



# **Discussing Drugs and Alcohol with Young People**

## **Year 3 Report**

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## **Abstract**

### **Background**

This Year 3 *Discussing Drugs and Alcohol with Young People* report follows on from the Year 1 and Year 2 reports. The blended learning course continues to be delivered in Highland by the *Discussing Drugs and Alcohol with Young People* training network.

### **Methods**

The training network continued to deliver the course, although at a reduced capacity. Evaluation forms have been updated alongside other health improvement training delivery.

### **Results**

During 2018/2019, 4 training sessions with 40 participants were completed. The course evaluated positively, both in quantitative and qualitative feedback.

Following the training all participants agreed or strongly agreed they would be confident in applying the learning from the training back in their own practice.

Qualitative feedback included “*Very good course, trainer led well, allowed comments and responded to these, incorporating them in our learning*”.

### **Conclusions**

DDAYP will be continued to be delivered across the Highlands. Suggestions for improvements will be considered at the annual DDAYP trainer network event.

## **1. Introduction**

*Discussing Drugs and Alcohol with Young People* (DDAYP) is a blended learning course, with briefing papers shared with participants prior to the face to face session. The four hour face to face session is interactive, using a variety of learning activities, skills practice opportunities, highlighting of supportive resources and good practice example videos, to provide a positive learning experience for participants with varying learning styles.

To continue to evaluate the DDAYP, this report presents the amalgamated responses to the post course evaluation which participants completed during the third year of DDAYP delivery. Further information on the course and outcomes can be found in the [Year 1](#) and [Year 2](#) reports.

## **2. Method**

The training network continues, although again, at a reduced capacity. During Year 3, three trainers moved job roles and so currently there are six trainers to cover the Highlands. This is a reduction from eleven following the training for trainers in February 2016. All trainers have agreed to deliver two training sessions per year.

Year 3 of DDAYP delivery comprises April 2018 to March 2019. During that time, four courses were delivered across the Highlands. A number of courses had to be cancelled due to low numbers. One course was delivered as a split twilight session x2 on the request of one primary school.

During this time, the Health Improvement team transitioned to using a generic, editable evaluation form for all training courses. This evaluation form is suggested for use within the NHS Highland Evaluation Framework and Toolkit, Appendix 2. A copy of the evaluation form, edited with the DDAYP learning outcomes, is shown in Appendix 1 of this report. A [prospectus](#) was also developed for all health improvement training, including details of DDAYP (page 27). Alongside the prospectus there is a training calendar advertising all dates for training courses. In addition, a generic application form is now in place to apply for all health improvement training courses, which is General Data Protection Regulation (GDPR) compliant. All of these resources are available on the NHS Highland website, and available at this link:

<https://www.nhshighland.scot.nhs.uk/YourHealth/Pages/HealthImprovementTraining.aspx>.

There was a fifth training session with ten participants that occurred in 2018/2019, however the old evaluation form was used. Therefore responses were not included in this report in order to be consistent and comparable to the new evaluation form and overall approach of the health improvement team.

Also during this timeframe, the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) was being conducted in schools. The results of the survey are yet to be published, and materials will be updated once this information is available.

Immediately following the four hour training course, participants are asked to complete the evaluation form (Appendix 1). This evaluation form asks quantitative questions regarding the trainers, before asking about the learning outcomes of the course. Responses are based on a five point Likert scale; ranging from strongly agree to strongly disagree. Participants are also asked if they would recommend the training, and what new information they have learnt as a percentage.

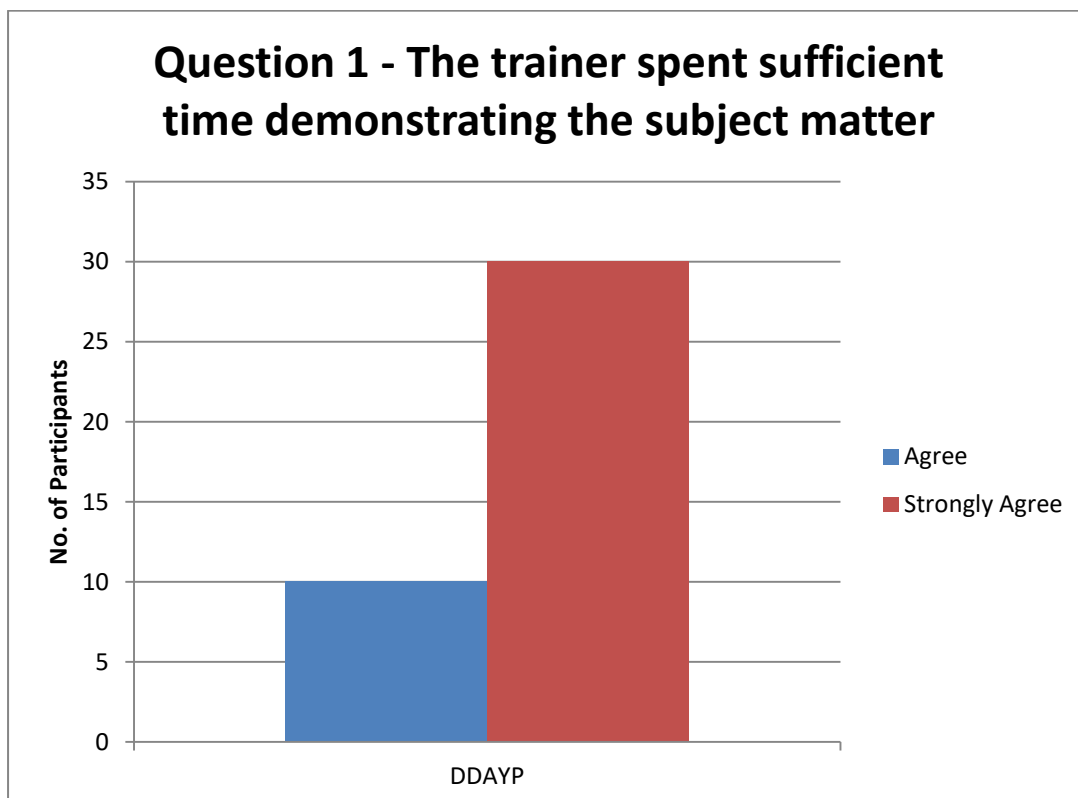
There is also the opportunity for participants to leave qualitative feedback in the free text sections. There are three of these types of questions, one of which considers action planning. The completed forms were evaluated and the results of the thematic analysis are presented below.

