



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

Executive Summary

May 2016



Introduction

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.

The Evidence

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.

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.*



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".

Key Policy-based publications

National Policy Context

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.*

Scottish Government (2014). *The Quality Principles - Standard Expectations of Care and Support in Drug and Alcohol Services.*

Scottish Government (2008). *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem.*

Scottish Government (2009). *Changing Scotland's Relationship with Alcohol: A Framework for Action.*

Scottish Government (2014). *The Children and Young Persons (Scotland) Act.*

Regional Policy Context

Argyll and Bute Alcohol & Drug Partnership (2013). *Argyll & Bute Alcohol and Drug Partnership Strategy 2013-2016.*

Argyll and Bute Community Planning Partnership (2013). *Argyll and Bute Community Plan and Single Outcome Agreement 2013-2023.*

Argyll and Bute Community Planning Partnership (2013). *Integrated Children and Young People's Service Plan 2014-2017.*



Key Aims & Objectives

Aims

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.

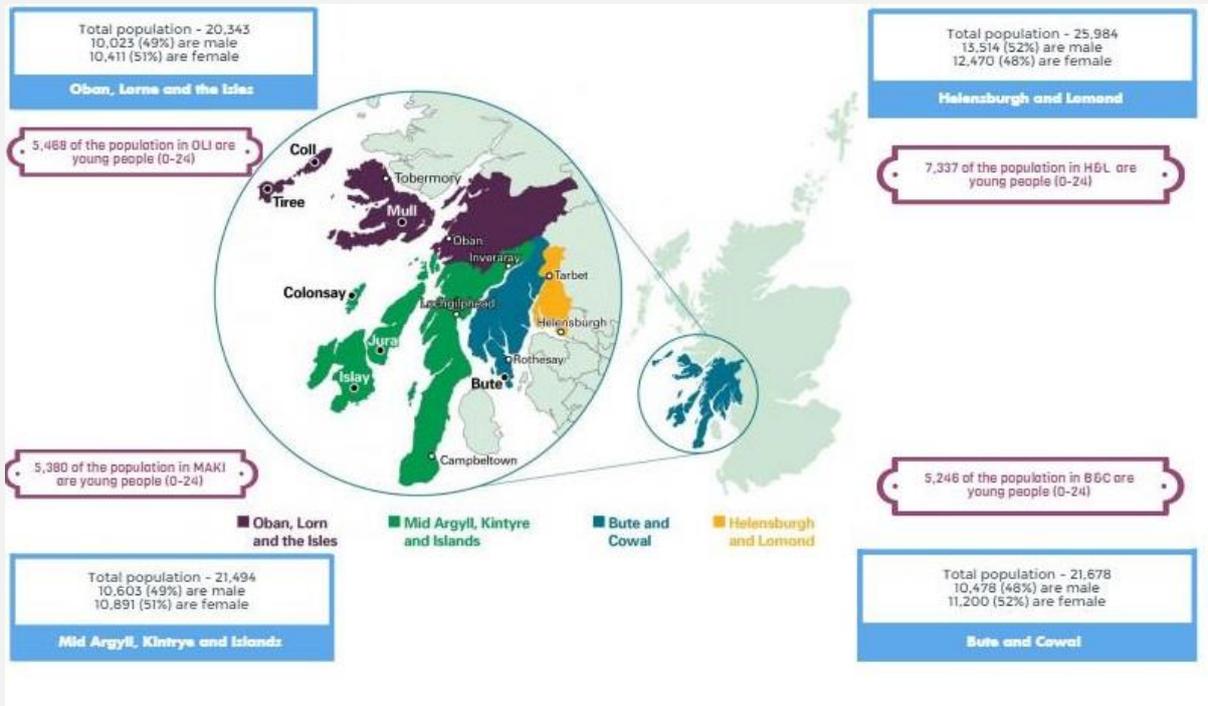
Develop an understanding of young people's needs in relation to their own substance use and the impact of another's substance use across Argyll & Bute.

Identify and highlight evidence of best practice when responding to children, families and young people in Argyll & Bute.

