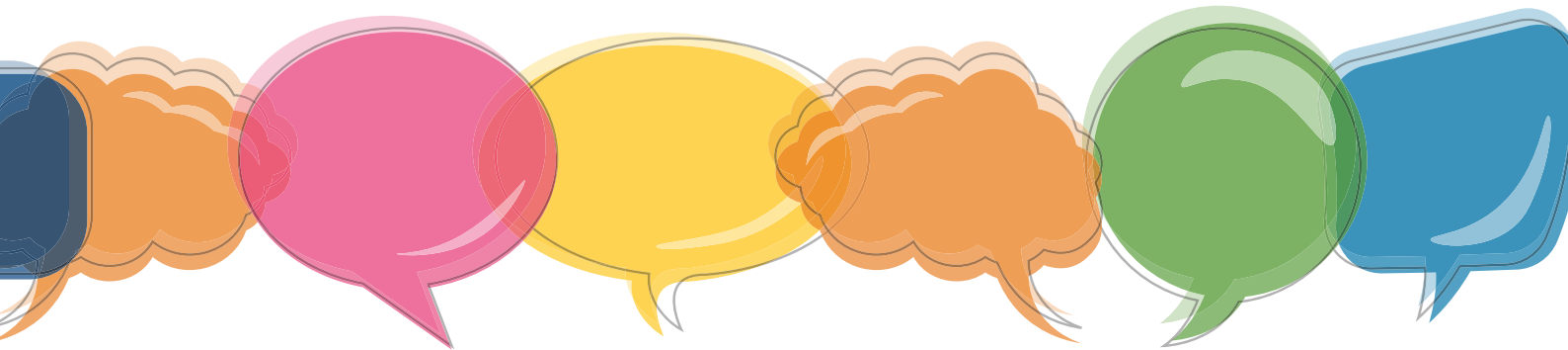


Standards for Young People Accessing Treatment or Support for Alcohol or Drugs



Contents

Ministerial Foreword	3
Supportive statement from COSLA	4
Early Interventions for Children and Young People Working Group – Chair’s Statement	5
1. Introduction	7
2. Context	8
3. Scope of Standards	9
4. Drug and Alcohol: Standards of Treatment and Support for Young People (aged 25 and under)	10
5. Where Young People Can Access Support	15
6. Glossary	16
Annex A – Early Interventions for Children and Young People Working Group	17
Annex B – Engagement with young people	22
Annex C – The Evidence Base	29
Annex D – The Underpinning Principles	30

Ministerial Foreword

Since the establishment of the National Drugs Mission¹ in 2021 great strides to improve the care and treatment for people who use drugs and alcohol have been made. Through investing in drug and alcohol services, working with the third sector and supporting our workforce, we have demonstrated that change is possible.

When I speak to people in our communities across Scotland, they tell me that substance use amongst young people is of great concern. Although drug-related deaths in people under 25 have reduced in recent years, I often hear from people that they started to experience problems in their youth. If we can intervene and support people earlier; then we can prevent the development of more serious harms and death. These Standards set out how local services can support young people to stay safe, reduce their substance use and recover.

Young people have been at the heart of developing this work from the start, and I would like to express my heartfelt thanks to those who have contributed their thoughts and experiences. Your input will improve the lives of the people who come after you. That is a very powerful thing. I would also like to thank the multi-agency working group for their professional expertise and time in putting together these Standards.

I welcome the Standards set out here to improve collaborative efforts between young people, local partners and the workforce. These Standards will ensure that the support available meets the needs of young people, when required, across Scotland.

The Standards outline what young people should expect when seeking help for drugs or alcohol. The Recommendations offer guidance to Alcohol and Drug Partnerships (ADPs), their local strategic partners and service providers to put in place accessible, person-centred support, that meets the needs of young people. Doing so will lead to better outcomes for Scotland's young people.

We recognise that many local areas already have in place a range of services and are successfully providing what they need. These Standards will support the vital role of the workforce in providing effective, timely, trauma informed and compassionate service delivery.

We appreciate local areas will have different starting points for delivering these Standards and that the speed of implementation might vary.

The Standards will play a key role in delivering on our wider ambition for every child in Scotland to grow up loved, safe and respected. In meeting these Standards, public authorities will be able to demonstrate how they are respecting, protecting, and fulfilling children's human rights, and taking a human rights-based approach.

1 [National mission on drugs - Alcohol and drugs - gov.scot](#)

These Standards will be a helpful tool for local partners, enabling them to provide consistent support to young people across Scotland. Together, we can ensure that our young people flourish, safe from the harms of drugs and alcohol.



A handwritten signature in black ink that reads "Maree Todd".

Maree Todd MSP,
Minister for Drugs and
Alcohol Policy and Sport

Supportive statement from COSLA

“I would like to thank the Early Interventions for Children and Young People Working Group for their work in developing the Standards which mark a welcome development in Scotland’s national response to substance use among individuals aged 25 and under.

The format of the Standards is well articulated in outlining “what should I expect” and “recommendations for service delivery”. They are framed within a human rights-based approach and co-designed with young people themselves. They reflect a progressive vision for early intervention, person-centred support, flexible access, continuity of care, and multi-agency collaboration.

They rightly emphasise the importance of building trusting relationships and allowing young people to engage at their own pace. Such relational work demands adequate staffing, time and consistency. Their success will depend not only on the commitment of individual practitioners, but on investment in the system as a whole to deliver on their promise. Local Government is committed to playing its part in their delivery.”

Councillor Paul Kelly,
COSLA Health and Social Care Spokesperson



Early Interventions for Children and Young People Working Group – Chair’s Statement

I am honoured to have chaired the Early Interventions Working Group, and I extend my sincere thanks to all those who contributed, representing a diverse range of backgrounds. I also wish to express my appreciation to my colleagues in the Scottish Government for their unwavering patience and support throughout this endeavour.

Drug and alcohol use among children and young people in Scotland is alarmingly prevalent. Its impact is starkly evident in shattered lives and tragically premature deaths. The repercussions of substance use manifest in various ways, including school exclusions, hospital admissions, involvement in crime, referrals to social work, and engagement with the children’s reporter.

