

Thursday 13 September 2012

SCOTTISH GOVERNMENT

Enterprise and Environment

Claudia Beamish (South Scotland) (Scottish Labour): To ask the Scottish Government what consideration is given to harbour porpoises in its special area of conservation network.

(S4W-09157)

Paul Wheelhouse: At present, no suitable locations in Scottish waters have been identified, in accordance with Article 4.1 of the EU Habitats Directive, for harbour porpoise to be considered a qualifying feature of a Special Area of Conservation (SAC).

However, there are 15 SACs in Scottish waters that list the presence of harbour porpoises as a non-qualifying feature (grade D). Although this means there are no conservation objectives specific to the species at these sites, there will be conservation measures in place for the qualifying habitat features which will indirectly benefit the harbour porpoises through prey resource availability.

The Joint Cetacean Protocol (JCP) will soon report up to date estimates of harbour porpoise density, distribution and population trends. Going forward, the Joint Nature Conservation Committee (JNCC) will commission a more detailed analysis of the JCP data resource to determine whether discrete and persistent areas of relatively high harbour porpoise density exist in the UK marine area. These areas will then be considered against the requirements of the EU Habitats Directive.

The results of this analysis are expected in late 2013 and, if appropriate, SAC proposals are expected to follow in late 2014.

Health and Social Care

Jackson Carlaw (West Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government when points of contact will be in place to inform patients how to access treatment in other European countries, as outlined in the EU patients' rights directive.

(S4W-08947)

Alex Neil: A consultation document setting out the Scottish Government's overall approach to implementation of EU Directive 2011/24 on the Application of Patients' Rights in Cross-border Healthcare will issue in October. It will seek views on the detail of implementation and examine the effects the Directive may have on Scotland's healthcare system.

The consultation will cover all key policy and delivery considerations, including: national contact points; patient entitlements, healthcare that may be subject to prior authorisation, and categories for refusal.

Patrick Harvie (Glasgow) (Scottish Green Party): To ask the Scottish Government, further to the answer to question S4W-06539 by Nicola Sturgeon on 23 April 2012, what funding has been allocated to establish the consultant level training posts in community sexual and reproductive healthcare; what the (a) process and (a) timescale for recruitment for this is and what future funding arrangements will be put in place to ensure that this continues.

(S4W-09197)

Alex Neil: As indicated in the answer to question S4W-06539, the intention is to advertise training posts in Community Sexual and Reproductive Healthcare from next year. As part of the Scottish Government project to reshape the medical workforce, last year, the Cabinet Secretary for Health, Wellbeing and Cities Strategy approved the disestablishment of two training posts in Public Health Medicine from August 2013.

Salaries arising from training posts disestablished under the Reshaping Project are returned by NHS Education Scotland (NES) to the Scottish Government for reallocation as appropriate. The two salaries released by the disestablishment of Public Health Medicine training posts will be returned to NES for the purpose of funding the creation of two new training posts in Community Sexual and Reproductive Healthcare.

These training posts will be advertised and recruited to, under the established national processes for recruitment to all specialty training posts across Scotland. This process commences in late 2012, with a view to having trainees commence in August 2013.

In the longer term, the overall training establishment in this specialty will be guided by the ongoing work of the National Reshaping Medical Workforce Project Board, which will provide advice to the Cabinet Secretary for Health and Wellbeing on the establishment of training grade doctors.

Alison McInnes (North East Scotland) (Scottish Liberal Democrats): To ask the Scottish Government what the means testing support cap for help with care home costs is set at; what its position is on whether this is sufficient, and whether it plans to consult on changing this.

(S4W-09220)

Nanette Milne (North East Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government what the asset threshold where people have to contribute to the cost of their care is set at; whether it considers this to be sufficient, and whether it plans to consult on changing this.

(S4W-09247)

Alex Neil: The National Assistance (Assessment of Resources) Regulations 1992 and associated Charging for Residential Accommodation Guidance (CRAG) provide the framework for local authorities to charge for the residential care that they provide or arrange.

Since the Scottish Government introduced free personal and nursing care for people aged over 65 in July 2002, the local authority will pay a contribution for these elements of the residential care costs for those assessed as needing them. The current rates increased in April 2012 and are £163 per week for personal care and £237 per week where nursing care is also required. Older residents therefore need only contribute towards their remaining costs depending on the outcome of the financial assessment.

Under the financial assessment, anyone with capital, including property, worth £24,750 or more, must meet his or her care costs (over and above any assessed entitlement to free personal and nursing care) in full. These residents are known as self-funders. Where capital falls between £15,250 and £24,750 a resident will be expected to contribute a proportion of his or her assets towards the cost of care.

Where a resident has capital of less than £15,250 and requires local authority support to meet the cost of their stay in the residential home, they would be expected to contribute to the care home fees from their pensions and any other income. These residents are known as publicly funded.

Property is disregarded in certain situations, such as when the resident's partner or a disabled relative still lives in the former home.

There are no plans to change this framework, other than to make it compliant with changes in the revised welfare benefit system.

Alison McInnes (North East Scotland) (Scottish Liberal Democrats): To ask the Scottish Government what its position is on introducing a lifetime cap on a person's care costs.

(S4W-09221)

Alex Neil: There are no current plans to introduce a lifetime cap on a person's care costs.

Alison McInnes (North East Scotland) (Scottish Liberal Democrats): To ask the Scottish Government whether it has carried out modelling on how many people would benefit from (a) the introduction of a lifetime care costs cap of £35,000 and (b) an increase in the upper capital limit for means tested support.

(S4W-09222)

Alex Neil: The Scottish Government has not modelled the effects of the recommendations of the Commission on Funding Care and Support in detail.

The commission's recommendations were made for England, and in the context of the English system for care and support, where Free Personal and Nursing Care is not applicable.

We are therefore considering the proposals, and will decide whether any are desirable in a Scottish context.

Nanette Milne (North East Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government whether it plans to consult on introducing a care home fees cap.

(S4W-09246)

Alex Neil: There are currently no plans to consult on a proposal to introduce a care home fees cap.

