ADP Alcohol and Other Drugs Strategy
Consultation Feedback

5 July 2019
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ADP Drugs and Alcohol Strategy Consultation Feedback

1. Background

The refresh of the Aberdeenshire ADP Strategy was initiated after the publication of the new national strategy ‘Rights, Respect and Recovery – Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths’.

The CLD Service in Aberdeenshire has taken the lead in the consultation process around a set of questions which were developed with the ADP Lead Officer. These questions were specifically tailored to find out what people in Aberdeenshire felt were the most important components in a new Aberdeenshire ADP Strategy.

2. Methodology

The initial consultation was designed to reach a cross section of the Aberdeenshire population as well as linking in through the established ADP Forums and the wider recovery community. People have been given the opportunity to contribute in a number of ways so far....

I. Conversation events – A series of events were held across Aberdeenshire to engage people in a structured group dialogue which culminated in a group prioritisation exercise. Attendance at these events varied greatly with some having no attendees – however those that did go ahead created a space for rich discussion and increased knowledge and in some cases involved people who require support (directly or indirectly) but who are not currently connected to services. At a number of these events members of the public who were not participating in the full engagement session were encouraged to complete the online survey via a tablet, mobile phone or by paper copy

II. Online survey – An online survey on the ADP strategy has been open for people to complete directly. CLD staff have also been engaging directly with people in community settings with tablets and paper copies of the survey to initiate conversations and to encourage people who would not otherwise do so to complete the survey – particularly in areas with a lower response rate.

III. Youth Consultation - Young people have been engaged with at the International Year of Young People Celebration event and through the Aberdeenshire Youth Council. The Work with Young People team in CLD have systematically surveyed over 2000 young people across Aberdeenshire in a wide ranging survey which included clear evidence that drugs and alcohol are major issues of concern for young people.

IV. Mini Public – Once the draft strategy has been produced CLD will work with a group of 12-14 randomly selected local people to explore the draft strategy, speak to key partners and then to make recommendations on the draft.

Sample evaluation sheet from a conversation event showing 'before and after' scores from participants
3. Engagement Summary

<table>
<thead>
<tr>
<th>Method</th>
<th>Audience</th>
<th>Participants</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conversation events (North Forum; Peterhead; Huntly; Stonehaven; Fraserburgh, Laurencekirk; Inverurie, Banchory)</td>
<td>Public</td>
<td>57</td>
<td>Consultation events open to all in 14 location across Aberdeenshire as well as in more targeted settings e.g. recovery groups and ADP forums. A number of participants at the conversation events were encouraged to complete the online survey if they could not stay for the duration of the session or were in the area and were invited to share their views.</td>
</tr>
<tr>
<td>Online survey</td>
<td>General</td>
<td>428</td>
<td>People have either followed a link and completed the survey directly or have engaged face to face with CLD to complete. 12% of those completing stated that they had lived experience of alcohol or drug problems. 21% identified as having a family member with a drug or alcohol problem.</td>
</tr>
<tr>
<td>Year of Young People event</td>
<td>Young People</td>
<td>25</td>
<td>The Year of Young People and Youth Council events reached young people who are currently active in their communities.</td>
</tr>
<tr>
<td>Aberdeenshire Youth Council</td>
<td></td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Youth Survey (CLD – Work with Young People)</td>
<td></td>
<td>2401</td>
<td>The CLD youth survey was promoted by CLD staff, particularly with those young people we engage with in flexible and informal learning settings.</td>
</tr>
</tbody>
</table>
4. Conversation Events

A number of events have taken place across Aberdeenshire. The sessions involved 57 people of whom 39 self-identified as having lived experience of problem alcohol or drugs use (68%).

During each of the consultation events participants in groups were given a set of fourteen laminated context/challenge cards as set out in the new Scottish Alcohol and other Drug strategy. On the reverse of each card was information from the national strategy as well as local information on that context or challenge where available.

Groups had to discuss and decide which their top priority for their area should be then choose two second priorities and finally three third priorities. These have been scored and so far the cumulative priorities are as outlined below
It is perhaps unsurprising that discussions with people who have lived and/or family experience of the negative impacts of alcohol and drugs use place a premium on addressing stigma and supporting people who are directly affected.

- **Stigma**

  “The greatest stigma is self-stigma, users will not seek support ... need to normalise recovery and change negatives to positives.”

