
Research Report

Exploring changes to family support for those affected by someone else's drug use since the introduction of the Scottish Government's National Drug Deaths Mission

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Exploring changes to family support for those affected by someone else's drug use since the introduction of the Scottish Government's National Drug Deaths Mission

Supporting evidence report

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Study conducted on behalf of Public Health Scotland as part of a wider evaluation of The Scottish Government's National Mission on Drugs. The wider evaluation is being led by Public Health Scotland.

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Keywords

Accessibility, Availability, Awareness, Capacity, Challenges, Drug Use, Family Inclusive Practice, Family Members, Family Support Providers, Gaps, Improvements, Informed, Interest, Perceptions, Preference, Quality, Substance Use, Whole Family Approaches.

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We also wish to acknowledge the Monitoring and Evaluation Research Advisory Group convened by Public Health Scotland for their ongoing advice to the research team.

Declaration of interests

No members of our team have any competing conflict of interests to note.

Contents

Appendix A – Research methods

Introduction

This study comprised five overlapping work packages (WPs) using mixed methods to address the research questions in the table below. WPs 1 and 3 used primary quantitative online surveys. WPs 2 and 4 used qualitative interviews and focus groups respectively. WP5 comprised two bespoke focus groups with young carers.

Ethics

Ethics approval for the project was received from Wrexham University Research Ethics Committee (ID4471, dated 27/01/2025). NHS Research Ethics Committee (REC) review was not required for this study as no NHS participant recruitment was required.

Contribution of work packages

Table A1 below maps out the contribution (partial, highlighted in amber, or full, highlighted in green) that each WP provides to each of the research questions.

Table A1. Contribution of work packages to areas of interest

Research questions	WP1	WP2	WP3	WP4	WP5
How have the **accessibility**, **availability**, and **quality** of family support services changed since 2021 for those affected by a loved one's drug use?	Green	Green	Green	Green	Amber
What specific factors have contributed to **perceived improvements** or **gaps** in the family support experience?	Green	Green	Green	Green	Amber
How do family support providers view their **capacity** to support families, and what **improvements** or **challenges** have they encountered since the Mission's inception?	–	–	Green	Green	–

Research questions	WP1	WP2	WP3	WP4	WP5
Are there **unintended consequences** of the National Mission's implementation that have affected family support?	Amber	Green	Amber	Green	Amber

Recruitment and sampling

Recruitment and sampling for the five work packages combined systematic service mapping with clearly defined inclusion criteria. This approach ensured that family members and support providers across Scotland were represented, and that survey interview, and focus group invitations reached a wide and diverse range of potential participants and respondents.

Inclusion criteria:

- **Family members**: Scottish residents (family member or friend) who are or have been affected by a loved one's drug use.
- **Family support providers**: organisations or workers delivering support to family members affected by a loved one's drug use in Scotland since 2021 or earlier.

Service mapping

A national mapping of family support services across Scotland was undertaken to establish a comprehensive contact base for recruitment. This involved direct engagement with all thirty-two Alcohol and Drug Partnerships by email and telephone to request details of local family support services. The mapping was further strengthened through targeted communications using publicly available databases, most notably those hosted by Scottish Families Affected by Alcohol and Drugs (SFAD)[1] and A Local Information System for Scotland (ALISS)[2], as well as a systematic search of the Scottish Drug Services Database maintained by the Scottish Drugs Forum[3]. To ensure completeness, a structured desk-based review was also conducted to identify any remaining services that were not captured through these initial routes.

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[1] Scottish Families Affected by Alcohol and Drugs – Service Directory, available at: SFAD Service Directory.
[2] A Local Information System for Scotland (ALISS), available at: ALISS - Homepage Search.
[3] Scottish Drug Services Directory, available at: Scottish Drugs Services Directory.

The outcome of this mapping exercise was a national contact database that enabled the wide dissemination of survey links and invitations to interviews and focus groups, ensuring that the final study sample was geographically diverse and reflective of a range of service contexts.

Sample composition

WP1 received a disproportionately large response from North Lanarkshire family members (27% of WP1 respondents). Differences for this subgroup included higher stimulant involvement and less positive experiences of involvement in a loved one’s treatment and of family support access and awareness. These differences are footnoted in the findings chapters where relevant, and possible explanations are discussed in Chapter 3 (Strengths and Limitations).

Data collection by work package

Each of the five work packages used distinct but complementary methods to generate evidence from family members and family support providers across Scotland. The following subsections describe the design, recruitment, participants, and analytic approach for each work package in turn.

Work Package 1

Method

An online survey, hosted on the JISC Online Survey platform, was open to family members across Scotland who are or have been affected by a loved one’s drug use. The survey ran from 19th of March until 03rd of June 2025. It included sections on loved one’s drug use, family inclusive practice, experiences of seeking and receiving family support, awareness and availability of services, reasons for non-engagement, perceived impacts, gaps, and final comments. The majority of questions were fixed response, with ranking and Likert scales, plus open text boxes to elaborate on their answers. The survey used adaptive routing, so respondents were presented only with questions relevant to their earlier responses (for example, only those who had engaged with family support were asked to rate its quality).

Recruitment

Recruitment was carried out using the national contact service database created through the service mapping and outreach exercise described earlier. Survey links were distributed via both specialist and non-specialist family support service providers across Scotland, for onward circulation. Follow-up emails were sent on two occasions to encourage participation. The survey was also advertised via a number of community networks and social media platforms. The original target number of responses (n=100) was reached quickly, with a disproportionate response from one local authority area (North Lanarkshire). At this point the public survey link was closed and some purposeful recruitment was conducted across networks in areas where low (or zero) responses had been received. When a family member then expressed an interest in completing the survey an individual (private) survey link was generated and emailed to the individual for completion.

Participants

N=194 respondents.

Analysis

Data preparation and analysis followed the shared quantitative procedures described in the quantitative analysis section. For WP1 specifically, responses from North Lanarkshire were checked as a distinct subgroup for comparison, as described in the notes on sample composition.

Work Package 2

Method

A series of semi-structured interviews were conducted via telephone with family members between 01st of June and 06th of June 2025. The interviews explored their experiences of family support, perceptions of change since 2021, barriers and enablers to accessing support, and ideas for improvement. The interviews followed a flexible topic guide, allowing participants to reflect on aspects of support most relevant to their circumstances.

Sampling and recruitment

Participants were recruited from respondents to WP1, where survey respondents could leave contact details if they wished to take part in a follow-up interview. From this pool, the research team purposively selected a sample to ensure geographical representation across urban, rural, and island communities, as well as diversity in the types of family support experiences captured.

Participants

N=27 participants.

Analysis

Data analysis followed the shared qualitative procedures described in the qualitative analysis section.

Work Package 3

Method

An online survey, hosted on the JISC Online Survey platform, was open to family support providers across Scotland. The survey ran from 14th of March until 02nd of June 2025. The survey covered areas including practitioner role and practice, perceived changes to family support services since January 2021, gaps and recommendations, awareness of the National Mission and perceived impacts, and final comments. The majority of questions were fixed response, with ranking and Likert scales, plus open text boxes to elaborate on their answers.

Recruitment

The survey was distributed by email to all specialist and non-specialist providers of family support identified through the national service mapping exercise. Follow-up emails were sent on two occasions to encourage participation. The survey was also promoted through a number of community networks and social media platforms.

Participants

N=66 providers took part in the survey. Of these, 85% were paid staff and 15% were volunteers, with respondents drawn from all regions of Scotland.

Analysis

Data were prepared and analysed using the shared quantitative procedures described in the quantitative data analysis section.

Work Package 4

Method

Three online semi-structured focus groups were conducted with family support providers. The discussions explore perceived changes since January 2021, current challenges in service delivery, and ideas for improvement. The groups took place on 3rd of June (two sessions) and 4th of June 2025.

Recruitment

Participants were recruited from respondents to the WP3 provider survey, where individuals could indicate interest in participating in follow-up focus groups. From this list, the research team purposively selected a sample to ensure geographic coverage across urban, rural, and island representation, only one representative from any single service was invited to participate in a focus group.

Participants

N=17 participants took part across the three groups. Participants included staff and volunteers with a broad range of roles, most of whom had extensive experience in delivering family support.

Analysis

Analysis followed the shared qualitative procedures described in the qualitative data analysis section.

Work Package 5

Method

WP5 consisted of two age-appropriate, semi-structured focus groups with young carers facilitated in May 2025. The groups were accessed through Scottish Families Affected by Alcohol and Drugs (SFAD) vie their Routes project. Conversations followed a loose, age-appropriate schedule, beginning with introductions and warm-up activities before moving into core discussions.

Context

Routes supports young people aged 12 to 26 affected by familial alcohol and drug use, offering emotional and practical support, alongside opportunities for fun experiences and the chance to pursue aspirations and goals. Routes has operated for over five years in East and West Dunbartonshire, with recent national expansion to Orkney, North Aberdeenshire, East Lothian, Falkirk, North Lanarkshire, and Renfrewshire.

Ethics and facilitation

The focus groups were conducted under the research ethical approval for the study, which was granted by Wrexham University (ID4471). Sessions were facilitated by WL, a qualified and registered male social worker, with female Routes staff in attendance. The conversations followed a loose, age-appropriate, semi-structured schedule. After initial introductions and a warm-up chat, the core discussions were audio recorded. Care was taken to ensure sessions avoided extended emotional exploration, given that experiences of parental alcohol and drug use remain highly sensitive for many young people.

Participants

- Group 1: N=6 participants (3 female, 3 male), late teens to early 20s; 90 minutes with 49 minutes recorded.
- Group 2: N=5 participants (4 female, 1 male), ages 18 to 20; 75 minutes with 44 minutes recorded.

Analysis

Transcription and analysis of quotes were undertaken manually and aurally by the researcher. All names used during analysis were pseudonyms selected by WL, except Samantha, which was the chosen pseudonym of one participant. Analysis followed the shared qualitative procedures described in the section on qualitative data analysis.

Data preparation and analysis

This section outlines the procedures used to prepare and analyse the quantitative and qualitative data collected across the five work packages. Consistent approaches were applied within method type to ensure reliability and comparability, whilst remaining sensitive to the distinct aims and participant groups of each work package.

Quantitative data analysis (WP1 and WP3)

Survey data from WP1 and WP3 were collected via online surveys and were downloaded from the survey platform as comma separated value files and imported into R[4] for cleaning and analysis. The data preparation process involved checking and standardising question labels and response categories within each survey dataset to ensure internal consistency and accuracy in analysis. Each variable was defined correctly as categorical, ordinal, or numeric, and agreed rules were applied for handling missing data and 'other' responses. For example, options such as 'I am not sure', 'I don't know', or 'I would prefer not to say' were in some instances classified as 'other' and excluded from headline percentages to ensure clarity in the main reporting. Responses to Likert-type questions (e.g. Strongly Disagree to Strongly Agree) were also recoded numerically (1–5) to enable analysis.

To aid interpretation of the WP1 survey findings, several points about the survey design and reporting conventions are important to note:

- Some sections of the WP1 survey were completed by all respondents (n=194). A separate section was designed for those who had sought, received, and/or engaged with family support as a result of being affected by a loved one's drug use. This group comprised roughly two thirds of family member respondents (n=131, 68%). A further section was completed only by those who had not engaged with family support. This group accounted for around one third of the sample (n=63, 32%).
- Levels of completeness varied across survey questions. Missing responses (i.e. instances where a participant skipped a question rather than selecting an option) have been excluded from analysis to avoid distortion. However, answers such as 'I am not sure', 'I don't know', or 'I would prefer not to say' have been retained to provide a full picture of respondent perspectives.

Analysis then focused on the presentation of descriptive statistics. Frequencies (N) and percentages were generated for all closed questions. Each table presents both the number

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[4] R Core Team (2023). R: A Language and Environment for Statistical Computing. R Foundation for Statistical Computing, Vienna, Austria. <https://www.R-project.org/>

of responses and the corresponding percentage of that total. Data were summarised in tabular form rather than through charts or figures. This included:

- Simple frequency tables (e.g. survey completion status, length of time affected by a loved one's substance use).
- Tables showing distributions across multiple response categories (e.g. frequency of use of different types of support).
- Likert-scale distribution tables were used for questions on satisfaction and similar ratings (for example, showing the proportion of respondents who were very satisfied, satisfied, neutral, dissatisfied, or very dissatisfied with different types of support).

Statistical disclosure control techniques have been applied to **Table D1** (**Appendix D**) due to the sensitive nature of the topic, and to reduce the risk of identifying individuals, especially those from small geographic areas. Suppressed data have been denoted by an asterisk (*).

In developing this approach, a number of considerations informed how the analysis was refined to ensure robustness and accuracy:

- Missing data required systematic coding to ensure clarity and avoid misinterpretation in the reporting of percentages.
- Unequal sample sizes across cohorts (for example, the larger family member survey compared with the smaller provider survey) limited the scope for direct comparison of groups.

