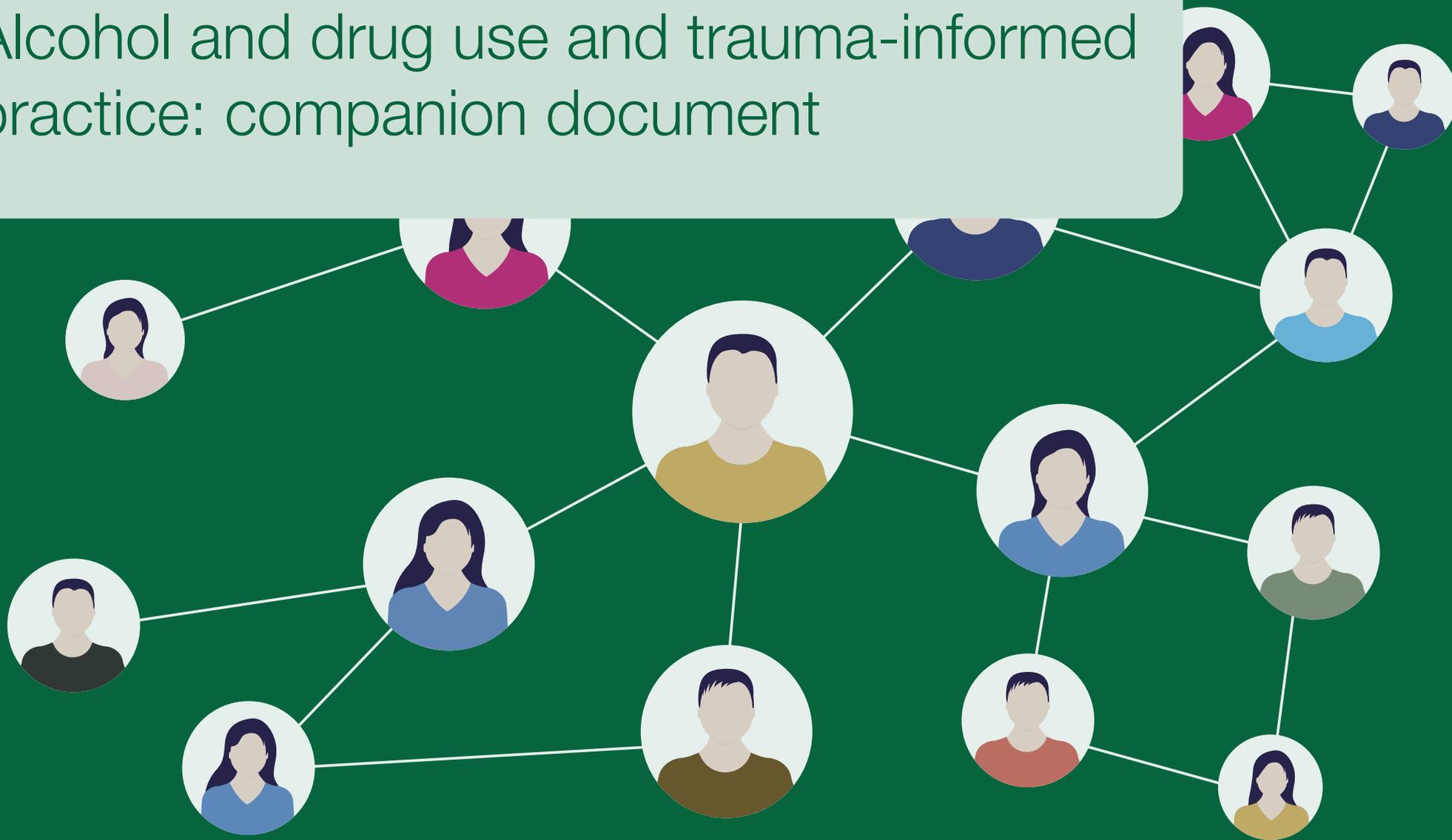


Alcohol and drug use and trauma-informed practice: companion document



Contents



Summary

This document is designed to support all professionals working with people affected by alcohol/drug use and/or their families and aims to strengthen awareness and understanding about trauma-informed practice. Each section provides guidance for how professionals supporting people affected by alcohol/drug use can do so in a trauma-informed way that recognises the prevalence and impact of trauma for the people they are supporting and the impact of trauma on people's recovery journeys.

The sections provide more detail on the following key messages:

The prevalence of experiences of trauma and adversity for people using alcohol/drugs:

Trauma is common across the entire population, but evidence shows that many people using alcohol and drugs have experienced particularly high levels of trauma and adversity in their lives.

The impact of trauma on people using alcohol/drugs:

Whilst living through trauma is relatively common, the experience and its impact is often hidden. Evidence suggests that people who use alcohol/drugs often do so as a coping response to experiences of past or ongoing trauma. We also know that people who have experienced trauma who are also using alcohol and drugs face an increased risk of experiencing further trauma and adversity.

The importance of supporting people's recovery and recognising their resilience and strengths:

There is often the assumption that people affected by alcohol/drug use and trauma have made poor decisions, or that it is a "lifestyle choice". Working in a trauma-informed way means recognising the strengths of people affected by alcohol/drug use and trauma, and supporting their resilience and recovery.

The importance of resisting re-traumatisation:

Responding to trauma means we acknowledge its prevalence and impact for people affected by alcohol/drug use. It is the opportunity for services supporting individuals affected by alcohol/drug use to take into account the ways people accessing the service can be affected by trauma, by asking the question "What has happened to you?", rather than "What's wrong with you?".

The central importance of relationships:

Evidence shows that safe and supportive relationships are the best predictors of recovery following traumatic experiences. Working in a trauma-informed way means recognising the importance of relationships for people affected by alcohol/drug use and trauma, including their relationships with their family/support network and their relationships with professionals in support services.

The importance of workforce safety and wellbeing for professionals supporting people affected by alcohol/drug use:

It is vital that staff feel safe, supported and well when they are caring for and supporting others, particularly because professionals working in services that regularly support people affected by trauma and associated difficulties, such as alcohol/drug use, may experience higher rates of burnout, vicarious trauma, compassion fatigue and moral injury.

