's islands, in light of the anticipated impact of the omicron variant. (S6O-00612)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): The Scottish Government continues to support our island economies and communities. We recognise the difficulties presented by our updated Covid-19 guidance, which has been put in place to protect public health. That is why, before Christmas, we announced our £375 million support package for businesses. That is in addition to our £30 million islands programme investment to support delivery of the national islands plan over the next five years.

This Government is also investing up to £50 million through the islands growth deal over the next 10 years.

Carol Mochan: Island economies are facing serious challenges as a result of Covid and its variants, and they have lost almost £20 million of funding following Brexit. That is reflected across all Scotland's islands, where many residents feel abandoned and unable to afford housing and transport. Can the cabinet secretary outline whether the currently outdated assessment of the needs of islanders and the industries connected to island tourism will be reviewed in light of the now worsening impact of Covid?

Mairi Gougeon: I completely understand the issues that the member has identified, whether

that is in relation to the impact of Covid-19 or that of Brexit, which she also highlighted. Housing was also touched on. We recognise the issues with that; it is a critical issue that I hear about repeatedly when I am engaging with different stakeholders and communities. We have the remote, rural and island housing action plan, which will be developed and which, hopefully, will alleviate some of the issues that are being experienced.

However, of course, we cannot just look at each of those issues in a silo; there are a number of different issues that we are looking to address. For those that relate to connectivity, there is the £580 million investment for ferry services over the next five years, and there is the investment through the islands programme. We hope that, together, those will have a positive impact for our island communities.

The Deputy Presiding Officer: I will take some supplementary questions. The first is from Alasdair Allan, who joins us remotely.

Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP): Clearly, supporting business has a key role to play in supporting island economies and communities. What is the Scottish Government doing to ensure that the planned funding is being delivered timely?

Mairi Gougeon: We are working with local authorities. We also work closely with our enterprise agencies and other key partners to try to ensure that the additional funding that is coming forward reaches businesses as soon as possible. Work began before Christmas with a view to getting those payments issued at the earliest opportunity. All partners are clear that providing that funding to businesses that need it is an absolute priority.

Jamie Greene (West Scotland) (Con): Businesses on Arran are absolutely scuppered by the endless disruptions to services that are not caused by the weather, Covid or Brexit but are everything to do with mechanical failure and the fact that their new ferry has not yet arrived. Will any of those businesses be compensated for loss of revenue or income as a result of mechanical failure or unreliable vessels?

Mairi Gougeon: As I have said in previous responses today, ferry services are key to supporting the economic, social and cultural development of our island communities, and operators will ensure that, where possible and when it is safe to do so, lifeline services are provided to connect remote island and mainland communities, when opportunities arise. As I previously touched on, the Scottish Government announced on 4 February last year a £580 million five-year investment plan, as part of our

infrastructure investment. That substantial funding will improve Scotland's ferry services over the next five years, as part of our wider infrastructure investment.

Kenneth Gibson (Cunninghame North) (SNP): Ferries are of crucial importance to Arran's economy. So, too, are workers. The average house price of more than £272,000 puts houses beyond the reach of young families, and only 11 per cent of Arran's housing is social rented housing. The Scottish Government allocated £2.38 million to North Ayrshire Council to build 34 council houses—£70,000 for each home. Given that 86 Arran homes—3 per cent—are lying empty, what further steps will the minister take to bring those properties back into use and to enable the construction of more affordable homes across Arran's rapidly ageing communities?

Mairi Gougeon: As a Government, we have committed to delivering 110,000 affordable homes by 2032, with 70 per cent of those for social rent and at least 10 per cent in remote, rural and island locations. Planned investment in North Ayrshire Council over this parliamentary session is more than £81 million, which is an increase of £14 million on the previous session.

The member has talked about empty homes. Tackling that remains a key priority. The actions in "Housing to 2040" will help to ensure that those wasted resources are brought back into residential use. As I have touched on, we are also developing a remote, rural and island housing action plan to ensure that we meet the needs of those areas.

The Deputy Presiding Officer: Before I call question 2, I alert members, including the questioner, Mark Ruskell, to the fact that the Minister for Environment, Biodiversity and Land Reform, Mairi McAllan, was primed to answer it but is participating remotely and is having technical difficulties. Hence, the question will be answered by the Cabinet Secretary for Rural Affairs and Islands. I call Mark Ruskell, who also joins us remotely.

Scotland's Marine Assessment 2020

2. Mark Ruskell (Mid Scotland and Fife) (Green): Thank you, Presiding Officer. I, too, have had some technical difficulties.

To ask the Scottish Government when the Cabinet Secretary for Rural Affairs and Islands last met Marine Scotland to discuss Scotland's marine assessment 2020. (S6O-00609)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): The previous Cabinet Secretary for Environment, Climate Change and Land Reform last met Marine Scotland on 10 December 2020, specifically to discuss Scotland's

Marine Assessment 2020 before its publication on 21 December of that year.

I regularly meet Marine Scotland officials to discuss a range of marine issues, which are captured in Scotland's marine assessment. The Scottish Government is committed to protecting our natural environment and to ensuring that human activity in and around our seas is environmentally, socially and economically sustainable. The measures in support of marine environmental protection that are enshrined in the Bute house agreement clearly demonstrate that commitment.

Mark Ruskell: I thank the cabinet secretary for that reassurance. The Bute house agreement includes a whole suite of commitments to strengthen protections for the marine environment by supporting sustainable management of our fisheries. I am encouraged by the news today that the protection for cod spawning in the Firth of Clyde will be reintroduced this year—critically, with no exemptions. Will the cabinet secretary comment on the action's objectives and the benefits that it aims to deliver?

Mairi Gougeon: In line with the Bute house agreement, we want to restore marine habitats in Scotland's inshore waters, which is why we have decided to continue the February to April seasonal Clyde cod spawning closure for 2022-23 without exemptions. Unfortunately, despite the seasonal closure having been in place since 2002, the stock has shown very little sign of recovery. It therefore seems sensible to maximise any potential benefit from the closure to assist that stock recovery. We acknowledge that that will have a short-term impact on local fishers, because the closure will be for a period of 11 weeks. However, we believe that it will provide a higher chance of stock recovery and contribute to a more sustainable fishery in the west of Scotland.

The Deputy Presiding Officer: I will take some supplementary questions. Rhoda Grant joins us remotely.

Rhoda Grant (Highlands and Islands) (Lab): What confidence can the cabinet secretary have in the assessment and implementation of the marine plan when the front-line workers involved in policing it are facing a real-terms pay cut? Marine Scotland's seafarers are among the lowest paid in the public sector. That leads to a loss of experienced staff and, as a result, patrol vessels are often tied up because they cannot be fully crewed. Will she deliver a fair pay settlement that brings their pay into line with that of other public sector workers?

Mairi Gougeon: I will be happy to look into the issues that the member raises and get back to her with a full response.

The Deputy Presiding Officer: Jenni Minto is also joining us remotely.

Jenni Minto (Argyll and Bute) (SNP): What is the Scottish Government doing to tackle the persistent problem of marine litter, which has such an impact on water and environmental quality and, crucially, can cause real harm to marine wildlife?

Mairi Gougeon: The member is right about the harms that are caused by marine litter resulting from improper waste disposal on land and at sea. The Scottish Government has developed legislation and policies under its marine litter strategy and the national litter and fly-tipping strategy in order to reduce that form of pollution. That includes bans on many single-use plastic products that are commonly found in beach litter, such as cotton buds, as well as encouraging recycling with a planned deposit return scheme for drinks containers.

Both of those strategies have been reviewed recently, and refreshed versions with new actions are currently open to public consultation. Those consultations are open until 22 March 2022 and 31 March 2022, respectively. I urge and encourage people to take part in a consultation and ensure that their views are known.

Willie Rennie (North East Fife) (LD): The fishing fleet at Pittenweem and other harbours in Fife feel that they are being squeezed out by the increasing number of offshore wind farms in the Forth. Can the cabinet secretary guarantee that further applications for such wind farms will consider the cumulative impact on an important industry?

Mairi Gougeon: I thank the member for raising that important point. Having met some of the fishers who are impacted by the issue and having met the member to discuss the matter, I completely appreciate the concerns that fishers have. As a result of the meeting that I had with the member, we are taking away several actions for consideration. As the fisheries minister, it is my responsibility to engage and ensure that concerns that are raised by our fishers are taken into account when such decisions are taken.

Fishing Quotas (Sustainability)

3. Colin Smyth (South Scotland) (Lab): To ask the Scottish Government how the fishing quotas secured during the trilateral negotiations will be distributed to fishing businesses to incentivise more sustainable practices. (S6O-00610)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): I am pleased that we have concluded the trilateral negotiations between the United Kingdom, the European Union and

Norway for 2022, securing an estimated benefit to Scotland of £97 million.

The Scottish Government has made efforts to allocate quotas to incentivise more sustainable practices. For example, in recent years, we have allocated a greater share of the available mackerel quota to our inshore vessels, to be caught by hand line. In 2021 alone, the mackerel fishing opportunity was utilised by more than 300 inshore vessels. We estimate that those vessels landed more than 1,300 tonnes, worth around £1.6 million. In 2022, we will continue to allocate quota to our inshore vessels to allow for increased diversification opportunities and fishing methods associated with a lower environmental impact.

Colin Smyth: The negotiations showed that we are still way off the mark when it comes to sustainability. For example, the Government's own agreed records of the negotiations showed that 47 per cent of plaice and 30 per cent of haddock that were caught in 2021 were discarded.

Section 25 of the Fisheries Act 2020 specifically requires ministers

"to incentivise ... the use of selective fishing gear, and ... fishing techniques that have a reduced impact on the environment"

when distributing quota. However, as the cabinet secretary has set out, that still does not go far enough as far as the Government's own measures are concerned. Will the cabinet secretary ensure that changes are made to the way in which quota is distributed when the Government sets out its new future catching policy, to ensure that sustainability is given a far higher priority?

Mairi Gougeon: I can clarify that the Scottish Government allocates fishing quota in line with the United Kingdom Fisheries Act 2020 and that, when it came to the allocation of quota this year and in 2021, we sought to widen the socioeconomic benefit and reduce the environmental impact by allocating that quota to methods of fishing that are associated with a reduced environmental impact, as I outlined in my initial answer.

The way that we allocate additional quota—that is, the changes to the UK's quota share as a result of Brexit—is to be the subject of a Scottish Government consultation this year, and it will take effect in subsequent years.

Karen Adam (Banffshire and Buchan Coast) (SNP): How is the Scottish Government supporting new entrants into fishing and ensuring that development in aquaculture is sustainable?

Mairi Gougeon: The Scottish Government is supporting new entrants into the fishing industry through the marine fund Scotland and the future fisheries management strategy. The marine fund

Scotland can assist young fishers to purchase their first fishing boat or to have a share in a fishing boat, and it promotes greater diversity in the industry and training through the industry body, Seafish. It also supports aquaculture with projects to ensure a sustainable future as well as the economic benefits that come from that.

Having announced awards from the fund, we have already heard back from recipients about the profound and positive impact that it has had on them. That is a really good example of how the Scottish Government is working to support our rural communities.

We are also committed to the sustainable development of aquaculture. We will set out how we will do that through our vision for sustainable aquaculture.

Farming Charities (Support)

4. Jeremy Balfour (Lothian) (Con): To ask the Scottish Government what support it provides to farming charities. (S6O-00611)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): In the past financial year—2021-22—the Scottish Government has provided £1,263,800 in funding from the rural budget to a range of farming charities in Scotland. That includes the provision of funding to the Royal Highland and Agricultural Society of Scotland and the Royal Highland Education Trust, including for food education; to GrowBiz to support learning and training; and to the national rural mental health forum and Support in Mind Scotland to support mental health and wellbeing. We also provide funding to the Royal Scottish Agricultural Benevolent Institution to help it to operate a helpline for seasonal agricultural workers, as well as support for young people and women in agriculture.

Over the past year, all those organisations have undertaken invaluable work that has supported people in agricultural and rural communities across Scotland. I thank them for the tremendous difference that they have made.

Jeremy Balfour: Farmers and those who work in the agricultural and rural sectors have experienced great difficulty with mental health and loneliness throughout the pandemic. Lockdowns and self-isolation have added to those difficulties. The Royal Agricultural Benevolent Institution's "The Big Farming Survey" has revealed that 35 per cent of the entire farming community have described themselves as "probably" or "possibly" depressed. The figure for women in agriculture is higher, at 43 per cent. What will the cabinet secretary do to support farmers and farming charities to deal with the mental health crisis in our rural communities?

Mairi Gougeon: The figures that Jeremy Balfour has outlined are really concerning. That is why we have offered the levels of funding that we have over the past year. We all know that this has been a really difficult time, but it has been particularly isolating and difficult for those who work in our agricultural sector, as Jeremy Balfour has outlined. That is why we are committed to maintaining support and supporting those charities and organisations.

As I said in my initial response, we have supported Support in Mind Scotland with £150,000 of funding to support work in our rural communities. We have provided the national rural mental health forum with £200,000 worth of funding since 2017-18, and we are continuing to fund the RSABI, because it undertakes such critical and important work.

We continue to engage with the charities to see whether there is more that we can do to try to alleviate the pressure that a lot of people are experiencing. That is why the work that they do is so important and why we are determined to continue to support them.

The Deputy Presiding Officer: Emma Harper, who joins us remotely, has a supplementary question.

Emma Harper (South Scotland) (SNP): The cabinet secretary will be aware that isolation can be a key issue for the mental health and wellbeing of people living and working in remote rural areas. Will she join me in congratulating Sheena Horner on her success with her #Run1000 initiative, which is now in its second year?

Mairi Gougeon: Absolutely. I am delighted to congratulate Sheena and the other members of team Scotland on their success in taking part in #Run1000 last year, as well as all the participants this year. I see constant tweets about it on my Twitter feed. I tried to sign up to it myself, but I have been unable to connect my Strava to it as yet. It is such an important initiative, and Sheena Horner has done fantastic work.

For those who are not aware of the initiative, participants walk or run during the month of January, and they are doing that this year. Every step that they take counts towards their country's collective miles—the activity is also taking place in other countries across the United Kingdom. It was such a tremendous achievement to raise so much money for RSABI.

Sheena has rightly been nominated for, and won, awards for what started as an idea to support her own wellbeing in lockdown. As the member will be aware, and as I have stated, #Run1000 is back for a second year this year, with participants taking part in the mental health fundraiser again. The initiative will return for a battle of the nations

across the UK—and, for the first time, New Zealand is joining in, too. I again take the opportunity to highlight the amazing work that Sheena Horner has done and to congratulate her for it.

The Deputy Presiding Officer: I make a plea for succinct questions and answers. If that happens, we will be able to get everybody else in.

Carbon-neutral Islands

6. Emma Roddick (Highlands and Islands) (SNP): To ask the Scottish Government how it is progressing plans for carbon-neutral islands. (S6O-00613)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): We recently announced our intention to support six, rather than three, Scottish islands through the carbon-neutral islands project, and work is under way to consider the selection process for that. Our intention is to start work with the selected islands and their communities this year, as is outlined in the programme for government.

Emma Roddick: In September 2021, a report by the Scottish Affairs Committee concluded:

“Locational transmission charges weigh more heavily on developers in Scotland when projects in other areas of the UK, like Wales, are paid to connect to the grid.”

Does the cabinet secretary share my concern that that unjust situation will hamper the progress of renewable energy development in Scotland’s island communities?

Mairi Gougeon: I share the member’s concerns. Scotland’s islands have been leaders in renewable energy development and innovation, and that is why we are determined to harness that potential and build on that success to meet Scotland’s 2045 net zero ambitions.

The higher transmission network use of system charges remain a key barrier to net zero in Scotland. The analysis by the Office of Gas and Electricity Markets—Ofgem—shows that, by 2040, Scottish renewable and low-carbon generators will be the only ones paying a wider transmission network charge, with all others, including gas generators elsewhere in Great Britain, being paid credits. In our response to Ofgem’s recent call for evidence on the transmission network use of system charges, we have made it clear that a new approach is needed—rather than small modifications to the existing methodologies of Ofgem’s charging reviews and decision making—that fully takes into account the effects on renewables project costs and ensures that they do not present barriers to investment and progress in Scotland.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): The Scottish National Party Government is failing to deliver carbon-neutral islands, with a £20 million cut to the agricultural transformation fund for crofters, peatland restoration targets not achieved and a falling proportion of low-emission ferries—they have not been delivered.

With net zero targets to meet, why is the Government failing to deliver carbon neutral for islanders and for crofters?