Jenny Marra (North East Scotland) (Scottish Labour): To ask the Scottish Government how much funding it has allocated to its sensory impairment strategy in (a) 2012-13, (b) 2013-14 and (c) 2014-15.

(S4W-09312)

Michael Matheson: The funding available to implement the sensory impairment strategy has yet to be finalised.

David McLetchie (Lothian) (Scottish Conservative and Unionist Party): To ask the Scottish Government when it will (a) receive and (b) publish the findings of the Health and Safety Executive's investigation into the 2012 outbreak of Legionella in Edinburgh.

(S4W-09388)

Alex Neil: The investigation into the Legionella outbreak by the Health and Safety Executive (HSE) is ongoing.

A joint investigation, by Lothian and Borders Police and the HSE, under the direction of Crown Office and Procurator Fiscal Service (COPFS) Health and Safety Division, into the deaths of three men who died in June 2012 during the course of the outbreak, is also ongoing. Any reports submitted to COPFS in due course will be confidential and will not be the subject of publication.

The final report of NHS Lothian's Incident Management Team will be published no later than three months after investigations have concluded.

Jackson Carlaw (West Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government how many people were treated with Sanofi-Pasteur intravesical BCG in 2011-12.

(S4W-09391)

Jackson Carlaw (West Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government what stockpiles of Sanofi-Pasteur intravesical BCG were available prior to the current shortage.

(S4W-09392)

Alex Neil: This information is not held centrally.

In the UK, there is an alternative licensed product, OncoTICE, manufactured by MSD. Limited supplies of OncoTICE are now available directly from the manufacturer.

Jackson Carlaw (West Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government what alternative medications have been made available during the shortage of Sanofi-Pasteur's intravesical BCG and how many people previously treated with intravesical BCG have been treated with these alternatives.

(S4W-09393)

Alex Neil: In the UK, an alternative licensed product, OncoTICE, manufactured by MSD, is available and the Department of Health has advised that some companies also imported unlicensed BCG from abroad during the shortage.

It is not known how many people previously treated with the Sanofi-Pasteur product have been treated with the alternative products.

Jackson Carlaw (West Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government how many junior doctors have been taken on in each NHS board in each year since 2007.

(S4W-09395)

Alex Neil: Scottish Medical trainees are recruited to a variety of training programmes including Foundation and GP training, entry to which is organised on a UK basis, and to specialty training which is organised in Scotland through NHS Education for Scotland (NES).

Trainees express preferences for placement in specialties in four Deanery regions in Scotland, the west, north, east and south east. They are then allocated to health boards who employ them (with the exception of GP trainees, who are employed by NES). It is therefore the case that, although employed by health boards, trainee doctors are not taken on by them.

The numbers of doctors in training in Scotland since 2007 are as shown in ISD statistics:

http://www.isdscotland.org/Health-Topics/Workforce/publications/2012-08-28/M_and_D_staffinpost_J2012.xls?95792133.

Jackson Carlaw (West Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government which NHS boards experienced a shortfall between the number of junior doctors required and recruited in each year since 2007 and what the size of the shortfall was.

(S4W-09402)

Alex Neil: This information is not held centrally.

John Park (Mid Scotland and Fife) (Scottish Labour): To ask the Scottish Government how many people are being treated for inflammatory bowel disease and, in light of the recommendations of the Inflammatory Bowel Disease Standards Group, whether it will establish a register of these patients.

(S4W-09404)

Alex Neil: Although the information requested is not centrally available the National Association for Colitis and Crohn's Disease (NACC) estimates that IBD affects about 250,000 people in the UK. Scotland is thought to have a higher incidence than the rest of the UK, possibly because there appears to be a genetic component: there is evidence to suggest that between 5% and 35% of people with IBD have a family member who is also affected.

The standards developed by the IBD Standards Group were informed by the UK wide audit conducted in 2006. They call upon support of the Government Health Departments and the NHS to provide funding for further audit and the establishment of a UK Wide registry. Healthcare Improvement Scotland contributed funding of £20,000 to the third round of the UK Audit carried out in 2010-11.

The results of the National audit are available on the Royal College of Physicians website at:

<http://www.rcplondon.ac.uk/sites/default/files/documents/national-adult-uk-ibd-inpatient-care-audit-report-round-3.pdf>

The UK and the Scottish results are also available at:

http://www.rcplondon.ac.uk/sites/default/files/documents/report_of_the_results_for_the_national_clinical_audit_of_ibd_inpatient_care_in_scotland.pdf.

Whilst there are no current plans to establish a registry of IBD patients in Scotland, the Scottish Government is continuing to work closely with the IBD Standards Group to develop services in Scotland.

Nanette Milne (North East Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government whether it will introduce managed clinical networks for people with inflammatory bowel disease.

(S4W-09405)

Alex Neil: Our Healthcare Quality Strategy describes Managed Clinical Networks (MCNs) as a key element in the provision of high quality care and the Scottish Government continues to advocate the role that MCNs can have in developing a co-ordinated, multi-disciplinary approach to the provision of services.

The recently published Chief Executives Letter, CEL 29 (2012) provides further advice and guidance to boards on the role of MCN's and is available at http://www.sehd.scot.nhs.uk/mels/CEL2012_29.pdf.

Decisions on the most appropriate model for delivering safe, effective and sustainable services are a matter for NHS boards. Whilst it is the responsibility of NHS boards to plan services for its population the Scottish Government is continuing to work with stakeholders to explore ways of for improving healthcare services for people with inflammatory bowel disease (IBD).

Jackie Baillie (Dumbarton) (Scottish Labour): To ask the Scottish Government how many (a) full- and (b) part-time inflammatory bowel disease specialist nurses there are, broken down by (i) hospital and (ii) NHS board.

(S4W-09434)

Alex Neil: We do not hold data on Gastro-Intestinal Clinical Nurse Specialists for individual hospitals, but we do hold information on the number (whole-time equivalent and headcount) at NHS board level on the workforce statistics via the Information Services Division (ISD) website at:

<http://www.isdscotland.org/Health-Topics/Workforce/Nursing-and-Midwifery/>.

