



Discussing Drugs and Alcohol with Young People

Year 1 Report

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Abstract

Background

Almost three quarters of young people in Highland have consumed alcohol by age fifteen. Despite a 10% reduction since 2010, Highland remains above the national average. Drug use among adolescents in Highland has also shown a downward trend. However, most research is conducted with young people that regularly attend school; therefore may not include the experience of more vulnerable young people. Additionally, evidence supports the feasibility of delivering alcohol brief interventions to young people.

In response, a *Discussing Drugs and Alcohol with Young People* course was designed for practitioners to develop skills in 'raising the issue' of drug and alcohol use, and have short, effective conversations about behaviour change.

Methods

Appropriate materials were developed, creating a blended learning course. A training network was established, recruiting members from NHS Highland, Highland Council (Health Improvement plus Youth Action Team), Highlife Highland, Highland Alcohol and Drugs Partnership, and Action for Children to reach those working directly with young people, while covering the NHS Highland area.

Results

During 2016/2017, twenty training sessions with over 200 participants were completed. The course evaluated positively, both in quantitative and qualitative feedback.

Following the training, 91% of participants reported feeling confident or very confident to raise the discussion about drugs and alcohol as an issue. In addition, 86% of participants reported feeling confident or very confident in delivering a harm reduction approach in relation to drugs and alcohol.

Qualitative feedback included "Really spot on course, thank you, I have a lot more appropriate information to give to our young people now".

Conclusions

The demand from practitioners working directly with young people demonstrates a clear need for the course. Evaluation has been very positive overall. Further evaluation into the impact of the training will provide additional insight to the approach being put into practice. Incorporating the topic of tobacco, and creating example video scenarios are planned for further development.

1. Introduction

Almost three quarters of young people in Highland have consumed alcohol by the time they are fifteen years old. Although there has been a 10% reduction since 2010, Highland remains above the national average. In addition, drug use among adolescents in Highland has also shown a downward trend (SALSUS, 2014). However, most research is conducted with young people that regularly attend school and as such may not include the experience of more vulnerable young people.

There is substantial evidence supporting brief interventions for alcohol (Raistrick *et al.*, 2006; Parkes *et al.*, 2011) and tobacco, and growing evidence of effectiveness for other substances (WHO, 2003; RCGP *et al.*, 2012). Additionally, evidence supports the feasibility of delivering alcohol brief interventions to young people (Stead *et al.*, 2014; Stead *et al.*, 2017).

In response, a *Discussing Drugs and Alcohol with Young People* training course was designed by NHS Highland Health Improvement in conjunction with Highland Alcohol and Drugs Partnership (HADP). The course allows practitioners to develop skills in 'raising the issue' of drug and alcohol use, and have short, effective conversations about behaviour change.

2. Method

Appropriate materials were developed, creating a blended learning course. A training network was established, recruiting members from NHS Highland, Highland Council (Health Improvement plus Youth Action Team), Highlife Highland, Highland Alcohol and Drugs Partnership, and Action for Children to reach those working directly with young people, while covering the NHS Highland area. Ten trainers agreed to deliver two training sessions per year. Trainers were encouraged to co-deliver, and were supported by the training co-ordinator.

Immediately following the four hour training course, participants were asked to complete an evaluation form [Appendix 1]. The evaluation form includes a series of quantitative feedback questions, scored using 5 point likert scales. In cases where participants scored non-whole numbers (e.g. 3.5/4.5), scores were rounded down. In addition, free text areas are included to gather qualitative feedback within the evaluation form. The completed forms were evaluated, with guidance from the Research & Intelligence Specialist within HADP, and the results of the analysis are presented below.

