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## Prevalence Study: Young Adult Experiences of Substance-Related Harm

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- NHS Ayrshire and Arran Addiction Services
- Ayrshire College
- SFAD
- Relevant partner agencies

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## 1. OVERVIEW

### Scottish Families Affected by Alcohol & Drugs

Scottish Families affected by Alcohol and Drugs is one of the national organisations commissioned by the Scottish Government to deliver its drug and alcohol strategies, 'The Road to Recovery'<sup>1</sup> and 'Changing Scotland's Relationship with Alcohol'<sup>2</sup>. In both strategies the importance of families in the recovery process is recognised. The 'Road to Recovery'<sup>3</sup> states, "*families play an important role in the treatment, care and support for those using drugs,*" and "*families can contribute to the assessment process and provide support, from attending appointments to helping loved ones turn their lives around*". It also acknowledges "*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' – Anyone who may be affected by or concerned about someone else's substance use or Concerned Significant Other (CSO).

In order for Scottish Families Affected by Alcohol & Drugs to support families/CSO needs effectively, we must broaden our understanding of the nature, context and extent to which people are affected by another's substance use. This includes increasing awareness of how diverse groups across Scotland may be affected and incorporating this into the resources, advice and services we offer to families, workforce and other commissioning bodies. This approach also ensures that our work is relevant, up-to-date and evidence-based.

### Ayrshire College & NHS Ayrshire and Arran

Ayrshire College aims to inspire learners to achieve their full potential by playing a lead role in the development of skills, economy and community life. In support of Ayrshire College vision of *Raising Aspirations, Inspiring Achievement, and Increasing Opportunities*<sup>4</sup>, the college prides itself on providing sector leading learning opportunities and support services which meet the needs of our students and the wider community, including the most vulnerable groups.

The college considers student wellbeing as a key aspect of successful outcomes and Student Services offer a holistic approach to support, enabling students to make positive life choices which enhance their wellbeing. Partnership working allows for further enhancement of this support and education for students, including the joint post between Ayrshire College and NHS Ayrshire and Arran's Addiction Services. This role allows for the development of education on topics such as alcohol, drugs and mental health, as well as the provision of specialised support to students, to enhance the range of support.

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<sup>1</sup> Scottish Government (2008) The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem.

<sup>2</sup> Scottish Government (2009) Changing Scotland's Relationship with Alcohol: A Framework for Action.

<sup>3</sup> Scottish Government (2008) The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem.

<sup>4</sup> Ayrshire College (2014) Ayrshire College Strategic Plan 2014-17.

Information gathered from the survey will be used to inform future health and wellbeing initiatives, partnership working with external agencies, education and support provisions available within Ayrshire College as well as contributing to NHS Ayrshire and Arran's vision of working together to achieve the healthiest life possible for everyone in Ayrshire and Arran.

## 2. INTRODUCTION

At a conservative estimate approximately 134,000 adults in Scotland are significantly affected by substance use in their family. Recent evidence published by Alcohol Focus Scotland suggests that 1 in 3 people know a heavy drinker with 1 in 2 people negatively affected<sup>5</sup>. It has been widely acknowledged that families/concerned significant others (CSOs) can be impacted in a number of ways as a direct result of a significant other's alcohol use. These can include:

- Experiencing anxiety/depression,
- Guilt or feelings of responsibility for another's behaviour
- Shame and isolation
- Breakdown in relationships with support networks
- Financial difficulties

When they have had access to appropriate help and support in their own right, family members/CSOs receiving evidence-based interventions can be instrumental in their loved one's recovery. Families/CSOs have a crucial role to play in the recovery journey which is recognised in existing alcohol and drug frameworks and more recently in the *Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services*<sup>6</sup>.

In recent years there has been a definitive shift in recognising the need for adopting family inclusive practices. Scottish Families' mission is to support families impacted by alcohol and drug use across Scotland, raise awareness of their needs and ensure that these needs are widely recognised and addressed.

### Young People

The Scottish Adolescent Lifestyle Substance Use Survey (SALSUS)<sup>7</sup>, Ayrshire and Arran 2013 states 13 & 15 year olds are consuming less alcohol on a weekly basis compared with the 2010 results, with numbers being at their lowest since records began in 1990.

- *17% of 15 year olds reported that they had drunk alcohol in the last week – down from 37% in 2010*

<sup>5</sup> Alcohol Focus Scotland (2013). Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland.

<sup>6</sup> Scottish Government (2014) The Quality Principles - Standard Expectations of Care and Support in Drug and Alcohol Services.

<sup>7</sup> Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2014) Alcohol use among 13 and 15 year olds in Scotland 2013.

- *6% of 13 year olds reported that they had drunk alcohol in the last week – down from 15% in 2010<sup>8</sup>*

The latest Scottish Crime and Justice Survey (2012/2013)<sup>9</sup> report a similar reduction pattern in relation to young persons (16-24 year olds) regular drug use:

- *16% of young people reported illicit drug use in the previous week – down from 23% in 2008/2009<sup>10</sup>*

Through the work carried out by Scottish Families Affected by Alcohol & Drugs we know that the evidence-base is still relatively limited in Scotland in relation to the experiences of young adults (those of post-compulsory school age, 16-25) when it comes to the impact of another's drinking and/or drug use. Many young people, living with someone who uses alcohol to problematic levels, take on additional caring responsibilities within the family unit which can often be detrimental to their life opportunities and choices for the future. This is often under-reported or undisclosed to those outside the home.

Anecdotally, we know that young people (16-25) may not always recognise that they themselves have been affected by another's alcohol misuse therefore this study will seek to identify the scope and reach of harms experienced, if any.

### 3. AIMS

The key aims of the study were:

- To provide an insight into students' experiences of the harms associated with a significant other's alcohol & drug use
- Engage with the student population to examine the impact of significant other's substance use
- Develop our understanding of students own substance use.
- 

### 4. OBJECTIVES

- Identify the number of students affected by a significant other's substance use.
- Recognise the extent, frequency and context of harms experienced.
- Determine the number of young people (16-25) accessing support, in their own right, to cope with another's substance use.
- Explore the impact of another's substance use on a young person's opportunities
- Recognise the variety, frequency and range of substances used by students across Ayrshire College networks.

<sup>8</sup> Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2014) Alcohol use among 13 and 15 year olds in Scotland 2013.

<sup>9</sup> Scottish Government (2014) Scottish Crime and Justice Survey 2012-13.

<sup>10</sup> Scottish Government (2014) Scottish Crime and Justice Survey 2012-13.

## 5. METHODOLOGY

The scope for student engagement provided a potential reach of up to 14,000 students across 8 college campuses as such a survey format was identified as the most appropriate method for the prevalence study in keeping with the following constraints:

- Resources and staff available to support the study
- Timescales available to gather evidence
- Method available to engage with the student population

The survey was available electronically via Survey Monkey with paper-based copies available to prospectively engage with a representative sample of the whole student population. Confidentiality was crucial due to concerns expressed in eliciting open and honest responses, in keeping with the potentially sensitive nature of the survey contents. Sample demographic monitoring information provided was optional in order to respect participants' right to anonymity.

The survey was promoted across campuses using Alcohol and Drug Officer's links throughout the college network including the Student Association, Learning Resource Centre staff and Student Services. Posters were designed with a participation incentive offered in the form of Amazon vouchers. A day of action was also hosted at one of the busiest campuses in the final week of the survey with paper copies available to all participants on the day. This was supported by Alcohol and Drug Officer (Ayrshire college/NHS Ayrshire & Arran) and Alcohol Liaison Officer (SFAD).