Learning and Justice

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government how many people have been prescribed methadone in each year since 1999 and what the average length of time is of a course.

(S4W-09264)

Roseanna Cunningham: The *Review of Methadone in Drug Treatment: Prescribing Information and Practice* published in 2007 (for the year 2006) estimated that 22,224 individuals were receiving methadone.

Prior to 2007-08, this information had not been routinely collected. To address this evidence gap, the Scottish Government has invested in three approaches:

(1) In 2011 and 2012 the Scottish Government Drugs Policy Unit asked every NHS Board in Scotland how many individuals were receiving opioid substitute treatment in the month of April. This provided an estimate of 24,994 individuals receiving methadone prescriptions in 2011 and 24,507 individuals receiving methadone prescriptions in 2012.

(2) The Scottish Government has invested in the enhancement of the Scottish Drug Misuse Database (SDMD) so that it includes the collection of follow-up data and outcomes-based information from people as they progress through their treatment pathway. The first release of this information will be published by Information Services Division (ISD) of NHS National Services Scotland in December 2012.

(3) The Scottish Government developed the Scottish Drug and Alcohol Treatment Waiting Times Database, introduced April 2011. This provides us with quarterly information on the length of time people are waiting for treatment and the treatments started. Nineteen thousand and forty-three drug treatments started between 1 April 2011 and 31 March 2012 and they were broken down as follows:

(1) Structured Preparatory & Motivational Intervention	8,085
(2) Community based support and/or rehabilitation	6,232
(3) Residential detoxification and rehabilitation	678

(4) Prescribed Drug Treatment (including but not exclusively methadone)	3,703
(5) Community based Detoxification	345

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government (a) what percentage of and (b) how many methadone recipients have undergone periodic urine testing in each year since 1999.

(S4W-09265)

Roseanna Cunningham: The *Drugs Misuse and Dependence – UK Guidelines on Clinical Management* (more commonly known as the Orange Guidelines) advises clinicians to undertake random urine tests if and when appropriate. The guidelines further state that urine tests may be used to assess how a client is responding to treatment and to assess if they are failing to benefit from a specific course of treatment.

As this is a decision for the clinician to make in line with UK agreed clinical guidelines there is no, and never has been, any centrally held information.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government (a) what percentage of and (b) how many methadone recipients have (i) entered, (ii) completed and (iii) re-entered drug rehabilitation in each year since 1999.

(S4W-09266)

Roseanna Cunningham: Prior to 2007-08, this information had not been collected. To address this evidence gap the Scottish Government has:

(1) Invested in, and enhanced, the Scottish Drug Misuse Database (SDMD) to improve the information available on people entering and completing drug treatment in Scotland. This will enable us to understand more about people's journeys through treatment and the outcomes they achieve. The first release of follow-up and outcomes-based information will be published by Information Services Division (ISD) of NHS National Services Scotland in December 2012.

(2) Developed the Scottish Drug and Alcohol Treatment Waiting Times Database, which went live from 1 April 2011. This provides quarterly information, which is published by ISD, on the length of time people are waiting for treatment and the treatment interventions started.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government when it last reviewed its (a) drugs and (b) drugs treatment strategy and what conclusions were made.

(S4W-09267)

Roseanna Cunningham: The Road to Recovery is a long-term strategy and is under continual review from both within and out with government.

In order to do this effectively and sustainably the Scottish Government established the Drugs Strategy Delivery Commission (DSDC) in 2009 to give expert advice on the impact and progress of the strategy.

In addition to the work of the DSDC, we recognise that the strategy is a product of political consensus and so it was right that the Scottish Government requested and led a parliamentary debate in September 2010 to hear the challenge and consensus of all political parties. Additionally briefing in parliament from the, then, Minister for Community Safety, Fergus Ewing MSP, was offered to all MSPs, as well as individual briefings for all party leaders, in March 2011.

In 2009 we committed to a HEAT target that states by March 2013, 90% of clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. We are well on our way to achieving this target, and in June 2012, Information Services Division (ISD) of NHS National Services Scotland reported that between January to March 2012, 87% of people received treatment for drug use within three weeks of referral.

The Scottish Government has invested in the enhancement of the Scottish Drugs Misuse Database (SDMD) so that it includes the collection of follow-up and outcomes based information from clients as they progress through their treatment pathway.

The analysis and reporting of this information by ISD from December 2012 will, over time, provide us with some key answers to the numbers of people in drug treatment in Scotland (by treatment type); and provide an opportunity for additional analysis which will inform our understandings of people's journeys through drug treatment (for particular cohort groups), the effectiveness of different types of treatment (including length of time) and the outcomes that individuals are achieving (e.g. around accommodation, family, employment/training, drug use and offending).

So far from the SDMD we note that since 2007 more and more people are coming in to treatment (39,458 recorded entries into treatment, 2007-08 to 2010-11).

Furthermore the Scottish Government developed the Scottish Drug and Alcohol Treatment Waiting Times Database, introduced in April 2011. This provides us with quarterly reports on the length of time people are waiting for treatment and the treatments they started. 19,043 drug treatments started between 1 April 2011 and 31 March 2012 and these included the following:

(1) Structured Preparatory & Motivational Intervention	8,085
(2) Community based support and/or rehabilitation	6,232
(3) Residential detoxification and rehabilitation	678
(4) Prescribed Drug Treatment (including but not exclusively methadone)	3,703
(5) Community based Detoxification	345

The Scottish Government continues to work closely with the independent National Forum on Drug Related Deaths (NFDRD). In partnership with the forum we have established a database that offers information and context behind each drug-related death in Scotland (information that prior to 2007-08 was previously not routinely collected or analysed). This in turn offers challenge to the strategy and an opportunity to develop critical interventions, for example the National Naloxone programme.

The Scottish Government remains committed to providing the Parliament with regular updates on the implementation and impact of Road to Recovery for the review and challenge of MSPs. We want to continue to work with parties across the Parliament to build on and reinforce the consensus of this important approach.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government what funding has been given to the Drug Recovery Network in each year since 2007.