Aims, audience and scope

Through the [National Trauma Training Programme](#), it is the Scottish Government and COSLA's ambition to have a trauma-informed and responsive workforce and services across Scotland. This means that universally, across all systems and services, we recognise where people are affected by psychological trauma and adversity, respond in ways that prevent further harm and support recovery, and improve life chances for people affected by trauma.

This companion document is designed to support all professionals working with people and their families affected by alcohol/drug use to strengthen their understanding of:

- The relationship between trauma and the use of alcohol/drugs;
- Trauma-informed practice, and strengthen their skills, knowledge and confidence in working with people affected by alcohol/drug use in a trauma-informed way;
- How a trauma-informed approach can help improve outcomes for people affected by alcohol/drug use, including family members; and
- How taking a trauma-informed approach to practice can support staff wellbeing and safety.

Recognising that people often have multiple, complex needs, this includes professionals working in alcohol/drug services, housing, social work, family support, health and social care and mental health services, across the public and third sectors. Where we use the term “professionals”, this includes the full range of people who support people affected by alcohol/drugs, including volunteers and peer support workers.

In communities across Scotland, people and their families affected by alcohol/drug use can be at increased risk of harm and trauma while restrictions are in place to respond to the COVID-19 pandemic and as we move towards recovery and renewal. Evidence also shows that substance use has increased during the pandemic for many reasons, including increased stress and anxiety and a reduction in available support—including formal services and informal social connections. Where services are available, limitations in capacity may lead to non trauma-informed practice that can unintentionally re-traumatise people affected by alcohol/drug use by blaming and stigmatising them for what has happened, by not taking into account previous or ongoing experiences of trauma and by making decisions for them rather than with them. Their family members and support network are also more likely to be excluded from their care and treatment.

We also know that the pandemic has increased the risk of staff experiencing chronic stress, burnout and vicarious trauma, and that the negative impact on practitioners across services and systems supporting people affected by alcohol/drug use is immense.

Given that statistics show that the risk and intensity of alcohol and drug use has continued to increase in Scotland, it is more vital than ever that systems and services are in place locally and nationally that embed and promote good practice and that practitioners are themselves supported and well in order to support others.

Key principles

Led by NHS Education for Scotland, the National Trauma Training Programme (NTTP) has produced a [knowledge and skills framework](#) for the Scottish workforce, alongside training resources appropriate for all levels across the workforce. The principles of trauma-informed practice referred to throughout this document are those developed by the NTTP, based on international research, evidence and collaboration with people with lived experience of trauma.

Being trauma informed means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does not cause further harm and recognises and supports people's resilience. The key principles underpinning trauma-informed practice, services and systems are safety, collaboration, trust, empowerment and choice.

Trauma is everybody's business and all members of the Scottish workforce have a role to play in understanding and responding to people affected by trauma. This doesn't mean that everyone needs to be a trauma expert - we know that different expertise and skills are required to support people's recovery – but instead that all workers, in the context of their own role and work remit, have a unique and essential trauma-informed role to play in responding to people who are affected by trauma.

There are many aspects of trauma informed practice that overlap with principles of good care more generally, including person centred and compassionate care. Trauma-informed practice builds on and adds to these principles by recognising the specific ways in which the experience of trauma can negatively impact on people's experience of care, support and interventions. By implementing trauma-informed practice, individuals, services and organisations can adapt practice in ways that both enhance good care and reduce the likelihood of re-traumatisation and associated distress associated with service engagement. In this way, it addresses the specific barriers to accessing care that those affected by trauma can experience.

The principles of trauma-informed practice referred to throughout this document recognise that people at all ages and stages of life can be affected by trauma, and many people often have multiple experiences of trauma and adversity, which can compound their impact.

While anyone is at risk of experiencing trauma and adversity, different factors can increase the risk and can impact people's safety, recovery and access to support. For example, while poverty is not a direct cause of alcohol/drug use, people living with poverty are more likely to experience additional challenges, including housing instability and insecure employment, and evidence indicates that experiences of adversity contribute to alcohol and drug-related harms.

It is important to note that people with protected characteristics and/or those experiencing socioeconomic disadvantage may face additional barriers to accessing support for alcohol/drug use and to recover from traumatic experiences. This includes minority ethnic children, young people and adults; refugees and asylum seekers, people with disabilities (including people with learning disabilities); LGBTI people and people at different ages and stages of life, and women and girls. For example, BME or migrant communities may face barriers in accessing alcohol/drug services that do not take into account their specific needs around language and/or culture, or they have no recourse to public funds. Women may also face barriers in accessing alcohol/drug services if they have not been designed in a gendered way that recognises women's needs may be different from the needs of men accessing these services.

Additionally, people with multiple complex needs, including homelessness, women and children experiencing gender-based violence, mental health issues or a history of offending behaviour may also face an increased risk of trauma and additional barriers to accessing support.



USEFUL RESOURCES FOR GETTING STARTED

As professionals working alongside or supporting people who may have been affected by trauma, whether that is known or not, these [free training resources produced by the NTT](#) will help you think about how to consider this in your day-to-day working life. We call this level of awareness about trauma – “trauma skilled”.

Professionals may also find it helpful to read [other companion documents in this series](#) to further understand the importance of trauma-informed practice across different policy and service areas, and how this interlinks with the people they support.

Key messages

Trauma-informed practice should not be seen as an additional ask of professionals, or a siloed way of working, but rather a way of working that underpins all of our practice, policy and systems, which supports existing priorities and helps ensure the best possible outcomes for people and their families affected by alcohol/drug use.

It is vital that professionals supporting people and their families affected by alcohol/drug use have access to high-quality trauma training relevant to their role to strengthen awareness and understanding of psychological trauma, its impact and their role in the recovery and safety of people they support. It is equally vital that those same professionals have access to high-quality training to develop their practice to strengthen their confidence, skills and knowledge in the complexities of alcohol/drug use, and their role in supporting people affected. More information about training and online learning resources are available at the end of this document.

If professionals have a shared language and understanding of trauma more widely, this will help to strengthen collaborative working across services and systems, strengthen consistency in support for people affected by alcohol/drug use and trauma, and will mean that people are more likely to see systems and services as supportive resources, which will help improve their short- and long-term outcomes.

Alongside strengthening workforce knowledge and skills, it is crucial that our services and systems are informed by people with lived experience of trauma and alcohol/drug use. It is imperative that people with lived experience have the opportunity to contribute meaningfully to how services are designed, in order to help decision makers and commissioners understand what helps people in their recovery and how services can reduce barriers to care. It is important for decision-makers to consider how this can be done safely and effectively.

