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Scottish Parliament

Thursday 30 June 2022

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

General Question Time

The Presiding Officer (Alison Johnstone): Good morning. The first item of business is general question time. In order to get in as many questions as possible, I would appreciate short and succinct questions and responses.

Scottish Government-funded Bodies (Pay Settlements)

1. **Stephen Kerr (Central Scotland) (Con):** To ask the Scottish Government what its policy is regarding negotiating pay settlements with bodies, groups and organisations funded by the Scottish Government. (S6O-01308)

The Cabinet Secretary for Finance and the Economy (Kate Forbes): Negotiations on pay settlements are a matter for our public sector bodies, as the employers, and the relevant staff representatives or trade unions. It is right for employers and trade unions to follow the recognised collective bargaining procedures.

Stephen Kerr: The Scottish Police Federation has rejected what it describes as the “derisory” pay offer of £565. Yesterday, we learned that police officers will withdraw all good will from 5 pm tomorrow. A whistleblower in Police Scotland has told me that there are not enough front-line police officers to ensure safe levels of policing and that, across the east of Scotland, safe levels of policing have not been achieved on any day this year. Police officers are owed more than 50,000 rest days, they work unpaid for up to 20 hours a week, and up to 1,600 of them are planning to quit the service within months. Therefore, will the cabinet secretary reverse the cuts to Police Scotland of recent years, which have had such a damaging impact on policing in this country, and offer safe working practices and decent pay to Scotland’s police officers?

Kate Forbes: In sharp contrast to the approach that the Conservatives have taken south of the border in recent weeks, we believe in fair and affordable approaches to pay. The process in relation to police pay for this year is on-going, so it is not appropriate for me to comment. However, we will continue to ensure that public sector workers across the board are recognised through fair and affordable pay offers, and we will give trade unions, in particular, the respect that they

deserve, which has been sorely lacking in similar negotiations south of the border.

Kenneth Gibson (Cunninghame North) (SNP): Can the cabinet secretary advise us how the Scottish Government can deliver the pay increases that are being demanded when the United Kingdom Tory Government has allowed for inflation of only 2.4 per cent on our block grant this year, at a time when inflation is four times that?

Kate Forbes: Kenny Gibson raises an important point. Over the past few years, we have chosen a progressive pay approach that means that, cumulatively, public sector workers in Scotland are paid, on average, 7 per cent more than public sector workers elsewhere in the UK. The funding for that comes from within our own budget, because there has been a distinct lack of consequential funding from the UK Government.

Kenny Gibson is quite right to identify the fact that our block grant settlement from the UK Government, which was set last autumn, when inflation was much lower, is constrained. The Scottish Fiscal Commission noted that this year’s budget is 2.6 per cent lower than last year’s in cash terms but 5.2 per cent lower in real terms, mainly as a result of reduced UK Government funding.

We will continue to take a distinctive approach, but we must do so within a very constrained budget position.

Mercedes Villalba (North East Scotland) (Lab): Marine protection workers have been undertaking strike action to secure a fair pay rise, but they are now being subjected to underhand tactics to force them back to work. Those tactics include vessels being berthed in inaccessible areas, little accommodation being made available and the workers being put off the vessels when they are on strike.

We would expect such behaviour from the Tories, but we would not expect it from a Government that claims to value the role of trade unions and recognise the importance of fair work. Will the cabinet secretary condemn those tactics and commit to the Scottish Government and Marine Scotland bringing forward a pay offer that addresses the workers’ concerns?

Kate Forbes: Our approach to pay negotiations is to recognise the important role that trade unions play, not just rhetorically but through the process. In recent years, we have seen a distinctive approach being taken. Fully understanding the pressures on workers across the public and private sectors right now, we are committed to negotiations that reach a conclusion that is fair and affordable and that recognises the work of our public sector workers. We will continue to work

with employers as they negotiate with trade unions.

High-speed Broadband (Rural Areas)

2. Pam Gosal (West Scotland) (Con): To ask the Scottish Government whether it will provide an update on the roll-out of high-speed broadband to rural locations. (S6O-01309)

The Cabinet Secretary for Finance and the Economy (Kate Forbes): The latest Office of Communications figures show that more than 2.6 million homes and businesses across Scotland can now access superfast broadband speeds. Indeed, the three strands of activity that make up the reaching 100 per cent programme, which are the R100 contracts—which are worth £600 million—the voucher scheme and commercial build, are helping to deliver that full-fibre infrastructure into rural Scotland.

The latest figures show that, despite telecommunications being fully reserved to Westminster, more than 9,800 connections have been delivered through the R100 contracts and vouchers, with the vast majority being full fibre.

Pam Gosal: Several residents in Craighton Village, Milngavie, do not have access to fibre-optic broadband, as they are too far away from the exchange despite being just 11 miles outside Glasgow city centre. Because BT and the Scottish Government consider Milngavie to have been reached, residents have been told that cabling could cost them tens of thousands of pounds.

Cabinet secretary, the planning and roll-out aspects of broadband are the Scottish Government's responsibility, so what action will the Scottish Government take to ensure that homes on the outskirts of towns and villages are not being overlooked in the roll-out of high-speed broadband?

Kate Forbes: The member may want to review the Scotland Act 2016, which confirms that telecoms is fully reserved to the United Kingdom Government and therefore entirely the remit of the Conservatives in power. However, despite that, we are investing £600 million in the R100 roll-out.

I would be very happy to look at the specific households or locations that Pam Gosal has referenced, to understand when they might be connected. We have, right now, a further 9,500 connections in build, on top of the 9,800 connections that have already been delivered. We will do everything that we can—and we are using Scottish Government devolved spending to reach areas that are in a reserved area—because of the importance of this issue.

Beatrice Wishart (Shetland Islands) (LD): “No one will be left behind” is the Scottish

Government's mantra on R100 broadband. Can the cabinet secretary explain to my constituent on Shetland's west side why it is so difficult for them to get connected? In places such as Whalsay, the current scheme will allow some neighbours to be connected with superfast broadband whereas there are only do-it-yourself vouchers for others.

Kate Forbes: As the member will know, construction work is being undertaken right now to connect subsea cables to our island communities—16 subsea cables with investment from the Scottish Government.

I continue to engage with Openreach, in particular, to see whether we can push the build even further and faster than is currently proposed. Again, understanding the importance of not just starting the job on some of our islands but completing it, I am also engaged with the UK Government to ensure that project gigabit funding helps to complete the job on our islands. Of course, one of the big challenges is the UK Government's arbitrary cap of £7,000 for reaching rural properties. In other words, if it is going to cost more than £7,000 to connect a property, the UK Government cannot help through project gigabit. However, we will try to ensure that all the jigsaw pieces of funding and support reach our islands and that we finish the job.

Ayr Cemetery

3. Siobhian Brown (Ayr) (SNP): To ask the Scottish Government what discussions it has had with South Ayrshire Council regarding the current situation at Ayr cemetery. (S6O-01310)

The Minister for Public Health, Women's Health and Sport (Maree Todd): It is for South Ayrshire Council, as the burial authority, to manage, secure and maintain the burial grounds for which it has responsibility. The Scottish Government has no locus to intervene in operational matters regarding burial grounds. However, in response to correspondence from relatives about water ingress to burial chambers at Ayr cemetery, officials contacted South Ayrshire Council for detail on the actions being taken to remedy the situation, and the council's responses were sent to the relatives. Although it remains an operational matter for South Ayrshire Council to manage and resolve, officials remain in contact with the council about the matter.

Siobhian Brown: Families in my constituency are completely devastated about what has happened to their loved ones, and resolution of the situation must be a priority for the council. I know that the council has ordered an investigation into how this happened. For their peace of mind, families need guarantees that coffins will now be airtight and watertight, as was first promised. Does the minister agree that the result of any

investigation into how this has happened should be made public and that lessons should be learned so that this tragic situation can never happen again to any grieving family?

Maree Todd: Absolutely. I start by offering my deepest condolences to the families who have been affected by the situation at Ayr cemetery. I agree with the member for Ayr, and I welcome South Ayrshire Council's investigation into how the issues at Ayr cemetery arose.

Where possible, any results of, or lessons learned from, the investigation should be shared to ensure that no other families have to face such a situation. The bereaved families will undoubtedly be concerned about what has happened, and it is vital that they understand the steps that South Ayrshire Council is taking, not only to deal with the current situation but to prevent other families from having to experience such a situation in future.

Minimum Income Guarantee Steering Group

4. Emma Roddick (Highlands and Islands) (SNP): To ask the Scottish Government whether it will provide an update on the work of the minimum income guarantee steering group. (S6O-01311)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): The steering group is an expert group with representation from academia, trade unions and poverty and equality organisations, and it has been formed into five workstreams. There is also a cross-party strategy group with representatives from the five parties in the Scottish Parliament. The steering group's work is progressing well, and three meetings have been held since the group was established. At its most recent meeting, on 9 June, a work plan was agreed. That plan includes commissioning several pieces of research and establishing a lived experience panel and a series of equalities workshops, all of which will inform an interim report by the end of this year.

Emma Roddick: A minimum income guarantee is a radical and bold policy, and the work that the Scottish Government has already done in that area is a clear demonstration of its ambition to do everything that is within its limited powers to deliver a fairer Scotland. Does the cabinet secretary agree that tackling poverty must be a national mission, not only for the Government but for all of society, including employers?

Shona Robison: I agree. We need support and action from everyone in society, including employers, so that we can make meaningful and lasting change. The minimum income guarantee has real potential to deliver transformational change by reducing poverty and inequality and ensuring that everyone has enough money to live a decent life. I agree that that must be a national

mission. We are determined to find ambitious ways to tackle poverty—the minimum income guarantee is one such way.

I am acutely aware that the need for action is even more urgent while households across the country are facing a serious cost of living crisis, with those on the lowest incomes being hardest hit.

United Kingdom Government's Policy Programme (Brexit)

5. Collette Stevenson (East Kilbride) (SNP): To ask the Scottish Government what estimate it has made of the potential impacts on Scotland's economy and society of the United Kingdom Government's policy programme, including the current and future impact of Brexit on Scotland. (S6O-01312)

The Minister for Business, Trade, Tourism and Enterprise (Ivan McKee): It is clear that UK Government policies are hurting Scotland's economy and society. That is why we are spending almost £3 billion this year to support families through the cost of living crisis.

Households across Scotland are facing challenges that are being made worse by UK Government decisions, with the UK seeing the highest inflation in the G7. There is new evidence every day of the cost of Brexit, which is harming our trade and making us poorer. The Office for Budget Responsibility forecasts that Brexit will reduce UK productivity growth by 4 per cent, which is about twice as much as the long-run impact of the pandemic. That said, Scotland's exports are still outperforming those of the UK as a whole. Excluding oil and gas, exports from Scotland to all countries in 2021 were down by 1 per cent on 2019 levels. That compares with a fall of 8 per cent for the UK.

Collette Stevenson: In my lifetime, Scotland has had to endure Margaret Thatcher; Blair and his Iraq war; Labour, Liberal Democrat and Tory ministers prioritising nuclear weapons on the Clyde rather than investing in public services; David Cameron's austerity; and Boris Johnson and his reckless Brexit deal. The Tory cost of living crisis that we are all facing is yet another example of UK Government failure. With one hand tied behind our back, there is only so much that this Parliament can do to mitigate Westminster's damaging policies.

However, there is a positive alternative. Does the cabinet secretary agree that the only way to reverse the harms of Brexit, to get rid of nuclear weapons from Scotland and to have the economic levers to build a fairer, greener and wealthier country is for Scotland to become independent?

Ivan McKee: I agree with the member. The Scottish Government has consistently outlined the significant economic cost of policies such as austerity and Brexit. Once again, the economy faces significant challenges and, as the question implied, Westminster holds most of the powers that are needed to tackle the problems that have been brought about by the cost of living crisis in the immediate and the longer term. The Scottish Government has continually urged the UK Government to use all the powers and fiscal headroom at its disposal to address the cost of living crisis. Of course, the member is right to say that an independent Scotland would have the wealth, the capability, the people, the skills and the talent to be able to create a fairer, greener and wealthier society, and I look forward to that happening.

Miles Briggs (Lothian) (Con): Two key policy areas that the minister has completely neglected to mention are the development of green free ports and the very welcome development of the levelling up fund, which is designed to invest more than £4.8 billion to help our town centres, high streets, local transport projects and cultural and heritage assets. What does the minister intend to do over the recess to promote those welcome schemes and to ensure that communities that have been left behind by the Scottish National Party Government for 15 years will benefit from that investment?

Ivan McKee: The member should be aware that the green port process is moving forward. Bidding has closed and the decision about where Scotland's two green ports will be located will be made in the next few weeks.

On the issue of UK support, the UK has put in place measures that are supposed to make up for the loss of funding from the European Union, but, of course, as everyone knows and as can be seen locally and from the figures involved, those schemes fall far short of the support that was previously received by Scottish businesses and local authorities directly from the EU. That is another reason why Scotland needs to take its economy into its own hands, become an independent country and once again become a full member of the European Union.

Housing Developments (Social Infrastructure)

6. **Alex Rowley:** To ask the Scottish Government how many housing developments in Scotland are currently unable to progress as a result of funding for schools and social infrastructure not being in place. (S6O-01313)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): The Scottish Government does not hold that specific information, although planning

authorities monitor housing land locally through regular housing land audits. In our draft national planning framework 4, we have been clear that we want the planning of future development to take an infrastructure-first approach, so that homes are delivered alongside the facilities and services that communities need.

