



Discussing Drugs and Alcohol with Young People

Year 2 Report

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Abstract

Background

This Year 2 *Discussing Drugs and Alcohol with Young People* report follows on from the Year 1 report. The blended learning course continues to be delivered in Highland by the *Discussing Drugs and Alcohol with Young People* training network.

Methods

Course materials were reviewed and updated, in order to ensure they remain current. The training network continued to deliver the course, although at a reduced capacity.

Results

During 2017/2018, 9 training sessions with over 60 participants were completed. The course evaluated positively, both in quantitative and qualitative feedback.

Following the training, 97% of participants reported feeling confident or very confident to raise the discussion about drugs and alcohol as an issue. In addition, 98% of participants reported feeling confident or very confident in delivering a harm reduction approach in relation to drugs and alcohol.

Qualitative feedback included “*both trainers were very knowledgeable, engaging and made it very informal*” and “*relaxed group but got through a lot of information, good use of participation/group work, kept interest levels up throughout*”.

Conclusions

The remaining demand from practitioners working directly with young people demonstrates a continued need for the course. Evaluation has been more positive than Year 1 overall, potentially due to improvements from Year 1, and increased experience of trainers.

1. Introduction

As explained in the [Year 1](#) report, 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 are no updates from SALSUS at this stage.

Discussing Drugs and Alcohol with Young People continues to be delivered into a second year.

2. Method

Appropriate materials were developed, creating a blended learning course. Briefing papers were reviewed and updated where necessary, in order to remain current. In addition, there are now videos of brief interventions that are shown as a good practice example within the training. Scripts for the videos were written within the training network, and the interventions were performed by local young people, and a colleague who is proficient in delivering motivational interviewing.

The training network continued, at a reduced capacity. One member's job post came to the end of contract and was no longer able to deliver the course, while another member was on maternity leave. This left eight trainers, who agreed to deliver two training sessions per year. As in Year 1, 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 updated evaluation form [Appendix 1]. The only update to the evaluation form was that question 2a was separated into two questions; one regarding alcohol unit measurement and the other regarding drug categorisation, as was suggestion within the Year 1 report, in order to yield a clearer understanding of participant's confidence around these areas. Otherwise, the evaluation form remained unchanged, 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 and the results of the analysis are presented below.

3. Results and Discussion

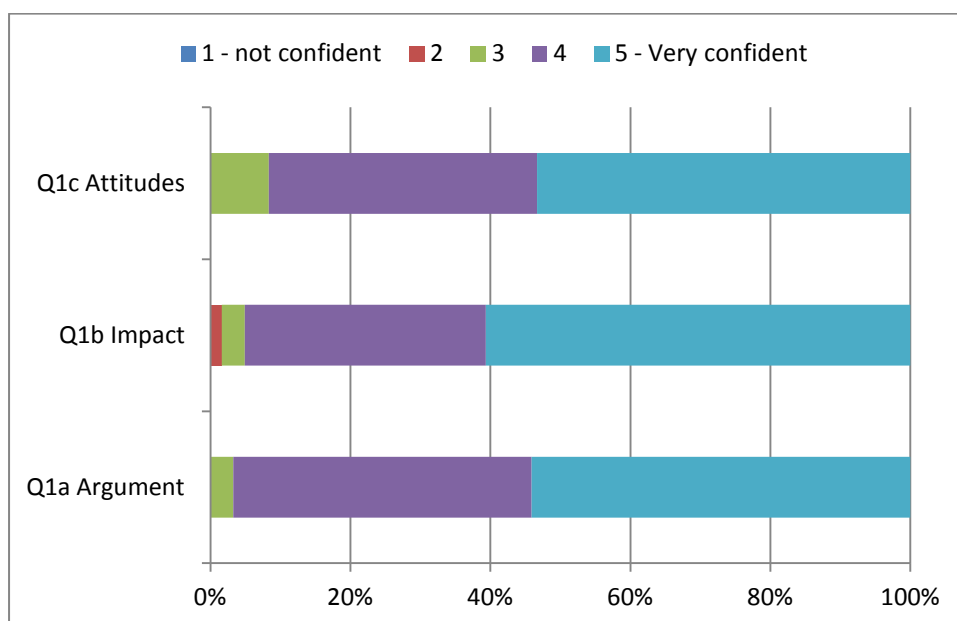
During the second year of *Discussing Drugs and Alcohol with Young People* 61 participants completed the course. All participants were asked to complete the standard evaluation form. These evaluations were aggregated providing overall feedback of the course. During one training session, the Year 1 evaluation form was used and so the scores given for question 2a were not recorded within this evaluation (number = 7).

