# **Problem Drug Use**—Training Pack

## Independent Advocacy for people with drug problems

promoting • supporting • defending

Scottish Independent Advocacy Alliance

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# Foreword

The Scottish Government is working to lead change in the way that Scotland deals with its drugs problem by tackling the damaging impacts of drug problems in Scotland and making Recovery a reality for people. Our national Drugs Strategy *The Road to Recovery* places the goal of recovery at the heart of all that we do for people, families and communities affected by drugs. Everyone deserves to be treated with respect as individuals however people with drug problems are often the most marginalised and stigmatised people in society.

Advocacy can play a significant part in enabling someone's Recovery by helping people find their voice in the important conversations and decisions that affect them directly. We are grateful to the Scottish Independent Advocacy Alliance for the work that has gone into preparing this resource. We hope that it will help those motivated to offer advocacy for others to feel confident in assisting people with drug problems to be respected, heard and understood.

To find out more about what action the Scottish Government is taking to achieve this, visit the Drug Strategy website: **www.scotland.gov.uk/Topics/Justice/law/Drugs-Strategy** .

Scottish Government
Drugs Policy Unit
*April 2012*

## Acknowledgements

Thanks go to Simpson House, Crossreach, Edinburgh and to Sarah Loeb for their help in the production of this pack.

Thanks also go to all who contributed to the development of this pack including Scottish Drug Forum, Scottish Recovery Consortium and Scottish Government Policy Unit.

# Contents

# Introduction

The Scottish Government drug strategy, *The Road To Recovery*, published in May 2008 stated *The Government will set in train a number of actions to achieve a shared understanding of how to promote and support recovery, including the following: build the capacity of advocacy services, to help service users choose the treatment that is right for them*. To support this action point a workplan was agreed between the Scottish Government and the Scottish Independent Advocacy Alliance (SIAA).

The aims were:

- To identify what advocacy work is already happening with people with drug problems
- To raise awareness amongst advocacy organisations enhancing their understanding of issues which may arise for those with drug problems and their need for advocacy
- To raise awareness amongst NHS Boards and local authorities of the importance of funding advocacy services for people with drug problems.

Following this work more Independent Advocacy organisations reported receiving referrals for people with problem drug use from a range of sources. It is also likely that increasingly advocacy organisations will be expected to provide advocacy for this client group following the recent review of and updates to local Advocacy Plans in all NHS Board areas.

In researching the existing provision it was noted that organisations reporting that they did not currently provide advocacy for this client group often cited lack of knowledge on drug related issues or, in some cases, lack of referrals.

It is in response to these issues that this training pack has been developed.

The pack considers:

- Information on problem drug use
- Information on Recovery from drug problems
- Possible issues for people with drug problems
- Possible barriers to access for people with drug problems and how these might be overcome.

The aim is to help those providing advocacy to think about some of the issues that may arise for people with drug problems. It is not intended to give an in depth look at what, why and how people use but aims to help increase confidence for advocates when working with this group. We also hope that this will increase availability of advocacy for people with drug problems and encourage them to have more confidence to approach an advocacy organisation without fear of stigma or prejudice.

April 2012
Published by the Scottish Independent Advocacy Alliance, April 2012
*Problem Drug Use — Training Pack: Independent Advocacy for people with drug problems*

# How to use this pack

This pack is designed to be delivered by someone who understands advocacy. It is recommended that, where possible, a co-trainer with an understanding of problem drug use is recruited to support the training. A local drug service may be available to support the involvement of people in recovery in the training.

The Facilitator's Notes and the Microsoft PowerPoint slides should be read in advance by the facilitator. This gives a general overview of the information with each slide e.g. when handouts are given. If using a co-trainer go through the material with them and discuss their involvement in the training.

The section from Slide 1 to Slide 23 will take approximately 2 hours without breaks; Slides 24 to the end will take around 1½ hours without breaks. The trainer may wish to negotiate timings of breaks at the start of the session.

The Facilitator's Notes for all slides can be found on pages 5–20. Handouts and a Case study are on pages 21–25. These can be photocopied. Electronic copies are available on the enclosed CD.

The CD also contains the PowerPoint slides. The PowerPoint presentation and electronic copies of handouts and case studies can also be found on the SIAA website **www.siaa.org.uk**.

