# Argyll & Bute ADP Report

## Exploring the prevalence of substance related harm on children, families and young people through experiences of the alcohol and drug and wider workforce in Argyll & Bute

**January 2016**

# Table of Contents

# Introduction

The 2009 UK Drug Policy Commission *Supporting the Supporter: Families of Drug Users* report states there is a minimum of 134,000 adults in Scotland significantly affected by problematic drug use in their family and suggests the number of adults affected by alcohol misuse is even higher. Alcohol Focus Scotland's 2013 *Unrecognised and Underreported* study demonstrated 1 in 3 people know a heavy drinker, with 1 in 2 negatively affected. Amongst children and young people, Scottish Government estimates there are 60,000 children affected by parental drug use with as many as 20,000 living with at least one affected parent.[1] Similarly, 65,000 children are affected by parental alcohol misuse.[2]

It has been widely acknowledged that families and concerned significant others (CSOs) can be impacted in a number of ways as a direct result of a significant other's problematic substance use. This is further emphasised by the SFAD study completed in 2015 with The University of Edinburgh, *Exploring the impact and harms on families of those experiencing substance misuse: anxiety, depression and mental wellbeing,* which demonstrated that family members affected by problematic substance misuse *"average mental health and wellbeing (WEMWBS) score was significantly lower than the average of the general Scottish population."* The impact on families and CSOs can include:

- Experiencing anxiety/depression;
- Feelings of guilt or responsibility for another's behaviour;
- Shame, exclusion and social isolation;
- Breakdown in relationships with support networks; and
- Financial difficulties.

Scottish Families Affected by Alcohol and Drugs (SFAD) is a national organisation commissioned by Scottish Government to contribute to the delivery of drug and alcohol strategies: *The Road to Recovery* and *Changing Scotland's Relationship with Alcohol*.

In both strategies the importance of families in the recovery process is recognised. The *Road to Recovery* states, *"families play an important role in the treatment, care and support for those using drugs,"* and that *"families can contribute to the assessment process and provide support, from attending appointments to helping loved ones turn their lives around"*. It also recognises that *"the level of intensive commitment can come at a heavy price for the family"* and that *"ongoing support for families is vital".*

We use a broad, inclusive and sensitive definition of "family" to include anyone who may be affected by or concerned about someone else's substance use or Concerned Significant Other (CSO).

This study emerged from initial consultation work carried out as part of the SFAD Alcohol Liaison Officer (ALO) role, a post commissioned by Scottish Government in September 2014, with an emphasis on exploring support provision for young people, families and those living in remote and rural locations affected by a significant other's problematic alcohol use.

[1] Scottish Government (2013). *Getting Our Priorities Right: Updated good practice guidance for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use*.
[2] Scottish Government (2013). *Getting Our Priorities Right: Updated good practice guidance for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use*.

Argyll & Bute Alcohol and Drugs Partnership (ADP) first consulted SFAD in May 2015 after a series of prevalence studies had been completed by the ALO in other areas of Scotland on young people and substance related harm. Together Argyll & Bute ADP and SFAD explored ways to develop a localised evidence-base for children, families and young people (aged 11-25) affected by substance misuse and to help identify the levels of drug and alcohol-related harm. In October 2015 Argyll & Bute ADP commissioned SFAD to broaden the reach and scope of the original prevalence studies to include qualitative elements capturing the views and experiences of the wider workforce through interviews and a series of qualitative youth workshops to identify needs, support the development of priorities and inform commissioning objectives for children, families and young people affected by substance use in the Argyll & Bute region.

# Key Aims & Objectives

## Aim

To identify the alcohol & drug and wider workforce experiences of:

- Engagement with children and young people using substances.
- Engagement with children and young people affected by someone else's substance use.

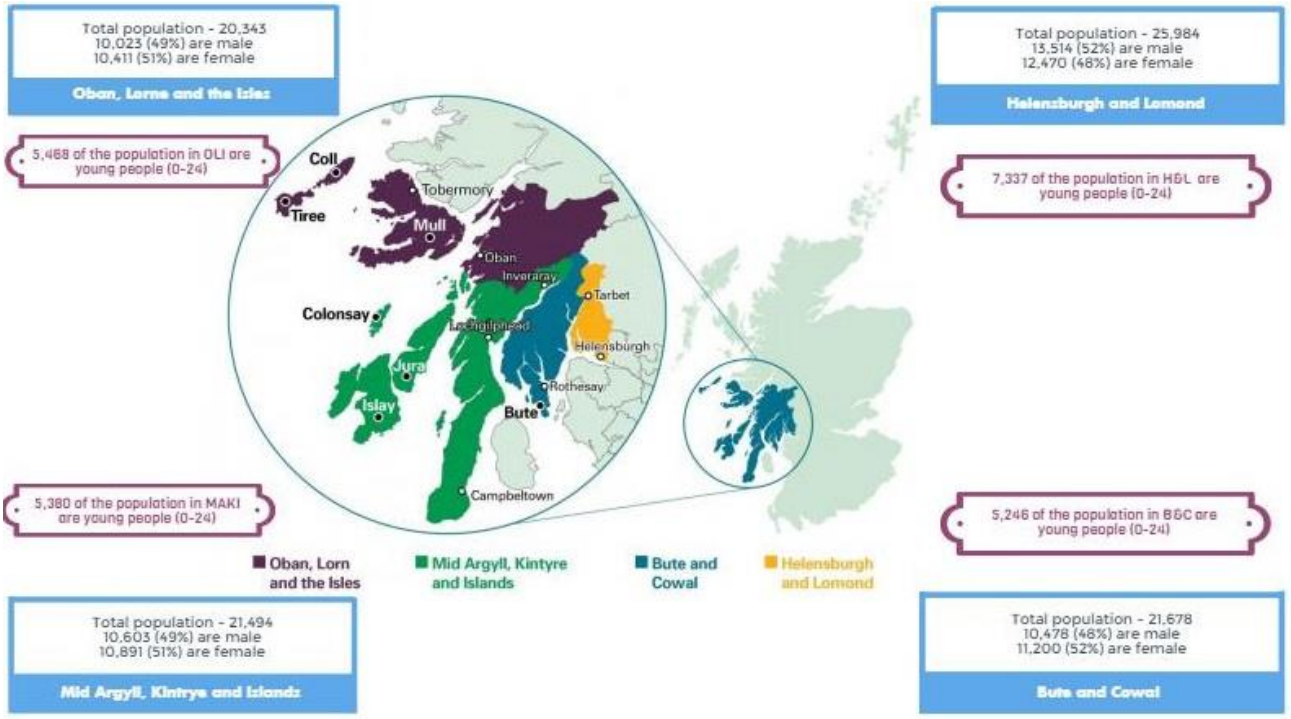
## Objectives

- Provide an insight into the alcohol and drug and wider workforce experiences of supporting young people using substances and children, families and young people affected by someone else's substance use.
- Develop an understanding of workforce capacity to identify, respond and support the needs of children, families and young people in Argyll & Bute.
- Evidence gaps and barriers in existing service provision in keeping with Recovery Oriented Systems of Care (ROSC) principles, regional priorities and strategies for reducing harm.
- Develop an understanding of young people's needs in relation to their own substance use and the impact of another's substance use across Argyll & Bute.
- Identify and highlight evidence of best practice when responding to children, families and young people in Argyll & Bute.
- Develop actions and recommendations to be used by Argyll & Bute for priority setting and commissioning of future services.

# Background and Overview – Argyll & Bute

## Population[3]

Based on the 2011 census the total population of Argyll and Bute is 88,166. Compared to the 2001 census with a total population of 91,306, Argyll & Bute has experienced a 3.4% reduction. Argyll and Bute is one of 4 local authority areas showing a decrease in population. Future population projections suggest a reduction in total population of 7.2% from 2010 to 2035.




Cowal and Bute[4]

The total population of Bute and Cowal (based on the National Records for Scotland's 2011 SAPEs) is 21,678, of which 10,478 (48%) are male and 11,200 (52%) are female.

Helensburgh and Lomond[5]

The total population of Helensburgh and Lomond is 25,984, of which 13,514 (52%) are male and 12,470 (48%) are female.

Oban, Lorne and the Isles[6]

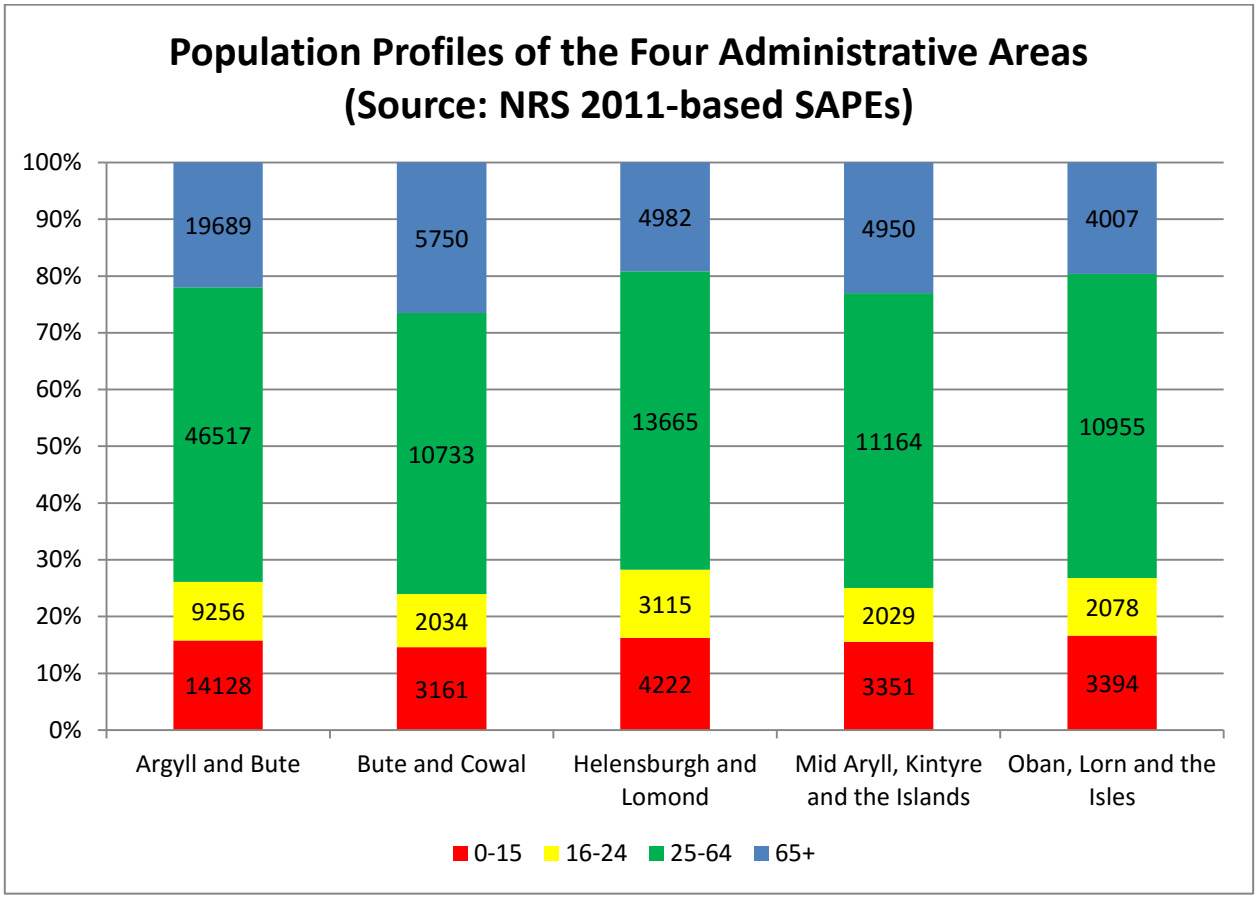
The total population of Oban, Lorne and the Isles is 20,434. 10,023 (49%) are male; 10,411 (51%) are female.

Mid Argyll, Kintyre and the Isles[7]

The total population of Mid Argyll, Kintyre and the Islands is 21,494. 10,603 (49%) are male; 10,891 (51%) are female.

[3] Argyll and Bute Community Planning Partnership (2013). *Argyll and Bute Community Plan and Single Outcome Agreement 2013-2023*.
[4] National Records of Scotland (2015). *Mid-2014 Small Area Population Estimates Scotland*.
[5] National Records of Scotland (2015). *Mid-2014 Small Area Population Estimates Scotland*.
[6] National Records of Scotland (2015). *Mid-2014 Small Area Population Estimates Scotland*.
[7] National Records of Scotland (2015). *Mid-2014 Small Area Population Estimates Scotland*.

**Age**[8]




**Drug Related Deaths**[9]

In 2014 there were 8 drug related deaths in Argyll & Bute. This number is relative to Scotland's national average of 9 drug related deaths. The average number of drug-related deaths between 2010-2014 in Argyll & Bute was 7 deaths per year, compared to the highest of 110 in Glasgow City and the lowest in Orkney Islands and Eilean Siar with 1 drug related death. It is important to note that the constituencies in Scotland (as with other areas of the UK) vary in terms of size, population and social deprivation.

[8] National Records of Scotland (2015). *Mid-2014 Small Area Population Estimates Scotland*.
[9] National Records of Scotland (2015). *Drug Related Deaths in Scotland in 2014*.

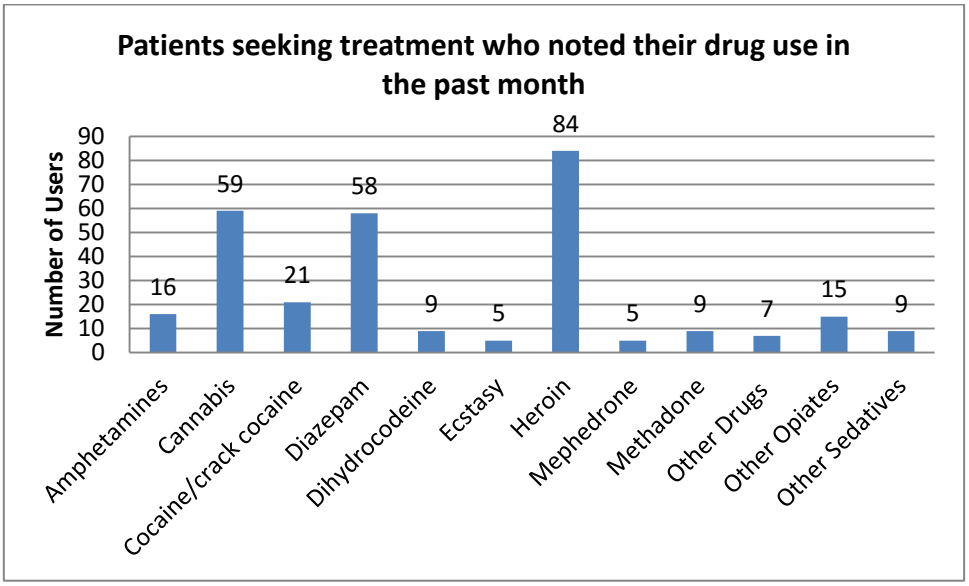
**Drug and Alcohol Related Hospital Admissions**[10]

In 2013/2014 the number of new individual clients to specialist drug treatment services was 271 in NHS Highland compared to the EASR (European age and sex standardised rates) per 100,000 of 97. This trend has reflected a steep decline since 2006/2007 as the new individual clients in this year were 810 which is a drastic change in relation to 2013/2014.