3. Results and Discussion

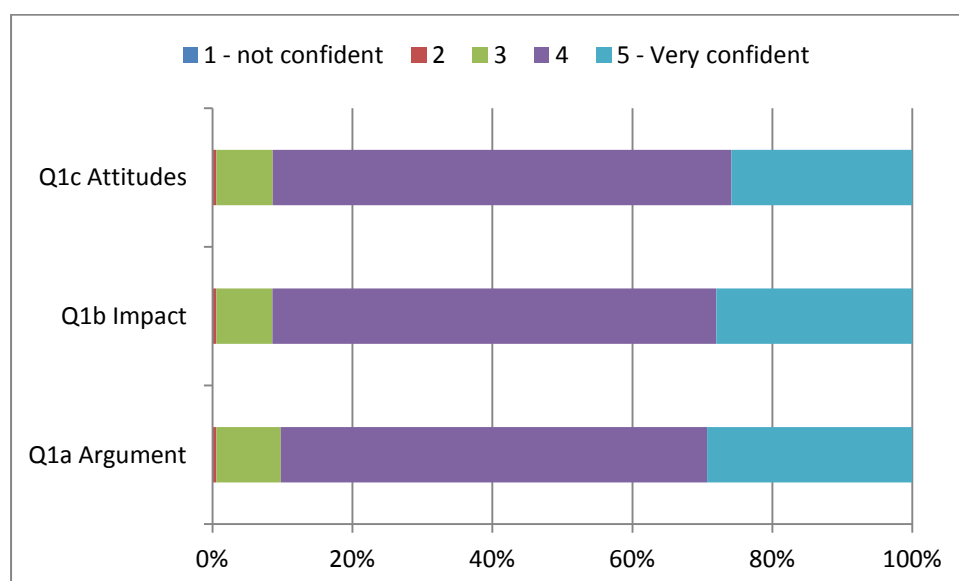
During the first year of *Discussing Drugs and Alcohol with Young People* 209 participants completed the course. 191 participants were asked to complete the standard evaluation form, with 175 participants responding; a response rate of 92%. These evaluations were aggregated providing overall feedback of the course.

3.1 Quantitative Results

3.1.1 Section 1 – Understanding

The first section of the evaluation form considers participants' confidence in; their understanding of the argument for discussing drugs and alcohol with young people (Q1a), the impact of drugs and alcohol on young people (Q1b), and attitudes to drugs and alcohol and how they can affect practice (Q1c).

Figure 1: Section 1 Results



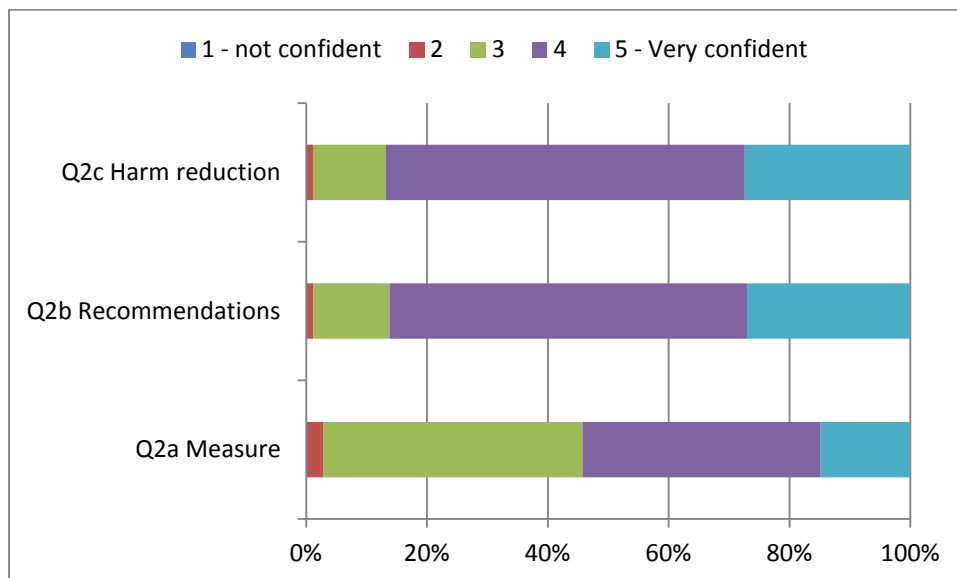
The majority of participants left the course feeling confident or very confident in their understanding of the argument for discussing drugs and alcohol with young people (90%), the impact of drugs and alcohol on young people (91%) and how attitudes to drugs and alcohol and how they can affect practice (91%). A small percentage of participants scored themselves a 3 or a 2 (10%, 9% and 9% respectively), with no participant scoring as not confident.

Some participants reported not finding the time to read the pre-course briefing papers before face to face attendance on the course. This could account for the lower scores of some participants.