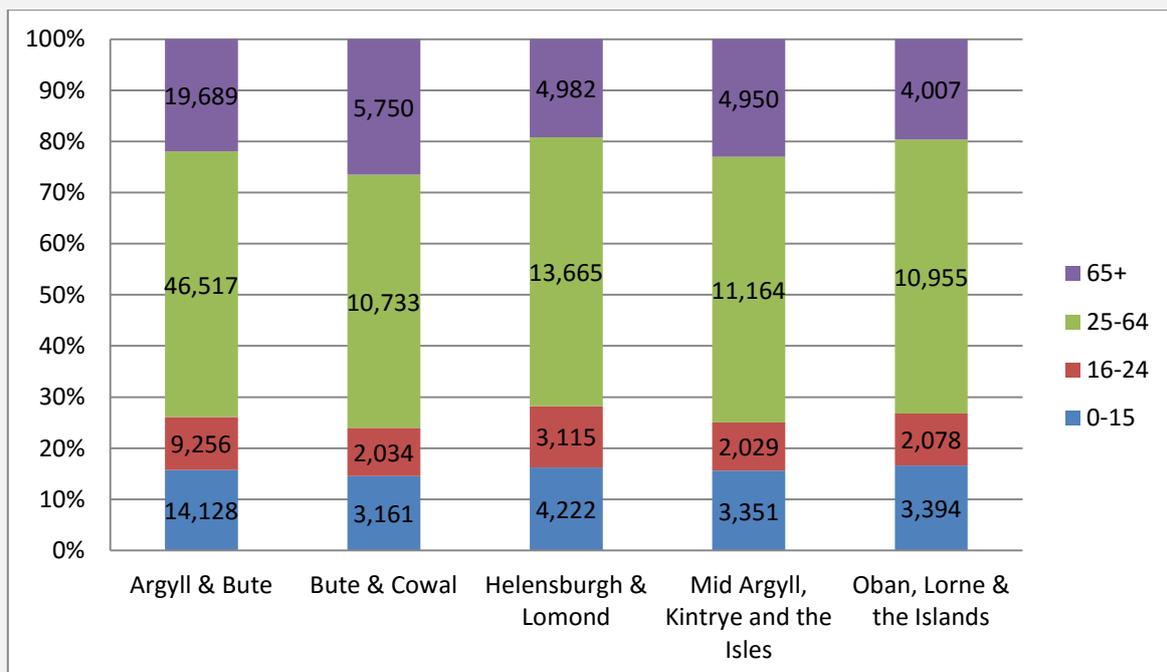
Develop actions and recommendations to be used by Argyll & Bute for priority setting and commissioning of future services.

