Greater Glasgow and Clyde

Alcohol and Drug Prevention and Education Model

WORKING TOWARDS A MODEL OF GOOD PRACTICE

2008 - 2011 Review Date - 2010

The aims of this working document are:

- To promote consistent practice and standards, in relation to Prevention and Education practice across all CH(C)P's in Greater Glasgow and Clyde.

- To encourage Prevention and Education practitioners to agree on, and then take ownership of, a baseline definition for Prevention and Education that will then inform universal working in the field.

- To raise the profile of Prevention and Education as a range of interventions worthwhile investing in at a local and area wide level by strengthening planning and partnership working across all Tiers and Core Elements.

- To raise awareness of the Alcohol and Drug Prevention and Education Model that includes a working definition for Prevention and Education, Prevention and Education Tiered Model, 12 evidence based Core Elements and Support functions.

- To create a more strategic, co-ordinated, cohesive, sustainable and planned approach to best practice. This will focus on the longer term structural development for Prevention and Education built on evidenced based approaches and a performance management framework.

June 2008

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section 1.1

Summary

Following an extensive literature search of the current Prevention and Education related evidence base, and an inclusive consultation phase involving both planners and practitioners, we have now developed a Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model.

The Model has 4 main components

- An overarching working definition for Prevention and Education.
- An Alcohol and Drug Prevention and Education Tiered Model that complements the existing Treatment and Care Model for Addictions.
- 12 evidenced based Core Elements of activity.
- A section on the 4 Support functions - (workforce development, networking, research and evaluation and dedicated structures), where investment would be required to maximise the successful implementation of the model.

Ultimately the model could be used to create, through consultation, an overarching commissioning framework for Alcohol and Drug Prevention and Education provision across the Greater Glasgow and Clyde area, that gives clear guidance on what constitutes good practice. This could then inform the future planning and delivery of alcohol and drug prevention and education work. This, in turn, should facilitate a move towards a fit for purpose structure for Prevention and Education that addresses issues around equity of provision, cost effectiveness and accountability.

section 1.2

Rationale

A mapping exercise, undertaken on behalf of the Greater Glasgow Alcohol Action Team in June 2006, presented a snapshot picture of what community based Alcohol and Drug Prevention and Education services looked like at that time. This exercise identified that the current approach to Prevention and Education is one that has grown organically, with provision and approach to Prevention and Education activity differing vastly across the Greater Glasgow area creating gaps in coverage.

It was acknowledged that there is a need establish better links between the planning structures and practice networks designing Alcohol and Drug Prevention and Education activities and the practitioners who are either directly or indirectly involved in supporting the implementation of these activities. It is with the above in mind that The Greater Glasgow and Clyde Alcohol Action Team and Drug Action Team and Glasgow City Addiction Planning and Implementation Group endorsed the formation of a working group.

The group examined current activities in the field in conjunction with the available evidence of 'what works' with a view to developing a consultation draft model. A working group – 'The Alcohol and Drug Prevention and Education Model Development Group' have been progressing this work and have now developed and consulted on the draft model.

The individuals involved in the working group currently are:

Gillian Cardow, Team Leader, Safer Alcohol Drinking In the East End Prevention and Education Project
Lee Craig, Alcohol Development Worker, Glasgow Community and Safety Services
Evelyn Lang, Prevention and Education Coordinator, Greater Easterhouse Alcohol Awareness Project
Linda Malcolm, Health Improvement Lead (Alcohol and Drugs), Greater Glasgow and Clyde NHS Board

Previously involved:

Susan Kerr, Senior Health Promotion Officer (Alcohol and Drugs), Greater Glasgow and Clyde NHS Board
Joanne Winterbottom, Prevention and Education Coordinator, Glasgow Council on Alcohol

contd.

section 1.2

Rationale contd.

NHS Greater Glasgow and Clyde includes within its boundary 6 local authorities, 10 CH(C)P's and 15 Community Planning Partnerships, each with their own local structures and planning mechanisms. It is impossible and inappropriate for one agency to directly control all prevention activity across such a large area. This working document therefore is not meant as a definitive prescriptive guide but as a vehicle in which to stimulate discussion and debate amongst those strategic planners and practitioners of Prevention and Education approaches. The aim is to create a vehicle of opportunity in which to explore, understand and respond to the capacity, funding difficulties and constraints inherent in translating theories of good practice into workable and achievable objectives. In doing so, this will help identify appropriate ways forward for the future planning and delivery of Prevention and Education in localities and across the Greater Glasgow and Clyde wide area.

'We already have a clear notion of how this model will work. For commissioners it forms a core specification and standards in which to commission alcohol and drug preventative services. For providers it will provide a core specification on which to deliver alcohol and drug education prevention services and for service users it should be used as a core specification for which the whole service is accountable for their delivery.' **– Glasgow Addiction Service**

section

1.3

Evidenced based good practice approach to Prevention and Education - Advocating a Community wide multifaceted approach

The aim of this document is to create a common overarching approach to delivering Prevention and Education and to enhance good working practice within the Alcohol and Drug Prevention and Education field.

It is recognised that there are three main factors that combine to create the overall outcome of an alcohol or drug experience – the drug, the individual and the setting, leading to a multifaceted event, with no one causal explanation, that needs a multifaceted response in return.

Therefore the underlying principles and processes condusive to good practice in Prevention and Education are contained within a multifaceted approach, as advocated by pieces of research such as:

- Foxcroft et al in their 1997 review of 'alcohol misuse prevention in young people' which concluded that no one type of prevention programme was found to be effective and that a multifaceted approach should be the way forward.

- Closer to home, in Greater Glasgow and Clyde in 2003, a four-tier multifaceted approach to the treatment and care of people with substance misuse problems has been recognised and adopted as the most appropriate strategy. Whilst deemed useful in this context the model does not allow for a whole population interventionist approach. This therefore raises for us the potential to design and implement a similar tiered model developed specifically for the prevention and education field.

- Also, Betsy Thom and Mariana Bayley in their 2007 report 'Multi-component programmes: - An approach to prevent and reduce alcohol-related harm' concluded that although there are key constraints and difficulties in adopting a multi-component community programme, examination of the literature suggests that for alcohol, multi-component approaches to prevent and reduce harm offer a promising way forward.

contd.

section

1.3

Evidenced based good practice approach to Prevention and Education - Advocating a Community wide multifaceted approach - contd.

When adopting a multifaceted approach it is important to take some cognisance of popular existing models that currently impact on the work delivered in the Alcohol and Drug Prevention and Education field including:

Tannahill's Model of Health Promotion, **Appendix 1**

Harold Holder's Community Prevention Approach, **Appendix 2**

Prochaska and DiClemente's Stages of Change Model **Appendix 3**

'We support the document's view to highlight the importance of a community-wide, multi-agency, multi-faceted approach.' **– East CHCP**

section

1.4

Prevention and Education – A working definition

The first component of the model is a working definition for Prevention and Education, which for the purposes of this document is as follows: *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 working definition is necessary to ensure that all practitioners have a clear agreed focus on the direction of travel of the work within the Prevention and Education field. 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.

Particular stress is placed in the model on the importance of early intervention through education and through the adoption of 'universal, 'selective', 'indicated' and 'environmental' targets for Prevention and Education work that aim to reduce risk factors and develop protective and resilience factors associated with the prevention of alcohol and drug related harm.

Where possible the focus is on restraining health-compromising behaviours and enhancing the occurrence of things that are good for an individual and their society. Put simply, prevention work aims to ensure that 'a specific target group avoids unhealthy behaviour by following a certain strategy'. The aim of prevention is to avoid initiation into alcohol and / or drug use and / or the reduction of harm to a minimum acceptable level. The aim of education is to create individuals and a society who have an informed choice and developed life-skills that can be used to reduce the harm of alcohol and drugs and enhance their overall wellbeing.

contd.

section 1.4

Prevention and Education – A working definition - contd.

There are three main types of Prevention and Education:

1. ***Primary prevention*** - Aims to avoid any initial initiation to risky behaviour.
An example of a response to avoid drug misuse and the avoidance of the development of alcohol problems amongst young people would be to develop multi-agency strategies that highlight the risks to this target group and the importance of avoiding alcohol and drug related risky behaviour. This would include identified support services and options for diversion.

2. ***Secondary prevention*** - Aims to reduce the potential for alcohol and drug related risky behaviour to become problematic by reducing the amount of harm that is being caused (harm reduction). An example response would be the avoidance of the development of alcohol problems in adults, such as binge drinking, through education campaigns.

3. ***Tertiary prevention*** - Aims to reduce the potential for more harm to be caused when an individual or society decide to continue with a risky behaviour even when they have potentially been informed and are fully aware of the dangers (harm minimisation).

An illustration of this would be where injecting drug users continuing to inject even though they know they are at risk of contracting hepatitis C.

An example response to the scenario described above would be to educate injecting drug users on safer injecting techniques.

'We feel it is helpful that the working definition incorporates the ethos of harm reduction.'
– Scottish Drugs Forum

section

2

Prevention and Education Tiered Model

As the model advocates a community-wide multi-faceted approach, the second component of the model is a four-tiered structure based on the existing treatment and care focused 'Tiered Model for Addictions' that was developed by Glasgow Addiction Services in 2003. The original 'Tiered Model for Addictions' visually represents Prevention and Education activity within Tiers 1 and 2. However, it is felt by many Prevention and Education practitioners that its positioning here by no means reflects the complexities and variations of the work. Moreover, it is argued that Prevention and Education should be viewed as a specialised and important aspect of the work carried out within the field of health and addictions.