Mairi Gougeon: I completely disagree with the assertions that have been made by the member. The initiative cannot have failed, because it is yet to begin, and the work to deliver it is on-going.

The Deputy Presiding Officer: Question 7 is from Gillian Martin, who joins us remotely. [Interruption.]

Excuse me for a second, colleagues. [Interruption.] We will seek to come back to Ms Martin later; we will now go to question 8, from Pam Duncan-Glancy.

Dog Breeding (Legal Requirements)

8. Pam Duncan-Glancy (Glasgow) (Lab): To ask the Scottish Government what action it is taking to strengthen the legal requirements for dog breeding. (S6O-00615)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): Last year, we introduced new animal licensing regulations, which significantly updated and strengthened the legal requirements in Scotland for anyone breeding three or more litters of puppies in any 12-month period. Those new requirements came into force on 1 September.

We recognise, however, that more needs to be done to tackle the scourge of low-welfare breeders who operate outwith Scotland but illegally import puppies for sale here. Earlier this week, the Parliament gave its consent for certain provisions of the Animal Welfare (Kept Animals) Bill to apply in Scotland. The bill provides Scottish ministers with regulation-making powers to prohibit the importation of dogs under six months old and late-stage pregnant dams.

The introduction of those measures has the potential to impact significantly on the activities of those who import illegally bred puppies, and we will seek to introduce new legislation that uses the powers that are set out in the bill at the earliest opportunity.

Pam Duncan-Glancy: The animal welfare regulations that were introduced last year updated the licensing system for dog breeders and brought the threshold for breeding registration from five down to three litters a year. The Kennel Club

anticipated that that would require an additional 98 breeders to register with it. The Dogs Trust has said that the threshold must be reduced even further to include anyone breeding a litter.

Additional regulations, such as the mandatory inclusion of breeder registration and licensing numbers, must be introduced to ensure that we can effectively tackle the issue of unscrupulous breeders and dealers, especially as more families work from home and take on puppies, and as prices soar.

Does the Scottish Government intend to publish any evaluation or analysis of the impact of the 2020-21 animal welfare regulations, and does it have any plans to revisit their provisions?

Mairi Gougeon: I assure the member that we are in regular contact with all our key stakeholders. She mentioned the Kennel Club and the Dogs Trust, with which I met towards the end of last year to hear their thoughts on the new regulations. Those regulations have just been introduced, of course, so we will continue to monitor the situation closely.

We are serious about tackling that massive problem, which has only got worse during the pandemic. To do so, we are committed to taking action where that is necessary.

The Deputy Presiding Officer: I can get a few supplementaries in if we have succinct questions and answers.

Maurice Golden joins us remotely.

Maurice Golden (North East Scotland) (Con): Unfortunately, thieves often target particular breeds, with breeders and sellers having to take extra precautions. Does the cabinet secretary recognise the need to strengthen both deterrents and protections for breeders to help to stamp out that practice?

Mairi Gougeon: Absolutely. Again, we continue to engage with all our relevant stakeholders to consider what more we can do to tackle some of the problems that we see.

Some of the powers that we will receive through the Animal Welfare (Kept Animals) Bill, through the legislative consent motion that was agreed to this week, as well as the regulations that we introduced last year will go a long way towards tackling some of those issues.

We continue to monitor the situation to see what else we can do to tackle some of those issues.

Collette Stevenson (East Kilbride) (SNP): I am aware that the cabinet secretary was involved in the Buy A Puppy Safely campaign, which sought to provide the public with information on how to identify puppies that were bred from puppy farms and what to do in such circumstances. Can

the cabinet secretary outline what to look for when buying a puppy and how to avoid buying from puppy farms?

The Deputy Presiding Officer: Briefly, cabinet secretary.

Mairi Gougeon: Many key safeguards exist, and people can do many things to guard against buying from puppy farms. I advise anyone who is looking to buy a puppy ideally to avoid buying them through online ad sites, and instead to look at established reputable breeders. People should be prepared to wait to receive a puppy, because reputable breeders have waiting lists for a reason.

I also advise people never to buy from a breeder who does not let them see the pup with its mother, and to always try to get the puppy's paperwork, which should include the vaccination and microchip records, when they collect the puppy. If there is no paperwork, it is likely that people are buying an illegally bred puppy.

If buyers have any concerns, I advise them to walk away and get in touch with the Scottish Society for Prevention of Cruelty to Animals to look into any concerns.

The Deputy Presiding Officer: That concludes portfolio questions.

Car Travel

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a statement by Graeme Dey on reducing Scotland's car travel by 20 per cent by 2030. The minister will take questions at the end of his statement, so there should be no interventions or interruptions.

14:29

The Minister for Transport (Graeme Dey): Today, I am pleased to publish a draft route map setting out how we will reduce car use to help create a fairer and greener Scotland. I am not aware of any other country in the world that is committing to such an ambitious objective. It sits within and alongside our world-leading commitment to cut greenhouse gas emissions by 75 per cent by 2030 and to make Scotland a net zero nation by 2045.

The commitment is informed by the research on decarbonising transport that was published last September. The modelling in the research makes it clear that to decarbonise travel at the scale and pace needed to meet our statutory emissions targets we must not only switch to cleaner cars but reduce their overall use. In short, we need to drive down our car use. To achieve a 20 per cent reduction in car kilometres by 2030, we must look across a range of trip types, including short urban-based trips as well as longer leisure-related trips. Just 3 per cent of car trips are more than 35 kilometres, yet they are responsible for 30 per cent of the total kilometres travelled and thus make a disproportionate contribution to total emissions.

Understanding how people currently use their cars, alongside strong evidence that people want to see more Government action taken to address climate change, allows us to start a national conversation to support people to do what they tell us they want to do—to cut the distance that they travel by car. We have known that for some time, but today we shift up a gear with a much clearer destination in sight, and we begin the work of engaging people to understand the role that they can play as individuals and how that can translate into wider benefits in health and wellbeing for themselves, their families and their communities.

The route map is underpinned by three guiding principles. The first is that it is collaborative. It has been developed jointly with the Convention of Scottish Local Authorities, and officials have also engaged widely with local authority and regional partners. That partnership matters, because change cannot be achieved solely at national level; it needs local solutions to be identified and delivered.

Secondly, the route map makes it clear that there is not a one-size-fits-all approach. Although 20 per cent is a national target, that does not mean that car use in rural and remote areas is expected to drop at the same rate as in towns and cities. We know that access to transport options varies across Scotland, so we will work with and support local partners to identify solutions that are most appropriate to Scotland's urban, rural and island communities.

Thirdly, the principle of a just transition is at the heart of the route map, which will support our work to tackle inequality and child poverty. The route map recognises that there will be some people for whom reducing car use, especially in the short term, will be more challenging, including disabled people and their families. However, we also need to recognise the unfairness of the status quo where the car is king and car use is made too easy at the expense of other fairer options.

For people on the lowest incomes, 60 per cent have no access to a car. Of those with a long-term health problem or disability, the figure is 46 per cent. Younger and old people, women and certain minority ethnic groups are also less likely to have access to a car, including in rural areas. Also, we know that the worst effects of car use—air and noise pollution, road danger, community severance and congestion—fall disproportionately on the most marginalised in our society. Children in Scotland's poorest communities are at three times higher risk of death or injury while out walking or cycling than those in other areas.

Reducing car dominance is about climate justice, but it also gets to the heart of social justice. That is why the route map identifies four key behaviours that will frame and underpin our national conversation. We want people to make use of sustainable online options to reduce their need to travel; to choose local destinations to reduce the distance that they travel; to switch to walking, wheeling, cycling and public transport where possible; and, although the past two years have discouraged this for very good reason, over time we want people to combine a trip or share a journey to reduce the number of individual car trips that they make, if a car remains the only feasible option.

Supporting and encouraging people to achieve those changes forms the basis of the 30-plus interventions that are identified in the route map. Some of them are already under way, including providing free bus travel for people aged under 22, which from the end of this month will enable more children, young people and their families to choose to travel by local bus, and our reaching 100 per cent broadband commitment to provide superfast broadband access for every home and

business in Scotland to help to reduce the need to travel.

Other actions will take longer, but our commitment is backed up by significant long-term investment such as ensuring that at least 10 per cent of the total transport budget will go to active travel by 2024-25, to help more people to walk, wheel or cycle instead of drive. However, we cannot escape the scale of the challenge and must acknowledge that changing decades of belief and behaviour requires a mix of infrastructure, incentivisation and regulatory actions, some of which we still need to explore, test and apply.

In 2019, we provided local authorities with a new discretionary power to set up workplace parking licensing schemes, which can reduce congestion, improve air quality and reduce emissions. The regulations that enable local authorities to use those powers were laid before Parliament yesterday.

No one person or agency carries all the responsibility to make change happen. Transport demand derives from other factors; where people live, work, learn and access goods and services are all key to their need to travel. We need to use national and local government powers and responsibilities to reduce people's need to travel by providing better local access to goods, services, leisure opportunities and social connections, as well as providing flexible and remote working approaches and more sustainable travel options for those who need to travel longer distances.

Scotland's Climate Assembly identified, as one of its top five goals, the implementation of an integrated, accessible and affordable public transport system and improved local infrastructure throughout Scotland. The route map sets out the actions that we are taking, including the fair fares review, which will consider options for change against a background where the costs of car travel are declining and public transport costs are increasing. In short, we are already committed to finding ways to make alternative travel modes more attractive and supporting people to use the car less.

We want that work to be as inclusive as possible. We want to empower everyone to do what they can to reduce their car use and help tackle climate change, and we want to ensure that as many people as possible benefit from the individual and community-level impacts of their actions. However, we do not have control of all the levers that are needed to achieve that. Fuel duty and vehicle excise duty remain reserved to the United Kingdom Government, which has at least acknowledged that, as we transition away from fossil fuels, changes to our tax system will be required.

We will continue to press the UK Government for constructive dialogue on what it plans to replace those with. The best solution, of course, would be for the UK Government to scrap those duties and wholly devolve the powers to Scotland, so that we can design and deliver fiscal solutions that best meet Scotland's needs and interests. In no part of the UK is the transport fiscal set-up credible.

That is why, alongside those efforts, we will commission research to explore equitable options for demand management to discourage car use, while encouraging fewer journeys to be taken by car and more journeys to be taken by public and active transport options. That includes pricing and the cost of motoring; at this stage, we cannot and should not rule anything out. Transport remains our biggest emitting sector, with cars responsible for most transport emissions. Reducing those emissions requires bold and radical action. The route map enables us to meet that challenge with a clear end point in sight.

Although there are simple changes that we can make, achieving such a significant shift for so many of us will not be easy. However, we know from previous successes such as the indoor smoking ban that it can be done. The prize is worth having: safer roads, reduced pollution, more space in neighbourhoods for other users and better physical and mental health. Getting this right is win-win-win-win.

We will consult publicly on the route map, kick-starting the critical wider national conversation that we need to have about car use. That conversation must become a crucial shared national endeavour through which everyone feels empowered to change their habits, comfortable that they have affordable and sustainable alternative options to use to get around, and confident that they know that their actions are benefiting their health and wellbeing as well as that of their family and community. In doing so, we will all play our part in helping Scotland to contribute to cutting emissions, limiting global warming to 1.5°C and tackling climate change.

The Deputy Presiding Officer: The minister will now take questions on the issues raised in his statement. I intend to allow 20 minutes for questions, after which we will move to the next item of business. It would be helpful if members who wish to ask a question pressed their request-to-speak buttons or typed an R in the chat function now.

Graham Simpson (Central Scotland) (Con): I would describe the statement as a starting point. There is stuff in there that is worth discussing and I look forward to doing that when I next meet the minister. However, like many Government

documents, it is full of warm words but little in the way of meaningful action.

The first question that I have is this: what is the 20 per cent reduction in car miles—I say “miles” because that is what we deal with in this country, not kilometres—based on? For many people in Scotland, and I think that the minister knows this because he lives in a rural part of the country, the car is a necessity, so where will that 20 per cent come from? If we are going to target urban areas more than rural areas, what will be the difference between them?

If we want to get people out of cars, we need to give them an alternative. That alternative could be active travel—I very much support spending on that—or it could be public transport. We have seen announcements of an increase in rail fares and service cuts, and we have seen no meaningful reform to the bus system. What does the minister say about that? How does that encourage people on to public transport?

We have also had vague promises for years of a national smart card for public transport. There is no sign of that yet, yet delegates to the 26th United Nations climate change conference of the parties—COP26—were able to have one. If it was good enough for them, why is it not good enough for the rest of the country? When will we get that national smart card?

Finally, near the end of the minister’s statement, he got in a mention of fuel duty. We have had an 11-year freeze on fuel duty; now the minister says that he wants to take control of it. Is he suggesting that we end the freeze? What is he suggesting? What does he want to replace it with? Perhaps he can tell us.

Graeme Dey: I accept that this is a starting point—that is exactly what it is. It kicks off the discussion. However, there is a lot more to it than Mr Simpson acknowledges. Plenty of actions are under way and plenty are highlighted in the document.

The 20 per cent cut in car kilometres is what is determined to represent a meaningful and necessary contribution to tackling wider transport emissions. I acknowledged in my statement that there is a discrepancy between what it is realistic to expect from rural dwellers as opposed to urban dwellers. Mr Simpson is right that I represent a rural area, although there are rural areas that are more remote than mine.

How we take this forward will be shaped by partnership. Mr Simpson asks what the alternatives will be. We are looking to work in partnership with local transport partnerships and local councils to determine what the best solution is for their areas. We believe that they can make that contribution. I think that we have made a good

start to that already in terms of COSLA’s direct involvement.

On bus system reform, I am delighted to hear that Mr Simpson is such a proponent of radical change to the bus system.

Graham Simpson: I have been for some time.

Graeme Dey: He has been for some time—let me acknowledge and welcome that, and I do the same for Mr Smyth over there. I, too, am in that space. I look forward, in the coming year and beyond, to using the powers in the Transport (Scotland) Act 2019 to see what we can do to change and improve the bus system.

As for a national smart card, that work continues to be progressed. It will be progressed throughout this year. We have made some progress, but we have much more to do.

Mr Simpson also touched on the subject of fuel duty. His own United Kingdom Government has acknowledged that maintaining the current approach really is not an option. What we want to do is work with that Government—although we would rather have the powers here—to design something that is fairer all round but which recognises the pressing need to drive down car usage.

The Deputy Presiding Officer: I call Neil Bibby, who joins us remotely.

Neil Bibby (West Scotland) (Lab): I thank the minister for advance sight of his statement.

This is not a route map to reduce car use; it is an excuse to hit people in Scotland with a workplace parking tax when they are already suffering from a cost of living crisis. As I have said before, we will not reduce car use unless we have affordable, reliable and accessible public transport, but public transport in Scotland is a joke and, under this transport minister, it is getting worse.

If the minister is serious about tackling the climate crisis and helping people to leave the car at home, will he reverse his cuts to ScotRail services? If he is serious, will he reverse his own rip-off rail fares that are due to go into effect later this month? If he is serious, will he stop ScotRail shutting ticket desks? If he is serious, will he properly fund local councils to take control of bus services? The transport minister does not seem to be very serious about improving public transport.

Finally, will the minister answer the question that he was asked before: when will people start to see the national smart-ticketing card that was promised by the First Minister 10 years ago?

Graeme Dey: This is big-vision stuff. It is about significant and fundamental behavioural change. It would be regrettable if we simply rehearsed the

arguments that we have in the chamber week in, week out, with Mr Bibby being very much fixated on rail and the idea that the solution to everything is to spend more money, regardless of usage, patronage and the challenges that we have. It is about much more than that.

The rail context is a little bit like the situation with car sharing—we need to encourage car sharing but it is very challenging to do that right now because of the pandemic. We see rail playing a significant part in the rest of this decade and beyond, but we face significant financial challenges that we must address right now.

On the subject of the timetable, for example, what we have is a baseline and starting point for rebuilding as we look at what future travel patterns will be. We have to deliver services that meet people's expectations and needs and when they will travel, and that might well change as a result of Covid.

On smart cards, as I said to Mr Simpson, we are making progress in general with smart ticketing, and I expect significant progress to be made in the next year to 18 months.

John Mason (Glasgow Shettleston) (SNP): Glasgow has an incredibly good public transport system but, during Covid, people were encouraged to use their cars and I think that some are now fearful of going back to public transport. How will the Government encourage people back to public transport from their cars?