Alex Rowley: I am aware of three sites in Fife that are stalled as a result of the infrastructure for schools not being in place. I met the previous planning minister, civil servants and developers to try to find a way forward for those sites. The problem is not that the developers are unwilling to contribute, under a section 75 agreement, to the £16 million that is required for a new school in Dunfermline and the £6 million that is required for a new school in Kelty; they simply say that they do not have the money available to front load that.

I hear ministers talking about what powers they want, but they need to use the powers that they have. We need to tackle this issue. We need to bring together local authorities and others. Those three sites, which will provide thousands of houses, are stalled because of a lack of front-loaded infrastructure. Will the minister agree to attend a meeting with me, Homes for Scotland, civil servants and the specific developers to see how we can tackle the problem?

Shona Robison: In principle, I am happy to meet, although, obviously, we cannot get involved in any live planning applications.

Alex Rowley will be aware of the £2 billion learning estate investment programme, which will benefit about 50,000 pupils throughout Scotland by the end of this parliamentary session. That programme includes two of Fife Council's priority projects for investment—the Dunfermline learning campus and Inverkeithing high school. Phase 3 will open to local authorities in 2022, and successful projects will be announced before the end of this year.

Work is going on to ensure that the school estate continues to be improved and expanded. However, I am happy to have a meeting about the specific matters that Alex Rowley has mentioned.

First Minister's Question Time

12:00

Policing (Spending Priority)

1. Douglas Ross (Highlands and Islands) (Con): I declare an interest, as my wife is a serving police officer in Moray.

Last week, the chief constable of Police Scotland, Sir Iain Livingstone, said that the Scottish Government had

“clearly set out its spending priorities”

and that

“Policing is not among those stated priorities”.

Is he right?

The First Minister (Nicola Sturgeon): Policing is very clearly a priority for the Government, and it has been every day, month and year in which the Government has been in office. That is demonstrated by the fact that, in Scotland, we have 32 officers per 10,000 population, compared with the situation in England—where, of course, the Conservatives are currently in government—where there are just 23 police officers per 10,000 population. That speaks for itself. In this financial year, we are increasing the policing budget by £40.5 million. That brings the total budget to almost £1.4 billion. That budget maintains our commitment to protecting the police resource budget in real terms.

I will make two points about the resource spending review. First, it does not represent budgets; it projects ahead, based on the financial information that we have right now. It is the Government's responsibility each and every year to put forward a budget, and it is the Parliament's responsibility to scrutinise and pass that budget.

The second point that I will make is one that I have made before in the chamber. The resource spending review, with the projections that have been made based on the information that we had, is, of course, constrained by the fact that our budget is largely set by Westminster Governments and, right now, those budgets are not keeping pace with inflation. If Douglas Ross wants more money for the Scottish Government to allocate—I hope very much that we will be in that position—perhaps as well as, not instead of, asking me questions, he might want to make one or two representations to his boss at Westminster.

Douglas Ross: It is not the questions that I am worried about—it is the answers. The First Minister has just ignored a dire warning from the chief constable of Police Scotland. She deflected by saying we should look elsewhere and look at

the issues in the rest of the United Kingdom. Look at the issues here in Scotland right now.

They were hollow words from the First Minister when she said that policing is a priority. Front-line officers are telling a very different story. This morning, I spoke with a police constable who is frustrated by the state of policing in Scotland. He told me that

“Staffing is horrendous. Too many officers have been left single-crewed and covering entire towns on their own.”

Evidence to the Parliament's Criminal Justice Committee confirms what we have been told. There is a very strong letter from the Scottish Police Federation. Has the First Minister read it? If not, here is what it says. It says that the federation's members—the men and women who serve our communities—“are overworked and undervalued”. The letter continues:

“They tell us they are carrying more and more risk”

and that

“they feel unsafe at their work”.

Does the First Minister accept that front-line officers in Scotland do not believe that policing is a priority for her and her Government?

The First Minister: I absolutely accept that front-line police officers are under pressures, and I take any views that are expressed by those who are on the front line in the police—or, indeed, in any public service—very seriously. My duty, and the duty of my Government, is to ensure that we are working with our public services to support them to the fullest possible extent. I again take the opportunity to pay tribute to the work of our police officers and the staff who support them throughout the country every single day.

In my previous answer, I referred very directly to the situation in Scotland. The facts—[*Interruption.*]. The facts, Presiding Officer, demonstrate the priority that we attach to policing. I readily accept that it is the duty of the Government to demonstrate that each and every single day.

For example, the total number of officers in Scotland now is higher than the number of officers in the situation that we inherited. Of course, that should be compared with a 20,000 reduction in police officers where the Conservatives are in Government. There are 32 officers per 10,000 head of population in Scotland, compared with 23 officers per 10,000 in England and Wales. This relates directly to the understandable feeling of pressure that police officers are under right now: Police Scotland has plans in train to recruit an additional 300 officers in July—in other words, the month that is about to start.

On for our police officers, which is one of the issues that the Scottish Police Federation wrote

about, the negotiations are on-going and it is important that they are given space to continue and, I hope, to conclude positively. However, if we look again—this relates directly to the question, Presiding Officer, because it is about the value and the priority that we attach to policing—at England and Wales, the lowest starting salary for a police officer is £21,654, while in Scotland—*[Interruption.]*

The Presiding Officer (Alison Johnstone): Members—we will hear the First Minister. First Minister, I ask you to conclude.

The First Minister: This is important, Presiding Officer: it is in answer to the question. I repeat, the starting salary in England and Wales is £21,654, just in case Douglas Ross missed that figure, while in Scotland, a new police constable starts on £26,737. *[Interruption.]*

Last year—this is my final point, Presiding Officer—officers in Scotland received a £700 pay uplift and a separate non-consolidated payment of £250. In England and Wales, where the Conservatives are in power, the majority of police officers received no increase in pay whatsoever. That is the difference in the priority of policing.

Douglas Ross: If we listen to that answer from the First Minister, it is as though our police officers should be congratulating her on everything that she is doing. I am sorry, but that is not the reality outwith the First Minister's bubble in Bute house, and clearly her spinners are working in overdrive, because the facts are clear. Police officer numbers in Scotland are now at their lowest since 2008. I repeat—their lowest since 2008.

Again, in the hard-hitting letter from the Scottish Police Federation, the police officers whom the First Minister is speaking about have said that all that they see from the Government are self-congratulatory narratives that disguise reality. We have seen that all over again today.

The First Minister mentioned pay. The SPF described the Scottish National Party Government's latest pay offer as "derisory". It says that

"Officers are incandescent at the current pay offer. They are beyond angry at how insulting it is."

I think that they will be even more insulted to have heard the First Minister's response today.

In response to the Government's lowball offer, SPF members will take action from 5 pm tomorrow. The federation said this morning that this is

"the most overt demonstration of action by our members in over 100 years."

Has the Government considered the impact on front-line policing and public safety of its decision to make such a low offer to our police officers?

The First Minister: The other point that we should recognise is that police officers—like nurses, doctors, and everybody else across Scotland—are suffering from the cost of living crisis, which has been exacerbated by a Conservative Government.

Let me return to the important issues—*[Interruption.]* I think that anybody can compare the public sector pay offers that are being made in Scotland with those that are being made by the Conservatives, and can draw conclusions about the higher value that we attach to public sector workers here, but let me return to the detail of the questions.

I do not expect any police officer or any public sector worker to congratulate the Government; the gratitude and congratulations are entirely from the Government to those who are working hard across our country. However, Douglas Ross is asking me about the value and the priority that we attach to policing. Therefore, it is entirely appropriate and, indeed, necessary for me to point out the facts. We have a higher number of police officers in Scotland than when this Government took office. Three hundred new officers are about to be recruited, from next month. We are increasing the budget for the police, and police officers, generally speaking, are paid more in Scotland than they are elsewhere in the UK.

There is a pay negotiation under way. I fully expect the Scottish Police Federation, or any trade union or professional organisation, to stand up for its members during a pay negotiation. The Cabinet Secretary for Justice and Veterans met the Scottish Police Federation, either earlier this week or last week, and there was a constructive discussion. I hope that all sides will continue to work together constructively to ensure that a fair and affordable pay increase can be agreed for our police officers. Our police officers deserve that, and we will continue to value them and give policing the priority that it deserves.

Douglas Ross: The First Minister is on a different planet. She says that it was a "constructive" meeting between her justice secretary and the federation, but the federation said this morning that its members are now taking

"the most overt demonstration of action ... in over than 100 years."

I asked a very specific question. I asked the First Minister—this is what I said—whether the Government has considered the impact on front-line policing and public safety. She never even answered that. Again, her answer was looking at the issues elsewhere.

The Government has taken its eye off the ball. Resources are being used elsewhere. Policing and justice are clearly not priorities any more, and we can see the impact on public safety.

Violent crime has risen to the highest-ever level since Nicola Sturgeon became First Minister. That is a consequence of a distracted Government—a Government that does not focus on what really matters. It is what happens when the country's top priorities are set aside and when campaigning is put ahead of governing. Surely it is time for the First Minister to focus fully on supporting our police officers and keeping our streets safe and free of crime.

The First Minister: I will run through the key points. First, on the impact of the SPF action, that is, of course, an operational matter for the chief constable. I would have thought that Douglas Ross might know that the chief constable has advised—*[Interruption.]*

The Presiding Officer: Members, we would all like to hear the response. Thank you.

The First Minister: —that the action can be effectively managed in the short term via Police Scotland's operational capacity and resilience subgroup.

Secondly, I would have thought that any reasonable person would have welcomed that constructive pay negotiations are on-going. I appreciate that that is not the way that Tories go about things with public sector workers. They just offer them zero and tell them to go away. We sit down and have constructive pay negotiations.

Lastly, on crime levels, the crime levels in this country are at their lowest since, I think, 1974—*[Interruption.]*

The Presiding Officer: Members.

The First Minister: —and that is partly because—*[Interruption.]*

The Presiding Officer: Members, I cannot hear the First Minister, therefore I can only assume that other people cannot hear. I would be grateful if we could hear the First Minister. Thank you.

The First Minister: The Conservatives do not want people to hear the answers, Presiding Officer, because the answers do not suit the narrative of the Scottish Conservatives. That is the reality.

Crime levels are among the lowest since 1974. That is partly because of the value that we attach to policing but, more than that, it is due to the great work that our police officers and their support staff do, which is why we will continue to support them, in stark contrast to the part of the UK where the Conservatives are in government.

Waiting Times (Cancer)

2. **Anas Sarwar (Glasgow) (Lab):** On Tuesday, the Scottish Government published figures that show the worst cancer waiting times on record. Even during Covid, cancer remained Scotland's biggest killer, with over 36,000 Scots having died of cancer since the start of the pandemic, in March 2020. Can the First Minister tell us how many patients in the past year have missed the 62-day standard for starting cancer treatment?

The First Minister (Nicola Sturgeon): In terms of the cancer waiting times, as Anas Sarwar knows, there are two key waiting time standards. I will come to the 62-day one in a moment. The first is, of course, the target of 31 days from a decision to treat to the first treatment starting. That target—again, as is shown in the statistics this week—is being met. Indeed, the median time for treatment starting after a decision to treat has been made is four days.

On the 62-day pathway, that target is not being met. However, in the most recent quarter, as is shown in the statistics this week, the national health service increased the number of patients who are being treated on the 62-day pathway by more than 4 per cent compared with the same quarter in 2019. We continue to see an increasing number of eligible cancer referrals, and the priority is to ensure that those patients receive the care that they need quickly. As I said a moment ago, once the decision to treat is made, patients wait, on average, just four days to start cancer treatment.

Of course, we recognise that improvements require to be made, particularly on the 62-day pathway, which is why we are investing £40 million over five years to support cancer services, to improve cancer waiting times and to ensure earlier detection of cancer.

Anas Sarwar: The answer that the First Minister was looking for is 3,057. Since the election campaign last year, when Nicola Sturgeon made a promise to focus on Covid recovery and cancer catch-up, more than 3,000 cancer patients have not started their treatment on time. That problem predates the pandemic. In the eight years that Nicola Sturgeon has been First Minister, she has never met the 62-day treatment standard. Things are so bad that, last week, *The Lancet* revealed that senior staff at the Beatson west of Scotland cancer centre had to consider rationing chemotherapy because they do not have the resources that they need. This Government is entirely responsible for that situation.

We know that the earlier people are diagnosed and the quicker they start treatment, the more likely it is that they will survive. That is true for cancer and for many other conditions. How many

people, who are currently waiting for a diagnostic test—including for cancer—have already waited longer than the six-week standard?

The First Minister: Many people are waiting for longer than the six-week standard. I am happy to provide that figure later, but it is important to address the substance of the issue.

The latest diagnostic statistics, which were released at the end of May, showed that 155,000 people were waiting for one of eight key diagnostic tests. Of course, not all those people had been waiting for longer than the target time, but we are investing significantly in endoscopy and radiology services to bring those waiting times down. For example, to specifically support scope-based diagnostics, we have published the £70 million “Endoscopy and Urology Diagnostic Recovery and Renewal Plan”. We are also investing £9 million in this financial year to support diagnostic imaging capacity.

The overall situation with the 62-day pathway is that more patients are being seen within that pathway, which means that more patients are being treated as being eligible for that pathway. The 31-day target has been met, and, although the 62-day target has not been met, more patients are being seen on that pathway and the median wait is 47 days.