Allow 10–15 minutes for case study and group discussions.

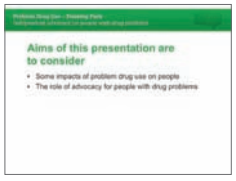
# Facilitator's notes

These notes and the notes included with some of the PowerPoint slides should be read in advance by the facilitator. This gives a general overview of the information with each slide e.g. when handouts are given etc.

Allow 10–15 minutes for group discussions with additional time for feeding back on these discussions as required.

**Welcome** *5 minutes*
Introduce yourself and co-trainer and explain in-house arrangements. You may want to negotiate an agreed time for breaks and lunch.

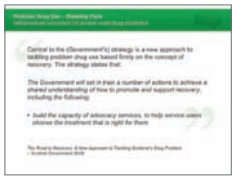
**Ice breaker** *10 minutes*
You may have an Ice breaker that you use for training. If not here's an example: get the participants into pairs; if possible sit with people you do not know. Introduce yourselves, what job you do and also discuss who your hero is and why. Introduce your partner to the full group.




## Problem Drug Use—Is advocacy needed?

**Slide 3**
Aims of this presentation are to consider:

- Some impacts of problem drug use on people
- The role of advocacy for people with drug problems



**Slide 4**
In 2008 the Scottish Government published *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*. Central to the (Government's) strategy is a new approach to tackling problem drug use based firmly on the concept of recovery. The strategy states that '*the Government will set in train a number of actions to achieve a shared understanding of how to promote and support recovery, including the following:*

- '*build the capacity of advocacy services, to help service users choose the treatment that is right for them*'


**Slide 5**

There are roughly three categories that drugs can fit into:

**Uppers** — can help a person to keep going, and can increase confidence in the short term.

- Their use can lead to feelings of euphoria, increased heart rate, blood pressure, and breathing rate, improved concentration and decreased appetite. The impacts of use of stimulants can lead to increased feelings of paranoia
- These include Amphetamines (speed), Methamphetamines (meth), Ecstasy, Ephedrine and Pseudo-Ephedrine, Cocaine and Crack
- Withdrawal from uppers can be the opposite effect of the drug — loss of energy, extreme lack of confidence.

**Downers** — are a relaxant and can help a person to calm down

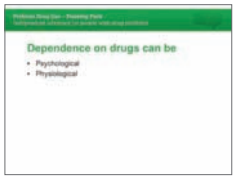
- Their use can lead to decreased heart rate, blood pressure, breathing rate and concentration, they can also lead to sedation/relaxation and impaired co-ordination
- These include Barbiturates, Marijuana/Hash and Opiates (Morphine, Codeine, Heroin). Alcohol is also a downer
- There is a greater risk of harmful, possibly fatal, overdose with downers than with other drugs.

**Hallucinogens** — can lead to paranoia and fear/anxiety

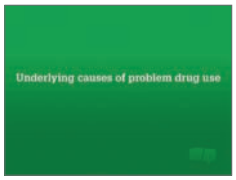
- Their use can change the way a person perceives the world. Hallucinogens affect all the senses, altering a person's thinking, sense of time and emotions. They can cause a person to hallucinate seeing or hearing things that do not exist or are distorted. They can also be linked to feeling euphoric.

- They include LSD (lysergic acid diethylamide), PCP (phencyclidine), magic mushrooms (psilocybin), mescaline and ketamine.

Some drugs can be included in more than one of these categories, for example Ecstasy is both an upper and an hallucinogen. The pattern of drug use for many is to use a mixture of substances often including alcohol.




**Slide 6**
Dependence on drugs can be both psychological and well as physiological. The psychological dependence can be much tougher than any physical dependence




**Slide 7** *Group exercise; allow 15 minutes*
Divide the participants into groups of three or four. In these groups ask participants to consider what might be possible reasons why people use drugs.

*Prompts*

- To ease pain (physical, emotional)
- To help 'escape' difficult thoughts or situation
- To help deal with trauma, anxiety, mental health problems
- For enjoyment or social reasons.

Ask participants to feed back to the wider group.


**Slide 8**

A report produced by the Scottish Drugs Forum in March 2007 shows that underlying causes of problem drug use can be:

- Poverty
- Deprivation
- Inequalities
- Fragile family bonds
- Mental health problems
- Low job opportunities
- Limited community resources.