Graeme Dey: Public transport is critical to this agenda. We all have to acknowledge the impact that Covid-19 has had on passenger numbers and confidence. As we emerge from the pandemic, there will be a period when we have to encourage and rebuild people's confidence. There is no single magic solution to that challenge; it will take a combination of actions and it will take time.

The fair fares review will support a safe and confident return to public transport as we recover from the pandemic, and it will ensure that there is a viable and sustainable public transport system for the future. The review will look at a range of discounts and concessionary schemes that are currently available for transport modes and it will consider options to extend or amend those. That is especially important with the backdrop of car travel costs declining and public transport costs increasing.

We will obviously support more bus and rail usage. In the context of bus travel, that is through free travel for the over-60s and disabled people, and the extension of that to the under-22s. We are investing significantly in bus priority infrastructure, and in maintaining and enhancing Scotland's railway in the current control period, including rail station investment and future decarbonisation.

Liam Kerr (North East Scotland) (Con): The minister suggests reducing the need to travel by pushing people to online options. However, the reaching 100 per cent—R100—programme has continually slipped, with the northern part delayed until 2027 and £50 million slashed from the digital budget. What impact does the minister project pushing people online will have on high street businesses and local bus services? Given the R100 delays, is he conceding that, once again, the north-east will be left behind as the Scottish National Party implements projects in the central belt?

Graeme Dey: That was a rather brave line for a Conservative to take on the subject of broadband. With the greatest respect to Mr Kerr, broadband is a United Kingdom Government responsibility—no ifs, buts or maybes. The Scottish Government has had to step in with R100 and the previous project to provide rural Scotland with appropriate online access.

I will pick up on Liam Kerr's serious point, shall we say, about encouraging online usage. There will be situations when going online and using those options will have a positive impact on our climate footprint. However, as I outlined in my statement and other documents, we are trying to strike a balance, because we are also trying to encourage, for example, greater usage of rural high streets. What we are saying, among other things, is that, if someone lives in a rural area, they should try to put their journeys together so that they are not making two, three or four journeys a week into town. They should try to reduce their car usage but, by all means, they should get out on the high street and support it, because it is important that we maintain our local high streets for the future.

Gillian Martin (Aberdeenshire East) (SNP): One of the issues in my Aberdeenshire constituency is that public transport, particularly buses, that can take people between the towns in the area for work without having to go through Aberdeen first can be very poor. That is why so many of my constituents rely on a car to get to work on time. As the minister said in his statement, not all the actions needed to make alternative transport options efficient, affordable and available rest with the Scottish Government. What role does the minister think that local authorities and other partners need to play to improve public transport and increase routes and services that might not, on the surface, seem to be profitable but that are essential if we are to provide an alternative to rural car use?

Graeme Dey: I am conscious that I need to choose my words carefully here, because I do not want to give the impression that we are somehow lumping responsibility on to local authorities—far

from it. We are talking about genuine partnership working. The member is right to identify that collaborative working will be key to achieving the target. I also commend the Convention of Scottish Local Authorities for its input to the document.

Local authorities and regional transport partners will be key to reducing car usage, not least through spatial planning and land use decisions. Local authorities have a key role in demand management schemes and in continuing to deliver low-emission zones, in deciding whether to create local workplace parking licensing schemes and in deciding how they might draw down investment from bus partnership funding and active travel and the other funding schemes that exist. We have recently awarded £12 million from our bus partnership fund to help the north-east of Scotland bus alliance with some of its proposals.

I also point Ms Martin to a project in Elgin, in her neighbouring constituency. It is a mass mobility-as-a-service project. I visited it and was hugely impressed with the potential of the pilot project to be rolled out across Scotland. Such services could really play a part in what we all need to achieve here.

Colin Smyth (South Scotland) (Lab): We will not get people out of their cars unless we put in place public transport alternatives. The minister said that regulations for the workplace parking tax were laid before Parliament yesterday, but more than two years after I secured amendments to the Transport (Scotland) Bill to give councils the power to set up publicly owned bus services, there is no sign of the regulations to deliver those. When will those powers be given to councils? How much additional funding will be given to councils to set up those bus companies, so that we can reverse the massive decline in bus usage that we have seen under this Government?

Graeme Dey: As, I hope, Mr Smyth will acknowledge, the pandemic has played a part in derailing a number of things that we wanted to implement. I have said this to him before, and I will say it again: he and I are not on opposite sides of this. We share the desire to implement these proposals and to encourage councils, and whoever else, to take advantage of such powers to deliver the kind of bus services that both he and I want to see. The regulations will be introduced this year.

On how the proposals will be funded, we have committed to establishing the community bus fund, and there is £1 million in the budget for forthcoming years as a starting point. I look forward to working with Mr Smyth to bring all of that to fruition.

Kenneth Gibson (Cunningham North) (SNP): Car drivers, of which I am one, use that

mode of transport because of its ready convenience in all weathers and 24 hours a day. Road and fuel taxes are reserved, and increasing the cost of driving will only disadvantage low-income households. What improvements to public transport will be made, particularly in rural and island Scotland, to persuade drivers to make the necessary modal shift, given that it has been estimated that a 50 per cent increase in public transport is required to cut car usage by 1 per cent?

Graeme Dey: Reducing private car usage will be more challenging for people who live in rural and island areas. However, we can all do more, and Kenny Gibson highlights one of the challenges here. People do find it more convenient to jump in their car. We all do it for all sorts of journeys, whether or not alternatives are readily available. That needs to change. Part of it is about ensuring that people have good access to employment, goods and services locally through initiatives such as remote working, community hubs and 20-minute neighbourhoods, all of which we are working on.

We also need to tackle some of the myths. I disagree with something that Kenny Gibson said. It is not people who are on lower incomes or who live in poor areas who are going to be disadvantaged by making public transport more affordable and accessible. They already rely on it and they are much less likely to be using a car. There is also an equalities argument about reducing car usage.

I will pick up on an example from Kenny Gibson's own constituency. The ferry from Brodick comes into Ardrossan, and there is a rail station adjacent to the ferry terminal. We need to exploit such opportunities more so that people have more ready access to rail when they come on to the mainland and when they are leaving the mainland to go to the islands. There are lots of such opportunities that we can develop, and I look forward to working with Mr Gibson, other island representatives and local authorities to see what more we can do to ensure that the opportunity is there for island residents to play their part.

The Deputy Presiding Officer: Beatrice Wishart joins us remotely.

Beatrice Wishart (Shetland Islands) (LD): In his statement, the minister acknowledged that rural, remote and island communities are not expected to reduce car use at the same rate as their urban counterparts. As other members have suggested, car users in such areas would consider cars to be essential, not luxury, items.

Will the minister outline how the 10 per cent of the transport budget that it is proposed will be spent on active travel before 2024-25 will be

apportioned across the diverse regions of Scotland?

Graeme Dey: I would not presume to encroach on my colleague Patrick Harvie's territory by going into any great detail on that.

Graham Simpson: Surely you would.

Graeme Dey: Mr Simpson is being very uncharitable.

However, I think that Beatrice Wishart makes a very fair point. We must ensure that all the budget opportunities can be accessed by local authorities and regional transport partnerships, wherever in the country they may be.

I encourage Beatrice Wishart to work with her council, Shetland Islands Council, but I also point to some of the good work that is being done by the neighbouring authority, Orkney Islands Council. I encourage Beatrice Wishart and Shetland Islands Council to put together a package of measures that they think would ensure that her constituency played its part. If such proposals are brought forward, they will be looked at.

The Deputy Presiding Officer: Jenni Minto joins us remotely.

Jenni Minto (Argyll and Bute) (SNP): I thank the minister for his statement, and I am pleased that the route map takes into account people's differing needs regarding vehicle travel and the availability of public transport in rural and island settings. Could the minister please provide further details of how that element of the route map will develop?

Graeme Dey: In the route map, we very much recognise that rural areas tend to rely more heavily on private car use and have less access to public and shared transport options. We know that, for rural and island areas, the challenge is greater. It is important to emphasise that we are talking about a national ambition, but that does not mean that car use in rural and remote areas is expected to drop at the same rate as it is expected to drop in towns and cities.

As a nation, we need to change our relationship with the car in order to drive down our emissions. That is why the four themes are not just about switching transport mode. For people in remote areas, digital solutions offer a key opportunity to reduce car usage. That is why we have invested so heavily in extending broadband to more than 950,000 premises across Scotland, including in Argyll and Bute.

Brian Whittle (South Scotland) (Con): I will jump on the back of Kenny Gibson's question and the minister's reply to it. Would the minister consider developing a train station at Cairnryan and improving the rail link north to the central belt?

That could reduce car travel considerably. Let us face it—investment in the infrastructure of the south-west is long overdue.

Graeme Dey: That was a shameless plug for one of the member's projects.

The point here is that the issue is not so much about infrastructure, which sits in other parts of the Government's agenda. However, if the argument can be made that a project fits with the agenda of reducing car travel, local authorities should, by all means, come forward with costed proposals for such projects and outline how they think they could make the difference that we need to make.

In a spirit of co-operation, I would not shoot down any project of that nature, but let us see what such a project would look like in detail.

The Deputy Presiding Officer: Mark Ruskell joins us remotely.

Mark Ruskell (Mid Scotland and Fife) (Green): I welcome the route map, which represents a really big step towards bringing about a green transport revolution. I also welcome the fact that the minister has recognised the role of demand management measures such as workplace parking levies. Does he agree that, where appropriate—I emphasise the phrase "where appropriate"—workplace parking levies or even congestion charging schemes can also raise substantial finance to invest in affordable, reliable and attractive alternatives to the private car that will end up benefiting the most disadvantaged?

Graeme Dey: We will have to deploy a range of measures in order to get to where we need to get to. The power to establish workplace parking levies will be at the disposal of local authorities, which will make judgments about whether that is appropriate. A range of measures linked to that will ensure that excessive charges cannot be levied.

Mark Ruskell's point is correct, although I heard some groans as he made it. This will require courage. We must be bold and confront the challenges that we face. Some members in the chamber were not here at the time, but many voted for the climate change targets that the Parliament adopted, and those who voted for them have a responsibility to live up to the challenges that come with them. I encourage members to remind themselves of that. It is easy to vote for legislation; it is far harder to support the difficult decisions that follow if we are to deliver on those targets.

Siobhian Brown (Ayr) (SNP): I understand the Government's need to explore all the ways in which to achieve the target. Any research on managing demand must consider how to disincentivise car use. Although running a car has

become cheaper, the cost of public transport has gone up. What must happen to reverse that situation? What is the UK Government, which has similar climate change targets to meet, doing about that?

Graeme Dey: Tackling the affordability and availability of public transport is key to making it sustainable and equitable for more people. We acknowledge that rail and bus fares have risen above the level of general inflation in the past decade while motoring costs have fallen in Scotland, as they have in the rest of the UK. We must address that if we are to drive down car use.

The UK Government has at least replied to our request for information about what it plans to do to reform fiscal duties on vehicles, but the detail is pretty sketchy. The UK Government says that it will do something, but we need detail about what it plans, because the clock is ticking.

Graham Simpson is, as ever, chirping away at me from a sedentary position, but this is a serious matter. His own Government at Westminster has recognised that the status quo is not an option. For a variety of reasons, we must change. We can do that collectively or the UK Government can give us the powers to shape a system that is best suited to Scottish needs. Either way, something must change.

Paul Sweeney (Glasgow) (Lab): Glasgow has the lowest car ownership rates in Scotland, yet it was discovered this week that the M8 motorway through central Glasgow has noise pollution levels equivalent to standing on the runway at Glasgow airport. The minister may be as shocked as I was to discover that. Will he urgently instruct officials from Transport Scotland to investigate the issue and to bring forward proposals to address that emergency level of noise pollution in the centre of Glasgow?

The Deputy Presiding Officer: I am not entirely sure what that has to do with the focus of the minister's statement, but he may wish to deal briefly with the question and try to relate it somehow to the target to reduce car use by 2030.

Graeme Dey: I am aware of the assertions that have been made. I am happy to look into that matter with my officials and to write back to Mr Sweeney.

The Deputy Presiding Officer: That concludes questions on the minister's statement. There will be a short pause before we move to the next item of business.

National Mission on Drugs

The Presiding Officer (Alison Johnstone): I remind members that Covid-related measures are in place and that face coverings should be worn when moving around the chamber and across the Holyrood campus.

The next item of business is a debate on motion S6M-02761, in the name of Angela Constance, on tackling drug-related deaths through the first year of the national mission on drugs. I invite those members who wish to speak in the debate to press their request to-speak buttons or to enter an R in the chat function on BlueJeans now.

15:04

The Minister for Drugs Policy (Angela Constance): Every drug death is a tragedy, leaving families, friends and loved ones looking for answers and support. I offer condolences to everyone who has been impacted by a drug death and reaffirm my commitment to them that I will continue doing everything possible to turn the tide on drug deaths in Scotland.

This month marks the end of the first year of the national mission to save and improve lives, and it is important that the Parliament has an opportunity to reflect on the actions that have been taken thus far, before looking ahead to the next steps on our journey. The commitment of members in all parts of the chamber to reducing drug deaths as quickly as possible is giving a sharper focus and more of a shared understanding of what needs to be done.

In the past 12 months, we have laid the foundations for the work ahead, getting in and about the issues that we face so that we can focus on delivering change on the ground that will make a real and tangible difference to people's lives. We have set out the platforms for change on standards of care, such as the medication-assisted treatment standards, and on residential rehabilitation through the milestones that I set out at the end of last year. I put on the record my thanks to the Drug Deaths Taskforce and the residential rehabilitation working group for giving us the tools for scaling up and making the necessary changes and improvements.

The year ahead begins with the appointment of a new chair to the Drug Deaths Taskforce. I have asked David Strang to take on that role with immediate effect and I am delighted that he has accepted. David brings a wealth of relevant experience. He is a former chief constable who has also served as chief inspector of prisons. More recently, he chaired the independent inquiry into mental health services in Tayside. His appointment marks a new chapter for the task force, which has been a valued contributor to the

work that is being done across Scotland. I have asked him and his colleagues on the task force to accelerate their final recommendations that are planned for this year, and aim to get them for the summer. As we now focus on delivery and change on the ground, we need quicker practical advice from the task force to build on what it has already provided and achieved.

The First Minister set us a challenge through the national mission, recognising that real change needed an all-Scotland, cross-Government, cross-chamber approach. She set out clear priorities to wrap support around those people who are most at risk, through fast and appropriate access to treatment, increased access to residential rehabilitation, better support after non-fatal overdose and recognition of the vital role of front-line, often third sector organisations.

The national mission was underpinned by additional funding of £255 million, with £5 million for the end of the previous financial year and £50 million per year for the next five years. That included £100 million over five years specifically for residential rehabilitation and aftercare. Dedicated national funding for grass-roots organisations, families and residential rehabilitation has proved hugely popular as it provides direct support where it is needed. Additional funding has been used to maintain services during the pandemic, particularly during the lockdown periods, when people were more at risk.

We have improved emergency responses, increasing the availability of naloxone, which is now carried by ambulance technicians and by police officers in pilot areas. Police Scotland is considering rolling that out nationally, and additional opportunities for naloxone carriage are being explored with our emergency services.

Funding has been provided to alcohol and drug partnerships for non-fatal overdose pathways. The Glasgow overdose response team is a good example of what is needed across the country. It provides a focused period of support for people after an overdose. The Scottish Ambulance Service has also led the way in the distribution of take-home naloxone and in connecting people to services, thereby helping to prevent, as well as respond to, overdoses. Colleagues will have noted the media strategy that ran during the last months of 2021 to raise public awareness of the signs of overdose, the important role of naloxone and, crucially, how to help.

During the first year of the mission, I have taken a balanced approach to treatment and recovery, announcing support for harm reduction through the MAT standards and for recovery through increasing access to residential rehabilitation. Both

are vital and both are part of a whole system of care.

Brian Whittle (South Scotland) (Con): I am pleased to hear about all the steps that have been taken and the potential success. However, what work is the Scottish Government doing to ensure that, as people are rehabilitated and they recover, their place is not taken by somebody else who has fallen into the trap of addiction?

Angela Constance: Prevention is crucial in relation to our education system and early years provision, as well as the work to prevent poverty and mental health problems. The member makes an important point about prevention.

On residential rehabilitation, last year we published for the first time details on the placements that were available, and we set up funding streams to ensure that people could access them. In November, I set out plans to increase the numbers of residential rehab beds by 50 per cent and publicly funded placements by 300 per cent over the next five years.

Stephen Kerr (Central Scotland) (Con): Will the minister take an intervention?

Angela Constance: I will make a wee bit more progress first.