Policy context

There are multiple local, national and international drivers for developing services, systems and workforces in Scotland that recognise the impact and prevalence of trauma for people affected by alcohol/drug use and respond in ways that support recovery and do no further harm.

Scotland's national strategy, [Rights, Respect and Recovery](#) (2018), highlights that services need to be person centred, trauma informed and better integrated to better support people's recovery.

[The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services](#) (2014) highlight the need for trauma-informed alcohol/drug services that recognise the impact of past or ongoing trauma on people affected by alcohol/drug use in order to support them in their recovery journey.

The [Delivery of Psychological Interventions in Substance Misuse Services in Scotland](#) (2018) details the range of evidence-based interventions that can support individuals with co-occurring drug and alcohol use and complex trauma. It also considers the implementation of, and governance around, these interventions.

The [Drug Deaths Taskforce](#) was established in 2019 to support the delivery of Rights, Respect and Recovery. The Taskforce has the central aim of identifying measures to improve health by preventing and reducing drug use, harm and related deaths. Their key focus is on emergency response, reducing risk and reducing vulnerability. A trauma-informed approach is vital to maximising the support, access and range of pathways for people with high-risk drug use.

The [Medication-Assisted Treatment \(MAT\) Standards](#) (2021) set out new standards of care for people who experience problems with their drug use to improve access, choice and support across the treatment system. Standard 10, which outlines that all people accessing MAT services should

receive trauma-informed care. The Standard highlights that the majority of people accessing MAT services are likely to have extensive histories of complex trauma, the consequences of which may be intrinsically linked to the individual's drug use. The Standard acknowledges that unaddressed trauma related issues are a significant barrier to people accessing, and benefitting, from MAT services, and that providing trauma-informed services can promote recovery and improve outcomes for individuals, their families, staff and services.

The Standard includes criteria for MAT services to develop a delivery plan for delivering trauma-informed care. While this companion document should not be considered explicit guidance for delivering MAT Standard 10, it is designed to support professionals, services and local multi-agency Alcohol and Drugs Partnerships with strengthening their understanding of trauma-informed practice and how this can support people affected by alcohol/drug use.

The [Scottish Government's COVID-19 Mental Health: Transition and Recovery Plan](#) highlights the mental health impacts of Covid-19 and highlights the increased risk and intensity of mental health disorders, traumatic reactions, substance use, self-harm and suicide because of the pandemic. As a long-term response to the Covid-19 crisis, evidence and expert opinion is accumulating that a trauma-informed approach to recovery should be a key component of remobilisation.

[Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice](#) (2021)

responds to the impact of trauma on children, young people and adult family members harmed by substance use (their own and someone else's), and recognises the need for a trauma-informed and skilled workforce. The Framework calls for Alcohol and Drug Partnerships and others to ensure there is a range of evidence-based family support options available locally which understands trauma and its impact.

In 2021, the Scottish Government published a [consultation](#) on the proposed National Care Service to reform the deliver of social care in Scotland, following the recommendations of the Independent Review of Adult Social Care. The consultation paper highlights the impact of trauma on many people affected by alcohol/drug use and the need for a trauma-informed workforce.

A key part of [Public Service Reform](#) is prevention and early intervention. As such, the focus for community planning partners is on designing and delivering better services for people in their local areas, with an emphasis on tackling inequalities, improving local outcomes and making the best use of public resources. Central to trauma-informed workforces, systems and services is a focus on early intervention and prevention. This helps to improve safety, support and recovery and helps to reduce the impact of trauma on people's long-term outcomes.

Structure

The following sections follow the “Rs” of trauma-informed practice, as outlined by the NTTTP. Working in a trauma-informed way means:



Realising how common the experience of trauma and adversity is



Recognising the different ways that trauma can affect people



Responding by taking account of the ways that people can be affected by trauma to support recovery, and recognising and supporting people’s **resilience**



Looking for opportunities to **resist** re-traumatisation and offer a greater sense of choice and control, empowerment, collaboration and safety with everyone you have contact with



Recognising the central importance of **relationships**

Each section provides guidance for how professionals supporting people affected by alcohol/drug use can do so in a trauma-informed way. Each section demonstrates how trauma-informed practice supports and strengthens each of the “Rs”, and supports professionals to strengthen their

understanding of the complexities of trauma and alcohol/drug use. The final section highlights the need to prioritise staff wellbeing and safety and ensure professionals have the skills, knowledge and confidence to work with people affected by alcohol/drug use in a trauma-informed way.

Realise how common the experience of trauma and adversity is for people using alcohol and drugs

Psychological trauma is often defined as a wide range of traumatic, abusive or neglectful events or series of events in childhood and/or adulthood, which are experienced as being emotionally or physically harmful or life threatening. This could be a single incident such as rape, bereavement through suicide, a serious accident, or repeated trauma that takes place over a prolonged period of time, such as child abuse or neglect, or domestic abuse and other forms of gender-based violence where coercive control is a factor. Complex trauma is usually experienced in the context of close relationships, persists over time and is difficult to escape from. Evidence suggests that childhood trauma is common. [In Scotland](#), one in seven adults reported four or more adverse childhood experiences (ACEs). Five percent of adults said they had experienced household drug use as children. For people with multiple needs, including people in in-patient mental health, drug and alcohol services and the justice system, the prevalence of trauma is often even higher.

[The most recent data](#) from 2015/16 suggests that there are around 55,800 to 58,900 people in Scotland affected by drug use. There was a 5% increase in [drug-related deaths](#) in 2020, and the number of deaths has increased substantially over the last twenty years. An estimated 4% of the Scottish population are thought to be alcohol dependant. [These figures](#) represent approximately 280,000 people, based on current population

levels. [Based on Scottish Health Survey data](#) from 2008-10, it is estimated that 36,000 to 51,000 children in Scotland live with a parent (or guardian) whose alcohol use is potentially problematic. It is estimated that an [average of 11 people are harmed](#) for each individual using alcohol or drugs harmfully - this includes children, young people and adults, across all family relationships and wider social networks.

