HOUSE OF COMMONS

Scottish Affairs Committee

Oral evidence: Problem drug use in Scotland follow-up: Glasgow's Safer Drug Consumption Facility, HC 630

Wednesday 4 June 2025

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Watch the meeting

Members present: Patricia Ferguson (Chair); Harriet Cross; Stephen Flynn; Mr Angus MacDonald; Douglas McAllister; Susan Murray; Elaine Stewart.

Home Affairs Committee member also present: Chris Murray.

Questions 116 - 166

Witnesses

I: Neil Gray MSP, Cabinet Secretary for Health and Social Care, Scottish Government; Laura Zeballos, Deputy Director, Drugs Policy Division, Scottish Government.

II: Dame Diana Johnson DBE MP, Minister of State for Crime, Policing and Fire, Home Office; Marcus Starling, Deputy Director for Drugs and Alcohol, Public Safety Group, Home Office.

Examination of witnesses

Witnesses: Neil Gray and Laura Zeballos.

Q116 **Chair:** Good morning and welcome to this meeting of the Scottish Affairs Committee. We are very grateful to Neil Gray, the Cabinet Secretary for Health and Social Care, and Ms Zeballos, the deputy director of the drugs policy division at the Scottish Government for joining us via our virtual witness programme this morning. We are going to be looking at the safer drug consumption room in Glasgow. We have been inquiring into that facility for a little while now. To give a little bit of background, we have also visited the facilities in Bergen and Oslo.

We know who both of you are, so I will not ask you to introduce yourselves, but will go straight into questions, if that is okay. Mr Gray, could you outline the role the Scottish Government have had with regard to the opening of the Thistle, and perhaps what communication you have had with the current UK Government about it?

Neil Gray: Thank you to the Committee for facilitating our evidence session today. I am very grateful to have the opportunity to participate in this very important piece of work the Committee is carrying out.

The Government have helped to facilitate the health and social care partnership's work in Glasgow to take forward the safer consumption facility. It is part of our wider national mission policy work to reduce harm and drug-related deaths. We have provided funding to the health and social care partnership to see the facility established, and the Lord Advocate provided a statement on prosecution policy to allow the facility to do the work that it does within the confines of the Misuse of Drugs Act.

In terms of the communication, I have had limited communication with the current UK Government on this. I had a four nations meeting with all four UK nations' Health Ministers to discuss the work we are doing in Scotland, and indeed the work that other nations are taking forward in their jurisdictions around reducing drug-related harm, but discussion beyond that regarding the safer consumption facility has been limited. That goes beyond where the previous Government's interactions were, which I would describe as substandard in terms of supporting us to find a way to allow this pilot to take place.

Q117 **Chair:** As drug policy is reserved to Westminster, do you think it is appropriate for the Scottish Government to push forward with the pilot, along with Glasgow City Council and the IJB?

Neil Gray: Yes, I do. I regret the fact that there has not yet been a review of the Misuse of Drugs Act and wider drug policy at the UK level. I regret the fact that drugs policy is not devolved, short of independence, to the Scottish Government, to enable us to tackle what is clearly a very grave issue that we are facing here in Scotland. We are going to look at every possible option that we have, drawing on international evidence, to reduce the drug-related harm that we are seeing here in Scotland.

The Lord Advocate made it clear with her statement of prosecution policy that, although this is a grey area from a legal perspective, the policy intent behind the safer consumption facility means that she is comfortable with its existence, to facilitate people who otherwise would not have engaged with any form of statutory services finding a pathway towards recovery. That is what the safer consumption facility is intended to do, alongside a range of other harm reduction activities.

Q118 **Chair:** We had a very good session with the Lord Advocate a few weeks ago. It was very helpful to have her commentary as well. If the Lord Advocate were to extend her prosecution statement beyond the three-year pilot period, how politically and constitutionally tenable would it be for the Thistle to continue to operate without changes in UK law?

Neil Gray: The intention behind the pilot is to gather evidence as to the safer consumption facility's efficacy regarding the stated aims of reducing harm, reducing drug-related deaths and allowing people to have access to a nurturing facility that hopefully allows them to then be facilitated to some form of recovery. The pilot is intended to run for three years; a formal evaluation period takes place thereafter. I would anticipate us being able to establish within that timeframe whether we can say that the facility has done what we wanted it to do, and to then take a judgment as to whether there is further work that can be done in that harm reduction space.

As I have already stated, I wish there were the powers in Scotland to enable us to do this within our own jurisdiction. Short of that, or independence, which would allow us the full range of powers to do so, I wish to see the UK Government review their current drug laws. I wish to see them have greater interaction on the safer consumption facility. I know that other parts of the UK are interested in how this is operating and whether it is effective, so it would be best if a better legal framework for a facility such as this were established, whether that is in Scotland or any other part of the UK.

Q119 **Chair:** Presumably you want to continue dialogue with the UK Government over the three-year period, so that by the time you reach the end of that period and the evaluation reports, there will hopefully be a way forward.

Neil Gray: You are absolutely right, and I intend to continue dialogue where I can. The offer is open to UK Ministers, as it has been to the Committee, to access the facility, see what is being done there and understand what is and is not happening. I am very keen to see that dialogue continue on this and on other areas that we wish to explore, such as drug checking facilities that we are currently exploring with the UK Home Office, so that we can provide greater resilience to our RADAR network.

Q120 **Susan Murray:** With your indulgence, I understand that the session is on the drug consumption room, but a really important aspect of the need for

drug consumption rooms is about the supply of illegal drugs in the first place. Do the Scottish Government feel that they have the tools to tackle organised crime effectively?