'The link between alcohol and drug use and crime, disorder and antisocial behaviour is well recognised and it should be noted that Glasgow's antisocial behaviour strategy makes explicit reference that "prevention is at the heart of Glasgow's approach to tackling antisocial behaviour."' **– Glasgow Community and Safety Services (GCSS)**

There is a need for Prevention and Education to work towards a more holistic approach recognising the need for practitioners to work together in an organised, inclusive, strategic and cost effective manner. This, however, can only begin to happen if we acknowledge the broader scope of Prevention and Education as well as highlighting the dedicated organisations, departments and distinct pieces of work that lie within it, as well as the wide range of staff who traditionally may or may not be recognised as Prevention and Education practitioners (see Appendix 4 for an outline).

'The framework is seen as an important first step in articulating the value of prevention and education work, which we hope can be then translated into a greater emphasis on this work across communities' **– South East CHCP**

contd.

section 2

Prevention and Education Tiered Model - contd

Therefore to enable Prevention and Education practitioners to demonstrate the wide range of approaches, diversity and spread of the work within the field, a Prevention and Education Tiered Model has now been developed by expanding these two original Tiers to create 4 Prevention and Education Tiers as seen in the diagram on page 12.

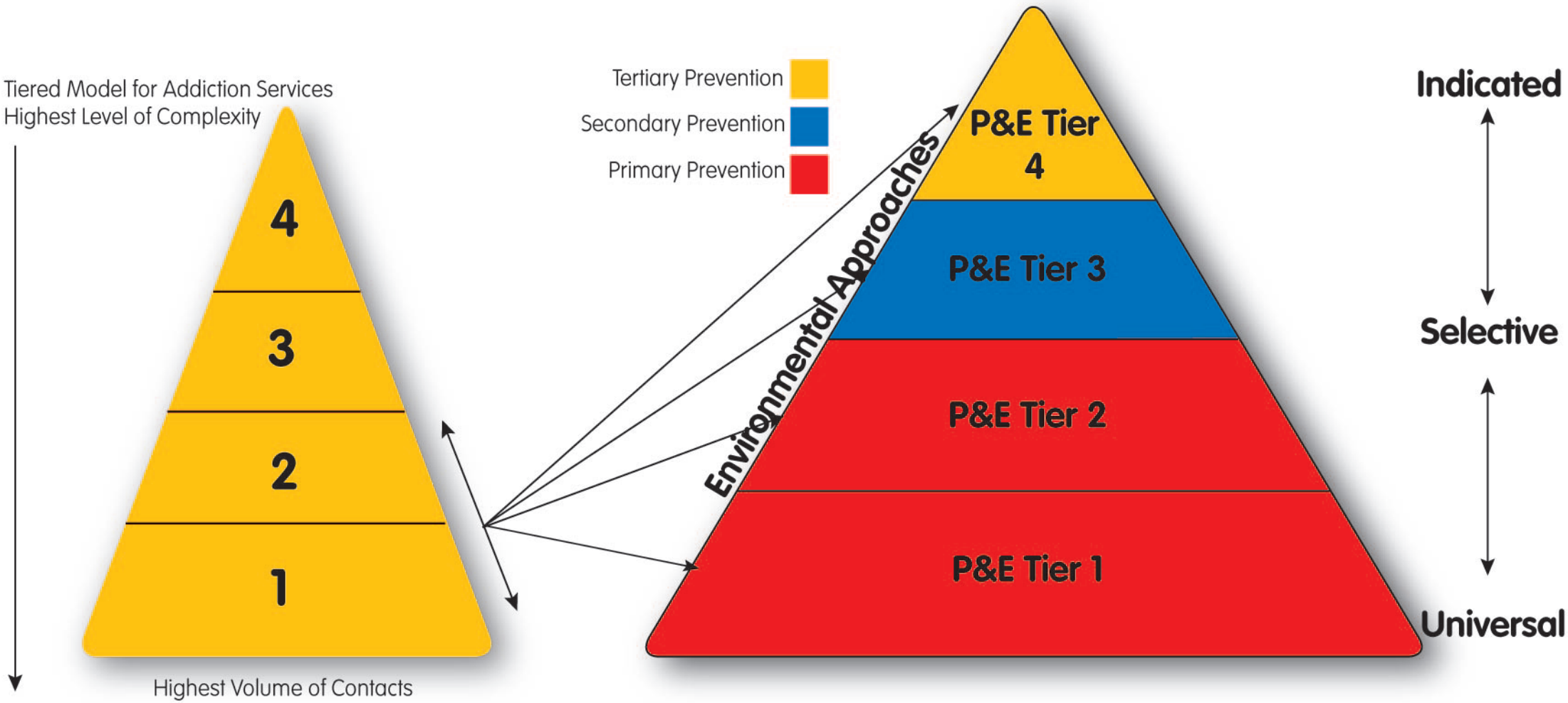
'A tier structure makes sense as it highlights that prevention and education can be part of a wide range of professionals work, from teachers to specialist counsellors.' – Alcohol Focus Scotland

An explanation of how the three main types of Prevention and Education activity lie within the Tiers is given on page 9. Please note that each Tier also has a corresponding 'Target' that refers to the population level at which the Prevention and Education activity is most often aimed at, and carried out with.

It is hoped that planners, commissioners and practitioners will use the Tiered Model as a useful visual tool that will be used to identify how their role and their work fits into the bigger picture of Prevention and Education. This should enable them to recognise existing areas of activity and any potential overlap or gaps in service within geographic areas.

'Having a tiered approach to service delivery allows people to understand the linkages between different parts of the system, relative to need and level of competence / sophistication. We fully support therefore using a tiered approach to service redesign and developing service linkages and accountability .' ***– Glasgow Addiction Service***

Alcohol and Drug Prevention and Education Tiered Structure



A Tiered Model for Addiction Services

Tier 4 - Specialist in-patient, partial hospitalisation, medical/psychology outpatients, co-morbidity provision, residential rehabilitation GDCC residential

Tier 3 - Community Addiction Teams, community rehabilitation - GDCC one-stop

Tier 2 - GPs in shared care, GCS. Brief Intervention in Primary Care. Needle exchange

Tier 1 - Benefits agency, housing services

Targets

Each tier also has a corresponding 'target'. These targets refer to the population level prevention and education is most often aimed at, and carried out with.

- Universal - the target is the whole population
- Selective - targets subsets of the population identified as having a higher than average risk of developing alcohol or drug problems
- Indicated - targets those whose current drug and alcohol use puts them at significant risk of becoming dependent or experiencing other serious problems
- Environmental - targets community structures, spaces and places. This target cuts across all tiers

section

2

Prevention and Education Model - Tiers 1 and 2 Primary Prevention

Primary prevention covers **P&E Tier 1** and **P&E Tier 2** and includes a mixture of organisations, projects and initiatives who are responsible for delivering Primary Prevention that in the main has a **Universal Target** – the whole population.

P&E Tier 1: Primary prevention includes various initiatives, workers and organisations that have no dedicated remit but often include aspects of prevention and education within their wider work remit.

P&E Tier 2: Primary prevention also includes various initiatives, workers and organisations that do have a specialist remit in relation to alcohol and drug prevention and education such as the Dedicated Prevention and Education Services and the Police Divisional Drug Awareness Officers. They cover a broad range of work covering most of the core elements identified within the framework.

Currently there are more services dedicated specifically to Alcohol Prevention and Education than to Drug Prevention and Education.

<u>To be effective, those involved in Primary Prevention should</u>

- Have core training in alcohol & drug knowledge and issues
- Have core knowledge of Prevention and Education theories
- Have enhanced training in alcohol & drug knowledge and issues
- Have access to high quality resources
- Have direct referral links to Addictions Services in the Tiered Model for Addictions Tiers 2 & 3
- Have a flowchart for signposting / directory of services
- Incorporate the relevant 12 core elements in the prevention and education framework into their work programme

section 2

Prevention and Education Model - Tiers 1 and 2
Primary Prevention - contd

Examples of Primary Prevention services/initiatives

- Dedicated Prevention and Education Services such as Glasgow Council on Alcohol Prevention and Education projects and the Greater Easterhouse Alcohol Awareness Project (GEAAP)
- Communication campaigns. For example, Play Safe
- Greater Glasgow and Clyde NHS Health Promotion Team (Alcohol & Drugs) communication campaigns and resource literature
- Youth workers trained in the 'Alcohol, Drugs & Youth Work' pack
- Divisional Drug Awareness Officers
- Benefits Agency
- Alcohol & drug initiatives such as Twilight Basketball, Alcohol Initiative Funded projects
- Projects delivering a programme of alcohol / drug prevention and education within a wider remit
- Housing Services (not providing specialist alcohol and drug services)
- Communities Sub-group (GRAND - Getting Real about Alcohol N Drugs Week)
- Health Spot

'The involvement of the voluntary organisations and community groups in the design, implementation and monitoring process of a tiered model is a useful step forward for practitioners to enable sharing of expertise and experience in the alcohol and drugs field.' ***– Glasgow Council for the Voluntary Sector***

section

2

Prevention and Education Model - Tier 3 Secondary Prevention

Secondary Prevention covers **P&E Tier 3** and again includes a mixture of organisations, projects and initiatives. Services within this tier will often have more tailored programmes and information services, as well as staff trained in, or with background knowledge of alcohol and drug issues. Secondary prevention in the main has a **Selective Target** meaning that it targets subsets of the population identified as having a higher than average risk of developing alcohol or drug problems.