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

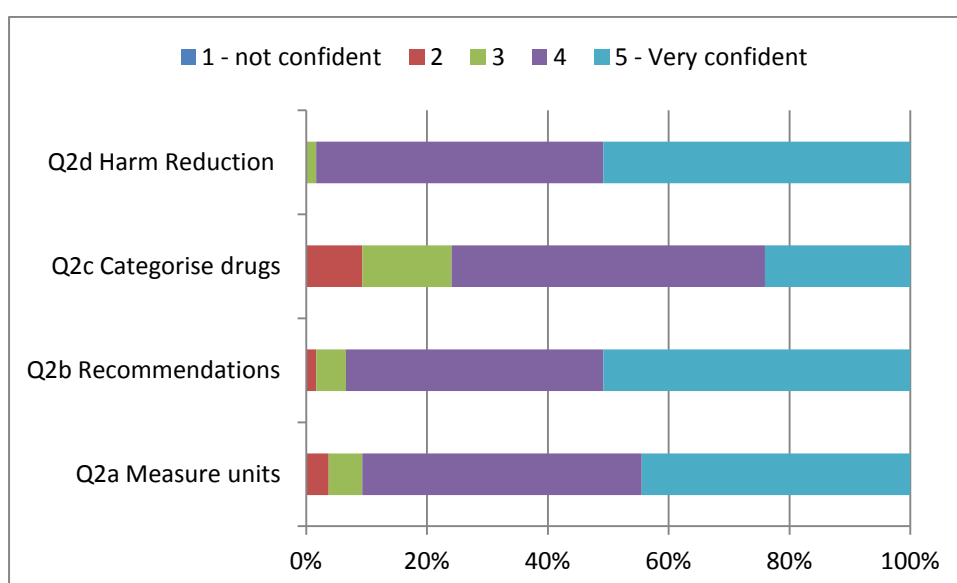


The vast majority of participants left the course feeling confident or very confident in their understanding of the argument for discussing drugs and alcohol with young people (97%), the impact of drugs and alcohol on young people (95%) and how attitudes to drugs and alcohol and how they can affect practice (92%). All of these scores are higher than in Year 1.

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 alcohol being consumed in units (Q2a), explaining low-risk drinking recommendations to individuals (Q2b), being able to categorise drugs – stimulant / depressant / hallucinogenic (Q2c) and delivering a harm reduction message in relation to drugs and alcohol (Q2d). (Q2c is an additional question in Year 2, following the separation of drugs and alcohol in Q2a from Year 1).

Figure 2: Section 2 Results



Separating Q2a from Year 1 has resulted in a clearer view of how confident participants feel to measure alcohol use. This measure rose from 54% of participants feeling confident or very confident in Year 1, to 91% in Year 2. The addition of Q2c highlights that this is the area participants feel least confident about overall, however the majority of participants (76%) felt confident or very confident to do so.