I speak from personal experience, as my own son encountered these challenges. During that difficult period, I discovered first-hand the often-fragmented nature of our support systems. While he received exceptional care from dedicated professionals, we also encountered indifference and stigma. It has since become apparent that he likely struggled with undiagnosed Attention Deficit/Hyperactivity Disorder, leading him to self-medicate and battle to regain control of his emotions and thoughts. Sadly, he passed away in 2023.

There is evidence of wide geographic variation in provision of treatment and recovery services for younger people. While pockets of excellence do exist, there remain many areas where support is limited. Even within regions boasting commendable services, communication breakdowns and convoluted pathways remain commonly reported obstacles.

The primary objective of our working group was to substantiate these anecdotes with empirical evidence. To achieve this, we undertook the following measures:

- Data gathering from various sources and disciplines across the country to determine the scope of problematic substance use amongst young people
- Informal engagement with ADPs to gather examples of support that already exists for young people
- Informal engagement with services to gather examples of good practice

Our exploration extended to examining existing Standards to establish benchmarks and delineate a blueprint for exemplary practice. We solicited input from a wide array of stakeholders to ensure a comprehensive and inclusive approach.

Within this document we outline our methodology, present our findings, and propose recommendations aimed at improving early intervention strategies and enhancing support systems for children and young people grappling with substance use issues in Scotland.

Andrew Horne,
Chair of the Early Interventions for
Children and Young People Working Group

1. Introduction

In 2021, the Scottish Government launched the National Mission² to reduce drug related deaths and improve lives. The 'National Mission Plan: 2022-2026'³ set out a commitment to establishing a set of treatment and care standards for young people affected by drugs. To achieve this, a working group of expert stakeholders from across young people's drug and alcohol services was brought together.

The term 'young people' is used to describe individuals aged 25 and under, encompassing children, teenagers, and young adults.

These Standards aim to give every young person access to reliable, high-quality treatment and support as soon as they begin to face challenges—not just when things reach a crisis point.

These Standards clearly set out:

- what young people should expect when seeking help for their own alcohol or drug use
- recommendations for delivery: action by local commissioners and local services to support the Standards

These Standards aim to ensure that:

- fewer young people develop problem alcohol or drug use
- risk is reduced for young people who take harmful drugs or alcohol
- young people receive high quality treatment and support
- children, families and communities affected by substance use are supported

The Standards will directly support a more collaborative approach to improved service planning and delivery. This will ensure sustainable and effective pathways for young people to access effective, holistic support. This should happen alongside, and as part of, a wider multi-agency prevention and early intervention approach across Scotland. It is directly relevant to a range of partnerships which include:

- integration joint boards
- chief officer groups
- children's services planning partnerships
- child protection committees
- alcohol and drug partnerships
- community safety partnerships
- adult protection committees
- gender-based violence partnerships

² [Drugs policy - update: statement by the First Minister - 20 January 2021 - gov.scot](#)

³ [National Drugs Mission Plan: 2022-2026 - gov.scot \(www.gov.scot\)](#)

2. Context

Since 2020, 304 young people aged under 25 sadly lost their lives due to drug-related causes.⁴ Whilst we have seen an overall decrease in the drug deaths in that age group over the last few years (80 deaths in 2020, 70 in 2021, 62 in 2022, 58 in 2023 and 34 in 2024), the number of deaths remains unacceptably high.

Identifying and supporting young people at risk provides an invaluable opportunity to intervene early and prevent more serious harms later in life.

A comprehensive system of prevention and early intervention is essential if we are to continue to reduce drug harms amongst young people facing challenges now and to prevent later harms.

The Drugs Deaths Taskforce (DDTF) Changing Lives, final report,⁵ acknowledged that specific pathways into and through treatment for young people were not in place across all areas of Scotland. Action 30 recommended that, 'ADPs and services must ensure specific pathways are developed to ensure young people can access the support they need when they need it'. These Standards will support local areas to achieve this.

Existing Standards and Guidance

The Standards contained in this report are not intended to supersede or replace existing Standards. Rather, they identify the specific needs of young people who use substances and set out best practice on how these should be met.

All existing standards and guidance which seeks to support people experiencing drug and alcohol use harms should also be available for young people, whilst being adapted to their age, stage and reflective of the evidence base. This includes the Medication-Assisted Standards.⁶

⁴ [Drug-related deaths in Scotland, 2024 - National Records of Scotland \(NRS\)](#)

⁵ [Changing-Lives-updated-1.pdf](#)

⁶ [Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](#)

3. Scope of Standards

The Standards are aimed at those providing early intervention treatment or support to young people in support levels Tier 1-4.⁷ Our ambition is that any institution or organisation that a young person interacts with (for example, school, hospital, police, social work, etc.) can address concerns around drug or alcohol use, and the support provided is person-centred, free from stigma and joined up.



⁷ 3. Which interventions should be delivered, and by whom? - Substance misuse services: delivery of psychological interventions - gov.scot (www.gov.scot)

4. Drug and Alcohol: Standards of Treatment and Support for Young People (aged 25 and under)

- **Standards** - what young people should expect when seeking help for their own alcohol or drug use.
- **Recommendations for delivery** - action for local commissioners and local services to deliver the Standards.

1. Information on Services needs to be widely available so that a young person, and their family or support network, can get support before substance use becomes problematic	
Standards - what I should expect	Recommendations for service delivery
1.1 Information about the help I can get will be easy to understand and available to me, my friends, my family, or someone I trust, like my support worker.	1.4 Information for young people should: <ul style="list-style-type: none"> ■ detail the support available, opening hours and the referral process ■ be clear, non-stigmatising and tailored to young people ■ use appropriate language/terminology that is inclusive and sensitive to culture, gender, sexuality, disability and ethnicity ■ adhere to accessibility standards⁸ while being aesthetically appealing
1.2 I will be able to find clear information that explains how someone can help me to get support or how I can ask for help myself.	
1.3 If I want, the people who support me (like family or friends) can be included in my care.	1.5 The young person's support network should be supported, through a whole family approach ⁹ and family inclusive practice.
	1.6 Services should work to reduce stigma and other barriers to accessing support experienced by children, young people and families.

