CONTENTS

Introduction 2
Background 3
Implementation Structure 4
Sub Group Progress (Year 1 Quarter 1-4 2007)
• Training and Education 6
• Residential Child Training 8
• Children’s Panel Training 10
• Screening and Assessment 12
• Harm Reduction 14
• Health and Safety 16
• Managing Withdrawal 18
• Scottish Enhanced Services 20
Learning and Education 22
Links to City Wide Steering/Sub Groups 24
NHS GG&C/GCC Staff Intranet 25
Priorities Year 2 (Quarter 1-4 2008) 26
Financial Forecast 27
Resources 28
Future of Tier 1 and 2 Action Plan 29
Monitoring/Evaluating 30
Conclusion 31
Personal Reflection 32
Documents used to inform Tier 1 and 2 Work 33
Appendix A 35
Tier 1 and 2 Alcohol and Drugs Action Plan
Appendix B 48
Implementation Structure/Links to City Wide Groups
Appendix C 50
Tier 1 and 2 Reference Groups
1 SET OF PRACTICE GUIDELINES AMENDED, 3 PILOT SCHEMES INTRODUCED, 8 TRAINING TOPICS COVERED, 24 SERVICES MAPPED, 40 TRAINING SESSIONS, 57 SUBGROUP MEMBERS IDENTIFIED, 120 QUESTIONNAIRES, 300 TRAINING LEAFLETS DISTRIBUTED, 441 STAFF TRAINED AND EDUCATED, 1987 CUPS OF STRONG COFFEE DRUNK, 1 PACKED ANNUAL REPORT COVERING THE FIRST YEAR OF THE TIER 1 AND 2 ALCOHOL AND DRUGS 2-YEAR ACTION PLAN (31ST MARCH 2007 TO 31ST MARCH 2008).
INTRODUCTION - WHY THE NUMBERS COUNT

You’re reading this because alcohol and drug misuse is still a major issue affecting many families in Glasgow. In 2005, research looking at what we were doing to handle it showed that the type and quality of training of many Tier 1 and 2 generic health and social care staff was hampering how effectively they spotted and tackled the issues. That report recommended interdisciplinary training at a number of levels including awareness and theories courses. This is the outcome.

The following pages outline the progress made in year 1 of an Alcohol and Drugs Action Plan that started in Feb 07. The plan targeted NHS and Local Authority staff in Greater Glasgow who are themselves not addiction specialists but who require a degree of alcohol and drugs awareness training to carry out their role; it’s an important component in the drive to ensure all areas of Health and Social Care and other related public services are more able to manage alcohol and drug issues.

The plan is co-ordinated and managed through Glasgow Addiction Services. So far we’ve helped, Health Visitor’s, O.T.s, District Nurses, Physiotherapists, Paediatricians, Administration staff and staff working in Residential, Criminal Justice, Physical Disability and Learning Disability settings and Culture and Sport Services. We believe this plan is essential because it’s only when we’re all working together that we can stop people slipping through the net.

The numbers are looking good for this year but there’s much, much more to achieve. For that reason, as well as supporting details previously provided in regular reports to the SMT, JATB, APIG and Tier 1 and 2 Steering Advisory Group, this report also looks at plans for year 2 of the initiative.

8 POINT PLAN

To make it easier to see the work that has been done over the year we’ve broken the Action Plan down in to 8 areas. These are:

TRAINING AND EDUCATION
This consists of 3 main tasks.
• Plan, develop and deliver a comprehensive programme of alcohol and drug training for community based tier 1 and 2 staff working within health and social care settings.
• Ensure individual staff groups have access to the appropriate training and education opportunities.
• Develop written information on the training plan including production of a training brochure. Circulate it to all relevant staff and managers across the city.

SCREENING AND ASSESSMENT
This consists of 4 main tasks.
• Introduce standardised alcohol screening across Primary Care and CMHT.
• Provide brief interventions using motivational interviewing techniques delivered by Health and Social Work Professionals as part of the management of individuals with hazardous and harmful drinking patterns.
• Introduce standardised approaches to identify drug use across Primary Care, CMHT, SW Area Teams* and Residential Childcare*.
• Supporting individuals/units/teams to realise their full potential in working with individuals with a range of substance misuse problems.

HEALTH AND SAFETY
This consists of 2 main tasks.
• Ensure policies minimise risks to both staff and patients/clients in relation to alcohol and drug related incidents. Ensure these policies are based on best practice and sound legal advice.
• Develop a model of delivery to allow staff to be trained in the management of aggression and difficult behaviour associated with intoxication and withdrawal.

HARM REDUCTION
This consists of 3 main tasks.
• To reduce harmful drinking by children and young people.
• To recognize links to other areas of work in the field of promoting social inclusion and encourage initiatives which will tackle related determinants of young people’s alcohol problems.
• To protect children from the harmful consequences of alcohol misuse by parents/carers and support families in dealing with the problems arising.

MANAGING WITHDRAWAL
This consists of 2 main tasks.
• Overseeing universal adoption of good practice on the management of drug and alcohol withdrawals across Primary Care and CMHT.
• Develop opportunities and procedures to provide Vitamin Supplementation for those at risk of ARBD and include information in training plan.
IMPLEMENTING THE PLAN

The initial 3 months were spent developing an induction programme, building up the profile of the Action Plan and bringing staff on board to support the implementation model. From this a steering advisory group was established and a phased approach was used where an agreed structure was set in place to support the implementation of the Action Plan. The steering group, consisting of 15 managers and clinicians from various Health and Social Care organisations, agreed to meet on a quarterly basis. These staff function as middle or senior management throughout the above services and are critical in both the strategic support of the Action Plan and their support of the operational work within the sub-groups.

With the structure agreed this allowed several sub-groups to be established. Lead people from each themed sub-group reported back on progress and development on a quarterly basis to the steering group.
WHERE THE NUMBERS COUNT  SUB GROUP PROGRESS

“ONE OF THE BEST AWARENESS PROGRAMMES I HAVE ATTENDED.”

Achievements in 07/08
- Development and roll out of various training sessions.
- Production of a multidisciplinary training plan.
- Production of a Tier 1 and 2 training leaflet.
- £54,000 secured to support 2007/08 training programme.
- Alcohol awareness session delivered to around 60 Practice Nurses across Greater Glasgow and Clyde in conjunction with Glasgow Council Alcohol.
- Initial ‘Children Affected by Substance Misuse Awareness’ training held for 60 Panel Members. Future dates to roll out throughout 2008. Training supported by 9 CAT Senior Addiction Workers.
- Around 120 Residential Child Care staff evaluated on relation to their alcohol and drugs training needs. From this a training programme is now designed and will be rolled out from the summer of 2008 onwards.
- Methadone awareness session held for around 50 Culture and Sport Glasgow staff who work in the local gyms.
- General Alcohol and Drugs Awareness Training Pilot held. Around 60 Tier 1 and 2 staff attended.
- Agreement to roll out Alcohol and Drugs awareness training between April and December 08.
- Alcohol and Drug Awareness training delivered to 80 Young Person Intensive Community Support Teams.

