Scottish Parliament Health and Sport Committee Inquiry on Preventative Spend:

Glasgow City Alcohol and Drug Partnership Submission on Preventative Agenda for Drugs Misuse, January 2018

1. Introduction

This paper provides responses to the Health and Sport Committee on drugs prevention activities as part of its Preventative Spend inquiry. It has been prepared by Glasgow City Alcohol and Drug Partnership (ADP), representing a range of multi-partner prevention work underway in the city. This submission will be supplemented by appearance of a representative from Glasgow City ADP (Fiona Moss) at the 30th January evidence session. See Annex 1 for background on this Inquiry strand.

2. The roles of Glasgow City Alcohol and Drug Partnership (ADP) and Glasgow City Health and Social Care Partnership (HSCP)

ADPs were established under Scottish Government direction in 2010, to address alcohol and drug issues at a strategic level within each local authority area. Glasgow City ADP membership includes NHS, Social Work, Police, Community Safety, Prisons, Voluntary Sector, Carers and people with lived experience. Since March 2016, the ADP has taken on a dual function, to act as a ‘strategic planning group’ of the HSCP whilst maintaining its original Scottish Government function.

The introduction of the Public Bodies (Joint Working) (Scotland) Act 2014 (the ‘Act’) has led to the integration authorities being established and the Glasgow City Health and Social Care Partnership since 2016.

Glasgow City Council and NHS Greater Glasgow and Clyde have integrated the planning and delivery of all community health and social care services, including those for children, adults, older people, along with homelessness and criminal justice. This work is led and directed by the Glasgow City Integration Joint Board, with the Council and Health Board delivering services under the banner of the ‘Glasgow City Health and Social Care Partnership’.

Glasgow City Alcohol and Drug Partnership (ADP) is a strategic planning group of Glasgow City Health and Social Care Partnership, and works to actively draw in the contributions of a wide range of partners to the challenge of preventing harm from drugs misuse.

3. Addressing Specific questions asked by Inquiry

Q1. To what extent do you believe the Scottish Government’s national drugs strategy, The Road to Recovery, and the approach by Integration Authorities and NHS Boards are preventative?
Having a dedicated focus on prevention within the national ‘Road to Recovery’ strategy has been of significant benefit to Glasgow city partners since publication. Such a prevention focus has helped to reinforce our long-standing multi-partner approach, underpinned by our dedicated Prevention and Education model (see below for details) and investments.

As part of this, it has also been helpful that the inter-relationship between deprivation, inequality and drugs misuse was highlighted, and thus the need to set drugs prevention strategies in a wider context of social and economic renewal and community resilience.

“Drugs are therefore both a symptom and cause of the health inequalities that face Scottish society. Deprivation and chronic stress lead to a lack of resilience to cope with life events and circumstances, and to people feeling out of control and threatened. This is more likely to lead to problem drug use, which in turn has a detrimental effect on the health and well-being of individuals and societies” 

Source: Paragraph 39 of Road to Recovery

The significant focus in the prevention chapter of Road to Recovery on schools based prevention and education has been welcomed. However, there is a case for significant expansion of the scope of preventative approaches, priority groups and key settings (Q2 response). Evidence suggests that further harm reduction approaches with higher risk groups, expanding preventative work with adults and the opportunities for further development of secondary and tertiary prevention are required to affect population change.

At the level of planning and delivery within Glasgow city, this prevention approach has been embedded in partners’ work since the ratification of the Greater Glasgow and Clyde Alcohol and Drugs Prevention and Education Model in 2008, and updated in 2012 (see Figure 1 below) which informs and inspires existing and future planning and delivery of alcohol and drug prevention and education work, in turn, providing the opportunity for partners to facilitate and deliver prevention and education structures fit for purpose that address issues of equity of provision, cost effectiveness and accountability.