Argyll & Bute

POPULATION

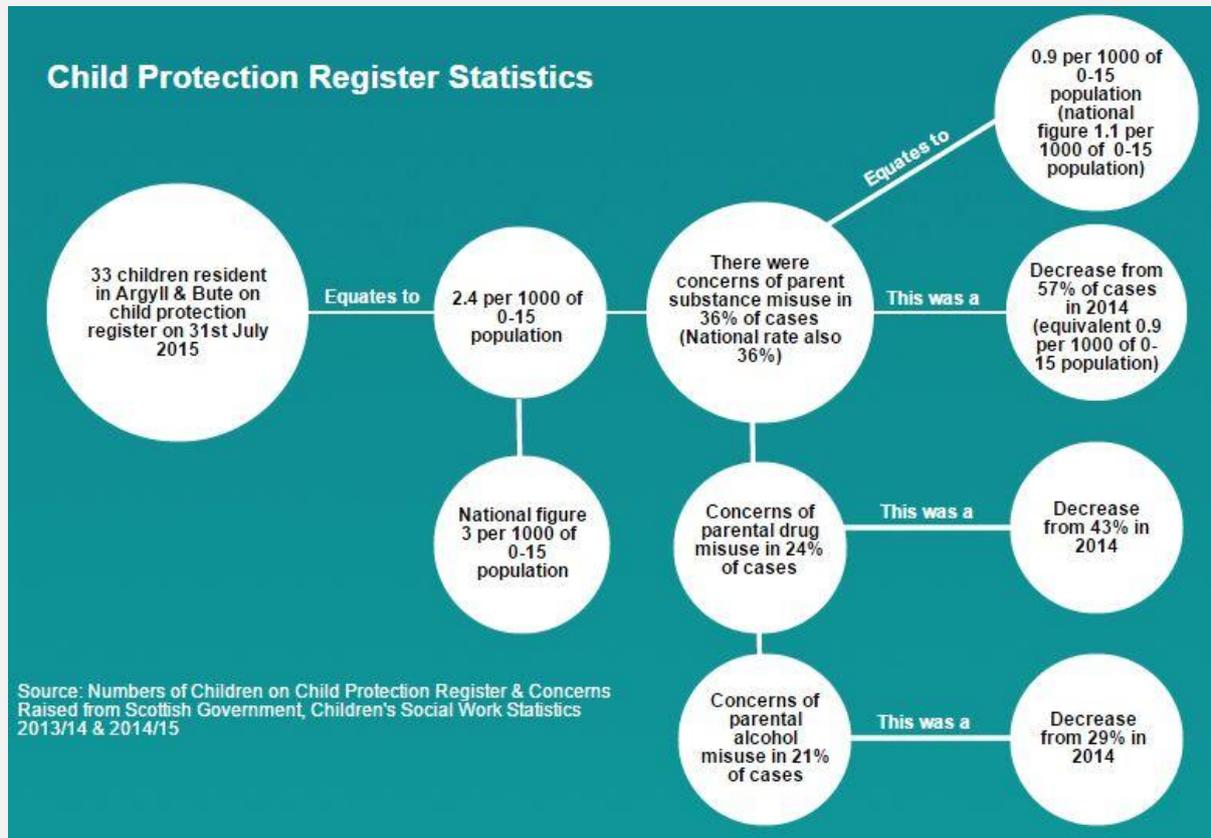


AGE

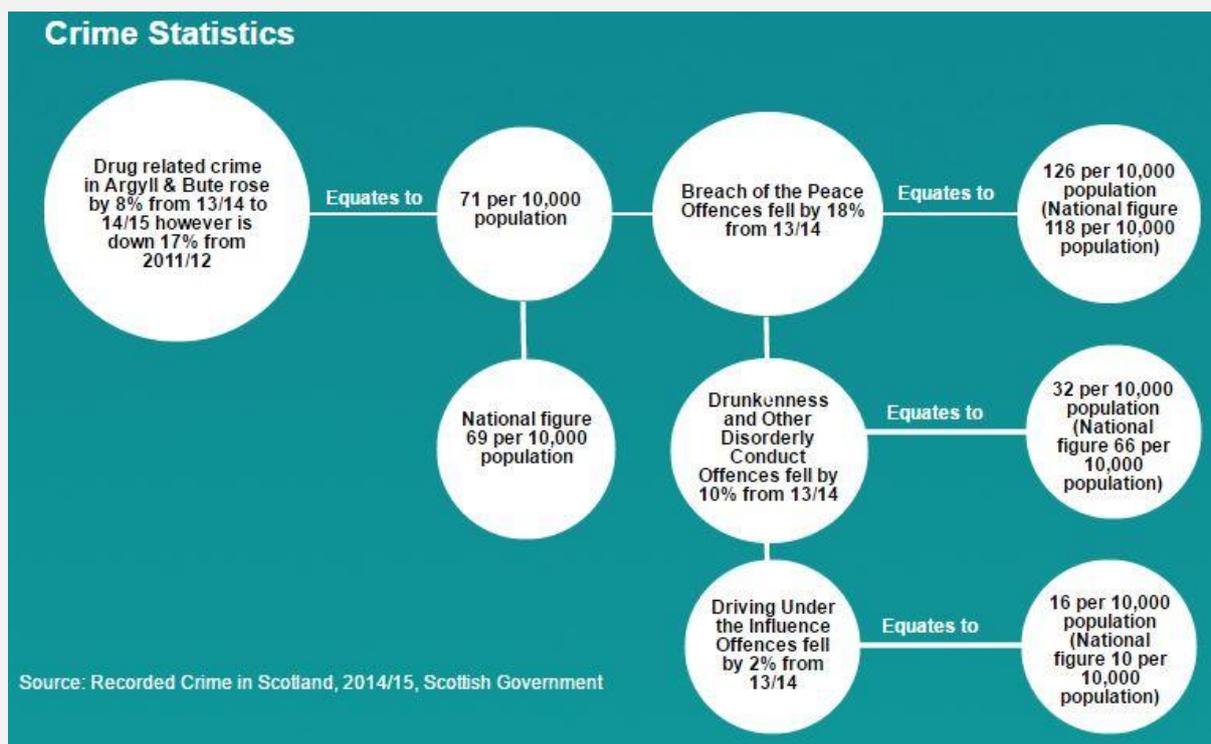


Argyll and Bute Community Planning Partnership (2013). Argyll and Bute Community Plan and Single Outcome Agreement 2013-2023.
 National Records of Scotland (2015). Mid-2014 Small Area Population Estimates Scotland.