Neil Gray: That falls outwith the remit that I am directly responsible for, but, yes, I believe that Police Scotland has the operational independence and resources required to take action as is required from an operational perspective and from a justice perspective. We are talking here about harm reduction measures that are about taking a public health approach to those who have a substance dependency and who we want to see move into recovery.

From a policy perspective, we view the safer consumption facility as a route through which we can get people who are largely disengaged from statutory services to become engaged. The early evidence suggests that that is happening. The staff at the Thistle are seeing people who have not engaged with statutory services previously. I am hopeful that the intention behind the Thistle of saving lives and reducing harm is one that will be successful during the course of the pilot. In terms of the justice response to organised crime and the criminal gangs that supply these substances, that is clearly an operational response matter for Police Scotland. The Justice Secretary here in Scotland provides it with the support that is necessary to do that.

Q121 **Elaine Stewart:** Mr Gray, do you believe that the facility can responsibly continue to operate, given the legal risks involved, which you have previously acknowledged?

Neil Gray: Yes, I do. I believe that the Lord Advocate's statement of prosecution policy captures the policy intent behind the Thistle and allows it to carry out the functions that it is seeking to perform, which is to reduce harm, save lives and allow people the space in which to find their recovery journey. I have set it out and you have heard evidence from the Lord Advocate as to why she believed that was the right course of action.

As I said in response to the Chair, I would prefer the Scottish Government to have the powers to legislate in this area ourselves. Short of that, I wish to see the UK Government legislate to reform the Misuse of Drugs Act, because we need to take a more of a public health, harm reduction approach. That is demonstrably effective when you look at international evidence and is the course of action that we are taking here in Scotland, within the powers that we have responsibility for.

Q122 **Elaine Stewart:** Would you have any concerns for the facility if there were to be a change of Lord Advocate or Government?

Neil Gray: That is clearly up to the people of Scotland to determine. I am hopeful that the SNP Scottish Government will be re-elected next year, and the appointment of a Lord Advocate is for the First Minister to determine. However, I believe that the policy intent that has been set out by this Government and the Lord Advocate is one that should stand the test of a new Government, or indeed a new Lord Advocate. It is robust. I

want to see, as far as possible, cross-party support, so that the policy intent behind the national mission can survive, regardless of which party occupies Bute House and has a majority within the Scottish Parliament.

Q123 **Chair:** Can I ask you a supplementary on that one, Mr Gray? I am conscious of the fact that previous Lord Advocates have not been able to give the kind of statement of prosecution policy that the current Lord Advocate has, so I am presuming that we would not want to bind a future Lord Advocate in that sense. Are you content that the policy around the Thistle has changed sufficiently that there could be that consistency from one Lord Advocate to another and that that policy statement would remain relevant?

Neil Gray: You are right, Chair. The application that came through from the Glasgow City Health And Social Care Partnership was different. The new application, so the current incarnation of the Thistle, from a policy perspective was different. The Lord Advocate made that point clear in her response and in the statement of prosecution policy. That was what allowed her to have that comfort that the policy aims were such that would allow her to come forward with that statement of prosecution policy.

It is the policy intent that will be important, although clearly that is a judgment for a Lord Advocate to make upon the merits of each application. There is the potential for further applications to be made by other health and social care partnerships in Scotland and it will be upon those merits that I would expect the Lord Advocate to take her judgment. I obviously cannot prejudge how that would end. That is for her to take on an independent basis.

Q124 **Mr MacDonald:** What are the key benefits the full legal framework could offer the Thistle and other similar facilities going forward?

Neil Gray: There would be certainty around the legal establishment of the facility. It would negate the need for such a statement of prosecution policy from a Lord Advocate. Whether the Scottish Government have the powers to legislate in this area or it is from a review of the law undertaken by a UK Government, this would give greater legal certainty. It would be better if we had that perspective, but I am comfortable, in the legal framework that we are currently operating in, that this allows the policy intent of the Thistle to be established and to operate. The Thistle is currently working with those. I am pleased with the early evidence.

Q125 **Susan Murray:** Do you support the decision not to establish an exclusion zone round the pilot facility?

Neil Gray: Yes, I do. I think that decision was made by the health and social care partnership and it was the right one.

Q126 **Susan Murray:** In the longer term, do you consider that that decision might be reviewed and that an exclusion zone might be desirable?

Neil Gray: No, it is better that these facilities are embedded within communities and have good community outreach. That is necessary for there to be a level of trust in the facility by both those who are using the service and those who are neighbouring the facility. Having no exclusion zone is a better approach to take and I support that from the health and social care partnership.

Q127 **Stephen Flynn:** Good morning, Cabinet Secretary and Ms Zeballos. A few weeks ago, Neil, when I was at the facility and I posed a very similar question to the Lord Advocate, what was apparent to me was the express wish of those who were present for some sort of inhalation room to be put in place and, similarly, for a mechanism to allow for single-use tourniquets to be used as well. The Lord Advocate, in her response to me, said that she had not been asked about the potential for inhalation or asked to develop any policy differently because of the need to assist in the application of tourniquets. Do you have any intention to seek any changes on that front?

Neil Gray: It is an important consideration as to where both the staff and the health and social care partnership feel the facility can be best deployed in order to respond to those who are using it. It is currently a facility that supports injection but I have heard, in my tour of the facility, from staff around the potential for an inhalation facility to be established. That would need to be applied for. They would need to submit to the Government and the Lord Advocate their policy basis for doing so. It would be for the Lord Advocate then to consider whether that was appropriate and for us to consider whether it would be practicable.