Plans to build on the numbers in 09
- Increase the number of Tier 1 and 2 staff attending training by linking with the new P&E model.
- Devise a practitioner’s registration scheme to support the database now being used.
- Continue the roll out of core alcohol and drugs awareness training to all Tier 1 and 2 staff to support them in their role in managing their patients and service-users with alcohol and drugs problems.
- Devise enhanced training on various topics and make available to staff.
- Roll out of Alcohol and Older People Awareness Training to Health staff in the community.
- Roll out of Alcohol Home Detox Awareness Training to Nursing Community Staff.
- Roll out of Alcohol Screening and Brief Interventions training to Tier 1 and 2 staff.
- Roll out of Managing Aggression/Difficult Behaviour (under the influence of substances) training.
- Roll out of ARBD Training.
- Roll out of Alcohol and Drugs Module to Residential Child Care Staff.
- Roll out of Blood Borne Virus Training.

Tier 1 and 2 Alcohol and Drugs 2 Year Action Plan
Annual Report
“I CAN MAKE A BIGGER CONTRIBUTION TO MY THINKING AND PRACTICE WITH CHILDREN.”

WHERE THE NUMBERS COUNT  SUB GROUP PROGRESS

RESIDENTIAL CHILD CARE TRAINING SUB-GROUP

Achievements in 07/08

- 5 Training sub-group members identified and monthly sub-group meetings taking place.
- Identified methods of training previous and present staff within the units.
- Devised a questionnaire and evaluated staff training needs in relation to alcohol and drugs.
- Evaluation report provided in relation to 120 returned questionnaires regarding staff training needs with key areas of training identified.
- Creation of a training programme to be rolled out.
- On-going links with Residential Managers took place to support the roll out and context of the training programme.
- Training provider identified alongside internal GAS staff to support training.

Plans to build on the numbers in 09

- Roll out of initial training dates identified in June 2008.
- Evaluation of initial courses.
- Hold focus group in the summer (July 2008) with several staff and young people within the unit to support the training programme and contents within this.
- Make relevant changes where required and continue roll out of the training programme between September and December 2008.
- Evaluation of all training sessions to take place.
- 3 months after training, post-evaluation to be carried out to seek evidence of effects on staff practice within the units.
WHERE THE NUMBERS COUNT  SUB GROUP PROGRESS

“i will definitely put knowledge learned today into practice.”

CHILDREN’S PANEL TRAINING SUB-GROUP

Achievements in 07/08
- 8 Training sub-group members identified and monthly sub-group meetings held.
- Joint meetings with the Glasgow Children’s Panel Chair and Depute.
- Training materials identified and presentation devised.
- Agreement made to include our training sessions within the 07/08 Children’s Panel Training Plan.
- Initial ½ day’s training session held on 15th April using the training presentation and supporting materials devised.
- Event evaluated and report produced on findings.
- Agreement now made to roll out further ½ day’s session with more time allocated to carry-out workshops.
- Allocated evening sessions also identified.

Plans to build on the numbers in 09
- Roll out further ½ day’s session.
- Update the training presentation as per evaluation.
- Agree evening sessions to take place across the 7 Reporters Localities.
- Prepare evening sessions training packs and training programme.

• Provide ongoing links between the Children’s Panel Chair’s and the 9 CAT’s representatives for ongoing support and advice.
• Evaluate all sessions held throughout 2008.
• Look at Post evaluated in early 2009 to seek evidence of awareness sessions affecting panel members decisions around young people affected by alcohol and drugs.
WHERE THE NUMBERS COUNT  SUB GROUP PROGRESS

“1 FEEL I NOW HAVE BETTER ASSESSMENT SKILLS.”

SCREENING AND ASSESSMENT

Achievements in 07/08
- Alcohol screening tool identified for use within Primary Care.
- Guidance and Care Pathway produced to support and help staff interpret scoring outcome and screening process.
- Self-help booklets identified to support above programme.
- 2 Possible pilot areas identified.
- Screening and Brief Interventions training linked to the Training and Education sub-group.
- The use of the SIGN Guidelines 74 ‘Management of Hazardous and Harmful Drinking’ identified to support the above model.
- Monitoring of pilot discussed including recording of screening and brief interventions taking place.
- Due to ties with our pilot in placing a model within G.P. Practices, links with the Scottish Enhanced Services: Alcohol Screening and Brief Interventions’ have been made.

Plans to build on the numbers in 09
- Buy in from LMC and Primary Care Managers to adhere to the SES programme and model devised including the SIGN Guidelines 74.
- Link to the Alcohol Spending Review and SES Implementation Group ensuring decisions made and changes to initial model incorporated within our plan.
- Discuss future roll out of alcohol screening and brief interventions model to Social Care Staff. Link the available communications money supporting training for youth work staff.
- Continued links with Health Scotland in relation to Brief Intervention Trainers being made available to support the roll out of this programme across NHS GG&C.
- Identify any further materials being used alongside evidence based reports.
- Link with Pharmacy in relation to awareness session around alcohol screening and brief interventions.
Achievements in 07/08
- Mapping exercise of various alcohol services and work underway both within the East CHCP and across the city.
- Links with Community Safety Services and the Police around pilot and projects underway working with young people affected by alcohol and drugs in the community.
- Key aims identified and updated within the Action Plan.
- 6 Sub-group members identified with meeting dates set.

Plans to build on the numbers in 09
- Review evidence base and good practice in relation to harm reduction interventions linking to the Prevention and Education Framework.
- Review findings of research undertaken in relation to how alcohol affects communities.
- Links to the GRAND event to promote regular and consistent alcohol messages.
- Review current information materials to ensure they are up to date to suit the needs of young people from different backgrounds and cultures.
- Link to the young worker brief interventions training proposals.
- Link to the ‘Getting Our Priorities Right’ and Hidden Harm Action Plan via GAS.
- Link with city-wide strategy around parenting.

"A VERY INFORMATIVE PRESENTATION."

WHERE THE NUMBERS COUNT SUB GROUP PROGRESS
Achievements in 07/08

- 1 Pilot held in East CHCP with Health and Social Care Staff, including administration, to deal with the management of aggression and difficult behaviour.
- Pilot evaluated which was both attended by large numbers and received very well.
- Discussions with Brook Street Training Department opened up to look at a training model being identified for roll out across the city.

Plans to build on the numbers in 09

- Agree contents of the training model to ensure this covers issues around dealing with difficult behaviour whilst under the influence of substances.
- Look at possible dates for initial training to take place
- Evaluate this training and roll out to other CHCP areas across the city.
- Link to South West CHCP role in looking at Customer Services across all CHCP’s.
- Review existing alcohol and drug policies where available.
“I FOUND THIS TRAINING VERY INTERESTING AND HAVE LEARNED A LOT.”

Managing Withdrawal

Achievements in 07/08

- Review of existing alcohol home detox guidelines completed.
- Updated practice guidelines produced alongside supporting materials.
- Training delivered to 75 of Glasgow Addiction Services Staff
- Training delivered to 119 trained Community Addiction Nurses. This training has been well received by the nurses.