⁸ [Understanding accessibility - Service Manual](#)

⁹ [Families Affected by Drug and Alcohol Use in Scotland : A Framework for Holistic Whole Family Approaches and Family Inclusive Practice \(www.gov.scot\)](#)

2. A range of services should be available for young people	
Standards – what I should expect	Recommendations for service delivery
2.1 The help I receive will be based on my individual requirements, and take into account my background and experiences.	2.3 Services should ensure that treatment or support is person-centred, and wherever possible, builds on any positive relationships that exist in the young person’s life.
2.2 I will be able to choose from a range of treatment or support options that suit me. I should be able to have someone speak on my behalf. I can find an independent advocate through the following website: https://www.siaa.org.uk/find-an-advocate/	2.4 Services should ensure they understand and take into account the young person’s cultural and social needs.

3. Accessibility means different things for different people	
Standards – what I should expect	Recommendations for service delivery
3.1 I will be able to get support in a way that works for me, like talking to someone online, on the phone, or face to face.	3.6 Services will be flexible in keeping contact with the young person if they are finding it difficult to attend. 3.7 Interpretation support in services should be available in different spoken languages and British Sign Language (BSL)/Sign Supported English (SSE).
3.2 I will be able to access treatment and support when I need it, have a choice of appointment times, at a place that I can easily get to and where I feel comfortable.	
3.3 I will be able to bring an appropriate person with me to appointments, if I want to.	
3.4 I won’t lose access to the service if I miss an appointment.	
3.5 The service and I will talk and agree how we should communicate.	

4. Good support takes time	
Standards - what I should expect	Recommendations for service delivery
4.1 The service will take time to get to know me and understand my life and help me to trust them.	4.5 Services to ensure support workers have the time to build trusting relationships. 4.6 Services should be clear on how outcomes are measured, such as using outcome tools. ¹⁰
4.2 I will work with the service to develop realistic goals, and they will help me choose the support that's right for me.	
4.3 My support plan belongs to me. It should improve different areas of my life and let me move forward at my own pace.	
4.4 Me and the support team will work together to make sure the things in my plan get done.	

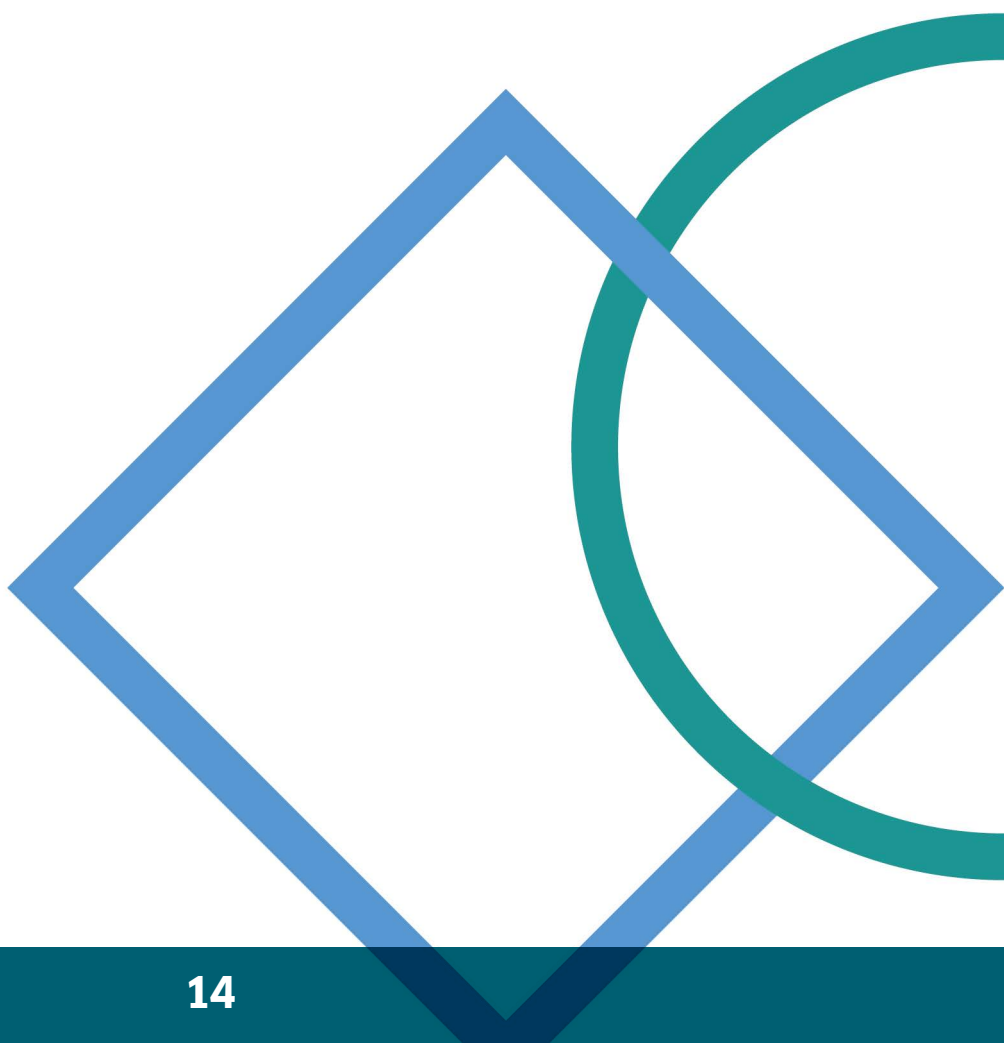
5. Consistent and respectful support to build positive relationships	
Standards - what I should expect	Recommendations for service delivery
5.1 I will get help in a kind and caring place where people won't judge me, and where my thoughts and feelings will be taken seriously.	5.3 Services should be trustworthy, empowering and work in collaboration with the young person, their support network and partner organisations. 5.4 Services should prioritise consistency in the staff member(s) supporting an individual. 5.5 Services should support the young person as appropriate during transitions to other services (including into adult services, discharge from the service and changes of support worker), facilitating a smooth transition to ensure continuity.
5.2 I will receive consistency in my support and be supported with any transitions to other services. With my permission, my plan will be shared so I don't have to keep retelling my story.	