3.1.2. Section 2 – Skills application

The second section of the evaluation form considers participants confidence to apply particular skills to their work in practice. These include being able to measure individual use of drugs and alcohol being consumed by individuals (Q2a), explaining low-risk drinking recommendations to individuals (Q2b), and delivering a harm reduction message in relation to drugs and alcohol (Q2c).

Figure 2: Section 2 Results



In relation to the Q2a, less people felt confident or very confident (54%) at being able to measure individual use of drugs and alcohol being consumed by individuals than any other question of the evaluation form. It is possible that the lower overall score is due to drugs and alcohol being coupled together in this question. Within the course alcohol unit calculation is covered; however there is no equivalent activity to quantifying drug intake. Instead, drug categories are considered. Separating these topics and asking more appropriate questions will address provide more accurate feedback, rather than altering course content. The task of quantifying drug intake is complicated by unknown potency or content of the drug. The evaluation form will be updated for future courses.

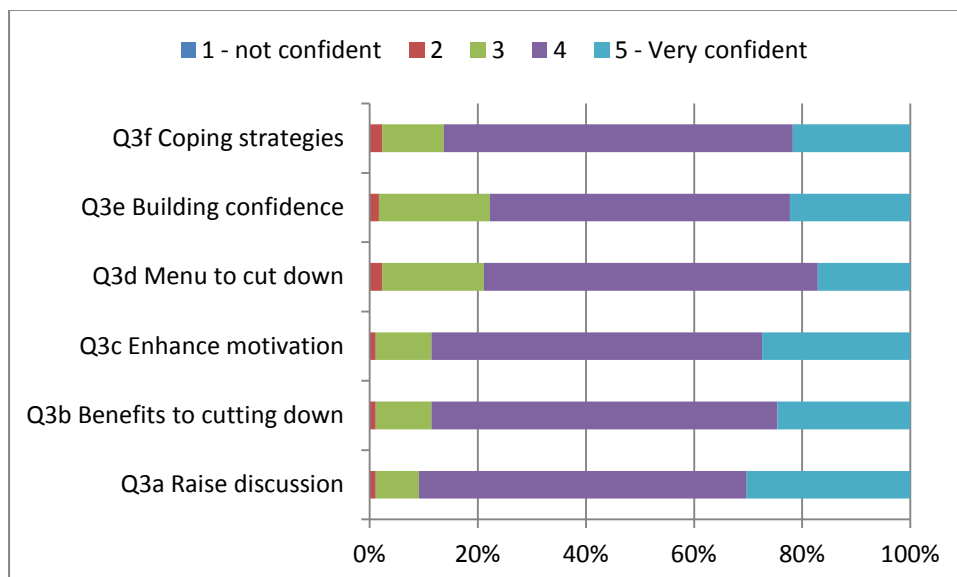
The majority of people were confident or very confident in explaining the low-risk drinking recommendations to individuals (86%) and to deliver a harm reduction message in relation to drugs and alcohol (86%).

3.1.3. Section 3 – Key skills

The third section of the evaluation form considers participants confidence in putting into practice certain key skills of discussing drugs and alcohol with young people, as follows:

- Raise discussion about drugs and alcohol as an issue (Q3a)
- Provide information and advice on risks and benefits of cutting down (Q3b)
- Discuss advantages and benefits of change to enhance motivation (Q3c)
- Provide a menu of options to those who wish to cut down their drinking and or drug use (Q3d)
- Build the confidence of service users in their ability to make changes (Q3e)
- Support individuals to develop coping strategies (Q3f)