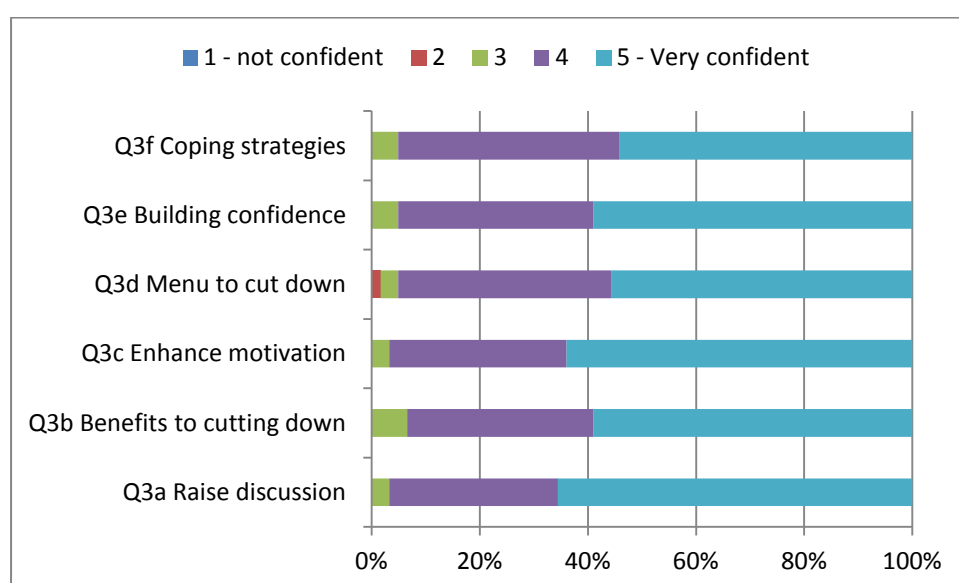
The majority of people were confident or very confident in explaining the low-risk drinking recommendations to individuals (93%) and to deliver a harm reduction message in relation to drugs and alcohol (98%). Both these scores are an increase from Year 1.

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

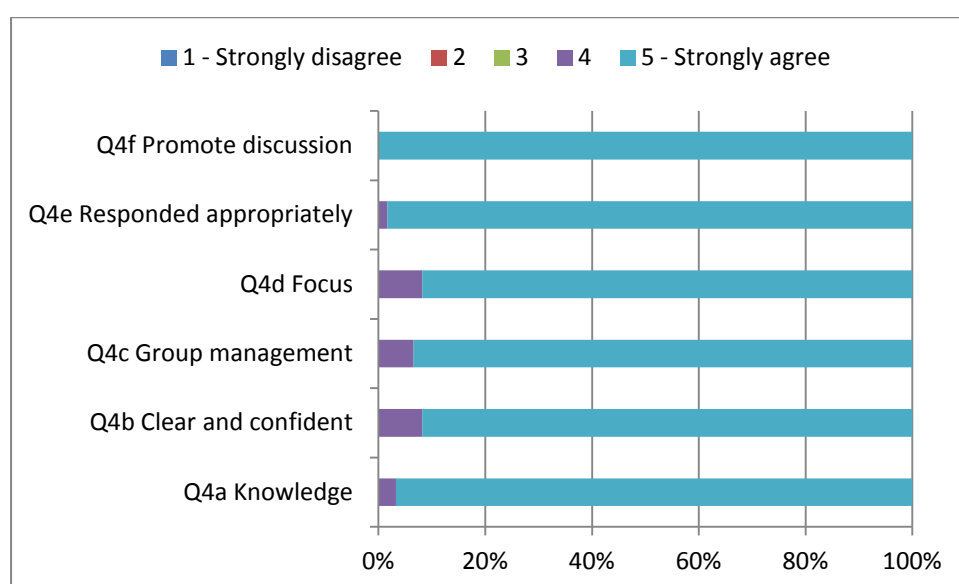


The vast majority of participants rated themselves as confident or very confident at putting key skills into practice (97%, 93%, 97%, 95%, 95%, and 95% respectively). All of these scores are an increase on Year 1. In the Year 1 report, it was expected that confidence would further increase once participants had practiced these skills in real life situations. [Further evaluation](#) of the Year 1 cohort identified confidence remained high and identified use of skills in real-life situations.

