THE GRIM STATS:
- 193 drug deaths recorded last year
- 20,000 people using heroin or benzodiazepines

THE GOOD NEWS:
- Heroin use amongst young people is reducing
- More older users are successfully recovering
Behind the gloomy headlines are many positive stories

By Dr Michael Smith
Lead Associate Medical Director for Mental Health

THE headlines about Scotland’s problems with drugs and alcohol don’t make for cheery reading.

But our patients and our staff know that there is good news as well as challenges. Recovering from addiction needs commitment and hope and thousands of people are getting the help they need to make a positive change.

This edition of Health News doesn’t deny that we have a problem with drugs and alcohol in Greater Glasgow and Clyde. But we want to look behind the headlines to meet some people that drugs and alcohol affect and to report back on how things are beginning to change.

We aim to be realistic, but optimistic.

It’s true that Scots drink about one fifth more alcohol than people in England and Wales and that the area with the biggest alcohol problems is here in the West of Scotland.

Maybe that’s understandable when alcohol is now two thirds more affordable than it was 30 years ago.

Especially since Scots mainly buy cheap alcohol - 60% of alcohol sold in sales and supermarkets in Scotland cost less than 50p per unit.

Although we drink more than England and Wales as a whole, binge drinking in Scotland is actually slightly lower than cities like Liverpool and Manchester with similar levels of poverty.

One in five men in the lowest income group don’t drink at all, compared to only one in 25 of men in the highest income group.

Most health problems hit people in the poorest areas the hardest. But alcohol is different: “hazardous” drinking is more common in the wealthiest areas than in the poorest.

The total amount of alcohol sold in Scotland is beginning to fall and the number of people being treated in hospital for alcohol-related illnesses is also coming down - by 13% over the last five years in Scotland.

More young people are seeking help and increasingly people believe they need to reduce or cut down their drinking.

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help, which we hope might make them less likely to have alcohol-related illnesses in later life. There are signs that the Scottish Parliament’s ban on multi-buy alcohol sales has had an effect, with a 4% fall in off-sales wine.

The NHS target to offer more “brief interventions” to help people drink safely was easily met, with nearly 100,000 people in Scotland receiving this kind of help in the last year.

95% of people who need treatment for alcohol were seen within three weeks and waiting times are still falling.

That’s all good for our health. But because the death rate from alcohol-related illnesses trebled in Scotland over the last 30 years, we still have a long way to go.

There are also some encouraging signs in Scotland’s drug use.

The proportion of drug users using heroin is falling and the number of people injecting their drugs is also coming down (especially in younger people). Far fewer people are sharing needles and syringes and many more people are getting checked for hepatitis and HIV viruses.

Research is continuing to show that replacing street heroin with methadone is a real lifesaver. Not only does methadone maintenance treatment cut illicit drug use, it also reduces HIV, reduces suicide rates, reduces needle sharing and reduces crime rates. It is one of the most cost-effective treatments that the NHS has.

Unfortunately, these changes have not yet led to fewer drug-related deaths in Scotland. These continue to increase and more than half of the people affected lived in Scotland’s most deprived areas. People aged between 35 and 44 were the most affected and almost half were parents.

Two thirds of drug users who died had been in contact with drug treatment services at some point in their lives, yet in most cases they were taking more than one kind of drug at the time of death - although only one quarter were taking prescribed drugs for their addiction.

But problems with addictions are not just about numbers: it is about people. We want to introduce you to some people who are succeeding in their recovery from drug and alcohol problems and you can read about their success stories elsewhere in this edition of Health News. It is not an easy road - but it can be done.

Prevention is always better than treatment. Professionals, families and friends know that many people with a serious addiction problem are also having to deal with major emotional problems. Those problems often relate to difficult childhood experiences.

Those problems might include verbal, physical, or sexual abuse. They might include neglect and family problems like domestic violence and parental addiction.

The more of these difficulties that a child experiences, the more likely they are to have an addiction problem as an adult.

The risks are not small. A child exposed to significant adversity is two or three times more likely to have an addiction when they grow up.

Our own data show that about two thirds of adults with drugs and/or alcohol issues experienced adversity as children. So we need to see beyond the stereotypes, we need to have the confidence to prescribe treatments that work and we need to have hope. But perhaps most importantly of all, we need to take action now to protect children from abuse and adversity and prevent another generation needing treatment for addictions in future.
A NEW Glasgow band takes to the stage to perform for the first time.

Looking at the two singers on the stage, you could be forgiven for thinking that their greatest challenge is a battle with first night nerves.

The reality, however, is that these women are fighting a much greater battle against addiction. Thanks to the support they have been getting from the Community Addictions Team at the Addaction North Community Rehabilitation Unit, this is a battle that they are winning.

Here they tell Health News about their slide into addiction and how they are working to turn their lives around.

THIRTY-SIX year old Joanne Barbour, from Balornock, was a typical mum of three.

She gave up work to care for her youngest child when she was born and was kept busy looking after her daughter and her two older brothers.

But by 2007, with all three now at school, she found she was bored and was looking for something else to do. Her answer was to turn to alcohol.

Joanne explained: “One day, I was busy looking after them and the next it was just like ‘Oh they’re away at school, what do I do now?’”

“I could have been doing housework but I didn’t. I actually just took the wrong road.”

Joanne’s drinking developed gradually but by 2011 it had become increasingly problematic. She was having parties constantly, had received an anti-social behaviour order and her elder son was getting into trouble. Her parents had to step in to care for her children.

But Joanne continued to deny she had a problem until last New Year when she disappeared for four days.