We recognise the pressure that NHS staff are under with regard to resourcing, but, under this Government, there has been a 95 per cent increase in consultant oncologists and a 63 per cent increase in consultant radiologists. That is testament to this Government’s commitment.

Finally, we absolutely accept the importance of early diagnosis, which is why we continue to invest in the £44 million detect cancer early programme, and it is why we are investing in early detection centres around the country.

Anas Sarwar: The answer that the First Minister was looking for is that 78,310 people have waited more than six weeks for a diagnostic test. I asked the First Minister the exact same question a year ago, and the answer then was 44,516. Therefore, there has been an increase of 76 per cent. When I told the First Minister that number last year, she said that Covid recovery

“has been my focus and the focus of the Government literally seven days a week, sometimes what has felt like almost 24 hours a day ... That will be the case for as long as is necessary.”—[*Official Report*, 11 March 2021; c 11.]

That was pandemic Nicola, who also promised that Covid recovery would be her priority in this parliamentary session. However, on Tuesday this week, the worst cancer waiting times on record were released. On Wednesday, the outgoing chair of the British Medical Association Scotland begged the Scottish Government for the tools to make the

health service work. Today, on the front page of the *Daily Record*, nurses warn that working on hospital wards is like “hell on earth”. The recovery has not even started yet. In fact, things have got worse. Instead, we have gone back to divisive Nicola Sturgeon, who is now spending seven days a week—sometimes what feels like 24 hours a day—focusing on what she cares about, which is dividing our people and breaking up our country, not rebuilding it.

The Presiding Officer: Before I call the First Minister, I remind all members of the requirement to use first names and surnames.

The First Minister: I think that it is perhaps Anas Sarwar who has lost a bit of focus over the last period, because, first, he seems to forget that, during the period that he is talking about, there have been three further waves of a pandemic and we have seen staff absences impacting on—[*Interruption.*] Staff absences have been impacting on the performance of the national health service.

Secondly, Anas Sarwar talks about tools for the national health service, so I will focus a bit on the tools that this Government is providing to the NHS. NHS staffing is up by just under 30,000 whole-time equivalents—23.5 per cent—to a record high under this Government. We have higher staffing per head than in NHS England, record funding for our national health service, the best-performing—although there are still challenges—accident and emergency service anywhere in the United Kingdom for six years running, and higher spend per head than anywhere else in the UK. Those are the tools that we are giving our front-line staff, and, as is the case with police officers, in Scotland we are paying front-line staff more than those in England and Wales are paid.

Thirdly, I will address Anas Sarwar’s political point. He wants to back up the Conservatives on this point; I want to free Scotland from the Conservatives. The worst thing that could ever happen to our NHS is continuing to have Conservative Governments cutting the budget of this Government and this Parliament—[*Interruption.*]

The Presiding Officer: Members!

The First Minister: That is why having the powers of independence is good for our country, including our national health service.

The Presiding Officer: We move to supplementary questions.

Aviation Industry (Summer Period)

Stuart McMillan (Greenock and Inverclyde) (SNP): What discussions has the Scottish Government had with the aviation industry in Scotland regarding the busy summer period?

The First Minister (Nicola Sturgeon): The transport minister is in regular contact with the aviation sector and has recently had discussions on services during the summer holidays.

Back in May, the minister wrote to the United Kingdom Government about the significant delays at some airports in England, noting that they would concern people in Scotland who planned to travel soon from them. She sought assurances that the UK Government is taking action to ensure that there is no repetition this summer of the inconvenience that has been caused to passengers and business. We have had no response yet, but we continue to press UK ministers to ensure that there is adequate staffing in place at international border controls at Scottish airports. Part of the challenge is that there are now controls in place for visits to and from European Union countries, which is yet another consequence of a Brexit that Scotland did not vote for and another reason for us to be in charge of our own future.

Teacher Numbers (Rural Areas)

Douglas Lumsden (North East Scotland) (Con): This week, *The Press and Journal* reported that Aberdeenshire Council requested 49 new secondary school teachers to start in August but secured only 25. There is a problem in attracting new teachers to our rural areas up and down the country, whereas other parts of the country have received more new teaching graduates than they need. What steps will the Government take to help rural authorities to attract the new teaching staff that they need, to ensure that our pupils in the north-east are not left behind?

The First Minister (Nicola Sturgeon): We will continue to work with local authorities to ensure that teacher recruitment is supported. Of course, local authorities are responsible for both recruitment and deployment of their staff, but it is ultimately for teachers to decide where they work. No minister can dictate that. Probationer teachers choose five local authorities for which they would be willing to work as they complete their probation year, and they are allocated a place by balancing their choice with local need. Local authorities also have the autonomy to provide incentives to attract teachers to their areas, and some have already offered initiatives such as free housing for an extended period.

Cancer Care Services

Jackie Baillie (Dumbarton) (Lab): At the end of last week, *The Lancet* reported on the crisis at the Beatson west of Scotland cancer centre. There were leaked emails about a system that is stretched to the limits of endurance, and other cancer centres across Scotland were described as

being at breaking point. The causes of that pre-date the pandemic. This is what one consultant oncologist had to say:

“Due to the lack of staff, run-down equipment and failure to plan for the future, this current situation of rationing cancer care was entirely predictable.”

He went on to say:

“The NHS and cancer care is run like a budget airline and NHS Greater Glasgow and Clyde spends more time firefighting than forward thinking.”

The First Minister’s Government is in charge of the national health service in Scotland. She has been warned again and again by clinicians, patients and, indeed, politicians, but she simply does not listen. According to the consultant whom I quoted, the £10 million budget allocated for cancer waiting times has been cut to just £1.5 million. I ask the First Minister why.

The First Minister (Nicola Sturgeon): I know that Jackie Baillie would not want to distress patients in any way. I know how hard consultants are working and I take their comments very seriously. However, it is also important to make the point that NHS Greater Glasgow and Clyde has confirmed that

“there are no plans to increase schedule length, stop treatments early or interrupt schedules.”

In addition,

“any”

service delivery

“suggestions that could be detrimental to patients were immediately ... rejected”.

I confirm that, as outlined in our “Health and social care: national workforce strategy”, we are investing £10 million in our cancer therapy and acute oncology workforce to keep up with the growing demand on services. We have also convened a national oncology task force that brings together boards’ chief executives and medical directors to consider further national solutions. We are taking the issue seriously and will continue to do so.

My final point, which I think that I also made in response to Anas Sarwar, is that, since the Government took office, there has been a more than 90 per cent increase in consultant oncologists working in our national health service. That is an indication of the priority that we attach to cancer services. We will continue to work with the workforce to support it in delivering services to patients.

DriveAbility Scotland

Bob Doris (Glasgow Maryhill and Springburn) (SNP): DriveAbility Scotland, which is based in my constituency, provides essential

driving assessments for disabled drivers and offers them support and advice. It takes as short a time as six weeks to secure an appointment, whereas doing so using the national health service national facility in Lothian might take more than six months. DriveAbility Scotland might be forced to close later this year, which would increase NHS waiting times for disabled drivers who desperately need assessments. I have raised that matter with the Minister for Public Health, Women's Health and Sport.

I ask the First Minister to do what she can urgently to secure at least some form of bridging funding for DriveAbility Scotland to allow it to continue to operate for the benefit of disabled drivers while the NHS reviews its own current, under-pressure provision—which I hope will in future involve using DriveAbility Scotland.

The First Minister (Nicola Sturgeon): The Scottish Government has already been engaged on the issue. We have been working with the DriveAbility Scotland service to explore different options. I understand that NHS Lothian's driving assessment team has prepared a draft business plan for the establishment of an additional centre in Glasgow and that that is currently being considered by NHS National Services Scotland. The Minister for Public Health, Women's Health and Sport will keep Bob Doris apprised when NSS reaches its conclusion on the proposal.

Residential Drug and Alcohol Rehabilitation Services

Sue Webber (Lothian) (Con): In 2005-06, 1,929 people were admitted to residential drug and alcohol services in Scotland but, in 2021-22, only 511 placements were approved. That is a drop of nearly 75 per cent. I have heard time and again that rehabilitation gives people the hope that they need for their recovery. Drug-related deaths have spiralled out of control, so why do successive Scottish National Party Governments continue to fail some of our most vulnerable people by slashing capacity in residential rehab by three quarters? Will the First Minister finally throw her weight behind our proposed right to addiction recovery bill, which will enshrine in law the right to residential rehab?

The First Minister (Nicola Sturgeon): If Sue Webber is telling me that that bill has been published this morning, I welcome that, because I cannot throw my weight behind a bill that I literally have not seen.

Douglas Ross (Highlands and Islands) (Con): You actually have until today to support it.

The First Minister: I cannot agree to a bill unless I have seen it, so if Douglas Ross wants to publish the bill—[*Interruption.*]

The Presiding Officer: Members!

The First Minister: I have said in the chamber on many occasions that I have an open mind and want to give as much support to the bill as possible. However, most reasonable people would understand that I cannot support a bill that I literally have not seen because it has not been published.

Douglas Ross: You can read the proposal.

The Presiding Officer: Mr Ross!

The First Minister: Important though Sue Webber's question on residential rehab is, it does not take account of the recent investments and developments in that sphere. We are providing additional funding of £250 million over this session of the Parliament in part to support residential rehab. We are working with alcohol and drug partnerships across Scotland to develop clearer and more consistent pathways into and from rehab because we know that people with problem drug or alcohol use often have other needs. Therefore, we have allocated £20 million of additional funding for residential rehab, £5 million of which is being channelled directly to ADPs to support pathways and placements.

Police (Cost of Living)

Foyso Choudhury (Lothian) (Lab): In the past two weeks, I have received many reports from constituents who are serving police officers in the Lothian region. As they are serving officers, I shall not name them. They include a single mother who has been hit hard by rising childcare, food and energy costs that she can meet only by borrowing from her parents; a young police officer who has been forced to move back in with his parents because he cannot afford rent; and police officers forced to rely on food banks. Does the First Minister think that having a police force in that state is healthy in a developed nation, and what is the Scottish Government going to do about it?

The First Minister (Nicola Sturgeon): No, I do not think that that is acceptable, but nor do I think it is acceptable for anybody, particularly those in any of our public services, to be dealing with a situation where inflation is at almost 10 per cent. Food prices are rising, energy prices are rising and the powers to deal effectively with that do not lie with this Parliament.

What does lie with this Government, of course, is work around police officer pay, and I have already said that the process of negotiation is under way. I hope that it will conclude constructively and fairly, very soon. It starts from a base whereby police officers in Scotland coming into the force are already paid more than those in England and Wales, and last year, in Scotland,

they got a pay uplift that the majority of officers elsewhere in the United Kingdom did not get.

That does not make life easy for our police officers or any other public sector worker, but we will continue to value them not just in rhetoric but in action. However, we need to see action taken on the cost of living, to reduce the pressures on police officers and everybody else across our country.

Ferry Services

3. Jamie Greene (West Scotland) (Con): To ask the First Minister what action the Scottish Government is taking to reduce breakdowns on ferry services to Scotland's islands. (S6F-01290)

The First Minister (Nicola Sturgeon): We fully understand the frustrations encountered by passengers during disruptions and therefore remain committed to on-going support for vital lifeline services. Since 2018, we have made £14.5 million of funding available for upgrades on the CalMac Ferries vessels through the introduction of the ferries resilience fund. That has helped primarily to replace obsolete systems and reduce the likelihood of breakdown on older vessels. We are also committed to investing a further £580 million in the infrastructure investment plan.

Caledonian Maritime Assets Ltd has been tasked with finding suitable additional second-hand tonnage for use on both ferry networks. That has led, for example, to the successful introduction of the MV Loch Frisa on the Mull route.

Overall, since 2007, this Government has invested more than £2 billion in the Clyde and Hebrides ferry service, the northern isles ferry service and ferry infrastructure.

Jamie Greene: "Frustration" is an underestimation of the strength of feeling in our island communities—one needs only to go to the islands and ask those communities what they feel about the ferry services to know that.

The problem is that more than half of the CalMac fleet is way beyond its 25-year life expectancy. The average age of a vessel in Scotland is now 24 years—almost a generation—and the cost of ageing vessels is £84 million of repairs over five years. It is not two new vessels that CalMac needs, but nearly two dozen.

The problem is that the Government has known that and seen it coming for many years, and it has not been building that pipeline of ferries that we need to replace those ageing vessels. The chair of the Mull & Iona Ferry Committee said, on the record, that

"Scotland has one of the worst public ferry systems in the world".

Does the First Minister agree with that comment and, if not, why not?

Secondly, I know that the First Minister has 19 October next year pencilled into her diary, apparently. Will the two new vessels sitting at Ferguson Marine in Port Glasgow be sailing and serving passengers by 19 October 2023, or does the First Minister perhaps have other things on her mind?

The First Minister: The completion timetable for the two ferries is, of course, a matter in the public domain and work is taking place to deliver that. Yes, the ferry fleet is ageing; that is the whole point of the resilience fund that was established in 2018 and partly the point of the infrastructure investment plan, which of course is backed by a further £580 million. It is vital that our island communities have access to reliable ferries, and that is exactly what the Government will continue to be focused on delivering.