Plans to build on the numbers in 09

- Dates must now be set for further training to capture those GAS nurses still to be trained in supported home detoxification from alcohol.
- Review existing SIGN guidelines presentation and prepare materials to roll training out to non-addictions staff working in the community.
- Agree allocated trainers to support this roll out once the above training has taken place.
- Develop opportunities to provide Vitamin Supplementation for those at risk of ARBD in links with the G.P. practices.
WHERE THE NUMBERS COUNT  SUB GROUP PROGRESS

“DEMYSTIFIED A LOT OF MY OWN BELIEFS AND ASSUMPTIONS.”

SCOTTISH ENHANCED SERVICES PROGRAMME

Achievements in 07/08

- Implementation group devised in relation to the SES Alcohol Screening and Brief Interventions Specification.
- Guidance developed to sit alongside agreed screening tools and supporting materials.
- Care Pathway devised to support staff in carrying out screening and alcohol brief interventions within their workplace.
- Training programme discussed with options identified to roll out the model to dozens of G.P’s. and Practice Nurses.
- For consistency ensure up-to-date evidence/research and definitions papers are used across NHS G&G within the guidance/model/training and supporting materials.
- Discuss further possible use of 24/7 Web Based IT system for patients.

Plans to build on the numbers in 09

- In light of recent discussions on the HEAT targets and SES programme further develop the implementation model across Primary Care.
- Link to Alcohol Spending Review Group to support work within Primary Care.
- Identify staffing resources and costs in relation to the new model.
- Support the implementation once the model is agreed.
- Link to the Screening and Assessment sub-group.
- Support the training model identified alongside support from Health Scotland.
The development and delivery of the Tier 1 and 2 Training Programme over the past year has progressed well. To date there has been a number of pilot training sessions held and agreements have been made for a full programme of dates throughout 2008.

The training topics held to date are listed on the opposite page. From these you can see the number of staff attending sessions, the topic training covered and which profession and services area staff are from. Further training programmes are also currently underway and will be rolled out later in the year (as detailed in section A1).

All training has been multidisciplinary and predominately open to all Tier 1 and 2 staff. So far we’ve received enthusiasm from staff across the city whilst attending this training. All programmes have consisted of full days, half-days and one-off requested sessions and are also linked to staff’s PDP’s.

Some training held has required pre-evaluations. All training programmes are evaluated after each session and discussions are underway within various sub-groups to arrange post evaluations when staff are back in their workplace following training. This would help clarify how the training has affected their practice and what further training or refresher training is required.
There are a number of formal groups in place to support the progress and implementation of the Tier 1 and 2 Action Plan. These are listed below with a brief description:

1. Tier 1 and 2 Steering Advisory Group – Oversee all Tier 1 and 2 activity and support the progress of the sub-groups providing direction where required on each theme.
2. GAS Senior Management Team – Provides support and approval on the progress of the Action Plan and acts upon information received.
3. Community Addiction Managers (CAMS) Meeting – Provides support to the progress of the Tier 1 and 2 Action Plan and support from CAT’s staff who are members of the various sub-groups.
5. Residential Child Care Unit Managers Meeting – Provides support and approval on the alcohol and drugs training programme being devised for staff within the residential units.
6. South West CHCP Alcohol Steering Group – Provides links and support between the Tier 1 and 2 Screening and Assessment sub-group, Harm Reduction sub-group and the Training Plan, details of which are below.
7. South West Child and Youth sub-group – Supports the children affected by alcohol substance misuse work.
8. South West Adult and Later Life sub-group – Supports the implementation of alcohol screening and brief interventions alongside the SIGN 74 Guidelines and new HEAT targets in South West CHCP.
9. West Alcohol Steering Group – Links to the Tier 1 and 2 training programme. Mapping out alcohol resources and training for consistency across the West CHCP.
10. East Alcohol Group – Mapping out alcohol resources and training for consistency across the East CHCP.
11. East Learning and Education Development Group – Links to the Tier 1 and 2 training programme.
12. ISPI Implementation/Training Group – Links to the Tier 1 and 2 training programme.

The Tier 1 and 2 Action Plan has now been placed on the NHS Staff Net. This includes a summary of the Tier 1 and 2 background, a copy of the alcohol and drugs Action Plan, details of all sub-groups now devised and allows for information to be shared across a huge number of staff in NHS GG&C. To date this way of advertising the plan has also provided further representation and interest in joint work within my sub-groups.

Work is also now underway to transfer this data onto the GGC staff intranet and will allow for awareness of the Action Plan work to grow. It will also allow for alcohol and drugs sub-groups to work together to ensure as little duplication and as much consistency as possible.

Both Intranet structures are also being used to advertise any Tier 1 and 2 training available for staff to attend alongside support from the CHCP Learning and Education Team’s.
No money was originally set in place to support the Action Plan. However, within the first year of this project being implemented funding was successfully secured to support the training and education programme where required. Details of this are provided below.

### Building on the Numbers

One year on we’ve made a lot of progress, but we all know this is just the start. In year 2 of the plan we have to build on our results and really make this opportunity work for Glasgow. Here are the priorities:

- Continue to strengthen the role of the Tier 1 and 2 steering group and sub-groups.
- Continue to develop links with the CHCP’s GG&C and alcohol steering groups devised.
- Finalise the SES alcohol screening brief interventions guidance and roll out a comprehensive training programme to NHS GG&C staff.
- Progress the initial work now underway within the harm reduction sub-group around children affected by substance misuse.
- Continue to strengthen links and widen staff professions to attend the Tier 1 and 2 training.
- Now that awareness sessions are underway further develop the training plan looking at the various different levels of training needs.
- Link the training plan to GAS Learning Plan ensuring an ongoing programme of training is available for all Tier 1 and 2 staff.
- Linking the Tier 1 and 2 Action Plan to the new Prevention and Education Model.
- Evaluate the impact training has had on staff practice on an ongoing basis.
- Evaluate the impact of the Tier 1 and 2 Action Plan within its first two years.
- Continue to update the Action Plan as and when objectives are met ensuring actions are removed when completed and new ones incorporated where appropriate.
- Emphasis placed on other Tier 1 and 2 services to be included within the plan i.e. Older People, Housing Staff.

