Witness Name: Angela Constance
Statement No.: 1
Exhibits: ACC
Dated: 20 October 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF ANGELA CONSTANCE

In relation to the issues raised by the Rule 9 request dated 16 June 2023 in connection with Module 2A, I, Angela Constance, will say as follows: -

1. I am Angela Constance of the Scottish Parliament, Edinburgh EH99 1SP. I am currently the Cabinet Secretary for Justice and Home Affairs within the Scottish Government. I have been in that position since March 2023.

2. I have prepared this statement myself by reference to records and material provided to me by the Scottish Government. I have also received assistance from the Scottish Government Covid Inquiries Response Directorate to enable the statement to be completed.

3. Unless stated otherwise, the facts stated in this witness statement are within my own knowledge and are true. Where they are not within my own knowledge, they are derived from sources to which I refer and are true to the best of my knowledge and belief.

4. References to exhibits in this statement are in the form [ACC - INQ000000].

Background, qualifications and role during the Covid-19 pandemic

5. I was first elected as a Member of Scottish Parliament in 2007. I was first appointed to the Scottish Government in 2010 and held 3 junior ministerial posts prior to being appointed to the Cabinet in 2014 where I served in 3 different roles. In a cabinet reshuffle in 2018, I returned to being a backbench Member of Scottish Parliament.

6. I did not hold any roles within the Scottish Government between 26 June 2018 and 22 December 2020, when I became the Minister for Drugs Policy. I was the Minister for Drugs Policy until 29 March 2023. This was a new ministerial role created in response to rising record level drug deaths resulting from overdose by mainly illicit and/or controlled drugs. This role was created to lead the Scottish Government's cross-portfolio national mission to save and improve the lives of people who used drugs by connecting drug policy to improved access to treatment, mental health, education and prevention, justice reform, family support, addressing trauma and adverse childhood experiences and addressing social determinants of poor health such as tackling poverty and inequality.

7. I do not recall attending any decision-making committees, groups or forums dealing with or impacting upon the Scottish Government's response to Covid-19. The decision-making authority largely rested with Cabinet Secretaries. I do not recall being involved in any communications or meetings with the UK Government, devolved administrations or local authorities with respect to any Covid decision-making between January 2020 and April 2022.

Initial understanding and response to Covid-19 (January 2020 to March 2020)

8. Between January 2020 and March 2020, I did not hold any roles in the Scottish Government. I was not involved in any decision-making relating to the Scottish Government's initial understanding or response to Covid-19.

9. I did not have the proximity to decisions made and therefore I am unable to comment on the Scottish Government's understanding, response, strategy or preparations in responding to Covid-19.

Role in relation to non-pharmaceutical interventions ("NPIs")

10. I was not involved in the Scottish Government's decision to adopt a national lockdown as a strategy for responding to Covid-19 in March 2020. Based on public and parliamentary statements made by the First Minister, my understanding of the Scottish Government's reasons for adopting a national lockdown as a strategy for responding to Covid-19 was that it was to protect human life.

11. As a backbench Member of Scottish Parliament, and not a serving Minister, I did not have any further insight into the strategy behind adoption, implementation and timeliness of a national lockdown as a strategy for responding to Covid-19. I did not

express any views contrary to the implementation of a lockdown at the time and encouraged my constituents to comply with advice from the Scottish Government.

12. I do not recall playing any role in reaching decisions concerning the imposition of, easing of, or exceptions to national lockdowns, local and regional restrictions, working from home, reduction of person to person contact, social distancing, self-isolation requirements, the closure of schools and education settings, the use of face-coverings or the use of border controls. All of these areas were outside of the scope of the role I held when I returned to the Scottish Government in December 2020 and April 2022 when the remaining restrictions were lifted in Scotland.

13. I do not have knowledge of the extent to which wider health, social and economic impacts of NPIs and views as to the period of time the public would comply, influenced decisions about the type and duration of NPIs by the Scottish Government. I do not recall playing any role in these factors being weighed in Scottish Government decision making.

14. I believe the Scottish Government sufficiently considered the impact of NPIs on 'at risk' and other vulnerable groups in light of existing inequalities, including those with protected characteristics under the Equality Act 2010. I am aware from the numerous statements made in the Scottish Parliament that the information published by the Scottish Government, that there was a great degree of consideration for vulnerable groups in light of existing inequalities.