  “Get more people in recovery to talk about their life”

  “Need to raise awareness of how drugs/alcohol are used by more people to de stress etc. e.g. the glass of wine after a hard day at work”

  “Criminality results in progressively deteriorating life outcomes while there is sometimes a perception that recovering from addiction is irrecoverable”

- **Services need to be person centred, trauma informed and better integrated**

  Couldn’t get support from CMHT unless sober for one year. This does not show person centred. Needs improvement. Is there anything for young people?”

  “Need quicker access to specialist trauma services”

  Would not know where to go for support, especially for 16 – 18 year olds. Who knows about SFAD (Scottish Families Affected by Alcohol and Drugs?)

  “Better, quicker support strategy with less threat to the family unit”

  “Where do parents go for help and assistance to talk to their child?”

- **The whole family needs support**

  Leading conversations...

  There were many rich and interesting conversations and some unintended outcomes beyond what we hoped to achieve in the consultations which show the benefits of the engagement process. So far these have included:
A number of people who were not previously engaged with services have come forward during the consultations.

New forum members have been identified and added to mailing lists and Facebook pages.

An AA member with vast experience of running AA groups from another area where he has just moved from attended one of the sessions. He will now be engaging with his local forum and has offered to share his knowledge and passion for recovery.

A church youth worker who was previously not connected with CLD or the forums has become a member of her local learning community partnership.

A number of housing workers attended sessions and this has highlighted the importance of ensuring better partnership working with housing support workers.

A family member whose partner’s alcohol use was causing serious family problems attended one of the events. They had previously not engaged with services or sought support.

During a discussion around alcohol an individual learned that his alcohol consumption was considerably higher than the safer drinking guidelines and has decided to modify his drinking pattern.

### Session evaluations

Participants used a before and after sticky dot exercise on a scale of 0 (a little) to 10 (a lot) to gauge their knowledge and understanding of national strategy, the local situation and if they had felt able to contribute to the new Aberdeenshire strategy.

The positive thing is that the average scores increased in all sessions. e.g. a local Recovery Cafe session had a 7.5 average score which moved up slightly to 8 regarding their ability to contribute to strategy discussions. Whilst the small increase in the score is positive (given that this would be key stakeholder group who already have a good understanding of the issues and links already to the ADP) it does demonstrate the importance of on-going dialogue and discussion.

These figures can act as a rough benchmark when reviewing and updating the new strategy.

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
<th>Score Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness and knowledge of the new Scottish alcohol and drug strategy</td>
<td>3.2</td>
<td>5.9</td>
<td>+ 84%</td>
</tr>
<tr>
<td>Understanding of what is happening locally to address alcohol and drug issues</td>
<td>5.5</td>
<td>6.7</td>
<td>+ 21%</td>
</tr>
<tr>
<td>Whether they had been able to contribute to discussions about what the important issues are in Aberdeenshire</td>
<td>5.4</td>
<td>7.8</td>
<td>+ 44%</td>
</tr>
</tbody>
</table>

### 6) Online Survey Feedback

**Q1 - Who completed the survey?**
Percentages are of those who answered the question, with some people self-identifying in more than one category. 44 respondents skipped this question.

<table>
<thead>
<tr>
<th>Category</th>
<th>Responses</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A young person under the age of 25</td>
<td>79</td>
<td>20.57%</td>
</tr>
<tr>
<td>Someone with lived experience of alcohol and drug problems.</td>
<td>46</td>
<td>11.98%</td>
</tr>
<tr>
<td>A family member of someone with an alcohol or drug problem</td>
<td>81</td>
<td>21.09%</td>
</tr>
<tr>
<td>Someone with a voluntary of professional interest in the field of alcohol or drugs.</td>
<td>98</td>
<td>25.52%</td>
</tr>
<tr>
<td>A member of the community with an interest in the subject.</td>
<td>107</td>
<td>27.86%</td>
</tr>
<tr>
<td>A parent of a young person at school with an interest in the subject</td>
<td>49</td>
<td>12.76%</td>
</tr>
</tbody>
</table>

Q2 – Location of respondents

Where respondents come from...
**Q3 – Plan Priorities**

From a drop down menu, participants were asked to prioritise different aspects which should feature in the new ADP Plan. Participants were asked to select their top four priorities where the top priority scored 4 points; the second 3 points, the third 2 and the fourth 1. The table below shows the overall ranking and also a comparator of those who self-identified with lived experience and/or a family member with alcohol or drug issues.

