Glasgow City
Alcohol and Drug Partnership
Prevention and Recovery Strategy
2011 - 2014
1. Introduction

1.1 Glasgow City needs to take action to address major issues around alcohol and drug misuse. The City has some of the worst problems associated with alcohol in the whole of the UK along with high levels of drug problems. Whilst services are seeing more than 11,500 people with problems, it is estimated that we only help around one in ten people with alcohol problems and half of the people with drugs problems. The impact on children and families further highlights the need to take concerted and co-ordinated action.

Background

The Scottish Government published Changing Scotland’s Relationship with Alcohol: A Framework for Action in March 2009. Alcohol misuse is widely recognised by health experts as one of Scotland’s most pressing public health concerns and the ‘Framework’ addresses issues around reducing alcohol consumption, tackling the damaging impact alcohol misuse has on our families and communities, encouraging positive attitudes and positive choices and improving the support and treatment available to tackle alcohol misuse. The Framework for Action recognised that alcohol misuse is much more prevalent across Scottish society than previously recognised. As a result the Framework adopts a whole population approach, as well as recognising that some vulnerable groups require a more targeted approach.

The drugs strategy “The Road to Recovery” was published in May 2008. This sets out a significant programme of reform to tackle Scotland’s drug problem. Central to the strategy is the concept of recovery - a process through which individuals are enabled to move on from their problem drug use towards a drug-free life and become active and contributing members of society.

The drugs strategy and the alcohol ‘Framework’ both signalled the need to ensure that local delivery of alcohol and drugs services was effective, efficient, accountable and able to contribute to national and local outcomes.

A Stocktake review of Alcohol and Drug Action Teams (ADATs), published in July 2007, considered the performance of ADATs and their capabilities. The review recommended a move to Local Authority-based Alcohol and Drug Partnerships.

The National Framework for Alcohol and Dugs Partnerships (2009) sets out the new arrangements for the strategic governance of alcohol and drugs services across Scotland. The framework provides an emphasis on securing accountability across the wide range of agencies involved in tackling alcohol and drugs issues at a Local Authority level. In particular, there is a focus on ensuring participation from partner agencies at a strategic level to ensure there is commitment to taking forward the strategic direction of the development of alcohol and drug and related services. The ADP is the structure through which these new partnership commitments are to be identified and taken forward.
1.2 ADP Arrangements in Glasgow City

Glasgow City Alcohol and Drug Partnership (ADP) was set up in 2010 to address issues relating to alcohol and drug misuse. The ADP succeeded the former Alcohol Action Team and Drug Action Team structures based on NHS Board boundaries. The ADP provides strategic direction on alcohol and drugs and is more integrated into local community planning processes.

Glasgow City ADP’s key responsibility is to develop and drive forward the ADP’s strategy on how to tackle alcohol and drugs issues in the City. The ADP is embedded within local Community Planning arrangements. The ADP aims to involve a number of partners including:

- Community Groups/ Organisations
- Community Health Partnership
- Education Services
- Glasgow Community and Safety Services
- Glasgow Life
- Glasgow Works
- Licensing Board
- Registered Social Landlords
- Scottish Prison Services
- Social Work Services
- Strathclyde Police
- Strathclyde Fire & Rescue
- Voluntary Organisations

The ADP strategy represents Glasgow City ADP’s approach and its actions will be aligned to Glasgow City’s Single Outcome Agreement and other key partner actions.

2. Purpose of the Strategy

2.1 To identify and take action to prevent the misuse of alcohol and drugs and to help people with alcohol and drug problems recover to play a full part in our communities.

2.2 The strategy covers a three year period from April 2011 to March 2014.


2.4 One of the guiding principles is that we pursue value for money in the current and prospective economic environment to achieve better outcomes.

3. Development Process

3.1 Glasgow City ADP developed this strategy after consulting widely with partners including community groups; they were also asked to consider how they could
help support and deliver the strategy though specific actions.