¹⁰ **CORE (and CST: CORE System Trust) - Clinical Outcomes in Routine Evaluation (and CST); The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS); Wellbeing (SHANARRI) - Getting it right for every child (GIRFEC) - gov.scot (www.gov.scot)**

6. Young person's safety	
Standards - what I should expect	Recommendations for service delivery
<p>6.1 I understand that if I ask for help, this will be confidential. However, I also understand that if I am at risk, then other services may need to be contacted to keep me safe.</p>	<p>6.2 Services should inform young people about the limits of confidentiality. The young person's safety and the safety of the community is paramount.</p>
	<p>6.3 Services should tailor their approach towards the most successful outcomes for that young person, whilst being mindful of harm reduction and safety.</p>
	<p>6.4 Services should be delivered in an environment which is accessible and safe.</p>

7. Services should take a holistic view of the young person and value their whole life	
Standards - what I should expect	Recommendations for service delivery
<p>7.1 If I need extra help with other things in my life, like my mental health, people will help me find the right support.</p>	<p>7.2 Services should take a holistic approach, working with other agencies and organisations to improve outcomes for young people and their families (where appropriate).</p>
	<p>7.3 Commissioners and Services should work in partnership to adopt a whole-system approach to ensure there are no gaps in access and provision of treatment or support.</p>

8. Feedback from young people should be used to improve services	
Standards - what I should expect	Recommendations for service delivery
8.1 I will be asked about my experiences of the support I have received, and this feedback will be used to improve services.	8.3 Service providers should routinely seek feedback from young people, ensuring that information on how to give feedback and make a complaint is easily available and in a clear format. Complaints ¹¹ should be handled in a young-person-friendly way. Feedback should be used to improve services.
8.2 If I'm not happy with how I've been treated, I have the right to complain and will be supported to do this. My feedback will be considered and acted upon.	8.4 Providers should create opportunities to support and empower young people and their support network to contribute and feedback on the design and delivery of services.
	8.5 Commissioners and Service should monitor and report on these standards and embed these in governance processes.



5. Where Young People Can Access Support

If a young person or their loved ones need support with any of the issues covered in this document, help is available through the following organisations:

Drug and Alcohol Support:

- **With You**
- **Crew 2000 Scotland**
- **Know the score**

Families can be a key partner in providing consistency of support and improved outcomes as outlined in our drug and alcohol families framework¹² and vision for whole family support.¹³ In some cases, family members may need support themselves to address their own needs.

Support for family members:

- **Scottish Families Affected by Alcohol and Drugs**

Young people who are affected by alcohol and drugs within their family:

- **Routes – Scottish Families Affected by Alcohol and Drugs**

Mental health and wellbeing support:

- **Who to Contact for Mental Health Support – Young Scot**
- **Breathing Space/Telephone 0800 83 85 87**
- **NHS 24 Telephone 111**
- **Mind To Mind**

¹² **Families Affected by Drug and Alcohol Use in Scotland : A Framework for Holistic Whole Family Approaches and Family Inclusive Practice (www.gov.scot)**

¹³ **Coronavirus (COVID-19) Children and Families Collective Leadership Group - holistic family support: vision and blueprint for change - gov.scot**

6. Glossary

Safety: The physical, psychological and emotional safety of people using services.

Trustworthy: Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff and young people, by:

- the organisation and staff explaining what they are doing and why
- the organisation and staff doing what they say they will do
- expectations being made clear and the organisation and staff not overpromising

Choice: Young people are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by:

- ensuring young people have a voice in the decision-making process
- listening to the needs and wishes of young people
- explaining choices clearly and transparently to young people
- acknowledging that young people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships

Collaboration: The value of staff and young person experience is recognised in overcoming challenges and improving the system as a whole, by:

- using formal and informal peer support and mutual self-help
- the organisation asking young people and staff what they need and collaboratively considering how these needs can be met
- focussing on working alongside and actively involving young people in the delivery of services

Empowering: Efforts are made to share power and give young people a strong voice in decision-making, by:

- validating feelings and concerns of young people
- listening to what a person wants and needs
- supporting young people to make decisions and take action
- acknowledging that young people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth

Annex A

Early Interventions for Children and Young People Working Group

Membership of Working Group

Chair - Andrew Horne, Independent Consultant

Organisations who provided representation in the Working Group:

- We Are With You
- Kibble
- Operations Manager, Specialist Intervention Services
- Scottish Children's Reporter Administration (SCRA)
- Children 1st
- The Corra Foundation
- Scottish Families Affected by Alcohol and Drugs
- Crew 2000 Scotland
- Action for Children
- Social Work
- Scottish Government Children and Families Unit
- South Lanarkshire ADP
- Scottish Government Early Intervention - Improving Lives for People with Care Experience Unit
- Children and Young People's Centre for Justice
- National School Nursing Leads Group
- Integrated Children & Family Services, Aberdeen City
- Scottish Drugs Forum
- Scottish Government Drugs Policy Division

Early Interventions for Children and Young People Working Group Subgroup:

Establishing Standards for Children and Young People

Chair – Emma Crawshaw, CEO, Crew 2000 Scotland

Organisations who provided representation in the Subgroup:

- Andrew Horne, Independent Consultant
- Integrated Children & Family Services, Aberdeen City
- Adolescent Substance Use Service, Edinburgh
- Children 1st
- Scottish Drugs Forum
- Scottish Government Drugs Policy Division

Early Interventions for Children and Young People Working Group

Purpose:

In 2021, The Scottish Government set up The Early Interventions for Children and Young People Working Group, chaired by Andrew Horne, who at that time was the Executive Director of **We Are With You**.