### MAKING THE NUMBERS WORK FOR US

<table>
<thead>
<tr>
<th>Topic</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot of three 1-day Alcohol Awareness training sessions on 19.11.07, 30.11.07 and 7.12.07 to Tier 1 and 2 staff</td>
<td>£175.00</td>
</tr>
<tr>
<td>Pilot of two 1-day Drugs Awareness training sessions in November and December 07 to Tier 1 and 2 staff</td>
<td>£1,000.00</td>
</tr>
<tr>
<td>Three 2-day training sessions on Alcohol and Drugs Awareness for Young Person Intensive support staff</td>
<td>£3,600.00</td>
</tr>
<tr>
<td>Eight 1-day training sessions on Alcohol Awareness to Tier 1 and 2 staff</td>
<td>£2,000.00</td>
</tr>
<tr>
<td>Six 1-day training sessions on Drugs Awareness to Tier 1 and 2 staff</td>
<td>£3,000.00</td>
</tr>
<tr>
<td>Lunch costs to support training where required</td>
<td>£2,000.00</td>
</tr>
<tr>
<td>Fifteen 1-day and evening training sessions, Alcohol and Drugs Modular to Residential Child Care staff across Glasgow</td>
<td>£28,000.00</td>
</tr>
<tr>
<td>Further 6 alcohol and drugs awareness training sessions due to demand</td>
<td>£3,000.00</td>
</tr>
<tr>
<td>Tier 1 and 2 City-wide event (continued buy-in and progress update for consistency across the city including any promotional materials i.e. training leaflet)</td>
<td>£7,000.00</td>
</tr>
<tr>
<td>Evaluation of Tier 1 and 2 Action Plan progress</td>
<td>£10,000.00</td>
</tr>
<tr>
<td><strong>Total funding agreed</strong></td>
<td><strong>£52,350</strong></td>
</tr>
</tbody>
</table>
The Future

Resources required to date to implement the Tier 1 and 2 Action Plan have been via 1 single Co-ordinator, alongside 17.5 hours administration support. They have successfully implemented a structure to allow the Action Plan to be set in place. From this, as advised, several sub-groups have been developed which consist of staff across Tier 1 to 4 services.

For year 2 and beyond of the Action Plan, should further areas come on board, for example out-with Greater Glasgow, support would be required to allow this work to be carried out (especially to support the upkeep of the training database and registration scheme for all Tier 1 and 2 staff). This work could be looked at in relation to the training plan but where further sub-groups objectives are concerned there would need to be further staffing support to allow the Action Plan to grow consistently across GG&C.

With year two priorities being set, and work underway within the sub-groups, it is important we continue to revisit the plan objectives; some objectives have now been met while others may require updates due to new initiatives coming on board.

This Action Plan has been agreed on a two-year basis, until February 2009. Further financial support will be required to allow the plan to be implemented beyond year two. Clarity around this will be sought as this will have a critical impact on the steering group and sub-groups now set in place.

Within 2009/2010 there is scope to be part of the implementation and co-ordination of the Scottish Enhanced Services Programmes and Alcohol Screening and Brief Interventions Programme. Discussions are currently underway in relation to the new alcohol monies being provided for this work to be broadened across Primary Care and a large piece of work around the implementation of the agreed model and training programme will be required.

The new Prevention and Education Model is also due to be implemented across NHSSG&C and will sit within various parts of the Tier 1 and 2 Action Plan. With the work already underway within the Training and Education sub-group, this group could expand to support the P&E model which requires a consistent approach. This sub-group would focus on the training needs of staff being assessed, developed, delivered and evaluated through the tiered model. This would also include the development of a practitioner’s registration scheme to support the training database and the continued growth of the training brochure now available through which staff can access the variety of training packages and high quality resources.

I also see scope for further work within the CHCP’s to ensure we are targeting alcohol and drug training at all staff levels using the staffing structures the CHCP’s have already set in place. This would support consistency of training not just across the city as currently underway by the Tier 1 and 2 sub-groups but also within the various staffing levels. Discussions with South East CHCP, Head of Addictions and the CHCP Director have taken place and the possibility of rolling this model out across a large staffing group would mean the potential to explore expanding on the work currently underway within the plan.

The above items would also allow us to ensure a continued training plan for staff within the CHCP’s and any new staff joining the teams on an ongoing basis as part of their PDP’s and their own practice. They would also support various financial requirements that will be necessary for both training and other objectives after year two of the plan.

Where the Numbers Count - Resources

Minimal People, Maximum Effect

Resources required to date to implement the Tier 1 and 2 Action Plan have been via 1 single Co-ordinator, alongside 17.5 hours administration support. They have successfully implemented a structure to allow the Action Plan to be set in place. From this, as advised, several sub-groups have been developed which consist of staff across Tier 1 to 4 services.

For year 2 and beyond of the Action Plan, should further areas come on board, for example out-with Greater Glasgow, support would be required to allow this work to be carried out (especially to support the upkeep of the training database and registration scheme for all Tier 1 and 2 staff). This work could be looked at in relation to the training plan but where further sub-groups objectives are concerned there would need to be further staffing support to allow the Action Plan to grow consistently across GG&C.
WHERE THE NUMBERS COUNT  MONITORING/EVALUATING

ESSENTIAL MONITORING AND EVALUATING OF PROGRESS

Each of the Tier 1 and 2 sub-groups have a monitoring system set in place. Monitoring is especially important around any training being undertaken where several evaluations have been held beforehand and also after training has taken place. Several pieces of work are also looking at post-evaluation to ensure the training has had an effect on staff attitudes and their practice when back in the workplace. This evaluation will continue.

A process has been discussed and will be set in place to evaluate the overall 2 year Tier 1 and 2 Plan, which will take place before the end of this programme.

WHERE THE NUMBERS COUNT  CONCLUSION

THERE CAN BE ONLY 1 CONCLUSION

The first year of the Tier 1 and 2 Alcohol and Drugs Action Plan has seen many people come together to form one joined-up network that ensures staff fulfil their role in the continuum of care for people with alcohol and drugs issues. This network has effectively been built by the Co-ordinator with essential support from an admin team. The numbers show a lot has been achieved in just year 1, as the team grows and the net widens, we will become even more effective.

This year has focused on the implementation of the overall structure and setting into context the aims and objectives of the plan. It has also focused on developing relationships with key stakeholders; ensuring they are aware of the context of the plan and can provide support on progression of each area required.

A lot of time is spent on an ongoing basis linking with the CHCP alcohol and drug agenda’s where I provide regular update reports and presentations to various group settings. It is critical to ensure any work taking place within these areas is incorporated as part of the Tier 1 and 2 Action Plan.

From a training perspective I have been really pleased with the model we have adopted. Setting the training plan in place we have ensured multidisciplinary training is provided. It also allows us to collate evidence previously obtained, plus data collected from my sub-groups and use it to provide staff with training that suits their needs. Work within year two will now look at the enhanced levels of training required.

The challenge within the second year is ensuring that while inevitable staff movements occur the growth of the sub-groups continues. It’s also crucial to manage the continued support from designated leads in the groups. With everyone’s continued participation and support we can make a real difference to Scotland.
WHERE THE NUMBERS COUNT  PERSONAL REFLECTION

How the numbers join up - A personal perspective

As the Tier 1 and 2 Co-ordinator I have found the work to be challenging but very enjoyable. I have gained great experience and knowledge within the last year especially around the alcohol work I have been involved in.

Leading the work has allowed me to be focused and dedicated to keeping an eye on the overall aims of the plan. From the centre of the picture I can see the work having real benefits on staff practice and also, where early interventions are taking place, on patients themselves. For example:

- Reducing alcohol consumption
- Challenging harmful drinking patterns
- Promoting local supporting agencies and services
- Developing wider community based alcohol prevention activities and localised Action Plans alongside the Tier 1 and 2 Action Plan for both alcohol and drugs.