### **3. Results and Discussion**

#### **3.1 Quantitative Results**

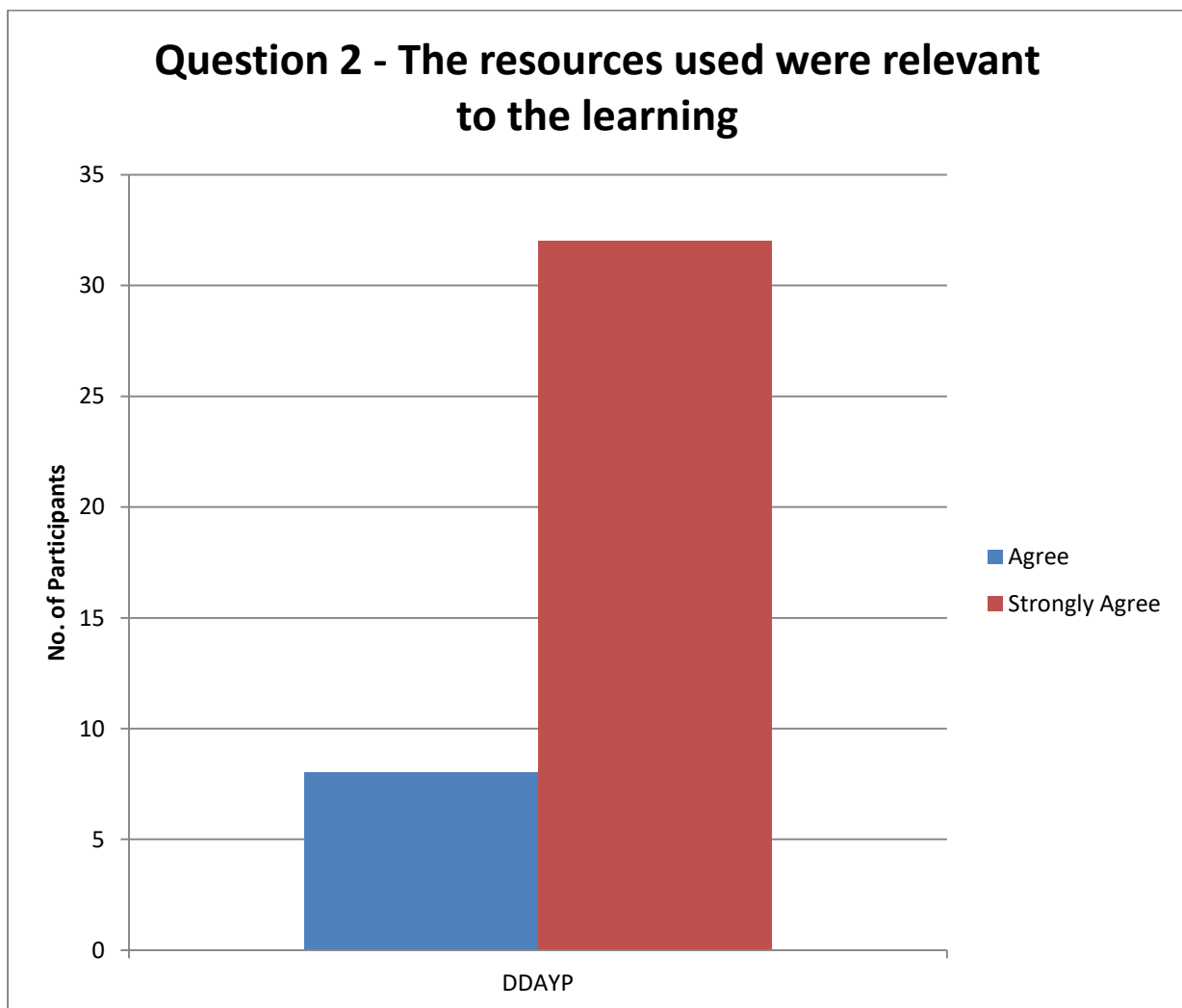
During the third year of DDAYP, 40 participants completed the course. All participants were asked to complete the evaluation form. These evaluations were aggregated providing overall feedback of the course.

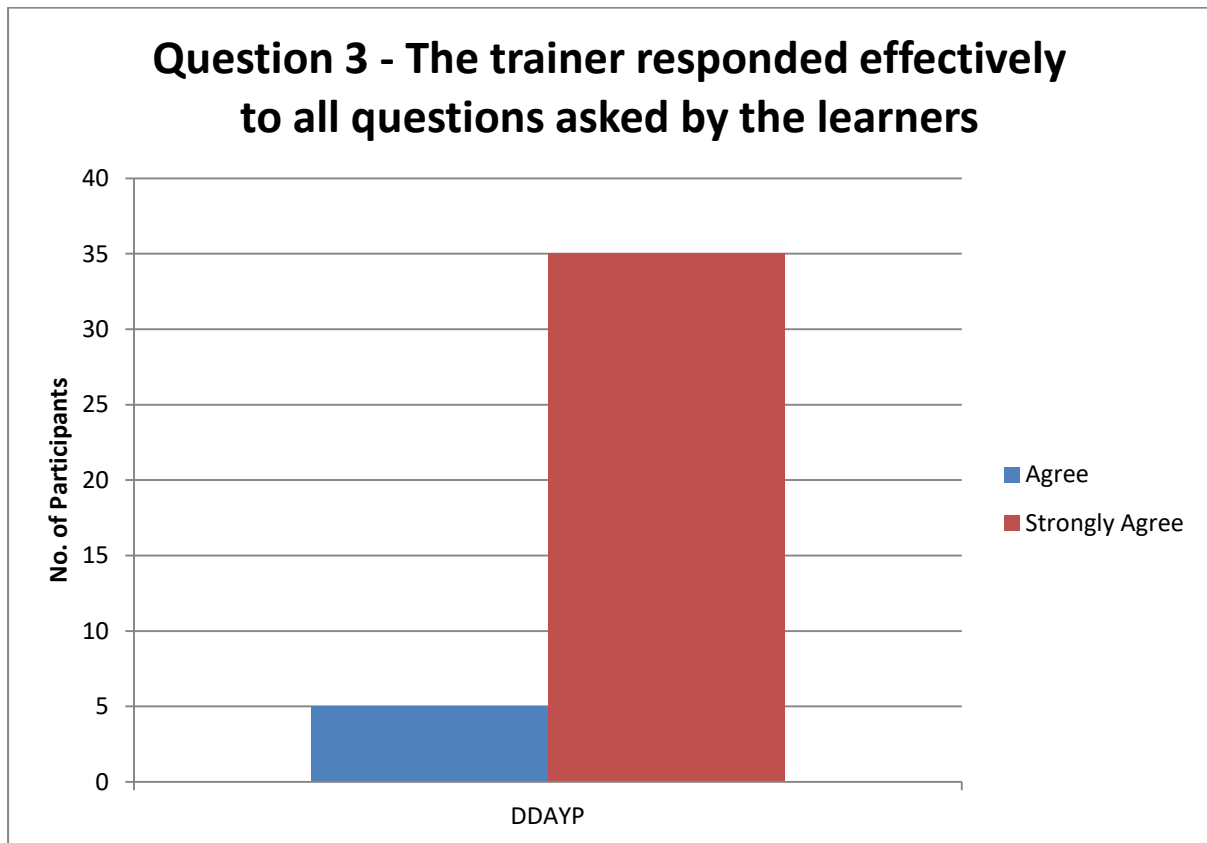
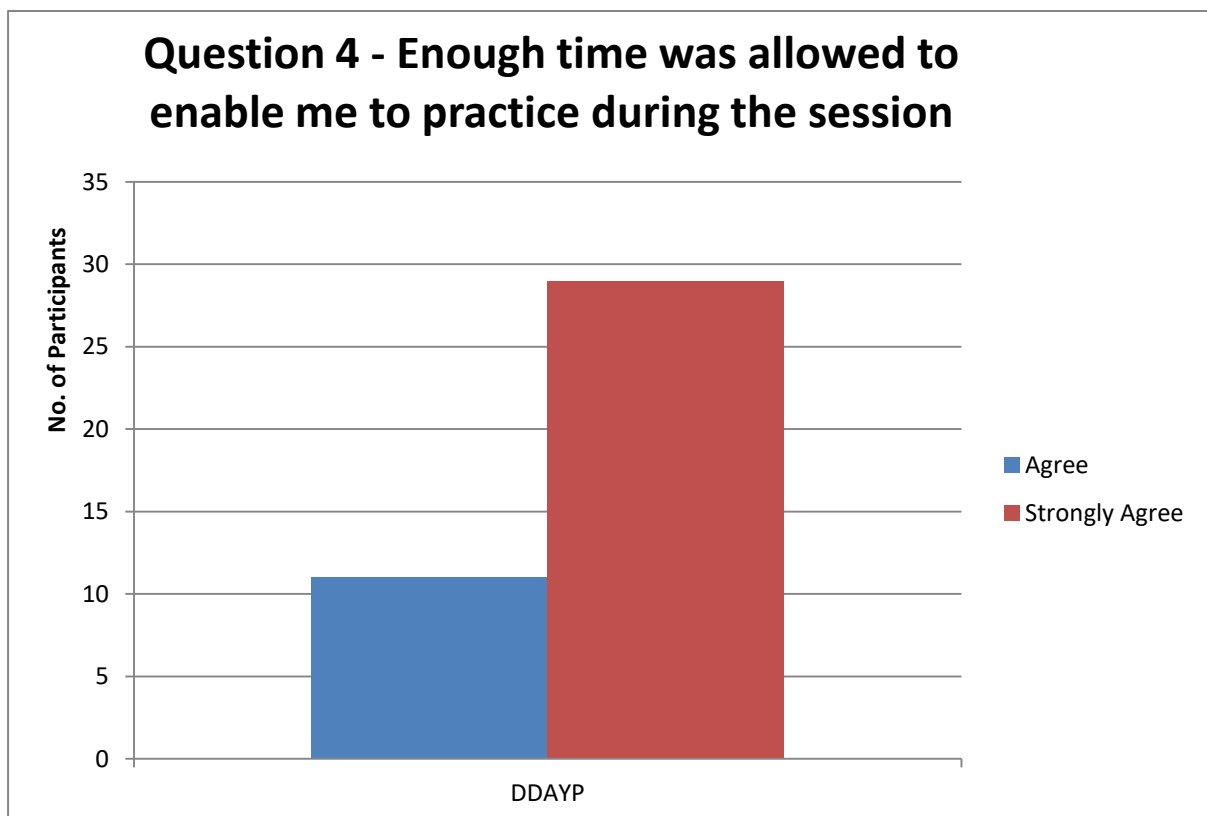
Graph 1 – Question 1