15. As indicated earlier, my portfolio responsibilities were focused on people who used drugs and prior to my return to government decisions had already been made with respect to supporting addiction services to be prioritised and operate as fully as possible. For example, residential and detox services continued to operate albeit at reduced capacity due to social distancing, guidance was issued for mutual aid organisations and the distribution of naloxone via non drug treatment services. My role when appointed to this newly created (22 December 2020) post included liaising with ministers and officials across government to ensure the vulnerabilities of people who used drugs who may be harder to reach continued to be considered in vaccine programmes and supporting third sector organisations with recovery.

16. By the time I returned to the Scottish Government in December 2020, my impression of the Scottish Government's implementation of NPIs was that it worked well, especially in light of difficult circumstances and challenges. In particular, I believe

information sharing and coordination between the Scottish Government, local agencies and third sector organisations worked very well. In my view, coordination with local agencies and third sector organisations was necessary in providing the necessary support during the Covid-19 pandemic.

Divergence

17. As I was not involved in decision-making at this level, I cannot comment on when divergent approaches worked well and when a four nations approach may have worked better or when any divergence occurred.

18. In my view, the points of divergence between the Scottish and UK Governments were bespoke and specific. My understanding of general areas of divergence included public messaging and rules specific to local areas, based on the Scottish Government's response to what it assessed as an appropriate response to local need at the time.

Role in relation to medical and scientific expertise, data and modelling

19. The positions I held within the Scottish Government between 22 December 2020 and April 2022 (as noted above I held no Ministerial position between January 2020 and 22 December 2020) did not involve consideration or decision making related to medical and scientific expertise or data and modelling. I do not believe it is appropriate for me to comment on decisions made in this regard.

Role in Covid-19 public health communications

20. The only role I played in the use of public communications and behavioural management in the response to Covid-19 was to share Scottish Government approved messages on social media platforms.

21. I believe the Scottish Government's public health communications during Covid-19 broadly worked well.

22. I believe that alleged breaches of rules and standards by Ministers, officials and advisers presented a risk to public confidence in the Scottish Government's response to the Covid-19 pandemic. However, I am not aware of any data or evidence which shows that public confidence in the Scottish Government was permanently negatively impacted.

Role in public health and coronavirus legislation and regulations

23. I do not recall playing any role in decision making, providing advice or briefings to the First Minister, other Scottish Cabinet Secretaries or any Scottish Government committees, groups or forums on the public health and coronavirus legislation and regulations that were proposed and enacted between January 2020 and April 2022.

24. When I came into my ministerial role in December 2020, primary legislation in relation to Covid-19 including the Coronavirus (Scotland) Act 2020, had already been considered and was in force. I was not involved in the process or drafting of legislation beyond voting for it as a Member of Scottish Parliament.

25. I believe the public health and coronavirus legislation and regulations were proportionate. In Scotland, I believe the enforcement was also proportionate. My understanding is that in responding to breaches by members of the public, the police in Scotland would, in the first instance, advise and counsel individuals instead of immediately resorting to punitive measures. I believe this staged approach to enforcement worked well.

Key Challenges and Lessons Learned

26. I do not recall providing any Covid related oral or written evidence to the Scottish Parliament or the UK Parliament or appearing in front of Covid-19 committees. In relation to Covid however, I answered a number of questions at the Health and Social Care Committee on 14 September 2021 [ACC/001 - INQ000249254] primarily related to access and changes to treatment and support for people living with drug addiction, as well as a question received on 25 February 2021 regarding the occupancy rate of rehabilitation beds in the NHS [ACC/002 - INQ000249255]. I do not recall taking part in any internal or external reviews or lessons learned exercises.

27. My role within the Scottish Government between January 2020 and April 2022 was very specifically to address underlying causes of drug addiction in Scotland. As a consequence, I had a very limited role in decision-making and the major substantive decisions had either already been made prior to my appointment or fell outside my portfolio.

28. In terms of my understanding of key challenges more broadly, I believe a major challenge was the fact that the Scottish Government was not prepared for a coronavirus and had largely made preparations for a flu pandemic.

29. In terms of areas that worked well, I believe that civic societies and third sector organisations contributed to the response to the Covid-19 pandemic in a way that was above and beyond their duties and obligations. I believe when responding to future pandemics, the role of civic society and the third sector should be factored in.

Informal communications and Documents

30. I do not recall WhatsApp or other messaging platforms being used to make decisions or record views relating to Covid-19 across any of my roles during the specified period. I do not hold any personal notes or records from this time.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

Dated: 20 October 2023