CHILD PROTECTION

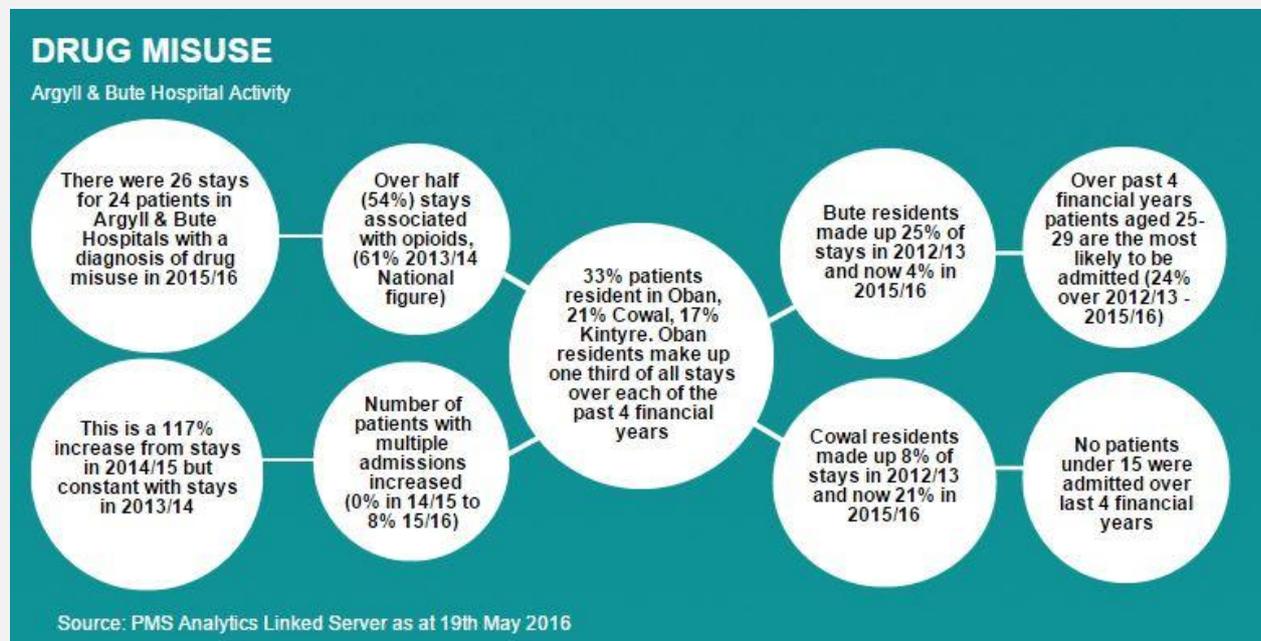
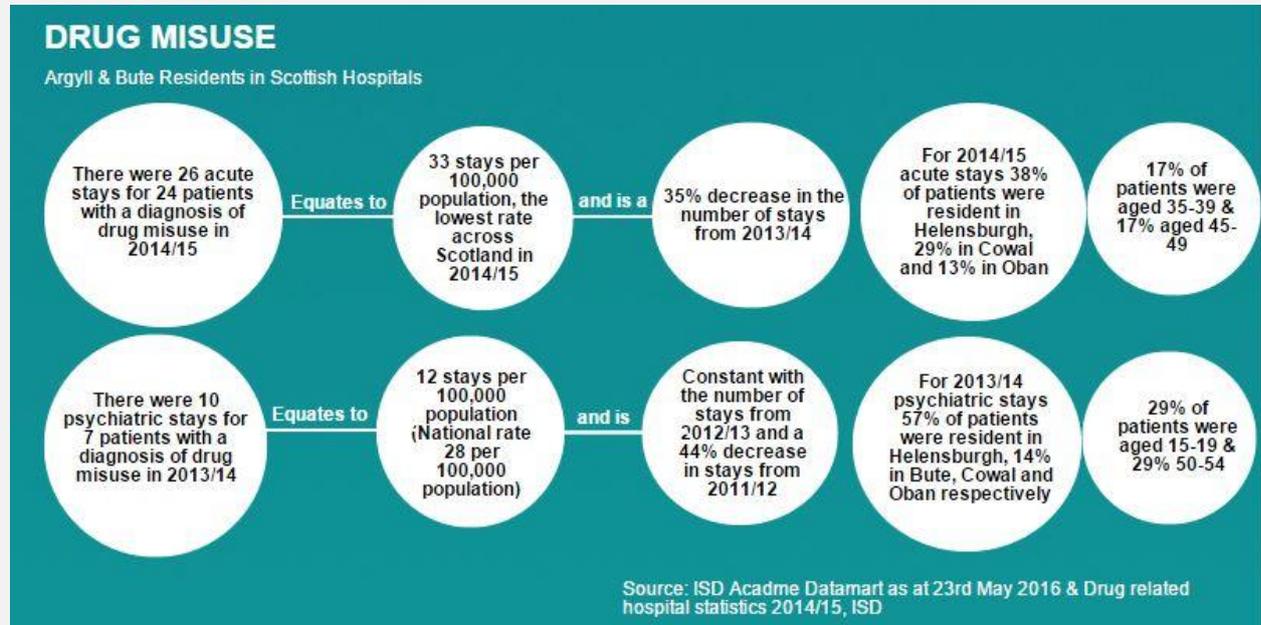


