Public Health Scotland

Consensus approach on prevention of substance use harm among children and young people

Findings report

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phs.otherformats@phs.scot

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Acknowledgements

PHS would like to thank all the panel members, young people and professionals, for their time and expertise in contributing to the Delphi process.

PHS also wishes to thank all those who supported the development and delivery of this work, in particular the members of the Substance Use Harm Prevention Working Group, and the following organisations:

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1. Introduction

1.1. Background

This document presents a consensus approach produced through a Delphi process commissioned by Public Health Scotland (PHS). The Delphi process is a structured approach that uses a series of activities to gather information on a complex area from a panel of experts, including young people.* The approach involves multiple rounds of engagement. The first is an open discussion on a range of key questions, from which main themes or statements are extracted. The second, and any subsequent rounds, presents outputs from the previous round of consultation to the expert panel and asks them to consider areas of agreement.

Delivery of the Delphi method is a stakeholder-led process and participants included public health officials, academics and educators, youth workers and individuals working in health, mental health, recovery, and addiction services, local authorities, Alcohol and Drug Partnerships, Health and Social Care Partnerships, Children and Family Services, third sector partners, those working in the community safety and justice sector, remote and rural communities, people with lived experience of substance use and NHS boards.

This process included dedicated development work and engagement activity with third sector youth partners Young Scot, Fast Forward, YouthLink Scotland, the Time 4 Us Children and Family service within Transform Forth Valley and Children's Parliament to involve children and young people between the ages of 10 to 18, plus the recruitment of students between the ages of 18 to 25 to participate in the process.

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* Linstone HA and Turoff M. 'Introduction' in The Delphi Method Techniques and Applications, pp. 3–12. Reading, Mass, USA: Addison-Wesley Publishing Company; 1975.

The process explored the panel's understanding of the most effective approaches to prevention.

The work aims to establish what a whole-systems approach to substance use harm prevention among children and young people in Scotland should look like.

Social research agency The Lines Between was commissioned to support the delivery of the Delphi method. The process completed in April 2025. Further detail about the methodology is provided in a separate technical report.

1.2. Structure

The consensus approach is structured around five key themes:

1. Foundations for developing a strategy and implementation plan
2. Essential components for delivering prevention in Scotland
3. Priorities for those at highest risk
4. Principles for universal prevention measures
5. Focus on structural factors

Findings are presented below on areas of consensus based on a threshold of 75% (or higher) agreement by the panel members on each statement and considered against the evidence base as required. Areas of particularly strong or unanimous agreement (90–100%) are reflected in the narrative (please see the technical report noted above for the full data). A 75% level of agreement has been considered appropriate in previous Delphi studies.[*]

[*] Barrios et al. Consensus in the Delphi method: What makes a decision change? 2021. Technological Forecasting and Social Change.

1.3. Definitions of key terms

Throughout this report, some technical terms are used which reflect the complex nature of discussions around substance use harm prevention and the language used throughout the Delphi process. As this may impact readability, a list of key terms and their definitions is provided in Table 1.

Table 1: Key terms and their definitions

Term	Definition
The panel/panel members/panellists	'The panel', 'panel members' and 'panellists' refer to the professional stakeholders and children and young people consulted throughout the process.
Consensus	Consensus is general agreement on an idea or issue. Consensus does not have to be unanimous. Throughout this report, statements are deemed to have reached consensus if 75% of the stakeholder panel agreed or strongly agreed with them in the Round 3 questionnaire. Statements that met this threshold have been included in this findings report as the final consensus approach.
Universal prevention measures	Universal prevention measures are actions targeted at the entire population to improve overall population health and reduce health risks. These measures affect everyone, regardless of individual risk levels and aim to develop skills, values and norms. For example, personal and social skills and education programmes delivered in schools.
Targeted/selective prevention measures	Targeted/selective prevention measures are actions targeted at improving opportunities and resilience of vulnerable groups who are deemed to be at higher risk of substance use harm due to difficult living and social conditions. For example, youth work programmes for young people with care experience.