Links in relation to the Acute Action Plan also take place on a regular basis. With this plan now growing alongside the development of the Tier 1 and 2 Action Plan I can see the positive effects this work can have especially in relation to the alcohol screening and brief interventions where this process will be set in place within the G.P. practices and the A&E Departments across the city.

I look forward to Year two where we should reap the rewards as our work forms a truly effective network.

WHERE THE NUMBERS COUNT  DOCUMENTS USED TO INFORM TIER 1 AND 2 WORK

Documents used to inform Tier 1 and 2 Work

- NHS Greater Glasgow Management of Patients with Alcohol and Drug Problems in Health and Social Care Settings, (2003-2006), Professor Hazel Watson, Department of Nursing and Community Health, Glasgow Caledonian University
- Glasgow City Joint Alcohol Policy (2007) NHS Greater Glasgow and Clyde/Glasgow City Council/Strathclyde Police
- The Scottish Enhanced Services Programme For Primary and Community Care (2007-2009)
- Primary Care Alcohol Information Service – Alcohol Concern
- Models of care for alcohol misusers (McCAME) – NHS National Treatment Agency for Substance Misuse
- Review of the effectiveness of treatment for alcohol problems – NHS National Treatment Agency for Substance Misuse (Duncan Raistrick, Nick Heather and Christine Godfrey)
- How Much is Too Much? – Guide for Primary Care Clinicians on Brief Alcohol Interventions – SBI
**WHERE THE NUMBERS COUNT** **APPENDIX A**

### Action Plan - Training and Education

**Alcohol and Drug Related Training and Education Action Plan for Community Based Health and Social Work Services**

<table>
<thead>
<tr>
<th>Action</th>
<th>Suggested Lead</th>
<th>Cost Implications</th>
<th>Timescale/Priority (1-3)</th>
<th>Current Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negotiate training priorities based on research evidence and needs assessment by carrying out a mapping exercise to prioritise training.</td>
<td>Training and Education sub-group</td>
<td>No cost incurred.</td>
<td>Priority 1 - Year 1: Negotiate priorities and develop programmes.</td>
<td>Mapping exercise completed of training topics.</td>
<td>Multidisciplinary training to be supported in consultation with staff and managers.</td>
</tr>
<tr>
<td>Identify, adapt and develop training programmes to meet the agreed priorities to suit our needs.</td>
<td>Training and Education sub-group</td>
<td>No cost incurred.</td>
<td>Priority 1 - Year 1: Pilot programmes and putting delivery mechanisms in place.</td>
<td>Ongoing.</td>
<td>Each topic being prioritised and future areas identified to link with other sub-group initiatives.</td>
</tr>
<tr>
<td>Identify costs in relation to training to support the funding of the plan alongside ensuring tenders with several agencies are carried out as and where required.</td>
<td>Training and Education sub-group</td>
<td>Costs to date are held within the sub-groups training plan.</td>
<td>Priority 2 - Year 2: Full delivery according to training plan.</td>
<td>Pilot of Several Alcohol and Drugs Training taken place (Nov/Dec 07). Full rollout throughout 2008 now underway.</td>
<td>Pilotled of several Alcohol and Drugs Training taken place (Nov/Dec 07). Full rollout throughout 2008 now underway.</td>
</tr>
<tr>
<td>Produce prioritised training plan with recommended training programmes.</td>
<td>Training and Education sub-group</td>
<td>No cost incurred.</td>
<td>Year 2: Training plan now identified. Several training courses now being delivered. Others will be programmed via sub-groups.</td>
<td>Training taken place.</td>
<td>Training plan now identified. Several training courses now being delivered. Others will be programmed via sub-groups.</td>
</tr>
<tr>
<td>Develop and negotiate sustainable models of delivery including in house trainers and utilizing staff in teams across the city.</td>
<td>Training and Education sub-group</td>
<td>To be identified.</td>
<td>Year 1: The sub-group has identified two models. Around half of the training will be bought externally and the other half delivered internally.</td>
<td>Training held with external trainers and trainers undertaking the training.</td>
<td>To drive and direct the implementation of alcohol and drug training within residential childcare units.</td>
</tr>
<tr>
<td>Ongoing monitoring of the training programme to take place allowing for evaluation for future roll out with freshers for continued impact within staff roles.</td>
<td>Training and Education sub-group</td>
<td>Costs identified. (Use existing resources as and when possible)</td>
<td>Tier 1 and 2 Co-ordinator: Part of Individual external training Programme Costs (where applicable).</td>
<td>Ongoing. Monitoring of Alcohol and Drugs Pilot completed. Agreement made to ensure evaluation of Tier 1 and 2 training held with regular reports produced advising of staff trained in date and associated costs.</td>
<td>Visit internal and external sources.</td>
</tr>
<tr>
<td>Roll out training programmes as and when agreed within each phase.</td>
<td>Training and Education sub-group</td>
<td>Costs identified. (Use existing resources as and when possible).</td>
<td>Ongoing.</td>
<td>Full details held in Training Plan.</td>
<td>Roll out training programmes as and when agreed within each phase.</td>
</tr>
<tr>
<td>Ensure equitable access to training and education opportunities based on identified need for individual staff groups.</td>
<td>Training and Education sub-group</td>
<td>No costs incurred.</td>
<td>Priority 2 - Publicity of existing courses ongoing.</td>
<td>Training and Education sub-group.</td>
<td>First year costs within service resource.</td>
</tr>
<tr>
<td>To drive and direct the implementation of alcohol and drug training within residential childcare units.</td>
<td>Residential Child Care Training sub-group</td>
<td>No costs incurred.</td>
<td>August 07.</td>
<td>Residential Child Care Training sub-group.</td>
<td>August 07. Discussion held on previous training undertaken in the units.</td>
</tr>
<tr>
<td>Explore and identify methods of training (e.g. accredited) and make recommendations.</td>
<td>Residential Training sub-group</td>
<td>No costs incurred.</td>
<td>Oct/Nov 07.</td>
<td>Residential Training sub-group.</td>
<td>Ongoing. Training options explored.</td>
</tr>
<tr>
<td>Review current training and adapt or devise a programme to raise basic awareness and address the varying level of need from all levels of staff.</td>
<td>Residential Training sub-group</td>
<td>£77,000</td>
<td>June 2008.</td>
<td>Agreement made to commission ‘Standards to roll out alcohol drugs training package.</td>
<td>£77,000</td>
</tr>
</tbody>
</table>
# WHERE THE NUMBERS COUNT  APPENDIX A