This model has led to having dedicated partnership business and structures focused on prevention within the ADP. These structures are responsible for considering need, holding dedicated budget for activity and monitoring and evaluating the effectiveness of prevention activity. The model has also been used to inform service commissioning decisions regarding alcohol and drugs.

There are 4 key components in the Greater Glasgow and Clyde Alcohol and Drugs Prevention and Education model as summarised in Figure 1 below:

**Figure 1:**

Greater Glasgow and Clyde Alcohol and Drugs Prevention and Education Model

1. **Definition for prevention and education** - Prevention and Education is defined as largely concerned with encouraging and developing ways to support and empower individuals, families and communities in the acquisition of knowledge, attitudes and skills with which to avoid or reduce the development of alcohol problems, drug misuse and alcohol and drug related harm.

This definition ensures that all prevention and education planners and practitioners have a clear agreed focus regarding what prevention and education work is and it also removes the misconception that prevention and education is only about work with young people by clearly setting out the wider boundaries of prevention and education.
2. **Tiered structure diagram** – Practitioners and planners can use the Tiered Model as a visual tool to identify how their role and remit fits into the bigger picture of Prevention and Education. This enables them to recognise existing areas of activity by their own and partner organisations and any potential overlap, gaps or duplication in delivery within geographic areas.

3. **Core elements of activity** – There are 12 evidence-based Core Elements of activity in the model for action:

1. Resilience and Protective Factors  
2. Environmental Strategies  
3. Community Approaches  
4. Diversionary Approaches  
5. Brief Intervention Approaches  
6. Education  
7. Training and Support  
8. Parenting  
9. Social Marketing  
10. Workplace alcohol and drug policies  
11. Harm reduction – Alcohol  
12. Harm reduction – Drugs

4. **Support** - The main support functions – workforce development, networking, research and evaluation and a dedicated structure. These are fundamental to maximising the successful implementation of the model.

Whilst a comprehensive analysis of the full range of drugs prevention activity taken forwards in Glasgow city is beyond the scope of this paper, we provide below some programme examples, and reflections on wider issues and challenges:

**Preventing Drug Use – examples of partnership programmes**

3.1 **Providing Factual information to all users and families – early years example**

Partnership working has taken place with Alcohol Focus Scotland to develop and deliver the Oh Lila nursery programme which is suitable for use with children aged 3 to 5 years and is currently used in nurseries across Scotland. Oh Lila aims to:

- Help children develop social skills
- Encourage children to ask for help when they are scared or worried
- Help children to identify trusted adults
- Explore emotions

For more information about Oh Lila please visit the website [www.ohlila.org.uk](http://www.ohlila.org.uk)

3.2 **Schools-based prevention and education programmes**

Dedicated work has been undertaken by Health and Education Services to develop a range of age and stage appropriate resources and lesson plans for use by primary and secondary
teachers and youth workers in line with Curriculum for Excellence. This is available as part of the GGC Substance Misuse Toolkit. Partnership working has also taken place with Alcohol Focus Scotland to develop and deliver the Rory programme which is suitable for use with children aged 5 to 11 years. Rory is a flexible resource and is used in a range of settings including schools and specialist agencies. In using Rory we aim to:

- Help children to feel less confused and guilty if they are being affected by an adult’s drinking
- Encourage children to talk to someone they trust if they are worried about an adult’s drinking
- Help children to feel compassion and empathy towards other children who may have a difficult home life
- Help teachers and others working with children to have greater awareness of the impact of harmful parental drinking on children and of the support available

### 3.3 Working with vulnerable families – including involvement in justice system

One example of a partnership programme aimed at supporting families with vulnerabilities such as being impacted by drug and alcohol misuse is Constructive Connections. Glasgow City ADP have co-founded with community justice a Constructive Connections initiative - aimed at the development of research, training and resources to support children affected by parental experience of offending and prison, many for alcohol and drug related issues.

Part of this investment was to extend the rollout of the Families Outside ‘Out of the Shadows’ course to relevant staff groups working directly to support vulnerable families and young people.