Term	Definition
Environmental prevention measures	Environmental prevention policies and interventions seek to change the context (physical, digital, economic, social, regulatory etc) to promote the availability of healthier options and influence positive social norms, values and attitudes in order to prevent the likelihood of substance use harm by reducing opportunities for unhealthy or risky behaviour. An example is the smoking ban that has profoundly changed the social acceptance of smoking across population groups.
Indicated prevention measures	Indicated prevention measures are actions targeted at individuals who are experiencing early signs of substance use harm, or those who exhibit behavioural characteristics or psychological problems that may be predictive for substance use harm later in life. For example, one-to-one counselling and mental health support.
Primary prevention	Primary prevention is action that tries to stop problems happening. This can be either through actions at a population level that reduce risks or those that address the cause of the problem. An example here is raising the age at which people can purchase tobacco products.
Secondary prevention	Secondary prevention is action which focuses on early detection of a problem to: • support early intervention and treatment • reduce the level of harm For example, alcohol brief interventions, which seek to modify behaviour in people who regularly drink more than the low-risk guidance level.
Tertiary prevention	Tertiary prevention is action that attempts to minimise the harm of a problem through careful management. An example of this would be referral to a treatment programme.
Harm reduction measures	Harm reduction measures are ways to minimise the risk of serious/immediate harm from using drugs. They include injecting equipment provision (IEP) and access to Naloxone, a medicine which can reverse the immediate effects of opioid overdose.
Risk factors	Risk factors increase the likelihood of beginning substance use and of regular and harmful use.

Term	Definition
Protective factors	Protective factors decrease the likelihood of substance use or reduce the impact of risk factors.

Summary of consensus findings – five themes

The consensus approach is structured around five key themes:

1. Foundations for developing a strategy and implementation plan
2. Essential components for delivering prevention in Scotland
3. Priorities for those at highest risk
4. Principles for universal prevention measures
5. Focus on structural factors

2. Theme 1: Foundations for developing a strategy and implementation plan

2.1. Scope and context

2.1.1 The need for a strategy and implementation plan

It was unanimously agreed through the Delphi process that Scotland should have a national substance use harm prevention strategy for children and young people. Throughout the process, the panel reflected on the uncoordinated nature of substance use harm prevention activity across the country, which has to date hindered effective action at the scale required. The panel agreed that a national strategy may help to address the lack of cohesion, coordination and consistency in this area potentially supporting both implementation and scale up.

"I think this would be helpful to ensure all institutions (e.g. schools/college/universities, hospitals, youth/sports clubs, nightclubs/pubs/bars) that engage with children and young people, agree and know what practical ways to promote health and safety."
– Young person

However, the panel did not reach consensus over what the term of the proposed strategy should be. Some panellists supported a long-term vision of 10 to 20 years to have time to enact proper change, while others emphasised the need for a shorter-term strategy of 5 years, or even less, to account for the rate at which substance use trends change.

"Scotland's problems with substance use have been generations in the making and will take generations to address. Any strategy needs to be very long-term in order to realise any benefits from it."
– Professional stakeholder

"There are always new unhealthy or unsafe trends coming up like every 3 to 5 years, consistent funding can be allocated to support new strategies and projects for future protection interventions." – Young person

There was strong support for the development of an implementation plan to underpin the delivery of the strategy, with panellists recognising this as an important step in clarifying roles and responsibilities and ensuring that action is taken. Action plans were also supported, with the panel agreeing that in order to deliver generational change and remain responsive to social and contextual changes, action plans should be updated on an annual basis.

> "There needs to be a balance between a long-term multi-component strategy which will take time to embed and have impact, the need to be responsive to changes in need/risk, annual (short-term) review, evaluation and adaptation as needed." – Professional stakeholder

2.1.2 Scope of the strategy

Panellists reached consensus that the future strategy should cover alcohol and other drugs (including psychoactive drugs subject to control by the Psychoactive Substances Act), tobacco, nicotine products and e-cigarettes/vapes. There was some debate over whether gambling and energy drinks should also be considered within the scope of the strategy, but ultimately the panel did not reach consensus on these aspects. While there was broad recognition of the prevalence and potential harms associated with gambling and energy drinks, some panellists considered both to be distinct from substance use and raised concerns that their inclusion would broaden the scope of the strategy and potentially undermine its focus and impact.

> "Obviously there are huge connections between alcohol, drugs and gambling and compulsive behaviour… I'm just wondering if it merits its own Delphi process because I think the evidence base is quite underdeveloped." – Professional stakeholder

2.1.3 Definition of children and young people

The panel reached consensus that the terms 'child' and 'young person' should be consistent with definitions set out in 2014 Children and Young People (Scotland) Act. Section 97(1) of the 2014 Act states: "child" means a person who has not attained the age of 18 years. Statutory Guidance notes that the terms 'young people' and 'young person' are used to refer to older children (e.g. 12 to 17 years old) and those adults still eligible to receive a "children's service" (e.g. care leavers aged 18 to 25 years old).