Jenni Minto (Argyll and Bute) (SNP): I was impacted by a ferry breakdown on Monday, but thanks to the excellent CalMac staff, I and other ferry users were able to get on later ferries. Does the First Minister agree that the staff of CalMac work tirelessly to help all their customers when breakdowns happen?

The First Minister: Absolutely. The CalMac staff do an excellent job, often in really difficult circumstances, so I want to recognise and acknowledge that—*[Interruption.]* The Conservatives clearly do not want to hear me thank those who work on the CalMac services—*[Interruption.]*

The Presiding Officer: Members, we will hear the First Minister.

The First Minister: Thank you, Presiding Officer, because I want to take the opportunity to thank everybody who works in CalMac for the excellent service that they provide to the travelling public.

LGBT Inclusive Education

4. Joe FitzPatrick (Dundee City West) (SNP): To ask the First Minister, as the end of pride month approaches, whether she will provide an update on the implementation of Scotland's reportedly world-leading LGBT-inclusive education. (S6F-01289)

The First Minister (Nicola Sturgeon): The recommendations of the LGBTI inclusive education working group were published in November 2019 and accepted in full by the Scottish Government. The LGBT inclusive education implementation group has made good progress in delivering on the recommendations. The implementation group has, in partnership with

the Convention of Scottish Local Authorities, promoted effective delivery of LGBT-inclusive education in all Scottish schools and engaged with young people to seek their views and experiences.

The lgbteducation.scot website is an important resource that contains a toolkit of inclusive education resources and a basic awareness e-learning course for education staff on LGBT-inclusive education. The implementation group plans to deliver the remaining recommendations by the end of the next academic year.

Joe FitzPatrick: I put on record my thanks to the Time for Inclusive Education campaign for all its work in making Scotland the first country in the world to embed LGBT-inclusive education across the school curriculum. How will the Scottish Government ensure consistency of delivery in all schools across Scotland?

The First Minister: I, too, take the opportunity to pay tribute to the TIE campaign. I am proud to be wearing its badge today and I see that many members are wearing its lanyards. TIE has done a great job and made Scotland the first country in the world to have LGBT-inclusive education.

On consistency, we want all pupils to benefit from LGBT-inclusive education, so resources and services have been developed to support consistent delivery and are freely provided to schools on the lgbteducation.scot website. It is, of course, for local authorities and individual schools to decide what resources they use to deliver the curriculum. However, a national framework of communication is under development, which will set out national expectations in this area, as part of the on-going efforts to ensure consistency of uptake and principles for effective teaching and learning.

“A New Deal for Tenants”

5. Mercedes Villalba (North East Scotland) (Lab): To ask the First Minister what progress the Scottish Government is making towards introducing an effective national system of rent controls by the end of 2025 as set out in its strategy, “A New Deal for Tenants”. (S6F-01309)

The First Minister (Nicola Sturgeon): This week, Parliament agreed our proposals for strengthened protections for private tenants against eviction. Rising rents cause tenants hardship, which is why we have already committed to introducing rent controls during this session. We are currently working to ensure that the model that is delivered is evidence-based and robust, thereby giving long-lasting benefit to tenants. We are carefully considering around 930 responses and more than 8,000 campaign responses to the “A New Deal for Tenants” consultation. We are also meeting key stakeholders, which is an essential

step in delivering a system that actually works, and we will undertake further consultation on the detail.

We continue to support tenants now, including through committing £83 million in discretionary housing payments this year.

Mercedes Villalba: A cost of living emergency is engulfing the country. As we speak, tenants are being forced out of their homes by eye-watering rent hikes. Every single one of us in Parliament has a responsibility to act with urgency. What practical intervention will the Scottish Government make this year, in 2022, to cap or at least limit rent increases?

The First Minister: I agree with much of the sentiment of the question and that we have a duty to act urgently—I will come back to what the Government is doing in a moment—but we also have a duty to act legally, otherwise what we do will not benefit tenants in the way that we intend it to.

Through the Private Housing (Tenancies) (Scotland) Act 2016, we already have the strongest tenancy protections of anywhere in the United Kingdom. Landlords are already under a number of limitations, and we are committed to introducing a housing bill that will further strengthen existing rights by improving rent adjudication and setting out the framework for the delivery of new rent controls. It is important that we get that right, because if we do not, and a legal challenge were successful, we would not be helping tenants in the way that I accept that Mercedes Villalba wants to.

On what we are doing now, this Government is investing almost £3 billion this year in helping people with the cost of living. That includes £83 million for discretionary housing payments, which supports the mitigation of the bedroom tax and helps with wider housing costs. That investment is a really important tool that is used to safeguard tenancies.

We continue to lead the way in the UK on protecting the rights of and supporting tenants. Of course, if we did not have to mitigate things such as the bedroom tax, and we had more powers to deal with these issues and the root causes of the cost of living crisis, rather than the powers remaining—as the Labour member seems to want them to—in the hands of Conservative Governments in Westminster, this Parliament would be able to do so much more.

Asylum Seekers (Accommodation)

6. Maggie Chapman (North East Scotland) (Green): To ask the First Minister what recent discussions the Scottish Government has had with the United Kingdom Government regarding the

provision of accommodation for asylum seekers based in Scotland. (S6F-01293)

The First Minister (Nicola Sturgeon): The Cabinet Secretary for Social Justice, Housing and Local Government spoke to the UK Government immigration minister in April, when he set out a change in policy to assume one of full asylum dispersal across the UK. In May, the Home Office began an informal consultation on implementation, to which we will respond.

The Scottish Government supports widened asylum dispersal in principle—of course we do—but participation must be voluntary for local authorities, and the Home Office must work in partnership with them, as well as support third sector support organisations that provide vital assistance to people who seek asylum.

Although the funding for local authorities that has been announced is a positive step, it must be sustainable over the long term and be at a level that provides support for asylum seekers and local communities.

Maggie Chapman: The First Minister will be aware that there are now 450 refugees and asylum seekers who are housed in hotels in Aberdeen. She will also be aware of the dreadful acceleration in loss of life in the UK asylum accommodation system, whereby hotels are becoming institutional accommodation for vulnerable people.

Given that mental health and the investigation of deaths are devolved matters, will the First Minister support the design and implementation of a Scottish monitoring and lessons-learned system for all deaths in Scotland of people in asylum accommodation or immigration detention?

Additionally, will the First Minister commit her Government to participate fully in phase 2 of Baroness Helena Kennedy QC's inquiry into the Glasgow asylum seeker deaths, and signal her expectation that other Scottish public agencies will do likewise?

The First Minister: I thank Maggie Chapman for that question. As is demonstrated in the actions that we take, this Government will always seek to use our devolved powers to the full to support asylum seekers, wherever and whenever we can.

Asylum and immigration are reserved matters, so we have raised a variety of issues directly with the UK Government on our real and growing concerns over the accommodation and treatment of asylum seekers. That includes accommodation and appropriate support, as well as adequate funding to public services.

We have repeatedly requested detail of any investigation that is undertaken by the Home Office following deaths in asylum accommodation

in Glasgow, and we have requested an update on the status of recommendations in an internal Home Office report on asylum accommodation during the pandemic. The report appeared in the media in April, but has not yet been made public.

We have not yet received any approach to participate in the inquiry that is led by Baroness Kennedy, but should we do so we will, of course, respond positively and appropriately.

Rural Workers (Abuse)

7. Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): To ask the First Minister whether the Scottish Government will respond to reported calls by the industry to establish a gamekeeping task force to tackle abuse of rural workers. (S6F-01286)

The First Minister (Nicola Sturgeon): Abuse of any worker, including gamekeepers and other rural workers, is totally unacceptable. The Scottish Government has no plans at this stage to establish a specific task force on that issue. However, we are committed to engaging with gamekeepers and other land managers on the issues that they face.

The Minister for Environment and Land Reform, alongside Scottish Government officials, regularly meets land management stakeholders, including organisations that directly represent gamekeepers. I expect that engagement, including discussions on specific issues relating to gamekeeping, to continue now and as we move forward with tackling the biodiversity and climate emergencies.

Rachael Hamilton: Scottish Government-commissioned research from Scotland's Rural College revealed staggering levels of abuse and vitriol suffered by those rural workers. In light of that, the British Association for Shooting and Conservation Scotland has made a renewed call for the creation of a gamekeeping task force.

Rural workers are Scotland's de facto countryside custodians, protecting biodiversity and tackling climate change. With avian flu and the on-going cost of living crisis, there are significant pressures on the mental health of rural workers. I renew my call on the First Minister to meet me, rural workers and rural representatives to set the wheels in motion for giving them the protection that they rightly deserve.

The First Minister: I agree whole-heartedly with the member's points about the importance of rural workers to our rural communities and to the health, wellbeing and prosperity of our country overall. I made many of those points personally when I had the pleasure of attending the Royal Highland Show at the end of last week.

I said in my opening answer that the Government has no plans to establish a specific

gamekeeping task force. However, in the interests of trying to get consensus here, given that the issue has been raised and a renewed request has been made, I will ask the environment minister to consider whether such a task force might have a part to play, and I will revert to the member in due course. Notwithstanding what any decision on that might be, however, I ask the member to accept that we absolutely prioritise on-going engagement with land management stakeholders, including gamekeepers. That engagement will continue, and we will continue to respond to concerns that are raised and work to resolve them. I will also ask the environment minister to meet the member to update her on these matters.

The issue is important. We might disagree on the exact structures and formats through which we will resolve the issues, but I hope that there will be complete unity around the fact that we need to resolve them and support those who work in our rural communities.

The Presiding Officer: That concludes First Minister's questions.

Point of Order

12:47

Alex Cole-Hamilton (Edinburgh Western) (LD): On a point of order, Presiding Officer. *The Guardian* has uncovered an internal Scottish Government memo that confirms that the Government "almost certainly" made changes to legislation at the request of the Queen's lawyers. Alterations to exempt Crown interests in the royal household from certain aspects of law were made before legislation was introduced to the Parliament. We do not know what changes were made or even which bills were changed, and the Parliament and the public deserve to see and understand those changes.

Presiding Officer, I ask for your guidance on how the Parliament and the people of this country can get sight of the changes that were made to legislation at the request of the Queen's lawyers before it was introduced to the Parliament.

The Presiding Officer (Alison Johnstone): I thank Mr Cole-Hamilton for his contribution. Parliament has, of course, taken steps to increase transparency and awareness of the process, but as this is a matter that relates to pre-introduction of bills, it is entirely a matter for the Government.

Decision Time

12:48

The Presiding Officer (Alison Johnstone): There are no questions to be put as a result of today's business. That therefore concludes decision time, and we move on to members' business.

12:48

Meeting suspended.

12:50

On resuming—

Action Mesothelioma Day 2022

The Deputy Presiding Officer (Annabelle Ewing): I ask members of the public who are leaving the public gallery to do so quickly and quietly, please, because we are about to continue with our business. Thank you very much indeed.

The next item of business is a members' business debate on motion S6M-05097—*[Interruption.]* I ask for quiet in the public gallery.

The debate on motion S6M-05097, in the name of Marie McNair, is on action mesothelioma day 2022. The debate will be concluded without any question being put.

Motion debated,

That the Parliament recognises that 1 July 2022 is Action Mesothelioma Day; notes that the action day aims to raise awareness of the disease, which it understands is caused by breathing in asbestos fibres; further understands that there are approximately 2,700 new mesothelioma cases in the UK every year, including over 200 in Scotland, which is the highest number in Europe, and that there are at least a further 2,000 cases of lung cancer that are likely to be caused by asbestos exposure; notes that the action day brings to light the extraordinary work of support groups across Scotland that continue to support people impacted by mesothelioma and their families, as well as doing work to remember those who have died as a result of mesothelioma; acknowledges the particular contribution of Clydebank Asbestos Group, as it approaches its 30th anniversary, which has provided information and support to people with asbestos-related conditions for decades; wishes Action Mesothelioma Day every success, and notes the view that there is a continued need for research into the management and treatment of this condition.

12:51

Marie McNair (Clydebank and Milngavie) (SNP): I am pleased to have secured the debate, and I thank colleagues for their support in signing the motion and for participating in the debate.

Action mesothelioma day, on 1 July, seeks to raise awareness of mesothelioma. I congratulate ActionMeso and all the support groups up and down the country on their determined efforts to raise awareness of the disease. I am delighted that members of the Clydebank Asbestos Group have travelled from Clydebank to support the debate. I welcome to our Parliament Kate Ferrier, Adele Kane and Rachel Gallagher, who join us from the gallery.

Mesothelioma is a type of cancer that is caused by exposure to asbestos fibres, and it begins to grow in the lining of certain organs. Most commonly, it affects the lining of the lungs, but it can also affect the lining of the abdomen or the lining of the heart. It can be difficult to diagnose,

because it has a long latency period. Worldwide Cancer Research states:

“it can take anywhere from 20 to 50 years after a person’s first exposure to asbestos to diagnosis with mesothelioma.”

The disease is incurable, but some people survive for many years after diagnosis. Sadly, however, many cases are diagnosed at a late stage, the cancer having already spread from the lining of the lungs to other parts of the body. Unfortunately, at that stage, palliative care is often the only option.

From my time as part of the nursing team at St Margaret of Scotland hospice, I saw at first hand how those types of cancer took away so many too soon. I had many heart-breaking conversations about the impact of mesothelioma with patients who were at the end stage of the disease, including women who said that they had been exposed to asbestos simply because of their cleanliness, through cleaning their husbands’ overalls.