She said: “My mum, dad and wee girl didn’t know where I was, didn’t know if I was dead or alive. I didn’t get in touch with anybody and showed up four days later as if everything was alright.

“They were very worried and were planning to contact the police if I hadn’t shown up that night. I actually came back on the day of my daughter’s birthday… that was horrible because I was always there first thing in the morning for her birthday. I really felt it because I had missed out.”

Joanne knew then that she had to get help.

She said: “I went to my housing association and told them I had a drink problem. My housing officer contacted the community addictions team at Addaction North and someone came to see me at home.

“She arranged for me to get an assessment at the centre. At first, I wasn’t too sure about it because... CONTINUED ON NEXT PAGE
I had never done anything like this before. I thought we were going to come in and it was going to be serious. But it’s nothing like that at all.

“I was quite embarrassed about my addiction when I came here at first but to find out that I wasn’t alone and that other people were in the same boat was really comforting. The staff are brilliant. Anything you need to talk about, they are always there. If we’re struggling with anything, they’ll try and help us out.”

ONE of the other people in the ‘same boat’ was Nicola Jackson (26), also from Balornock.

Nicola grew up watching her mum and aunt struggle with a heroin addiction and took alcohol and drugs to cope with her difficult childhood.

At the age of 15 she fell pregnant.

Nicola said: “When Megan was born, I looked after her during the day and my mum had her at night so in the evenings I was free to go out with my friends and still have a life.

“I took ecstasy and alcohol … all my friends took it.

“But when I was 17, mum moved out and left me to care for my daughter and my wee sister.

By the age of 19, Nicola had lost her daughter – who was being cared for again by her mum – and was in a homeless unit.

“At the beginning, I was seeing Megan every day, then it became once a week, then once every fortnight, because of the drugs. I was doing stuff for money and I just couldn’t get my way out of it,” she explained.

Then in 2009 at the age of 22, she met Paul and soon fell pregnant again. “I didn’t believe I was pregnant. I saw the scan, I had taken the test but in my head I wasn’t pregnant. It couldn’t happen to me. I was on heroin.

“Six weeks before I had my wee boy, his dad broke up with me. Hospital staff were telling me that I needed to stop taking drugs and that’s the reason why Paul left me. He had cut down his drinking but I hadn’t cut down on the heroin.

“When my son was born, he was taken to the special care baby unit for treatment for heroin withdrawal. It was then I decided that enough was enough and I was put on a methadone programme.”

Nicola was discharged and continued to visit her son in hospital. His dad asked for a reconciliation and she agreed to give it another try.

She was preparing to go to visit the hospital again when they had a huge row. “I heard a can open. I thought it was a can of lager. I didn’t know it was juice and I stormed out of his house, shouting that he was lying about being off alcohol.

“When I came back from the hospital, I realised something wasn’t right. I looked up at his flat and noticed his windows were open. I tried to get in but couldn’t. The next minute I got a phone call from the police.”

Nicola’s partner had committed...
The staff are good. I’ve met recovery. Workers is continuing on the road of her peers and the addictions January 2013 and with the support on methadone. By week reducing her dependency since then and is gradually week anymore. “I’ve met a lot of good people. I’ve been getting involved in quite a lot of things, the music being one of them. “I want to be a peer champion. I want to do voluntary work too. I am focused on staying clean and getting my kids back and creating a better life for us. “With the right support, I believe that anybody can do it. There is always light at the end of the tunnel. I never saw it when I was drinking but once I got sober there’s no going back. I’m in a good place now. As long as I keep doing what I’m doing then I’m not going back.”

Addaction is one of the UK’s largest specialist drug and alcohol treatment charities. The charity manages more than 120 centres in 80 locations including the Glasgow area.

The Addaction North Community Rehabilitation Unit is one of a number commissioned by Glasgow Addiction Services to deliver services on our behalf.

With over 40 years’ experience of working with people affected by drugs and alcohol, Addaction have designed a range of treatments that help people reduce and end their dependencies. All services are free and confidential to the people who use them, and support is also available for friends and family.

For more information on Addaction go to: www.addaction.org.uk

Joining forces to tackle dangerous drinking levels

NHSGGC Addiction Services have joined forces with Addaction Scotland to tackle dangerous drinking levels in Glasgow.

The Alcohol Behaviour Change (ABC) Service has been commissioned by NHSGGC to improve alcohol support services in the city supporting individuals who are NOT alcohol-dependent but have consumed harmful or hazardous levels of alcohol, individuals with problematic drinking patterns (higher than recommended levels), individuals who are circumstantial drinking (to relieve stress due to social, financial, physical or other situations) and individuals who are alcohol-free following treatment and care.

Michael Matheson, Public Health Minister, who launched the programme in June this year, said: “Services like this are making a real difference by getting more people into treatment for alcohol related problems, reducing consumption and preventing more serious health problems from developing.”

The service, available to anyone over 18, aims to tackle problem drinking in its early stages supporting individuals to:

- Reduce alcohol consumption to recommended levels or abstinence
- Reduce the risk of moving to dependant drinking
- Maintain sobriety

Making use of the specialist knowledge and training of its staff, ABC offers a range of interventions to support individuals.

As well as receiving GP referrals, it is a direct access service available to all members of the community via a freephone number - 08081 785901.

The service is flexible and offers appointments in local health and community centres as well as telephone advice and support.