The purpose of the working group was to develop an approach to early intervention for young people aged 25 years old and under, at risk of developing problem alcohol or drug use through deprivation, inequality or other factors.

The aim was to deliver on Action 4 of the Scottish Government's **Rights, Respect and Recovery** Strategy and Outcome 1 of the National Drugs Mission, that fewer people develop problematic substance use. The focus of the working group was to ensure that quality treatment services are available across Scotland for young people with emerging problematic drug and alcohol use, so that they can access help when they need it and services meet their specific needs.

The working group gathered a range of information to support their development of an approach. This was undertaken through the following 4 phases:

Phase 1: Data gathering

Data was gathered from various sources¹⁴ and disciplines across the country to determine the scope of problematic substance use amongst young people. This included informal engagement with ADPs to gather examples of support that already exists for young people, and informal engagement with services to gather examples of good practice.

The Working Group agreed:

1. Risk factors such as socioeconomics is a determining factor in developing substance use issues.
2. The type of drugs that younger people use is different to those among older age-groups.
3. Many people who developed drug/alcohol issues as adults started using substances at a young age.
4. There is wide variation in the provision of treatment and recovery services for young people across Scotland.
5. Services are often complex and fragmented. There is a need for joined up multi-agency working.
6. Young people and their families often face judgement and stigma when accessing support.
7. Pathways into treatment are not generally well known to young people and their families.

14 Data included:

- The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)
- Prevalence of Problem Drug Use in Scotland: 2015/16
- Burden of Alcohol on Ambulance Callouts
- School exclusion statistics
- Criminal Proceedings in Scotland, 2019-20 – Youth Convictions for drugs
- Scottish Children’s Reporter Administration data on non-attendance at school without reasonable excuse
- Public Health Scotland (PHS) data: A&E admissions of Young People as a result of drugs/alcohol
- Review of drug related deaths among Young People in NHS Highland

Phase 2: Co-design with young people – what does good support look like

A human rights-based approach through co-design with young people was taken to develop the Standards we expect local areas to have in place to support young people with their alcohol and drug use. Dr McMellon, an independent researcher from Edinburgh University was appointed and led co-design workshops with young people. Dr McMellon reported the following recommendations (more detail can be found in [Annex B](#)):

1. Services need to start before there is a problem.
2. Different young people need different services.
3. Accessibility means different things for different young people.
4. Good support usually takes time.
5. Consistent, respectful relationships are key.
6. Safety is a priority.
7. The service and workers need to recognise and value the young person's whole life.
8. Respecting the young person's knowledge and ability to make choices is vital.

Phase 3: Development of the Standards and Recommendations of Treatment and Support for Young People (Tier 1 - Tier 4)

The Standards and Recommendations for young people were developed using the findings from co-design, along with the following evidence on Standards and good practice:

- The Scottish Government report, 'A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland'¹⁵
- Working Group findings from Phase 1
- NHS Highland Review of Drug Related Deaths in Younger People¹⁶
- Scottish Government Mental Health Standards¹⁷
- The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services (2014)¹⁸
- Health and Social Care Standards (2017)¹⁹
- Scottish Government Medication Assisted Treatment (MAT) Standards²⁰
- Practice Standards, Royal College of Psychiatry (England, 2013)²¹
- Department of Health, Drug misuse and dependence - UK guidelines on clinical management²²

Informal engagement on the developed Standards was conducted with ADPs, young people and services.

15 [Young people experiencing harms from alcohol and drugs: literature and evidence review - gov.scot \(www.gov.scot\)](http://www.gov.scot)

16 [HADP Publications - Highland Alcohol and Drugs Partnership](#)

17 [Core mental health standards - gov.scot \(www.gov.scot\)](http://www.gov.scot)

18 [The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services - gov.scot \(www.gov.scot\)](http://www.gov.scot)

19 [Principles - Health and Social Care Standards: my support, my life - gov.scot \(www.gov.scot\)](http://www.gov.scot)

20 [Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](http://www.gov.scot)

21 [practice-standards-for-young-people-with-substance-misuse-problems.pdf \(rcpsych.ac.uk\)](http://rcpsych.ac.uk)

22 [Drug misuse and dependence: UK guidelines on clinical management - GOV.UK](http://gov.uk)

Annex B

Engagement with young people

Scottish Government appointed an independent researcher to lead the co-design work with young people.

We are grateful to the young people who shared their experiences and expectations of services and to the organisations that supported and facilitated this co-design work.

The following themes were proposed by young people to be included in Standards:

1. services need to start before there is a problem
2. different young people need different services
3. accessibility means different things for different young people
4. good support usually takes time
5. consistent, respectful relationships are key
6. safety is a priority
7. the service and workers need to recognise and value the young person's whole life
8. respecting the young person's knowledge and ability to make choices is vital

These themes were developed by the working group into the Standards for implementation by local areas:

1. information on Services needs to be widely available so that a young person and their family can get support before substance use becomes problematic
2. young people need a range of services
3. accessibility, means different things for different people
4. good support takes time
5. consistent and respectful support to build positive relationships
6. young person's safety
7. services should take a holistic view of the young person and value their whole life
8. feedback from young people should be used to improve services

Co-design with young people

The Scottish Government's Early Interventions for Children and Young People Working Group set out to co-produce with young people, service Standards for young people's alcohol and drug services. This report outlines the process for engaging young people and the recommendations from young people.

Sixty-four young people engaged in the co-design process. This included care experienced young people, young people who use alcohol and drug services, and young people affected by parental substance use. Sixty-two of the young people came to the co-design process through services.