All can have some role in leading to problem drug use. Causes often also include childhood trauma such as abuse (emotional, physical and sexual), significant bereavement and parental substance use.

Not all marginalised people will develop a drug problem, but those at the margins of society, such as the homeless and those in care, are most at risk.

**Slide 9**

A Joseph Rowntree Foundation report published in 2000 states that *'Drug-use is found among young people from all social classes, yet risky behaviour, such as injecting or smoking heroin, is more often linked with neighbourhoods experiencing multiple disadvantage…'*

*'Abuse, neglect and homelessness all increase the chances that children will experience problems with drugs later on. The chances are also increased where parents and other family members use drugs.'*

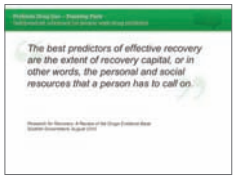
It is important to remember that, for those parents and adult family members, there are likely also to be underlying causes that led to their own drug use.


**Slide 10**
Dependence on drugs can contribute to:

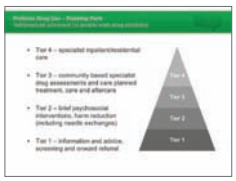
- Problematic and chaotic lifestyle
- Problems with finance.

Dependence on drugs, for those who are also parents, can contribute to problems with their child's or children's welfare.


**Slide 11**
A study published by the Information Services Division Scotland in November 2011 showed an estimate of 59,600 people in Scotland between the ages of 15 and 64 with problem drug use. This estimate includes people receiving substitute prescriptions as well as people using illicit drugs.




**Slide 12**
People can and do recover from drug problems. There has been much research into what is most likely to contribute towards recovery. *Research for Recovery: A Review of the Drugs Evidence Base* published in August 2010, in summarising key findings from the recovery literature, states: '*The best predictors of effective recovery are the extent of recovery capital, or in other words, the personal and social resources that a person has to call on*'.



**Slide 13**
There are a range of different supports and treatments available for people with drug problems.

Health related supports and treatments can be considered in terms of 'tiers' as shown in the Scottish Government's Guidance on Referral Pathways in relation to the *HEAT TARGET A11 — Updated Drug and Alcohol Treatment Types* (2010)

Tiers include:

**Tier 1** Information and advice, screening and onward referral

**Tier 2** Brief psychological interventions, harm reductions (including needle exchanges)

**Tier 3** Community based specialist drug assessments and care planned treatment, care and aftercare

**Tier 4** Specialist inpatient/residential care.


**Slide 14**
There are a range of different supports and treatments available for people with drug problems.

Community based services can be provided by statutory and/or voluntary sector services/agencies. These can include:

- Advice & Information
- Drop-in Service
- GPs *(Not all GPs provide all drug treatment services. GPs have the option to opt in to providing certain services.)*
- Harm Reduction Services
- Community Prescribing
- Structured Counselling
- Structured Day Programmes
- Community Drug Teams
- Peer support from others in recovery (e.g. Mutual Aid Fellowships, Recovery Communities etc.).

It should be remembered that people are likely to need a range of supports and services. Services will vary from one area to another. Advocates will be able to find out about local services from agencies in their areas.


## Slide 15

Residential or inpatient services can also be provided by statutory and non-statutory providers.

Residential rehabilitation offers intensive and structured programmes in controlled residential or hospital inpatient environments and require a formal referral through statutory health and social care services. Crisis intervention residential services are more likely to have open access.

Intensive detoxification programmes are specialised units for people drug problems, which provide medically supervised withdrawal with 24-hour medical cover.

Intensive detoxification can also be provided for people in a community setting.

Specific interventions may be provided in the community for individuals as a result of engagement in the criminal justice system.

Drug Treatment and Testing Orders (DTTOs) are aimed at drug misusing offenders whose offending is directly related to their drug misuse.

DTTOs can only be imposed by the Court, with the consent of the individual, if that individual has been assessed as suitable by a social worker and medical staff (with expertise in drug treatment) and can be for a period of 6 months to 3 years.

The requirements of a DTTO are:

- Regular drug testing
- Monthly Reviews at Court
- Compliance with an individual treatment programme
- Attendance at the DTTO for appointments with Social Workers; Addictions Workers and Nurses.
- Attendance at Groupwork programmes.