<u>To be effective, those involved in Secondary Prevention should</u>

- Have core training in alcohol & drug knowledge and issues
- Have core knowledge of harm reduction
- Have enhanced training in alcohol & drug knowledge and issues
- Have knowledge of brief intervention screening tools and be training in brief intervention techniques
- Have direct referral links to Addictions Services in the Tiered Model for Addictions Tiers 2 & 3
- Have a flowchart for signposting / directory of services
- Incorporate the relevant 12 core elements in the prevention and education framework into their work programme.

contd.

section 2

Prevention and Education Model - Tier 3 Secondary Prevention - contd

Examples of Secondary Prevention services/initiatives

- Group work programmes by dedicated Prevention & Education Services
- Brief interventions delivered by primary health care staff (GP's, Dentists, Nurses)
- Youth workers trained in brief intervention skills
- Police custody cards
- Alcohol & Drug Forums
- Communities Sub-group of Glasgow City Addictions Planning and Implementation Group
- C-Level peer education programme
- Glasgow Drug Crisis Centre – Steroid users programme
- Health Spot (street workers)
- Housing services working with Community Alcohol Support Service teams
- Benefits agency staff
- Pharmacists in needle exchanges

section

2

Prevention and Education Model - Tier 4 Tertiary Prevention

Tertiary Prevention covers **P&E Tier 4**. At this level there is a smaller group of services that employ staff with specialist skills and training. Work carried out by these services has a strong focus upon fairly intensive work with individuals who have more complex needs. Tertiary Prevention, by the nature of the work, has an Indicated target therefore it targets those whose current drug and alcohol use puts them at significant risk of becoming dependent or experiencing serious problems relating to their substance use.

<u>To be effective, those involved in Tertiary Prevention should</u>

- Have enhanced training in alcohol & drug knowledge and issues
- Have a grounding in Social Care
- Have Brief Intervention training as part of the full assessment process (not in isolation)
- Have direct referral links to Addiction Services in Tiers 2, 3 and 4 of the Tiered Model for Addictions
- Have a flowchart for signposting / directory of services
- Incorporate the relevant 12 core elements in the prevention and education framework into their work programme.

<u>Examples of Tertiary Prevention services/initiatives</u>

- Community Addiction Team
- CPN's
- Acute Services Addiction Co-ordinator
- Education - as part of counselling programmes (School counsellors)
- Scottish Drug Forum overdose training
- Glasgow Addiction Services Naloxone programme

contd.

section 2

Prevention and Education Model - Tier 4 Tertiary Prevention - contd

Other major considerations to take into account when developing your Alcohol and Drug Prevention and Education Action Plan Framework include

- **Partnership working** – There is a need to recognise that for this multifaceted approach to be successful, partnership working plays an invaluable part.
- **Prevention and Education practitioner's contacts details** - The Health Improvement Alcohol and Drug Team currently hold a database of just under 150 Prevention and Education practitioners who are members of the Prevention Education Network (PEN). Also InfoBase database has information on at least 29 voluntary organisations employing one or more staff working on alcohol and drugs issues, and many more groups of volunteers actively involved in this work in the Glasgow area. (http://www.infobaseglasgow.org/)
- **Community participation/engagement** – Often it is difficult to achieve true community representation in planning structures and to engage with particularly hard to reach groups even through Public Partnership Forums. There do however exist resources to help you such as the Community Engagement Standards Service User Model (AAT / DAT) and VOiCE (Visioning Outcomes in Community Engagement) resource.
- **Deprivation** – To make an impact in this agenda, NHS Greater Glasgow and Clyde and its partner agencies should prioritise and target the 15% most deprived communities.
- **Promotion of Equalities** – There is a need to ensure a clear and consistent awareness of equalities issues and to identify the needs of minority and special interest groups. The promotion of equalities can be supported by referring to 'Fair for All, Personal to each: the next steps for NHS Scotland' document available at www.scotland.gov.uk/library5/health/ftap.pdf

section 2

Prevention and Education Model - Tier 4 Tertiary Prevention - contd

- **Identification of most at risk groups (e.g. vulnerable young people, looked after children, older people, homeless population)** – This should be done both at a national and local level and then careful consideration given to agree the core elements that require to be implemented to engage with them.
- **Life stage approach** – When developing action plans on alcohol and drugs, it is important to remember that drug misuse / alcohol misuse and the risk of dependence increases considerably during the adolescent years. These behaviour changes are preceded by biological, psychological, social and environmental influences, originating as early as the prenatal period that can be counteracted by building in relevant services, community based responses and localised supports. The Alcohol and Drug Prevention and Education Tier Model should be used to support the implementation of all planning and delivery of alcohol and drug Prevention and Education work. It can be used to map existing activity, spot gaps, avoid duplication and identify future priorities for the agenda.

'A useful start to involving non-specialist and Tier 1 & 2 providers under CHCP umbrella framework.' **– North CHCP**

section

3

3. Alcohol and Drug Prevention and Education Framework Core elements of activity

It should be acknowledged that there are certain limitations as to what the current 'evidence base' for Prevention and Education activity may be able to tell us. Also, there may not necessarily be clarity or consensus about what is 'good practice' and what is 'not good practice' amongst all areas of Prevention and Education activity in the various pieces of research to date.

That said, we have attempted to gain as full an understanding as possible of the elements of good practice by carrying out an extensive literature review, performed by an independent consultant, on the current evidence base available that relates to the Prevention and Education field.

As a result of the findings of this literature search, and to further the good practice approach, the third component of the model is the identification of the 12 Core Elements. These should be adopted into any Alcohol and Drug Prevention and Education Action Plan Framework devised within your local area. Please note however, that over time with the emergence of new evidence there could be additional Core Elements identified. Any developments of this type will be immediately passed onto Prevention and Education Planning Groups with guidance and support given regarding implementation. As this is a working document you should also note that in addition to the Core Elements highlighted within this model currently, there may be Non-Core Elements identified either by the Scottish Government or as a result of identified local need that will require attention. Alcohol and Drug Prevention and Education Action Plans may need to be adapted to take account of these elements.

'It is envisaged that a CHCP Health Improvement Alcohol / Drugs Prevention and Education Action Plan could be developed using this framework.' **– West CHCP**

section 3

3. Alcohol and Drug Prevention and Education Framework Core elements of activity - contd.

The twelve Core Elements that have been identified as priority areas for evidence into action following the literature review can be categorised as follows: -

1. Resilience and protective factors
2. Environmental measures
3. Community involvement
4. Diversionary approaches
5. Brief Intervention approaches
6. Education
7. Training
8. Parenting programmes
9. Social marketing
10. Workplace alcohol and drug policies
11. Harm reduction – alcohol
12. Harm reduction - drugs

The 12 Core Element Framework sheets can be seen in **Appendix 5**.

'12 core elements of activity – very relevant and capture the diversity of approaches required to tackling alcohol / drugs. The elements also give us a good starting point to map out current activity in our area and to identify any gaps.' **– East CHCP**

section 3

3. Alcohol and Drug Prevention and Education Framework Core elements of activity - contd.

Each of these core elements should have the flexibility to support nationally agreed priorities and campaigns as well as local ones. Planners and practitioners should use the 12 Core Elements to map out existing activity within their local area in relation to each Core Element. This will serve to identify gaps, duplication of activities and facilitate Prevention and Education service delivery.

'The 12 Core Elements may be useful as a topical guide for stakeholders looking to develop programmes.' **– Scottish Drugs Forum**

The Prevention and Education Planning Groups should then prioritise which Core Elements are key for their Alcohol and Drug Prevention and Education Action Plan. This should take into consideration national and local targets and baseline knowledge of the most pertinent alcohol and drug related issues for their CHCP area. Once the key Core Elements have been identified and processed as part of an action plan, additional Core Elements can be identified using the suggested linking elements box on each Core Element page, providing of course that financial and staffing resources allows for this.

'It allows us to ensure that we are delivering within core areas relevant to our remit.'
– Inverclyde Harm Reduction Team

section

3

3. Alcohol and Drug Prevention and Education Framework Core elements of activity - contd.

Accordingly, within this working document, we will examine further each Core Element in turn highlighting their importance and including examples of stakeholders and suggested areas of work. Please note however, that these examples have been included only to stimulate discussion and are they by no means meant to be exhaustive nor exclusive. We also acknowledge that some of the suggested areas of work are already happening in some local areas.

'The model is useful in identifying the range of stakeholders, aims and activities. A large number of agencies and projects are working in this field and there is a consequent danger of 'silo-working', duplication and ineffective linking which the model will hopefully reduce.'
– ***Community Safety Department, Strathclyde Police***

section

4

Support Functions

A conjoined approach to alcohol and drug prevention and education requires an equally coordinated approach to workforce development, networking, research and evaluation for practitioners delivering on this agenda. We have therefore identified these Support Functions as the fourth and final component of the model.

'The support functions adequately reflect that prevention and education activity should exist within a regulated system. The effective use of resources and services depends on these being co-ordinated (networking), developed (training) and evaluated (research and evaluation). I think that these support functions are key to the delivery of an effective prevention and education strategy.'

– Community Safety Department, Strathclyde Police

section

4

Support functions – Workforce Development

All training needs for staff falling within the Alcohol and Drug Prevention and Education Model should be assessed, developed, delivered and evaluated through the Tiered Model for Addictions Tier 1&2 Training Sub-group. The lead for this area of work is the Tier 1 & 2 Co-ordinator based at Glasgow Addiction Services.

An example of what has been suggested by practitioners includes: -

- Development of a training needs system, training logs etc
- Development of a paper and web based annual training calendar / brochure that can be accessed via the Training Sub-group and the Alcohol and Drugs Health Improvement / Public Health Network
- Development of a range of training resources – toolkits, leaflets, audio visual material, directories of services etc
- Capacity building in basic alcohol and drug awareness
- Development of a Alcohol and Drug Prevention and Education induction module
- Core set of modules linked to the core elements
- Youth worker training the trainer courses – rollout of the 4 modules
- Drug Proof Your Kids Training
- Monitoring and evaluation
- Media training
- Training on Community Development
- Potential rollout of the Homelessness training brochure courses

'Training has been welcomed in this field and staff have indeed benefited from the various courses.' ***– Homelessness Partnership***

contd.

section 4

Support functions – Workforce Development - contd

- Mentoring / placement opportunities
- Rolling programme of continued professional development opportunities
- Brief intervention Training
- Needle exchange training
- Hepatitis C training

'Alcohol and Drug Prevention and Education model will inform the development of our support to improve the capacity of voluntary organisations working on alcohol and drug related issues.' ***– Glasgow Council for the Voluntary Sector***

section

4

Support functions – Networking

Networking between practitioners has been identified as a key support function if the implementation of a multi-faceted approach to alcohol and drugs is to be effective. The lead for this area of work is the Greater Glasgow and Clyde Health Improvement Alcohol and Drug Team who are currently developing the Alcohol and Drug Health Improvement Network website and also coordinate the Prevention Education Network quarterly events.