(S4W-09268)

Roseanna Cunningham: In April 2009, then Minister for Community Safety, Fergus Ewing announced the establishment of a Scottish Drugs Recovery Consortium (SDRC) whose role would be to advocate, catalyse and lobby for recovery to be the mainstay of drug services.

The first member of staff joined the consortium in November 2009 and the first director joined in January 2010. The consortium was officially launched by Fergus Ewing in June 2010. The Scottish Government is the sole funder for the consortium (now called Scottish Recovery Consortium) and has provided £1,065,745 between 2009-10 and 2012-13. The breakdown is as follows:

Year	Amount
2009-10	£125,000
2010-11	£398,000
2011-12	£280,000
2012-13	£262,745
Total	£1,065,745

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government how many drug rehabilitation places have been made available in each year since 1999, also broken down by those made available by (a) each NHS board and (b) the Scottish Prison Service.

(S4W-09269)

Roseanna Cunningham: Prior to 2007-08, this information had not been collected. That is why the Scottish Government developed the Scottish Drug and Alcohol Treatment Waiting Times Database, introduced in April 2011. This reports on the number of people entering drug and alcohol treatment and the types of support they access, broken down by NHS board and Alcohol and Drug Partnership (ADP). From this, we know that during 2011-12, approximately 15,600 people entered drug treatment to support their recovery. This does not equal the number of rehabilitation (or drug treatment and support) places available.

The Scottish Drug and Alcohol Treatment Waiting Times Database also provides us with quarterly information on the length of time people are waiting for treatment and the treatments started. 19,043 drug treatments were started between 1 April 2011 and 31 March 2012 and the types of treatment started included the following:

(1) Structured Preparatory & Motivational Intervention	8,085
(2) Community based support and/or rehabilitation	6,232
(3) Residential detoxification and rehabilitation	678
(4) Prescribed Drug Treatment (including but not exclusively methadone)	3,703
(5) Community based Detoxification	345

The above is reported nationally on a quarterly basis but is not routinely published on an individual NHS board basis.

This government recognised that the number of drug rehabilitation places made available each year has not been broken down by those made available by the Scottish Prison Service. Prison staff have now started reporting to Information Services Division (ISD) of NHS National Services Scotland on waiting times data. The current level of data under-represents all the treatment and support provided in the prison. Officials are meeting with representatives of all prisons on 27 September to discuss how the data can be improved and to agree timescales for publishing this data.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government how many people are in drug treatment programmes and how many of those are (a) in employment and (b) in training.

(S4W-09270)

Roseanna Cunningham: Prior to 2007-08, this information had not been collected. To respond to this evidence gap, the Scottish Government has:

(1) Developed the Scottish Drug and Alcohol Treatment Waiting Times Database. This recorded that 15,600 people entered drug treatment (and that 19,043 treatments started) between April 2011 and March 2012. The treatments started in 2011-12 included the following:

(1) Structured Preparatory & Motivational Intervention	8,085
(2) Community based support and/or rehabilitation	6,232
(3) Residential detoxification and rehabilitation	678
(4) Prescribed Drug Treatment (including but not exclusively methadone)	3,703
(5) Community based Detoxification	345

(2) Enhanced the Scottish Drugs Misuse Database (SDMD) which is why Information Services Division (ISD) of NHS National Services Scotland is now collecting data on people's pathways through treatment.

The purpose of the SDMD is to help us understand the needs of people with drug problems presenting for specialist treatment. It will help inform recovery plans and, over time, enable us to understand more about people's journey through treatment and the outcomes they achieve (including paid and unpaid employment, support into employment and full-time education and training). The first release of follow-up information from the SDMD will be published by ISD Scotland in December 2012.

2011-12 information on new clients who presented to specialist drug treatment services and who received an assessment of their drug use and care needs is due to be published by ISD in late 2012/ early 2013 (ISD is yet to confirm the date for the reporting of SMR25a information from the SDMD).

We do have information, from the SDMD, on the employment status of new clients who received a specialist assessment of their drug use and care needs in 2010-11. This information was published by ISD on the 28 February 2012 in *Drug Misuse Statistics Scotland 2011*.

In 2010-11, 12% of new clients who received a specialist assessment of their drug use and care needs reported that they were employed (includes paid and unpaid employment, support into employment and full-time education and training). Information from the SDMD also told us that 67% of new clients in 2010-11 reported that they were unemployed (73% in 2009-10). This information from the Scottish Drug Misuse Database (SDMD) on the employment status of “new clients” presenting to specialist treatment via SMR25a has been published annually by ISD in Drug Misuse Statistics Scotland. <http://www.drugmisuse.isdscotland.org/publications/11dmss/11dmssb.htm>.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government what is the (a) purchase price and (b) dispensing cost for a litre of methadone for (i) the NHS and (ii) pharmacies.

(S4W-09271)

Roseanna Cunningham: Methadone solution is purchased by community pharmacies who dispense it against NHS prescriptions and are then reimbursed for all dispensings. The purchase price varies by contractor, and over time, as they strive to achieve the best possible purchase price from suppliers on behalf of the NHS.

A reimbursement price is set for Scotland after consultation with pharmacy contractor representatives and published in the Drug Tariff. The current reimbursement price for generic methadone hydrochloride solution 1mg/ml 500mls, which is the most common prescribed form, is £4.70.

Pharmacy contractors dispensing methadone may also receive dispensing and supervision fees set by the relevant health board. These fees are agreed locally and vary between health boards.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government how many hospital admissions have been related to drug abuse in each year since 1999.

(S4W-09272)

Roseanna Cunningham: Information on the number of hospital admissions, with a diagnosis of drug misuse since 1 April 1999, as reported by Information Services Division (ISD) of NHS National Services Scotland is presented in Tables 1 and 2.

Table 1 shows the number of psychiatric discharges with a diagnosis of drug misuse in Scotland between 1 April 1999 and 31 March 2010 and Table 2 shows the number of general acute inpatient and day case discharges with a diagnosis of drug misuse in Scotland between 1 April 1999 and 31 March 2011.