The data was analysed in relation to an agreed framework to identify key trends in a consistent manner.

Further support was offered to students who highlighted additional support needs in order for the study to be as representative and as inclusive as possible.

The responses received, over the four week period, were largely from Kilmarnock, Ayr and Kilwinning campuses for those who chose to disclose this information. It should be noted that an information stand was hosted at Kilmarnock campus in the final week of this survey being carried out which led to a higher number of responses from students based at this campus.

The engagement methods implemented were done so in keeping with the limitations and constraints of the resources available as set out in the methodology section of this report. With these considerations in mind the study cannot be considered as fully representative of all young people across the Ayrshire College network/community.

The study engaged with a significant, yet relatively limited, sample of the whole Ayrshire College student population. As such, the study allows us to reflect upon some of the key trends emerging, work with key services and partnership organisations to try and support individuals more effectively and, more importantly, can be a starting point for building our understanding of how substance-related harms can be reduced/minimised to decrease the impact on young people's learning opportunities.

## Limitations

The limitations to this study should be taken into consideration when reading this report. The findings are reflective of the field work and methods used.

- 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 studying across Ayrshire College campuses and not only those affected by another's problematic substance use.
- This study provides an insight into the experiences of those living and studying across Ayrshire. The views expressed by those engaged in this study are not fully representative of views of the whole Ayrshire population and do not account for the views of those who were not interviewed.
- Some views expressed are relevant to specific areas and are not fully representative of all Ayrshire College students. Given the geographic spread and insight from students who may not be resident in Ayrshire it is likely that there will be local variations.
- Views expressed are those of the participants and not necessarily representative of the views of Ayrshire ADP's, Ayrshire College and SFAD.

Data collection (questionnaire) and collation issues:

- When asked about own substance use (Q3), there appears to have been confusion over two separate categories 'Legal Highs' and 'Non-Prescribed Drug Use' by respondents;
- Where students were able to select if they used 'Prescribed Drugs' (Q3); an option was not available to seek information on whether they used their own prescribed medication, or someone else's.

## Impact

The whole-population approach to this study is a testament to Ayrshire College's commitment to ensuring that everyone recognises the need for wider discussion 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 Ayrshire College networks to conduct this study (inclusive of staff and students), there has already been an initial impact of increased awareness of the challenges associated with substance misuse for those who have participated or promoted this survey. This has already brought the issues raised into scope for the first time for many who had never considered these previously. For many however this study will 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.

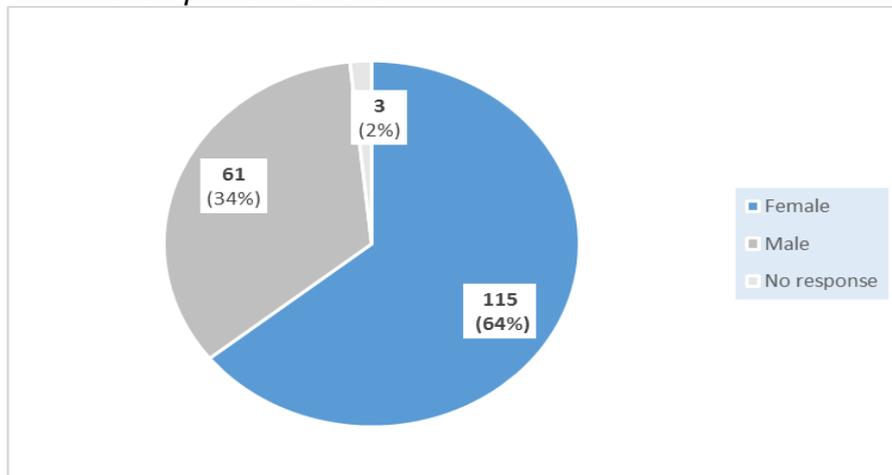
## 6. RESULTS

A total of 210 surveys were submitted, however some participants answered questions intermittently. Therefore, percentages expressed are based on the total number of responses per question, unless stated otherwise.

### 6.1 DEMOGRAPHICS

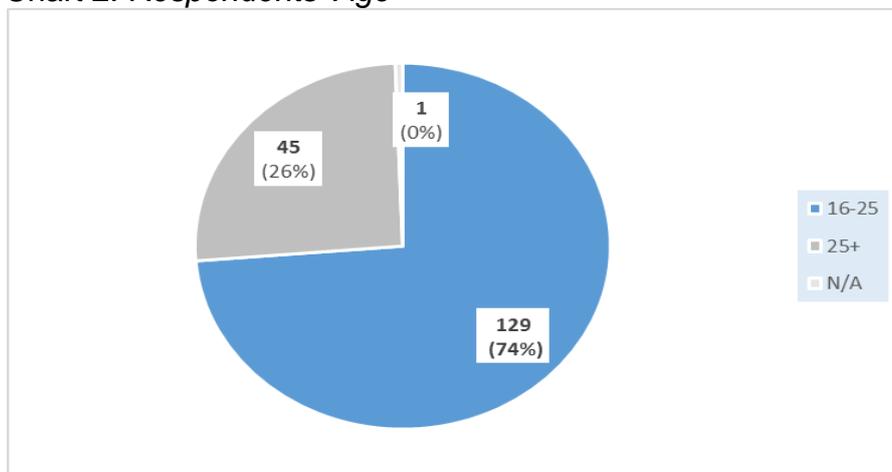
In keeping with the sensitive nature and confidentiality approach of the survey, participants were given the option of providing demographic information. Those who completed this part provided the following information:

Chart 1: Respondents' Gender



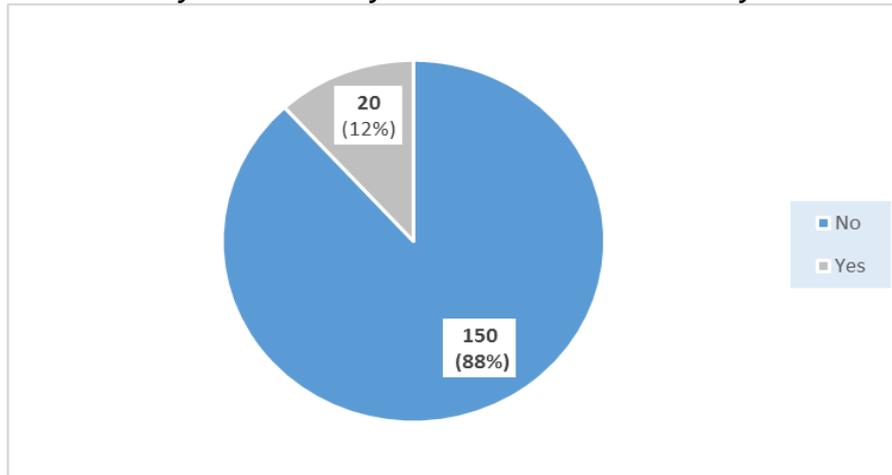
179 (98%) responded: Female = 115, Male = 61, No response = 3