Reported drug use in the past month (number of individuals):

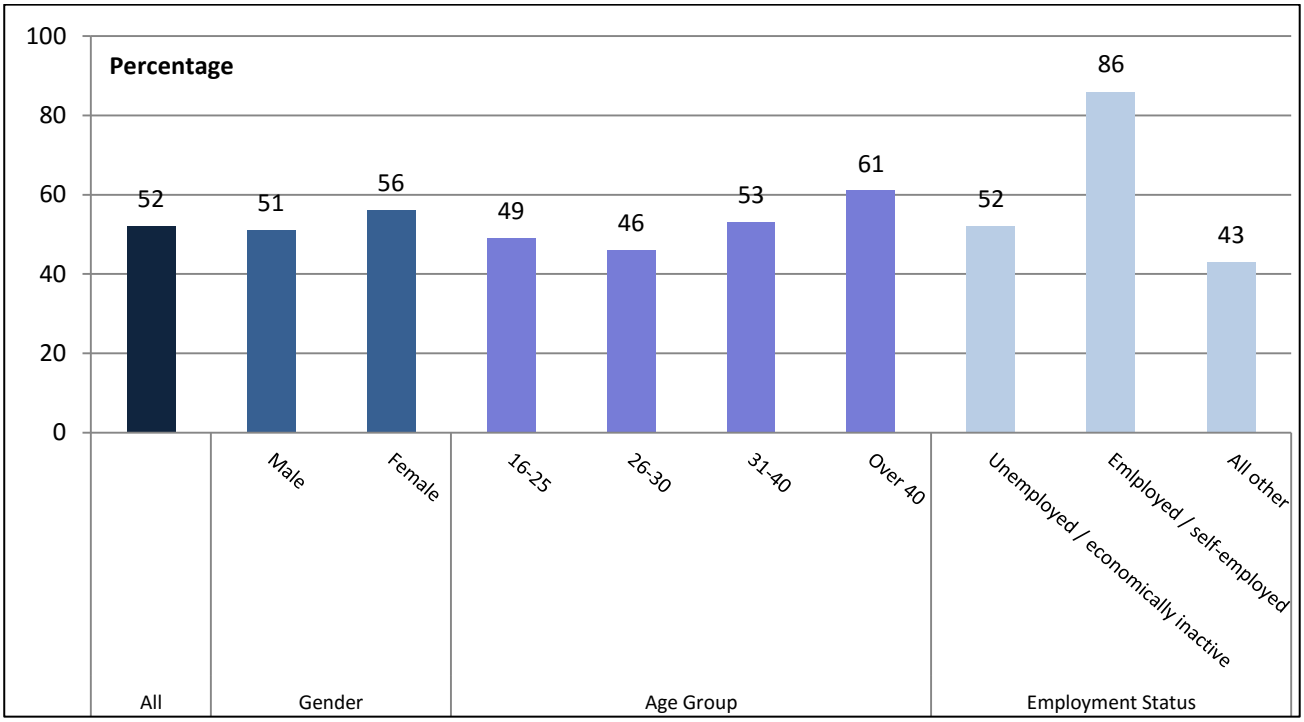
- Heroin - 84
- Cannabis - 59
- Diazepam – 58
- Methadone - 9
- Dihydrocodeine – 9
- Other opiates – 15
- Other sedatives – 9
- Amphetamines – 16
- Cocaine/crack cocaine – 21
- Ecstasy – 5
- Mephedrone – 5
- Other drugs - 7

Not all individuals accessing treatment will disclose the drug(s) they use and these statistics also do not include alcohol and tobacco.




[10] Scottish Drug Misuse Database (2015). *Overview of Initial Assessments for Specialist Drug Treatment 2013/2014*. [online] Available at: http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/.

**Drug/Alcohol Treatment**[11]




In Scotland 16-25 year olds were the second lowest age group in terms of likelihood of completing drug/alcohol treatment. The employment status statistics indicate the individual's employment status at termination of treatment. The vast difference in treatment completion between employed/self-employed and unemployed/economically inactive participants could indicate a gap in services as these individuals may require additional support.

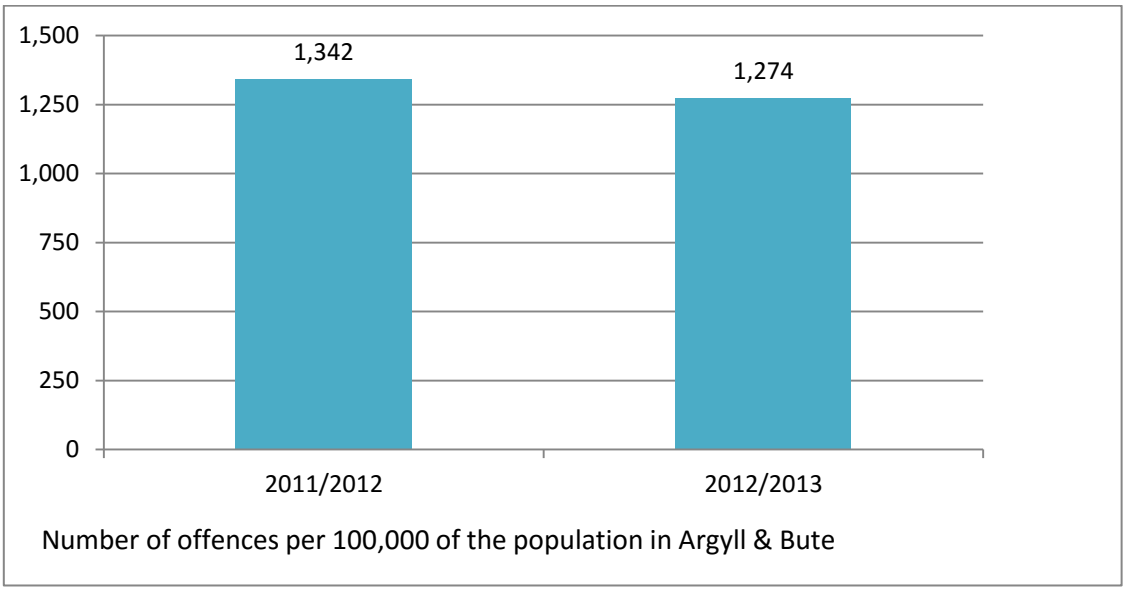
[11] Scottish Government (2015). *Criminal Justice Social Work Statistics in Scotland: 2013-14.*

**Crime**[12]

The number of crimes and offences in Argyll & Bute was 1,274 (per 100,000 of the population) in 2012/2013.
Particular offences included:

- Drugs (72 offences)
- Drunkenness (16 offences)
- Driving under the influence (17 offences)

This represents a decline since 2011/2012 as the number of crimes and offences in Argyll & Bute per 100,000 of the population was 1,342. Offences regarding drugs have also decreased (85 offences in 2011/2012). Driving under the influence offences have marginally decreased by a factor of 1 and drunkenness offences have slightly increased (14 offences in 2011/2012).



Number of offences per 100,000 of the population in Argyll & Bute

[12] Scottish Government (2015). *Recorded Crime in Scotland, 2014-15*.

# National Policy Context

**Scottish Government Policy Summaries**

All services and practitioners working with children, families and young people affected by problematic alcohol and/or drug use are accountable for the delivery of these principles.

**Getting Our Priorities Right (GOPR)[13]**

- Drafted by Scottish Government in collaboration with United Nations Convention on the Rights of the Child (UNCRC) and published in April 2013.
- The purpose of GOPR is to provide an updated good practice framework for all child and adult service practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug use.
- It has been updated to include national priorities identified by the Children Affected by Parental Substance Misuse (CAPSM) steering group, Getting It Right for Every Child (GIRFEC) approach and recovery agendas to focus on "whole family" recovery: "*All child and adult services should focus on a 'whole family' approach when assessing need and aiming to achieve overall recovery."*
- GOPR highlights the importance of early intervention of services and working together effectively before a crisis or tragedy occurs: *"**All services have a part to play** in helping to identify children that may be 'in need' or 'at risk' from their parent's problematic alcohol and/or drug use and at an early stage"* and *"it is important that **all services** have arrangements in place to pass on information and to work with social work services to assess and continue to work with the family."*

**The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services[14]**

- The purpose of this document is to ensure the quality of services across Scotland, specifically related to the provision of care, treatment and recovery services.
- SFAD contributed to the Quality Principles through organisation and family member consultations.
- The Quality Principles also focus on guaranteeing that an individual seeking help regarding alcohol or drug use will receive adequate support (both short-term and long-term).
- A recovery-oriented system of care (ROSC) is outlined in this document where families, significant others and the community are involved in the persons recovery.
- A ROSC is defined by Scottish Government as *"A coordinated network of community-based services and supports. It is person-centred and builds on the strengths and resilience of individuals, families and communities to achieve improved health, wellbeing and quality of life for those with or at risk of alcohol and drug problems."*
- This is important as it includes the views and experiences of families and significant others.

[13] Scottish Government (2013). *Getting Our Priorities Right: Updated good practice guidance for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use*.
[14] Scottish Government (2014). *The Quality Principles - Standard Expectations of Care and Support in Drug and Alcohol Services*.

**The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem**[15]

- *The Road to Recovery* was drafted by Scottish Government and published in 2008.
- The strategy implements a new approach to tackling Scotland's drug problem and incorporates recovery as the key concept to redesign service provision and encourage individuals to move forward with a drug-free life.
- Specific actions are included in the strategy to prevent of drug use, improving communities and protecting and supporting children affected by substance misuse.
- *The Road to Recovery* recognises the impact of substance misuse on children, families and young people and acknowledges the role families can play in preventing substance misuse and supporting a significant other's recovery journey.

**Changing Scotland's Relationship with Alcohol: A Framework for Action**[16]

- The framework sets out a strategic approach to tackling alcohol misuse in Scotland.
- Actions outlined in the framework include:
  - Create regulations to end irresponsible promotions and below-cost selling of alcoholic drinks in licensed premises;
  - Pursue the establishment of a minimum price per unit of alcohol through regulation;
  - Review advice to parents and carers;
  - Place a duty on Licensing Boards to consider raising the age for off-sales purchases to 21 in part or all of their Board area and provide powers for Chief Constables and Licensing Forum to request a review of their local Board policy;
  - Establish a legislative power to apply a social responsibility fee on some alcohol retailers; and
  - Develop regulations to restrict the use of marketing material or activity on licensed premises.

**Children and Young Persons (Scotland) Act**[17]

- The Children & Young People (Scotland) Act 2014 became law on the 27 March 2014.
- The purpose of this act is to encourage Scottish Ministers and public bodies to consider the rights of children and young people and how this relates to their work.
- New systems have been created to support children and young people that help services identify any problems at an early stage, as opposed to waiting until a child or young person reaches crisis point.
- The act increases the powers of Scotland's Commissioner for Children and Young People, makes changes to early learning and childcare, provides extra help for looked after children and young people in care, and provides free school dinners for children in Primary 1-3.

[15] Scottish Government (2008). *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*.
[16] Scottish Government (2009). *Changing Scotland's Relationship with Alcohol: A Framework for Action*.
[17] Scottish Government (2014). *The Children and Young Persons (Scotland) Act*.

## Regional Policy Context

**Argyll & Bute Alcohol and Drug Partnership Strategy 2013-2016**[18]

- A key priority of the Argyll & Bute ADP Strategy for 2013-2016 is to ensure that children and young people affected by parental and their own substance misuse are protected and able to build resilience through the collaborative working of adult and children's services across Argyll & Bute.
- The ADP aims to work with different education services to enhance knowledge and skills related to alcohol and drugs, which will enable children and young people to make informed choices regarding alcohol and drugs.
- This strategy identifies the need to reduce stigma and judgmental attitudes by training all professionals in Argyll & Bute on substance misuse.
- The ADP recognises the importance of a community-wide approach to alcohol and drugs that can be achieved through enhancing links between different groups in the community such as carers groups, older people's forums, health and wellbeing networks, and parent and toddler groups. This will allow these groups to build resilience, knowledge and skills within the wider community.

**Single Outcome Agreement and Community Planning Partnership 2013-2023**[19]

- By adopting a whole family approach to recovery and substance misuse, families will be empowered to contribute more effectively to the outcomes identified in the SOA/CPP document. The six long term outcomes are detailed below:
    1. The economy is diverse and thriving.
    2. We have infrastructure that supports sustainable growth.
    3. Education, skills and training maximises opportunities for all.
    4. Children and young people have the best possible start.
    5. People live active, healthier and independent lives.
    6. People live in safer and stronger communities.
- Supporting families will ultimately boost the economy because they will be able to return to work, which acts as a key protective factor. There will be less reliance on health services as individuals will feel equipped to support themselves. Children and young people will have a better start to life and become active members of the community which will lead to safer and stronger community.

**Integrated Children's Service Plan 2014-2017**[20]

- To address one of the key policies in the Single Outcome Agreement, the Argyll and Bute Community Planning Partnership wish to consider the views of children and young people in the delivery and development of services.
- The key areas are related to ensuring children and young people are:
    - Safe – protected from abuse, neglect and harm
    - Healthy – in body and mind
    - Achieving – getting the best of out of school and hobbies
    - Nurtured – feeling secure and cared for
    - Active and included – encouraged to take part in play and sport
    - Respected and responsible – treated fairly and treating others with respect
- This will be a step forward in including children and young people in the services which are designed to help them.

[18] Argyll and Bute Alcohol & Drug Partnership (2013). *Argyll & Bute Alcohol and Drug Partnership Strategy 2013-2016*.
[19] Argyll and Bute Community Planning Partnership (2013). *Argyll and Bute Community Plan and Single Outcome Agreement 2013-2023*.
[20] Argyll and Bute Community Planning Partnership (2013). Integrated Children and Young People's Service Plan 2014-2017.

# Methodology

## Approach & Assumptions

We know that the experiences, support provision and responses to the needs of those affected by problematic substance use vary across Scotland in terms of availability and quality. This is due to a wide range of factors, including perception of need and resources available, and is not necessarily due to a lack of willingness to help or the collective ability of the local workforce to respond to needs. Regional variations in service delivery exist due to conflicting perceptions that are influenced by social stigma, limited understandings of current policy context and funding constraints. All of these factors can influence workforce attitudes, values and beliefs about which responses are best served to meet needs regionally and locally.

*"Despite a range of policy-based, relevant publications, at grass roots, there remains a disparity in the delivery of family inclusive services across Scotland. This has resulted in some family members receiving excellent interventions in their own right, which has led to positive outcome for their loved ones in treatment, whilst others have experienced limited or scant access to support services in other parts of Scotland."*[21]

In approaching this study the assumption was held that similar factors would be active across the Argyll & Bute region. The anticipation was that gaps in services may even be wider given the geographic spread and layout of the area served in keeping with the resources available, as seen in other remote and rural areas of Scotland. Similarly, what was also anticipated was to find a resilient, responsive and efficient workforce in pockets where many assets/employees worked across disciplines and sectors to meet the needs of those they work with despite the limitations imposed by the key factors outlined above.

With these assumptions in mind the output focus for this study was to identify the assets available that could be utilised to reduce any disparity in service provision, provide opportunities to highlight best practice and maximise opportunities to support those in need whilst reducing any inconsistencies across drug and alcohol support services. This is an opportunity for the Community Planning Partnership (CPP), Alcohol and Drugs Partnership, local substance-based forums and services to move forward with a more consistent and standardised strategy. This study will contribute to the commissioning process and support Argyll & Bute to respond effectively to the needs of children, families and young people whilst linking into broader regional and national priorities.

[21] Scottish Families Affected by Alcohol and Drugs and The University of Edinburgh (2015). *Exploring the impact and harms on families of those experiencing substance misuse: anxiety, depression and mental wellbeing*.

## Overview

This study used a mixed-method approach and consists of the following:

- Quantitative survey of the young people aged 11-25 living across Argyll & Bute to develop a clear understanding of the current experiences of the alcohol & drugs - their own and the impact of another's substance use.
- Survey of workforce experiences.
- A series of qualitative focus groups with young people from across Argyll & Bute to develop a clear understanding of the current experiences of the alcohol & drug use - their own and the impact of another's substance use.
- 16 qualitative semi-structured telephone interviews with Argyll & Bute strategic services and commissioned services staff to develop an insight into current service provision, to identify best practice, to highlight potential gaps in service provision and seek input on future service design/commissioning priorities.

## Youth Engagement

178 young people aged 11-25 participated in the survey either using a printed copy or accessing the survey online. This provided the opportunity to widen the reach and scope of the study to as many young people as possible in Argyll & Bute making effective use of technology whilst minimising costs, staff involvement and resources required in completing this element of the study. In addition, it was highlighted (by the ADP and the study steering group) as an effective method for engaging with young people given the geographic nature and rurality of Argyll & Bute.

Young people had the option to participate using an online or paper-based survey and/or as part of a focus group. The survey allowed young people to participate anonymously and confidentially and could be completed in participants' own time. Before completing the survey all participants were informed of the option to withdraw at any time and provided details on how to access additional support if required.

The ALO worked in partnership with Community Learning and Development (CLD) services to coordinate 3 focus groups covering 9 areas across Argyll & Bute using council video conferencing technology. Together, local youth work staff and the ALO co-facilitated focus groups and 33 young people participated.

## Workforce Engagement

A total of 16 semi-structured interviews were conducted with stakeholders from varying sectors, services and locations in Argyll & Bute and stakeholders' job roles were diverse to include operational and strategic workforce engagement with children, families and young people. Each of the interviews were transcribed for analysis and scored on a framework to identify key themes emerging in keeping with the aims and objectives of the study.

