



# Working with Parents

## Introduction

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### Contact details

To send something for inclusion in this newsletter please email Carol Marsh at [carolm@drugscope.org.uk](mailto:carolm@drugscope.org.uk)

**1 Welcome to the Winter 2005/6 edition of *Working with Parents* - the only e-newsletter for parenting educators and supporters who work with drug-using parents!**

*Happy New Year to all the members of the working with parents network. The distribution list for this newsletter has now grown to 182! We hope you found time over the holiday period to rest, relax and recharge the batteries for the year ahead.*

*In this issue we have news of projects which focus on the interests and work of those offering parenting education and support for drug and alcohol using parents, but there are also items about universal drug awareness and drug education for parents.*

*Just to give you a taste of this edition of 'Working with Parents: As well as news of projects which are fast becoming old friends via this newsletter (Adfam, Alcohol Concern and Addaction) we have news of a community consultant project being run by the Parenting Education and Support Forum. Although the focus of the example has been on parents supporting their children about drugs and alcohol education, this model offers an interesting and innovative approach to work with parents with a wide range of needs since it is designed by and led by parents. We look forward to hearing more about this as it develops.*

*We also have an account of a project working with families which has helped to address the needs of children, parents and grandparents. The article includes a case study with a very positive outcome, despite*

*difficult and challenging circumstances.*

*Next we have a 'think-piece'. Annie Tunnicliffe, a freelance consultant thinks that there is a lack of strategic thinking about work with families and offers a model to help develop a co-ordinated approach. We'd like to hear if you share Annie's views, have different experience and/or have other models for work in this challenging area. [And now Annie's set the trend why not write a think-piece for the next issue?]*

*Finally we have an account of the popular 'How to drug proof your kids' project from Hope UK. Don't make the mistake I did in thinking 'that's impossible, how can anyone promise that?' The title is meant to be provocative!!*

*As always, we hope you will pass this newsletter on to colleagues who might wish to hear from us and encourage them to sign up to our 'Working with Parents' network.*

*Thanks to all those who have contributed items for this edition. This is your network, so please keep sending the news and articles, plus think pieces, research updates or reviews so we can keep you in touch with what is happening.*

*To send something for inclusion in the next newsletter, please email Carol Marsh at [carolm@drugscope.org.uk](mailto:carolm@drugscope.org.uk)*

**Best wishes for 2006  
From everyone at DrugScope, Adfam and Parenting Education Support Forum.**

## NEWS AND VIEWS

### Community Consultant Project

Hi my name is Karen Cocker; I work for the Parenting Education and Support Forum. I am project manager for an exciting new project being piloted in the North West. The Community Consultants project is initially a 3 year project, funded by The Esmee Fairbairn Foundation. It is to develop a community-based education project, which has the potential to enable parents to take control of their lives and to help other parents do likewise.

The community consultant training consists of five days. It covers topics including: communication skills, recording information, identifying and creating links with local agencies relevant to parents, safeguarding children, negotiation, local referral routes and making practical arrangements, research and techniques, consultation skills, recruitment strategies and evaluation techniques.

Once recruited and trained the volunteer parents will be known as Community Consultants, and will carry out aspects of work for which they have been trained.

The aims of a community consultant are to empower parents to access services within their local communities and to contribute to the development of service for families in local areas. They do this by consulting with other local parents, representing them in decision-making fora such as school governing bodies and children's centres and giving information about local services available. They will work with all agencies providing services to families in their local communities so as to complement and co-ordinate the work already being done in an area and not duplicate. They will also recruit parents/carers to parenting or family learning programmes.

The project hopes to:

- Increase parents' confidence by providing support from parent to parent
- Give the community a stronger voice in decision making structures
- Improve the quality of life within communities
- Develop community spirit and awareness
- Promote and support equal opportunities and anti-discriminatory practice.