Chart 2: Respondents' Age



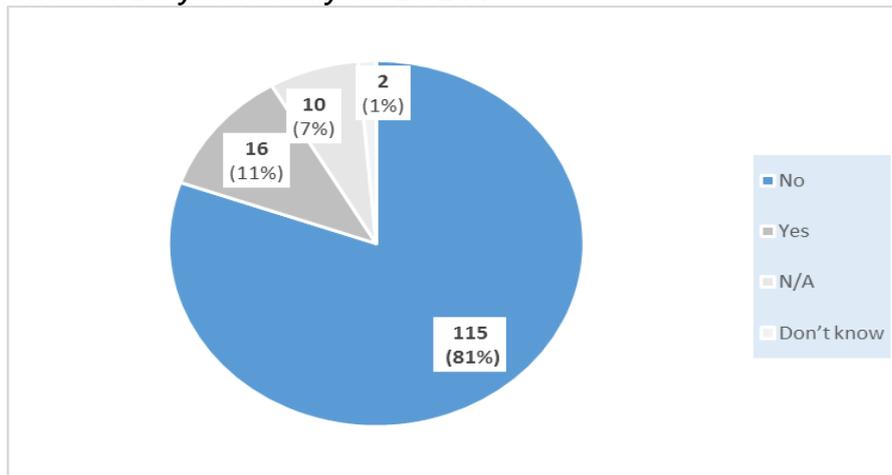
175 (95%) responded: 16-25 = 129, 25+ = 45, N/A = 1

Chart 3: *Do you consider yourself to have a disability?*



170 (92%) Responded: No =150, Yes =20

Chart 4: *Do you identify as LGBT?*



143 (78%) responded: No =115, Yes =16, N/A =10, don't know = 2

## 6.2 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 1 summarises the responses. Each of the percentages expressed below are based on the number of responses to each form of harm rather than a percentage of the whole sample. The highest response recorded was 210 compared with the lowest response of 206.

Table 1: *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
<b>Kept awake</b>	85	30	22	43	29	209
<b>Harassed in a public place</b>	89	20	25	50	25	209
<b>Witnessed aggressive behaviour</b>	42	34	50	51	33	210
<b>Been a passenger of someone under the influence</b>	149	10	14	23	14	210
<b>Been affected by a driver under the influence</b>	191	3	2	8	4	208
<b>Felt unsafe in a public space</b>	96	17	31	43	19	206
<b>Felt unsafe at home</b>	173	4	4	14	14	209

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

- Kept awake: 60% (43% within in the last month)
- Harassed in a public place: 58%
- Witnessed aggressive behaviour: 80% (50% within the last month)
- Been a passenger of someone under the influence: 29%
- Been affected by a driver under the influence: 8%
- Felt unsafe in a public space: 53%
- Felt unsafe at home: 18%



Table 2 illustrates harms experienced by students according to substance involved in the reported harms cited. Where participants defined the substances behind the harms experienced, alcohol was the highest contributing factor in 4 out of the 7 harms including: being kept awake at night, witnessing aggressive behaviour, feeling unsafe (at home and in a public place).

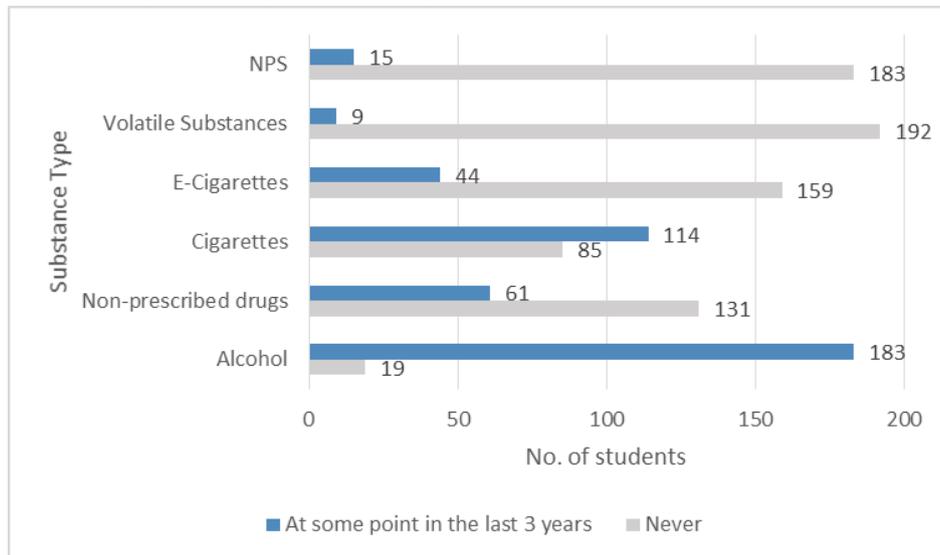
Table 2: *Substance(s) involved in the reported harms experienced*

Harm	Alcohol	Drugs	Both	% of sample	Total responses
Kept awake	60%	30%	10%	39%	85
Harassed in a public place	42%	49%	9%	32%	69
Witnessed aggressive behaviour	51%	43%	6%	46%	97
Been a passenger of someone under the influence	33%	44%	18%	19%	41
Been affected by a driver under the influence	56%	33%	6%	8%	20
Felt unsafe in a public space	31%	57%	12%	31%	68
Felt unsafe at home	54%	29%	3%	11%	26

### 6.3 OWN SUBSTANCE USE

As part of the survey, students were asked about their own licit and illicit substance use, including substance type and last occasion of use. Chart 5 outlines the prevalence of each substance type. [206 people answered this question].

Chart 5: *Student Substance Use*



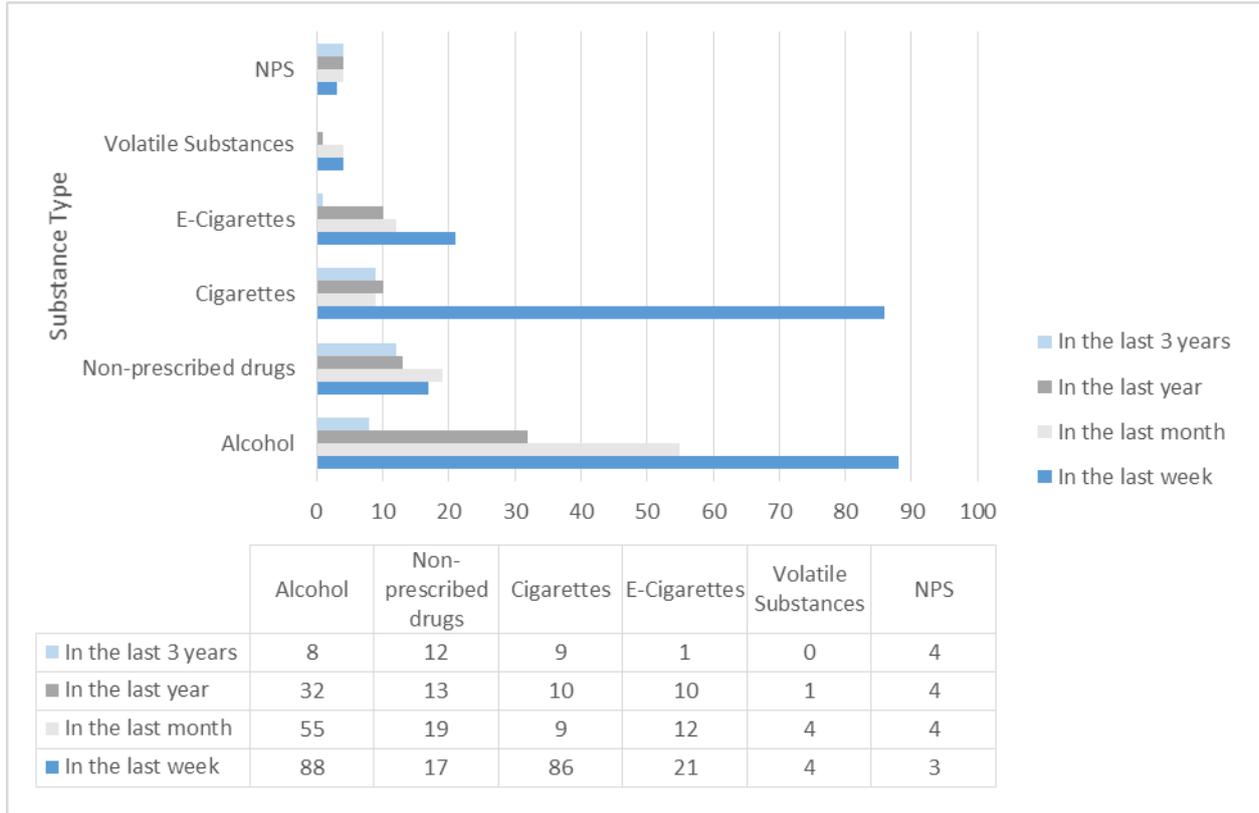
The most prevalent substance was alcohol which had been used at some point within the last 3 years by 183 (89%) students. This was followed by cigarettes use -114 (55%), with a further 44 (21%) having used e-cigarettes. For non-prescribed drugs - 61 (30%) of students cited use, followed by NPS - 15 (7%) and Volatile Substance use (deliberate inhalation of substances such as aerosols) 9 (4%).