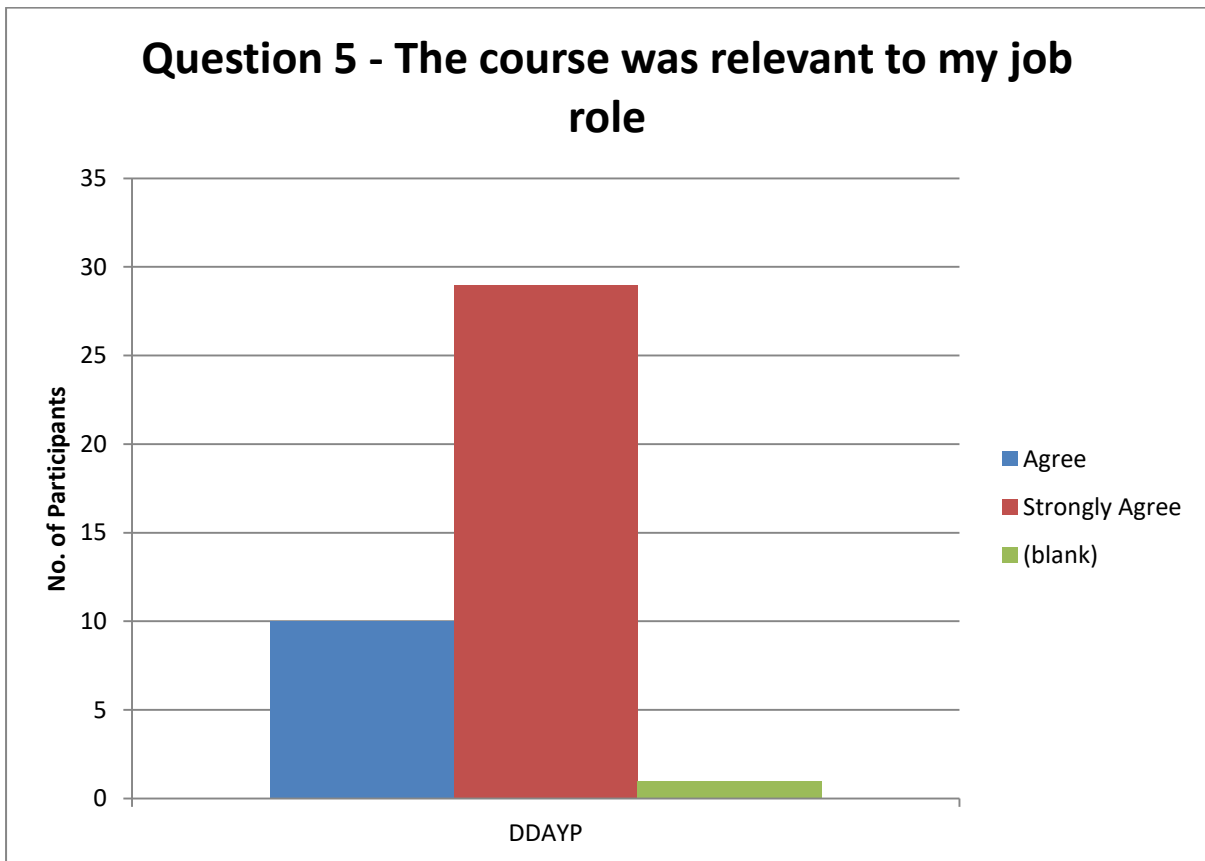
As shown in Graph 1, all participants agreed that the trainer spent sufficient time demonstrating the subject matter. Graph 2 indicates that all participants agree the resources used were relevant to learning, and Graph 3 highlights that all participants agree that the trainer responded effectively to all questions asked by the learners. Graph 4 shows that all participants agreed that enough time was allowed to enable them to practice during the session. While Graph 5 finds all participants who completed this question found the course was relevant to their job role. However, one respondent didn't complete this question. It could be this question was missed on the form, or they didn't agree but didn't wish to put that on the form. The majority of these responses from questions 1 to 5 strongly agree.