An example of what has been suggested by practitioners includes: –

- Alcohol and Drugs Public Health Network
- Prevention and Education quarterly events and circulation of the complimentary bulletin newsletter. This happens currently to approximately 150 Prevention and Education practitioners on the Health Improvement Alcohol and Drug Team database

'Inclusion of a Support Function on 'Networking' in the current draft P&E Model is a useful recognition of the value of active partners having the opportunity to meet and share information.' **– Communities Sub-Group**

- Development of a registration process for all prevention and education practitioners to in turn create a practitioner database and recognised professional standards
- Conference dedicated to Prevention and Education
- Management support for networking – time, money
- Mentoring opportunities
- Mapping of what is out there and development of a directory for Alcohol and Drug Prevention and Education

section

4

Support functions – Research and Evaluation

Throughout this document we have continuously said that all work delivered in the Prevention and Education field needs to be evidence based. We know that the current evidence base around addiction prevention and education is weak and needs to be strengthened in order to allow planners and practitioners alike to have informed strategic debates relating to the direction of work within this field. In order to enable us to strengthen this evidence base, as highlighted in the recent Scotland's Futures Forum report Approaches to Alcohol and Drugs in Scotland (5), 'A greater proportion of resources should be allocated to research, monitoring and evaluation' as there is 'a need for more evaluation of community approaches so as to establish a rolling evidence base to ensure that continuing investment follows the evidence of what is efficient and effective.'

A lead for this area of work is still to be identified but could potentially lie with the creation of a dedicated Pan Board addiction research resource tasked with carrying out a localiased and area wide mapping exercise of all prevention and education activity (both dedicated and non-dedicated). This would establish a baseline that could be used to inform localised Action Plans and measure future successes. The Research Team could also be used to develop a standardised Monitoring Framework to complement the Alcohol and Drug Prevention and Education Model making it easier for local areas to continue to capture evidence of what was being delivered and the outcomes being met.

section

4

Support functions – Research and Evaluation

Examples of what is required: –

- Support from a central research resource to increase the opportunities for evidenced based practice
- Localised action plans with identified priorities, lead contacts, funding, timescales and review dates
- An agreed monitoring form that practitioners complete during the planning and implementation stages of an initiative possibly along the lines of the SCDC VOiCES web based resource
- 3 year final report on process, outcomes and performance management

'Evaluation is an essential component of any new service development. It would be useful to add an Audit of existing practices and to initiate a routine programme of continuing audit. This would help to contribute to identifying and developing new areas for future research.' **– Area Pharmaceutical Committee**

section

4

Support functions – Dedicated Structure

The lead for this area of work is the Greater Glasgow and Clyde Health Improvement Alcohol and Drug Team, Glasgow Addiction Services, Addiction Managers, Community Planning Partnerships and Health Improvement Staff in Community Health Partnerships. In areas out with Glasgow city there may be other local agencies or structures that lead. Ultimately the formation of a dedicated multi-agency Prevention and Education Implementation Group with a strategic overview in this arena would be vital in playing a key role in developing this support function.

There are currently 5 Dedicated Prevention and Education Projects for alcohol and in Glasgow City. See **Appendix 6**.

- SADIES – East CHCP
- North Glasgow Alcohol Support Service –North CHCP
- Drumchapel Alcohol and Drug Addictions – South East CHCP
- GATE – South West CHCP
- GEAAP – East CHCP

There are no dedicated Prevention and Education projects for drugs.

Dedicated Prevention and Education projects in other CH(C)P's are very limited or non-existent. **See Appendix 7**.

Examples of what is required: –

- Consolidation of existing structures and ring fenced funding streams for established Dedicated Prevention and Education Projects
- Additional Dedicated Alcohol and Drug Prevention and Education resource should be developed to cater for the other 6 CH(C)P areas

Support functions – Dedicated Structure - contd.

'In principle this is a very useful document which will help agencies who normally deliver specialist services to address the health improvement agenda; however care needs to be taken with the fact that the set up is quite different in Clyde as opposed to Glasgow.' **– Renfrewshire CHCP**

- All Dedicated Prevention and Education Projects should expand their remit to include drugs. This would mean drugs training for existing staff
- According to the latest Scotland's Futures Forum report Approaches to Alcohol and Drugs in Scotland (5), 'Young people must be given more credible and truthful information about alcohol and drugs to enable them to make better choices.' This is seen as being vital to preventing new generations of drugs and alcohol misusers.' This identified need could be met through the development of a Pan Board primary schools alcohol and drugs education training resource based on the independently evaluated Greater Easterhouse Alcohol Awareness Project P6 and P7 alcohol programmes.
- The job description of the existing Prevention and Education Co-ordinator post, currently hosted by the GCA, should be revamped to cover both alcohol and drugs and have an area wide remit.

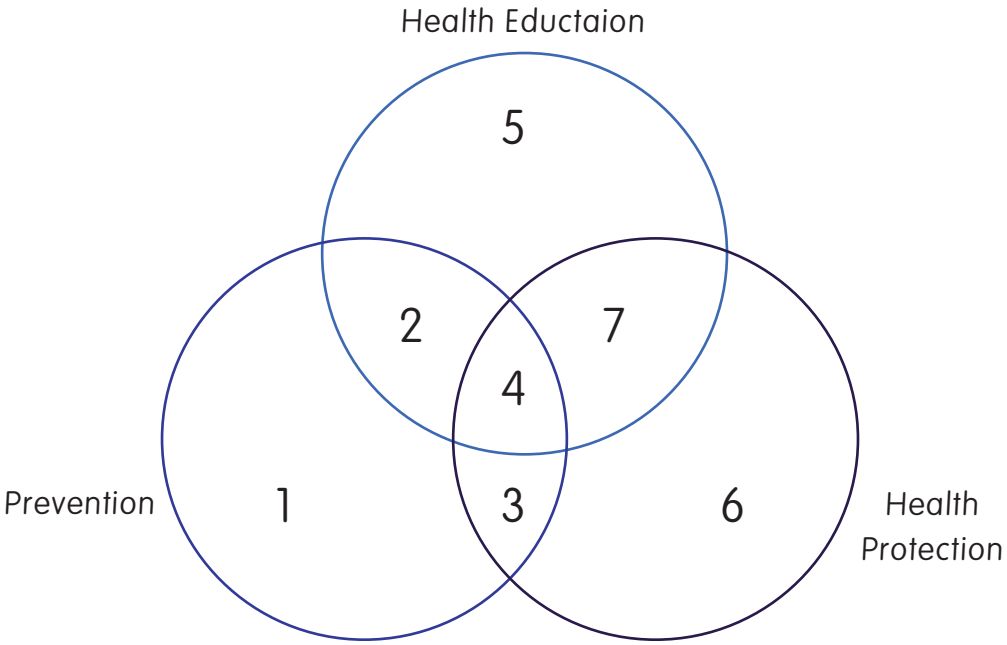
The continuation of the existing Prevention and Education Working Group, with a remit of raising awareness and progressing future development of the Prevention and education agenda in alignment with the model, would be vital and play a key role in the above support function.

Appendix 1

Tannahill's Model of Health Promotion (Downie et al. 1990)

This model is widely accepted as the model for health promotion by most health care staff. It consists of 3 overlapping circles that lead to stand alone activities and combined activities in health promotion (6).

1. Health education
2. Prevention &
3. Protection



Examples for each area

1. Preventative services
2. Preventative health education
3. Preventative health protection
4. Health education for preventative health protection
5. Positive health education
6. Positive health protection
7. Health education aimed at positive health protection

Appendix 2

Harold Holder's Community Prevention Approach

Holder advocates a multi faceted initiative using partnership working to address the nature of alcohol related problems. Described as a 'systems approach within a community', Holder sees a community as a series of sub systems: consumption, retail sales, regulation, social norms etc. which can be targeted to prevent alcohol related problems using specific initiatives designed to reinforce each other. This approach aims to alter the environment in which drinking occurs rather than seeking to target 'at risk' groups per se (7).

The activities undertaken by Holder were primarily focused on affecting the environment in which drinking took place, however the principles could equally be applied to work that targets group and individual behavior within a community.

The following are the key principles that underpin effective environmental change according to the Holder model (8).

- Invest in involving stakeholders and the community throughout the process
- Clearly define what specific drug or alcohol problem(s) you want to tackle
- Identify a range of evidence-based approaches that are likely to tackle the problem you have identified
- Where evidence is weak consider approaches with theoretical potential to tackle the problem and ensure high quality process evaluation is built in
- Adopt a multifaceted approach to addressing the problem
- Set outcome indicators and ensure systems are in place to monitor these indicators
- Proactively engage the media in order to promote community support for the actions being undertaken
- Build on success to generate support for further activity

Appendix 3

Prochaska and Di Clemente's Stages of Change Model

The stages of change model is an attempt to describe readiness and how people move towards making decisions and behavior change in their everyday lives (9). In terms of Prevention and Education work identifying where in the behaviour change process the target audience can be presently found is a pre-requisite to ensuring an appropriate measured Prevention and Education response is devised and delivered. The model provides a useful reference point for determining 'where someone is at' in relation to behaviour and helps in ensuring the intervention is tailored appropriately.