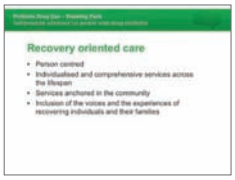
Failure to comply with a DTTO can result in the imposition of a custodial sentence.

A Community Payback Order can include a requirement for an offender to attend treatment for alcohol or drug use.


**Slide 16**
Additional information on treatment types and waiting times can be found on the Drug Misuse Information Scotland website.


**Slide 17**
Medications including buprenorphine or methadone are prescribed for those with an addiction to opiates (usually heroin).

It can be prescribed on a reduction programme or on a maintenance programme. The maintenance programme would be more usual for those who have underlying issues, usually contributing to their problem drug use, which they have not addressed. In such cases the individual would also be offered structured counselling alongside the treatment. It can be the case that people are on a methadone maintenance programme for a long time. Some report that they find it harder to come off methadone than to come off heroin.



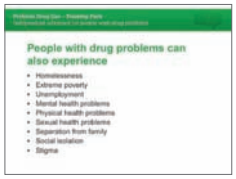

**Slide 18**

**Recovery oriented care**
In *Digesting the Evidence*, published by the Scottish Recovery Consortium, Dr David Best details principles for a recovery-oriented system outlined by the Centre for Substance Abuse Treatment in 2009. The list comprises 17 evidence based principles including:

- Person centred
- Individualised and comprehensive services across the lifespan

- Services anchored in the community
- Inclusion of the voices and the experiences of recovering individuals and their families.

For those in recovery support, acceptance and empowerment are important aspects for the journey. There is evidence showing that peer support can be effective. Advocacy has a role in ensuring the inclusion of voices and experiences of recovering individuals and their families.

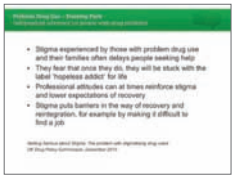



**Slide 19**
People with drug problems can also experience:

- Homelessness
- Extreme Poverty
- Unemployment
- Mental health problems
- Physical health problems
- Sexual health problems
- Separation from family
- Social isolation
- Stigma.

A particularly high percentage of those individuals with problem drug use also experience mental health problems or cognitive impairment.

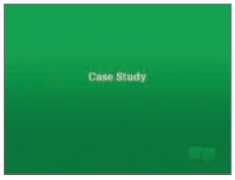
Those in recovery may find it particularly difficult to seek support; they may fear that by seeking help they will be viewed as 'failing'. It is therefore important that people have strong support mechanisms around them to help them at this time.



**Slide 20**

**Stigma can result in many difficulties**
The report, *Getting Serious about Stigma: The problem with stigmatising drug users*, published by the UK Drug Policy Commission in December 2010 showed that the stigma experienced by those with problem drug use and their families often delays people seeking help.

**Handout 1: Stigma**

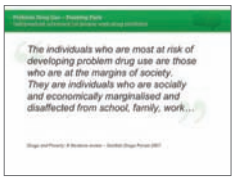



**Slide 21** *Allow 15 minutes for this exercise.*

**Case Study: Bren**
Divide the group into smaller groups of three or four each. In the smaller groups ask participants to discuss Bren's story.

Ask them to identify the advocacy issues and how they would support Bren to address these.

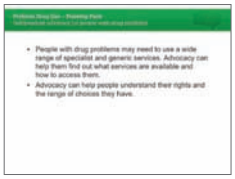
Ask them to feedback discussion to the wider group.



**Slide 22**
*Drugs and Poverty: A literature review published by the Scottish Drugs Forum* in 2007 states:

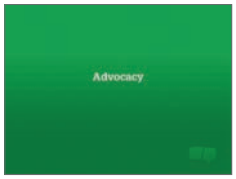
*'The individuals who are most at risk of developing problem drug use are those who are at the margins of society. They are individuals who are socially and economically marginalised and disaffected from school, family, work…'*

People with drug problems are therefore likely to have low expectations of life and of others' approach to them. They are likely to have experienced stigma and lack of understanding.



**Slide 23**
Advocacy can be important for people with drug problems because they may need to use a wide range of specialist and generic services. Advocacy can help them find out what services are available and how to access them.

Advocacy can help people understand their rights and the range of choices they have.




