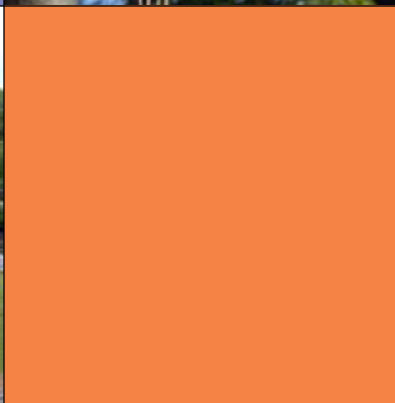


**Lanarkshire ADAT**  
ALCOHOL & DRUG ACTION TEAM

A Strategic Partnership which Co-ordinates  
Action on Alcohol and Drug Problems

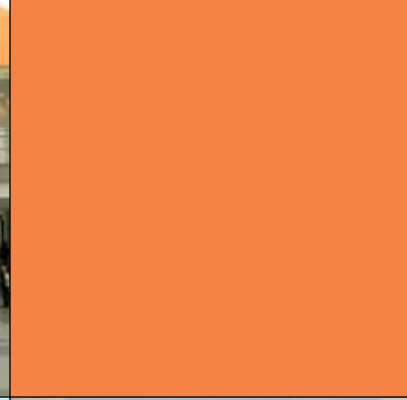
# Strategy, 2008–2011

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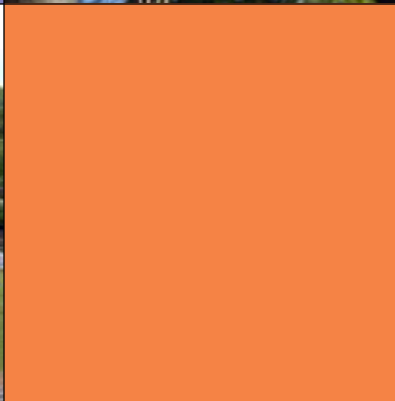
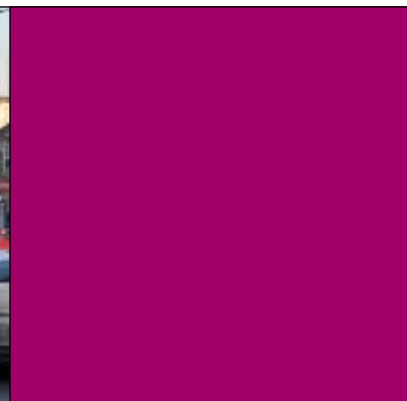


**Lanarkshire ADAT**  
ALCOHOL & DRUG ACTION TEAM

A Strategic Partnership which Co-ordinates  
Action on Alcohol and Drug Problems

# Strategy, 2008–2011

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# Finding your way around this document

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The Lanarkshire ADAT 2008–2011 Strategy has been colour-coded to make it easy to find information that relates to the three groups we refer to in our aims:

Children, young people and families

Communities

Individuals

We have also included profiles of some of the partners and initiatives we work with.

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# Foreword

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We have a lot to celebrate in Lanarkshire. Cultural diversity, a rich heritage, access to open countryside and proximity to Scotland's two biggest cities make this an exciting place to live and work. However, as elsewhere in Scotland, there are a number of challenges we must respond to, including significant levels of deprivation and related problems, prominent among which are alcohol and drug issues affecting the community.

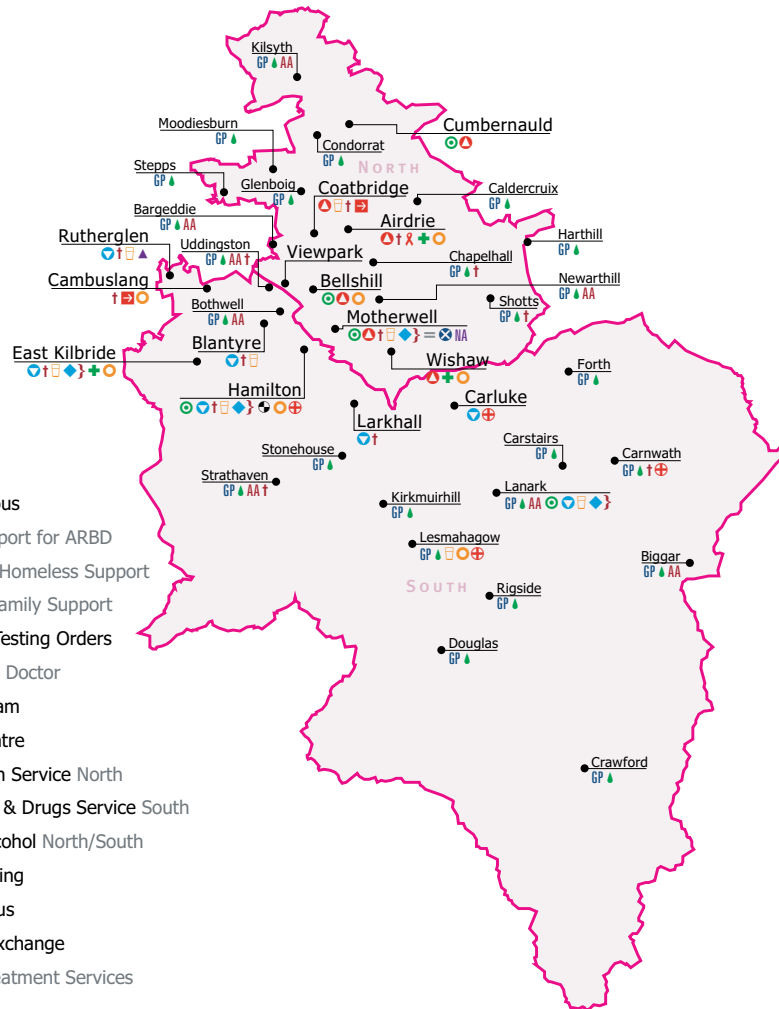
We believe that the people of Lanarkshire should be part of a community where they feel safe, included and respected. In turn, this should be within a society in which everyone has the opportunity to realise their full potential, with access to good quality health and social care, education, employment and housing.

To achieve these ambitions, Lanarkshire ADAT and its partners have developed a joint approach which promotes the delivery of integrated services for individuals and their families affected by alcohol and drug problems. A number of significant changes within the Scottish Government will support the implementation of this vision and drive the Joint Services and Integrated Children's Services Agenda within Lanarkshire. They will also support a more holistic approach to delivering services at both strategic and local levels. Most importantly, they will provide a firmer framework for supporting children affected by substance misuse.

Implementation of the Strategy will require patience, partnership, and resolve. Alcohol and drugs do not respect boundaries any more than postcodes do, so work in Lanarkshire has to mesh with that taking place in other parts of Scotland.

Colin Sloey  
ADAT Chair





- AA Alcoholics Anonymous
- ▲ Aspire Housing Support for ARBD
- = Bridgework Project Homeless Support
- Circle Lanarkshire Family Support
- ⚡ Drug Treatment & Testing Orders
- GP General Practitioner Doctor
- ⊙ Harm Reduction Team
- ⊗ HIV & Hepatitis Centre
- ⊕ Integrated Addiction Service North
- ⊕ Lanarkshire Alcohol & Drugs Service South
- ⊞ Local Council on Alcohol North/South
- ▲ Methadone Dispensing
- NA Narcotics Anonymous
- † Needle & Syringe Exchange
- } Phoenix Futures Treatment Services
- 📄 Routes to Work
- ⊗ SACRO Community Safety
- ◆ SMART Recovery® 4-Step Programme
- ⊕ Substance Misuse Liaison Nurses Acute
- ⊙ Substance Misuse Team (SW) South

**Note:** Towns in larger print – population over 10,000  
 – all have GPs, methadone and AA meetings.  
 Some villages not shown.



## 1: Lanarkshire ADAT services summary

# Executive Summary

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## Chapter 1: Introduction

---

The Scottish Government will publish new alcohol and drug strategies for Scotland in 2008. To ensure synergy with the new national strategies we will develop a three-year Delivery Plan by June 2008. This three-year plan will clearly outline the specific actions required and how these will contribute to the outcomes agreed with our partner agencies.

Our Strategy has been developed from an analysis of local needs and also from feedback from consultation events held during 2007. It is based around national objectives relating to alcohol and drug misuse. The priorities for action described below reflect several local Plans, as well as policy documents published by the Scottish Government.

We will achieve the objectives of the Strategy by delivering a series of shorter term goals which will be outlined in our three-year Delivery Plan. Progress on achieving these will be reported to the Government via our annual Plan, and reviewed each year. There follows below an Executive Summary of the Strategy:

### About Us

Drug Action Teams (DATs) were established in Health Board areas in 1995 in response to a Scottish Executive Task Force Report; their remit was to co-ordinate and plan action to reduce harm arising from drug misuse. This role has since developed further to include funding and performance monitoring responsibilities.

Following the launch of the national *Plan for Action on Alcohol Problems* in 2002, the existing Alcohol Misuse Co-ordination Committee and Lanarkshire's DAT combined at strategic level to plan the development and prioritisation of both alcohol and drug services.

Lanarkshire Alcohol and Drug Action Team is a partnership, with representation at a senior level from:

- Crown Office and Procurator Fiscal Service
- NHS Lanarkshire
- North Lanarkshire Council
- Scottish Prison Service
- South Lanarkshire Council
- Strathclyde Police
- Strathclyde Fire and Rescue
- Voluntary Sector: Liber8 Lanarkshire, Scottish Drugs Forum

Our purpose is directed by the Scottish Government, and our key responsibilities are to develop, drive and secure the delivery of a Lanarkshire Strategy on drug and alcohol problems.

## Our Support Team

We are supported by a small dedicated team of staff, including a Co-ordinator, two Development Officers (one each for North and South Lanarkshire), an Information and Research Officer, and two Admin Staff. The staff-team work across a range of partnerships, e.g. Children's Services Strategy Groups, Health and Care Partnerships, Licensing Forums. They initiate, direct and plan strategies and programmes aimed at reducing alcohol and drug-related harm on a range of levels. Their tasks include needs assessment, providing an information and research service, project management, performance management, co-ordination of training and responding to requests from the Scottish Government on a range of drug and alcohol-related issues.

## Purpose of the Strategy

The purpose of this Strategy is to:

1. Set out the partnership's response to alcohol and drug-related problems in Lanarkshire as part of a shared vision for the future of the county
2. Demonstrate our commitment to working together for the benefit of local communities
3. Ensure that we are as effective as possible through clear co-ordination of our actions
4. Demonstrate our commitment to using resources efficiently and effectively

The Cambuslang/Rutherglen area and the 'northern corridor' (Chryston, Moodiesburn etc.) of NHS Greater Glasgow & Clyde are now within the operating area of Lanarkshire ADAT, and have been included in the Strategy for the first time.

## Our Vision

We will work with our partners to achieve equality of access to services, combined with value for money. However, we acknowledge that both alcohol and drug misuse are multi-factorial issues, and any work to address them has to be cross-sectoral. It is also clear that the achievement of agreed targets will depend on input from a range of organisations and sectors. In many areas there are cogent reasons for shared accountability. In developing this Strategy we have identified five key themes which are critical to its success:

**Accountability.** This Strategy will be augmented by a three-year Delivery Plan which will have a clear focus on what results are required, and who should be charged with achieving them. We will use all the resources we manage on behalf of the communities of Lanarkshire efficiently and effectively, and will work together to continuously improve our services.

**Inclusion.** Alcohol and drug misuse occurs throughout Lanarkshire, but flourishes where individuals and communities feel marginalised and life choices are limited by disadvantage. Tackling Lanarkshire's alcohol and drug problems has to be integrated within social inclusion, including the equality and diversity agenda.

**Partnership.** Co-ordinated and collective work on alcohol and drug misuse achieves far more than independent and fragmented activity. This Strategy recognises the benefits of partnership, and encourages partnership working at every level through appropriate mechanisms and unifying action.

**Understanding.** Lanarkshire will base its Strategy on accurate research and information which clearly underpins policies and programmes.

**Transparency.** The performance of the partnership will be honestly reported to its members, the wider community and key stakeholders.

## Chapter 2: Our Challenge

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Alcohol and drug misuse in Lanarkshire is a complex problem, involving both legal and illegal drugs and impacting on a wide cross-section of society. Those affected range from children to adults, and include everyone from individuals experimenting with alcohol or drugs to those who are dependent on them. Alcohol and drug misuse affects not only the life of the user, but can also impact on their families, neighbours and the community in which they live.

There is a clear social inclusion aspect to problematic alcohol and drug consumption, with drinking and drug-use contributing to persistent health inequalities in Lanarkshire. For the individuals concerned, alcohol and drug misuse can lead to a range of negative outcomes, including relationship-breakdown, loss of employment, a fall into poverty, mental ill health, or social isolation. Our Strategy has been developed within the context of *Closing the Opportunity Gap* (2002), which set out detailed plans to tackle poverty and build stronger and safer communities. Reflecting this, the Strategy seeks to tackle health inequalities, break inter-generational cycles of deprivation, and to support those most in need.

This chapter describes current evidence, including trends in alcohol and drug misuse in Lanarkshire, and illustrates the issues facing the ADAT in responding to this range of complex problems.

## Chapter 3: Progress – What’s Being Done?

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Lanarkshire ADAT’s 2004–07 Strategy saw the introduction and consolidation of a variety of initiatives to tackle drug and alcohol misuse. This is the foundation on which we will build further progress from 2008–11.

Lanarkshire ADAT is committed to innovation in tackling alcohol and drug-related problems. We have embraced changes in the way that action is co-ordinated nationally and managed locally, and will continue to exploit the benefits of these new structures to achieve our aims of:

1. Safeguarding and promoting the interests of children, young people and families affected by substance misuse
2. Reducing the level of alcohol and drug-related harm at a community level
3. Developing appropriate services and support for individuals with alcohol and drug-related problems

Chapter 3 describes the work that has taken place over the past three years, and is contextualised within the above three aims. Profiles have been used to illustrate different partners’ contributions to delivering the Strategy.

## Chapter 4: Developing a Wider Integrated Response

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Lanarkshire’s high levels of damaging alcohol and drug use has its roots in, and is perpetuated by, poverty and inequalities in areas such as income, housing, amenities, jobs and health, which can span several generations of a single family. Tackling the deep-rooted social problems associated with these inter-related issues will therefore require strategic partnerships to be further developed within employment and housing. This chapter describes our approach to addressing wider inequalities, such as income, jobs and housing within Lanarkshire for people with alcohol and drug problems.

## Chapter 5: Improving Partnership Working, Governance and Leadership

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A key recommendation of the *Report of the Stocktake of Alcohol and Drug Action Teams* (Scottish Government 2007) was to improve and sharpen leadership and governance arrangements in Scotland in order to deliver a more strategic and adaptable response to Scotland's alcohol and drug problems. This chapter sets out how we have reconfigured our planning and governance structures in order to deliver a proactive response within Lanarkshire.