*The most significant difference is the higher priority people with lived experience place on peer recovery.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Top Priority</th>
<th>Second Priority</th>
<th>Third Priority</th>
<th>Fourth Priority</th>
<th>Total</th>
<th>Overall Ranking</th>
<th>Family or lived experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment and support services for those with alcohol or drug problems</td>
<td>133</td>
<td>62</td>
<td>37</td>
<td>32</td>
<td>148</td>
<td>1st</td>
<td>1st</td>
</tr>
<tr>
<td></td>
<td>532</td>
<td>186</td>
<td>74</td>
<td>32</td>
<td>824</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health awareness campaigns around alcohol and drugs in targeted settings e.g. schools and colleges</td>
<td>65</td>
<td>52</td>
<td>72</td>
<td>29</td>
<td>218</td>
<td>2nd</td>
<td>3rd</td>
</tr>
<tr>
<td></td>
<td>260</td>
<td>156</td>
<td>144</td>
<td>29</td>
<td>589</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth work interventions for those identified as being vulnerable or at risk of becoming involved in harmful drug or alcohol use or associated criminal behaviour</td>
<td>40</td>
<td>51</td>
<td>53</td>
<td>50</td>
<td>126</td>
<td>3rd</td>
<td>5th</td>
</tr>
<tr>
<td></td>
<td>160</td>
<td>153</td>
<td>106</td>
<td>50</td>
<td>469</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer support and recovery groups for those recovering from alcohol and drugs</td>
<td>19</td>
<td>76</td>
<td>33</td>
<td>45</td>
<td>99</td>
<td>4th</td>
<td>2nd</td>
</tr>
<tr>
<td></td>
<td>76</td>
<td>228</td>
<td>66</td>
<td>45</td>
<td>415</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing the supply, availability and marketing of alcohol or other drugs</td>
<td>37</td>
<td>42</td>
<td>46</td>
<td>32</td>
<td>157</td>
<td>5th</td>
<td>4th</td>
</tr>
<tr>
<td></td>
<td>148</td>
<td>126</td>
<td>92</td>
<td>32</td>
<td>398</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Top Priority</td>
<td>Second Priority</td>
<td>Third Priority</td>
<td>Fourth Priority</td>
<td>Total</td>
<td>Ranking</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>-------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Measures to reduce crime and anti-social behaviour and keep our</td>
<td>36</td>
<td>42</td>
<td>38</td>
<td>40</td>
<td>156</td>
<td>6th</td>
<td></td>
</tr>
<tr>
<td>communities safe</td>
<td>144</td>
<td>126</td>
<td>76</td>
<td>40</td>
<td>386</td>
<td>8th</td>
<td></td>
</tr>
<tr>
<td>Working directly in disadvantaged communities to reduce poverty and</td>
<td>32</td>
<td>27</td>
<td>48</td>
<td>43</td>
<td>150</td>
<td>7th</td>
<td></td>
</tr>
<tr>
<td>tackle inequalities</td>
<td>128</td>
<td>81</td>
<td>96</td>
<td>43</td>
<td>348</td>
<td>6th</td>
<td></td>
</tr>
<tr>
<td>Services for especially vulnerable children e.g. excluded and looked</td>
<td>18</td>
<td>28</td>
<td>25</td>
<td>37</td>
<td>108</td>
<td>8th</td>
<td></td>
</tr>
<tr>
<td>after young people</td>
<td>72</td>
<td>84</td>
<td>50</td>
<td>37</td>
<td>243</td>
<td>9th</td>
<td></td>
</tr>
<tr>
<td>Reducing stigma, discrimination and prejudice experienced by those with</td>
<td>19</td>
<td>15</td>
<td>30</td>
<td>39</td>
<td>103</td>
<td>9th</td>
<td></td>
</tr>
<tr>
<td>or in recovery from alcohol or drug problems</td>
<td>76</td>
<td>45</td>
<td>60</td>
<td>39</td>
<td>220</td>
<td>7th</td>
<td></td>
</tr>
<tr>
<td>Doing more to protect those most at risk of harm and death e.g. provision</td>
<td>13</td>
<td>15</td>
<td>21</td>
<td>27</td>
<td>76</td>
<td>10th</td>
<td></td>
</tr>
<tr>
<td>of injecting equipment, testing for those at risk of developing blood</td>
<td>52</td>
<td>45</td>
<td>42</td>
<td>27</td>
<td>166</td>
<td>10th</td>
<td></td>
</tr>
<tr>
<td>borne viruses, provision of Naloxone (a drug that can temporarily reverse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the effects of opioid overdose and save lives)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Alcohol intake is seen as the normal thing to do and there is a "normalisation of abnormal drinking" in the community.