**Slide 24**

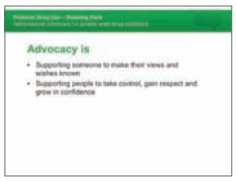
**Advocacy**

**Slide 25**

*'Independent advocacy is a crucial element in achieving social justice. It is a way to ensure that everyone matters and everyone is heard — including people who are at risk of exclusion and people who have particular difficulties in making their views known.'*

*'Independent advocacy helps safeguard people; it helps individuals to access information so that they are in a position to make informed decisions and enables people to participate in their own care, treatment and support. Independent advocacy not only helps improve* services for *individuals, it improves services for all people.'*

People with drug problems are often very much on the margins of our society, at risk of exclusion. They have difficulties in making their views known and have regular experience of stigma and discrimination.



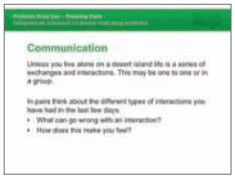

**Slide 26**

Advocacy is:

- Supporting someone to make their views and wishes known
- Supporting people to take control, gain respect and grow in confidence.

**Slide 27**

One-to-one advocacy supports individuals. Collective advocacy supports individuals as members of a group.




**Slide 28** *Group exercise — allow 15 minutes*

A vitally important part of the advocacy role is communication.

In pairs think about the different types of interactions you have had in the last few days.

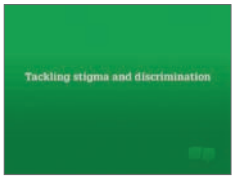
- What can go wrong with an interaction?
- How does this make you feel?

Ask pairs to feed back to the group.


**Slide 29**

For people who have experienced drug problems effective communication is important; in the first place to allow the advocate and Advocacy Partner to build a relationship based on trust.

Many service users have experienced negative and discriminatory reactions from a range of sources and therefore they may be suspicious of people and testing in their approach.




**Slide 30** *Group exercise — Allow 10 minutes.*

**Tackling stigma and discrimination**

Think about reports you have read in papers or heard on TV which include people who use drugs. How are they portrayed? What kind of reaction do you think they might experience in everyday interaction with the public and/or services?

**Slide 31**

Information included in *Getting Serious about Stigma in Scotland: the problem with stigmatising drug users* shows that Loughborough Communications Research Centre undertook an analysis of a sample of British newspapers' reporting of drug use stories over three time periods, including two Scottish papers (*The Daily Record* and *The Herald*). The overall findings were as follows

- The reporting and portrayal of people with drug problems was dominated by two overriding themes: crime reports, and professional sports people and celebrity figures
- The drugs most often mentioned in news items were heroin, cannabis, cocaine and ecstasy
- The issue and challenges of treatment and recovery were barely mentioned — except in the context of celebrities
- Most reporting is considered to be 'neutral', but the linkage to crime aspects (rather than health) was overpowering
- Where adjectives and labels are used they are more likely to be negative, using language such as 'vile', 'hopeless', 'dirty', 'squalid' and 'evil'.

**Slide 32**
In a contrast to these news reports this photograph was exhibited with others as part of a 10 week photography workshop run by the Scottish Recovery Consortium in partnership with Open Aye Photography. The photographs were all taken by people who had experienced problem drug use and illustrate participants' own personal stories of recovery.


**Slide 33** *Group exercise; allow 10 minutes*
*'Well, I've started doing pensioners' nails here (as a volunteer), giving manicures and painting their nails on a Wednesday afternoon. When they find out I used to be a drug user half of them wanted nothing to do with me. There was only two ladies that would speak to me.'*

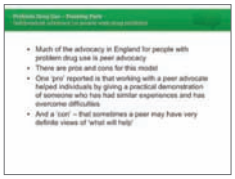
In the full group discuss how such an experience might make someone feel.

*Prompts*

- Discouraged
- Angry
- Suspicious
- Lack of self esteem


**Slide 34**
Graphical representation of the words used by focus group participants when asked what stigma meant to them from *Getting Serious about Stigma: The problem with stigmatising drug users*.


**Slide 35**
An important feature of advocacy is the empowerment of the Advocacy Partner. The aim of any effective advocate should be to make themselves redundant, to help people gain self-confidence and to help them begin to advocate on their own behalf.