Table 1: Psychiatric Hospital Discharges¹ with a Diagnosis of Drug Misuse^{2,3,4} as Main or Secondary Diagnosis^{5,6}; Years Ending 31 March 2000 to 2010⁷

Year	Number of Discharges ⁸
1999-2000	1,926
2000-01	1,786
2001-02	1,871
2002-03	1,911
2003-04	1,820
2004-05	1,869
2005-06	1,724
2006-07	1,463
2007-08	1,439
2008-09	1,591
2009-10	1,524

Source: ISD / IR2012-01512.

Notes:

1. Information is based on date of discharge (rather than date of admission)

2. Excludes misuse of tobacco or alcohol.
3. Includes type of admission not known, and cases with a missing or invalid response.
4. Includes transfers from other psychiatric inpatient care.
5. Diseases recorded using the World Health Organization's International Classification of Diseases 10th Revision (ICD10). Drug-related codes: F11, F12, F13, F14, F15, F16, F18, F19. Up to six diagnoses are recorded. All six diagnoses have been used to identify drug related conditions.
6. Caution is necessary when interpreting these figures. The recording of drug misuse may vary from hospital to hospital. Where drug misuse is suspected but unconfirmed it may not be recorded by the hospital.
7. Information on psychiatric discharges for drug misuse in 2010-11 is not currently available for public release. Figures for this period will be published by NHS Information Services Division (ISD) Scotland in 2013.
8. Patients resident outside Scotland or whose NHS board or council area of residence is not known are included in this analysis. Therefore these figures will be between 3-5% greater than previously published figures.

Table 2: General Acute¹ Inpatient and Day Case Discharges^{2,3} with a Diagnosis of Drug Misuse^{4,5} as Main or Secondary Diagnosis; Years Ending 31 March 2000 to 2011

Year	Number of Discharges ⁶
1999-2000	3,885
2000-01	4,353
2001-02	4,583
2002-03	4,769
2003-04	4,582
2004-05	4,578
2005-06	4,511
2006-07	4,923
2007-08	5,545
2008-09	5,964
2009-10	5,808
2010-11	6,301

Source: ISD / IR2012-01512

Notes:

1. Excludes mental illness hospitals, psychiatric units and maternity hospitals.
2. Information is based on date of discharge (rather than date of admission) because the SMR01 dataset is a discharge summary record.
3. Figures in Table 2 relate only to those individuals who are treated as inpatients or day cases in an acute hospital. They do not include individuals managed as outpatients.
4. Diseases recorded using the World Health Organisation's International Classification of Diseases 10th Revision (ICD10). Drug-related codes: F11, F12, F13, F14, F15, F16, F18, F19. Up to six diagnoses are recorded. All six diagnoses have been used to identify drug related conditions.
5. Caution is necessary when interpreting these figures. The recording of drug misuse may vary from hospital to hospital. Where drug misuse is suspected, but unconfirmed it may not be recorded by the hospital.
6. Patients resident outside Scotland or whose NHS board or council area of residence is not known are included in this analysis. Therefore, these figures will be between 1-2% higher than previously published figures by ISD.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government how much it has cost the NHS to deal with drug abuse in each year since 1999.

(S4W-09273)

Roseanna Cunningham: Prior to 2007-08, this information had not been collected. That is why the Scottish Government invested in the research *Assessing the Scale and Impact of Illicit Drug Markets in Scotland* <http://www.scotland.gov.uk/Publications/2009/10/06103906/0>, which was published in October 2009. The report estimated that the total cost of illicit drug use to the health service in Scotland was £180,452,500.

Table 5.9.1 of this report breaks down the wider costs of drug misuse:

	Recreational	Problem	Total
Health	£1,636,865	£178,815,635	£180,452,500
Criminal Justice	£76,874,333	£533,543,497	£610,417,830
Social care	£594,087	£111,444,323	£112,038,410
Costs to the economy	£23,545,729	£795,376,802	£818,922,530
Wider costs to society	£21,165,696	£1,739,381,610	£1,760,547,306
Total	£123,816,710	£3,358,561,868	£3,482,378,578

This report also offers some useful cost / benefit analysis of drug treatment in the context of preventative spend:

Cost per individual drug users / per annum	Not in Treatment	In treatment for 1 year	In treatment for more than 1 year
Cost to the Health Service (reduction in cost)	£3,005	£1,536 (48.9%)	£1,173 (61%)

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government what the economic and social cost of drug abuse has been in each year since 1999.

(S4W-09274)

Roseanna Cunningham: Prior to 2007-08, this information had not been collected. That is why the Scottish Government invested in the research *Assessing the Scale and Impact of Illicit Drug Markets in Scotland* <http://www.scotland.gov.uk/Publications/2009/10/06103906/0>, which was published in October 2009.

The report estimates that the total economic and social cost of illicit drug use in Scotland is just under £3.5 billion. Costs associated with problem drug use accounts for 96% of the total cost and this equates to just under £61,000 per problem drug user. Recreational drug use accounts for 4% of the total estimated cost equating to £134 per user.

Table 5.9.1 of this Report Breaks Down the Wider Costs of Drug Misuse

	Recreational	Problem	Total
Health	£1,636,865	£178,815,635	£180,452,500
Criminal Justice	£76,874,333	£533,543,497	£610,417,830
Social care	£594,087	£111,444,323	£112,038,410
Costs to the economy	£23,545,729	£795,376,802	£818,922,530
Wider costs to society	£21,165,696	£1,739,381,610	£1,760,547,306
Total	£123,816,710	£3,358,561,868	£3,482,378,578

This report also offers some useful cost / benefit analysis of drug treatment in the context of preventative spend:

Cost per individual drug users / per annum	Not in Treatment	In treatment for 1 year	In treatment for more than 1 year
Cost to the Criminal Justice system (reduction in cost)	£12,713	£6,524 (48.7%)	£1,536 (87.9%)
Cost to the Health Service (reduction in cost)	£3,005	£1,536 (48.9%)	£1,173 (61%)

David McLetchie (Lothian) (Scottish Conservative and Unionist Party): To ask the Scottish Government whether missives have been concluded for the sale of the surplus land at HMP Edinburgh, which was recently marketed for sale by the Scottish Prison Service.