I heard from patients who had worked in the Turners Asbestos Cement company in Clydebank. They said that they were given little in the way of protective clothing or masks—some used to clear vents with their bare hands. The irony of a national health service hospital now being located on the site of the former asbestos factory is certainly not lost on my Clydebank constituents.

I also remember hospice patients meeting their lawyers about compensation claims; sadly, some died before the insurance company settled. Those companies sought out delay and denied what little justice was available to those who had been criminally exposed to asbestos. Fortunately, things on the compensation front have moved on, but there is much more to be done, and equality must be given to posthumous claims.

Mesothelioma has inflicted much pain and suffering in Clydebank—the town in which I was brought up, live, work and now have the honour to represent. Twenty-six years ago, Clydebank was described as the mesothelioma capital of Europe, due to its having the highest death rates. Recent Health and Safety Executive statistics show that, in the period from 1981 to 2019, the local government area covering Clydebank had the second highest male mesothelioma death rate in the United Kingdom. The statistics also show that we have the highest female mesothelioma death rate in Scotland and the fourth highest in the United Kingdom. That is an unwanted legacy of our industrial heritage.

As well as Turners, which operated in our town between 1938 and 1970, many in Clydebank were employed in the Singer sewing factory or by John Brown & Company in engineering and

shipbuilding. Asbestos was heavily used in those industries and is a major contributory factor to the high levels of mesothelioma.

In response, in the latter half of the 1990s, West Dunbartonshire Council and the health board set up a groundbreaking partnership to increase awareness of the scale of asbestos-related illness and to improve services for those who were exposed to asbestos. At the heart of that partnership is the Clydebank Asbestos Group, which has existed for 30 years and is always there for those who need it. The group is chaired by Theresa Jones and supported by vice-chair Christine Sawyer and secretary Kate Ferrier. It also has hard-working and committed staff in charity co-ordinator Rachel Gallagher and admin officer Adele Kane.

The charity was founded in October 1992 by David Colrairie and his wife, Jean. It is fitting that, in the year of the group’s 30th anniversary, its former chairperson Bob Dickie celebrated his 90th birthday. Bob is still a mentor to the group and is greatly respected for everything that he achieved for it and the cause of asbestos victims across the UK. Bob is also known for his role as a shop steward in the Upper Clyde Shipbuilders work-in and for being part of the delegation to Downing Street to save the yard.

Although the majority of the group’s clients are from heavy industry backgrounds, it now sees clients, including more female clients, who worked not in heavy industry but in other sectors such as education and health and in clerical occupations. Some younger clients have also accessed the service in recent years—shockingly, people as young as 30 are being diagnosed with mesothelioma. That is a worrying development, especially considering how long mesothelioma can go undetected.

Those two issues emphasise my position that everything possible must be done to deal with asbestos in built environments, including taking the most effective approaches to health and safety and providing adequate funding to remove asbestos from public and private buildings.

It is also important that there be good support for health and social care. There have been significant improvements in the package of help and treatments that is available, and we must ensure that it emerges well from Covid and is available to younger age groups, as highlighted by the Clydebank Asbestos Group’s case load.

Finally, the group has developed a good relationship with the industrial injuries disablement benefit office in Barrow. Mesothelioma is a prescribed disease in the industrial injuries disablement benefit scheme, which provides no-fault state compensation to employed earners for

occupational diseases. Claims for mesothelioma are prioritised in the scheme and are automatically assessed at 100 per cent disablement, given the severity and prognosis of the disease. As the benefit transfers over to Social Security Scotland, I want it to work with the group to ensure that the right support is given and quick decisions are made.

I thank all those who are taking part in action mesothelioma day to raise awareness. Members will understand why I secured the debate: mesothelioma is an important issue for my constituents, and I welcome the opportunity to increase awareness and highlight the issues around the disease. I congratulate Clydebank Asbestos Group on its 30th anniversary.

12:58

Stuart McMillan (Greenock and Inverclyde) (SNP): I refer members to my entry in the register of members' interests.

Marie McNair's motion is important, because it reminds the population that mesothelioma is not a disease of the past and that it still exists. Inverclyde, like Clydebank and other parts of the Clyde, has had a long tradition of shipbuilding and heavy engineering. There are many legacies from those industries and, sadly, mesothelioma is one of them.

Health and safety at work in the past was scant compared with today, and year after year people succumb to asbestos-related conditions—200 per year in Scotland, as the motion indicates. We cannot change the past, but we can learn from it, and improving health and safety at work is one lesson that has been learned. The Scottish Parliament has legislated on asbestos conditions in the past and will do so in the future.

On 23 February, the Scottish Law Commission launched its discussion paper on damages for personal injury, which closes today. The discussion paper covers four topics: the law relating to damages for services; deductions from damages; provisional damages and asbestos-related disease; and management of children's awards of damages. In particular, it explores whether reform is needed to reflect socio-legal changes and developments.

Questions 17 to 22 of the paper cover asbestos-related matters, while questions 20 and 21 refer to mesothelioma and time barring, which has been a long-standing issue. In my response to questions 20 and 21, I state:

“Ensures that a person diagnosed with pleural plaques, but doesn't go on to develop a more life-threatening illness, can still claim for damages. Clearly, many people diagnosed with pleural plaques often don't realise their right

to claim damages, so keeping the time bar could still prohibit injured persons from making claims.”

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I have raised the issue of pleural plaques in the Parliament before. A person with pleural plaques can claim for damages, but my understanding is that, if the person makes a claim for pleural plaques and they go on to develop mesothelioma, they cannot make a second claim, so it is a bit of a gamble. A person can go for a low-level settlement for their injury, but they head off at the pass that additional payment should they develop mesothelioma. I know that it is a complex issue, but should the Scottish Parliament tackle it?

Stuart McMillan: Yes, we should; I agree with Mr Doris. In the past—under the SNP Government and the previous Labour-Liberal Democrat Administration—we have had various debates and discussions in the Parliament about legislation relating to pleural plaques. That is one reason why the Scottish Law Commission paper is hugely important.

Mesothelioma will be with us for decades to come, and it is important that people who are diagnosed with it have the right healthcare, the right financial support, the right emotional support and the right to not be hampered by the time bar.

I welcome the Scottish Law Commission discussion paper and look forward to its recommendations. However, I also acknowledge that more people will be diagnosed with mesothelioma and lose their lives before legislation is introduced in the Parliament.

I have been contacted by constituents in the past, and recently by another, raising issues regarding the time bar and mesothelioma. I support that aspect of the law being amended so that Scots—as the motion indicates, more than 200 new cases per year are in Scotland—can have the chance of a more comfortable life after diagnosis.

Action mesothelioma day, on 1 July, is an important day. Society must remember those who helped to build the economy and society that we have today. Mesothelioma will affect many more families in the years to come. We have a job to highlight the disease to the wider public in addition to helping people with mesothelioma.

13:02

Pam Gosal (West Scotland) (Con): I welcome the opportunity to speak on behalf of the Scottish Conservatives in the debate. I thank Marie McNair for introducing this important topic for members' business. I welcome the members of the Clydebank Asbestos Group and thank them for all

the work that they have been doing over the past 30 years.

As the member rightly acknowledges in her motion, action mesothelioma day is a national campaign to raise awareness of the disease and the dangers of asbestos. Despite decades having passed since the inhalation of asbestos was found to cause fatal disease, there is still much work to be done to eradicate asbestos from public buildings. There remains a critical lack of awareness of the risk posed by hazardous substances, such as asbestos, and just how devastating an impact they can have on lives.

The UK Mesothelioma Alliance has gone above and beyond this year to get local areas up and down the UK involved through its “go blue for meso” campaign. The campaign has seen local homes and landmarks lit up in blue to raise awareness of asbestos-induced cancer.

It is not a disease of the past, and it did not disappear when asbestos production ceased—in fact, it still affects people of all ages, from as young as 14 to as old as 90. What was welcome was the Health and Safety Executive’s prediction that annual deaths from the illness would start to decline for men and women from 2020, and there is also the new research and development that are being carried out into the disease. As of yet, however, there remains no known cure.

Sadly, because of their industrial past, the West Dunbartonshire and Inverclyde areas in my West Scotland region are host to some of the highest numbers of individuals suffering with and dying from the disease. However, as the member has stated in her motion, the Clydebanks Asbestos Group has played a vital role for affected individuals and families by offering invaluable support and advice as well as helping individuals navigate the legal frameworks and forms to ensure that they get what they are entitled to. Compensation will, of course, never equate to a loved one’s health and wellbeing—or, indeed, their life—but, without it, the added stress can be a burden on already suffering families. I therefore thank the organisations and individuals who work tirelessly to raise awareness of the dangers of asbestos and who support those affected by it.

A huge percentage of public buildings and homes still contain asbestos. The fact that the exact figure is unknown presents a key challenge as we move forward, but the mass retrofitting of homes and public buildings with new insulation and low-carbon heating systems gives us an opportunity to address the issue. Nevertheless, the risk of exposure to asbestos means that that sort of work must be done with caution. The Health and Safety Executive has made a commitment that future research will address the number of business premises containing asbestos,

and the five-year review, which will be published this summer, is expected to include estimates for the number of premises that do so.

The hard work and dedication of organisations, charities and support groups committed to supporting those affected by mesothelioma and asbestos remain indispensable and critical. Indeed, I have heard first hand from the Clydebanks Asbestos Group about the incredible work that it does. It is important that we as politicians raise awareness of the dangers of asbestos and asbestos-related illnesses and encourage those who come into contact with asbestos to contact the relevant local authorities in order to ensure its safe removal.

13:07

Carol Mochan (South Scotland) (Lab): As we have heard from other members, mesothelioma is a cruel and painful condition that often takes hold years before it is diagnosed. According to Health and Safety Executive data, the disease was responsible for 78 deaths in my local area of East Ayrshire between 1981 and 2019, with 19 of those deaths occurring between 2015 and 2019. That suggests a disease that is taking hold in a particular generation in a much more decisive way as time goes on. Those are 19 families that have had someone stolen from them only very recently, and it is clear that this is a condition that causes lasting pain to families and communities.

We can see, therefore, that mesothelioma is a growing problem that, as other members have said, we must face up to. In particular, we need to raise awareness to ensure that anyone exposed to asbestos can be diagnosed as quickly as possible. Alongside that, there must be a greater focus on the hidden dangers of lung cancer, which takes the lives of so many in ex-mining communities in areas such as mine, and particularly of those men who worked in heavy industries year on year across the South Scotland region. Far too often, such conditions are work related and they must be recorded as such.

Beyond the physical effects of those conditions, the pain to society is acute, particularly because the conditions themselves were so easily avoidable and because it is through decisions that were made in the past that so many people are becoming sick. We did not know that, because of the work that those people were undertaking, their lives would be taken early.

Paul Sweeney (Glasgow) (Lab): I thank my friend for giving way. I had the opportunity with the Delegated Powers and Law Reform Committee to visit the Scottish Law Commission to discuss some of its work on the issue. During that visit, one matter that was raised was the fact that,

although people who worked in manufacturing and construction industries were heavily affected, people living in the same household could be affected due to contact with clothing. It is a very insidious killer, which we must also take cognisance of.

Carol Mochan: Thank you. That point is well made, as is the point that, although the condition is seen in men in heavy industry, women and others are affected because of such issues. We must be aware of that.

We have touched on the fact that so many people who suffered exposure to asbestos during their working life have never received any serious compensation, often due to the fact that employers would jump through hoops to claim that the cause of people's cancer could not be proven. At a time when workers' rights are back on the agenda in a big way, it seems appropriate to renew the call for people to be fairly compensated. Deep down, I know that we can never really compensate someone for such horrendous injuries in their workplace. However, I think that we all agree that we must push that forward and ensure that people get what they are absolutely entitled to.

As people have said, despite that knowledge, to this day, asbestos is mined in certain parts of the world and people with significant interests in the UK are profiting from that process. That is ideologically and morally wrong. In Scotland, we must be clear in our opposition to that trade and the Parliament should be vocal in condemning those practices. In Scotland, there are nearly 200 new cases of mesothelioma a year and yet we are still hearing about cases of asbestos in buildings.

In closing, as always, I thank the groups who raise these issues, such as the Clydebank Asbestos Group—it is lovely to see the group here. My dad grew up in Clydebank and I have heard many stories about the mountains of asbestos that were around in his childhood. I also thank the Scottish Mesothelioma Network for keeping the debate alive. We have a collective responsibility to maintain a focus on the issue, so I thank Marie McNair for bringing it to the chamber.

The Deputy Presiding Officer: I call Bill Kidd, to be followed by Richard Leonard, who will be the last speaker in the debate before I call the minister to respond. Mr Kidd, you have up to four minutes to speak.

13:12

Bill Kidd (Glasgow Anniesland) (SNP): Thank you, Presiding Officer. I congratulate Marie McNair on securing this important debate to recognise action mesothelioma day, which is tomorrow. As others have done, I welcome the members of the Clydebank Asbestos Group who are in the gallery.

The dangers of asbestos were first discovered as early as 1906. Much later, in the 1950s and 1960s, medical reports linked asbestos to lung cancer, mesothelioma and other diseases. The importation and sale or distribution of asbestos-containing materials was finally banned in 1999. However, despite an almost century-long history of tracking the disease and passing laws to stop its use, asbestos and mesothelioma are not issues of the past.