Several survey questions included optional free-text boxes that allowed respondents to elaborate on their answers. These qualitative comments were coded thematically and used to contextualise and illustrate the statistical findings. Selected illustrative quotes are presented in the findings chapters to give voice to the survey participants and highlight the reasoning behind their responses. The detailed approach to coding and presenting quotations is described in the next section on qualitative analysis.

Qualitative data analysis (WP2, WP4, and WP5)

All qualitative material from interviews, focus groups, and survey open-text responses was prepared and analysed using a consistent thematic approach. Audio recordings were securely stored and professionally transcribed, with transcripts checked against the original files for accuracy. Identifying information was removed to protect confidentiality: names, service names, and locations were systematically replaced with generic descriptors. When direct quotes are presented in the report, these generic descriptors are shown in square brackets (for example, '… [service in the north of Scotland]… '). Additionally, the data collection process was designed to prevent inadvertent disclosure of identities by limiting the collection of unnecessary personal details, storing contact information separately, and restricting access to authorised research team members only.

Alongside these safeguards, qualitative analysis followed a structured thematic approach. A coding framework was developed in line with the study's research questions, with inductive codes added to reflect experiences described and perspectives raised directly by participants. This ensured that the analysis remained both systematic and responsive to the data. Transcripts and free-text responses were coded iteratively, allowing new insights to be integrated as the process unfolded. This ensured that findings were grounded in the data whilst retaining flexibility to capture emerging themes.

In developing this approach, a number of considerations informed how the analysis was refined to ensure robustness and accuracy:

- Attempts to distinguish narratives between different participant cohorts revealed more overlap than separation.
- Pilot cross-tabulations of qualitative findings produced near-identical results across groups, limiting their value.
- The overlapping nature of cohort membership further reduced the usefulness of analysing them as distinct groups.
- Geographical and contextual variations shaped participants' accounts, adding complexity to interpretation.

- An early attempt to conduct a strict thematic analysis of survey open-text responses in isolation proved misleading, reinforcing the importance of integrating these with other data sources.

To give a fuller picture, qualitative material was triangulated across sources. Survey open-text comments were used to contextualise and expand upon quantitative findings, whilst interviews and focus groups provided richer detail and depth. Illustrative quotes were carefully selected to capture the range of perspectives expressed. This included balancing typical responses with those that represented less common but important viewpoints. Care was also taken to avoid any risk of inadvertently identifying participants, particularly in smaller communities. In reporting, participant voices are presented in a way that maintains anonymity but conveys the lived experience behind the findings.

For WP5, which involved young carers, the same analytic procedures were followed, but additional ethical safeguards were applied. Facilitators ensured conversations remained age-appropriate and avoided prolonged exploration of highly sensitive issues. Transcription and coding followed the same thematic process, with pseudonyms chosen by participants or assigned by the researcher.

Notes on the presentation of data

This section sets out the convention used in presenting the data.

Tables and percentages

- Tables present both the number of responses and the percentages, calculated as the number of responses divided by the total number of responses.
- Where respondents could only select one option, totals are shown.
- Family support services are abbreviated as **FSSs** throughout.

North Lanarkshire subgroup

- A higher than anticipated number of responses were received from North Lanarkshire (n=53).
- Comparative analysis showed distinct differences compared to the rest of Scotland (examples of which are provided in **Appendix D**), including:

  - Higher prevalence of stimulant use amongst loved ones.
  - Less positive experiences of involvement in treatment.
  - Lower awareness and engagement with family support services.

Filtered question reporting

- Respondents were only shown questions relevant to their earlier responses. For example, those who reported engaging with family support services were asked to rate their quality, whilst those who had not were not presented with these questions.
- Subset-specific results are indicated throughout the findings.

Appendix B – Family member, loved one, and family support characteristics (WP1 and WP2)

WP1: Survey respondent characteristics

Section 1: Information about survey respondents

This section provides an overview of who took part in the survey and the characteristics of respondents and their families. It includes information on survey completion, respondents' demographic profiles, their relationship to a loved one using drugs, and the living arrangements of loved ones at the time of participation.

Table B1. Method of survey completion (n=194)

Survey completion	N	%
I am completing this survey on my own	186	95.9%
A friend or family member is helping me	7	3.6%
A lived experience researcher from Figure 8 Consultancy is supporting me to complete the survey	1	0.5%

Table B2. Family members – by local authority (n=194)

Local Authority area	N	%
Aberdeen City	2	1.0%
Aberdeenshire	3	1.5%
Angus	1	0.5%
Argyll and Bute	1	0.5%
Clackmannanshire	0	0%
Comhairle nan Eilean Siar (Western Isles)	1	0.5%
Dumfries and Galloway	0	0%
Dundee City	1	0.5%
East Ayrshire	3	1.5%

Local Authority area	N	%
East Dunbartonshire	1	0.5%
East Lothian	4	2.1%
East Renfrewshire	2	1.0%
Edinburgh City	7	3.6%
Falkirk	7	3.6%
Fife	3	1.5%
Glasgow City	40	20.6%
Highland	4	2.1%
Inverclyde	1	0.5%
Midlothian	3	1.5%
Moray	4	2.1%
North Ayrshire	8	4.1%
North Lanarkshire	53	27.3%
Orkney	0	0%
Perth and Kinross	1	0.5%
Renfrewshire	2	1.0%
Scottish Borders	2	1.0%
Shetland	0	0%
South Ayrshire	2	1.0%
South Lanarkshire	7	3.6%
Stirling	0	0%
West Dunbartonshire	22	11.3%
West Lothian	5	2.6%
I prefer not to say	4	2.1%

Table B3. Family members – by age (n=194)

Age group	N	%
under 18	3	1.5%
18-24	21	10.8%
25-34	15	7.7%
35-44	53	27.3%
45-54	41	21.1%
55-64	36	18.6%
65 and over	21	10.8%
I prefer not to say	4	2.1%

Table B4. Family members – by sex (as registered at birth) (n=194)

Sex	N	%
Female	142	73.2%
Male	49	25.3%
I prefer not to say	3	1.5%

Figure B5. Family members – by ethnic group (n=194)

Ethnicity	N	%
White - Scottish	169	87.1%
White - Other British	11	5.7%
African, African Scottish, African British	4	2.1%
Mixed or multiple ethnic groups	2	1.0%
White - Irish	2	1.0%
Indian, Indian Scottish or Indian British	1	0.5%
Other Asian, Asian Scottish or Asian British	1	0.5%
I prefer not to say	3	1.5%

Ethnicity	N	%
Other (1 x "American")	1	0.5%

Table B6. Family members – by religion or belief (n=192)

Religion or belief	N	%
None	77	40.1%
Christian - Roman Catholic	49	25.5%
Christian - Church of Scotland	36	18.8%
I prefer not to say	13	6.8%
Christian - another denomination	11	5.7%
Pagan	4	2.1%
Muslim	1	0.5%
Other (1 x "Spiritual", 1 x "Spiritualist")	1	0.5%

Note: Missing responses (n=2).

Table B7. Family members – by employment status (n=194)

Employment status	N	%
In paid employment or self-employment – Full-time (35+ hours per week)	59	30.4%
In paid employment or self-employment – Part-time (regular hours)	31	16.0%
Retired	27	13.9%
Long-term sick or disabled	24	12.4%
I prefer not to say	17	8.8%
Full-time student	11	5.7%
Looking after home or family	9	4.6%
Unemployed (Seeking / waiting to start work)	6	3.1%

Employment status	N	%
Intending to look for work, prevented by temporary sickness or illness	5	2.6%
In paid employment or self-employment – Part-time (irregular, casual)	3	1.5%
On a Government employment training scheme	2	1.0%

Table B8. Family members – by relationship to loved one (n=194)

Relationship to loved one	N	%
Parent	70	36.1%
Spouse/partner	29	14.9%
Sibling	24	12.4%
Child	17	8.8%
Extended family member (e.g. aunt, uncle, cousin)	13	6.7%
Friend	10	5.2%
Other	10	5.2%
I prefer not to say	21	10.8%

Section 2: Your loved one's drug use and treatment engagement

This section presents the survey findings on respondents' loved ones, including length and type of drug use, the substances most associated with problems, whether loved ones have accessed treatment or recovery support since January 2021, and living arrangements.

Table B9. Loved one's drug use – by duration (n=194)

Duration	N	%
Less than 1 year	2	1.0%
1-2 years	11	5.7%
3-5 years	28	14.4%

Duration	N	%
6-10 years	35	18.0%
More than 10 years	103	53.1%
I am not sure / I don't know	13	6.7%
Prefer not to say	2	1.0%

Table B10. Loved one's drug use – by drug type/s (n=194)

Drug type	N	%
Alcohol	96	49.5%
Benzodiazepines & hypnotics	78	40.2%
Cannabinoids	71	36.6%
Dissociatives	17	8.8%
Empathogens	10	5.2%
Gabapentinoids	42	21.6%
Novel Psychoactive Substances	3	1.5%
Opioids	71	36.6%
Over the counter medications	12	6.2%
Psychedelics	9	4.6%
Solvents/Inhalants	4	2.1%
Stimulants	106	54.6%
I don't know	15	7.7%
Prefer not to say	0	0%

Note: Multiple responses allowed.

Table B11. Loved one's drug use – by primary drug type (n=194)

Drug type	N	%
Alcohol	0	0%

Drug type	N	%
Benzodiazepines & hypnotics	33	17.0%
Cannabinoids	16	8.2%
Dissociatives	7	3.6%
Empathogens	1	0.5%
Gabapentinoids	5	2.6%
Novel Psychoactive Substances	1	0.5%
Opioids	44	22.7%
Over the counter medications	2	1.0%
Psychedelics	0	0%
Solvents/Inhalants	2	1.0%
Stimulants	66	34.0%
I don’t know	15	7.7%
I prefer not to say	2	1.0%

Table B12. Loved one’s engagement with treatment or support services (including recovery) since January 2021 (n=194)

Engagement with treatment service	N	%
Yes	119	61.3%
No	51	26.3%
Not sure	24	12.4%

Table B13. Loved one’s living arrangements (n=193)

Living arrangements	N	%
Living in the local area	71	36.8%
They are living with me/my family	51	26.4%
Deceased	29	15.0%

Living arrangements	N	%
I prefer not to say	27	14.0%
Living away from the local area	15	7.8%

Note: Missing response (n=1).

Section 3: Family inclusive practice

Following are the findings on the extent to which family members have been involved in their loved one's treatment and support since January 2021. The data cover whether respondents had any involvement, the level of involvement reported, and the experiences of those who were actively engaged.

Table B14. Family member involvement in loved one's treatment and support since January 2021 (n=194)

Level of involvement	N	%
Yes	84	43.3%
I have had NO INVOLVEMENT despite being prepared to be involved	60	30.9%
I have had NO INVOLVEMENT out of my own choice not to get involved	26	13.4%
I prefer not to say	16	8.2%
Not sure	8	4.1%

The following tables in this section (**Tables B15 – B18**) report results from those indicating that they had been involved in their loved one's treatment / support (n=84).

Table B15. Extent of family member involvement in loved one's treatment and support (n=84)

Extent of involvement	N	%
I have been ACTIVELY involved	46	54.8%
I have been SOMEWHAT involved	18	21.4%

Extent of involvement	N	%
I have had LIMITED involvement	20	23.8%

Table B16. Types of family member involvement (n=80)

Types of involvement	N	%
I have been given advice from the service as to how to deal with a crisis that my loved one is experiencing	33	41.3%
I have been signposted to a family support service for further help and support for myself	28	35.0%
I have had open communication between myself (as a family member), the treatment or support service, and my loved one	28	35.0%
I have been actively involved in, and consulted on, my loved one's treatment and/or support plan, including decisions that need to be made	26	32.5%
I have been offered support for myself by the treatment or support service that my loved one attends	19	23.8%
I have been asked for my consent to be involved	16	20.0%
I have been given information and training on the use of naloxone, and also given access to supplies of naloxone	16	20.0%
I have been given regular updates by the treatment or support service that my loved one attends	12	15.0%

Note: Multiple responses allowed. Missing responses (n=4).

Table B17. Satisfaction with level of involvement in loved one's treatment and support since January 2021 (n=83)

Satisfaction level	N	%
Very satisfied	9	10.8%
Satisfied	23	27.7%

Satisfaction level	N	%
Neutral	29	34.9%
Dissatisfied	14	16.9%
Very dissatisfied	8	9.6%

Note: Missing response (n=1).

Table B18. Changes in family member involvement in loved one's treatment and support since January 2021 (n=82)

Experience of involvement	N	%
It has become much easier to be involved	19	23.2%
It has become somewhat easier to be involved	22	26.8%
There has been no change	27	32.9%
It has become somewhat harder to be involved	11	13.4%
It has become much harder to be involved	3	3.7%

Note: Missing responses (n=2).

Section 4: Family support

This section presents findings of respondents' experiences of seeking and receiving family support. It includes whether respondents had ever accessed support, when they first sought it, how frequently they engaged, and how they first became aware of available services. The data also cover the length of time families had been receiving support showing patterns of engagement over time.

