



## Alternatives (Clydebank)

|                                               |                                                                                                                    |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Service name:                                 | Alternatives (Clydebank)                                                                                           |
| Address:                                      | 34 Alexander Street                                                                                                |
| Town:                                         | Clydebank                                                                                                          |
| Postcode:                                     | G81 1RZ                                                                                                            |
| Telephone number:                             | 0141 951 2420                                                                                                      |
| Fax number:                                   | 0141 952 5454                                                                                                      |
| Website:                                      | <a href="http://www.alternativeswd.org/">www.alternativeswd.org/</a>                                               |
| Health board area:                            | Greater Glasgow And Clyde                                                                                          |
| Local authority area:                         | West Dunbartonshire                                                                                                |
| Alcohol and Drug Partnership (ADP) area:      | West Dunbartonshire                                                                                                |
| Type of service:                              | Voluntary                                                                                                          |
| Nature of service:                            | Community Based                                                                                                    |
| Referrals:                                    | Any Agency, Self Referral, GP, Health Professional, Social Work, Court, Other (please specify below)               |
| If other has been selected, please specify:   | Anyone can refer but only if client consents.                                                                      |
| Client access (please select all that apply): | Under 16s, 16-18, 18+, Non-gender specific, Couples, Women with children, Couples with children, Men with children |

### Service Access

|                         |                                                                                                                                                                                                             |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Opening days and times: | Monday: 8.45am - 4.45pm<br>Tuesday: 8.45am - 4.45pm<br>Wednesday: 8.45am - 4.45pm<br>Thursday: 8.45am - 4.45pm / 6.00pm - 8.00pm<br>Friday: 8.45am - 4.45pm<br>Saturday: 10.00am - 3.00pm<br>Sunday: Closed |
| Service access:         | No Appointment Required, Home Visits                                                                                                                                                                        |

### Substances treated/targeted:

|                                       |                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Substances treated/targeted:          | Yes                                                                                                                                                                                                                                                                                                                                                                          |
| Selected substances treated/targeted: | Heroin, Dihydrocodeine or other Opiates/Opioids, Cocaine, Amphetamine or other Stimulants, Cannabis or Synthetic Cannabinoids, Diazepam (Valium) or other Benzodiazepines, MDMA/Ecstasy or other Empathogens, Ketamine, Methoxetamine or other Dissociatives, LSD and other Psychedelics, Solvents/volatile substances, Prescription medication, Over the counter medication |

|                                             |                                                                 |
|---------------------------------------------|-----------------------------------------------------------------|
| Advice and information:                     | Yes                                                             |
| Counselling:                                | Yes                                                             |
| Counselling options:                        | One-to-One, Motivational Interview, Cognitive Behaviour Therapy |
| Detoxification as part of the service:      | Yes                                                             |
| Detoxification options:                     | Detox By Referral, Other (please specify below)                 |
| If other has been selected, please specify: | Abstinence Group                                                |

### **Family services**

|                          |                                                                   |
|--------------------------|-------------------------------------------------------------------|
| Family services:         | Yes                                                               |
| Family services options: | Parent/child support, Respite for carers - as part of the service |

### **Mental health service**

|                                                                            |                                                                                                                                                                                        |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mental health: does your service provide mental health support and advice? | Yes                                                                                                                                                                                    |
| Mental health support options:                                             | By referral to specialist unit<br>Depression, Anxiety/Phobic disorder, Physical Abuse, Sexual Abuse, Self Harming, Eating Disorders, Bipolar Disorder, Psychosis, Personality disorder |
| Mental health support option types:                                        |                                                                                                                                                                                        |
| Mental health interventions:                                               | Yes<br>Assessment tool to identify mental health problems for drug users, Suicide risk assessment/prevention, Brief Interventions, Crisis Resolution, Screening                        |
| Mental health intervention options:                                        |                                                                                                                                                                                        |

### **Outreach service**

|                   |            |
|-------------------|------------|
| Outreach:         | Yes        |
| Outreach options: | Streetwork |

### **Rehabilitation and other services**

|                                             |                                                                                                                                                                                                                                                                                           |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rehabilitation and other services provided: | Access to supported accomodation, Advocacy, Alternate therapies e.g. acudetox, Drop-in sessions, Education and Training, Education and training (by referral), Engage peer volunteers, Groupwork, Sexual Health, Structured day programme, Talks/training, Stalls at exhibitions/seminars |
| Criminal justice services:                  | Yes                                                                                                                                                                                                                                                                                       |
| Criminal justice services options:          | Court reports, Expert witness (for own clients), Throughcare/transitional care, Prison aftercare, Condition of a DTTO                                                                                                                                                                     |

### **Needle Exchange**

|                           |                                                   |
|---------------------------|---------------------------------------------------|
| Needle exchange:          | Yes                                               |
|                           | Monday: N/A                                       |
|                           | Tuesday: N/A                                      |
|                           | Wednesday: N/A                                    |
| Opening days/times:       | Thursday: N/A                                     |
|                           | Friday: N/A                                       |
|                           | Saturday: N/A                                     |
|                           | Sunday: N/A                                       |
| Needle exchange services: | Citric acid, Water for injecting, Sterile spoons, |

|                                                    |                                 |
|----------------------------------------------------|---------------------------------|
| Do you provide additional services?:               | Filters, Needles/syringes packs |
| Needle exchange additional services:               | Yes                             |
| Do you provide specific clinic for clients who use | Mobile Exchange                 |
| Specific Image and Performance Enhancing           | No                              |
| Drugs (IPEDS)?:                                    |                                 |

### **HIV and hepatitis services**

|                            |                                                                         |
|----------------------------|-------------------------------------------------------------------------|
| HIV and hepatitis:         | Yes                                                                     |
| HIV and hepatitis options: | HIV Counselling, Hepatitis Counselling, Other<br>(please specify below) |
| HIV and hepatitis other:   | Referral to C-Level                                                     |

### **Naloxone services**

|                    |      |
|--------------------|------|
| Naxalone training: | No   |
| Naloxone supply:   | None |