A number of students selected the option of *'Rather not say'* when questioned about each substance category:

- NPS – 6 (3%)
- Volatile Substances – 2 (1%)
- E-Cigarettes – 2 (1%)
- Cigarettes – 4 (2%)
- Non-prescribed drugs – 9 (5%)



Chart 6: Last occasion of substance use



Students were asked the last occasion on which they used each substance. Chart 6 above outlines this data. The most commonly used substances within the last week were Alcohol - 88 (43%) followed by Cigarettes - 86 (42%). NPS were the least commonly used substance within the last week - 3 (1%); followed by Volatile Substance use - 4 (2%). E-Cigarettes were the third most prevalent with 21(10%) students reporting recent use. The number of young people using non-prescribed drugs within the last week was 17 (8%) or 36 (17%) for students who had used in the last month.

**Substance use within the last month (including in the last week figures):**

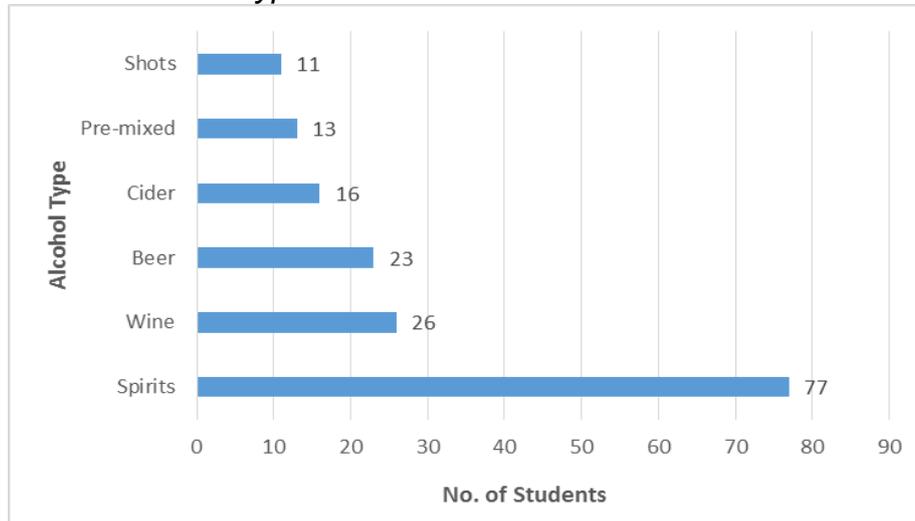
- Alcohol - 143 (69%)
- Non-prescribed drugs - 36 (17%)
- Cigarettes - 95 (46%)
- E-Cigarettes - 33 (16%)
- Volatile Substances - 8 (4%)
- NPS - 7 (3%)



## Brands and Substance Types

This section includes more detailed information on alcohol types and brands, as well as specific drugs and NPS substances used. [126 people answered this question].

Chart 7: *Alcohol type*



Students were asked to list the types of alcohol they consumed. The most popular type listed was spirits by 77 (61%) students. This was followed by wine, 26 (21%) and beer, 23 (18%). Cider was mentioned by 16 (13%) students, Pre-mixed drinks, 13 (10%) and Shots' were mentioned by 11 (9%).

Students were asked about the brands of alcohol which they consumed. Only a third of participants provided this information therefore it may not be truly representative of the full sample. From the sixty-two students who responded to this question:

- The most popular brands given fell under the spirits category and included Smirnoff and Jack Daniels respectively;
- The most popular types of beer listed were Budweiser followed by Tennent's
- Kopparberg was the most popular brand of cider given; and
- Although wine was the second most popular alcohol type used by participants only 4 individuals provided the brand they use: Echofalls (3) and Blossom Hill (1)

### **Tobacco**

Seventy-five survey participants provided further information on the type of Tobacco product they used. From this group of students, 88% listed 'Cigarettes' and/or 15% listed bags of Tobacco.

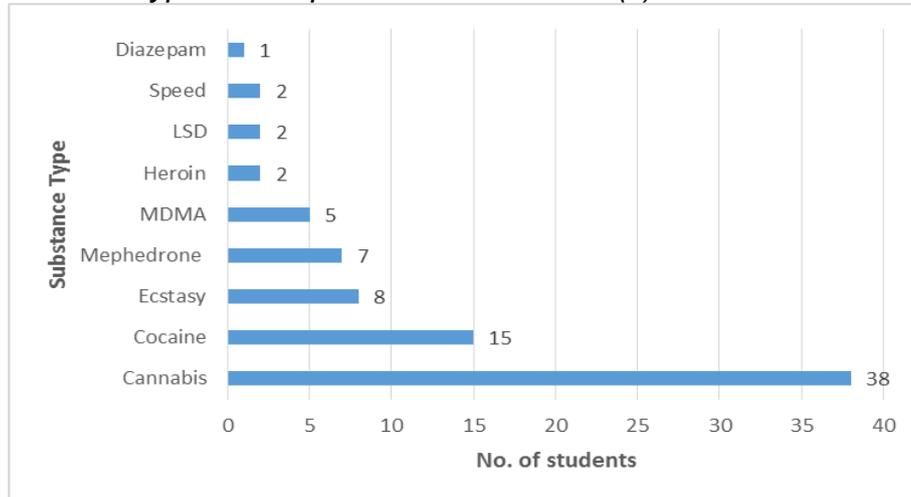
### **Volatile Substances**

Although 9 (4%) students stated they had used Volatile Substances at some point within the last three years, only 2 participants provided further information on products used which included glue and lighter fluid.



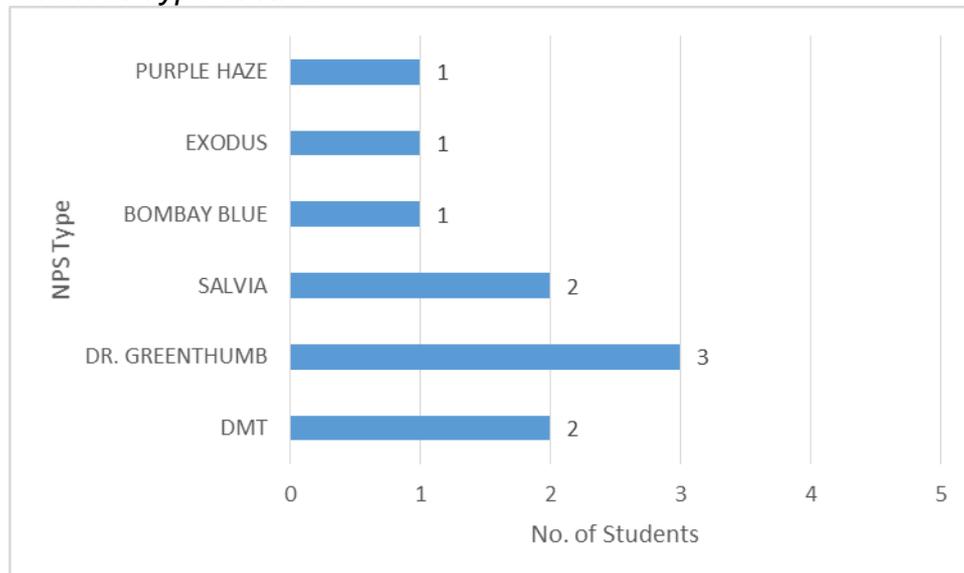
From the 61 students who cited non-prescribed substance use, 51 (84%) also provided information on the particular substance(s) they had used. The results are shown in chart 8 below. [201 people answered this question].