3.2 The strategy has been designed to follow a simple structure, under themes of ‘where we are now’ and ‘where we want to get to’. The strategy included proposals on actions and we will now develop these into a detailed action plan which will enable us to address a number of the points raised in the consultation.

That detailed plan will also set out ‘how we get here’ with identified lead agencies. This will help clarify agreed lead officers in particular areas and assist with drive and accountability. The action plan will include an equality impact assessment.

3.3 Seven engagement events and consultation feedback allowed a wide range of stakeholders to consider the appraisal we set out and input views and suggestions.

3.4 This strategy acknowledges the important contribution of the wide range of agencies and individuals who participated in the consultation process. Key themes to emerge included:-

- the desire for community groups to be actively engaged on a continuing basis in the planning and delivery of alcohol and drug actions;
- Real concerns about cuts to resources and recognition that current resources do not fully meet need and do not enable the full range of services to support recovery to be offered to all clients;
- Concern that the numbers of children affected is higher than assessed and that more services are needed to intervene early and effectively;
- Concerns around cost, marketing, accessibility and number of licensed premises;
- There is a major problem with the culture and attitudes to alcohol consumption which the strategy needs to tackle.
- The importance of the wider environment to enable people with addiction problems to make a full recovery including the availability of employment;
- The negative impact on communities of drug and alcohol misuse need to be recognised and addressed.

3.5 Whilst it will be challenging to address all of the ideas and suggestions which came out of the consultation process, the action plan which will be developed will take account of many of the points made and we will be able to report annually, our activity and progress on these issues. Our aim will be that that annual reporting provides continuing engagement on tackling drug and alcohol misuse.

4. Glasgow City context

- Glasgow City has a population of 584,240 residents; one third of the population is between 25 to 44 years old
Glasgow is a major UK city with an annual output of some £13bn supporting over 400,000 jobs; some of those filling the jobs are resident outside of the city.

The city is ethnically diverse - with over 5% of citizens in an ethnic minority group; the city has 5,500 asylum seekers.

There are significant challenges such as deprivation, generational unemployment and dependency on state benefits.

4.1 The Glasgow Context: Alcohol

- Glasgow has 1553 premises licenses (excluding private members clubs and provisional premises licenses); that is one premises for every 376 people.
- Glasgow has the highest alcohol-related discharge rate from acute hospitals (1,379 per 100,000) in Scotland.
- Glasgow has the highest alcohol-related death rate (50.1 per 100,000) in Scotland and the U.K. Within this rate, males (72.8 per 100,000) and females (27.7 per 100,000) are also the highest in the U.K.
- The ‘Glasgow Ripple Effect’ report states that 99% of people feel that alcohol has between a ‘medium to large’ and ‘large’ effect on their communities; that effect was considered ‘good’ by 5% and ‘bad’ by 95% of respondents.
- There are continuing high levels of alcohol misuse associated with ill-health including a long association with violence and anti-social behaviour.
- Challenging issues around licensing: price and availability.

4.2 The Glasgow Context: Drugs:

- Glasgow has an estimated 13,256 problem drug users, a prevalence rate of 3.27%, the highest in Scotland.
- Glasgow has an estimated 5,458 drug injectors, a prevalence rate of 1.35%, the third highest in Scotland.
- 60% of problem drug users also consume alcohol every day; this is the highest rate in Scotland.
- Glasgow has a rate of 35% of service users who have dependent children, lower than the national rate of 42%.
- Glasgow has the highest drug death rate in Scotland (17 per 100,000). Over the past 5 years there has been an average of 101 deaths per year in the City. Although death rates are increasing nationally, the rate of increase is lower in Glasgow.
5. Structure of the Strategy

5.1 This 3 year strategy is structured under 3 main headings: Prevention, Recovery, and Protecting Vulnerable Groups.

Main Sections

6. Prevention

We believe that preventing alcohol and drug misuse is more effective than treating established problems. This means preventing people from drinking too much or experimenting with drugs, preventing experimenters becoming regular users and preventing regular users becoming problem users.

Preventing alcohol and drug problems presents major challenges to the city. Due to the different legal contexts, different approaches are required.