**Slide 36**
Much of the advocacy in England for people with drug problems is peer advocacy. Working with a peer advocate has been reported to help improve an individual's confidence, giving a practical demonstration of a person who has had similar experiences and has overcome difficulties.

Working with a peer advocate can bring its own difficulties however if the peer advocate has definite views in 'what will help'.

**Slide 37**
Peer advocacy can provide the opportunity for the peer advocate to 'give something back'. In *Digesting the Evidence* Dr David Best reports that

*'Many (people in recovery) wanted to be able to give something back but did not feel they were able to do so*

*— this is a form of collective recovery capital that is not utilised adequately.'*

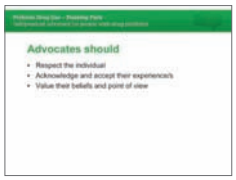
He also reports

*'Two key factors promoted recovery and positive quality of life — more time spent with peers in recovery and greater engagement in activities in the community.'*

These are factors to consider when looking at the possibility of using peer advocates.

**Slide 38**

There has been some anecdotal evidence showing that some people with drug problems have expressed anxiety about or reluctance to contact an advocacy organisation. This is often for a variety of reasons which can include a belief that they will be 'judged', that there will be a view that their situation is 'their own fault' and that staff will not understand their situation.



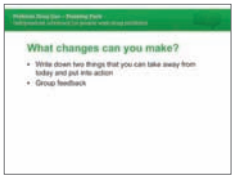

**Slide 39**

The experience of the world and their interactions with others for people with drug problems often is not that of being respected and valued. This is a vital component in building and maintaining the advocacy relationship and helping to ensure that people feel able and comfortable to access advocacy.


**Slide 40**

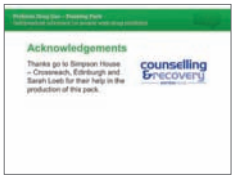
What can you or your organisation do to help improve access to advocacy for people with drug problems?

- Look at your organisation's publicity — would someone with a drug problem know it is for them?
- Consider what happens when someone first contacts your organisation.
- What changes could your organisation make to ensure someone feels welcomed and to improve access?



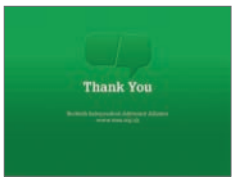

**Slide 41**
What changes can you make?

- Write down two things that you can take away from today and put into action
- Group feedback.




**Slide 42**
Acknowledgements. Thanks go to Simpson House, Crossreach, Edinburgh and Sarah Loeb for their help in the production of this pack.


**Slide 43**
Useful Information/Contacts. **Handout 2: Useful contacts and organisations** should be distributed to participants.




**Slide 44**
End

# Case Study
# **Bren**

Bren has been receiving methadone treatment for the past 10 months. She has started a course at her local college and is keen to complete the course.

Her local pharmacy is quite small with no private treatment area. So that during the week of supervised treatment she had to take the dose in the public area of the shop.

Bren spoke to her advocacy worker when a problem arose with the treatment:

*'We used to get it [Methadone] at 9.00am so that we had it before college, and there's a new chemist in and she's like "No, you'll wait until 9.30am." So there's about 30 people waiting outside the chemist, and I'm terrified in case any of my aunties pass. I'm having to leave later to go and get it until the normal chemist comes back…'*

**Discuss**

- What do you think the advocacy issues are for Bren?
- How would you work with Bren to address these?

# Handout 1
# Stigma

Taken from *Getting Serious about Stigma: The problem with stigmatising drug users*, UK Drug Policy Commission, December 2010

**Stigma is widespread**
Stigma also has a big impact on recovery once in treatment. The low self-esteem of people in treatment prevents a belief in recovery. In our focus groups we were given many examples of how the attitudes of other people, including staff in a multitude of agencies, reinforce these negative feelings by presuming failure and not rewarding positive achievements. This stigma occurred in a wide range of settings

- drug treatment services
- pharmacies
- GP surgeries
- hospitals (A&E, midwives, other staff )
- dentists
- social services
- employment (employers, staff, job centres)
- housing landlords
- criminal justice system (police, probation, prisons and courts).

However, we also heard of examples of good practice — professionals who were supportive and 'treat us like human beings' — in these same areas, so stigma is not inevitable. Indeed, some services can also actively help destigmatise, such as dentistry. Poor dentition is often associated with long-term opiate use and so this stigma can be addressed through good dentistry, allowing a person to engage with employers or new neighbours without obviously looking like an 'addict'.