Julie Breslin, Service Manager, Addaction, said: “Addaction is delighted to be part of a partnership approach with NHSGGC to tackle problem drinking in the city and through this hopefully challenge Glasgow’s reputation as having the worst alcohol related problems in Europe.”
Busting the methadone myths

Therapy can take years and involve a number of specialist services but the evidence shows we are achieving genuine benefits - including reduced death rates, improved patient health and falling crime rates

By Dr Saket Priyadarshi
Lead Clinician/Senior Medical Officer, GGC Addiction Services

IT’S estimated that there are more than 20,000 heroin and benzodiazepine users in the Greater Glasgow and Clyde area – including 13,000 in Glasgow alone.

Heroin is the most harmful of all the commonly abused drugs. Because of its highly addictive nature, its ability to cause respiratory depression and its intravenous use, heroin is associated with high risks of dependency, overdose and blood borne virus infection, especially Hepatitis C and HIV.

Across the world, heroin users are twelve times more likely to die prematurely than non users.

These facts present a bleak picture but the good news is that heroin use amongst young people is reducing and that recovery from heroin addiction for the ageing group of users is not only possible, but is happening for many through treatment.

The mainstay of treatment for heroin addiction across the world is opiate replacement therapy (ORT). This is a term used to describe a treatment in which other less dangerous and addictive opiates are prescribed to wean users off heroin.

After assessing an individual’s suitability for treatment, CONTINUED ON NEXT PAGE
the replacement opioid is initiated safely by starting at low doses and adjusted carefully to achieve the “optimal dose”.

This period of treatment is associated with reductions in heroin use, reduction and ending of injecting behaviour and an escape from the vicious cycle of drug use, drug withdrawals and drug seeking behaviours. This harm reduction and stabilisation can then allow an individual the separation from their high risk chaotic lifestyle to allow them to address their many other health and social needs and provides an opportunity to recover.

In most countries, the most commonly prescribed replacement for heroin dependency is methadone.

As well as being one of the most stigmatised and controversial treatments there is, methadone is also one of the most studied.

The evidence strongly shows that methadone is associated with reductions in heroin use and risk behaviours and contributes to stabilised lifestyles.

The evidence shows that drug users who are prescribed methadone have a much lower mortality rate than those not in treatment, reduced prevalence of blood borne viruses (especially HIV) and a reduction in acquisitive crime (stealing).

The strength of this evidence base (and the effect of untreated heroin use) is such that the World Health Organisation has listed methadone as one of its essential medicines in spite of the controversies associated with it.

Nations that have dealt most successfully with health and social problems linked to heroin use have done so by building harm reduction and recovery services around easily accessible, high coverage methadone programmes.

The last two reviews on drug treatment in Scotland, including the most recent Independent Expert Review of Opiate Replacement Therapy, have reaffirmed the role of methadone.

In Greater Glasgow and Clyde, there are currently about 8000 individuals prescribed methadone treatment, some through specialist drug services and others through their GPs working in partnership with these services (an arrangement often known as “shared care”).

As clinicians working in these services often note, methadone has made significant improvements in the lives of most residents prescribed it, a beneficial effect often more profound than most of the other medicines and interventions they are involved in.

Patients stabilised on methadone have undoubtedly had a positive impact and yet the treatment remains not only poorly understood but the subject of bitter media, public and political hostility.

- Dr Saket Priyadarshi
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methadone look so much healthier and function so much better than when in the throes of heroin dependency. And this person-centred response, multiplied by every individual benefiting from methadone, results in large public health gains.

The HIV rates amongst injecting drug users in Greater Glasgow and Clyde is below 1%, the incidence of hepatitis C is falling and drug related deaths amongst problem drug users in this health board area are below the Scottish average and stable relative to the very large rise in the last decade that has been experienced elsewhere in the country.

Opiate replacement therapy utilising methadone has undoubtedly had this positive impact and yet the treatment remains not only poorly understood but the subject of bitter media, public and political hostility.

One of the reasons for this is the gradual rise in the number of drug deaths in which methadone has been implicated over recent years. Whilst Glasgow and the health board area have not experienced the same extent of rise as elsewhere in Scotland, such local deaths are monitored carefully.

In those who die in treatment, it is natural that the prescribed drug is found at toxicology but for those not in treatment, methadone, a potent opiate itself, can be very dangerous, especially in combination with alcohol and other opiates and benzodiazepines, an all too common fatal “cocktail”.

Community pharmacies who supervise on-site consumption of methadone play an important role in ensuring methadone is not inappropriately sold or passed to people not on a treatment programme.

Ensuring that those prescribed methadone are reviewed regularly also helps to minimise harm and get best outcomes.

These standards are promoted across Greater Glasgow and Clyde through models of care and local clinical guidelines that are based on national and international best practice. In recent years, the availability of buprenorphine as a potentially safer alternative has resulted in an increased prescribing of medicines containing this drug (Suboxone/Subutex) so that there are now about 1000 individuals across the health board area receiving buprenorphine as opiate replacement therapy.

Another frequently heard criticism of methadone is that individuals can be “parked” on it for too long. Some of the least palatable facts about the evidence base for methadone are that the drug is not associated with an immediate end to illicit drug use and, in fact, to achieve the best outcomes often involves retention in services for several years (and longer for some) and by prescribing at high enough doses to have a genuine replacement effect.

Patients and their families interpret the very rapid improvement on initiation onto methadone as being long-lasting and look for dose reductions and exits before the seeds of recovery have really been sown, let alone flowered.

Heroin dependency tends to run a chronic, relapsing course and, like other chronic medical conditions, often requires harm reduction treatment for a number of years until the patient engages in genuine change.

There are ways of “optimising” treatment to ensure best outcomes as quickly as possible. These include good medical and counselling support to improve health and wellbeing and to make the most of an individual’s recovery and this is how opiate replacement therapy is being delivered in Greater Glasgow and Clyde.