(S4W-09293)

Kenny MacAskill: I have asked Colin McConnell, Chief Executive of the Scottish Prison Service, to respond. His response is as follows:

Missives have not yet been exchanged. Work is progressing to conclude the missives for the disposal of one plot on the site and the other plots remain open to offers.

David McLetchie (Lothian) (Scottish Conservative and Unionist Party): To ask the Scottish Government whether it will disclose the consideration paid for each of the lots comprised in the surplus land at HMP Edinburgh, which was recently marketed for sale by the Scottish Prison Service and the identity in each case of the successful bidder.

(S4W-09294)

Kenny MacAskill: I have asked Colin McConnell, Chief Executive of the Scottish Prison Service, to respond. His response is as follows:

I refer the member to the answer to question S4W-09293 on 13 September 2012. As this matter is not concluded, the information regarding the identity of the preferred bidder and the offer remains commercially sensitive.

All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at <http://www.scottish.parliament.uk/parliamentarybusiness/28877.aspx>.

David McLetchie (Lothian) (Scottish Conservative and Unionist Party): To ask the Scottish Government how the total consideration received for the sale of surplus land at HMP Edinburgh compares with previously published valuations of the land prior to its sale.

(S4W-09295)

Kenny MacAskill: I have asked Colin McConnell, Chief Executive of the Scottish Prison Service, to respond. His response is as follows:

I refer the member to the answer to question S4W-09293 and S4W-09294 on 13 September 2012. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at <http://www.scottish.parliament.uk/parliamentarybusiness/28877.aspx>.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government how many drug users who have come into contact with (a) the NHS and (b) law enforcement agencies in each year since 1999 had previously completed drug rehabilitation programmes and what percentage of drug users who had undergone rehabilitation this comprised.

(S4W-09300)

Roseanna Cunningham: Prior to 2007-08, this information had not been collected. That is why the Scottish Government has invested in, and enhanced, the Scottish Drugs Misuse Database (SDMD) to include the collection of follow-up and outcomes based information from people as they progress through their drug treatment pathway. The Information Services Division (ISD) of NHS National Services Scotland will be publishing the first release of this follow-up information in December 2012, which will provide us with more information on people's journey's through treatment and the outcomes being achieved (e.g. around accommodation, family, employment/training, drug use and offending).

From the SDMD, we know that between 1 April 2007 and 31 March 2011 that there have been 39,458 recorded entries into specialist drug treatment.

The Scottish Government introduced the Scottish Drug and Alcohol Treatment Waiting Times Database, which went live nationally from 1 April 2011. This provides quarterly information on the length of time people are waiting for treatment and the treatment interventions started. Between 1 April 2011 and 31 March 2012, 19,043 drug treatments were started in Scotland and the interventions started were as follows:

(1) Structured Preparatory & Motivational Intervention	8,085
(2) Community based support and/or rehabilitation	6,232
(3) Residential detoxification and rehabilitation	678

(4) Prescribed Drug Treatment (including but not exclusively methadone)	3,703
(5) Community based Detoxification	345

Information from the waiting times database is published online by ISD Scotland on a quarterly basis.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government how often the Scottish Drugs Strategy Delivery Commission has met and how many reports it has produced.

(S4W-09301)

Roseanna Cunningham: The Scottish Drugs Strategy Delivery Commission has met 12 times since its first meeting in December 2009.

The commission produced its first year report and recommendations to minister in October 2011 which can be accessed at <http://www.scotland.gov.uk/Publications/2011/10/10142851/0>.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government what Scottish Drugs Strategy Delivery Commission advice (a) it and (b) the NHS has adopted.

(S4W-09302)

Roseanna Cunningham: The Scottish Drugs Strategy Delivery Commission produced its first year report and recommendations to Minister in October 2011 which can be accessed at:

<http://www.scotland.gov.uk/Publications/2011/10/10142851/0>.

The report contained 23 recommendations focused on three key areas, Children Affected by Parental Substance Misuse; Care, Treatment and Recovery, and Governance and Accountability of the Delivery System. The report and its recommendations were sent to the 14 NHS Boards in Scotland and 30 Alcohol and Drug Partnerships and key stakeholders.

The Scottish Government is working in collaboration with NHS Boards and Alcohol and Drug Partnerships to address all the recommendations in the report.

Lewis Macdonald (North East Scotland) (Scottish Labour): To ask the Scottish Government whether the National Forum on Drug-Related Deaths, or its sub-groups, has (a) met or (b) produced reports since 2009-10.

(S4W-09303)

Roseanna Cunningham: The National Forum on Drug-Related Deaths established in 2005 meets on a quarterly basis each year. Between 2006 and 2008 the Forum met 10 times. Since January 2009 the Forum has met 15 times and produced two reports.

The forum has four sub-groups:

The Pathology Sub-Group explores forensic pathology practice, including toxicology, in Scotland when dealing with a suspected drug-related death. Since January 2009 this sub-group has met six times.

The Data Collection Sub-Group gathers information on drug-related deaths and analyse the findings of the national Drug-Related Deaths Database reports. Since January 2009 this sub-group has met 12 times.

The Volunteer's Forum discusses issues raised at the National Forum on Drug-Related Deaths meetings and feedback issues they feel are important from a service user's perspective. Since January 2009 the Volunteer's Forum has met 19 times.

The Short-Life Working Group for Family Support explored what support services are in place for families following a suspected drug related death and how this can be improved. This Short-Life Working Group met for the first time in March 2011 and has met twice since then.

The forum has published four annual reports in total since 2005. The two most recent reports were the 2009-10 annual report published in July 2010 and the 2010-11 Annual Report published in October 2011. The reports can be accessed on the following links:

2009-10 Report: <http://www.scotland.gov.uk/Publications/2010/07/30140320/0>.

2010-11 Report: <http://www.scotland.gov.uk/Publications/2011/11/6842/0>.