## Chapter 6: Our Priorities for Action 2008–2011

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Our overarching aim is to reduce the harm that alcohol and drugs cause to communities, individuals and their families. Our priorities for action, set out below, will form the basis of our three-year Delivery Plan. The annual Delivery Plan provides a regular update on progress to the Scottish Government and specifies which organisations are responsible for ensuring the delivery of the Strategy.

**Aim 1: Safeguarding and promoting the interests of children, young people and families affected by substance misuse**

Our priorities for action over the next three years for each of the three strands relating to the broad ranging issues for children, young people and families include:

### Strand 1: Education/Prevention (Early Intervention)/Diversion

1. Reducing the level of alcohol and drug use among our young people, as well as the problems arising from this
2. Working with our partners across the statutory and voluntary sector to improve drug and alcohol education and information for young people, their parents/carers and staff who work with young people
3. Providing vulnerable young people with support and targeted prevention programmes
4. Developing appropriate early interventions which will ensure that young people are able to get help when they need it
5. Supporting and promoting diversionary activities and programmes for young people
6. Supporting and promoting outreach/streetwork with young people

### Strand 2: Children and Young People Affected by Parental Substance Misuse

1. Promoting better outcomes for children affected by drug and alcohol use in the home through continued training and service development to support children, young people and families

### Strand 3: Young People with Problematic Substance Misuse

1. Providing and monitoring accessible treatment services appropriate to the needs of young people
2. Ensuring that when designing services, we place particular emphasis on those who are deemed at risk or vulnerable, including hard-to-reach young people

## Aim 2: Reducing the level of alcohol and drug-related harm at a community level

Changing the alcohol and drug using culture in Lanarkshire requires a sustained and long-term effort. It requires commitment and action from a range of partners and cannot be delivered by a single approach. Our priorities for action over the next three years include:

1. Engaging and persuading all stakeholders with an interest in – or experience of – alcohol and drug problems to become actively involved in local planning groups, licensing forums or programmes of prevention
2. Encouraging the alcohol industry and licensed trade to promote responsible drinking and become more involved in national and local initiatives to restrict inappropriate supply
3. Working with employers to develop responsible alcohol and drugs policies, as well as ensuring workplace health and safety and promoting the health of employees
4. Listening to, and learning from, the views and experiences of service users
5. Encouraging all of us, as responsible citizens, to consider our own attitudes and behaviours, both in the ways in which we use alcohol and our attitudes towards those who are suffering from alcohol problems
6. Producing local publications which provide clear and credible information about our local services and ensuring these are available throughout Lanarkshire
7. Using intelligence-led policing and incident analysis to ensure that a focused and proactive approach is used to tackle antisocial behaviour, crime and the availability of illegal drugs
8. Increasing the help available to people experiencing alcohol-related problems by using brief interventions in primary care settings

## Aim 3: Supporting individuals with alcohol and drug problems

Over the next three years we will focus on ensuring that treatment and care providers deliver high quality, evidence-based treatment which is readily accessible and appropriate to the needs of service users. We will also ensure that service users have appropriate access to services which support, consolidate and sustain the benefits of treatment (e.g. access to employment, education and housing), provided by agencies which are not part of the formal treatment system. Our priorities for action over the next three years include:

1. Supporting the delivery of person-centred services which meet the needs of individuals and their families
2. Promoting existing best-practice guidelines for the treatment and support of people needing alcohol and drug services
3. Ensuring that care providers deliver high quality, evidence-based treatment which is appropriate to service users
4. Assessing local capacity, identifying any service gaps and allocating resources to address these
5. Monitoring Service Level Agreements with local partners to ensure that investment delivers measurable results
6. Continuing to train staff working at all levels in alcohol and drug services in Lanarkshire
7. Planning for services to address the impact that an ageing population may have on the demand for alcohol services
8. Linking with partners to ensure that alcohol or drug problems associated with another physical or mental illness are responded to appropriately
9. Providing access to services which support and consolidate the benefits of treatment (e.g. access to employment, education and housing)
10. Providing information about how the treatment and care system is run, enabling partnerships, providers and the ADAT to be held to account
11. Ensuring that the treatment and care system meets the needs of the whole population it serves

## Improving Partnership Working, Governance and Leadership

Significant progress has been made since the publication of the first ADAT Strategy in 2004. Despite this, we recognise that more can be done to deliver our goals. The following actions will enhance our ability to deliver the key aims of the Strategy:

1. Working more closely with key strategic and planning partnerships (e.g. Community Planning, Joint Services and Children's Services Strategy Groups) to identify the specific needs of individuals, families and communities
2. Agreeing specific outcomes with local authorities, other partners and auditing the contribution these make to national priorities
3. Building on effective working relationships with all stakeholders involved in the delivery of this Strategy
4. Ensuring that agreed robust measurement systems are used to support the ongoing delivery of the Strategy

## Research and Needs Assessment

We also believe that all developments should be based around a research and evaluation culture that is underpinned by evidence-based practice. Over the past two years we have evaluated a range of services, undertaken an extensive research programme and conducted several audits and needs assessments, including anabolic androgenic steroid use.

A number of new evaluations are proposed for 2008–11 in areas including alcohol related brain damage, waiting times management, and the impact of drug-related deaths on staff. We have also commissioned an assessment of the needs of women in the sex industry and issues affecting ethnic minorities accessing alcohol and drug services in Lanarkshire.



# 1: Introduction

---

## Scottish Government New Alcohol and Drug Strategies

The Scottish Government will publish new alcohol and drug strategies for Scotland in 2008. To ensure synergy with the new national strategies we will develop a three-year Delivery Plan by June 2008. This three-year plan will clearly outline the specific actions required and how these will contribute to the outcomes agreed with our partner agencies.

Our Strategy has been developed following an analysis of local needs and feedback from consultation events held during 2007. It is based around national objectives relating to alcohol and drug misuse. The priorities for action described in Chapter 6 reflect several local Plans, as well as policy documents published by the Scottish Government.

We will achieve the objectives of the Strategy by delivering a series of shorter term goals which will be outlined in our three-year Delivery Plan. Progress on achieving these will be reported to the Government via our annual Plan, and reviewed each year.

## About Us

Drug Action Teams (DATs) were established in each Health Board area in 1995 in response to a Scottish Executive Task Force Report. Their remit was to co-ordinate and plan action to reduce harm arising from drug misuse. This role has since developed further to include funding and performance monitoring responsibilities.

Following the launch of the *National Plan for Action on Alcohol Problems* in 2002, the existing Alcohol Misuse Co-ordination Committee and Lanarkshire's DAT combined at strategic level to plan the development and prioritisation of both alcohol and drug services.

Lanarkshire Alcohol and Drug Action Team is a partnership, with representation at a senior level from:

- Crown Office and Procurator Fiscal Service
- NHS Lanarkshire
- North Lanarkshire Council
- Scottish Prison Service
- South Lanarkshire Council
- Strathclyde Fire and Rescue
- Strathclyde Police
- Voluntary Sector: Scottish Drugs Forum and Liber8 Lanarkshire

Our purpose is directed by the Scottish Government, and our key responsibilities are to develop, drive and secure the delivery of a Lanarkshire Strategy on drug and alcohol problems.

## Our Support Team

We are supported by a small dedicated team of staff, including a Co-ordinator, two Development Officers (one each for North and South Lanarkshire), an Information and Research Officer, and two Admin Staff. The staff-team work across a range of partnerships, e.g. Children's Services Strategy Groups, Health and Care Partnerships, Licensing Forums. They initiate, direct and plan strategies and programmes aimed at reducing

alcohol and drug-related harm on a range of levels. Their tasks include needs assessment, providing an information and research service, project management, performance management, co-ordination of training and responding to requests from the Scottish Government on a range of drug and alcohol-related issues. For further information and contact details log on to our website: [www.LanADAT.org.uk](http://www.LanADAT.org.uk).

## Purpose of the Strategy

We have consulted with a wide range of partners, including service users and their families, to develop an understanding of how Lanarkshire should respond to local alcohol and drug-related problems. In writing the Strategy we have looked at the latest Government policy and assessed how this can be brought to bear on local circumstances most effectively. We are aware that policies and best practice continue to evolve as the evidence-base expands, and the Strategy will be subject to ongoing review and refinement to ensure it continues to fit with national and local priorities. The purpose of this Strategy is to:

1. Set out the partnership's response to alcohol and drug-related problems in Lanarkshire as part of a shared vision
2. Demonstrate our commitment to working together for the benefit of local communities
3. Ensure that we are as effective as possible through clear co-ordination of our actions
4. Demonstrate our commitment to using resources efficiently and effectively

The Cambuslang/Rutherglen area and the 'northern corridor' (e.g. Chryston, Moodiesburn etc.) of NHS Greater Glasgow & Clyde have been included in this Strategy for the first time.

## Our Vision

Lanarkshire ADAT will work with its partners to achieve equality of access to services, combined with value for money. However, we acknowledge that both alcohol and drug misuse are multi-factorial issues, and any work to address them will be most effective when undertaken on an inter-agency basis. It is also clear that the achievement of these outcomes is dependent on input from a range of organisations and sectors. In many areas there are cogent reasons for shared accountability. In developing this Strategy we have identified five key values which are critical to its success:

**Accountability.** This Strategy will be augmented by a three-year Delivery Plan which will have a clear focus on what results are required, and who should be charged with achieving them. We will use all the resources we manage on behalf of the communities of Lanarkshire efficiently and effectively, and will work together to continuously improve our services.

**Inclusion.** Alcohol and drug misuse occurs throughout Lanarkshire, but flourishes where individuals and communities feel marginalised and life choices are limited by disadvantage. Tackling Lanarkshire's alcohol and drug problems has to be integrated within social inclusion, including the equality and diversity agenda.

**Partnership.** Co-ordinated and collective work on alcohol and drug misuse achieves far more than independent and fragmented activity. This Strategy recognises the benefits of partnership, and encourages partnership working at every level through appropriate mechanisms and unifying action.

**Understanding.** Lanarkshire will base its Strategy on accurate research and information which clearly underpins policies and programmes.

**Transparency.** The performance of the partnership will be honestly reported to its members, the wider community and key stakeholders.

# 2: Our Challenge

---

Alcohol and drug misuse in Lanarkshire is a complex problem, involving both legal and illegal drugs and impacting on a wide cross-section of society. Those affected range from children to adults, and include everyone from individuals experimenting with alcohol or drugs to people who are dependent on them. Alcohol and drug misuse does not only affect the life of the user, but can impact on their families, neighbours and their communities.

There is a clear social inclusion aspect to problematic alcohol and drug consumption, with drinking and drug-use contributing to persistent health inequalities within Scottish society, including Lanarkshire. For the individuals concerned, alcohol and drug misuse can lead to a range of negative outcomes, including relationship breakdown, loss of employment, a fall into poverty, mental ill health and social isolation. Our Strategy has been developed within the context of *Closing the Opportunity Gap* (2002), which set out detailed plans to tackle poverty and build stronger and safer communities. Reflecting this, the Strategy seeks to tackle health inequalities, break inter-generational cycles of deprivation, and ensure that we support those most in need.

This chapter describes the evidence, including current trends in alcohol and drug misuse in Lanarkshire, and illustrates the issues facing the ADAT in responding to this very complex problem.

## 1. Children, young people and families affected by substance misuse

Problematic alcohol and drug use contributes to crime, disrupts family life, and has a major impact on health and well-being. Lanarkshire ADAT has divided this priority into three strands:

1. Education/Prevention (Early Intervention) and Diversion
2. Children and Young People affected by Parental Substance Misuse
3. Young People with problematic substance use

This section provides some background to:

- What we know about the extent of alcohol and drug use by young people in Lanarkshire and its subsequent impact
- How parental alcohol and drug use affects the lives of children, young people and families
- How we can use local information to identify and support those most at risk of developing problems with drug and alcohol use

### Strand 1: The Need for Education/Prevention (Early Intervention) and Diversion

**Young People, Drugs and Alcohol Use: Is Everybody Doing It?** Three editions of the *Scottish Schools Adolescent Lifestyle and Substance Use Survey* (SALSUS) have now been published, for 2002, 2004 and 2006. In the most recent survey, 57% of 13-year-olds and 84% of 15-year-olds reported having drunk alcohol on at least one occasion in their lives. Of these, 36% of 15-year-olds reported having had a drink in the last week, compared with 14% of 13-year-olds (in both groups the percentages had dropped since 2004, when they stood at 43% and 20%).

**Alcohol Use.** Figures for alcohol consumption in the previous week were slightly higher in Lanarkshire than nationally, and stood at 15% for 13-year-olds and 38% for 15-year-olds. In 2002 the levels were 23% and 44%, indicating a significant decrease in the proportion of both age-groups who had consumed an alcoholic drink in the previous week.

**Drug Use.** SALSUS surveys have also shown that the number of young people being offered or taking drugs has decreased. In 2006, 27% of 13-year-olds surveyed in Lanarkshire had been offered drugs, as had 64% of 15-year-olds (compared with 23% and 53% nationally). This was significantly lower than in 2002, when 39% of 13-year-olds and 69% of 15-year-olds in Lanarkshire reported having been offered drugs.

**Young People, Antisocial Behaviour and Crime.** Alcohol and drug misuse by young people can manifest itself in disorder and antisocial behaviour that impacts on the quality of life of the wider community. However, there is a recognition that only a minority of young people are responsible for alcohol and drug-related antisocial behaviour. By contrast, the majority of young people are more likely to be victims of crime and disorder.

Diversions projects are a valuable means of helping young people to break the cycle of problematic behaviour and change their lives and futures. Part of our Strategy involves developing resources which will help young people avoid falling into a cycle of misbehaviour, and reduce the likelihood of them becoming victims.

Alcohol-related offences have increased substantially over the last five years. This may be partly the result of specific initiatives such as the Strathclyde Police Youth Alcohol Strategy, which places great emphasis on tackling street drinking and associated disorder. The Youth Alcohol Strategy also focuses on off-licences and licensees who sell alcohol to underage drinkers, and 'agents' who buy it on their behalf.

## Strand 2: Children and Young People Affected by Parental Substance Misuse

Children living in families with alcohol and drugs problems are also at risk. There is widespread agreement that parental problem substance use can cause serious harm to children of every age. Furthermore, national policy and guidance on this issue clearly states that support for parents and families forms part of an effective response. The provision of effective treatment for parents can have major benefits and reduce associated harm for the child.

**Estimating the Size of the Problem.** Current estimates suggest that there are nearly 60,000 children in Scotland affected by parental drug use and over 100,000 affected by parental alcohol use (*Aberlour Think Tank Report 2004*). It is likely that these figures are underestimates. Politicians, policy-makers and service providers are increasingly concerned. The UK *Hidden Harm* report 2003, the *Getting our Priorities Right* guide in Scotland (2001 and 2003) and the Scottish Executive response to *Hidden Harm* (2004) have been key drivers in improving responses at national and local level. New initiatives such as the *Education (Additional Support for Learning) (Scotland) Act 2004*, the *Getting it Right for Every Child* review and the development of an Integrated Assessment Framework will all contribute to more effective services.