In Glasgow City for example, service users prescribed methadone have a doctor and care manager to offer them this support. They have access to specialist residential and day hospital services, Hepatitis C treatment and care, employability support and community based rehabilitation delivered through commissioned third sector partners.

To ensure there is always an option for those who need it, there are a range of residential rehabilitation centres - currently mostly full - and some catering for particularly vulnerable groups such as young people or pregnant women with drug and alcohol problems. In addition, there is an increasing linkage between statutory services and voluntary sector mutual aid groups such as a Narcotics Anonymous and SMART Recovery (Self Management And Recovery Training), promoting a range of recovery options for anyone on opiate replacement therapy.

This system of care seems to be working now as never before. Despite the challenges they face in their recovery - the stigma, the lack of life opportunities and the heavy burden of health problems - many residents with difficult histories of drug problems, are recovering, often through utilising methadone or suboxone.

The city area is seeing falling numbers of methadone patients, reflecting not only a reduction in people using heroin but also because more methadone patients are getting clean, staying clean and leaving treatment.

If planned with prescribers and key workers and with the right support, recovery through treatment can be a reality. The challenge for services is to learn and build on this recent phenomenon and it may be that working more closely with recovered drug users will be key.

It is early days, but hopefully the recently recovered will be an example to others. Drug users who once shared risks and harms, may well be the ones who best promote recovery through treatment.
I wasted fifteen years of my life on drugs before grabbing my Second Chance

Stevie escapes nightmare life, faces up to the things he did and makes his parents proud again

LIKE so many who have spent too many years addicted to a cocktail of illegal drugs and the misuse of prescribed drugs and alcohol, Stevie has a lot to be ashamed about. He’s hurt all of those who were closest to him and he’s damaged others he didn’t even know.

He’s also hurt himself both physically and mentally and lost so much of his life that it is something of an achievement that he has managed to find enough guts and determination to even try to repair the damage he has done to himself and those around him.

Stevie is not his real name. He is determined not to cause any more upset to his mother, father and the rest of the family. He’s already put them through so many years of hell and heartache.

“My mum and dad are both working professionals - they have strong morals and did everything they could to keep me on the straight and narrow but from the age of 15 I started to look up to other people instead of them - the guys on the street corners who were cool and I wanted to be like them. I started to get embarrassed about how proper and moralistic my parents were,” he reflects without any self-pity.

Stevie is a big man with that tough look that comes with bad living. But when he talks it’s clear to see there is another man underneath the rough exterior... he has been clean of drugs and alcohol for more than a year and he is back on track.

He reflected back to his early teenage years: “It took a long time to get this far. At the age of 15 I thought I was going to be like the gangsters in the movies... all cool and taking “cool drugs”. Not the stuff the junkies took - heroin was for junkies, we all knew that. We did acid and cocaine and smoked hash. We used to beat up the junkies and take their heroin money. I was running with the gang and I loved it.”

He’s now in his early thirties having spent more than 15 years addicted to drugs - any drugs - at some stages he would have taken anything to get his fix.

The details of his life during those chaotic years are sadly typical of so many such stories. Much of it is a blur to him - the heady days of “being cool with the gang” never materialised and the family heartache and misery continued for a long time - even after he moved out and eventually into Barlinnie Prison for a robbery that he himself describes as like a scene from “Dumb and Dumber”.

The empty promises of changing his ways never materialised and the family heartache and misery continued for a long time - even after he moved out and eventually into Barlinnie Prison for a robbery that he himself describes as like a scene from “Dumb and Dumber”.

“Out of his face” on drugs, Stevie took a taxi to a local shop where he was known. It was first thing in the morning and there was little money in the till. He took the £17 in the till and returned to the waiting taxi. When he got dropped off in his rented accommodation he paid the taxi driver and was left with almost nothing.

Police arrested him within hours. While awaiting his court case he volunteered for residential rehab but only because someone told him it could look good for him in court.

“I did everything for the wrong reasons,” he said. After his rehab and just before the court case his dad found him unconscious after having taken an overdose. Stevie, who was once so cool that he looked down on the heroin junkies, was now one of them.

He did his time in Barlinnie and kept writing to his mum saying he was going to change his ways but when he got out he went back to his old ways. He reckons he didn’t know how to be anything different - didn’t know how to interact with people properly, how to behave normally.

At the age of 30 - with exactly half of his life spent shackled to drugs - Stevie began a methadone drug treatment programme. But he used other stuff while on the programme and lived in almost isolation in his rented flat with his mother delivering meals on paper plates to keep him going.

“I felt I was totally on my own. That all doors were closed to me. But I now realise my mum never left me.”

He also remembers that he blamed everyone else for the mess and the misery...
he was in - everyone but himself.

Someone suggested he make contact with Second Chance. He did.

“I went through the 12 steps programme and it made me realise and admit that I was vulnerable and was just a big scared guy. After six months I graduated and started volunteering (the new programme involves 12 months before graduating). I helped set up the Recovery Cafe in Whiteinch.”

Stevie has a sponsor and regularly attends personal meetings as part of his ongoing support programme.

“Through the voluntary work I got back some self esteem and I have been clean for two years now. No drugs, no prescription drugs and no alcohol. My parents are proud of me again,” he adds with some quiet glow of pride. Second Chance then worked with Stevie to get him through some qualifications and “ready for work”.

In July 2013 Stevie secured one of nine jobs that were created by the Alcohol and Drugs Project contracted to SAMH (Scottish Association for Mental Health).

Stevie adds: “This is the foundation of my recovery. I now have a good network of people and I am working. I tried loads of times before to get clear of addiction - most of the times for the wrong reasons and I always blamed everyone else.