- Full permission was sought from each participant to audio record the interviews and each of the interviews was transcribed for analysis purposes.
- Participants were given an information sheet outlining aims of the study, key expectations, confidentiality arrangements and details of where further advice and support could be obtained (Appendix A).
- Participants were assured that responses would remain anonymous and confidential at all times to encourage participants to express their opinions openly and honestly.
- All interviews were telephone-based except for 1. This was the most flexible option for participants and avoided the need to book rooms to conduct face-to-face interviews therefore proving to be the

most cost-effective option.

- The one participant who opted to meet in person because this was more convenient for them in terms of work commitments and time factors involved.
- All of the approaches used in this study were considered to be the most appropriate, in terms of efficiency, clarity and practicability, to elicit the correct data required to identify how services could be improved to meet local needs.

## Limitations

The limitations to this study should be taken into account when reading this report and the findings of the study are reflective of the fieldwork and methods used:

- Youth - A whole population approach to the sample meant that participants were not selected on whether they had lived experience or not. The views expressed by young people are reflective of the experiences of all young people living in Argyll & Bute and not only those affected by their own or another's problematic substance misuse.
- Workforce - This study provides an insight into some of the experiences of those living and working across Argyll & Bute. The views expressed by those engaged in this study are not fully representative of views of the entire Argyll & Bute workforce and does not account for the views of those who were not interviewed.
- Some views expressed are relevant to specific regions and not fully representative of all Argyll & Bute. Given the geographic spread and insight from workforce who may not be resident in Argyll & Bute it is likely that there will be local variations.
- Views expressed are those of the participants and not necessarily representative of the views of Argyll & Bute ADP and SFAD.
- There are gaps in the workforce engaged as participants were invited to participate through local forums and networks on a voluntary basis.

## Gaps

- Attempts to engage with young people who are considered 'Looked After and Accommodated Children' (LAAC) were unsuccessful due to restrictions placed on access by staff working in some of the hostels. Their views have not been included in the interviews/workshop stages for young people.
- The quantitative survey for the alcohol & drug and wider workforce did not elicit a high number of responses. Only 13 participants completed the survey, therefore this data has been presented but cannot be considered as fully representative of Argyll & Bute workforce views.

## Impact

The whole-population approach to this study, commissioned by Argyll & Bute ADP, is a testament to their commitment to ensuring that everyone recognises the need for wider discussions and action to reduce substance related harm and demonstrates the progressive attitudes towards challenging stigma, involving families in the recovery process and reducing harms in a whole-systems approach to recovery.

Having engaged with over 200 people across Argyll & Bute to conduct this study there has already been an initial impact through increased awareness of the challenges associated with substance misuse for those who have taken part. This study will have brought the issue into scope for the first time for many who had never considered it an issue.

If we take on board the existing evidence base for those affected then this study will serve to reinforce existing awareness of how problematic substance use can impact children, families and young people – perhaps giving hope that progress is being made to recognise, tackle and reduce the negative effects.

# Workforce Evidence

*"The recovery focused workforce includes **anyone** who has a role in improving outcomes for individuals, families or communities with problematic drug and/or alcohol use. Scotland's drug and alcohol workforce is **drawn from a wide range of sectors, including health, education, social work and the third sector.**"*

*"The key to making effective decisions in determining the degree of risk to a child is good inter-agency communication and collaboration at all stages."*

– Getting Our Priorities Right[22]

## Prevalence of Substance Use

*"Our perceptions are the only reality we can know, and that the purpose of all our actions is to control the state of this perceived world."* – William T. Powers[23]

Perception is associated with making sense of what is around us, what is really going on and is influenced by many factors including environment, professional practices, social interaction, past experiences and openness to the idea the people have different perceptions of what is true and real. The challenges associated with working with perception are as varied as the opportunities it highlights to work in new ways. For this reason it is important for everyone involved in a collective response to have common understanding of the true extent, nature and scope of the issues.

## Analysis

On initial analysis of the transcripts it emerged that there were vast variations in workforce perceptions of how prevalent the impact of substance misuse was amongst those interviewed. This disparity was common of individual's own problematic drug and alcohol use as well those affected by someone else's problematic substance use.

**Please note:** references to *'Addaction'* and '*commissioned services'* as well as commissioning processes refers only to adult services and **NOT** youth –based services throughout the discussions transcribed below.

There were only a few cases in which workers felt that substance use was very low across Argyll & Bute:

*"I don't know because I think when I sit around the table with other professionals it's a lot of older people talking about young people and I think that there might be a lot of perceptions about it…I think maybe the perception is, from older people, that they think they know what is going on."*

*"From my experience, not very common. 1%... but with someone else* (affected by someone else's use) *it would go up to 5% based on my experience."*

*"I've only had a couple of young people."*

*"2 of them are affected by a parent."*

[22] Scottish Government (2013). *Getting Our Priorities Right: Updated good practice guidance for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use*.
[23] Powers, W.T, (2004). *Behavior: The Control of Perception*.

*"I've heard of one person whose parent is an alcoholic."*

Others suggest prevalence is much higher with the suggestion that substance use and the problems that can often go with this are a normalised part of life for young people in Argyll & Bute:

*We come across it more with alcohol than drugs. I'd say definitely alcohol is quite openly, there is a lot of young people drinking alcohol."*

"*We have a youth project that works with 100s of young people across Argyll & Bute every year and you know our experience kind of dictates that alcohol particularly again does form quite a significant part of their life."*

"*Parental alcohol or drugs use? 70%."*

*"I think it's very prevalent. I think a lot of the young people we work with through preventative workshops, the one thing that always comes up is parental alcohol consumption and we find that quite a difficult barrier to work with."*

"*I'd probably estimate that 90% of them would be using something. That is probably underestimating. I'd probably say 100% of them would be using something. To go on a line of caution I would say 90%, but it's very prevalent."*

*"I would say that perhaps 40% use alcohol. The type of drug varies – cannabis is common, again maybe 40% but a lot lower for other drugs."*

"*Apparently young people up there are now mixing ecstasy with a whole range of legal highs and that is become an emerging trend in…*"

*"It's quite common. I think the issue with the families a lot of the time is that they want to keep it in house. They don't want people to know that someone in the family circle has an issue with either drugs or alcohol. It's a pride thing… I would probably say about 30%."*

There were some instances where cannabis use was perceived to be on the increase and a cause for further concern. However, some staff expressed concern that there is an emerging trend amongst young people that cannabis use was socially acceptable and there is a common perception that there are relatively low risks associated with cannabis use:

*"Over the years cannabis continues to be an increasing problem. They see it very much as not being a drug, not being harmful whereas as adults we know that is not the case. So cannabis is quite a problem."*

*"About a year ago we had a lot of instances of cannabis in the area but that seems to have lowered these days."*

*"Common in terms of alcohol use. Drug use is perhaps not quite so common. Cannabis use is quite common – certainly amongst the groups of young people I've been speaking to."*

*"Many of the young people that we speak to are already dabbling in cannabis use. And to be honest they don't see a problem with it. It has become normal."*

Some workforce responses suggested it was difficult to quantify the prevalence of use within their communities and made assumptions normalising substance use:

*"It's difficult to come up with a percentage because quite a lot of their families have been brought up with substance misuse. So maybe 45%."*

Others suggested that there were particular times of year that when problematic substance use is more common and recognised as a concern:

*"More alcohol especially around this time of year – leading into Christmas and we've just had big events like Guy Fawkes and Halloween."*

Some had roles that were more specific to supporting those who were affected by substances which meant that their perception of prevalence was either conservatively estimated or expressed as being very common.

Despite regional and national data in the public and professional domain there was definitely a lack of consensus or collective understanding of the true extent of substance use amongst young people or how prevalent substance related harm to CFYP was. There was consistency in responses that highlighted substance use was believed to be a common activity amongst the majority of young people living in the area:

*"Probably from 14 to 17 years old very common. About 30% I would say."*

*"I think it is quite common particularly for young people aged about 15-17. We don't actually see any evidence of that in public areas it's mostly evidenced through things that they put on social media and they are usually drinking in someone's house – not in the street where it is visible to other people."*

*"I think it I quite common. I think it starts about age 13 – they are dabbling."*

*"It's quite common. About a ¼ of young people. Mostly alcohol."*

*"I would guess at 15-20% (those affected by parental substance misuse)."*

*"Quite a lot of their families have been brought up with substance misuse. So maybe 45%."*

Overall, most workers across Argyll & Bute acknowledged alcohol use and alcohol-related harm as a common issue across all communities with high levels of alcohol use accepted as a normal part of social activities. Reponses suggested the use of alcohol and cannabis were more sociably acceptable and carried a low risk whilst all other drug use was perceived negatively by communities and some service providers.

*"A lot of the time island communities and remote areas can have a high population of drinkers and it can be an accepted culture."*

*"Mostly people will view people with an alcohol issue as being OK. It's more acceptable but having a drug misuse issue, nobody wants to talk about it or deal with it."*

*"I think in most cases alcohol is a bit more acceptable. I think there is the perception that if people have a*

*substance misuse issue then it has to be a hard drug like heroin or something and it's almost like a class thing where they are treated differently to everyone else. I think alcohol is more accepted."*

Participants appeared reluctant to explore the full extent of problematic alcohol misuse in any great detail because of the impact this may have on the future of their commissioned service and/or their relationships with the community. Some participants questioned how honest they should be and were concerned about being identified. Some of the conversations seemed to be concerned about what others would think rather than demonstrating the need for support.

*"How honest do you want me to be?"*

There were mixed views amongst professionals on new psychoactive substances (NPS) where some had never experienced young people using NPS or those being affected by another's NPS use. Other staff held the view that NPS use was a major issue:

*"In terms of things like legal highs, that doesn't seem to be a major issue that I am aware of."*

*"There is also some suggestion that ecstasy is being mixed with more traditional drugs like heroin for the older groups which is really unusual."*

*"It's huge … at one point we were getting called to a lot of overdoses though the service. People going down to Glasgow and buying it for other people. Part-taking in high risk behaviour. Legal highs are a huge thing."*

## Identifying needs of those affected

To gain an insight of how services identify needs, participants were asked how they or their service would identify someone who required support to cope with the impact of their own or another's problematic substance use. Each participant shared how they supported and responded to young people's needs. The common approach for those affected in terms of their own use was to access a GP, counselling support or drug and alcohol services, either in person or via telephone to engage with such services. There was consensus that whilst this was suitable for those 16-18+ there was a need for better support for those under 16's.

A common approach to identifying young people affected by another's substance use did not emerge across the sample, including no mention of any frameworks, interventions or processes followed. Actions in response to the needs of children, families and young people affected by another's substance use seemed to be adhoc and based upon individual knowledge and what resources were available at that time.

*"We tend to hear more through the grapevine – then it will be friends that might say they are having a hard time at home, mum's been on the drink again – something like that."*

*"Its lack of consistency is the big thing. I think we all need to be consistent in what we're offering and a wee heads up of how we can help an individual."*

## Responding to needs

Support offered/accessed varied depending upon the substance(s) being used. There appeared to be more concern for cannabis use over alcohol or other substances (a hierarchy of substance use) rather than a consistent approach for all substance use.

*"A lot of the young people we work with who are affected by someone else's substance misuse are carers so a lot of the time we would refer them to Young Carers and that was something we were interested and it's a lot of additional support, listening to what their feelings are around it."*

*"I would seek some kind of counselling or addiction service."*

*"A lot of the young people who come in don't understand why their parents won't stop using alcohol or drugs or why it is not good enough for them to stop once they have children."*

*"If it is their own I will flag it up, there is a desperate need with Argyll & Bute to support young people who have drug and alcohol misuse or addiction who are under 16… there are an awful lot of them…. When they have tried to access support services from local GP's or source any counselling or support services there is nothing available."*

Staff appeared to better equipped to identify and respond to issues arising from an individual's own use. However, staff did not seem as prepared or responsive to support the needs of those affected by another's problematic substance use. As a result there were missed opportunities for intervention and connecting with appropriate support. This suggests that more training and development could be explored in order to understand and incorporate family inclusive practice into daily processes.

# Service Delivery

## Perceptions of Current Services

When asked about the general perception of support services amongst workforce and young people engaged there was a tendency to focus first on the negative before being prompted to explore assets and/or positive elements of service provision. This suggests that there is room for improvement, e.g. understanding what is available locally through asset mapping, partnership working and accessibility, across sectors and services to recognise and respond to the needs of children, families and young people. These measures could contribute to a shift from deficit based approaches to a consistent solution focused model.

*"It could be greatly improved."*

*"I think there is a real need to promote what services there are available."*

*"Right now there is a negativity because of the way the whole contracting arrangement has happened … I think it is about getting the balance, there were local services who were providing in the islands but they lost their contract to national organisations… they are struggling to deliver local services on an island."*

## Existing support

*"We only have the new organisation that came a year ago – they took over from Encompass. I don't know how often they are here on the island… They hadn't done any sort of hand over or anything so they didn't know the clients and some of the additional issues that come with these clients. That had been quite a concern. I don't even know of the representative from the organisation comes to the local alcohol and drugs partnership."*

*"They have a counselling service in the school a couple of days a week and I know that some have been accessing that service. I don't know whether they are referred to that service or whether they choose to go along but I think that has been quite helpful and quite successful with some of the young people – for some of them just knowing someone is there and available to listen to them and can offer a wee bit more of the counselling aspect on issues and that people are willing to help them."*

## Gaps in support

*"Lack of support services for under 16's… I know that other areas have these services but we don't have that."*

*"I think there is a real need to promote what services there are available. I think young people feel a bit lost."*

*"There's one project that provide a service. Personally I would never send anyone to it because I have quite a lot of concerns about their practice and young people sharing the building with adult service users. So it's not something we would ever refer anyone to but people we know have been referred there through the school and the things that they say happened there is concerning to me."*

## Barriers

When asked to comment on the barriers preventing people from accessing service and support there was a common acknowledgement that children, families and young people were reluctant to access support or disclose instances where problematic substance use was an issue for a variety of reasons including:

- Living in small community (social stigma);
- Transport links and access to services;
- Lack of knowledge or understanding of what is available;
- Concerns around confidentiality;
- Changes to service provision and delivery processes;
- Social isolation;
- Fear of the unknown;
- Implications for future opportunities; and
- Workforce attitude.

*"Small communities – a lot of people are ashamed. Some young people can be frightened to come in and tell someone what has been going on in case it gets passed to social work which makes it worse for them at home. They don't want to be associated with addiction and addiction services in a small community."*

*"Knowing exactly where to go, or finding a quiet moment to make a phone call or look online."*

*"I think travel is a major issue…, if a young mum who wanted to control her use if she was on methadone for example, we had no prescribing area so it required them to travel…, that is an impossibility to do really. The buses are infrequent and it is a long journey. It is also affected seasonally because in winter days are very short and to encourage people to come out and engage in services is very difficult so we have particular spikes in terms of concerns about parental alcohol and drug use during mid-December and January and we have often wondered if that is attributable to the winter months – poor travel, bad weather and people not going out and about as much as they would do during daylight and there is the whole question about visibility of their kids – if they are not going out their kids are not being seen."*

"*Location and it is such a small community – so if someone has a problem then everyone knows about it and that can be embarrassing for the young person involved."*

*"More confidential services would be better."*

*"Parents and carers affected by substances tend to not have had great experiences themselves at school so are less inclined to come and engage."*

*"One of the challenges is we've had can be the ADP especially with young person's services."*

*"I know a lot of it people are worried about getting things on their medical records because if it is mental illness or anything like that they get worried about how it is going to affect them later on, or if they have drugs highlighted on their medical notes it could affect employment later."*

Some participants highlighted that these barriers did not always relate to children, families and young people accessing services but with staff who were involved with service delivery. Despite the changes and processes laid out in legislative guidance for protecting vulnerable people some staff could not fully recognise or identify needs and respond appropriately.

*"Staff have to be aware that there is an issue for a referral to take place so if the guidance staff are not aware that there is in fact a problem – possibly that referral wouldn't be made."*

*"Staff are not well trained …often I think staff misunderstand the issues and will try and involve social work when actually there's not a child protection issue, there's not care and welfare issues. Some staff bring their own values and beliefs to the issue so when they see a young person perhaps living with a parent with substance issue they think it is wrong."*

*"When the member of staff brings their own values to it, it really is detrimental. Where members of staff are open and focussed on supporting the young person it is far more constructive."*

*"Some workers in Argyll & Bute absolutely, categorically think that, if you have a problem with alcohol, you should just stop and if not it's a failure. I do find that attitude quite often."*

The term 'gatekeeping' is widely regarded, within the service sector, as a reference to a person, team or service which monitors, limits or filters access to clients, information or resources as a supportive mechanism that seeks to safeguard vulnerable individuals or groups receiving support. This term has become synonymous with or representative of a negative set of behaviours and actions which can often prohibit progress, disempower service users and limit progression in order to maintain a level of dependency making services, individuals or groups dependent on them to secure additional resources, power or a range of other assets which benefit the organisation which may not always be in the best interest of those they are intended to support.