Process of Change stages

- **Pre contemplation** – raising awareness and consciousness of a problem, prompt regarding evaluation of personal risk and encourage consideration of individual action.

- **Contemplation** – enhancing knowledge and beliefs whilst anticipating and addressing points of resistance.

- **Preparation** – development of new behavioural skills e.g. self-monitoring and refusal behaviours.

- **Action** – reinforcing self-efficacy, the conviction that one can execute a particular behaviour is predictive of subsequent behavior change.

- **Maintenance** – learning and maintaining a new pattern of behaviours requires that people know how to monitor their behaviour and apply self-reinforcement strategies.

Appendix 4

Proposed draft for Alcohol and Drugs Prevention and Education Tier Structure

The different types of alcohol and drug prevention and education work within the proposed tiered structure mostly come from the 'Mapping Alcohol and Drug Prevention and Education in Greater Glasgow', that was carried out in June 2006. The purpose of this paper was to present a snapshot picture of community based alcohol / drug prevention and education services across Greater Glasgow and the geographical areas in which they were based. The paper proposed that prevention and education work could be classified into the following categories

- **Dedicated Prevention & Education Services**: Dedicated prevention and education services cover a broad range of work covering most of the elements outlined in the model.

- **Projects delivering a programme of alcohol / drug prevention and education within a wider remit**: A number of projects deliver alcohol and drug prevention and education as part of a wider remit

- **Alcohol & Drug Forums**: There are currently active forums across the city, the majority of whom work to address both drug and alcohol issues.

- **Community Addiction Teams – Development Workers**: Glasgow Addiction Service CAT Development Workers support and deliver prevention and education work as part of their remit.

- **Strathclyde Police – Divisional Drug Awareness Officers**: Deliver the full range of drug related prevention and education activity within their local communities.

- **Alcohol and Drug Initiatives**: In addition to the services described above there is a range of one off community initiatives with a drug/alcohol prevention and education element or theme.

In addition to these categories, staff groups including primary health care staff, Community Psychiatric Nurses (CPN's), housing services and social work staff were also identified as having a role to play in devising and delivering prevention and education type services / initiatives.

Appendix 5

CORE ELEMENT 1: PROTECTIVE & RESILIENCE FACTORS

Evidence Base - A number of studies have identified environmental, family and individual risk factors that predispose young people to developing alcohol and drug problems. (10 and 11) These include:

- Availability of drugs and alcohol in the community
- Parental drug and alcohol problems
- Peer drug and alcohol use
- ADHD

Moreover, according to the work of Hawkins et al (10 and 11), the presence of protective factors has been shown to increase resilience in the face of risks, reducing the chance of a young person developing a drug / alcohol problem or other associated problems. These include:

- A sense of belonging and achievement at school (school connectedness)
- Open and democratic parenting styles
- Low family conflict
- Strong parent child bond
- Consistent supportive relationship with an adult outside the family

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- Parent & Child Teams
- Prevention & Education Projects
- Schools
- Health Visitors
- Community Addiction Teams
- Parents & Carers

Targeted Level:

- **Selective**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- incorporate protective factors such as improving self esteem in wider initiatives
- deliver parenting programmes
- develop befriending initiatives for vulnerable young people
- devise effective universal procedures for identifying & protecting children at risk, including during pregnancy

Suggested Linking Elements

Core Element 2: Environmental Measures; Core Element 3: Community Involvment
Core Element 8: Parenting Programmes

CORE ELEMENT 2: ENVIRONMENTAL MEASURES

Evidence Base - The adoption of environmental measures is widely recognised as being a necessary component to the combating of alcohol and drug problems, as outlined below:

- In terms of alcohol specifically, as availability increases and prices reduce, consumption and alcohol related problems increase. (12) Accordingly, evidence-based preventive measures such as alcohol taxes, restrictions on alcohol availability and drinking-driving countermeasures are among the most effective policy options. (13)
- There is also evidence that high profile policing and enforcement of the law relating to underage drinking and serving people who are intoxicated and the prohibition of drinking in public places, can be linked to a reduction in alcohol related crime and disorder. However, such measures seem to work best when combined with other community based activities. (14)
- The licensed premise environment can also impact on levels of alcohol related crime and disorder. Measures such as training for licensees, bar and door staff, environmental adjustments and using toughened glass have shown promise in preventing and dealing with alcohol related crime and disorder. (14)
- Finally alcohol and drug use is commonly associated with antisocial behaviour, crime and fear of crime and therefore requires the support of an anti social behaviour strategy. (14)

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- Community Safety & Drug/Alcohol Forums
- Prevention & Education Projects
- Police
- Licensing Standards Officers
- Community & Safety Services
- Community Pharmacies

Targeted Level:

- **Environmental**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- Develop a policy for the safe disposal of discarded needles
- Challenge 21 campaign for licensed premises
- Test Purchasing of Alcohol by Under 18s
- Mobile CCTV vans in areas identified as "hotspots" for antisocial behaviour
- Action by Licensing Standards Officers in relation to non-compliance with Licensing Board's policies Suggested

Suggested Linking Elements

Core Element 3: Community Involvement; Core Element 4: Diversionary Approaches

Core Element 11/12: Harm Reduction Alcohol/Drugs

CORE ELEMENT 3: COMMUNITY INVOLVEMENT

Evidence Base

Engagement with communities and the facilitation of public action, to ensure a meaningful contribution to priority setting and implementation, constitutes good practice and a valuable addition to strategic development, as identified in the following pieces of research.

- The 'New Deal for Communities research - A model of service provision' suggests the way forward should include community consultation and mapping through discussion, development of localised action projects, funding of neighbourhood based drugs workers, with accountability to local community groups.
- Reinforcement for community involvement also comes from the work of the Joseph Rowntree Foundation in 2006 in its research into 'Parenting and Children's resilience in disadvantaged communities.' It concluded that neighbourhoods with a high level of community resilience, reflected by a high level of social capital where groups of people come together around a shared goal and are successful in achieving this goal, are most likely to be able to ease the risks and threats to which they are exposed and to regulate unacceptable behaviour. (15)

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- Alcohol & Drugs Forums
- Tenants Associations
- Community Councils
- Prevention & Education Projects
- Community & Safety Services
- Health Forums & PPFs
- Community & Voluntary Groups

Targeted Level:

- **Universal**
- **Selective**
- **Indicated**
- **Environmental**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- A structure for meaningful engagement with communities & neighbourhoods on licensing issues
- Community action initiatives to run alongside e.g. education approaches
- Priority setting to take account of e.g. Alcohol & Communities survey results
- In collaboration with CHCP, CPP, the police & voluntary community groups undertake a local study on how drugs affect the community (prevalence, drug related crime, blood borne virus rates, impact on services)
- Involve community whilst adhering to VOICE guidelines & Community Engagement Standards

Suggested Linking Elements

Core Element 1:Protective & Resilience Factors; Core Element 2: Environmental Measures

Core Element 4: Diversionary Approaches

CORE ELEMENT 4: DIVERSIONARY APPROACHES

Evidence Base

The youth diversionary approach is an equally important strategy to adopt. In the past it has been used specifically to target youth crime, utilising a wide range of interventions including youth clubs, music, dance, holiday activities, education and skills training, provision of places for young people to meet and activities aimed at improving relationships with the police. Once again such approaches have been shown as potentially influential in the following pieces of research:

- The Effective Interventions Unit, (2003a) 'Drug Treatment Services for Young People; A systematic review of effectiveness and the legal framework ' concluded that there is evidence that diversionary activities, which often fall within the remit of youth work, may be able to support natural processes of change, particularly if intervention occurs before problems become established (16).
- Furthermore, the findings from Project Northland (17) show that, when combined with developmentally appropriate classroom sessions, support for parents and enforcement initiatives, diversionary activities can contribute to a reduction in adolescent alcohol use.
- Scottish Sports Twilight Basketball project targets young people most vulnerable to the risks of substance misuse and aims to divert them from crime and anti social behaviour. Through Sports activities the young people recognise the need for personal fitness and a healthy lifestyle. Capitalising on the relationships forged, 'educational time outs' provide the opportunity in which to promote drugs/alcohol awareness and education. (18)
- Kicks n Tricks, a police led football initiative, has reported a 72% reduction in anti-social behaviour in the area when it is operating.

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- Culture & Sport Glasgow
- Youth Groups
- Police
- Dedicated Prevention & Education Services

Targeted Level:

- **Universal**
- **Selective**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- Develop diversionary activity programmes which incorporate input from a Dedicated Prevention & Education Service
- Develop diversionary activity programmes which link in with schools based Educational Approaches
- Link Diversionary Approaches with Environmental Approaches such as high profile policing campaigns which aim to reduce the procurement of alcohol by under 18's
- Aim to instil Protective & Resilience factors through sense of belonging and achievement through participation in diversionary activities
- Arrange concessions for sporting activities in the area
- Arrange transport to and from diversionary activities if territorialism is a barrier

Suggested Linking Elements

Core Element 1:Protective & Resilience Factors; Core Element 2: Environmental Measures
Core Element 5: Brief Interventions; Core Element 6: Educational Approaches
Core Element 7: Training Approaches

CORE ELEMENT 5: BRIEF INTERVENTION APPROACHES

Evidence Base
It has been advocated that the stages of change model and motivational interviewing technique may be useful to many practitioners, particularly youth workers, in the approach to reducing alcohol problems. A brief intervention approach tackles alcohol and drug issues in the early stages and aims to prevent the development of severe alcohol problems. The intervention can range from a 5 – 10 minute input of advice, information and the provision of a workbook (19) to up to five one or two-hour sessions. (20) It works by getting people to think differently about their alcohol and drug use use, to begin to consider changes to their consumption whilst providing opportunities for skills development to allow for less risky patterns of drinking and drug use in which to minimise potential harm (21)

- Given that most youth work alcohol interventions take place as a chance encounter (22), the potential contribution of youth workers to engage in brief intervention is considerable and requires recognition in a joint working environment with an understanding of the onward referral possibilities. This has since been recognised and addressed within the Gorbals area of Glasgow. In 2006 CREATE consultancy devised and delivered a 'Brief intervention on alcohol training' course with the aim of equipping community workers with the necessary assessment tools and motivational techniques. As a result 75% (no.9) acknowledged that they felt equipped to intervene, on a brief intervention basis, with those wishing to reduce their alcohol consumption or lessen the harmful effects (23).
- Likewise, in the primary care sector, guidelines have been developed for the management of harmful drinking and alcohol dependence (24) using assessment tools, which compliment a brief intervention approach. These are being utilised in various parts of Scotland.
- Within the drugs field the work of Cambridge and Strang (2004) (25) clearly advocate the adoption of Motivational Interviewing alongside brief intervention given its success in effectively reducing drug use.