Chart 8: Type of non-prescribed substance(s)



Thirty-eight (19%) students listed Cannabis as a substance they had previously used. Cocaine was the second most prevalent, with 15 (7%) students, followed by Ecstasy 8 (4%); Mephedrone\*, 7 (3%) and MDMA\*\*, 5 (2%). Two people listed Heroin (1%), LSD (1%) and Speed (1%) and Diazepam\*\*\* was noted by one student (<1%). [204 people answered this question].

Chart 9: Type of NPS



The most prevalent NPS listed was Dr Greenthumb by 3 (1%) students followed equally by DMT and Salvia, by 2 (<1%) people. Each of the substances - Bombay Blue, Exodus and Purple - were mentioned by one student (<1%).

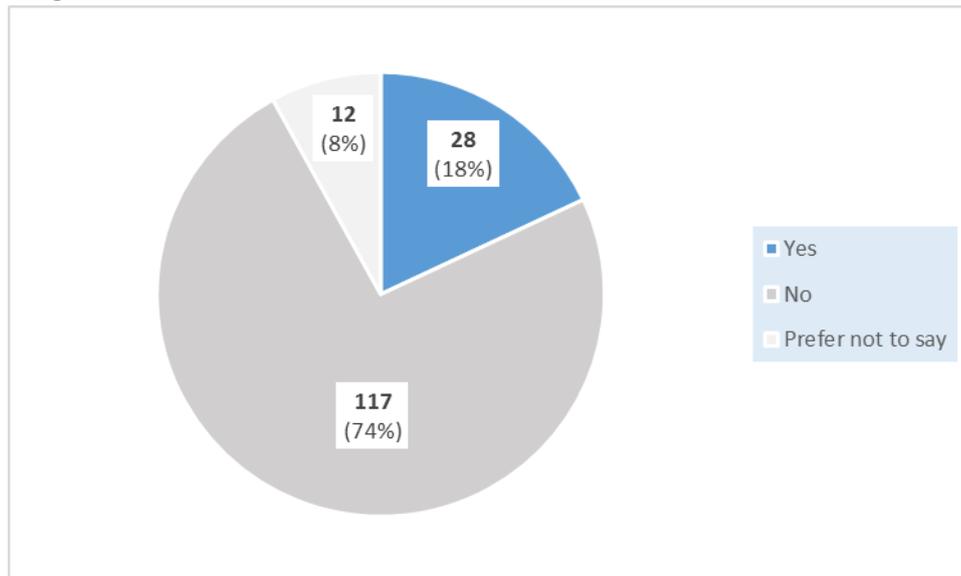
\*Mephedrone included under non prescribed drug rather than NPS by students

\*\*MDMA and Ecstasy were listed as separate substances by students  
\*\*\* Diazepam is a prescribed substance used here illegally

### 6.3. SUPPORT DUE TO SOMEONE ELSE'S SUBSTANCE MISUSE

Chart 10 highlights the number of students who have supported a significant other due to their alcohol or drug use. [206 people answered this question].

Chart 10: *Have you ever supported a significant other due to their alcohol or drug use?*



From the 206 respondents who completed this question:

- **28 participants (18%)** said that they had supported someone else due to their alcohol or drug use;
- **117 participants (57%)** said that they had not supported someone else due to substance use;
- **12 participants (8%)** 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; and
- **47 participants (23%)** selected the fourth option added to this question to allow participants the opportunity to be specific in terms of which person they had supported.

The majority of students who answered this question answered that they had never supported a significant other through alcohol and/or drug use, 117 (74%). Almost a fifth of students had supported a significant other, 28 (18%); and a further 12 (8%) selected that they would 'prefer not to say'.

When these 47 participants are included, the total number supporting a significant other increases to **75 out of a possible 204 (36%)**.

Who did you support?

Participants were then asked to highlight which significant other they had supported and within this category respondents could list one or more people. Each of these were categorised and are listed below:

Table 3: *Significant other supported*

CSO	Number
Child	4
Friend	15
Parent	15
Partner	15
Sibling	8
Other	8

(‘Other’ included members of the extended family, e.g. grandparents, aunt, uncle, stepson and in-laws)

**Who did you support?**

- 54 references to a significant other were made
- 47 participants answered this question
- 7 people had listed supporting more than 1 significant other.



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 as the top 4 categories.

Table 4: Type of support provided to CSO

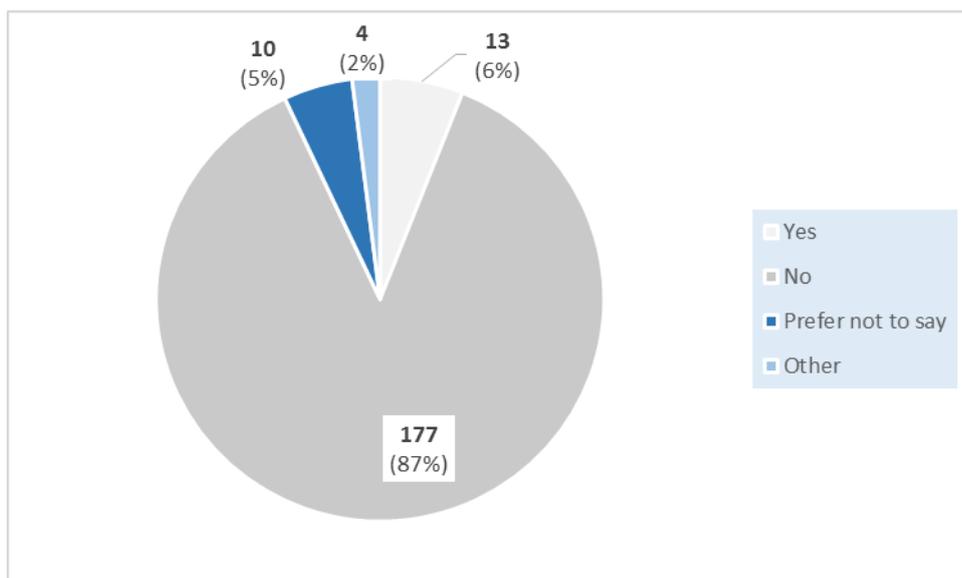
Support Type	Response Percent	Response No.
Emotional	35%	72
Financial assistance	9%	19
Help with accessing services	12%	24
Purchase alcohol or other substances	3%	6
Help with domestic/personal tasks e.g. cleaning, shopping, cooking, transportation	15%	31
Help to meet their work/learning or benefit commitments	3%	6
Other	2%	3
Not applicable	61%	124

[203 people 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. Combining ‘yes’ and ‘other’ responses -17 young people (8%) said that they had accessed some form of support in their own right to help them cope with someone else’s substance use; with 10 (5%) saying they preferred not to disclose this information.