CRIME



ALCOHOL & DRUG HOSPITAL STATISTICS

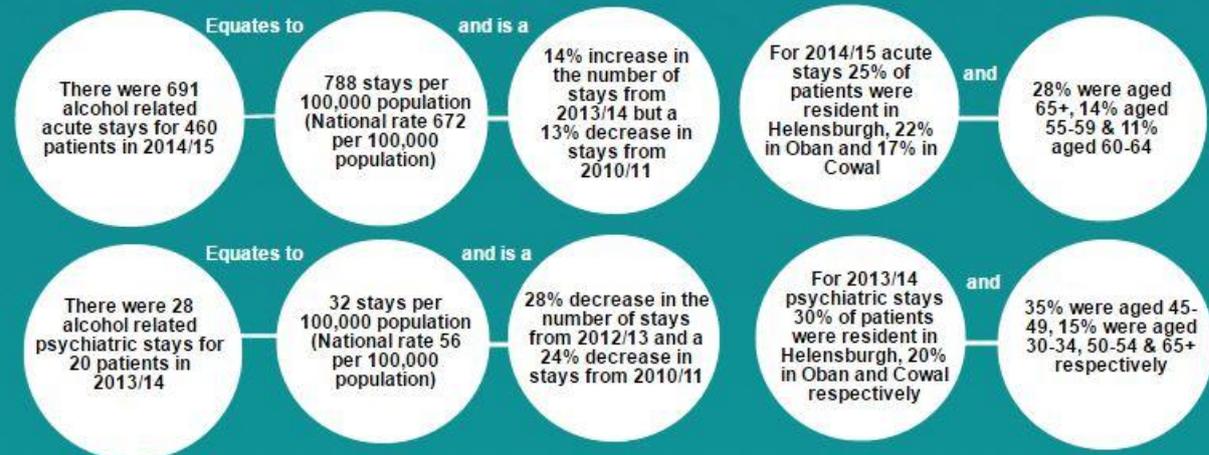
DRUGS



ALCOHOL

ALCOHOL MISUSE

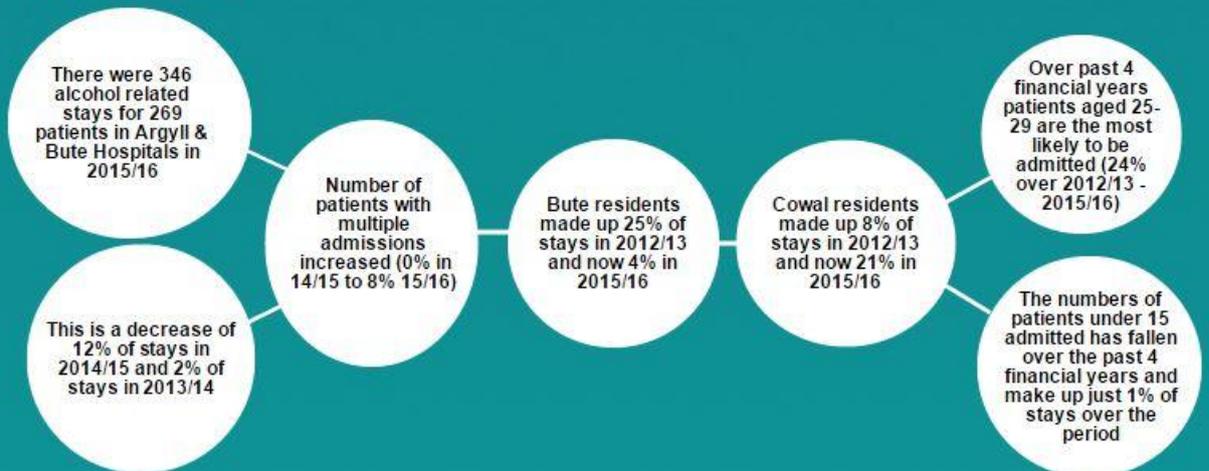
Argyll & Bute Residents in Scottish Hospitals



Source: ISD Acadme Datamart as at 23rd May 2016 & Alcohol related hospital statistics 2014/15, ISD Population Estimates from National Records of Scotland Revisions to Estimates 2013 & 2014

ALCOHOL MISUSE

Argyll & Bute Hospital Activity



Source: PMS Analytics Linked Server as at 19th May 2016



Methodology

Overview

This study used a mixed-method approach including:

Quantitative survey of the young people aged 11-25 across Argyll & Bute to explore current experiences of the alcohol & drugs - their own and the impact of another's substance use.

Online Survey of workforce experiences.

A series of qualitative focus groups with young people across Argyll & Bute to explore 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 provide insights into current service provision, identify best practice, highlight potential gaps in service provision and seek input on future service design/commissioning priorities.

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.”³

³ 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.*



On 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.

Youth Engagement

178 young people aged 11-25 participated in the survey either using a printed copy or accessing the survey online providing the opportunity to widen the reach and scope of the study.

The survey allowed young people to participate anonymously and confidentially and could be completed in participants' own time.

All participants were informed of the option to withdraw at any time and provided details on how to access additional support if required.

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SFAD worked with Community Learning and Development (CLD) services to coordinate 3 focus groups covering 9 areas across engaging with 33 young people in total



Workforce Engagement

16 semi-structured interviews were conducted with staff from varying sectors, services and locations in Argyll & Bute.

Job roles were diverse including staff at operational and strategic level supporting work 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.

All participants were informed of the option to withdraw at any time and provided details on how to access additional support if required.

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

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.



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

Limitations

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 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.

Views expressed are those of the participants and not necessarily representative of the views of Argyll & Bute ADP and SFAD.

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.