<table>
<thead>
<tr>
<th>Action</th>
<th>Cost Implications</th>
<th>Timeframe/Priority (1-3)</th>
<th>Current Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead on the development of the training plan consistently across all units.</strong></td>
<td></td>
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</tr>
<tr>
<td>Create a prioritised training plan and commission/ devise training to be rolled out.</td>
<td>£17,000</td>
<td>June to Oct 2008 (b Ef).</td>
<td>Strata being commissioned to devise training programme from sub-group proposals/ report. Possible dates of training are June 08/ Oct 08.</td>
<td></td>
</tr>
<tr>
<td>Ensure links with residential unit managers to support the training plan, roll out of all training and continued evaluation.</td>
<td>No costs incurred.</td>
<td>Early June 07.</td>
<td>Completed. Unit Manager/ Reps now sitting within the sub-group. Training sub-group aware of current status.</td>
<td></td>
</tr>
<tr>
<td><strong>To drive and develop the opportunity to host training events/local presentations alongside the city wide children’s panel training plan.</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Joint meetings to take place with the current Children’s Panel/ trainer and Glasgow Chair.</td>
<td>Children’s Panel sub-group</td>
<td>Within existing costs.</td>
<td>Year 2.</td>
<td>Staff agreed to attend event in April 08.</td>
</tr>
<tr>
<td>Plan to be devised on hosting events with panel members across Glasgow.</td>
<td>Children’s Panel sub-group</td>
<td>No costs incurred.</td>
<td>Throughout 2008.</td>
<td>Sub-group meeting on a monthly basis.</td>
</tr>
<tr>
<td>Working group to be set up and proposed/ devise training and information packs making CATS.</td>
<td>Children’s Panel sub-group/ Local Chairs</td>
<td>Possible printing costs?</td>
<td>By April 08.</td>
<td>Training presentation now devised.</td>
</tr>
<tr>
<td>Roll out of events/ local presentations.</td>
<td>Tier 1 and 2 Co-ordinator</td>
<td>No costs incurred.</td>
<td>Throughout 2008.</td>
<td>Agreed dates to complete quarterly training from April 08 to Dec 08.</td>
</tr>
<tr>
<td><strong>Introduce standardised alcohol screening across Primary Care and CMHT.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decide on which screening tool (FAST or DSOG plus 2 consumption questions) should be used within primary care.</td>
<td>Screening and Assessment sub-group.</td>
<td>Possible link with local PEGs/ Keep Well Project/ Phase 2.</td>
<td>Priority 1 – Oct 07.</td>
<td>FAST alcohol screening tool identified with two consumption questions/ Proposal being drawn up to include all areas.</td>
</tr>
<tr>
<td>Device and introduce clear goal/ karen figure pathway for staff to interpret scoring outcome.</td>
<td>Screening and Assessment sub-group.</td>
<td>Printing costs of Screening Tool to be identified.</td>
<td>Priority 1 – December 07.</td>
<td>Seeking agreement to pilot tool in 2 surgeries in South West CHCP and 2 surgeries in East Dunbartonshire.</td>
</tr>
<tr>
<td><strong>Provide brief interventions using motivational interviewing techniques delivered by Health and Social Work Professionals as part of the management of individuals with hazardous and harmful drinking patterns.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and make available self help booklets/ information that can be supplied.</td>
<td>Screening and Assessment sub-group.</td>
<td></td>
<td>Priority 1 – Jan 08.</td>
<td>To You Went to Cut Down/ You drinking will help material identified and provide separate drink diaries.</td>
</tr>
<tr>
<td>Make recommendations to implement screening tool and roll out advice/ agreed priority areas across the city.</td>
<td>Screening and Assessment sub-group/ SESS Implementation Group.</td>
<td>Important to link training costs with roll out of screening package</td>
<td>Priority 2 – Feb 08.</td>
<td>Link to Keep Well/ Training and Health Scotland Training for Trainers plan.</td>
</tr>
<tr>
<td>Include in training plan and roll out of brief intervention training package (see training section).</td>
<td>Sub-group/ CHCP and East Dunbartonshire pilot working group.</td>
<td>To be identified.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduce standardised approaches to identify drug use across Primary Care, CMHT, SW Area Teams* and Residential Children’s* *including alcohol use</td>
<td>Screening and Assessment sub-group.</td>
<td>To be identified.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*including alcohol use

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**Tier 1 and 2 Alcohol and Drugs 2 Year Action Plan**

Annual Report

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**Tier 1 and 2 Alcohol and Drugs 2 Year Action Plan**

Annual Report
### WHERE THE NUMBERS COUNT  APPENDIX A

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<th>Cost Implications</th>
<th>Timescale/Priority</th>
<th>Current Status</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Consider applicability of results from work within Acute Division to evaluate use of a flag-up system for drug misuse screening.</td>
<td></td>
<td>Priority 3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop proposals for implementation.</td>
<td></td>
<td>Priority 3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff in Primary Care, CMHTs, Social Work Area Teams and Residential Children’s Services will provide accurate information on specialist services and appropriate referral for those with dependence and or complex needs associated with alcohol and drug use.</td>
<td></td>
<td>Priority 3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop comprehensive care/ referral pathways which facilitate referrals to a full range of addiction services.</td>
<td></td>
<td>Priority 3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include in training plan (see training section).</td>
<td></td>
<td>Priority 3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support individual units teams etc to realise their full potential in working with individuals with a range of substance misuse problems.</td>
<td></td>
<td>Priority 3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop an advice and consulting service model to: Support staff to identify and address difficulties in implementing good practice within their areas. Support the implementation of guidelines, procedures and good practice.</td>
<td></td>
<td>Priority 3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilot and roll out approved model.</td>
<td></td>
<td>Priority 3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor and Evaluate.</td>
<td></td>
<td>Priority 3.</td>
<td></td>
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</tbody>
</table>

### Aim | Action | Suggested Lead | Cost Implications | Timescale/Priority | Current Status | Notes |
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</thead>
<tbody>
<tr>
<td>Ensure policies minimise risks to both staff and patients/ clients in relation to alcohol and drug-related incidents are based on best practice and sound legal advice.</td>
<td>Review existing alcohol &amp; drug policies and those on management of aggression/difficult behaviour associated with intoxication and withdrawal.</td>
<td>Jim McBride, Jim McBride/Tier 1 and 2 Co-ordinator.</td>
<td>N/A</td>
<td>Year 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify a model of delivering to allow staff to be trained in the management of aggression and difficult behaviour associated with intoxication and withdrawal.</td>
<td>Monitor and evaluate implementation and effectiveness.</td>
<td>Sub-group/Tier 1 and 2 Co-ordinator.</td>
<td>N/A</td>
<td>Year 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To reduce harmful drinking by children and young people because of the particular health and social risks.</td>
<td>Agree an inter-agency harm reduction policy in relation to young people.</td>
<td>Harm Reduction sub-group.</td>
<td>N/A</td>
<td>Year 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To recognise the links to other areas of work in the field of promoting social inclusion and encourage initiatives which tackle related determinants of young people’s alcohol problems.</td>
<td>Review evidence base and current good practice in relation to harm reduction interventions which take account of individual and community need (IPE framework).</td>
<td>Harm Reduction sub-group.</td>
<td>N/A</td>
<td>Year 2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Tier 1 and 2 Alcohol and Drugs 2 Year Action Plan

- **Annual Report**
- **Tier 1 and 2 Alcohol and Drugs 2 Year Action Plan**

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**Note:** Services may have their own local policies.
### WHERE THE NUMBERS COUNT APPENDIX A