Alcohol is everywhere. It's almost glamorous. There are also so many people who don't see that they have a problem e.g. binge drinking.

History- alcohol plays a large part in the society that we have been handed down so it may be difficult to separate social norms and drinking- some people don’t realise when enough for a good time and enough that you have a problem.

People have used alcohol as a crutch or coping strategy for so long that they are afraid to give it up. Alcohol is deeply embedded in our culture.

Scotland has a strong drinking culture, especially among young people - I have students from other countries who are horrified at Scottish students’ intention to get completely drunk before they even go out - we need to look at what Iceland did to reduce drinking culture in its youth.

The commercial and social attitudes towards alcohol and the association with alcohol providing or enhancing enjoyment. Addressing advertising and how drinking is portrayed in movies and on TV.

Alcohol is acceptable. It is acceptable to be drunk - "he's just having a laugh!" This set up a generational response to the acceptability to act out of normal precepts as long as you are drinking...

Society is lead to believe alcohol is “cool” and funny. Social media is full of memes about alcohol and how the social media user should use alcohol as a coping mechanism in times of stress.

The text was then analysed and 369 comments were categorised in relation to the themes below.

- **Culture** – One third of the comments made (124) related to the overall culture in which alcohol is viewed as a normal part of everyday life – a sample of comments is outlined...
Educating people of the dangers of the use of alcohol both in the short and long term, also the implications of using drugs both drugs & alcohol at same time.

Educating parents, especially those from affected families.

Education of teens in particular.

Preventing at risk young people from following the same path as their family or peers.

…offering people more accessible alternatives to well-being, and by teaching people greater self-awareness around the bio-psycho-social factors that impact on their well-being in relation to self-medicating coping strategies, and in promoting and supporting individuals towards greater personal responsibility.

People unaware of what are harmful levels of alcohol intake. It’s not the "winos" sprawled in town centres but harmful drinking at home/clubbing.

Reaching middle aged people who need to become more drink aware.

Poor commination and better training for substance abuse social work department to see the person with the addiction and not treat them as a tick box guinea pig.

- A total of 78 comments were made with regard to the easy availability of alcohol.

An excess of cheap easily available alcohol (and food come to that) - I assume drugs are similarly available. Peer pressure, advertising and a glamorising of drink combined with a lack of support for those who wish not to partake.

The complete normalisation of alcohol as a social drug and its widespread availability in supermarkets and convenience stores.

Why do so many shops need to be selling alcohol? If supermarkets stopped selling it, it might help a bit.

Reduce the ease of availability. Increased pricing or legal restrictions.

It is a mainstream available drug that through media and culture is seen as good and normal - making it difficult for those who have a problem to see the problem.
Mental health and support services for those requiring support with alcohol abuse are few and far between. The way services are set up (including the funding) it's categorised instead of being a holistic approach. The focus is on the symptoms.

Lack of financial & practical resources on the ground to work in communities in a more generalised way, to then pick up on those who want/need support and top then be able to offer them services.

It requires a multi-disciplinary approach to tackling issues relating to alcohol misuse, for agencies to work together rather than in isolation.

From personal experience I believe it’s a lack of activities that play a big part in people turning to alcohol & drug use, helping to provide affordable alternative activities will go a long way in helping to reduce the amount of youngsters who will choose to go down that path.

Stigma surrounding addiction and associated harm – need more confidential consultations and outreach support in family homes.

- 18% of comments related to services and support for people affected by alcohol use.
- Other comments were grouped as below

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sample comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people (14%)</td>
<td>Alcohol is often rooted into the culture of young people. Actively engaging young people in promising situation such as employment scheme is perhaps an alternative to drinking on the daily. Parents giving alcohol to their kids when they are not even 16.</td>
</tr>
<tr>
<td>Policy (6%)</td>
<td>Tackling the root of the cause, what is it that motivates the person to take alcohol? Finding suitable resources for people who have issues relating to alcohol misuse. Social deprivation, lack of aspirations and opportunities for young people. Identifying young people early when they are showing signs of withdrawal. It requires a multi-disciplinary approach to tackling issues relating to alcohol misuse, for agencies to work together rather than in isolation.</td>
</tr>
<tr>
<td>Families (6%)</td>
<td>Providing support for the families, making work places aware of the abuse that is suffered by the families, not to discriminate against the hidden victims. The socially acceptable face of alcohol consumption is a crisis waiting to happen. It is widely accepted that alcohol is a reasonable 'treat' at the end of a week/day particularly by women who would not see themselves as having a problem. Alcohol consumption when in charge of children isn't a good idea, but it is acceptable if it's done in more well-off families in their/their friends' homes or in cocktail bars - the Facebook posts gather acceptance of this being a good way to spend an evening or Saturday afternoon. I think this is just as problematic as other types of alcohol use but it isn't viewed as an</td>
</tr>
<tr>
<td>Poverty/disadvantage (4%)</td>
<td>Increased pressures on low income families – e.g. standard of living, mental health. Lack of funding.</td>
</tr>
</tbody>
</table>
Q4 What do you think are the main challenges we face in improving health and reducing harm resulting from alcohol

