OFFICIAL REPORT
AITHISG OIFIGEIL

DRAFT

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

Thursday 20 February 2025

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Thursday 20 February 2025

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HEALTH, SOCIAL CARE AND SPORT COMMITTEE
5th Meeting 2025, Session 6

SOCIAL JUSTICE AND SOCIAL SECURITY COMMITTEE)
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CONVENER

*Clare Haughey (Rutherglen) (SNP)
*Collette Stevenson (East Kilbride) (SNP)

DEPUTY CONVENER

*Bob Doris (Glasgow Maryhill and Springburn) (SNP)
*Paul Sweeney (Glasgow) (Lab)

COMMITTEE MEMBERS

*Jeremy Balfour (Lothian) (Con)
Joe FitzPatrick (Dundee City West) (SNP)
Mark Griffin (Central Scotland) (Lab)
Sandesh Gulhane (Glasgow) (Con)
Emma Harper (South Scotland) (SNP)
Gordon MacDonald (Edinburgh Pentlands) (SNP)
*Gillian Mackay (Central Scotland) (Green)
Marie McNair (Clydebank and Milngavie) (SNP)
Carol Mochan (South Scotland) (Lab)
Paul O'Kane (West Scotland) (Lab)
Liz Smith (Mid Scotland and Fife) (Con)
David Torrance (Kirkcaldy) (SNP)
Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP)
Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

James Allan (People's Panel)
Helen Douglas (People's Panel)
Sharon Dowey (South Scotland) (Con)
Neil Gray (Cabinet Secretary for Health and Social Care)
Mairi McIntosh (People's Panel)
Alex McKinnon (People's Panel)
Audrey Nicoll (Aberdeen South and North Kincardine) (SNP)
Maggie Page (Scottish Government)
Alison Weir (People's Panel)
Laura Zeballos (Scottish Government)

CLERK TO THE COMMITTEE

Diane Barr
Alex Bruce

LOCATION

The Mary Fairfax Somerville Room (CR2)

Scottish Parliament

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

Thursday 20 February 2025

[The Convener opened the meeting at 09:17]

Tackling Drug Deaths and Drug Harm

The Convener (Collette Stevenson): Good morning, and a warm welcome to this joint meeting of members of the Health, Social Care and Sport and Social Justice and Social Security Committees to consider the progress that has been made in implementing the recommendations of the Scottish Drug Deaths Taskforce.

We have received apologies from Annie Wells and Pauline McNeill.

I place on the record our thanks to the staff at the Thistle safer drug consumption facility for their kind invitation to visit. Pauline McNeill and Paul Sweeney kindly attended the visit and I invite Paul Sweeney to provide us with some feedback.

Paul Sweeney (Glasgow) (Lab): Thank you, convener. I second your thanks to the staff of the facility for enabling Pauline McNeill and me to visit on behalf of the committee on 9 January, just prior to it officially opening on 13 January. We were given a comprehensive walk-through of the facility by the staff, and what struck us was how well planned the facility is in terms of how people present at it, how well fitted out it is, and how welcoming and non-clinical the space is.

People can come into a reception area, register and go into a consultation room, then proceed through a small corridor into a large space where they are handed sterile equipment and allocated a booth. They are then able to prepare and inject the substance under supervision at a step back from it at a desk or a nurse's station. The mirrors were orientated in such a way that they provided some privacy. Nonetheless, if assistance was required, someone could come over and help—not with injecting the substance, but with finding a vein and so on. We went through all that in detail. If someone has an overdose, crash mats and first aid provision are available, and they are taken care of in an adjacent clinical room.

Just behind the administration area, there is an area with soft furnishings where someone who has just injected is able to let the drug take effect. After that, there is more of an informal cafe-type break-out area, almost like a kitchen area, where people can sit and relax and get informal advice from the staff about options around housing, mental health, physical health, social security and so on, to try to ensure that there is a degree of stability. Then, of course, they are able to leave.

There is also an outdoor smoking area although it was stressed that it is only for smoking tobacco. Other substances are not permitted to be smoked on site, although it was discussed that it would make sense to have some form of facility for smoking, because we know that is a characteristic of people who use drugs. Smoking substances is another issue, so why not provide the facility for that? We heard that indoor inhalation would involve significant ventilation requirements and that there might also be issues with the smoking ban. However, the outdoor area is quite well provisioned. Whether that would be a useful adjunct or expansion of the scope of the facility might be something to look at in the future.

People are given orientation information and are free to leave at a reasonable point after the injection of the substance.

All in all, it is a well-provisioned, spacious, well-designed and thoughtful facility that takes street injection behaviour into a controlled environment. There is no scope to leave with any substances and there is no provision of substances on site. Sterile equipment and debris are disposed of on site. People may attend multiple times in a day or more infrequently. It is very much there when it is needed. Some questions were raised about the opening hours, which are from 9 to 9, which is only a 12-hour operating window.

The discussion that the committee had previously was purely about whether it is a starting point and whether we should see how we progress with it. It has now been operating for just over a month and it certainly seems to be performing well so far, although it is in its very early days.

One area of concern that was noted was the potential nervousness of the community about drug-dealing and other associated antisocial behaviour. I was certainly reassured that that would be kept under review as part of the evaluation of the facility.

In our walk-through and discussion on site, we found it to be very impressive, based on my experience of visiting other facilities in the world, particularly in Copenhagen. I found it to be a well-planned facility and thought that the staff presented a comprehensive and effective plan of operations.

The Convener: Thank you, Paul; that was helpful. It sounds as though it was a worthwhile

visit. The facility seems to provide a dignified experience for the service users who come in and use it.

Decision on Taking Business in Private

09:23

The Convener: Our next item of business is to decide whether to take item 4, under which we will review today's evidence, in private. Do we agree to do so?

Members *indicated agreement.*

Tackling Drug Deaths and Drug Harm

09:23

The Convener: Our main item of business is to take evidence on the people's panel's report on reducing drug deaths and drug harm in Scotland. I am pleased to welcome the following members of the people's panel to today's meeting: James Allan, Helen Douglas, Mairi McIntosh, Alex McKinnon and Alison Weir. A lovely welcome to all of you, and thanks for coming along.

I refer members to papers 1 and 2. I will begin with a question for each of you. Can you please tell us briefly about your experience of being a member of the people's panel?

I will start with Alison Weir and then work my way around.

Alison Weir (People's Panel): First, I was really pleased to have been chosen to join the people's panel. I had not heard of it and did not know anything about it, so it was good to find out about it. The experience was very informative and eye opening. In some ways, it was inspirational, but in a lot of ways, it was very sad to hear about the extent of drug deaths in Scotland and the communities and families that it is having such an impact on. The facilitators were excellent at keeping us all in check and trying to keep things on track, because there was a lot of information and a lot of speakers. The speakers were excellent and were all approachable; they used layman's terms that we as the public could understand, without feeling as though we were being baffled by technical terms or science. Everyone who was involved, including the speakers, had so much passion, which was great to see.

I thought that the panel had a good cross-section of members of the public, but having a few more people on the panel with living or lived experience could have added a different angle to it, rather than those people just being there as speakers. I felt that the last day was very short and quite rushed. Everything was fast paced, but some important decisions needed to be made and we needed to vote on important issues, so I felt that we could have done with an extra day. That is my feedback on improvements.

The Convener: That is interesting.

Helen Douglas (People's Panel): I agree with absolutely everything that Alison Weir has said, so I will not repeat it. It was interesting to be part of a deliberative discussion, rather than an adversarial debate, which is what we are more used to and what we tend to see in Parliament and politics in general. The facilitators were really good and made sure that everyone had the chance to say what they wanted to say. The last day, when we were coming up with recommendations, was quite rushed.

Quite early on, I felt that a lot of what we were discussing and being asked to come up with recommendations on had already been covered by the Scottish Drug Deaths Taskforce. Part of me has been left wondering where we fit into the process, because it seems as though we were brought in at the end. In future, I wonder whether people's panels should be more involved at the beginning, so that they can inform the discussion a wee bit more. By the time that the discussion got to us, we were presented with a selection of themes and topics, all of which were relevant and interesting, but there were times that the group touched on other things that were not within the remit. If we had had more of a say, those things might have been included. It is important to consult the public, and for that reason, I think that it should be done earlier in the process rather than being left to the very end, because then it feels a little as though it is an afterthought. I really enjoyed the experience.