I signalled the need to move to national commissioning for placements, to ensure better consistency across the country.

To build a system of fast and appropriate access to treatment, we published the medication-assisted treatment standards in May last year and set services a stretch target to have those embedded by April 2022. In December, I provided the Parliament with the first six-monthly update on how the standards will be embedded, then sustained and improved. For the first time, we have a commitment of a £40 million plan over five years to implement fast and appropriate access to treatment, making the key links between mental health, primary care and advocacy for housing and benefits.

Stephen Kerr: Will the minister take an intervention?

Angela Constance: Not just now.

The standards will ensure that people have access to trauma-informed and psychologically informed services, and they will help to make rights a reality in practice.

The standards include criteria to combat stigma, which remains a significant barrier for people coming to treatment. In the first half of the year, we supported a group of people with lived and living experience to develop and publish a stigma charter for services to adopt. The additional funding in the first year of the mission allowed us

to run a successful media campaign to raise awareness of stigma, which challenged us all to think about how we can all play our part in tackling it, and recognised that people need help, not judgment.

We need to be aware of the wider impact that drugs have on families, which is an important part of our preventative approach. I announced in December the launch of our new whole-family framework, with additional funding, through ADPs, of £3.5 million per year. That will help local services to provide support to families who have been impacted by problematic drug use and adopt a whole-family preventative approach in the support that they provide.

We have introduced for the first time quarterly reporting of suspected drug deaths. That allows services to respond more quickly and keeps the Parliament informed. It is a very important step forward, but it does not replace the official reports produced annually by National Records of Scotland.

Stephen Kerr: Will the minister take an intervention?

Angela Constance: If it is really brief.

Stephen Kerr: I want to roll back a bit. The minister mentioned percentage increases in the number of beds. Can she tell us the exact number of beds that we are talking about?

Angela Constance: The ambition for residential rehabilitation that I laid out just before Christmas was to ensure, over the five-year period, that we increase publicly funded placements in residential rehabilitation to at least 1,000 per annum.

We are moving forward with our commitment to establish a safer drug consumption room to operate within the current legal framework. A new service proposal in Glasgow has been provided and we are continuing to work closely with the Glasgow City health and social care partnership, the police and the Crown Office to ensure that we have a sustainable approach that is clinically and legally safe for staff and those using it. We are serious about that commitment, as we know that such facilities have a strong evidence base in saving lives and helping some of our most vulnerable citizens. A fresh proposal will be made to the Lord Advocate once further detail on operation and policing is developed.

Our focus on lived and living experience will be carried forward through the creation of a national collaborative, the independent chair of which will be announced this month. The national collaborative will be well placed to recognise and understand the impact of trauma and to bring together and support the voices of people with lived and living experience, and families, ensuring

that they are at the very heart of the national mission to shape and implement a human rights approach that will stand the test of time.

In March, I will announce our first treatment target, which reflects the MAT standards. In December, I announced funding for new research into prevalence, and the outputs of that research will help to inform future targets.

By March, we will have published evidence on the impact of methadone in poly drug use deaths, as well as an evidence summary on benzodiazepines, which will inform discussion for an expert group that will meet at the end of January to consider the role of benzos in treatment and recovery, and inform our work on stabilisation services, as recommended by the task force.

This year, I will ensure that plans for the establishment of the national care service are an opportunity both to improve person-centred care and to put drug and alcohol services on a firmer footing through clearer expectations, standards and accountability.

In all our projects and initiatives, one of the most significant challenges that we face is the workforce. We are currently mapping the workforce, including existing training capacity. Over the next year, we will focus on increasing capacity and training to ensure delivery of the national mission.

I will also continue to work closely with ministerial colleagues to focus on action to support people with multiple, complex needs—joining up with mental health, justice, homelessness and others. I am particularly keen to see more progress around justice issues, which will include better throughcare, especially for people on release from prison. I will return to the Parliament with justice colleagues in the spring.

I will continue to press for the introduction of drug checking facilities, which could save lives if we were allowed to introduce them in Scotland. The task force has funded a project to research and scope the key components required to implement drug checking facilities in three areas in Scotland: Dundee, Glasgow and Aberdeen. We expect licence applications for the first of those to be submitted to the Home Office by the end of February.

In this first year of the national mission, solid foundations have been laid, but much remains to be done. My focus and that of the Government will be on delivery on the ground, where it matters most. I look forward to members' contributions.

I move,

That the Parliament believes that drug deaths are tragic, preventable and an unacceptable loss of life; supports the

national mission that seeks to galvanise an all-Scotland response to this public health emergency, and recognises that no single intervention will be enough on its own; notes the need to continue to build on the work of the Drug Deaths Taskforce and other expert groups to implement evidence-led interventions that reduce deaths and improve lives; further notes that this includes increasing capacity of rehabilitation beds by 50% and providing more than a 300% increase in publicly-funded placements; welcomes the new Medication-Assisted Treatment Standards, including the implementation of same-day treatment and increasing the range of treatment options available across the country, to help save lives; commends further consideration of measures to make rights real and to implement in practice a human-rights approach through person-centred care; considers that safer consumption facilities are an important public health measure that could save lives, and supports all options within the existing legal framework being explored to enable the delivery of these facilities.

15:16

Sue Webber (Lothian) (Con): I draw members' attention to my entry in the register of interests—I am a councillor on the City of Edinburgh Council and a member of the Edinburgh alcohol and drug partnership.

I welcome the chance to speak in such an important debate. I want to do all that I can to look for the positives and to reflect on the cross-party ambition and willingness to work together to tackle and reduce our country's shocking and shameful drug-related deaths. Today, we are asked to consider the first year and next steps. I know that we all want to see evidence of real improvements in services and support for those who desperately need help, and we want to save people from dying needlessly.

However, in Scotland today, people are still being denied access to the addiction treatment that they need, while the drug death rate has almost tripled on the Scottish National Party's watch. The SNP's devastating handling of the crisis has been thrown into further chaos by the recent resignation of members of its Scottish Drug Deaths Taskforce. I acknowledge and welcome the appointment of Mr David Strang.

Annemarie Ward, who is the chief executive officer of Favor UK—Faces & Voices of Recovery UK—has said:

"We have stood by helplessly while friends become more traumatised by the day. We have witnessed friends and family die, watching the slow car crash as each reached out for help that more often than not wasn't there."

The absence of hope in our treatment systems is damaging not only to service users but to those working in services. As I asked yesterday in the debate on mental health—and it is just as valid today—

"how can a workforce that has reached burn-out deliver compassionate care when they face periods of stress and anxiety?"—[Official Report, 12 January 2022; c 41.]

How can they do so when they watch people's lives destroyed by substance misuse daily?

As my amendment states, the next phase of action must also include preventative measures and policies that ensure that, as Mr Whittle said, those who are helped with their recovery are not replaced by more people who fall into the cycle of addiction. To do that, we must understand why Scotland has the crisis that it has. What is unique to Scotland that causes so many drug-related deaths? Only when we understand that can we create a preventative agenda that will work to save lives in Scotland.

That is one of the reasons why the Scottish Conservatives have launched our right to recovery bill, which will ensure that those with addiction issues are able to access the necessary treatment that they require. I have had the invaluable opportunity to speak to stakeholders and those with lived experience, who will have submitted responses to the call for consultation. I thank them all for taking the time to engage with the bill and for sharing the issues that they still face, 12 months on.

Right now, the treatment system in Scotland lacks the quality, the diversity and the capacity to fulfil its potential in protecting people from harms related to substance use, including drug-related deaths.

Stephen Wishart said:

"the proposed Bill does address this. It ensures equal funding must be provided to allow local authorities/NHS health boards to perform its duties. It also"—

importantly—

"shifts the balance of power from the opinion of individual decision makers and to the right of the person to choose what their plan is."

Yes, we welcome the £250 million to tackle drug deaths. It should not have taken 14 years to finally realise that the drug policies had failed, that families had been failed and that entire communities had been let down and broken. That is why the Scottish Conservatives are pushing forward with our proposals for a right to recovery bill. With the consultation now closed, it was astounding to see the level of interaction and submissions from across the country. We have received overwhelming support and, again, I acknowledge and thank everyone who took the time to submit their views on the right to recovery bill.

As I said, the £250 million of funding is welcome but, sadly, the SNP Government has refused to sign up to the United Kingdom-wide scheme to

help tackle drug dealing. Project ADDER—addiction, diversion, disruption, enforcement and recovery—would have provided investment designed to tackle addiction and the supply of illegal substances.

Angela Constance: My understanding, via my officials and via UK Government officials, is that no extra resource is attached to project ADDER, should Scotland participate, and that, to be blunt, the proposal from the UK Government was to rebrand, as project ADDER, work that we were already doing.

Sue Webber: I thank the minister for her intervention, but surely the SNP should be doing everything possible, and taking any approach possible, to tackle our national crisis, rather than playing party politics, yet again, and refusing to engage with Westminster. That is tiresome and unnecessary, when we all know that we must work together to save lives.

Across the country, alcohol and drug partnership meetings have taken on a more upbeat and positive feel for the first time in years. More funding has helped, as they strive to have the new MAT standards embedded within their areas by April 2022. However, that is where things start to go wrong. April 2022 is only four months away, yet ADPs across the country are starting from very different places. Some have already admitted that they will not be able to establish and embed all the standards by that timeline, including Edinburgh Alcohol and Drugs Partnership, which has an established pre-existing service that includes many of the standards.

Half of the ADPs that did not respond to the Public Health Scotland survey said that they had yet to set up a pathway to residential rehabilitation. When it comes to other reasons for ADPs not responding to the survey on residential rehabilitation, 42 per cent said that it was because no referrals were received, and 8 per cent said that no staff were available to complete the template. That is astounding. Such a variation in services across the country underpins the inequalities that we face. We need to wake up.

It is for that very reason that people need the right to recovery, as it is clear that the SNP has failed to support residential rehabilitation. The SNP Government funded only 13 per cent of residential rehab places in Scotland in 2019-20. Furthermore, the number of Government-funded places in residential rehabilitation declined throughout 2021, from 47 placements in March to 36 in September. That is a long way from reaching that figure of 1,000.

I will take time to acknowledge the invaluable work that is going on across my city of Edinburgh. The violent offender watch—VOW—project is led

by Police Scotland and consists of four police officers and three peer mentors. It aims to empower young people who are involved in the criminal justice system to break the cycle of offending, by providing support to people who are deemed to be at significant risk of drug-related harm in the community. That assertive outreach relies on the unique experiences of the peer mentors, who have lived experience, and on the police officers, who offer access to a wide professional network of contacts who can provide opportunities for training and employment. There is no doubt that the project has saved lives, but funding is an issue.

Tackling drug-related deaths should always be a priority, which is why the Scottish Conservatives launched our right to recovery bill. There has been criticism. Some say that there are flaws in the bill, but those working with us have hit back. Annemarie Ward, the chief executive officer of Favor, said today:

“enshrining people’s rights in the law will ensure access and choice to a plethora of services over and over again ... it is nothing short of incredible.”

She continued:

“This legislation is a starting point to people being able to access services that at the moment are not even available.”

I hope that the Parliament continues to demonstrate consensus and collaboration in tackling the complex issues involved in drug-related deaths. It is our national shame. We should all support the proposed right to recovery bill, making a recovery a legislative certainty—that is the very least these people deserve.

I move amendment S6M-02761.2, to insert at end:

“; acknowledges the valiant efforts of the third sector in ensuring that targeted funds successfully reach frontline service users; believes that it is vital that a right to recovery is legislated for, in order to safeguard the future of funding and focus beyond the current parliamentary session, and calls for the next phase to also include preventative policies that ensure those who are helped with their recovery are not replaced by more people who fall into the cycle of addiction.”

15:25

Claire Baker (Mid Scotland and Fife) (Lab): One year on from the First Minister’s statement, this debate is an opportunity to examine progress and to focus on the next steps. A year ago, a declaration was made, a national mission was announced and an acknowledgement of failure was given. A year on, the early indications are that progress on reversing the high rate of fatalities in Scotland—by far the highest in Europe and more than three times that of England and Wales—is slow.

The recent Police Scotland data showed a slight decrease, which suggests a plateau rather than progress. Perhaps at this stage, the Government would argue that more progress is not to be expected, but when will it be? The funding commitment is for five years. Is that the aim of the national mission and what does success look like? If we are to have confidence that progress will be made, when we reflect on policy announcements and responses to the crisis, it should be with a critical eye and focusing on the further action that is required.

I recognise that there has been activity over the past year. That includes the medication-assisted treatment standards, plans to increase capacity in residential rehabilitation facilities and expansion of the recorded police warning scheme—although more investment is needed if they are to make a difference.

Our amendment talks about the need to fully resource the MAT standards implementation. In June, the minister committed £4 million to the first two standards being implemented as a priority. The six-month update did not share any data to demonstrate progress—we only have the minister's word on that. The commitment is for full implementation by April. Will that be achieved?

A briefing from the Royal College of Psychiatrists highlights the need for more support for health boards and integration joint boards that are struggling to meet the standards, with a focus on leadership and increased staffing levels. Our amendment also talks about barriers to residential rehab. How will the minister ensure that the expansion in capacity addresses equal access?

I am looking for support for our amendment today, but we will support a united voice in Parliament. However, the minister's motion lacks acknowledgment of the failure of the Scottish Government to act much earlier when fatalities began to spiral upwards, or to set out a clear course of action. Although I fully recognise that the addictions of the modern era in Scotland are fuelled by industrial change, unemployment and deprivation, trauma and mental health, the responsibility of the Government is to respond—the drug deaths crisis represents a failure of the Government in recent years. It shows the devastating impact of what can happen when focus is not on critical issues that are allowed to escalate as policies continue on a mistaken path. Lives could have been saved if action had been taken far earlier.

Although we welcome several announcements that have been made in the past year, there is still much work to be done. A year ago, the First Minister stated support for adopting safe consumption rooms in Scotland and exploring how to overcome barriers to doing that. Over the past

year there have been a number of statements from the Government on the work that is underway. I was seeking assurances that we were moving forward and I appreciate the minister's comments today on a Glasgow proposal—it sounds like it is coming closer. I support her in pushing forward that plan with other agencies.

Wales has had a drug checking service since 2013, but we are still to get the pilots started. Although a commitment was given, there has been a lack of progress on expanding heroin-assisted treatment, which is important in reducing fatalities, and blood-borne viruses, as the Hepatitis C Trust has highlighted.

Accountability, transparency and scrutiny will be essential going forward, which is why the Labour amendment calls for an independent review—an audit of activity. I await more information on the national collaborative that the minister referred to today and whether it could play a role in that.

A year ago, the First Minister stated the importance of a clear focus on what works and the need to evaluate interventions so we know what works and what does not. A review should cover not only the recommendations of the Drug Deaths Taskforce but also other measures announced by the Government, so that we can assess how effective these interventions are and identify quickly where further change is needed. There is a balance between urgency and evidence-led policy making. That challenge is for the minister. I share her frustration at the pace of change, but we must not lose sight of the importance of informed policy making.

The resignations of the chair and the vice-chair of the Drug Deaths Taskforce reflected a breakdown in the relationship between the Scottish Government and the task force that it appointed. It is unfortunate that, by pushing for urgency—the Government itself had not demonstrated that for a long time—the Government created a situation of uncertainty and conflict. Steps must be taken to avoid that negatively impacting on the on-going work of the task force.

I welcome the clarity today over the appointment of David Strang as the chair of the task force, and I wish him well in leading its work. Its contribution is important, and I urge the minister to work constructively with it and to support completion of the work.

The task force has, of course, already made recommendations. We need to hear what progress has been made with those, including evaluations and updates. The recent report by the Parliament's Criminal Justice Committee raised concerns at the lack of progress on

implementation of the recommendations and called for much faster progress to be made.

We also need increased transparency on the national mission and related work, which demonstrates an inclusive approach. The national drugs mission implementation group, which is chaired by the minister, was set up to drive action across Government and services and to oversee delivery of the task force recommendations. It was due to meet every three months, but information on the Scottish Government website shows that a meeting took place in June 2021, and it gives no indication whether it has met since then. No minutes are available. That does little to instil confidence in the process or transparency. Will the minister, in concluding, advise on additional meetings of the implementation group and outline its current work?

The national mission must be more than a statement: it has to save lives and it has to build futures.