also challenge attitudes towards alcohol drinking home tackle give Understanding units things well socially acceptable Scottish alcohol use support families find provide drinking culture resources abuse supermarkets peer pressure risks society often good Educating alcohol drugs stop access aware education youth available feel use affects Stigma control drugs drugs alcohol change still help poverty culture place problem binge drinking people less alcohol many people drinking Understanding young people school social early lack long term support mental health need easy seen activities addiction funding services families making night think Perception much message community etc young parents reduce selling issues accepted enough care awareness want impact vulnerable way shops see problem Lack enough support funding even availability many time go
**Q5 What do you think are the main challenges we face in reducing harm resulting from drugs?**

There were 349 individual comments relating to how we can best reduce the harmful impact of drugs in Aberdeenshire. Once again all of the comments were analysed and attributed to emerging themes as below.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and availability of drugs</td>
<td>Trying to get rid of all the drug dealers who put pressure on the ones already doing drugs and end up in debt to them and are getting paid in drugs.</td>
</tr>
<tr>
<td></td>
<td>Trying to get to the root of the supply of drugs into the country. Educating people.....The &quot;culture&quot; of recreational drugs and so many people not understanding how they are made and who suffers during the supply chain. Also the toxic effect drugs have on the body &amp; mind.</td>
</tr>
<tr>
<td></td>
<td>Should be more drug raids to combat drug dealers from selling to others and especially youngsters. Some parents are not responsible enough, kids suffer, get into trouble with the police and really the parents should be charged not the kids.</td>
</tr>
<tr>
<td></td>
<td>Reducing the supply from internet sites which reaches into all our communities.</td>
</tr>
<tr>
<td></td>
<td>Availability of drugs is huge now, especially in secondary schools etc. The situation is almost impossible to try and get on top of.</td>
</tr>
<tr>
<td></td>
<td>Give police the power to stop and search those they believe are involved in dealing and supplying of illegal drugs. Also reduce the amount of prescription drugs which are used as currency in the community. Have GPS recheck any long term treatments that have addictive qualities.</td>
</tr>
<tr>
<td></td>
<td>My relative was housed directly below a known drug dealer - he didn't stand a chance of maintaining his recovery... why are these dealers still allowed to walk the streets? It is them that ruins lives, not the addicts - they are victims...Get the dealers off the streets and get joined-up and non-judgemental support for these vulnerable human beings.</td>
</tr>
</tbody>
</table>

- The largest cluster of comments (30%) related directly to the access and availability of drugs and a further 12% of comments identifying how this particularly impacts on vulnerable people in the community.

- Education and awareness raising – 41 comments (19%) made reference to the importance of both education and awareness raising. This differs from the response in relation to alcohol where the biggest factor mentioned was in relation to the cultural normality of alcohol.
- There were 64 comments (12%) that linked back to education and awareness raising – often regarding young people and others who could be seen as being vulnerable.

- There were a range of comments (10%) around the difficulties of getting people to engage with services and a further 5.5% of comments about the need for new services to meet needs of a wider range of people who use drugs.

- There were a range of comments (13%) which touched on drugs culture and the increasing normalisation of drugs and a linked range of comments (6%) around the difficulties of getting people to engage with services.

Information and education. Dismantling of the 'cool' perception in the media. Honest discussion concerning drugs from the government. Often an apparent chasm when discussing use of drugs used by politicians (alcohol & tobacco) and those used by the younger generation (often illicit).

Greater engagement with the community through schools/health etc. Higher profile of actual problems we are facing with drugs- availability/affordability

Finding a way to educate young people about the danger of drugs that actually works! Peer education is, I think, the way to go. ... Schools/Parents need more Face to face education from addicts and the root they took to becoming an addict.