Evidence shows that many people using alcohol and drugs have experienced particularly high levels of trauma and adversity in their lives. One report highlights that 75% of women and men attending alcohol/drug services, for instance, report having experienced trauma and adversity.¹ The [Hard Edges Scotland](#) report evidences that, for many people interviewed who were experiencing multiple and severe disadvantage such as homelessness, offending and alcohol/drug use, trauma (whether specific events or sustained throughout their childhood) had often been the route to using alcohol and drugs.² Local Drugs Commission findings in [Dundee](#) and [Renfrewshire](#), for example, consistently highlight that the root causes of drug/alcohol use are “poverty, trauma, violence, neglect in childhood and adulthood, incarceration and criminalisation, stigma towards people who experience problems with drugs, drug and health policies that exclude rather than include, and lack of access to effective and high-quality treatment and support”.

1 World Health Organisation (WHO) (2002) World Report on Violence and Health WHO Geneva

2 [Gender Matters](#) (2020) builds on Hard Edges and other reviews to develop a statistical profile of women affected by severe and multiple disadvantage in England, given that a number of those reviews highlighted the importance of understanding women’s experiences of severe and multiple disadvantage as different from those of men.:



KEY POINT

Trauma is common across the entire population, but evidence shows there is an increased likelihood that people using alcohol/drugs have experienced trauma and adversity. If your role or service supports people using alcohol/drugs, realising the increased likelihood of traumatic experiences for the people you support opens up greater opportunities for delivering trauma-informed care and support.



KEY QUESTIONS

- Do professionals understand what is meant by ‘psychological trauma’, and realise how common this experience is within the general population including ourselves and our colleagues?
- Do professionals supporting people using alcohol/drugs and their families understand the increased prevalence of trauma within this population, and the reasons for this?
- When it’s appropriate to their role (and core purpose of their service), do professionals supporting individuals using alcohol/drugs make routine enquiries about historic/ongoing trauma? Do professionals do so sensitively and appropriately, explaining why they are asking about this and noting how the information provided can support the development of the care and treatment for that person?
- When it’s appropriate to their role (and core purpose of their service), do professionals have the skills, knowledge and confidence to discuss what trauma is with people they are supporting?
- Do professionals working across different policy areas collect and analyse data that helps to identify individuals and families who are impacted by alcohol and drugs use, and how that may intersect with other support needs they have, such as housing, mental health, and experiences of gender-based violence?
- Do managers and senior leaders recognise the prevalence of trauma for people using alcohol/drugs and their families, and do they champion a greater understanding of trauma across services and systems?

Recognise the different ways that trauma can affect people who use alcohol and drugs

We now understand that, whilst living through trauma is relatively common, the experience and its impact is often hidden. Although many people show remarkable resilience, it remains a fact that people who experience trauma are at higher risk of experiencing poorer outcomes at all stages of their lives if they do not have access to the right support at the right time.

Trauma can impact people in many ways. We are all equipped with a degree of resiliency, and the expected outcome from experiencing trauma is recovery. However, several factors may heighten the impact of trauma experiences and challenge the resources we have to cope, disrupting our ability to recover. The ways we adapt to cope with/survive our experiences could ultimately impact on our natural resilience and coping resources we have to draw on.

Research suggests that people who experience the unhealthy stress of multiple ACEs and trauma have a much higher risk of experiencing poor health and wellbeing, including harm from alcohol and drugs. [Research indicates](#) that those who experience four or more ACEs are 16 times more likely to have used crack cocaine or heroin and four times more likely to be a high risk drinker.

Evidence suggests that people who use alcohol and drugs often do so as a coping response to experiences of past or ongoing trauma. [For example](#), this may include self-medicating to escape invasive memories, as a way of

managing traumatic experiences, or to make traumatic relationships more tolerable. Some people who experience trauma may experience poor mental health because of their experiences, and may use alcohol/drugs to self medicate.

We also know that people who have experienced trauma who are also using alcohol and drugs face an increased risk of experiencing further trauma and adversity. For example, alcohol and drugs can also be used as a coping mechanism for women affected by gender-based violence, which in turn puts them at increased risk of further harm and poorer health and wellbeing outcomes. Women who experience commercial sexual exploitation as a form of gender-based violence, and particularly those engaged in prostitution, are shown to be more vulnerable to drug addiction due to trauma.³

We also know that children and the wider family are often affected by alcohol/drug use of parents and/or family members but often feel unable to access support through stigma, shame and secrecy. [One in three adults](#) say they have been negatively affected by the alcohol or drug use of someone they know. In Scotland, [it has been estimated](#) that up to 60,000 children are affected by parental drug use, and up to 51,000 children are affected by parental alcohol use.

³ [What health workers need to know about gender-based violence: An overview](#). (2018), NHS Health Scotland.



KEY POINT

Recognising the impact of trauma is about understanding the potential psychological, social and physical consequences of trauma. Taking a trauma-informed approach is about understanding the impact trauma can have on people's ability to engage with services. It is about understanding alcohol/drug use as a potential coping response to traumatic experiences through the role alcohol/drug use can play in managing emotions and reducing mental and/or physical distress in the short term.

Working in a trauma-informed way means being able to provide support that understands how trauma may impact people using alcohol/drugs in the short and long term. When supporting people using alcohol/drugs, remember that:

- Whilst those affected by trauma may be amongst those most likely to need to engage in effective relationships with the workforce in order to access the care, support and interventions they require, the impact of trauma on relationships means that they may be the least likely to seek or receive this help and support.
- Alcohol/drug use is often a coping response to traumatic experiences that occurred in childhood, or may be a response to more recent trauma that might still be ongoing. Historical and/or ongoing trauma can impact a person's recovery journey from alcohol/drug use.
- The traumatic experiences may be ongoing, such as domestic abuse including coercive patterns of behaviour, so it is vital to consider how this might impact people's safety and ability to engage with support for alcohol/drug use.