In terms of tourniquets, that is currently prohibited under the Misuse of Drugs Act. Should there be an application for those to be facilitated within the facility, that would need to form part of the Lord Advocate's consideration. As she said, there is no application currently in the system. I understand, because of the changing nature of substance dependency, that the current establishment of the facility on an injection-facility basis may provide limitations. There is international evidence to point to the relative success of inhalation facilities. I am happy to bring Ms Zeballos in to provide greater context on the international elements, if Mr Flynn would be content with that.

Laura Zeballos: I was simply going to note that there is international evidence that inhalation rooms are standard components of safer drug consumption facilities. We see that, for example, in many of the facilities operating in Germany, Denmark and France, where their role in preventing respiratory harm is noted in the evidence base as a result.

Q128 **Harriet Cross:** Good morning, Cabinet Secretary. What evidence is there that the drug consumption room is having an impact on Scotland's awful drug death numbers, which I understand—and I think you have confirmed this morning—was the rationale for the project? To illustrate this, from December to February we saw 251 drug deaths, which was a 17% increase on the previous three months. That is 21 deaths a week,

despite the Thistle opening during that time. Presumably, we would have expected the numbers to have fallen during that period, not increased.

Neil Gray: The figures that Ms Cross quotes are suspected drug deaths. We are still to see the confirmed figures. Obviously, there is a concern—more than a concern. It is worrying for me when we see any rise in drug-related deaths. The most recent confirmed figures show a reduction, but I recognise that the quarter-on-quarter increase in suspected drug deaths is there, as she quotes.

I would point to the initial evidence that suggests that the facility is proving to be successful. There were, I believe, seven ambulance callouts over the period from the establishment of the facility, and 35 medical emergencies. In all cases, the service user has survived to be able to return to the facility. Although I cannot prove it at this stage, my contention is that, were those service users not within the Thistle, they would not have survived, so we have seen early evidence to suggest that the facility is working.

I want people to be alive in order to get into a recovery journey. Clearly, you cannot get into recovery if you are dead. The policy intent behind the facility is to make their substance dependency and current injections safer, to save lives and to allow them to interact with the statutory and other community services that interact with the Thistle in order to start a recovery journey. That is one that, over the course of the pilot, I hope will prove to be effective.

Q129 **Harriet Cross:** I appreciate that, and it is clearly good news that anyone who had a medical emergency while at the facility was treated and survived. What you said—that they then could return to the facility—is a real issue for me. We should be treating addiction, not feeding addiction. I appreciate that people come from this from two sides, whether they believe that a drug consumption room is part of that or not, but experts are saying that it is the treatment side that is really important and that it is really vital in making sure that Scotland's drug death numbers start to decrease.

What is success for this pilot? Is it the reduction in numbers? Is it actually another way that we can look at how people are coming on to the road of recovery? Would the Scottish Government consider things such as the Right to Addiction Recovery (Scotland) Bill, which I know is being presented in Holyrood, or other ways that we can help people come off dependency on drugs? Feeding addictions does not help the treatment of addictions.

Neil Gray: I absolutely respect the position that Ms Cross has taken, but I return to the point that we cannot see people move into recovery if they are dead. The policy intent behind the Thistle is to ensure that those who are perhaps furthest from a recovery journey are given holistic support through a facility such as the Thistle in order for them to then be able to access a recovery journey. I am happy to let Ms Zeballos in at the end of

this contribution in order to provide more detail on the international evidence of that, which was established, and why we have chosen to go down the route of a safer consumption facility in Glasgow.

I do not believe that there is any single answer to what we are facing in Scotland. That is why the national mission has taken a number of different tracks in order to try to provide people with as many possible options to get access to recovery, whether that is the investment we are making in community and voluntary organisations that are embedded in communities through the Corra Foundation funding, the increase in residential rehabilitation beds that are publicly funded and accessible through public funding, or the harm reduction measures that we have taken, such as the safer consumption facility, the roll-out of the naloxone programme and the work that we are wanting to take forward in getting drug checking facilities. I believe that we have to throw everything, every possible measure, forward. I do not think that we should be turning our backs on any measure that could save lives, reduce harm and allow people the time and space that they need to find their recovery.

Before I bring Ms Zeballos in, I will dwell on an anecdotal discussion that I had with somebody who has found recovery when I was visiting a project in Glasgow. They said to me that the biggest and most important measure that we can take, and have been taking, is reducing stigma. It is clear that, by having a supportive, all-encompassing set of interventions that the national mission is providing, the stigma in Scotland is reducing. People are feeling able to access services that they were not able to access before.

That is why I contend, and I offer to Ms Cross, the fact that we should not be turning our backs on any intervention. On that, we are considering Mr Ross's Bill. It is currently going through committee. There have been a significant number of evidence sessions that I would point her to from experts that have put forward their views upon the contention that Mr Ross has taken forward with his Bill. At the conclusion of that evidence process, we will take a formal position as a Government with regards to it.

I would say, as I said to the Scottish Parliament's Health Committee, that we are already taking forward the intention behind the Bill of expanding access to residential rehab. We have expanded the provision of residential rehab beds in Scotland. We have met the target that we set ourselves of the number of people accessing publicly funded places. On the point that you were looking for from Ms Zeballos on the international efficacy of drug consumption facilities, I am happy to take Ms Zeballos in.

Laura Zeballos: In terms of the question around broader harm reduction, the evidence from the existing over 100 facilities around the world is pretty consistent in finding that drug consumption facilities are effective in reducing deaths from drug-related overdose, infections and public drug consumption, but also, more broadly, in engaging hard-to-

reach communities and connecting them into services. That includes, for example, engagement of people who are using drugs who may be homeless. That evidence base is pretty consistent.