Figure 3: Section 3 Results



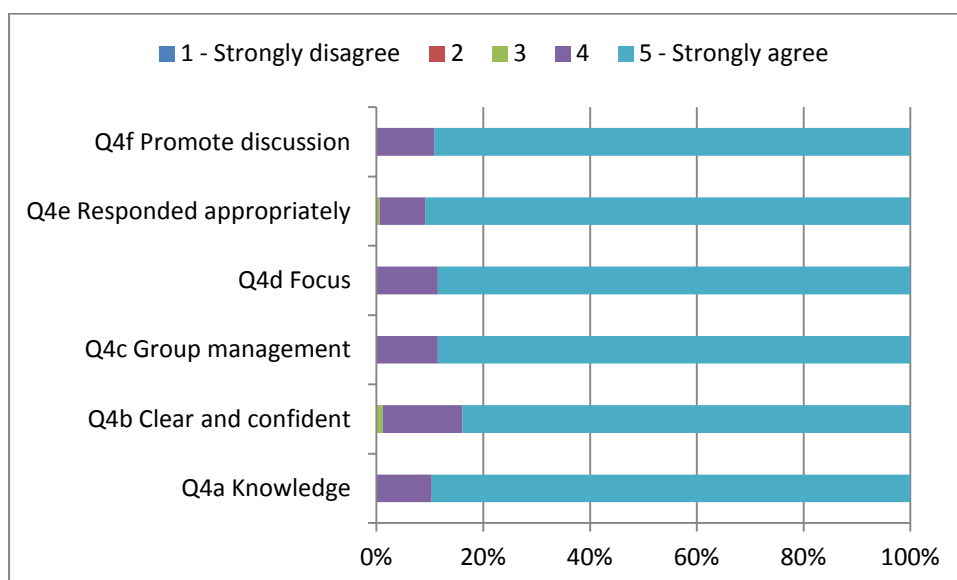
The vast majority of participants rated themselves as confident or very confident at putting key skills into practice (91%, 89%, 88%, 79%, 77%, and 87% respectively). It is expected that confidence will further increase once participants have practiced these skills in real life situations. Further evaluation of the course will identify if

confidence remains or develops following use of skills in real-life situations. In addition, opinions on refresher training and existence of any gaps within the training will be sought.

3.1.4. Section 4 – Trainers’ skills and knowledge

Section four is an opportunity to rate the trainers’ knowledge and skills, including knowledge of the subject matter (Q4a), presenting clearly and confidently (Q4b), effectively managing the participant group (Q4c), keeping the discussion / activities focused on the subject matter (Q4d), responding appropriately to questions (Q4e), and promoting discussion and involvement (Q4f).

Figure 4: Section 4 Results



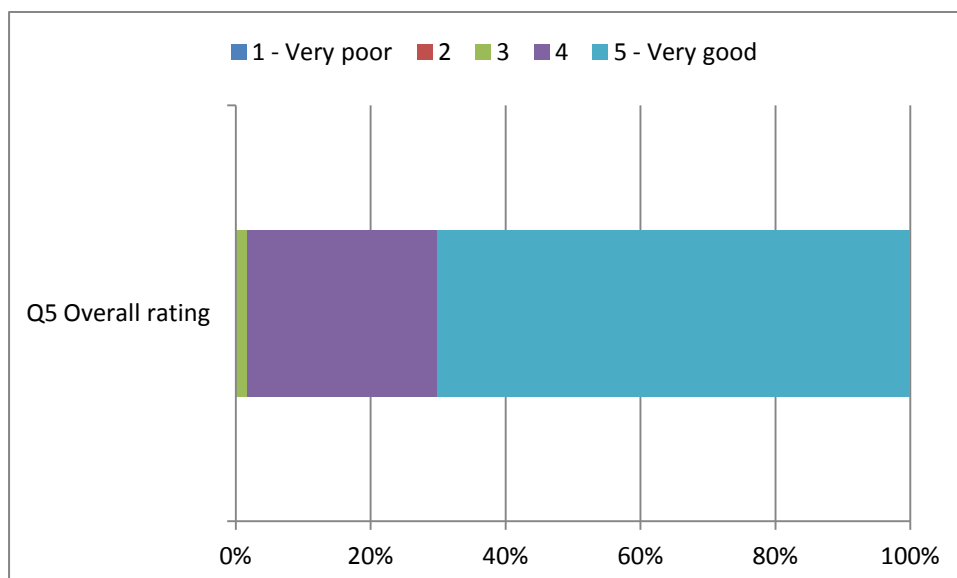
Almost all of the participants agreed or strongly agreed with various aspects of the trainers’ knowledge and skills (100%, 99%, 100%, 100%, 99%, and 100% respectively). Only three people provided a neutral score in any of the categories, and no negative scores were provided.

