



**Glasgow City**

**Alcohol and Drug Partnership**

**Prevention, Harm Reduction  
and Recovery Strategy**

**2017-2020**

**Approved by the ADP  
30th March 2017**

**Approved by the IJB  
21<sup>st</sup> June 2017**

<b>INDEX</b>		<b>page</b>
1.	<b>Introduction</b>	<b>3</b>
2.	<b>ADP Arrangements</b>	<b>3</b>
3.	<b>Strategy Rationale</b>	<b>5</b>
4.	<b>Glasgow City Context</b>	<b>8</b>
	4.1 <b>Glasgow Context: Alcohol</b>	<b>9</b>
	4.2 <b>Glasgow Context: Drugs</b>	<b>10</b>
5.	<b>Strategy Structure</b>	<b>11</b>
6.	<b>Prevention</b>	<b>11</b>
	6.1 <b>Continuing Strategic Priorities</b>	<b>11</b>
7.	<b>Recovery</b>	<b>12</b>
	7.1 <b>Continuing Strategic Priorities</b>	<b>13</b>
	7.2 <b>Additional Strategic Priorities</b>	<b>13</b>
8.	<b>Protecting Vulnerable Groups: Children</b>	<b>13</b>
	8.1 <b>Continuing Strategic Priorities</b>	<b>14</b>
	8.2 <b>Additional Strategic Priorities</b>	<b>15</b>
9.	<b>Protecting Vulnerable Groups: Adults</b>	<b>15</b>
	9.1 <b>Continuing Strategic Priorities</b>	<b>15</b>
	9.2 <b>Additional Strategic Priorities</b>	<b>15</b>
10.	<b>Performance Management</b>	<b>16</b>
	10.1 <b>Performance Monitoring</b>	<b>16</b>
	10.2 <b>National ADP Outcomes</b>	<b>16</b>
	10.3 <b>Indicators</b>	<b>17</b>
	10.4 <b>Annual Report</b>	<b>17</b>
11.	<b>Communication</b>	<b>17</b>
12.	<b>Financial Statement</b>	<b>17</b>

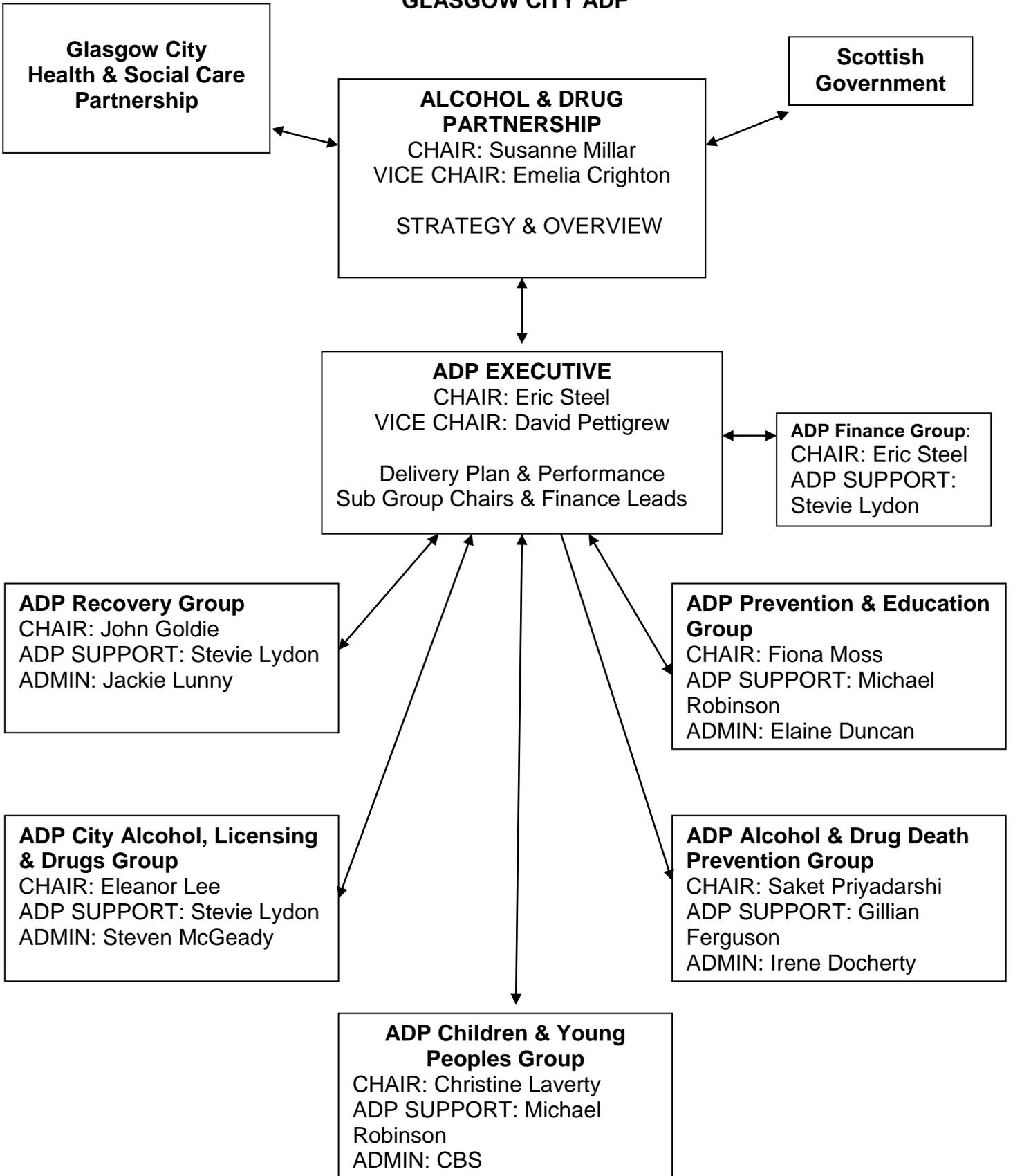
## **1. Introduction**

- 1.1 The Glasgow City Alcohol and Drug Partnership Strategy is structured under the three themes of Prevention, Recovery and Protecting Vulnerable Groups.
- 1.2 The positive impact of the previous strategy can be evidenced across the themes. The 'prevention' agenda has standardised delivery of input to schools across the city, embedded community alcohol campaigns in each locality and identified recommendations through the 'Ripple Effect' research for engaging with the community and partners on alcohol and drug issues. The 'recovery' agenda has seen major services changes and a marked growth in active recovery communities. The 'protecting vulnerable groups' agenda has seen an increase in training and subsequent awareness of children affected by parental alcohol and drug use and the roll out of Naloxone training and supply to those vulnerable to overdose.
- 1.3 Despite improvements over the last three years the city still has some of the worst problems associated with alcohol and drugs in the whole of the UK. Whilst Glasgow Alcohol and Drug Recovery Services (GADRS) are seeing more than 10,000 people, it is estimated that only 46.4% of the city's problem drug users are in structured treatment (Source: Cf6 Dec 2016, National Prevalence Study 2009) and only an estimated 12% of individuals with alcohol problems are engaged with alcohol services.
- 1.4 The ADP became a 'Strategic Planning Group' of the Glasgow City Health and Social Care Partnership in 2016. The GCHSCP Strategic Plan is available in the link below: <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33418&p=0>
- 1.5 A robust and collaborative thematic needs assessment has involved a range of stakeholders, indicating a strong commitment to co-production at a strategic level and effectively shaping how services are subsequently deployed.

## **2. ADP Arrangements**

The Glasgow City Alcohol and Drug Partnership (ADP) was set up in 2010 to provide strategic direction on how the partners within the City should tackle alcohol and drug issues. The first two strategies launched in 2011 and 2014 were designed to ensure that ADP partners work together to provide a collective response to the problems affecting the city, making the best use of available resources.

**GLASGOW CITY ADP**



The ADP partners are

- Health and Social Care Partnership
- Community Planning Partnership
- Education Services
- Community Safety Glasgow
- Recovery Communities
- Glasgow Life
- Glasgow Works
- Licensing Board
- Participant volunteers, service users and carers
- Police Scotland
- Scottish Prison Service
- Sector-based community groups
- Social Work Services
- Scottish Fire and Rescue Service
- Voluntary Sector
- Scottish Ambulance Service
- NHSGG&C

These partners make up the membership of the five ADP sub-groups:

- Children and Young People
- City Alcohol, Licensing and Drugs
- Alcohol and Drug Death Prevention
- Recovery
- Prevention and Education

The ADP also operates via the three city localities, linking with community planning, local services and community groups.

### **3. Strategy Rationale**

3.1 The strategy's purpose is to maintain our commitment to prevention and recovery across the city, to reduce the harm caused by alcohol and drug use and support more people with alcohol and drug problems to recover and enable them to reintegrate as participating citizens.

3.2 The Glasgow City Single Outcome Agreement 2013 (SOA) has identified the key outcome 'Working with the people of Glasgow to create a healthier relationship to alcohol'. The ADP strategy will continue to contribute significantly to this outcome. The SOA can be found at: <https://www.glasgowcpp.org.uk/index.aspx?articleid=11056>.

3.3 The strategy covers a three year period from April 2017 to March 2020.

3.4 The strategy will address the recommendations from a number of national documents:

- a. The Scottish Government drugs strategy 'The Road to Recovery: A New Approach to tackling Scotland's Drug Problem' was published in May 2008. This set out a

significant programme of reform to tackle Scotland's drug problem. Central to the strategy is the concept of recovery - a process through which individuals are enabled to move on from their problem drug use towards a drug-free life and become active and contributing members of society. The strategy can be found at: <http://www.gov.scot/Publications/2008/05/22161610/0>

- b. The Scottish Government published 'Changing Scotland's Relationship with Alcohol: A Framework for Action' in March 2009. The 'Framework for Action' recognises that problems associated with alcohol use are much more prevalent across Scottish society than previously recognised. As a result, it adopts a whole population approach, as well as recognising that some vulnerable groups require a more targeted approach. The framework can be found at: <http://www.gov.scot/Publications/2009/03/04144703/0>
- c. The Scottish Government published the updated, good practice guidance 'Getting Our Priorities Right' in April 2013. This is for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use. The guidance can be found at: <http://www.gov.scot/Publications/2013/04/2305>
- d. Scottish Drug Strategy Delivery Commission: 'Independent Expert Review of Opioid Replacement Therapies in Scotland: Delivering Recovery' was published in August 2013. The review can be found at: <http://www.gov.scot/Publications/2013/08/9760>
- e. The Advisory Council on the Misuse of Drugs report 'Reducing Opioid -Related Deaths in the UK' was published in December 2016. This report highlights the increasingly complex needs of the aging profile of heroin users that are significant risk of drug related death and makes a series of recommendations. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf)
- f. 'Caring Together: The Carers Strategy for Scotland' sits within a wider context and reform agenda. The carers strategy is available at: <http://www.gov.scot/Resource/Doc/319441/0102104.pdf>

3.5 The ADP has carried out a series of community-based and theme-focussed consultations over the past 6 years. In the development of this strategy, the ADP has built on the feedback from these consultations and worked with the ADP sub-groups to build the latest strategy on the foundation of previous strategies.

3.6 The ADP continues to strengthen its partnership by ensuring that its strategic planning is also linked into local partner plans:

- a. The Scottish Fire and Rescue Service's (SFRS) strategic priorities are contained in the Local Fire and Rescue Plan for Glasgow City 2014-17; this corporate planning framework reflects the Single Outcome Agreement and Community Planning objectives for the city. See link for more detail:  
[http://www.firescotland.gov.uk/media/644936/sfrs\\_local\\_plan\\_glasgow\\_v1.0.pdf](http://www.firescotland.gov.uk/media/644936/sfrs_local_plan_glasgow_v1.0.pdf)
- b. The 'Glasgow Health and Social Care Partnership Homelessness Strategy' sets out an ambitious transformational reform programme for homelessness services in the City and details how the Health and Social Care Partnership intends to work with its partners to improve homelessness services for some of the most vulnerable people living in our City. See link for more detail:  
<https://www.glasgow.gov.uk/CHttpHandler.ashx?id=34784&p=0>
- c. The 'Glasgow Criminal Justice, Social Work (CJSW), Strategic Plan 2013-2015' has been produced to inform the public, service users and staff of the strategic priorities of criminal justice, social work services to reduce reoffending in Glasgow. It describes the planning structure, partnership working and the activity that is taking place to achieve national and local priorities. See link for more detail:  
<http://www.glasgow.gov.uk/CHttpHandler.ashx?id=17057&p=0>
- d. The Interim 'Children and Young People Services Plan' has been developed to cover the period 2015-2017, while guidance is awaited on the implementation of Parts 1 and 3 of the Children and Young People (Scotland) Act 2014. See link for more detail:  
<http://www.glasgow.gov.uk/CHttpHandler.ashx?id=15283>

3.7 The ADP will aim to develop and improve good quality cost effective services, focussed on minimising duplication or waste and cultivating successful connections between strategic and locality planning.

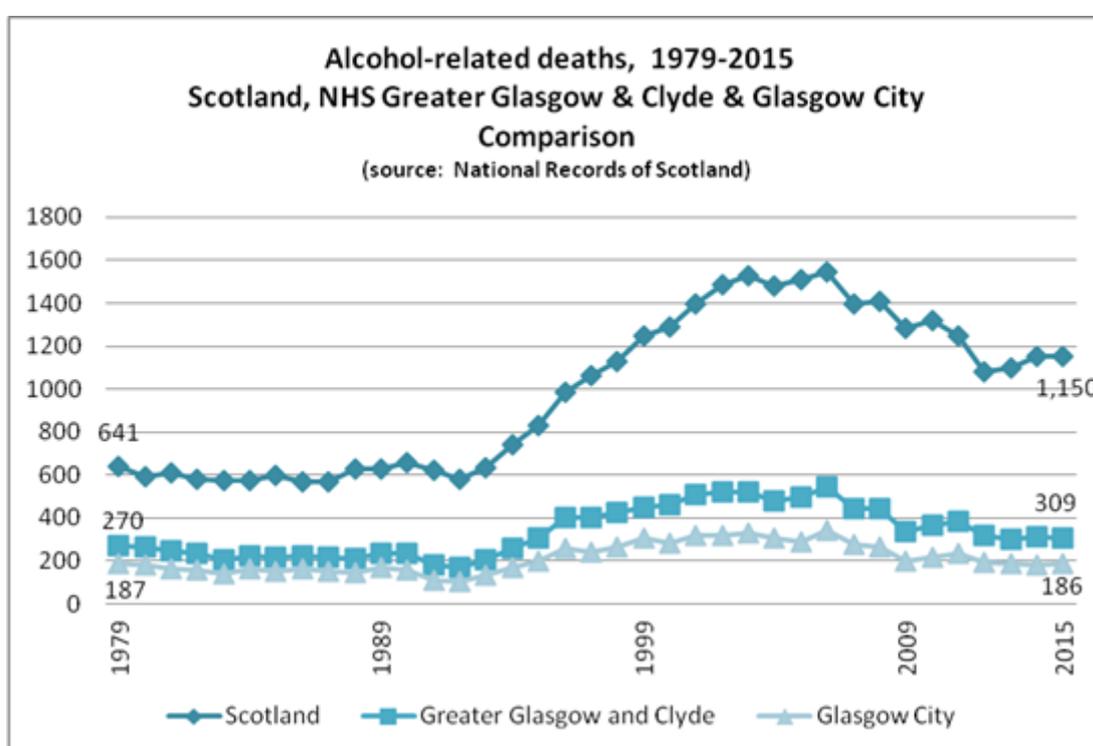
3.8 The role of equalities is central to all developments and Equality Impact Assessments (EQIAs) are key to all ADP service redesign.

#### 4. Glasgow City Context

- a. The 2015 population for Glasgow city was 606,340, 11.3% of the total population of Scotland. (Source: National Records of Scotland 2017)
- b. In Glasgow city 16.1% of the population are 15 years and younger. This is smaller than Scotland where 17% are 15 years and younger. (Source: National Records of Scotland 2017)
- c. In Glasgow city 23.9% of the population are aged 16 to 29 years. This is larger than Scotland where 18.2% are aged 16 to 29 years. (Source: National Records of Scotland 2017)
- d. Persons aged 60 or over make up 18.5% of Glasgow city population. This is smaller than Scotland where 24.2% are aged 60 and over. (Source: National Records of Scotland 2017)
- e. The city is ethnically diverse with over 12% of citizens in an ethnic minority group. (Source: National Records of Scotland 2013)
- f. In 2015/16, 65.2% of working age Glaswegians were employed. Glasgow city's employment rate is 8% lower than the Scottish average of 72.9%. (Source: Understanding Glasgow: the Glasgow Indication Site 2016)
- g. Alcohol and drug use by householders featured as a contributory factor in 113 incidents, 13.5% of all dwelling fires in Glasgow city. This continues the decreasing trend over the past 5 years. (Source: SFRS 2016)
- h. Glasgow City Council receives the largest number of homeless applications per year in Scotland, disproportionate to the size of the population. In 2015/16 there were 5,929 homeless applications, a reduction on the previous year from 6,327. (Source: Scottish Government HL 1 Annual report 2016)
- i. Recorded incidents of anti-social behavior in Glasgow city have reduced from over 90,000 in 2004/05 to just over 40,000 in 2014/15. (Source: Community Safety Glasgow 2016)
- j. Glasgow city has consistently had a higher rate of adults claiming out-of-work benefits than other Scottish cities although that rate has declined from 29.2% in 2000 to 16.1% in 2016. (Source: [http://www.understandingglasgow.com/indicators/economic\\_participation/overview](http://www.understandingglasgow.com/indicators/economic_participation/overview))

#### 4.1 Glasgow Context: Alcohol

- a. Drinking alcohol appears to be becoming significantly less prevalent among school pupils in Glasgow. Trends for S1-S4 pupils across the last three surveys show that pupils have become much more likely to say they never drink alcohol - rising from 46% in 2006/7 to 72% in 2014/15. (Source: Glasgow Schools Health and Well Being Study 2014-15)
- b. Glasgow Alcohol and Drug Recovery Services support 4292 people with problematic alcohol use, 45% of the GADRS caseload. (Source: CareFirst 6 2017)
- c. The alcohol related death rate in Glasgow city is the highest rate of any ADP (36.6 per 100,000), in comparison to the national rate (21.8 per 100,000). (Source: ScotPHO Alcohol Profile; Glasgow ADP, 2015). See graph below:

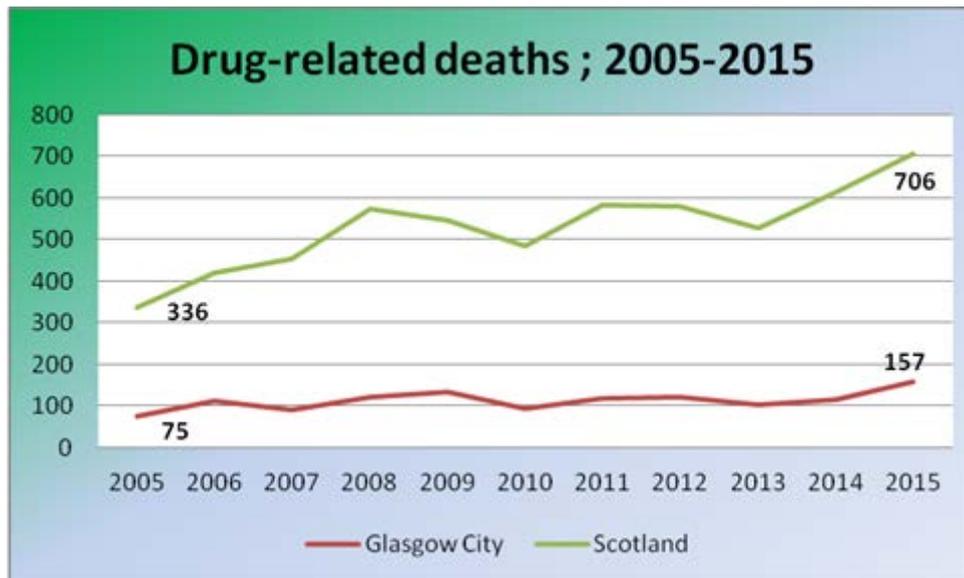


National Records Scotland; Alcohol Related Deaths 2015.

- d. Glasgow has the highest rate of alcohol related hospital stays (1,240.5 per 100,000) in Scotland in comparison to the national rate (684.5 per 100,000). (Source: ScotPHO Alcohol Profile; Glasgow ADP, 2015)
- e. Glasgow currently has a total of 1,828 premise licenses, on and off trade. (Source: ScotPHO Alcohol Profile)

#### 4.2 Glasgow Context: Drugs

- a. In Glasgow city schools, for S1-4 pupils, 1 in 9 pupils (11%) said they had ever used drugs. (Source: Glasgow Schools Health & Wellbeing Survey 2014/15)
- b. The trend for reported drug use in the last year by S1-4 pupils has reduced significantly, from 18.2% in 2006/7 to 6.5% in 2014/15. (Source: Glasgow Schools Health & Wellbeing Survey 2014/15)
- c. Glasgow city has an estimated 13,600 problem drug users, a prevalence rate of 3.23% - the highest in Scotland. ( Source: National Prevalence Study 2016)  
<https://isdscotland.scot.nhs.uk/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2014-10-28/2014-10-28-Drug-Prevalence-Report.pdf?33819216490>
- d. Glasgow Alcohol and Drug Recovery Services support 6150 people for drug use, 46.4% of the estimated population of drug users in the city. (Source: CF6 Dec 2016)
- e. The number of needle exchange transactions in Glasgow's Injecting Equipment Providers continues to increase. There were 100,833 transactions in 2016/17, a 4% increase on the previous year (NEO report 2017)
- f. The number of people receiving Opioid Replacement Therapies (ORT) has decreased by 2.4% since 2014/15 taking it from 7,111 to 6942 in 2015/16. (Source: PIMMS 2016)
- g. Whilst the rate of drug related deaths continues to rise in Glasgow city (Table 1), the rise is not as significant as it is nationally. (Source: National Records of Scotland Drug-Related Death Report 2015)
- h. Over the past 5 years there has been an average of 122 deaths per year in the city. (Source: National Records of Scotland Drug-Related Death Report 2015)



## 5. Strategy Structure

The strategy will continue to be structured under 3 themes: Prevention, Recovery and Protecting Vulnerable Groups (children and adults).

## 6. Prevention and Education

Glasgow City ADP has a strong history of working to prevent alcohol and drug problems and continues to prioritise prevention as the best way of minimising alcohol and drug harm. Our plans continue to be informed by the best evidence available within the context of local insights and experience. The Scottish Government 'What Works in Drug Education and Prevention?' (2016) and the existing GGC NHS Alcohol and Drug Prevention and Education Model (<http://nhspande.lifesm.co.uk> (username: model / password: pande12)) have informed this next stage of our prevention work.

Our prevention strategy includes action in four key areas:

- Work to reduce the accessibility of alcohol and drugs in the community (systems prevention)
- For everyone in the city the delivery of information and the development of skills and values to change our 'norms' around alcohol and drug use (population prevention).
- Working with those more likely to develop a harmful relationship with alcohol and drugs because of other life events affecting them e.g. trauma in childhood, to reduce the chances of this happening (targeted prevention)
- Programmes to work with those at earlier stages of alcohol and drug use to reduce and divert from increasing harm (early stage prevention)

## 6.1 Continuing Strategic Priorities

- a. Systems Prevention
  - Contribute to the control of the accessibility of alcohol and drugs in communities through licensing, enforcement, policy and regulatory mechanisms
  - Undertake co-ordinated and timely responses to local drug trends including new and emerging drugs.
  
- b. Population Prevention
  - Work more closely with early years establishments to support children to thrive
  - Support further delivery of age specific multiple risk learning programmes in education and youth settings
  - Continue to develop responses to reduce the acceptability of misusing alcohol and drugs within communities.
  
- c. Targeted prevention
  - Understand, engage and develop responses with groups of people at most risk of future alcohol and drug harm
  - Build the skills of those working with people who have experienced traumatic events to promote their well-being and protect them from alcohol and drug harm
  - Work with others to reduce the impact of adverse events in childhood on future well-being
  - Support corporate parent's to minimise the alcohol and drug risks and harms for young people in the care system.
  
- d. Early stage prevention
  - Continue to extend the workforce in Glasgow city who are able to undertake Alcohol Brief Interventions (ABI's) and delivery to enable people to consider more often their own alcohol drinking patterns and harm
  - Provide accessible information on the risks and testing to reduce the number of new Blood Borne Virus infections acquired by people who inject drugs (PWID's)
  - Test a new service to identify and support young people at risk from their own, or another's, alcohol and/or drug use.

Glasgow city will continue to deliver prevention and education activity aligned to the evidence within the GGC Alcohol and Drug Prevention and Education Model.

## **7. Recovery**

Recovery is a course of action through which an individual is able to progress on from their problem alcohol or drug use, towards a life as an active and contributing member of society. Recovery is most effective when service users' needs and aspirations become the central core of their care and treatment. Recovery is an aspirational, person centred process.

In practice, recovery will mean different things, at different times to each individual person. The 'road to recovery' might mean developing the knowledge and skills to prevent relapse, rebuild broken relationships, forge new ones and actively engage in meaningful activities.

### **7.1 Continuing Strategic Priorities**

- a. Further develop the idea of 'community recovery' and embed ethos of recovery through existing purchased services and the new recovery hubs model, ensuring the alignment of relevant posts and services
- b. Further enhance the ethos and role of volunteering as part of a programme of self-development for people in recovery
- c. Continue to address stigma as part of the overall recovery approach, including securing a clear focus on equalities
- d. Maintain employment opportunities for those in recovery and address barriers in relation to benefits and welfare reform
- e. Support the continuing development of a model for peer led recovery activities, to complement evolving service developments
- f. Increase the commitment to provide relevant support to families and carers in recovery. See link: <http://www.gov.scot/Resource/Doc/319441/0102104.pdf>
- g. Address ongoing challenges in identifying appropriate accommodation. See link: <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=34784&p=0>.

### **7.2 Additional Strategic Priorities**

- a. Develop a new focus on engagement with older alcohol and drug users
- b. Increase awareness of health and fitness opportunities within communities in recovery
- c. Enhance links between Recovery and Prevention planning work around education and young people at risk
- d. Create greater focus on recovery outcomes for women and increase participation of women in decision making processes.

## 8. Protecting Vulnerable Groups: Children and Young People

Glasgow city has an estimated 6,188 Glasgow Alcohol and Drug Recovery service users who have a relationship with a child of under 16 years (Source: CF6 Dec 2016).

The 'Glasgow City HSCP Interim Children and Young People Service Plan 2015-17' builds on the previous 'Integrated Service Plan 2012-15'. The plan is framed around the 'Children and Young People's Act 2014', which brings a legislative drive to 'Getting It Right For Every Child'. The plan supports the principles of early intervention and prevention by promoting the well-being of children, safeguards and improving corporate parenting for our looked after children and care leavers.

### 8.1 Continuing Strategic Priorities

- a. Continue to address the stigma and fear that prevents parents with alcohol and drug problems from asking for help
- b. Continue to consider children's needs within community recovery
- c. Continue to consider the needs of kinship carers, families and carers across ADP structures.

### 8.2 Additional Strategic Priorities

The ADP will adopt the agreed priorities for Glasgow Health and Social Care Partnership:

1. **Keep children safe-** every child and young person has the right to be and to feel safe and protected, free from physical, sexual or emotional harm, abuse or exploitation.
2. **Healthy and Resilient Children** – we will continue to promote healthy lifestyle choices and the importance of play. We will focus on challenging the inequalities experienced by children in Glasgow, including child poverty and we will work with families to help children become more resilient, so they are more able to cope with life's uncertainties and problems.
3. **Family Support and Early Intervention** – we will promote the early identification of a child or family's needs: we will work with children and their families to build positive relationships and help parents to be the best they can be and ensure that the right measures are put in place to improve the wellbeing and development of the child.

4. **Raise attainment and achievement for all** - we will continue to provide support programmes for children and young people in the city to raise attainment and achievement and maximising employment outcomes and positive destinations.
  
5. **Looked After Children and Young People** – we will continue to care for and support our care experienced children and young people to improve their life experiences and chances and we will strengthen our performance in relation to securing permanency for all children.

These are in line with the 4 strategic aims outlined in the draft Scottish Government 'Children and Young People's Services 2017-2020' guidance:

- a. Children's services are provided in a way which best safeguards, supports and promotes the wellbeing of children in Glasgow
- b. Children's services are provided in a way which ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent the needs arising
- c. Children's services are provided in a way that is most integrated from the point of view of the recipients
- d. Children's services are provided in a way that constitutes the best use of available resources

## **9. Protecting Vulnerable Groups: Adults**

The ADP recognises the challenges posed by vulnerable adults at risk through their alcohol and drug use and the need for a continued focus on harm reduction, whilst remaining committed to the recovery agenda.

### **9.1 Continuing Strategic Priorities**

- a. Monitor existing trends in alcohol and drug use
- b. Promote Naloxone training and provision across all care services
- c. Continue to address the complex needs of the city centre population
- d. Continue to monitor new and emerging drug trends and coordinate actions across services
- e. Consider low threshold services for those not accessing treatment.

### **9.2 Additional Strategic Priorities**

- a. Tackle the complex needs of individuals with multiple conditions and the associated challenges of working effectively with partners including mental health, homelessness, public health, prison health care and criminal justice to address these.

- b. Develop specific relapse support within GADRS for recovery volunteers
- c. Develop information sharing protocols
- d. Investigate opportunities to increase research capacity
- e. Address barriers to appropriate care for older adults with alcohol and drug problems, including service design, data collection, health promotion and workforce development.

## **10. Performance Management**

### **10.1 Performance Monitoring**

The ADP will sit within the GCHSCP performance framework as well as the annual performance management arrangements set by the Scottish Government. The ADP will continue to utilise an annual delivery plan, outlining key actions against strategic priorities and the 7 national outcomes.

The ADP will continue to support work with ISD to implement the plans for the Drug and Alcohol Information System (DAISy) and the 'Recovery Outcome Web' (ROW) tool across services.

### **10.2 National ADP Outcomes**

The seven core national ADP outcomes, described in the Scottish Governments 'Updated Guidance for Alcohol and Drug Partnerships (ADPs) on Planning and Reporting Arrangements 2013-15':

1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.
2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.
3. RECOVERY: Individuals are recovering from problematic drug and alcohol use.
4. FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.
5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.

6. LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available.

7. SERVICES: Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.

### **10.3 Indicators**

The ADP will deliver against core HSCP indicators in terms of service delivery and compliment these by delivering against further local and national indicators in line with Scottish Government and partner expectations.

### **10.4 Annual Report**

Performance monitoring will form a fundamental part of the ADP's reporting to the HSCP and in the Annual Report to the Scottish Government.

## **11. Communication**

Progress on the delivery of the strategy will be communicated to all partners and the public. This will utilise:

- a. ADP sub-group and locality participation in engagement events around the strategy development and delivery
- b. Regular reporting of progress via HSCP monitoring reports and ADP annual report
- c. Regular reporting/ involvement with ADP community engagement including participants, service users, lived experience and carers
- d. On-going work to address the Glasgow city drinking culture and stigma around drug use – utilising social media

## **12. Financial statement**

Glasgow city, in common with all public services, has faced significant financial challenges in recent years, with further pressures anticipated in future years. Glasgow City Council has to save £133 million within the 2016-2018 period and NHSGGC has to make a similar saving

over the same period. Services for alcohol and drugs will be expected to make their contribution.

The current level of resource provided for alcohol and drugs is £46,292,500 (source: HSCP IJB Strategy 2016).

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