Q130 **Chair:** I am very interested in the fact that harm reduction has been mentioned and Ms Zeballos mentioned reduction in infections. One key motivator that the representatives of Glasgow City Council and the Thistle itself put forward to it was the possible reduction in blood-borne viruses. On the back of the epidemic of HIV infections we had a few years ago in Glasgow, that seemed to be a very important factor in their consideration of the idea. Is that not something that the Scottish Government are interested in, or is it just an oversight? I do not want to be too harsh with you on this, but just to prompt you on that one, perhaps.

Neil Gray: Yes, it absolutely is infection and blood-borne viruses. The community injecting that we are seeing and have seen around the area that the Thistle occupies was driving blood-borne virus infection and wider infection because of the need for the sharing of needles. That is clearly a harm reduction opportunity through a facility such as the Thistle, where we can see that operated in a much safer way.

Chair: Thank you for the clarification. It was slightly worrying.

Q131 **Chris Murray:** Cabinet Secretary, obviously this is a pilot and it is very localised at the moment. It will need to be evaluated in the round once it comes to the end, but one challenge that we have in Scotland is the extremely high number of drug deaths. 1,172 people died last year, and every single one was a tragedy. If the pilot is judged to be a success, would you look to see the roll-out of further drug consumption rooms around Scotland with a view to tackling that extremely high number of drug deaths?

Neil Gray: Mr Murray is correct that the intention behind the facility is to reduce harm and the number of deaths that we are seeing from substance dependency in Scotland. We will be evaluating the efficacy of the drug consumption facility in Glasgow during its pilot operation.

If any other area in Scotland is looking to come forward with its own safer consumption facility, it will need to come forward with those proposals. I have already had interest from Mr Murray's area in Edinburgh and from other parts of Scotland where there may be proposals to come forward, but that is for those local partnerships to establish. That is for them to come forward with that proposal to do so in the same way that Glasgow did. That does not necessitate having to wait until the end of the Glasgow pilot. That could happen before then, but it is for those local areas to come forward with their own proposals and for those to be judged on the same merits that the Glasgow proposal was.

Q132 **Chris Murray:** I understand that it is for local areas to come forward with their own proposals, but you are responsible for the national figure of drug deaths. I wonder whether you have a view on how many drug

consumption facilities you would want to see across Scotland in order to make a meaningful substantive impact on the overall drug death numbers. Do you have a view on that, or are you agnostic?

Neil Gray: I believe that the pilot in Glasgow is right for us to take forward so that we can judge the efficacy from a national policy perspective. Whether other facilities may be established in other parts of Scotland is for those local areas to take forward those proposals, but we have set out the very clear policy position on seeking to come forward with as many harm reduction measures as possible and taking a public health approach to the substance dependency issue—

Q133 **Chris Murray:** Sorry to interrupt. Are you saying that, even if the project is judged to be a success, you are agnostic on whether any further drug consumption facilities open?

Neil Gray: No, that is not what I was saying. I am saying that the efficacy of the pilot needs to be judged. That then helps to inform wider Government policy. It is for local areas to determine whether they wish to come forward with a similar pilot. I would be supportive of that and believe that that could help to continue the work of harm reduction across Scotland.

As I have said, there have been calls from some parts of the country, including Edinburgh, for a safer consumption facility to be established there. It is for the local health and social care partnership to come forward with that proposal to establish it—they would be the ones that need to run it—rather than Government dictating where they are at this stage, while we are in the process of working within the law as it stands. I point Mr Murray again to the conversation that we had earlier around the legal frameworks and the consideration that the Lord Advocate has to take on a case-by-case basis, because there is not a firm legal framework that allows for this to be established on a more widespread basis.

Q134 **Chris Murray:** If there were to be further drug consumption facilities, do you have a view on whether they should follow the model of the Thistle, or would you be open to further pilots that take different models?

Neil Gray: We have already spoken about inhalation facilities. Ms Zeballos has pointed to the international evidence there. I am also acutely aware of the drug consumption patterns that we are seeing and how that is driving drug-related deaths. That is not just on an injection basis. I recognise that other models could come forward.

That will be for, first, the local partnership to determine what it feels is most effective, but crucially—and this was the way that the Glasgow facility was able to be established—for the Lord Advocate to be comfortable that the policy intent behind that facility is within the legal realms that she has judged is possible for the Thistle. That is going to be a critical consideration for any local partnership coming forward with a proposal for a similar or a slightly different model from that of the Thistle.

Again, I stress to Mr Murray that, in order for that to be successful, it is for a local partnership to consider and for the Lord Advocate then to rule as to whether, in a similar vein to the Thistle, she can grant that statement of prosecution policy. It would be much better if the Scottish Government had the powers to establish these ourselves. Short of that, the UK Government need to review the Misuse of Drugs Act and be more co-operative in allowing for these facilities to come forward in an easier and more speedy process.

Q135 **Chris Murray:** I understand the legal implications, but I am actually focusing more on the implication with wider drugs policy. That is what I am trying to drive at. You raised the issue of Edinburgh, which you were absolutely right to do, and it is a really important proposal. You mentioned that it is really important to use these facilities to get people on to that recovery journey.

You referred to your increase in rehabilitation beds. As an Edinburgh MP, the big concern we have is that we simply do not have enough rehabilitation beds at all, and the increase is nothing like what is required. What is your response to the argument that we have focused so much on drug consumption rooms in Scotland, that we actually have missed one of the key components, which is the rehabilitation journey, and are not focusing on that enough?