Youth Experiences and Perceptions

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]

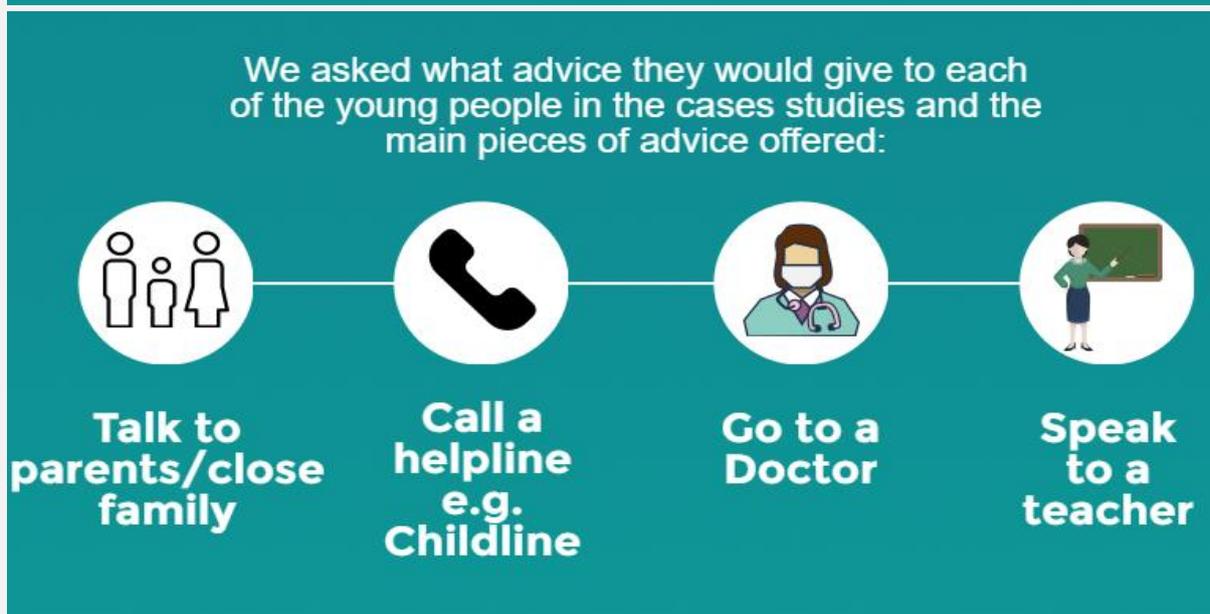
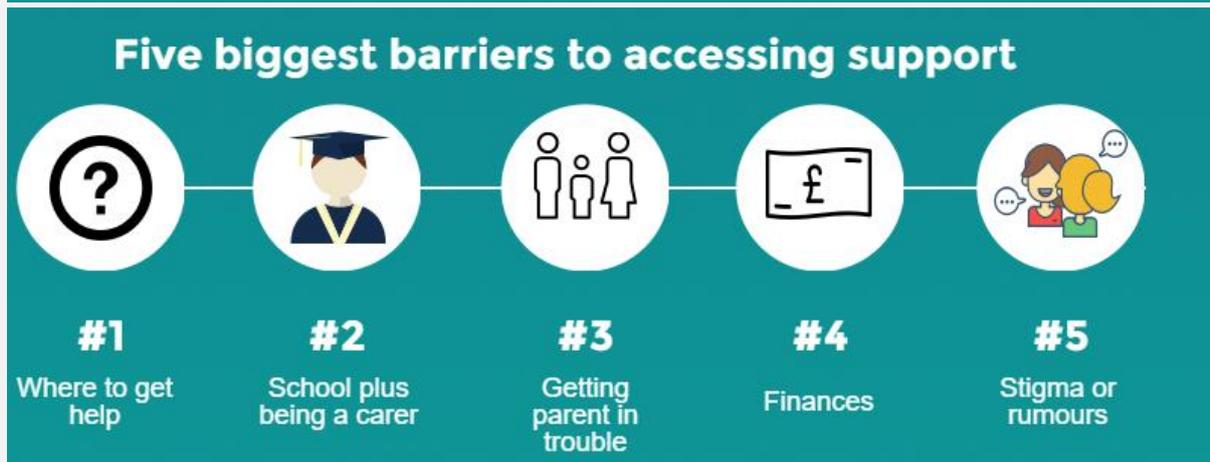
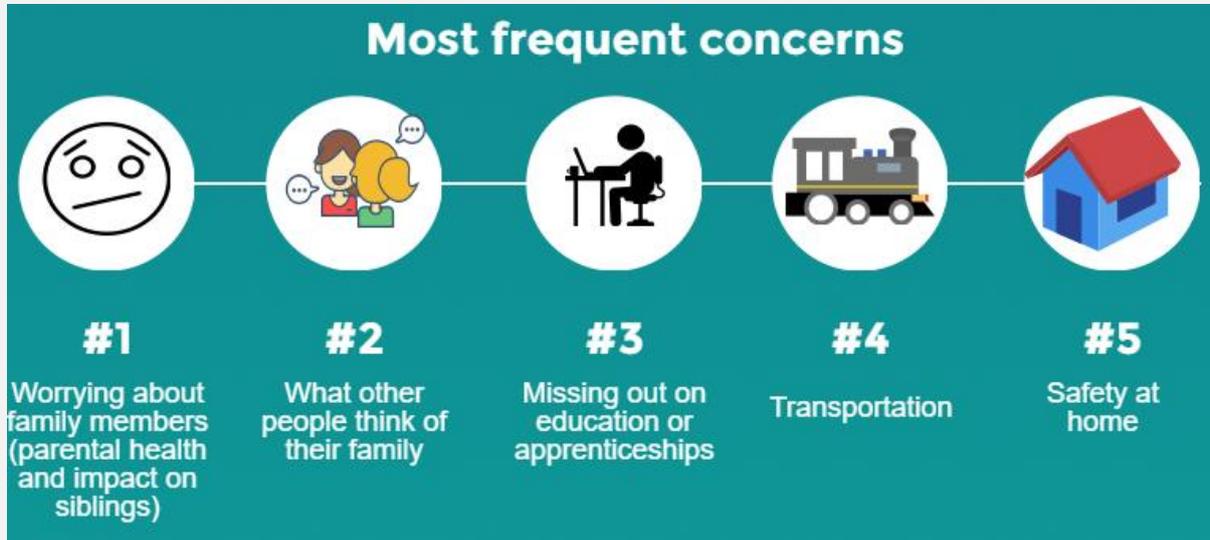
The majority of participants were in the 11-15 age range with 62% (101 participants) in this group. This was followed by 28% of participants (46) in the 16-17 age range then 7% (11 participants) in the 18-21 age range. The least number of participants were in the 22-25 age range as 3% (5 participants) were in this group.