Chart 11: Have you accessed support to help you cope with someone else’s alcohol or drug use?



[204 people answered 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 accessing their ‘own support network’ listed by 28 (14%) students. This was closely followed by access to frontline/NHS-based services accounting for 17 (8%) of all responses. [204 people answered this question].

Table 5: *Type of support accessed by students*

Type of support	Student Response	
	%	No.
<b>NHS – GP, hospital, Addiction Services</b>	8%	17
<b>Own support network – e.g. family/friends</b>	14%	28
<b>Voluntary/charity organisation</b>	1%	2
<b>Teacher/guidance/student services</b>	2%	3
<b>Youth/social/support worker</b>	<1%	1
<b>Not applicable</b>	79%	163
<b>Other service</b>	2%	3

[204 people answered this question]

## 6.4. 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 6 outlines these responses.

Table 6: *Have you ever missed any of the following as a result of others drug or alcohol use?*

	Not applicable	Never	Seldom	Sometimes	Often
<b>School/College</b>	73	88	16	25	2
<b>Work</b>	84	99	9	9	1
<b>Personal Appointment</b>	77	100	9	13	5
<b>Social/Leisure activities</b>	69	80	20	28	6

[204 people answered question]

- **43** participants (**21%**) said that they had missed **school/college** due to a significant other’s alcohol or drug use.
- **19** participants (**9%**) said that they had missed **work** due significant other to a significant other’s alcohol or drug use.
- **27** participants (**13%**) said that they had missed a **personal appointment** due to a significant other’s r alcohol or drug use.
- **54** participants (**27%**) said that they had missed out on a **social/leisure** opportunity to a significant other’s alcohol or drug use.

### Examples of missed opportunities...

*“Too tired to go to school because of lack of sleep at night.”*

*“When dad needed help with my brothers.”*

*“Dad was hung over and couldn't take me to school.”*

*“University, due to father’s alcohol addiction.”*

*“If my father needed to be in contact with me over the phone - to stop him drinking.”*



## 7. MAIN FINDINGS

### Harms experienced

- **Over one third** (40%) of participant had witnessed aggressive behaviour in the last month due to someone else's alcohol or drug use.
- **36 participants** (18%) reported feeling unsafe at home at some point in the last 3 years.
- **41 participants** (19%) said that they had been a passenger of someone using alcohol, drugs or both.
- **Alcohol** was the highest contributing factor in 4 out of the 7 harms experienced.

### Support for others

- **Over one third** (37%) of participants have supported a significant other within the last 3 years due to problematic substance use.
- Parents and friends were the most commonly supported significant other where this was disclosed.

### Impact of another's substance use

- **More than one quarter** of participants missed opportunities to learn, work, and socialise due to another's alcohol or drug use.

### Support in their own right

- **17 respondents (8%)** had accessed support in their own right to cope with supporting a significant other due to problematic substance use.
- When support was accessed **own support networks (13.7%)** came first which was followed by **NHS services (8.3%)**

### Own substance use

- Alcohol was the most commonly used substance in the last week (43%) and was used more frequently than tobacco (42%).
- E-cigarettes (21%) were the third most prevalent substance used by participants.
- References to New Psychoactive Substances (NPS) were lowest in comparison to other substances referenced throughout the study ranking lower than the use of volatile substances within the last week or month.
- When participants voluntarily gave details of their own substance use, cannabis (19%) was the most frequent illegal drug reported.

- Cannabis use was cited more than double that of any other illicit drug, with cocaine (7%) cited as the next most commonly used substance.
- Spirits (61%) were three times more common than any other alcohol-type, followed by wine (21%) and beer (18%).
- 30% of survey respondents noted non-prescribed drug use in comparison to 7% NPS [10% including the substance Mephedrone].

## 8. DISCUSSION

### Harms Experienced

In consideration of the overall aims and objectives set out prior to this study commencing:

- To provide an insight into student's experiences of the harms associated with a concerned significant other's (CSO's) alcohol & drug use;
- Engage with the student population to examine the impact of a concerned Significant other's substance use; and
- Develop our understanding of students own substance use.

The study has provided an initial insight into Ayrshire College student's experience of the harms associated with significant substance use and has provided a general understanding of the range and frequency of harms that have been experienced. We also have an indication as to how these harms have impacted those responding.

Evidence on alcohol-related harm (to those other than the drinker) is an emerging area of exploration. This has been acknowledged in WHO Global strategy<sup>11</sup> to reduce the harmful use of alcohol "*special attention needs to be given to reducing harm to people other than the drinker*" which considers alcohol-related harm as something that affects a range of family members, neighbours, colleagues and even strangers. For this reason the wider harms associated with substance use has become a research priority, in both current and planned studies. As such, existing data is relatively limited in comparison to what exists for harms caused by individual's own substance use. The data that does exist comes from a handful of countries including Canada, Australia, Sweden and New Zealand

One such study in New Zealand found that 1 in4 people reported knowing a heavy drinker at some point in their lives and had experienced harms (socio-economic, psychological or physical) as a result<sup>12</sup>. In the same study 71% of respondents reported experiencing at least one harm as a result of a stranger's alcohol use<sup>13</sup>.

In Australia *The Hidden Harm: Alcohol's impact on families and children* cites,<sup>14</sup> found, more than a quarter (26 per cent) of respondents reported experiencing harm as a result of a family member drinking. Interviews conducted reveal children experienced a wide range of harms, with the most common witnessing verbal or physical conflict, or witnessing drinking or inappropriate behaviour. These trends appear to be synonymous with some of the key trends emerging from this study. Further work is required to fully understand the impact and full extent of these harms and the impact on overall health and well-being in order to develop age-appropriate and cultural response.

<sup>11</sup> World Health Organisation (2010) Global Strategy to Reduce the Harmful Use of Alcohol.

<sup>12</sup> Casswell, S., Harding, J. F., You, R. Q., & Huckle, T. (2011). Alcohol's harm to others: self-reports from a representative sample of New Zealanders. *The New Zealand Medical Journal* (Online)

<sup>13</sup> Casswell, S., Harding, J. F., You, R. Q., & Huckle, T. (2011). Alcohol's harm to others: self-reports from a representative sample of New Zealanders. *The New Zealand Medical Journal* (Online)

<sup>14</sup> Laslett, AM., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Foundation for Alcohol Research and Education.

## Supporting a Significant Other

***‘Young adult carers in work missed 17 days per year and had a further 79 days affected because of their caring responsibilities.’<sup>15</sup>***

- The number of students supporting a significant other due to substance use is substantially higher than the anecdotal evidence suggests.
- If we take this from a young carers perspective we know that there are over 375,000 young carers in the UK.
- Recent Carers Scotland research suggests that the caring role can be detrimental to mental health and wellbeing.
- 45% of young adult carers have reported having mental health problems in Carers Scotland ‘Time to be heard’ 2015<sup>16</sup>.

The caring role also has limiting effects on life opportunities and remains the case even when those concerned have accessed support through carers centres to help them cope with caring responsibilities.

This study shows a large number of young people who are supporting a significant other in some kind of caring capacity due to problematic substance use. However, the number of young people who are seeking any support in their own right is significantly lower. This might suggest that young people are able to cope in their own right however, given what we know from young adult carers research, more needs to be done to explore the barriers for students accessing support where substance use is concerned.