**Substance Misuse and Pregnancy.** The percentage of pregnant women who have a drugs problem remains low, and after a slight increase over the last few years, numbers returned to expected levels (5%) in 2005/06.

## Strand 3: Young People with Problematic Substance Use

Approximately 30% of Lanarkshire's population of 556,114 are aged under 25 years. Very few people in the under-15 age group present to treatment and care services, although numbers have been increasing since 1999/2000, possibly due to the increased availability of services for young people. The ADAT is committed to addressing the problem of supporting and developing services for young people experiencing difficulties with their substance use. The current evidence on young people clearly shows that we are able to identify and target young people who may be more at risk of developing problems related to drugs and alcohol.

**Young People at Risk.** The effect of substance use on young people is particularly serious, and has been a source of widespread concern since the 1970s, when a significant increase in alcohol and drug use was first reported. The probability of a young person developing problems through drug use increases directly with the number of risk factors that they experience (Canning et al 2004). Risk factors include individual biography; personality factors; familial factors; environmental/contextual factors; and educational factors. According to the Health Advisory Service (1996), certain groups of young people are more vulnerable than others, including:

- Children whose parents misuse drugs
- Young offenders
- Looked-after children
- Young homeless
- School excludees/truants
- Sex workers

## 2 Communities affected by alcohol misuse

**Estimating the Size of the Problem.** Although Lanarkshire is perceived as having a particular reputation for heavy drinking, research does not entirely support this view. In 2003, 29% of men and 17% of women aged between 16 and 74 in Lanarkshire reported exceeding weekly sensible drinking limits (*Scottish Health Survey, 2003*). However, general alcohol consumption patterns in Lanarkshire are relatively consistent with national norms.

**Binge Drinking.** The Scottish Government has set ambitious targets for reducing alcohol misuse. These are outlined in the public health White Paper, *Towards A Healthier Scotland* (1999). The *Plan for Action on Alcohol Problems* (2002; updated 2007) also sets out the milestones, objectives and targets for reducing alcohol-related harm in Scotland. Its first priority is to reduce by 2010 the incidence of adults exceeding weekly recommended limits (4% reduction for men; 2% for women). Other targets include a reduction in the frequency and level of drinking by young people.

**Health and Social Problems.** Alcohol-related deaths are on the increase across Scotland, and Lanarkshire is no exception. They have increased by 50% since 1999, and in 2006 reached their highest level since 1990. Although it is difficult to quantify the social cost of alcohol misuse, some preliminary work has estimated that in Lanarkshire:

- There is one alcohol-related death each working day
- Alcohol misuse costs industry approximately £14 million annually
- A further £14 million is spent on policing alcohol-related crime
- Alcohol is a factor in some 42% of traffic deaths, 40% of drownings and 46% of deaths in fires

Responding to the complexities of alcohol misuse demands significant allocation of resources by all service-providers. At present in Lanarkshire, NHS and local authority services supporting individuals with alcohol-related problems have a combined direct expenditure of just over £6 million annually.



**Antisocial Behaviour and Intoxication.** Many of us have witnessed or been caught up in antisocial behaviour resulting from the worst excesses of Scotland's drinking culture. The 2003 *Scottish Crime Survey* revealed that 80% of people in Scotland thought 'alcohol abuse' was a serious problem. In 1999, approximately 70% of the victims of assault believed that the perpetrator was under the influence of alcohol (*Alcohol Statistics Scotland, 2005*).

There are significant numbers of people in Lanarkshire who do not necessarily drink above the safe drinking levels, but who nevertheless cause themselves and others problems, often of a violent nature. We are working with partners to change our culture in relation to intoxicated behaviour and its negative consequences.

**Drink Driving.** While levels of drink-driving have generally decreased over the past 20 years, this is still a problem area, especially regarding young and inexperienced drivers. There were an estimated 50 people killed as a result of drink-driving in Scotland in both 2002 and 2003. An estimated 750 serious accidents with 1,130 casualties resulted from drink-driving in 2003. (*Alcohol Statistics Scotland, 2005*). A related area of concern is that of drug-driving.

### 3 Communities affected by drug misuse

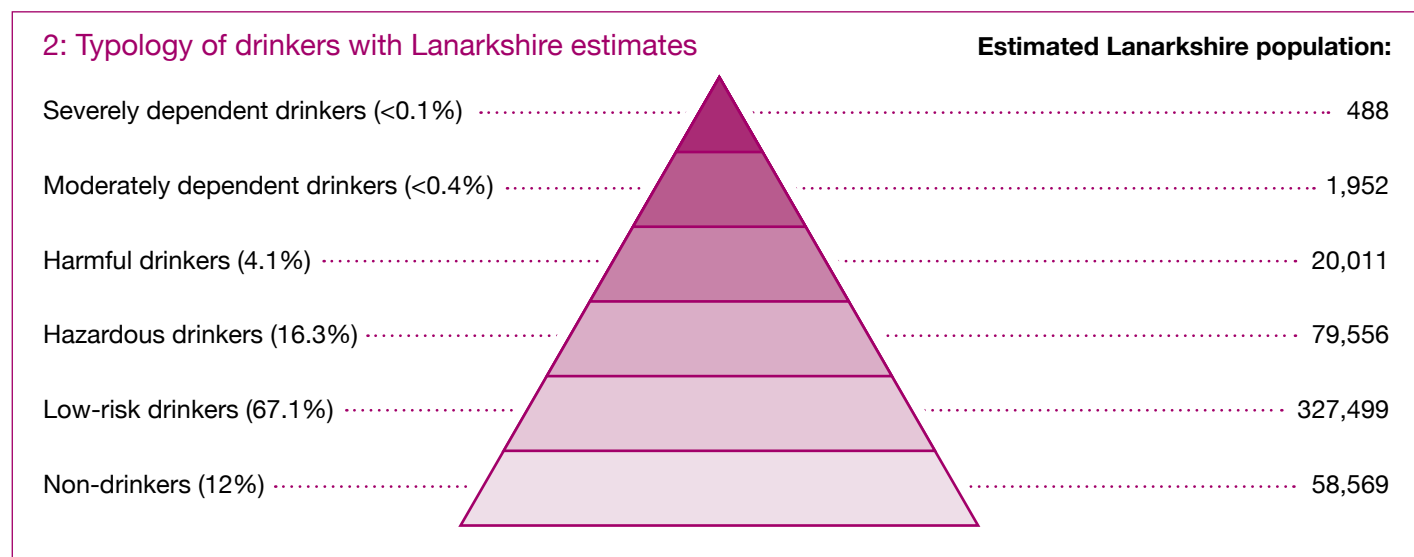
**Estimating the Size of the Problem.** Drug misuse in Lanarkshire has a wide-ranging and highly damaging effect on both individuals and communities. In addition to being affected by deaths and health problems caused by drugs, communities experience crime arising from drug misuse. *Drug Misuse Statistics* (ISD 2007), which contains data from the 2006 Scottish Crime and Victimization Survey, suggested that more people than ever before had taken drugs at some point in their lives, with figures rising from 18% in 1993 to 37% in 2006. However, the results relating to current drug-taking are more stable, with the proportion who had taken drugs in the last year rising by just 1% between 1993 and 2004.

**Types of Drugs used in Lanarkshire.** The most commonly used drug remains cannabis, with only a minority of people using harder drugs such as heroin or crack cocaine. There is evidence, however, of an increasing group – across all socio-economic classes – regularly using cocaine. This is reflected both in the rise in the number of seizures and the increased quantities seized since 2003. The price of cocaine fell by 20% between 2004 and 2005, indicating that the market for both cocaine and crack cocaine is growing in Scotland, including Lanarkshire.

**Drug and Alcohol-related Crime.** Levels of drug and alcohol-related crime have been increasing at different rates over the last five years in Lanarkshire. The number of drugs offences increased substantially – by 65% – between 2000 and 2006. This partly reflects an increased enforcement commitment from police in both North and South Lanarkshire. Police are also concentrating their efforts on the seizure of drug-related criminal assets, and in 2005 £1.25m of cash and property was confiscated from those involved in the supply of controlled drugs.

**Drug Use, Crime and Treatment Options.** Police activity is focused jointly on intervention at the 'victim' end and disruption to supply. *Drug Treatment and Testing Orders: Evaluation of the Scottish Pilots (2002)* reported that on average offenders spent £490 per week on drugs. All or most of this came from offending, resulting in a mean individual cost to property owners of £76,440 per annum per offender. Applying this figure conservatively to the estimated 1,146 injecting drug users in Lanarkshire gives a total cost of around £88 million per year.

**The Scale of the Problem.** In 2005 the National Treatment Agency for Substance Misuse published a consultation document on alcohol services which set out a 'typology of drinkers'. Figure 2 outlines projections for Lanarkshire in relation to this.



**Mental Health Links.** There are significant links between reported alcohol use and mental illness. As many as 65% of suicides have been linked to excessive drinking, while 70% of men who take their own lives have drunk alcohol before doing so. Almost a third of suicides among young people are committed while the person is intoxicated. Evidence also shows that anxiety and depressive symptoms are more common in heavy drinkers, and vice-versa.

There is also evidence that abusing alcohol results in a greater risk of developing acute, severe and enduring mental illness. (*Cheers? Understanding the Relationship Between Alcohol and Mental Health*, 2006). Additionally, there is a difference between social drinking and the use of alcohol as a coping mechanism. Evidence suggests that some people use alcohol to try and escape from day to day problems and stresses instead of dealing with the underlying causes. This puts their mental health and well-being at risk (*Cheers?*, 2006).

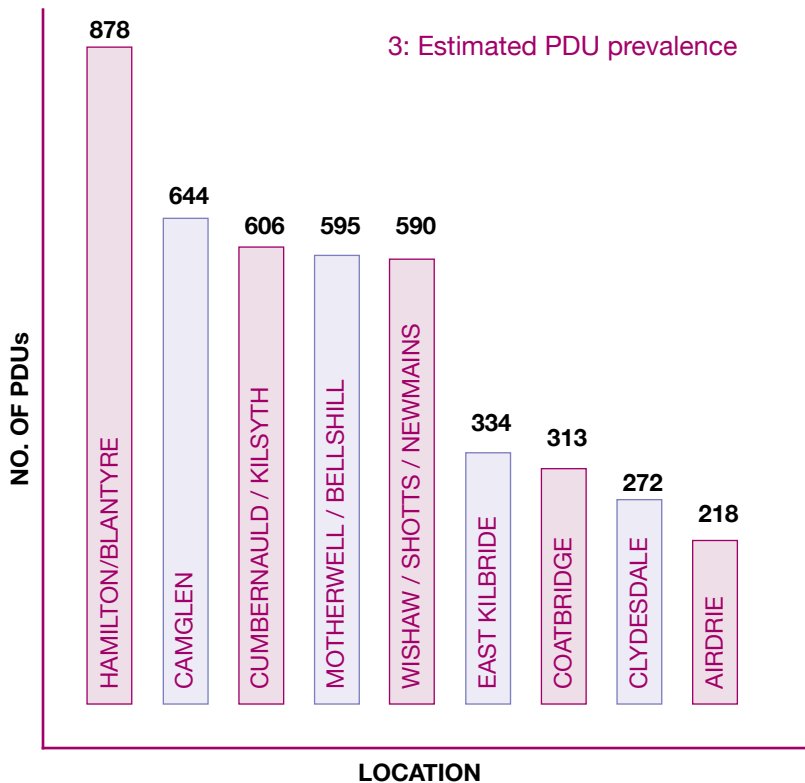
**Poverty and Deprivation.** Alcohol-related harm is integrally linked to other lifestyle factors and heavily influenced by deprivation. Alcohol problems are often both a symptom of and causal factor in social exclusion and impaired opportunities. These can further accelerate social and health-related problems. Scotland's census data shows that the alcohol-related death-rate in the most deprived 20% of the population is three-and-a-half times that of the least deprived 20%.

**The Most Vulnerable Groups.** In addition, a range of vulnerable groups may be particularly susceptible to alcohol-related harms. These groups include ex-prisoners, street drinkers and those who suffered abuse as children. As well as alcohol misuse, they are more likely to experience a range of other problems, such as mental illness, drug-use and homelessness, which may compound their multiple needs.

**Violence Against Women.** Lanarkshire ADAT is working in partnership to tackle the violence against women agenda with North Lanarkshire's Violence Against Women Working Group, Doorway in South Lanarkshire and the NHS Lanarkshire Domestic Abuse (and Violence Against Women) Working Groups to tackle this multi-faceted agenda. While it is recognised that alcohol does not cause domestic abuse, there is clearly an association between incidents of domestic abuse and drinking.

**How Many People in Lanarkshire Use Heroin?** *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland (2005)* projected that there were 51,582 problem drug users (PDUs) misusing opiates and / or benzodiazepines in Scotland in 2003, down from 55,800 in 2000. In Lanarkshire in 2003 it was estimated that there were 3,806 problem drug users, a significant fall from the previous estimate of 5,076 in 2000.

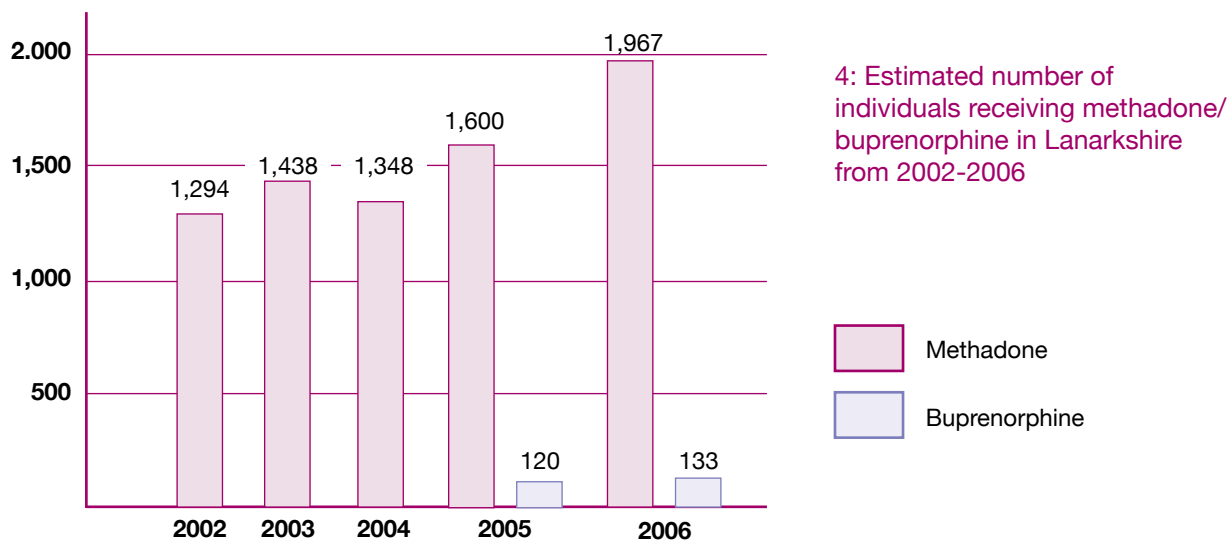
Lanarkshire has a PDU prevalence of 1.27%, which is below the Scottish average of 1.84%. As Figure 3 shows, the Hamilton/Blantyre area has the highest estimated number of PDUs (878), followed by Cumbernauld (606), Motherwell (595) and Wishaw (590). Since 2007, Cambuslang and Rutherglen (Camglen) have come under the jurisdiction of Lanarkshire ADAT, and there are an estimated 644 PDUs in the Camglen area.