There is a concern that the participants were being polite, or did not want to provide negative feedback while trainers were present. However, the trainers have been trained and supported throughout, and have a good grasp of the subject matter, with many trainers work relating directly with drug and alcohol issues. As a future action, electronic evaluations could be created so that participants can provide feedback on a more anonymous level.

3.1.5. Section 5 – Overall rating

The final quantitative section simply asks participants to provide an overall rating of the course.

Figure 5: Section 5 Results



Overall, participants rated the course positively. 70% of participants rated the course as very good, with 28% as good, and the remaining 2% as neutral. Further analysis of the course could include asking for suggestions of improvements.

3.2 Qualitative Results

Participants were able to leave free text comments in three areas of the evaluation form. Examples of these comments will be shown through this section as in italics, indented and in purple font.

3.2.1 Section 4 - Additional Comments

The first free text option was within section 4; regarding the trainers' knowledge and skills, however not all comments provided were exclusively on this subject. Seven themes were identified from these comments:

- Trainers' skills and personas (including environmental factors)
- Balance of the training (training structure, balance of information and activities, opportunities to practice, and participation)
- General praise and thanks

- Clear / clarity of information, informative
- Resources
- Usefulness of training
- Constructive criticism, practical advice.

The most dominant theme received 30 references on the trainers' skills and personas:

"The trainers knew what they were talking about in detail and were always able to help with any issues / problems in the group"

"Both [trainers] communicated well and helped me realise that I was not as unconfident and inexperienced as I thought, they filled me with confidence"

"Both trainers excellent - supportive, welcoming and non-judgemental"

The second most frequent theme received 20 references regarding the balance of the training:

"The structure of the course was excellent, a proper beginning, middle and end, lots of interaction and participation and opportunities to practice"

"Very organised day, excellent mix of discussion / activity, good to have handouts as a reference"

"Lovely style of address and full discussion, enjoyed the day and learned a lot, thank you"

Comments of general praise and thanks were the third most frequent theme, with 18 references:

“Really spot on course, thank you, I have a lot more appropriate information to give to our young people now”

3.2.2 Three actions

Within section 6 of the evaluation form participants were asked to provide three actions that they would undertake in their workplace as a result of attending the training. Six themes were identified within this section:

- Put skills from course into practice (naming skills, realisation of transferability of skills)
- Further research or training to increase knowledge and awareness, utilising resources and reflection of practice
- Confidence and comment on ability to support staff or young people
- Share information with colleagues
- Adaptation of current practice / programme / protocol, including further activities with young people
- Work with others
- Constructive criticism.

The dominant theme focused upon putting skills from the course into practice (221 references):

“Remember to resist the desire to provide options, allow client to think of their own”

“Practice Brief interventions in workplace”

“Remembering the client may not want to change”

“Focus on skills to help people move on from ambivalence”

“Practice all of OARS within visits to clients” [OARS is an acronym used in Motivational Interviewing that represents communication techniques and stands for Open Questions, Affirmations, Reflective Listening and Summaries]

“Resist righting reflex”

“Use motivational interview techniques”

“Adopt listening skills”

“I will look at every interaction with young people as an opportunity to discuss this”

“Deliver a harm reduction message”

The second most frequent theme (84 references) referenced further research or training to increase knowledge and awareness, including using suggested resources:

“Make use of the resources and handouts given at the training”

“Look at further training to develop learning further”

“Look at regular view for Highland Substance Use Toolkit for up to date info”

3.2.3 Additional comments or suggestions

Finally, participants were able to make any additional comments or suggestions in the final free text space. Five themes were identified within this section:

- General praise and thanks
- Next steps, including progress suggestions, for the training / participant
- Venue (negative)
- Venue (positive)
- Duration of course / break.

The most dominant theme (34 references) contained further general praise and thanks for the course:

“Thank you for an informative and welcoming day of sharing factual information 😊”

“Great training and excellent facilitators. Would highly recommend to colleagues”

Twelve references were made to next steps for the training in the second most frequent theme:

“Less paper possibly more condense or guidance to where info can be found”

“Add more about drugs perhaps”

As an improvement, packs are now provided to participants. Further research will identify if further drugs content would be welcomed.

