

North Lanarkshire ADP Alcohol Summit:
Starting the Conversation, 2nd April 2025

Summary Report



North Lanarkshire
Alcohol & Drug Partnership
Rights / Respect / Recovery



University
Health & Social Care
North Lanarkshire



Overview

The North Lanarkshire Alcohol Summit brought together key voices from public health, government, third-sector organisations, clinical services, and communities to address the increasing concern surrounding alcohol-related harm in North Lanarkshire. In total, 139 people attended the event at the Lanternhouse Theatre in Cumbernauld.

The Summit was opened by Morag Dendy (Head of Planning, Performance and Quality Assurance, NLHSCP) with a full Programme set to frame the discussions and understand what is available in North Lanarkshire and what else may be needed. The summit was a platform to reflect on current evidence, share lived experiences, and shape future actions at a local and national level. The Summit was independently chaired by Dani Garavelli, a journalist with an interest in the subject of alcohol harms.

Key Themes and Evidence

1. Scale of Harm in North Lanarkshire

- ♦ Alcohol-specific death rate in North Lanarkshire is 29.2 per 100,000, significantly higher than the Scottish average of 21.4.
- ♦ This makes North Lanarkshire the **3rd highest area in Scotland** for alcohol specific deaths.
- ♦ Hospital admissions exceed **700 per 100,000**, with **Airdrie and Coatbridge** being the most affected localities.
- ♦ People in the **most deprived areas are 5 times more likely** to be admitted for alcohol-related issues.
- ♦ **Zero in-patient detox beds** in North Lanarkshire despite higher need; only two exist in South Lanarkshire.

2. National Trends and Gaps

- ♦ Scotland has seen a **40% decline** in people accessing alcohol treatment since 2013/14.
- ♦ National policies like the **Minimum Unit Pricing (MUP)** have made an impact but do not address systemic treatment barriers.
- ♦ A **new Alcohol Strategy and National Specification for Alcohol and Drug Services** are expected in 2025.

Speaker Highlights

Dani Garavelli, freelance journalist and summit chair, opened the event with a powerful reflection on the role of media in shaping public discourse around alcohol and drugs.

She shared her personal and professional experiences, noting that although she has written extensively on drug misuse, particularly Scotland's drug death crisis and harm reduction policy, her coverage of alcohol has been far more limited.

Dani questioned why alcohol - despite being far more pervasive and personally impactful for many - is often sidelined in media narratives. She suggested this may be due to alcohol's deep cultural normalisation in Scotland and the discomfort that comes with confronting our collective attitudes and consumption habits.

She highlighted that this imbalance in media attention can influence political priorities, potentially explaining the absence of MAT-equivalent standards for alcohol treatment. Her remarks served as a call for both journalists and policymakers to widen their focus and ensure alcohol harms are given the attention they deserve.

Dani concluded by expressing her gratitude to the North Lanarkshire ADP for the invitation and her hope that the summit would enrich her understanding and shape future coverage of alcohol-related issues in Scotland.

Laura Mahon (Alcohol Focus Scotland) called for an **Emergency Response 2.0** including:

1. Expanded liver scanning (FibroScan).
2. Establishment of Alcohol Care Teams (ACTs) in every hospital.
3. Improved detox access.
4. Urgent investment in alcohol services.

Dr. Alastair MacGilchrist (SHAAP) highlighted the separation needed between alcohol and drug policy agendas and reaffirmed the importance of **prevention over treatment**.

Justina Murray (Scottish Families Affected by Alcohol and Drugs) emphasised a **rights-based approach**, family inclusion, and addressing stigma and trauma without insisting on abstinence.

Elsbeth Russell (NHS Lanarkshire) reflected on the power of lived experience and called for community voice to play a greater role in alcohol harm prevention.

Speaker inputs



Morag Dendy – Chair, NLADP

As Chair of the ADP, Morag set the tone for the day, emphasising the urgent need to shift from discussion to concrete, collaborative action. She called for a whole-system, person-centred approach to alcohol harm reduction in North Lanarkshire and highlighted the importance of aligning local efforts with national policy.

Laura Mahon – Deputy CEO, Alcohol Focus Scotland

Laura delivered a powerful keynote focusing on “Emergency Response 2.0”, advocating for:

Primary prevention

Invest in the building blocks of health to stop problems happening in the first place.

