

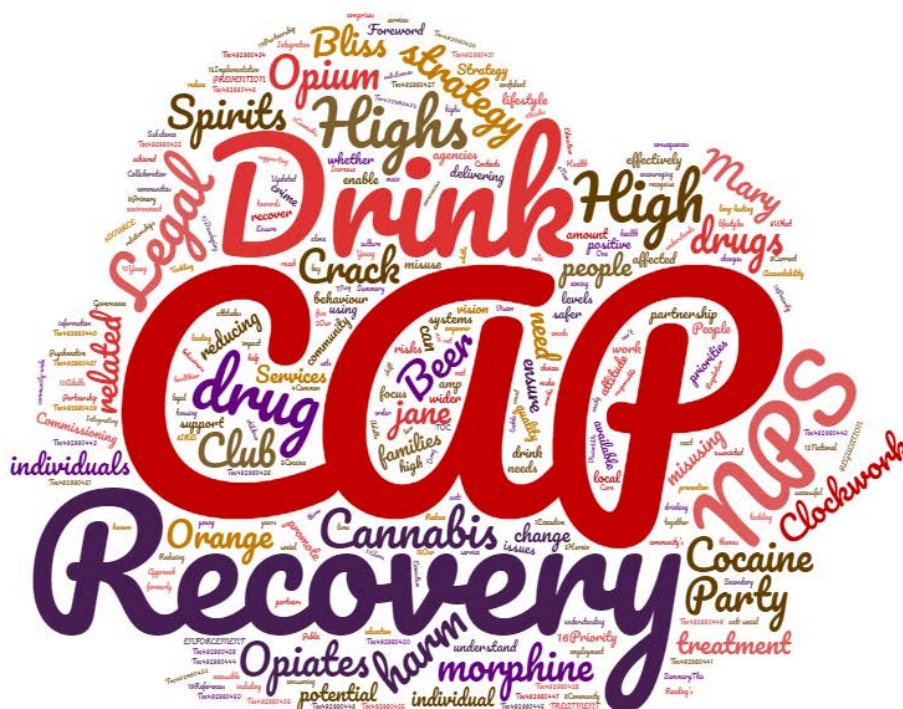
Wellbeing Team



Reading Drug and Alcohol Commissioning Strategy for Young People and Adults

2018 – 2022

CONSULTATION RESULTS



Executive Summary

Following a period of stakeholder engagement to develop a draft strategy, the Public Health Team ran a public consultation for 8 weeks between 21st February 2018 to 23rd April 2018. This was to ensure Reading Borough Council and its partners are focused on the right priorities for the period 2018-2022.

The strategy comprised of three main themes:

- Prevention; reducing the amount of alcohol people drink to safer levels and reducing drug related harm.
- Treatment; Commissioning and delivering high quality drug and alcohol treatment systems
- Enforcement and Regulation; tackling alcohol and drug related crime and anti-social behaviour.

Feedback was supportive of the 3 priorities. There were general comments submitted on how we should tackle each of these priorities in more detail.

Background

Reading Public Health lead for drugs and alcohol began drafting the strategy in June 2017 for a period of 3 months. During this period, all key partners were consulted with on a one to one or group session basis to gather the views of priorities for Reading.

A Reading Needs Assessment was completed in Jan 2016. The recommendations from this report and the Reading Health & Wellbeing Strategy 2017-2020; *Priority 3: Reducing the amount of alcohol people drink to safer levels* has also taken into consideration.

The Government published the Drug strategy 2017, this sets out how the government and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes.

All partners welcomed the opportunity to be involved in the development of the Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-22 at an early stage. This has shaped the draft strategy prior to a formal consultation period in 2018.

All partners and service users from adult and young people have expressed a view to taking part in further workshops after the consultation has closed and the strategy finalised to develop a long term action plan to address the priorities.

What we consulted on

Public Health consulted with key partners on the issues presenting each service.

We then consulted with the wider public as to whether they agreed with the three priorities identified;

Priority 1 - Prevention; reducing the amount of alcohol people drink to safer levels and reducing drug related harm.

Priority 2 - Treatment; Commissioning and delivering high quality drug and alcohol treatment systems

Priority 3 - Enforcement and Regulation; tackling alcohol and drug related crime and anti-social behaviour.

We asked the public for comments on whether they believed any other priorities should be considered.

How we consulted

Public Health lead for drug and alcohol consulted with key partners for the priorities for Reading. Meetings to discuss the drug and alcohol issues in Reading took place with the following partners;

IRIS Reading Specialist Adult treatment service
Source
Homeless forum
Salvation Army
Hamble Court
Launchpad
St Mungos
Reading Voluntary Action
Health and Wellbeing Team
Housing Commissioners
Community Safety Partnership
Childrens, Mental health and Maternity Board (CMMV Board)
Community Alcohol Partnership
Licensing and Trading Standards
CCG Representatives
Probation
Thames Valley Police
Substance Misuse Overview Panel
Berkshire West mental health Group

The formal consultation on the strategies 3 priorities ran from 21st February 2018 to 23rd April 2018. It was an open public consultation, aimed at all members of the community as well as Partner organisations and community voluntary organisations.

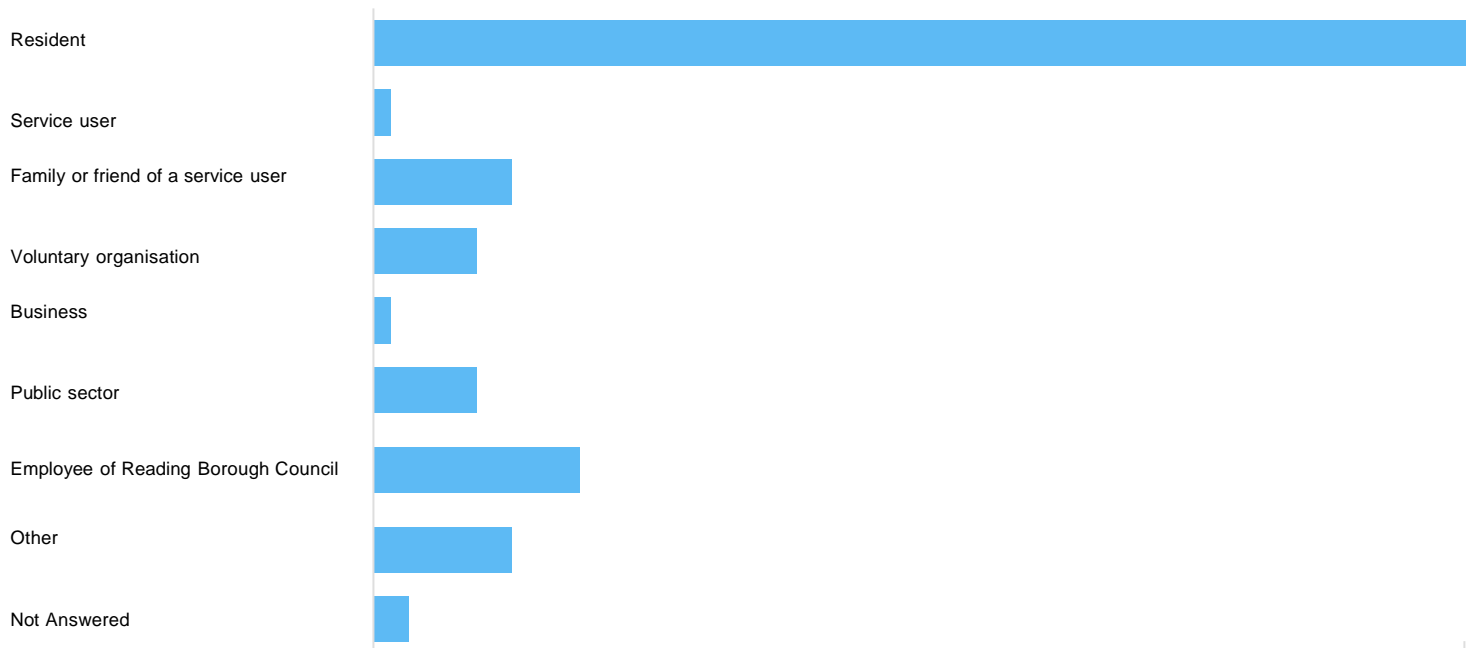
The public were invited to comment on whether they agreed with the draft strategy priorities for Reading. They were also asked to suggest what was needed to achieve each priority. These answers will be used to develop an Action Plan to support each priority.

The consultation questionnaire was available on the Council's website and in paper copy on request. A press release was issued at the start and during the consultation.

Who responded

A total of 91 questionnaires were returned.

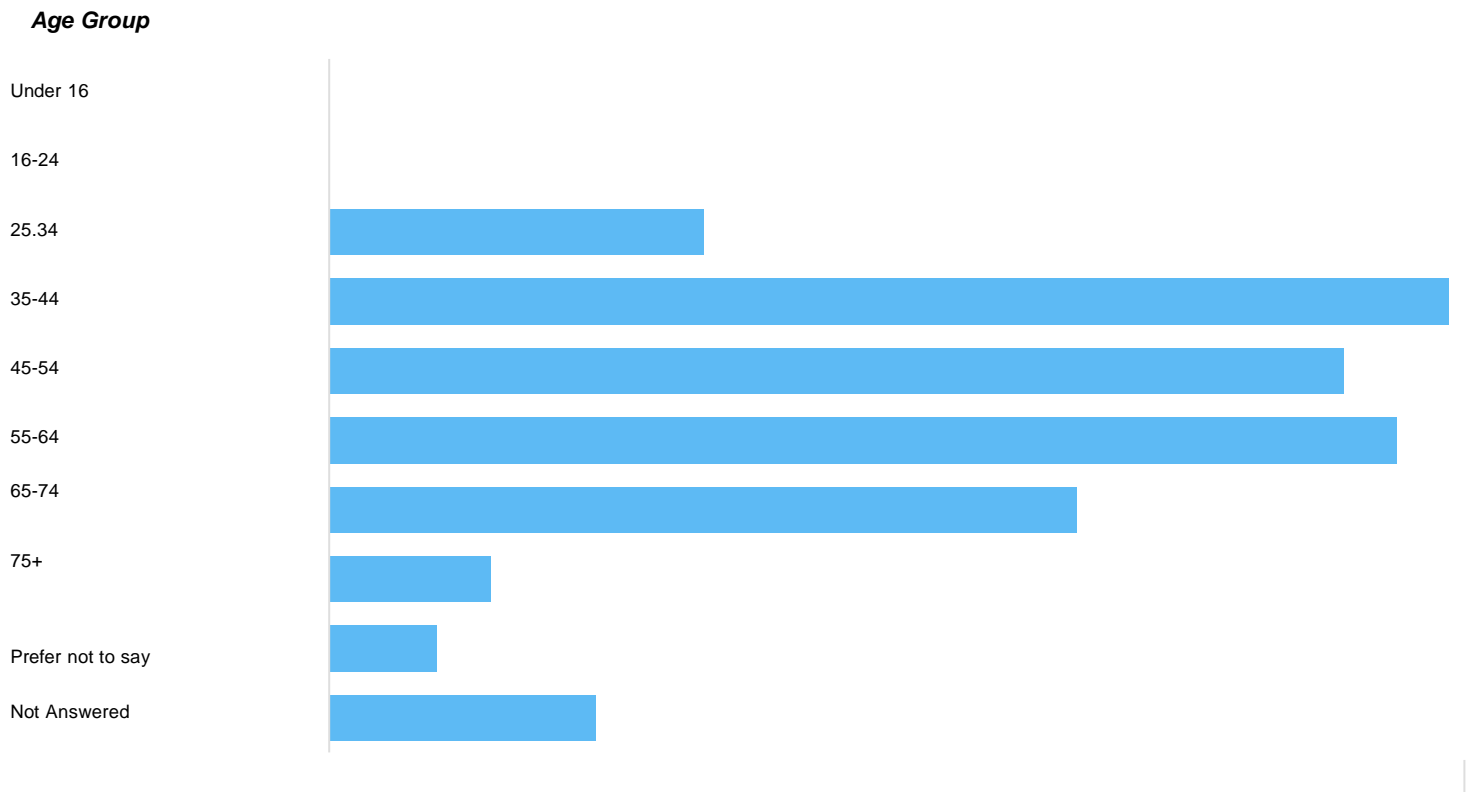
More detailed demographic analysis is available only from those who responded to the consultation by returning a questionnaire and completing the 'about you' questions - which were optional.

ABOUT YOU

70% of respondents were residents.

GENDER

54.95% of respondents who identified by gender were female and 36.26% male.