“Now I have come to terms with things - I have learned about my addiction. I wouldn’t say I have cracked it but I am working and I am still attending my fellowship meetings. My parents are proud and I have faced up to the things I did in my past. I have learned about my addiction and I am working in a field that will help others do the same.”

SECOND CHANCE doesn’t muck about…it sets out to do exactly what it says on the tin. Its way of helping boys and men and girls and women is to insist on a total abstinence programme - and that doesn’t just mean illegal drugs. It means no alcohol or prescribed drugs being abused either.

It’s a project that launched in Glasgow in 2007 but despite its relatively short history it has become well established and recognised in the recovery scene and has delivered success to many to stay free of a drug or alcohol addiction.

Those coming through the various stages of recovery are referred to as graduates in Second Chance and in the months between August 2012 and July 2013 they saw 63 graduates coming in and going through various stages of the three-phase programme… nine of which have completed a full year totally abstinent from all drug and alcohol substances. 20 others are beyond their six month abstinent stage and a further 41 have gone five weeks drug and alcohol free.

Senior Project Worker Dianne Ferguson is one of a dedicated team at Second Chance delivering the three phase programme covering 12 steps to recovery.

She is a very confident young woman who talks passionately about the programme of recovery and the follow-up phases to train and educate “recovery graduates” to go on and get a job and replace former chaotic and miserable lives with hope and self-worth.

Dianne herself has had her own addiction issues in the past and just eight years ago was living a very different life from the life she lives now. Indeed, upon leaving university and in her first year of recovery she was one of the very first volunteers that helped set up the Second Chance Project and was there to open the doors and watch the initial programme participants enter the service.

Now eight years drug free and having completed a Masters Degree in Drug/Alcohol Studies at the University of Glasgow, Dianne remains totally committed to helping others follow the road to abstinence.

“In one single month this year we had five men and one woman graduate from Recovery - that’s six people who remained totally drug, alcohol and prescribed drug free for a year while going through the programme,” says Dianne with enthusiasm and pride.

Second Chance is a relatively small charity and its approach is uncompromising. It’s success has been recognised by increased financial support and backing from national lottery funding which has allowed it to increase the number of people it can help get through recovery. At the moment there are between 12 and 36 programme participants at any one time. Those who seek support here MUST remain abstinent from illegal substances, alcohol and prescribed drugs which are being abused.

Second Chance Project, 25 Ardoch Street, Glasgow G22 5QG. 0141 336 8796. www.secondchanceproject.co.uk or email: info@secondchanceproject.co.uk

The Second Chance Project receives funding from Glasgow Addictions Services (a fully integrated NHSGGC and Glasgow City Council addictions service).
THE HEALY family from Glasgow lived with father Mark’s addiction to drugs and alcohol for years.

While his three young children were safe and well provided for, Mark put them through some really difficult and challenging times and his drug problem had a significant impact on their emotional well being.

Mark explained: “You think that because your children get to nursery and school and because they are well fed and provided for that everything is okay. You think that because you don’t use drugs in front of them that they are unaware of what is happening. This just isn’t true.

“There was a time when I could barely look them in the face and they must have felt the distance I had put between us. This was all about shame and guilt and they felt it.”

For many children, the problems of living with a parent who has an alcohol or drug problem are not limited to emotional difficulties.

They can be at risk of neglect and physical abuse.

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

Between 40,000 and 60,000 children in Scotland are thought to be affected by problem drug use by one or both parents. Of these, 10,000 to 20,000 may be living with that parent.

Up to 51,000 Scots children are estimated to be living with parents or guardians whose alcohol use is potentially problematic.

Estimating the numbers of these vulnerable children is recognised as complex and challenging particularly because of the stigma and secrecy that often accompanies having a parent with an addiction.

However to protect and safeguard the welfare and safety of children affected by parental substance misuse - and to ensure we have the right services in the right place to support these children - we need to gather information on prevalence and impact.

NHSGGC has therefore commissioned a study into estimating the number of children affected by parental substance misuse in our area.

Christine Laverty (right), Head of Addiction Services, North West Glasgow has a lead role in Child Protection. She explained: “Adult Drug and Alcohol Services play a vital role in the support and protection of children affected by parental substance misuse.

“While our main role is with the adult service user/patient, we have an important role in the identification of children living with and being cared for by adults with issues associated with problem drug and/or alcohol use.

“Engaging adults with addiction issues in effective treatment is widely recognised as a protective factor for children. We need to see the child behind the adult presenting for addiction treatment.”

For the Healy family, the situation began to improve when Mark made the decision to stop using drugs and alcohol after 25 years in addiction.

A key motivation for getting into recovery and turning his life around was his desire to contribute more positively to the lives of his family, including his children and his mum who has been a massive support to him.

Today Mark is a successful individual who has a strong relationship with his children, partner and family. As a result of volunteering, Mark has recently been offered paid work as a recovery co-ordinator in North West Glasgow.

He has aspirations to provide the best possible childhood experiences for his kids and has worked hard at his recovery to increase the chances of this happening.

He added: “Since becoming drug free I have been able to experience a whole new depth of relationship with each of my kids on an individual basis. I have been able to recognise the difference in the way my kids act around me, they are much more confident, they are happier and much more relaxed about what is happening in their lives.”
Recovery is working and we need to build on this success

Improving services to meet changing needs of our users

By Dr John Mitchell, Associate Medical Director NHSGGC Addiction Services

WE know we have major alcohol and drug problems in our population and we know we have effective solutions to these.

Our task is to produce the right treatment and support, to the right service user, at the right time, to maximise effect and improve the recovery of that individual.