This study will be repeated in 2008 and will also include estimates for cocaine use within Lanarkshire for the first time, an illustration of how we need to be alert to changes in substance misuse trends and to new related service demands.



**How Many Heroin Users are in Treatment?** We conduct regular snapshot audits of treatment services to estimate the number of clients in treatment. The most recent data (Summer, 2006), suggest that there are around 2,100 clients receiving substitute prescribing treatment in Lanarkshire, as illustrated in Figure 4. This represents approximately 55% of the estimated number of PDUs in Lanarkshire.



**How Many People Inject Drugs in Lanarkshire?** *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland* (2005) found that there were 1,146 injecting drug users (IDUs) in Lanarkshire in 2003. This means that of the total number of problem drug users in Lanarkshire (3,806), an estimated 30% inject. Table 5 shows the relative prevalence of IDUs in different locations. The South Lanarkshire Council area covered by NHS Lanarkshire has a higher proportion of IDUs than the Scottish average of 0.67%. This study will be repeated in 2008.

5: Prevalence of injecting drug users

	Estimate	Rate
North Lanarkshire	630	0.35%
South Lanarkshire <sup>1</sup>	516	0.90%
Lanarkshire	1,146	0.38%
Mainland Scotland	18,737	0.67%

<sup>1</sup> Area covered by NHS Lanarkshire

**Problems Associated with Drug Use.** Drug-use is associated with social and psychological harm. It can contribute to a broad range of health problems, including:

- Overdoses or unintentional injury (which may lead to premature death)
- Compromised sexual and dental health
- Increased risk of harm through co-morbidity (e.g. alcohol and/or drug use combined with mental health problems)
- Septicaemia
- Wound infections
- Other infections resulting from injecting and the spread of blood borne viruses (BBV) via injecting or sexual activity

**Blood Borne Viruses.** A 31% increase in the sharing of injecting equipment was reported in Scotland between 1997 and 2006. In Lanarkshire the rate of needle/syringe sharing was 39% in 2005/06, compared with 27% nationally. Although this was the second highest level in Scotland, it had decreased from 51% in 2001/02 (ISD, 2007).

*Shooting Up* (2007), a report by the Health Protection Agency into infections among injecting drug users in the UK, reported an increase in injection-site infections, including tetanus and wound botulism. This increase possibly arose from poor hygiene while injecting or from contaminated doses of drugs, particularly heroin. ISD (2007) data for Lanarkshire showed:

- A rise in the number of injecting drug users (IDUs) with Hepatitis C from 20 in 1995 to 103 in 2006
- An increase in the total number of those infected with Hepatitis B to 372 in 2005 (numbers had dropped from 360 to 341 over the previous five years). In 2000 the number of IDUs nationally with newly diagnosed Hepatitis B infection was 89, but by 2005 new cases had dropped to just 22. Of these, three were resident in Lanarkshire
- Prevalence of HIV among IDUs has fallen nationally from 1.54% to 0.4% since 1995. There have been 26 reported cases of HIV in Lanarkshire since 1985, of whom seven have subsequently died

**Drug-related Deaths.** There were 134 drug-related deaths from accidental overdose in Lanarkshire between 2002 and 2006, an average of 27 per year. Over the last five years, the number of drug-related deaths has increased by 25% in Lanarkshire and by 17% in the Strathclyde Police area. Over half (54%) of people dying locally from drug-related causes had a history of intravenous drug use. Almost half (47%) of all those in Lanarkshire whose death was drug-related have spent time in prison, mainly Barlinnie. This statistic is reflected nationally.

The growing evidence base and literature on drug-related deaths suggests that many of them may be preventable. Monitoring 'drug-associated deaths' (including those dying from blood-borne viruses) may be a more viable way of monitoring individuals dying from illegal drug use.



# 3: Progress – What’s Being Done?

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Lanarkshire ADAT’s 2004–07 Strategy saw the introduction and consolidation of a variety of initiatives to tackle drug and alcohol misuse. This is the foundation on which we will build for 2008–11.

Lanarkshire ADAT is committed to innovation in tackling alcohol and drug-related problems. We have embraced changes in the way that action is co-ordinated nationally and managed locally, and will continue to exploit the benefits of these new structures to achieve our aims of:

1. Safeguarding and promoting the interests of children, young people and families affected by substance misuse
2. Reducing the level of alcohol and drug-related harm at a community level
3. Supporting individuals with alcohol and/or drug problems

The rest of this chapter describes the work that has taken place over the past three years, and is contextualised within the above three aims.

## Safeguarding and promoting the interests of children, young people and families affected by substance misuse

The development of Integrated Children’s Services (ICS) has represented an important step forward in protecting children from the impact of drug and alcohol misuse. North and South Lanarkshire’s Integrated Children’s Services Substance Use Sub-groups have played a particularly important role in delivering ADAT objectives for children, young people and families. 2007 also saw the establishment of an Addictions Sub-group working under NHS Lanarkshire’s Child Health and Maternity Services Programme Board which has progressed significant work around early intervention and support for young people with problematic substance misuse.

A consultation process with key members of each of these sub-groups has led to a three-strand approach for taking forward the broad range of work as it relates to children, young people and families. The three strands are:

- Strand 1: education; prevention (early intervention) and diversion
- Strand 2: identification and support for children and young people affected by parental substance use
- Strand 3: identification and support for young people with problematic substance use

## Strand 1: Education/Prevention (Early Intervention)/Diversion

### Education

**What's The Score? Education Pack.** North and South Lanarkshire Education Departments provide health education – including alcohol and drug education – within a comprehensive programme of personal and social development. This is designed to equip young people with the knowledge and skills to choose a healthy lifestyle. The programme, called What's the Score?, was reviewed and updated in 2006 by a short-life working group (including Health Promotion, Landed (Lanarkshire's peer education service), and North and South Lanarkshire's Education Departments). This will be disseminated across schools in North and South Lanarkshire in 2008.

**Educating Young People about Drugs and Alcohol.** Lanarkshire ADAT places a strong emphasis on the need for effective drug and alcohol education for all young people. In 2005 the Institute for Social Marketing at the University of Stirling reported on the effectiveness of school substance misuse education. Its findings were published in 2007 in a report entitled *Evaluation of the Effectiveness of Drug Education in Scottish Schools*. We would recommend that this research is used to inform future content and delivery of alcohol and drugs education in schools in North and South Lanarkshire.

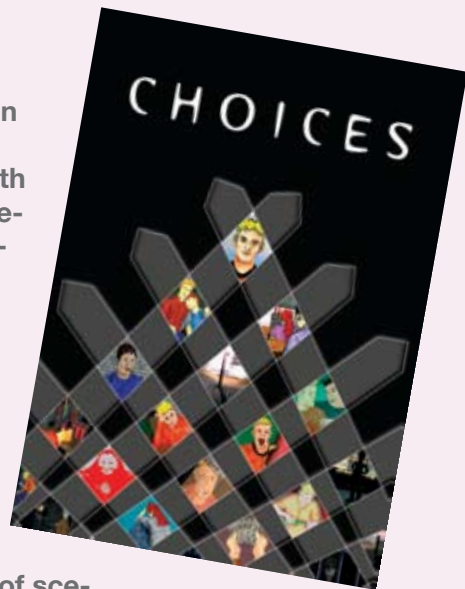
**Choices.** In 2006, the ADAT Education Sub-group produced a resource for teaching staff called Choices. This is well used and serves as a practical tool for inter-agency work involving an innovative range of staff.

### Education Resources: Choices

Choices is an educational resource pack which has been developed jointly by NHS Lanarkshire's Health Promotion Department and Landed peer education service, with support from North and South Lanarkshire Education Departments. It includes the voices and stories of individuals who have been affected by drugs and alcohol.

Choices is delivered within the 'What's The Score' drug education programme, which provides children from P1 to S6 with continuous, progressive alcohol and drug education. It can also be used outside schools, for instance in youth work settings. The resource pack contains a DVD, 'myths and facts' quiz, and ex-users Q&A section.

Using an interactive format, Choices presents a variety of scenarios and provides opportunities for young people to learn about substance misuse, separating the myths from the facts. It is a flexible resource, tailored to the needs of young people and developed using a multi-agency approach.



PROFILE

**Alcohol Education/Prevention Pack.** A small working group of the Lanarkshire Education & Prevention Sub-group has been established to produce an Alcohol Education/Prevention Pack for use in schools and informal youth work settings. The course has already been endorsed through Community Education Validation and Endorsement (CEVE) as a national qualification. Future priorities will include multi-disciplinary training for staff to roll this out across Lanarkshire.

**C.A.S.E. Smoking Cessation Peer Supporter Project.** The objective of the study is to educate young people (aged 12) about the benefits of being smoke and drug free and equip them with the expertise to share this knowledge with their peers. This is a joint project with Glasgow University Centre for Drug Misuse, North and South Lanarkshire Councils, NHS Lanarkshire and ASH Scotland. The evaluation of the

study is in progress and final data collections will take place in April 2008. A full report will be published at the end of 2008 and will establish the feasibility of future work of this kind.

## LANDED Peer Education Service

LANDED promotes and develops peer education training throughout Lanarkshire. The project recruits, trains and supports vulnerable and hard-to-reach young people aged 12–25 to volunteer and raise awareness of drugs, alcohol and other health issues in relation to the use of substances.

LANDED provides support and volunteering opportunities which help young people to become positive active citizens, promote healthy lifestyles and make informed choices. Young people volunteer for a variety and different reasons and gain a range of skills and experiences whilst being involved with the service. They play a major role in the style and delivery of the service through regular reviews, direct consultation and active membership of the management committee.

*“Through working with LANDED my confidence has went through the roof which in turn has helped me in everyday life” (male volunteer, aged 16)*



Mark, Sam, Kerri and Danielle at the 100% Peerfect Awards in which LANDED was voted the best community peer education project in Scotland, November 2006

**Educating Frontline Staff who Work with Young People.** Building capacity and competencies for frontline staff who work with young people with alcohol and drug issues is a key priority for Lanarkshire ADAT. Currently basic drug and alcohol awareness training is provided by STRADA. These courses are open to workers in universal services including teaching staff, youth workers, public health nurses and social work staff. A training sub-group will be established in 2008 and a training needs analysis conducted with this group of staff which will inform future training priorities.

**Schools: Consultation with Personal and Social Education (PSE) Staff.** Consultation events have been scheduled to carry out focus groups with the PSE staff in North and South Lanarkshire Council who have a remit for delivering alcohol and drug education in schools. The aim of this is to establish what further support teaching staff require in relation to identifying best practice in supporting, planning and developing drug and alcohol education, and also implementing the GOPR agenda.

**Parents/Carers.** A working group has been set up to identify models of best practice which will empower parents to talk to their children about alcohol issues. The group is multi-agency and is being chaired by the police. Membership includes LANDED peer education project, Home School Partnerships, Integrated Children's Services workers, Community Health Initiative (CHI) and Circle Lanarkshire.

## Prevention

**Preventing Underage Alcohol Sales.** Preventing access to and reducing availability of alcohol to young people plays a key role in responding to the issue of underage drinking across Lanarkshire. A range of steps have been taken to restrict underage sales of alcohol. The Scottish Retail Consortium has worked with Young Scot to develop guidance for retailers on how to avoid underage sales. This explains the law on age-restricted goods, and provides advice to shop staff on how to avoid confrontational situations.

All young people in Lanarkshire aged 11–26 are being offered the Young Scot entitlement card, which bears the PASS (Proof of Age Standards Scheme) hologram. Police officers have raised awareness of the card across North and South Lanarkshire, and retailers are being encouraged to only accept cards bearing the PASS hologram as proof of age. The Young Scot sponsored card will be acceptable as proof of age under the Licensing Act's 'no proof no sale' policy.

**Test Purchasing of Alcohol.** In 2005 the Lord Advocate revised prosecution policy to allow the test purchasing of tobacco and other age-restricted goods by young people. Strathclyde Police are rolling out the test purchasing of alcohol scheme across Lanarkshire. This is one of a range of interventions by Strathclyde Police, including work on proxy purchase of alcohol by adults for young people, which impacts on the availability of alcohol to young people and is a key element of their Youth Alcohol Strategy.

## Test Purchasing of Alcohol

In December 2007 Strathclyde Police, working in partnership with Lanarkshire ADAT, began the test purchasing of alcohol from licensed premises across the Monklands area.

The scheme recognises that placing an age restriction on a product such as alcohol does not automatically bring protection or reduce its potential harm. It reflects a commitment to build safer and stronger communities where young people have the opportunity reach their full potential.

Test purchasing involves carefully selected 16-year-olds working alongside experienced officers to purchase alcohol from licensed premises. Visits are only carried out after information has been received to the effect that staff within the premises are allowing underage customers to purchase alcohol.

The first wave of test purchasing took place in December 2007, when 19 licensed premises were visited. Three licensees were reported for a contravention of licensing legislation.

**Youth Engagement and Consultation.** We are also working with Young Scot to ensure that young people's views inform local alcohol communication messages. The national entitlement card – sponsored by Young Scot – will also be used to incentivise young people to adopt responsible drinking habits when out socialising with friends.

“Underage drinking is a concern for everyone and has been addressed at many levels in Lanarkshire. Particular emphasis has been placed on the development of local partnerships to tackle this issue, linking with the Community Safety Partnerships, Strathclyde Police’s Youth Alcohol Strategy and the local licensing forums in North and South Lanarkshire.”

## Prevention (Early Intervention)

Prevention work as it relates to young people and substance misuse has many facets. Of great importance is preventing young people from using illegal drugs and promoting responsible use of alcohol, but also preventing harm and reducing risk for young people who are already involved in using drugs and alcohol. Existing services and new service developments have been identified that would play a key role in identifying and supporting young people early in their substance using career, particularly where risk-taking behaviour has been identified and alcohol/drugs implicated.