The main advantages of the project are that:

- It builds local capacity – community consultants are a valuable resource for their community
- It offers transferable skills
- It can boost parents' self-esteem
- It offers a community-based approach to consultation that gives precedence to the views and attitudes of local people as experts within their own communities
- It provides services that are designed and led by parents for parents.

Parents/carers and families are important partners in the development and delivery of multi-agency services. Encouraging them to participate can help ensure that a service is developed which reflects local needs and hopes and that people access the service. Among the work done by community consultants so far is a piece of consultation on 'The effect of drugs and alcohol on the young community and services provided.'



One of the community consultants undertook this work and started by having informal chats with her daughter and friends, local youths and parents. So the parents did not feel under pressure or threat, she openly chatted about the problem and got them to write down why people misuse drugs and alcohol and what affect it is having on our community.

*Lisa wrote:*

*Due to recent consultation with the youth of Shakerley community, we can see that the main problems on our estate for the young people are the lack of services and facilities in our community. The children have nowhere to go and nothing to do. Most young people and parents weren't aware of any the services available and were scared or ashamed to access the ones they did know of. Some also didn't see drugs as a problem. Parents didn't know how to talk to their children about alcohol or drugs.*

*Children said that they weren't warned, especially about long-term effects, or educated properly about misuse.'*

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PARENTING  
EDUCATION  
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## ARCH Initiatives' Family Service, Halton

ARCH Initiatives' Family Service was first set up in August, 1999 to serve the people of the Borough of Halton. This service had been commissioned by the Borough Council as a result of the Social Services Directorate acknowledging that substance using parents were having a significant impact on the number of children being placed on the local Child Protection Register.

At the time the service was very innovative and was one of the first in the country to address the needs of the children of substance misusing parents. At its inception the service consisted of one adult worker and an outreach worker, but staffing numbers grew to three Substance Misuse Workers dealing with adult family members and two workers dedicated to young people affected by their parent's substance use: one specialising in 0–12 year olds and the other addressing the needs of the 13–19s. Since its beginnings the Halton service has received over 400 adult referrals and more than 150 children have engaged in treatment; similar services are now operated by ARCH Initiatives in both Warrington and Wirral.

With the welcome publication of the Advisory Council on the Misuse of Drugs "Hidden Harm" report it seemed that this very vulnerable group of children, and their carers, would finally be acknowledged.

Unfortunately, one of the shortcomings of the "Hidden Harm" report, identified by ARCH Initiatives, was the lack of any reference to the special needs of grandparents - who are often the primary carers in families affected by substance misuse. The Centre for Public Health has recently publicised the fact that 300,000 children are cared for full-time by their grandparents: in our service alone 14% of current cases are grandparents with formal parental responsibility and in a further 14% of our family case load there is significant support provided by a grandparent.

The following case study is offered as an illustration of the work that ARCH Initiatives undertakes in the Halton area and is an example of how grandparents are often instrumental in helping to hold vulnerable families together.

"After several attempts to engage N, she finally accessed support from the Family Service 3 years ago. At that time she was 21 years old and a mother of two daughters - aged 5 and 7. N had a long history of chaotic drug use, including crack and heroin, and when she first entered into treatment the prognosis wasn't good: she was prostituting herself in nearby Liverpool, having unprotected sex in return for crack and she only had very sporadic contact with her children and family. N was not good at maintaining links with our service, but the grandmother -

who had parental responsibility - received regular support. Eventually N and her family needed emergency assistance: N was in danger of becoming homeless and her aggressive behaviour, periods of absence followed by a sudden re-appearance, were jeopardising the grandmother's ability to meet Social Services conditions for continued custody of the children.

After approximately 18 months of working with the family N finally began to engage with our service, she accepted practical support and hostel accommodation was secured for her. N began to make positive changes to her life and, whilst living at the hostel, started to control her drug use and developed a more stable lifestyle. Relationships with her family gradually improved, she was able to bond with her mother and re-establish her relationship with her children. During this time the grandmother received ongoing support in dealing with the continual stress caused by her daughter's behaviour and with the impact this had on the children. N then became pregnant and, due to the improvement in relationships, she was allowed to return to the family home, finally N stopped using drugs altogether. A baby boy was born, but sadly died after only 3 weeks.