Alcohol production, marketing, quality control, licensing and purchasing is controlled by our society through the legal system. Some alcohol use is considered socially acceptable. Over recent years there has been growing recognition of both the level of drinking and the harm it is causing, not just to problem drinkers but to the wider population, including children. Glasgow, like Scotland, has developed a culture of excessive drinking.

The production, marketing, supplying and possession of certain drugs is illegal under the Misuse of Drugs Act (1971). This means that quality control, cost and availability fall outside the control of society. Usage of most illegal drugs is socially unacceptable to the majority of the population. Prevention efforts tend to centre around demand reduction and supply reduction.

6.1 What are we aiming to achieve?

- A consistent and shared approach to delivering prevention activity across the city to reduce the number of people developing problems
- A range of contributions from schools through to the voluntary sector along with communities themselves
- A strategic vision about what can be collectively achieved involving a wider range of City partners
- Changing the culture around alcohol misuse to try to ensure that excessive drinking is not considered socially acceptable.
- Reducing the availability and consumption of alcohol which we know will reduce consumption.

6.2 Current Position
The delivery of alcohol and drug education within a curriculum for Excellence is ongoing in schools.

There is a history of significant community based activity, linked to community forums and the range of events in the annual Getting Real About Alcohol 'n' Drugs (GRAND) week.

Within the City there is a commissioned Core Prevention and Education Service, jointly funded by the Council and NHS Board.

An Alcohol and Drug Prevention and Education Model is in use across the City; it has been developed for multi-agency use with 12 core elements.

We are working with the licensing forum and Licensing Board to raise issues about over provision and the public health impact of alcohol.

The Council, NHS and the Police agreed a Joint Policy on alcohol in 2007: this sets out commitments on prevention which we are still working to deliver.

6.3 What else is needed to achieve our aims?

- The key approach should be to ensure the development and implementation of a comprehensive and detailed action plan for the City. Preventative activity needs to be programmed to take account of age, gender, race, religion, disability and other protected characteristics.

- The development of tools for monitoring and evaluation of prevention practice, ensuring effective means of sharing good practice.

- Prevention activity needs to be supported by a wider range of community planning partners and sustained over time.

- Each major partner involved in Community Planning should also examine its potential to expand its support for preventative efforts, using the 12 core elements as a guide.

- Promote challenges to cultural acceptance of drinking norms: consider widening label of problem drinking to lower level consumption rates.

6.4 Action Required

- Develop comprehensive prevention and education action plans.

- Support sharing of good practice across partners.

- Consider comprehensive workforce development in prevention and education.

- Need each community planning and wider partner to consider how they can contribute actions which address these aims.
Need to agree clear shared aim to influence licensing and consistently pursue those aims.

Need to consider shared lobbying position on wider licensing issues, e.g. advertising and sponsorship.

Promote challenges to cultural acceptance of drinking norms; consider widening label of problem drinking to lower level consumption rates.

Culture/communication – need to reconsider the definitions around drinking – current UK guidance may be too ‘lenient’ on level of harm.

7. Recovery

Recovery means a process through which an individual is enabled to move on from their problem drug or alcohol use, towards a life as an active and contributing member of society. Furthermore, it incorporates the principle that recovery is most effective when services users’ needs and aspirations are placed at the centre of their care and treatment. It is an aspirational, person centred process.

In practice, recovery will mean different things, at different times to each individual person. The ‘road to recovery’ might mean developing the skills to prevent relapse, rebuilding broken relationships or forging new ones or actively engaging in meaningful activities.

7.1 What we are aiming to achieve:

- Ensure that all of our treatment services are able to offer the range of supports which are required to integrate treatment and wider recovery.
- Deliver immediately accessible services across the City for people with alcohol and drug misuse problems.
- Offer appropriate recovery opportunities linked to longer term training, employment and social re-integration.
- Ensure services are person centered and take account of age, gender, race, religion, disability and other protected characteristics.
- Meet the needs of drunk and incapable people in the community.
- Obtain wider buy-in in terms of supporting alcohol and drug users to access universal council and other services to support changes in lifestyle towards recovery.