## Own Substance Use

When referencing their own substance use participants did not seem to distinguish between illegal substances and NPS suggesting perhaps that the legal status of the substance may not have any bearing over its use. This was particularly true for the substance Mephedrone, where almost all participants who cited use, failed to categorise it as NPS. For data quality purposes, and on the rationale that Mephedrone has been classed as an illegal substance since 2010, it has been decided to keep it grouped within the ‘non-prescribed’ drugs category for this report.

Aside from Mephedrone use, NPS figures were relatively low – particularly for the last occasion of use. It may be interpreted that after initial use, participants do not feel a strong desire to use again. Seven percent of participants had used NPS at some point within the last three years, slightly lower than previous national findings of the 15-24 year old age group, 10%<sup>17</sup>. Although, it should be noted that the inclusion of Mephedrone would put these report findings in line with national NPS use averages<sup>18</sup>.

Six different types of NPS were listed by students, including four Cannabinoids – synthetic substances designed to mimic effects of Cannabis:

<sup>15</sup> Carers Trust Scotland (2015) Time to be Heard for Young Adult Carers.

<sup>16</sup> Carers Trust Scotland (2015) Time to be Heard for Young Adult Carers.

<sup>17</sup> Fraser, F. (2014) New Psychoactive Substances – Evidence Review: Scottish Government.

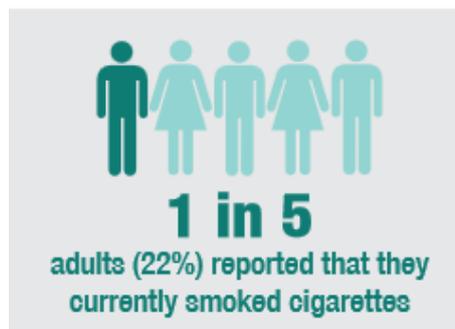
<sup>18</sup> Fraser, F. (2014) New Psychoactive Substances – Evidence Review: Scottish Government.

- Purple Haze;
- Exodus Damnation;
- Bombay Blue; and
- Dr.Greenthumb.

There was also one dissociative listed – Salvia, and one psychedelic – Dimethyltryptamine (DMT).

Many of the findings within student's own substance use are consistent with other national prevalence data available such as SALSUS (2013)<sup>19</sup> and Scottish Crime and Justice Survey (2012/2013)<sup>20</sup>, including the most commonly used illegal substance which was Cannabis, used by twice as many students as any other substance, followed by Cocaine and Ecstasy.

Legal substances including Tobacco, Alcohol and E-Cigarettes were cited as the most prevalent in terms of use. Alcohol was more commonly used within the last week (43%) than Tobacco (42%). Tobacco use is decreasing in Scotland, with the Scottish Government (2013)<sup>21</sup> reporting that 23% of the adult population are smokers in 2013 compared with 31% in 1999. Findings within this report may further argue the shift in smoking prevalence within Scotland. E-cigarettes were third most prevalent in terms of use in the last week (21%).



Scottish Health Survey, 2014<sup>22</sup>

Participants of this survey were almost three times (61%) more likely to drink spirits than any other type of alcohol. The second most prevalent alcohol type reported was wine (21%) followed by beer (18%). These findings are consistent with other UK prevalence surveys including the Institute of Alcohol Studies findings of young people and alcohol use (2013)<sup>23</sup> and the findings outlined in MESAS 2014<sup>24</sup> and is consistent with patterns of alcohol sales in Scotland.

<sup>19</sup> Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2014)

<sup>20</sup> Scottish Government (2014) Scottish Crime and Justice Survey 2012-13.

<sup>21</sup> Scottish Government (2013) Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland.

<sup>22</sup> Scottish Government (2015) The Scottish Health Survey. 2014 Edition.

<sup>23</sup> Institute of Alcohol Studies (2013) Young People and Alcohol Factsheet.

<sup>24</sup> Beeston C, (on behalf of the MESAS project team) (2014). Monitoring and Evaluating Scotland's Alcohol Strategy. Fourth Annual Report. Edinburgh: NHS Health Scotland.

Average units consumption on the  
heaviest drinking day in 2014



In 2014, more than **twice as much vodka** was sold per adult in supermarkets and off-licences in **Scotland** compared to **England and Wales**



MESAS, Alcohol sales & price update, 2015<sup>25</sup>

<sup>25</sup> Robinson M, Beeston C, McCartney G, Craig N. Monitoring and Evaluating Scotland's Alcohol Strategy: Annual update of alcohol sales and price band analyses. (2015).

## 9. A WIDER APPROACH

1. Scottish Families welcomes the opportunity to replicate this study to build understanding of student experiences of substance-related harm and support needs to develop a collective response. Variations of this study have already been extended to Argyll & Bute, Forth Valley, Highlands and across Young Adult Carers networks nationally with plans to publish details later in 2016
2. The prevalence of substance-related harm suggests that a whole population approach to harm reduction should be considered for future areas of work particularly in relation to the following:
  - Early intervention/prevention initiatives,
  - Public safety,
  - Engaging communities/young people and families in licensing processes for the provision of on/off sales,
  - Youth forums – peer-led projects – awareness raising activities to make support accessible, and
  - Youth led support groups for substance-related harm.
3. Emerging evidence suggests a wider strengths-based approach may be required, drawing on social capital, lived experience and local knowledge to continue to reduce alcohol-related harm in keeping with regional ADP priorities. From what we have seen and learned, all families, young people and frontline services - engaging with those affected, can be central to changing Scotland's relationship with alcohol and other substances by;
  - Reducing stigma;
  - Supporting and sustaining recovery for a family member/CSO;
  - Encouraging individuals to take more responsibility for their own alcohol consumption;
  - Reducing alcohol-related harm within families and the wider community; and
  - Engaging more families, young people and communities in the licensing process.
4. In recognition of the 21% of students who suggested that another's substance use was a contributory factor in missing learning/educational opportunities, Ayrshire College may wish to consider suitable opportunities to identify and engage with students affected through college induction programmes, learning assessment and additional support need structures.
5. Significant trends have emerged which suggest that public safety is a significant concern amongst the student population. Joint action between student campus/community police could explore crime rate vs public perception as well as public safety initiatives and keeping safe initiatives.
6. Health-promotion in relation to substance use should highlight the wider benefits of physical, mental health & well-being. Diversionary activities should be

encouraged working with partners/stakeholders to negotiate and secure subsidised rates/membership for activities. Incentivise a wider range of outdoors activities/social opportunities that do not involve substance use.

7. Emerging evidence should be used to inform suitable training opportunities for college staff, young people and the wider workforce to raise awareness of substance-related harm demonstrating the prevalence and limiting impact his can have on opportunities.

## 10. CURRENT SITUATION

The East<sup>26</sup>, North<sup>27</sup> and South<sup>28</sup> Ayrshire Alcohol and Drug Partnership's (ADPs) identify common key priorities outlined in their strategy documents. These include:

- A whole population approach to education and prevention;
- Improving community safety: enforcement, availability and safer environments;
- Promoting recovery: Recovery Orientated System of Care; and
- Children and Families affected by substance use
- Workforce development.