Gatekeeping was cited as a common factor restricting progress by many organisations. It appears that this is due, in part, to the funding context and commissioning climate prior to recent changes. When explored further there were suggestions that this was the legacy of working in a certain way that many services had adopted to guarantee continuous funding. Whilst the overall intention may have been genuine to preserve some form of service, in some areas there was a feeling that the quality of services and support being offered may have deteriorated or suffered alongside professional relationships over time.

*"There is so much protectiveness of clients and things like that. Lack of willingness to work in partnership. It prevents people accessing services at the end of the day."*

There were further suggestions from the comments that highlighted the quantity of people engaged took precedence, or had more credibility, over the quality of interventions delivered. Many services talked about the volume of clients they engage with rather than the quality, content and impact or those interventions. It was not clear how such interventions were benchmarked, measured or what lessons were learned. One participant reported using a template (STAR model) when supporting young people.

*"I think a lot of it has to do with gatekeeping and while it's very bad practice I completely understand why organisations are doing it. Everybody, especially voluntary organisation are all fighting for the same pot of money and that pot is getting smaller and smaller so organisations want to keep their numbers up and they tend not to refer on. So the only people that miss out in the long term, as far as I'm concerned, are the service users. They should be able to access every single support service that can help them."*

*"The way that voluntary organisations are funded could be a significant cause* (of poor referrals) *but I also think that gatekeeping does come down to individuals. It's a kind of control thing."*

*"Referrals on to us from alcohol and drug agencies across the area are extremely poor. Much less than they should be however, I suppose we are just fortunate that survivors find their way to us and self-refer."*

*"The only people that miss out in the long term, as far as I'm concerned, are the service users. They should be able to access every single support service that can help them."*

Many participants highlighted that services had adapted to respond to the commissioning process rather than to the needs of children, families and young people affected by problematic substance use. As a result services were limiting their own effectiveness, capacity to provide appropriate support and restricting referral pathways. This offers some explanations as to why some felt that changes to the commissioning structure and processes within Argyll & Bute had become problematic and impacted on services:

*"One of the challenges is we've had can be the ADP especially with young person's services. Basically this year they have cut all young person's money for services without any warning. Obviously that is going to have a detrimental effect. We feel very unsupported by our local ADP sometimes to be honest."*

## Partnership work

Participants were asked about collaborative working to support those affected to gain an insight into how services work together to reduce harm in keeping with regional and national approaches as previously outlined. As anticipated, this varied across regions with some partnerships working more effectively than others. In keeping with models of effective partnership working some of the key elements were present – open dialogue, transparency, realistic expectations, shared responsibility, shared vision, equality and good working relationships:

*"There is tremendous partnership working. It's really, really good. People know each other; they make a point of knowing each other … that's one of the real benefits of rural areas is that people actually know each other personally. They want to work together in partnership. That's a really strong point about Argyll & Bute, is that whole, can do attitude, if you like."*

*"We've got a lot of young people who come and talk to us about things like taking legal highs and having unprotected sex but not wanting to go to their family doctor, So the GP will come to us or the harm reduction person comes… so it's all under our roof where the young person feels comfortable."*

More commonly, participants alluded to areas of conflict within and across services, forums and the ADP. Variations and differences of opinion over the most appropriate approach between staff have had a detrimental impact on the services provided to clients. It was suggested several times that personal attitudes, values and opinions were the driving force for the services offered and not the most relevant evidence-based approach.

On comments made at a public forum, an Argyll & Bute wide Development Worker shared: *"That has a really far reaching impact. What's gone on in Argyll & Bute and the negative, largely untrue stuff that has been said has impacted at every level of the community. I don't think we have any idea how far it's reached. It's a bit catastrophic isn't it?"*

Personal views directing support was also a common feature across inter-disciplinary working where clinical background was often seen as more important than social interventions which caused tensions between statutory and 3rd sector organisations.

*"Genuinely getting everyone on the same page. They have the training; I don't know why some people are still not buying into it. You don't buy into it, in fact, you do it. That's what the Scottish Government is telling us to do, that's what everyone is telling us to do."*

## Evidence of best practice

Participants were asked to reflect on what they considered to be effective or what worked well across Argyll & Bute when responding to the needs of children families and young people affected by problematic substance use.

**What do you think services are doing well in Argyll & Bute to support CFYP?**

*"Diversionary activities because anytime we delivery diversionary activities they are well attended and feedback has always been that young people want to attend – it they weren't they would be drinking."*

*"Youth workers have a really valuable role - I would hate us to get tied up in thinking that the only people that can deliver affective support for young people are specialists. There is obviously a place for that as well."*

*"There are some good examples of peer education but it exists in pockets, it's not happening everywhere. I think there are some good examples of agencies working in schools to support young people – especially those affected by other people's substance use."*

*"In one region: not just in terms of substance use but in Argyll & Bute there is tremendous partnership working. It's really, really good. People know each other, they make a point of knowing each other and so doors are opened because I can phone someone and get a service and I know where the service is, I know who the person is. And that is one of the benefits of rural areas is that people actually know each other personally."*

Many participants struggled to identify clear examples of best practice across Argyll & Bute and tended to cite their own work or services or revert back to challenges.

*"Oh dear, it all sounds very, very negative, it does sound negative to be honest. Since Addaction took over I've not heard a positive word, and that's feedback from my workers as well – I've not heard anything positive."*

*"Our team are very strong, supportive, professional and experienced certainly from an in-house perspective, we do a lot to help."*

*"We've not used any other services, a lot of young people don't want us to refer them onto other services but generally it would be through their GP."*

*"I think that keeping up with research and everything is the basis of a really good indication of a good worker because any good worker wants to know what is the best they can do for their client."*

## Quality Improvement

When participants were asked about what worked well across Argyll & Bute to support those affected, participants chose to promote their own service whilst being critical of other services. There was limited reference to partnership working, sharing resources and working collaboratively in keeping with national and regional outcomes when supporting children, families and young people.

*"I've got a concern that because of the ongoing issues that affect the ADP in Argyll & Bute that no matter what is put in place, it will be undermined because relationships within the ADP are not good and there are organisations who feel very vulnerable – a number of them do good work but the funding is less and less and I think a number of our partners don't feel valued when in fact they are. I feel concern that we could come up with something that is sector leading and outstanding but it will be undermined because of existing relationships."*

*"One of the challenges is we've had can be the ADP especially with young person's services."*

Some participants shared strong feelings about limitations on their capacity to deliver due to past disputes amongst service providers and that the functionality across the ADP is more restricted than other ADPs. There was a suggestion from a few participants that some individuals working in drug and alcohol services don't have a full understanding of the ADP's role and this can hinder progress towards regional and national outcomes.

*"Argyll & Bute ADP needs a profile. It needs a brand. What that does is allows people to understand that there is a partnership out there of people who care about people who are negatively affected by substances and raises the profile of a healthy positive attitude to drug and alcohol use – it increases the number of people who will access services."*

*"It's all about education and knowing what services are there for them."*

*"…I think its education – for young people and parents. Sometimes I think the parents aren't aware that it's going on."*

*"I think that keeping up with the research and everything is the basis of a really good indication of a good worker because any good worker wants to know what is the best they can do for their client. I think that's the first basic indicator when people are not keeping up to date with evidence. We understand that*

*sometimes you're busy and that's alright but there is being busy and then there is taking the XXXX and not knowing anything."*

## Argyll & Bute Workforce Survey

This survey is a compilation of questions provided by Argyll & Bute ADP and disseminated by SFAD as part of this study. Below are the results of the survey.

**Does your organisation provide any of the following support options to young people around alcohol and drug use?**

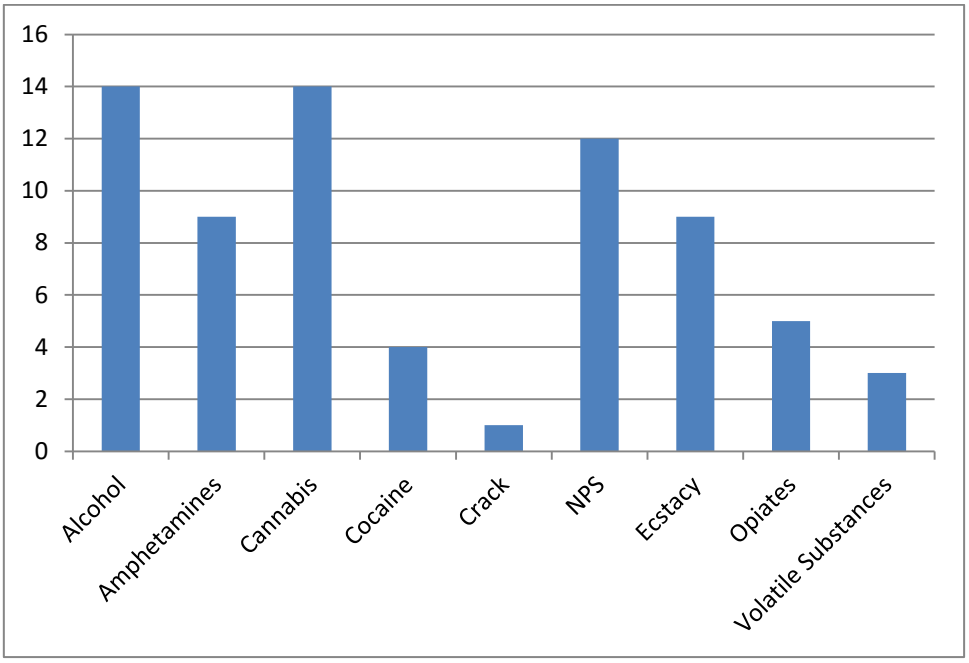
Participants were asked which of the following services were offered by their organisation to children, families and young people. Participants could select one or more in any combination of the following:

- 1-2-1 support
- External referrals/signposting
- Education
- Group support
- Advice
- Activities

| Answer Choices | | Responses | |
|---|---|---|---|
| 1-2-1 support | | 64.29% | 9 |
| onward referral | | 78.57% | 11 |
| prevention/eduction | | 71.43% | 10 |
| group support | | 14.29% | 2 |
| advice | | 64.29% | 9 |
| diversionary activities | | 42.86% | 6 |
| none | | 7.14% | 1 |
| Other (please specify) | Responses | 7.14% | 1 |
| Total Respondents: 14 | | | |

**Please tell us what substances you hear children & young people speak about or what they speak to you about within you organisation.**

Alcohol, cannabis and NPS were the most common substances discussed by young people. Conversations heard between children and young people included the use of ecstasy, amphetamines and NPS. Alcohol was the main substance used by parents.




**How often, in your organisation, do you deal with a young person you suspect is under the influence of alcohol/drugs?**

Over half of participants believed they rarely dealt with a young person who was under the influence of alcohol (64%) or cannabis (71%). Fourteen percent of participants shared alcohol was a weekly occurrence and other drugs roughly 20%.

**What is the youngest child you have seen in your workplace who has had a problem with their own or another's substance misuse?**

Responses ranged from 6 to 16 years old with the average age of 12. Responses showed 57% of the children had a problem with their own misuse and 43% had a problem with another's substance misuse (mainly parent substance misuse noted). One young person was noted as having prenatal substance issues. Alcohol was mentioned in 71% of cases with cannabis and "various substances" also cited.

**What is the eldest child you have seen in your workplace who has had a problem with their own or another's substance misuse?**

Responses ranged from 14 to 25 years old with the average age of 18. Responses showed 71% of the children had a problem with their own misuse and 36% had a problem with another's substance misuse. Alcohol was mentioned specifically in 64% of cases with cannabis specifically mentioned in 43%.

**Do you ever refer children or young people to other services/organisation or people for help with substance misuse support (their own or others)?**

To help understand where support services were referring to in Argyll & Bute participants were asked to highlight key services they would refer children, families and young people. 77% of respondents said they referred young people to other organisations, including the following:

- Addaction
- Rape Crisis
- Women's Aid
- Social Work
- Alternatives
- GP
- Oasis

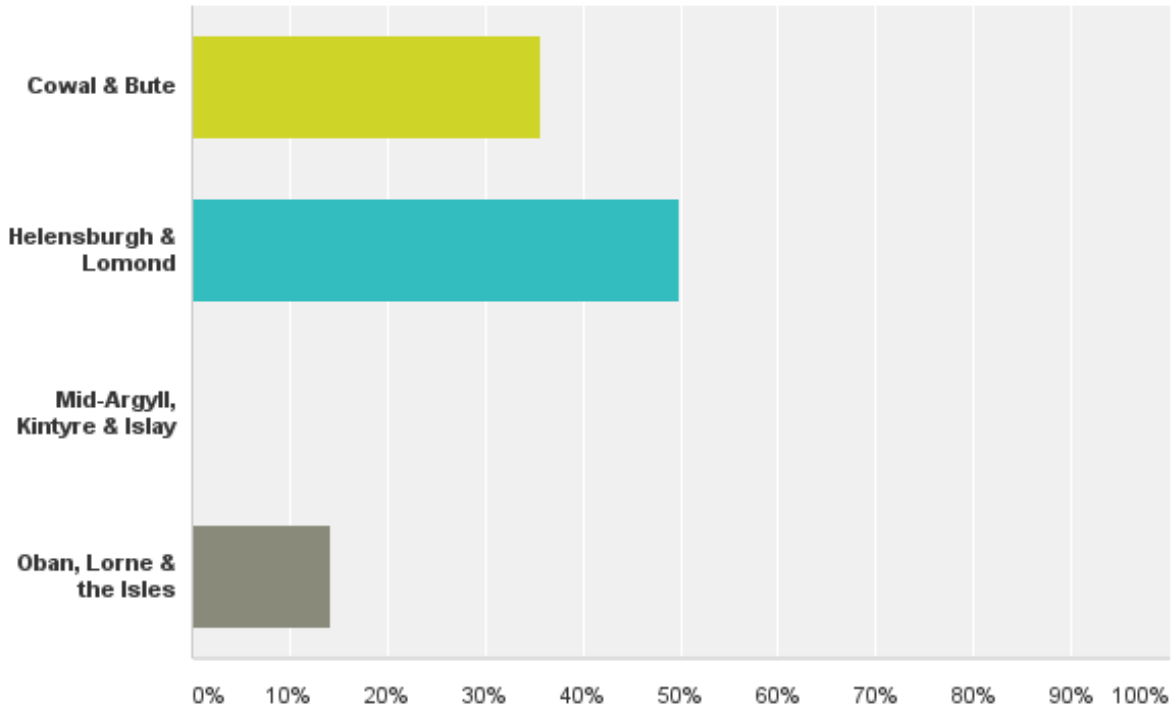
*"GP, there are no underage services available in Argyll & Bute area."*

*"Referral to other services is an option if required. No referrals made within the last year".*

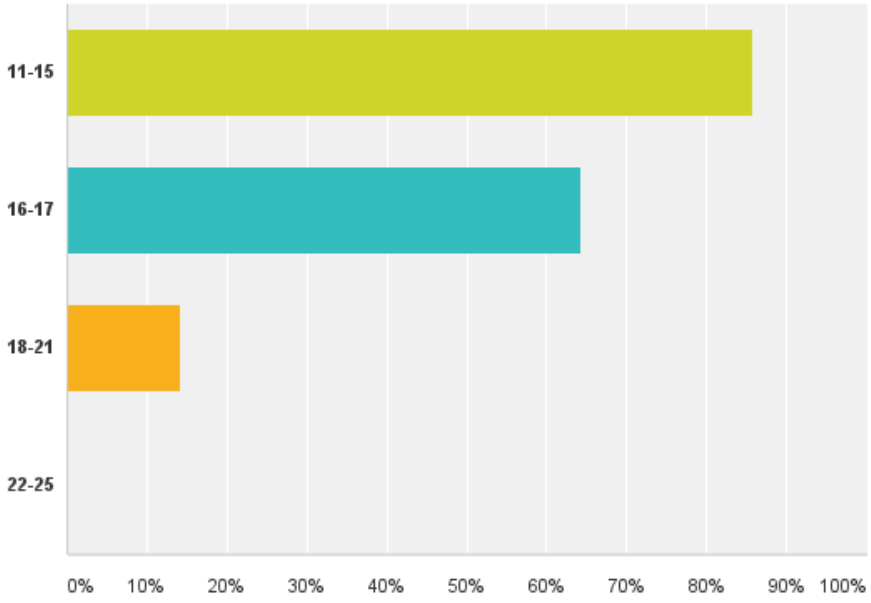
**Does you service accept referrals from services/organisations relating to substance misuse issues?**

Half of the services accepted referrals. One organisation worked closely with the local school while others were in contact with social services. One organisation said it would take referrals but had not received any.