Neil Gray: I can understand where that perspective may be, but the very fact that there is not a safer consumption facility in Edinburgh demonstrates that that is incorrect. We have not been focusing only on one route; we have been focusing on a number of routes.

The Edinburgh ADP is given the resource to allow it to access the recovery work that it needs to establish. The ADPs across Scotland have been given additional resource to allow for additional publicly funded access to residential rehab. Where we are told that there is more to do there, we will explore that.

The very point I was making in response to previous questions was that there is no single route through which we will resolve this matter. We need to look at all possible interventions, which is why we have done. We are exploring all possible interventions. Just because we have supported a safer consumption facility in Glasgow and provided funding for that to be established does not mean that it is a zero-sum game and somehow we have not provided support in other areas. That is demonstrably not true.

Q136 **Mr MacDonald:** I am shocked by how tardy, slow and cumbersome this whole thing is. If I had an organisation where 1,100 people were dying a year, I would be in complete panic about it. If you have one year from Thistle, I would roll out three more in the next year and nine or 12 the year after that. It makes us look so slow and awkward and like we are not reacting to the emergency that we have here. You need to get a grip and make these things roll out much quicker.

Neil Gray: I more than share Mr MacDonald's frustration. He will, as an observer of these matters, be aware of the obstacles that were put in place to the establishment of the Thistle in Glasgow by the previous UK Government. We have not had the support that I would have wished to see from the current UK Government, though they are slightly more co-operative. We have had to come forward with the Lord Advocate providing a statement of prosecution policy to allow us to be in a position to establish the Thistle within a legal context.

I spoke to the Chair in response to the current deficiency in the way that the law stands, which does not allow us to move at the speed that Mr MacDonald would wish us to move. I more than share that, which is why I hope he would share my interest in seeing drug law devolved, short of independence, or reformed, so that we can see these matters being taken forward in a much faster process. As I said in response to Mr Murray, it is for local partnerships at this stage, under the current legal process, to come forward with a proposal and for the Lord Advocate then to judge that, as to whether she can give confidence, through a statement of prosecution policy, to allow its establishment.

We want to take every possible step that we can to see the levels of drug deaths reduce. That is absolutely at the forefront of my mind. I absolutely share the panic and worry that Mr MacDonald says he would feel, which is why we are doing everything possible through the national mission, which we are currently reviewing.

The national mission coming to an end formally next year does not mean that the work is concluded. We need to review and evaluate what has worked well over the last four years and what more we need to do. We have been hearing directly from service users, people with lived experience and those who are delivering services about those areas that they would wish to see prioritised in the drug and alcohol space so that we can do much more. In both areas we are seeing too many people dying needlessly and I want to see that lowered.

Q137 **Douglas McAllister:** Cabinet Secretary, good morning. The Thistle is funded by the Scottish Government up to £2.3 million per year, as I understand it, and that is confirmed for the duration of the three-year pilot. Do you consider that to be best value?

Neil Gray: Yes, I do, so that we can ensure that we can evaluate the effectiveness of the Thistle. I have spoken to where international evidence demonstrates this works and where I believe we have already seen elements of early success, such as the lives more than likely saved at the Thistle, as well as the interactions that we are seeing with people who have not engaged with statutory services previously. Yes, I believe that this, alongside the wider substantial investment that we are making, the £250 million national mission over the course of this Parliament, and the other investment that we are making into health boards and health and social care partnerships and ADPs in order to support drug and

alcohol services, is a full package, throwing everything that we possibly can to seeing drug and alcohol-related deaths reduce.

Q138 **Douglas McAllister:** If successful—and I appreciate that there will be a formal evaluation at the conclusion, as you have stated—what is your plan for funding after the three-year pilot period? Would funding come exclusively again from the Scottish Government if you are going to extend that, or would you expect Glasgow City Council to cover some of those costs?

Neil Gray: As Mr McAllister would expect, those would be decisions that are taken at the time and dependent on both the ongoing evaluation and the formal evaluation taking place. You can see the support that we have provided to the Thistle thus far. We are very supportive of ensuring that we can get the evidence base to support whether it has been effective. We would take decisions upon its longer-term basis, or indeed any other safer consumption facility, at that point.

Q139 **Douglas McAllister:** The costs of acute hospital admissions relating to drug use are extremely high, as are the costs of treating injection-related infections, such as hep C and HIV. The costs to the NHS are extremely high. Does that not help to not only mitigate the costs of the Thistle, but in fact demonstrate the potential high-value return of the facility and other facilities across the country?

Neil Gray: Yes, absolutely. Mr McAllister makes a very strong case for this being a preventative approach. My first priority is the immediate harm reduction and, I hope, reduction in deaths, but the financial and fiscal preventative approach that he outlines is also part of our consideration in ensuring that we reduce the demand upon hospital and wider health services. Of course we want to see that and of course that is a consideration.

Q140 **Douglas McAllister:** Following on from that, does that not support a national roll-out across all of our regions that should be Government-led from a national policy perspective, rather than simply waiting on local partnerships seeking pilot funding?

Neil Gray: I have already set out the legal barriers to that being possible. It is a regret that that is the case. Mr McAllister will be aware, as I pointed out to Mr MacDonald, of the frustration that we had with the previous Government not supporting, from a legal basis, the establishment of these facilities. It has taken a statement of prosecution policy from the Lord Advocate in order to give comfort to this facility being established. Unfortunately, the current legal framework means that that is the route through which these facilities are established at the current time. Short of powers being devolved, or indeed a review from the UK Government of current provisions, unfortunately that is the process that will need to be followed from here.