All professionals involved with the birth withdrew and relapse was considered highly likely, but ARCH Initiatives' Family Services support continued. N came to think of her dead baby as a 'gift' and decided that his purpose in the world had been to stop her from using drugs, and - as N put it - "his short life was not in vain". Today N remains drug free."

This example demonstrates the complexities of supporting families where grandparents are the primary carers, the nature of the support they need and the flexibility demanded from services.

If you would like to know more about the work of ARCH Initiatives, please access our website at [www.archinitiatives.org.uk](http://www.archinitiatives.org.uk)



*Annie Tunnicliffe has worked on and off in the drugs education field for twenty years. She likes to work in community settings with parents, carers, families and with the professionals who work with these groups. She is also a freelance organisational consultant, trainer and facilitator working in both public and private sectors. Currently she has a part time with a local authority as parent/carer drugs educator.*

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## **“Beneath the Radar”**

### **Why are parents/carers/families so neglected in connection with drug use?**

It can't have escaped your notice that everyone pays lip-service to working with parents/carers/families. Every report, every government directive, every ministerial speech, exhorts service providers to “involve parents/carers /families”. The Children's Act – the latest initiative arising from the government Green Paper, Every Child Matters, demands an integrated approach to work with children and young people and emphasises “involving their parents/carers in every key aspect”. The fact that none of these exhortations are accompanied by targets or budgets clearly affects motivation at local level to do anything substantial about it! Providing services for this group feels like “the elephant in the room”, ignored and disregarded because of its complexity but which has huge potential to contribute

**Parents of excluded and vulnerable young people are very ‘anti’ established services – they are often disaffected themselves and feel judged – they need a range of services to attract them”**

**Education Social Worker**

positively to the problems arising from drug misuse. It seems to me that this catchall grouping of parents/carers/families leads to some of the widespread confusion and lack of strategic thinking about this area of work. The list below itemises who could be covered by this title. Carers may include other family members, especially grandparents who are often involved in looking after the children of drug misusing parents, as well as siblings, partners, foster carers, and residential workers. Contrary to the myth of familial estrangement, adult children using drugs problematically have more contact with their families than non-drug using adult children.

- Concerned parents/carers of children/young people who are not using drugs
- Parents/carers of young people experimenting with drugs or using drugs problematically
- Parents/carers of adult children using drugs problematically
  
- Young parents misusing drugs
- Children of drug misusing parents (this group have particular needs)

There is also a spectrum of types of services needed according to where the user is in their drug use, as reflected in the Tier 1-4 system in the NTA Models of Care.

- not yet experimenting (for parents of younger children—arguably the most important long-term work to be done in reduction of substance misuse)
- experimenting
- problematic use but not in treatment
- problematic use and in treatment
- post-treatment

I have devised the diagram to illustrate more clearly the needs of this disparate group. Obviously different agencies and departments will have remits to work with different aspects and this diagram could help identify which aspect is provided by which agency and any gaps or areas of overlap

To enable a coherent and co-ordinated strategy to be established in response to these issues, it would be wise to employ an independent co-ordinator (i.e. not attached to a particular agency) in each area. This post should have high enough status to affect change and should embrace children's, adult and family