On pages 2 and 3 of this edition my colleague Dr Michael Smith set out the changing drug and alcohol trends affecting so many people in Greater Glasgow and Clyde.

We need to be able to respond to these changing trends and ensure our services evolve to adapt to the needs of those who have a problem with drugs or alcohol.

Alcohol and drug service users have complicated physical, psychological and social problems. This requires a joined up response from this health board and our local authority partners.

Alcohol and Drug Services for Greater Glasgow and Clyde are provided through six partnerships involving East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire and West Dunbartonshire Councils. Some of these, like Glasgow, are already fully integrated.

And next year we will take the same fully integrated approach right across all the local authority areas served by NHS Greater Glasgow and Clyde with the creation of Health and Social Care Partnerships.

But right now NHS Greater Glasgow Clyde is undergoing a root and branch review of services right across our board and this includes addictions and mental health services. This Clinical Services Review is being taken forward with strong involvement of service users, clinicians and other social care professionals.

I am proud to be leading this work with my colleague Alex Mackenzie, a Glasgow Community Health Partnership Director, and

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Improving services to meet changing needs of our users

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other colleagues.

Our mission is to ensure that we have services that are fit for the future providing maximum effectiveness for service users and value for money for the public purse.

Our Clinical Services Review has sought the views of the public to establish what things can be done to improve our services and meet the new demands we anticipate in the next few years.

Here is what our service users tell us they want:

- I get the treatment when I need it
- Accessing services is straightforward
- Those around me and looking after me felt well supported
- I am treated with dignity and respect
- I am actively involved in decisions about my care
- My care plan focuses on my recovery as I have defined it
- I am able to achieve and sustain abstinence
- I have a meaningful occupation/interests and social involvement

In response to these comments we have identified four priority areas for improvement:

**Recovery focused care**
- Greater service user involvement in care planning, peer support and commitment to recovery.
- Better access to different evidence based, therapeutic interventions.
- More people on opiate substitution treatment recovering to abstinence.
- More people recovering to abstinence from alcohol dependence.
- More people supported into employability (see inset panel for an early example of service delivery in this field).

**Meeting unmet need**
- Large numbers of people with significant problems not accessing services in a planned way.
- Capacity is restricted within teams.
- Engagement and prevention for difficult to reach individuals and communities.
- Removing barriers that hinder access to services (geography, age etc).
- Better input and through-care to meet unmet need within the prison population.
- Strengthening links between addiction services and acute hospital services.

**Meeting the needs of people with co-morbidity**
- High levels of co-morbidity experienced by addictions service users.
- More effective care pathways both within addictions and across other services.
- Further improve mainstream services and equip staff with the necessary skills to care for people with multiple needs.

**Defining core functions and addressing variations in service**
- Variations in the levels and types of addictions service provision exist across NHSGGC.
- Ensure people have access to the right level and standard of evidence based services when they need it.
- Define and agree core functions of an alcohol and drug service.
- Develop more consistent service specifications, access criteria and ways of working, based on outcomes and clinical effectiveness.
- Support local multidisciplinary teams in accessing the range of care options for individuals to tailor treatment and care and maximise effect.

We are now working to deliver a new model of care that will address the four priority areas for action highlighted above. These changes and improvements will be delivered in a phased programme of change over the next two years.

Helping people in recovery back into employment

Supporting people accessing addiction services to move into employment is a key priority for NHS Greater Glasgow and Clyde.

To address the high percentage of addiction service users not in work, NHSGG&C has embarked on an innovative project to increase employability opportunities for individuals in recovery.

Earlier this year we commissioned The Scottish Association for Mental Health (SAMH) to provide a supported 38 week waged placement to nine individuals recovering from drug and alcohol problems who are long-term unemployed and have multiple barriers to employment.

The nine trainee support workers are working towards the attainment of a Scottish Vocational Qualification (SVQ) in Health and Social Care provided by Glasgow Council for the Voluntary Sector (GCVS) whilst on placement at SAMH services and Second Chance Project.

The 38-week programme concludes in March 2014. The expected outcomes are sustained recovery, increased independence, attainment of a Health and Social Care SVQ qualification and increased opportunities to attain employment in the open labour market.

- Stevie, featured on page 10, is one of the nine people in recovery who has earned a place on this scheme.
Keeping drug users as safe as possible

THE ultimate goal for the NHS is for drug users to beat their addiction and remain drug free. However until someone is ready to seek and receive help it is important to keep them - and those around them - as safe as possible while they continue to use drugs.

Drug users are at a high risk of accidental overdose and of becoming infected with blood borne viruses such as HIV, Hepatitis C and other infections or diseases.

There is also a risk to those around them, such as young children who may come into contact with needles or the drugs themselves.

Across NHS Greater Glasgow and Clyde (NHSGGC) we have put in place many innovative ways to reduce these risks and improve the health and safety of drug users and those around them.

Reducing infections
STERILE injecting equipment and safe storage facilities for used equipment is provided widely to drug users throughout NHSGGC. This safety equipment - to reduce infection risks and prevent transmission to others - is provided by a range of NHS and social care treatment staff, voluntary agencies and pharmacies.

Often a first step on the road to recovery is a drug user using the safe equipment we provide which can lead to them speaking to a trained health professional for the first time. This in turn can often lead to us being able to provide further support in terms of infection reduction, safe sex and local drug treatment support.

We are also working closely with our partners ahead of legislation change this month which will see health services able to offer alternatives to injecting by providing foils to heroin users so that they can smoke rather than inject which would further reduce infection risks.