**Young People’s Sexual Health Services.** Partner agencies, particularly NHS Lanarkshire Health Promotion, have highlighted that young people’s sexual health services were experiencing great difficulty in responding to a significant number of young people presenting with risk-taking behaviour, including drug and alcohol use. These services offer an ideal opportunity to engage with young people involved in recreational and experimental drug/alcohol use and to capture those young people who may be experiencing more problematic substance use.

Work is ongoing to progress opportunities to develop links between sexual health and addictions services via staff training, development of referral protocols and location of addiction staff within local clinics. A good practice model has been identified in Bellshill Locality which utilises street work to engage with young people at risk and offers a range of interventions, including a family planning clinic. This work will be taken forward by key groups within NHS Lanarkshire for sexual health and addictions.

**Counselling Services.** Models of good practice have been identified and are being considered for future service developments.

## Diversion

**Community Safety Partnerships.** Both North and South Lanarkshire Community Safety Partnerships have identified alcohol-related violence and disorder as a priority issue. They refer it through work-streams on antisocial behaviour, Youth Justice, youth diversionary activity and violence reduction. Alcohol is also acknowledged as an issue impacting on accidents, road safety and home safety.

One reason often cited for underage drinking is a lack of positive and affordable alternatives. To address this, substantial investment is being made in expanding the range of diversionary activities available for young people. Funding has been used to support a variety of community-based projects. These include clubs or activities to divert young people away from crime and antisocial behaviour, and investment in sports or leisure equipment. An example of this approach in action is the outreach work done by Street Base with young people drinking on the streets of South Lanarkshire.

### Street Base

Street Base has been working in South Lanarkshire since 2000. Its team of 14 workers engage with some of the most excluded young people in our society, aged between 10 and 18. The project's vision is to:

- Meet the needs of young people involved in alcohol consumption or affected by another's alcohol consumption
- Provide a service that is fit for purpose for young people involved in alcohol-linked antisocial behaviour

One of the aims of Street Base is to reduce the amount of alcohol being consumed by young people on the streets. This is achieved by being present at key times and building working relationships with young people based on education, awareness and activity. Antisocial behaviour has clear links with alcohol consumption, and in many areas Street Base has been successful in reducing both alcohol consumption and related antisocial behaviour. During 2006–07, Street Base made over 13,500 engagements with young people in the streets of South Lanarkshire and involved over 500 young people in alternative and diversionary activities.

To date most of Street Base's work has been carried out in Regeneration Outcome Agreement (ROA) areas, but has recently been expanded to cover a wider area, and is now active in 12 locations across South Lanarkshire.



A Street Base worker uses 'beer goggles' to demonstrate the effects of alcohol on perception

## Strand 2: Identification and Support for Children and Young People Affected by Parental Substance Use

**Hidden Harm/Getting Our Priorities Right.** The UK *Hidden Harm* report (2003), the *Getting our Priorities Right* guide in Scotland (2001 and 2003) and the Scottish Executive response to Hidden Harm (2004) have been key drivers to improve responses at national and local levels. New initiatives such as the Education (Additional Support for Learning) (Scotland) Act 2004, the *Getting it Right for Every Child* review and the development of an Integrated Assessment Framework will all contribute to more effective services.

The context in which the work with children of drug and alcohol misusers and their families will be undertaken is that of protecting children within a supportive family environment. Families affected by drug and alcohol misuse may benefit from the provision of support and intervention at an earlier stage, thus preventing children becoming in need of protection or at risk of serious harm. The assessment and provision of continuing support services should be seen as supportive for families, and not as punitive measures (Lanarkshire GOPR protocol 2008).

**Training and Protocol Development.** In response to *Getting Our Priorities Right* (2003), we developed local information-sharing and monitoring protocols, updated in 2008, and undertook training across a broad range of agencies to facilitate their implementation. To date, approximately 4,000 staff from across agencies have been trained and supported in identifying and responding to children and families where substance misuse concerns exist. The majority of staff working within substance misuse teams in health, social care and the voluntary sector have received training based on *Getting Our Priorities Right*.

**Protocol.** The protocol is designed to ensure that the well-being and protection of children affected by parental drug and alcohol misuse is the subject of coherent and cohesive services across agency and professional boundaries. The protocol reflects the basic aim of all work on integrated assessment for children – *Getting it Right for Every Child* (2005), *Getting Our Priorities Right* (2003) and *Hidden Harm* (2003 onwards), that all concerned should work together, communicate with each other and address the needs of children at the earliest point.

**Addictions Staff/Public Health Teams.** Significant progress has been made in linking up with public health staff in the assessment of children whose parents are receiving help to deal with alcohol and/or drug problems. This has ensured that the safety and welfare of children is paramount, and that appropriate supports are put in place to assist these families.

**Recording and Detection of Problem Drug and Alcohol Use in Pregnancy.** *Hidden Harm – Next Steps* confirmed that drug and alcohol use should be routinely recorded at antenatal clinics, along with links to stillbirths, congenital abnormalities and subsequent developmental abnormalities. The *Plan for Action on Alcohol Problems: Update* (2007) included a commitment to carry out research into current practices to improve the recording and detection of problem drug and alcohol use in pregnancy.

The development of the Scottish Woman Held Maternity Record and its associated electronic record links in with this work. In Lanarkshire this became operational in April 2007, which will mean that information is recorded more accurately and consistently. It will also encourage the use of appropriate screening tools, leading to improvements in the detection and treatment of alcohol and drug problems within pre- and antenatal settings.

**Maternity Service Development Officer (MSDO).** A specialist Maternity Service Development Officer post was created in 2007 to make links between professionals via training, support and practice development, so creating the links for better interagency working and the further development of local protocols to support women with problematic drug and alcohol use during pregnancy. The MSDO is based within ward 24 of Wishaw General Maternity Unit.

**Service to Support Families Affected by Substance Misuse.** Circle Lanarkshire (see case study, opposite) has three broad aims: supporting families where parental drug and alcohol use is impacting upon the health, welfare and development of children; supporting schools in the early identification of, and intervention with, children who are on the periphery of substance use; and supporting children at risk of school exclusion and

parents who find the school experience difficult to engage with. The service became operational in 2008 and is available throughout South Lanarkshire and in three localities of North Lanarkshire.

## Circle Lanarkshire

Circle Lanarkshire (part of Circle Scotland) is a Scottish charity that provides holistic, community-based support to marginalised children and families. Circle Lanarkshire works with children and families in North and South Lanarkshire who are affected by parental drug and/or alcohol use. The service is available in East Kilbride, Hamilton, Cambuslang, Lesmahagow, Wishaw, Airdrie and Bellshill.

It also runs a project based in St Mary's Episcopal Church, Hamilton, supporting children who attend local primary and secondary schools and their families. This is designed to promote the child's potential at home, school and in the community. It includes encouraging parents to get support with their drug and alcohol problem, and works closely with drug and alcohol services to make sure that parents get all the support they need.

“Lanarkshire ADAT is fully committed to the *Hidden Harm and Getting Our Priorities Right* agenda. Safeguarding and promoting the interests of children whose parents are problem drinkers or drug misusers has been a key priority in all our local developments and strategies.”

### Strand 3: Identification and support for young people with problematic substance use

**Tier 3 Service Development for Young People with Problematic Substance Use.** An assessment undertaken across Lanarkshire in 2005/06 highlighted the treatment and care needs of young people with identified problematic substance use. The recommendations of this research are being taken forward by North and South Lanarkshire Council's Integrated Children's Services Substance Use Sub-groups and NHS Lanarkshire's Children and Maternity Programme Board Addictions Sub-group.

Consultation events have been held for practitioners working with young people with complex addiction and other issues to help inform this agenda. These are assisting mapping out key issues and identifying good practice. NHS Lanarkshire Addictions Sub-group have been driving this agenda and have made recommendations that focus on existing Tier 3 services. These recommendations include: identifying gaps, increasing capacity, relationship-building between disciplines/agencies and recommending the exploration of new ways of multi-agency working, including development of practitioners' forums.



## Culture Change

Our cultures are shaped by a variety of elements including images in the media, our immediate environment and the availability of alcohol and drugs within our local communities. If individuals are to make responsible choices, we need to move beyond the provision of information and support long-term sustainable behaviour change. This will involve considering ways to create social environments that discourage attitudes and behaviours which lead to alcohol and drug-related harms.

## Our Communication Strategy

A coherent communication Strategy – at both local and national levels – is an essential part of tackling Scotland’s harmful drinking and drug-using cultures. Our communication work in Lanarkshire is based on the principle that drinkers and drug-users have the right to clear, accurate information. To make informed and responsible choices, people need to know about the effects of alcohol and drug-use on their own lives and the lives of others.

**National Campaigns.** Our Communication Sub-group has provided a platform for disseminating Know the Score materials, including the Don’t Push it Campaign and Mine’s a Double. We have also linked these into local campaigns.

**Local Campaigns.** We have strived to ensure that all services have appropriate publications which provide contact details, opening hours and a brief description of help available within each service. These publications are available in a range of venues (e.g. doctor’s surgeries, libraries, colleges) throughout Lanarkshire. We have also developed a local cinema advertising campaign that built on the national Don’t Push It campaign. This encouraged people who were worried about their drinking to contact our alcohol counselling services. The ‘pink handbag’ is also an example of a local campaign which targeted young women and encouraged them to keep safe on a girl’s night out.

## Communication Sub-group

Lanarkshire ADAT’s Communication Sub-group works in a variety of ways to educate the community on alcohol and drug issues and promote responsible alcohol consumption.

The pink handbag is a leaflet for young women containing information about keeping safe on a night out and the risks of excessive drinking. It includes Lanarkshire helpline numbers and is designed to fit easily into a handbag or pocket. One in four Scottish women exceeds the recommended daily limit for alcohol, and the pink handbag was designed to specifically raise awareness among this group.

The Communication Sub-group has been successful in working with the local media to promote responsible coverage of drug and alcohol issues.



Nicole Timmons, Amanda McIntyre and Danielle McGuigan have their pink handbags at the ready before a night out



**Future Communication Activity.** Future communication activity will use an evidence-based marketing approach called ‘social norming’. This approach demystifies messages of over-exaggeration and reports factual information on trends. In particular, we will highlight complacent attitudes towards alcohol and drug-use which encourage or tacitly endorse harmful drinking and drug-use by others. We will also produce local publications and disseminate publications produced at a national level which target specific sectors of the population.

## Tackling Irresponsible Drinking and Antisocial Behaviour

**Protecting and Improving Public Health.** Protecting and improving public health is one of the five licensing objectives in the new Licensing (Scotland) Act 2005. Lanarkshire ADAT will engage with the licensed trade through appropriate licensing forums in North and South Lanarkshire to actively protect and improve public health within licensed premises. We will also encourage NHS Lanarkshire’s Public Health Teams to champion this at a local level.

**24-Hour Opening.** The new licensing Act provides a platform from which to tackle excessive drinking. There is a statutory presumption against 24-hour opening (other than in exceptional circumstances) and tough action on irresponsible promotions in on- and off-sales. For on-sales, this includes a ban on specific promotions such as ‘two for one’ offers and promotions which encourage speed drinking. Drinks must also be sold at the same price for a minimum of 72 hours (essentially outlawing ‘happy hours’ and similar promotions).

**Over-provision.** Both North and South Lanarkshire licensing boards are looking at the issue of over-provision. If an area is considered to have either too many licensed premises in total, or too many of a certain kind, it is designated as ‘over-provided for’.

**Servewise Training.** We have continued to support training in responsible serving practice to licensees, those working in licensed premises, and licensing board members. Between April 2004 and March 2007, the programme provided training to all licensed trade persons in North Lanarkshire, and 600 license-holders in South Lanarkshire. The new licensing Act now makes the training of servers mandatory and will be monitored by new Licensing Standards Officers.

**Involving Local Communities in Licensing Decisions.** Previously, licensing laws did not provide an effective mechanism for hearing the concerns of local communities. Under the new Act, communities can play an active role in developing local policy, and anyone who wishes to object to a licence application can do so by contacting their local forum via North or South Lanarkshire Council’s websites.

## Initiatives to Reduce Alcohol and Drug-related Crime

**Antisocial Behaviour.** The Antisocial Behaviour Act places a statutory requirement on each local authority and relevant chief constable to prepare a Strategy outlining how they will deal with antisocial behaviour in their area. Through the local authorities, funding has been provided to North and South Lanarkshire’s Community Planning Partnerships for community wardens and other community-based initiatives to tackle antisocial behaviour.

**Community Safety Partnerships.** Both North and South Lanarkshire Community Safety Partnerships have produced community plans which focus on a number of priorities, including tackling alcohol misuse, victimisation, preventable accidents and antisocial behaviour. We have worked with the Community Safety Partnerships to identify ways of delivering these priorities. Initiatives have involved intelligence-led policing and incident analysis to ensure that a focused and proactive approach is used to tackle disorder, violent crime and vandalism.

**Safer Town Centres.** An example of this work includes ‘Safer Town Centres’, delivered over the winter periods in Coatbridge and Hamilton in 2006 and 2007. This successfully reduced the number of crimes of violence and disorder, and led to more effective detection of licensing and juvenile alcohol offences.

## Safer Lanarkshire: Community Safety in Action

Safer Lanarkshire's 2007/08 campaign ran from late November to 31 March and featured a variety of initiatives designed to reduce alcohol-related violence. It was co-ordinated by Strathclyde Police, and partly funded by Lanarkshire ADAT.

The campaign had a number of aims, including providing a safe environment for people visiting licensed premises, and offering advice and information to young people, licence holders and vulnerable individuals.

Licensees were reminded about their point-of-sale responsibilities, and the impact that irresponsible alcohol sales can have on the communities surrounding their premises. Seminars for licensees and their staff were also organised across the whole of Lanarkshire.

Joint visits to licensed premises were made by teams from the police, fire service and trading standards. Retailers and licensees were made aware of their responsibilities under the Licensing Act, as well being reminded about the law on age-related products, including cigarettes and knives. The visits also provided opportunities for promoting safety messages and distributing ADAT literature.

Data gathered over the 2007/08 festive period showed very significant improvements compared with the same period two years earlier. Breaches of the peace fell dramatically, as did levels of assaults. The figures also confirmed that the police were successfully identifying and arresting individuals who represented a threat by carrying weapons or possessing drugs.

### Safe Out, Safe Home

Safe Out, Safe Home was a key element of the 2007/08 Safer Lanarkshire campaign. Its aims included encouraging people to drink responsibly and plan their journey home, while also supporting the night-time economy of Lanarkshire.

Safe Out, Safe Home featured taxi marshals in Hamilton and East Kilbride, as well as high visibility police patrols in identified 'hot-spots'.

Taxi marshals in East Kilbride and Hamilton town centre wore reflective jackets badged with the ADAT and local Community Safety Partnership logos. Marshals handed out ADAT literature, including copies of the pink handbag leaflet. Safe Out, Safe Home also included a poster campaign, dashboard stickers, and bus advertising on six bus routes.