- Coping responses to trauma, such as using alcohol/drugs, may impact people's safety and stability, or sustaining healthy and positive relationships with family members and support networks. Alcohol/drug use may impact people gaining access to some services, such as maintaining stable housing.
- Some of the ways people have adapted to survive trauma could be linked to their alcohol and drug use, as well as linked to challenges in sustaining engagement with services, avoiding relationships, withdrawal or shutting down and disassociation from the challenges they are facing.
- Coping strategies may present at first as challenging behaviour or an unwillingness to engage with support, particularly in situations when people feel threatened, unsafe or—if children are involved—there is a risk of being separated from their child.
- Experiences of trauma and the use of alcohol/drugs can impact on the development of relationships, including developing relationships with professionals and services that offer support. For example, certain environments, circumstances or language may remind a person of their traumatic experiences, or people may have difficulties with professionals who they associate with 'authority' or who remind them of an abuser.
- The impact of surviving trauma and potential coping responses to those experiences can also have a substantial impact on people's support networks and, in some cases, children.
- Trauma and alcohol/drug use is never an excuse for violent or abusive behaviour. While we know that alcohol/drug use doesn't cause violence and abuse, **it can increase the incidence and severity**. Perpetrators of gender-based violence may use alcohol/drug use to justify their behaviour. Survivors can be blamed for their experiences of gender-based violence when accessing support services due to a lack of accountability for perpetrator alcohol use.⁴

⁴ [Alcohol, Domestic abuse and Sexual Assault](#), (2014), Institute of Alcohol Studies.

Understanding the impact of trauma for many people using alcohol/drugs will help increase understanding of how people affected interact with a service and offers of support, and avoid misconceptions and incorrect assessments in reports/case files of ‘non-compliance’ or ‘non-engagement’.



KEY POINT

It is important to think holistically about a person’s needs in order to support their recovery journey. People who use alcohol/drugs often highlight that their traumatic experiences are a particular barrier to recovery from alcohol/drug use. People affected by alcohol/drug use also highlight that holistic, joined-up support for all of their needs, including mental health, is often unavailable if they are using alcohol/drugs, due to services’ exclusion criteria.

Assessment for alcohol/drug use should consider the impact of historic, recent and/or ongoing experiences of trauma, and the potential impact of this on the person’s alcohol/drug use and their other needs, such as mental health, housing and physical health. Mental health services should consider the potential impact of trauma on a person’s mental health, and what kinds of coping responses people might have developed to help them survive those experiences, and how those coping responses might have impacted their mental health.



KEY QUESTIONS

- Have professionals received appropriate training (as identified in the NTTP Knowledge and Skills Framework) to understand how trauma might impact people differently, and how this might impact whether and how people are able to engage with support? Has your service/organisation considered the training needs of all staff, including receptionists, support staff and cleaners, to support their understanding of the prevalence and impact of trauma? For example, how might a knowledge of the impact of trauma help your service’s receptionist work with people to understand some of the barriers they might be facing in attending appointments?
- Do professionals understand the ways in which protected characteristics and socioeconomic inequalities, such as gender and poverty, might compound people’s experiences of trauma and its impact?
- Do professionals feel they have the confidence, skills and knowledge to take a strengths-based approach in understanding people’s potentially challenging behaviour? For example, if someone’s behaviour initially seems to be “attention seeking” or “manipulative”, how might having an understanding of the impact of trauma help us understand that behaviour differently?
- Do professionals have the time to build trusting relationships with the people they are supporting? Do professionals have the time to discuss multiple needs with the people they are supporting, in order to build a more holistic understanding of what some of the material and psychological barriers to accessing support might be?

Respond by taking account of the ways that people who use alcohol and drugs can be affected by trauma

We know that resilience and adaptation is a natural and common response to trauma and is associated with a range of protective factors operating at the individual, family and societal levels. This can include good emotional coping and problem-solving skills, positive experience of care-giving relationships, education and supportive social networks and communities.

There is often the assumption that people affected by alcohol/drug use and trauma have made poor decisions, that it is a “lifestyle choice” or “moral weakness”. There might also be the assumption that their alcohol/drug use and trauma will automatically negatively impact on parenting capacity, for example. However, it is key to remember that traumatic experiences and alcohol/drug use do not automatically equate with poor decision making and negative outcomes. Working in a trauma-informed way means recognising the strengths and protective efforts of people using alcohol/drugs who are affected by trauma, and endeavours to preserve, support and, where needed, intervene to support resilience and recovery for people who are affected.⁵



KEY POINT

There is a need to ensure that all professionals working in an organisation have the knowledge, skills and ongoing support they need to make trauma-informed decisions when working with people using alcohol/drugs and their families. This includes professionals directly supporting people affected by alcohol/ drug use, as well as supervisors/managers. Ongoing support includes ensuring that those staff with a specific role/remit with protected time to deliver trauma interventions have access to appropriate supervision from supervisors with appropriate competencies. It is also critical that policies and processes across all relevant policy agendas promote consistent messages and principles about ensuring a trauma-informed approach is taken to engaging with people affected by alcohol/drug use.

⁵ [Towards a Whole Family Approach and Family Inclusive Practice in Drug and Alcohol Services](#), Scottish Government, 2021.



KEY QUESTIONS

- In assessments, case files and treatment plans, do professionals include information about people's strengths and protective efforts; for example, their efforts to keep themselves (and children, where relevant) safe?
- Do professionals take a whole family approach to supporting people affected by alcohol/drug use? For example, do professionals seek to identify and connect with those who matter to the person they are supporting - be that family members or wider support networks? Do they recognise the support that friends and family may also be providing to the person they are supporting? How far are treatment and care services family-inclusive, working together with families as partners in their loved one's care?
- What support might family members (children, young people and adults) need in their own right, and how is this support provided or signposted? What barriers (such as stigma and shame) might they be facing in seeking support?⁶
- When taking a whole family approach, do professionals recognise where family members may pose a risk to the person you are supporting? For example, a domestic abuse perpetrator might be forcing the victim/survivor to use alcohol/drugs in an effort to create 'evidence' to services that they are an 'unfit' parent. How would this be identified and recorded?
- Where parents are using alcohol/drugs, do professionals hold the same parenting expectations of mothers and fathers? Do professionals consider the father's alcohol/drug use in relation to his parenting role?