Secondary prevention

Focusing on early detection of a problem to support early intervention and treatment or reducing the level of harm.

Tertiary prevention

Minimising the negative consequences (harm) of a health issue through careful management.

High

Impact on population health

Low

- ◆ Expansion of **FibroScan** testing for liver disease
- ◆ Establishment of **Alcohol Care Teams (ACTs)** in all acute hospitals
- ◆ Improved **access to detox services**
- ◆ **Urgent investment** in alcohol treatment
- ◆ Laura also highlighted the disproportionate impact of alcohol harm on deprived communities and criticised the **slow national policy response**, especially in contrast to drug-related initiatives.



1

Expanding the use of non-invasive liver tests like FibroScan in community alcohol settings

...those at high risk are identified sooner and provided with care and support

2

Establishing Alcohol Care Teams (ACTs) in all acute hospitals

...patients with alcohol problems are identified early and provided with specialised, multidisciplinary support

3

Improving access to effective detoxification services

...drinkers can access help to reduce or stop drinking safely, avoiding acute withdrawal

4

Urgent investment in alcohol services

...to provide the resources required to deliver necessary improvements, – incl. rec's of Audit Scotland and PHS

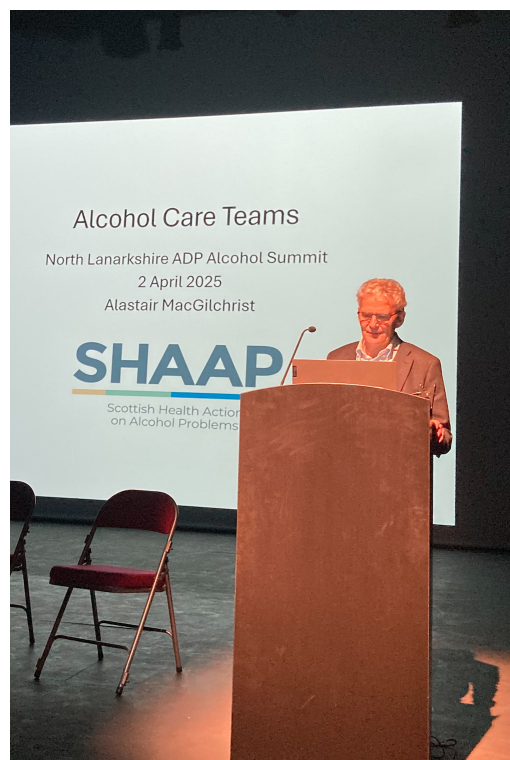
Dr Alastair MacGilchrist – Chair, SHAAP

Dr MacGilchrist presented the latest evidence on **hospital admissions** and the **clinical need for ACTs**, stressing the role of:

Alcohol-related Liver Disease: Guidance for Good Practice



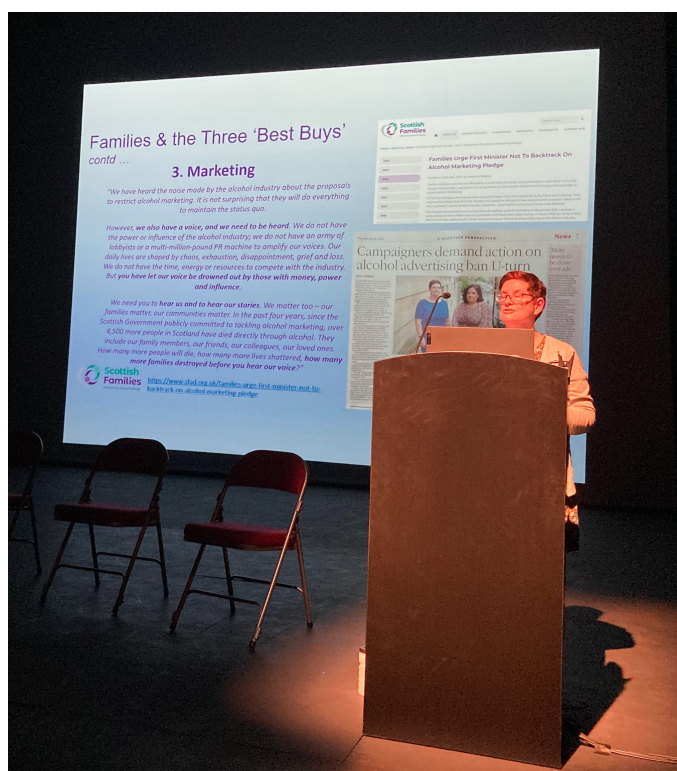
- ◆ Integrated, multidisciplinary teams
- ◆ Early intervention at hospital level
- ◆ Screening for liver disease using **FAST** scoring
- ◆ Alastair made the case that alcohol care must be on par with drug treatment in national specifications and hospital funding priorities.