Ever growing range of drugs and lack of understanding of many of the and the impact that any of them can have not only on the lives of the individual but families and communities

Prevention is better than cure but I'm not sure how it can be tackled ... and early intervention is better than trying to get it off the streets later. Services definitely need to be targeted at those who are more vulnerable to getting enmeshed in drugs in the first place...
The highly addictive nature of drugs can be so much more powerful than any treatments or positive factors in an addict’s life.

People need to want to change. But the reality that addiction of either drugs or alcohol can lead to death. [educate people to understand] Addictive personalities and giving people information on why they might have one without realising they have.

If a person is self-harming they need the appropriate help & support, however, if they don’t take it, they need to take responsibility and stop blaming “society”.

Society portrays drug culture in poverty ridden areas. This is not true. Drugs can be used by business men, weight conscious girls and clubbers.

Drug users need more support. In our area I find there isn’t as many counsellors and support group as we need for the vulnerable.

....I would like to see a local rehab developed. While it’s not necessarily the answer for everyone, it does meet a need for those who require detox and residential care

- Policing and the law featured in 12% of comments – largely in relation to the supply of drugs which in some cases people felt was being done openly.

Trying to get rid of all the drug dealers who put pressure on the ones already doing drugs and end up in debt to them and are getting paid in drugs

Should be more drug raids to combat drug dealers from selling to others and especially youngsters. .. Some parents are not responsible enough, kids suffer, get into trouble with the police and really the parents should be charged not the kids

Give police the power to stop and search those they believe are involved in dealing and supplying of illegal drugs. Also reduce the amount of prescription drugs which are used as currency in the community. Have GPS recheck any long term treatments that have addictive qualities

- 10% of the comments could be linked back to health and well-being, with issues regarding prescription drugs being perceived by some as an area where there is limited support available, and others making links between drug use and wider social issues

Prescription painkillers - this is huge and yet no help is available or the help that is available groups people with heroin addicts. Although I appreciate from a drug addiction basis these may be similar, people on prescribed painkillers are often at risk of losing their jobs, children and families if they come forward. I was prescribed these medications pre and post spinal surgery with no understanding of the risks. I’d never taken illegal drugs or drank to excess and yet now I have nowhere to go for help

Help people with their mental health problems earlier. Mental health and drug/alcohol are very linked

The best chances we may have in reducing harm are in supporting people much earlier with better emotional and psychological coping mechanisms, and in changing our methods of treating people with addiction issues.
A range of other comments were categorised as below

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sample comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma</td>
<td>Reducing the stigma so that people come forward for help. Ensuring the help is focussed on the needs of that particular individual so that the other factors influencing their use of drugs can be tackled.</td>
</tr>
<tr>
<td>Families</td>
<td>In my experience, the harm was job loss, loss of family home, - all had impact on mental health of the family members</td>
</tr>
<tr>
<td>Poverty</td>
<td>Tackling the massive socioeconomic inequalities that drug misuse tends to stem from</td>
</tr>
<tr>
<td>Policy</td>
<td>People’s attitudes- never going to happen to them. Getting those who use to put themselves first in a positive way to protect themselves by using clean equipment, knowing how to use naloxone, getting rid of the dealers. Or having the government be the dealer so that revenue is generated but drugs would be tested, safer to use with more structure and support. Perhaps it is time to have a real shift in attitude and how we deal with those that misuse substances?</td>
</tr>
</tbody>
</table>
Q5 What do you think are the main challenges we face in reducing harm resulting from drugs?

- funding
- awareness
- time
- targeted
- life
- children
- work
- Also
- harm
- affects
- reducing
- stigma
- becoming
- available
- mental health
- areas
- want
- helped
- police
- might
- vulnerable
- seems
- use illegal
- supply
- Tackling
- stigma
- young
- Reducing
- risk
- use
- drugs
- want
- go
- availability
- making
- social problems
- give
- lack
- dealing
- services
- Reaching
- take
- drugs
- Lack
- funding
- schools
- much
- help
- face
- need
- happening
- people
- etc
- drugs
- selling
- support
- education
- way
- addicts
- effects
- know
- drug
- users
- taking
- will
- dealers
- availability
- drugs
- drug use
- drugs
- alcohol
- enough
- groups
- families
- changing
- young people
- health
- addiction
- better
- stop
- talk
- Trying
- put
- easy
- involved
- resources
- Keeping
- many
- Stopping
- people
- supply
- early
- understanding
- drug
- dealers
- one
- Peer
- pressure
- treatment communities
- listen
- sure
- Lack
- services
- find
- access
- drugs
- influence
- now
- seen
Look to other countries with success records i.e. Portugal where different approaches have been taken. Mindfulness programmes in prisons for prisoners and their families, schools for children and parents as part of their transition programmes. When young people start secondary education have a year of activities programmed that are not focussed on academia.