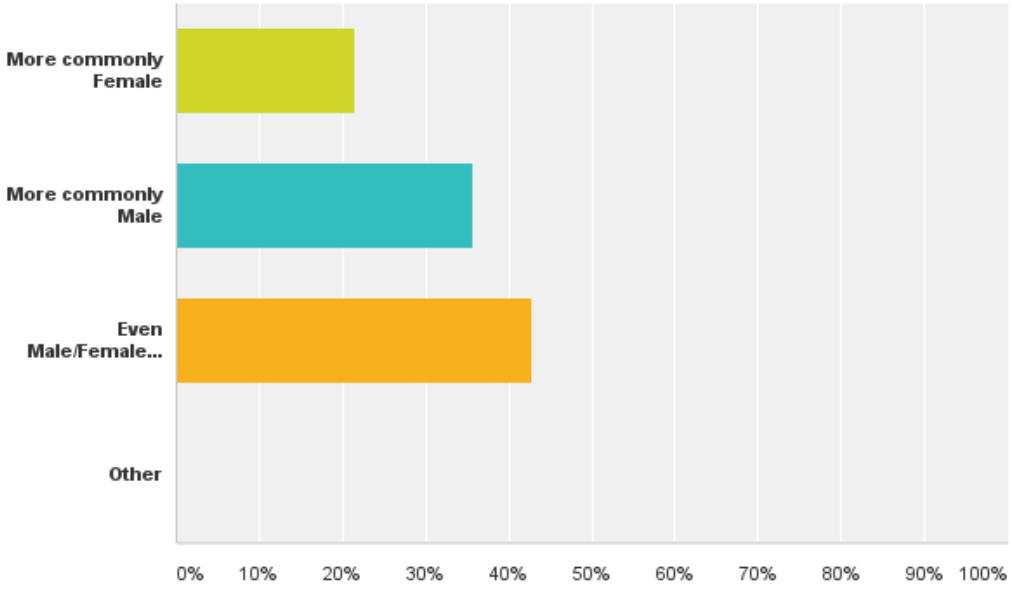
**What area do you work in?**



**What is the most common age rage of the children and young people you see who have a problem with their own or another's substance misuse?**




**What is the most common gender of the children and YP you see having a problem with their own or another's substance misuse?**




**Do you have any other comments, questions, or concerns?**

*"Female young people have been more motivated to engage with support to date."*

*"Concerns around the lack of services and support available in the Helensburgh area around substance misuse."*

# Youth Experiences and Perceptions

**What did young people tell us about living with someone else's problematic substance use in Argyll & Bute?**

We introduced 33 young people across 9 areas in Argyll & Bute to Stephen, Jennifer and Jane via case studies (Appendix B). Each case study provided a set of circumstances whereby each young person required support for various needs associated with another's problematic substance use. We asked participants to tell us about how they would feel being in that situation and asked them to highlight the concerns/barriers that they felt would exist to accessing help to cope within their communities. A full list of responses has been included in Appendix C. Below is a brief summary of the key themes emerging.

**Most frequent concerns**

- Worrying about family members (parental health and impact on siblings)
- Missing out on education/apprenticeships
- Transportation
- Worried about what other people think of the family
- Safety at home

**5 biggest barriers**

- Where to get help
- Time – school plus being carer
- Getting parent in trouble
- Finances
- Stigma/rumours

We asked what advice they would give to each of the young people in the cases studies and the main pieces of advice offered:

- Talk to parents/close family member
- Call a helpline (e.g. Childline)
- Go to Doctor
- Speak to teacher

Lastly, young people told us where they would currently seek help if they, or someone they knew, needed support and they told us:

**Responding to need: What did young people tell us they would need if they did require access to support?**

**What should services look like?**

- Confidential
- One case worker – not having to keep explaining situation every time
- 24 hour access to support
- Safe place
- Part of a bigger service/services linked together

**How should these be delivered?**

- Multi access – phone, online, one to one, group, family sessions
- Peer support
- Respite

The reflections from young people were encouraged on the basis that this would be the ideal service to meet the needs of the individuals in the case study they were working from or to meet their needs if they ever experienced any problems. As such, there were no limitations on what services may provide in terms of capacity to deliver services or resources. Some of the other themes that emerged from the workshops included:

- Lack of awareness of what services are there and when it was appropriate to ask for help.
- Stigma needs to be tackled in small communities – many young people suggested that this would make them very reluctant to access support if it was there.
- Young people said that it was often difficult to talk about substance problems even though most people knew who was having problems in their area.

# Young People Survey Results

## Demographics

Table 1: *Age Range*

| Age Range | Response Percentage | Response Number |
|---|---|---|
| **11-15** | 62% | 101 |
| **16-17** | 28% | 46 |
| **18-21** | 7% | 11 |
| **22-25** | 3% | 5 |

[163 answered this question]

It was found that the majority of participants were in the 11-15 age range with 62% (101 participants) in this group. This was followed by 28% of participants (46) in the 16-17 age range then 7% (11 participants) in the 18-21 age range. The least number of participants were in the 22-25 age range as 3% (5 participants) were in this group. **Note: these age ranges were selected and defined by the age profiles set out by AB service provision delivery guidelines for reporting purposes only.**

Table 2: *What area do you live in?*

| Area | Number of Participants | Percentage of Participants |
|---|---|---|
| **Oban, Lorne & The Isles – OLI** | 21 | 13% |
| **Mid-Argyll, Kintyre & Islay – MAKI** | 58 | 36% |
| **Helensburgh & Lomond – H&L** | 18 | 11% |
| **Cowal & Bute – C&B** | 66 | 40% |

The highest number of participants reported living in Cowal & Bute as 66 participants (40%) selected this area which was followed by Mid-Argyll, Kintyre & Islay with 28 participants (36%). 21 participants (13%) reported living in Oban, Lorne & the Isles and 18 participants (11%) selected Cowal & Bute.

## Harms Experienced

The first part of the survey asked participants of harms they may have experienced due to someone else's alcohol or drug use, as well as the last occasion of each of these harms. Table 3 summarises the responses, based on the number of responses to each form of harm.

Table 3: *Have you ever experienced any of the following due to someone else's alcohol or drug misuse?*

| | Never | In the last week | In the last month | In the last year | In the last 3 years | Total responses |
|---|---|---|---|---|---|---|
| **Kept awake** | 100 | 13 | 21 | 23 | 10 | 167 |
| **Harassed in a public place** | 127 | 4 | 14 | 21 | 7 | 173 |
| **Witnessed aggressive behaviour** | 57 | 17 | 27 | 50 | 17 | 168 |
| **Been a passenger of someone under the influence** | 142 | 2 | 9 | 15 | 2 | 170 |
| **Been affected by a driver under the influence** | 165 | 2 | 4 | 3 | 3 | 177 |
| **Felt unsafe in a public space** | 105 | 17 | 28 | 10 | 10 | 170 |
| **Felt unsafe at home** | 154 | 5 | 4 | 5 | 3 | 171 |

**Which harms have you experienced within the last three years?**

- Kept awake: 40% (*13% within in the last month*)
- Harassed in a public place: 27%
- Witnessed aggressive behaviour: 66% (*16% within the last month*)
- Been a passenger of someone under the influence: 16%
- Been affected by a driver under the influence: 7%
- Felt unsafe in a public space: 38%
- Felt unsafe at home: 10%

Table 4 illustrates the impact of certain harms experienced by young people related to drugs and/or alcohol.

Table 4: *Impact of alcohol and drug related harms*

| Harm | Minor Impact | 2 | 3 | 4 | Severe Impact | Total responses |
|---|---|---|---|---|---|---|
| **Kept awake** | 41 | 16 | 9 | 5 | 4 | 75 |
| **Harassed in a public place** | 24 | 16 | 11 | 3 | 2 | 56 |
| **Witnessed aggressive behaviour** | 39 | 20 | 26 | 4 | 5 | 94 |
| **Been a passenger of someone under the influence** | 18 | 4 | 3 | 7 | 1 | 33 |
| **Been affected by a driver under the influence** | 15 | 7 | 2 | 1 | 1 | 26 |
| **Felt unsafe in a public space** | 25 | 19 | 12 | 9 | 3 | 68 |
| **Felt unsafe at home** | 12 | 7 | 6 | 5 | 4 | 34 |

## Own Substance Use

As part of the survey, young people were asked about their own substance use, including substance type and last occasion of use. Table 5 outlines the prevalence of each substance type.

Table 5: *Student Substance Use*

| Substance | In the last week | In the last month | In the last year | In the last 3 years | More than 3 years | Not used |
|---|---|---|---|---|---|---|
| **Alcohol** | 38 | 32 | 26 | 5 | 1 | 76 |
| **Prescribed drugs** | 44 | 26 | 33 | 2 | 7 | 64 |
| **Non-prescribed drugs – Ecstasy, Marijuana, Cocaine etc…** | 17 | 2 | 13 | 1 | 2 | 141 |
| **Cigarettes – Tobacco** | 33 | 3 | 8 | 2 | 3 | 127 |
| **E-cigarettes or Vapouriser** | 10 | 7 | 15 | 4 | 0 | 137 |
| **Volatile substances – Aerosols/glue/solvent** | 4 | 2 | 1 | 0 | 2 | 167 |
| **"Legal Highs" – New Psychoactive Substances (NPS)** | 2 | 0 | 3 | 0 | 1 | 170 |

[178 people answered this question]

The most prevalent substance was prescribed drugs which had been used at some point within the last 3 years by 112 (63%) participants. This was followed by alcohol use with 102 (57%) participants. For non-prescribed drugs, 35 (20%) participants cited use, followed by Cigarettes selected by 49 (28%) participants and 36 (21%) participants selected E-cigarettes or Vapourisers. For volatile substances (aerosols/glue/solvent) 9 (5%) participants used in the last 3 years and 6 (3%) participants selected "Legal Highs" (NPS).

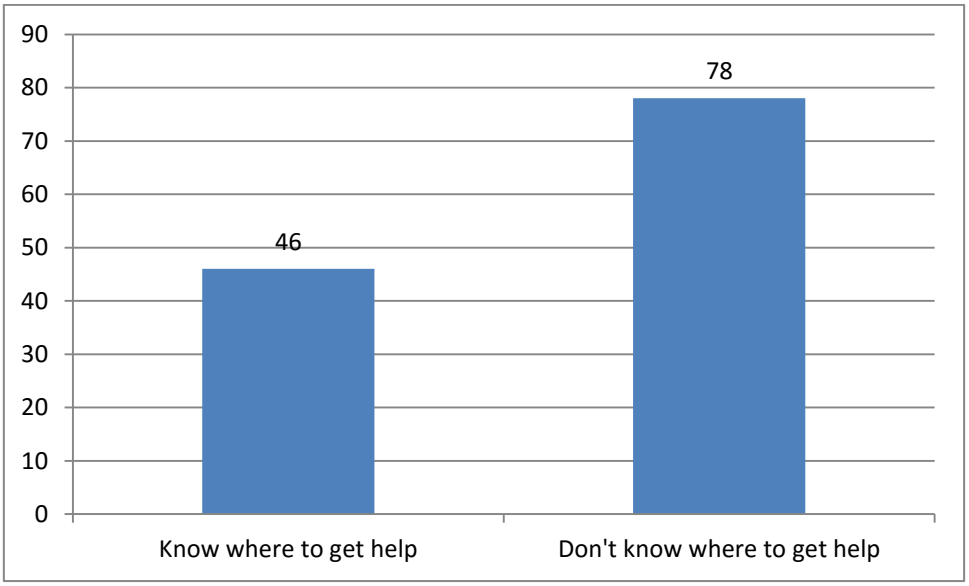
A number of young people selected the option of *'Not used'* when questioned about each substance category:

- Alcohol – 76 (43%)
- Prescribed drugs – 64 (36%)
- Non-prescription drugs e.g. ecstasy, marijuana, cocaine etc. – 141 (80%)
- Cigarettes (Tobacco) – 127 (72%)
- E-cigarettes or Vapoursier – 137 (80%)
- Volatile substances (Aerosols/glue/solvents) – 167 (95%)
- "Legal Highs" (New Psychoactive Substances) – 170 (97%)

## Others Substance Use

Participants were asked if they knew someone who was having problems due to their own use of alcohol and/or drugs would they know where to seek help for this person.

Graph 1: *Would you know where to access help?*




[163 participants answered this question]

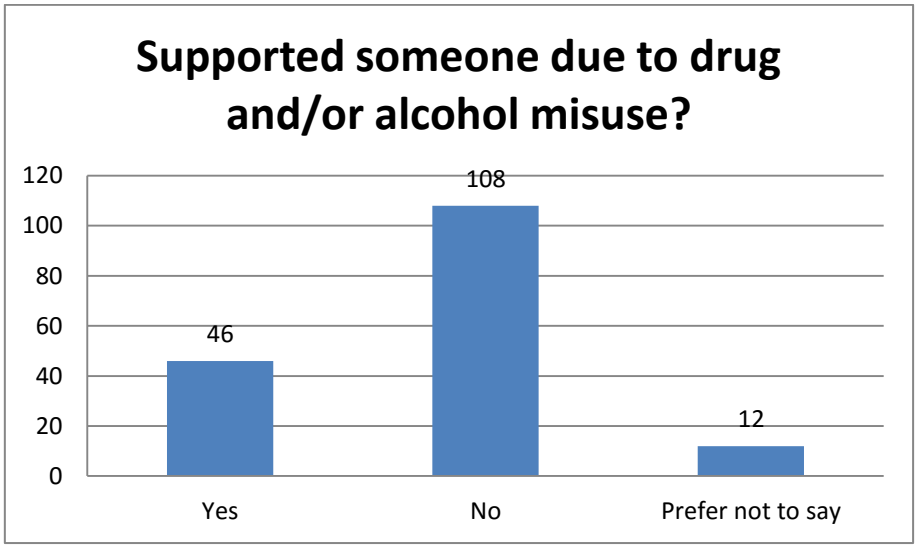
39 participants listed the services they thought would help, these included:

- AA
- NHS website
- GP
- School
- Parents
- Hospital
- Addaction
- Talk to Frank
- Social work
- "smokefreeme"
- The Hub
- KYES – Kintyre Youth Enquiry Service
- Youth workers
- Someone older than you
- Friends
- Route 81
- ChildLine

## Support due to someone else's substance misuse

Graph 2 highlights the number of young people who have supported a significant other due to their alcohol or drug use.

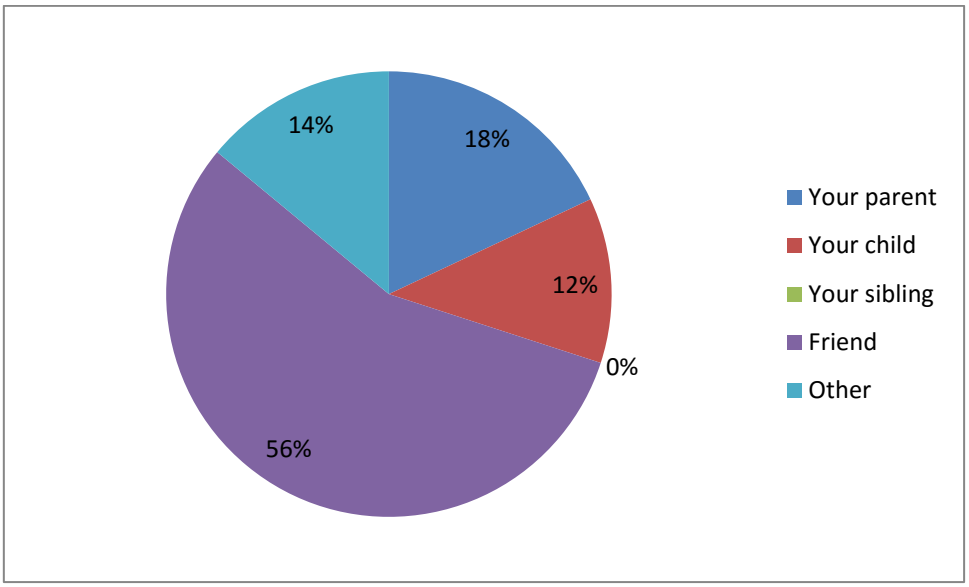
Graph 2: *Have you ever supported a significant other due to their alcohol or drug use?*




From the 163 respondents who completed this question:

- 46 participants (28%) said that they had supported someone else due to their alcohol or drug use.
- 108 participants (66%) said that they had not supported someone else due to substance use.
- 12 participants (7%) selected prefer not to respond. There was no scope to explore the reasons behind their lack of response given the nature of this study in highlighting prevalence.
- 50 participants (31%) answered the additional question and shared the relationship of the person they had supported.