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.

Youth survey results summary



Youth focus group Summary

What services should look like and how these should be delivered



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



Respite



Peer support



Multi access – phone, online, one to one, group, family sessions



Key Findings

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 Scotland⁴:

The workforce told us that services should be focussed on:



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;
- Lack of guidance around what approaches should be used;
- Monitoring was not in scope for those who participated or relevant to their role; and
- Monitoring priorities are not clear.

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

⁴ Scottish Government (2014). *The Quality Principles - Standard Expectations of Care and Support in Drug and Alcohol Services*.

Workforce responses highlighted pockets of excellent partnership work where services have very positive 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.

Barriers to providing consistent, accessible and inclusive services



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 were 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.

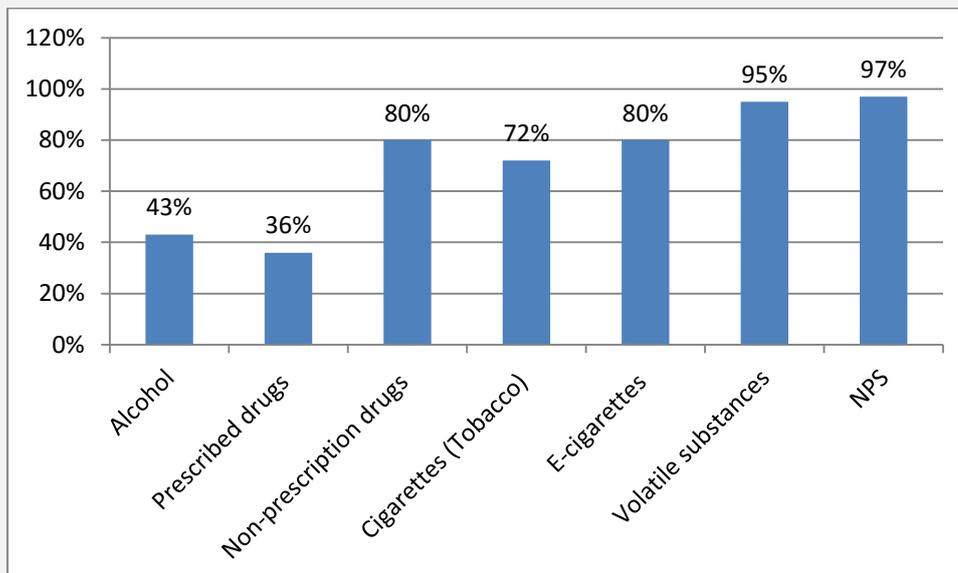
What did we learn from young people?

There were very mixed perceptions amongst the workforce about the prevalence of substance use and/or the impact of another’s substance use on young people. By asking young people about their experiences of substance use it was anticipated that attempts could be made to try and bridge the gap between perception and reality and shed more light on:

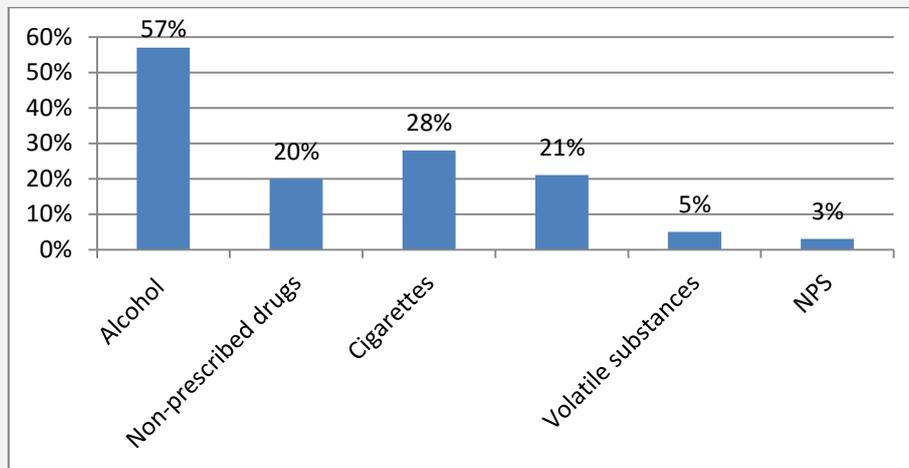


Survey – Own Substance Use

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



Substances used within the last 3 years



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.