Q141 **Chair:** I am intrigued. We have the prosecution statement from the Lord Advocate. She has said to us that she would consider whether that could

apply in other areas, were other areas to apply. You said you would consider bids from other IJBs for such a facility. I am conscious that the cost is, on the face of it, high, although, as Mr McAllister rightly says, that cost may be mitigated by the savings that can be made in the health service. If other IJBs want to go ahead with this, is there funding from the Scottish Government to help them to pay for it? I am conscious that most of the IJBs across the country are very strapped for cash at the moment.

Neil Gray: We will consider any proposal on a case-by-case basis, including whether that would require funding support from central Government. My door is open to consideration and discussions about that. We have provided increased funding to health boards and local authorities in order to support IJBs with their funding position. We are supporting ADPs with increased funding this year to support their activities in an alcohol and drug space. We will consider any proposal that comes forward in a similar vein to the one that we did with Glasgow.

Q142 **Elaine Stewart:** Do you think enough is being done to engage with the local community, given that, on 26 May, Sky News had a huge coverage on the amount of needles and paraphernalia lying round about that local area? What are the Scottish Government and the staff of the Thistle doing to combat that?

Neil Gray: The Thistle is located where it is because of, for a long period of time, the community injection levels in that particular area. This is an issue that has been an issue in that area for some time. It has not arrived alongside the Thistle.

The policy intent behind the Thistle is to see more people accessing a safer consumption facility, rather than injecting in the community, because of the harm reduction opportunity that there is behind that and the opportunity to save lives and engage people with wider recovery opportunities. It is for the local authority, the local ADP and the facility to engage with the community and make sure that, where there is discarded paraphernalia, that is cleaned up. I would expect that to be the case. However, this is not something that has arrived new with the facility. It has been there for some time, which is why the facility was located where it is.

Chair: That is our last question, Cabinet Secretary. I would like to end by thanking you and Ms Zeballos for being with us this morning and taking all our questions. We look forward to further engagement, no doubt, with you as we go forward with this inquiry, but thank you very much for your time this morning.

Examination of witnesses

Witnesses: Dame Diana Johnson and Marcus Starling.

Q143 **Chair:** Welcome back to this meeting of the Scottish Affairs Committee, where we are looking at safer drug consumption rooms in Glasgow. We welcome Dame Diana Johnson, Minister in this area, and Marcus Starling, one of her officials, so thank you both very much for being here today. I will kick off with a question about policy in this area. Initially, we understand that the Government had said that they would consider evidence from the Thistle. There is a three-year evaluation process. The Government seem to now have a position of saying that they will not consider amending the law. Has the position changed, or is it a difference of opinion or nuance that we are seeing?

Dame Diana Johnson: Thank you very much for inviting me along today. We are very clear that we are not going to be amending the Misuse of Drugs Act. We look at evidence around drug misuse from around the world. We certainly consider that. It is absolutely appropriate to look at harm reduction policies and what is happening. In terms of the evaluation, as I understand it, there is an interim evaluation, which may be available in about two and a half years' time. Certainly, as a Minister, I would want that evaluation to be done properly and certainly the Home Office would want to look at it, but, just to be very clear, we are not minded to make any amendments to the Misuse of Drugs Act.

Q144 **Chair:** If the evaluation showed that the Thistle had had very positive effects on, for example, blood-borne viruses, overdose deaths and other difficulties for the health service, for example from injecting in sites inappropriately, you would not consider changing policy even in that consideration?

Dame Diana Johnson: As I have said, we look at evidence and we have experts. We have the ACMD that offers advice. We look at evidence all the time. I really want to be clear with you: we do not support drug consumption facilities. It is not our policy and we will not be amending the Misuse of Drugs Act, just to be very clear with you.

Q145 **Mr MacDonald:** My jaw has just dropped open with that. If Thistle turns out to be a great success within a year, I would be so excited about rolling that out everywhere; I would not wait for two and a half years. 1,100 people are dying per year. It is working all around the world, as far as I understand it. It is the most wonderful way of cutting those deaths, and then we can work at rehabilitation. Why would we not want to follow that?

Dame Diana Johnson: As I understand it, it is a pilot. It has to be evaluated and there has to be evidence produced. I am not sure that that will be available within a year. As I understand the evidence that you have received, the interim evaluation will be available in two and a half years' time. That is what I understand you have been told.

Q146 **Mr MacDonald:** It is too far off.

Dame Diana Johnson: With the greatest of respect, this is not a UK Government policy. It is something that the Scottish Government have

decided to do but it does not have legal basis within the Misuse of Drugs Act, as you know. You have obviously had lots of evidence about that and about the approach that the Lord Advocate has taken to provide the statement around not prosecuting because it is not in the public interest. That is the basis of the pilot going ahead. As I have said to you, there is an evaluation and it would seem to me that any politician would want to look and wait for that evaluation, I assume.

Q147 **Mr MacDonald:** It is basically condemning thousands of people to death, in my opinion.

Dame Diana Johnson: No, I do not accept that, with the greatest of respect. This is not the only thing that can be done to deal with drug misuse. The UK Government are very clear that there are a number of measures that can be used. You have already talked about clean needles. We know, for example, that Police Scotland has led the way in terms of naloxone and the use that that can be put to in saving lives. We know that there is drug checking that can be done.

There is a range of other measures. There is heroin-assisted treatment as well, which this Government support, because that is done by clinicians prescribing heroin as part of a treatment plan. I know the reason why this Committee is looking at this particular pilot is because it is something that is very interesting and it has got a lot of attention, but actually there is a whole range of issues that the Scottish Government, rightly, are now looking to address, or have been looking to address for some time, because of the very high numbers of drug-related deaths.