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- Youth Workers
- Pastoral Care Staff
- Primary Care Staff
- CHCP Allied Health Professionals
- Community Pharmacists

Targeted Level:

- **Indicated**
- **Selective**
- **Environmental**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- Develop a diversionary programme or drop in facility where young people have the opportunity to talk with staff trained in brief intervention and motivational interviewing skills
- Primary care staff and wider public health workforce delivering brief interventions
- Health and social care staff carrying out opportunistic screening and brief interventions with older people
- Needle exchange service providers give brief advice on non-injecting drug use and advise those who continue to inject
- Pastoral Care Teachers delivering brief interventions
- Establish referral pathways between staff trained in brief interventions and appropriate services such as counselling services and Community Addiction Teams

Suggested Linking Elements
Core Element 4: Diversionary Approaches; Core Element 6: Educational Approaches
Core Element 7: Training Approaches; Core Element 11: Harm Reduction - Alcohol
Core Element 12: Harm Reduction - Drugs

CORE ELEMENT 6: EDUCATIONAL APPROACHES (Formal & Informal)

Evidence Base

- Schools present a captive audience for alcohol education. One study of classroom-based approaches has shown a positive impact on drinking attitudes and behaviour but only where materials reflected young people's circumstances and the teachers were well informed and experienced (26)
- 'The health promoting school: progress and future challenges in Welsh secondary schools' recommends from their research the implementation of health related policies, and the involvement of outside agencies and professionals in the planning and delivery of health education programmes, with an emphasis on the better integration of school programmes with community resources (27)
- Similarly the Blueprint strategy, a drug education programme, addresses five components: - schools, parents, community, health policy and the media within its material. (28)
- It seems that police, teachers and peer educators may effectively deliver drug education programmes, if trained and supported appropriately and if effective and interactive teaching methods are used. However, in school-based alcohol and drug education, it is considered best if teachers take prime responsibility for delivery, working in co-operation with external agencies as appropriate, taking into account the focus and objectives of each section of the programme. (29) Furthermore teachers are best placed to know their students' needs and developmental level but should be trained in delivery of drug education. (30 and 31)
- Additionally consideration should be taken of peer led initiatives, which can encompass knowledge, attitudes and skills. These have already been developed as a way of making health education sessions more empowering and engaging, although as yet the evidence for their impact is mixed and further researchisrequired.(32)

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- Schools: Health Development Officers; PSE Teachers
- Youth Providers
- Drug Awareness Officers
- Dedicated Prevention & Education Services

Targeted Level:

- **Universal**
- **Selective**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- Link classroom based work/activities within the PSE curriculum to diversionary activities out with school hours
- Dedicated Prevention & Education Services deliver alcohol & drug based work within schools PSE curriculum as per the recommendations from the 'Drug and Alcohol Education Consultancy Service for Secondary Schools' report. See 'Outside Agency Input' recommendations.
- Ensure that age specific education on alcohol and drugs is given to all children in educational establishments
- Develop alcohol/drug info points in community settings

Suggested Linking Elements

Core Element 1: Protective & Resilience Factors; Core Element 4: Diversionary Approaches
Core Element 5: Brief Intervention Approaches; Core Element 7: Training Approaches;

CORE ELEMENT 7: TRAINING APPROACHES

Evidence Base
It is recognised that training can help provide a theoretical base for practice and can help support individuals to develop these competencies (33). In researching this area further a number of other issues needed to be included when considering appropriate training approaches that can be developed and delivered to staff working within the alcohol and drug field whether directly or indirectly

- According to Barlow, J of STRADA, regular training needs analysis are imperative in which to gather workers opinions and to ensure the training provided is appropriate for both specialist and generic staff. Importantly, where generic staff do not receive training, this can reduce the likelihood of early identification of problems, assessment and appropriate onward referral for service users. (34)
- Furthermore she argues that the training supplied as a result needs to be multidisciplinary in order to offer participant's a valuable opportunity in which to consider different approaches and practices. It also needs to facilitate reflection and interpretation of theory in the context of a practitioner's own experience, whilst addressing attitudes and values in a bid to affect practice. (34)

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)
- Health Improvement Practitioners
- CHCP Planning Managers
- Culture & Sport
- Housing
- Prevention and Education Projects
- Training providers

Targeted Level:
- **Universal**
- **Selective**
- **Indicated**
- **Environmental**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*
- Develop briefing sessions and papers for elected members on alcohol and drug issues, including local trends, local services, relevant Government legislation and prevention initiatives
- Carry out a training need assessment with relevant staff before developing any training programmes
- Ensure support and basic alcohol and drug multi-disciplinary training is provided for all relevant staff such as social work professionals, care home staff, childcare staff, police, employers, housing staff, primary care staff, pharmacists, staff in leisure and recreation facilities, voluntary sector staff etc with a direct or indirect role in the alcohol and drug agenda.
- Ensure all staff working with vulnerable children have been trained in child protection issues
- Provide regular updated training to teaching staff, school boards and parents on alcohol and drug awareness including dealing with alcohol and drug related incidents in school premises
- Service users receive training for trainers & deliver appropriate programmes
- Develop the opportunity for housing staff to shadow staff in a drug agency as part of their personal development to gain a better understanding of the service and the drug workers remit
- Develop training programme for needle exchange staff on safer injecting techniques
- Develop and deliver training programmes of hepatitis c and other blood borne viruses for NHS and non-NHS staff
- Training for tier 1 and tier 2 addiction staff on brief interventions
- Delivery of life-saving or resuscitation methods to service users and their families

Suggested Linking Elements

Core Element 11: Harm Reduction - Alcohol; Core Element 11: Harm Reduction - Drugs

CORE ELEMENT 8: PARENTING PROGRAMMES

Evidence Base

The attitudes held by parents strongly influence those of their children and the behaviour that parents model towards substance use is strongly linked to the subsequent behaviour of their children. Parents therefore will have a major influence on the drug related views & behaviour of their children and have a significant role to play in drugs prevention. Parenting programmes focus on supporting the development of parenting skills and family communication to ensure that alcohol issues are addressed at an early stage (35)

- There is strong evidence that such programmes seem to be the most effective form of alcohol and drug prevention. A number of programmes exist, e.g. How to Drug Proof Your Kids, Yakety Yak, Parent Power & Mellow but the most comprehensively evaluated is Strengthening Families. The programme is designed to reduce adolescent substance misuse and other behaviour problems by building life skills for young people whilst increasing parenting skills. It comprises of a seven week two hour group work session. Evaluation was favourable on three levels, in terms of altering alcohol initiation behaviours, alcohol use without permission and first drunkenness (35)
- According to the guidelines for drug prevention (2001) evidence from the international research literature has indicated the importance of involving parents & families in drug prevention work (36)

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- PACT Teams
- Parent Councils
- Community Addiction Teams
- Vulnerable Infants Project (GCC)
- Schools / Nurseries
- Parents

Targeted Level:

- **Universal**
- **Selective**
- **Indicated**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- Develop training programmes for non drug using parents aimed at raising basic alcohol & drug awareness, signs & symptoms and where to go for help
- Development of longer courses focussing on parenting skills
- Development of parenting courses focusing on confidence building
- Develop training programmes for non drug using parents aimed at raising basic alcohol & drug awareness, signs & symptoms, how to cope with questions from their children about their own drug use and where to go for help
- Develop training programmes for staff working with parents who are problem drug users that can be used to support policy/procedures on working with this target group
- Development of intensive courses for high risk families

Suggested Linking Elements

Core Element 1: Protective & Resilience Factors; Core Element 6: Education;
Core Element 7: Training

CORE ELEMENT 9: SOCIAL MARKETING

Evidence Base

Social Marketing refers to the application of basic marketing principles to the design and implementation of programmes and information or communications campaigns that advance social causes such as alcohol and other drug prevention.