How to deal with emotions such as anger; how to be alone and be ok - programmes run in schools to teach kids to trust themselves rather than looking outside themselves for the answers.

Social media needs to be utilised more to promote education around drugs and alcohol. It need to be kept current and reflect what’s actually going on locally for people to take notice.

Education at school is not working. You need to be more open about the reality that they could end up in Cornhill etc. And informing them that those with other issues like ADHD will make them more susceptible to problems.

It would be good to see more action, like the Recovery Walk, where those of us who are in recovery can show the world that we can recover, then continue to live good, productive lives.

Targeting and supporting communities to put on activities for all types of interests. Communities working together to fight against these behaviours.

Addiction issues are widespread within our communities, there is a stigma attached to this particular social group. I think it is time to look at it from a different angle.

Please help people like myself. If there are peers groups we want to be with our peers e.g. people addicted to prescription Painkillers and not illegal drug addicts. This can make it very difficult for us to participate.

My brother went to rehab 3 times and no after care led to him using and finally his death. Getting them back in workplace and integrated with society is a must rather than just peer group meetings talking about drug taking. They need to integrate and learn social skills with non-drug users.

... It is vitally important that we tap into the wealth of experience and knowledge of those who have and are successfully overcoming their addictions and who have made it back into our communities and our workforce - these are the people who best understand addiction and recovery...
Drug dealing is happening in our communities in the open and in various settings. Folk feel helpless and unable to do anything about it.

Drug dealers are targeting teenagers to do this, my sons know who the runners are, and where dealers hang out, around ........ Academy. Why isn't anything done about it, when it is common knowledge who the runners are, and where the dealers operate from?

It is scary bringing children up in this town today with so much crazy things going on, police should be doing more to prevent this

- Respondents also commented on access to services for the individuals and their wider family networks. There were differing views from respondents with some commenting on improved partnership working and others of the need for a more holistic approach to service delivery.

It is extremely difficult for family support groups to be totally peer led as family members are not always able to detach themselves from their personal situation and, at times, can be in chaos. Family support groups need to be facilitated by experienced staff, supported by the ADP.

As a professional, I struggle to get my services user suitable support in a timely manner. By the time support is offered, the service user has spiralled further into their addictions and are very chaotic, miss their offer of support. Due to lack of engagement, they are then closed and need to be re referred again. And the cycle continues.

I think that more work needs to go into a 'whole system approach' and a greater emphasis on trauma informed practice, across problem substance use, mental health and criminal justice.

I am very disappointed that there are no residential facilities in this area anymore. We had to fight hard to get residency but it was worth it ... We need counselling or peer support services for children living with addiction as this is something I wished I’d had growing up - but also in adulthood coping with all this stress of picking up the pieces time and again

There is a lack of help out there in Aberdeenshire for people who want the help unless you find your own rehab, you are stuck with the same visit to the doctors every 2 weeks to be told cut down, and they will start helping! No help for families of people with drink problem either :(

- The next largest category of responses showed 17% relating to both policing and safety and the same number relating to young people.
• Over 10% of the comments directly referenced the support needs of families affected by substance misuse

Family breakdown is a major problem regarding drugs, alcohol and anti-social behaviour so, we must make the effort to support vulnerable families.

It's very hard for family members having to literally scream for help and support: e.g. alcoholics get places like Hollybush or Alexander Clinic, but the families have to keep going, no respite, still have to work to keep the family together. e.g., he goes for respite, yet I still had to work, no respite for me.

Although there are some services available, finding the correct support for the person with alcohol addiction and for the supporting family is not easy to access.

As an Aberdeenshire foster carer who has fostered 3 babies straight out of the maternity hospital all suffering from NAS we need to get the message through to pregnant mothers about the damage they are doing to their unborn child.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sample comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>More needs to be done to increase social mobility and tackle the base causes. Decriminalise and treat substance misuse as a health issue rather than a justice issue.</td>
</tr>
<tr>
<td></td>
<td>It seems that nobody has ever stopped to consider that to offer, as the initial and prevailing option of addiction recovery, a person already addicted to mind and mood altering drugs even more mind and mood altering drugs, is to offer them an equal or even worse life sentence. This method, understanding and attitude towards addiction and addiction recovery defies logic. Further, it offers no respect or belief in the ability of the person to free themselves from their life controlling condition...</td>
</tr>
<tr>
<td>Peer support</td>
<td>The move to peer support groups seems a bit erroneous given that the chaotic nature of substance misuse and the key to recovery being creating stability. The ability of most addicts to see the world through a warped lens is high and challenging that view is more likely to be given from a trained professional</td>
</tr>
<tr>
<td></td>
<td>... the promoting of recovery as a viable option and the delivery of recovery oriented systems of care, there needs to be more willingness and pro-activity to welcome and accept those with lived experience into the fold at the highest possible levels, and a visible change in the efforts to achieve this</td>
</tr>
</tbody>
</table>
We need more support for families and individuals. More access to mental health services. Doctors more empowered to refer to services. Need new targeted campaigns and information.