I move amendment S6M-02761.1, to insert after “loss of life”:

“calls on the Scottish Government to provide clarity on the future of the Drug Deaths Taskforce, its leadership and viability of the timescale for completing its final report, as well as provide an update on progress in implementing the recommendations made so far; believes that safer drug consumption facilities, heroin-assisted treatment and drug checking facilities should be urgently progressed as part of harm reduction measures to address Scotland’s drug deaths crisis; further believes that there needs to be swifter action to progress these measures, which can save lives, improve health outcomes and act as a gateway for vulnerable drug addicts to access drug treatment services and other forms of support; acknowledges that the Medication Assisted Treatment (MAT) standards, developed with direction from those with lived experience, have the potential to make a positive difference to people affected by drug use, but agrees that there must be enough investment in services to turn these into reality and ensure that they are sustained in future years; agrees that the expansion of the Police Recording Warning scheme should act as an enabler for vulnerable drug users to access treatment and support services, and that resources should be put in place to ensure that this happens; believes that expansion of residential rehabilitation must address the needs of those areas in Scotland where there is limited service access, that barriers to provision must be identified and removed, and that action must be taken to ensure that all age groups, including young people, can access these services; agrees that there must be a fully independent review to examine the extent to which measures announced by the Scottish Government, including those that were recommended by the Drug Deaths Taskforce, are making the most effective interventions and are tackling the drug deaths crisis.”.

15:31

Alex Cole-Hamilton (Edinburgh Western) (LD): I welcome this debate and reaffirm my good wishes to Angela Constance in her work. I think that all parties want her to succeed. I also

welcome the appointment of David Strang, whom I know from working with on prison reform and matters relating to constituents. I have always found him to be a man of deep compassion and intellect, and I welcome him to his place.

I acknowledge the political progress that has been made on the subject. A year ago, we debated a motion on the issue in the name of Monica Lennon. At that point, it was customary for Opposition time to be afforded to the drug deaths emergency, so I am gratified that the Government is now leading such debates in its time.

Progress is still painfully slow, however. Last summer, Scotland hit a particularly grim milestone, with more than 1,300 people dying of drug overdoses—I am sure that everyone in the chamber is familiar with that. For the seventh year running, we had the highest number of drug deaths ever seen in Scotland. The mortality rate in Scotland is three and a half times higher than those of our English and Welsh counterparts, and it is higher than that of any other European country.

Although deaths are the main focus of the debate, it is worth noting that addiction has devastating consequences from the cradle to the grave. In fact, just last week, my party revealed through a freedom of information request the devastating reality that, since 2017, more than 850 babies have been born with neonatal abstinence syndrome. That not only has immediate and painful side effects for newborns, such as seizures, tremors and breathing difficulties, but can cause serious developmental issues. It is hard to imagine a more difficult start to life. I have talked about that several times, and particularly the work that I did outside the Parliament in that regard.

To solve the crisis and identify solutions, we have to shift away from the perception that addiction is a criminal issue. We are starting to do that. Addiction is a debilitating and consuming sickness that masks unresolved pain and is sometimes born out of mental health conditions or economic circumstances. In some communities, it is also even a rite of passage. To be properly treated, that illness must be met with empathy and a holistic understanding of the factors that contribute to it. The Lib Dems, alongside others, particularly in the Labour Party, have been campaigning for that approach for a very long time.

The Royal College of Physicians advises that, although we are in desperate need of direct policies to tackle drug deaths, we have to address the impact that employment, social security and housing, for example, have as contributing factors to addiction. The royal college says that there must be a joined-up approach and joined-up care

across all those stables for people who struggle with addiction, to tackle the epidemic from all angles. Despite the expertise of the royal colleges, why does the Government not always heed that advice?

Only two weeks ago, the head of the Drug Deaths Taskforce, Catriona Matheson, and her deputy, resigned. Why? They said that it was because they could not cope with the Government's drive to meet the targets quickly, rather than achieving them on a sustainable basis. I hope that David Strang is afforded more latitude to complete his work at a rate that works.

We know that sustainable change can be achieved by precise action and expertise. We can see that from international examples, such as that of our near neighbours in Portugal, who have grappled with such issues and have succeeded. That is why I and my party have previously called for the help of the World Health Organization to provide a specialist task force for Scotland, which could blend international expertise and solutions that work to tackle our drugs death epidemic head on.

My party has called for safe consumption spaces for a long time, following the heroic efforts of people such as Peter Krykant and Paul Sweeney, before he came to this place, to provide spaces for safe consumption and clean equipment. The risk of drug mortality reduces considerably if we reduce the rate of deadly infections such as hepatitis, and there are other vital impacts.

Moreover, we have campaigned for an increase in rehabilitation services. It is of course encouraging to hear about the measures that the Government is working on to reward such efforts and increase rehabilitation capacity by 50 per cent. More can and should be done, however. We need to match that with recognition of the problems in our stabilisation services, which I have discussed with Angela Constance. I hope that she will address the Government's commitment to that in her closing remarks. We cannot get people into meaningful rehabilitation until we have stabilised the various chaotic aspects of their lifestyle.

As I have mentioned before, more must be done to provide a united approach across different services. We have recently heard extremely troubling reports that those in drug and alcohol rehabilitation must leave rehabilitation immediately because, otherwise, they could lose their council homes and tenancies. Is snatching away people's homes really an appropriate way to treat people who are in such desperate need of help, considering that it would be perfectly plausible for the Government to use emergency housing funding to help people to keep their homes and tenancies while they undergo that vital treatment?

The Liberal Democrats have repeatedly called for that, and I ask the minister to reflect on that in her closing remarks.

The motion that we are debating also considers safe consumption facilities, which are an important measure, and it

"supports all options within the existing legal framework".

However, the law is not as black and white as the SNP would lead us to believe. The Government could be pushing and challenging the boundaries of the law to break the legal impasse and properly introduce safe consumption rooms. After all, that was confirmed by the Lord Advocate a few months ago, when my party pushed for a review into the laws.

Above all, it must be remembered that every drug-related death that occurs is a tragedy, but the rate and scale here make the issue a particularly Scottish tragedy. It is a preventable loss of life among people who are in need of compassion and support rather than judgment, and help instead of punishment. A mark of a modern and liberal society is how readily and effectively we offer assistance to those who need it most.

15:38

Gillian Martin (Aberdeenshire East) (SNP): As politicians, we can all come to the chamber with our views on how to help people who are at risk of death from drug use, but it is incumbent on us all to reach out and speak to those with experience. I do not have experience, professionally or personally, and I am acutely aware of that every time that I engage on the issue. I have not felt the pain, as a mum, of seeing my children struggle with addiction, wondering whether they will ever become healthy again and whether, one day, I might get that phone call. However, I have spoken to families for whom that is a constant fear.

Drug addiction does not have a type, but it has some very stubborn root causes that some people are more at risk from than others. In thinking about all the interventions that Ms Constance has outlined over the past year, we must remember that poverty is the most egregious of those causes. No one standing up here today should ever ignore that root cause, which has been many decades in the making. With the mitigations that the Government, drug and alcohol agencies and clinicians can make, it sits stubbornly in the room like the proverbial elephant.

Ms Constance has said many times that she wants to throw the kitchen sink at this issue and that she will consider anything if it works. I was pleased to see the pledge of £1.1 million over three years for projects to monitor progress on the interventions that are being made. Those

interventions include surveillance projects on new problem drug use prevalence estimates, hospital-based toxicology studies and improvements to the national drug-related deaths database. Those projects are vital, because we need to know what is working and what is not.

We have no time to waste. We need to leave entrenched political ideology at the door. Some politicians in the chamber have, over the time that I have been here, been far too wary of following other countries' radical but ultimately successful approaches such as the one in Portugal that Alex Cole-Hamilton has just mentioned. Those politicians are too stuck on purely abstinence-based recoveries and too quick to dismiss safe consumption facilities. They have not recognised that people who suffer from addiction can also have caring responsibilities, which means that they need wraparound care and treatment that consider those responsibilities. I believe that some of those entrenched views are not only stigmatising but unrealistic, given the complex nature of addiction.

Our goal is to help people to recover from addiction and stay recovered. The way to get there will require myriad approaches, not all of which are traditional political vote winners. One of the most significant Government interventions is the implementation of the medication-assisted treatment—MAT—standards across Scotland.

On the matter of stigma, we must all be resolute in our assertion that we are talking about a health issue and that we need to stop constantly referring to it as a justice issue for those who are addicted. The tone and rhetoric of some of the Conservative MSPs who questioned the Lord Advocate on her announcement on diversion from prosecution was slightly disappointing in that regard. That move, which seeks to aid in the recovery for victims rather than compound their trauma by putting them into the justice system, is significant. I also implore politicians to stop using the word "shame" in the media when discussing the issue, no matter how it is meant.

Yesterday's mental health debate had some moving and quite personal speeches from MSPs across the chamber. For some of our citizens, poor mental health leads to a reliance on drugs or alcohol, which can turn into life-threatening addiction. That manifestation is not a lifestyle choice; it is often a symptom of trauma and poor mental health.

If the law is a barrier to recovery, it simply must be changed. I look forward to asking the UK Government minister Kit Malthouse in early February about the UK laws that prohibit the use of safe consumption rooms in a joint session with the Health, Social Care and Sport Committee,

which I convene, and the Criminal Justice Committee.

I come back to where I started, which is my determination always to consult those with experience whenever I speak on drugs policy. With that in mind, I asked my colleagues at Alcohol & Drugs Action in Aberdeenshire what they think of the policy interventions of the Scottish Government in the past 12 months. The director, Fraser Hoggan, said:

"In Aberdeenshire, there are issues not only around opiate users, where MAT standards are very much welcomed. But we also recognise increases in polydrug use within a younger age group. We need to ensure that within the investment plan ... we create an adaptive and flexible treatment system—specialist services that will emphasise and include the vital preparatory work that is trauma informed, care and stabilisation opportunities, and post care such as re-integration planning for any rehabilitation placement."

There is the need to consider broader aspects that ensure relevant assessment processes and a wider 'wraparound' and more joining up of wider health and social providers. So increasing the range of treatment options is indeed essential, but also those involved in delivering them. It is important to stress that rehabilitation beds in themselves won't succeed even with the best of intention if we don't have a 'systems-based' approach. MAT standards will very much be a key lever for opiate users at high risk. But we must broaden out the 'standards' approach further, given that many of those suffering non-fatal and fatal overdoses are polydrug users with a wide variety of other underlying health and social issues."

15:44

Brian Whittle (South Scotland) (Con): I am pleased to be given the opportunity to speak in the chamber on tackling Scotland's drug deaths shame.

Those furthest from society during the pandemic have suffered disproportionately. We have endured nearly two years in which isolation and lack of public contact have been mandated, but for those who are caught by addiction, isolation and lack of contact are the worst of all worlds.

Covid's impact on drug and alcohol consumption, and on death rates, has been significant. Much has been said in the chamber on the subject over the past five years. Although it took far too long for the Scottish Government to acknowledge the severity of the issues, with the First Minister admitting that the Scottish Government had taken its eye off the ball, it is fair to say that action has been taken at long last. Much of that action was repeatedly called for by the Scottish Conservatives, especially on reinvestment in rehabilitation beds, which had been so drastically cut.

In our last debate on the issue in the previous session of Parliament, the Scottish Conservatives recognised that the debate had to move on and,

despite serious reservations, we supported a Government motion that included exploring the viability of safe consumption rooms. Those reservations about safe consumption rooms being the most effective way of deploying public funds and tackling addiction issues remain, but the debate on solving the crisis cannot be allowed to hang on that particular issue.

As the Government motion today says, the debate is about the first year of the new measures, their effectiveness and what steps have to be taken next. We have had a year of putting measures in place to tackle the immediate crisis, helping those with the most urgent and chronic addiction problems and ensuring that they get the treatment that they desperately need—something that the Scottish Conservatives would like to enshrine in law with the right to recovery. Those are understandable first steps, but I want to discuss how we ensure that, as we help each person with their rehabilitation and recovery, their place is not just taken by somebody else who has fallen into the addiction trap. In other words, how can we develop policies that help to prevent people from stepping into that life in the first place, or at the very least catch the problem as early as possible before it reaches crisis point? That is more complicated and long term, but it is, nonetheless, critical that we address it.

Understanding the reasons for addiction and specifically why Scotland has such a poor record is a critical first step in developing a strategy to tackle addiction, which is something that the minister and I have debated and discussed before, and I think that that debate will probably continue. According to the conclusions from a conference called “A Matter of Life and Death”, which was attended by around 110 organisations that are associated with prevention and treatment of drug and alcohol abuse, some of the main causes of drug and alcohol misuse include: marginalisation and exclusion—loneliness; a lack of social structure; poor relationships; lack of protective factors; self-medication associated with masking the pain of adverse childhood experiences and previous trauma; stigma; self-deprecation; barriers to achievement; and homelessness.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): On that list of reasons why people take drugs, the one that was blatantly missing was poverty. Would Brian Whittle accept that poverty is a major contributor to drug use?

Brian Whittle: I thank Mr Fairlie for that intervention, because that was my very next sentence.

I joined the Scottish Affairs Committee at Westminster in the previous session of Parliament for its investigation into deprivation and addiction. It concluded that, although deprivation does not

necessarily cause addiction, deprivation and inequality make the causes I listed more acute, leading to a greater likelihood that people have an inability to access quality treatment and help, lack access to general community services, have an unmet complex health need and lack an effective support structure. Therefore, although Mr Fairlie rightly cited poverty in his intervention, that committee, which is chaired by one of his fellow Scottish National Party members, concluded that it was not necessarily the cause of addiction.

There are successful interventions around the country and we do not need to reinvent the wheel. Many people in organisations on the front line who have lived experience are doing great work. Much of the solution is about supporting work that is already being done. The most effective tools that the Scottish Government has at its disposal to tackle the scourge of addiction, and deaths from it, lie in education, health and the third sector, responsibility for which has been totally devolved to the Scottish Parliament for 20 years.

Successive Governments’ inability to create legislation to tackle, invest in and focus on the issue is an abject failure of the Parliament. Make no mistake: the Scottish Government has a significant toolbox with which to radically alter the approach to addiction and, therefore, the outcomes. I highlight that, within those actions, we must recognise non-clinical interventions, which are not an attempt to replace clinical services but, rather, to augment them. I fear that we are medicalising human distress.

Clinical and third sector partnership solutions must include financial partnerships. I know that the minister recognises that, but we have had these conversations before and there have been too many instances of the third sector organisations that interact with the most isolated patients not getting access to Scottish Government funding.

If I may, I have some suggestions to make. A range of support should be made available in one location—a one-door approach—and services should work together to reflect the needs of individuals and families in the treatment plan. Services should be available within communities, which would provide a sense of feeling connected. There should be sharing of information, continuity of care and more joined-up working between addiction services and community mental health services.

Long-term solutions rely on understanding why Scotland has such a disproportionately bad record on drug deaths and addiction, and I would like to hear an appropriate response. I hope that the minister will answer that in summing up, because to tackle the crisis in the long term, the solution must include prevention.

15:51

Paul McLennan (East Lothian) (SNP): We mark one year of the national mission to save lives and improve lives. In preparing my speech, I reminded myself of the main aim of the national mission, which is to save and improve lives through

"fast and appropriate access to treatment and support through all services ... improved frontline drugs services (including third sector) ... services in place and working together to react immediately and maintain support for as long as needed ... increased capacity in and use of residential rehabilitation"

and a

"more joined-up approach across policies to address underlying issues".

I recently met with MELDAP—Midlothian and East Lothian Drugs and Alcohol Partnership—to discuss how I could help and add value to the mission in East Lothian. East Lothian has actually had a slight drop in drug deaths, from 18 to 14, in the past year. Most of the deaths, like many in Scotland, were of long-term users who had existing issues, many of whom were multiple drug users. Again, like in the rest of Scotland, many—but not all—were from poorer backgrounds. Fourteen lives have still been lost in East Lothian and 14 families are suffering.

Over the next five years, £250 million will be spent on addressing the crisis, and the Scottish Government is determined that every penny of that additional funding will make a difference. The first year of the mission has seen a lot of consultation and honest and frank discussions, but we need to move on to implementation.

The Scottish Drug Deaths Taskforce was set up in 2019 and has considered strategies in some key areas. I will focus on a few of those. The first is stigma, which we should not underestimate. For years, phrases such as "He's just a junky", "He's just a pothead", or "They're just a waster" have been bandied about. People threw around such comments without thinking about their impact. Stigma affects individuals, families and communities. People with drug and alcohol problems often see themselves in a way that reflects the prejudice and judgment of others. That will not go away, and it can override any sense of self-worth or self-esteem. There are strong links between stigma and problems with wellbeing and mental health, as we have heard.