Roderick Campbell (North East Fife) (Scottish National Party): To ask the Scottish Government when it will publish the responses to Maintenance of land on private housing estates: Consultation, and what further action it will take on the issue.

(S4W-09304)

Roseanna Cunningham: We are aiming to publish the consultation responses by the end of October. We will outline next steps at around the same time.

John Mason (Glasgow Shettleston) (Scottish National Party): To ask the Scottish Government how many convictions have been secured using the Offensive Behaviour at Football and Threatening Communications (Scotland) Act 2012.

(S4W-09330)

Roseanna Cunningham: According to figures provided by the Crown Office and Procurator Fiscal Service on 4 September 2012 there have been 24 convictions from the 28 cases that have come to court so far. The act came into force on 1 March 2012 and of the cases completed 85.7% have resulted in a conviction.

Richard Simpson (Mid Scotland and Fife) (Scottish Labour): To ask the Scottish Government how many prosecutions there have been for the illegal (a) production and (b) sale of alcohol in each year since 2007 and how many resulted in a conviction.

(S4W-09331)

Kenny MacAskill: There have been no prosecutions under the Alcoholic Liquor Duties 1979 Act, Section 12: Licence to manufacture spirits.

There have been no prosecutions for the sale of illegally produced alcohol.

Jackson Carlaw (West Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government how many residential drug rehabilitation places have been available in each year since 2006-07.

(S4W-09396)

Roseanna Cunningham: The Scottish Government provides funding to the Scottish Drugs Forum to maintain the Scottish Drugs Services Directory, available online. It lists all Community based and residential/inpatient services across Scotland.

<http://www.scottishdrugservices.com/sdd/homepage.htm>.

The number of residential/inpatient services on the Scottish Drugs Services Directory each year since 2006-07 is as follows:

2006-07	27
2007-08	27
2008-09	29
2009-10	26
2010-11	25
2011-12	23

The Scottish Drugs Services Directory holds information on the numbers of beds available for each service listed, the numbers of places available annually depends on individual occupancy rates and length of the treatment programme.

Jackson Carlaw (West Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government how much the NHS has spent on residential drug rehabilitation in each year since 2006-07.

(S4W-09397)

Roseanna Cunningham: Prior to 2007 information on the number of drug rehabilitation places was not collected. We are now gathering information in the Scottish Drug and Alcohol Treatment Waiting Times Database, introduced in April 2011. This reports on the number of people entering drug and alcohol treatment and support, broken down by NHS Board and Alcohol and Drug Partnership (ADP). From this, we know that during 2011-12, approximately 15,600 people entered drug treatment to support their recovery.

Nineteen thousand and forty-three drug treatments started between 1 April 2011 and 31 March 2012 and of these, 678 were residential detoxification and rehabilitation. This is not directly equivalent to the number of rehabilitation (or drug treatment and support) places available.

All treatments started in 2011-12 were as follows:

(1) Structured Preparatory & Motivational Intervention	8,085
(2) Community based support and/or rehabilitation	6,232
(3) Residential detoxification and rehabilitation	678
(4) Prescribed Drug Treatment (including but not exclusively methadone)	3,703
(5) Community based Detoxification	345

This national information is not routinely published on an individual NHS board basis.

Jackson Carlaw (West Scotland) (Scottish Conservative and Unionist Party): To ask the Scottish Government what the maximum waiting time has been for NHS residential drug rehabilitation in each year since 2006-07.

(S4W-09398)

Roseanna Cunningham: Before 2007-08, information was not collected on the full length of time a person waited from their referral to starting drug treatment.

Prior to the introduction of a new Drug and Alcohol Treatment Waiting Times Database in April 2011 by the Scottish Government, information was collected on two separate stages of a person's wait for drug treatment through the Drug Treatment Waiting Times Information Framework.

The first stage collected information on how long people waited from the date they received their referral to the date when they were offered a date for an assessment; and the second stage collected information from the date their care plan was agreed to the date that they were offered an appointment for treatment.

The new Drug and Alcohol Treatment Waiting Times Database (managed by the Information Services Division of NHS National Services Scotland) went live on 1 April 2011 and provides data on five types of specialist treatment interventions, including residential rehabilitation. It does not distinguish between residential drug rehabilitation provided by the NHS, voluntary sector or the private sector.

What we knew prior to April 2011 from the former Drug Treatment Waiting Times Information Framework is as follows:

Longest Wait Recorded for Someone Offered an Appointment for Residential Treatment from their Care Plan Being Agreed*

Year	
2006-07	52+ weeks
2007-08	52+ weeks

Year	
2008-09	27-52 weeks
2009-10	27-52 weeks
2010-11	13-26 weeks

Note: It is unknown how long these people waited for an assessment date prior to being offered an appointment for treatment and whether they actually entered treatment

Source: Drug Treatment Waiting Times Information Framework, Information Services Division (ISD) of NHS National Services Scotland.

What we know now since the introduction of the new Drug and Alcohol Treatment Waiting Times Database is as follows:

Longest Wait Recorded between Referral Received and Treatment Starting

Year	
2011-12	9-12 weeks

Source: Drug Treatment Waiting Times Information Framework, Information Services Division of NHS National Services Scotland.

The most recent statistics on drug treatment waiting times in Scotland showed that at the end of March 2012, three people were still waiting over three weeks to enter residential drug treatment and that nobody had been waiting over 12 weeks (Source: Drug and Alcohol Treatment Waiting Times, published by ISD Scotland in June 2012, Table 8).

Information on drug treatment waiting times is published quarterly by ISD Scotland and is available online <http://www.drugmisuse.isdscotland.org/wtpilot/reports.htm>.

David McLetchie (Lothian) (Scottish Conservative and Unionist Party): To ask the Scottish Government when was the last occasion on which the law on defamation was the subject of an official published review by the Scottish Government, Scottish Law Commission or any other public body for which the Scottish Government is responsible.