Numbers of young people involved						
		Designing activity	12-16 activity	16-25 activity	Writing Up	Total
Gender (self-defined)	Female	7	7	6	3	23
	Male	9	6	13	1	29
	Non-binary			2		2
	Unknown	3	1	6		10
						64
Ethnicity (self-defined)	White		7	10	3	20
	Black				1	1
	Mixed race			1		1
	Scottish		3	1		4
	British		2			2
	English		1			1
	Unknown	19	1	15		35
						64
Sexuality (self-defined)	Unknown	19	5	15	4	43
	Unsure		1	0		1
	Heterosexual		7	11		18
	Bisexual		1			1
	Lesbian			1		1
						64
Care-experience (including residential care, foster care and kinship care)	Yes	6	5	12	1	24
	No		7	3	2	12
	Unknown	13	2	12	1	28
						64

Design of activity

The researcher leading the project, Dr McMellon, a Senior Research Fellow at Edinburgh University, initially worked with nineteen young people to design a consultation activity that would allow young people to share their thoughts about what makes good alcohol and drugs services for young people and what support they should expect.

The young people involved developed the idea of creating characters who are in need of support for their drug or alcohol use. Over three subsequent meetings with different young people, these four characters were expressed in young-person-friendly language and more information about their lives was added. These young people also developed a set of multiple-choice questions which required them to identify factors they thought were important in young people's alcohol and drugs services.

Completion of designed activity

The final activity took the young people through the four characters, Kyla, Chenise, Rory and Fasail, discussing what support they need, what would help them to engage with support and what would make them less likely to engage with support.

Two variations on the activity were developed: one for 12-16-year-olds and one for 16-25-year-olds. The primary difference was that the activity for the younger age group only included the two fictional characters that were under 16.

Some of the young people were then supported to go through the activity by a support worker. Fourteen young people aged 12-16 and twenty-seven young people aged 16-25 completed the consultation activities. Some of these young people recorded their responses online, some workers sent young people's responses, and some young people responded in a group setting with the researcher.

Four young people then supported the consultant to write up the recommendations.

Themes proposed by young people

The following recommendations represent the key themes emerging from the full consultation. The young people who supported the consultant to interpret the themes wanted to emphasise that these recommendations are interconnected and cannot be considered in isolation from each other. The recommendations are not in any particular order and the order does not represent importance.

1. Services need to start before there is a problem:

- Normalise talking about drug and alcohol use in families and communities.
- Make sure there is information about services in the places that young people and families go everyday.
- Support, educate and empower community and religious leaders to support and advocate for young people who may not have support from their families.
- Young people need support about how to support their peers who ask for support or who they are worried about.
- Education about drug and alcohol use needs to be non-judgemental and should cover harm reduction, managing physical and social risks, and possible connections between substance use and other things going on in young people's lives.
- Young people should be involved in service design to make services more relevant to young people's lives.

2. Different young people need different services:

- Young people should be able to get support from: youth groups, support in schools, social work, specialist drug and alcohol support workers, GPs, other healthcare providers including pharmacies, counsellors/therapists and residential rehab - not everyone will need all of these, but they should be available to all young people if they need them.
- Long waiting lists are not an excuse for young people not getting help.

3. Accessibility means different things for different young people:

- Online services, phonelines and in person support should be available and the young person should be able to choose which they can access.
- While choice is good it can be overwhelming - young people need clear information and support to help them make decisions about which services to access.
- Young people and their carers should be able to self-refer to services.
- Young people should be able to choose where they meet and when they meet.
- Young people need to know that there will not be police involvement if they access a service.
- Wherever possible, young people should be able to bring an existing support worker or trusted person to support meetings until they feel comfortable to attend alone.
- Online resources should be available in different languages and interpretation should be available for in person support in different spoken languages and BSL/SSE.
- Information needs to be available in visual formats that are aesthetically appealing and adhere to accessibility standards.
- Young people shouldn't automatically lose a service or go back the beginning of a waiting list if they miss an appointment or if they move address.
- Services should discuss how they will communicate with a young person, ensure that the young person is comfortable with what is agreed and follow through on the agreement.

4. Good support usually takes time:

- Services should not be time limited - where there are genuine reasons why the support must be time-limited, young people should be able to self-refer to the service in the future.
- Professionals should allow young people to take their time to talk about their drug/alcohol use and should not pressure them or ask too many questions.
- While young people understand why initial assessments are sometimes necessary, these can be intrusive and put young people off opening up.
- Services need to give professionals time to get to know young people and work at the young person's speed.
- The young person and the professional should work together to develop realistic goals for their time together.

5. Consistent, respectful, relationships are key:

- Workers need to take time to build a trusting relationship, and services need to recognise that this is an important part of the work.
- When workers build a strong relationship with a young person it enables them to genuinely tailor their approach to be most likely to be successful for that individual rather than rely on assumptions.
- If workers are perceived to minimise a young person's experiences or compare them to other people, then this will damage the developing relationship.
- Support will work best where it recognises and builds on existing positive relationships in the young person's life.
- Young people may need support to build positive relationships with their peers.
- Services need to prioritise consistency and have careful processes for the transitions when a worker leaves their post or a young person has to change support worker for any reason.

6. Safety is a priority:

- Alongside building a positive relationship, harm reduction and safety should be the professional's focus in earlier meetings.
- Other people in the young person's life should have access to resources and information about safety and harm reduction.
- Young people recognise that confidentiality is vital and complicated.
- Be honest about the limits of confidentiality before you begin working together.
- The young person's safety should be at the centre of all conversations about confidentiality.
- Even if you have to tell their parents - or another trusted adult - you can involve the young person in what you say and how you say it so that they feel like you are working together not against each other.

7. The service and workers need to recognise and value the young person's whole life:

- Issues with substance use and other things going on in a young person's life are interconnected, so the support also needs to be interconnected.
- A worker should take the young person's lead on how much they want to address other issues.
- One worker cannot do everything, but building a strong relationship will make it more likely that the young person will be open to ideas about other places they can get support.
- The link between substance use and mental health is very important and needs to be taken seriously.

8. Respecting the young person's knowledge and ability to make choices is vital:

- Support will be most successful when the worker and young person work together and understand each other but it is not always an easy path to get to this point.
- Workers need to be careful not to treat young people like they know nothing or minimise their experiences or opinions.
- Services should respect and encourage young people's ability to express preferences and make choices about the support they receive.
- Workers should stay interested in hearing about the young person's life and recognise that they can learn from hearing about different experiences, opinions and ideas.
- Professionals should respect individual young people's boundaries - for example, 'just because you like hugging doesn't mean I do'.