### Graph2 – Question 2

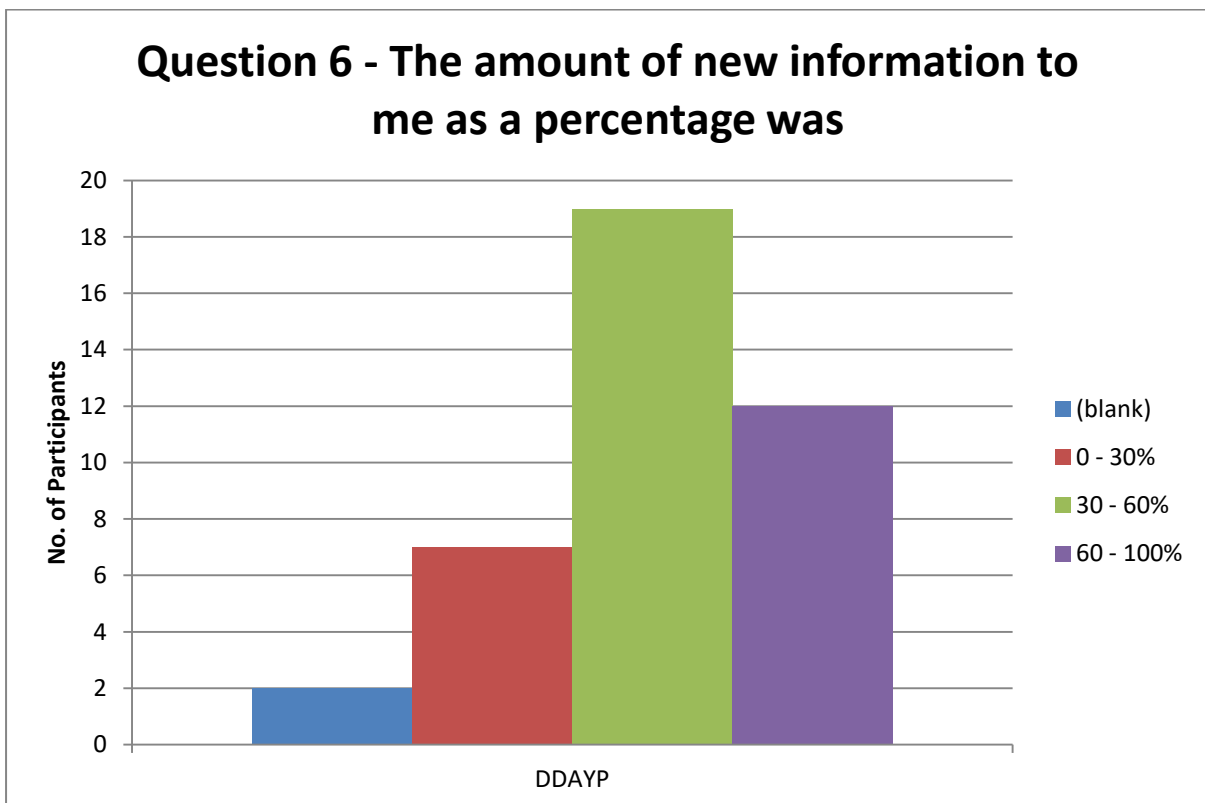


Graph 3 – Question 3Graph 4 - Question 4

Graph 5- Question 5



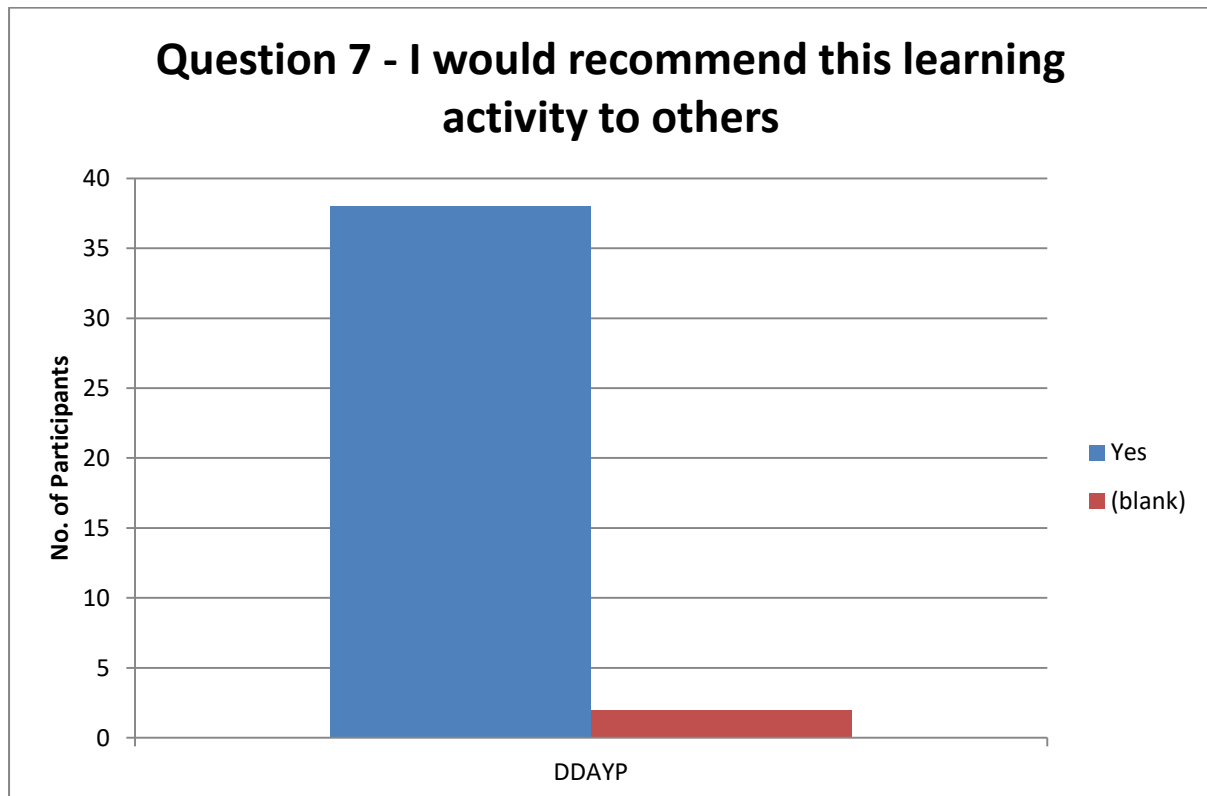
Graph 6 – Question 6





Question 6 seeks to identify how much new information is learned by participants during the course. Two participants didn't answer this question. Seven participants learnt 0-30% new information. The majority of respondents (19) learned 30-60% new information, while 12 participants learned a lot; 60-100% new information. It is appreciated that different participants will come to the training with varying levels of knowledge and understanding, and it is reassuring that although the some responders learned a little (0-30% new information), the course still evaluates well.

### Graph 7 – Question 7



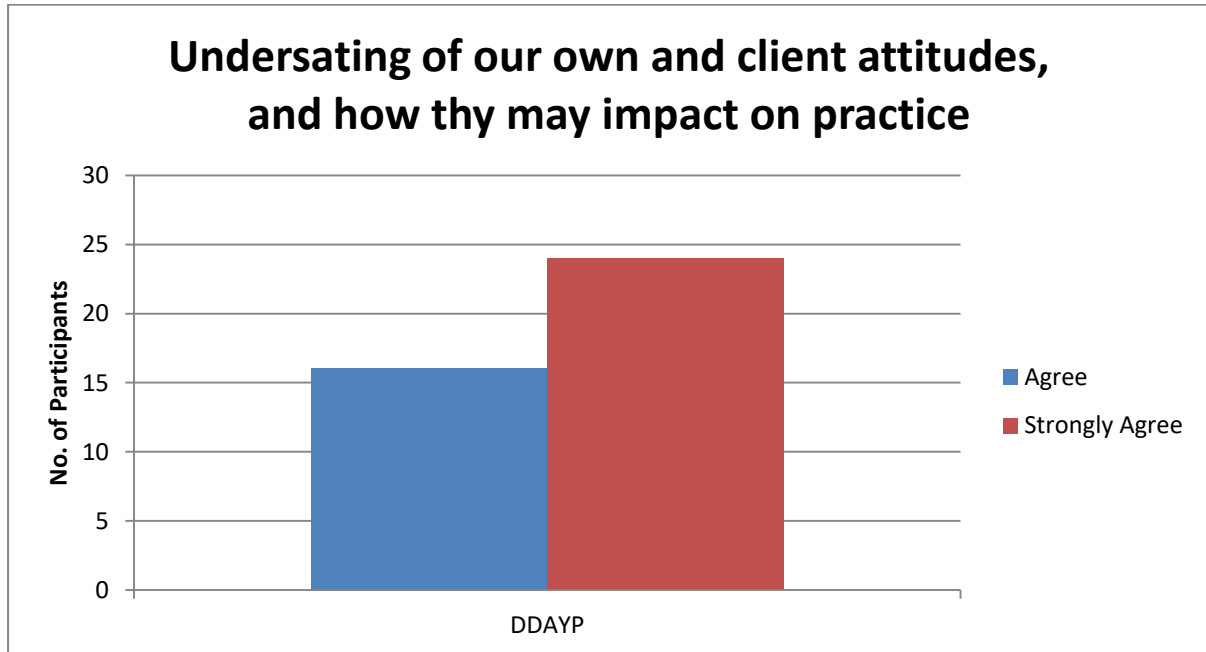
Question 7 asks a binary question, if participant would recommend DDAYP. 38 participants would recommend this activity. Two participants have left this question blank. Perhaps they didn't want to not recommend the course on paper, or it could be that this question was missed on the form due to the positioning, as trainers have noticed on other courses.

The following questions in the evaluation form are specific to the learning outcomes of DDAYP. Participants are asked to *“please mark the box that best represents your view; this leaning activity has helped me to:”*. The scale is as the first section of the form; strongly agree, agree, neither agree or disagree, disagree, strongly disagree.