- Alcohol was the most cited substance of those who had used any substance; with over half of respondents saying they had used alcohol within the last 3 years.
- NPS (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 use 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.

REGIONAL/NATIONAL EVIDENCE

SALSUS - Argyll & Bute

Alcohol

13 year olds

Percentage of 13 year olds who have had an alcoholic drink fallen from 63% in 2006 to 31% in 2013

Percentage of 13 year olds who had drunk in week prior fell from 20% in 2006 to 4% in 2013

Percentage of 13 year olds who usually drink once a week fallen from 12% in 2006 to 4% in 2013



15 year olds

Percentage of 15 year olds who have had an alcoholic drink fallen from 86% in 2006 to 70% in 2013

Percentage of 15 year olds who had drunk in week prior fell from 31% in 2006 to 17% in 2013

Percentage of 15 year olds who usually drink once a week fallen from 23% in 2006 to 16% in 2013

Drugs

13 year olds

Percentage of 13 year olds who used drugs in year prior fell from 9% in 2006 to 3% in 2013

Percentage of 13 year olds who had used cannabis in year prior down from 7% in 2006 to 2% in 2013

97% of 13 year olds had never tried any drugs, increase from 89% in 2006



15 year olds

Percentage of 15 year olds who used drugs in year prior fell from 21% in 2006 to 16% in 2013

Percentage of 15 year olds who had used cannabis in year prior down from 20% in 2006 to 15% in 2013

83% of 15 year olds had never tried any drugs, increase from 73% in 2006

Source: SALSUS Argyll & Bute Reports 2006 & 2013

How does this compare nationally?

SALSUS - Scotland

Alcohol

13 year olds

Have had an alcoholic drink
2006: 58%
2010: 44%
2013: 32%

Drink week prior
2006: 14%
2010: 14%
2013: 4%

Usually drink once a week
2006: 19%
2010: 12%
2013: 6%

15 year olds

Have had an alcoholic drink
2006: 84%
2010: 77%
2013: 70%

Drink week prior
2006: 36%
2010: 34%
2013: 19%

Usually drink once a week
2006: 36%
2010: 26%
2013: 17%

Drugs

13 year olds

Used drugs in the year prior
2006: 6%
2010: 4%
2013: 3%

Used cannabis in the year prior
2006: 4%
2010: 3%
2013: 2%

Never tried any drugs
2006: 93%
2010: 95%
2013: 96%

15 year olds

Used drugs in the year prior
2006: 22%
2010: 19%
2013: 16%

Used cannabis in the year prior
2006: 19%
2010: 17%
2013: 15%

Never tried any drugs
2006: 75%
2010: 80%
2013: 82%

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.

Harms experienced as a result of someone else's substance use



There were a number of young people reporting exposure 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 week).

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 only 3 had accessed support to help them cope.

What young people told us about services?

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.

Key Themes

Stigma and societal pressures were cited as barriers 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 wasn't clear how much focus or emphasis was placed upon challenging stigma across Argyll & Bute or within the wider youth-based workforce.

Stigma emerged as a significant barrier preventing children, families and young people from accessing support.



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
- Link regional and national outcomes
- De-stigmatisation of substance use and addiction
- Challenge normalisation of alcohol use
- Shift from deficit based to solution focused services
- Clearer commissioning processes

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
- More effective communication on issues regarding and resources to support children, young people and families.
- Clear guidelines for monitoring, reporting and mapping needs of children, families and young people relating to the Integrated Children and Young People’s Service Plan 2014-2017 and ADP Strategic Plan 2013-2016.

Workforce Development Recommendations

- The workforce are encouraged to be open and honest when discussing barriers impacting service provision
- Continued CPD to ensure all staff have the relevant knowledge, attitudes and values.
- Services can work in an asset-based way to support a whole system recovery model.
- Challenge clinical vs non-clinical approaches to determine the most effective in line with the Quality Principles and ROSC.
- The workforce recognises the assets of service users and takes these onto account to improve services.

Youth

- Challenge social norms regarding “everyone drinks and it’s okay”.
- Involve young people in decision-making regarding policy and services.
- Encourage young people to engage with projects across Scotland.
- Engage and learn from EU/international youth projects that have a focus on reducing alcohol/drug related harm and minimising feelings of isolation



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.

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 is 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 Recommendations

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 Recommendations

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 more 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.



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