Annex C

The Evidence Base

The 2023/24 ADP Annual Survey²³ reported a range of treatment and support services in place specifically for children and young people aged between 13 and 24 years using drugs and/or alcohol.

Evidence shows that support differs by age. For example:

- For secondary S1-S4 (13-15 years), the most commonly provided services relevant to this age group were diversionary activities (in 83% of ADP areas), family support services (in 80% of ADP areas), mental health services (in 70% of ADP areas) and support/discussion groups (in 67% of ADP areas).
- For young people (16-24 years), a wide variety of services were provided in the majority of ADP areas. The most commonly provided services were OST (90% of ADP areas), family support services (90% of ADP areas) and employability support (87% of ADP areas). The least common service to be in place to cater for this age category was school outreach (50% of ADP areas).

We know that for many people accessing treatment for problematic substance use, their drug use started at an early age. Public Health Scotland reported that for people starting specialist drug treatment in Scotland, the median age when people felt their use became problematic was 22 years old in 2023/24, unchanged from 2022/23 and 2021/22.²⁴

In addition to supporting young people at risk from drug-related harms, it is important that efforts on harmful alcohol use also consider this cohort. The Scottish Government's 'Alcohol Framework 2018: Preventing Harm' aims to put young people at the centre of preventative interventions on alcohol through encouraging their engagement. Despite an overall increase in young people (aged 16-24) with AUDIT scores suggesting low risk drinking or abstinence since 2015, the proportion of people in the age group has decreased from 83% in 2021 to 69% in 2023.²⁵ Data from the Scottish Health Survey indicates that self-reported hazardous and harmful alcohol use among respondents consuming alcohol remains high, with 24% of 16-24 year olds reporting consuming harmful or hazardous levels of alcohol.²⁶ Additionally, 3% had a risk screening score (AUDIT²⁷) indicative of harmful drinking. In 2023, alcohol-specific mortality rates for those aged 10 to 24 years were under 1 per 100,000 population and this has been the case since the time series began in 1994.²⁸

23 [Alcohol and Drug Partnerships \(ADP\) 2023/2024 Annual Survey - gov.scot](#)

24 [Drug and alcohol information system \(DAISy\)](#), Public Health Scotland, 2024

25 [Alcohol Consumption and Harms Dashboard](#), Public Health Scotland, 2025

26 [The Scottish Health Survey 2023](#), Scottish Government

27 Alcohol Use Disorders Identification Test (AUDIT) is an alcohol harm screening tool developed by the World Health Organisation. Scores 0-7: low risk drinking behaviour, or abstinence, scores 8-15 mean medium level of alcohol problems (also described as hazardous drinking behaviour), scores 16-19 mean high level of alcohol problems (harmful drinking behaviour) and scores 20 or above suggest possible alcohol dependence.

28 [Alcohol-specific deaths 2023](#). National Records of Scotland, 2024.

Annex D

The Underpinning Principles

Our approach is centred around a public health and human rights-based approach to tackling drug harms. We want a Scotland where ‘we live long, healthy and active lives regardless of where we come from’ and where individuals, families and communities:

- have the right to health and life – free from the harms of drugs and alcohol
- are treated with dignity and respect
- are fully supported within communities to find their own type of recovery

The following principles underpin the Standards for young people.

- Effective prevention, early intervention and reducing supply mean that **fewer people develop problem drug use.**
- Overdose prevention and harm reduction provision mean that **risk is reduced for people who take harmful drugs.**
- Assertive outreach, pathways between justice and community settings and near-fatal overdose pathways ensure that **people at most risk have access to treatment and recovery.**
- A choice of high quality, evidence-based treatment options including residential rehabilitation means that **people receive high quality treatment and recovery services.**
- Providing joined up, person centred services, addressing wider needs and providing advocacy ensures that **quality of life is improved by addressing multiple disadvantages.**
- Ensuring families are supported in their own right and as part of their loved one’s care means that **children, families and communities affected by substance use are supported.**

These outcomes are underpinned by a set of cross-cutting priorities which describe how these outcomes should be delivered:

- **Lived experience at the heart:** People with lived and living experience of substance use, including families affected by substance use, should be supported to be participants in policy and service design.
- **Equalities and human rights:** Policy and service design should take an intersectional view of disadvantage, considering the specific needs of different groups. Policy and service design should take a human rights-based approach.
- **Tackle stigma:** Problematic substance use is a health condition and people experiencing harms should be able to access support free from stigma and discrimination.
- **Surveillance and data informed:** Policy and service design should be informed by relevant, up to date surveillance and data to ensure they meet the needs of people who use substances.
- **Resilient and skilled workforce:** The workforce should be supported and trained to deliver high quality care.
- **Psychologically informed:** Policy and service design should follow trauma-informed practice to promote safety and prevent re-traumatisation.

These principles are consistent with other relevant strategies such as Getting It Right for Every Child (GIRFEC),²⁹ Keeping the Promise,³⁰ and the Charter of Rights for People Affected by Substance Use.³¹

The Charter of Rights³² is a guide to taking a Human Rights-Based Approach and aims to support people to understand their rights and the support they can expect from substance use related services, as well as supporting duty bearers (such as statutory, independent and commissioned services, partnerships and policy makers) to continuously improve the availability, accessibility, acceptability and quality of their services.

The Charter of Rights describes key rights which are drawn from both national and international law, which were identified through consultation as being the most relevant for people affected by substance use and describes the ways in which these rights should be met.

29 [Getting it right for every child \(GIRFEC\) - gov.scot](#)

30 [The Promise Scotland | Transforming how Scotland cares for children, families, and care-experienced adults](#)

31 [Charter of Rights for People Affected by Substance Use 2024 - Health and Social Care Alliance Scotland](#)

32 [Charter of Rights for People Affected by Substance Use 2024 - Health and Social Care Alliance Scotland](#)

These rights can be applied in practice for young people using the UN PANEL principles which are widely recognised as the principles underpinning a Human Rights-Based Approach:

- participation
- accountability
- non-discrimination and equality
- empowerment and capacity-building
- legality

The FAIR model (Facts, Analysis, Identification & Review), developed by the Scottish Human Rights Commission,³³ is another way to support duty bearers in taking a human rights-based approach towards decision-making. The Standards in this report have been developed using a human rights-based approach by applying the FAIR model and co-designed with young people.