Jordan Matthew



Jordan Matthew

## Reducing the Availability of Illegal Drugs

One of the key roles of the Scottish Police Service is to stifle the availability of controlled drugs. The Association of Chief Police Officers in Scotland (ACPOS) published its revised drug Strategy in 2007 (the first edition was produced in 2003). This document sets the strategic direction for all police forces in Scotland, and its three main objectives are to 'reduce supply, reduce demand and reduce harm'. Strathclyde Police have used enforcement, disruption and diversion to reduce the availability of drugs in communities across Lanarkshire. Drug dealers have been proactively targeted, with the aim of confiscating their assets, as well as securing prosecutions.

**Operation Robust.** Operation Robust, carried out in June 2007, was an example of this proactive approach, and led to 38 arrests across South Lanarkshire. Press coverage of Operation Robust included comment from Lanarkshire ADAT and the Procurator Fiscal's office, as well as the local Chief Superintendent, emphasising the partnership approach taken to tackling this issue.

## Alcohol and Drugs in the Workplace

Alcohol and drug misuse leads to a loss of productivity for industry and lost employment opportunities for individuals. It can contribute to increased absenteeism, unemployment and premature death. Those who misuse drugs or alcohol also tend to stay in jobs for less time than other employees.

**Healthy Working Lives.** We recognise the importance of prevention and education opportunities in the workplace, and understand the role that coherent workplace alcohol and drug policies play in delivering these. We are therefore working in partnership with colleagues from Healthy Working Lives (formerly Scotland's Health at Work) to support local businesses and our partner organisations to provide assistance in the development of drug and alcohol policies that are supportive to both employers and employees.

## Health Improvement

**Keep Well.** Keep Well is a pilot programme which was first announced as part of *Delivering for Health* in October 2005. Its aim is to increase the rate of health improvement in deprived communities and it focuses on targeting those at particular risk of preventable serious ill-health. Providing monitoring and follow-up is a key element of the programme.

Wishaw, Airdrie and Coatbridge in North Lanarkshire were selected as part of this pilot programme because of the high levels of deprivation within these communities. The main focus of the programme is to identify and treat those aged 45–64 who are at risk of cardiovascular disease. Alcohol features as part of the lifestyle discussions with those who participate, and where appropriate, participants are assessed using guidance in SIGN 74, *The management of harmful drinking and alcohol dependence in primary care*.

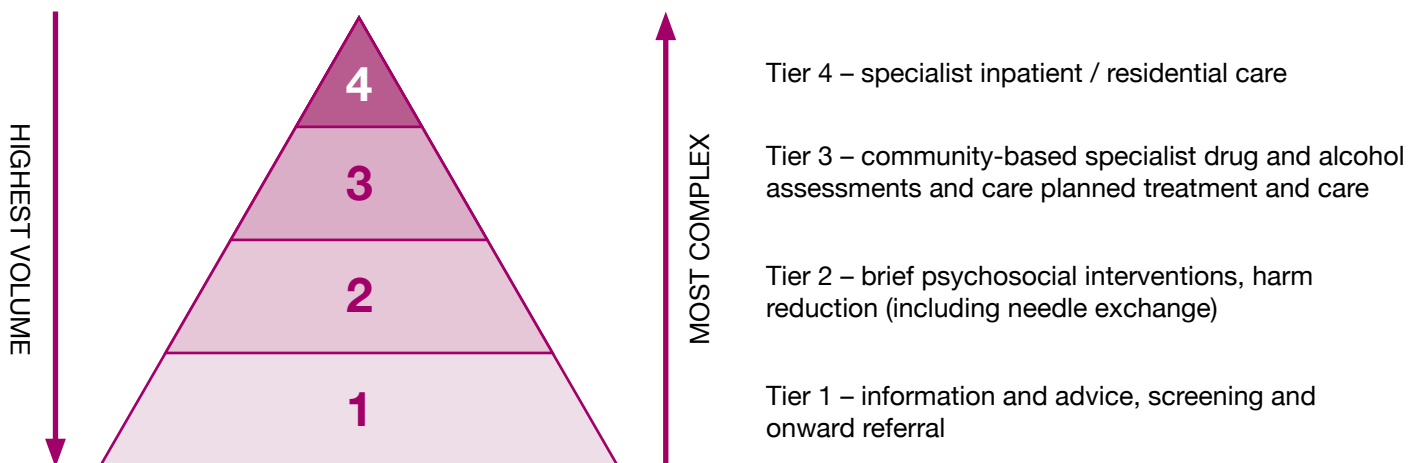
## Family Support Groups

There are support groups for parents whose children have a drug problem in Glenboig, Coatbridge and East Kilbride. Ongoing work in 2008–11 will involve families and carers in the planning and evaluation of services. North and South Lanarkshire Councils will take the lead in commissioning this work in 2008.



## Model of Service Provision

Over recent years there has been significant growth in our knowledge of treatment and support needs for people affected by alcohol and drug problems. Work based on the National Treatment Agency’s *Models of Care for Alcohol and Drug Users* has helped shape the development of targeted treatment and care interventions. Central to this has been the adoption of a four-tiered model of service provision, illustrated in Figure 6.



6: Tiered model of interventions within Lanarkshire

### Tier 1 – Information/Advice/Screening and Onward Referral

Within Lanarkshire Tier 1 interventions are defined as those services which comprise alcohol/drug-related information and advice, screening, assessment and referral to specialist drug and alcohol treatment and care services, provided by GPs and other primary care staff.

**Brief Interventions in Primary Care.** SIGN Guideline 74, *The management of harmful drinking and alcohol dependence in primary care* (2003), highlighted that the use of appropriate screening tools improves the detection and treatment of alcohol problems within primary care, accident & emergency departments and pre- and antenatal settings, and that brief interventions in primary care can reduce total alcohol consumption and episodes of excessive drinking in hazardous drinkers for periods lasting up to a year.

The Government and NHS Scotland strategically identified the implementation of SIGN 74 as a significant way forward in addressing and assessing alcohol problems and have undertaken a high-level survey of NHS boards to identify barriers preventing full implementation of the guideline. One of our key goals over the next three years is to increase the number of screenings and brief interventions carried out in the community by health professionals. This will involve a major investment in staff training and resource development.

**Substance Misuse Liaison Nurses.** There are two substance misuse liaison nurses in each of the accident and emergency departments of our three hospitals. These nurses currently provide a brief intervention and detoxification service to clients presenting for treatment. A key part of the nursing role is to refer on to other parts of the treatment and care system if further help is required.



**Alcohol Counselling Services.** Over the last three years we have developed two alcohol counselling services (North Lanarkshire Council on Alcohol and Liber8 Lanarkshire Ltd.). These provide an assessment, brief intervention and counselling service to individuals who drink at harmful and/or hazardous levels. They also provide counselling to support family members.

## North Lanarkshire Council on Alcohol

North Lanarkshire Council on Alcohol provides a one-to-one counselling service to members of the local community who are experiencing difficulties with alcohol. The service also extends to family members of problematic alcohol users.

The service is based in Coatbridge, with satellite services in Motherwell, Chryston, Wishaw and Cumbernauld. Further services will soon be launched in Bellshill, Airdrie and Shotts. We presently have a staff team of 27 workers, both paid and unpaid.

We accept referrals from all sources, i.e. self-referral and via GPs and social workers. An initial assessment is carried out in partnership with both service user and worker to identify an individual's needs. If these cannot be met by the service, an agreed referral will be made to an appropriate service.

**Self Help Groups.** People living in Lanarkshire can also access a range of self help groups – such as Alcoholics Anonymous and Narcotics Anonymous – to help them to sustain and achieve recovery. We are keen to establish Cocaine Anonymous groups over the next three years in Lanarkshire. This will ensure that individuals have a real choice in the types of help available locally.

## Tier 3 – Specialist Drug and Alcohol Care and Treatment

Tier 3 interventions comprise community-based specialised drug and alcohol assessment and co-ordinated care-planned treatment and care services.

**Joint Services Agenda.** The Joint Services Agenda is a key Government policy that outlines the importance of joint working arrangements between local authorities and health boards. This is seen as critical to delivering effective health, social and voluntary care services in the community. The initial focus was on developing the infrastructure required to support implementation of the policy. The emphasis has now shifted to improving client outcomes and auditing the quality of care provided to clients and their families. To achieve the changes advocated by Joint Services, planning and implementation groups were set up within the North and South Lanarkshire Community Health Partnership areas.

We recognise the impressive progress that both joint services management groups have made in adapting the treatment system since 2001. This has involved significant organisational change, requiring effective leadership, communication and planning. Implementing these changes also represents a significant departure from the previous roles and responsibilities of staff, and has required a reappraisal and realignment of existing staff teams and functions.

**North Lanarkshire Integrated Addiction Service.** Within the North Lanarkshire area integrated health and social work addiction teams were established in April 2007, as outlined in the case study opposite.

## North Lanarkshire Integrated Addiction Services

This service is provided jointly by NHS Lanarkshire and North Lanarkshire Council. It supports, advises and assists clients in thinking about the way in which alcohol or drugs affect their lives, along with the lives of those around them and the people they are responsible for.

Clients attending the service are assessed to establish their needs. This involves asking a range of questions before deciding in partnership what treatment and support they may need.

Interventions offered include one-to-one support and advice, access to group-work, and the chance to come together with other service users to discuss common issues in a supportive environment. The service also assists with any physical health problems that alcohol and/or drugs may be contributing to.

In addition, North Lanarkshire Integrated Addiction Services provides help for children who are affected by the use of alcohol or drugs, along with other family members who may need support in coming to terms with the problems caused by alcohol or drugs.

If it is felt that clients need further help, they are directed to hospital care, residential rehabilitation, housing or welfare rights as necessary.

**South Lanarkshire Health and Social Care Teams.** Within South Lanarkshire, the Rutherglen/Cambuslang area also has an integrated health and social care substance misuse team and work is progressing within the other localities of Clydesdale, Hamilton and East Kilbride to integrate health and social care services with staff currently employed within NHS Lanarkshire's Alcohol and Drug Services and South Lanarkshire Council's Substance Misuse Teams. This will be taken forward in 2008/09.

**Interventions Provided.** Health and social care services within the Lanarkshire area provide assessment and care management, social support (e.g. housing, benefit advice, training and employment opportunities), harm reduction advice, and in the North Lanarkshire area a structured day programme for clients with alcohol problems. All staff have received training in *Getting Our Priorities Right* and significant progress has been made in linking up public health staff in the assessment of children who parents are receiving help to deal with their alcohol/drug problem. This has ensured that the safety and welfare of children are paramount and appropriate supports are put in place to assist the family.

**Community Prescribing.** Community prescribing (detoxification and stabilisation) is undertaken by General Practitioners with a Special Interest and community pharmacists.

## Community Pharmacists and Community Prescribing

For a long time community pharmacists in Lanarkshire have dispensed and supervised the consumption of methadone for their patients. Frequently patients will liaise with their pharmacy six days per week, meaning that community pharmacists are able to build up a good rapport with their clients and contribute to their general wellbeing.

Some pharmacists in Lanarkshire with a supplementary prescribing qualification have further developed their skills, and now prescribe for patients requiring methadone. This is done in a quality-assured manner, working within a clinical management plan agreed with the patient, medical staff and pharmacy staff.

This service is proving to be very valuable, and there are plans to expand it as more pharmacists gain the qualification. It has service advantages in terms of increasing capacity, and also advantages for individual patients in terms of providing an alternative access point for their long-term care.

## GPs with a Special Interest

GPs with a special interest (GPwSIs) are playing an increasingly important role in providing care for clients with drug addictions in Lanarkshire. Many local doctors have taken the Certificate in the Management of Drug Misuse in Primary Care, offered by the Royal College of GPs. Having completed this, they are able to take over the day-to-day management of more stable addiction clients. This includes managing their medical care and carrying out routine prescribing of substitute prescriptions.

There are significant advantages for both GPs and patients. GPs benefit by extending their knowledge and skills, while patients receive tailored care at a local level, without the need for onward referral to specialists. This also makes it easier and quicker to deal with any problems that arise.

**Phoenix Futures.** Health and social care services refer clients to Phoenix Futures, which offers a structured day programme for clients in South Lanarkshire with alcohol and drug problems, as well as Lanarkshire-wide group-work programmes based on a cognitive behavioural model (SMART Recovery). Phoenix Futures also provides a 'Forest School'.

## Phoenix Futures

Phoenix Futures provides care and rehabilitation services for people with drug and alcohol problems across the UK. Its Lanarkshire base is in Hamilton, from where it provides four different services.

The structured day service for people with alcohol problems (South Lanarkshire) is a 20-week programme designed to give people with alcohol problems the chance to make changes to all aspects of their lives. As well as addiction, it tackles issues such as debt, literacy, housing, health and employment.

A structured day service for people who are drug misusers is also provided in South Lanarkshire. The 12–16 week programme involves four stages, including aftercare. This features support from an employability officer, who works with all four of the Phoenix Futures services.

The Lanarkshire Abstinence Support Service is available across the whole county and supports participants who are either detoxing or already abstinent to stay off drugs.

The fourth project is a conservation therapy programme delivered in partnership with South Lanarkshire Council and Greenspace. This gives individuals the opportunity to build confidence, independence and self-esteem by mastering achievable tasks in a woodland environment.



## Tier 4 – Inpatient and Residential Rehabilitation

Tier 4 interventions are provided within the inpatient departments of our three local hospitals, and using out-of-area treatments provided by independent organisations outside Lanarkshire e.g. Castle Craig, Red Towers. A protocol is in place to ensure that individuals who require access to inpatient or residential rehabilitation can get help when they need it. Admission is generally via our Tier 3 services.

Along with our partner organisations, we are reviewing residential (out-of-area) treatment and care services and our inpatient provision for alcohol and drug users. This is being examined as part of NHS Lanarkshire's *A Picture of Health* initiative. We believe that getting this care right is crucial to improving the client's journey through services. It is vital that inpatient assessment and stabilisation is provided for complex cases to improve the treatment and discharge planning process, as well as promoting access to abstinence-based aftercare.