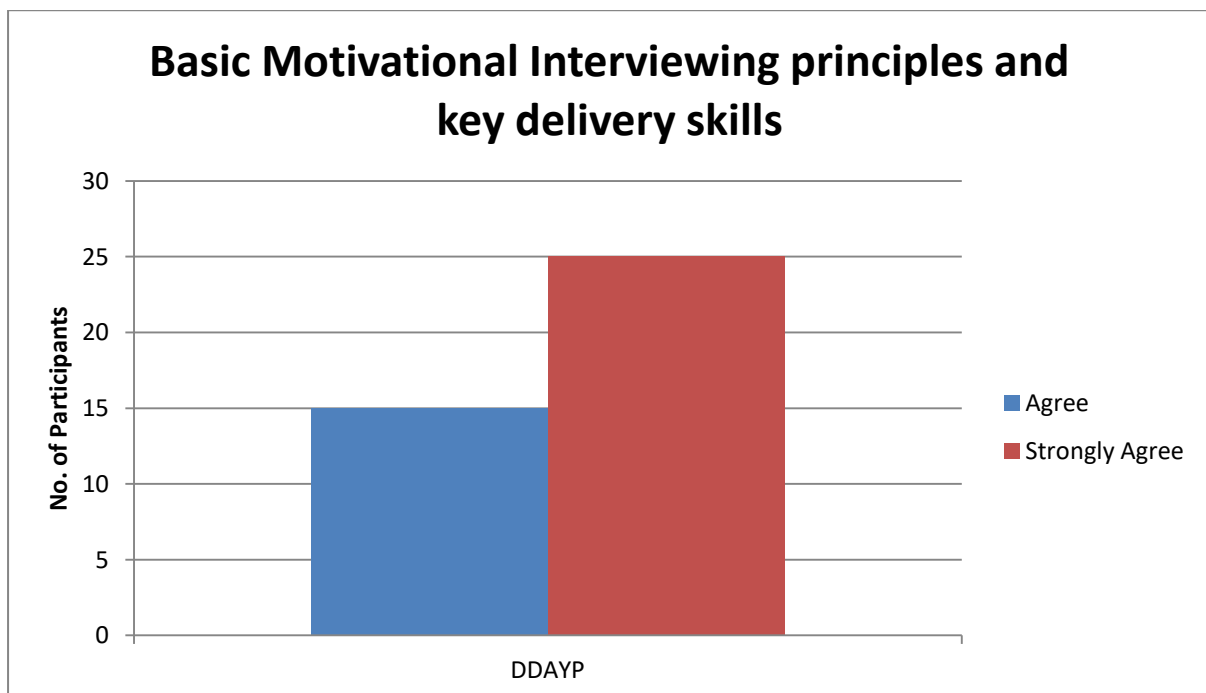
All responses in this section agree or strongly agree with meeting the learning outcomes, with one exception. Question 8.4 asks if the learning activity helped participants to consider the effects of alcohol and various drug categories. One respondent disagreed, one respondent neither agreed or disagreed, while the

remaining respondents agreed or strongly disagreed. Drug categories have historically scored lower within DDAYP as this is a concept that some participants report having no or limited knowledge of prior to the learning. This is reflected somewhat in the qualitative responses also. If participants are keen to further expand their drug knowledge, there are other courses within the Health Improvement training prospectus that can be signposted to. Overall, however, the responses to these questions are positive, indicating the course achieves the learning outcomes.