Working with Parents the e-newsletter for people working with drug-using parents

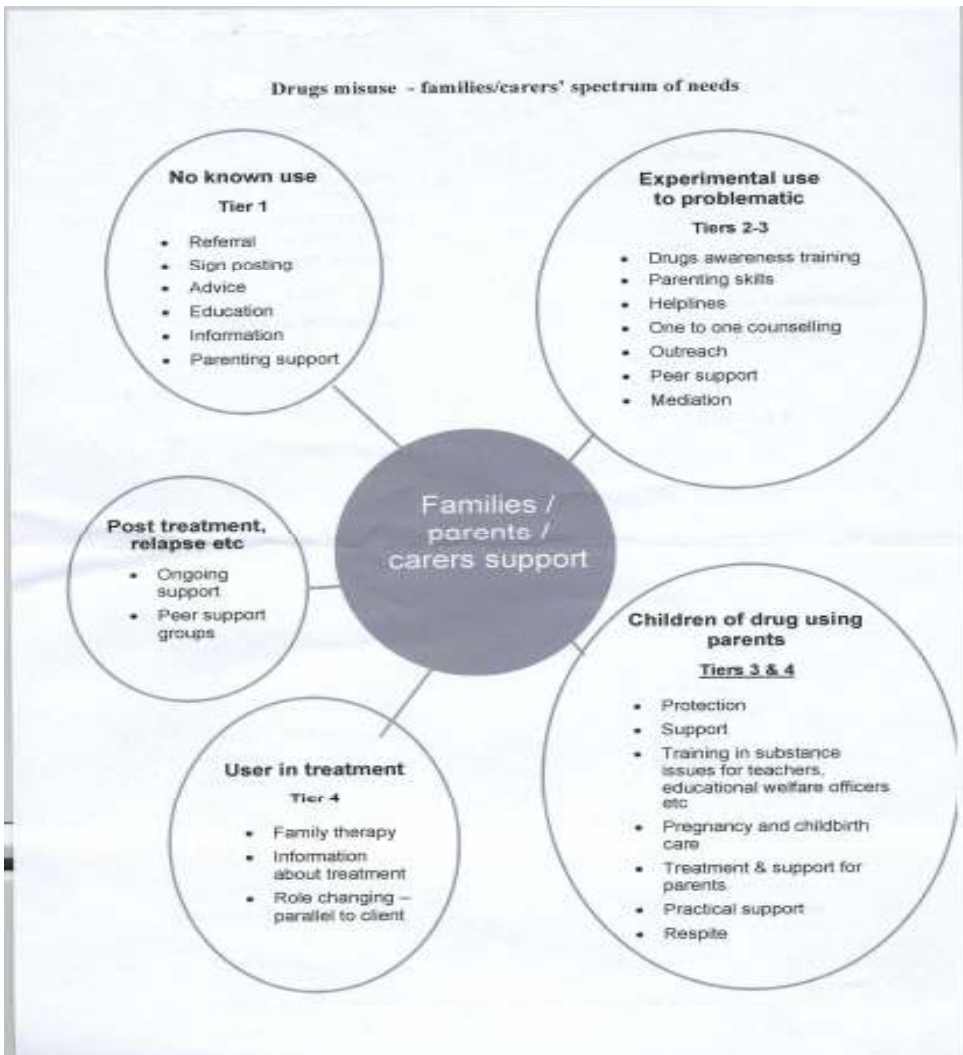
services. Capacity building (including training) within existing services should be possible to meet most needs.

Without a co-ordinated strategy, targets and budgets, parents/carers/families will continue to be marginalised in the drugs field.

Annie Tunnicliffe

*Annie has shared her views about families, parents and and carers and drug use. What's your experience?  
Send your response for consideration in the next newsletter to [carolm@drugscope.org.uk](mailto:carolm@drugscope.org.uk)*

If you have examples of practice you would like included in the newsletter contact [carolm@drugscope.org.uk](mailto:carolm@drugscope.org.uk)





## UPDATES

### Parenting and Alcohol Project

This Alcohol Concern project, funded by the Parenting Fund, aims to strengthen and develop the capacity of alcohol treatment and parenting professionals to work with parents who have alcohol-related problems, and to protect and improve the quality of life and opportunities of their children. Through the project, we are offering training for alcohol as well as parenting professionals on working with problem drinking parents. Currently we have trained around 40 professionals to deliver these programmes around the country. The training programme will take place between January and July 2006 and it is hoped that over 400 places will be available at minimal cost (in the region of £30).

Of the forty training sessions we will be running, the following are currently available for booking:

Alcohol training for Parenting Professionals

Parenting training for Alcohol Professionals

Details of the forthcoming training events will be posted as they become available at: [http://www.alcoholconcern.org.uk/servlets/wrapper/event\\_listing.jsp](http://www.alcoholconcern.org.uk/servlets/wrapper/event_listing.jsp)

We held four consultation events in November for professionals to discuss their needs and concerns when dealing with parents who misuse alcohol and from that we have a wide range of issues from the field to investigate to gain evidence of good practice. Currently we will be working on "Good practice in multi-agency working" and "Information that can be used with other professionals, parents and children". The output from the events can be found at <http://www.alcoholconcern.org.uk/doc/1014>

A briefing paper – Parenting, alcohol misuse and treatment service provision has been published at <http://www.alcoholconcern.org.uk/doc/966>. A number of other briefing papers will be published in the new year tackling subjects such as child protection, hidden harm, the common assessment framework, information on parenting issues for alcohol treatment services, and information on alcohol issues for professionals working with parents.

In June we launched a web forum for professionals to converse on a variety of topics, which now includes the results from the consultation events. This forum can be found at:

<http://forum.alcoholconcern.org.uk>

Further information of the project can be found at:

<http://www.alcoholconcern.org.uk/servlets/doc/926>

Contact: [parenting@alcoholconcern.org.uk](mailto:parenting@alcoholconcern.org.uk)

### Families and Prevention Pro-

*"Parent, family and extended family are recognised by research to have a very significant impact on the adolescent's intention to use and actual use of drugs. Young adolescents recognise the family as a very powerful influence on their lives. If family is this powerful an influence, then it follows that our messages directed to youth most certainly need to come from the source that they are most influenced by – their family. Many parents are unaware of how their parenting style or their drug taking behaviours influence their youth."* *"Influence of Parents and Family of Children's Drug Use and other problem behaviours, Review of the Literature"*, 2005, SAMHSA.

Adfam's Families, Prevention and Substance Misuse programme, is well under way, with six pilot sites chosen from around the country, to develop good practice and innovation, involving families in drug and alcohol prevention and education work.

Funded via the National Drug Prevention Team, Adfam's Families, Prevention and Substance Misuse Programme, seeks to develop learning and good practice in terms of involving families in peer-focussed, prevention and education initiatives. Building on evidence from around the world, Adfam's programme aims to explore the links between family cohesion, positive parenting and drug and alcohol prevention and seeks to develop good practice in terms of how to engage families in this work. Pilot projects have been chosen to reflect the differing needs of families in diverse settings and will work with a range of families, including families in custody, foster families, fathers, rural families and families from black and minority ethnic communities. Projects will run in Cumbria, Essex, the West Midlands, West Sussex and London with funding for a period of one year. The results from the various initiatives will be used to develop findings, which in turn will contribute towards a final report and guidelines for good practice in terms of involving families in prevention and educational work.

For further inquiries about the project, please contact Eva Geser (Families, Prevention and Substance Misuse Project Co-ordinator) at Adfam on: 020 7202 9441 or email: [e.geser@adfam.org.uk](mailto:e.geser@adfam.org.uk)





## Breaking the Cycle – working within families to break the generational cycle of substance misuse

ADDACTION is about to begin groundbreaking work to develop the evidence of what works in responding to families where parents or carers use drugs. The *Breaking the Cycle* project has been funded by £1 million over four years from the Zurich Community Trust.

A Steering group which will guide the project met in September. Vivienne Evans, CEO of Adfam is also Chair of the Hidden Harm Working Group and sat on the original Working Party, has agreed to chair the steering group. External members also include Tom Aldridge, Children and Young Person's Policy Lead at the National treatment Agency. Terms of Reference were decided at the meeting for the group, which will operate as an advisory group only and provide support with regard to communications, publicity, advice, networking, and overseeing evaluation.

*Breaking the Cycle* pilot projects are situated in Cumbria, Derby and Tower Hamlets. Breaking the Cycle coordinators are in place in all but one of the pilot sites and will start taking referrals in the New Year.

So as to open up opportunity for cross-sectoral learning, project coordinators will be based in children's services (Tower Hamlets), Barnardos (Cumbria) and at Addaction projects (Derby). Such collaboration also offers greater opportunity to explore every avenue to find appropriate solutions and responses for the family.

Addaction has also secured an additional £120,000 over three years from the Northern Rock Foundation, to fund a Hidden Harm Alcohol Pilot to be based in Cumbria.

'We were anxious to provide a service to run in parallel with the *Breaking the Cycle* pilot for families for whom alcohol was the problem', said Melissa Wadams, senior fundraiser. 'Levels of alcohol misuse are very high in rural areas like Cumbria so it was decided to focus efforts there'.

The budget includes training for the project staff and core resources needed from Addaction to support the project, including HR, communications and partnership liaison.

**Stakeholder database:** Addaction is building a stakeholder database. If you would like to receive updates and future news bulletins or know of anyone who could usefully be added to this list, please email Clare McNeil, Press and Policy Officer at [c.mcneil@addaction.org.uk](mailto:c.mcneil@addaction.org.uk) or call 020 7017 2866

### Project contacts

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## UNIVERSAL PARENTING

*Paula Pridham has worked in training design, implementation and delivery for the past 25 years, latterly as the How to Drug Proof Your Kids manager with Care for the Family, working throughout the UK. She and her husband have also recently set up a small, not-for-profit, 12-step rehabilitation project called LivingStones.*

### 'How to Drug Proof Your Kids' Steering children away from the harmful use of drugs

Ask any parent what they fear the most for their children and sooner or later, the conversation will turn to drugs. This fear factor can permeate the family home, leading to a lack of trust, worry about the influence of friends or endless arguments about acceptable times for their children to come home. Sometimes this fear is realistic, the family may be living in an area where drug and alcohol misuse is part of the daily routine for young people and adults in the community. For the majority of parents, the fears are born out of ignorance, media hype and the natural desire to protect their child from harm.

How to Drug Proof Your Kids (DPYK) is a preventative programme aimed at parents of children aged 8 up. Originally developed in Australia it was introduced to the UK by the faith based charity Care for the Family in association with drugs education charity Hope UK, in 2003.



Do we guarantee that children of parents who attend will never try drugs? Emphatically – no! The aim of DPYK is to educate parents, and other carers, about drugs and gives them the information and skills they need to help their children make informed choices about drug use in all its forms, including alcohol, cigarettes and prescription medication. Recent reports showed that most parents would rather leave the job of talking to their children about drugs to schools, yet parents can have a positive influence on the choices their children make – they just need to feel confident enough to do it.

Over six, two-hour sessions participants:

- become better informed about drugs - why and how they are used and the reality of drug use in their area
- learn how to communicate effectively with their children about drugs
- develop plans to use at home to help their children make informed choices
- examine their own beliefs, attitudes, and behaviour about drug use
- benefit from the support of other parents and are encouraged by the fact that they are not alone

The first four sessions focus on prevention, session five on intervention and session six on relapse protection.

One of the key strengths of the programme is that it is delivered by trained, local people. They might be substance misuse professionals, community workers, police, Surestart etc, but many are volunteers – parents themselves. Because they are local they carry an authority that someone from outside the area just doesn't have, plus they will know what local support and resources are available.

Since it began almost 2,000 parents have attended the programme across the UK. It is being delivered through schools, community centres, churches and doctors surgeries. Exeter University is working with us on long-term evaluation of the programme and our first results, following up parents after 9 months, are due out soon.

You can find out more about DPYK at [www.dpyk.org.uk](http://www.dpyk.org.uk) , by emailing [dpyk@cff.org.uk](mailto:dpyk@cff.org.uk) or calling Paula Pridham on (029) 2081 0800.

If you have examples of  
practice you would like  
included in the newsletter  
contact

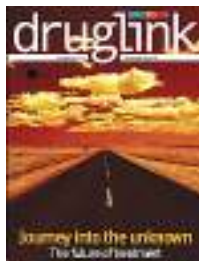
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## DrugScope Information Service

## RESOURCES



Druglink is a bi-monthly magazine for all those UK professionals interested in drugs and drug-related issues whether it's treatment, public health, education and prevention, criminal justice or international. Druglink includes the latest news, feature articles, interviews, factsheets, reviews and listings.



The January-February issue of Druglink looks ahead to the end of the current Drug Strategy in 2008 and asks what will happen next. Home Office drugs minister Paul Goggins outlines his vision, Sara McGrail poses the challenges for the sector, Bill Puddicomb warns of a future where only the wealthy can enter rehab and Sam Hart investigates Britain's growing population of older drug users.

Druglink also has two exclusive news reports - on the inside story behind the new drug thresholds and a Home Office investigation into drugs in prisons. Rounding off the issue there is a thought-provoking piece by William Pryor on the links between addiction and mysticism and the results of a unique study into the effects of user involvement on drug use.

Please go to:

<http://www.drugscope.org.uk/druglink/default.asp>

where you will be able to subscribe to Druglink and download a whole sample copy.

Provides a range of resources to support you in your work such as reading lists on various drug topics. Our reading list *Drug Using Parents*, provides an overview of articles, books and other material on this topic and is freely available to download at :-

<http://www.drugscope.org.uk/wip/7/pdfs/parents.pdf>

Information on new books and reports which includes downloadable monthly bulletins and direct links to publications available on the Internet can be found at:

[http://www.drugscope.org.uk/library/librarysection/lib\\_results.asp?file=\wip\7\books.htm](http://www.drugscope.org.uk/library/librarysection/lib_results.asp?file=\wip\7\books.htm)

Helpfinder DrugScope's database of drug treatment services. This database was developed by DrugScope. Helpfinder provides contact information and basic service provision details for drug treatment and care services in England, Wales, Scotland and the Channel Islands. Helpfinder enables you to search for organisations providing specialist treatment for drug users, their families and friends. Helpfinder can be used to search for organisations in your area and print their contact details. <http://drugscope.soutron.com/helpfinder.asp>

Download a form

<http://www.drugscope.org.uk/wip/18/PDFS/helpfinderform.pdf>  
to add your drug treatment service to the database. We welcome submissions from all UK treatment services.

*The new edition of Drug problems: where to get help <<http://www.hit.org.uk/publicationsBySubject.asp?subject=DrugScope%2DPublications&sub=62>>*

*was published recently. The directory has been extended to cover the UK and contains full contact details for over 600 agencies including services offering: advice and information; harm reduction; counselling; prescribing; rehabilitation; and aftercare. It can be ordered from HIT on <http://www.hit.org.uk/> and costs £35.*



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INFORMING POLICY REDUCING RISK

[HTTP://WWW.DRUGSCOPE.ORG.UK](http://www.drugscope.org.uk)

*Working with Parents* is an initiative of the Drug and Alcohol Education and Prevention Team (a joint project between DrugScope and Alcohol Concern), Adfam and the Parenting Education and Support Forum.

Through this newsletter we intend to learn and share information and good practice. We know the field is looking for information as work with parents is developed, so please get in touch and let us know what you are doing.

If you do NOT want to receive future editions of *Working with Parents* or invitations to our meetings, email Carol Marsh - [carolm@drugscope.org.uk](mailto:carolm@drugscope.org.uk)



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PARENTING  
EDUCATION  
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FORUM

drug &  
alcohol  
EDUCATION AND  
PREVENTION TEAM  
A joint Alcohol Concern  
and DrugScope project



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Families, drugs and alcohol