## Measuring Performance

**Local Improvement Targets.** As of 1 April 2007, each drug and alcohol service (whether NHS, Local Authority, or voluntary sector) in Lanarkshire was obliged to submit monthly performance data to the ADAT to support the monitoring of performance at a local level. These performance measures are known as Local Improvement Targets (LITs) and are based on the following datasets:

- Scottish Government Waiting Times Framework
- Scottish Drug Misuse Database – SMR25
- Christo Inventory for Substance Misuse Services (CISS)
- Attendance rates

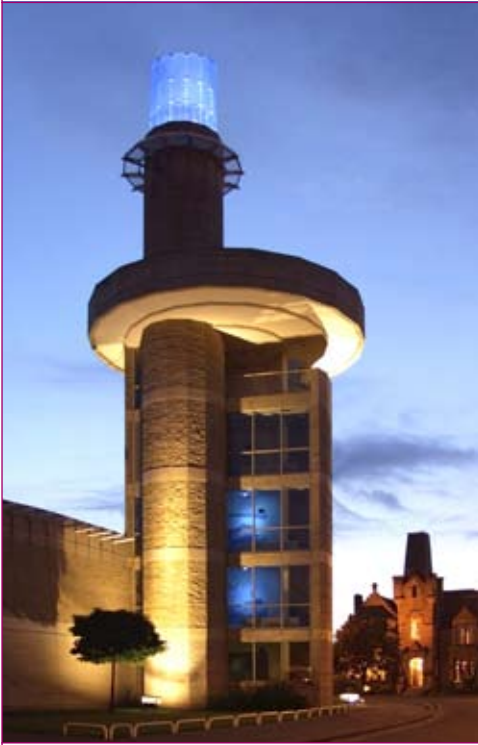
The first full set of local improvement target data showed a very positive level of compliance, with many targets met, others nearly met and room for improvement elsewhere. On the whole, the proportion of clients attending appointments seems to be increasing, which is making more efficient use of resources.

**National Quality Standards for Substance Misuse Services.** A range of quality improvement frameworks for alcohol and drug treatment services are used to ensure that services are of an appropriate standard, including the National Quality Standards for Substance Misuse Services, which are written from a service-user perspective. In partnership with local planning groups, a system for monitoring compliance with these standards was agreed in 2007. Work will continue over the next three years to ensure that full compliance is achieved for all alcohol and drug services in Lanarkshire.

A key role for the ADAT is to audit services, support areas for development, and work with service providers to ensure that a high quality of service is delivered. This work sits alongside the monitoring systems in place for Service Level Agreements.

**Focusing on Outcomes.** We believe that all drug and alcohol services in Lanarkshire should be equitable and readily accessible. Additionally, they should offer service users tailored packages of treatment and care, ranging from basic information to more structured therapeutic interventions. Although implementation of the four-tiered framework has reduced the wide variation in access to different types of treatment and care services, there are still further opportunities to provide appropriate help at the right time to more individuals when they need it. Achieving this will involve better working partnerships between local agencies, and provision of more integrated services.

As part of the Government's national accountability framework, ADATs in Scotland are currently being reviewed. National alcohol and drug strategies will be published in 2008. These strategies will have a renewed focus on improving the outcomes of service users within the treatment and care system.



# 4: Developing a Wider Integrated Response

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Lanarkshire's high levels of damaging alcohol and drug use has its roots in, and is perpetuated by, poverty and inequalities such as income, housing, amenities, jobs and health which can span several generations of a single family. Tackling the deep-rooted social problems associated with these inter-related issues will therefore require strategic partnerships to be further developed within employment and housing. This chapter describes our approach to addressing wider inequalities, such as income, jobs and housing within Lanarkshire for people with alcohol and drug problems.

## Increasing Employment and Training Opportunities

In June 2006 the Scottish Executive launched *Workforce Plus – an Employability Framework for Scotland*. This forms part of the *Closing the Opportunity Gap* approach to tackling poverty, co-ordinated by North and South Lanarkshire's Community Planning Partnerships. Within this context, a priority group are clients with substance misuse problems. Alcohol and drug problems are factors that prevent many people on incapacity benefit from moving into work. For a small number of people it is the major factor, while for others drugs or alcohol are used as a way of coping with other difficulties.

**Pathways to Work.** Lanarkshire's Pathways to Work helps people with a health condition or disability remain and progress in employment. The project recognises that there are health benefits in helping people return to or remain in work. Achieving this involves joint working between Jobcentre Plus personal advisors and NHS Lanarkshire's condition management practitioners.

Pathways to Work has demonstrated the benefit of Jobcentre Plus and NHS Lanarkshire staff being able to refer clients to specialist alcohol and drug services, both before and during the work-focused condition management programme that is central to Pathways to Work. This joint approach has been key to helping people with alcohol and drug problems.

A key priority of the ADAT and its partners over the next three years will be to establish better links with Routes 2 Work and other organisations providing employability programmes for individuals with substance misuse problems. In line with this, local employment partnerships within North and South Lanarkshire Councils have been asked to set targets to reduce the number of workless people dependent on Department for Work and Pensions benefits.

## Connect 2

Connect 2 helps vulnerable clients back into work by arranging placements and providing training for them. The programme has been operational since January 2006, and has a 95% success rate in securing employment opportunities for former clients.

Personal development support is provided through initiatives such as Steps 2 Excellence, and helps clients prepare to enter the job market. Many of the people Connect 2 works with are in homeless units or care homes. The following testimonial illustrates the impact that Connect 2's work can have:

"I was made redundant then three weeks later my wife of 21 years walked out on me and my two sons. I had previously overcome alcohol addiction which I managed to conquer after a real fight, but this was something totally different, I lost everything I lived for in the space of three weeks.

"A relative brought my attention to an advert in the local paper for a course called Connect 2. I applied and started the course with another 13 people.

"From day one I absolutely loved it. The tutors were first class, everyone helped me to build my confidence back up, regain my self-esteem, help with my CV and the staff were always there for you if you had any problems.

"I completed the course and managed to secure a placement with Apex, doing my SVQ 3 in Health and Social Care one day a week. I gained my SVQ and the day before my time at Apex ended I got a phone call offering me a position in a new project that was starting. I grasped it with both hands."

## Improving Access to Housing

There is a well-recognised link between alcohol/drug misuse and vulnerability. Many vulnerable people become socially excluded by their circumstances, and this may prevent them from being able to access the same level of advice, information and services as others. Alcohol and drug-use can be among the factors that affect people's ability to sustain a tenancy or owner-occupied housing. Data on homelessness indicates that a significant proportion (13%) of homeless households with a priority need for housing were assessed as being vulnerable due to alcohol or drug problems (*Operation of the Homeless Persons Legislation in Scotland: National and Local Authority Analyses 2004–05*, November 2005).

In reality, it is thought that this figure may be higher, since the assessment only records the main reason for seeking homelessness assistance, and substance misuse may also be a secondary factor. Revised data collection arrangements will give a broader picture by asking whether any member of a homeless household has a support need due to alcohol or drug dependency.

**Homelessness Strategies.** North and South Lanarkshire Councils have drawn up homelessness strategies which indicate how homeless people and those at risk of becoming homeless – because of problems with alcohol or drugs – will be supported and helped out of homelessness. These strategies link in with NHS Lanarkshire's health and homelessness Action Plans. Lanarkshire ADAT are key in co-ordinating action on improving services for those who are at risk of being or are homeless with a substance misuse problem.

**Housing and Tenancy Support Services.** There are two specialist services in Lanarkshire which help individuals with substance misuse problems to sustain their tenancies. Aspire is a service which provides intensive care and support for people with alcohol related brain damage. It also supports carers of people with ARBD and provides information and training to local community groups. NEST (Negotiated Entry to Supported Tenancies) works with families affected by drug problems. In addition, the Bridgework Project also offers supported accommodation for six months for people who are homeless or roofless. Many of those who access this service have chronic alcohol problems.

**Alcohol-Related Brain Damage (ARBD).** *A Fuller Life* (2004) highlighted that the needs of people with alcohol related brain damage (ARBD) and their carers were not being well met by current service provision across Scotland. More recently, the *Investigation into the care and treatment of Mr H* (2006) highlighted key areas for service improvements. Recommendations for an ARBD service in Lanarkshire will be informed by a short-life working group in 2008/09, which will include representatives from housing services in North and South Lanarkshire and be considered by the ADAT alongside other funding priorities.

## Working with Offenders

There are two services which are aimed at offenders with substance misuse problems in Lanarkshire – Drug Treatment and Testing Orders (DTTOs) and Arrest Referral schemes. Their work is governed by Lanarkshire’s Community Justice Authority.

### Lanarkshire Community Justice Authority

The Lanarkshire Community Justice Authority (LCJA) is a strategic partnership that aims to reduce reoffending through partnership working with the main criminal justice organisations. It brings together North and South Lanarkshire Councils, the Scottish Prison Service, Strathclyde Police and other key partners who work with offenders.

LCJA works directly with operational services, and does not have any direct contact with offenders or other service users. Instead, it aims to improve service delivery and outcomes for offenders through strong and cohesive partnerships. To maximise public protection, the LCJA advocates an integrated approach that is designed to reduce reoffending by making sure the right services are in the right place at the right time.

PROFILE

## User and Carer Involvement

A user development officer, hosted by the Scottish Drugs Forum, has worked with a range of service users to develop a peer research model in Lanarkshire. To date surveys (available to download from the ADAT website) have been completed on health and social work alcohol and drug services; Drug Treatment and Testing Orders; and the Phoenix Futures Forest School Programme.



Jordan Matthew



## Scottish Drugs Forum

Scottish Drugs Forum (SDF) is the national voluntary sector and membership-based drugs policy and information agency. It works in partnership to reduce drugs harm in Scotland through:

- Improving awareness and understanding of drug-related issues among all sections of the community
- Developing, promoting, influencing and supporting improvements to the range and quality of services to all drug users

SDF maintains that there is no single solution to Scotland's complex drugs problem and that problematic drug use will only be tackled effectively through a cohesive, co-ordinated multi-agency approach to the issue. It supports the fundamental right of problem drug users to be treated equally, non-judgementally and with dignity and respect.

Biba Brand, SDF's West of Scotland Regional Manager, is a member of Lanarkshire ADAT and supported the development of the pilot project to distribute emergency naloxone kits to drug users.

SDF also manages the Lanarkshire User Involvement Group (LIG), which is funded by the Lanarkshire ADAT and is undertaking a peer survey of all drug and alcohol services in Lanarkshire in line with National Quality Standards recommendations.

In 2007 the remit of the user development officer was expanded to include alcohol. Future surveys and focus groups will ensure that service users' views on the quality of services they receive from all alcohol and drug services in Lanarkshire are taken into consideration in the future planning and evaluation services.



# 5: Improving Partnership Working, Governance and Leadership

A key recommendation of the *Report of the Stocktake of Alcohol and Drug Action Teams* (Scottish Government 2007) was to improve and sharpen the leadership and governance arrangements in Scotland in order to deliver a more strategic and adaptable response to Scotland's alcohol and drug problems. This chapter sets how we have reconfigured our planning and governance structures in order to deliver a proactive response within Lanarkshire.

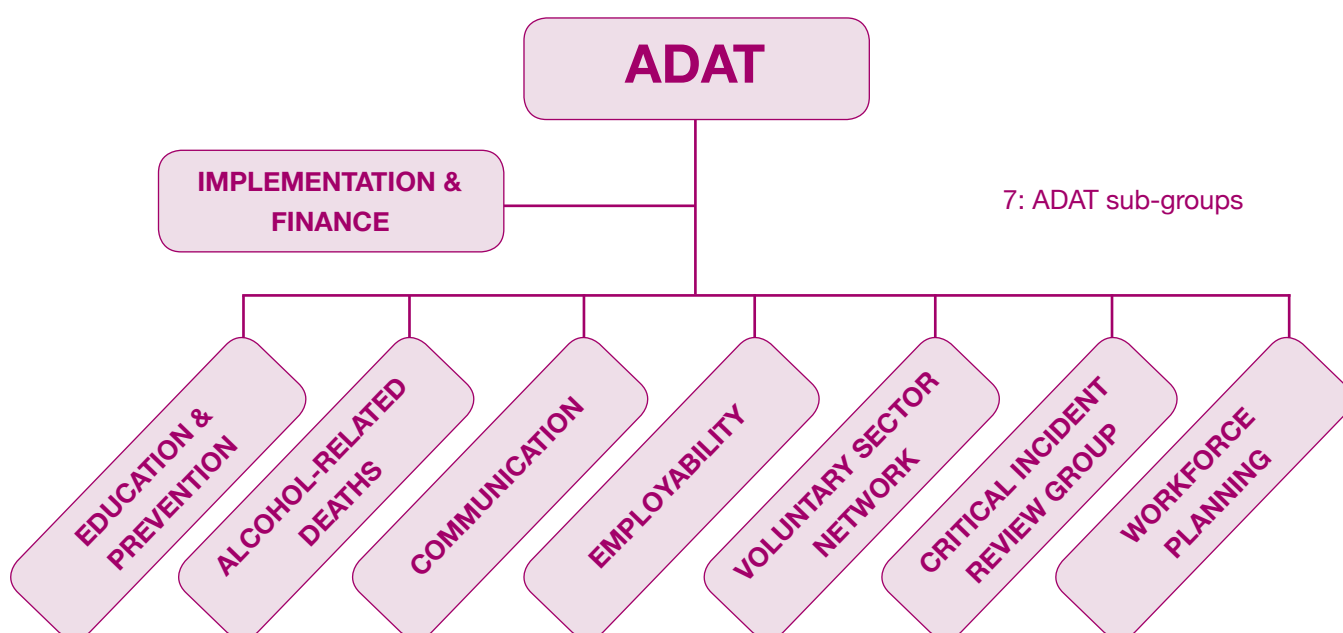
## Improving Partnership Working

We will work to achieve this Strategy's aims and objectives via our contribution to the existing planning structures within North and South Lanarkshire, e.g. Community Planning, Health and Care Partnerships, Children's Services Strategy Groups, Community Justice Authority.

Community Planning provides a tool for bringing local statutory authorities and other bodies together in partnership. By working together we can set out a shared vision of the priorities facing our area, and identify the contributions that each partner can make in realising that vision. Another recommendation of the *Report of the Stocktake of Alcohol and Drug Action Teams* included closer integration of Community Planning Partnerships with the alcohol and drug agenda. This will be addressed by working closely with North and South Lanarkshire's Community Planning Partnerships to ensure their full support for our Strategy and our annual Delivery Plans.

## Improving Governance

**ADAT sub-groups.** Where there are gaps in existing planning structures we have formed sub-groups. There are eight themed sub-groups (see Figure 7), each focusing on a specific aim. Each sub-group is chaired by an ADAT member and includes key stakeholders who can influence operational delivery and take priorities forward. The groups all have agreed terms of reference and work plans, underpinned by a governance and accountability framework. Progress reports and financial performance are presented to the ADAT quarterly, and reported annually via the annual Delivery Plan to ensure that the Strategy is being implemented.



**Implementation & Finance Group.** Members of the Implementation & Finance Group include the ADAT Chair, Directors of Social Work in North and South Lanarkshire, the Lead Clinician with NHS Lanarkshire's Alcohol and Drug Services and the Chief Superintendents from Strathclyde Police in North and South Lanarkshire.

This group prioritises core business activities and ensures that appropriate plans are developed to deliver the Strategy. It also commissions reports to inform Strategy development. This involves reviewing financial and performance data from all ADAT-funded services, as well as core services delivered by NHS Lanarkshire, South Lanarkshire Council and North Lanarkshire Council. The group's remit includes signing off the annual Delivery Plan on behalf of other ADAT members.