The funding also supported the development of a new resource developed by Alcohol Focus Scotland to ensure that it meets the needs of those families. The Children Harmed by Alcohol Toolkit (C.H.A.T.) which is an interactive resource (comprising of storybooks and puppets) that can be used to open sensitive communication with children and families on the impact of harmful alcohol use (more detail on the resource can be seen below).

In addition to this, Scottish Drugs Forum have been asked to develop and pilot two advanced training courses

- Working with people with substance use problems
- Working with prisoners who have children affected by parental alcohol and drug use

Finally a piece of commissioned research will be taking place over the next 18 months which is focused on building the resilience of families affected by the justice system because we know that there are an estimated 27,000 children in Scotland affected by a family member being imprisoned every year and when this figure is combined with the correlation between Glasgow city’s crime statistics and drug and alcohol use this commonality strengthens the supposition that a high percentage of Glasgow city’s children and young people who are affected by parental imprisonment will also have an experience of parental substance misuse.
3.4 Connecting the mental health and alcohol / drugs prevention agendas

It has long been recognised that many mental health and substance misuse problems have common roots and therefore there is a need for joined up approaches and connected service delivery. This calls for both robust comorbidity policies, better responses to distress, shared work on issues like suicide prevention and tackling self-harm. For example there is much work now showing that issues like social isolation, loss of social role and self-worth, unaddressed previous trauma, being a victim of crime or discrimination or degraded community cohesion are all factors in driving poor mental health and possibility of substance misuse.

Examples of local responses to this challenge include a focus on suicide prevention activities within alcohol and drugs services, large scale training initiatives for staff around self-harm, training for mental health staff on substance misuse – including new psychoactive substances, increasing focus on the importance of addressing social isolation across the life course, development of recovery community models that seek to recreate meaningful community connections for people in recovery, and significant use of grassroots arts and cultural methods as part of the therapeutic response.

Such efforts are of course undermined by forces such as poverty, unemployment, impact of adverse effects of welfare reform and homelessness. At national policy level, a joined up approach which actively encourages joined up working, shared budget streams etc between mental health, substance misuse, economic development and community renewal strands would be highly beneficial.

Despite significant partnership commitment to a wide range of drugs prevention programmes and initiatives, and a long-standing commitment of financial investment to this field by Glasgow City ADP and allied structures, the scale and complexity of population need exceeds capacity to respond fully. There remains major scope to expand evidence-based prevention programmes and to further innovate, particularly beyond education settings in ensuring that the needs of a range of vulnerable and higher need groups are addressed. It is also the case that reductions in seemingly unrelated services – like generic youth-work services and community facilities, can have major negative effects on the substance misuse preventative agenda.

Q2. Is the approach adequate or is more action needed?

As noted in responses to Q1, having a dedicated focus on Prevention within the ‘Road to Recovery’ national drugs strategy is of significant benefit. There is, however, a need to significantly strengthen and expand the scope of the overall drugs prevention effort.

With this in mind, moving forward the evolving prevention and education approach should be an innovative partnership model that takes into consideration recent changes to policy and evidence based practice. It should have a key focus on the promotion of equalities whilst addressing health inequalities and the impact of life stages, deprivation and vulnerability in the most at risk groups such as vulnerable young people, looked after children, older people, homeless population.

At a time of significant public sector budgetary constraint, one of the key challenges is to ensure that a long-term investment approach is sustained to the drugs prevention agenda. This needs to be both through dedicated ADP resource streams and by ensuring that allied
policy areas make a sustained financial commitment to the prevention agenda. This connects strongly to the ‘spend-to-save’ and return on investment philosophy set out in publications such as the Christie Commission report - with its imperative for prevention to tackle the ‘failure demand’ issue within public services.

One option for consideration might be for a national agency such as Health Scotland to investigate optimal levels of investment within ADP allocations – and allied policy areas - to the drugs prevention and education agenda, with reference to relative to levels of population need – for prevention focused recovery should we be investing 5% of ADP budgets, 10%??