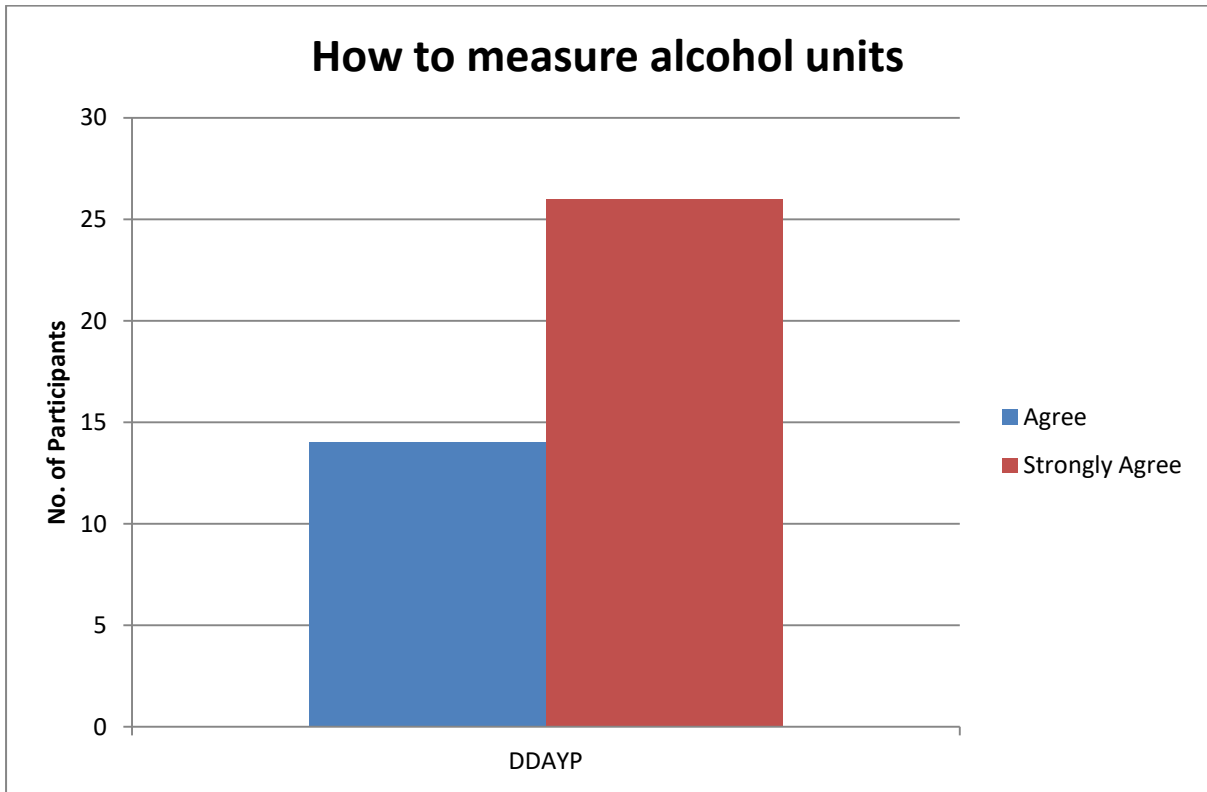
Graph 8 – Question 8.1



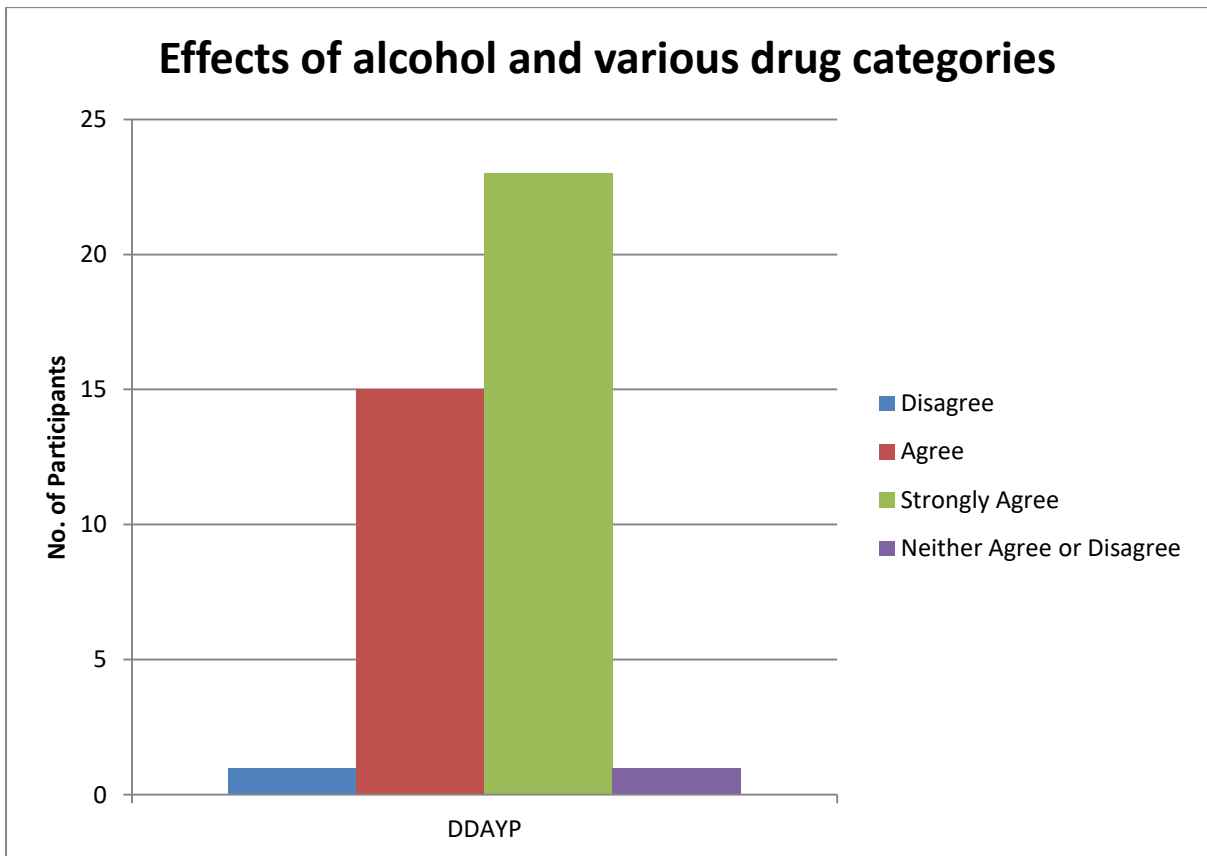
Graph 9 – Question 8.2



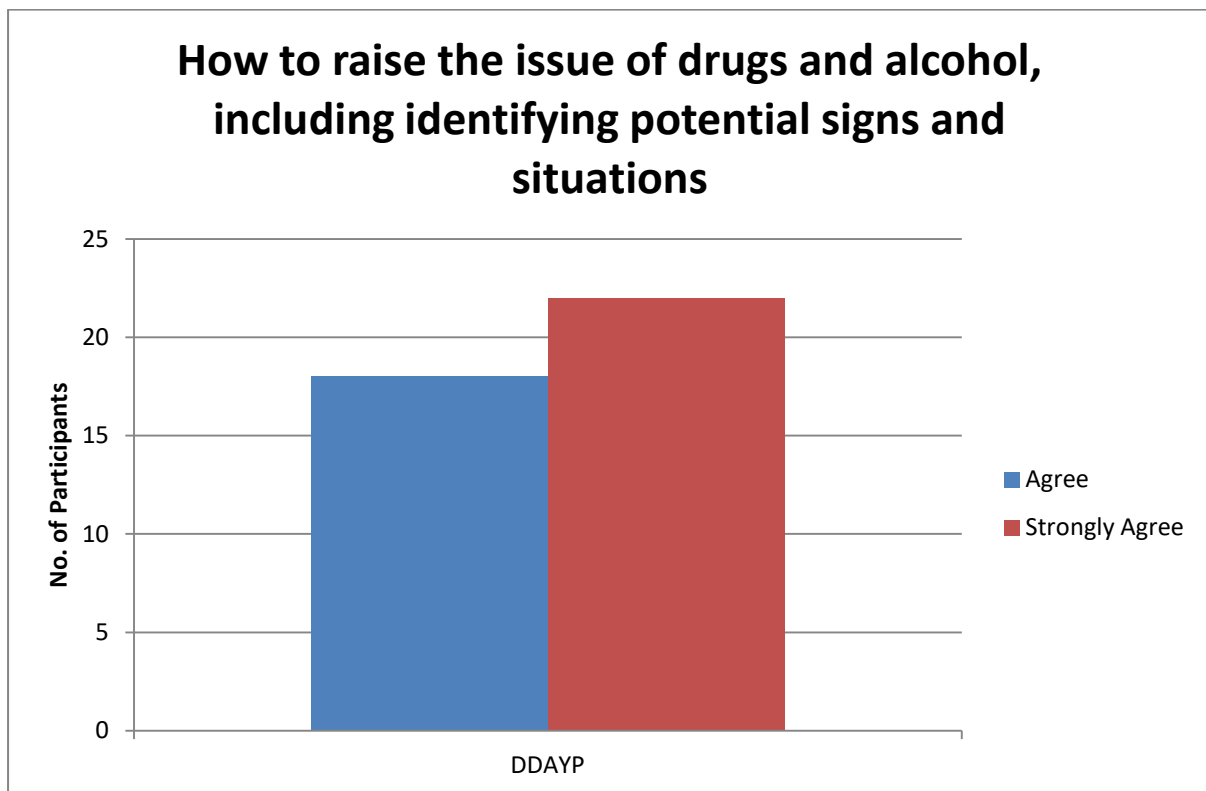
Graph 10 – Question 8.3



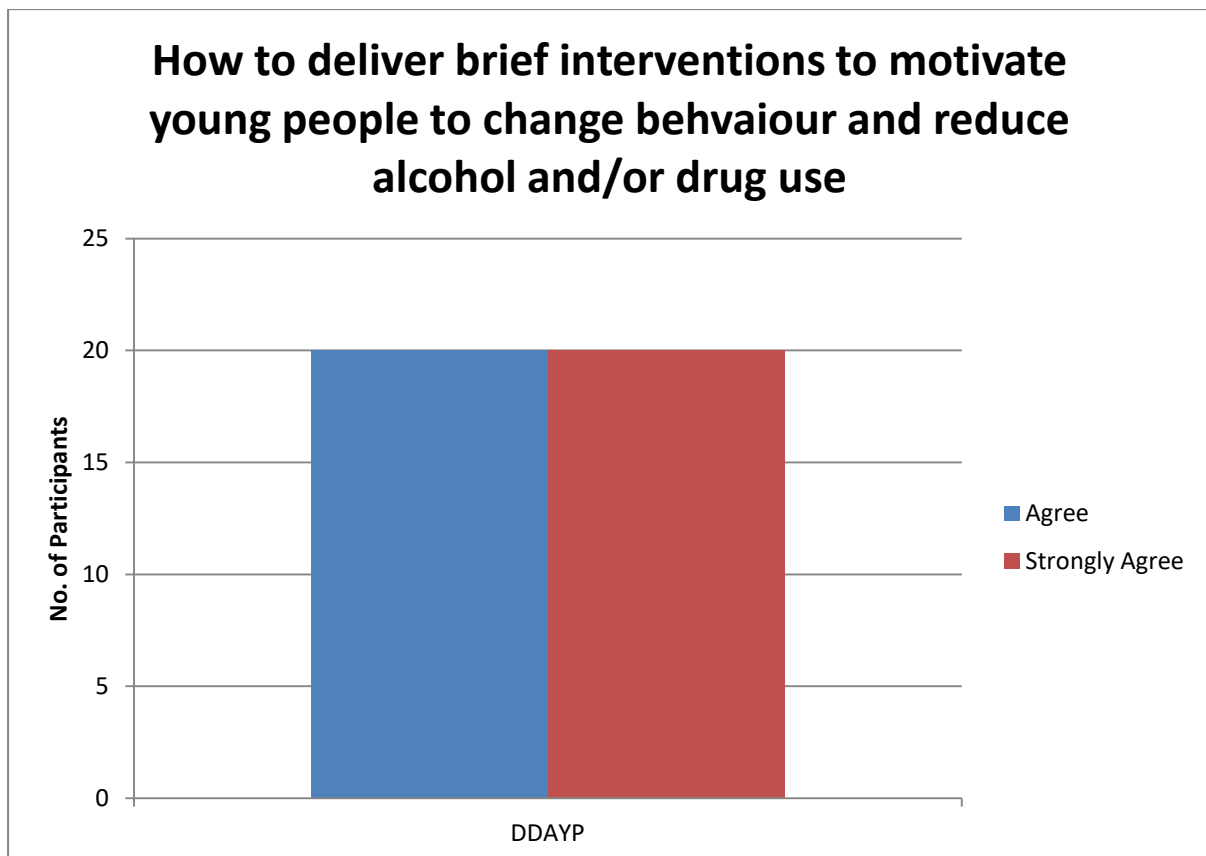
Graph 11 – Question 8.4

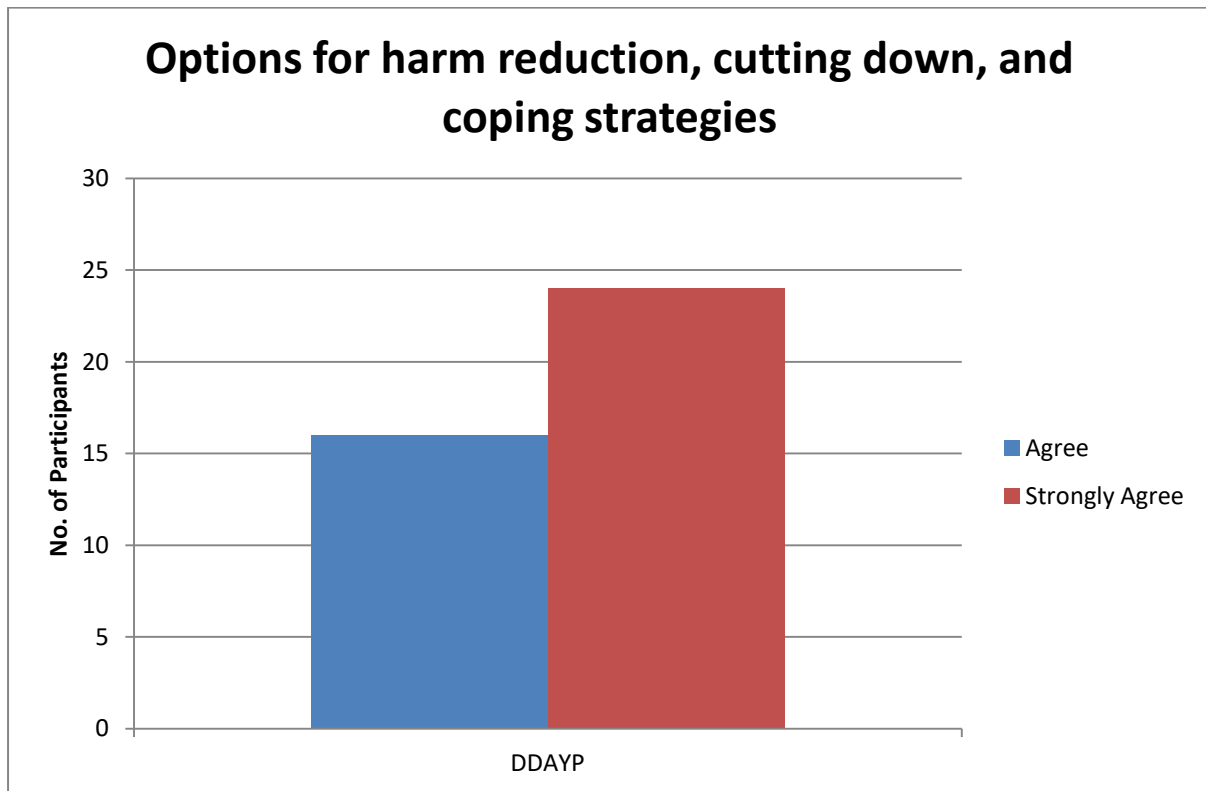


Graph 12 – Question 8.5

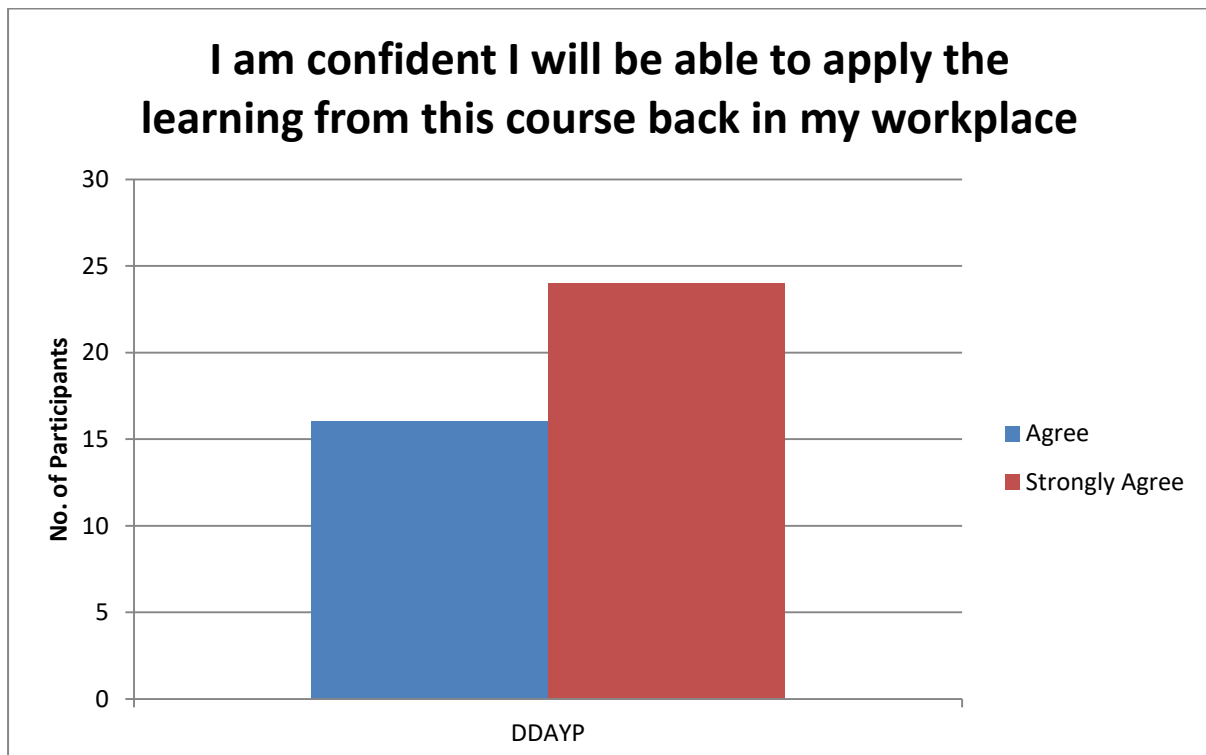


Graph 13 – Question 8.6



Graph 14 – Question 8.7

The evaluation form then returns to generic questions, including the final quantitative question, as shown in Graph 15.

Graph 15 - Question 9

All participants agreed they were confident to apply the learning from DDAYP in their workplace. This response seems to suggest that the blank response for Question 5 was indeed left blank in error, rather than the respondent not wanting to provide a negative response. It might also suggest the same for Question 7.