7.2 Current Position
- The Council and NHS currently deliver joint ‘alcohol and drug’ community based services in the city to over 11,500 people

- The NHS and Council also host services which cover all of Greater Glasgow and Clyde, including in-patient services, out-patient services, residential services for adults, residential and housing support services for young people, Drug Crisis Centre, seven community rehabilitation services, seven community alcohol support services, carers and family respite services

- Glasgow has contributed to the training of 400 GPs, the screening of over 70,000 people and the delivery of over 21,000 brief interventions across the NHS Board area over the last 2 years

- Following recent developments between Glasgow City Council and NHS GGC, community based alcohol and drug treatment services will continue to be delivered within a local partnership arrangement

- Recent innovative practice has taken place in SE Glasgow, where ‘people in recovery’ and now offering a ‘buddying’ service to new CAT clients, demonstrating the possibility of recovery and embodying the recovery philosophy. This ‘community up’ approach has been nurtured and appropriately supported by a range of service providers

- It is estimated that we only see around 1 in 10 people with alcohol problems and 1 in 2 people with drug problems.

### 7.3 What else is needed to achieve our aims

- Get more people with problems into services which enable them to recover
- Workforce development so that recovery focused outcomes can be supported
- Ensure services are provided efficiently but also recognise that additional resources will be required to fully deliver recovery support and to expand treatment services
- Review of current models of care and service design with a potential for re-provision and re-investment of existing funding
- The building and strengthening of recovery advocacy and aftercare services
- Consider the development of a City-wide ‘recovery forum’ to drive forward the recovery agenda - involving recovery advocates/ champions/service leaders
- Balance quality of support time with recovery focused clients within existing caseloads supported by Community Alcohol and Drug Teams

### 7.4 Action Required

- Commitment of Council and NHS to review current range of service provision to ensure it meets current need
• Support of workforce development within alcohol and drug services to address recovery

• Support for community based recovery network

• Ensure resources and support are available to enable a recovery focus for all alcohol and drug services

• Build greater links with Glasgow Life, Registered Social Landlords, Strathclyde Fire and Rescue, Glasgow Works and other appropriate services to support recovery focused help for individuals

• Agreement by NHS to continue to support the development of screening and brief interventions

• Need to lobby Scottish and UK Governments on national issues, e.g. alcohol advertising, impact of new government actions and policy development

8. Protecting Vulnerable Groups

8.1 Protecting Children

Children who live with parents who have alcohol or drug problems are among the most vulnerable in society. Recent best estimates indicate that over 6,000 children in Glasgow City may be affected by parental alcohol or drug misuse. The immediate effects of this can include children being at risk principally of neglect, but also emotional and physical abuse.

Long-term risks can also include poor physical and mental health as well as exacerbating health inequalities. In some cases there is the potential for serious failure of care and danger to children.

8.2 What we are aiming to achieve?

• Improve prevention and early intervention for children affected by parental alcohol or drug misuse

• Build the capacity of universal services to identify and plan for the needs of children affected by parental substance misuse

• The effective management of children who are at immediate risk including clearer roles and responsibilities between ‘Children and Families’ and ‘Alcohol and Drug’ Services

• Encouraging the public to report concerns about children

• Improve prevention and early intervention for children who have developed alcohol or drug issues.

8.3 Current Position
8.4 **What else is needed to achieve our aims**

- More resources to support vulnerable children at an early stage
- Provide better information management between ‘children and families’ and ‘alcohol and drug’ services
- Strengthening practice leadership in alcohol and drug services
- Improve focus on vulnerable children by universal service providers to help identify children and young people who are at risk at an earlier stage
- The provision of quality recovery services for parents to lead to better outcomes for children and best protect children from harm.