⁶ The Scottish Families Helpline can assist anyone who is concerned about someone else's alcohol or drug use, including family members and professionals. This includes listening support and advice, and linking family members into local or national support services which meet their needs. All Helpline information can be found at <https://www.sfad.org.uk/support-services/helpline> or you can refer a family members directly at <https://www.sfad.org.uk/support-services/referral>

Resist re-traumatisation and offer a greater sense of choice, control, empowerment, collaboration and safety when supporting people affected by alcohol/drug use

There is growing evidence that trauma-informed workforces, systems and services, where the impact of trauma is understood by staff, and systems are adapted accordingly, can result in better outcomes for people affected by trauma, including people affected by alcohol/drug use. Working in a trauma-informed way with people affected by alcohol/drug use means:

- Doing no harm
- Supporting recovery
- Removing potential trauma-related barriers; and
- Resisting re-traumatisation

People affected by alcohol/drug use often report experiencing stigma and judgemental language from services, and blame and shame for their efforts to survive their traumatic experiences. People affected by alcohol/drug use highlight that complex and punitive processes to access support, not being believed, long waiting lists and physical service environments that feel unsafe and unwelcoming often contribute to re-traumatisation and create barriers to accessing support for recovery, both from alcohol/drug use and their traumatic experiences.

People who have experienced trauma and have accessed support highlight that what helped their recovery included:

- Professionals taking the time to **build trust**.
- A **sense of safety**, and professionals' ability to recognise where people might be at risk.
- The importance of **professional and emotional boundaries** between them and professionals.
- **Positive communication skills**, where people felt listened to and believed.
- **Continuity**, where people were supported by the same professional and where services worked collaboratively.
- **Workforce skills, knowledge and confidence**, where professionals recognise trauma and understand how it can impact people.



KEY QUESTIONS

Responding to trauma means we acknowledge its prevalence and impact for people affected by alcohol/drug use. It is the opportunity for services supporting individuals affected by alcohol/drug use to take into account the ways people accessing the service can be affected by trauma, by asking the question “What has happened to you?”, rather than “What’s wrong with you?”. It is the opportunity for professionals to consider how they deliver a service (on an individual level, and at a team/organisational/systems level) that supports recovery. It may help to think of it as putting on some ‘trauma-informed glasses’ and seeing things through the eyes of someone affected by trauma.

Taking a ‘walk through’ of their service (from the way someone might be referred or access it to the point at which they could leave the service) could help professionals identify what they think the service is doing well and where improvements could be made. Professionals may find it helpful to use the five principles of trauma-informed practice to guide your response. These principles are **safety, trust, choice, collaboration and empowerment**. Using your knowledge of trauma, resilience and recovery, here are some questions you may want to use as a starter for reviewing your individual and organisational service provision, but this is not an exhaustive list. You might find it helpful to use the [NES Trauma-Informed Lens Walkthrough Tool](#) and the [Toolkit for Scotland](#) to support this work, from which these questions are adapted.

Consider a person’s first experiences of your service.

- Is the referral criteria for your service clear and consistent?
- How does your service communicate clearly with people about pathways to support? Do professionals discuss what support is available, how it can be accessed and what the next steps will be?
- How does your service communicate with people about waiting times? If people have to wait to access your service, what support can they access in the meantime?

Consider your service’s physical environment.

- Does the physical environment of your service help people feel safe, calm and comfortable?
- Is there anything in the environment that may be distressing (e.g., language on posters/leaflets, specific security measures)?
- Are there private, comfortable spaces for safe and confidential discussions?

Consider how your service builds relationships with people who are seeking support.

- Do all members of staff, including reception, administrative and cleaning staff, have the knowledge, skills and confidence to understand the role they have to play in providing a safe, supportive environment in the service?



- Do people have consistent access to one professional, to provide the time and opportunity to develop a sense of trust, and to avoid people having to re-tell their experiences to multiple professionals?
- Can people accessing your service trust you to do what you say you will do, when you say you will do it? How does your service resolve any issues?
- Do professionals ensure people feel comfortable in asking questions or raising concerns about support at any point?
- What kinds of choices do people accessing your service have about the support they might receive? Do people have the opportunity to discuss what they would find helpful or what has helped them previously?
- Are people given choice around what support they receive, appointment times, and how they are contacted?
- Do professionals ask people what the barriers might be to them continuing to access support, treatment and/or medication?

Consider how your service supports people's recovery.

- Are professionals and the service flexible to be able to respond to people's individual needs? Do staff across the organisation receive training on how to recognise and address the intersection of trauma, alcohol/drugs use and other support needs?
- Does the service understand and respond to gendered needs? For example, do professionals understand that women are more likely to have caring responsibilities which may impact their ability to attend appointments? How might experiences of gender-based violence impact women's engagement with services?
- How do professionals take a strengths-based approach that acknowledges and supports people's resilience? Do assessments, case files and treatment plans include information about the person's strengths, resilience and protective efforts?
- Where relevant, do professionals signpost other support that is available to support people to recover from their experiences of trauma?
- Do professionals consider how historic/ongoing experiences of trauma may impact someone's safety and stability? For example, [some exploiters](#) of women who are engaged in prostitution may encourage women to take drugs, which can lead to dependency on both drugs and the exploiter.⁷
- If relevant to the core purpose of your service, do you provide evidence-based psychological interventions (aligned to the skill mix of staff) that meet the needs of individuals struggling with trauma-related difficulties and co-occurring alcohol/ drug use? And do you have robust governance systems in place to ensure safe delivery of these interventions? This should necessitate working alongside specialist addiction or substance use psychology services.
- Is time taken to engage with the person's family members/ supporters to include them as partners in care planning?

⁷ [What health workers need to know about gender-based violence: An overview](#). (2018), NHS Health Scotland.



Consider how your service works in partnership with other organisations/agencies.

- Are effective processes in place for addressing issues that cut across different policy areas to avoid ‘siloes’ or inconsistent approaches to working with people affected by alcohol/drug use and trauma?
- How does your service work with and share information with other services/agencies to address a person’s holistic needs, e.g., housing, mental health, family support, adult/child protection, specialist gender-based violence services? How do you communicate how this information is shared with people accessing support?

Consider your service/organisation’s policies and procedures.

- How does your service undertake screening and assessment? How do professionals communicate the purpose and aims of this process?
- Do your service’s policies and procedures recognise the prevalence and impact of trauma and focus on supporting recovery?
- Are there any requirements to access support from your service that, based on your knowledge of the impact of trauma, might be a barrier for people who are affected by trauma?
- Do your service’s policies and procedures recognise how trauma and coping responses might impact on someone’s ability to engage with support?
- How do your service’s procedures and policies address safety and confidentiality?
- Does your service actively ask about knowledge and skills of trauma-informed practice in the recruitment process?
- Is there a workforce development strategy in place that aims to ensure that all professionals who come into contact with people affected by alcohol/drug use and trauma have the training and support they need to respond in a trauma-informed way?