The Convener: Some of the issues that you have raised are duly noted.

Mairi McIntosh (People's Panel): It is difficult not to just repeat what has already been said. The experience was very informative and, from the speakers that we had, it was clear that the hard work on the framework had been done. We had to think about a lot of shocking information and we found out about the scale of the challenges and the issue of escalation. It was good to hear different people's perspectives, as a cross-section of people was there. Generally, I felt that it was a good experience.

The Convener: I am glad that you enjoyed it.

Alex McKinnon (People's Panel): First, I agree that the participation team was fantastic, as Alison Weir said. The way that they enabled a large group of people to grasp the topic, discuss it and deliberate on it in a fairly short space of time was brilliant. It was remarkable how they got it done and kept everything on schedule.

09:30

Beyond that, the thing that struck me, other than what has already been said, is that, because we were not shackled by legislative responsibility or process, this kind of deliberative or iterative process allowed us to find a consensus in a way that I do not think that I have experienced in the more antagonistic formats that Helen Douglas mentioned. We would go and find things out for a couple of hours, come back and have discussion

groups, and could feel a consensus being reached over time. It made me rethink my opinions on deliberative democracy and how we as private citizens can actually make change.

Overall, I was really impressed by the experience and the people I shared it with.

James Allan (People's Panel): I confirm that we have not colluded on these statements, but we have all used the same words—interesting, informative and enjoyable. We all agree that it was very well facilitated and the range of speakers was excellent, so I will not repeat any of that, having just repeated it.

The one slightly negative thing that a number of the members of the panel felt was that it was kind of a tick-box exercise, because most of the issues have previously been in front of the parliamentarians and have not been actioned or been slow in being actioned. Our main remit seems to be to emphasise what needs to be done, rather than to come up with anything new. We found the process very worth while, and we are still very positive about it, but to go back to Helen's point, if the democratic element was involved at the beginning, before the parliamentarians got some of the information, there might have been a better start.

The Convener: That is helpful. Thanks very much. I will move on to our question themes—I believe that you have had sight of the questions that we are going to put to you. I invite Jeremy Balfour to lead off on the collective statement theme.

Jeremy Balfour (Lothian) (Con): Good morning. Thank you for coming along and sharing your experience. In your collective statement, you said that there needs to be

"a cultural change across Scotland and the Scottish Government must be brave and bold"

Could you unpack that a wee bit more? What do you mean by "brave and bold"?

Helen Douglas: Like everything else in the report, the statement was created in stages and everybody added to it. Those particular words are not mine, but I absolutely agree with them. We felt that, because all that work had been done before, we could not really come up with anything new. It is all there. Obviously, we have all read more and looked into the issue more, and we can see that some things are already being done, some things are in progress and the Government is considering other things.

However, the overall point that came across, I think, for all of us was that there needs to be an acceptance that this is a problem of society. You cannot blame the victims. Many things feed into the issue of alcohol and drug deaths, but many things were outwith our remit to discuss—poverty, education and all the rest of it—and we touched on many those. We felt that there needs to be an acceptance that we need to put this idea of victim blaming behind us. We as a society need to find ways to incorporate people with these issues, so that we all deal with them. It is in all our interests to do that, not just because of the personal cost to people who have living and lived experience, but because of the impact on society as a whole and the money that it costs, because we are not really addressing the issues at the ground level.

We felt that we need to look at the underlying causes and deal with those, and that we need to look at access to treatment, because, with all due respect, I do not recognise what I have read about that in the responses since. I have been a general practitioner in the national health service for 30 years. There is not universal access to treatment—it just is not there. I did a straw poll of four or five GPs and none of us had heard of the medication assisted treatment standards, which is quite shocking, but that is the fact. I cannot speak for all GPs, but I think that that is significant.

Clearly, for whatever reason, many of the things that folk are able to stand up and say that they are doing do not reflect the picture on the ground. Therefore, you need to be brave, be bold, accept that, and look at what you can do to change it. Do not defend it—change it.

Jeremy Balfour: That is helpful. I am conscious of the time, so I do not want to go round every person, but does anybody else have anything to add to that?

Alison Weir: The question ties in closely with the ones that I was allocated, which I will answer briefly off the back of that.

The answer is tied closely to stigma, which is still a massive issue. Until we embrace and involve people with lived and living experience, stigma will continue to be an issue.

We also rely far too heavily on the voluntary sector, which relies on volunteers. I work in the third sector. There is a constant scrabble for funding and to get quality people to do the roles, because organisations cannot get mortgages because their funding is only for a year or two years.

The issue has to be addressed at the grass-roots level. You have to work with people who live it day to day and listen to what they have to say. One of the main speakers at the people's panel that really hit home for me was a lady from one of the family groups for children, who had lost her son to drugs. She said that she used to lie about the reason why he had died, because of the way that people acted.

Stigma is still massive. The reaction that you get even when you just say to people that you are coming to something like the meeting reflects that.

The Convener: I will move on to theme 1, which is participation, rights and lived experience. I invite Gillian Mackay to ask about that.

Gillian Mackay (Central Scotland) (Green): Good morning, everyone. You made two recommendations relating to people with lived experience in the statutory services workforce: to increase their number and to ensure that there is equitable pay and fair conditions for them. How should that be done to ensure that it is not the tick-box exercise that you speak about in your report?

Alison Weir: That goes back to what I said about lived and living experience, which we strongly believe in. When people who have had lived and living experience talked to us, it came across and had an impact. A member of the panel who is not at the meeting emphasised that people who could be drug and alcohol dependent or their families will listen to those people much more than they will to someone makes them think, "Well, what do you know? You do not understand. You do not know what problems we face or what issues we have day to day."

Because the statutory services are under so much pressure, more and more things are being referred on to the third sector without the funding to follow those referrals. The majority of the people whom I have come across who have lived and living experience work for third sector organisations. They do not work within the statutory services, such as the national health service.

Gillian Mackay: You mentioned stigma in your response to Jeremy Balfour. In the evidence that you took, did the people who you spoke to talk about specific mechanisms for meaningfully involving lived and living experience voices not only to tackle stigma but to do more of the service planning?

Alison Weir: A bit like the way that there is health and safety training in the workplace, we all felt that there should be stigma training in the workplace using the voices and families of people. The vast majority of people in workplaces know someone, or have a family member or friend, who is affected, but there is such silence about drug and alcohol dependency. That has to be emphasised and put across in the workplace, schools and education. Until it becomes the norm to talk about it and be able to address it, stigma will be attached to it and people will perceive it as being an issue only for the most vulnerable in society. The problem is very impactful for individuals, but it is of a much bigger scale than people appreciate.

The Convener: Thank you very much, Alison.

We move to theme 2, which is justice and law reform. I will bring in Audrey Nicoll, and James Allan will deal with that theme.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): Good morning. My question touches on points that were raised earlier, particularly by Helen Douglas and Alison Weir. It is all very well for things to be in place, but are they working properly? Perhaps this is an opportunity for us to look under the bonnet a wee bit, to see what needs to change.

James Allan, your report made three recommendations under the justice and law reform theme. One said that

"All services should be able to refer to each other"

and that funding should be provided to support that. I am interested in hearing about any evidence that that is not currently taking place. What are the barriers and obstacles to that happening properly?

James Allan: We heard from representatives of the police and the courts service that they can refer only to other statutory bodies and not to the third sector. However, we have since done a bit of digging ourselves and have found that they can refer to certain organisations in the public sector.

That point is true for a number of our report's findings. There is no universal service throughout the country. There is a postcode lottery: some services are more available in certain geographical or local authority areas. For example, the AYE support service in South Lanarkshire is delivered by Sacro, and referrals to it come from the police and the third sector. However, that does not happen in other parts of the country. We heard about such an example from the police officers on the panel, who were not aware that they could refer people to that project.

Our main point is that the Scottish Government could look into that and do away with any bureaucracy that prevents organisations from referring people to bodies other than statutory ones that can assist in the process. It should consider whether funding needs to be redirected for that, to make best use of resources.

Audrey Nicoll: Following up on that point, you will be aware that the Scottish Government has accepted your recommendation in principle. It has advised the committee, and the panel, that it will explore the matter further, to better understand the barriers relating to the courts service and the police. We look forward to hearing a wee bit more about that. Thank you for making that recommendation.

James Allan: Before I finish, I would like to mention our two other recommendations. I know

that you have not asked questions on them, but they are all related.