(S4W-09411)

Roseanna Cunningham: There has been no official published review of the law of defamation by the Scottish Government, Scottish Law Commission or any other public body for which the Scottish Government is responsible. However, the Scottish Government did consult on a specific aspect of defamation law in "Defamation and the Deceased: Death of a Good Name" between January and April 2011. In October 2011, I wrote to the Public Petitions Committee advising of the outcome of the consultation. The consultation and my response can be found at:

<http://www.scotland.gov.uk/Topics/Justice/law/damages/damagesetc>.

Patricia Ferguson (Glasgow Maryhill and Springburn) (Scottish Labour): To ask the Scottish Government what its position is on the law relating to codicils to a will.

(S4W-09477)

Roseanna Cunningham: The Scottish Government's position on the law relating to codicils to a will is that The Requirements of Writing (Scotland) Act 1995 provides clear rules for the making of formally valid wills and codicils executed from 1 August 1995.

Patricia Ferguson (Glasgow Maryhill and Springburn) (Scottish Labour): To ask the Scottish Government whether it considers that codicils to a will should be subject to scrutiny (a) in general, (b) where the witness is the main benefactor and (c) when not witnessed by a solicitor.

(S4W-09478)

Roseanna Cunningham: The Scottish Government is clear that all codicils to a will can be scrutinised and the subject of challenge if there are concerns that the requirements for formal validity are not met or about the intention or capacity of the person making the codicil, for instance, where there are concerns that the person making the codicil was not capable of understanding the effects of making it or was improperly influenced by another.

John Finnie (Highlands and Islands) (Scottish National Party): To ask the Scottish Government how it will ensure that the proposals to improve arrangements for independent monitoring of prisons will meet the obligations under the Optional Protocol to the UN Convention against Torture (OPCAT).

(S4W-09606)

Kenny MacAskill: The Cabinet Secretary for Justice has asked Professor Andrew Coyle, Emeritus Professor of Prison Studies in the University of London and Visiting Professor in the University of Essex, to review the Scottish Government's proposals to improve arrangements for independent monitoring of prisons.

The review will run from October 2012 until January 2013. Professor Coyle will produce a report with recommendations by the end of January 2013.

Strategy and External Affairs

Murdo Fraser (Mid Scotland and Fife) (Scottish Conservative and Unionist Party): To ask the Scottish Government what bodies in the field of literature receive funding from Creative Scotland.

(S4W-09340)

Murdo Fraser (Mid Scotland and Fife) (Scottish Conservative and Unionist Party): To ask the Scottish Government what organisations have received funding from Creative Scotland in each of the last three years, also broken down by number of employees.

(S4W-09341)

Fiona Hyslop: I have asked Andrew Dixon, Chief Executive of Creative Scotland, the public body for Culture and Creative Industries to write to the member. Further information about Creative Scotland's activities is available at <http://www.creativescotland.com/>.

Patricia Ferguson (Glasgow Maryhill and Springburn) (Scottish Labour): To ask the Scottish Government whether it will require primary legislation to facilitate the merger of Historic Scotland and the Royal Commission on the Ancient and Historical Monuments of Scotland (RCAHMS).

(S4W-09438)

Fiona Hyslop: As I alluded to in my response to Ms Ferguson's earlier parliamentary question (S4O-01218 on 6 June 2012), our intention is to secure RCAHMS functions through primary legislation. This will allow for formal consultation and full parliamentary scrutiny of the proposals.

The answer to the oral question is available on the Parliaments website, the official report can be viewed at:

<http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=7338&i=66912&c=1358263&s=monuments>.

Transport Scotland

Jamie McGrigor (Highlands and Islands) (Scottish Conservative and Unionist Party): To ask the Scottish Government, further to the answer to question S4W-08882 by Keith Brown on 15 August 2012, whether it will provide the information that was requested.

(S4W-09225)

Keith Brown: Argyll Ferries Ltd is delivering the services specified in the Public Service Contract and are continuing to take steps to improve their operation.

John Lamont (Ettrick, Roxburgh and Berwickshire) (Scottish Conservative and Unionist Party): To ask the Scottish Government how many accidents there have been on the (a) dualled and (b) undualled sections of the A1 between Dunbar and the border with England in each year since 2002, broken down by severity of accident.

(S4W-09414)

Keith Brown: The accident data (personal injury accidents) for the period 1 January 2002 to 16 April 2012 is provided in the following tables divided into dual carriageway and single carriageway. Transport Scotland analyses the safety performance of the trunk road network using a database of injury accidents compiled by Scotland's Police forces. This is the most reliable and consistent evidenced data available, and is collated and analysed on an annual basis for each full calendar year.

A1 Trunk Road (Dunbar to Border) Accidents 1 January 2002 to 16 April 2012 Dual Carriageway

Year	Fatal	Serious	Slight	Total
2002	1	1	2	4
2003	0	2	0	2
2004	0	2	5	7
2005	1	2	8	11
2006	0	0	1	1
2007	0	1	3	4
2008	0	0	2	2
2009	0	1	6	7
2010	0	1	2	3
2011	0	0	2	2
2012*	0	0	1	1
Total	2	10	32	44

A1 Trunk Road (Dunbar to Border) Accidents 1 January 2002 to 16 April 2012 Single Carriageway

Year	Fatal	Serious	Slight	Total
2002	0	3	9	12
2003	0	2	11	13
2004	0	2	4	6
2005	4	5	12	21
2006	0	2	10	12
2007	3	2	7	12
2008	0	1	11	12
2009	0	4	13	17
2010	3	1	8	12
2011	0	2	10	12
2012*	0	1	0	1
Total	10	25	95	130

Note: *2012 stats are not fully complete to 16 April 2012 for the police force and are subject to change on submission of further datasets.

The figures quoted may differ slightly from those published elsewhere due to being extracted on a different date and the database may have changed between the two dates, e.g. due to late returns or corrections.

The accident rate for the single carriageway sections of the A1 between Dunbar and Border is 15.61 accidents per 100 million vehicle kilometres (100mvk) against the national average of 19.4 accidents per 100mvk. The accident rate for the dual carriageway sections of the A1 between Dunbar and Border is 11.99 accidents per 100 million vehicle kilometres (100mvk) against the national average of 7.8 accidents per 100mvk.