Consider your service/organisation’s materials, media and internal and external communications.

- What kind of language is used in letters and phone calls to people accessing support? In your service’s leaflets and website? What language might be stigmatising for people accessing your service?
- Do professionals in your service reflect on the language that is used in team meetings and informal conversations? How might language like “non-compliance” and “no show” create barriers for people accessing your service?



KEY POINT

Does your service provide a system, underpinned by the principles of trauma-informed practice, to capture the opinions and feedback of people with lived experience to evaluate and drive forward change to services? A fundamental part of developing a trauma-informed service includes working directly with people who are accessing/ have accessed your service to understand what the service is doing well and what potential improvements could be made that could reduce people's barriers to accessing support and support their recovery journey. This includes individuals and family members. It is important to consider how this is done meaningfully and effectively, and how power sharing can be built into service design and review from the very start of the process, rather than once decisions have been made. It is important to think about how to do this safely and effectively.

Recognise the central importance of relationships when supporting people affected by alcohol/drugs in their recovery journey

Working in a trauma-informed way means recognising the importance of relationships for people affected by alcohol/drug use and trauma. This includes:

- the relationship between the person and their family/support network;
- the relationship between professionals and the person affected by alcohol/drug use; and
- the relationships across services that create a joined-up approach to supporting people affected by alcohol/drug use.

Many experiences of ongoing and repeated trauma are often experienced in the context of close relationships: parents, carers and responsible adults for children (in relation to, for example, childhood abuse, neglect and domestic abuse) and partners for adults (domestic abuse). We know that the experience of interpersonal trauma, particularly in childhood, can disrupt the ability to form and maintain healthy and supportive relationships with others, including family, support networks and professionals in services.

When offering support to people affected by alcohol/drug use and trauma, it is helpful to remember that evidence shows that safe and supportive relationships are the best predictors of recovery following traumatic experiences. Whilst those affected by trauma may be amongst those most likely to need to engage in effective relationships with services in order to access the care, support and interventions they require, the impact of trauma on relationships means that they may be the least likely to seek or receive this help and support. People with experience of trauma consistently highlight the importance of their relationships with workers in accessing the supports, interventions or life chances they needed. Evidence shows that the development of a trusting relationship with a worker had the greatest impact upon people's capacity to seek and receive care, support or interventions.



KEY POINT

Judgement, stigma, shame and blame need to be recognised and understood by professionals supporting people affected by alcohol/drug use, who report facing stigma because of their experiences. This can create a barrier to accessing universal and specialist support for all of their wider needs. Often people feel that support and treatment itself is disempowering and stigmatising if accessed. Within this, it is also important to consider how people who have experienced trauma may be concerned that disclosing their experiences will have implications beyond the offer of services or support. For example, women using alcohol/drugs might not access support because they are concerned that disclosing their experiences may mean their children could be removed from their care.

Trauma-informed practice helps professionals to develop a partnership approach with people they are supporting. People affected by trauma and alcohol/drug use need to know that they can talk to any professional about their experiences without the risk of punitive interventions or judgement. People often need reassurance that they will not be blamed for their experiences and coping responses, and that their resilience and protective efforts will be acknowledged and valued. By partnering with people and giving the clear message that they are not to blame for their traumatic experiences and their coping responses, trust is developed between people affected by trauma and professionals. This is the first step for people to access support and safety.

Evidence shows that it is important to consider the role of the person's family/support network in their recovery journey. Close relationships which are healthy and positive can act as a protective factor and support recovery. These relationships should be recognised, supported and encouraged. How might family and social connections be a supportive strength for the person you're supporting? What support might the person's family/support network need themselves? How might shame, stigma, fear of judgment and fear of interventions from statutory services impact families being involved in the recovery journey and/or seeking support for themselves?



KEY QUESTIONS

- When professionals are supporting someone, what experiences has that person had of services previously? What are some of the barriers they have experienced previously when trying to access services? These might be material barriers, such as transportation challenges in getting to appointments, difficulties in accessing childcare, or difficulties created by previous experiences of services where people have experienced stigma or judgement, for example.
- How might these experiences impact how that person engages with services currently and in the future?
- What additional support might a person need to support them to engage with services; for example, are people offered a translator or interpreter? Are they invited to bring a family member or supporter to appointments to advocate for them or offer other support?



- How do professionals help to develop a person's trust with themselves and the wider service? How are communications with people transparent about what the service can and cannot offer? How do professionals address and communicate about potential breaches of trust, such as detention under the Mental Health Act?
- Are professionals transparent, consistent and reliable in their behaviour and communication in order to build trust with people? Do professionals explain why they are doing something? Do they follow through on promises, e.g., making referrals, making a follow-up phone call at the time they say they will?
- How is information recorded and shared with other professionals/services/agencies, recognising the collaborative and trusting relationship between professionals and people accessing support? Are people asked about what information they would like to be kept confidential? Are people asked about the accuracy of information that is recorded on their file?
- Do professionals have the time and space to build a relationship with the person accessing support to develop a fuller picture of what's happening in their life and what intersecting and additional support needs they might have?

The final section highlights key messages around prioritising staff wellbeing and safety. Ensuring staff feel safe and supported strengthens professionals' ability to work in a trauma-informed way when supporting people affected by alcohol/drug use.

Promote workforce safety and wellbeing for professionals supporting people affected by alcohol/drugs

Alcohol/drug use can be a very difficult and complicated issue for professionals across services and agencies. Without high-quality trauma-informed policy, practice support and a collaborative approach, the challenges in supporting people affected by alcohol/drug use and their often multiple, complex needs can potentially leave professionals disconnected from their values as practitioners and can impact their wellbeing.

We know that professionals need to be well in order to support others. It is vital that staff feel safe, supported and well when they are caring for and supporting others, particularly because professionals directly supporting people/families affected by trauma and, potentially subsequently, alcohol/drug use, face an increased risk of experiencing vicarious trauma, moral injury and compassion fatigue. It is also important to highlight that there is no “them” and “us” when talking about trauma; the prevalence of traumatic experiences means that trauma will inevitably impact many professionals across our workforce. Many members of the workforce have personal, lived experience of alcohol or drug harm, either as individuals using substances harmfully or in recovery, or as affected family members, now or in the past.