2.1.4 Alignment with other legislation and policies

The panel agreed that the national substance harm prevention strategy for children and young people should be aligned to the following legislation and policies:

- United Nations Convention on the Rights of the Child (UNCRC)
- Children and Young People (Scotland) Act 2014
- Getting It Right For Every Child (GIRFEC)

2.1.5 Approaches to prevention

Panel members agreed that the substance use harm prevention strategy for children and young people should reflect a combination of universal approaches, selective/targeted approaches, indicated approaches and environmental/ecological approaches (including the digital environment). Panellists also agreed on the need for a mixture of primary, secondary and tertiary prevention measures.

"It should be open to everyone, but we need to remember there are people out there that require more help." – Young person

Panellists agreed that evidence-based universal preventative actions should be available for people at different stages of life, spanning a life course approach from pregnancy to adulthood. With regard to universal prevention approaches, the panel reached consensus that these:

- should be evaluated where the evidence base is limited or lacking
- should not be based on fear, threats, or scaremongering
- should build life skills, address normative attitudes and beliefs.

On targeted prevention approaches, the panel agreed that these should meet the needs of young people whose risk and protective factors impact on their vulnerability

and likelihood of experiencing harms from substances, and should also focus on skill development and social interaction, including with peers.

The panel reached consensus that a range of agencies have opportunities to deliver targeted prevention and early intervention, including schools, youth work, community-based health services, acute health services and specialist services for young people who are in care.

There was strong agreement among the panel that early intervention and harm reduction approaches should be non-judgemental and trauma informed. The panel also identified stigma and fear of stigma as significant barriers to many aspects of harm prevention and access to support and agreed that the impact of stigma on substance use harm prevention should be recognised and addressed.

"The idea of peoples' 'bad choices' resulting in substance use very much exists within communities and also within services." – Professional stakeholder

"We need to reframe the thought that young people involved in substance abuse are 'troubled,' 'bad' or 'looking for attention'. But instead are 'vulnerable' and in need of support." – Young person

Further detail on prevention approaches can be found in **Theme 3: Priorities for those at highest risk**.

2.1.6 Need for a whole-systems approach

There was broad agreement that an effective substance use harm prevention system for children and young people will require a whole-systems approach, with buy-in and collaborative input from a range of sectors and agencies.

Questions were raised about the role of the alcohol and tobacco industry in protecting children and young people from substance use-related harm. Those who

disagreed described the profit-driven agenda of such industries are at odds with, and at risk of undermining, harm prevention efforts.

The Framework Convention on Tobacco Control (WHO FCTC)* states that the tobacco industry should not be involved in harm prevention; this is a statutory requirement across Scotland. On alcohol-related issues, the WHO provides public health guidance to counter the commercial interests of industry.†

The panel agreed that there is a need to further set out the roles and responsibilities of organisations, services and workforce who can implement a prevention strategy. The panel provided some suggestions on the best way to determine these roles, including:

- a tiered approach with key organisations at various levels coordinated by a local oversight group
- the creation of a working group to determine and communicate these roles
- a national protocol around information sharing between partner agencies.

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* Regional Committee for Europe, 65th session. (2015). Sixty-fifth Regional Committee for Europe: Vilnius, 14–17 September 2015: roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025: making tobacco a thing of the past. World Health Organization. Regional Office for Europe. **https://iris.who.int/handle/10665/337669**

† World Health Organization. Regional Office for Europe. (2024). Empowering public health advocates to navigate alcohol policy challenges: alcohol policy playbook. World Health Organization. Regional Office for Europe. **https://iris.who.int/handle/10665/379378**

2.1.7 Need for consistency

Panellists strongly agreed with the principles of a consistent approach and equity of access to targeted substance use harm prevention for those in need, regardless of location, and were keen to move away from a 'postcode lottery' system for service availability and funding. Participants emphasised the need for flexibility in provision, to take local needs and circumstances into account, for example the specific needs of urban and rural communities.

> "While consistency is required, the needs and issues will differ between local authorities (e.g. urban versus rural) and so there does need to be a degree of flexibility so that interventions are relevant to the communities they are being delivered to." – Professional stakeholder

2.1.8 Defining intended outcomes

The panel reached consensus that outcomes for a substance use prevention strategy should include:

- substance use specific outcomes (e.g. ever using a substance, regular use of substances, age at first use of substances)
- wellbeing outcomes in children and young people
- indicators related to risk factors
- indicators related to protective factors.

2.1.9 Participation of children and young people

There was unanimous agreement that children and young people should be involved in developing and designing substance use harm prevention strategies and approaches. The panel agreed that participation should be meaningful, not tokenistic, involve a diverse range of voices (including those with lived/living experience) and

involve feedback loops (i.e. an opportunity for young people to understand how their input has been used).

"It's easier for young people to say what's happening currently, as they are the ones living it." – Young person

The panel emphasised the need to include children and young people affected by substance use, whether this is their own personal use or a family member's.

"People that have bad experiences should speak up and be given a platform. Awareness needs to be shared… it affects everyone differently." – Young person

3. Theme 2: Essential components for delivering prevention in Scotland

3.1. Governance and accountability

3.1.1 Need for long-term funding

The panel unanimously agreed on the need for Scotland's substance use harm prevention strategy to be accompanied by long-term, secure funding and investment. Throughout the process, significant concerns over funding and resourcing of substance use harm prevention were raised, with panellists emphasising the need for adequate investment to embed approaches that protect children and young people from substance use-related harm.

> "The amount of services that have gone, the resource that's just missing because of money is huge. So that's a massive factor."
> – Professional stakeholder

3.1.2 Ministerial responsibility

The panel agreed that responsibility for substance use harm prevention for children and young people should fall within one of the Ministerial Portfolios of Drugs and Alcohol, Children and Young People, Health and Public Health, with the strongest indication of support for the portfolio of Children and Young People.

> "Prevention is a cross-ministerial responsibility and needs to be considered holistically." – Professional stakeholder

3.1.3 Governance

Panellists reached consensus that preventative, early intervention and harm reduction services for young people should be developed, delivered and governed by an accountable agency at local level. For example, alcohol and drug partnerships and integrated children's services strategic planning responsibilities were explored, however this is an area that needs further developed.

One area of clear consensus was the importance of trauma-informed practice in the field of substance use harm prevention. The panel agreed that this is key to supporting those at risk of substance use harm, and that consistent, reliable, non-judgemental relationships and safe spaces are key within interventions.

The panel reflected on some of the barriers young people face when accessing substance use and mental health services, and agreed that any steps taken to improve access should be scrutinised as part of routine governance of the services.

> "We have a limbo where they're moving on or trying to access services, but they have to wait a long time … young people will probably use more alcohol and drugs while they are not able to access the services that they need, rather than just removing barriers and the floodgates open. The floodgates are jammed." – Professional stakeholder

It was agreed that young people should be able to access services appropriate to their developmental stage, individual needs and circumstances rather than according to their chronological age.

3.2. Data and research

The panel strongly agreed that the national approach to substance use harm prevention must be data driven and evidence based. They advised that different sources of data and evidence should inform the strategy and determine priority areas, including lived/living experience, public health data, practitioner experience, academic expertise and international best practice.

"We also need much better data in Scotland about drug prevalence: SALSUS to 2018 did not include enough information from young people outside of school settings, was self-selecting in terms of which schools and groups of young people took part, and is now out of date." – Professional stakeholder

"A mix of knowledge and experience is needed as not everyone's experience is the same." – Young person

The panel agreed on the need to monitor substance use among children and young people; risk factors and protective factors; and effectiveness of substance use harm prevention activities. The need for more timely, regular and effective data gathering and recording methods was recognised. It was agreed that national surveys should be used to collect data about substance use among children and young people, risk factors and protective factors.

"I think this is where a lot of initiatives go wrong – they do not regularly review. Everything surrounding young people is ever changing so it needs to be kept up to date." – Young person

While supportive of the use of data and evidence in the strategy, the panel expressed concerns about possible limitations of existing data, including:

- gaps in current data and evidence base
- lack of data about drug prevalence among children and young people
- applicability of existing evidence across population groups
- limitations of average population data and the need to sub-divide into demographics in future research
- participant engagement – i.e. SALSUS missed groups of young people by focusing on those who attended school.

"I just wonder how this would be done in a safe way and in a way where the data is accurate? Especially as adults already lie to their GPs about how many drinks etc. they consume in a week, how would YP respond to that question." – Young person

The panel also highlighted the importance of local data input alongside a national picture, particularly when considering Scotland's varied demographics.

Panellists reached consensus on the need for further data/research on aspects of substance use harm prevention, including causative factors; links between inequalities and substance use harm and protective factors that improve health outcomes; the influence of social media and popular culture; current service provision; and the health consequences of vaping. While they reached consensus on these areas, some also acknowledged that there is already a large existing body of research on causative factors, inequalities and protective factors.

"I think that's even how the vaping thing got so out of control. We couldn't tell what the long-term effects of people vaping all the time would be. And that's how people have gotten away with vaping the way they have for so long. And it's only now that we're getting a decent amount of research." – Young person

The panel agreed that a minimum dataset to support planning and delivery of preventative action should be developed and shared across different policy areas/agencies.

3.3. Harm reduction

Overall, the panel agreed that harm reduction measures are an important aspect of substance use harm prevention, and that information and measures around safer consumption of drugs should be included in the approach to substance use harm prevention. However, it was emphasised that there must be careful consideration of language and context, with recognition that harm reduction measures must be age- and stage-appropriate and that interventions and risks can be very different from adults.

The panel reached consensus for greater investment in safer consumption infrastructure (e.g. harm reduction information and interventions, drug checking services, access to Naloxone), but emphasised it must be implemented in a controlled, evidence-based way to avoid unintended consequences.

"This is about helping children and young people to build healthy skills and make healthy decisions. It is not a case of saying, 'take drugs, use harmful substances because this help is here' – it is more a case of recognising the influences behind a child or young person's choice to use a substance without demonising it and building their capacity to seek help, stay more safe and look after their friends." – Professional stakeholder

Panellists welcomed the concept of first aid courses which equip children and young people to respond to an emergency involving substance use being developed and delivered as part of a prevention strategy. They highlighted the importance of taking practical steps to equip children and young people with skills to recognise signs of overdose and handle situations involving substance use harm.

Panellists agreed that a balanced approach to substance use harm prevention, which reflects both harm reduction and abstinence-based approaches, is needed. While it was acknowledged that population-level abstinence from drugs and alcohol is an unrealistic outcome, and that 'zero tolerance' approaches can be counterproductive in some cases, the panel recognised that abstinence-based approaches can have successful outcomes in reducing substance-related harms.

"It's everywhere, people are more likely to try it, but know how to be safe. If you tell them not to, they're more likely to do it just to rebel."

– Young person

4. Theme 3: Priorities for those at highest risk

4.1. Early identification and intervention

Early identification and intervention were identified as key components of a prevention approach, with panellists in agreement that identifying support for risk factors at an early stage is key in preventing substance use harm.

4.1.1 Settings for early identification

The panel reached consensus that home, school and outreach services are key settings for early identification of risky or problematic substance use and intervention support. However, some panellists described this approach as aspirational and highlighted the challenges in implementing early identification and intervention strategies, such as the need for significant investment and the complexity of achieving these goals.

"It's about breaking the cycle of those behaviours, so if young people grow up in an environment where those behaviours are just completely normalised then there's not going to be any change unless interventions really do reach out to them." – Young person

"Youth work has a significant role to play in this, although currently challenging under recent budget cuts. Youth work has access to large volumes of young people, some will require no interventions ever and some who will go on to require significant interventions. They have such a role to play but not currently the resource to be able to do so."
– Professional stakeholder

The panel agreed that the Scottish Government should identify prevention and early intervention research priorities and gaps for academia and research funders.

4.1.2 Decriminalisation of drug use

Panellists agreed that punitive approaches alone are not effective, and a more humane and trauma-informed approach to addressing substance use should be adopted. While nearly two-thirds of the panel agreed that decriminalisation of drug use should be considered and researched further.

"I really don't think it should be legal but I do think it would help people seek help sooner without feeling that they'll get caught."
– Young person

"Something has to change with legislation, we cannot continue to criminalise some of our most vulnerable in society especially young people because of their personal substance use." – Professional stakeholder

4.2. Targeted prevention measures

The panel discussed the need for programmes of targeted prevention, ultimately reaching consensus that these are needed for:

- families with severe, complex and multiple disadvantages e.g. living in poverty, in poor housing, experience of the justice system
- children, young people and families who have experienced trauma
- children and young people affected by a family member's substance use
- children, young people and families affected by a substance-related death
- education settings and wider communities affected by a substance-related death.

It was widely accepted that risk and protective factors are complex and interdependent. The panel agreed that this complexity should be considered when designing targeted prevention and early intervention or harm reduction measures.

The panel agreed that targeted prevention measures should recognise and be tailored to the requirements of particular population subgroups, for example based on gender, young people who identify as LGBTQ+ and young people from traveller or ethnic minority communities. However, some advised caution due to concerns that targeting specific groups might increase stigma around gender, sexuality or ethnicity.

The panel agreed that principles for targeted prevention include:

- proactively going to where young people are
- multiagency working
- defined pathways
- whole-family approaches
- trauma-informed approach
- resilience building
- in situations of exploitation, considering the child to be a victim, and ensuring appropriate safeguarding.

It was agreed that more should be done to raise awareness of availability and improve accessibility and acceptability of existing support services for young people who use substances. Panellists discussed a lack of awareness of local services, unclear referral pathways and a need for smoother transitions for families moving between different local authorities.

"There are much clearer pathways and access within adult services. It is very much unknown for children and young people. There is a lack of children and young people-specific interventions." – Professional stakeholder

Panellists agreed that substance use should not be a barrier to young people accessing mental health treatment and support or other services, and called for better integration of mental health and substance use-related support within services like Child and Adolescent Mental Health Services (CAMHS). Some noted that often when young people disclose that they are using alcohol or drugs, focus shifts to the substance use rather than addressing any underlying mental health issues.

Some described positive changes and ongoing efforts to improve the integration of substance use and mental health services, but recognised that more investment and a shift in mindset are needed to make these solutions widespread.

> "Young people should not be refused medication or treatment due to their substance use and the ways in which they 'self-medicate' and the effects it has on the young person should be taken into consideration when planning treatment." – Professional stakeholder

4.3. Risk factors

The panel agreed that risk factors and indicators for substance use-related harm should be recognised in a harm prevention strategy. While some were reluctant to itemise a prescriptive list, the following risk factors were broadly recognised by the panel:

- experience of trauma
- parental/familial/intergenerational problematic substance use
- peer influence
- parental drug-related death
- poor academic performance/academic pressure
- disengagement from school (including truanting)
- polysubstance use (using multiple substances at the same time)

- mental health
- leisure activities (including festivals and sport)
- living in a deprived area/experiencing poverty
- frequent A&E/GP attendance in relation to substance use
- protected characteristics
- experience of the justice system
- neurodiversity
- care experience
- experience of homelessness.

Some panellists argued that these risk factors should be linked with policy and availability of services, rather than framing them in a way that blamed or assigned responsibility on the young person and their lack of resilience.

The panel agreed that defining and addressing multiple risk factors should form part of a prevention strategy for substance use and related harms.

> "This means thinking about vulnerability, intersectionality of risk factors and adapting interventions. This adaptation should be clearly evident in a prevention framework or checklist, and be clearly demonstrated through commissioning of services which could contribute to prevention."
> – Professional stakeholder

Panellists agreed that substance use harm can be related to mental health problems, self-harm and suicidality, and that opportunities for overlap with other public health strategies or approaches should be explored.

4.4. Protective factors

Protective factors were discussed at length throughout the Delphi process, with high levels of agreement that the following should be considered as part of substance use harm prevention approaches/strategies:

- safe, stable housing
- positive family relationships
- leisure activity
- extra-curricular activities/youth groups
- community facilities/activities/resources
- green space/nature/outdoors
- a trusted adult
- mental health support
- digital and online communities.

"We need things to do instead of doing nothing in the house."
– Young person

However, some stressed that these protective factors alone will not stop young people using drugs and alcohol to harmful levels, and must form part of an approach which encompasses other complex support and interventions.

5. Theme 4: Principles for universal prevention measures

5.1. Industry

5.1.1 Influence of industry

New restrictions around the advertising, sales and availability of legal substances (e.g. alcohol and vaping/e-cigarettes) were strongly supported by the panel. Concerns about the sale and marketing of vaping products were frequently discussed, with children and young people criticising them for being too colourful, appealing, and visible to young people.

> "For too long the alcohol and vaping industry have been allowed to market products which are blatantly aimed at young people and children." – Professional stakeholder

The panel reached consensus that alcohol licensing forums should represent a diverse range of voices, including local communities and lived/living experiences, and young people. This was seen as an effective way to ensure that the decisions made by licensing boards can be informed by the experiences of communities, and young people in particular. However, some panellists noted the limitations in the functioning and influence of licensing forums and a pronounced inconsistency across Scotland, with some areas having no licensing forums at all.

"There are many areas where no forums exist, some that exist but with little functionality, and some are more established. Forums have little impact on the decision making of the board, as boards are bound by legislation. There are currently no support mechanisms to have people (young people, community members and lived experienced) trained on their role and how to take part – this makes it very difficult for people to contribute effectively in a system which is heavily legalised and difficult to navigate."
– Professional stakeholder

5.1.2 Social media and online platforms

Concerns were raised about the role of social media and online platforms in facilitating access to substances. Panellists discussed awareness of young people using platforms like Snapchat and TikTok to buy drugs, which poses new challenges for prevention strategies in terms of the availability of substances.

5.2. Consistency and guidance for people involved in substance use harm prevention

The panel discussed a need for centralised guidance or standards to ensure that those involved in substance use harm prevention activity take a consistent approach and deliver a consistent message. However, a few highlighted the need for flexibility to allow approaches to adapt to meet the specific needs of the local context, communities, and individuals. Others commented on the need for evaluation to ensure standards are being met.

"I feel this strategy has a key role to play in consistency in approaches, given there is some mixed and/or lack of prevention activities with a strong evidence base – there is more evidence available around what is ineffective than effective." – Professional stakeholder

Panellists discussed the benefits of a holistic approach and ultimately agreed that information about substances should be delivered as part of a multi-component approach, which considers changes to the environment, evidence-based interventions for the whole population and targeted population prevention measures.

The importance of information, guidance and resources remaining up to date, relevant and responsive to local issues and trends was emphasised by the panel. The panel reached consensus that the Scottish Government should be responsible for ensuring that information, guidance and resources remain up to date through strategic commissioning of updates.

The panel agreed that guidance and/or training is needed for those involved in substance use harm prevention, and advised that information and guidance should be developed on:

- harm reduction activities
- how to identify those at risk of substance use harm or affected by substance use of family members, including guidance on how to define different types of substance use, e.g. experimental, problematic or dependent use
- how to respond in situations of risky or problematic substance use
- online safety to address the availability and access to drugs via online channels and digital sources (social media, dark web)
- how best to support young people with protected characteristics, including additional support needs and different cultural and religious backgrounds
- child criminal exploitation in relation to substances.

Panellists reached a consensus that teachers, youth workers, people with lived/living experience, and other external agencies should be involved in sharing substance use harm prevention information with children and young people. Children and young people showed particular support for peer education methods.

However, open text comments reflected mixed views on the involvement of people with lived/living experience, with some considering that they would have a positive effect and others questioning the lack of evidence base to support this.

There was discussion about the role of the police in delivering substance use harm prevention education, but ultimately the panel did not reach consensus whether they should be involved in such educational initiatives.

5.3. Education-based initiatives

The panel discussed several important underlying principles of education-based initiatives. They agreed that information and education around substance use harm prevention should:

- be non-judgemental
- be evidence based
- empower young people to make informed decisions
- focus on building resilience and decision-making skills
- educate children and young people about the marketing/targeting tactics and commercial interests of relevant industries (e.g. alcohol)
- be delivered as part of other activities/support and not as stand-alone/siloed education.

These findings should be considered along with the available evidence base for implementation, as evidence of effectiveness or ineffectiveness is nuanced.

"Having reliable information will help young people make positive, better choices." – Young person

Panellists reached consensus on the idea of Scotland having a single, evidence-based universal prevention framework to meet the health and wellbeing outcomes related to substance use within Curriculum for Excellence. However, some added that this would require flexibility to account for local contexts and trends.

> "There is definitely a need for a single, evidence-based universal prevention framework but one which can be enacted in ways to meet local context – guiding and resourcing without constraining."
> – Professional stakeholder

The panel discussed a range of educational methods, ultimately reaching consensus that the following mediums should be used to educate young people with information about substance use harms and promote healthy living:

- lessons in a classroom
- lessons in a youth work setting
- social media
- peer education (including lived/living experience).

There was particularly strong recognition of the role of youth work as an effective setting for substance use harm prevention.

> "Harnessing the power of social media would be ideal but comes with challenges, e.g. algorithms blocking drug education content or not reaching young people who do not seek it out. There is also an abundance of misinformation – which is often stigmatising." – Professional stakeholder

5.3.1 Inclusive approaches

A common theme raised throughout the Delphi process was the need for substance use harm prevention information to be delivered outwith school settings to reach

young people who are not engaged with education or have low attendance, with panellists emphasising the vulnerability and risk of those young people who may not be attending school.

The panel expressed clear support for the use of relationship-based practice, with widespread recognition of the importance of building relationships when having supportive conversations about substance use and harm prevention. Panellists also reached consensus that young people should feel comfortable discussing their substance use with a trusted adult without fear of judgement or punitive consequences. However, some cautioned how this would sit within legal frameworks and responsibilities, particularly with those in professional roles such as teachers and social workers.

"Often staff/volunteers will voice concerns about feelings of inadequacy over topic knowledge – however it is well known that relationship-based practice is stronger. For example, staff refer a young person on to a specialist service then they refuse or don't engage – that's because they 'picked their person' and the relationship is a deciding factor in engagement." – Professional stakeholder

6. Theme 5: Focus on structural factors

6.1. Place and community

The panel strongly agreed that local context should be considered in substance use harm prevention approaches/strategies. Considerations that the panel viewed as important included:

- the unique needs of rural and remote communities
- ways to address substance use (including hidden use) in affluent areas
- the presence, availability, and ease of access to substances
- the presence, availability, and ease of access to harm reduction, treatment and support services.

"Just because you live in a big house or the middle of nowhere, doesn't mean you don't have problems/addictions. They are probably the worst." – Young person

The panel agreed that a targeted prevention strategy and funding should be developed for places experiencing disproportionate levels of substance-related harm, with some panellists highlighting the need to target areas which face unique social, economic and environmental challenges that can exacerbate substance use and related harms.

Panellists expressed strong agreement about the importance of social and community support in minimising substance use harms. Many comments on this focused on the financial erosion of community services and the resulting impact on the resilience of communities.

Place-based approaches for targeted prevention and early intervention were discussed by the panel. Consensus was reached that clubs, festivals, parks/green space and supported accommodation are all appropriate settings for place-based

interventions. The panel also agreed that place-based approaches should consider evidence-based environmental design to reduce the risk of substance harms, such as designing adequate ventilation and cooling off areas in night clubs. Finally, the panel agreed that all prevention, early intervention and harm reduction interventions should consider the online and digital environment.

6.2. Societal, environmental or 'macro' factors

6.2.1 Social determinants of health

The panel discussed the need to address the wider societal, environmental or 'macro' factors that influence risk and protective factors and impact on harmful behaviours around substance use. It was agreed that the social determinants of health should be a key focus of a prevention strategy for substance use and related harms. The panel recognised that tackling underlying issues like poverty, inequality, housing, unemployment, community safety and mental health are essential in promoting the health and wellbeing of children and young people.

"If we really want to address the very serious drugs harms in Scotland, we need to look much further back at adverse childhood environments and the experiences which actually drive health; the social determinants of health."
– Professional stakeholder

6.2.2 Cultural acceptance

It was widely agreed that cultural acceptance of alcohol and vaping can influence behaviours related to substance use, and that this should be addressed as part of a prevention strategy for substance use and related harms. The panel also agreed that learning can be drawn from measures/approaches used to address cultural acceptance of tobacco. However, some panellists were sceptical about the feasibility of changing substance use culture through policy or legislative measures, describing

cultural shift as a long-term, organic process which is difficult to drive through government-level interventions alone.

7. Conclusions

Between 2023 and 2025, The Lines Between and Public Health Scotland have undertaken a three-stage Delphi process exploring how best to prevent substance use harm among children and young people in Scotland. The expert panel involved in the study included public health officials, academics and educators, youth workers, and individuals working in health, mental health, recovery, addiction services, social work, education services, third sector, Alcohol and Drug Partnerships, Health and Social Care Partnerships, Children and Family Services and NHS boards. Through Young Scot, YouthLink Scotland, Fast Forward, Time 4 Us within Transform Forth Valley and Children's Parliament, children and young people were involved throughout the Delphi process.

The Delphi process has led to the development of a consensus approach which advocates for a comprehensive, evidence-based approach that incorporates prevention, early identification and intervention, and harm reduction measures. The consensus approach also reflects the need for both universal and targeted prevention measures, the role of community and environmental factors in substance use harm prevention and the importance of relationship-based, trauma-informed practice.

The panel agreed on the need for a whole-systems approach that fosters collaboration across different sectors and groups. It also recognised the need to involve children and young people in the development and implementation of prevention strategies and approaches.

Public Health Scotland will seek to align these findings to inform the ambition of the Population Health Framework. Additionally, Public Health Scotland seeks to align these findings to wider prevention activity including the Public Health Approach to Learning (PHAL).