I think that more work needs to go into a 'whole system approach' and a greater emphasis on trauma informed practice, across problem substance use, mental health and criminal justice...

Aware that there is considerable work going on around substance misuse by a wide range of agencies- would be good to see this mapped in some way across Aberdeenshire.

Having had both a parent and a sibling battle and recover alcohol & opioid addictions respectively, I am very disappointed that there are no residential facilities in this area anymore. We had to fight hard to get residency but it was worth it as both have now been in recovery for 10 yrs. We need counselling or peer support services for children living with addiction as this is something I wished I'd had growing up.

I think it is important to educate in moderation, or if those choose to take recreational drugs, teach how to manage it. Trying to teach youths to not drink or take drugs at all turns away children from listening - most people drink and it needs to be taught how to do effectively with a reasonable amount. And if they are going to experiment then educate not exclude.

Treat drug and alcohol use as a social problem rather than a crime, if we don't address the trauma that leads to these poor choices we will not effectively address ongoing drug use in our communities! Policy needs to change as nothing has reduced drug and alcohol use through criminalising addicts.

There needs to be family support as substance misuse affects everyone around that individual and the needs of partners/relatives should be recognised. Without that support, there can be a knock on effect with family members becoming ill and unable to cope. In many cases, the support of the family is integral to the recovery of the individual. I believe it is extremely difficult for family support groups to be totally peer led as family members are not always able to detach themselves from their personal situation and, at times, can be in chaos. Family support groups need to be facilitated by experienced staff, supported by the ADP.

There needs to be more willingness and pro-activity to welcome and accept those with lived experience into the fold at the highest possible levels, and a visible change in the efforts to achieve this. Only at this point will we make any progress in dealing with the drug and alcohol problem in credible and meaningful ways.
7. Youth Survey – CLD Work with Young People

The CLD Work with Young People team and Aberdeenshire Youth Forum engaged with 2401 young people in Aberdeenshire in March 2019 on issues relating to

- The things they liked about their community.
- What they felt were the key issues facing young people in their community.
- How they would like to be involved in addressing issues in their community

With regard to the ADP strategy the most relevant part of the youth survey related to young people’s view on key issues and challenges where the top priority identified was ‘Drugs’ (64%) and the joint second being ‘Alcohol’ (38%).

![Percentage of Young People who identified the following as issues in their community](chart.png)

Perhaps the other notable element in this survey was that 75% of young people identify a need to work with adults in the community to address issues...
Year of Young People Event

Young people and adults who attended a year of Young People Celebration event in Meldrum Academy used a similar method as in the conversation events referred to earlier. However in this instance respondents were given a sheet with sticky labels to prioritise their issues and add any comments – a sample completed response is shown below...

Most of the 25 responses came from young people but there were a range of adult respondents including elected members and other political representatives; parents and support workers. The priorities of these individual responses when collated were slightly different than those in the group conversation settings with a focus on those being most at risk featuring as the key issue for the youth event respondents.

<table>
<thead>
<tr>
<th>Conversation Events</th>
<th>Year of Young People Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Stigma remains a significant barrier</td>
<td>1) More must be done to protect those most at harm of risk or death.</td>
</tr>
<tr>
<td>2) Services need to be person centred,</td>
<td>2) The whole family needs support</td>
</tr>
<tr>
<td>trauma informed and better integrated</td>
<td></td>
</tr>
<tr>
<td>3) The whole family needs support</td>
<td>3) High risk and problematic use remains too high.</td>
</tr>
<tr>
<td>4) Information and Evidence is vital.</td>
<td>Services need to be person centred,</td>
</tr>
<tr>
<td></td>
<td>trauma informed and better integrated.</td>
</tr>
<tr>
<td>5) Need to build on partnership working</td>
<td>The whole family needs support</td>
</tr>
</tbody>
</table>