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</tr>
</thead>
<tbody>
<tr>
<td>Research: Review findings of research undertaken in relation to how alcohol affects local communities and implications for other areas.</td>
<td>Harm Reduction sub-group.</td>
<td></td>
<td>(1-3)</td>
<td></td>
<td>Link with new learning/communities/education universal approach.</td>
</tr>
<tr>
<td>Community safety: Ensure consistent and co-ordinated input to local activity in relation to prevention of anti-social behaviour and community safety.</td>
<td>Harm Reduction sub-group.</td>
<td>Co-ordinate input through CHCPs.</td>
<td></td>
<td></td>
<td>Link with suicide prevention strategy (Gail Reid Lead).</td>
</tr>
<tr>
<td>Diversity activity: Review current activity across each of the CHCP areas. Inform the development of diversity activity</td>
<td>Harm Reduction sub-group.</td>
<td>Commission review and report.</td>
<td></td>
<td></td>
<td>Combines whole population interventions as well as targeted interventions.</td>
</tr>
<tr>
<td>Communication campaign: Support local campaign work e.g. GRAND event to promote regular and consistent alcohol health and safety messages.</td>
<td>Harm Reduction sub-group.</td>
<td>Link with pharmacy services, local alcohol/addiction forums.</td>
<td></td>
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<tr>
<td>Provide consistent and appropriate Harm Reduction advice and services to young people.</td>
<td>Harm Reduction sub-group.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Information and advice: Review current information and materials and ensure that these are updated to be appropriate to the needs of young people from diverse backgrounds, cultures etc. Information on how to access services.</td>
<td>Harm Reduction sub-group.</td>
<td>Commission review of information materials. Development of new materials.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research: Identify lessons from pilot/demonstration project aimed at understanding needs of children in transitional phases, whose parents have alcohol problems (still to go ahead?).</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Parenting: Link with city wide strategy development and local implementation activity.</td>
<td>Harm Reduction sub-group.</td>
<td></td>
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<td>Combines whole population interventions as well as targeted interventions.</td>
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<tr>
<td>Information and advice: Review current information and materials and ensure that these are updated to be appropriate to the needs of young people from diverse backgrounds, cultures etc. Information on how to access services.</td>
<td>Harm Reduction sub-group.</td>
<td>Commission review of information materials. Development of new materials.</td>
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</tr>
</tbody>
</table>

**Notes**: Link to the NICE Public Health Intervention Guidance: (Community based interventions to reduce substance misuse among children and young people).
<table>
<thead>
<tr>
<th>Aim</th>
<th>Action</th>
<th>Suggested Lead</th>
<th>Cost Implications</th>
<th>Timetable/Priority (1-3)</th>
<th>Current Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to services: Develop a more sustainable approach to support care/home/primary based family support services.</td>
<td>Harm Reduction sub-group</td>
<td></td>
<td></td>
<td>Tier 1 and 2 Alcohol and Drugs 2 Year Action Plan</td>
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</tr>
<tr>
<td>Inter-agency working: Provide opportunities for staff to learn about other services and encourage more effective joint working.</td>
<td>Harm Reduction sub-group</td>
<td></td>
<td></td>
<td>Tier 1 and 2 Staff.</td>
<td>Tier 1 and 2 Staff.</td>
<td>Tier 1 and 2 Staff.</td>
</tr>
<tr>
<td>Universal adoption of good practice on the management of drug and alcohol withdrawals across Primary care and CHC.</td>
<td>Review existing good practice guidelines.</td>
<td>Managing Withdrawal sub-group</td>
<td>Within existing resources.</td>
<td>Year 2.</td>
<td>Harm Alcohol</td>
<td>Harm Alcohol</td>
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<tr>
<td></td>
<td>Review standardised good practice guidelines.</td>
<td>Managing Withdrawal sub-group</td>
<td>Within existing resources.</td>
<td>Year 2.</td>
<td>Training Materials/ Prevention devised. Changes required to ensure meeting the needs of Tier 1 and 2 staff.</td>
<td>Training Materials/ Prevention devised. Changes required to ensure meeting the needs of Tier 1 and 2 staff.</td>
</tr>
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<td></td>
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<tr>
<td></td>
<td>Roll out training to Tier 1 and 2 Staff.</td>
<td>Managing Withdrawal sub-group/Tier 1 and 2 Co-ordinator.</td>
<td>Printing Costs to be identified.</td>
<td>Pilot May 08 with identified trainers. Roll out training in August 08.</td>
<td>Link to Tier 3 and 4 work currently underway.</td>
<td>Link to Tier 3 and 4 work currently underway.</td>
</tr>
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<td></td>
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</tr>
<tr>
<td>Prevention of ARBD.</td>
<td>Develop opportunities and procedures to provide Vitamin Supplementation for those at risk of ARBD.</td>
<td>Managing Withdrawal sub-group</td>
<td>Within current resources.</td>
<td>Year 2.</td>
<td>To be developed.</td>
<td>To be developed.</td>
</tr>
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**Tier 1 and 2 Alcohol and Drugs 2 Year Action Plan**

**Annual Report**

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**WHERE THE NUMBERS COUNT APPENDIX A**

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**Tier 1 and 2 Alcohol and Drugs 2 Year Action Plan**

**Annual Report**
### GLOSSARY

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMT</td>
<td>Senior Management Team</td>
</tr>
<tr>
<td>ARBD</td>
<td>Alcohol Related Brain Damage</td>
</tr>
<tr>
<td>GAS</td>
<td>Glasgow Addiction Service</td>
</tr>
<tr>
<td>L&amp;E</td>
<td>Learning Education Team</td>
</tr>
<tr>
<td>BBV</td>
<td>Blood Borne Virus</td>
</tr>
<tr>
<td>CATs</td>
<td>Community Addiction Teams</td>
</tr>
<tr>
<td>AAT</td>
<td>Alcohol Action Team</td>
</tr>
<tr>
<td>DAT</td>
<td>Drug Action Team</td>
</tr>
<tr>
<td>FAST</td>
<td>Fast Alcohol Screening Test</td>
</tr>
<tr>
<td>GCA</td>
<td>Glasgow Council on Alcohol</td>
</tr>
<tr>
<td>HEPC</td>
<td>Hepatitis C</td>
</tr>
<tr>
<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
</tr>
<tr>
<td>STRADA</td>
<td>Scottish Training on Drugs &amp; Alcohol</td>
</tr>
<tr>
<td>SW</td>
<td>South West CHCP</td>
</tr>
<tr>
<td>SES</td>
<td>Scottish Enhanced Services</td>
</tr>
</tbody>
</table>

**Aim Action Suggested Lead Cost Implications Timescale/Priority Notes**

| Monitor and Evaluate the Programme. | SES Implementation Group/CAT’s | To be identified. Ongoing. | Possible support from CATS throughout the first year programme. Evaluation being discussed in terms of recording the numbers of BI carried out, numbers FAST positive, numbers dependent drinkers. Details will be recorded on GPMS. | Future discussions will be held after main training events to have possible web based support and CD Rom for patients. |
WHERE THE NUMBERS COUNT  APPENDIX B