8.5 **Action Required**

- Continue to improve identification, assessment, recording and planning and information sharing
- Continue to build strong links between children and adult services
- Continue to build culture of information gathering and sharing
- Develop a single action plan across all agencies

8.6 **Protecting Adults – Adult Support and Protection**

Alcohol and Drug services face particular challenges in the protection of adults at risk. The high prevalence rates of alcohol and drug misuse coupled with the inherent nature of self harming behaviour equates to a correspondingly high level of referral and screening/risk assessment in pre-existing cases within Alcohol and Drug service teams.

8.7 **What are we aiming to achieve?**

- Improve awareness of vulnerability in adults misusing drugs or alcohol and improve reporting of concerns.
- Improve early intervention of vulnerability where the adult is dependent on an individual who is misusing substances.
- Build the capacity of universal services to identify and plan for the needs of vulnerable adults affected by substance misuse
- Improve practice, assessment and risk management of vulnerable adults affected by substance misuse.
- Improved responses and outcomes for vulnerable adults affected by drug or alcohol misuse.

8.8 Current Position
- Joint agency protocols and training have been in place since the introduction of the ASP legislation
- Review of adult protection staff resourcing of Alcohol and Drug service teams being undertaken.
- Audit of specialist alcohol and drug staff training needs currently being undertaken to identify need, plan and deliver specific adult protection training.

8.9 What else is needed to achieve our aims
- Ensure that core staff within Alcohol and Drug service teams have the requisite skills and qualifications to fulfil the tasks in relation to ASP
- Identify and facilitate practice development learning opportunities across all care teams
- Improved communication across agencies and joint agency training initiatives
- Further campaigns to increase public awareness, using media and technological formats.
- Provision of personalised recovery and support measures for adults at risk of significant harm.
- Engagement with service users in planning and measuring performance and outcomes.

8.10 Action Required
- Continuous improvement in identification, assessment, risk management, planning and multi-agency responses to improve outcomes
- Continue to develop recording and monitoring processes
- Development of performance monitoring tool to scrutinise practice and outcomes.
Workplace planning across all agencies and co-ordinated through APC

9. Delivering and Monitoring the Strategy

9.1 The strategy will be monitored on an annual basis by the ADP. Each action will have an identified lead in a particular organisation/department. ADP staff will design reporting templates, which will be consistent with and build on existing reporting mechanisms.

10. Communicating and stakeholder engagement

10.1 It is very important that the strategy is effectively communicated to all partners and the public. This should involve key actions:

- Involvement of wide participation in the engagement events around the strategy development and beyond
- Regular reporting of progress via ADP annual report
- Regular reporting/ involvement with ADP community engagement including service users, working towards national standards for community engagement
- On-going work to address the Glasgow drinking culture and stigma around drug use

11. Financial statement

11.1 This section will provide a short financial summary of the level of resources provided by NHS and Social Care partners at November 2010.

<table>
<thead>
<tr>
<th>Addiction Community Services</th>
<th>NHS Budgets</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Medical Services</td>
<td>£6.4 million</td>
<td>12,933 clients</td>
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<tr>
<td>Addiction Pharmacy Services</td>
<td>£2.7 million</td>
<td>7,111 clients</td>
</tr>
<tr>
<td>Addiction Secondary Services</td>
<td>£1.0 million</td>
<td>48,116 transactions</td>
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<tr>
<td>Addictions (other)</td>
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<td>9,082 referrals</td>
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<tr>
<td>Income</td>
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<tr>
<td>Net Total</td>
<td>£16.3 million</td>
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GCC budgets

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<thead>
<tr>
<th>Addiction Community Services</th>
<th>NHS Budgets</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Purchased services- residential</td>
<td>£6.2 million</td>
<td>323 clients</td>
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<tr>
<td>Addiction Purchased services- community</td>
<td>£4.6 million</td>
<td>2,984 clients</td>
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<tr>
<td>Addictions Criminal Justice</td>
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<td>1,542 clients</td>
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<tr>
<td>Addictions (other)</td>
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</tr>
<tr>
<td>Income</td>
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</tr>
<tr>
<td>Net Total</td>
<td>£15.9 million</td>
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</tbody>
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