I want to reflect on a constituent whom I have known for a long period of time. Our families grew up 200 or 300 yards away from each other. I have seen him struggle with addictions over a 30-year period. I have seen him being verbally abused on the local high street on a number of occasions—I have seen him in tears because of that. On one occasion, he came up to me and said, "Paul, I just

need help. I hate being like this." That stuck with me. His mental health has suffered. He is a good lad who realises that he needs the joined-up approach that we are talking about.

I know that some members attended the drug and alcohol misuse cross-party group a few weeks ago, when we heard about family members being affected by stigma. It can limit their ability to get help for their loved ones, it is tiring for them—we kept hearing them say that—and it can stop them seeking help for themselves.

Brian Whittle: On stigma, I have heard the horrible phrase, "the hierarchy of death", which means that what appears on the death certificate determines how the family is treated. If "drug death" appears on the certificate, the family tends to be stigmatised. Does the member agree?

Paul McLennan: I certainly do. One of the key things is that we have now moved on from criminalising people to looking at their health problems. I am glad that the member brought up that important point.

Communities with problem substance use are also stigmatised. That can be the case when substance use is higher or is just seen to be higher, and the whole community can be defined by substance use. I have been a councillor for 15 years, and I have heard people say, "If you go in that housing area, there are certain types of people that live there." That brings communities down and makes the people who live in them feel bad, which can cause communities and residents to feel cut off and isolated. We need to work with communities to make sure that that does not go on.

Why does tackling stigma matter? Stigma can make people uncomfortable asking for help, so they reach a crisis point. For the chap I mentioned who came and spoke to me, I think that part of the problem was that he was stigmatised. Stigma also stops issues with mental and physical health, housing and debt being addressed—the problems are much broader.

I also want to talk about medication-assisted treatment, which is very important. It is all about access, choice and support, and that is key. What do the MAT standards mean for the people who use services and support? One thing that I would ask the minister to touch on when she winds up is how we can monitor MAT on a local authority basis. Treatment needs to be consistent across the country, which means that people can get a prescription or other treatment support requested on the day that they present to any part of the service.

People also have a right to involve others, and we have talked about family support. A key thing that came across on the few times that I have

been at meetings of the drugs and alcohol misuse cross-party group was the fact that people relish family support.

Staff also need to help people to choose MAT. We need to ensure that information about independent advocacy services is available and that people feel able to use those services to discuss the issues that matter to them. Such services need to be as local as possible and to be consistent across Scotland, and I again ask minister to say how we can monitor that.

We need to make everyone aware that the treatment is not conditional on abstinence from substances or uptake of other interventions, and we need to ensure that information and advice on recovery opportunities in the community is well known.

What do the standards mean for staff across all the services? That is very important—we have to think about who is providing services. Staff can feel confident and supported to discuss and offer all treatment and care options for MAT on the first day that a person presents. Where a staff member is not trained to do that, they should be able to use a clear pathway to refer a person, on the same day, to colleagues who can.

We have made an encouraging start. We have raised awareness of the national mission, but as MSPs, we have a role: to lead in our communities, to make it a mission for our constituencies and to be advocates for people and their families.

The Presiding Officer: Before I call Michael Marra, I ask that members who wish to speak in the debate make sure that they press their request-to-speak buttons.

15:56

Michael Marra (North East Scotland) (Lab): Much has already been said about the recent developments around the Drug Deaths Taskforce, and I do not intend to take up too much of my time reviewing that unfortunate set of circumstances. Governments do not get everything right, and some Governments get very little right. However, we should welcome it when, if they believe that their approach is not working, they change course.

We are all concerned about the pace of progress. It cannot be allowed to replicate the glacial pace of recognition and acceptance of responsibility from the Government of this astonishing national shame. The cost of that neglect and delay is measured in lives more than it is by time. The impact on my home city of Dundee, the North East Scotland region that I represent and the whole country are huge. Our community remains deeply frustrated that the situation is still of such desperate failure, with continuing trends of

death, destruction and devastation to families and communities across Scotland.

As our amendment and our actions have shown so far, Labour strongly supports the MAT standards and wishes to see them put into practice consistently across the country with the urgency that the minister consistently speaks of. Those reforms, which are to be implemented universally in a matter of weeks, are being demanded at an unprecedented pace, but they are of course responding to an unprecedented situation. I know that the minister will hear even more regularly than I do the well-founded concerns of agencies and experts about how they can be achieved, but we cannot allow inertia to prevail, and neither can we ignore the huge distances that some services have to travel.

I would like to place on record my thanks to the Minister for Drugs Policy and the Minister for Mental Wellbeing and Social Care for meeting me and the Brechin Healthcare Group before Christmas break to hear about the fantastic work that it is doing and the challenges that it faces. The good will and receptiveness of the ministers at the meeting was evident and appreciated, but I still left it with very real concerns about how the MAT standards will be implemented in rural and semi-rural areas, which have lost so many health services over the past 14 years. Of course, how the reality of service access meets the rhetoric of ambition, even in Scotland's urban areas, has been set out in this chamber.

In Dundee, the absence of a functioning same-day prescription service has been central to the tragedy that continues to plague the city. It is now three years since the publication of the Dundee drugs commission report, which had at its core the need for those services to be operational and working in tandem with other support for people. Since the report was published, far more than 195 people have died. That number reflects the published statistics and not the number of people who we have lost since last summer. It is a trend that has continued upwards for a decade and shows no signs of reversing.

The two-year assessment by the independent commission of what has happened with the implementation of the report is now concluding.

I have not had sight of that report but, given the many discussions that I have had, I would be greatly surprised if it were to say anything other than that very little change has taken place. Services have been rebadged and tests of change, as they are now called, have been started, but I can see nothing that has radically altered the situation that Dundonians face. There has been none of the urgent action that is needed to meaningfully improve the life chances of people who are in need of support. I might sound

pessimistic, but more than 200 lost Dundonians and the grief of their families is the fatal proof.

David Strang is no stranger to the challenge of systems that resist rather than embrace change, given how slow the implementation of recommendations from his report into mental health services in Tayside has been.

A Scottish Drugs Forum report assessing progress towards the implementation of MAT standards across the country has found that just 8 per cent of the research participants had access to same-day prescribing. The interminable delays in Dundee's service change must not be tolerated across Scotland.

The debate marks the first anniversary of what the minister calls the national mission. It is a mission with, unfortunately, little real success to show. In all honesty, I find it difficult to describe what the realistic evidence-based intent of the mission is.

Brian Whittle: Does Michael Marra agree that we need to get to grips with why Scotland is caught in such an addiction trap before we can get to a proper solution?

Michael Marra: I absolutely agree. If it is a mission, we should all share it and everyone must know its story and intent. Why is Scotland's drug deaths record the worst in the world by such a huge distance? That is a key question. Why, when we have the same drug laws as the rest of the UK, is the number of drug deaths in Scotland three and a half times as high? A year on, Scotland is yet to hear answers to those vital questions from the minister or the Government.

What has come through the Dundee drugs commission is a picture of what the local problem has been—its character, the type of drugs and the situation. The why and the where are absolutely critical for a form of analysis that the public can buy into. I want to hear more from the minister in that regard. In order for there to be leadership out of the crisis—walking alongside families, individuals and communities—we need to hear the story of why.

In the early part of the past decade, under this Government, prescribing policy changed to stop the dispensing of Valium. That led directly to an illicit street market for cheap and toxic replica drugs. That is the most lethal policy error of devolution, and it has opened a Pandora's box of unintended consequences. Why did it happen? What warnings were made and ignored? How can we avoid that happening again if the tragedy is not recognised and explained? I hope that the conclusion of the task force will be a moment for the minister to answer those questions—the questions of why—and to tell a painful story for which we must all write a better ending.

16:02

Emma Harper (South Scotland) (SNP): I welcome the opportunity to speak in this important debate. Like colleagues across the chamber, I offer my condolences to the families, friends and loved ones of those who have lost their lives. I appreciate the huge amount of work that the minister and task force have already put in place, and I thank them all.

I will focus on two areas: tackling stigma and the action to address drug-related stigma, and naloxone treatment for people who are struggling with addiction in rural areas of Scotland.

Drug-related stigma is damaging, not only because it affects an individual's mental health and sense of self-worth but because it discourages people from coming forward to obtain the help that they need. The minister, Paul McLennan and Gillian Martin have already spoken about stigma. By addressing stigma and the silence and alienation that it causes, we can make it easier for people to seek help, which will benefit everyone.

I welcome and endorse the vital work of We Are With You, which includes stigma reduction. That work is supported by the Scottish Government and includes the stigma charter that the minister described. It is good that active measures are being taken to address stigma. That will be one of the issues to be discussed in my upcoming meeting with the chair of Dumfries and Galloway Alcohol and Drugs Partnership.

In my previous role as clinical nurse educator, which I did prior to coming to the Parliament, I placed a great value on the role of education for all health specialities. I support education being delivered in different ways, especially during the pandemic, because face-to-face seminars have not been possible.

We need to reduce prejudice, discrimination and associated stigma. I have had feedback from nurses and support workers who work in alcohol and drug services who feel discriminated against because they are actively assisting people who need medical help, support and intervention so that their recovery can start. There persists the view among the public that people who make harmful use of drugs and alcohol are just low-lives and criminals who do not deserve anyone's help. They do need our help. They are our sons and daughters, our friends and family members, and we need to support them. Attracting health workers into jobs in drug and alcohol services is difficult enough, so we must do whatever we can to reduce stigma around them.

In my professional career, I have witnessed the negative consequences of using stigmatising language such as "addict", "alcoholic", "druggie"

and “junky”, and that needs to change. In November last year, I picked up that issue with NHS Education for Scotland in asking whether an online education module or modules could be created, aimed at teaching health and care staff who do not work directly in alcohol and drugs services what stigma is and ways to address it. Health and care staff who do not work directly in drug and alcohol services often come into contact with persons who engage in harmful use of illicit opiates and prescribed substances as well as alcohol. Online education could include allied health professionals, such as pharmacists, physiotherapists and occupational therapists.

NES responded by saying that it intended to create such education modules, but I have not seen those on the ground yet. I therefore ask the minister if that work is being taken forward and whether there are any timescales for the completion and publication of such online modules, so that education for health professionals who are not working directly in those services can be taken forward. Even third sector organisations would benefit from anti-stigma advice and learning so that they can help to engage and ensure that persons can access the treatment that they need without discrimination, prejudice and judgment. Accessible online learning could be a key way of helping to deliver anti-stigma education for professionals in healthcare across Scotland. I would welcome the minister’s comments on that.

I will now address naloxone and its provision in rural areas. I welcome the fact that, during the pandemic, families of those who use opiates, as well as professionals who work in drug services, have been allowed to supply take-home naloxone kits to anyone who might be likely to witness an overdose. It is welcome that it is intended that naloxone be given to police officers across Scotland to help when they attend cases of suspected overdose.

Across areas of rural Scotland, however, concerns have been raised about the availability of places for naloxone and the number of people who are being given naloxone who are trained to use it. We know that naloxone, given via nasal delivery by the police who are trained, and by injection by others who are trained, is the first line of defence against overdose. In Dumfries and Galloway, 30 per cent of non-fatal overdoses were people who do not access services, so other places need to be considered to support delivery of naloxone kits. That has occurred really successfully in some places such as Aberlour and Dumfries. Can the minister help local ADPs to identify and assist with making naloxone pick-up at the less formal, non-medicalised sites that people access?

I ask the minister to assure us that rural Scotland is absolutely part of Scotland’s national drugs mission, that people who live rurally are considered equally for all treatment pathways for their alcohol and drug harm, and that the Government continues to pursue this as a public health issue, not a criminal issue. I thank the minister for this past year’s work.

The Deputy Presiding Officer (Liam McArthur): I call Gillian Mackay, who joins us remotely. She will be followed by Stephen Kerr.

16:09

Gillian Mackay (Central Scotland) (Green): I too extend my condolences to anyone who has tragically lost a loved one to a drug overdose. As the motion points out, drug-related deaths are tragic, preventable and an unacceptable loss of life. They are a symptom of people who use drugs being denied the rights and dignity to which they are entitled.

I will focus on these words in the motion:

“notes the need to continue to build on the work of the Drug Deaths Taskforce and other expert groups to implement evidence-led interventions that reduce deaths and improve lives”.

I think that we can all agree that we need to improve the lives of people who use drugs, but I must put to those who are opposed to harm reduction measures and decriminalisation the question, how can you improve someone’s life by criminalising them? How can we take a human rights approach by prosecuting people for their addictions? Prosecution and punishment have no place in this conversation, and I am reassured by the Government’s clear focus on intervention that will reduce harm and improve access to treatment and support.

I am pleased to see the recognition that safer consumption facilities are an important public health measure that could save lives. As members will know, in June last year, my amendment that called on the Scottish Government to investigate, as a matter of urgency, what options it had to establish safe consumption rooms within the existing legal framework was supported by the majority in the Parliament. I am very grateful for the minister’s update on that, and I sincerely hope that all stakeholders will engage with the proposal in a constructive manner to ensure that we can save lives.

The motion also

“recognises that no single intervention will be enough on its own”,

which is crucial. We need a package of measures and a range of treatment options. It would be a failure of the Parliament to focus on one solution

and ignore others. I accept that safe consumption rooms are not a magic bullet, but neither is any other intervention or treatment.

I am concerned about the intense focus on residential rehabilitation. Of course, we need to expand the provision of residential rehab, and everyone who needs and wants to access it must be able to do so, but as I have said previously in the chamber, it will not be the right option for everyone and it should not be prioritised over other treatment options. A truly person-centred approach to the drug deaths crisis will recognise that people need to be able to access the treatment and support that work for them, and that drug use comes in many different forms.

Constituents have expressed concerns to me about the fact that opiates are often the focus in conversations about drug overdose, and that not enough attention is paid to poly drug use and benzodiazepines. I know that work on that issue is already being carried out by the Drug Deaths Taskforce, but it is vital that we continue to highlight the issue in the Parliament.

Like other members, I was concerned to hear of the resignation of the chair and vice-chair of the Drug Deaths Taskforce. I am grateful to the minister for providing an update on a new chair, and I sincerely hope that the change will not stall the progress that is being made.

The publication of the medication-assisted treatment standards was a huge step that established same-day access to treatment, which will reduce the risk of people dropping out of treatment and improve accessibility for vulnerable groups, such as people who are experiencing homelessness. There is also evidence that it reduces heroin use and HIV and hepatitis C risk, as well as overdose and criminal charges.

The living experience of people in medication-assisted treatment was recently surveyed by a team of 13 researchers at the Scottish Drugs Forum. They found that access had improved as waiting times had reduced, although waiting periods were still too long, and that while some participants had reported that there was a greater choice of medication, decisions around choice and dose were not always shared between the person and the prescriber. That suggests that we still have some way to go before treatment is fully person centred, but the picture is encouraging. I eagerly await further progress in that area as a step towards creating flexible treatment services that take account of an individual's circumstances, needs and—crucially—wishes.

As we seek to improve the lives of people who use drugs, we must tackle infections such as hepatitis C, which are drivers of health inequalities. According to the Hepatitis C Trust,

despite a dramatic increase in people completing treatment for hepatitis C in recent years, infection rates have not fallen. Around half of people who inject drugs have had the virus at some point and one in four is currently infected, which makes hepatitis C the most common blood-borne infection for people who inject drugs. As 90 per cent of new infections occur through the sharing of contaminated injecting equipment, safe consumption rooms would be an important tool in the fight to reduce the spread of hepatitis C. The trust is clear that efforts to eliminate hepatitis C will be wasted without the implementation of evidence-based harm reduction services, such as needle and syringe programmes, opioid substitution therapy and heroin-assisted treatment.

We also need to increase knowledge and awareness of blood-borne viruses, which disproportionately affect people who inject drugs, including among those who work in addiction services.

The Scottish Drugs Forum has said that the understanding and perception that front-line staff have about conditions such as HIV are often still informed by events that happened in, or practice from, the 1980s. There is often a lack of understanding of new treatments that mean that people can now live long and healthy lives with no risk of infecting their sexual partners. We need a dual approach that seeks to reduce the risk of people becoming infected and, through education, reduces the stigma.

As we progress through the national mission and look to next steps, I would be grateful if we could look in depth at how we can support families who have members with drug or alcohol issues. Reducing adverse childhood experiences will ensure that we do not continue to perpetuate the trauma associated with drug and alcohol misuse.

Above all, we must respect the humanity of people who use drugs and must restore the dignity, rights and choice that too many have been denied for too long.