### **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 in italics, indented and in purple font.

#### **Question 10 – How could the course be improved?**

Fourteen comments were provided for this question. The majority of responses (7) made suggestions for improvement. These included suggestions such as more videos, more information about drugs, more activities, using examples or case studies of real examples of young people, and having a longer session. The most common response (3) was for there to be more time for skills practice.

*Ideally could be a bit longer with more practice time and scenarios*

Three comments suggested there was nothing to improve. Three comments related to practicalities of the course, like the room size, handouts being available on the day, and highlighting of services and resources for young people. One comment couldn't be categorised as the others had but centred on the focus of the training session.

#### **Question 11. Planned Actions**

##### **In the next two weeks I will..... So that....**

Twenty six responses were left in these free text boxes. They have been thematically categorised to more clearly show participants planning intentions, as per Graph 16. The most common response was that participants would continue further reading or reflection of the learning within the next two weeks. The most common 'So that' response was to enhance the experience of the young people the participants are working with.

I will...*Use motivational interviewing in an assessment I have planned*

So that...*The young person can establish if they are ready to change and if so decide what they can do*

I will...*Be more aware of how I question young people*

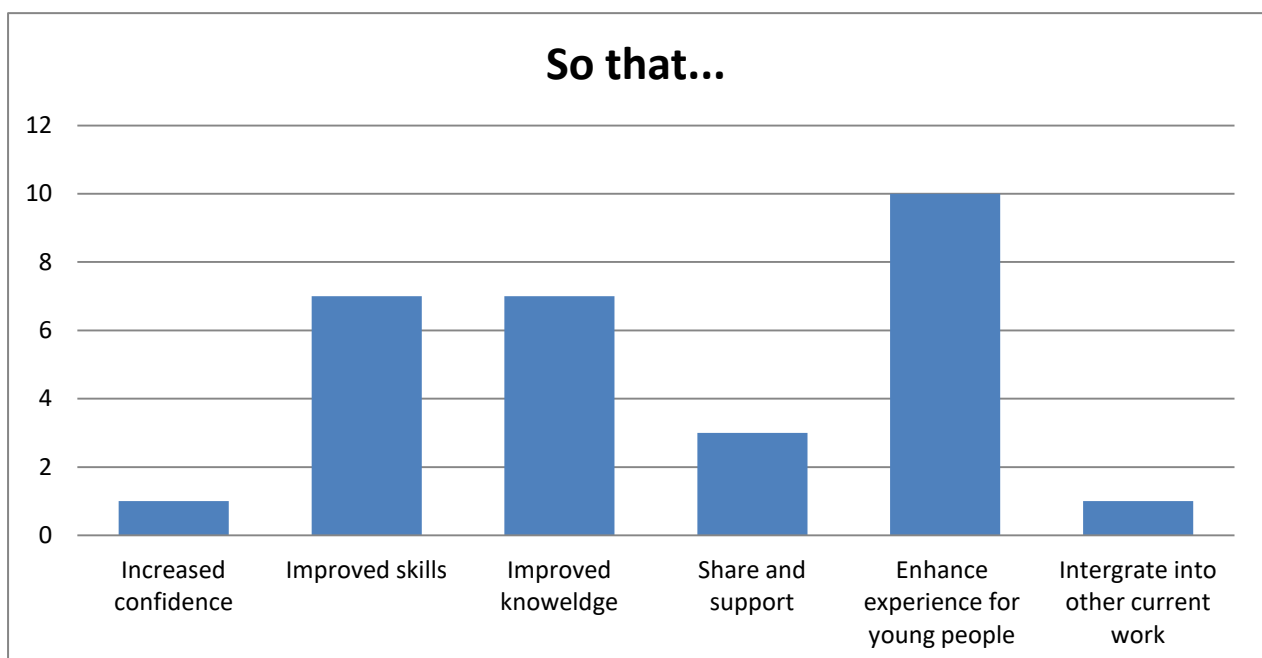
So that...*They open up feel valued and can trust me*

I will... *More conscious about my attitude/behaviour when talking to young people about drugs and alcohol*

So that... *I can better help young people to engage in conversations about reducing harm through their behaviour*

Within the Graph 16, the totals will exceed the 26 responses, as some of the responses contained information that applied to more than one category.

Graph 16 – Question 11



### Question 12. Any other comments or suggestions?

Nineteen comments were left by respondents in this final free text section. Most (10) comments were general praise or thanks.

*Thank you both so much for fitting this training in on a timescale and over two nights at our venue. Really helpful and insightful and staff have been reflective and already discussing impact and next steps*

*Good cause and great reminder not to try let my righting reflex take over.*

*Thank you so much for taking the time to do this cause. Highly beneficial not just for drugs and alcohol but using strategies to deal with other situations including our personal lives*

There were positive comments left for the style of delivery (4) and regarding the trainers (3).

*Very good course, trainer led well, allowed comments and responded to these, incorporating them in our learning.*

One person commented their confidence had increased. Four suggestions were provided, including offer split twilight sessions to others, having a longer session, getting other school staff to attend, and including content regarding pressure of social media, and self harm. Two comments couldn't be categorised with the others.

## **4. Conclusion**

In conclusion, DDAYP continues to evaluate positively. The responses have highlighted some potential areas for improvement, which will be considered at the annual DDAYP trainer network day. DDAYP will continue to be offered in Highland to support and equip professionals that work with young people to have structured conversations about reducing the harm from alcohol and drug use.

## **5. Recommendations**

- As highlighted in Year 2 Further Evaluation, some language used by participants can be stigmatising. As part of another work stream, a [Language Matters](#) guide was developed to set out the importance of language, and the barrier of stigma towards seeking support. The guide also has some useful suggestions for using non-stigmatising language. There are a number of potential ways this resource could be shared, pre-course with the briefing papers, during the course as a handout, post course with the slide set,



handouts pack and any other materials requested on the day. This will be decided at the DDAYP trainer's network day.

- Consider if further trainers are required; if there is a need to run Training for Trainers course (T4T).
- Ensure trainers complete two sessions per year, in order to ensure skill retention.
- Suggestions from Question 10 and Question 12 will be considered and discussed at the DDAYP network session.
- Update materials once SALSUS details are published.
- Plan for further research considering the update in evaluation process for all health improvement training

## Appendices

### Appendix 1: Evaluation form

<b>Appendix 2 - Learning and Engagement</b>					
The information completed on this form will be used to improve the quality and effectiveness of this learning activity in the future.					
Course Title	Discussing Drugs and Alcohol with Young People				
Delegate Name:		Date:			
Job Title:					
Please mark the box that best represents your view	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1. The trainer spent sufficient time demonstrating the subject matter					
2. The resources used were relevant to the learning					
3. The trainer responded effectively to all questions asked by the learners					
4. Enough time was allowed to enable me to practice during the session					
5. The course was relevant to my job role					
6. The amount of new information to me as a percentage was	0 – 30%		30 – 60%		60 - 100%
7. I would recommend this learning activity to others				Yes	No
8. Please mark the box that best represents your view; this learning activity helped me to:	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
8.1 Understanding of our own and client attitudes, and how they may impact on practice					
8.2 Basic Motivational Interviewing principles and key delivery skills					
8.3 How to measure alcohol units					
8.4 Effects of alcohol and various drug categories					

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
8.5 How to raise the issue of drugs and alcohol, including identifying potential signs and situations					
8.6 How to deliver brief interventions to motivate young people to change behaviour and reduce alcohol and/or drug use					
8.7 Options for harm reduction, cutting down, and coping strategies					
9. I am confident I will be able to apply the learning from this course back in my workplace					
10. How could the course be improved?					
11. Planned Actions					
11.1 In the next 2 weeks, I will do...			11.2 So that...		
12. Any other comments or suggestions?					

Thank you for taking the time to complete this form.