Chart 1: *Relationship to the person they are supporting*




The highest number of participants (28 young people or 56%) selected "friend" followed by 18% (9 participants) who selected "your parent". Six participants (12%) selected "your sibling. None of the participants chose "your child" or "colleague". Seven participants (14%) selected "Other" and these responses included:

- Uncle
- Grandparents
- Neighbour
- Family member
- Parent/friend
- "Man on street"
- Cousin

## What support was provided?

Participants were asked to provide details of the support they had provided for a significant other. Emotional support, assistance with a range of domestic and personal tasks, help to access services and financial support were ranked in the top 4 categories.

Table 6: *Type of support provided to friend/family member*

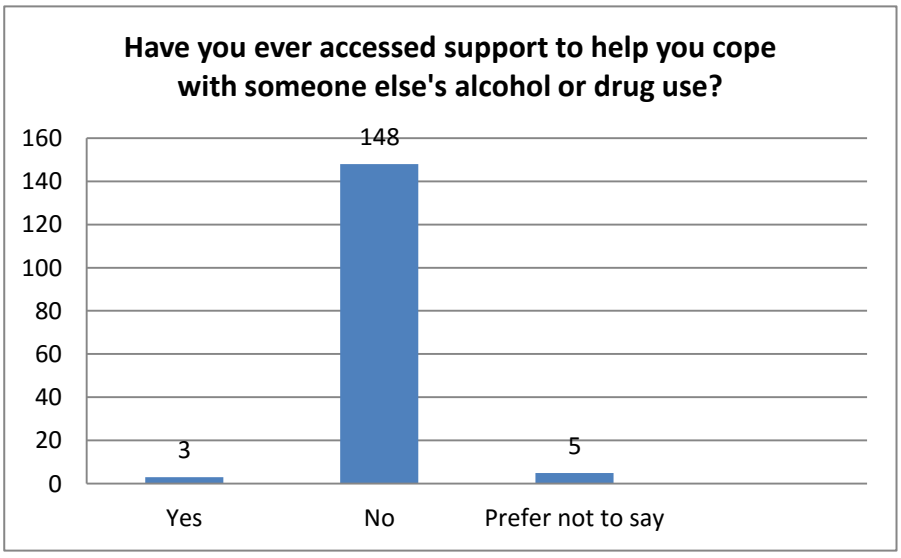
| Support type | Response Percentage | Response Number |
|---|---|---|
| **Emotional** | 54% | 36 |
| **Financial** | 10% | 7 |
| **Help with accessing services** | 15% | 10 |
| **Purchase alcohol or other substances** | 1% | 1 |
| **Help with domestic/personal tasks e.g. cleaning, shopping, cooking, transportation** | 10% | 7 |
| **Help to meet their work/learning or benefit commitments** | 4% | 3 |
| **Not Applicable** | 36% | 24 |

[70 participants answered this question]

## Support for young people

The majority of young people who participated highlighted that they had not accessed any support to help them cope with supporting another.

*Graph 3: Accessing support for themselves*




[156 participants answered this question]

**Where was support accessed?**

When asked about the types of support young people had accessed to help them cope with supporting another, the highest rating category was NHS help (GP, hospital, addiction services) with 7 participants (16%) choosing this option. This was closely followed by own support network (e.g. family/friends) accounting for 6 (13%) of all responses. Note: this indicates all sources of support accessed by YP, more than one source could be highlighted.

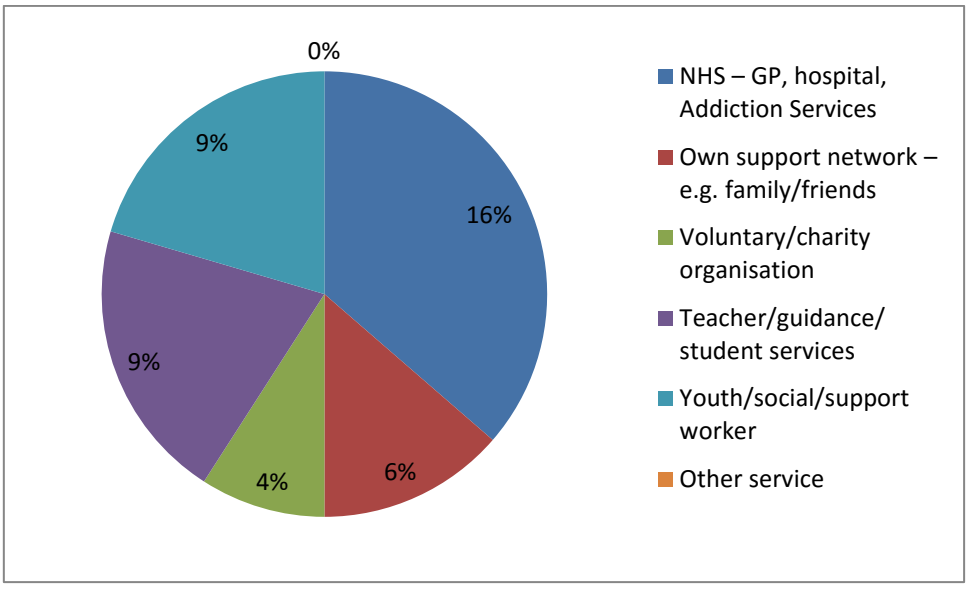
Table 7: *Type of support accessed by young people*

| Type of support | YP Response | |
|---|---|---|
| | % | No. |
| **NHS – GP, hospital, Addiction Services** | 16 | 7 |
| **Own support network –e.g. family/friends** | 13 | 6 |
| **Voluntary/charity organisation** | 4 | 2 |
| **Teacher/guidance/student services** | 9 | 4 |
| **Youth/social/support worker** | 9 | 4 |
| **Not applicable** | 64 | 29 |
| **Other service** | 0 | 0 |

[51 people answered this question]

For those who did access support, chart 2 illustrates where they accessed this support.

Chart 2: *Type of support accessed by young people (when accessed at all)*




All participants were asked the reasons why they had not accessed support.

Table 8: *Reasons why support was not accessed*

| Reason | Response Percentage | Response Number |
|---|---|---|
| **I didn't know there was help available** | 8% | 9 |
| **I was worried/unsure about what might happen** | 7% | 7 |
| **It's no one else's business** | 14% | 15 |
| **I never thought about it** | 5% | 5 |
| **I didn't need help** | 69% | 74 |

The most common response was *"It's no one else's business"* with 14% (15 participants) choosing this option which could suggest that stigma exists.

## Missed Opportunities

In order to understand the impact another's substance use on young people's opportunities respondents were asked to comment on the scale and frequency of missed opportunities. Table 9 outlines the responses.

Table 9: *Have you ever missed any of the following as a result of others drug or alcohol use?*

| | In the last week | In the last month | In the last year | In the last 3 years | No |
|---|---|---|---|---|---|
| **School/College** | 0 | 1 | 1 | 6 | 154 |
| **Work** | 0 | 0 | 1 | 3 | 157 |
| **Personal Appointment** | 1 | 1 | 1 | 4 | 154 |
| **Social/Leisure activities** | 2 | 2 | 8 | 4 | 146 |

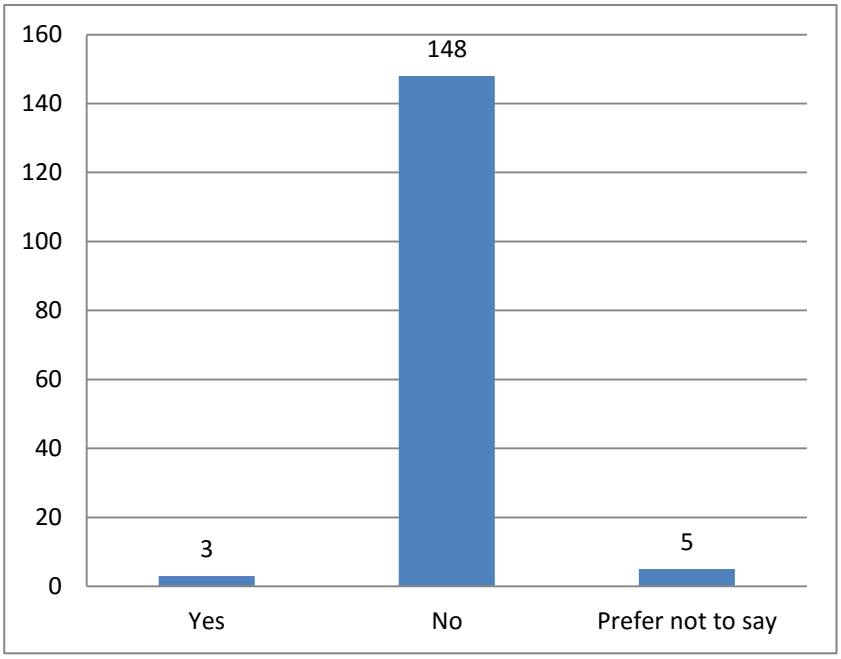
[163 answered this question]

**Examples of missed opportunities…**

- **Dentist**
- **Dance lessons**
- **Basketball**

Then participants were asked whether they have sought help to cope with their own alcohol and/or drug use.

Graph 4: *Support for own alcohol/drug use*




[156 answered this question]

The majority of respondents answered "No" (148 participants, 95%) followed by 5 participants (3%) answering "Prefer not to say" and 3 participants (2%) answering "Yes" to this question. Following this question participants were asked how they accessed support for themselves.

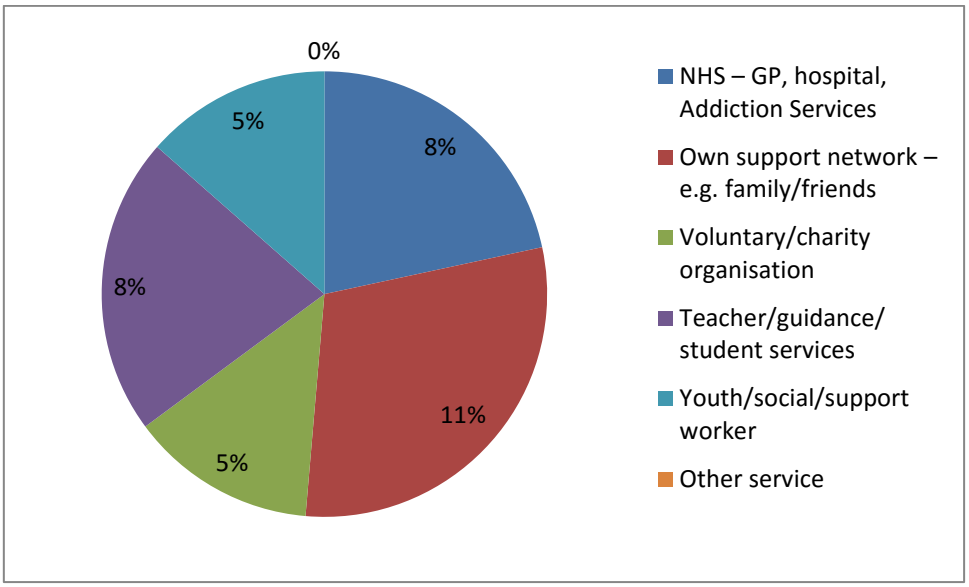
Table 10: *How did you access support for yourself?*

| Type of support | Student Response | |
|---|---|---|
| | % | No. |
| **NHS – GP, hospital, Addiction Services** | 8 | 3 |
| **Own support network –e.g. family/friends** | 11 | 4 |
| **Voluntary/charity organisation** | 5 | 2 |
| **Teacher/guidance/student services** | 8 | 3 |
| **Youth/social/support worker** | 5 | 2 |
| **Not applicable** | 87 | 33 |
| **Other service** | 0 | 0 |

[38 answered this question]

The majority of participants (11%) sought support from their own support network e.g. family or friends,

this was followed by NHS help (8%) and teacher/guidance support/student services (5%). The lowest percentage of participants used voluntary/charity organisations (5%) and youth/support worker (5%).




The reasons why participants did not access support were also noted.

Table 11: *Reasons why they have not sought support for their own alcohol/drug use*

| Reason | Response Percentage | Response Number |
|---|---|---|
| **I didn't know there was help available** | 6% | 7 |
| **I was worried/unsure about what might happen** | 2% | 2 |
| **It's no one else's business** | 9% | 10 |
| **I never thought about it** | 4% | 5 |
| **I didn't need help** | 83% | 95 |

[114 answered this question]

The highest number of participants (95) selected the option that *"I didn't need help"*. This was followed by *"It's no one else's business"* which 10 participants selected suggesting that a stigma may exist. Seven participants answered *"I didn't know there was help available"*, 5 participants answered *"I never thought about it"* and 2 participants answered *"I was worried/unsure about what might happen"*.

Participants were then asked whether they have missed any activities/personal commitments due to their own alcohol or drug use.

Table 12: *Participants missing any commitments due to their own alcohol/drug use*

| | In the last week | In the last month | In the last year | In the last 3 years | No |
|---|---|---|---|---|---|
| **School/College** | 2 | 4 | 4 | 6 | 146 |
| **Work** | 1 | 2 | 5 | 2 | 152 |
| **Personal Appointment** | 2 | 2 | 1 | 3 | 154 |
| **Social/Leisure activities** | 4 | 1 | 5 | 6 | 147 |

[163 answered this question]

Overall the highest number of participants (10%) missed either school/college or social/leisure activities. This was followed by work which 6% of participants reported missing and then by a personal appointment with 5% of participants reported missing due to their own alcohol/drug use.

# Findings & Discussion

**What did we learn from the workforce?**

Whilst it is almost impossible to measure or quantify the exact number of children, families and young people living with or affected by problematic substance misuse in Argyll & Bute it is possible to have a workforce that can identify need, respond appropriately and work in a way that supports recovery and the needs of those affected by problematic substance use. Recovery Oriented Systems of Care (ROSC) as laid out in *The Quality Principles* provides clear expectations of how services should be delivered across Scotland[24]:

▲ Being person-centred
▲ Being inclusive of family and significant others
▲ Keeping people safe and free from harm
▲ The provision of individualised and comprehensive services – such as housing, employability and education
▲ Services that are connected to the community
▲ Services that are trauma-informed

The mechanisms for supporting children, families and young people were highlighted by service managers who had strategic insight however the processes and guidelines were infrequently referenced by frontline workers/participants in relation to how they might support identified children, families and young people.

*"Argyll and Bute established a single point of contact for all child protection concerns. Information on children at risk has been systematically shared with Police and markers are used to ensure that officers attending an address are fully aware of potential concerns."* – Integrated Child Service Plan[25]

Similarly, *Getting Our Priorities Right* (GOPR) provides guidance to support needs and seeks to underpin work with children affected by parental substance misuse consistently across Scotland and includes arrangements for supporting children and young people at risk.[26] The actions and processes associated with GOPR, relative to Argyll & Bute, were not always clearly identifiable throughout the interviews, particularly when staff were asked to comment on how they would respond to the needs of children, families and young people.

There were clear references to children, families and young people being affected or using substances yet it was not made clear how these instances were noted, registered or monitored in keeping with the strategic objectives. This could suggest:

- Information has not been disseminated to frontline staff;
- Guidance around what approaches should be used;
- It was not in scope for those who participated to mention;
- Participants did not think monitoring was relevant to their role; and
- Monitoring priorities are not clear.

[24] Scottish Government (2014). *The Quality Principles - Standard Expectations of Care and Support in Drug and Alcohol Services*.
[25] Argyll and Bute Community Planning Partnership (2013). *Integrated Children and Young People's Service Plan 2014-2017*.
[26] Scottish Government (2013). *Getting Our Priorities Right: Updated good practice guidance for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use*.

As a result this could present issues with consistency when reporting with other areas across Scotland as part of a national approach.

More should be to be done to clarify, monitor and report instances where the general workforce identifies children, families and young people at risk and adopting these practices as part of their daily role to effectively support the development of a nurturing culture.

Based on workforce responses there are pockets of excellent partnership work where services have very good working relationships that make it easy and effective for those in need to access and receive the support they require. Where partnership working was recognised, it was felt by staff that service users valued the benefits associated.