Vicarious trauma is the experience of trauma-related difficulties that can arise from being repeatedly exposed to details of other people’s lived trauma. For example, a person might find that their view of the world, themselves, and others, is altered by the stories that they hear. Vicarious trauma is usually something that happens gradually over time.

Compassion fatigue is often experienced amongst people who work in the caring professions, where we have to regularly draw on our empathic resources. Our emotional and physical resources can be eroded when we are unable to rest and recharge, and we reach a point where we feel we are unable to care anymore for others. This might be apparent in our personal and professional lives. For example, we may notice that we feel deep irritation at the problems presented to us by people accessing our service for support, or feel unable to support a friend through a difficult time.

Burnout is a term specific to the workplace, whereby we feel physically and emotionally exhausted due to low job satisfaction and feeling overwhelmed by workload and powerless to change the situation. It does not mean that our view of the world has altered, or that we struggle to feel compassion for others.

Moral injury is the harm caused to our moral conscience and personal values when our actions (or lack of) go against these. It can result in feelings of guilt and shame and ‘moral distress’ which may overwhelm our sense of ‘goodness’.



KEY POINT

Working in services that regularly support people affected by trauma and associated difficulties (e.g., alcohol/drug use) means that we may experience higher rates of burnout, vicarious trauma, compassion fatigue and moral injury amongst our workforce. We also know that trauma is common and so we may be trying to cope with our own experiences whilst supporting others. It is therefore of vital importance that services prioritise the wellbeing of their staff and have robust procedures in place to support a culture of trauma-informed practice to reduce some of the impact inherent within caring roles.

There are many ways in which we can create a workplace culture that protects against some of the risks associated with providing support to people affected by trauma, including workforces who provide support to people using alcohol/drugs. This might include:

Supporting culture change:

- Talking about alcohol/drug use in non-judgemental, fact-based ways
- Developing a culture that encourages space for reflection, peer support and open discussion to support professionals' safety and wellbeing
- Ensuring managers and leadership are supportive and flexible and embody the principles of trauma-informed practice
- Supporting an open culture where staff feel safe and supported to identify risks or challenges to staff wellbeing and highlight potential improvements

Developing policies and procedures:

- Setting policy and protocol guidelines that expect professionals to understand the prevalence and impact of trauma on both the people they support and themselves
- Ensuring there are systems in place to support staff affected by vicarious trauma, burnout, compassion fatigue and/or moral injury. This includes ensuring your service/organisation has a specific staff wellbeing policy that addresses this
- Support a wider culture shift around workforce safety and wellbeing that allows professionals to express safety concerns without worrying they will be seen as unwilling and unable to do their job. This includes clear governance and processes for staff to raise concerns
- Regularly assessing workloads to review capacity, time management and balanced caseloads
- Ensuring professionals have more control over their time management and workload, including setting priorities for worklife balance, flexible working policies, etc.

Embedding reflection and supervision practices:

- Supporting a culture of reflection and critical thinking that encourages workers to process their personal history, biases and fears with supervisors, peers and coaches
- Supporting a culture of meaningful supervision structures, with high-quality supervision and protected time to engage. This is imperative for services that deliver psychological interventions to address alcohol/ drug use and co-occurring trauma.



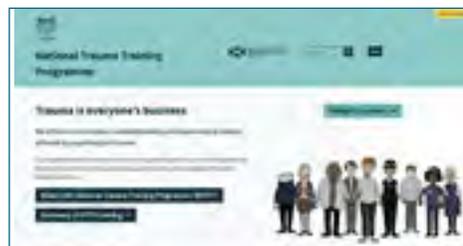
KEY QUESTIONS

These questions may be useful for prompting reflective discussion among professionals.

- What was working with people affected by alcohol/drug use like in the beginning for you? How has this changed over the time you have been working with this population?
- What do you think are your underlying assumptions about people affected by alcohol/drug use? How might these assumptions influence your work?
- What current experiences or experiences growing up have you had that may help or hinder you in working with people affected by alcohol/drug use?
- What situations/stories/clients are hard for you to work with? Why?
- How does these challenging clients/situations affect you? How does the work impact you personally, professionally, emotionally or spiritually? How was working with individuals affected by alcohol/drug use affected your personal life, e.g., family, relationships?
- What helps you keep the work meaningful? What strengths do you think you bring to this work? What coping strategies have you employed to help you deal with the work?
- What support is in place for you, professionally and personally? Do you feel like you might need further support?
- Do you feel that managers/leaders are knowledgeable about potential risks to staff wellbeing (e.g., vicarious trauma) and are these risks openly discussed with colleagues?

Useful resources

[The National Trauma Training Programme website](#) has a number of free training resources to support professionals across the Scottish workforce. The website also has a number of [free resources to support staff wellbeing](#). This [interactive PDF](#) summarises all of the resources available.



The training resources include an e-learning module “Understanding the use of substances to cope with the impact of trauma” as part of the “Developing Your Trauma-Skilled Practice” series. This resource is freely available and aimed towards anyone working with people who may be affected by trauma and/or substance use. In collaboration with colleagues with lived experience of recovery from the Scottish Recovery Consortium (SRC), this module has been designed to help learners to understand the relationship between traumatic experiences and substance use, the self-medication hypothesis, the impact of stigma, and to learn helpful ways of supporting recovery for people affected by trauma and substance use. The trauma-skilled practice e-modules are hosted on the [Turas Learn platform](#), which is available for anyone with an email address to register.

[The Safe & Together Institute](#) offers a range of training, tools and resources to support organisations, systems and professionals to become more domestic abuse informed, and can provide support in strengthening professionals’ skills and knowledge around the intersections of domestic abuse and alcohol/drug use.



[SFAD](#) were commissioned by the Whole Family Approach group as part of their development process to carry out an engagement project with families (children, young people and adults) affected by substance use. SFAD collaborated with three other charities on this project, and

published their findings as ‘Ask the Family’. This includes a full report and a virtual exhibition which includes animations, visuals, written pieces and films by families about what family support means to them.



The [Improvement Service](#) can provide a range of support to local authorities and planning partnerships with improvement and action planning around developing trauma-informed practice and policy.

This companion document has been developed in collaboration with:



The multi-agency MAT Programme

Lead Psychologists in Addiction Services Scotland (LPASS)

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