The current work undertaken by **Ayrshire College** in tackling substance misuse is underpinned by these key priorities and is outlined below:

- The appointment of the NHS Alcohol and Drug Officer (ADO) and Police Scotland Liaison Officer (PLO) posts. These partnership roles aim to have proactive engagement with college students and, in particular, the young and hard to reach groups to maximise the impact on their own and the wider community's health and wellbeing. This aim is in line with the College's strategic goals and also supports the objectives of NHS Ayrshire and Arran, Police Scotland and the Shared Outcome Agreements for each Community Planning Partnership across Ayrshire.
- Students made aware of the support services available to them including ADO, PLO, Student Services and Learning Support via student inductions, lecturing staff and the college website.
- A whole population approach is in place through the delivery of a range of student workshops which are delivered as part of the Skills for Life curriculum aimed at education, prevention and where necessary, early intervention. Peer education projects also take place where appropriate.
- Workshops are also delivered to student groups as part of their career development, challenging stigma and negative attitudes towards substance use thus developing the workforce.
- Utilising the skills and experiences of those in recovery from alcohol or drug through the recruiting and training volunteers to co-deliver student workshops.
- The delivery of Alcohol Brief Interventions.
- Health promoting campaigns run on an annual basis to raise awareness of specific issues, challenge negative normalisation and raise the profile of local support services. These include Alcohol Awareness Week and Respect Week (personal safety).

<sup>26</sup> East Ayrshire Alcohol and Drug Partnership (2011) Commissioning Strategy 2011-2015.

<sup>27</sup> North Ayrshire Alcohol and Drug Partnership (2011) A Strategy for the Future 2011 – 2015.

<sup>28</sup> South Ayrshire Alcohol and Drug Partnership (2015) Strategic Commissioning & Delivery Plan..

- Awareness and promotion of local alcohol and drug service's referral pathways, referring or signposting students who require specialised support
- Regular college staff CPD sessions delivered by ADO or other relevant professionals (e.g. NHS Specialist Alcohol Midwife) in order to up skill the workforce.
- Communications to relevant college staff on emerging drug trends and new psychoactive substances through membership of Ayrshire and Arran's Drug Trend Monitoring Group.
- Partnership working with Fresh Air-shire, the local NHS smoking prevention and cessation service who deliver inputs to student groups and provide weekly drop in clinics on each Ayrshire College campus.

## 11. MOVING FORWARD

Following the issues raised within this report, the following actions will be considered by **Ayrshire College**:

- Development of a Cannabis Awareness Week for students which promotes support services and challenges the normalisation of this drug, explore attitudes and educate on short and long-term effects;
- Promotion of family support services such as SFAD national helpline for those affected by others' alcohol and substance use;
- Development of e-learning modules for college staff which include support services information and the effects of alcohol and drug use on significant others as well as individuals;
- Focus groups to be considered by the PLO in order to establish public safety aspects of others' substance use as identified as a major issue in this report in relation to young people;
- Use aspects of this report's findings to inform future Respect Week campaign planning e.g. drink driving; and
- SFAD and Ayrshire College Student Association to consider the development of peer support groups for those affected by significant others substance use as well as the promotion of diversionary activities available for young people throughout Ayrshire.

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### 13. Appendix: Questionnaire Tool

#### Ayrshire College Substance Related Harm Survey

##### Substance Related Harm Survey

**All responses are completely anonymous and all personal information will remain confidential**

This survey aims to find out more about your experiences of substance misuse and the impact of another person's alcohol or drug misuse on you. This study is being carried out by Scottish Families Affected by Alcohol & Drugs in partnership with Ayrshire College. **All of your responses are completely anonymous and all personal information collected will remain confidential.** The results of this study will be used to help inform future services and to develop appropriate resources to support those living with the effects of a loved one's alcohol or drug misuse.

**\* 1. Have you ever experienced any of the following due to someone else's alcohol or drug misuse? if so, how frequently have you experienced these?**

	Never	in the last week	in the last month	in the last year	in the last 3 years
Kept awake	<input type="radio"/>				
Alcohol, Drugs or Both?	<input type="text"/>				
Harassed in a public place	<input type="radio"/>				
Alcohol, Drugs or Both?	<input type="text"/>				
Witnessed aggressive behaviour	<input type="radio"/>				
Alcohol, Drugs or Both?	<input type="text"/>				
Been a passenger of someone under the influence	<input type="radio"/>				
Alcohol, Drugs or Both?	<input type="text"/>				
Been affected by a driver under the influence	<input type="radio"/>				
Alcohol, Drugs or Both?	<input type="text"/>				
Felt unsafe in a public space	<input type="radio"/>				
Alcohol, Drugs or Both?	<input type="text"/>				
Felt unsafe at home	<input type="radio"/>				
Alcohol, Drugs or Both?	<input type="text"/>				

**\* 2. How would you rate your experience of the following alcohol and drug related harms and their impact on you ?**

	Not Applicable	1 Minor impact	2	3	4	5 Severe impact
Being kept awake	<input type="radio"/>					
Harassed in a public space	<input type="radio"/>					
Witness aggressive behaviour	<input type="radio"/>					
Been a passenger of someone under the influence	<input type="radio"/>					
been affected by a driver under the influence	<input type="radio"/>					
Felt unsafe in public space	<input type="radio"/>					
Felt unsafe at home	<input type="radio"/>					

**3. Please tell us if you have ever used any of the following substances, how often and the name or brand if applicable.**

	Never	in the last week	in the last month	in the last year	in the last 3 years	Rather not say
Alcohol	<input type="radio"/>					
please tell us the names/brands of these substance?	<input type="text"/>					
Prescribed drugs	<input type="radio"/>					
please tell us the names/brands of these substance?	<input type="text"/>					
Non-prescription drugs - Ecstasy, Marijuana, Cocaine etc...	<input type="radio"/>					
please tell us the names/brands of these substance?	<input type="text"/>					
Cigarettes - Tobacco	<input type="radio"/>					
please tell us the names/brands of these substance?	<input type="text"/>					
E-cigarettes or Vapouriser	<input type="radio"/>					
please tell us the names/brands of these substance?	<input type="text"/>					
Volatile substances - Aerosols/glue/solvents	<input type="radio"/>					
please tell us the names/brands of these substance?	<input type="text"/>					
'Legal Highs' - New Psychoactive Substances (NPS)	<input type="radio"/>					
please tell us the names/brands of these substance?	<input type="text"/>					

**Substance Related Harm Survey**

**Family and significant others**

**\* 4. Have you ever supported a significant other due to their alcohol or drug use?**

- Yes
- No
- Rather not say
- What was your relationship to this person e.g. parent, child, sibling, cousin, friend, colleague...

**5. What support did you provide? (Tick all that apply)**

- Emotional
- Financial assistance
- Help with accessing services
- Purchase alcohol or other substances
- Help with domestic/personal tasks e.g. cleaning, shopping, cooking, transportation
- Help to meet their work/learning or benefit commitments
- Not Applicable

Other (please specify)

**\* 6. Have you ever accessed support to help you cope with someone else's alcohol or drug use?**

- Yes
- No
- Prefer not to say
- Other (please specify)

**\* 7. How did you access support? (Tick all that apply)**

- NHS help - GP, hospital, addiction services
- Own support network - e.g. family/friends
- Voluntary/charity organisation
- Teacher/guidance/student services
- Youth/social/support worker
- Not applicable
- Other service (please specify)

**\* 8. Have you ever missed any of the following as a result of a significant other's drug or alcohol use?**

	Not applicable	Never	Seldom	Sometimes	Often
School/College	<input type="radio"/>				
Example (optional)	<input type="text"/>				
Work	<input type="radio"/>				
Example (optional)	<input type="text"/>				
Personal Appointment	<input type="radio"/>				
Example (optional)	<input type="text"/>				
Social/Leisure activities	<input type="radio"/>				
Example (optional)	<input type="text"/>				

**9. About you... to help us understand more about who is responding please provide the following information**

**Email address- to enter the**

**Prize Draw:**

Gender:

Ethnicity:

Religion:

Do you consider yourself to have a disability:

Do you identify as LGBT:

Age:

If you want to take part in a follow-up focus group or workshop please fill out the boxes below...

Name:

Contact number:

College Campus: