

CONSIDERATIONS OF CONSULTATION FEEDBACK
DRAFT TOBACCO, ALCOHOL & DRUGS STRATEGY 2023 – 2028
14/11/2022

Theme	Detail	Officer response	Actions proposed/taken
<i>Quantitative feedback</i>			
Vision & the Five Hs	<p>All of the Five Hs of the vision had a majority total <i>agree</i> responses of between 81% and 87%.</p> <p>Of these, only <i>hope</i> and <i>health equality</i> did not also have a majority that responded <i>strongly agree</i> (48% and 49% respectively) – these had a slightly higher number of <i>neither</i> responses (13% and 11% - <i>help, harm reduction, and health promotion and prevention</i> had between 8% and 9% <i>neither</i> responses each).</p> <p>No element of the vision had more than 19% total <i>neither</i> and <i>disagree</i>.</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required
Focus	<p>A majority of respondents <i>agreed</i> with the focus (80%) including 44% who <i>strongly agreed</i>.</p> <p>Men responded <i>strongly disagree</i> to a greater extent than women, at 7% to 0% respectively. This is reflected in 10% of male respondents responding</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required

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	<p><i>disagree</i> overall compared to 5% of female respondents.</p> <p>Again, those responding on behalf of a business or organisation responded <i>agree</i> to the greatest extent (87%), including 52% that <i>strongly agree</i> (though these numbers are lower than for the vision).</p>		
Children & Learning Programme	<p>Majority of respondents responded <i>positive</i> (86%).</p> <p>Though all three breakdowns have low base numbers, it is notable that among male respondents, respondents aged 65 or over, and those responding on behalf of a business or organisation, there were no <i>negative</i> responses, either <i>fairly</i> or <i>very negative</i>.</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required
Health & Adult Social Care Programme	<p>Majority of respondents (86%) responded <i>positively</i>.</p> <p>No respondents that were either female or aged between 35 and 64 responded with a <i>negative</i> sentiment.</p> <p>No respondents responded with a <i>very negative impact</i> sentiment.</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required
Place Programme	Majority of respondents (83%) responded <i>positively</i> .	No officer response required (positive consultation feedback where majority agreed with the statement).	None required

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	Female respondents responded <i>very positively</i> (47%) to a greater extent than male (38%) by 9% points.		
Communities, Culture & Homes Programme	<p>Majority of respondents responded <i>positively</i> (74%).</p> <p>Female respondents responded <i>no impact</i> to a greater extent (24%) than male respondents (15%) and respondents aged between 35 and 64 (16%).</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required
Corporate Programme	Majority responded <i>positively</i> (68%), however this is six percentage points less than the next programme, Communities, Culture & Homes (74%) and also received the least total responses (88) out of the five programme questions (responses ranging from 133 to 114).	Extra clarification has been sought, also incorporating feedback from Scrutiny Committee, regarding how Corporate contracts are monitored, to ensure compliance from our providers in this area where a commitment (around tobacco, alcohol and drugs) has been made. This will not be added into the strategy document itself but will be fed into later discussions on this programme of work with service leads.	None required
Understanding the strategy & additional information	<p>Majority of total respondents (74%) <i>agreed</i> (total sentiment) with the statement (“the draft strategy is easy to understand”), including 10% total who <i>strongly agreed</i> and 64% total that <i>agreed</i>.</p> <p>Majority of respondents responded <i>agree</i> (“the draft strategy provides</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required

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	sufficient information”) (63% total agree sentiment), and 57% total respondents also responded <i>agree</i> (as per scale option).		
Impact(s) of the strategy	<p>Majority of respondents responded <i>positively</i> (74%), with 46% responding <i>fairly positively</i>.</p> <p>More respondents responded <i>no impact</i> than responded <i>negative</i> (20% and 6% respectively).</p> <p>Female respondents responded <i>very positively</i> to a greater extent than male by 9% points (32% and 23% respectively).</p> <p>Respondents aged between 35 and 64 responded <i>positive/negative</i> to a similar extent to males (72%/7% and 72%/8% respectively) and respondents that said that they were disabled (72%/6%).</p> <p>Respondents aged 65 or more responded <i>positively</i> to the greatest extent (80%).</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required

Qualitative feedback

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Adult Social Care Programme	Address underlying issues related to use of TAD (e.g. mental health and wellbeing) (22 comments)	We are aware of the – often complex – underlying causes leading to more significant (and problematic) tobacco, alcohol and drug use. This has already been well articulated in the strategy and in the Adult Social Care (ASC) programme of work (Programme 2). We consulted with ASC workers and Mental Health commissioners during the engagement phase, and early discussions are also underway, coordinated by our Public Health team, around future mental health and wellbeing plans and strategies for the city.	In order to better articulate some of this work, in response to this consultation feedback we have now added new wording into the ‘key focus’ section (in the Adult Social Care: Programme 2 section) section to reflect this, which reads: “Support council-wide work to address underlying issues related to the use of tobacco, alcohol and drugs, including work to improve population mental health and well-being.”
	Ensure support for parents/families with TAD use problems (12 comments)	There are already a number of projects underway in this area to identify and address these issues, which include: <ul style="list-style-type: none"> <li data-bbox="1081 1094 1637 1300">• The Phoenix Project, a trauma-informed intensive support service aimed at women aged 18-44 who have had their children permanently removed from their care and remain at risk of repeat pregnancies and removals of subsequent children 	These are articulated in the key priorities section of Programme 1: Children and Learning, so no changes required.

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		<ul style="list-style-type: none"> The placement of young people’s drug and alcohol workers in family hubs (currently being rolled out). 	
	Make sure safe accommodation and/or residential support is available (6 comments)	As part of RSI (Rough Sleeper Initiative) work, the Housing First scheme is now being rolled out in the city. There are also Housing Support contracts via commissioning services that support people with their tenancies (more information on page 7 of this document).	Enhanced the existing text on commitments within housing to be clearer.
Children & Learning Programme	Focus on/measures to turn young people away from TAD/help them avoid TAD (24 comments)	<p>The actions and priorities in this area that are within the scope of this strategy are well-articulated in the key priorities section in CYP section.</p> <p>However, our Children and Young People’s Strategy 2022-2027 (and the eight action plans sat underneath it), as well as other relevant strategies such as the ‘We Can Be Active’ strategy on physical activity in the city, will cover other projects they are also undertaking in this area.</p>	None required
	Address the use of vaping in young people (4 comments)	Work is already underway on this, but this feedback indicates that we need to articulate is more clearly within the strategy document itself.	We have added ‘and e-cigarettes’ into several Programme sections to emphasise that work to tackle tobacco use will also cover e-cigarettes/vapes too.
	More should be done to address child exploitation related to TAD (2 comments)	Work is already underway on this, but this feedback indicates that we need to articulate is more clearly within the strategy document itself.	We have added the line “Protect children from exploitation related to tobacco, alcohol and

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		Some other projects/related actions are also covered separately in the Safe City Partnership Strategy.	drugs” to the key focus section in Programme 1.
Communities, Culture & Homes Programme	Address underlying issues related to use of TAD (e.g. deprivation, homelessness) (20 comments)	<p>As part of RSI (Rough Sleeper Initiative) work, the Housing First scheme is now being rolled out in the city. This has been commissioned on a five-year contract.</p> <p>There are also long-standing Housing Support contracts via commissioning services that support people with their tenancies, one of which is specifically an alcohol accommodation support service for those with SUD’s.</p> <p>In addition, some RSI funding is allocated to fund a mental health worker that will sit within the Housing team, and we have a Homeless Healthcare service that works on underlying health issues for homeless service users. Within that service there is dedicated mental health support to the homeless population.</p>	Enhanced the existing text on commitments within housing to be clearer, to now read: “Support housing staff with training and optimise housing policies to support residents to live in smokefree accommodation, engage in alcohol and/or drug treatment and sustain recovery.”
	Ensure services promote equality and accommodate and represent communities (14 comments)	<p>This is already a running theme throughout the document and is also mentioned explicitly within the Adults section.</p> <p>In addition, the Equality and Safety Impact Assessment (ESIA) document compiled to accompany the draft strategy, specifically examines any anticipated negative impacts (and potential mitigations) of the strategy on those with protected characteristics under equality laws.</p>	None required.

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	More targeted policing/enforcement of TAD-related crimes and policies (12 comments)	This issue falls under the Safe City Strategy and Partnership which works more on enforcement related issues. This strategy is a more public health-focused document. However, this could be articulated slightly more in the document.	We have added a line in the strategy document to better articulate the collaborative approach with (and specific work of) the Safe City Strategy and Partnership on this topic.
	General concerns about safety in Southampton (3 comments)	See above comment.	See above comment.
	Address TAD and related crime issues associated with prostitution around Empress Road (2 comments)	See above comment.	See above comment.
	Recommendations of a 'homes first' policy to address the underlying causes of TAD-related issues (2 comments)	As mentioned earlier in this document, as part of RSI (Rough Sleeper Initiative) work, the Housing First scheme is being rolled out in the city.	None required
Place Programme	Ban/reduce TAD use in public spaces (13 comments)	This has already been covered in the Programme: Place section.	None required
	Ensure employers are supportive and/or not discriminatory (4 comments)	The strategy already articulates clearly what we will aim to do both as an employer and organisation ourselves, but also through those we contract out to provide services too. We would hope that other employers follow the same model but recognise that we have no direct ability to influence this.	None required
	Make sure there are still designated areas for smokers (3 comments)	Current smoke-free legislation is designed to keep enclosed spaces smoke-free, but do not apply to outside spaces where people can still choose to	None required

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		smoke. We therefore do not feel there is any adjustment needed to the strategy relating to these comments.	
	General concerns about place in Southampton (2 comments)	No officer response required (general comments about the city centre, not within the scope of this strategy).	None required
Vision & focus	General positive comments on the strategy/vision (27 comments)	No officer response required (positive agreements/comments).	None required
	Make sure services are appropriately resourced/staffed (25 comments)	Additional information added in to clarify both the resources available and the limitations on what can be committed to at this time.	Additional information added: “The pace and scale of the implementation of this strategy will depend on resources available. For example, Southampton has been awarded additional funding to improve the capacity and quality of drug treatment services as part of the new national Drug Strategy, published December 2021. The funding is for 3 years, from 2022/23 to 2024/25, subject to annual approval by HM Treasury.”

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	<p>Ensure a connected approach and co-ordination between services, e.g. the police, social care, the NHS (19 comments)</p>	<p>This is something that the new Reducing Drug Harm Partnership (RDHP) will be key in facilitating. We have added some information on this into the strategy.</p>	<p>Additional information added to the 'Developing and writing this strategy' section as follows:</p> <p>"...newly convened Reducing Drug Harm Partnership, set up to oversee the implementation of the National Drug Strategy, brings together key leaders including Police, Probation, Public Health, Primary Care, University Hospital Southampton, Mental Health Services and Southampton City Council".</p>
	<p>Resource should be prioritised to where it will be most effective - desire/willingness/ability to change should be prioritised over need (9 comments)</p>	<p>This is something that is articulated early-on in the strategy (in the 'Our strategy to achieve this vision' section) with the reference to 'proportionate universalism', directing resource to where it is needed the most.</p> <p>This is also emphasised within our '5 H's' of the strategy, particularly 'Hope' (emphasising that change is possible), and 'Harm reduction' (recognising that not everybody will want to stop and taking a non-judgmental and individualised approach which also</p>	<p>None required</p>

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		recognises the value of harm reduction support to individuals).	
	The means of targeting support should be improved (2 comments)	We are regularly working with frontline teams and other internal and external stakeholders to find new and improved ways of targeting support to those who need it.	None required
Additional information & understanding	The strategy is too vague and needs more specifics around how aims will be achieved (36 comments)	Specific targets and actions will be agreed within individual directorates, and set out in their own action plans for the strategy sections relevant to their portfolio. Directorates will begin discussions around action plans once the final strategy has been agreed and is in place.	To be considered when action plans are discussed within each programme of work.
Impact(s) & additional suggestions	Reduce the supply/demand of/for TAD in the city (20 comments)	This is something that is articulated already within the Safe City Strategy which was finalised and approved in March 2022, and as such does not fall within the scope of this strategy.	None required
	Improve/increase messaging/education to reduce TAD use (18 comments)	Vape messaging is currently being reviewed, and there is already a commitment in the Programme section for Children & Learning to “Review and strengthen prevention and early intervention work in 0-25 education settings”. We would need this review to be complete and to understand what changes were needed before doing this.	Reviews already either underway or in the pipeline.
	Comments that the strategy may not be effective i.e. due to experiences with previous policies/strategies (15 comments)	Specific targets and actions will be agreed within individual directorates, and set out in their own action plans for the strategy sections relevant to their portfolio. Directorates will begin discussions around action plans once the final strategy has been agreed and is in place. The strategy will also be overseen and monitored by the Health and Wellbeing Board, and	To be discussed when KPIs and action plans are formalised within each directorate’s programme of work.

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		annual updates given against key KPI's to track progress.	
	Comments critical of current TAD services generally (10 comments)	<p>A number of comments highlighted that mention of and awareness of neurodiversity in service provision needed to be improved in the strategy document. This has been done.</p> <p>Any individual comments that raise concerns about an individual experience of frontline services will be looked at within the teams directly.</p>	Neurodiversity has now been added into sections of the strategy where relevant.
	Marijuana should be legalised (inc. for medicinal purposes) (8 comments)	The council must design policies and projects whilst being mindful of any restrictions that exist within current UK laws. This proposal would be in contravention of the Misuse of Drugs Act.	None required
	Focus on early intervention/prevention generally (7 comments)	This is already covered extensively in the strategy both through our 4 th 'H' ("Health promotion and prevention), as well as in the Children and Learning Programme of work where early intervention and prevention is a key element.	None required
	Don't lose sight of those who may not recognise their need for support and/or otherwise may fall 'under the radar' (7 comments)	See above comment – this falls under the early intervention and prevention section which is well articulated within the strategy.	None required
	Ensure services are accessible, e.g. readily available and not prohibitively costly or online-only (6 comments)	In relation to drug and alcohol service provision, current Substance use Disorder Services (SUDS) are free, confidential and open access, this means that anyone can be referred or refer themselves. Every person presenting to SUDS will receive a triage/ assessment and be offered appropriate advice, treatment and support, according to risk and need.	None required

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		<p>Support is delivered face-to-face, in the main, although on-line and telephone support is available.</p> <p>In relation to tobacco services, there is a universal stop smoking offer at some pharmacies with free behavioural support & NRT, and we are seeking to increase this offer across the city.</p>	
	<p>There is a risk of TAD policies having a detrimental impact on civil liberties (6 comments)</p>	<p>We recognise the importance of personal choice in public health approaches. These of course need to be balanced with ensuring people are informed of the risks on which to make those choices, and the educational elements of the strategy focus on addressing this need for further education and awareness.</p>	<p>None required</p>
	<p>Include plans for safe injection sites/drug consumption rooms (6 comments)</p>	<p>We recognise that there is strong international evidence for overdose prevention facilities, sometimes known as drug consumption rooms or safer injecting facilities. SCC must act within the constraints of the Misuse of Drugs Act, which, currently prohibits the development of these interventions. Our strategy commits us, however, to <i>“Advocate for evidence-based tobacco, alcohol and drugs practice and policy regionally and nationally, for example there is strong international evidence for overdose prevention facilities”</i>.</p>	<p>None required</p>
	<p>Support people with recovery outside of care with opportunities and development (6 comments)</p>	<p>Supporting visible recovery communities is a key focus of our new strategy, we will be working with our commissioned drug and alcohol treatment providers to ensure this ambition is met.</p>	<p>None required</p>

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		<p>Please see the section “Visible recovery communities – this means people celebrating either being tobacco, alcohol and drug free or being more in control of their use. This boosts self-esteem and enables people to support each other. It will inspire others to get help and reduce the stigma many people feel and prevents them from seeking help. We do not yet have the peer support in Southampton that some cities have but aspire to grow this and create a vibrant recovery community for the city.</p>	
	<p>It should be down to the individual to take responsibility for their own TAD use (6 comments)</p>	<p>This has already been articulated well in the strategy as follows:</p> <p><i>“For many people with tobacco, alcohol and drug dependence and higher-risk use, their use is not simply a choice. It is a symptom of other problems, such as mental ill health, abuse, grief, loss and other trauma. These same difficulties can also make it very difficult to limit, reduce or stop using, without help, and sometimes even with help.”</i></p> <p>Our TAD strategy seeks to help people make informed choices to lead healthier and happier lives, free from the harms caused by TAD, and to support people, with TAD dependence to achieve recovery.</p>	<p>None required</p>
	<p>Give support rather than punishment where appropriate (5 comments)</p>	<p>This strategy, and our work with commissioned Substance Use Disorder Services, seeks to divert people from drug and Alcohol driven criminality into treatment and support.</p>	<p>None required</p>

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		Laws around substances and general sentencing guidelines are a national policy decision. We need to operate within the law.	
	Address the use of vaping generally (4 comments)	We had added in additional references to e-cigarettes/vapes in the strategy document to reflect this feedback. A review of the communications around vaping is already underway.	Amended in strategy and vape review underway
	Make the strategy document shorter and easier to read (3 comments)	As this is a combined strategy, there's a limit to how short we can make it without compromising on the detail needed to understand three complex and interlinked areas.	None required
	Comments critical of the consultation process (3 comments)	A number of comments felt that the consultation process was an unnecessary use of local government resource. As a local government authority, we have a duty to consult residents and stakeholders in the city on certain decisions and strategy/policy documents, and we must operate within these requirements.	None required
	Comments critical of current TAD services waiting times (2 comments)	<p>Our Substance Use Disorder Services consistently meet all waiting time targets.</p> <p>The National Target is “people engaging in treatment with SUDS for opiate and non-opiate use should wait less than 3 weeks from assessment to access their 1st intervention”.</p> <p>In 2020 –21 this target was met 100% in Southampton.</p> <p>Our local targets:</p> <ol style="list-style-type: none"> 1. People who use drugs and/or alcohol are offered a triage/initial assessment within 2 working days of referral <ol style="list-style-type: none"> a. 100% Q1 & Q2 2022/23 	None required

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		<p>2. First clinical interventions are in place within 5 working days following the comprehensive assessment</p> <p>a. 100% Q1 & Q2 2022/23</p> <p>In relation to stop smoking waiting times, because there are lots of providers for stop smoking support the waiting times can be more complicated to compile. However, we are continually seeking to reduce waiting times to a minimum.</p>	
	<p>There should be more mention of harmful use of prescription drugs (1 comment)</p>	<p>Whilst there is a notable focus on illicit drugs in the strategy, we do know that people can also experience harms from prescribed drugs too and this is something we, and frontline services, are continuing work on. Substance Use Disorder Services (SUDS) do have ongoing work with the pain team at the hospital and collaborative approaches are in place between those services to support clinicians in Primary and Secondary Care.</p> <p>There is already a reference to illicit use of prescribed drugs in the adult priorities section. However, we have added another reference in for clarity on the remit of this strategy.</p>	<p>We have added a reference to illicit prescription drugs in the 'Our strategy to achieve this vision' section. It now reads that our work will be across 'All types of tobacco, alcohol and illicit drugs, including shisha, cannabis, illicit use of prescription drugs and more'.</p>
	<p>There is a lack of focus on treatment for gambling addiction (2 comments)</p>	<p>A number of comments have already expressed concerns that the strategy document is too long, in part because it was important to ensure this strategy gave ample consideration for each of tobacco, alcohol and drugs. It was therefore felt that adding another area of work into the document would have further lengthened the document.</p>	<p>None required</p>

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		<p>The links between gambling and tobacco, alcohol and drug addictions are also currently not as strong/established as the links within/between tobacco, alcohol and drugs themselves. Effective parameters for the strategy had to be set and it was felt that it was not the right time to include gambling within the scope of this strategy. In terms of licensing and premises guidance, the SCC Gambling Statement of Principles was renewed earlier this year and remains in place until 2025.</p>	