IMPLEMENTATION STRUCTURE
/LINKS TO CITY WIDE GROUPS

TIER 1 AND 2 MODEL OF DELIVERY – LINKS TO CITY WIDE GROUPS

Tier 1 & 2 Addiction Implementation Steering Group  
Chair: John Goldie

New Links –  
1) North CHCP  
2) East Ren CHCP Alcohol Group  
3) West Dunbartonshire CHCP P&E Group & Alcohol & Drug Forum  
4) East Ren CHCP P&E Group

East Learning & Education Development Group

West CHCP Alcohol Steering Group

Greater Glasgow Clyde AAT/ DAT

CHCP Directors

Sub-groups

East CHCP Alcohol Group

Tier 1 & 2 Addiction Implementation Steering Group  
Chair: John Goldie

Training & Education  
Lead: Alex Palmer

Screening & Assessment  
(Alcohol & Drugs)  
Lead: Greg Usery/ Caroline Cherry

Harm Reduction  
Lead: Janice Scouller/ Eric Derman

Health and Safety  
Lead: Jim McBride

Managing Withdrawal  
(Alcohol & Drugs)  
Lead: Stephen Rhodes

ISPI

Residential Childcare Training:  
Cheryl Glancy

Children’s Panel Training:  
Cheryl Glancy

Residential Managers Meeting

East Learning & Education Development Group

Scottish Enhanced Services Imp Group  
(Alcohol – Screening & Brief Intervention)

Saudi Enhanced Services Imp Group  
(Alcohol – Screening & Brief Intervention)

Screening & Assessment  
(Alcohol & Drugs)

Lead: Greg Usery/ Caroline Cherry

Harm Reduction  
Lead: Janice Scouller/ Eric Derman

Health and Safety  
Lead: Jim McBride

Managing Withdrawal  
(Alcohol & Drugs)  
Lead: Stephen Rhodes

South West CHCP Alcohol Steering Group

South West CHCP Child & Youth Sub Group

South West Adult & Later Life Sub Group

Greater Glasgow Clyde AAT/ DAT

*Tier 1 and 2 Action Plan covers Greater Glasgow
TIER 1 AND 2 REFERENCE GROUPS

STEERING ADVISORY GROUP
- John Goldie, Head of Service, South East Addictions (Chair)
- Eric Steel, Community Services Manager
- Cheryl Glancy, Tier 1 & 2 Co-ordinator
- Willie Kelly, Head of Service, West CAT
- Alex Palmer, Glasgow Partnership Manager
- Stewart Moore, Senior Learning Development Officer, Brook Street
- Stephen Rhodes/Lorna MacArthur, GAS
- Greg Usrey, Public Health Practitioner, South West CHCP
- Margaret Joyce, CAM, North East CAT
- Lisa Hird/James Wilthay, Glasgow Council Alcohol
- Caroline Cherry, CAM, East Dunbartonshire
- Linda Malcolm, Senior Health Promotions Officer
- Janice Thomson, Alcohol Development Officer, AAT
- Jim McBride, Head of Service, East Addictions
- Eric Duncan, Senior Health Promotion Officer, North CHCP
- Janice Scouller, Health Improvement Manager, East CHCP
- Rab Wight, Senior Officer, Planning Policy and Equality
- Ray De Souza, Head of Planning and Health Improvement, West CHCP

RESIDENTIAL CHILD CARE SUB-GROUP
- Cheryl Glancy, Tier 1 & 2 Coordinator (Chair)
- Marie McGuire, Senior Addictions Worker, South CAT
- Anne Slaven, Senior Addictions Worker, East CAT
- Kevin Kelly, Senior Addictions Worker, North CAT
- Margaret Cunningham, Senior Addictions Worker, South West CAT
- Andrea Adams, Senior Addictions Worker, South East CAT
- Trish Goudy, Senior Addictions Worker, East CAT
- Michael Robinson, Senior Addictions Worker, South West CAT
- John Kevin, Development Worker, North East CAT
- Claire Murray, West CAT

CHILDREN’S PANEL SUB-GROUP
- Cheryl Glancy, Tier 1 & 2 Coordinator (Chair)
- Marie McGuire, Senior Addictions Worker, South CAT
- Anne Slaven, Senior Addictions Worker, East CAT
- Kevin Kelly, Senior Addictions Worker, North CAT
- Margaret Cunningham, Senior Addictions Worker, South West CAT
- Andrea Adams, Senior Addictions Worker, South East CAT
- Trish Goudy, Senior Addictions Worker, East CAT
- Michael Robinson, Senior Addictions Worker, South West CAT
- John Kevin, Development Worker, North East CAT
- Claire Murray, West CAT

SCREENING AND ASSESSMENT SUB-GROUP
- Caroline Cherry, CAM, East Dunbartonshire CAT (Chair)
- Greg Usrey, Public Health Practitioner, SW CHCP
- Catherine Taggart, East Renfrewshire CHCP
- Cheryl Glancy, Tier 1 & 2 Coordinator, GAS
- Sylvia Cranston, Community Nurse, Renfrewshire CHP

TRAINING AND EDUCATION SUB-GROUP
- Alex Palmer, Learning and Education Manager, (Chair)
- Lisa Hird/James Wilthay, Glasgow Council Alcohol
- Linda Malcolm, Senior Health Promotion Officer
- John Campbell, Scottish Drugs Forum
- Stewart Moore, Senior Learning Development Officer, Brook Street
- Connie Hendry, Learning and Education, SW CHCP
- Larry Callary, Learning and Education, East CHCP
HARM REDUCTION SUB-GROUP
Janice Scouller, HII Manager, East CHCP
Eric Duncan, SHPO, North CHCP
Lee Craig, Glasgow Community Safety Services
Jo Murray, Drug Development Officer, ADAT
Nikki Boyle, Alcohol Development Officer, ADAT
Claire Scott, HPO, East CHCP
Cheryl Glancy, Tier1/2 coordinator
Grant Henderson, Development Officer, GAS

HEALTH AND SAFETY SUB-GROUP
Jim McBride, Head of Service, East CAT
Cheryl Glancy, Tier 1 and 2 Co-ordinator
Terry McEwan, Brook Street Training Centre

MANAGING WITHDRAWAL SUB-GROUP
Stephen Rhodes, Nurse Team Leader
Cheryl Glancy, Tier 1 and 2 Co-ordinator Trainers x 5

SCOTTISH ENHANCED SERVICES IMPLEMENTATION GROUP
Paul Rimmer, Support Service Manager
Eric Steel, Community Service Manager
Gail Reid, Secondary Service Manager
Lorraine Cribben, Lead Nurse
Cheryl Glancy, Tier 1 and 2 Co-ordinator
Caroline Cherry, CAM, East Dunbartonshire CAT
John Nugent, Clinical Director, West CHCP
Tom Clackson, Programme Manager, NHS GG&C
Nikki Boyle, Alcohol Development Officer, ADAT