There was a genuine willingness amongst those who participated in the study to support individuals and families to ensure that those in need are identified as early as possible and receive access to the best support that is most relevant to their needs. However some of the services that are required to provide this support consistently across Argyll & Bute are not always available, accessible or able to respond to the needs of children, families and young people in Argyll & Bute for a number of reasons:

**Difficulties in identifying young people affected** – Many workers felt that identifying young people was a challenge due to the sensitive nature of the issues and varying levels of stigma brought about by social attitudes towards problematic substance use, particularly in remote and rural communities. Even when children, families and young people at risk are identified staff are not 100% sure how they can support their needs fully or engage with them to move closer to support.

**Lack of shared vision** – Services and professionals work hard to support children, families and young people across Argyll & Bute the best way they can in keeping with the resources, knowledge and delivery capacity they have available. However basic approaches do not always seem to be consistent across services and regions and appear to be adhoc as and when situations occur. A common understanding of what needs to be done to deliver robust family inclusive services that can identify risks, reduce harms and fully support children, families and young people is required.

**Geographic layout** – Those living on islands or more remote areas do not benefit from as wide a range of support services as others. Some current provisions are only made available on the islands where there has been an identified need with no consistent presence or outreach role. It was also suggested that the journey to access support services can be costly and timely which can often be a barrier to those wishing to engage with support services.

**Joined up services** – Staff can often be left to work to their own initiative, particularly when they are part of services supporting island, remote or rural communities. Staff need to be able to work effectively to support the whole family to access the most relevant information, advice and guidance. The workforce should develop consistent partnerships to share knowledge and experiences to enhance service provision.

**Clearer categorisation and co-ordination of standardised levels of support** – It is not always clear for those working with children, families and young people in Argyll & Bute which service/s are best placed to support individuals, families and the wider recovery community. Workers should have greater awareness and understanding of how their role compliments the support process, even if this is in making a referral to another service/organisations and how this fits into regional and national outcomes.

**Training and development needs** – Practitioners do not always have up to date knowledge and information which can limit confidence using interventions, approaches and other services to ensure that children, families and young people are fully supported.

**Gatekeeping** – There was a strong feeling of gatekeeping as a mechanism of preserving services, jobs and/or a presence in some areas. This limited service providers' capacity to empower clients to move forward on their own. It was suggested on a number of occasions that this had evolved as a result of funding arrangements.

**Resisting change -** There was a general feeling across the interviews that recent changes have become a focal point for many of the issues that remain within Argyll & Bute. The potential for change appears to be hindered or blocked by individual opinions on how services should be delivered, commissioned or governed. The only real consistency that emerged in this respect was the need for continued support for children, families and young people regardless of and confusion, resentment and struggle from some who were keen to retain a service, role or presence. This shift in priorities seems to overshadow the focus on children, young people, families and recovery community needs and the impact of stigma. As a result, children, families and young people are reluctant to access vital support.

### What did we learn from young people?

There were very mixed perceptions amongst workforce participants in relation to the prevalence of substance use when discussing with young people their own use and/or the impact of another's substance use. In asking young people about their experiences of substance use and misuse it was anticipated that attempts could be made to bridge the gap between perception and reality to shed more light on:

- The rates of young people affected by their own substance use;
- The rates of young people affected by another's substanceuse;
- Insights into where young people access support;
- Missed opportunities to engage with CFYP; and
- Develop more robust supports for those affected.

**Survey – Own Substance Use**

A number of young people selected the option of *'**Not used**'* when questioned about each substance category:

- Alcohol – 76 (43%)
- Prescribed drugs – 64 (36%)
- Non-prescription drugs e.g. ecstasy, marijuana, cocaine etc. – 141 (80%)
- Cigarettes (Tobacco) – 127 (72%)
- E-cigarettes or Vapoursier – 137 (80%)
- Volatile substances (Aerosols/glue/solvents) – 167 (95%)
- "Legal Highs" (New Psychoactive Substances) – 170 (97%)

Substances used within the last 3 years

- Alcohol 102 (57%).
- Non-prescribed drugs, 49 (20%)
- Cigarettes, 49 (28%)
- E-cigarettes or Vapourisers 36 (21%).
- Volatile substances (aerosols/glue/solvent) 9 (5%)
- New Psychoactive Substances (NPS) "Legal Highs" 6 (3%)

Overall, 90% of those who participated in the survey were aged between 11 and 17. From the data collected it appears that a significant proportion of young people had not used a range of substances including NPS, volatile substances, controlled substances and even alcohol.

Of those who had used substances alcohol was the most mentioned substance with over half of those who responded saying they had used alcohol within the last 3 years. NPS and legal highs were the least used substances in the last 3 years with only 6 participants (3%). The type of substances young people told us they used is consistent with what the workforce told us of NPS and alcohol use comparatively. Alcohol use amongst young people seemed to be more widespread in the views of the workforce and was most common in terms of the type of substance likely to be used by young people.

**How does this compare nationally?**

Although the age profiles for those who participated and the sample size was lower, it is useful to compare the Argyll & Bute results with The Student and Adolescent Lifestyle and Substance Use Survey (SALSUS, 2014). Below is a table detailing the results from SALSUS providing a sample of 548 young people in 2013:

**Alcohol Use**[27]

| | |
|---|---|
| **31%** of **13 years olds** | Said that they had ever had a proper drink (not just a sip) - (*32%) |
| **70%** of **15 years olds** | Said that they had ever had a proper drink (not just a sip) - (*70%) |
| **4%** of **13 years olds** | Said that they had had a drink the week before the survey (*4%) |
| **17%** of **15 years olds** | Said that they had had a drink the week before the survey (*19%) |
| **4%** of **13 year olds** | Reported they **usually drink at least once a week** (*3%) |
| **16 %** of **15 year olds** | Reported they **usually drink at least once a week** (*10%) |

*Scotland average

**Drug use**[28]

| | |
|---|---|
| 16% of **15 year olds** | Reported they **had used drugs in the year prior to the survey.** (*16%) |
| 3% of **13 year olds** | Reported they **had used drugs in the year prior to the survey.** (*3%) |
| 15% of **15 year olds** | Reported that they **had used cannabis* in the last year.** (*15%) |
| 2% of 13 **year olds** | Reported that they **had used cannabis* in the last year.** (*2%) |
| 83% of **15 year olds** | Reported they **had never** used drugs**.** |
| 97% of **13 year olds** | Reported they **had never** used drugs**.** |

*Scotland average

The results of the survey conducted across Argyll & Bute with young people is consistent with SALSUS Argyll & Bute sample.

[27] Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2014). *Alcohol use among 13 and 15 year olds in Scotland 2013*. NHS National Services Scotland/Crown Copyright.
[28] Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2014) *Drug use among 13 and 15 year olds in Scotland 2013*. NHS National Services Scotland/Crown Copyright 2014.

## Harms experienced by young people as a result of someone else's substance use

**Which harms have you experienced within the last three years?**

- Kept awake: 40% (*13% within in the last month*)
- Harassed in a public place: 27%
- Witnessed aggressive behaviour: 66% (*16% within the last month*)
- Been a passenger of someone under the influence: 16%
- Been affected by a driver under the influence: 7%
- Felt unsafe in a public space: 38%
- Felt unsafe at home: 10%

There was high number of young people who had been exposed to harm as a result of another's substance use. Witnessing aggressive behaviour was cited as the most commonly experienced harm amongst those who responded and accounted for 66% of responses (16% of those highlighted that they had experienced this in the last month).

**Supporting problematic substance use**

- Just under **half** of all young people said they wouldn't know where to access help if they or someone they knew needed help.
- Just under a **third** of all young people said they had supported another due to substance misuse.
- Emotional support was the most common type of support provided followed by support to access services.
- Frontline statutory (GP, hospital, addiction) services were the most common access point for support when this was accessed outside own support networks.
- The most common reason for people not accessing support was that they felt "*it's no one else's business"* followed closely by "*I didn't know help was available".*
- Of 46 young people who said they had supported another due to substance use, 3 had accessed support to help them cope.

Within the scope of this study it is clear that young people have experienced the harms and impact of substance misuse from witnessing negative behaviours to feeling unsafe in public or at home as well as taking on additional caring responsibilities. Within this the number of children and young people accessing support is relatively limited. It may be the case that no support is required or services are not available. The reasons are not clear from the survey however there were suggestions from the workshops that perceptions and/or experiences of stigma as well as social attitudes can play a significant role in preventing children, families and young people from accessing support.

**What young people told us about services?**

Information gathered from the workshops may provide useful considerations for the future commissioning of services to help shape what these should look like, how they should be delivered and ways to encourage more young people to access support.

Many of those who participated were empathetic to the needs of the young people in the case studies and understood how their situation could be intensified when living in a remote or rural community, particularly with limited access to support. Participants highlighted that stigma and social pressures could be a barrier to accessing services and should be considered in future service design.

Shame and embarrassment featured prominently in discussions around stigma and stood out as a barrier to accessing support. Shame and embarrassment are feelings brought about by social norms rather than barriers in themselves. It isn't clear how much focus or emphasis is placed upon challenging stigma across Argyll & Bute or within the wider youth-based workforce. However it is clear stigma is a significant barrier preventing children, families and young people from accessing support. Some of the other themes that emerged from the workshops included:

- Lack of awareness of what services are there and when it was appropriate to ask for help
- Stigma needs to be tackled in small communities – many young people suggested that this would make the very reluctant to access support if it was there.
- Young people said that it was often difficult to talk about substance problems even though most people knew who was having problems in their area.

Young people mentioned a wide range of existing local, regional and national support services. Some were more general provision services, e.g. GP, police and ChildLine, rather than specialised support services for those affected by problematic substance. This is in keeping with the survey responses which highlighted that over half of young people would not know where to go if they need help. This suggests that there is a clear need to map existing services, raise awareness of what support is available and highlight how services can be accessed.

# Moving forward

Argyll & Bute is a place of natural beauty which attracts people from all over the world. Within this region there is a range of thriving industries including farming, food production and agriculture, hospitality, customer service and a wider variety of land/water-based activities that keeps people busy, generates income for the local economy and attracts a great deal of attention like other parts of Scotland.

It is time to map these key assets (people, physical assets, institutions, organisations, and local connections) and engage with local communities, inclusive of those in recovery, to establish the best way to maximise potential, reduce social inequalities and build social capital and change how recovery is viewed in Argyll & Bute.

In light of the evidence presented in this report the following recommendations are offered as support for Argyll &Bute ADP to develop the consistent responses that will support children, families and young people affected by problematic substance use.

## Strategic Recommendations

- **Develop a strategic overview** - outline clear expectations, robust reporting mechanisms, systems for monitoring (STAR, ROW or DAISy Outcome Tools) & evaluating interventions in keeping with preferred models of intervention (5-Step, CRAFT).
- **Link regional & national outcomes** – provide a consistent approach for services to understand expectations for service delivery and effectively support the needs of children, families and young people affected by substance misuse in Argyll & Bute.
- **De-stigmatisation of substance use and addiction** - encourage a more visible recovery community through inclusive community events and partnership working.
- **Challenge normalisation of alcohol use** - lead on a community response to address social acceptability and cultural embedding of alcohol use.
- **Shift from deficit based to solution focused services** - change how recovery and families are perceived at a workforce level. The recovery community is very resilient, adaptable to change and resourceful. These are qualities that could be accessed as a tool to sustain recovery.
- **Clearer commissioning processes** – provide transparent, standardised and consistent process for services.

## Workforce Development Recommendations

- The workforce are encouraged to be candid, open and honest when speaking about some of the barriers impacting service provision. As a result there will be a more professional approach that is evidence-based and CFYP focussed.
- Continued Professional Development requirements are built into commissioning to ensure that all services commissioned have staff who can demonstrate relevant knowledge, attitudes and values for best practice in keeping with national occupational standards.
- Services are able to work in an asset/strength-based way which supports a whole system recovery models in keeping with the Quality Principles and Recovery Orientated Systems Care.
- Clinical vs non-clinical approaches are challenged to eliminate perceptions of hierarchy, which are not conducive or effective to service provision. Everyone's skills are recognised and interventions are important as part of a ROSC.
- Create a workforce culture that recognises that the skills, knowledge and experiences of those engaging with service can be used to enhance services.

## Children, Young People & Families Support

- Map the key services and employees across the region that have the capacity, skills, knowledge and confidence to facilitate support groups in each of the local areas and develop locality plans for identifying and responding to children, young people and family needs.
- Greater and more effective dissemination of information and improved communication on issues, responses and available resources to support children, families and young people affected by problematic substance use.
- Clear guidelines to be drafted and issued to all staff for monitoring, reporting and mapping needs of children, families and young people in relation to strategic aims as cited in the Integrated Children and Young People's Service Plan 2014-2017 and ADP Strategic Plan 2013-2016.

## Youth

- Social norms around substance use are challenged by youth-based practitioners and in conversations with young people to move away from the perception that *"everyone drinks and it's okay"*. This is no longer the case in 2016 Scotland.
- Involve young people in policy decisions through co-design, co-creation and co-production of policies and services for young people.
- Encourage young people to engage with projects across Scotland to learn how to challenge stigma, reduce harm and support others and share learning in Argyll & Bute.
- Engage and learn from EU/international youth projects that have a focus on reducing alcohol/drug related harm and minimising feelings of isolation. This will support young people to explore different approaches and develop social skills using technology.

## A New Approach

Overall Argyll & Bute should consider a culture shift from a grant based economy where services depend on funding processes and act as gatekeepers. Moving towards solution focused services and adapting asset-based models will support children, families and young people to recognise their own potential and respond to challenging situations.

# Appendix A
# Participant Information Sheet

You are being asked to take part in a research project. The project invites you to complete a short survey and/or a 1-2-1 interview to inform us of your experience of alcohol & drugs and any support services you have experience that support those affected by problematic alcohol and/or drug use (AOD).

**Please ask if there is anything that is not clear or if you would like more information. Thank you for your consideration for participating in this project.**

**What is this for?**

1. to explore the impact & harms experienced by families/close others of those who use AOD.
2. to promote discussion and add knowledge about how this issue affects families/close others & identify what services currently offer support for those affected.
3. to use the information to engage with the wider community, policy makers and health professionals involved with implementing strategies to shape services to meet the needs of those living in Argyll & Bute.

**Do I have to take part?**

Only if you want to, it is up to you to decide whether or not to take part.

If you decide to take part, but change your mind, you are free to withdraw at any time, without giving reason and without your rights or future support needs being affected. It is important that you understand that a decision not to take part (or a decision to withdraw at any stage) will not affect the support you receive from SFAD, or any other service.

**Confidentiality**

- All of your answers will remain anonymous and completely confidential.
- All information collected will remain with the research team throughout analysis.
- This will give us important information to explore the impact & harms experienced by families/close others affected.
- No names are required when completing the survey
- No one beyond the research team will receive any information about your participation.

It is possible that you might become upset when completing the survey when deciding how you are feeling in your life. If you do feel uncomfortable, embarrassed or upset at any time, please understand you can stop the survey.

**Where can I get more information?**

If you would like further information about taking part in this project, please contact SFAD on 0141 221 0544.

# Appendix B

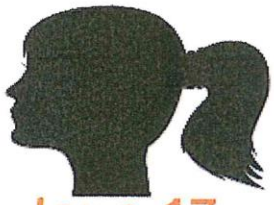
## Young Adult Carers: Case Studies

Scottish Families Affected by Alcohol & Drugs

### Stephen 21

Stephen has recently given up his apprenticeship and is not sure what to do next. He has an older sister who has used a range of drugs and alcohol since she was 15. Stephen's sister and her substance misuse problems have always had an impact on the household. Stephen's parents have always helped support his sister with her addiction but now they are unable to do this due to their limited mobility and their age. His parents are struggling much more now with her addiction and he has taken on the role of supporting them as well as his sister. His parents don't want to involve anyone else as they are worried what people will think of them as parents.

Stephen wants to do his own thing, finish his apprenticeship and get his own place but feels that he can't do this until his sister and his parents are able to cope on their own without him.



### Jane 17

Jane has recently left school and is looking to move onto college part-time. She currently supports her mum who has depression. Some days her mum can't get out of bed because she feels so low. Jane supports her mum by cooking her meals, tidying the house and getting the shopping etc. Jane also helps with her younger brother who is 10 – getting him to school on time and picking him up when her mum is unwell enough to do this.

Jane's mum drinks most nights as she says this makes her feel better. When she has been drinking her mum often gets emotional or snappy with her. Jane finds it easier not to spend time with her mum when she is like this. Her mum will usually apologise the next day or not mention this at all.

### Jennifer 19

Jennifer lives with her grandparents and has done since she was 12, her mum is a drug user which was the reason she went to live with her grandparents. Jennifer has always seen her mum but chose to stay with her grandparents after she turned 18, as she felt that they would need her there to help with her granddad who become ill when she was 16.