Additional points for expansion, on areas where the prevention agenda should be considered for further development at national level:

- Further strengthening of the ability of youth-related agencies role in drug prevention, including availability of relevant diversionary activities
- Further targeted work on drugs prevention across policy areas focused on higher risk population groups, including community justice, looked after and accommodated children, vulnerable families work, closer connection to anti-poverty strategy and early years strategy
- A much stronger connection to mental health strategy and care and population mental health efforts e.g. the scope to combine budgets for the provision of early intervention mental health services for young people through school and community justice would impact on mental health and future addiction services use.
- A stronger recognition of adverse childhood experiences (ACES) and trauma as a predictive risk for drug use and misuse. This also relates to a more comprehensive development of trauma-sensitive care, and implementing preventative policies to reduce childhood trauma and disadvantage. Relevant in this regard is work in Glasgow city to assess trauma training needs for staff in prisons, community justice and addiction services
- Strengthening parental support programmes and further expansion of work to identify and support children affected by parental substance misuse
- As noted in ‘Road to Recovery’, continued focus on economic strategy initiatives – including employability programmes – that address the fundamental social exclusion that often underpins experience of drugs problems in communities
- Further investigation and piloting of services is required with both young people and adults into the potential benefits of taking a multiple risk approach rather than a single topic focus
- Consolidation of drugs prevention (as part of wider substance misuse prevention activity) within educational establishments to ensure consistency of approach and appropriate levels of resourcing

Glasgow City ADP Expenditure 2016-2017

The ADP commits just under 4% of its expenditure to prevention spend. See table below.

| Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs) | £1,872,136 |
| Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence) | £34,327,214 |
### Recovery

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| Dealing with consequences of problem alcohol and drug use in ADP locality | £228,427 |

**Total**  
£47,310,606


In addition to this dedicated prevention spend, committed within the ADP allocation, there is significant – but harder to quantify – investment from wider partners, including contributions in kind, such as dedicated input from teaching staff on drugs and alcohol prevention and education programmes, as well as contributions to the prevention agenda from many voluntary and community organisations.

**Q3. What evaluation has been done of interventions?**

To date there has been investment in two commissioned pieces of independent research (2006, 2012) focused on the available international evidence base for prevention and education as part of the on-going development of the Greater Glasgow and Clyde Alcohol and Drug Prevention and Education model. This evidence base is now due to be reviewed again to ensure the baseline remains fit for purpose, and this review will be undertaken in conjunction with local partners during 2018. We will be happy to share the findings and products of this review when completed.

The prevention and education activity delivered through the Glasgow City ADP Prevention Sub Group and local prevention groups is developed using the evidence base within the model and then ongoing monitoring and evaluation systems are put in place to ensure structures are accountable and activity being delivered efficiently and in a cost effective manner.

Areas of dedicated spend on commissioned services which roll from one year to the next are strictly monitored and different aspects of the contracted services are reviewed on an annual basis or more as required.

Although all existing approaches and work streams are based on the evidence base within the model any potential emerging prevention and education approaches are evaluated thoroughly to gauge whether there is a need for investment in them in Glasgow city and to assess the most productive way to progress the work during implementation.

All new areas of prevention and education activity are also piloted and evaluated using a variety of both quantitative and qualitative methods including but not limited to pre and post questionnaires, co-production, peer review and service user satisfaction questionnaires. The feedback reports are always taken into account and changes made where required to activity or services. This collated feedback is used to inform decisions as to the next steps for rollout of new approaches and activities which are taken by the prevention and education strategic groups.
Q4. Are the services and national drugs strategy being measured and evaluated in terms of cost and benefit?

See responses above to Q3 in terms of our Glasgow city approaches to monitoring, evaluation and evidence-based practice. Through our continual connection with the emerging international evidence base for effective practice, our local partnership approach is continually seeking to ensure that we are in tune with the best in evidence-based approaches, which includes material on cost-effectiveness.