**Workforce Planning Group.** This group focuses on workforce planning issues for staff employed within the specialist alcohol and drug services in Lanarkshire. Ensuring that staff are suitably trained and supported is of paramount importance. The Scottish Training Resource for Alcohol and Drugs (STRADA) has therefore been commissioned to undertake a training needs analysis with this staff group in 2008. Recommendations will inform Personal Development Plans and shape the future provision of training and organisational development opportunities for this staff group.

**Education & Prevention Sub-group.** This group plays a key role in progressing many of the objectives relating to children, young people and families. It feeds into the Integrated Children's Services Substance Use Sub-group in North and South Lanarkshire. The group has developed education and training materials for those working with children and young people, and also supports the training and development of staff who work with them. Over the next three years, the group will have a greater focus on alcohol education, working with parents/carers and developing resources for staff working with young people on key transition periods.

**Communication Sub-group.** Members of the Communication Sub-group include press officers from all ADAT partner organisations. The long-term goal of this group is to contribute to the reduction of alcohol and drug harms through an effective communication Strategy. This is being achieved by developing clear and coherent communications around alcohol and drug issues, which take into account the diverse needs of different sectors of the population across a range of settings.

**Employability Sub-group.** The Employability Sub-group works in close partnership with colleagues in the fields of employment, training and education. Its remit is to develop programmes that will help clients build confidence and self-esteem and identify any barriers they need to overcome in order to move on to employment, training or further education.

**Voluntary Sector Network.** The Voluntary Sector Network ensures that the voices of voluntary sector providers are heard, and that their needs are understood by all members of the ADAT partnership. The Voluntary Sector Network has developed terms of reference which include sharing information to ensure compliance with the *National Quality Standards for Substance Misuse Services* (2006).

**Critical Incident Review Group.** The Critical Incident Review Group was convened in 2003 to pool and analyse information on drug-related deaths (DRDs) as a means of identifying risk factors and opportunities for intervention. This group takes forward recommendations based on local analysis and will consider the recommendations of the national audit of drug-related deaths scheduled for 2008. We are also seeking to promote greater understanding and awareness of lessons learned from reviewing individuals who have died following their release from prison.

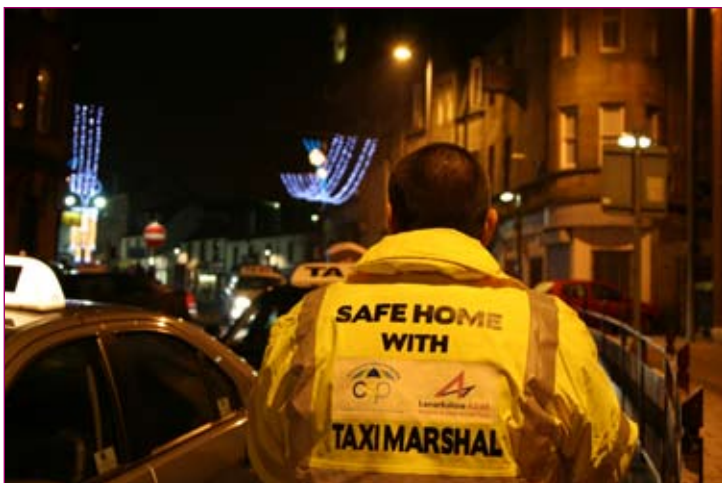
**Alcohol-related Deaths Sub-group.** This group was established in 2008 and is reviewing the findings of a report commissioned by Greater Glasgow & Clyde ADAT on factors contributing to alcohol-related deaths within this area. The group is collecting similar data from Lanarkshire to evaluate similarities and dissimilarities, and developing a Lanarkshire-specific Action Plan, incorporating recommendations for reducing alcohol-related deaths within the county.

## Improving Leadership

The ADAT Chair is now directly responsible to the Scottish Government for implementation of the national alcohol and drug strategies at a local level via biannual reviews. One of the ADAT's key responsibilities is to co-ordinate the allocation and targeting of resources. The Implementation & Finance Group considers which partners are best able to make effective use of new resources.

Resources are generally allocated for three years, and then reviewed in the light of progress. In reality, this means that services must have a quality specification and reporting system which enables the ADAT to demonstrate progress towards national targets. In 2006/07 a full review of all alcohol and drug service provision was undertaken to ensure that all partners were operating transparently and according to public sector best value principles.

**Service Level Agreements.** Achieving meaningful progress in tackling alcohol and drug problems means agreeing and measuring clearly defined outcomes. Service Level Agreements are contracts between Lanarkshire ADAT and its partner organisations that specify what work will be done in return for an agreed amount of funding. This helps ensure that the ADAT and its partners are effective and offer good value for money.



Jordan Matthew





Jordan Matthew



# 6: Priorities for Action 2008–2011

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This chapter defines our aims, and looks at what further action needs to be taken to build on what we have achieved over the past three years.

Our overarching aim is to reduce the harm that alcohol and drugs cause to communities, individuals and their families. Work towards this has centred on the objectives outlined in Scotland's national alcohol and drug strategies (*Plan for Action on Alcohol Problems 2002*, updated 2007; *Tackling Drugs in Scotland, Action in Partnership*, 1999). Our priorities for action, set out below, will form the basis of our three-year Delivery Plan. The annual Delivery Plan provides a regular update on progress to the Scottish Government and specifies which organisations are responsible for making sure the Strategy is delivered.

**Aim 1: Safeguarding and promoting the interests of children, young people and families affected by substance misuse**

Our priorities for action over the next three years for each of the three strands relating to the broad ranging issues for children, young people and families include:

## Strand 1: Education/Prevention (Early Intervention)/Diversion

1. Reducing the level of alcohol and drug use among our young people, as well as the problems arising from this
2. Working with our partners across the statutory and voluntary sector to improve drug and alcohol education and information for young people, their parents/carers and staff who work with young people
3. Providing vulnerable young people with support and targeted prevention programmes
4. Developing appropriate early interventions which will ensure that young people are able to get help when they need it
5. Supporting and promoting diversionary activities and programmes for young people
6. Supporting and promoting outreach/streetwork with young people

## Strand 2: Children and Young People Affected by Parental Substance Misuse

1. Promoting better outcomes for children affected by drug and alcohol use in the home through continued training and service development to support children, young people and families

## Strand 3: Young People with Problematic Substance Misuse

1. Providing and monitoring accessible treatment services appropriate to the needs of young people
2. Ensuring that when designing services, we place particular emphasis on those who are deemed at risk or vulnerable, including hard-to-reach young people

## Aim 2: Reducing the level of alcohol and drug-related harm at a community level

Changing the alcohol and drug using culture in Lanarkshire requires a sustained and long-term effort. It requires commitment and action from a range of partners and cannot be delivered by a single approach. Our priorities for action over the next three years include:

1. Engaging and persuading all stakeholders with an interest in – or experience of – alcohol and drug problems to become actively involved in local planning groups, licensing forums or programmes of prevention
2. Encouraging the alcohol industry and licensed trade to promote responsible drinking and become more involved in national and local initiatives to restrict inappropriate supply
3. Working with employers to develop responsible alcohol and drugs policies, as well as ensuring workplace health and safety and promoting the health of employees
4. Listening to, and learning from, the views and experiences of service users
5. Encouraging all of us, as responsible citizens, to consider our own attitudes and behaviours, both in the ways in which we use alcohol and our attitudes towards those who are suffering from alcohol problems
6. Producing local publications which provide clear and credible information about our local services and ensuring these are available throughout Lanarkshire
7. Using intelligence-led policing and incident analysis to ensure that a focused and proactive approach is used to tackle antisocial behaviour, crime and the availability of illegal drugs
8. Increasing the help available to people experiencing alcohol-related problems by using brief interventions in primary care settings

## Aim 3: Supporting individuals with alcohol and drug problems

Over the next three years we will focus on ensuring that treatment and care providers deliver high quality, evidence-based treatment which is readily accessible and appropriate to the needs of service users. We will also ensure that service users have appropriate access to services which support, consolidate and sustain the benefits of treatment (e.g. access to employment, education and housing), provided by agencies which are not part of the formal treatment system. Our priorities for action over the next three years include:

1. Supporting the delivery of person-centred services which meet the needs of individuals and their families
2. Promoting existing best-practice guidelines for the treatment and support of people needing alcohol and drug services
3. Ensuring that care providers deliver high quality, evidence-based treatment which is appropriate to service users
4. Assessing local capacity, identifying any service gaps and allocating resources to address these
5. Monitoring Service Level Agreements with local partners to ensure that investment delivers measurable results
6. Continuing to train staff working at all levels in alcohol and drug services in Lanarkshire
7. Planning for services to address the impact that an ageing population may have on the demand for alcohol services
8. Linking with partners to ensure that alcohol or drug problems associated with another physical or mental illness are responded to appropriately
9. Providing access to services which support and consolidate the benefits of treatment (e.g. access to employment, education and housing)
10. Providing information about how the treatment and care system is run, enabling partnerships, providers and the ADAT to be held to account
11. Ensuring that the treatment and care system meets the needs of the whole population it serves

## Improving Partnership Working, Governance and Leadership

Significant progress has been made since the publication of the first ADAT Strategy in 2004. Despite this, we recognise that more can be done to deliver our goals. The following actions will enhance our ability to deliver the key aims of the Strategy:

1. Working more closely with key strategic and planning partnerships (e.g. Community Planning, Joint Services and Children's Services Strategy Groups) to identify the specific needs of individuals, families and communities
2. Agreeing specific outcomes with local authorities, other partners and auditing the contribution these make to national priorities
3. Building on effective working relationships with all stakeholders involved in the delivery of this Strategy
4. Ensuring that agreed robust measurement systems are used to support the ongoing delivery of the Strategy

## Research and Needs Assessment

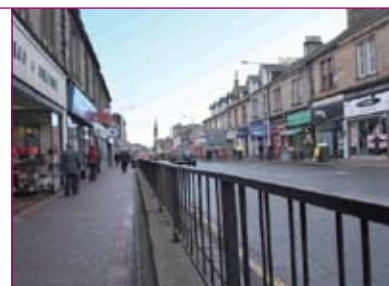
We also believe that all developments should be based around a research and evaluation culture that is underpinned by evidence-based practice. Over the past two years we have evaluated a range of services, undertaken an extensive research programme and conducted several audits and needs assessments, including anabolic androgenic steroid use.

A number of new evaluations are proposed for 2008–11 in areas including alcohol related brain damage, waiting times management, and the impact of drug-related deaths on staff. We have also commissioned an assessment of the needs of women in the sex industry and issues affecting ethnic minorities accessing alcohol and drug services in Lanarkshire.

The ADAT website ([www.lanADAT.org.UK](http://www.lanADAT.org.UK)) is regularly updated with relevant reports and publications, including any research undertaken at a local or national level.

## Scottish Government New Alcohol and Drug Strategies

The Scottish Government will publish new alcohol and drug strategies for Scotland in 2008. To ensure synergy with the new national strategies we will develop a three-year Delivery Plan by June 2008. This three-year plan will clearly outline the specific actions required and how these will contribute to the outcomes agreed with our partner agencies.



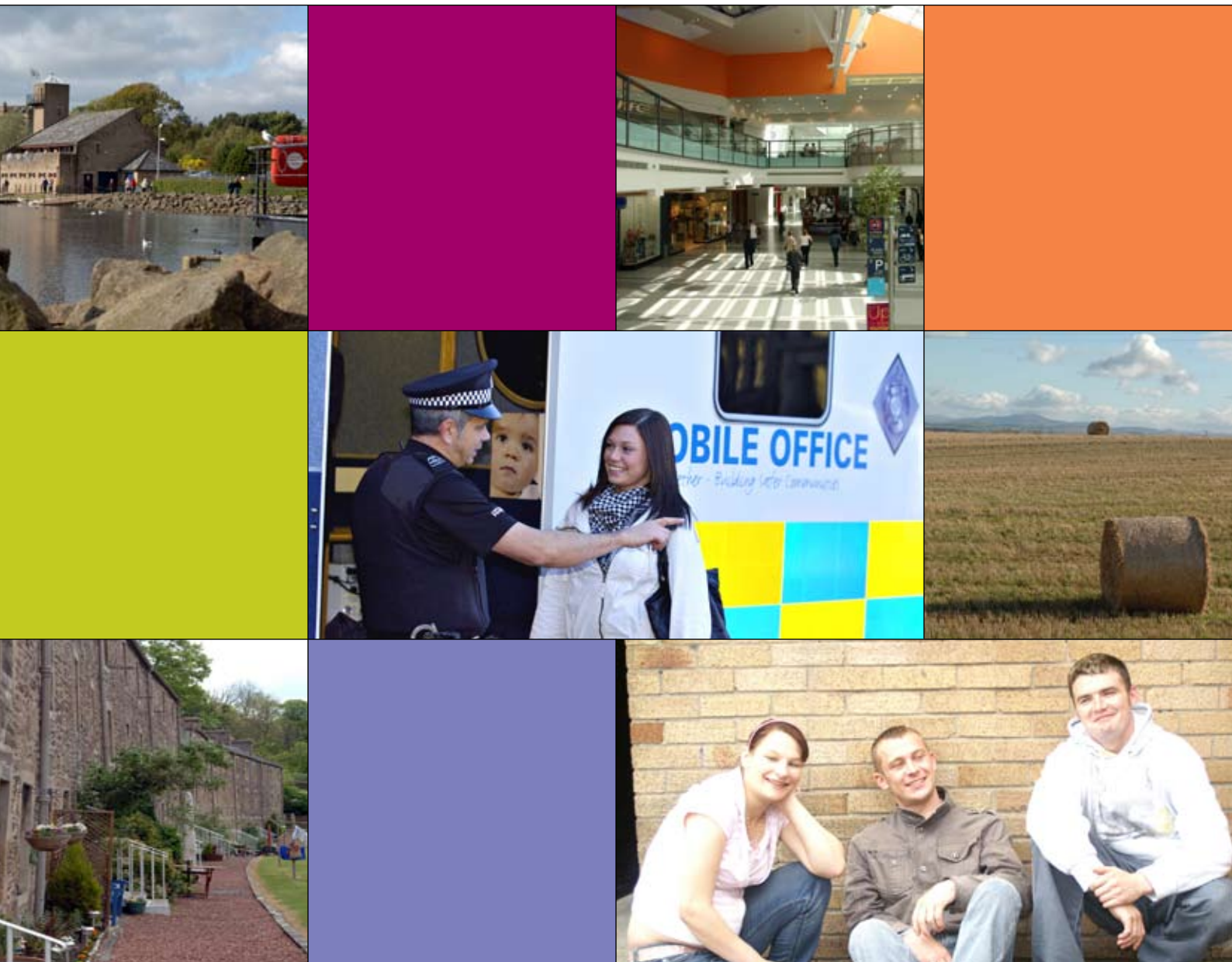
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Urdu, Chinese (Mandarin), Punjabi, Polish



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