Audrey Nicoll: Of course.

James Allan: Our second recommendation said that there should be more emphasis on the use of specialised drug courts. There is a drug court in Glasgow, and there was a pilot scheme in Fife that has now closed. Many panel members felt that, to assist with the depenalisation of minor drug offences, more drug courts should be used rather than cases going into the general justice system.

Our third recommendation related to the prison sector. Short sentences do not appear to be working, especially now that our prisons are so overcrowded. Putting drug offenders in prison for the short term is counterproductive. Many of them come out of there worse than when they went in, so that policy is not assisting the problem. We felt that any justice outcome other than imposing prison sentences would be advantageous.

Audrey Nicoll: That is super. Thank you. We might be able to come back to that if there is time later in the session.

The Convener: That has been really helpful. Thank you very much, James.

We move to theme 3, which is access to treatment, care and support. I will bring in Clare Haughey, and Helen Douglas will respond on that theme.

09:45

Clare Haughey (Rutherglen) (SNP): Good morning. You have called for all public and third sector services to be

"enabled and supported to share information including the justice system."

I am mindful that you have said that not everyone has such information to share, so you might want to address that point. Why did you make that recommendation? What needs to be done to support that?

Helen Douglas: Often, the biggest issue is that so many different bodies are involved. Everybody uses a different form of information technology and record keeping, and there are issues relating to the general data protection regulation.

As I said, I have worked in the national health service for years, and we are always told to be mindful of what information we give out without specific permission and so on. Understandably, people do not necessarily want all their information to be shared, so it is incumbent on the people who hold that information to be mindful of what they share.

First, there needs to be a sound framework. What tends to happen in such situations is that bodies try to work out on a bilateral basis what they can share with each other, so we end up with a really bitty and fragmented system. Someone needs to look at things from the bottom and consider what information needs to be shared. For example, we do not need to share all of someone's health or financial records, but parts of that information might need to be shared as part of the approach to the problem.

We must ensure that the mistakes that have been made previously are not magnified by trying to bolt something on to a system that is not fit for purpose in the first place. My experience is in the NHS, so I will use it as an example. There are numerous systems that different groups use; we do not all use them all. We need log-in details for this one, that one and the next one—it is an absolute nightmare. We need to fix the underlying structure before we start giving more people access to the systems, or else the problems will just be perpetuated.

The reason why that is needed is that it is traumatic for the people who are looking for help and support. They might be opening up to a complete stranger at a time of crisis, so they do not want to have to keep telling their story again and again, because that just repeats their trauma. We need a robust system in which people tell their stories once, those who need that information have access to it and, when someone feeds into supporting a person, everybody knows about it. We should use our time and resources efficiently, with no duplication and no conflicting advice being given.

Clare Haughey: You also called for MAT standards to

"cover all drugs causing harm",

not just opiates. Can you tell us more about the evidence that you heard on why that is needed? What difference would that make to the treatment offer?

Helen Douglas: First, I do not think that MAT standards are being implemented as widely or as thoroughly as one might believe from some of the statistics that have been quoted. However, as a framework for dealing with medication assisted treatment, those standards are fairly comprehensive.

We heard repeatedly that people often use not one drug but several different things—sometimes, if their sources change or whatever, they do not necessarily know what they are using—so there is no point in saying to someone who has been using opiates that we can deal with that part of their issue when we cannot deal with their diazepam

addiction or their issues with cocaine in the same way. We are tackling only part of the problem.

It makes sense to have a far more comprehensive approach to dealing with the issue, but we need to ensure that we are able to provide it, because there is no point in coming up with a comprehensive framework if we are nowhere near being able to provide it.

The Convener: Your feedback is very much appreciated.

I believe that Paul Sweeney has a supplementary question.

Paul Sweeney: That response more or less covered the question that I was going to ask.

The Convener: Okay. We will move on to theme 4, which is prevention. I invite Bob Doris to ask questions, and I believe that Mairi McIntosh is dealing with that theme.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): Mairi, I thank you for reflecting on some of the aspects of the report that I am going to draw to your attention. My question relates to drug education. The report talks about ensuring that education is embedded in the mainstream curriculum from primary 5 onwards and that it is co-produced with strong engagement, including with parents, on what age-appropriate education looks like. All those points are really well made. There is also stuff in there about ensuring that there is proper

"financial support ... for external organisations"

to deliver some of that, and about the need for wider community outreach to be part of education.

I am trying to summarise for the committee, as quickly as I can, some of the recommendations that you and your fellow panel members have made. Do you have any reflections on why those specific things are important? I am conscious that we have heard that you did not want the process to be a "tick-box exercise". The Scottish Government's response says that Education Scotland is already looking at some of this stuff and there are reviews on-going, and that the whole family wellbeing fund will deal with some of it.

Do you think that the production of the recommendations is where your participation in the story should end? Alternatively, should there be on-going engagement so that panel members can say, "Well actually, we want to know how our views are being reflected in that Education Scotland review, and in the reprofiling of the whole family support fund"?

Perhaps you can reflect not only on the importance of your recommendations but on how you can follow those through to delivery, so that the process is not simply a tick-box exercise.

Mairi McIntosh: We brought up the issue of follow-through, and making things happen, a lot—it was definitely a big part of what we talked about. The frameworks are there. We have talked about the curriculum and how there is a framework there, but we want it to be stronger for schools, which will be using it. Education is key to prevention, and we do not see it currently being effective—the scale and escalation are still moving upwards.

We would like to see that those things that we, as a public panel, have said that we feel are really important are implemented as we move forward. We need a way to record that, and we need checks and balances, to ensure that those things that we say are important—and which many other reports have said are important—are implemented.

Bob Doris: Can you say a little more about why you think that embedding this topic in core education is so important, and why it is important that parents are involved in what that will look like? I guess, from what you are saying, that you would also expect Education Scotland to be speaking to you about what that might mean in practice.

Mairi McIntosh: Yes—speaking not only to us, but to parents and communities, is very important in the process of building a framework that is secure for schools to build on when they are thinking about and implementing the way in which they provide drug education and help children to have the skills to prevent them from misusing drugs in the future. It is not just about talking about the actual harms—we mentioned the "Just say no" campaign, which we all think about, but which has not necessarily had an impact.

Bob Doris: You mentioned the "Just say no" campaign. I was hoping that you were younger than me. I remember that campaign and I was hoping that you would not remember it.

Can you say a bit about the importance of external organisations in delivering some of that education? I will name check Public Health Scotland, which is also involved in some of this work. The reason I mention that is that I want bodies such as Public Health Scotland to listen to this evidence session so that they continue to engage with the panel and other agencies, as set out in the Scottish Government's response to your recommendations. Can you say a little bit more about the importance of external organisations as part of drug education both within schools and in communities?

Mairi McIntosh: The organisations that we heard from were telling us about people who would miss opportunities, so the external outreach

part would involve children who miss school or do not necessarily attend it.

All children in Scotland have a right to be informed, ask questions and have support. Those organisations have the ability to come into schools to let them know that they exist and are based somewhere outwith the school—perhaps people do not feel comfortable accessing support in the school. We are not talking about such organisations going into universities, colleges and workplaces.

Young people need to be able to access and reach support systems, ask questions and gain knowledge. That goes for the general public as well, which is why we are talking about outreach being national and that support being accessible to everyone. No matter your background, curriculum, education status or where you are in life, you still need to be able to access such things.

Bob Doris: I thank everyone for their answers. I am sure that Public Health Scotland, Education Scotland and the whole family wellbeing fund will be listening to this exchange in order to engage with you on an on-going basis.

The Convener: We are continuing on that theme, so I am afraid that you will still be answering here, Mairi.

Sharon Dowey (South Scotland) (Con): Good morning. You recommended that there should be

"continued support for people in recovery ... following referral to services",

so that they avoid a "cliff edge". How could the Scottish Government and others ensure that such support is in place?

Helen Douglas: Part of the answer takes us back to things that we have already discussed, such as the communication and shared care aspects. People who come out of prison sometimes have support and sometimes do not. That is relevant now, because people are being released from custody early, so they are perhaps even less likely to have support.

I am harking back to my experience as a GP, but that is why I am here. I know that folk come out of prison and turn up at their GP practices, which do not even know that they have been in prison. The practice may get some fragmented information from the prison, such as a Kardex file that indicates that the person has been prescribed something at some point in prison, but the practice does not know whether it has been continued or whether the person has a discharge plan or anything like that.

It also comes back to the theme of stigma, being able to discuss things and children being able to ask questions. Parents have to be involved, because they need to be empowered to answer their children's questions. If the issue comes up at school, the kids are going to ask their parents about it when they come home and they need to know what the kids are being told and to be able to reinforce the message when they discuss it with their children. It is all about joining up the system of care, whether it is for folk coming out of prison or kids coming home from school.

Sharon Dowey: Thank you for that. Mairi, have you got anything else to add?

Mairi McIntosh: Yes, I have a specific point on funding the third sector, which seems to bolster the process.

People are dropped and missed when they move from one service to another. It is important that structured frameworks are in place that people have to follow, with things happening automatically when they leave services or prison, or move from one service to another, so that there is not a cliff edge and people do not slip between cracks.

Helen Douglas: A lot of work is currently happening in the prison system and when people come out, but we have not yet joined all the dots. There still needs to be more stakeholders involved who know the full story of what is going on and can help.

Sharon Dowey: You highlighted poverty as one of the fundamental contributors to drugs harm and deaths but noted that the

"enormity of this challenge goes beyond our remit."

What would you like the Scottish Government and others to do to address that issue?

Mairi McIntosh: It is a huge issue that came up time and time again from all the experts that we heard from. The Scottish Government understands the impact of poverty on lots of things—we have seen them talk about eradicating child poverty and so on.

10:00

Our worry—or, specifically, my worry—is that we have very long timelines here; we are talking about whole-system change and 2030, which is very far away in the context of this issue. One of the major groups that is affected by drug use, death and harm is men aged between 18 and 44. We see a lot of harm being done in that particular demographic. Looking to 2030 before there is an impact on something that is on a huge scale now means that it will get worse before things such as whole-system change come in. Poverty prevention in this area needs to be targeted. Although there are excellent frameworks for preventing poverty for the Scottish Government to work towards,

there needs to be more of an impact now on those groups in particular.

Sharon Dowey: Are there any other recommendations for what needs to be done? You have mentioned the long timelines and 2030. What would you like to see targeted right now?

Mairi McIntosh: We have mentioned how huge the issue is for at-risk groups, and we recommended that how it could be impacted should be looked into more. We were not given evidence on how to fix poverty, so that is why we said that it was not within our remit. We were not there to talk about solutions for poverty, but we did acknowledge how much of an impact it has.

Alex McKinnon: Could I add something to that? I had a personal conversation in the coffee breaks with one of the third sector workers on that—forgive me, as this is anecdotal and it is not something that we had the numbers on over the course of the weekend. He was very keen to emphasise that everyone living in poverty is in an at-risk group, but that, from his experience, there is an exponential rise in the percentage of those who are affected by drugs in any way, shape or form among people in destitution—that is, those at the lowest levels of poverty. He understood that even the Scottish Government is bound by things at Westminster when it comes to addressing poverty overall, but he really believed that, as a short-term measure, what we can do is target those in the worst levels of destitution, who are really right at the bottom of that ladder. In his experience, at least, they are at far greater risk than people at other levels of poverty—sorry, the word is escaping me, and it sounds detached to say "levels of poverty". That was a point that he was keen for me to emphasise.

Sharon Dowey: Thank you.

The Convener: We move on to our fifth and final theme, which is harm reduction. I will bring in Paul Sweeney. Alex McKinnon, I believe that you are responsible for that theme.

Paul Sweeney: I thank the witnesses again for their powerful contributions today on behalf of the people's panel. I want to pick up on harm reduction measures such as naloxone. One of the key recommendations was to do a much bigger public awareness campaign about naloxone. Will you expand on what practical aspects you think would be useful in a public campaign? What could it look like in reality?

Alex McKinnon: It only really came across after reading the Government's response that the tone of that recommendation is very different from the tone of the rest of the report's recommendations. Although the recommendation comes from a report that talks about taking urgent action to address the system's failings, it is more about reinforcing a success following the idea's conception in the early 2010s. Lots of our recommendations are preventative and rehabilitative, yet that recommendation is about taking direct action when someone is already suffering harm. Reading back through it after receiving the response from Neil Gray, I thought that it perhaps does not come across that it is a departure in tone.

I found that, of the two areas where we could target naloxone, one is beyond our scope and perhaps beyond the Scottish Government's scope because of UK-wide legislation. That area is supply and who can supply naloxone to local communities.

It seems—conceptually, at least—like an infrastructure that works great in joined-up areas where pharmacies, hospitals and so on are very accessible. Perhaps in more rural areas, those networks are less present. However, I am aware that naloxone medicates people, so it is a drug that is regulated in terms of how it can be supplied and who can supply it.

Public awareness campaigns were touched on more directly in the wording. Coming into the people's panel, I was not personally aware of naloxone. We are again talking about going from good to great rather than from bad to good. We need campaigns that are addressed to the wider public, so that we do not miss groups that are not considered immediately at risk. However, I am aware that, similarly, we do not want to pull up the sheets, cover our heads, leave our toes exposed and avoid taking direct action for those who are most at risk of harm.

It is about reinforcing that success by having public awareness campaigns that target those who perhaps do not initially tick the super-at-risk boxes but who nonetheless may find themselves coming into a situation where they need to be aware of the importance of having naloxone on their person.

Paul Sweeney: You mentioned that you had not been aware of the naloxone public health initiative prior to joining the people's panel. How did you come to be aware of it during the panel's work? Were you briefed on it, or did you take part in training to administer naloxone? I am interested in how members of the panel came to be more familiar with it.

Alex McKinnon: There was no training. It is something that I have been looking into now, having participated in the panel. We heard about it from multiple public health professionals. Those who gave evidence on the more data-led side were keen to emphasise that naloxone has been a great success. It is important to recognise that, as well as the failings, and people from different sectors—the third sector or Government

researchers for example—frequently made that contribution. It was clear that they wanted to stress that it has been a success. As I said, they wanted to reinforce that point and make sure that we were aware of its success, so that we could continue pushing it and perhaps making other people in our lives aware of it.

Paul Sweeney: That is really useful. It is surprisingly straightforward to learn how to administer naloxone—it took me half an hour. Thanks for raising that.

The Convener: I believe that several MSPs and their staff have undertaken training to administer naloxone. As you said, Paul, it is very easy to do.

Before I finish up this discussion, I want to sweep up and see whether there is anything that we have not covered or that the witnesses may wish to tell us about. I just put that question out there for anyone to answer.

Alison Weir: I will add an additional point on naloxone. I was also not aware of it, and I work in the third sector and go into recovery cafes and so on. It is something that seems to be kept on a need-to-know basis.

We also discussed last night that there is still a fear among people about administering the naloxone and whether they could be prosecuted for getting it wrong. That has to be emphasised if there is going to be a public awareness campaign, because there is still a fear that makes people ask, "What if I do not do it properly?"

The Convener: Absolutely, thanks for that, Alison. It is really interesting to look at that aspect of it. Does anyone else want to come in?

James Allan: I have a side comment. We picked up from a lot of the experts who were giving us information that the people in society who have been involved in drugs and who have got themselves into the justice system are very suspicious of statutory bodies. That is where the third sector really comes into its own, as they prefer to deal with people who are not official. When Government diktats come out, or when the police, the courts or the NHS come out with something, those people are suspicious of them. They are much more amenable to working with third sector parties.

The Convener: That is really interesting—thank you for that, James.

No one else wants to come in, so I thank you all for providing evidence today on behalf of the people's panel. I know that you have done a tremendous amount of work in networking and so on; both Audrey Nicoll and I attended the first event.

We also want to say a big thank you to the participation and communities team for the amount of work that it has put in, and to the staff from the Scottish Parliament information centre.

I am delighted that—as Audrey alluded to—the cabinet secretary has taken on all your recommendations in principle. We will see how that gets rolled out.

There will now be a short suspension to allow for a change of witnesses.

10:10

Meeting suspended.

10:13

On resuming—

The Convener: Welcome back. I am pleased to welcome Neil Gray, the Cabinet Secretary for Health and Social Care, who is joined by, from the Scottish Government, Laura Zeballos, deputy director, drugs policy division, and Maggie Page, unit head, drugs strategy unit.

I thank the cabinet secretary for providing written evidence, and I invite him to make some brief opening remarks.

The Cabinet Secretary for Health and Social Care (Neil Gray): Good morning, colleagues. I am grateful for the opportunity to appear before the joint committee to reflect on the people's panel's report and to update you on the vital work that is under way to address the harms and deaths that, sadly, are caused by drugs and alcohol.

The last time I appeared before the committee was shortly after the publication of the 2023 drug deaths statistics. Those numbers told a story that, sadly, we have become all too familiar with, which is that, in 2023, 1,172 drug-related deaths were registered in Scotland, which was an increase of 12 per cent on the figure for 2022.

10:15

We must use every tool available to address the crisis. In that spirit, I welcome the work of the people's panel. I thank the panel members and presenters, and the joint committee for instigating that important and valuable process. We should be heartened by the successes that are highlighted in the panel's report, particularly our widely recognised naloxone programmes and the implementation of the Thistle facility in Glasgow. Those achievements were hard won, and I extend my gratitude to the people—especially the individuals with lived experience—who helped to make them a reality.

The panel calls for further and faster action, including on culture change, stigma and prevention. I assure you, convener and colleagues, that we remain committed to those principles across all our activity and focused on what works, and that we are using the evidence that we are aware of here and internationally to ensure that we target intervention and action where it is most needed. The Scottish Government has carefully considered the report's conclusions and recommendations. As outlined in my written response to the committee, we are supportive of all the recommendations that have been made.

Since my previous appearance at the joint committee, our progress has continued at pace. The charter of rights, which was published in December, will support people who are affected by substance use to know and understand their rights in accessing support services. The value of lived experience and peer support in drug services has long been recognised, and we will publish new guiding principles on that this spring. Those principles, which are for all employers, regardless of sector, will set out how they can best support employees with lived and living experience to flourish in the workplace.

Whole-system and preventative change remains our utmost priority. In December, we published the mental health and substance use protocol, and we intend to publish the population health framework this spring. I am pleased to say that transition planning for after the mission ends in 2026 is also under way. In the statement to Parliament that I made earlier this month, I noted that we want to build on and learn from the foundation of the national mission to ensure that there is an on-going co-ordinated response to the harms that are caused by drugs and alcohol.

Scotland's drug and alcohol deaths remain unacceptably high. Each death is a tragedy—a life lost too soon. However, we remain committed to change, driven by the belief that progress is both necessary and possible. In that vein, I welcome your questions and look forward to discussing the findings further.

The Convener: Thank you, cabinet secretary. That is very welcome and reassuring.

We now move to questions. Jeremy Balfour will ask about the collective statement by the people's panel.

Jeremy Balfour: Good morning, cabinet secretary, and good morning to your team. You will have seen that, in its collective statement, the people's panel says:

"the same conversations keep happening, with the same actions being agreed but not enough has been implemented."

We heard earlier from a couple of witnesses that the reality on the ground is not meeting the policy. Across Scotland, there is a very mixed approach, depending on where you live—there seems to be a postcode lottery. Strategically, how do we pull this together? What is the Scottish Government's view? Do you agree that there is not enough action at grass-roots level?

Neil Gray: First, what the panel's report and statement demonstrate to me, not least in light of the fact that we have been able to support all the recommendations, is that, from a policy perspective, we are focusing on the right areas. From the panel's perspective, we are focusing on the right areas. I am clear that we need to improve the pace, scale, co-ordination and consistency of the application.

As we build from the national mission, the services are being established, in some cases for the first time, and their co-ordination between different agencies needs to be supported. I heard that from the panel members who gave evidence earlier this morning, for which I am grateful. I accept that more needs to be done on that, and that there needs to be greater consistency. I am originally from Orkney, as Mr Balfour knows, and I know that ensuring that we get the provision right for people who live in rural and island communities, as well as those who live in urban conurbations, is critically important, as is ensuring that there is greater awareness—among not only those who have a drug dependency, but their families—of the services that are available.

In that respect, the situation is improving. The anecdotal evidence that I have obtained from speaking to family members, in particular, shows that action has been taken to reduce stigma and to provide clearer pathways for people to access services. Sadly, those pathways were not there for those whose lives have been lost. I have heard that directly from family members who have lost loved ones. However, they say that if their loved ones had experienced then what they would experience now, they would be in a different place. That tells us that we are making progress.

Jeremy Balfour: I will push you a wee bit on that. You might have heard this morning's evidence from a GP, who said that she had spoken to colleagues who were unaware of some of what she was talking about. At a strategic level, who do we hold responsible for that? You said that things are different from what they were two or three years ago, but if some medical professionals are still not aware of certain routes and information, there must be gaps. I am not sure whether responsibility for that falls to the health boards or to you. How do we ensure that there is joined-up thinking between statutory bodies, non-

statutory bodies, local government, national Government and the NHS?

Neil Gray: Mr Balfour asked who is responsible. Ultimately, it is me—of course it is me. I need to make sure that that information is available and is disseminated properly, and I need to do that in partnership with others.

Mr Balfour mentioned health boards and alcohol and drug partnerships. When it comes to, for example, the expectations around the delivery of the MAT standards, we need to ensure that the information is consistent, that the services are co-ordinated and that colleagues across the health service—Mr Balfour's question pertained to this—are aware of them. Ultimately, that falls to me.

We are constantly driving to ensure that improvements are made. I hope that panel members, service users and medical professionals will recognise that improvements have been made, but there is more to do. The figures from last year demonstrate that. Too many people are still dying. The rapid action drug alerts and response statistics from the past quarter indicate a slightly more positive picture, but we cannot be complacent. I am certainly not, and if Christina McKelvie were here, she would say the same thing. We need to drive harder to ensure that there is consistency across the country and across all services.

The Convener: We move on to theme 1—participation, rights and lived experience—which Gillian Mackay will ask about.

Gillian Mackay: Good morning. The people's panel made two recommendations under the theme of participation, rights and lived experience, which related to lived experience in the workforce. What is the Scottish Government doing to ensure that employing people with lived experience is not simply a tick-box exercise and that there is equitable pay, fair working conditions and good support for that group, in comparison with what is available for equivalent public sector workers?

Neil Gray: First, I point to an example of where what we are doing in that area is starting to work better. I gave Ms Mackay this example in the chamber in answer to a question that she asked following my statement on the MAT standards. I am referring to the employment of staff in the Thistle centre and the fact that the design of that service has been carried out with people with lived and living experience. They have been not just a part of it, but central to it—indeed, people with lived and living experience were on the staff interview panel. That tells me that we are starting to get to a better place from the point of view of our work to destigmatise and to value those experiences more highly.

We have more work to do on how we employ those people. However, funding is available for organisations—Maggie Page or Laura Zeballos will remind me of the details—to ensure that people can be supported into the workplace and that there is a route for them to value themselves more highly as they progress. The point about feeling value in themselves was made very strongly when the First Minister and I visited the Thistle and spoke to those with lived and living experience who had helped to shape the service by being involved in the interview process and were participating in its establishment. The feeling of value and worth was incredibly powerful during that visit.

Laura Zeballos might be able to point to the funding that is available for organisations that provide support.

Laura Zeballos (Scottish Government): We provide the Scottish Drugs Forum with £480,000 of funding each year. It runs a national traineeship programme and, each year, that funding allows up to 20 participants to go through that training programme, which leads to a Scottish vocational qualification. That opens up employment opportunities relating to drugs and alcohol and wider opportunities. There are also other routes. ADPs can refer directly, but participants are supported into further employment through that programme.

Gillian Mackay: The people's panel recommended that the proposed human rights bill be introduced in this parliamentary session in order to support the implementation of the charter of rights for people affected by substance use. Why does the Scottish Government feel that the bill does not require to be introduced in this session in order to support the implementation of the charter, which was published in December last year? Crucially, outside of that, how will the Government ensure that the charter is implemented?

Neil Gray: The charter's publication was a critical moment, not only in Scotland but internationally, in understanding and embedding the rights of people who seek to access services. I found it an incredible day to be part of, as I heard from international experts and academics who talked so positively about the progress that was being made in Scotland and held up Scotland as an example for others to follow in relation to embedding the rights of people to access the services that they need. That was a positive development. The First Minister was present for the charter's unveiling in December, and we are committed to it.

We want to ensure that we get the human rights bill right, that the drafting of it works and that there is support in the Parliament for it so that it can

progress. We are taking the time to ensure that that is the case, which is why we partially support that recommendation from the people's panel. We need to take the time to ensure that we get the bill right and deliver for people, because we understand its importance. We will continue to work on that matter in order to make progress.

The Convener: We move on to theme 2, which is justice and law reform.

Audrey Nicoll: The people's panel recommended that

"All services should be able to refer to each other"

and that funding should be in place to allow that to happen. You said that you listened to the evidence from the previous panel, where there was discussion about the services in local areas not necessarily being connected in the way that they need to be. We welcome the Government's response to that recommendation, which states:

"We will explore this further to better understand the specific barriers the court service and police have in referring to third sector organisations."

Can you provide the committee with a wee bit more detail on what that will involve?

Neil Gray: We accept that there needs to be improvement, as I said in my written evidence. In the evidence from the people's panel, we heard that, although the services exist, we need to explore, with regard to co-ordination and consistency, why they are not being referred to. We will work with the court service and other statutory organisations to ensure that there is awareness of the services that are available and that they are referring people to those pathways. Every encounter should be utilised as an opportunity to ensure that people are made aware of the support that is available to them and to encourage uptake of that support. We will explore that further and see what more can be done to ensure that the recommendation can be fulfilled.

Audrey Nicoll: In your response, you refer to data sharing, which is a crucial part of the effectiveness of referral and other processes. I am interested in hearing a wee bit more detail on what you are looking to do to improve data-sharing mechanisms and the robustness of the data that is collected.

10:30

Neil Gray: I will bring in Laura Zeballos or Maggie Page to provide more detail on that. We are looking, for example, at seeking to make sure that there is confirmation of the ability to share data across services, whether it be drug and alcohol services or, in this case, someone's experience of their pathway through health and social care. The National Care Service (Scotland) Bill seeks to put in place a more robust process to ensure that proper data sharing is in place, because we recognise that there is a challenge with different services sharing data, even within the health service and between the health service and social care.

Laura or Maggie might wish to elaborate on our plans.

Laura Zeballos: We would note that MAT standard 3 has had implications for data sharing in local areas. There has been some movement in that space and it is encouraging further data sharing in the interim period.

The Convener: We move on to theme 3, which is access to treatment, care and support.

The people's panel recommended that

"There needs to be a well-publicised single point of access for specialised advice & support relating to alcohol and drug problems".

We have NHS 111, which most people know about, and your response to the recommendation mentioned different directories and contacts. Given that the landscape in which people seek support and help is so complex, will you consider reviewing that recommendation for a single point of contact?

Neil Gray: Yes. In short, I am happy to consider that. There are pretty clear pathways available for people who are seeking any form of medical support or advice. You mentioned 111, which is a route into primary care. There are various routes, but I recognise that a single point of contact, which we are deploying in other areas of the health service such as in cancer support, is something for us to consider. I am happy to take that away and consider whether we could do something in a more streamlined way so that, if that is not possible, people still have greater clarity about where they can access services. There should be no confusion. People should know that they can go through 111 or the mental health support that is available through NHS 24, which colleagues will be aware of, as well as taking the obvious route to access support and treatment through general practice.

The Convener: There was a recommendation that the MAT standards should cover all drugs that cause harm and not just opiates. You state in your response to the report that you are considering future application of the standards. Will you provide the committee with some more detail on that?

Neil Gray: I absolutely recognise that, as we heard again from members of the people's panel today, many of the MAT standards are directed towards opioid dependency. However, many of the standards are applicable to people regardless of

their substance dependency. In particular, those that relate to access to mental health support and treatment are in place regardless of the type of dependency.

I recognise in my written response that we need to look at what we can do to provide medicated assisted treatment that goes beyond opioids. Colleagues have had questions about the fact that, as the people's panel observed, we are seeing a growing level of polysubstance use and, in certain parts of the country, a growing level of use of cocaine, benzodiazepines and other drugs including nitazenes. Clearly, we need to ensure that we are responding to the use of those drugs, too, and that is part of our consideration.

Audrey Nicoll: The people's panel recommended

"a guaranteed and protected five year minimum period of funding for community and third sector services".

That theme has been discussed across the Parliament this year. Can you provide the committee with more detail on the fairer funding pilot scheme that you mention in your response to the people's panel report? Does the Scottish Government intend to go a wee bit further than its current commitment of providing funding and grants for two years?

Neil Gray: We absolutely recognise that, particularly for community and voluntary organisations, funding certainty is critical for planning and for recruitment to the programmes that are delivered. Colleagues from the community and voluntary sectors have contributed today. We all support organisations in our constituencies and we want to provide as certain a funding landscape as possible and to support them in their funding applications. We absolutely recognise that providing that element of certainty for as long as possible helps them, sometimes, more than the quantum that they get, because the certainty allows them to plan and to shape their services in a way that year-to-year funding just does not. The fairer funding route has been developed to provide greater levels of certainty and multiyear funding.

As colleagues will be aware, we have an ambition to go further than that. We hope that the funding that we receive—and the certainty around that funding through, for example, the UK Government's spending review in the spring—will allow us to have greater certainty in our medium-term financial planning in order to provide that level of budgetary certainty. Others across the Cabinet recognise the importance of doing that, not least for recruitment but also in relation to providing the space for those organisations to focus on delivering and building a service and delivering transformational change, rather than having to go through the cycle of funding applications every year—which, as we all recognise, is time consuming and requires a huge resource commitment. We are looking at what more we can do on that.

Audrey Nicoll: Thank you for that comprehensive response, cabinet secretary. You mentioned the national drugs mission funds, and I note that the five-year commitment is very welcome. The funds are administered by the Corra Foundation and they offer multiyear funding to third sector and grass-roots organisations. Can you say more about the plans for the future of that very welcome and important five-year funding provision?

Neil Gray: I have been able to see the impact of that funding via the Corra Foundation in many of the community organisations that I have visited. As Ms Nicoll said, the fact that it has been possible to provide the funding on a multiyear basis is helpful.

In response to a question about the MAT standards statement, I set out that we are considering what comes next and what we can do to build on the national mission that is due to end next year, and that funding option will be part of that consideration. We will look at how we can learn from the organisations in which we have been investing and consider the impact that they have had and what we need to do next. That will ensure that there is clarity for organisations and individuals. In that way, we are seeking to build on the national drugs mission rather than feeling that, when 2026 comes, our work is done, as it is clearly not.

Bob Doris: Convener, I hope that, on the matter of fairer funding, you will not mind me mentioning that you are convener of the Social Justice and Social Security Committee, on which I also sit, and that some of the movement in Government is based on recommendations from that committee. I think that we should acknowledge that committee's work in that regard.

The Convener: Thank you, Mr Doris.

Bob Doris: Audrey Nicoll mentioned the importance of data sharing between the public sector and the third sector. There was supposed to be a single shared assessment between the NHS and third sector organisations. That was to be prioritised, but it has never been implemented. Can you give us any update on that, cabinet secretary? In your written response, you mention that the National Care Service (Scotland) Bill could be a vehicle to finally realise what we want to see happen in that area.

Neil Gray: I will need to come back to Mr Doris on that particular point, unless my colleagues can provide any further detail on it. We are certainly keen to ensure that any perceived barriers to

organisations sharing data and referrals are removed, and that there is much smoother communication not only between different parts of the health service but between the health service and social care and, in this case, ADPs and those in the community and voluntary sector who are delivering services for those who need, and are seeking, treatment. We are working and engaging on that, but I will come back to Bob Doris on the exact detail that he asked for.

Bob Doris: It would be helpful if you could write to the convener with that information so that we all have it. In the previous evidence session, one of the witnesses from the people's panel, who is a GP, mentioned that they had not even got basic information about whether there was a treatment plan in place for one of their patients when they were released from prison. Basic stuff is not happening that I think that we would all expect should be happening.

You can respond to that point now if you want to, cabinet secretary. I just thought that it was important to emphasise that while you are before the committee.

Neil Gray: Yes. I heard that evidence. I can reflect on the situation in my constituency; I know that the local support cafe is looking to work much more closely with the justice system so that there is a supportive element through somebody's release from custody and they go into a supportive environment that means that they are supported in the community in a much better way. I know that that is being considered more widely. I heard that from the panel this morning, and we are absolutely looking to do better on it.

Bob Doris: That is helpful.

Recommendation 5 from the people's panel says that

"All services should be able to refer to each other",

be they in the health or social care environments or in the third sector. A number of services are involved in a constituency case that I am dealing with. They include addiction services; environmental services, which are sometimes based in the council; landlord registration and private landlord services; and Police Scotland. In that case—I will not say where it is—there is a close that cannot be used for housing. The private landlords have given up in despair because it has, in effect, become a place for vulnerable adults to gather and consume drugs. I visited it relatively recently and there was drugs paraphernalia strewn everywhere. It was quite a sight. The back court is an environmental hazard.

The private landlords are keen to do the right thing, which is why they reached out to me. I am leveraging in—I hope—addiction services, environmental services and Police Scotland, because the landlords hope to secure that place and bring those properties back into use. However, I am conscious that there are very challenging but very vulnerable adults using that location. The private landlords reached out to me and I fed stuff in.

In such cases, should we expect implicit co-operation, without the MSP being involved, between local authority environmental services, landlord registration services, Police Scotland and others, in order to join those dots? At the moment, I will join the dots, and I see that as an opportunity. The cabinet secretary spoke about taking every opportunity to engage with those who are vulnerable, to do the right thing and to support them. In my example, they are very challenging. There is a blight on the community—it is not the vulnerable people, but the impact of their addiction—and we all want to do the right thing to fix it. Are you confident that, based on recommendation 5 of the people's panel, services implicitly co-operate with one other to do the right thing?

10:45

Neil Gray: First of all, services absolutely should be doing that. Mr Doris raises a very challenging case in his constituency, and I pay tribute to him for trying to ensure that co-ordination is provided. He suggests that it has not been and that, as we have discussed in response to previous questions about referrals between statutory bodies and community and voluntary organisations, there should be better co-ordination.

As he was speaking, I was thinking about what the Thistle is seeking to provide. It is a safe space for drug consumption, but it is also part of a pathway for people to be able to get access to services—that was a critical part of the Lord Advocate being willing to provide her letter of comfort—because there are statutory services within it, including housing, social work and various other services.

The evidence that is coming through from the Thistle's early work is that people are able to engage with those statutory services in a way that has not been seen before. The Thistle is speaking to people who services have not spoken to before. The early evidence suggests that the intention in relation to that pathway, which was critical to the Lord Advocate's willingness to provide her letter of comfort, is working. However, we have more work to do—I have already acknowledged that—to make sure that there is more joined-up communication between services and that referral pathways are being put in place.

The specific example that Mr Doris gave relates to the need to make sure that there is co-ordination and that every organisation seeks to provide a supportive environment to resolve issues. That should be what we all expect to take place.

Bob Doris: I have no further questions, but may I write to you about the specifics of that case to see whether a best-practice template could be embedded in public practice?

Neil Gray: Absolutely. I would welcome that.

Bob Doris: Thank you.

The Convener: We move to theme 4, which is prevention. I invite Paul Sweeney to ask the first question.

Paul Sweeney: Thank you for coming to this meeting, cabinet secretary, and for reflecting on the recommendations that were made by the people's panel. It recommended that there should be an urgent examination of issues around poverty. In your response to its report, you advised that the Scottish Government is developing a population health framework to be published in the spring, which will

"consider what more can be done to mitigate against the social and economic drivers of ill health".

Will you provide the committee with more detail of what that will look like?

Neil Gray: Paul Sweeney will understand that I cannot give him all of what will be contained in the framework until it is published. He and I share the view—as do colleagues around this table—that it is central for us to tackle the pervasive impact that poverty has on so many aspects of an individual's life and experience. We have a clear indication of the correlation that exists between poverty and deprivation and the likelihood of people having a substance dependency, which was mentioned by a colleague on the previous panel. We also know from the drug death statistics that there is a clear correlation between poverty and deprivation and someone losing their life to a substance dependency. That is why the Government's central focus and number 1 priority is addressing child poverty and doing what we can to eradicate it. The same panel member reflected on the fact that we do not have all the tools in the box to do that—decisions that are taken elsewhere also have an impact.

Addressing poverty has an impact on education, on justice and on health. The drivers of ill health are absolutely clear, and the health professional who was on the previous panel will be very familiar with them. Health inequalities and health conditions are driven by poverty. If we could tackle poverty, we would hugely reduce the demand on health and social care services, and we would dramatically reduce the number of drug and alcohol-related deaths. That is why it is right for us to have a cross-Government focus on addressing child poverty.

Through the population health framework, there is a clear focus on doing what we can to resolve poverty, but the health service in and of itself cannot do that. The environmental and social factors that drive people into poverty are outside the control of the health service. We pick up the impact of poverty, and that is why having a co-ordinated approach across Government to address poverty is so important for us. Indeed, that should be an overriding priority of all Governments.

Paul Sweeney: In your response to the people's panel report, you note that the Scottish Government, either directly or through alcohol and drug partnerships, supports a number of

"high tolerance/low threshold services."

Do you believe that a sufficient number of those services are already in place, or are more required? If more are needed, would the Scottish Government be prepared to provide the logistical and financial support that would be necessary to allow that expansion?

Neil Gray: We support alcohol and drug partnerships to deliver some of those services. Obviously, our health services are there to deliver, and we have provided increased funding to our health boards and our local authority partners to ensure that they are providing services.

We have already referenced the support that is provided through the Corra Foundation to ensure that community and voluntary organisations are able to respond. The organisations in the community and voluntary sector are trusted and have a wide reach—they can reach much deeper into communities than statutory services can—and the role that they play has to be acknowledged. I certainly acknowledge that, and my commitment to funding those community organisations is clear.

If there are examples of where we need to do more in local areas, or if there is more that we need to do at a national level, I want to hear about that. We would always consider funding for services where the evidence is clear that they are helping to meet a particular demand.

Paul Sweeney: Let us turn to the people's panel recommendation on information and education. You noted in your response that the Scottish Government supports the recommendation that financial support and provision be provided for external organisations to support education in schools from primary 5 to P7 and onwards, and for wider outreach in communities. What work is the Government doing

to combat misinformation and even disinformation surrounding the nature of Scotland's drug deaths crisis?

I know of a particular case that might be worth the cabinet secretary commenting on, which relates to the opening of the Thistle facility on Hunter Street in Glasgow—a video has already been produced on social media that has garnered more than 50,000 views. Three core claims have been made about the facility. The first is that, since the Thistle opened, it has caused a large amount of injection equipment to be discarded around the Morrisons car park opposite the facility, presenting a threat to public safety. The second claim is that the Thistle is supplying medical-grade heroin to any individual attending, that staff are injecting the majority of those attending and that people are able to leave in possession of drugs. The third claim is that there has been a surge in the number of people injecting heroin and cocaine or smoking crack cocaine in the car park.

Will the cabinet secretary address each of those points and provide a factual response? Will he also use that as a basis to discuss the wider issue of disinformation and misinformation relating to harm reduction measures such as those provided by the Thistle?

Neil Gray: I am grateful to Mr Sweeney for raising the issue. It angers me greatly to see misinformation being spread about a service that seeks to address an issue by using a method that international evidence demonstrates works and that is part of a toolbox to support people to reduce the harm and deaths that are associated with their substance dependency. That is shameful. The evidence can be challenged—of course, we can have a debate about the efficacy of the approach and whether it works, which is why we are piloting the measure. However, to blatantly spread false information is wrong.

All those claims are false. That particular location was chosen for the Thistle because community injecting was already happening there. I have seen no evidence—nothing has been reported to me or anybody else—to suggest that there has been an increase in injecting in the community or, indeed, an increase in the discarding of paraphernalia in the community. That claim is false. It is also not true to say that the drugs that Mr Sweeney mentioned are being provided at the facility. The individuals who are seeking to use the safer drug consumption facility bring their own.

I find it deeply distressing, disappointing, frustrating and upsetting that people are seeking to spread misinformation about a group of people who are incredibly vulnerable and are seeking to use a service in order to reduce the harm that their substance dependency is causing to them. I also find it deeply distressing that the people who work around the facility are being exposed to that type of misinformation and that there is misinformation about the contribution that has been made by those with lived and living experience and by family members of those who have lost their lives, who say that this is the right thing for us to be investing in.

Unfortunately, it is not surprising that people are spreading such misinformation, but I find their doing so deeply concerning. I know that Mr Sweeney shares my frustration about that, which, I suppose, is why he has raised the issue today.

The Convener: As we are discussing the Thistle facility, I note that the Westminster Scottish Affairs Committee is undertaking a short inquiry into Glasgow's safer drug consumption facility. Has the Scottish Government been asked to provide evidence to that committee?