The United Nations Convention on the Rights of the Child (UNCRC) (Incorporation) (Scotland) Act 2024³⁴ came into effect on 16 July 2024. There are clear links between the Standards for young people and UNCRC articles. For example, Article 33 states that children must be protected from harmful and dangerous drugs. Article 24 states that children have the right to good quality health care and information about their health.

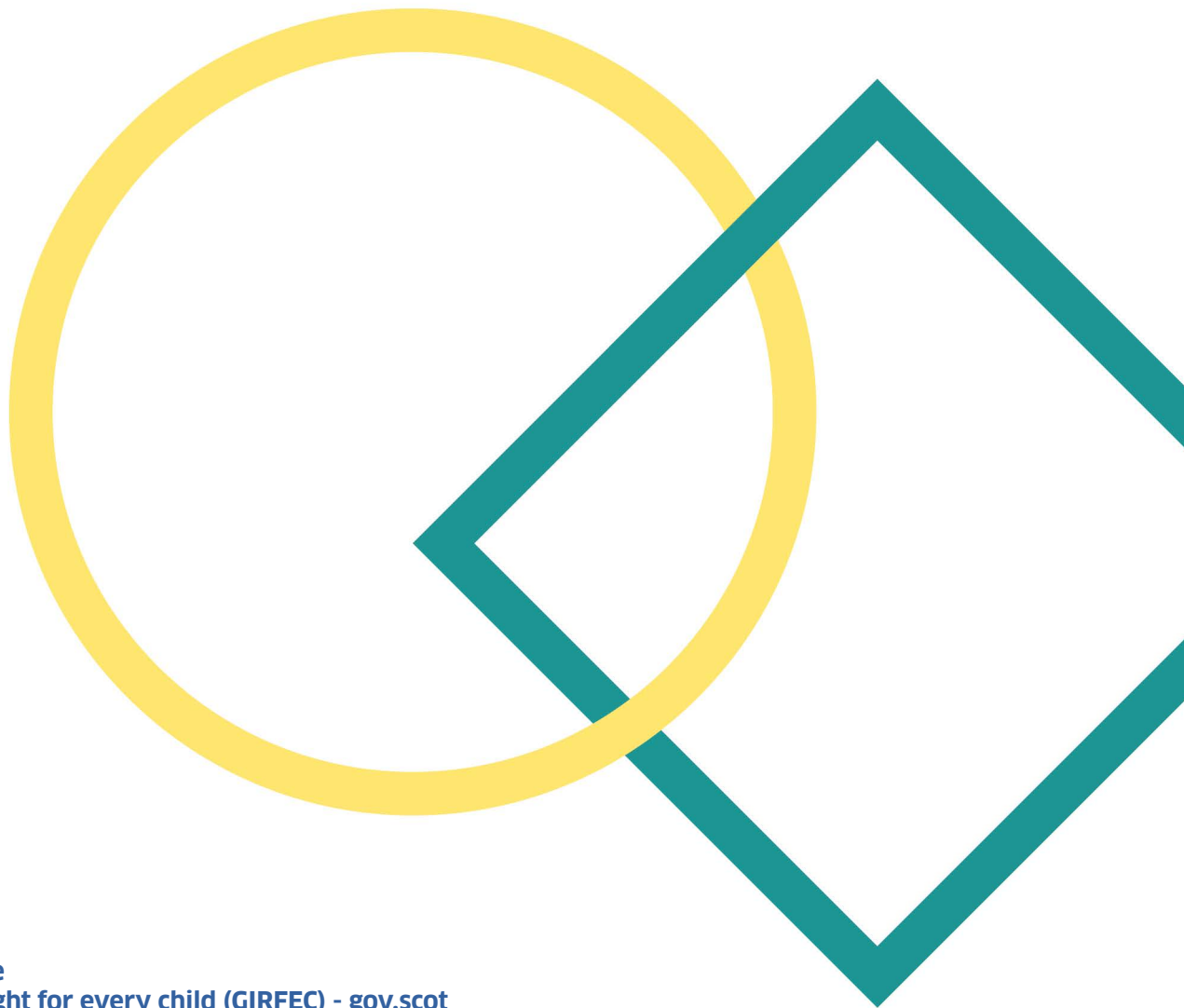
The working group wanted to understand examples of support that already existed for young people in Scotland and gathered a range of information to develop an approach, to establish a set of treatment of care Standards for young people affected by drugs and alcohol.

³³ [The FAIR approach - SHRC - Equality & Human Rights Impact Assessment](#)

³⁴ [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act \(legislation.gov.uk\)](#)

The Standards are aligned with, and support the delivery of other overarching policy frameworks, including:

- Keeping the Promise by 2030³⁵
- Getting it Right for Every Child³⁶
- The United Nations Convention on the Rights of the Child (UNCRC)³⁷
- The Charter of Rights for People Affected by Substance Use³⁸
- Scotland's Population Health Framework³⁹
- Scotland's Public Service Reform Strategy: Delivering for Scotland⁴⁰
- Health and Social Care Service Renewal Framework⁴¹



³⁵ [The Promise](#)

³⁶ [Getting it right for every child \(GIRFEC\) - gov.scot](#)

³⁷ [UN Convention on Rights of a Child \(UNCRC\) - UNICEF UK](#)

³⁸ [Charter of Rights for People Affected by Substance Use 2024 - Health and Social Care Alliance Scotland](#)

³⁹ [Scotland's Population Health Framework - gov.scot](#)

⁴⁰ [Scotland's Population Health Framework - gov.scot](#)

⁴¹ [Health and Social Care Service Renewal Framework - gov.scot](#)



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