For the UK Government, we want to work with the Scottish Government in sharing the good practice and looking at what works. I have already had a meeting earlier this year with the four ministers from the devolved Governments to talk about that sharing of information. There is going to be another face-to-face meeting in Scotland in September with the Ministers, so we can share that good practice and look at what works.

Q148 **Mr MacDonald:** Given the severity of the drug crisis in Scotland, how do you respond to Dr Saket Priyadarshi's call for an emergency response now proportionate to the scale of the issue?

Dame Diana Johnson: While drugs policy and legislation is reserved to the UK Government, the Scottish Government have responsibility for healthcare, education and housing. These are issues that also play a part in how you tackle the drug problem in Scotland, just as they are around the United Kingdom. This is a response that the Scottish Government have to make and deal with and where they have to have the appropriate measures for their population.

Q149 **Chris Murray:** "The pilot in Glasgow must be jointly funded by the Government and the Scottish Government. The Government must work with the Scottish Government and local partners to establish and operate the pilot. The pilot must be evaluated in order to establish a reliable

evidence base on the utility of a safe consumption facility in the UK". Can you tell me who said that?

Dame Diana Johnson: I think that that was one of the recommendations that was made by the Home Affairs Select Committee in the previous Parliament, which I of course chaired; I had great pleasure in doing that. My role now is different. I am a Government Minister. I am here to speak on behalf of the Government and set out what the Government's view is about drug policy.

Q150 **Chris Murray:** Has your own view changed on safe consumption rooms?

Dame Diana Johnson: My own personal view is irrelevant, because I am here to present what the Government of the United Kingdom's policy is around drugs.

Q151 **Chris Murray:** Do you think that the international evidence around safe consumption rooms is evolving, or do you see it as remaining quite static in different jurisdictions where it is evaluated?

Dame Diana Johnson: I have spoken to experts in the past, and I am thinking particularly of Dame Carol Black, who has a lot of experience in this area of drug policy and carried out the review for the previous Government. She took the view that there needed to be further evidence. I do not think that we could just work on the basis of what happens around the rest of the world. That was her view.

Q152 **Chris Murray:** We had a discussion with the Cabinet Secretary from Scotland earlier, where we talked about safe consumption as a pathway to recovery, as a step that people need to take before they can begin their rehabilitation. Do you have a view on whether safe consumption can be a step on a pathway to rehabilitation?

Dame Diana Johnson: The budget around drugs at the moment is very much skewed towards treatment and recovery. I know that under previous Governments, from 2010 onwards, there were cuts to budgets around drug treatment. It was interesting to hear the discussion in the earlier session—I think actually you raised it yourself—about the number of rehabilitative beds that were available. Those spaces reduced considerably, as did the workforce in drug and alcohol addiction treatment services.

We are working on the basis that we are having to build all of that up. It is absolutely right that the money goes into having high-quality, stigma-free services. I think that that point was raised in the previous session as well, about how important it is that the stigma is removed. It is about giving people who want to access treatment the high-quality services that they deserve. That seems to me where the focus should be.

Q153 **Chris Murray:** There is some international evidence, particularly on the west coast of the United States, where there can be quite big impacts on local communities where safe consumption takes place. I am thinking

particularly of San Francisco. Do you look into that evidence and does that inform your view on safe consumption in the UK?

Dame Diana Johnson: To be clear again, drug consumption facilities are not Government policy. As Members of Parliament, we all recognise how communities can be affected by the use or misuse of drugs. I think that one of the members of the Committee raised this earlier on, about how important it is that the voices of local communities are heard in decision-making about what facilities are available in local areas.

Q154 **Stephen Flynn:** Have you seen any evidence over the course of the last year or two that would negate the work that you undertook as Chair of the Home Affairs Select Committee? Have you seen any evidence that negates the conclusions that your committee previously came to in respect of supporting drug consumption? Your opinion appears to have changed, so I am trying to understand what evidence base you have changed your opinion on, or whether you have simply become a Government Minister and opted to change your opinion.

Dame Diana Johnson: Mr Flynn, you are a very experienced Member of this House and you know that, when a Member of Parliament becomes a Minister, their personal views are irrelevant, because they are there to represent the views of the Government.

Q155 **Stephen Flynn:** Have you seen any evidence that affords you the opportunity to change your opinion?

Dame Diana Johnson: If I could just finish, the recommendation that was made in that Home Affairs Select Committee report in the previous Parliament was based on a group of politicians, cross-party, including your own party, that sat down and reached those recommendations together. That is very different to a Government policy that I am setting out today. That was what we decided on that committee.

Q156 **Stephen Flynn:** Did you support those recommendations?

Dame Diana Johnson: I am here today—

Q157 **Stephen Flynn:** At that time, did you support those recommendations?

Dame Diana Johnson: I have just set out to you that it was a cross-party group of—

Stephen Flynn: What evidence has come forward that has led to you changing your opinion?

Chair: Mr Flynn, let Ms Johnson answer the question, please.

Dame Diana Johnson: We are going to go around in circles because I am telling you, Mr Flynn, with the greatest of respect, as a Minister of the Crown, the Government policy is that we are not going to amend the Misuse of Drugs Act. Therefore, there is no legal basis under the Misuse of Drugs Act for drug consumption facilities to operate. In Scotland I am very respectful of the decision of the Lord Advocate to set out that it

would not be in the public interest to pursue prosecutions in certain cases around what is happening in the Thistle.

Q158 **Stephen Flynn:** Do you think that the public watching would regard it as acceptable that a Government Minister is quite happy to change their opinion on such a significant matter, as we have rightly heard earlier, on the basis of no evidence changing whatsoever? That appears to be what you are implying to me. The only thing that appears to have changed is the fact that you now have ministerial office, rather than any evidence that you have presented to me.