4. Conclusion

The demand from practitioners working directly with young people demonstrates a clear need for the course. Evaluation was very positive overall. Further evaluation into the impact of the training will provide additional insight to the approach being put into practice and will identify potential next steps for the training course.

Incorporating the topic of tobacco, and creating example video scenarios are planned for further development.

5. Recommendations

Further research into the level of impact that the training has had for participants in practice is the next step in evaluating the course. Within this it is hoped to gain examples of good practice and highlight future improvements to the course.

Video clip examples of brief interventions to be shown at the training will be an asset to the course. While showing good practice, it also gives participants a standard to work towards, and confirms that effective interventions can be brief.

As tobacco smoking is a behaviour that most commonly begins in young age, tobacco will be added into the course content, both in the briefing papers and within the face to face component of the course.

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Appendices

Appendix 1: Evaluation form

Discussing Drugs and Alcohol with Young People: post-course evaluation

Date of course:	
Name:(optional)	
Organisation:	
Trainer:	

1. Please rate (on a scale from 1 to 5) how confident you are in your understanding of: (1 = Not Confident to 5 = Very Confident)

<i>Please circle one number for each area using the scale from 1 to 5</i>	Not confident		very confident		
a. The argument for discussing drugs and alcohol with young people	1	2	3	4	5
b. The impact of drugs and alcohol on young people	1	2	3	4	5
c. Attitudes to drugs and alcohol and how they can affect practice	1	2	3	4	5

2. Please rate (on a scale from 1 to 5) how confident are you in applying these skills to your work practice (1 = Not Confident to 5 = Very Confident)

<i>Please circle one number for each area using the scale from 1 to 5</i>	Not confident		very confident		
a. Be able to measure individual use of drugs and alcohol being consumed by individuals	1	2	3	4	5
b. Explain low-risk drinking recommendations to individuals	1	2	3	4	5
c. Deliver a harm reduction message in relation to drugs and alcohol	1	2	3	4	5

3. Please rate on a scale from 1 to 5 how confident you are putting in to practice the following key skills of discussing drugs and alcohol with young people (1 = Not Confident to 5 = Very Confident)

<i>Please circle one number for each area using the scale from 1 to 5</i>	Not confident		very confident		
a. Raise discussion about drugs and alcohol as an issue	1	2	3	4	5
b. Provide information and advice on risks and benefits of cutting down	1	2	3	4	5
c. Discuss advantages and benefits of change to enhance motivation	1	2	3	4	5
d. Provide a menu of options to those who wish to cut down their drinking &/ drug use	1	2	3	4	5
e. Build the confidence of service users in their ability to make changes	1	2	3	4	5
f. Support individuals to develop coping strategies	1	2	3	4	5

Discussing Drugs and Alcohol with Young People: post-course evaluation

4. Please rate the Trainer(s) knowledge and skills on a scale from 1 to 5
(1 = Strongly Disagree to 5 = Strongly Agree)

Please circle one number for each area using the scale from 1 to 5	Strongly disagree					Strongly agree				
	1	2	3	4	5	1	2	3	4	5
a. The Trainer appeared knowledgeable of the subject matter	1	2	3	4	5	1	2	3	4	5
b. The Trainer presented clearly and confidently	1	2	3	4	5	1	2	3	4	5
c. The Trainer effectively managed the participant group	1	2	3	4	5	1	2	3	4	5
d. The Trainer kept the discussion / activities focused on the subject matter	1	2	3	4	5	1	2	3	4	5
e. The Trainer responded appropriately to questions	1	2	3	4	5	1	2	3	4	5
f. The Trainer promoted discussion and involvement	1	2	3	4	5	1	2	3	4	5
Additional Comments (Please print)										

5. Please indicate your overall rating of the course on a scale from 1 to 5
(1 = Very poor to 5 = Very good)

Please circle one number for each area using the scale from 1 to 5	Very poor					Very good				
	1	2	3	4	5	1	2	3	4	5
a. My overall rating of the course is as follows	1	2	3	4	5	1	2	3	4	5

6. Please list 3 actions you will undertake in your workplace as a result of attending this training

Workplace Actions
1.
2.
3.

Please feel free to make any additional comments or suggestions

Thank you for completing this form, please return it to the Trainer(s)