Justina Murray – CEO, Scottish Families Affected by Alcohol and Drugs

Justina delivered a passionate address from the **family perspective**, urging policymakers and attendees to:

- ◆ Recognise the emotional toll and hidden labour families face
- ◆ Include families as **equal partners** in service design
- ◆ Challenge the dominance of the alcohol industry in policy debates
- ◆ Justina shared deeply moving testimonials from families bereaved by alcohol and demanded **“action, not words”** on pricing, availability, marketing, and support.

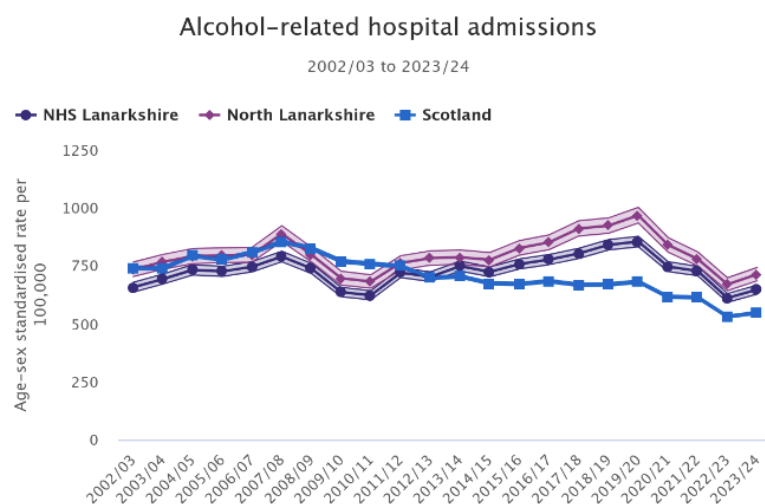


Families are more aware of rights 	Families are empowered to use their rights 	Families understand loved ones' rights
Families have the ability to advocate for themselves 	Rights feel real for families on the ground 	Services uphold families' rights.

Elsbeth Russell – Consultant in Public Health, NHS Lanarkshire

Elsbeth presented findings from the **Lanarkshire Health Needs Assessment**, highlighting:

- ♦ Stark **inequalities in hospital admissions and deaths**
- ♦ Low public awareness of drinking guidelines
- ♦ Barriers to accessing help, especially in deprived areas
- ♦ Elsbeth called for a **cross-sector, rights-based approach** that embeds alcohol harm reduction in mainstream health and social care strategies, with strong community voice.



Iain Sharkey – Service Manager, Addiction Recovery and Treatment (ART)

Iain shared a service overview of ART, noting:

- ♦ 81% success rate in meeting alcohol support targets within 21 days
- ♦ Current challenges with access to **residential rehab and psychiatry**
- ♦ Frustration at the **lack of parity** with drug services (e.g., MAT)
- ♦ Iain advocated for a **"no wrong door"** model as cited in the ADP strategy from 2021 and called for improved detox pathways and expanded alcohol-focused interventions.

Johanna Johnston – Senior Officer, Adult Protection Committee

Johanna explored the interface between alcohol use and adult protection, using case studies to:

- ♦ Highlight **hidden vulnerabilities** linked to executive dysfunction
- ♦ Show how alcohol-related harm often appears under other concerns like financial harm or self-neglect
- ♦ Johanna advocated for a more **trauma-informed, non-judgemental approach** that challenges the notion of "lifestyle choice" in alcohol dependency.

Karen Motherwell – Barnardo's

Karen focused on the impact of alcohol on children and young people, sharing:

- ◆ Evidence of increasing referrals for under-12s
- ◆ The role of family dysfunction and intergenerational trauma
- ◆ Karen advocated for early intervention models like **Planet Youth** and encouraged services to “**be brave and be curious**” when working with families.