Mr MacDonald: I completely agree with that question. I think that this is a moral stance.

Dame Diana Johnson: With the greatest respect, Mr MacDonald, as a member of a party that was in Government that oversaw and joined with the Conservatives in the massive cuts to drug treatment services between 2010 and 2015, I think you should reflect on the position that Scotland is in because of the decisions that your party took at that time.

Q159 **Susan Murray:** Thank you very much for making the Government's position so very clear. I requested indulgence from the Chair earlier, as you know, about asking about the actions that are being taken to prevent the supply. If it is very clear that we are looking at harm reduction through taking steps such as recovery beds and alcohol and drug partnerships, it has to be equally important that the supply of the substances in the first place is really tackled. Certainly, from experience in my community, that is what people are crying out for.

Dame Diana Johnson: You raise a very important point there. The Scottish Government and the UK Government have to work together on that issue of supply. I know that there is some very good work going on with the National Crime Agency and Police Scotland, with Border Force, because that supply issue is fundamental to this. The view of the UK Government is that we cannot endorse or say that it is right that people misuse drugs or elicit drugs that have been obtained from criminals through the use of this facility. That is the basis of the UK Government policy on this facility.

Q160 **Susan Murray:** Thank you for that. Will you look at the result of the pilot in three years and see whether you might take a different view at that point? If you are viewing these people as victims rather than criminals, it might be appropriate to review the Misuse of Drugs Act.

Dame Diana Johnson: As I have said, we accept and look at evidence and information that comes to the Home Office about drug policy from around the world. That is something that is absolutely the responsible thing to do.

Q161 **Mr MacDonald:** Now that the first safer drug consumption facility in the UK is open, there may well be requests for more to follow. How do the UK Government intend to respond to this development, given their legal position and bearing in mind that we have an enormous crisis in

Scotland, and that the Scottish Government at least are trying to do something with these drug consumption rooms?

Dame Diana Johnson: To be very clear again, we do not support drug consumption facilities. It would be a matter for the Scottish Government and the Lord Advocate if further applications were made for additional pilots to be established, but, as I say very clearly, that is not UK Government policy.

Q162 **Elaine Stewart:** We have heard that the Thistle application for a drug checking licence has been delayed several times by the Home Office, forcing the facility to open without it. Would you commit to prioritising the Thistle's application and ensuring that the necessary support is provided to ensure it is successful?

Dame Diana Johnson: Thank you very much for that question. I have looked at this myself to check what was going on. I understand that the delays were not the result of problems in the Home Office. They were about the process that was being put forward and the onward checks that would have to be made in any drug-checking facility. However, I understand now that those matters have been resolved and actually the visit that was required has already taken place, so I hope now this should proceed smoothly.

Q163 **Elaine Stewart:** Would you support the expansion of the Thistle's existing services to include an inhalation service?

Dame Diana Johnson: On the basis that the UK Government does not support drug consumption facilities full stop, we would not support any additional facilities that were made available at the Thistle.

Q164 **Susan Murray:** I was going to ask about expansion of allowing equipment to be used in safer drug consumption facilities. I suppose, given your very clear position that you have been stating repeatedly, my question is, in the future, if the evidence of the Scottish drug consumption rooms is considered by the Government, whether you would consider also, when you are moving forward, looking at expanding the equipment that might be available when you are trying to reduce the harm that is being done to people who, quite frankly, are victims of crime?

Dame Diana Johnson: You are raising hypotheticals about what could actually be found in any evaluation in the future. Currently, under the Misuse of Drugs Act, you will know that providing drugs paraphernalia is an offence. I have repeated my very clear statement several times now, and it was in my written statement as well, that we do not support drug consumption rooms and see no legal basis under the Misuse of Drugs Act for them to exist. I am also respectful of what we have been discussing with the Lord Advocate's position.

Q165 **Chair:** Dame Diana, if you are not going to interfere with the Lord Advocate's decision, but you are not going to grant the Thistle the

exemptions it needs, do you not think that, in some ways, you are actually inhibiting its effectiveness? Providing tourniquets and the like are ways of helping to reduce the harm that is being caused to drug users.

Dame Diana Johnson: It would seem to me that that is a matter for the Lord Advocate to make a decision on. I understand that her statement is quite specific about which offences she would not pursue prosecution under because it is not in the public interest. With the greatest respect, I would say that that is a matter for the Lord Advocate if she wishes to change her mind on that and expand that statement. I cannot comment on that or second guess what she would do.

Q166 **Chair:** Previous Scottish Affairs Committees, in fact over the last two terms of the Parliament, have looked into the issue of drugs and the illegal use of drugs in Scotland specifically. Our inquiry was hoping to reflect on the new movement that has happened, in the sense of the drug consumption room now being available. We have been to Norway to look at two drug consumption rooms there and we are planning to go to Portugal to look at a mobile drug consumption room.

We will at some point in the relatively near future come up with a report of our findings. I do not wish to pre-empt that report in any way, shape or form, but how would the Government take on board any recommendations that we were to make at that point? Would it be something that would help to guide policy going forward? Would it be something that perhaps would encourage the Government to change their mind, if that was the way the Committee's decisions went?

Dame Diana Johnson: Perhaps I should say that, as a former chair of a Select Committee, I am very mindful that recommendations should be considered seriously by Government Departments. I would certainly expect, in the Home Office, that we would look very carefully at any report that you produce.

Chair: That is the end of our questions to you this morning, so thank you both very much for being with us. No doubt you will await our report with interest.