16:15

Stephen Kerr (Central Scotland) (Con): I congratulate all members who have contributed to the debate. There is a broad consensus across the chamber on the issue. I agree with my colleagues on the far side of the chamber—particularly Michael Marra and Claire Baker—that although it is important to look forward and work together, it is also important to understand what has happened in the past.

The chamber is a forum for democratic accountability. I therefore make no apology for reminding the chamber that the First Minister herself admitted in April 2021 that the Government

had taken its eye off the ball in relation to drug deaths. That was while we were experiencing 1,000 drug deaths a year. Jim Fairlie can sigh out loud if he likes, but it is the nature of parliamentary process to look at what has happened and try to learn from mistakes that have been made, so that we can go forward with the consensus that we all seek on this difficult issue.

I was disappointed to learn in response to a freedom of information request, that, despite all the rhetoric and promises, the First Minister has not met any of the 31 alcohol and drug partnerships since last year's election. Given the emphasis that she has rightly put on the issue, I would have thought that she would have found time to do so.

Just before Hogmanay, we saw the resignations of Neil Richardson and Professor Catriona Matheson from the Scottish Drug Deaths Taskforce. I welcome David Strang to his new role and wish him well. However, there are some important questions to be asked about comments made by Professor Matheson on the BBC's "Reporting Scotland" programme last night. She seemed to cast doubt on the Government's intention to create policy on the basis of evidence. For example, she said:

"If there's a rush to get things tied up, where does that leave the evidence? Is it about being seen to do something, rather than doing the right thing? That is my concern."

Many people will be concerned to have heard those words from Professor Matheson on television last night.

Further on in the interview, in relation to the circumstances that led to her resignation, Professor Matheson said:

"That came straight out of the blue, and it came just three weeks after we'd received our letters of engagement for the second phase of engagement with the taskforce work, which stated in those letters of engagement that the work would go on until December 2022."

I think we have heard that David Strang's work will go on until July 2022. Professor Matheson went on:

"So what was behind that? And it crossed our minds, is this an attempt to kind of force our resignation and sideline the taskforce altogether? That was one consideration."

The minister should take the opportunity to address those comments in this Parliament.

Professor Matheson went on to make a far more serious comment about the breakdown in the relationship between the minister and the task force:

"We didn't have the full support of the minister any longer, and that ultimately made us concerned about what was driving this and the politics behind it, I suppose. The concern is that when politics comes into this, and that is

across the political spectrum, unfortunately the evidence, and an evidence-based approach, can get squeezed."

I accept Professor Matheson's point about the political spectrum. Perhaps the Minister could respond to those comments for the sake of the record and for the information of the Parliament.

Angela Constance: I take the opportunity to reassure Mr Kerr that the task force and the work that it has undertaken receive my full support. Indeed, that is why I am seeking to implement, for example, the new medication-assisted treatment standards. I say for the record that I wish Professor Matheson well and thank her for her contribution. There is, of course, always a tension between acting on evidence that is never complete and acting now. The reality is that we have to find a balance and do both.

Stephen Kerr: I thank the minister for her comments. I will come back to the idea of action, which is what we all need to focus on.

I recognise a comment that Alex Cole-Hamilton made. I do not think that he is in the chamber at the moment, but he mentioned the figures that were released last week that show that, since 2017, 852 babies have been born addicted to drugs. That important issue was brought home to many millions of people on, of all days, Christmas day in an episode of "Call the Midwife". Many people, including me and speakers who came before me, will not have seen the effects on children of being born in those circumstances and the programme vividly brought the realities home. I know that it is only a drama, but that medium often has a powerful impact on the public. It certainly showed me the reality of the suffering that is borne, and included in that is the suffering of newly born babies.

The bottom line is that it is surely past time for the Government to get a grip on the issue. This is very much a time for us to keep our eyes firmly on the ball. Other political issues should be set aside in favour of the national mission that my colleague Paul McLennan described in great detail. I appreciated the tone of his remarks.

Something that concerns me whenever we debate this issue in the chamber is that there is quickly a resort to the old constitutional battle lines. It becomes a matter of lining up to blame someone else for things that we can and should be taking care of in Scotland, given the devolved powers that this Parliament and the Scottish Government enjoy. I appeal to colleagues not to fall into that habit, not to create those battle lines, and to stop blaming. We should realise that more could and should have been done in the past 15 years. It is now promised that it will be done, and the job of this Parliament and its various committees will be to gauge not just the tone of

the rhetoric, the expressions of intent or the energy that is applied to the delivery, all of which are good, but what happens, what changes and what improves. That is what really matters.

16:23

Paul Sweeney (Glasgow) (Lab): I thank the minister for bringing the debate to the chamber. I struggle to think of a more serious issue that we could discuss in Parliament. As colleagues have outlined, there were 1,339 avoidable drug-related deaths last year, and I fear that, without action, the number will increase again in the next set of figures.

I read the Government's motion with interest, and I would struggle to disagree with much of it. It is probably fair to say that there is broad consensus on the measures that are needed to tackle the crisis. My concern is about the pace of the change that is required.

I intend to keep my remarks to the subject of what I believe is not the only but the single most important change that we could make, which is the introduction of overdose prevention sites. That will not come as a surprise to the minister, given our previous interactions and my personal experience of volunteering at the unofficial pilot project in Glasgow. I welcome the minister's intention to take a revised proposal for an official pilot in the city to the Lord Advocate in due course.

Lots of questions are asked about whether overdose prevention sites can be established within the existing devolution settlement, whether they are effective and whether they will save lives. To put it simply, the answer to all those questions is yes. They can be established within the current devolution settlement, they are effective and they will save lives. How do I know? Because I have seen it at first hand. I volunteered with Peter Krykant, week in and week out, and I was never arrested or charged with any offence, meaning that such sites can clearly be established within the current legal framework. If they were illegal, I would have been lifted and charged, meaning that I likely would not have been standing here. The fact is that I was not.

I saw overdoses being reversed and more than a dozen lives being saved in front of my eyes, so I defy anyone in the chamber to tell me that overdose prevention sites do not work. The evidence is incontrovertible. I saw vulnerable young men and women who had been failed by many other aspects of the state being shown dignity, compassion and respect for the very first time, regardless of what traumas they had endured that led them to substance misuse.

It cannot be left to volunteers to fill the gap. As part of the unofficial pilot, Peter took into his care a

21-year-old girl who overdosed in front of him three times. She was sleeping in a tent in an alleyway in Glasgow because she had been sexually abused, and she was fearful of reaching out to any sort of care or official service because she had suffered so badly as a result of having done so previously. Peter frequently broke down because he was terrified that he would turn up the next day and she would be dead. That culminated in his being triggered—because he is a recovering addict—to the point where he relapsed and his own life was then at risk. I had to feel the fear that my friend potentially would not pick up the phone to me. That is a lived experience for hundreds, if not thousands, of Scots and it is something that we cannot tolerate any more. That was another learning experience from the unofficial pilot in Glasgow.

My heart breaks whenever I hear politicians from whatever side dismiss overdose prevention sites or, worse, hide behind constitutional grandstanding, because, every time that they do so, critical time is wasted.

Brian Whittle: I want to make it absolutely clear that, when we are talking about the effectiveness of the services that the member discusses, my reservation is around deployment of that resource. I would like to see the evidence that that resource is better deployed in that way than it would be if it was moved upstream and deployed in other ways, because we have a finite resource.

My constituency is very rural, so another issue is how a safe injection room would impact—or not impact—on the rural community.

Paul Sweeney: I am not standing here to make the point that overdose prevention sites are a panacea or that they will be suitable in every set of circumstances. What I am saying is that the approach works. Evidence from more than 90 cities in the world demonstrates that it works. The international body of evidence is incontrovertible, as is the evidence from the unofficial pilot in Glasgow. Lives are saved and, for a relatively modest investment, the impact is significant. The approach also leads people into a sense of engagement, which potentially leads them on to a path to recovery. So, let us not make the perfect the enemy of the good, raising expectations and setting standards that we are doomed to fail to meet. We have to meet people where they are at with their lived experience. The drugs are either taken in filthy alleyways or they are taken in sterile conditions—that is the choice before us today.

Every six hours in Scotland, someone dies a drug-related death. That means that, by the time we go to bed tonight, at least one more person will have died such a death, leaving behind heartbreak and agony for their loved ones.

The frustrating thing is that we know that overdose protection sites are now possible. In evidence to the Scottish Affairs Committee in the House of Commons, the Law Society of Scotland stated that, in order to establish overdose prevention sites, there would need to be either a change to the Misuse of Drugs Act 1971, which is within UK Government competence, or there would need to be

"prosecutorial discretion from"

the Crown Office and Procurator Fiscal Service

"not to prosecute in certain circumstances."

We now have that prosecutorial discretion. A matter of months ago, the Lord Advocate stood where the minister is sitting now and said that possession of substances classified under the Misuse of Drugs Act 1971 would no longer be prosecuted.

So what are we waiting for? Although I welcome the minister's intention to bring forward revised pilot proposals, we already have that body of evidence and we need to expand the pilot rapidly into a national network. I do not doubt the sincerity of the Government or the minister when it comes to this issue; I just think that they are down a deep hole, having taken their eye off the ball for so long. The reality is that they are not moving fast enough, and some of the most vulnerable people in Scotland need them to move much faster.

My message to the Government on overdose prevention sites is pretty simple: it must set them up or I will introduce to this chamber legislation to make it do so.

The Deputy Presiding Officer: I call the final speaker in the open debate, Kaukab Stewart. After her speech, we will move to closing speeches, when everybody who has participated in the debate should be present.

16:30

Kaukab Stewart (Glasgow Kelvin) (SNP): I welcome the debate and the opportunity to reflect on one of the most complex and significant public health challenges that we currently face.

Throughout the chamber and beyond, we have tried, with great difficulty, to process the heartbreaking statistics of drug-related deaths that continue to devastate the Scottish population. Each death represents a son, a daughter or a parent who found themselves trapped in a vicious cycle and, tragically, paid the ultimate cost. I offer my condolences to all their families.

According to research that was carried out by Scottish Families Affected by Alcohol and Drugs, across close family and wider social networks, for each individual using alcohol or drugs, an average

of 11 people are harmfully impacted. If someone is a child of a drug user at five years old, on average, their life will be affected until they become an adult. It can take approximately eight years for that child to reach family support for the first time—a combination of services being unable to reach those in need and the endemic stigmatisation of drug users in our society, which further deters individuals from seeking the help that they deserve. I therefore welcome the recognition that progress will be achieved not by a single intervention but by an holistic, person-centred and multimodel approach that places dignity and respect at the forefront of accessible treatment and support services.

We have seen, as part of the Scottish Government's national mission to reduce drug-related deaths and harms, promising steps that will facilitate the culture shift that is needed to tackle the crisis—a shift to a culture that appreciates the dangers of prejudice and focuses on funding evidence-led interventions that recognise addiction for what it is: not a moral failing, but a chronic disease.

Thanks to work that was carried out by the Scottish Drug Deaths Taskforce, the identification of key focus areas will serve as a crucial guide moving forward. That has already led to the provision of life-saving assistance through the expansion of naloxone provision. It is not just clinical staff who are now trained in the supply of naloxone but 800 police officers, with 53 life-saving uses having been administered throughout the 2021 pilot programme. Support has also been offered to charities such as Scottish Families Affected by Alcohol and Drugs, allowing them to roll out an award-winning click-and-deliver naloxone service for family members and friends who could provide that valuable life-saving intervention. More than 4,700 kits have now been issued.

In addition, and to continue the valuable work of the task force, we must seriously consider any and all legislative reform that would reflect the mounting evidence of the advantages of reduced criminalisation. The price of inertia is simply too high. Professor Dame Carol Black's comprehensive independent review of drugs has confirmed that the current public provision for prevention, treatment and recovery in the United Kingdom is no longer fit for purpose. At present, because the Misuse of Drugs Act 1971 is reserved to the UK Government, we remain reliant on Westminster determining that the legislation is incompatible with a public health response to problematic drug use. That is hardly reassuring, because, time and again, we have seen the Conservative Government persist with draconian measures centred around harsh punishment for

drug users—a tired hangover from the woefully outdated war on drugs campaign of the 1990s.

Nevertheless, I am hopeful that logic and compassion will prevail and that the recommendations made by the Drug Deaths Taskforce, including the introduction of safe consumption facilities and more people being diverted from the criminal justice system into treatment and recovery services, will be translated into meaningful action. It is an issue that must transcend party politics. The role of any Government is to protect the health and wellbeing of its citizens, and, when such a disproportionate number of lives are lost each year, it is our duty to reflect on our approach, accept responsibility and implement change.

We need only look at countries such as Canada, where the on-going opioid epidemic sparked the progressive drug policy reform in 2017 that led to the 39 supervised consumption sites that now operate across the country. From 2017 to 2019, despite 15,000 overdoses and medical emergencies in those facilities, not a single fatality was reported on site. Why will the UK Government not allow us to pilot such a scheme in Glasgow when it has clearly worked elsewhere?

According to the National Harm Reduction Coalition, more than 100 safe consumption sites are located in more than 11 countries worldwide, including in Germany, the Netherlands, Switzerland, Spain and Australia. We cannot allow ourselves to be shackled by antiquated beliefs. We must go where the evidence leads us, to ensure that avoidable harms and fatalities are, indeed, avoided.

I had the opportunity to walk around my constituency with my colleague Angela Constance, the minister, and we discussed the scale of the challenge that we face. Nothing will improve overnight. However, by redirecting our energy and adopting a more humane approach to drug use and drug users, we can save lives and ensure that Scotland continues to build on its reputation as a progressive and forward-thinking nation.

The Deputy Presiding Officer: We move to closing speeches.

16:36

Paul O’Kane (West Scotland) (Lab): In the summer of 2021, in one of my first speeches in the chamber, I spoke in a debate on this matter. I spoke of the human cost of the drug deaths crisis in this country—of the families and friends who are left behind, and the communities that feel broken. During today’s debate, we have again heard of that cost and, rightly, our sympathies are with all those who have lost a loved one to drugs.

We have also again seen consensus in trying to find solutions. As Claire Baker, my colleague, outlined in her opening speech, there has been an acknowledgement of failure and a declaration of intent by the Government. However, it is now for us to scrutinise the progress towards that.

Scottish Labour agrees that we need to take a public health approach. We have therefore welcomed the announcements that have been made since January 2021 that could help to reduce the number of drug deaths and amount of problematic drug use, if they are implemented with a degree of speed.

It is clear that more needs to be done, not least in light of the upheaval in the Scottish Drug Deaths Taskforce, which has been spoken about. In common with colleagues, I welcome the appointment of David Strang and am hopeful that his appointment will involve a greater focus on the connection between mental health and substance misuse services, and on using that to achieve the MAT standards—as we have heard, those standards are so important. The questions that Claire Baker raised in her opening speech are key, particularly those on progress to full implementation and on the need for more support for health boards and integration joint boards, as highlighted by the Royal College of Psychiatrists.

Michael Marra, too, spoke powerfully about Scottish Labour’s support for the MAT standards and about the need for greater progress and speed, particularly in his community of Dundee, which I know is so important to him, and particularly on issues such as same-day prescribing. I hope that the minister will pick up on that in her concluding remarks.

Scottish Labour wants to constructively consider all proposals that will reduce harm and support rights of access to treatment. We will, of course, carefully look at the detail of what is brought forward, including the right to recovery bill that was outlined by Sue Webber on behalf of the Scottish Conservatives.

To be a constructive partner is to want to show the way towards a solution to the crisis through honest assessment and honest conversations. Scottish Labour members will always take that approach. We have been clear throughout about what we think we need to see.

We need to see drug consumption facilities being urgently progressed. I take a moment to highlight the contribution of my colleague Paul Sweeney, which I thought was characteristically powerful, as he spoke of his experience in supporting the work of Peter Krykant in Glasgow. It is clear that we must listen carefully to those experiences of what can be done, what can be achieved for people and the reality of what taking

that action means. I hope that the minister will further address what progress could be made in moving that agenda forward.

It is clear that we need further progress on heroin-assisted treatment—we need that to be expanded throughout the country—and we need to see drug checking facilities urgently progressed as part of harm reduction measures to address the drug deaths crisis. All those measures are been outlined by colleagues in their speeches. It is clear that they can save lives. Although it is welcome that the Government is planning to look at the introduction of such facilities, we must ask ourselves why it has taken quite so long.