- Effective social marketing involves needs assessment, segmentation of target markets, creation of meaningful messages and implementation and evaluation according to a plan based on the right 'product', 'price', 'place' and 'promotion' channels. (37)
- Hastings et al's research into using the media to tackle the health divide concluded that effective social marketing has had a positive impact in relation to drug use.
- Furthermore, Hastings et al (38) advocates that a focus on 'Media Advocacy' serves to emphasise the importance of community involvement with the individual characterised as an advocate for change rather then a target to be changed.
- Media interventions can, they argue, effect changes in awareness, knowledge and, to some extent, attitudes. However, careful research should be further carried out into the target audience as to whether the message is clear and acceptable. Likewise the objectives should be realistic and measurable. (38)
- The success of a communications campaign is dependent upon the creation of positive emotional messages and images, which can serve to build trust from within the public. Campaigns, which stress the benefits of healthy behaviour, give individuals a sense of control, and reduce anxiety or fear, are the most effective way forward. (38)
- Once again it has been noted that media initiatives work best as part of a multifaceted initiative rather then in isolation. (38)

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- Alcohol & Drug Action Team
- Health Improvement Teams
- CHCP/CPP
- Community & Safety Services
- Press Office Departments of NHS & Local Authorities

Targeted Level:

- **Universal**
- **Selective**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- Identify local individuals recognised for their sporting, musical or artistic abilities to act as positive role models & create a campaign around this to highlight the benefits of an alcohol/drug free lifestyle
- Incorporate a social marketing element in wider environmental initiatives
- Link a social marketing campaign reinforcing heath benefits of alcohol/drug free lifestyle to provision of diversionary programmes such as sports, arts etc
- Localised campaign e.g. local accents on the GEAAP's youngboozebusters website

Suggested Linking Elements

Core Element 2: Environmental Measures; Core Element 3: Community Involvement
Core Element 4: Diversionary Approaches

CORE ELEMENT 10: WORKPLACE ALCOHOL & DRUG POLICIES

Evidence Base

The workplace is a major location that 'captures' many people in the heavier drinking groups, e.g. 16 – 24 year olds, employed professional women and people in occupational groups with a higher risk of developing alcohol problems. It is also the context within which occupational and professional socialisation takes place. It is therefore an important context within which to tackle attitudes and drinking behaviours.

The cost associated with alcohol at work, the impact of current legislation and the notable links between alcohol and ill health suggest that alcohol policies are becoming essential part of good business practice. Small and large businesses alike are advised by major bodies such as the Conference of British Industry (CBI) and Health and Safety Executive (HSE) the Scottish Trade Union Congress (STUC) and the federation of Small Businesses to adopt alcohol policies.

- Alcohol problems in the workplace should be viewed as a health issue, and an alcohol policy should be located in, or linked to one or more of an organisation's procedures on managing health and safety as well as personnel and/or general management issues.
- Furthermore, according to the Union for People in Transport and Travel, an alcohol policy will be more successful if supported by a programme of training that raises alcohol awareness and supports managers in its application.
- The McNeill's study ' Alcohol problems in employment' concluded that workplace programmes have the best chance of success if they address a wide range of alcohol problems and are culturally specific for the community in which the workplace is situated. (39)

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- Healthy Working Lives
- Employers / Employees
- Statutory & Voluntary Sector Organisations
- Unions

Targeted Level:

- **Universal**
- **Indicated**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- Encourage employers to provide training on alcohol and drug awareness to employees as part of their alcohol & drug strategy
- Encourage employers to develop and distribute an alcohol and drug strategy that clearly lays out the rights of employers and employees
- Encourage employers to engage with alcohol and drug services to enable them to signpost employees with a recognised alcohol or drug problem to a suitable confidential helping service
- Ensure all leisure and recreation facilities that offer diversionary activities for individuals at risk, including young people, have an alcohol/drug policy that clearly states the rights of the management and staff in the facility and the rights of the patrons using the facility

Suggested Linking Elements

Core Element 2: Environmental Measures; Core Element 6: Education;
Core Element 7: Training Approaches

CORE ELEMENT 11: HARM REDUCTION - ALCOHOL

Evidence Base

In 2004, the International Harm Reduction Association (IHRA) made a strategic decision to expand its focus from illegal drugs towards 'all psychoactive substances' - including alcohol - in recognition of the need for new developments and ideas in the alcohol field. Since then, IHRA has campaigned to seek acceptance for alcohol harm reduction from national governments, local agencies and international organizations. (40) Drinking more than the recommended safe limits of alcohol and alcohol dependence are common conditions that contribute considerably to physical, financial, legal, social nuisance and public disorder problems for individuals and our society as a whole. Examples of the types of negative effects observed in our society include the following:

- In the latest ISD Scotland National Statistics document (41) it stated that 'Among those who had drunk alcohol in the past week, 63% of men and 57% of women drank more than the recommended daily amount of units on their heaviest drinking day.'
- It is estimated that 130,250 consultations took place in 2004 for alcohol misuse with GP's and practice nurses. (41)
- In 2005 a total of 2,372 deaths registered in Scotland had alcohol as either an 'underlying' or 'contributory' factor. (41)
- In 2005 / 06 there were 6,984 offences of drunkenness recorded by the eight Scottish police forces. (41)

Alcohol harm reduction can therefore be broadly defined as services or initiatives that aim to reduce the negative consequences of drinking alcohol by making changes to drinking culture. A focus for this area of work is expressed in the licensing principles proposed in the 2003 Nicholson Committee report as, 'the prevention of crime or disorder; the promotion of public safety; the prevention of public nuisance; the promotion of public health; and the protection of children from harm.' (42)

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- Glasgow Addiction Services
- Police & Scottish Prisons Services
- Health Improvement Staff
- Glasgow Council on Alcohol
- Drug & Alcohol Forums
- Alcohol Focus Scotland

Targeted Level:

- **Universal**
- **Selective**
- **Indicated**
- **Environmental**

Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- Develop family support initiatives such as carers groups aimed at limiting the harm to family members from another's alcohol use
- Ensure consideration of alcohol prevention is built into community safety strategies to reduce the likelihood of alcohol fuelled / related crime
- Promote schemes such as the custody card initiative where individuals using alcohol are referred onto alcohol services
- Develop information campaigns around issues related to alcohol use such as drink driving or alcohol and pregnancy
- Development of a web and paper based alcohol harm reduction service directory to increase signposting opportunities within organisations
- Training bar staff and door stewards on alcohol awareness to create a safer environment in public houses

Suggested Linking Elements

Core Element 2: Environmental Measures; Core Element 3: Community Involvement;
Core Element 4: Diversionary Approaches; Core Element 6: Education;
Core Element 7: Training Approaches

CORE ELEMENT 12: HARM REDUCTION - DRUGS

Evidence Base

An individual's drug use can have an impact on them and on other people around them, be that family members or the wider community therefore there is an opportunity for us to devise and deliver initiatives aimed at reducing harm both to the individual and affected others.

- In general drug users who are (a) using large quantities of drugs (b) high quality drugs (c) using multiple types of drugs at the same time such as mixing heroin with alcohol or (d) have a low tolerance to drugs - such as individuals just released from prison, are at risk of overdose. Therefore according to the Scottish Advisory Committee on Drug Misuse working group on drug related deaths report and recommendations, the importance of a co-ordinated action on reducing drug related deaths should be a primary concern for all Drug and Alcohol Action Teams in Scotland. (43)
- The Hepatitis C Action Plan for Scotland; Phase 1: September 2006 – August 2008 (44) For injecting drug users the focus has also been on reducing unsafe practices such as sharing injecting equipment that can lead to increased risks of blood borne viruses by increasing awareness of safer injecting practices among staff and encouraging signposting to needle exchange facilities that provide items such as needles, citric acid and needle identifiers.
- An effective way to promote harm reduction is to work with the families of drug users.
- The Effective Interventions Unit, (2002)'Support for the families of drug users; a review of the literature' identified that there are a number of methods of support for families for which there is some evidence of effectiveness. These include – family therapy, counseling, parenting skills, respite, advocacy, telephone help lines, befriending, developing personal coping skills and education and information. (45)
- To provide harm reduction messages to the general community / population initiatives such as poster campaigns have been used through Know the Score and these are regularly evaluated to ensure they are effective

Key / Potential Stakeholders: (The following aim only to provide examples of the range of potential partners & are neither obligatory nor exclusive stakeholders in this Core Element)

- Service Users / Carers
- Scottish Drugs Forum
- Health Improvement Staff
- Police & Scottish Prisons Service
- Glasgow Addiction Services & Community Addiction Teams
- Community Pharmacy Staff

Targeted Level:

- **Universal**
- **Selective**
- **Indicated**
- **Environmental**

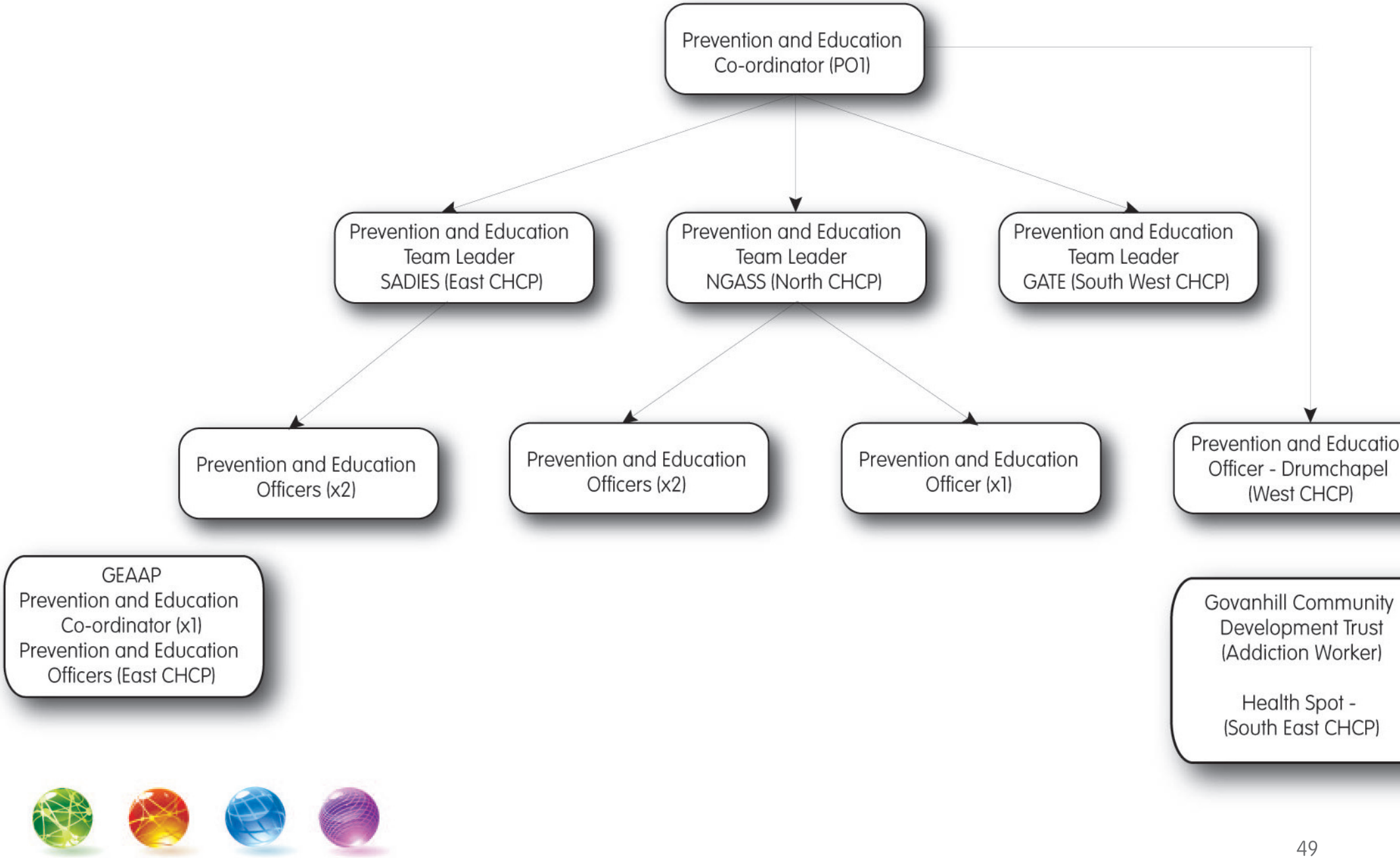
Suggested Areas of Work: *(The following aim only to provide examples of both existing & potential initiatives & are neither obligatory nor exclusive areas of work within this Core Element)*

- Raise public awareness about the problems associated with drug use
- Provide information and advice on the harmful effects of drugs to young people and those most at risk from drug use
- Ensure consideration of drug prevention is built into community safety strategies to reduce the likelihood of drug related crime
- Promote schemes such as arrest and referral where drug users are referred onto drug agencies
- Ensure good through care systems in place to protect individuals at risk being released from prison at risk of overdose or sharing injecting equipment
- Develop training programmes for carers, families and users to reduce overdose
- Development of guidelines for staff working with at risk young people in residential homes on how to deal with incidents involving alcohol and drugs

Suggested Linking Elements

Core Element 2: Environmental Measures; Core Element 3: Community Involvement;
Core Element 4: Diversionary Approaches; Core Element 6: Education; Core Element 7: Training Approaches

Appendix 6 - Dedicated Prevention and Education Teams (Glasgow City) - Existing Structure



Appendix 6

Existing Dedicated Prevention and Education Projects in areas out with Glasgow City

Prevention and Education - East Renfrewshire CHCP

- No dedicated Prevention and Education Staff.
- There has been a recent redesign of services to create a Young Persons Substance Misuse Officer post that will provide prevention work as well as treatment.
- An independent consultancy service – CREATE – has undertaken a multi-agency review of the school drug and alcohol curriculum in every primary and secondary school in East Renfrewshire.
- There is a Health Promotion Officer for Vulnerable Children and Young People who supports the work of the Community Services and Youth Teams in their direct work with young people including alcohol awareness as part of wider health promotion work.
- Through the Health Improvement Team there is a Young Persons Worker who provides direct services to young people through Youth Health Services and Teen Issues Services.

Prevention and Education - Renfrewshire CHCP

- No dedicated Prevention and Education staff at present.
- They have Youth Health Workers that currently have this as part of their generic role.
- Young Persons alcohol workers employed at the drug service that currently have this as part of their role.
- The temp health improvement specialist post (being developed now) will be expected to pick some of this up.

Prevention and Education - East Dunbartonshire CHCP

- Alcohol Development Officer-facilitating post but did cover communication and prevention work - vacant at present
- Dedicated young person's drug and alcohol prevention worker-Children's Change Funded
- Young Person's Health worker (health) and Health Development workers engaged with prevention work on the ground particularly linked to schools
- LISA (Lennoxtown Information Support and Advice); group covering Lennoxtown engaged in diversion work with young people
- Mothers Against Drugs-diversion/education work with young people-Twechar

Prevention and Education - West Dunbartonshire CHCP

- Mapping exercise being undertaken currently.

Appendix 7

Existing Dedicated Prevention and Education Projects in areas out with Glasgow City

Prevention and Education - Inverclyde CHCP

Prevention and Education Projects the Community & Culture Change Worker from Inverclyde Alcohol Services is involved in:

- The Inverclyde Youth Alcohol Advice Project (IYAAP) has been established and is working in conjunction with the Police. Young People who have been picked up intoxicated at public places can choose between an immediate referral to the Children's Panel or a four week Alcohol Education Session at Inverclyde Alcohol Services. During the Alcohol Sessions the Community Culture Change Worker and a Counsellor use education and awareness raising regarding alcohol and alcohol related issues. The course also includes providing insights into the risks young people take when they drink alcohol.
- 2007-2008 Alcohol Awareness Sessions have been linked into the PSHE and Social Education lessons in almost all Inverclyde High Schools forth year. Inverclyde Community Schools and the Community and Culture Change Worker from IAS have carried out this project. Workshop based activities around the risk and harm of excessive alcohol consumption has been well received by the pupils and teachers alike. There is a need to design and implement an ongoing rolling alcohol and drug programme for all Primary and Secondary Schools in Inverclyde. The Community Culture Change Worker is also participating at School Health Fairs and School Health Days throughout Inverclyde Schools.

New Start Project

- Under 16s diversionary alternatives to statutory orders
- Youth needs assessment
- Individual support and structured group work
- Involvement in programmes e.g. Duke Of Edinburgh schemes
- Youth information schemes, e.g. mobile Internet bus, text advice and support schemes etc
- Community Safety funding

INDIE Project

Main client groups -: Age 18 and under young people who are identified as beginning to have drug issues

- Children in Care who are developing such problems
- Families with inter-generational drugs issues
- Holistic assessment including drugs
- Individual and family support
- Youth group work
- Peer education
- Schools inputs and supports
- Mainstream Council funding

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Glossary

Glossary

Acronyms	Definition
AAT	**Alcohol Action Team** Greater Glasgow & Clyde Alcohol Action Team: a strategic partnership with a remit to co-ordinate and drive responses to local alcohol problems with in government guidelines. The AAT membership is made up of six local authorities, 10 CHPs/CHCP, NHS, Scottish Prison Service, Strathclyde Police and Voluntary Sector representatives.
APIG	**Addictions Planning Implementation Group** An interagency planning, review and decision making group based around Local Authority areas which has been established to oversee the development, delivery, performance and planning of alcohol and drug services. PIG's have representation from both statutory and non-statutory agencies and service user involvement.
ARBD Teams	**Alcohol Related Brain Damage Team** This short life expert team are reviewing models and approaches to providing services for people with alcohol-related brain damage (ARBD). The team is co-ordinated by the Dementia Services Development Centre at the University of Stirling.
CAT	**Community Addictions Team** Services in local areas that bring together Health Addiction Services and Social Work Addiction Services within one single team. CATs work in partnership with health, social care and voluntary agencies.
CASS Teams	**Community Alcohol Support Service** Teams locally based to deal with homelessness and tenancy issues where problematic alcohol use is involved.
CHCP	**Community Health Care Partnership** These are new organisations that have been set up across Scotland to provide a wide range of community based health services and local social care services. The following 10 have been set up in the in the Greater Glasgow & Clyde area: East CHCP, North CHCP, South East CHCP, South West CHCP, West Glasgow CHCP, East Dunbartonshire CHP, West Dunbartonshire CHP, East Renfrew CHP, Renfrewshire CHP, Inverclyde CHP

Glossary

Acronyms	Definition
CPN	**Community Psychiatric Nurse** A CPN is a fully trained staff or charge nurse with several years of experience working on psychiatric wards. They provide support during difficult periods of illness to people living in the community. CPNs are involved in assessing, planning and evaluating their patient programmes of care.
DAT	**Drug Action Team** Greater Glasgow & Clyde Drug Action Team: a strategic partnership with a remit to co-ordinate and drive responses to local drug problems within government guidelines. The DAT membership is made up of six local authorities, 10 CHPs/CHCP, NHS, Scottish Prison Service, Strathclyde Police and Voluntary Sector representatives.
DDAOs	**Divisional Drug Awareness Officers** Strathclyde Police has 9 DDAOs. Each officer has a high level of specialist knowledge and delivers drug education & awareness presentations to schools, colleges, businesses and community groups.
Glasgow GRAND	**Glasgow GRAND: Getting Real about Alcohol 'N' Drugs** is used to identify work undertaken by the Communities Sub-group and partners to develop, deliver and sustain community-based responses to alcohol and drug issues. The work is supported by a programme of training & development and a range of information & communication opportunities, including the website www.glasgowgrand.org Glasgow's GRAND week takes place in September and is a city-wide initiative that brings together a broad range of partners to: • Raise awareness and increase knowledge of alcohol and drugs issues and services. • Get communities involved in tackling alcohol and drugs. • Build partnerships and networks between communities, services and organisations.

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Greater Easterhouse Alcohol Awareness Project

NHS Greater Glasgow and Clyde

GLASGOW COMMUNITY & SAFETY SERVICES
making Glasgow safer together