Jeanne Rutherford – Deputy Director, Phoenix Futures

Jeanne described the wide reach of Phoenix Futures' services and highlighted the **importance of accessibility**, community engagement, and partnership work. Jeanne reaffirmed Phoenix's commitment to providing **trauma-informed, person-centred** support and praised the North Lanarkshire approach for its collaborative ethos.

Becky Hall – Service Manager, Phoenix Futures

Becky shared frontline insights from Phoenix's Tier 2 community service, including:

- ◆ How SMART groups and recovery tools are supporting people
- ◆ The need for earlier family involvement in recovery
- ◆ Challenges in linking with GPs and increasing service visibility
- ◆ Becky spoke from both professional and personal experience, emphasising compassion in alcohol care.

Kristen Gaston – Team Manager, Phoenix Families

Kristen presented on the **Family Connections programme**, emphasising:

- ◆ The high demand for alcohol-only support
- ◆ The critical role of **early intervention for families**
- ◆ The emotional burden on those living with a loved one's alcohol use
- ◆ Kristen stressed the need to **normalise family-inclusive practice** and strengthen networks.

Melissa Reid – Service Manager, Turning Point Scotland

Melissa introduced the North Lanarkshire Crisis Outreach Service, including:

- ◆ The development of **alcohol harm reduction packs**
- ◆ **Alcohol-focused harm reduction cafés**
- ◆ A flexible, non-judgemental service model that operates evenings and weekends
- ◆ Melissa called for more **medicalised alcohol services** with out-of-hours support and proposed piloting stabilisation units in North Lanarkshire.

A clip was shown that shared feedback from people with lived and living experience of alcohol addiction and recovery – this can be accessed [here](#).

The Summit saw the launch of a new video aimed at raising awareness of alcohol harms to be shared widely across health and community settings this can be accessed [here](#).

Panel and Audience Discussions

Major Concerns

- ◆ Inequity in treatment access due to poverty and stigma.
- ◆ Lack of GP awareness and limited service visibility.
- ◆ Mental health support is **inaccessible** for those still using alcohol, leaving trauma unaddressed.
- ◆ **Delayed interventions** mean people are reaching services at crisis point.

Opportunities for Change

- ◆ Use of **FibroScan** and other non-invasive tests to identify harm earlier.
- ◆ Testing alcohol-only harm reduction spaces (e.g. in Coatbridge).
- ◆ Strengthening **alcohol care pathways** to mirror the cancer care model.
- ◆ Exploring **managed alcohol programmes**, ARBD pathways, and links with residential options.



Community and Lived Experience Reflections

- ♦ **Families**, especially those affected by bereavement, called for earlier intervention and support.
- ♦ Services like **Phoenix Futures and Turning Point Scotland** highlighted stigma, limited detox options, and the need for **person-centred**, trauma-informed approaches.
- ♦ Several speakers raised the need for more resources, especially in the face of MAT (Medication-Assisted Treatment) standards overshadowing alcohol support priorities.

Q&A Highlights

The Question & Answer sessions throughout the summit provided a powerful platform for open dialogue, with rich insights shared by professionals, service users, family members, and community representatives. Several key themes and challenges emerged:

1. ****Parity Between Alcohol and Drug Services****

Kirsten Horsburgh (Scottish Drugs Forum) stressed that alcohol and drug agendas must not compete but be developed in parallel. Several speakers noted that alcohol services currently lack the investment, guidance, and urgency given to drug-related interventions such as MAT standards.

2. ****Service Gaps in Detox and Mental Health Support****

Iain Glatley (Phoenix Futures) and others highlighted the lack of detox beds in North Lanarkshire and a disconnect between mental health and substance use services. People are often denied mental health care unless they abstain from alcohol, despite trauma being a driver of use.

3. ****Role of Primary Care and GP Linkage****

Concerns were raised about GPs' lack of knowledge or involvement in referral pathways. Amanda from the ADP team acknowledged this and committed to improving links with primary care and community link workers.

4. ****Learning from Other Models****

Thomas Moan (VANL) suggested adopting the cancer care model, including structured aftercare. Elspeth Russell supported this, referencing the success of substance misuse liaison nurses already working in all three hospitals.

5. ****Lived Experience and Family Voice****

Multiple contributors emphasised the need for services to be informed by lived experience. Marc Buchanan (AFS) asked how well this is embedded locally. Justina Murray shared examples of family members leading sessions, not just professionals.

6. ****Challenges for Young People and Families****

Karen Motherwell (Barnardo's) discussed referrals for children under 12. Kristen (Phoenix) highlighted the normalisation of alcohol in the home and its impact on bereavement and trauma in young people.

7. ****Stigma and Accessibility****

Melissa Reid (Turning Point Scotland) and others pointed to persistent stigma in services. Participants called for "alcohol-only" spaces, evening services, and harm reduction approaches that feel safer and more relevant to alcohol users.

8. ****Urgency and Capacity****

Laura Mahon raised concerns about the system's ability to respond if national alcohol standards were implemented. ART staff confirmed that current capacity is stretched, with no realistic ability to scale up without significant investment.

9. ****Calls to Action from Attendees****

The audience called for: immediate creation of detox beds in North Lanarkshire; a formalised ACT model in all local hospitals; better joined-up care planning; and sustained, visible public education on alcohol harms.

Key Actions for North Lanarkshire (2025 - 2030)

This report offers a clear action plan for North Lanarkshire from the Alcohol Summit content. There were clear improvement measures offered that could be implemented across Lanarkshire over the coming years to make a significant impact on reducing harms and improving care for people impacted by alcohol use, their own or someone else's.

1. **Expand Alcohol Care Teams** in all Lanarkshire hospitals with multidisciplinary team's appropriately resourced to support detection and screening.
2. **Expand detox capacity** in North Lanarkshire, including inpatient beds and medical detox options including in patient, community and home detox options offering choice to patients.
3. **Specialist alcohol services** should **prioritise patients with evidence of alcohol-related liver damage for intervention**. Where alcohol has been identified as a contributing factor, all clients should be offered a test of liver fibrosis at presentation either on-site, by the patient's GP or by another local service provider
4. Patients with on-going alcohol use who are still in contact with alcohol services should have **reassessment of liver fibrosis undertaken annually**.
5. **Strengthen referral pathways** from primary care, mental health, and community settings.
6. **Scale up liver health messaging** and alcohol-related education campaigns, especially in high-need areas.
7. **Support families and young people**, including under-12s, with alcohol-specific pathways.
8. Develop an **Alcohol Related Brain Disorder (ARBD) pathway** and invest in neurocognitive support services.
9. Embed a **rights-based, no wrong door** approach to alcohol treatment.
10. Advocate for **equity in alcohol service funding**, mirroring drug support frameworks.

Action Area	Priority Actions
1. Alcohol Care Teams (ACTs)	Establish 7-day, multidisciplinary ACTs in all hospitals; link with community and primary care pathways.
2. Detoxification Services	Open detox beds in North Lanarkshire; develop stabilisation clinics; introduce managed alcohol programmes with choice embedded for patients.
3. Family & Youth Support	Review and expand where required Barnardo's and Phoenix Futures, and supports for families and under-18s.
4. Mental Health Integration	Address trauma-alcohol links; remove abstinence as a barrier to mental health support.
5. Public Messaging	Tailored alcohol harm messaging (liver health, cancer, mental health); raise awareness of services.
6. Lived Experience & Rights	Embed lived/living experience in all strategic planning; move towards a rights-based alcohol treatment approach.
7. Strategic Planning & Data	Align local outcomes with national strategy; improve data collection on vulnerable groups; track inequalities.

Strategic and Policy Alignment

1. NLADP Strategic Aims

The Summit outcomes directly support NLADP's strategic pillars:

- ◆ Prevention and Early Intervention: through community education, youth programmes, and reducing availability
- ◆ Reducing Harm and Inequality: by focusing efforts in high-deprivation localities and targeting structural stigma
- ◆ Recovery-Oriented Systems of Care: through service accessibility, detox pathways, and peer-led initiatives
- ◆ Whole-Family Support: echoing NLADP's "no wrong door" and inclusive approaches
- ◆ Workforce Development and Collaboration: through training, trauma-informed practice, and strengthened multi-agency working

2. National Alcohol Framework (2018) and Anticipated Refresh

The Summit echoed and expanded on the core principles of the current framework and contributes to the anticipated Alcohol Strategy refresh in 2025. Actions include expanding access to treatment, reducing availability and visibility of alcohol, and protecting children and young people from alcohol harm.

3. National Mission on Drugs

The summit aligns with the National Mission's key principles:

- ◆ Whole-system, trauma-informed approaches
- ◆ Lived/living experience at the centre of service design
- ◆ Improved access to care and early intervention
- ◆ Parity in alcohol and drug service planning

Feedback and Closing Reflections

We asked participants to tell us what they thought of the event and what they wanted to see done in the future. Below is some of the feedback we received.

The summit was widely praised for its structure, content, and commitment to collaboration:

"We really got a lot from it. Well done to NLADP for pulling it all together."

"Hearing of the local initiatives going on to bridge gaps in service provision. Opportunity for networking."

"So so so important that alcohol was the focus. So glad NL is taking this focus and in that was is so much further forward than the rest of the country."

"It was a fantastic day and had some really good speakers."

"Loved the opportunity to hear from national partners and hear a bit about what national work is going on, this isn't always filtered down to staff on a day to day basis."

"There were formally agreed actions that came as a result of yesterday's discussions. Otherwise it feels like continual discussions and no change is ever achieved on the ground. It feels like a missed opportunity to have so many services in one place and nothing to show for it."

Conclusion

The Alcohol Summit firmly demonstrated that North Lanarkshire is ready to lead on alcohol harm reduction - by connecting data, lived experience, and frontline service expertise to Scotland's evolving policy landscape. Aligning local action with the National Alcohol Framework and National Mission on Drugs, the summit sets the foundation for a fairer, healthier, and more compassionate system of alcohol care.

Speaker Biographies

Morag Dendy

Morag Dendy is Head of Planning, Performance and Quality Assurance in the North Lanarkshire Health and Social Care Partnership and Chairs the North Lanarkshire Alcohol and Drug Partnership. She has a lead role in strategic planning and works collaboratively with a wide range of stakeholders to achieve improved outcomes and address inequalities. Morag had worked in North Lanarkshire for 28 years and has been central to many service changes and approaches which reflect the importance of getting things right for each person and their family as well as supporting staff to do their best work.

Laura Mahon

Laura Mahon is Deputy Chief Executive of Alcohol Focus Scotland. Laura has an MA in Social Policy from the University of Edinburgh and 18 years' experience in alcohol policy advocacy spanning prevention and harm reduction, including alcohol availability and licensing, pricing, alcohol marketing and treatment service quality. Laura has broad experience of delivering policy change through campaigning, public affairs, and media relations; and prioritises building and maintaining successful partnerships with leading global academics, experts, practitioners and people with lived and living experience to inform her approach. Laura sits as an expert advisor on national-level policy working groups and academic studies on topics.

Dr Alastair MacGilchrist

Dr Alastair MacGilchrist is the Chair of Scottish Health Action on Alcohol Problems, SHAAP. A consultant Hepatologist at the Royal Infirmary of Edinburgh 1992–2021; appointed to help establish and run the Scottish Liver Transplant Unit; past-president of the Scottish Society of Gastroenterology; previous hepatology advisor to Scottish Government; served on Council of Royal College of Physicians of Edinburgh; former non-executive director of UK Transplant.

Justina Murray

Justina Murray is CEO of Scottish Families Affected by Alcohol and Drugs, a national charity which supports anyone concerned about someone else's alcohol or drug use. Justina joined Scottish Families in June 2017, and was previously the Chief Officer of South West Scotland Community Justice Authority. She has a PhD in social policy from the University of Glasgow and holds advisory and honorary research roles with national organisations.

Elsbeth Russell

Elsbeth Russell is a Consultant in Public Health at NHS Lanarkshire. She has worked in NHS Lanarkshire for 27 years and was formerly the Head of Health Improvement. Elspeth is the Public Health Directorate lead for alcohol and drugs, and chairs the pan Lanarkshire Reducing Alcohol Harms Steering Group.

Iain Sharkey

Iain Sharkey is Service Manager with the Addiction Recovery and Treatment (ART) service. He has been a qualified social worker for over 20 years, working across multiple services in GGC and Lanarkshire. He holds a Social Work Degree, Post Graduate Diploma in Alcohol and Drug Studies, and an MSc in Local Management.

Johanna Johnston

Johanna Johnston is a senior officer working for North Lanarkshire's Adult Protection Committee. She is a qualified social worker with a Postgraduate Certificate in Applied Professional Studies, and has extensive experience in community care and public protection.

Karen Motherwell

Karen Motherwell is Children Services Manager with Barnardos and has 13 years of experience supporting services in North Lanarkshire. She is a Solihull facilitator and holds an MSc in applied professional studies, specialising in child welfare and protection.

Jeanne Rutherford

Jeanne Rutherford is the Deputy Director of Operations at Phoenix Futures Scotland. She has over 19 years with the organisation and oversees all provision across Scotland, with a strong background in drug and alcohol-related research and operational service management.

Becky Hall

Becky Hall is a Service Manager for Phoenix Futures North Lanarkshire Community Service. With a Social Work background and personal lived experience, she has worked in multiple roles at Phoenix Futures including therapeutic and managerial positions.

Kristen Gaston

Kristen Gaston is the Team Manager for Phoenix Families and Family Connections at Phoenix Futures. With over nine years supporting families affected by alcohol and drug use, she brings extensive third sector experience and a deep commitment to family support.

Melissa Reid

Melissa Reid is Service Manager for Turning Point Scotland's North Lanarkshire Crisis Outreach Service. With 10 years in social care across homelessness, employability, and welfare rights, she leads efforts in delivering high-tolerance harm reduction models to reduce alcohol and drug-related deaths.

Acknowledgements and Further Information

This summit was developed and delivered by the North Lanarkshire Alcohol and Drug Partnership (NLADP) as part of its ongoing strategic commitment to reducing alcohol-related harm and supporting recovery across the region.

Special thanks go to the dedicated ADP Support Team who planned, coordinated, and led this event, ensuring it reflected the voices of lived experience, frontline staff, public health leaders, and community partners.

For more information, full speaker content from the day, updates on the work of NLADP and to stay updated on related initiatives, please visit:

<https://northlanadp.org/local-and-national-publications/>

Key References and Publications Cited

- ♦ Alcohol Focus Scotland (2023) – Emergency Response 2.0
- ♦ SHAAP & Figure 8 (2024) – Review of Alcohol Services in Scotland’s Acute Hospitals
- ♦ Audit Scotland (2023) – MAT Implementation Review
- ♦ Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice. (2021)
- ♦ SFAD (2024) – Families Urge FM Not to Backtrack on Alcohol Marketing Pledge
- ♦ NHS Lanarkshire (2025) – Health Needs Assessment: Reducing Alcohol Harm
- ♦ Scottish Government (expected 2025) – National Service Specification for Alcohol and Drug Services
- ♦ Planet Youth – International Prevention Model (Iceland)
- ♦ [Scottish Health Action on Alcohol Problems \(SHAAP\)](#) (2017) guidance on Alcohol-related Liver Disease (ALD) to improve prevention, treatment, care, support, and recovery.



**NORTH LANARKSHIRE ADP
ALCOHOL SUMMIT
STARTING THE CONVERSATION**



**AGENDA
2ND APRIL 2025, 9.30-3.40PM**

9.30-10AM REGISTRATION AND NETWORKING

10-10.20AM WELCOME AND OPENING ADDRESS

**10.20-11.05AM WHAT IS THE NATIONAL PICTURE?
KEY CHALLENGES AND OPPORTUNITIES**

11.05-11.25AM BREAK AND NETWORKING

11.25-11.50AM THE LANARKSHIRE PICTURE

11.50-12.20PM PANEL DISCUSSION, AUDIENCE Q+A

12.20-1.05PM LUNCH

**1.10-1.50PM NORTH LANARKSHIRE RESPONSES AND
OPPORTUNITIES – WHAT'S GOING ON LOCALLY?**

1.50-2.10PM COMFORT BREAK

**2.10-2.50PM NORTH LANARKSHIRE RESPONSES AND
OPPORTUNITIES – WHAT'S GOING ON LOCALLY?**

2.50-3.10PM PANEL DISCUSSION, AUDIENCE Q+A

3.10-3.20PM INTERACTIVE MENTI

3.20-3.40PM FEEDBACK AND EVENT SUM UP