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

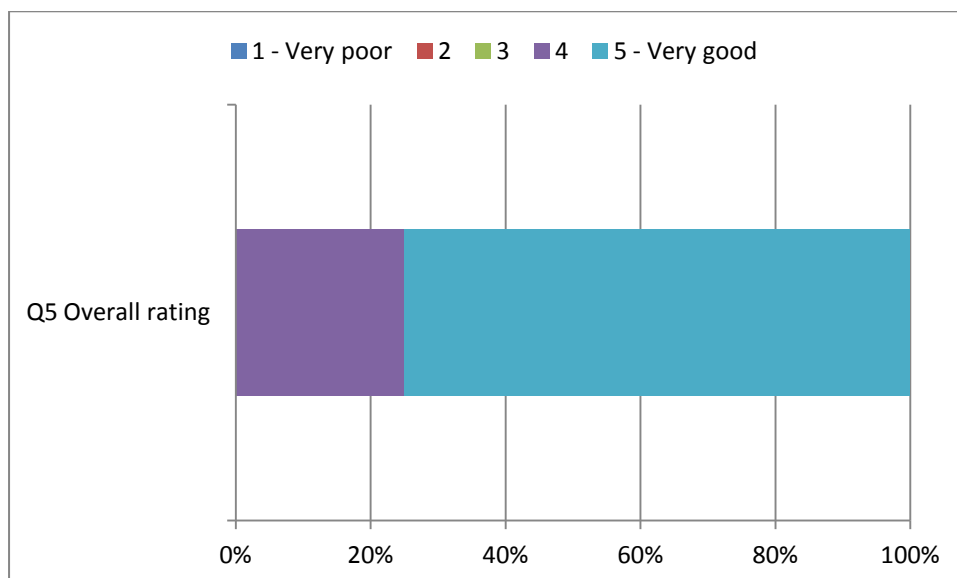


All of the participants agreed or strongly agreed with various aspects of the trainers' knowledge and skills, again this was an increase on Year 1. This increase could be attributed to the trainers gaining confidence and experience in delivering the course.

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. 75% of participants rated the course as very good, with 25% as good. This is also an increase on Year 1.

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. All twenty comments provided were positive. Four 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
- Usefulness of training

As was the case in Year 1, the most dominant theme received 9 references on the trainers' skills and personas:

“Both trainers were very knowledgeable, engaging and made it very informal”

“Enjoyed the trainers approach to the subject”

“The trainers were both open to discussion, inclusive and very knowledgeable”

The second most frequent theme received 5 references regarding the balance of the training:

“Interactive, time passed quickly, good activities, not 'death by PowerPoint”

“Relaxed group but got through a lot of information, good use of participation/group work, kept interest levels up throughout”

“Really good balance of listening and activity”

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.

As with Year 1, the dominant theme focused upon putting skills from the course into practice (90 references):

“Identify the readiness for change and act accordingly”

“Listen more to clients/children - allow them to initiate their decisions/ideas”

“Can use motivational interviewing in other areas of work”

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

“Provide risk reduction discussion with young people”

The second most frequent theme (21 references) referenced sharing information with colleagues:

“Inform work colleagues about resources”

“Suggest my work colleagues to also attend this training”

“Copy the information sheets and give out to staff”

3.2.3 Additional comments or suggestions

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

- General praise and thanks
- Next steps, including progress suggestions, for the training / participant
- Structure of the course.

As in Year 1, the most dominant theme (8 references) contained further general praise and thanks for the course:

“Thank you [trainer], it was a lot to squeeze into a small slot but it was really good and you managed to keep any diversions from the group useful”

“Interactive and very informative, Relaxed setting, Good use of space moving around, generating group discussion”

4. Conclusion

The remaining demand from practitioners working directly with young people demonstrates a continued need for the course. Evaluation has been more positive than Year 1 overall. Further evaluation into the impact of the training will continue to provide additional insight to the approach being put into practice. Recommendations from Year 1 have been put into practice, which may account for the increase in evaluation scores.

5. Recommendations from Year 1 and update

Further research into the level of impact that the training has had for participants in practice was carried out and is [available](#). This process will be repeated for the Year 2 cohort.

Video clip examples of brief interventions are now shown at the training. These provide another aspect to the course and a good practice standard to work towards, while showcasing that effective interventions can be brief.

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

References

NHS National Services Scotland (2014) *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013. Summary findings for Highland Local Authority Area*. [online] Available from http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS_2013_Highland_LA.pdf [Accessed 13/08/2017]

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)

Please circle one number for each area using the scale from 1 to 5	Not confident					very confident				
	1	2	3	4	5	1	2	3	4	5
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)

Please circle one number for each area using the scale from 1 to 5	Not confident					very confident				
	1	2	3	4	5	1	2	3	4	5
a. Be able to measure individual use of alcohol being consumed in units	1	2	3	4	5					
b. Explain low-risk drinking recommendations to individuals	1	2	3	4	5					
c. Be able to categorise drugs – stimulant / depressant / hallucinogenic	1	2	3	4	5					
d. 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)

Please circle one number for each area using the scale from 1 to 5	Not confident					very confident				
	1	2	3	4	5	1	2	3	4	5
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

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