Jennifer's grandparents have always tried to support her and her mum but they can't do this as much as they used to. Jennifer is now doing the things her grandparents did for her mum, making sure she attends appointments and helping her with day-to-day tasks whenever she can't manage on her own.

### Discussion

**How can you support the young adult carers above?**

*What can your service offer? What advice/support can you give?*

**Do you have any concerns providing support to the young adult carers above?**

*What other services/support can you help them to access?*

Young adult carers: Case Studies
JH March 2015

# Appendix C

**SFAD – Youth Workshop**

**Feedback – Series of Workshop 1**

| Concerns | Barriers | Advice |
|---|---|---|
| Worried about impact on social life, future and family<br>Won't get to do his own thing<br>'Rothesay Rumours' - (*Rothesay's very on Chinese whispers*)<br>People will Judge<br>Looking out for family he won't get time to study<br>Worried about mothers health<br>Grandparents might not be able to cope<br>Not enough support for her<br>Because of the way her mother is people will think she will be like that<br>Getting a job<br>Money<br>Education<br>Siblings<br>Safety<br>College applications<br>Other people's opinions<br>Rumours<br>No support<br>Neglected<br>Turn out like her mum | No one to talk to<br>Afraid<br>Embarrassed<br>Wouldn't know who to ask<br>How to ask<br>Where to go<br>Lack of knowledge<br>Not many places to get help<br>Look stupid in front of people<br>Not many opportunities to do anything that makes him feel valued and involved<br>Needing to help others<br>Rumours<br>Scared<br>Pride<br>Admitting you need help<br>Who can help | Get help for your gran<br>Talk to the family member that needs support<br>Carers<br>Find help like ChildLine<br>Find a carer or put them into care<br>Ask teachers<br>Social work<br>Police |

| Where can you get help? | What should services look like? |
|---|---|
| ChildLine<br>Social work<br>Care plus<br>Youth forum<br>Youth Services<br>Doctors<br>Scottish families affected by drugs<br>Other family members<br>NHS<br>Friends<br>Here4you.com<br>Carers<br>Mr MacOnie – Mate<br>Workmate's<br>YouTube<br>Google<br>Pen pal<br>Church<br>Priest<br>Tessa<br>Helplines<br>Trusted Adult<br>College people<br>Guidance<br>Mum<br>Social Media<br>G.P<br>Hazel's mum<br>Holly's Mum<br>Info centre | Group or individual help if not confident<br>Private rooms<br>Café<br>Online & offline<br>Someone could come to the house and help<br>Peer support group<br>Available 24/7 – a 24 hr service<br>Just time for her to relax<br>Building – safe place<br>Lone person<br>Youth service<br>Trips away<br>When you're away - someone will be in the house<br>Part of a bigger service<br>Local<br>Private – information isn't shared<br>Children 5-21<br>Phone in, Online<br>For drugs/alcohol, other<br>Hear your story<br>Give you advice<br>If you have already tried we will give you a place and a time to come to a meeting of choice of a group r individual meeting<br>Somewhere familiar and comfortable maybe in public but you are the only 1 there<br>Somewhere people wouldn't know you are going there so people won't know and change meeting places<br>It would be national so that they could work with people in the same situations<br>An organisation that helps family and your own problems<br>An call centre the help people of any age with any problem the you might have – the call dudes will be very calm and friendly<br>It's on all platforms<br>Drop-in centre |

## Feedback

Hi, I'm Stephen. I'm a gamer. He is patient, kind, stubborn, empathetic, caring and intelligent.

Dislikes

Snails/Tuna/Winter/Crowds/Heights/Spiders

Likes

Games/Nights out.

Key Skills

Co-ordinated, multi-tasker, worker.

Services in Argyll and Bute – sources of support

Young Carers
Add Action
Housing Support
Youth Services
Social Work
Education/College
NHS
Mental Health Team
Shopper-aide
After School Clubs

| Concerns | Barriers | Advice |
|---|---|---|
| Stopped Apprenticeship | Caring role – sister and parents | Seek help for himself – parents and sister |
| Unhealthy home environment | Parents don't want anyone else involved | Get advice off close family and friends |
| Substances in house | Dealing with things a young person shouldn't have to deal with | Speak to apprenticeship |
| Parents unable to support Sister | | See if any services can help – Youth/Young Carers |
| Mentally taxing | | |

One-Stop Shop

· With everything under one roof wide variety of activities and fully trained staff

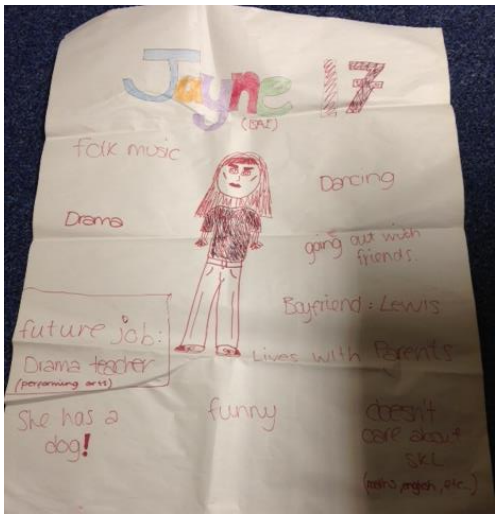
All Services involved

· Preserves privacy
· 24hr helping/chat
· Hotel/hostel
· Safe place for people to stay if they need to.
· Work with whichever organisation was relevant.

**Scottish Families Affected by Drugs and Alcohol**

**Youth Workshop 2**

**Case study – Jayne – 17**




**Likes/About:**
Folk music
Dancing
Boyfriend
Going out with friends
Lives with parents
Funny
Dog
Wants to be a drama teacher
Doesn't care about school

**Concerns:**
Something might happen to her mum
Worried she wouldn't be able to look after her brother
Difficult to go to college

**Barriers:**
Her mum could get in trouble
She might not be able to get help if she's looking after her mum
There might not be any help nearby

**Advice:**
Talk to her mum about it
Talk to anyone available
Helpline/online help

**What services are available?**
Childline
Teachers
Social Worker
Parents/carers
Friends
Doctor/hospital
CALMS

**What should a service look like?**
Online

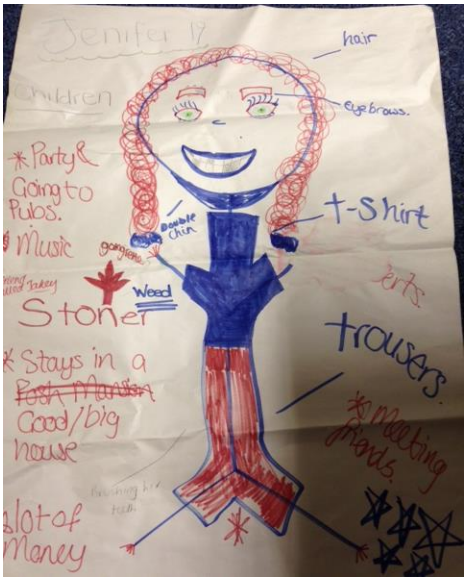
- Website
- Contacts
- Email
- Chat room
- Video call
- List of services

Telephone service

- Answering machine

- Call back service
- Confidential
- 24/7

**Case Study – Jenifer – 19**




**Likes/About:**
Party
Going to pubs
Stoner
Stays in a nice house
Meeting friends
Music
Concerts
Lots of money

**Concerns:**
Concerned about mum
Grandpa's welfare
No money
No time
No future

**Barriers:**
Responsibilities overall in family
She might be ashamed
Might not have the confidence to speak about it
Unable to get a job. She'd be on benefits. No opportunities.
Young carer

**Advice:**
Contact family help centres
Talk to friends – not everyone
Other family members
Speak to mum directly about how she's feeling
Job Centre
Dr
Counsellor

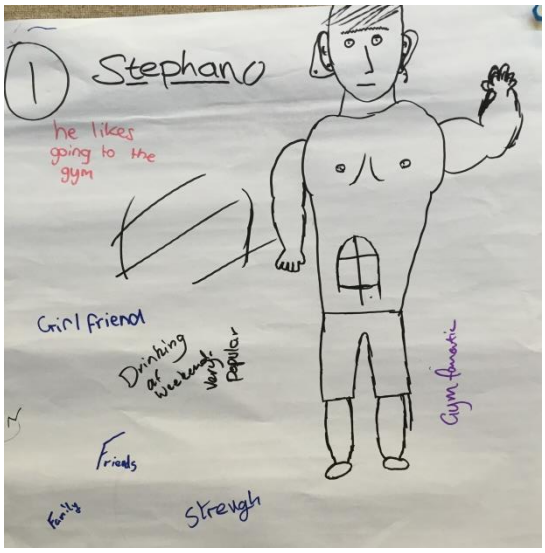
**What services are available?**
Other family members
CAMHS
Social Services
Guidance teacher/counsellor
Youth workers, youth club, youth centres
Helplines

Balacyal House Drugs and Alcohol
Jeremy Kyle

**What should services look like?**
Confidential
Phone, email, letter, drop-in, text
One to one sessions
Group sessions
Family sessions
Activities
Help guide
Writing down feelings
Team building skills
Across whole of Argyll & Bute
Promoted via leaflets and online
Surveys – improvements and recommendations

**<u>Case Study – Stephano</u>**

**Likes/About:**
Gym fanatic
Popular
Drinks at weekends
Girlfriend
Family
Friends
Strength



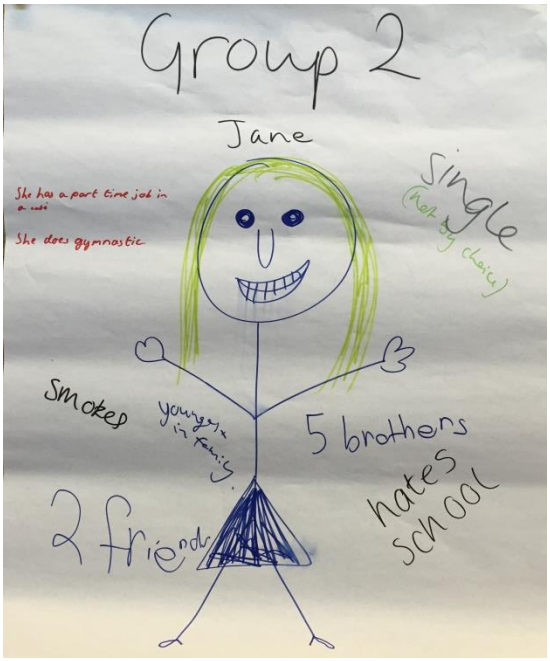

**Concerns:**
Young carer for his sister

**Barriers:**
Stigma

**Advice:**
Take his sister to rehabilitation
Tell another adult or organisation that can help
**What services are available?**
ChildLine
Scottish Families
Social Workers
101/999
Young Carers
Youth Workers
Guidance teachers

**What should services look like?**
Online
Live chat
Text
Phone
Anonymous

**<u>Case Study - Jane</u>**




**Likes/About:**
Single
5 brothers
Hates school
Smokes
Does gymnastics
Has a part time job
2 friends
Youngest in the family

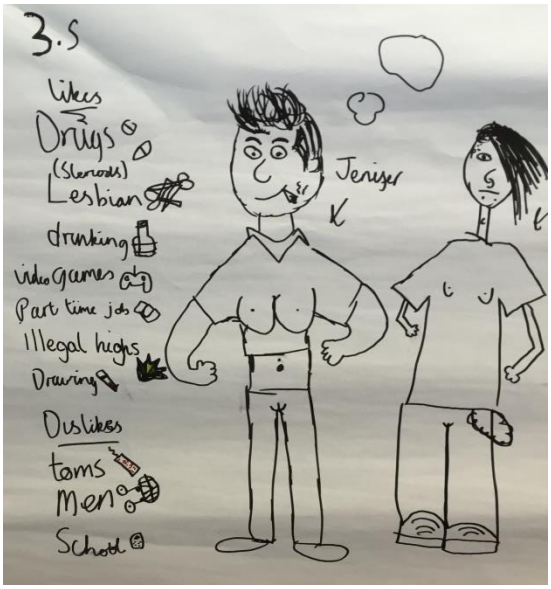
**Concerns:**
Want to be able to concentrate at college
Might feel lonely
Too much responsibility at a young age
Missing out on childhood

**Barriers:**
Mum
Has to look after her mum and brother

**Advice:**
Ask for help from someone you can trust

**What services are available?**
Childline
Police
Young carers
Carers
School
Social Workers
**What should services look like?**
Online
Website/live chat
Anonymous
Phone
Text
Letters

**Case Study – Jenifer**




**Likes:**
Drugs (steroids)
Lesbian
Drinking
Video games
Part time job
Illegal highs
Drawing

**Dislikes:**
Toms
Men
School

**Concerns:**
Her mum is a junkie
She is a young carer
She might turn into a junkie

**Barriers:**
She cares about her mum
Her granddad's not well
She has to do all the tasks

**Advice:**
Get help
Put granddad in a home
Apply for the Giro

**What services are available?**
ChildLine
101/999
Tell parents
Don't ever call police. They are ****
Other family
Friends
Social Work
School

**Scottish Families Affected by Drugs and Alcohol**

**Youth Workshop 3**

**Case study - Jane**

**Concerns:**

She is a young carer
Left school is maybe only able to go to college part time
School are not supporting her any more
Money worries, no time to have a job, mum doesn't have a job, no mention of Dad
Mobility for both

**Barriers:**

Finances
Travel
Embarrassment
Stigma
Her mum not wanting help (can't get out of bed in the morning)
Time it takes to get to help

**Advice:**

Other family members
Ask friends for support
Someone she trusts
Call an organisation? Unsure on which one
Doctors?
Support groups? Unsure what was available locally

**Case Study - Stephen**

**Concerns:** worried about the wellbeing of his sister, Will he ever have a future of his own?

Concerns about his parents – his life is shite, he feels stuck and has demands on him that he hasn't chosen.

He would worry about finances

**Barriers:** Nothing can be done – hopelessness, he is being selfless and can't see that he should do something for himself as he is more concerned about support for his mum, dad and sister.

Finance – getting the things they need

Accessing support – worried other people might find out against the wishes of the family

**Advice:**

**TASK 2**

**Places/people/ services in A&B that could help young people:**

- ChildLine and finding other services using Google
- Initial response was that the group couldn't really think of anyone.

With some discussion they began to think about local support groups, chatting to organisations online, speaking to professionals they trust to access support for example doctor, teachers.

At first there were no suggestions from the group as there was a consensus that there was 'no clue' then when we explored this further the following were suggested:

- Google
- Oasis
- social services
- teachers (not all were great and there were concerns that they might not know what to do or that relationships with teacher wasn't so great)

Friends - but commented that this might not be the best I they are worried about people finding out and trust being a key factor.

Y/Worker highlighted some other services including: Family mediation services, council on alcohol, encompass,

**TASK 3**

**Designing a New Service:**

It should be service with multiple ways of getting in contact – e.g. some anonymous options i.e. phone or online. After the initial contact could have a mobile service that comes to the individual.

(Confidentiality and anonymity appeared to be highest priority due to stigma)

The service needs to be personal, one worker for one case, so that the person knows their story, there not just dealing with an organisation.

Online or mobile services would help avoid barriers such as money, time, stigma and travel in a place such as the islands.

Activities and support suggested included advice/counselling, self-help methods and also introducing people to others in a similar situation elsewhere.

It was felt that services should be offered in a range of ways including online, telephone and 1-2-1 and a centre that could be accessed in person.

- It would be great if everyone in the family for the case study could get help at the same place but there should also be space for the family member/YP to get time for themselves – .
- *'get a break'* - 1 YP reflected on his own circumstances in a caring capacity and highlighted how important it was for him to have time for himself away from the family

- It was import for services to be confidential – given that most people will know each other and would be worried about stigma
- 121 supports could check that you are ok like another service 1 of the YP knew of where a friend was getting support – '*they would contact her every few days to see how she was coping*' phone or email.
- Services should be focussed on dealing with 1 person rather than being '*passed about'* and having to explain your situation over and over again to many different people to get the right help ('*like calling a mobile phone provider')*
- Those working there should be well qualified to offer support to the individual and they could have some personal knowledge of what it is like to go through the same thing
- The service would be able to come to the YP in the home – *'someone to talk to about your* situation'
- Be able to talk to other people in the same situation

**Moving forward:**

More awareness is needed on services available to young people

More work needs to be done to challenge stigma, as it is seen as one of the biggest barriers in small communities, in addition to isolation.

There was a general feeling from those involved in the discussion and everyone involved that more needed to be done to highlight and raise awareness of the issues across A&B to offer support, understand the impact and know where to get help/advice.

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