Very sadly, the disease and the harm caused are often missed and not diagnosed for many people until later in life. Many tradesmen who worked with frequent exposure to that harmful carcinogen prior to its ban are still experiencing illness, or only now becoming ill due to its impact. Importantly, as has been said, the families of those affected at work have been affected by that dangerous material.

Moreover, that material still exists in many buildings that were built or refurbished before the turn of the century. That includes public buildings, such as schools and offices, so there is an absolute imperative to not let public awareness of the issue subside over time. The remaining asbestos still needs to be dealt with over a long period, as buildings undergo refurbishment, repair work and demolition. That is confirmed by the Health and Safety Executive, which tells us that 1.3 million tradespeople are at risk of exposure and may yet come into contact with asbestos more than 100 times a year without their knowledge. Risks still exist for tradespeople, homeowners, tenants and so many others. We must remain vigilant to the dangers of asbestos and keep raising awareness of the issue with the public to ensure that proper precautions continue to be taken. Risks must be mitigated through proper training and rigorous health and safety standards.

More than 2,700 people across the UK are diagnosed with mesothelioma every year, including 200 in Scotland, which is the highest number of annual diagnoses in Europe—as Marie McNair's motion highlighted. Exposure to asbestos is responsible for up to nine out of 10 mesothelioma cases, and that form of cancer is most common among men. Shockingly, the Health and Safety Executive tells us that asbestos causes more than 5,000 deaths a year and that around 20 tradesmen die each week as a result of past exposure.

Those figures are truly saddening and they tell us of the many who worked through generations and built the economy and infrastructure of the nation. It was during that process that tradesmen used this material—then thought of as a miracle material—for its cheapness and versatility in the post-war economy. However, it became clear that the miracle material was no miracle at all; rather,

asbestos is acutely dangerous and such frequent exposure left tradesmen, and often their families, disproportionately affected by the harms and illness caused by the material.

Action mesothelioma day is of particular relevance to Anniesland, which is the constituency that I represent. Anniesland has a proud history of shipbuilding and heavy engineering. However, that unfortunately means that many families in the area have been affected by this issue.

I would like to end by highlighting the brilliant work of Action on Asbestos: Industrial Injury and Disease, formerly known as Clydeside Action on Asbestos. Over the years, that brilliant organisation has provided invaluable information to MSPs and support to people in Scotland—including many people from Anniesland—who have been affected by mesothelioma, lung cancer, asbestosis and all other asbestos-related diseases.

13:16

Richard Leonard (Central Scotland) (Lab): I remind members of my register of interests, and I thank Marie McNair for bringing the motion to Parliament. It is fitting that the constituency representative for Clydebank opened the debate. The campaign for action on asbestos has been led by a movement of grass-roots campaigners right across the country, but none have been more prominent than those from her constituency. It is fitting, too, because she follows in the footsteps of her predecessor Des McNulty, who campaigned tirelessly, inside and outside Parliament, on the issue.

Labour's record on securing justice for asbestos sufferers and their families in this Parliament is good. There was Bill Butler's Damages (Scotland) Act 2011. Des McNulty's Asbestos (Improved Compensation) Bill in 2006, which became the Rights of Relatives to Damages (Mesothelioma) (Scotland) Act 2007, was taken through Parliament by people including Hugh Henry, Cathy Jamieson and Johann Lamont. There has been cross-party support, too, when it was demanded, for legislation such as the Damages (Asbestos-related Conditions) (Scotland) Act 2009, but there is outstanding work to be done.

It cannot be right that a failure to lodge a claim for pleural plaques within a three-year time limit bars any subsequent claim for a more serious disease, like mesothelioma. It cannot be right that the so-called "single-action rule" is applied to asbestos sufferers and their families. It cannot be right that, as the trade union lawyers Thompsons Solicitors, said

"individuals should not be disproportionately penalised for failure to raise court proceedings for a relatively minor

injury when they later go on to develop a serious and potentially life-threatening illness as a result of the same negligent act."

It cannot be right, and we should resolve today to use this Parliament to change this law and right this wrong.

My own involvement with the issue goes back almost four decades, to my time working for Alex Falconer, a politically principled socialist and a man of great integrity and humanity, who, before he was elected to the European Parliament in 1984, was a Transport and General Workers Union shop steward and a lagger at Rosyth dockyard. For the avoidance of doubt, that meant 20 years of lagging pipes with brown and blue asbestos—or monkey dung, as they called it—in the confined spaces of naval ships and submarines. In the 1980s, he was diagnosed with pleural plaques on his lungs. He won a test case at the High Court, backed by his union, to secure damages and the right to return to claim further damages if he needed to. He did need to and, 10 years ago this August, my old friend, my old comrade, died of lung cancer.

In death as well as in life, Alex Falconer reminds us about the balance of power between big employers, their millionaire insurers and the people who work for them. He is a reminder that there is a class system, that this is a class-based society and that this Parliament needs once again to be on the side of the working class, because the toll of deaths caused by work-related exposure to asbestos is far from over.

All those asbestos boards and sheets that the industry always knew were dangerous are still present in the walls and ceilings of our schools, offices, public buildings and factories. So, let us make it our mission in this Parliament to rediscover our sense of injustice, to reawaken our spirit of audacity, and to act on the words of the rallying cry of our international workers memorial day and "Remember the dead", but "fight for the living".

13:21

The Minister for Parliamentary Business (George Adam): I take the opportunity to thank Marie McNair for bringing this important debate to the Parliament. As others have done, I will take the opportunity to welcome the representatives of the Clydebank Asbestos Group. I am aware of many of the issues, because—ironically, as an interesting side note to the debate—my very first debate as a councillor at Renfrewshire Council was on the issue. The debate was brought by Clydeside Action on Asbestos and I think that it was part of one of Stuart McMillan's campaigns, which inevitably ended up at Renfrewshire Council. I am therefore aware of the issue and

have been for quite a while. I also note that I have just heard that the Scottish Government buildings will be lit up blue tomorrow to support raising of awareness of the issue.

I welcome the opportunity to close the debate. The Scottish Government recognises the damaging impact of all cancers on individuals and their wider support network and families. That is particularly evident in relation to mesothelioma, for which the available treatments are limited. However, we also recognise the significant progress that has been made over recent years. More people are now being treated more effectively, more quickly and more safely, and more people are receiving care at home. That is a great improvement, thanks to the efforts of people across the national health service in primary care, acute care and oncology, and in social care and the third sector.

With regard to mesothelioma, we have strong clinical leadership through the establishment of the Scottish Mesothelioma Network in 2019. The network strives to improve outcomes for patients by taking a collaborative approach across Scotland and across various professions, which means that all patients in Scotland can access the very best expertise, and the care that they deserve, no matter what health board area they happen to live in. The network recently created the first set of national quality performance indicators, and although we are not achieving all those QPIs just yet, they are a great first step in tracking our progress as we continue to drive further improvement.

I commend the work of the network and acknowledge its recent award for innovation at the recent Scottish health awards. In addition, the work of our third sector partners, such as Clydebank Asbestos Group, should be acknowledged. Its work to support not only individuals' physical needs but their emotional and mental wellbeing is immensely important, and we could not do without that work in the health sector. The work of our various partners in the community helps us to support affected individuals, which has been the case especially over the past couple of years.

As we are all aware, the pandemic has had a significant impact on all aspects of our lives, and a significant impact on health services. In December 2020, we published the national cancer plan, which set out a response to the pandemic for cancer services and how we plan to recover and redesign those services to ensure future resilience.

Although the cancer plan did not specifically mention mesothelioma, that should not for a moment be taken as a sign that improving the outcomes for people with mesothelioma has not

been considered and has not, ultimately, influenced our strategic plans. Under one of our flagship actions—the establishment of the Scottish cancer research network—the Scottish Mesothelioma Network has been picked up and will be directly funded by the Scottish Government.

In addition, the Scottish Government is acutely aware that early detection of all cancers is crucial. That is why we continue to invest in initiatives such as our detect cancer early programme and the three early cancer diagnostic centres.

Alongside those initiatives, we refreshed the “Scottish Referral Guidelines for Suspected Cancer” in 2019. Those guidelines support primary care clinicians in ensuring that people with suspicious symptoms are put on the right pathway at the right time, and they include a specific section on mesothelioma. The guidelines should help clinicians to identify patients who are most likely to have cancer and who require urgent assessment by a specialist.

Under our current plan, we are investing in single points of contact, who will help cancer patients along their journey. Those points of contact will be available to discuss questions or anxieties related to patients' clinical care, and will help them to self-manage aspects of their condition.

When it comes to mesothelioma specifically, we are aware that nine out of 10 diagnoses are directly linked to exposure to asbestos. As we all know, asbestos is a material that was previously commonly used in construction and other industries. Because the curative options that are available for mesothelioma patients are limited, it goes without saying that prevention is the best policy. The use of asbestos has been banned in the UK since 1999. Where asbestos remains, working with it requires a licence and use of strict control measures, including personal protective equipment such as respirators.

As well as work to prevent exposure to asbestos and to provide appropriate medical care for people who have been affected by it, good work has been done to ensure that people have appropriate rights to compensation. The Scottish Government and the Scottish Parliament have a strong record of supporting people who have been negligently exposed to asbestos. Significant provision has been made with regard to the law on damages for personal injuries, including through the passing of the Rights of Relatives to Damages (Mesothelioma) (Scotland) Act 2007 and the Damages (Asbestos-related Conditions) (Scotland) Act 2009, and through the support that the Government provided for the bill that became the Damages (Scotland) Act 2011.

Although preventative policies are welcome, the reality is that many individuals will continue to present with mesothelioma because of its long latency period and extensive use of asbestos until the late 1990s. In conjunction with that, unfortunately mesothelioma can be difficult to treat. Nearly all the treatment is aimed at controlling the disease for as long as possible and keeping the symptoms under control.

However, doctors and researchers are working to improve the treatment all the time, and I am delighted to say that, in February, the Scottish Medicines Consortium approved the use of a new combination of drugs as a first-line treatment for adults. That treatment is the first new treatment for mesothelioma in 14 years.

The new treatment would not have been possible without clinical trials. The Scottish Government encourages clinicians to ensure that as many patients as possible are included in relevant and appropriate clinical trials. There is significant evidence that outcomes are improved for patients who are treated in environments in which research is the norm or who are involved in cancer trials.

On wider research, the Scottish Government is supporting a postdoctoral clinical lectureship to investigate a new avenue for potential treatment, and is co-funding a medical research charity to evaluate compounds to determine whether they should be developed further as potential treatments.

I thank members who have contributed to the debate, which has been wide ranging and has underlined the fact that all members across the chamber are united in a desire to help people who are affected by mesothelioma. Significant progress has already been made on cancer, but despite everything that we have achieved, we know that we must keep looking at how we can do better. That is why we are committed to publishing a 10-year cancer strategy that will look at how, as a nation, we can work towards our longer-term goals to improve patient outcomes and experience.

Dundee Drugs Commission

The Deputy Presiding Officer (Liam McArthur): The final item of business is a members' business debate on motion S6M-04364, in the name of Michael Marra, on Dundee drugs commission review report. The debate will be concluded without any question being put. As ever, I invite members who wish to participate to press their request-to-speak buttons or place an R in the chat function as soon as possible.

Motion debated,

That the Parliament welcomes the publication of the report, *Time for Kindness, Compassion and Hope: The Need for Action Two Years On*, by the Dundee Drugs Commission; thanks the Commission for its work in the production of both of its reports; is grateful to everyone who brought witness and testimony to this work from lived experience and frontline service provision; believes that testimony will have been incredibly difficult to deliver for many of the witnesses; understands that, despite the urgent recommendations in the first report, Dundee continues to have a very high level of drugs deaths by national and international comparisons; notes with concern what it sees as the failure to sufficiently progress the recommendations of the original report by all agencies in Dundee; further notes support for the recommendations of the Commission, which include an urgent health needs assessment for drug users, the wholesale reform of substance misuse, and recovery services that move away from a punitive medicalised model to a community facing system of care; is concerned by the report's conclusion that "the scale of the challenge to turn the situation around hasn't been fully appreciated" by local leadership, and notes the calls for the full adoption of the recommendations with a specific delivery plan from the Dundee Partnership.

13:29

Michael Marra (North East Scotland) (Lab): Earlier this week, I hosted some of the Dundee drugs commissioners here in Holyrood to allow MSPs to hear their testimony directly. Their deep frustration at the lack of progress in the delivery of their recommendations in both of the reports was palpable.

"I despair. I actually despair."

Those are the words of the chair of the commission, Dr Robert Peat.

In reviewing my files in preparation for this debate, I revisited a litany of action papers, a plethora of delivery plans and many statements of intent—thousands of warm words from political and service leadership in Dundee, yet here we are: no action—just despair. The cost of not changing is measured in lost lives, ruined families and despair that runs not just through families but through generations.

At the centre of the reports from the commission is a model of addiction service that is isolated and outdated, and that operates apart from primary

care, apart from acute medical care and in purposeful isolation from mental health care.

Staff in Dundee drug and alcohol recovery services work incredibly hard in very challenging circumstances. They are frequently understaffed. They feel under attack. They want to provide care and feel proud of the care that they give. However, the reality of the service is that it is punitive and overly medicalised. Frankly, it is a broken system. The response was to rebrand it for what I believe was the fourth time. Folk in Dundee still call the service the name that it had 20 years ago. The name does not matter, when it is still doing the same thing. It is our job here to ask what is stopping real change. That is my central question to the minister today. Why no change, minister?