**Stigma is cumulative and long-lasting**

Sometimes there may be perceived stigma, where people assume that attitudes towards them will be negative or interpret looks, words and actions as judgmental, whether or not this is the case. However, these perceptions arise because of the way that people with a drug problem or their families observe other people talking about and behaving towards drug users on a daily basis. In this way, stigma affects people twice — once, directly, by the actual behaviour and then again through the impact of the anticipation or fear of stigma. However, we also identified numerous examples of enacted stigma, where negative attitudes have led to discrimination or unfair behaviour. For example, being made to wait while other people who arrived later are seen or served, having to wait in a separate area, being seen after all 'normal' clients have gone home or having one's confidentiality breached by loud remarks such as 'Here is your methadone'. When this occurs day after day it will inevitably reinforce feelings of worthlessness and make seeking help appear a waste of time.

Stigma can also impede recovery in practical ways. Being made to wait for medication could make a person in employment late for work and cost them their livelihood. Being late for an appointment at the job centre or with social services could lead to benefit sanctions or the loss of access to one's children since people with a history of drug dependence may not be believed when they say they were late because they were made to wait for an appointment elsewhere.

We also heard numerous examples of insensitive and inhumane treatment by healthcare staff. Undoubtedly a few drug users may at times seek to abuse the system to obtain drugs. But this appears to have led to a belief among some staff that everyone with a history of opiate dependence attending A&E departments is only there to get drugs, broken arm or appendicitis notwithstanding.

# Handout 2
# Useful contacts and organisations

The following list is of contact details for national and online agencies and resources. There are also likely to be local resources that may be of interest. Some of the websites detailed may be of use in locating resources local to your area.

**Scottish Drugs Forum**
91 Mitchell Street
Glasgow G1 3LN
**www.sdf.org.uk**

*The national non-government drugs policy and information agency working in partnership with others to co-ordinate effective responses to drug use in Scotland.*

*SDF aims to support and represent, at both local and national levels, a wide range of interests, promoting collaborative, evidence-based responses to drug use.*

**Scottish Recovery Consortium**
234 West George Street
Glasgow G2 4QY
**www.sdrconsortium.org**

*The Scottish Recovery Consortium provides national direction and coordinates action to promote the recovery of individuals, family members and communities from drug problems and addiction in Scotland.*

**Scottish Drugs Services Directory**
**www.scottishdrugservices.com**
*Online Directory developed to help people find information on all drug treatment and rehabilitation services in Scotland.*

**Scottish Families Affected by Drugs**
Helpline **08080 101011**
**www.sfad.org.uk**
*Supports families across Scotland that are affected by drug problems and provides help and support for those agencies that in turn represent and support such families.*

**Drug Misuse Information Scotland**
**www.drugmisuse.isdscotland.org**
*This site provides information, statistics and research on drugs use in Scotland.*

**Know the Score**
**http://knowthescore.info**
*Online information on different types of drugs, the risk and the law. Information on what to do in an emergency and where to get help.*

**SMART Recovery**
**www.smartrecovery.org**
*An addiction recovery support group available in different parts of Scotland. SMART Recovery sponsors face to face meetings and daily online meetings.*

**Get Connected**
**www.getconnected.org.uk**
*A national helpline for people under 25.*

**Breaking Free**
**www.breakingfreeonline.com**
*An online treatment and recovery programme for people with drug and/or alcohol problems.*

**Adfam**
**www.adfam.org.uk**
*Information and support for families of people with drugs and alcohol problems.*

**STRADA — Scottish Training on Drugs and Alcohol**
**www.projectstrada.org**
*The leading national workforce development organisation supporting those working with and affected by drug and alcohol misuse.*

**UK Narcotics Anonymous**
**www.ukna.org**
*National helpline and service open to anyone with a drug problem seeking help. Contact details and information on local organisations can be recorded here for reference.*

# Contents of the CD

**PowerPoint presentation**

**PDF**

- Training pack handbook
- Case study
- Handouts 1–2
- Useful Organisations/Contacts

*If the CD is missing or damaged please contact the SIAA. The PowerPoint and PDF files are also available to download from www.siaa.org.uk .*