Neil Gray: We have been asked to do so, and we are part of that discussion. Laura Zeballos will be able to respond on that.

Laura Zeballos: We have been invited to give evidence to that committee.

The Convener: I look forward to seeing the outcomes of its inquiry. What outcomes would you like to see from that mini inquiry, cabinet secretary?

Neil Gray: It is for the Scottish Affairs Committee to carry out its investigation. I hope that it will do so with the sensitivity that the people's panel and the joint committee have brought to this emotional issue. I hope that the Scottish Affairs Committee will explore the evidence and the efficacy of the approach, as well as hearing the testimony of those with lived and living experience who have fought so hard for the facility to be established and who have shaped the way that the service is being run and those who work in it. I hope that those views are taken into consideration and that we have an evidence-based outcome. Obviously, it is for the Scottish Affairs Committee to conduct its business as it sees fit, but that is my hope for its inquiry.

As I said, it is right that we are having a debate—and I think that we have had a very healthy debate in the Scottish Parliament—about the efficacy of the approach and the evidence for why we would want to establish a safer drug consumption facility. It is critical that we keep the debate to those points of evidence and take into account the views of those with lived and living experience, to ensure that we can make progress for the people we need to do better by and to save lives.

Bob Doris: I welcome the fact that the Scottish Affairs Committee is turning its attention to this

really important topic. Paul Sweeney's comments about the swirl of misinformation around the facility has reminded me that, although the efficacy of the approach is not in its infancy, the facility is still in its infancy. Is there a slight nervousness about it being quite early on to assess the outcomes from the facility, and is there a feeling that the evidence and lived experience need to be gathered over a period in order to properly analyse what the outcomes are and what lessons can be learned? Is that a caveat in relation to any inquiry at this time?

11:00

Neil Gray: Absolutely. That is why it is a three-year pilot. The international evidence is demonstrable—it is there—and we can rebut some of the misinformation that Mr Sweeney has reported with evidence from safer consumption facilities elsewhere in the world. You do not have an increase in community injecting—the opposite is true. You do not have greater levels of discarded drug paraphernalia—the opposite is true.

Crucially, the reason for the momentum behind the campaign for a safer consumption facility was not only the specific nature of those involved but the international evidence, which demonstrates that such a facility reduces harm and saves lives. Mr Doris is right to say that we are seeing some early evidence of its efficacy. I have been able to point to, for example, individuals now engaging with statutory and community services who were not engaging previously and who were not reachable prior to the facility's establishment.

That said, it will take time for us to assess whether the approach has reduced harm. I am talking about not only whether it has reduced needle sharing and the obvious public health issues arising from that, but whether it has helped to save lives. The marker for whether people think that this is the right thing to do is that there is domestic interest in this, with other cities in Scotland interested in looking at establishing safer consumption facilities, and I believe that there are also international observers of what is being carried out. I think that it is the right thing for us to explore, but it has to be explored on a pilot basis, because we have to look at the evidence to see whether it has worked. That is why we are investing in it over a three-year period.

Bob Doris: Thank you.

Sharon Dowey: Good morning. In your response to the people's panel report, you mentioned that

"improvement hubs"

are being established by Healthcare Improvement Scotland

"to design and improve pathways into, through and from"

rehabilitation, as well as

"Self-Assessment Thematic Analysis reports ... which will highlight key areas for improvement".

Can you provide the committee with more detail on that work and any timescales for it?

Neil Gray: There is not a huge amount of greater detail that I can go into. The work that the improvement hubs will deliver is obvious, but I note that Healthcare Improvement Scotland's co-ordinating role and its work on ensuring that the pathways are working well are well established, too. As I have said, I do not have a huge amount of detail that I can go into or anything that I can go into in any greater depth—I do not know whether Laura Zeballos or Maggie Page wishes to add anything.

Maggie Page (Scottish Government): I can add a little more detail. Healthcare Improvement Scotland has been appointed to support local areas with their pathways into residential rehab because that is one of the recognised blockers. How do we get from the point of either an individual showing an interest in residential rehab or the clinician or support worker seeing that such rehab would be appropriate for them to their getting a placement?

HIS has been working with each area on this issue. Each area has done a self-assessment of its own pathways because, as you will be aware, people come into treatment and treatment services in lots of different ways. HIS is now undertaking a thematic analysis of all of them, and it not only is giving direct feedback to individual areas but is looking at key themes as part of its improvement approach to ensure that we see improvement across the pathways and the boards and that there is shared learning.

HIS has developed the improvement hubs to allow similar areas to come together and share learning. I am sure that the committee has raised this issue before, but the challenges in rural areas can be different from those in urban areas, and a lot can be learned across different areas.

That is the approach that HIS is taking in that work, which is on-going. It is more of a project. Publications will come out of it, but it is very much active at the moment.

The Convener: Finally, we move to theme 5, which is harm reduction. I call Clare Haughey.

Clare Haughey: Good morning to you, cabinet secretary, and to your officials.

You will have heard us discussing the issue of naloxone with the previous panel. The people's panel called for an additional public awareness campaign for the distribution and use of the substance, and you stated in your response to the report that you will give further consideration to that recommendation and discuss it with partners. Can you provide the committee with more detail of what that might involve and, possibly, a timescale for that work?

Neil Gray: I thank Ms Haughey for raising the issue and the people's panel for its work on illuminating this as an issue that needs to be addressed. I heard the gentleman on the previous panel make the point that he had not been aware of the naloxone programme but that, when he did become aware of it, he wanted to be involved. That speaks volumes about not just the powerful effect of the naloxone roll-out itself, but the need to ensure that we are not complacent and think that everybody has an understanding of the roll-out, as colleagues around the table do, and the fact that it has gone to various statutory organisations as well as others.

We will consider what more we can do to have an awareness-raising campaign and what might be effective in that respect, and I am happy to come back to the committee with our consideration of how that could work. The very illumination of the issue through the work of the people's panel will be helpful, as will, I hope, our discussion here. I believe that all of us around the table have agency in being able to raise awareness. Mr Sweeney and the convener said that they had gone through training—indeed, Mr Sweeney was able to say how quick that training was. If we use our own agency as local leaders, that will be just as important as any Government or Public Health Scotland-led campaign in this space.

Clare Haughey: I have another short supplementary question, but I should first declare an interest as someone who holds a bank nurse contract with NHS Greater Glasgow and Clyde.

I want to ask about an issue that was raised by the people's panel—I suppose it comes under the theme of harm reduction—which is GPs being unaware of the MAT standards, which were introduced in 2021. When I went on the Turas website, I saw quite comprehensive learning resources and information, including the package "Working with Substance Use, Trauma and Mental Health—Resources and Training for the Scottish Workforce". From my reading, that has been there since 2021, and I would be greatly concerned if GPs had not been accessing it. I wonder whether the cabinet secretary could see whether some of the data that sits behind that could be disaggregated, so that we could see who has been accessing it and, if it is shown that GPs have not been accessing it, perhaps work with the chief medical officer to encourage them to do so. The data on the number of people with mental health issues who also have substance misuse issues—and who, indeed, have suffered trauma—is out there, and the fact is that quite comprehensive training is available.

Neil Gray: I again thank Ms Haughey for raising this issue and the panel for giving their experience of the situation. It concerns me, too. The information is there, and we have been very clear with health boards and with alcohol and drug partnerships about the implementation of the MAT standards.

Alongside the consideration that Ms Haughey has offered on the role that Gregor Smith, the CMO, could play, I should say that I regularly engage with the British Medical Association's general practice committee and the Royal College of General Practitioners. The issue is perhaps something that I could raise in my next discussions with them, to ensure that there is awareness among GPs and that they are accessing the information that is available. That would help to provide the consistency that we were discussing right at the start of this session in our responses to Mr Balfour's questions, ensuring greater consistency in the application of the MAT standards and access to other services that are available.

The Convener: I thank the cabinet secretary and his officials for their attendance today.

That completes the public part of our meeting. Before we move into private session, I want to make people aware that the Parliament has agreed to schedule a debate on the report of the people's panel, which we expect to be scheduled for Thursday 6 March.

Neil Gray: I look forward to being able to contribute to that debate, convener.

The Convener: We look forward to your contribution, cabinet secretary.

11:10

Meeting continued in private until 11:27.

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