However, we feel there is considerable scope for further development work at national level in this area, particularly where the effectiveness analyses put drug prevention activities into a wider context. To give one specific example, analysing impact of policy and practice on illicit drugs misuse needs to accommodate the many situations where alcohol misuse is closely intertwined, similarly when poor mental health may be a factor.

It should be noted as well that one of the challenges of cost-benefit analyses work is that the benefit of preventative investment often accrues over a timescale of years, and sometimes generations, and also the potential savings often accrue in settings other than where the preventative investment is made (e.g. reduced exposure to criminal justice services). Therefore, cost benefit analyses need to be comprehensive and able to track impacts over significant time periods.

It is also important that robust research work continues to progress that allows us to track and understand the changing patterns of drugs use and allied factors that may be interacting and impacting on this use. Our Greater Glasgow and Clyde Drug Trends Monitoring Group is an example of a multi-partner approach that seeks to ensure high quality intelligence about changing patterns of drug use in our Health Board and ADP areas.

Additionally there needs to be further research aimed at gaining a better understanding of the most effective ways of communicating with people in need of information, support and services in relation to drugs misuse and to more effective strategies for harm minimisation.

4. Summary and Policy / Development Considerations

We have provided a number of examples of partnership programme activity and investment areas in Glasgow city, but by no means a comprehensive overview of a complex landscape, involving multiple partners – from statutory, voluntary and private sectors.

We have been guided for approximately the last decade by a locally created drug and alcohol prevention and education model, underpinned by regularly reviewed evidence base for good practice.

While Glasgow city partners have sustained dedicated drugs (and alcohol) prevention investments over a significant period of time, additional investment in the prevention agenda would allow for expanding scope and scale of this body of work, in order to more comprehensively address population needs.
Policy and development considerations

Additionally, we have offered a number of policy considerations, particularly at the national level, that could help to provide further focus and impetus to the vital challenge of preventing harm to our communities from the misuse of drugs, particularly material in response to Q2.

Examples of such policy considerations include:

- Need to ensure that drugs prevention policy is closely connected with wider efforts to tackle social disadvantage, poverty, exclusion and inequality.
- Need to ensure close connection in terms of both policy and practice in relation to vulnerable groups who are much more likely to be impacted by drugs misuse – including homelessness, unemployment, criminal justice, vulnerable families and children affected by adverse childhood experiences, looked after children, and more generally any social group at risk of or affected by social isolation (local and wider analyses repeatedly show social isolation as a risk factor for deaths by drugs, alcohol and suicide). Ensuring close linkage with neighbourhood renewal and safer communities agenda is also vital.
- Need to ensure that there is sufficient resource capacity available to the voluntary and community sectors for innovation and grassroots development, as a vital complement to the work coordinated via statutory sector structures for this wider work to receive the recognition that it deserves.
- There is a need for more robust policies that set out multi-partner approaches to harm reduction as one key element of the wider prevention agenda.

Annex 1

Background Material Supplied by Committee Inquiry:

As part of an inquiry into Preventative Agenda, the Committee has agreed to carry out a one-off evidence session on drugs misuse. This evidence session will take place on Tuesday 30th January at 10:00am for approximately 75 minutes and the Committee has invited Glasgow City Alcohol and Drug Partnership to contribute evidence. Questions were issued in Dec 2017 and written responses are expected by Wednesday 10th January.

In addition to Glasgow City ADP, a representative from the following organisations have been invited to appear:

- Police Scotland
- Professor David Nutt, Imperial College London
- Scottish Recovery Consortium
- Cyrenians
- Pharmacist with addiction specialism (to be identified by the Royal Pharmaceutical Society of Scotland)
- Alcoholics Anonymous
- Royal College of Psychiatrists
- Scottish Prison Service
- Crew
- Addaction
- Scottish Drugs Forum