Table B19. Family member engagement with support for themselves (n=194)

Ever sought, received or engaged with any kind of family support	N	%
Yes	131	67.5%
No	63	32.5%

The remaining tables in this section (**Tables B20 – B24**) report results from those indicating that they have, at any point, sought, received, or engaged with some kind of family support (n=131).

Table B20. Family members current situation (n=131)

Statements	N	%
I have sought some family support previously, but it was before 01/01/21	13	9.9%
I have been receiving/engaging with some family support before & since 01/01/21	28	21.4%
I have been receiving/engaging with some family support since 01/01/21	74	56.5%
I have received/engaged with some family support, but it was before 01/01/21	11	8.4%
I have tried seeking some family support for myself since 01/01/21 but so far haven't received any	5	3.8%

The table below shows how long ago family members **first sought support**, regardless of whether support was received at that time.

Table B21. Seeking family support – by length of time since first seeking (n=131)

Length of time since first seeking family support	N	%
Less than 1 year	19	14.5%
1-2 years	32	24.4%
3-4 years	32	24.4%
5-10 years	22	16.8%
More than 10 years	13	9.9%
I prefer not to say	8	6.1%
I am not sure / I don't know	5	3.8%

Table B22. Seeking family support – by frequency of times sought (n=131)

Number of times seeking family support	N	%
Many times	44	33.6%
A few times	62	47.3%
Once	25	19.1%

Table B23. First hearing about family support – by source of information (n=131)

Source of hearing about the availability of FSSs	N	%
A service that my loved one uses (or has used) for treatment and support	27	20.6%
Friends or family	25	19.1%
Community organisations	17	13.0%
Healthcare provider	17	13.0%
Online search	16	12.2%
Through Scottish Families Affected by Alcohol & Drugs	10	7.6%
News or media	4	3.1%
Local advertising (e.g., posters, leaflets)	2	1.5%
Social media (e.g. Facebook, WhatsApp)	1	0.8%
Other (please specify)	12	9.2%

The ‘other’ open-text responses highlighted a range of additional ways people heard about family support. Some described being signposted by professionals such as social workers, the police after a bereavement, or local services. Others became aware through personal networks, such as parents, friends, or the wider recovery community. A few respondents noted prior professional experience in the third sector, whilst one observed that they had only heard of Scottish Families Affected by Alcohol and Drugs (SFAD) locally and not of other services.

The table below shows how long ago family members actually began receiving support for themselves.

Table B24. Length of time since families began receiving support (n=113)

Length of time	N	%
Less than 1 year	17	15.0%
1-2 years	40	35.4%
3-4 years	28	21.8%
5-10 years	16	14.2%
More than 10 years	6	5.3%
I am not sure / I don’t know	1	0.9%
I would prefer not to say	5	4.4%

Note: Missing responses (n=18). See Table B20: 18 respondents had sought but not received support.

WP2 – Interview participant characteristics

Table B25. Family member interview participants – by local authority (n=27)

Local Authority area	N	%
Aberdeen City	1	3.7%
Aberdeenshire	1	3.7%
Argyll and Bute	1	3.7%
Comhairle nan Eilean Siar (Western Isles)	1	3.7%
Dundee City	1	3.7%
East Renfrewshire	1	3.7%
Edinburgh City	1	3.7%
Falkirk	2	7.4%
Fife	2	7.4%
Glasgow City	1	3.7%
Highland	1	3.7%

Local Authority area	N	%
Midlothian	2	7.4%
Moray	2	7.4%
North Ayrshire	1	3.7%
North Lanarkshire	1	3.7%
Renfrewshire	1	3.7%
Scottish Borders	1	3.7%
South Ayrshire	1	3.7%
West Dunbartonshire	3	11.1%
West Lothian	2	7.4%

Table B26. Family member interview participants – by urban/rural classification (6-fold[5]) (n=27)

Class name	N	%
Large urban areas	10	37.0%
Other urban areas	9	33.3%
Accessible small towns	1	3.7%
Remote small towns	3	11.1%
Accessible rural areas	2	7.4%
Remote rural areas	2	7.4%

Table B27. Family member interview participants – by age (n=27)

Age group	N	%
under 18	0	0%
18-24	0	0%
25-34	0	0%

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[5] According to the Scottish Government's Urban Rural Classification. scottish-government-urban-rural-classification-2020.pdf

Age group	N	%
35-44	3	11.1%
45-54	11	40.7%
55-64	9	33.3%
65 and over	4	14.8%

Table B28. Family member interview participants – by sex (as registered at birth) (n=27)

Sex	N	%
Female	25	92.6%
Male	2	7.4%

Table B29. Family member interview participants – by relationship to loved one(s) (n=27)

Relationship to loved one	N	%
Parent	20	74.1%
Spouse/partner	5	18.5%
Sibling	6	22.2%
Child	2	7.4%
Extended family member (e.g. aunt, uncle, cousin)	2	7.4%

Note: Multiple responses allowed.

Appendix C – Data from a survey of people affected by a loved one's drug use on their perceptions and experiences of family support services (WP1)

Section 1: Introduction

Appendix C presents detailed findings from the survey of family members and friends affected by a loved one's drug use. It provides full data tables and figures on perceptions and experiences of family support services across Scotland. The results highlight reported changes in accessibility, availability, and quality of support since 2021, explore factors contributing to improvements and gaps, and set out views on unmet needs. Together, these data complement the main report by offering a comprehensive evidence base on service use, satisfaction, and priorities for development.

Section 2: Awareness of family support services

Table C1. Awareness of family support services

Support type	Yes (n)	Yes (%)	No (n)	No (%)
Group support sessions for families (n=130)	104	80.0%	26	20.0%
Peer support groups for family members (n=130)	102	78.5%	28	21.5%
Naloxone training and/or supplies (n=129)	94	72.9%	35	27.1%
Support for your own recovery (n=129)	93	72.1%	36	27.9%
Educational workshops on drug use issues, recovery, and/or self-care (n=128)	92	71.9%	36	28.1%
Alternative therapies for family members (e.g., art therapy, mindfulness) (n=129)	92	71.3%	37	28.7%
One-on-one counselling for families (n=129)	86	66.7%	43	33.3%

Support type	Yes (n)	Yes (%)	No (n)	No (%)
Support for managing boundaries and enabling healthy relationships (n=128)	83	64.8%	45	35.2%
Online support forums or communities for families (n=128)	82	64.1%	46	35.9%
Bereavement or loss support for families affected by drug-related deaths (n=129)	80	62.0%	49	38.0%
Telephone helpline for family members (n=129)	80	62.0%	49	38.0%
Assistance with navigating treatment options for your loved one (n=129)	76	58.9%	53	41.1%
Text or chat support for immediate guidance (n=129)	74	57.4%	55	42.6%
Outreach services to engage families at home or in your community (n=128)	72	56.3%	56	43.7%
Support for your own use of drugs (n=128)	70	54.7%	58	45.3%
Support specifically for children and young people in your family (n=128)	70	54.7%	58	45.3%
Family therapy involving your loved one (n=130)	71	54.6%	59	45.4%
Training or workshops on advocating for your loved one in treatment (n=129)	67	51.9%	62	48.1%
Respite services to provide family members with a break (n=128)	48	37.5%	80	62.5%
Financial advice or support for families impacted by a loved one's drug use (n=128)	43	33.6%	85	66.4%
Legal advice related to drug use issues (n=127)	37	29.1%	90	70.9%

Note: Multiple responses allowed.

Section 3: Changes in the accessibility, availability, and quality of family support services since 2021

This section presents data on family members' perceptions of changes in family support since January 2021. It reports which services were accessed, how often they were used, and levels of satisfaction among those who engaged. The findings also highlight ease of access, knowledge of available services, perceptions of availability, and views on the overall quality of support. Results are based only on participants who had sought or received family support (n=131), with frequency and satisfaction reported for those who accessed each service.

Table C2. Supports accessed since January 2021 (n=113)

Support type	Yes (n)	Yes (%)	No (n)	No (%)
Group support sessions for families	86	76.1%	27	23.9%
Peer support groups for family members	85	75.2%	28	24.8%
Support for managing boundaries and enabling healthy relationships	71	62.8%	42	37.2%
Alternative therapies for family members (e.g., art therapy, mindfulness)	69	61.1%	44	38.9%
Educational workshops on drug use issues, recovery, and/or self-care	69	61.1%	44	38.9%
Naloxone training and/or supplies	65	57.5%	48	42.5%
Support for your own recovery	62	54.9%	51	45.1%
Assistance with navigating treatment options for your loved one	53	46.9%	60	53.1%
One-on-one counselling for families	48	42.5%	65	57.5%
Online support forums or communities for families	45	39.8%	68	60.2%
Bereavement or loss support for families affected by drug-related deaths	35	31.0%	78	69.0%

Support type	Yes (n)	Yes (%)	No (n)	No (%)
Outreach services to engage families at home or in your community	34	30.1%	79	69.9%
Family therapy involving your loved one	33	29.2%	80	70.8%
Training or workshops on advocating for your loved one in treatment	31	27.4%	82	72.6%
Text or chat support for immediate guidance	27	23.9%	86	76.1%
Financial advice or support for families impacted by a loved one's drug use	26	23.0%	87	77.0%
Telephone helpline for family members	25	22.1%	88	77.9%
Support specifically for children and young people in your family	22	19.5%	91	80.5%
Respite services to provide family members with a break	19	16.8%	94	83.2%
Support for your own use of drugs	19	16.8%	94	83.2%
Legal advice related to drug use issues	16	14.2%	97	85.8%
Other support	32	28.3%	81	71.7%

Note: Missing responses (n=18). See **Table B20**: 18 respondents had sought but not received support.

Amongst the 32 respondents who selected ‘other’, a range of supports were reported beyond the predefined options. These included formal services such as counselling, therapy, and GP support, as well as participation in structured groups like Families Anonymous and 12-step fellowships. Respondents also mentioned community-based or informal supports, including recovery cafes, support for people with lived experience of drug use, and family or friends. A small number noted drawing on personal strategies such as exercise, yoga, or self-directed reading.

Table C3. Frequency of use since January 2021 (amongst those indicating they had accessed each support)

Support type	Often (N)	Often (%)	Some -times (N)	Some -times (%)	Rare- ly (N)	Rare- ly (%)	Other (N)	Other (%)
Alternative therapies (n=69)	38	55.1%	10	14.5%	20	29.0%	1	1.4%
Assistance with navigating treatment options (n=53)	22	41.5%	9	17.0%	21	39.6%	1	1.9%
Bereavement or loss support (n=35)	18	51.4%	3	8.6%	12	34.3%	1	2.9%
Educational workshops (n=69)	30	43.5%	9	13.0%	30	43.5%	0	0.0%
Family therapy (n=33)	13	39.4%	8	24.2%	11	33.3%	1	3.0%
Financial advice or support (n=26)	11	42.3%	4	15.4%	9	34.6%	2	7.7%
Group support (n=86)	58	67.4%	8	9.3%	18	20.9%	2	2.3%
Legal advice (n=16)	7	43.8%	2	12.4%	7	43.8%	0	0.0%
Naloxone supplies (n=65)	11	16.9%	9	13.8%	35	53.8%	10	15.4%

Support type	Often (N)	Often (%)	Some -times (N)	Some -times (%)	Rare-ly (N)	Rare-ly (%)	Other (N)	Other (%)
Naloxone training (n=65)	17	26.1%	8	12.3%	33	50.8%	7	10.8%
One-on-one counselling (n=48)	28	58.3%	5	10.4%	15	31.2%	0	0.0%
Online support (n=45)	21	46.7%	8	17.8%	16	35.6%	0	0.0%
Outreach services (n=34)	17	50.0%	5	14.7%	11	32.4%	1	2.9%
Peer support (n=84)	59	70.2%	6	7.1%	19	22.6%	0	0.0%
Respite services (n=19)	7	36.8%	1	5.3%	11	57.9%	0	0.0%
Support for managing boundaries (n=71)	40	56.3%	10	14.1%	20	28.2%	1	1.4%
Support for your own recovery (n=62)	45	72.6%	4	6.5%	12	19.4%	1	1.6%
Support for your own use of drugs (n=19)	10	52.6%	1	5.3%	7	36.8%	1	5.3%
Support for children and young people (n=22)	9	40.9%	1	4.5%	12	54.5%	0	0.0%

Support type	Often (N)	Often (%)	Some-times (N)	Some-times (%)	Rare-ly (N)	Rare-ly (%)	Other (N)	Other (%)
Telephone helplines (n=25)	7	28.0%	4	16.0%	14	56.0%	0	0.0%
Text or chat support (n=27)	16	59.3%	2	7.4%	9	33.3%	0	0.0%
Training or workshops on advocating for loved one (n=31)	12	38.7%	8	25.8%	10	32.3%	1	3.2%
Other support (n=32)	24	75.0%	1	3.1%	5	15.6%	2	6.2%

Note: Often = ‘daily or several days per week’, ‘weekly’, ‘frequently (i.e. several times a month)’, and regularly (i.e. once a month)’; Sometimes = ‘occasionally (i.e. less than once a month)’; Rarely = ‘just a few times’; Other = ‘not at all’ and ‘prefer not to say’.

Table C4. Changes to family support since January 2021 – by accessibility (n=120)

Ability to access family support services since January 2021	N	%
Much easier to access	12	10.0%
Easier to access	30	25.0%
No change	30	25.0%
Harder to access	11	9.2%
Much harder to access	6	5.0%
I don’t know	31	25.8%

Note: Missing responses (n=11).

Table C5. Level of knowledge about available family support (n=131)

Extent of being informed	N	%
0 (not at all informed)	9	6.9%
1	13	9.9%
2	13	9.9%
3	6	4.6%
4	5	3.8%
5 (neutral)	23	17.6%
6	10	7.6%
7	15	11.5%
8	16	12.2%
9	3	2.3%
10	18	13.7%

Table C6. Finding information about family support – by level of ease/difficulty (n=131)

Level of ease or difficulty in finding information	N	%
Very easy	23	17.6%
Somewhat easy	21	16.0%
Neither easy nor difficult	36	27.5%
Somewhat difficult	36	27.5%
Very difficult	15	11.5%

Table C7. Family support – by main type (n=131)

Main type of family support used	N	%
Group support sessions	30	22.9%
Peer support groups	21	16.0%
Alternative therapies	15	11.5%
Bereavement or loss support	11	8.4%
One-on-one counselling	9	6.9%
NONE of the following options	9	6.9%
Access to naloxone (training and/or supplies)	8	6.1%
Support for your own recovery	5	3.8%
Support for managing boundaries & enabling healthy relationships	4	3.1%
Educational workshops on drug use issues recovery, and/or self-care	3	2.3%
Telephone helplines	3	2.3%
Online support forums or communities	3	2.3%
Training or workshops on advocating for your loved one in treatment	2	1.5%
Text or chat support for immediate guidance	2	1.5%
Family therapy involving the loved one using drugs	2	1.5%
Support specifically for children and young people in the family	1	0.8%
Respite services to provide family members with a break	1	0.8%
Outreach services to engage families at home or in their community	1	0.8%
Other	1	0.8%
Assistance with navigating treatment options	0	0%

Main type of family support used	N	%
Financial advice or support for families	0	0%
Legal advice related to drug use issues	0	0%
Support for your own use of drugs	0	0%

Table C8. Availability of family support (n=122)

Availability of family support	N	%
0 (The help I need is not available)	6	4.9%
1	2	1.6%
2	10	8.2%
3	10	8.2%
4	13	10.7%
5	14	11.5%
6	8	6.6%
7	9	7.4%
8	10	8.2%
9	10	8.2%
10 (The help I need is fully available)	30	24.6%

Note: Missing responses (n=9).

Table C9. Changes to family support since January 2021 – by range or amount (n=120)

Changes to the range, or amount, of family support services since January 2021	N	%
Significantly increased	11	9.2%
Increased	32	26.7%
No change	20	16.7%

Changes to the range, or amount, of family support services since January 2021	N	%
Decreased	11	9.2%
Significantly decreased	9	7.5%
I don't know	37	30.8%

Note: Missing responses (n=11).

Changes to quality of family support services since 2021

Table C10. Overall rating of family support since January 2021 (n=118)

Overall assessment of current support	N	%
Much better	36	30.5%
A little better	31	26.3%
About the same	38	32.2%
A little worse	9	7.6%
Much worse	4	3.4%

Note: Missing responses (n=13).

Table C11. Satisfaction with supports accessed since January 2021 (amongst those indicating they had accessed each support)

Support type	Satisfied (N)	Satisfied (%)	Neutral (N)	Neutral (%)	Dissatisfied (N)	Dissatisfied (%)
Text or chat support (n=27)	26	96.3%	0	0.0%	1	3.7%
Peer support (n=85)	78	91.8%	4	4.7%	3	3.5%
One-on-one counselling (n=48)	44	91.7%	2	4.2%	2	4.2%

Support type	Satisfied (N)	Satisfied (%)	Neutral (N)	Neutral (%)	Dissatisfied (N)	Dissatisfied (%)
Advocacy training or workshops (n=31)	28	90.3%	1	3.2%	2	6.5%
Support for managing boundaries (n=71)	63	88.7%	5	7.0%	3	4.2%
Alternative therapies (n=69)	61	88.4%	6	8.7%	2	2.9%
Group support (n=86)	74	86.0%	11	12.8%	1	1.2%
Educational workshops (n=69)	59	85.5%	9	13.0%	1	1.4%
Family therapy (n=33)	28	84.8%	2	6.1%	3	9.1%
Support for your own recovery (n=62)	52	83.9%	8	12.9%	2	3.2%
Naloxone training (n=65)	53	81.5%	8	12.3%	4	6.2%
Telephone helplines (n=25)	20	80.0%	3	12.0%	2	8.0%
Naloxone supplies (n=64)	51	79.7%	9	14.1%	4	6.2%
Other support (n=32)	25	78.1%	5	15.6%	2	6.2%
Financial advice or support (n=26)	20	76.9%	4	15.4%	2	7.7%
Assistance with navigating treatment options (n=53)	40	75.5%	8	15.1%	5	9.4%
Respite services (n=19)	14	73.7%	4	21.1%	1	5.3%
Online support (n=45)	33	73.3%	10	22.2%	2	4.4%

Support type	Satisfied (N)	Satisfied (%)	Neutral (N)	Neutral (%)	Dissatisfied (N)	Dissatisfied (%)
Bereavement or loss support (n=35)	25	71.4%	8	22.9%	2	5.7%
Legal advice (n=16)	11	68.8%	4	25.0%	1	6.2%
Support for children and young people (n=22)	15	68.2%	4	18.2%	3	13.6%
Support for your own use of drugs (n=19)	12	63.2%	5	26.3%	2	10.5%
Outreach services (n=34)	21	61.8%	7	20.6%	6	17.6%

Note: Multiple responses allowed.

Table C12. Quality of family support (n=120)

Quality of family support	N	%
0 (The quality of family support available to me is very poor)	3	2.5%
1	3	2.5%
2	10	8.3%
3	7	5.8%
4	6	5.0%
5	15	12.5%
6	10	8.3%
7	10	8.3%
8	11	9.2%
9	20	16.7%
10 (The quality of family support available to me is excellent)	25	20.8%

Note: Missing responses (n=11).

Table C13. Help received from family support service since January 2021 – by overall experience (n=129)

Rating of help experienced from family support services since January 2021	N	%
Very positively	50	38.8%
Somewhat positively	33	25.6%
Neutral	36	27.9%
Somewhat negatively	6	4.7%
Very negatively	4	3.1%

Note: Missing responses (n=2).

Table C14. Rating of the extent to which family members are getting the advice, help and support that they need (n=130)

Rating of the extent to which receiving necessary advice, help and support	N	%
I am getting exactly what I need in terms of help and support	39	30.0%
I am mostly getting what I need in terms of help and support	39	30.0%
I am somewhat getting what I need in terms of help and support	32	24.6%
I am only getting a small part of what I need in terms of help and support	14	10.8%
The family support that I am currently receiving, or engaged with, is not meeting my needs	6	4.6%

Note: Missing response (n=1).

Section 4: Factors contributing to perceived improvements or gaps in the family support experience

This section presents survey findings on the factors that shaped family members' experiences of support since 2021 (n=131). It includes views on timeliness, frequency, respect, and involvement in service design, as well as the extent and quality of involvement in a loved one's treatment and support.

This section also highlights gaps identified by those who had not accessed support.

Factors contributing to perceived improvements in the family support experience

Table C15. Changes to family support since January 2021 – by speed/timeliness (n=117)

Ability to access family support services since January 2021	N	%
I now get the support that I need at the time that I need it	49	41.9%
I now get the support that I need a little quicker than previously	16	13.7%
The speed/timeliness of support has stayed roughly the same as before	34	29.1%
I now have to wait a little longer to get the support that I need	12	10.3%
I now have to wait a lot longer to get the support that I need	6	5.1%

Note: Missing responses (n=14).

Table C16. Changes to family support since January 2021 – by frequency (n=115)

Changes to the frequency of receiving family support since January 2021	N	%
I now get seen far more often	22	19.1%
I now get seen a little more often	22	19.1%
I get seen roughly the same amount of times as I did previously	46	40.0%
I now get seen a little less frequently	17	14.8%
I now get seen a lot less frequently	8	7.0%

Note: Missing responses (n=16).

Table C17. Changes to family support since January 2021 – by level of stigma/respect (n=116)

Changes to experienced respect or stigma since January 2021	N	%
I am now treated with far more respect from staff/services	29	25.0%
I am now treated with a little more respect from staff/services	29	25.0%
I am treated the same as I have been previously	54	46.6%
I now experience a little more stigma from staff/services	4	3.4%
I now experience a lot more stigma from staff/services	0	0%

Note: Missing responses (n=15).

Table C18. Changes to family support since 2021 – by involvement in service design decisions (n=116)

Changes to involvement in service design decisions since January 2021	N	%
I am now far more involved in decisions about service redesign	22	19.0%
I am now a little more involved in decisions about service redesign	27	23.3%
I am involved about the same as I have been previously in decisions about service redesign	52	44.8%
I am now a little less involved in decisions about service redesign	7	6.0%
I am now far less involved in decisions about service redesign	8	6.9%

Note: Missing responses (n=15).

Awareness amongst those not accessing support

People who indicated they had not sought or engaged with family support services were asked questions about the range of different types of family support that may be available to them (n=63).

Table C19. Awareness of, and possible interest in, family support services among people who have not accessed services (n=63)

Support type	Yes (n)	Yes (%)	No* (n)	No* (%)	No** (n)	No** (%)
Financial advice or support for families impacted by a loved one's drug use	9	14.3%	12	19.0%	42	66.7%
Any other family supports that might be available to you	5	7.9%	18	28.6%	40	63.5%
Support for managing boundaries and enabling healthy relationships	12	19.0%	14	22.2%	37	58.7%
Support for your own recovery	14	22.2%	14	22.2%	35	55.6%
Text or chat support for immediate guidance	10	15.9%	18	28.6%	35	55.6%
Legal advice related to drug use issues	11	17.5%	18	28.6%	34	54.0%
Outreach services to engage families at home or in their community	13	20.6%	16	25.4%	34	54.0%
Respite services to provide family members with a break	11	17.5%	18	28.6%	34	54.0%
Family therapy involving the loved one using drugs	11	17.5%	19	30.2%	33	52.4%

Support type	Yes (n)	Yes (%)	No* (n)	No* (%)	No** (n)	No** (%)
Training or workshops on advocating for your loved one in treatment	11	17.5%	20	31.7%	32	50.8%
Assistance with navigating treatment options for the loved one	16	25.4%	16	25.4%	31	49.2%
One-on-one counselling for families	17	27.0%	15	23.8%	31	49.2%
Peer support groups for family members (e.g., connecting with others in similar situations)	16	25.4%	16	25.4%	31	49.2%
Online support forums or communities for families	15	23.8%	18	28.6%	30	47.6%
Bereavement or loss support for families affected by drug-related deaths	17	27.0%	17	27.0%	29	46.0%
Group support sessions for families	17	27.0%	17	27.0%	29	46.0%
Support specifically for children and young people in the family	19	30.2%	15	23.8%	29	46.0%
Telephone helplines for family members	25	39.7%	10	15.9%	28	44.4%
Naloxone (training / supplies)	16	25.4%	21	33.3%	26	41.3%
Alternative therapies for family members (e.g., art therapy, mindfulness)	20	31.7%	19	30.2%	24	38.1%
Educational workshops on drug use issues, recovery, and/or self-care	21	33.3%	18	28.6%	24	38.1%

Support type	Yes (n)	Yes (%)	No* (n)	No* (%)	No** (n)	No** (%)
Support for your own use of drugs	18	28.6%	22	34.9%	23	36.5%

Note: Multiple responses allowed.

Table sorted by “No (I was not aware of this service), and (would have been) likely to have made use of it, had I been aware”, high to low.

* Unlikely to have made use of it

** Likely to have made use of it had I been aware

Table C20. Situation describing non-engagement with family support services (n=63)

Situations describing non-engagement with family support services	N	%
I was unaware that support was available for families and have therefore never sought or accessed any	18	28.6%
I am aware that there is support available for family members, but I have never tried to access it	18	28.6%
I am aware that support for families exist, but I have no idea about how to go about accessing it	11	17.5%
I have been aware that support is available, and have been in need of some, but I have chosen not to access it	8	12.7%
I do not feel that I need any family support – either currently or in the future	4	6.3%
I think I would benefit from some kind of family support, but my personal circumstances are preventing me seeking or receiving any	4	6.3%

Personal circumstances preventing engagement with family support

Amongst those who indicated personal circumstances are a barrier (N=4), three respondents cited personal mental health problems as a barrier to accessing support, whilst others mentioned childcare (n=1) or employment (n=1).

Table C21. Reasons for not engaging with family support (n=37)

Reason	N	%
Prefer not to say	12	32.4%
I do not have sufficient digital access	1	2.7%
I do not have the means of transport	6	16.2%
I have a sense of shame or guilt	9	24.3%
I have had previous negative experiences of family support	4	10.8.%
I prefer to handle matters privately	9	24.3%
Services are not available at convenient times for me	1	2.7%
Services are too far away for me to attend	1	2.7%
There are religious, cultural, or language barriers that stop me	0	0%
Other (please specify)	1	2.7%

Note: Multiple responses allowed. The person who selected “Other” did not specify.

The following sections report results from ALL participants (n=194).

Ranked importance of family support services

Participants were asked to identify and rank the three types of support they considered most important for affected family members.

The table below present these percentage scores by service type and area.

Table C22. Percentage scores of perceived importance, by service type and area (n=194)

Support type	1st (n)	1st (%)	2nd (n)	2nd (%)	3rd (n)	3rd (%)
Access to naloxone (training and supplies)	26	13.4%	22	11.3%	19	9.8%
Educational workshops on drug use issues, recovery, and/or coping	22	11.3%	25	12.9%	20	10.3%
Peer support groups for family members (e.g., connecting with others)	22	11.3%	13	6.7%	15	7.7%
Bereavement or loss support for families affected by drug use	18	9.3%	15	7.7%	6	3.1%
One-on-one counselling for families	17	8.8%	16	8.3%	14	7.2%
Assistance with navigating treatment options for the loved one	16	8.3%	17	8.8%	13	6.7%
Family therapy involving the loved one using drugs	14	7.2%	17	8.8%	10	5.2%
Alternative therapies for family members (e.g., art therapy, etc.)	12	6.2%	16	8.3%	17	8.8%
Group support sessions for families	8	4.1%	10	5.2%	14	7.2%
Support for your own recovery	7	3.6%	5	2.6%	5	2.6%
Support specifically for children and young people in the family	5	2.6%	10	5.2%	8	4.1%
Support for managing boundaries and enabling healthy relationships	5	2.6%	8	4.1%	9	4.6%
Outreach services to engage families at home or in their communities	4	2.1%	3	1.6%	9	4.6%

Support type	1st (n)	1st (%)	2nd (n)	2nd (%)	3rd (n)	3rd (%)
Text or chat support for immediate guidance	4	2.1%	1	0.5%	4	2.1%
Financial advice or support for families impacted by a loved one’s drug use	3	1.6%	5	2.6%	9	4.6%
Legal advice related to drug use issues	3	1.6%	2	1.0%	2	1.0%
Respite services to provide family members with a break	3	1.6%	1	0.5%	3	1.6%
Training or workshops on advocating for your loved one in services	2	1.0%	4	2.1%	6	3.1%
Other	2	1.0%	0	0.0%	1	0.5%
Telephone helpline for family members	1	0.5%	2	1.0%	5	2.6%
Online support forums or communities for families	0	0%	2	1.0%	2	1.0%
Support for your own use of drugs	0	0.0%	0	0.0%	3	1.5%

Note: Multiple responses allowed.

Table C23. Perceived gaps in family support (n=194)

Perceived gaps	N	%
Family support is not available outside of normal office hours	56	28.9%
There is a lack of family support services near where I live	50	25.8%
There is a lack of respite support services for families	49	25.3%
There are not enough different types of support near where I live	48	24.7%
There are long waiting times for family support services in the area that I live	48	24.7%
There is an inadequate involvement in loved one’s treatment	43	22.2%

Perceived gaps	N	%
There is limited support for young carers (affected by a loved one’s drug use)	30	15.5%
There is a lack of digital or online family support services	17	8.8%
There is a lack of culturally appropriate family support service	14	7.2%
Other (please specify)	8	4.1%

Note: Multiple responses allowed.

Amongst respondents who selected ‘other’, comments highlighted a range of views. Some pointed to specific barriers such as limited GP support, older generations struggling to access services unless advised directly by doctors, and the absence of certain peer-led groups (e.g. Co-Anon in Scotland). Others expressed uncertainty about local provision or stated they did not feel there was a gap. A further theme related to concerns about the quality of care for loved ones, with respondents emphasising the need for respect, adherence to human rights, and implementation of Medication-assisted treatment (MAT) standards to ensure fair treatment.

Types of family support identified as missing or needing expansion

Participants were asked to select three service types that they believe are missing or needing expansion. These were not ranked, so the number and proportion, but not weighted scores, are reported.

Table C24. Types of family support identified as missing or needing expansion (n=194)

Service type	N	%
Educational workshops on drug use issues, recovery, and/or self-care	51	26.3%
Assistance with navigating treatment options for the loved one	48	24.7%
Bereavement or loss support for families affected	42	21.6%
Family therapy involving the loved one using drugs	42	21.6%

Service type	N	%
One-on-one counselling for families	39	20.1%
Access to naloxone (training and supplies)	28	14.4%
Financial advice or support for families impacted by a loved one	28	14.4%
Alternative therapies for family members	26	13.4%
Group support sessions for families	26	13.4%
Outreach services to engage families	25	12.9%
Respite services to provide family members with a break	25	12.9%
Support specifically for children and young people in the family	25	12.9%
Peer support groups for family members	21	10.8%
Legal advice related to drug use issues	18	9.3%
Text or chat support for immediate guidance	17	8.8%
Telephone helpline for family members	15	7.7%
Training or workshops on advocating for your loved one	15	7.7%
Support for your own recovery	12	6.2%
Support for managing boundaries and enabling healthy relationships	11	5.7%
Online support forums or communities for families	10	5.2%
Support for your own use of drugs	4	2.1%
Other (please specify)	3	1.5%

Note: Multiple responses allowed.

One person replying “Other” commented:

“It's difficult to just pick three because my area needs a lot of different things.”

Appendix D – Alternative data examples

WP1 received a disproportionately large response from North Lanarkshire family members (n=53, 27% of WP1 respondents). Whilst much of the data aligns with national patterns, in the following responses the North Lanarkshire responses skewed the findings.

- Higher prevalence of stimulant use amongst loved ones.
- Lower awareness and engagement with family support services.
- Greater feelings of shame and guilt, alongside a stronger tendency to manage issues privately.

The following tables present examples of these differences, with the significant areas of difference highlighted in yellow. In all the following tables: NLAN = North Lanarkshire; and RoS = Rest of Scotland.

Table D1. The primary drug type that causes (or caused) a loved one most problems (NLAN, n=53; RoS, n=141; ALL, n=194)

Drug type	NLAN (N)	NLAN (%)	RoS (N)	RoS (%)	ALL (N)	ALL (%)
Alcohol	*	*	*	*	*	*
Benzodiazepines & hypnotics	10	18.9%	23	16.3%	33	17.0%
Cannabinoids	5	9.4%	11	7.8%	16	8.2%
Dissociatives	*	*	7	5.0%	7	3.6%
Empathogens	*	*	*	*	*	*
Gabapentinoids	*	*	*	*	5	2.6%
Novel Psychoactive Substances	*	*	*	*	*	*
Opioids	7	13.2%	37	26.2%	44	22.7%
Over the counter medications	*	*	*	*	*	*

Drug type	NLAN (N)	NLAN (%)	RoS (N)	RoS (%)	ALL (N)	ALL (%)
Psychedelics	*	*	*	*	*	*
Solvents/Inhalants	*	*	*	*	*	*
Stimulants	25	47.2%	41	29.1%	66	34.0%
I don't know	*	*	12	8.5%	15	7.7%
Prefer not to say	*	*	*	*	*	*

Table D2. Engagement of a loved one with treatment or support services (including recovery) for their drug use since 01/01/21 (NLAN, n=53; RoS, n=141; ALL, n=194)

Engagement with treatment service	NLAN (n)	NLAN (%)	RoS (n)	RoS (%)	ALL (n)	ALL (%)
Yes	23	43.4%	96	68.1%	119	61.3%
No	19	35.8%	32	22.7%	51	26.3%
Not sure	11	20.8%	13	9.2%	24	12.4%

Table D3. Engagement with any kind of family support (NLAN, n=53; RoS, n=141; ALL, n=194)

Ever sought, received or engaged with any kind of family support	NLAN (n)	NLAN (%)	RoS (n)	RoS (%)	ALL (n)	ALL (%)
Yes	21	39.6%	110	78.0%	131	67.5%
No	32	60.4%	31	22.0%	63	32.5%

Table D4. Which of the following statements best describes your situation? (NLAN, n=21; RoS, n=110; ALL, n=131)

Statements	NLAN (n)	NLAN (%)	RoS (n)	RoS (%)	ALL (n)	ALL (%)
I have sought some family support previously, but it was before 01/01/21	5	23.8%	8	7.3%	13	9.9%
I have been receiving/engaging with some family support before & since 01/01/21	4	19.0%	24	21.8%	28	21.4%
I have been receiving/engaging with some family support since 01/01/21	6	28.6%	68	61.8%	74	56.5%
I have received/engaged with some family support, but it was before 01/01/21	4	19.0%	7	6.4%	11	8.4%
I have tried seeking some family support for myself since 01/01/21 but so far haven't received any	2	9.5%	3	2.7%	5	3.8%

Table D5. Peer support groups for family members – accessed since January 2021 (NLAN, n=14; RoS, n=99; ALL, n=113)

Accessed	NLAN (n)	NLAN (%)	RoS (n)	RoS (%)	ALL (n)	ALL (%)
Yes	5	35.7%	80	80.8%	85	75.2%
No	9	64.3%	19	19.2%	28	24.8%

Table D6. Please can you indicate if any of the following reasons for not receiving (or engaging with) family support apply to you (NLAN, n=18; RoS, n=19; ALL, n=37)

Accessed	NLAN (n)	NLAN (%)	RoS (n)	RoS (%)	ALL (n)	ALL (%)
Prefer not to say	4	22.2%	8	42.1%	12	32.4%
I do not have sufficient digital access	0	0.0%	1	5.3%	1	2.7%
I do not have the means of transport	2	11.1%	4	21.1%	6	16.2%
I have a sense of shame or guilt	7	38.9%	2	10.5%	9	24.3%
I have had previous negative experiences with FSSs	3	16.7%	1	5.3%	4	10.8%
I prefer to handle matters privately	6	33.3%	3	15.8%	9	24.3%
Services are not available at convenient times for me	0	0.0%	1	5.3%	1	2.7%
Services are too far away for me to attend	0	0.0%	1	5.3%	1	2.7%
There are religious, cultural, or language barriers that stop me	0	0.0%	0	0.0%	0	0.0%
Other (please specify)	0	0.0%	1	5.3%	1	2.7%

Note: Multiple responses allowed.

Appendix E – Qualitative themes and examples from a set of interviews with affected family members (WP2)

This appendix provides a selection of additional qualitative data examples (quotes) that illustrate the main themes that have emerged from a combination of the open-text boxes contained within the family members survey (WP1) and from the 27 interviews conducted with family members (WP2). We have chosen a small number of additional quotes per theme to demonstrate the richness of the data and to provide evidence of the breadth of data that has been combined when identifying themes.

Table E1. Awareness, and access to, FSSs – illustrative examples

Illustrative (qualitative) data examples
• ‘Navigating the myriad of services is time consuming and confusing. Additionally trying to figure out if you can self-refer and what you are entitled to is difficult. Lastly even when requesting services you are entitled to you often get no response.’ [SR-174] • ‘It can be difficult to understand what treatment options are right.’ [SR-20] • ‘No one’s ever offered anything, but if you hunt hard enough and shout loud enough finally you might find somebody who offers something that may or may not be helpful.’ [IP-20]

Table E2. Changes to FSSs – illustrative examples

Illustrative (qualitative) data examples
• ‘More community-based peer support. A single point of access for family support in my area, removed confusion when accessing support (I have both access[ed] the service personally but have connected other family members and the process is much easier and support better).’ [SR-81] • ‘I think awareness has increased and more collaboration between agencies and contribution from families with real stories to make impact.’ [SR-144] • ‘I think there has been a change, an improvement over time. When I first looked for help about 15 years ago, I couldn't find anything. When I looked for help 2 years ago,

Illustrative (qualitative) data examples
when my son died, it was easy to find the help I was looking for. I wish I had discovered [national service] years ago.' [SR-04]

Table E3. Ongoing gaps – illustrative examples

Illustrative (qualitative) data examples
• 'The only thing that has worsened for the support I am given is simply due to not enough keyworkers available in [area] for the growing number of families needing support. So, the wait or one to one meetings are now done online rather than in person.' [SR-59] • 'Services do not work together Stigma is still an issue even among the professional services.' [SR-69] • 'I think there was some funding in [city] but for our area, we didn't get any funding. But for family help, there isn't really anything in this area at all.... it was quite a lot of travelling up and down all the time, particularly in the winter months.' [IP-06]

Table E4. Suggestions for improvement – illustrative examples

Illustrative (qualitative) data examples
• 'Lived experience voice is heard would like to see the implementation bit more – you said we did type thing.' [SR-65] • 'I would like to see... Mediation between the person and the parent or their loved one, to talk.' [IP-02] • 'Providing support, providing guidance, and having access to be able to speak to somebody that can give you some guidance and support and knowledge. Even workshops available so that you could attend them and gather some knowledge if you want to go to that.' [IP-12]

Table E5. Unintended consequences of the National Mission – illustrative examples

Illustrative (qualitative) data examples
• 'There probably is a trickling through, and it's trickled through more to the third sector than from what I can see of the statutory services although I've not had direct contact

with them… I think it probably has had an impact on making people think about it a bit more.' [IP21F] • 'I do think it [National Mission] has had an impact but not anything as near as what probably you would have liked for it to do... the reality is – is it working or is it just something else that we're doing now because we're not sure what to do anymore.' [IP23] • 'I think what's really missing from the overall strategy is purpose for addicts. If you're going to clean them up and get them like housing and some money, what are they supposed to do all day?' [IP25]

Table E6. Support for children, young people, and young carers – illustrative examples

Illustrative (qualitative) data examples
• 'Although my [loved one] has been under the drug teams for the last 10 years no one has ever offered or signposted me or my other 3 children to any support. Any support found has been third sector and found independently and with great difficulty.' [SR-58] • 'I think the other thing that's really, really essential is somebody early on to talk about are there other children in the family and how are they and to safeguard them... all of my children are damaged.' [IP-20] • 'Social work didn't offer me any awareness around what it would look like to bring up a child… who'd been in care, suffered adverse childhood experiences. They didn't talk about potential neurological development or non-development because of the drug use of [their] parents… I think that was a huge failing.' [IP-24]

Table E7. Prioritising support for loved ones – illustrative examples

Illustrative (qualitative) data examples
• 'I think the addict must come first.' [SR-71] • 'I think if you think your loved one is being supported that feels like a support in itself. Feeling like they are not supported by the service does nothing. It makes you feel like, how can they support you if they can't support the person they're meant to be supporting?' [IP-01]

Illustrative (qualitative) data examples
• ‘I’ve been more focused on getting [loved one] help all the time and not really thinking about me... I never did anything for myself… because your life’s so chaotic and you’re so busy sorting everybody else’s problems out that you forget about yourself.’ [IP-08]

Table E8. Filling the gaps: community-led family support – illustrative examples

Illustrative (qualitative) data examples
• ‘If I was to stop doing it, if I was to move on, and stop doing this, there would be no family support.’ [IP-07] • ‘I approached a local recovery project. They had no family support stuff there and I thought well, let’s just start one and that could be part of my degree, but also using it as a support mechanism for myself and others.’ [IP-07] • ‘Learning all this stuff myself, is that I'm able to not only signpost others, but signpost my own kids. But it's been a lot. Like, I've only managed it because I've been off work over the last year and a half.’ [IP-10]

Appendix F – Family support provider sample characteristics (WP3 and WP4)

WP3 – Survey respondent characteristics

This section provides an overview of the support providers who took part in the survey (n=66) and their key characteristics. It includes information on survey completion, respondents’ roles and length of involvement in FSSs, and organisations they represent.

Table F1. Support providers – by age (n=65)

Age	N	%
18-24	1	1.5%
25-34	10	15.4%
35-44	10	15.4%
45-54	21	32.3%
55-64	17	26.2%
65 and over	5	7.7%
I prefer not to say	1	1.5%

Note: Missing response (n=1).

Table F2. Support providers – by sex (as registered at birth) (n=65)

Sex	N	%
Female	49	75.4%
Male	14	21.5%
Other	1	1.5%
I prefer not to say	1	1.5%

Note: Missing response (n=1).

Table F3. Support providers – by ethnic group (n=65)

Ethnicity	N	%
White - Scottish	52	80.0%
White - Other British	5	7.7%
White - Irish	2	3.1%
Prefer not to say	1	1.5%
Pakistani, Pakistani Scottish or Pakistani British	1	1.5%
Other ethnic group (e.g. Jewish or Sikh) - please specify below	1	1.5%
Other (please specify below)	1	1.5%
Chinese, Chinese Scottish or Chinese British	1	1.5%
African, African Scottish, African British	1	1.5%

Note: Missing response (n=1).

Other = “White other”.

Table F4. Support providers – by own experience of problematic drug use or accessing support services (n=62)

Own experience	N	%
Yes, I have experienced problems with drug use	16	25.8%
Yes, I have experience of accessing drug services	10	16.1%
No, I have no such experience	38	61.3%
I prefer not to say	5	8.1%

Note: Multiple responses allowed. Missing responses (n=4).

Table F5. Support providers – by experience of family or friends with problematic drug use (n=62)

Experience of family or friends with problematic drug use	N	%
I have a loved one who experiences / has experienced problems with drugs	38	61.3%
No, I do not	21	33.9%
I prefer not to say	3	4.8%

Note: Missing responses (n=4).

Table F6. Support providers – by personal engagement with family support services

Personally engaged with FSSs	N	%
Yes	17	44.7%
No	21	55.3%

Note: Missing responses (n=28).

The next part of this section outlines the organisational and practice backgrounds of survey respondents. It provides information on the types of organisations they work or volunteer for and the local authority areas in which they deliver family support.

Table F7. Type of organisation that respondent works or volunteers for (n=66)

Type of organisation	N	%
Third Sector / Charity	51	77.3%
Community group	7	10.6%
NHS	2	3.0%
HSCP	1	1.5%
Local authority	1	1.5%
Other (see below)	3	4.6%
I am not sure	1	1.5%

Amongst those who selected ‘other’, respondents reported working or volunteering with a private rehabilitation service, a peer-led group, or as an unpaid facilitator within a peer-driven initiative.

Figure F1. Local authority areas served – arranged by number of respondents

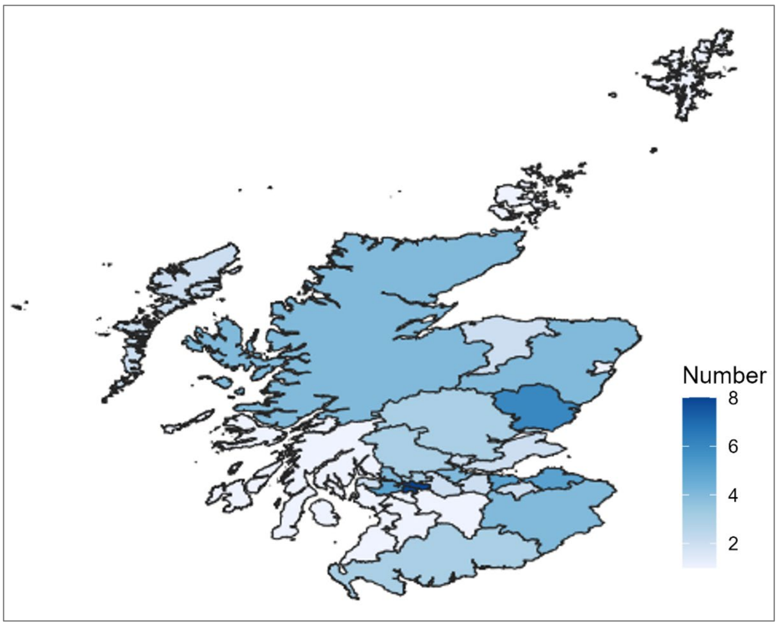

Table F8. Local authority areas served (n=66)

Type of organisation	N	%
Whole of Scotland	6	9.1%
Aberdeen City	1	1.5%
Aberdeenshire	4	6.1%
Angus	6	9.1%
Argyll and Bute	1	1.5%
Clackmannanshire	2	3.0%
Comhairle nan Eilean Siar (Western Isles)	2	3.0%
Dumfries and Galloway	3	4.5%
Dundee City	3	4.5%
East Ayrshire	1	1.5%
East Dunbartonshire	3	4.5%

Type of organisation	N	%
East Lothian	5	7.6%
East Renfrewshire	1	1.5%
Edinburgh City	5	7.6%
Falkirk	4	6.1%
Fife	2	3.0%
Glasgow City	8	12.1%
Highland	4	6.1%
Inverclyde	2	3.0%
Midlothian	2	3.0%
Moray	2	3.0%
North Ayrshire	1	1.5%
North Lanarkshire	2	3.0%
Orkney Islands	1	1.5%
Perth and Kinross	3	4.5%
Renfrewshire	5	7.6%
Scottish Borders	4	6.1%
Shetland Islands	1	1.5%
South Ayrshire	1	1.5%
South Lanarkshire	1	1.5%
Stirling	3	4.5%
West Dunbartonshire	4	6.1%
West Lothian	2	3.0%

Note: Multiple responses allowed.

Table F9. Type(s) of family support provided (n=66)

Type of family support	N	%
Group support sessions for families	44	67.7%
Peer support groups for family members	43	65.2%
Support for managing boundaries and enabling healthy relationships	42	63.6%
Naloxone (training and supplies)	39	59.1%
Support for a family member's own recovery	31	47.0%
Outreach services to engage families at home or in their community	28	42.4%
Assistance with navigating treatment options for the loved one	26	39.4%
Advocacy support for families to raise issues with the treatment	25	37.9%
Alternative therapies for family members	25	37.9%
Educational workshops on drug use issues, recovery, and/or self-care	25	37.9%
Bereavement or loss support for families affected by drug-related death	24	36.4%
One-on-one counselling for families	23	34.8%
Support specifically for children and young people in the family	19	28.8%
Text or chat support for immediate guidance	18	27.3%
Support for a family member's own use of drugs	15	22.7%
Telephone helpline for family members	15	22.7%
Online support forums or communities for families	13	19.7%
Family therapy involving the loved one using drugs	12	18.2%

Type of family support	N	%
Financial advice or support for families impacted by a loved one	12	18.2%
Support specifically for young carers	9	13.6%
Other (see below)	7	10.6%
Respite services to provide family members with a break	7	10.6%
Legal advice related to drug use and criminal justice issues	1	1.5%

Note: Multiple responses allowed.

In the ‘other’ category, respondents noted providing a wider range of additional supports. These included advocacy for family members with disabilities, informal comfort and advice, and signposting by phone or in person. Specific initiatives were also highlighted, such as a peer-led steering group, and social and well-being activities.

Table F10. Groups of family members supported by organisation (n=66)

Groups of family members	N	%
Parents or guardians	59	89.4%
Spouses or partners	56	84.8%
Siblings	51	77.3%
Grandparents of kinship carers	48	72.7%
Extended family members (aunts, uncles, cousins, etc.)	45	68.2%
Blended families and step-parents	40	60.6%
Close friends who act as family members	40	60.6%
Carers	36	54.5%
Children	24	36.4%
Young carers	21	31.8%
Other (see below)	3	4.5%

Note: Multiple responses allowed.

Of those who selected ‘other’, responses included: “anyone aged 16+ affected by someone else’s alcohol or drug use”, “anyone the client wishes us to have contact with”, and “people aged 16+ in the area I specifically work in”.

Table F11. Support provider – by primary role (n=66)

Primary role	N	%
Manager/supervisor	13	19.7%
Outreach worker	11	16.7%
Volunteer	10	15.2%
Peer support facilitator	9	13.6%
Programme coordinator	4	6.1%
Counsellor/therapist	3	4.5%
Healthcare professional	1	1.5%
I prefer not to say	1	1.5%
Other (please specify)	14	21.2%

Amongst those who selected ‘other’, roles reported included practitioner/worker (n=8), complementary or trainee counsellor/therapist, and advocacy worker. Some respondents described less formal or multiple capacities, such as engaging with families during calls.

Table F12. Support provider – by length of involvement in delivering family support services (n=66)

Length of involvement	N	%
Less than 1 year	4	6.1%
1-2 years	9	13.6%
3-4 years	19	28.8%
5-10 years	19	28.8%
More than 10 years	14	21.2%
I prefer not to say	1	1.5%

Table F13. Support providers – by type of support provided (n=66)

Type of family support	N	%
Emotional	62	93.9%
Information	41	62.1%
Support	41	62.1%
Practical	29	43.9%
Advocacy	21	31.8%
Other (see below)	9	13.6%

Note: Multiple responses allowed.

Amongst those who selected ‘other’ (n=9), responses described a range of additional supports, including therapeutic activities (auricular acupuncture, massage, mindfulness), respite and connection through social events and groups for children and young people, and practical help such as outreach, signposting, bereavement support, and psycho-educational approaches. Some also highlighted work to enable change, including supporting families with community engagement, identifying local needs, and accessing small grants to develop peer support.

Table F14. Proportion of family members accessing support (from your service) due to a loved one’s drug use (n=65)

Proportion of caseload	N	%
All	23	35.4%
Most	19	29.2%
Some	20	30.8%
Very few	2	3.1%
I am not sure	1	1.5%

Note: Missing response (n=1).

Table F15. Extent to which family support provider roles have changed over the last 3-4 years (n=65)

Extent of change in provider role	N	%
Yes, significantly	15	23.1%
Yes, slightly	31	47.7%
No, it has stayed the same	12	18.5%
I have not been providing support over the last 3-4 years	7	10.8%

Note: Missing response (n=1).

Table F16. Changes in role – by participants reporting significant or slight change (n=46)

Change in role	N	%
I am now able to provide a smaller range of support to families	2	4.3%
I am now able to provide a wider range of support to families	20	43.5%
I am now dealing with less families	1	2.2%
I am now dealing with more families	19	41.3%
Other (please specify)	4	8.7%

Note: This question was asked of the 46 participants who indicated that their role had changed significantly or slightly.

Amongst those who selected ‘other’ (n=4), responses noted changes in funding criteria, increased collaboration with services, more intentional family engagement, and the introduction of adult carer support plans.

WP4 – Focus group participant characteristics

Table F17. Family support provider focus group participants – by local authority (n=17)

Local Authority area	N	%
Angus	2	11.8%
Comhairle nan Eilean Siar (Western Isles)	1	5.9%
Dundee City	1	5.9%
East Dunbartonshire	1	5.9%
Edinburgh City	1	5.9%
Falkirk	1	5.9%
Glasgow City	2	11.8%
Highland	1	5.9%
Midlothian	1	5.9%
Moray	1	5.9%
Perth and Kinross	1	5.9%
Renfrewshire	1	5.9%
South Lanarkshire	1	5.9%
West Dunbartonshire	1	5.9%
National	1	5.9%

Table F18. Family support provider focus group participants – by age (n=17)

Age group	N	%
under 18	0	0%
18-24	0	0%
25-34	3	17.6%
35-44	2	11.8%

Age group	N	%
45-54	6	35.2%
55-64	2	11.8%
65 and over	2	11.8%
Prefer not to say	2	11.8%

Table F19. Family support provider focus group participants – by sex (as registered at birth) (n=17)

Sex	N	%
Female	14	82.4%
Male	3	17.6%

Table F20. Family support provider focus group participants - by primary role (n=17)

Primary role	N	%
Manager/supervisor	5	29.4%
Volunteer	4	23.5%
Family support practitioner	3	17.6%
ADP officer	1	5.9%
Community link worker	1	5.9%
Senior development officer	1	5.9%
Senior family support worker	1	5.9%
I prefer not to say	1	5.9%

Appendix G – Data from a survey of paid and voluntary staff delivering family support services to people affected by a loved one's drug use (WP3)

Section 1: Introduction

Appendix G presents detailed findings from the survey of paid staff and volunteers delivering family support services. It provides data on their perceptions of accessibility, availability, and quality of support since 2021, factors contributing to improvements and gaps, and views on capacity, resources, and training. The appendix also explores provider perspectives on the National Mission and its impact on family-inclusive practice.

Section 2: Changes in the accessibility, availability, and quality of family support services since 2021

This section summarises support provider perspectives on how the accessibility, availability, and quality of family support services have changed since January 2021. Responses cover overall change as well as specific areas such as peer support, workforce development, communication, and access to specialist provision for children, kinship carers, and young carers.

Table G.1 Observed and/or experienced changes to the accessibility, availability, and quality of family support since January 2021 (n=66)

Category	+ve (N)	+ve (%)	No change (N)	No change (%)	-ve (N)	-ve (%)	Don't Know (N)	Don't know (%)
OVERALL	**39**	**59.1%**	**12**	**18.2%**	**8**	**12.1%**	**7**	**10.6%**
Peer support in FSSs	40	60.6%	14	21.2%	5	7.6%	7	10.6%
Workforce development	39	59.1%	17	25.8%	2	3.0%	8	12.1%

Category	+ve (N)	+ve (%)	No change (N)	No change (%)	-ve (N)	-ve (%)	Don't Know (N)	Don't know (%)
Collaboration between FSSs and other services	39	59.1%	12	18.2%	8	12.1%	7	10.6%
Awareness of referrers	37	56.1%	15	22.7%	7	10.6%	7	10.6%
Communication	36	54.5%	20	30.3%	2	3.0%	8	12.1%
Accessibility	36	54.5%	15	22.7%	12	18.2%	3	4.5%
Choice of FSS options	35	53.0%	18	27.3%	6	9.1%	7	10.6%
Awareness of family members	35	53.0%	19	28.8%	4	6.1%	8	12.1%
Inclusion of family members in FSS design	35	53.0%	17	25.8%	2	3.0%	12	18.2%
Availability	30	45.5%	21	31.8%	11	16.7%	4	6.1%
Support for own mental health	29	43.9%	20	30.3%	7	10.6%	10	15.2%
Quality	27	40.9%	20	30.3%	4	6.1%	15	22.7%
Practical support in FSSs	22	33.3%	23	34.8%	6	9.1%	15	22.7%
Specialist support for children	14	21.2%	19	28.8%	4	6.1%	29	43.9%
Waiting times	14	21.2%	20	30.3%	15	22.7%	17	25.8%

Category	+ve (N)	+ve (%)	No change (N)	No change (%)	-ve (N)	-ve (%)	Don’t Know (N)	Don’t know (%)
Specialist support for kinship carers	14	21.2%	21	31.8%	2	3.0%	29	43.9%
Specialist support for young carers	13	19.7%	20	30.3%	1	1.5%	32	48.5%

Section 3: Contributors to perceived improvements and gaps in family support

This section examines the factors that support providers believe have contributed to improvements or, conversely, to gaps and deterioration in the family support system. It also highlights where provision is currently perceived to fall short and identifies priority areas for new or expanded family support activities.

Factors contributing to perceived improvements in the family support experience

Table G2. Factors associated with improvements

Category	Major (N)	Major (%)	Minor (N)	Minor (%)	None (N)	None (%)	Not sure (N)	Not sure (%)
More flexible ways to access support (n=66)	29	43.9%	25	37.9%	7	10.6%	5	7.6%

Category	Major (N)	Major (%)	Minor (N)	Minor (%)	None (N)	None (%)	Not sure (N)	Not sure (%)
More involvement of families in shaping FSSs (n=64)	26	40.6%	26	40.6%	8	12.5%	4	6.3%
Better training/ development (n=64)	28	43.8%	23	35.9%	6	9.4%	7	10.9%
Improved partnership working (n=65)	26	40.0%	24	36.9%	9	13.8%	6	9.2%
More community-based initiatives (n=65)	24	36.9%	26	40.0%	11	16.9%	4	6.2%
Additional training (n=66)	27	40.9%	23	34.8%	5	7.6%	11	16.7%
Easier referral processes (n=66)	23	34.8%	27	40.9%	8	12.1%	8	12.1%
More awareness campaigns (n=66)	22	33.3%	28	42.4%	13	19.7%	3	4.5%

Category	Major (N)	Major (%)	Minor (N)	Minor (%)	None (N)	None (%)	Not sure (N)	Not sure (%)
Development of family inclusive practices (n=66)	25	37.9%	24	36.4%	7	10.6%	10	15.2%
Cultural shift in attitudes (n=66)	20	30.3%	28	42.4%	7	10.6%	11	16.7%
Better data collection (n=65)	21	32.3%	26	40.0%	8	12.3%	10	15.4%
Alcohol & Drugs Partnership leadership (n=64)	26	40.6%	20	31.3%	13	20.3%	5	7.8%
Extended range of FSS options (n=66)	21	31.8%	25	37.9%	14	21.2%	6	9.1%
More staff (n=64)	17	26.6%	19	29.7%	22	34.4%	6	9.4%
Increased funding (n=66)	24	36.4%	11	16.7%	22	33.3%	9	13.6%
Stronger government policies (n=64)	15	23.4%	18	28.1%	23	35.9%	8	12.5%

Factors contributing to perceived gaps in the family support experience

Table G3. Factors associated with deterioration

Category	Major (N)	Major (%)	Minor (N)	Minor (%)	None (N)	None (%)	Not sure (N)	Not sure (%)
Less funding (n=66)	29	43.9%	11	16.7%	15	22.7%	11	16.7%
Fewer staff hired (n=65)	22	33.8%	13	20.0%	15	23.1%	15	23.1%
Restricted range of FSS options (n=64)	15	23.4%	18	28.1%	17	26.6%	14	21.9%
Fewer community-based initiatives (n=63)	16	25.4%	15	23.8%	21	33.3%	11	17.5%
Weakening of government policies (n=64)	19	29.7%	11	17.2%	19	29.7%	15	23.4%
Worsening in attitudes (n=63)	12	19.0%	17	27.0%	19	30.2%	15	23.8%
Lessening in family inclusive practices (n=66)	16	24.2%	14	21.2%	22	33.3%	14	21.2%

Category	Major (N)	Major (%)	Minor (N)	Minor (%)	None (N)	None (%)	Not sure (N)	Not sure (%)
Worsening of partnership working (n=63)	14	22.2%	14	22.2%	23	36.5%	12	19.0%
Decreased awareness campaigns (n=63)	18	28.6%	10	15.9%	22	34.9%	13	20.6%
Less flexible ways to access support (n=65)	11	16.9%	17	26.2%	26	40.0%	11	16.9%
Less involvement of families in shaping support services (n=63)	15	23.8%	12	19.0%	24	38.1%	12	19.0%
Lack of Alcohol & Drug Partnership leadership (n=64)	15	23.4%	11	17.2%	22	34.4%	16	25.0%

Category	Major (N)	Major (%)	Minor (N)	Minor (%)	None (N)	None (%)	Not sure (N)	Not sure (%)
Harder referral processes (n=65)	12	18.5%	14	21.5%	24	36.9%	15	23.1%
Less available training & development (n=64)	11	17.2%	14	21.9%	21	32.8%	18	28.1%
Less available training (n=63)	9	14.3%	14	22.2%	21	33.3%	19	30.2%
Deterioration in data collection & evaluation (n=63)	6	9.5%	14	22.2%	25	39.7%	18	28.6%

Table G4. Perceived gaps in current family support services (n=66)

Gaps	N	%
Availability of FSSs OUTSIDE of normal office hours	49	74.2%
Availability of respite support services for families	41	62.1%
Availability of outreach services for family members	33	50.0%
Availability of services for specific populations (e.g. ethnic minorities, kinship carers, young carers)	27	40.9%
Insufficient range of FSSs to cater for everyone’s needs	27	40.9%

Gaps	N	%
Availability of culturally appropriate FSSs	26	39.4%
Availability of FSS WITHIN normal office hours	20	30.3%
Availability of digital or online FSSs	17	25.8%
I am not sure	5	7.6%
Other (please specify below)	3	4.5%
I prefer not to say	1	1.5%

Note: Multiple responses allowed.

Of those who selected ‘other’, responses included: “family therapy or mediation services”, “a lack of accessible support for disabled family members”, “the need to engage more effectively with specific groups such as neurodiverse individuals”, and “family group work sessions”.

Table G5. Priority family support service activities identified as missing or needing expansion (n=66)

FSS options	N	%
Access to mental health support for family members	32	48.5%
Advocacy for family members to support their loved one’s treatment	16	24.2%
Bereavement or loss support for families affected by drug-related death	16	24.2%
Family therapy involving the loved one using drugs	14	21.2%
One-on-one counselling for families	12	18.2%
Alternative therapies for family members	11	16.7%
Respite services to provide family members with a break	11	16.7%
Group support sessions for families	10	15.2%
Educational workshops on drug use issues, recovery, and/or self-care	9	13.6%

FSS options	N	%
Support for managing boundaries and enabling healthy relationships	9	13.6%
Peer support groups for family members	8	12.1%
Assistance with navigating treatment options for the loved one	7	10.6%
Access to naloxone (training and supplies)	6	9.1%
Support specifically for children and young people in the family (including young carers)	4	6.1%
Legal advice related to drug use issues	3	4.5%
Outreach services to engage families at home or in their community	3	4.5%
Support for a family member's own recovery	3	4.5%
Support specifically for young carers	3	4.5%
Telephone helpline for family members	3	4.5%
Training or workshops on advocating for your loved one in treatment	3	4.5%
Financial advice or support for families impacted by a loved one's drug use	2	3.0%
Online support forums or communities for families	1	1.5%
Text or chat support for immediate guidance	1	1.5%
Other (please specify below)	1	1.5%
Support for a family members own use of drugs	0	0.0%

Note: Three responses allowed.

Section 4: Support providers views on their capacity to support families, improvements, and challenges since the implementation of the National Mission

This section presents support providers' views on their capacity to deliver family support and their access to resources and training. It also explores provider awareness of the Scottish Government's National Mission and perceptions of its influence on practice and provision since 2021.

Support providers' views on their capacity to support families

The survey explored how support providers view their capacity to deliver family support, including their day-to-day experiences in the role, the extent to which they feel supported and resourced, and their access to training opportunities. The tables below summarise provider perspectives on enjoyment and wellbeing at work, perceived autonomy and influence, and the availability and quality of appropriate training.

Table G6. Experience (feeling) of working in family support services (n=66)

Experience (feeling)	Never (N)	Never (%)	Some-times (N)	Some-times (%)	Often (N)	Often (%)	Other (N)	Other (%)
I enjoy working/ volunteering in FSSs	0	0%	1	1.5%	64	97.0%	1	1.5%
I feel valued in my role	1	1.5%	9	13.6%	55	83.3%	1	1.5%
I feel that my work/ volunteering makes a positive difference to individuals	0	0%	9	13.6%	57	86.4%	0	0%

Experience (feeling)	Never (N)	Never (%)	Some-times (N)	Some-times (%)	Often (N)	Often (%)	Other (N)	Other (%)
I feel under pressure in my role	8	12.1%	36	54.5%	21	31.8%	1	1.5%
I feel that I am at risk of burn-out in my role	20	30.3%	34	51.5%	12	18.2%	0	0%
I feel unable to raise concerns about my wellbeing	36	54.5%	17	25.8%	11	16.7%	2	3.0%

Note: Often = 'a lot of the time' and 'all of the time'; Other = 'I am not sure' and 'prefer not to say'.

Table G7. Experience of working in family support services – by strength of agreement (n=66)

Experience	Disagree (N)	Disagree (%)	Unsure (N)	Unsure (%)	Agree (N)	Agree (%)	Prefer not to say (N)	Prefer not to say (%)
I get the time I need to do my job well	9	13.6%	4	6.1%	53	80.3%	0	0%
I get the support I need	7	10.6%	2	3.0%	57	86.4%	0	0%

Experience	Disagree (N)	Disagree (%)	Unsure (N)	Unsure (%)	Agree (N)	Agree (%)	Prefer not to say (N)	Prefer not to say (%)
I get the training I need	7	10.6%	4	6.1%	55	83.3%	0	0%
I have little autonomy in my role	47	71.2%	5	7.6%	13	19.7%	1	1.5%
I have little job security	34	51.5%	4	6.1%	27	40.9%	1	1.5%
I have little influence on how services are delivered	44	66.7%	0	0%	22	33.3%	0	0%

Table G8. Perceived sufficiency of appropriate training or qualifications for family support providers (locally and nationally) (n=66)

Perceived sufficiency of appropriate training	N	%
There is sufficient provision	14	21.2%
Provision of appropriate training and qualifications is somewhat patchy	24	36.4%
There is little provision and opportunities are scarce	12	18.2%
Provision is not sufficient	11	16.7%
I am not sure	5	7.6%

Table G9. Perceived improvements in availability or quality of training for family support providers (past 3-4 years) (n=66)

Perceived improvement	N	%
Significant improvement(s)	7	10.6%
Moderate improvement(s)	16	24.2%
Slight improvement(s)	18	27.3%
No improvement(s)	16	24.2%
Decline in quality and/or availability	2	3.0%
I am not sure	7	10.6%

Awareness of, and perceptions of changes resulting from the National Mission

In addition to support providers' general observations of how family support services have changed in recent years, the survey also explored perceptions of the Scottish Government's National Mission on drugs (launched in 2021). This policy context is central to current developments in family support, and providers were asked about their awareness of the National Mission, their understanding of its Whole Family Approaches and Family Inclusive Practice elements, and the extent to which they believe it has contributed to changes in practice and provision.

Table G10. Support providers' awareness of the National Mission (n=66)

Levels of information	N	%
I feel fully informed	11	16.7%
I feel mostly informed	13	19.7%
I feel somewhat informed	27	40.9%
I have heard of the National Mission but know very little about it	6	9.1%
I have never heard of the National Mission	5	7.6%
I'm not sure	3	4.5%
I'd prefer not to say	1	1.5%

Table G11. Perceived result of the introduction of the National Mission in January 2021

Statement	Dis-agree (n)	Dis-agree (%)	Neither (n)	Neither (%)	Agree (n)	Agree (%)	Other (n)	Other (%)
I can now offer better trauma-informed support (n=51)	1	2.0%	10	19.6%	36	70.6%	4	7.8%
I can now provide more person-centred support for families (n=51)	2	3.9%	9	17.6%	36	70.6%	4	7.8%
I can work more effectively with other services to support families (n=50)	4	8.0%	6	12.0%	35	70.0%	5	10.0%
I have seen an increase in demand for FSSs, which has changed my role (n=49)	4	8.2%	9	18.4%	32	65.3%	4	8.2%

Statement	Dis-agree (n)	Dis-agree (%)	Neither (n)	Neither (%)	Agree (n)	Agree (%)	Other (n)	Other (%)
I can offer a wider range of support options to families (n=50)	4	8.0%	12	24.0%	32	64.0%	2	4.0%
I have improved knowledge of available services and referral pathways (n=49)	3	6.1%	9	18.4%	31	63.3%	6	12.2%
I have noticed improved collaboration between FSS and treatment providers (n=49)	8	16.3%	9	18.4%	29	59.2%	3	6.1%

Statement	Dis-agree (n)	Dis-agree (%)	Neither (n)	Neither (%)	Agree (n)	Agree (%)	Other (n)	Other (%)
I am now better equipped to involve families in decisions about their loved one's care (n=50)	2	4.0%	16	32.0%	28	56.0%	4	8.0%
I have better access to training and resources to support families (n=50)	5	10.0%	14	28.0%	27	54.0%	4	8.0%
I feel more confident in supporting families with complex needs (n=49)	3	6.1%	18	36.7%	23	46.9%	5	10.2%

Statement	Dis-agree (n)	Dis-agree (%)	Neither (n)	Neither (%)	Agree (n)	Agree (%)	Other (n)	Other (%)
I can provide better culturally sensitive support to families from diverse backgrounds (n=49)	8	16.3%	16	32.7%	21	42.9%	4	8.2%
There has been no significant change in the support I can provide (n=48)	13	27.1%	10	20.8%	21	43.8%	4	8.3%

Note: Disagree = ‘strongly disagree’ and ‘disagree’; Agree = ‘strongly agree’ and ‘agree’; Other = ‘I am not sure’ and ‘prefer not to say’.

Table G12. Overall influence of the National Mission on FSSs (n=51)

Overall influence	N	%
Only positive	3	5.9%
Mostly positive	19	37.3%
Evenly split between negative and positive	5	9.8%
Mostly negative	2	3.9%
Only negative	0	0.0%
The National Mission to date has not had much influence	8	15.7%

Overall influence	N	%
I am not sure	13	25.5%
I prefer not to say	1	2.0%

Note: Missing responses (n=15).

Table G13. Support providers’ views on improvements in family support services since the introduction of the National Mission (n=66)

Views	N	%
FSSs have greatly improved since 2021	3	4.5%
FSSs have improved somewhat since 2021	16	24.2%
FSSs have improved a little since 2021	14	21.2%
FSSs have neither improved nor worsened since 2021	8	12.1%
FSSs have worsened since 2021	5	7.6%
I am not sure	20	30.3%

Table G14. Contribution of the National Mission to improvements in family support service (n=51)

Contribution	N	%
The National Mission has made the most significant contribution to improvements in family support services since 2021	2	3.9%
The National Mission has made a significant contribution to improvements in family support services since 2021, but has not been the primary factor involved	10	19.6%
The National Mission has made a minor contribution to improvements in family support services since 2021	9	17.6%
The National Mission has made no noticeable contribution to improvements in family support services since 2021	6	11.8%
I am not sure	23	45.1%

Contribution	N	%
I prefer not to say	1	2.0%

Note: Missing responses (n=15).

Table G15. Support providers’ knowledge of Whole Family Approaches and Family Inclusive Practice (n=51)

Levels of information	N	%
I feel fully informed	12	23.5%
I feel mostly informed	12	23.5%
I feel somewhat informed	13	25.5%
I have heard of the Whole Family Approaches and Family Inclusive Practices element of the National Mission but know very little about it	5	9.8%
I have never heard of the Whole Family Approaches and Family Inclusive Practices element of the National Mission	5	9.8%
I’m not sure	4	7.8%

Note: Missing responses (n=15).

Section 5: Unintended consequences of the National Mission’s implementation for family support

Table G16. Observed unintended negative consequences of the National Mission Whole Family Approach/Family Inclusive Practice (n=46)

Unintended consequences	N	%
I am not sure	17	37.0%
Increase in demand for FSSs	14	30.4%
Additional pressure on staff	10	21.7%
Less focus on support for families affected by someone’s alcohol use	8	17.4%

Unintended consequences	N	%
FSSs have become diluted (i.e. that there is a little bit of family support available in various different places, rather than in-depth support available from a main family support provider)	7	15.2%
Challenges in workforce training	5	10.9%
Communication between FSSs is now disjointed	5	10.9%
FSSs have become disjointed	2	4.3%
I prefer not to say	2	4.3%
Other (please specify below)	1	2.2%

Note: Multiple responses allowed. Missing responses (n=20). This question was asked of the 51 participants who indicated they felt ‘fully’, ‘mostly’, or ‘somewhat’ informed about the National Mission. Five of these respondents did not answer this question.

The respondent who selected other specified: “Families have absolutely felt that the focus has been on MAT standards and doesn't reflect the needs of their Loved Ones, whose substances of choice tend to be alcohol/cocaine/street pills/ketamine - likewise, services appear to be under pressure to meet the MAT standards and family needs seem to fall outwith these”.

Appendix H – Qualitative themes and examples from family support providers

This appendix provides a selection of additional qualitative data examples (quotes) that illustrate the main themes that have emerged from a combination of the open-text boxes contained within the family support providers survey (WP3) and from the three focus groups conducted with family support providers (WP4). We have chosen a small number of additional quotes per theme to demonstrate the richness of the data and to provide evidence of the breadth of data that has been combined when identifying themes.

Table H1. Changes in accessibility, availability, and quality of family support services since 2021

Illustrative (qualitative) data examples
• 'I don't know what wider things have changed. I just feel the support options and communication with family members has just stayed the same with no real change in practice.' [SR-12] • 'Personally, I am happier with the way things are now I have seen an improvement of the last few years.' [SR-41] • 'I don't think there is one change. I wish it was that easy. Many families ask for support to be more accessible and available and this requires much more resources and system change around how services are run.' [SR-36]

Table H2. Factors contributing to perceived improvements, deteriorations, and gaps in family support

Illustrative (qualitative) data examples
• 'Support - including funding - from our ADP has been crucial in growing and improving the service through additional staff resource and also improved profile with partner organisations. Improved partnership working with treatment and recovery services (patchy though).' [SR-14] • 'Awareness campaign that we used was to tell a family story through an interactive workshop event between 2022 and 2025, that has helped stimulate conversation in local areas between different partner organisations/services, decision-makers, and

Illustrative (qualitative) data examples
family members - making more people aware of the support available, how to access it, and crucially understanding why family support is needed.’ [SR-36] • ‘My belief is that one of the biggest factors contributing to improvements in family support services has come from the ADPs’ commitment to promoting family inclusive practice across all services, plus the continued commissioning of a specialist Family Support Service.’ [SR-35]

Table H3. Ongoing gaps

Illustrative (qualitative) data examples
• ‘More joint working needs to be available. Some GPs do not inform patients of available support for people caring for others who use drugs or alcohol.’ [SR-32] • ‘Over the last 3–4 years, the availability of specialist support for children affected by a loved one’s drug use has deteriorated significantly, particularly in rural and under-resourced areas like ours.’ [SR-54] • ‘I have a few people in my group who are kinship carers and have stated that they felt there was nothing for them.’ [SR-15]

Table H4. Awareness and perceptions of the National Mission

Illustrative (qualitative) data examples
• ‘Without clear national policy backing and local ADP accountability, the family support landscape in our region is weakening, not strengthening.’ [SR-54] • ‘Firstly, weakening Scottish Government policy direction has meant that whilst rhetoric around supporting families exists, meaningful investment in long-term, therapeutic family work has not followed.’ [SR-54] • ‘I will need to read the policy as this is a new one to me.’ [SR-44]

Table H5. Perceived contribution and unintended consequences of the National Mission’s implementation

Illustrative (qualitative) data examples
• ‘Families have absolutely felt that the focus has been on MAT standards and doesn't reflect the needs of their Loved Ones, whose substances of choice tend to be alcohol/cocaine/street pills/ketamine - likewise, services appear to be under pressure to meet the MAT standards and family needs seem to fall outwith these - on the ground anyway.’ [SR-50] • ‘The "mission" has had almost no impact on our provision as we are leading the field in what we do, our model, etc. We are leagues ahead of the government we have been doing this for a long time.’ [SR-07] • ‘There was a lot of talk about the policy… but what they haven’t felt is that it didn’t translate into a working policy. There was no guidance… there doesn’t seem like there was any ADPs who were really advised about what that meant. What does family-inclusive support mean? How are we going to change and how are we going to embed that in our services? What training do we need?’ [FG-02]

Table H6. Providers views on their capacity to support families

Illustrative (qualitative) data examples
• ‘Lesser funding means fewer staff hired which means current staff are over-stretched and at risk of burn out.’ [SR-44] • ‘I think worrying about continuation of funding is definitely a factor. Good staff move on and it's a constant concern for staff that resources are being stretched so you either dilute a great service or don't take new referrals.’ [SR-56] • ‘We can support families to cope better, to look after themselves, to advocate for their loved ones, and to find peer support. However, we also have to work within a system that doesn't have treatment solutions or standards for some of our most difficult and prolific concerns, including mental health problems, alcohol, cocaine, and ketamine. You can help families to survive but how can they thrive when systems are so inflexible and are not moving with the times.’ [SR-36]