Preventing accidental overdose
TRAGICALLY some 200 people in Greater Glasgow and Clyde die every year from a drug related overdose.

Naloxone is a medicine which reverses the effects of opiates such as heroin and methadone and in an overdose situation the administration of Naloxone can mean the difference between life and death.

People at risk of overdose can receive a supply of Naloxone if they have received specialist training. The training is delivered by many different groups including pharmacy, mental health and social care staff and in NHSGGC peer educators are also supporting the provision of this vital service.

Peer educators are those who have previously experienced substance misuse and are in recovery. Peer education has many benefits as peers have shared similar experiences and are well placed to provide relevant information and are often a trusted source amongst those they are training.

Many peer educators feel as if they are giving something back to the community and feel empowered because they are helping to reduce the number of drug related deaths in their own communities.

More than 20 peer educators are now in place across NHSGGC and some seventy individuals have been supplied with Naloxone after peer training.

Supervising the administration of methadone
IN NHSGGC we have also developed a successful and widely available self administration methadone programme supervised by community pharmacists. In fact, NHSGGC has the highest rate of supervised self administration in Scotland.

Ensuring the safe and close supervision of methadone administration is very important in a number of ways both for the drug users themselves and for those around them at home and in the wider community. Supervision helps to:

- Reduce controlled drugs getting into the illicit market
- Limit the amount of ‘take home’ doses available in the home environment
- Ensure service users or patients consume the correct dose under supervision
- Provide regular access to a health care professional for advice and treatment of addiction and non addiction related health matters

If drug users attend a pharmacy every day for their methadone community pharmacists are in a unique position to assess and advise on a person’s suitability as to when it is appropriate to safely reduce the levels of supervision to allow take home doses. For the patients themselves it also helps to encourage a reintegration into society and improves access to education, training, employment and other wider health services.

Where methadone is provided for patients to take home patients are given advice and information on the safe storage of their medication to minimise the risk of children coming into contact with the medication. Methadone patients are advised to:

- Put methadone away as soon as they get home
- Keep it on a high shelf or cupboard out of the reach of children
- Keep it out of sight
- Never leave it on the floor, beside a bed, in the bathroom or in the fridge.
Scratchcard reveals if YOU need to Rethink Your Drink

A PILOT scheme using innovative scratchcards may be rolled out across the whole of the Greater Glasgow and Clyde area to help engage the public on alcohol awareness.

The initiative was carried out in 30 selected pharmacies in 2012 and received a positive response from those who took part.

The scratchcard - Rethink Your Drink - involved people answering three questions on their individual alcohol intake to discover their drinking “score” and perhaps consider rethinking their drinking patterns.

After completing the scratchcard the participants can choose what happens next. They can simply hand it in and go about the rest of their day, seek more information (various leaflets are available) as they may be surprised by the result or take it one step further and have an informal chat with the pharmacist. Participants can also be referred to specialist services if they need more structured support.

Here’s a chance to take the Rethink Your Drink Test and discover whether you should consider taking advice on your drinking habits.

Why not ask yourself the following questions...

1. How often do you have an alcoholic drink?
   - Never - Score 0
   - Monthly or less - Score 1
   - 2-4 times per month - Score 2
   - 2-3 times per week - Score 3
   - 4+ times per week - Score 4

2. How many units of alcohol do you consume on a typical day when you are drinking?
   - e.g. Strong pint of beer/lager = 3 units, 175ml of wine = 2 units, 275ml of alcopop = 1.4 units, 25ml measure of spirits = 1 unit, bottle (750ml) of wine = 10 units.
   - 1-2 Units - Score 0
   - 3-4 units - Score 1
   - 5-6 Units - Score 2
   - 7-9 Units - Score 3
   - 10+ Units - Score 4

3. How often do you consume six or more alcoholic drinks on one occasion?
   - Never - Score 0
   - Less than monthly - Score 1
   - Monthly - Score 2
   - Weekly - Score 3
   - Daily or almost daily - Score 4

Now add up your points to see how you did.

0-4 Congratulations! This score indicates that you are a low risk drinker. This means you are less likely to develop an alcohol related illness in the future.

5-8 This score indicates that you are drinking at increasing risk levels. Continuing to drink at this level could cause serious health implications later in life.

9+ This score indicates that you are drinking at higher risk levels. Continuing to drink at this level is likely to cause a serious alcohol related illness.

If you are concerned about your score or would like further advice please contact your GP or one of the agencies below:

- Addaction Alcohol Behaviour Change (ABC) on 0808 178 5901 (Glasgow City only)
- Glasgow Council on Alcohol on 0141 353 1800

An online resource is also available at: www.alcolator.com
Health News

OCTOBER 2013

ADDICTIONS

Where to go for help

If you or someone you know is struggling with a drug or alcohol problem, help is at hand.

Community Addictions Teams (CATs) will support, advise and assist you to think about the ways in which alcohol or drugs are affecting your life, those around you and those you have responsibility for.

When you attend CATs we will look at your needs through assessment. This involves asking you a range of questions and listening to you. Together we can decide what treatment and support you may need in the short and long term.

This may include:
- Assessing, planning and reviewing your care
- One-to-one support and advice
- Access to group work
- Support that your family or people who care for you may need in coming to terms with problems caused by alcohol or drugs
- Help for the people who rely on you – especially children, who are affected by the use of alcohol or drugs

Further help – if together we agree that you need help from another type of worker or agency, we can arrange this, e.g. hospital care, residential rehabilitation. We can also assist you to get in touch with services that will help you get into training and employment.