This Government has no real track record of public service reform. The lack of Government knowledge about how to lead reform over the past 15 years, and the lack of thirst to see reform happen, is part of the problem.

Let me give Parliament an example. One of the key findings of the Dundee drugs commission was that addiction services and mental health services could not be accessed in tandem by one suffering individual. In fact, accessing addiction services meant that someone specifically could not access mental health services. I do not believe that anybody in this chamber, anybody working in those services or any family believes that mental health and substance abuse are not linked. For so many, they are two sides of the same coin. However, it was not just this commission and these commissioners that came to that conclusion. Years ago, the Dundee poverty commission said the same thing. The Strang review into the dreadful state of our mental health services in Tayside said the same thing, and yet a very senior officer in the Dundee health and social care partnership said to me:

“We do not recognise this description.”

This has gone way past a lack of evidence or analysis. It is an obdurate refusal to listen or accept the truth, because doing that would mean that change has to happen. I believe that the minister knows it and that she shares some of the same frustrations. The minister's own report just last week on medication-assisted treatment standards said that despite cast-iron assurances of implementation, we know, as a Parliament and as a country, that we are nowhere near it.

Dundee has had even longer, because, as the minister will know, MAT standard 1, on same-date prescribing, was required by the first report of the Dundee drugs commission three years ago.

I am afraid that ministerial direction will not cut it. If I could ask the minister one question today, it is why—why can this not change? What is

stopping change, minister? Is it money? Is it people? Is it culture? Why does Scotland seem to have lost the ability to adapt and move? Let us be clear: moving all decision making to the centre would be a real disaster. The character and nature of drug abuse differs hugely from town to town and from city to city. Services must be designed and procured locally, because, even in my region, the behaviours and substances that are used in Aberdeen differ markedly from the situation in Dundee. Change has to be responsive. If there is one thing that I have learned from the commission it is the character of drug abuse in Dundee. We all know the cost, but what has been set out clearly is the character of what happens, the particular problem of benzodiazepine use, the increasing impact on women and the loss of female lives, and the huge link with poverty, which is particularly pronounced in Dundee.

The Dundee drugs commission is now closed and the commissioners wish to pass the baton. They have given four years to that work and have listened to harrowing testimony, some of them reliving trauma from their own past or present lives. They have our thanks, but they do not want that: they want progress. They are certainly due the respect that has, in my belief, been sorely lacking from those who their reports gently, but rightly, damn. The commissioners demand real leadership of reform and permanent, external, independent scrutiny because they clearly have no faith in current systems of accountability. What they ask of us as politicians is determination.

The people of Dundee demand change so that the lives of our friends, relatives and fellow Dundonians might be saved.

The Deputy Presiding Officer: We move to the open debate.

13:35

Joe FitzPatrick (Dundee City West) (SNP): I am very grateful to the Dundee drugs commission for its review report and I recognise the considerable work undertaken by all those involved. I particularly thank Dr Robert Peat and Andy Perkins for their regular updates on the review at meetings with my colleague Shona Robison and me.

Progress to implement the commission's recommendations has not been good enough or fast enough. The commission's review clearly sets out the actions that must be taken across the city by a range of partners. Those recommendations must be accepted in full and implemented as quickly as possible.

This will be a relatively short debate and I will not cover the ground that Mr Marra has covered. I hope that my contribution will be seen as

complementary to his and not as one that tries to set out a different picture.

The commission recognised some of the progress that has been made since its original report. One significant development is the multi-agency rapid response to non-fatal overdoses. The Positive Steps agency and its partners across the city are playing a significant role in that. People are most at risk after experiencing a non-fatal overdose, so evidence-based interventions are crucial to saving lives.

Significant progress has also been made with the Dundee take-home naloxone project, and Hillcrest Futures is delivering a peer naloxone training and supply project.

Michael Marra: Does the member share my frustration? I agree with him about the work on the non-fatal overdose pathway. That was initiated by Tayside Police and officers from Police Scotland. The key issue that arises from the report is that the central problem lies with core facilities such as the Dundee drug and alcohol recovery service and the substance misuse services. The key issue that arises from the report is the lack of change there.

Joe FitzPatrick: I think that the member covered those areas pretty well in his speech. We will make progress only by working in partnership across the city and elsewhere in Scotland. Huge work is being done, but we will make a real difference only when we work in partnership. I will talk about some of those partnerships, particularly those that have been highlighted by the commission and others.

Dundee Hillcrest Futures peer naloxone training is one example that save lives every day. Police Scotland officers now carry naloxone and I thank local officers for everything that they do to support people in distress and to disrupt the supply of drugs.

I welcome the investment that is being made by the Scottish Government through the national mission. That funding is supporting a number of significant projects in Dundee, including a community wellbeing centre at the city-centre premises of Hillcrest Futures, which will deliver 24/7 crisis care and an integrated response to drug, alcohol and mental health needs, which is one of the things that Mr Marra talked about; the transformational primary care shared care programme, which will enable people to access the full range of services within their general practitioner practice, which is almost unheard of in our city; a new dedicated mother and child residential recovery house in the city, to be run by Aberlour in partnership with Hillcrest Futures; Dundee Volunteer & Voluntary Action's five-tier recovery programme at the Lochee hub, which is

soon to be expanded into Whitfield; a women's hub, run by the Women's Rape and Sexual Abuse Centre, to support women with substance dependency and additional complex needs; the work by Positive Steps to engage with and support victims of cuckooing and to deliver whole-family emotional and practical support for those affected by drug-related deaths; Transform's delivery of direct support to aid access to treatment and recovery; Bethany Christian Trust's bridge to freedom recovery programme; Barnardo's provision on whole-family support for families who are affected by substance use; and the Corner's delivery of support to young people who are affected by their or a family member's substance use and are finding it difficult to manage their accommodation.

As I said earlier, partnership and connection are key, so I want to use some of my time to pay tribute to some of the city's other essential third sector organisations and others who are supporting local people across the city and often go unrecognised: the parish nurses at the Steeple church; the navigator programme at Ninewells, which is soon to be expanded into the community; DVVA's Lochee hub, with its five-tier recovery programme; Hillcrest Futures; We Are With You; the planet youth model, which is being rolled out by Winning Scotland at Baldragon academy and St Paul's academy in my constituency; Street Soccer Scotland, which is doing work at the Lynch centre in Charleston; Andy's Man Club; Wellbeing Works; and many others. They do amazing work, and they are saving lives.

I realise that we must talk about what more we can do. This week I had a constructive meeting with Peter Krykant and his colleagues from Cranstoun to discuss their calls for an overdose prevention centre in Dundee. I was pleased to back Cranstoun's pledge, with discussions to follow on how we can bring such a service to Dundee. Having seen an OPC in operation in Paris during my time as Minister for Public Health, Sport and Wellbeing, I know that they can make an important difference, helping to engage people with support services, reduce harm and save lives.

The Deputy Presiding Officer: You need to wind up, Mr FitzPatrick.

Joe FitzPatrick: The work that Cranstoun is doing is making a huge difference to our city, so I am sorry that I have not been able to cover all the points that I wanted to make about why that service should come to Dundee, but I call on colleagues across the chamber to work with me, Peter Krykant and Cranstoun to bring that service to the city.

In closing, I again pay tribute to Dundee drugs commission for all its work. Its recommendations set out a clear path ahead and I am confident that,

as a city, we can make the progress that is necessary to improve services and save lives.

13:42

Claire Baker (Mid Scotland and Fife) (Lab): I thank the Dundee drugs commission for the power of work that it has undertaken over the past four years. The commission's reports are thoughtful, thorough and provide a real insight into the huge challenges and barriers that are faced by individuals suffering from addiction and accessing treatment services and other key forms of support in Dundee. The commission has given a voice to a group whose cries for help have too often fallen on deaf ears. I wish to pay tribute to all those with lived experience who provided evidence to the commission. I appreciate that that will have been incredibly difficult to do, but sharing those experiences has given rise to a suite of strong recommendations that must be urgently implemented.

The chair of the commission, Dr Robert Peat, emphasised that although those recommendations might be challenging to deliver, they are all achievable; that there cannot be any further delays; that we need action now; and that lives depend on it.

The recommendations include action on the medication-assisted treatment standards, which the commission has described as "a game-changer". It is deeply frustrating that, nearly three years after the commission highlighted the need for same-day prescribing, and nearly three years after a public health emergency was declared, only one alcohol and drug partnership is fully delivering on the recommendation on MAT standard 1. That is simply not good enough.

The abject failure to fully implement the nine other standards across the country by April 2022, as was promised, is deeply concerning. We must urgently make all 10 standards a reality for those on the ground. We need more than warm words.

Those on the front line are key to ensuring that the standards are fully implemented and sustained in future years. We must ensure that staff in the drug and alcohol sector receive greater recognition of the vital role that they play in society. That means better pay, secure employment and more opportunities for professional development and career progression. That will be essential to achieving recruitment and retention. It is clear from recent reports that many staff in the drug and alcohol sector and health and social care services more generally have been underresourced, undervalued and under pressure for far too long. I recognise that the Scottish Government will publish a workforce plan after the recess, but it should not have taken three years

after the drugs death crisis was declared a public health emergency to do that.

The development of medication-assisted treatment in relation to benzodiazepine and cocaine use is another area that requires urgent action. That will be critical to help to turn the tide on the rapid increase in overdose deaths. Those drugs have been implemented alongside opioids.

We must ensure that young people who are experiencing drug harms have access to specialised treatment services. A study that the Scottish Government published late last year highlighted concerns that there were no residential services that were tailored to meet the specific needs of children and young people in Scotland. It said:

"the lack of services tailored towards younger people is concerning given the markedly different profile of drug use among this population group".

As my colleague Michael Marra emphasised, the lessons learned in Dundee can be applied at the national level. They include the need for health needs assessments across all alcohol and drug partnerships; the integration of drug and alcohol services with mental health provision—that is crucial, and I have been disappointed by the lack of progress in Tayside on that issue—services that fit the needs of the individual rather than the individual having to fit the service; and giving the third sector a greater say in planning and delivering services. Independent external oversight will be essential.

All drugs deaths are preventable. We must act with urgency. We cannot keep talking about a public health emergency without taking emergency action, and we cannot continue to delay implementation and miss deadlines. We cannot and must not find ourselves in the same situation three years from now. We owe it to all those who are crying out for help and all those who have, tragically, lost their lives to get this right. Drive and determination from political leaders will be essential to delivering change. We cannot simply let the crisis continue. Kindness, compassion and hope for those suffering from addiction must be our guiding principle throughout.

13:46

Miles Briggs (Lothian) (Con): Like others, I thank Michael Marra for bringing this debate to the chamber and for hosting the round-table discussion. I certainly found it very useful to meet some of the members of the Dundee drugs commission. I also thank Michael Marra for his thoughtful speech.

The March 2022 report by the Dundee drugs commission is nothing short of damning, following the publication of the initial report and

recommendations in 2019. It is clear—the debate has demonstrated this—that the pace of change has been too slow and progress has been limited. The Covid-19 pandemic has not helped, but the vast majority of stakeholders believe that the pandemic has not been a sufficient reason for the glacial pace of change.

Let us not forget that Scotland's drug deaths crisis is a public health emergency and that it was so before the pandemic. As the commission's report emphasises,

"it is ... fair to expect, pandemic or no pandemic, that significant focus and efforts should have been made in responding to this emergency."

Last week, Angela Constance told the Scottish Parliament that alcohol and drug partnerships had fallen short of the target to embed medication-assisted treatment standards across all ADP areas by April 2022. The commission's report says that they would be "a game-changer". I think that we all agree on that, but the issue is ensuring that they are implemented. This debate has given us an opportunity to think about that.

In 2020, people from the most deprived areas were 18 times more likely to have a drug-related death than those in the least deprived areas. Scotland's drug death rate is 3.5 times that of the United Kingdom, and it is higher than that of any European country.

Unfortunately, Dundee is at the very heart of this public health emergency. The statistics are bleak. Between 2016 and 2020, Dundee City averaged the highest rate of drug-related deaths of all council areas in Scotland, at 39 per 100,000 population.

Dundee drugs commission has pointed to the fact that there is plenty of work that must be done to implement the recommendations. I agree. As revealed last week and as highlighted by Claire Baker today, despite setting a target last year to ensure that the MAT standards would be fully embedded across the country, they have not been. Just 17 per cent of standards have been implemented. That is shameful. We need to see all of them delivered across all alcohol and drug partnership areas. Parliament needs to know why that has not happened. What has happened to the public emergency promise and response from the Government? The new recommendation is that only half the standards will be implemented by next April, with only partial implementation for the others. Across Scotland, there has been unwarranted variation. The minister needs to be incredibly mindful of that, and Parliament is concerned about it.

In the time that I have left, I want to highlight the limited progress that we have seen on supporting families. I welcome the work of organisations such

as Scottish Families Affected by Alcohol and Drugs, which is playing an incredibly positive role in supporting anyone who is concerned about someone else's alcohol or drug use in Scotland. I also welcome the moneys that have been made available in the national development project fund to help to support families. However, we need to see more.

What I was really taken with during the round-table discussion was how families want to play a major part in taking forward public health solutions. They need to be part of those, because they are often the 24-hour support for people who are struggling with addictions and they often feel that their views and the support that they are trying to give are not taken into account. I hope that the minister will revisit that.