The consensus in the debate is built on the need to move further and faster in recognising the crisis as a public health crisis. In his speech, Alex Cole-Hamilton spoke powerfully about the need to reduce stigma—Paul McLennan made similar remarks. Stigma persists in so many communities across Scotland. We have to replace the outdated criminal justice approach of years gone by. The Lord Advocate's statement on the expansion of the use of recorded police warnings is welcome. However, that must be an enabler to get people into better treatment and more services.

It is clear that, to make the most of such a step, sufficient resources must be made available to fund local services. As I have said previously in the chamber, we need to ensure that local services are well funded and that local government continues to be funded to ensure that there is a holistic approach to services across the piece.

In the region that I represent, West Scotland, drug deaths remain high—particularly in Inverclyde, where they are among the highest in the country. We have seen efforts by different organisations in the area to reverse that trend. That is truly inspiring and shows what can be done to tackle the crisis when communities and health and care partnerships work together. However, it is abundantly clear that those services are struggling when it comes to the funding that is available to them.

We have also heard about other interventions today, such as the use of naloxone and increasing the availability of naloxone, particularly in rural areas.

There is consensus in Parliament about the actions that need to be taken, but it is clear that there must be robust scrutiny. We need to be a critical friend of the Government in order to move things forward. We know the human cost of drug deaths in Scotland, the pain that is caused to communities and what must be done in order to move the national mission forward.

16:42

Craig Hoy (South Scotland) (Con): I would like to start my contribution to today's debate by thanking those who have participated in it. I was going to say that, relative to her ministerial colleagues, the Minister for Drugs Policy, Angela Constance, is a breath of fresh air. That will be particularly true if she can match her words with actions. In that case, we will all wish her well in her role, because Scotland will benefit.

I thank Sue Webber, Emma Harper and Claire Baker, who all made good speeches. Alex Cole-Hamilton talked about the neonatal effects of drugs, which are an important issue to which we should return. Paul McLennan talked of the 14 lives wasted in East Lothian last year—I deliberately say “wasted” rather than “lost”. I also thank Gillian Mackay and Kaukab Stewart, as well as Paul Sweeney, who talked about the fact that drug deaths are the most important issue that we will discuss in the Scottish Parliament. He also talked about drug consumption rooms, which are something that I was—and still am—sceptical about. However, after hearing a speech of the quality of Paul Sweeney's, we all have a duty to go away and think again.

Drugs are, rightly, an emotive issue and, although there will always be differences of opinion, I do not doubt the sincerity of anyone who seeks to limit the damage that they do. The debate has been an opportunity to reflect on the terrible toll that addiction takes and the damage that is caused by stigma. I was going to say that the toll is on people and their families, but I mean something wider: close and extended family members, friends, friends' families, colleagues, neighbours and anyone whose life intersects with those unlucky enough to set down the path of drug addiction. Peaceful, loving homes are destroyed by the strain that is caused by drug abuse. Michael Marra referred to that happening in his home town of Dundee. As Paul O'Kane said, lives are shattered and communities are broken.

As Stephen Kerr and Sue Webber pointed out, tackling drug-related deaths should unite the chamber. The need to tackle drug-related deaths should be a matter of consensus, but that does not mean that we should not level criticism where it is warranted. Stephen Kerr was right about that.

We should remember that 2022 marks Scotland's 15th year under SNP rule. We know that drug-related deaths have, sadly, almost tripled over those 15 years. To its credit, the SNP has acknowledged that it is a huge issue. I welcome the minister's commitment to tackling it and to developing a sharper focus and a shared understanding, as she said.

I hope that the new national mission on drugs will start to change things. Brian Whittle talked about how the pandemic has exacerbated the issue. However, there must come a point at which the pandemic is no longer used as a convenient excuse for this issue and many other issues.

Jim Fairlie: I do not mean this to be political in any way, shape or form, but I go back to the point about the Scottish Affairs Committee that Mr Whittle made. He cited that committee as saying that poverty is not necessarily the key contributing factor. I have looked at all the notes of the committee, and I can say that it kept talking about poverty being one of the main problems in driving addiction today. If we are going to find a solution, we have to find the cause. Poverty is one of the main causes of drug addiction, and we have to tackle it.

Craig Hoy: When a politician tells us that they are not going to be political, we should be sceptical. There is a dispute over the account, but I will leave Jim Fairlie and Mr Whittle to take that issue out of the chamber.

In Scotland today, drug users are still, sadly, unable to access the support that they need. As we have heard, Scotland's drug death rate is three and a half times worse than that of the rest of the UK and is the worst in Europe. People from the most deprived areas of Scotland are 18 times more likely to have a drug-related death than those in the least deprived areas. Therefore, there is clearly a link, but I am not sure precisely what the link is. I would welcome the Parliament and others looking into that.

We have heard about how the SNP has, historically, failed to support residential rehabilitation. Despite recorded drug deaths reaching a record high, just seven more rehab beds were delivered across Scotland last year. In fact, the number of Government-funded placements for residential rehabilitation declined throughout 2021.

There still seems to be some confusion at the top of the Scottish Government about what to do next. Like Mr Kerr, I watched Professor Catriona Matheson on the television news last night, and I saw the minister, too. I wonder whether, after years of inaction and cuts to front-line services, the Government is somehow trying to make up for that now. We must be cautious to ensure that doing something fast means that it will necessarily be effective.

Scotland's appallingly high number of drug deaths is a national shame. That is why the Scottish Conservatives are bringing forward a right to recovery bill. We are doing that to ensure that the right to life-saving treatment for addiction is enshrined in law. We are very grateful to

everybody who has taken the time to respond to our consultation, and we are delighted that the proposals have received an overwhelmingly positive response.

I still have a sense that, despite the action, the Scottish Government is not taking the issue seriously enough. I therefore urge it to support our bill when it is introduced. I also encourage the Government to work closely with the third sector, alcohol and drugs agencies, the police, the national health service and the Scottish Prison Service, because they have vast experience in the area.

I believe that, working together, we can right the wrongs. We can never reverse the damage that was done in the past, but we can reverse recent trends. We can prevent drug addiction and end a national disgrace once and for all.

16:49

Angela Constance: I, too, start by thanking members across all political parties for their contributions. I very much welcome and appreciate the support and scrutiny of Parliament, because it will help us to build on the foundations, to push on, to scale up and to drive change and improvement through the second year of the national mission and beyond.

I say to Mr Kerr and Mr Sweeney that, much to the annoyance of many of my colleagues, members rarely hear me mention the constitution in drugs debates. I do not, of course, ignore the impact, for example, of the Misuse of Drugs Act 1971, which I believe limits our public health approach, but I hope that members would agree that my attention has a disproportionate focus on the powers and opportunities that we have here in Scotland.

There are many points that I wish to address, and I will do my best to do so. I can tell Mr Cole-Hamilton that, if the Liberal Democrat amendment had been accepted by the Presiding Officer, I would have accepted it. One of the things that I will do this year is bring forward our approach to and plans around stabilisation services, which fits with some of our work on national procurement.

I am sure that members will have noted the national residential family service that we are supporting financially, which will open later this year, as well as our dual housing support fund, which aims to ensure that people do not have to choose between maintaining their place in residential rehabilitation and their tenancy.

On the Tory amendment, I very much welcome and support the comments around the voluntary sector, to which I have given long-term funding

commitments, and I welcome the remarks that have been made on prevention.

Alex Cole-Hamilton: I am very grateful for the assurances that the minister has just made to me through her remarks. Can she confirm to Parliament that residential rehab is not an exact science—it is not a hotel—and that occupancy will sometimes dip well below a normally sustainable level. Can she confirm that those services will be supported when they sometimes lie fallow?

Angela Constance: That is a valid point. There is more that we can do to ensure that we utilise and build on existing capacity.

I say to our Conservative colleagues that the only reason why I cannot support your amendment today is that I fear that it is trying to get me to give a 100 per cent guarantee on signing up to a bill that I have not yet seen. Let me reassure you, however, that your bill, along with Mr Sweeney's, if he introduces it—

The Deputy Presiding Officer: Speak through the chair, please, minister.

Angela Constance: Indeed, Presiding Officer.

Let me assure Parliament that the propositions in Mr Ross's bill and in Mr Sweeney's bill, if he introduces it, will be given a very fair hearing from the Government. As I have said time and again, there is no monopoly of wisdom, and we are trying to march forward together.

I agree on much of the direction of travel in the Labour Party's amendment; unfortunately, however, it would delete all of my motion. I think that we have some common ground, however.

Claire Baker: Our amendment would make an insertion; it would not actually delete the Government's motion. Our amendment would make for a rather long resolution, but the amendment is an insertion.

Angela Constance: If I read the amendment correctly, it would delete the motion after line 1—or, the effect of the insertion is that it would remove all of my motion apart from line 1.

One of the issues that I have repeatedly addressed over the past year is the question, “Why Scotland?” Let me do so again here in the chamber, for the record. There are three reasons why we have the unenviable position of having one of the worst drug-related death rates in the world—if not the worst. The first reason is that the prevalence of drug use and problematic drug use in Scotland is almost double what it is south of the border. There is an existential question as to why that is, and I will not seek to address it between now and decision time, but it touches on prevention and the need for diversion. At its core, it touches on why we have a national mission that

seeks to join drugs policy at the hip with education, the work to address adverse childhood experiences, the work to address poverty and inequality, the work to make our justice system more humane, the work that we do to empower the voluntary sector and the work to address homelessness and issues around mental health.

The second issue is benzodiazepines, which are a problem across the UK. I do not deny that. If we compare Scotland to England, the implication of benzodiazepines in drug-related deaths in Scotland has increased since 2009 by 450 per cent and by 50 per cent south of the border. Although my opinion as to why we have seen that increase differs from Mr Marra's, I say that we absolutely need a better treatment offer, which is why we are introducing the work on stabilisation services and why we need more consensus among clinicians.

Michael Marra: I welcome the minister's addressing of that question, but we should explore why that increase has happened. My understanding is that the removal of Valium scripts has partly created a public policy issue. We have to ensure that we do not open other Pandora's boxes in the same way. If we do not learn the lessons from things that we have done wrong as a country, we will repeat those things.

Angela Constance: I agree. That is why we need a consensus among clinicians. Clinicians are not the only part of the solution, but they are a key part in relation to our taking an evidence-based approach.

I will be candid and blunt about the third reason, which is that we do not have enough of our people in treatment. I have never sought to deny that that situation is largely on us, which is why getting more people into treatment and recovery that is right for them—rather than right for me—and which suits the needs of individuals rather than any of our ideological positions, is at the core of our national mission.

That point takes me to harm reduction and residential rehabilitation. We have sought to take a balanced approach; the debate is not a stultified discussion about recovery versus harm reduction, but about all of the above and more. I accept that we are starting from a low base in relation to residential rehabilitation—I know that from my time in social work.

In the first part of 2021, 112 residential placements were funded with the additional funding that the Government released—almost the same as the number of funded placements in the entirety of 2019. I accept that that is a small indication of a forward move, and that we have some way to go. We need to see year-on-year improvements if we are to reach the goal of 1,000

publicly funded residential care placements per year.

Dreadful statistics are often reported back to me through news articles and in debates—I have actually published most of those statistics, because I have been determined to shine a light on where there are gaps in, or no, care pathways.

Similarly, I want to address some of the issues around harm reduction, given the important briefings that we all received from the Hepatitis C Trust and the Royal College of Psychiatrists. I reassure Gillian Mackay that the actions that they seek are part of my agenda.

I have never demurred from the fact that implementing MAT standards is crucial. However, it is also a massive task. I say to Paul McLennan and Clare Baker that that is why we will publish granular detail, area by area, about the progress that has been made post-April—as with the work that we have done on residential rehabilitation—at my next parliamentary update specific to MAT standards. I am serious about embedding those standards. All will not be well after April, so we will need to improve and sustain that improvement, which is why we have increased the MAT implementation support team—MIST—so that more hands are on deck to assist with that work, and why we have increased the available funding to support it.

I am conscious that time is short, so I briefly say that I pay close attention to what happens in the great city of Dundee. We need to do more to turn expressions of interest on heroin-assisted treatment into hard commitments, but the evaluation of the Glasgow project, which will be published at the start of this year, will help with that work.

I say to Mr Sweeney that I always really enjoy his contributions and his call to go where angels fear to tread.

The work on overdose prevention facilities is detailed and delicate and I am having to find ways to do it within our powers. The Lord Advocate made it clear to the Criminal Justice Committee what needs to be addressed prior to her considerations. That is exactly what I am working on.

I will correspond with Ms Baker on the issues around drug-checking facilities.

Finally, I thank everybody who has participated. We have made progress with other preventable deaths, so change is possible. However, change is not always comfortable—nor should it be, and I make no apologies for that. No one group, MSP or minister is bigger than the national mission. It is a collective and cross-cutting endeavour. We have laid important foundations, but we still have 1,001

bricks to lay. We will lay those bricks, one by one, turning words into actions and building a better Scotland—one that leads, not one that lingers.

Decision Time

17:00

The Presiding Officer (Alison Johnstone): There are three questions to be put as a result of today's business. The first question is, that amendment S6M-02761.2, in the name of Sue Webber, which seeks to amend motion S6M-02761, in the name of Angela Constance, on tackling drug-related deaths through the first year of the national mission, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

There will be a short suspension to allow members to access the digital voting system.

17:01

Meeting suspended.

17:04

On resuming—

The Presiding Officer: We come to the division on amendment S6M-02761.2, in the name of Sue Webber. Members should cast their votes now.

Colleagues, there is an issue with the link for members participating on BlueJeans. I will put the question again.

The question is, that amendment S6M-02761.2, in the name of Sue Webber, which seeks to amend motion S6M-02761, in the name of Angela Constance, on tackling drug-related deaths through the first year of the national mission, be agreed to. Members should cast their votes now.

The vote is now closed.

Clare Adamson (Motherwell and Wishaw) (SNP): On a point of order, Presiding Officer. [*Interruption.*] I had a point of order, but I now have an update on my screen that says that I voted no, which is what I intended to do.

The Presiding Officer: Thank you, Ms Adamson.

For

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)

Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)

McAllan, Mairi (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Abstentions

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Marra, Michael (North East Scotland) (Lab)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 O'Kane, Paul (West Scotland) (Lab)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Smyth, Colin (South Scotland) (Lab)
 Sweeney, Paul (Glasgow) (Lab)
 Villalba, Mercedes (North East Scotland) (Lab)
 Whitfield, Martin (South Scotland) (Lab)

The Presiding Officer: The result of the vote on amendment S6M-02761.2, in the name of Sue Webber, is: For 34, Against 70, Abstentions 19.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S6M-02761.1, in the name of Claire Baker, which seeks to amend motion S6M-02761, in the name of Angela Constance, on tackling drug-related deaths through the first year of the national mission, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)

Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Smyth, Colin (South Scotland) (Lab)
 Sweeney, Paul (Glasgow) (Lab)
 Villalba, Mercedes (North East Scotland) (Lab)
 Whitfield, Martin (South Scotland) (Lab)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Balfour, Jeremy (Lothian) (Con)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Briggs, Miles (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dowey, Sharon (South Scotland) (Con)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 Findlay, Russell (West Scotland) (Con)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hoy, Craig (South Scotland) (Con)

Hyslop, Fiona (Linlithgow) (SNP)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Mairi (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ross, Douglas (Highlands and Islands) (Con)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Simpson, Graham (Central Scotland) (Con)
 Slater, Lorna (Lothian) (Green)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Webber, Sue (Lothian) (Con)
 White, Tess (North East Scotland) (Con)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Whittle, Brian (South Scotland) (Con)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the vote on amendment S6M-02761.1, in the name of Claire Baker, is: For 23, Against 100, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The final question is, that motion S6M-02761, in the name of Angela Constance, on tackling drug-related deaths through the first year of the national mission, be agreed to.

Motion agreed to,

That the Parliament believes that drug deaths are tragic, preventable and an unacceptable loss of life; supports the national mission that seeks to galvanise an all-Scotland

response to this public health emergency, and recognises that no single intervention will be enough on its own; notes the need to continue to build on the work of the Drug Deaths Taskforce and other expert groups to implement evidence-led interventions that reduce deaths and improve lives; further notes that this includes increasing capacity of rehabilitation beds by 50% and providing more than a 300% increase in publicly-funded placements; welcomes the new Medication-Assisted Treatment Standards, including the implementation of same-day treatment and increasing the range of treatment options available across the country, to help save lives; commends further consideration of measures to make rights real and to implement in practice a human-rights approach through person-centred care; considers that safer consumption facilities are an important public health measure that could save lives, and supports all options within the existing legal framework being explored to enable the delivery of these facilities.

Meeting closed at 17:12.

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