GLASGOW CITY
North West Sector
7 Closeburn Street
Possil
G22 5JZ
Tel: 0141 276 4580

7-25 Hecla Square
Drumchapel
G15 8NH
Tel: 0141 276 4330

11 Callander Street
Woodside
G20 7JZ
(Vulnerable Families and Gender Based Violence Hub)
Tel: 0141 531 9254

North East Sector
Newlands Centre
871 Springfield Road
Parkhead
G31 4HZ
Tel: 0141 565 0200

Westwood House
1250 Westerhouse Road
Easterhouse G34 9EA
Tel: 0141 276 3420

South Sector
Twomax Building
187 Old Rutherglen Road
Gorbals
G5 0RE
Tel: 0141 420 8100

Pavillion One
Rowan Business Park
5 Ardlaw Street
Govan
G5 3RX
Tel: 0141 276 8740

130 Langton Road
Pollok
G53 5DP
Tel: 0141 276 3010

City-Wide Services
Glasgow Drug Crisis Centre
123 West Street
Tradeston
G5 9BA
Tel: 40141 420 6969

Homeless Addiction Team
55 Hunter Street
G4 0UP

Tel: 0141 552 9287

EAST DUNBARTONSHIRE
Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch, G66 3EF
Tel: 0141 232 8211

WEST DUNBARTONSHIRE
120 Dumbarton Road
Glasgow
G81 1VG
Tel: 0141 276 4330

Leven Addiction Services
Joint Hospital
Dumbarton G82 5JA
Tel: 01389 812018

EAST RENFREWSHIRE
St Andrews House
113 Cross Arthurlie Street
Barrhead
East Renfrewshire
G78 1EE
Tel: 0141 577 3368 or 0141 577 4027

RENFREWSHIRE
Renfrewshire Drug Service
Back Sneddon Centre
Paisley PA2 2DJ
Tel: 0300 300 1199

INVERCLYDE
Inverclyde Integrated Drug Services
128 Cathcart Street
Greenock
PA15 1BO
Tel: 01475 499000

OTHER SERVICES:
Addaction Alcohol Behaviour Change Service has been developed to tackle harmful/hazardous drinking and help improve the health and wellbeing of the people of Glasgow. The service is offered to adults aged 18+ who are drinking at harmful/hazardous levels, and will offer one-to-one interventions including Alcohol Brief Interventions, Motivational Interviewing, Cognitive Behavioural Approaches and Solution Focused interventions.

54-58 St. Vincent Terrace,
Glasgow G3 8DX
Tel: 0808 1785901

Dumbarton Area Council on Alcohol (DACA) offers one to one counselling, groupwork, therapies, outdoor activities.

DACA Clydebank Branch
82 Dumbarton Road
Clydebank
G81 1UG
Tel: 0141 952 0881

CONTINUED ON NEXT PAGE
ADDICTIONS

Where to go for help

DACA Dumbarton Branch
Westbridgend Lodge
Dumbarton
G82 4AD
Tel: 01389 731 456

Glasgow Council on Alcohol (GCA) provides a one to one, confidential alcohol counselling service for the people of Greater Glasgow with alcohol problems and/or their families who wish to seek help to change their lives. It provides information, advice and a helpline service to anyone who is concerned about alcohol misuse.

14 North Claremont Street
Glasgow G3 7LE
Tel: 0141 353 1800

Inverclyde Integrated Alcohol Service (IIAS) is an alcohol service combining both social care and nurse led medical teams. IIAS provides a range of services, within the Wellpark Centre, and also in the community.

The Wellpark Centre,
30 Regent St
Greenock
PA15 4PB
Tel: 01475 715353

NHSGGC Support with Alcohol Use is a boardwide website designed to offer full support around alcohol use. An alcohol Brief Intervention is a short, evidence-based, structured conversation about alcohol consumption that seeks to motivate and support people to think about, or plan a change in their drinking behaviour in order to reduce consumption and risk of harm.

Website: www.nhsggc.alcoholhelp.org.uk

Renfrewshire Drug and Alcohol Services provides alcohol and substance misuse support. Aiming to offer accessible, person centred health services for people who have difficulties with alcohol and/or drugs.

Alcohol Problems Clinic - offers an abstinence based service to individuals with alcohol dependence.

Renfrewshire Integrated Alcohol Team provides services for clients who are unwilling or unable to attend the Alcohol Problems Clinic and require a service at Tier 3 level.

Renfrewshire Drug Service - provides a specialist service to drug users and their families within the Renfrewshire Council boundaries.

Back Sneddon Centre
20 Back Sneddon Street
Paisley
PA3 2DJ
Tel: 0141 618 5285

Second Chance Project
25 Ardoch Street
Glasgow, G22 5QG
Tel: 0845 224 3104 (local call rate)

ADVICE LINES:

Al-Anon / Al-Ateen - offers support across Scotland for families and friends of alcoholics (whether they’re still drinking or not).
Mansfield Park, Unit 6
22 Mansfield St., Glasgow
G11 5QG
Tel: 0141 339 8884

Alcohol Focus Scotland is committed to improving the quality of people’s lives by changing Scotland’s drinking culture - promoting responsible drinking behaviour and discouraging drinking to excess.
Website: www.alcohol-focus-scotland.org

Another useful website:
www.talktofrank.com

Alcoholics Anonymous is a support for problem drinkers. It is a fellowship of men and women who share their experience, strength and hope with each other, that they may solve their common problem and help others to recover from alcoholism.

Helpline: 0845 769 7555

Drinkline offers information and self-help materials Help to callers worried about their own drinking, support to the family and friends of people who are drinking, advice to callers on where to go for help and information, advice and self-help.
Helpline: 0800 7314314
Website: www.drinksmarter.org

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