I want to put on record my concern about where we are now with alcohol deaths. In 2020, the number of people who tragically died directly because of alcohol increased by 17 per cent, to 1,190 of our fellow Scots. I welcome the fact that the Government has spoken about the "twin public health emergencies" of drug deaths and alcohol harms, but we are not seeing the focus on alcohol that we should be seeing. I raised that with the public health minister and was incredibly disappointed by the response that I received, which is that the MAT standards will not be in place for alcohol treatments until 2024. I do not think that that is acceptable and I hope that, in responding, the minister will consider a rethink from the Scottish Government on that issue. It is incredibly important that that happens.

This may be the last debate before our summer recess, but the issues that we know so many people are facing will be there when we return. Parliament must—and, I hope, will—continue to press the Government to act and to deliver on its promises.

13:51

Mercedes Villalba (North East Scotland)
(Lab): I thank my North East Scotland colleague Michael Marra for lodging his important motion. Just two years ago, Scotland recorded its largest-ever number of drug-related deaths: 1,339. That rate of drug deaths was three and a half times greater than that of the United Kingdom as a whole, and it was also higher than the rate observed in any other European country.

I am sure that, as MSPs, we have all observed the impact of Scotland's drug deaths crisis on the communities that we represent. In my home city of Dundee, we lost 57 of our neighbours to drug-related deaths in 2020 and, throughout much of the past decade, Dundee regularly had the highest recorded proportion of drugs deaths in Scotland.

On my own street, I see the daily impact that drug misuse is having on the community and, in many ways, it is a microcosm of the city's wider drug use issues. That is why I welcome the work of the Dundee drugs commission, which has sought to reduce drug deaths and improve access to treatment in the city.

However, two years on from its initial report on the issue, the commission's findings in its recent review make for stark reading. Many individuals still find themselves facing few treatment options and a lack of joint working among the services encompassed by Dundee alcohol and drug partnership, so I welcome the commission's recommendations, including those on independent scrutiny of the progress being made by the Dundee partnership, better allocation of the substance use budget, and the design of a recovery-oriented system of care.

I would urge Dundee City Council and the wider Dundee partnership to seriously reflect on those recommendations as part of the recently revised five-year drug and alcohol recovery plan.

Scotland's drug deaths crisis has been exacerbated by the failed criminalisation model, but Scottish Government inaction has not helped either. Last week, the minister admitted that progress is neither good enough nor quick enough, with most council areas in Scotland failing to fully implement the MAT standards.

Although the Scottish Government now recognises the need for increased investment in drug and alcohol services, we cannot ignore the fact that it has imposed cumulative cuts of more than £40 million in recent years, so we need to see urgent action from the Scottish Government and a commitment to pursue approaches that are alternatives to criminalisation. That is why I support my colleague Paul Sweeney's calls for the introduction of safe consumption rooms. I believe that we need to have a serious debate about decriminalisation and what a modern drugs policy for Scotland should look like.

I emphasise that the only way that we will ever truly tackle drug use will not be by criminalisation. We need to address the societal issues that often drive individuals to drug use in the first place. For too long, communities such as mine in Dundee have suffered the effects of poverty, homelessness and other inequalities. Change will require this Parliament to think and act more boldly in how we tackle those issues, including by looking at the provision of universal public services. If we are serious about tackling Scotland's drug deaths crisis, we must tackle its long-standing poverty crisis, too.

13:55

Paul Sweeney (Glasgow) (Lab): I thank my friend Michael Marra for bringing this critical and urgent matter to the attention of Parliament today. I commend the work of the Dundee drugs commission and those with lived experience for feeding their expertise, insights and views into the commission's comprehensive initial 2019 report, as well as its 2022 review in response to the drug deaths crisis in Dundee.

The report makes reference to the staggering 1,339 drug deaths in Scotland in 2020. Although the most recent figures show that the number of drug deaths in the year leading up to March 2022 was 1,187, there is still an alarming, preventable rate of deaths in Scotland that is well above the UK and European averages.

As my friend Mercedes Villalba said, we know that there is a link between deprivation and drug dependency. Dundee, like my constituency in Glasgow, has its own unique challenges when it comes to poverty. Female and male life expectancies in Glasgow are the lowest in Scotland, at 78 and 73 years respectively, with Dundee's male life expectancy also sitting at around 73 years. We must take cognisance of the huge trauma that that causes for communities in our respective cities, which lies at the heart of a lot of the difficulties that we have in dealing with the crisis in our midst.

What really frustrates me in reading the report is that there are simply not enough people with lived experience driving the change and the reform. That is critical in what the commission is trying to say to the Government. Indeed, the primary recommendation is that a major health needs assessment for drug users be carried out to inform public and third sector agencies about what needs to happen, but that response has not yet been implemented. Without a major health needs assessment having been undertaken, it has been difficult for the commission to be prescriptive about what Dundee needs with regard to new service creation. I advocate for that practical and specific tool, because it will be at the core of what we can do to fight the drug deaths crisis in Dundee and across Scotland more broadly.

Colleagues will be aware that I am consulting on my proposed bill to establish overdose prevention centres in Scotland. Such facilities serve the purpose that their name suggests in preventing overdoses and saving lives, and I strongly believe that they will be a critical part of Scotland's response to the drug deaths crisis. The introduction of such facilities across the world has proved to be an effective way to reverse overdoses, prevent overdoses, engage with people who are currently at the margins of society

and provide people with resources and support in relation to issues that stem from their addiction.

I have seen the benefits of that approach at first hand, and I pay tribute to Peter Krykant from Cranstoun, who is in the public gallery today, for the work that it has done to drive the pace in Scotland. It has done far more than any Government agency. I have volunteered with my friend Peter, and we saw at first hand the impact that the unofficial pilot had in Glasgow. Nine overdoses were reversed and eight lives were saved, because two overdoses related to one individual. In addition, 900 injections were supervised.

However, we found that one of the most important parts of the work was the interaction and the building of self-esteem and a sense of validation among people. The approach provides an interface for people to start to engage and get support. Even things as simple as a protein shake and a Mars bar were things that they really needed, and they found a way to validate themselves.

The recent New York pilot is another perfect example of the efficacy of OPCs, with 110 overdoses having been reversed there between November last year and February this year. The impact is striking.

It is a source of extreme frustration that the Dundee drugs commission's recommendations have not yet been fully implemented, some two years on from the initial report. I fear that the lagging response in Dundee is indicative of the national picture, in which things are moving too slowly as the deaths mount up and up.

I will mention once more the most recent annual drug death figure: 1,187 people died a drug-related death between March last year and March this year. There is an urgent need for quick and cohesive action. In Dundee, that means the comprehensive and urgent implementation of all aspects of the commission's recommendations. In Scotland more broadly, that means establishing a framework and licensing scheme for overdose prevention centres as soon as possible. I hope that my bill, which is out for consultation, will drive the pace of that change.

14:00

The Minister for Drugs Policy (Angela Constance): I commend Michael Marra for securing the debate and providing the opportunity to focus on one of our cities that is most affected by drug deaths and harms.

I thank and pay tribute to the Dundee drugs commission for its work, for both reports on reducing drug deaths in the city and for its clarion

call for kindness, compassion and hope to be at the absolute core of everything that we all do to turn the tide on the drug deaths emergency.

It is my view that the latest report provides a comprehensive and fair assessment of the progress that the city has made, and it clearly sets out the work that Dundee needs to do now. That includes improving services for people who are at risk and for their families, as well as providing leadership and oversight—by those who are in positions of authority in Dundee—in order to make that happen.

The report also highlights areas of good practice, which is heartening, but there is no hiding the fact that there is much still to be done in Dundee. When I met representatives from the commission on the very day that it published its latest report, their sense of frustration was not lost on me.

I have met leaders from the Dundee partnership on a number of occasions and, most recently, this week. I have stressed the need for Dundee to act with urgency to address the report's recommendations, and I continue to offer my support in helping to deliver the change that is needed.

The report is clear in its recommendations that any plan that Dundee produces should be subject to external scrutiny, and I am supportive of that. As I said in my statements last month on the accountability of drug services, transparency and openness to challenge—particularly by people with lived experience and their families—are key to the delivery of effective change at local and national levels.

Michael Marra: An oversight group was put in place for the delivery of the Strang review. As the minister knows, that has been years in preparation, but there has been no delivery against the review's recommendations. The oversight group, appointed by ministers and reporting to ministers on that basis, is a model of external expert validation that could include lived experience and that would give some of those recommendations the chance to receive the kind of oversight that the commission is clearly calling for. That would address the lack of progress, at which the commission feels despair.

The Deputy Presiding Officer: I can give you that time back, minister.

Angela Constance: The point about oversight is important. Of course, we have a national oversight group for the national mission.

I will go through, in detail, the actions that we are taking now to assist Dundee. I have also been clear with the partnership that, when it comes to the work that we are doing and ministerial

direction, if there is no quick improvement, we will have to look at all other options.

Michael Marra: Will the minister take an intervention?

Angela Constance: No, I will make some progress. The member is always welcome to pick that subject up offline as well.

We are taking action in a number of areas to support Dundee to respond to the commission's report. Quite rightly, people have highlighted the importance of medication-assisted treatment standards. The MAT standards set out a rights-based approach so that people are able to make informed choices about the types of treatment and help that are available to them and so that there is consistency of services across the country. The MAT implementation support team continues to work closely with national health service and third sector services in Dundee to implement those standards, which includes providing additional support for that progress and the programme of change that is necessary.

However, Dundee still has work to do, particularly around MAT standard 1, which is that people receive same-day treatment. As in other parts of Scotland, I am using the powers of direction that are available to Scottish ministers under the Public Bodies (Joint Working) Act 2014 to compel chief executives and chief officers across the national health service, integration joint boards and local authorities to implement those standards and to personally sign off improvement plans. In addition, Dundee and Tayside will be subject to an enhanced level of monthly reporting. If Mr Marra would like to intervene now, I will give way.

Michael Marra: I thank the minister for giving way. My concern is about the timetable. As I mentioned in my speech, MAT standard 1 was recommended years ago, in the first report of the Dundee drugs commission, but it seems that we are no further forward in the delivery of that recommendation. The minister is essentially saying "not yet" with regard to some form of oversight. When will the minister take action and say that it is not good enough and that a different regime will be put in place?

Angela Constance: I am—absolutely—taking action. I appreciate that it is perhaps difficult for members who have not served in Government to understand the nature of ministerial directions, but the nature of this ministerial direction is unprecedented, because the challenge that we face is unprecedented. For example, there has never been ministerial direction for integration joint boards. This ministerial direction is for the NHS, IJBs and local authorities to implement at pace the whole system of change that is required. There is

other public, practical and financial support, which we are working closely with Dundee to deliver, but I say to Mr Marra that, if I do not see quick changes—

Michael Marra: Quick?

Angela Constance: The first improvement plans will be available at the end of the recess, and, as I have said, Dundee and Tayside have monthly reporting; therefore, I am looking for change in months, and certainly not in years. I agree that this has gone on far too long. I am not prepared to put up with it; I know that Parliament is not prepared to put up with it; and, most important, I know that the communities that I and other members serve are not prepared to put up with it. Nothing is off the table. Make no mistake about it: the ministerial direction is unprecedented, because I am absolutely serious about this.

Mr Marra mentioned the importance of primary care, which is one area in which we are financially and practically supporting Dundee in its endeavours to establish multidisciplinary community-based teams and to move away from the single city centre delivery site at Constitution house.

We are investing more than £1.8 million over four years to support the delivery of drug treatment in primary care. That will significantly increase the capacity of the system to provide up to 800 people with protective treatment in community-based, non-stigmatised settings. It will also ensure that treatment is delivered alongside general healthcare, meaning that people with underlying conditions will be able to access the other services that they need in the same setting.

As a former mental health officer, I recognise the testimony from people with lived experience about the challenges they face when trying to access mental health support along with support for addictions. That is why the Healthcare Improvement Scotland work started in Dundee—the commission paid tribute to it—with the aim of fully integrating substance use and mental health services in the city. That is not only vital learning for Dundee; it will be vital learning across Scotland.

Mr Marra rightly asked why we are not seeing progress and what the blockages are. I have touched on some of them around leadership, and it is important to ensure that investment reaches those it is intended to reach. However, a major asset to Dundee is its fabulous third sector. I have seen that from the many visits that I have made to Dundee over the years in different portfolios. The third sector plays a vital role in delivering person-centred services. Third sector organisations are on the front line and are well positioned to establish trusting relationships with people and take an

holistic approach. The third sector in Dundee, as elsewhere in Scotland, is key to transformational service redesign and a move away from centralised, overmedicalised models of care.

We are investing in a number of voluntary sector organisations. Joe FitzPatrick mentioned the Aberlour child and mother house. I, too, had the pleasure of meeting Cranstoun today to hear about its work elsewhere in the UK and about different models of care.

The Dundee drugs commission report is challenging, and so it should be. However, it also clearly speaks to the many assets that there are in Dundee. Those assets will assist the people with local and national responsibility to deliver the transformational change that is needed. They include the expertise of people with lived and living experience, the insight of front-line staff and the innovation of the third sector.

Although it has been a difficult experience for the commission, I have no doubt that its work will leave a lasting legacy, and I intend to play my part in that.

The Deputy Presiding Officer: That concludes the debate. I congratulate all of you on sticking with it through to the last debate before the recess. I wish you a good recess and hope that you manage to get something of a rest over the period.

Meeting closed at 14:11.

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