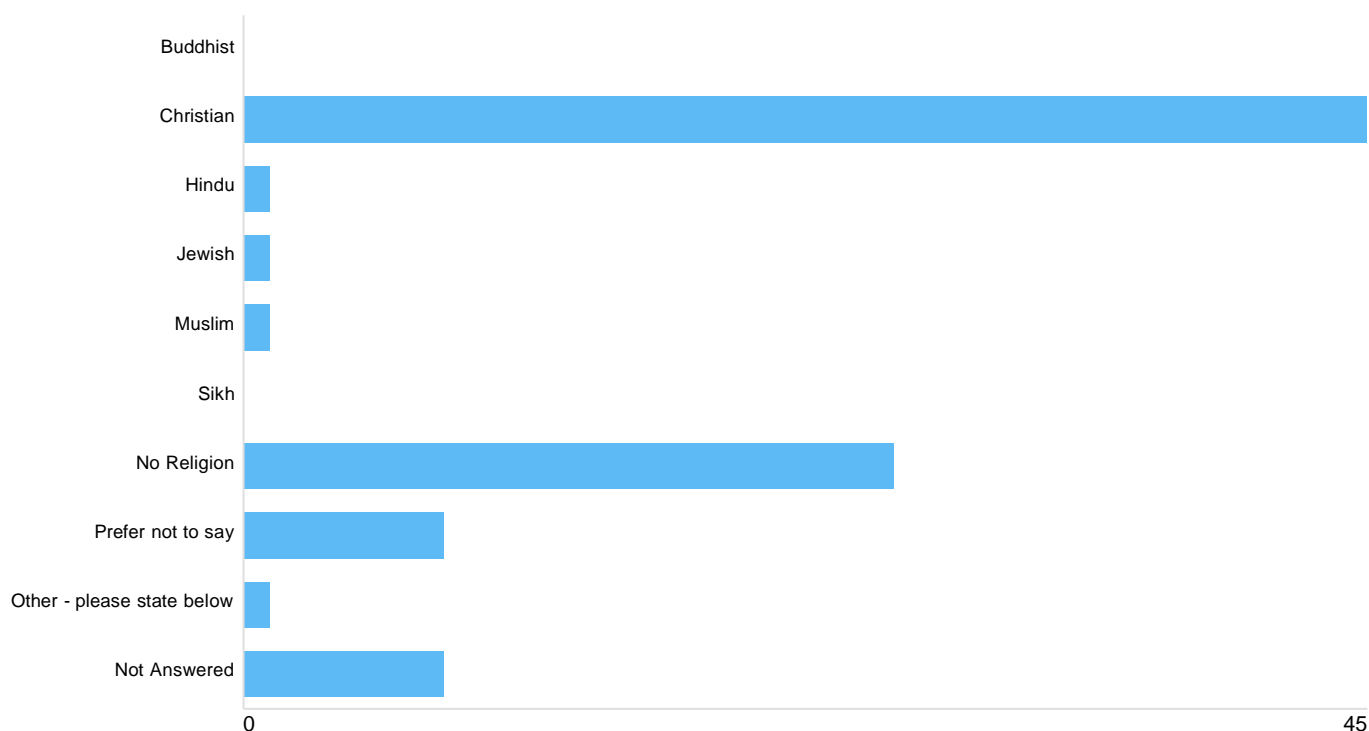


Questionnaires were returned by a range of people. There were no questionnaires from the 0-24 age group. It was verbally reported that the strategy was not user friendly for young people, however, it was suggested that young people would like to be involved with the action plan to look at how they can be more involved in taking forward the priorities for Reading. The youth cabinet in particular would be keen to work in this area.

Ethnicity

Three quarters of questionnaires (75.82%) were returned by people who identified as White British.

Option	Total	Percent
White - British	69	75.82%
White - Irish	1	1.10%
White - Gypsy or Irish Traveller	0	0%
White - Any other White background (Please specify below)	5	5.49%
Mixed - White and Black Caribbean	0	0%
Mixed - White & Black African	0	0%
Mixed - White & Asian	0	0%
Mixed - Any other Mixed background (Please specify below)	1	1.10%
Asian or Asian British - Indian	2	2.20%
Asian or Asian British - Pakistani	1	1.10%
Asian or Asian British - Bangladeshi	0	0%
Asian or Asian British - Chinese	0	0%
Asian or Asian British - Any other Asian background (Please specify below)	0	0%
Black or Black British - African	0	0%
Black or Black British - Caribbean	0	0%
Black or Black British - Any other black background (Please specify below)	0	0%
Other ethnic group - Arab	0	0%
Other ethnic group - Any other ethnic group (Please specify below)	1	1.10%
Prefer not to say	5	5.49%
Don't know	1	1.10%
Not Answered	5	5.49%

Religion

Consultation feedback

Priority 1: PREVENTION - Reducing the amount of alcohol people drink to safer levels & reducing drug related harm

“Prevention needs to have a multi-agency collaborative approach and needs to be fully supported by prevention strategies aimed at different age groups”

Question 1: Do you agree with this priority?

Yes	No	Not answered
84 Responses	6 Responses	1 Response
92.31%	6.593%	1.099%

Question 2: Would you like to add further comments or suggestions?

Yes	No	Not answered
49 responses		
53.8%		

Priority 1 - a range of comments included;

Housing/ rough sleeping/ begging

- Robust policing and the local authority discouraging street sleeping and begging.
- It was suggested the Council should house individuals somewhere where drugs and substances are less readily available (i.e. not on the Oxford Road) as a preventative measure.

Education

- Needs to be accessible, accurate, meaningful and contextual.
- Advertise information on support & helplines available.
- Detailed information for schools to be more readily available to be able to signpost young people.
- Education for families to be able to support their children.
- Communication plan - how and who accountable to?
- A lack of specialists to come and run sessions/ workshops with our students.
- Don't just rely on schools to get the messages out - use outreach, radio etc.

Businesses

- There is a role for businesses in our communities

Young people

- Need to include Young people with disabilities.
- Ask a young person who has experiences of substance/ alcohol misuse and have now tackled their difficulties, to promote healthy behaviours to others/ peers.

- More work with young people on healthy choices and peer pressure

Community Pharmacies

- Community Pharmacies could help the prevention agenda

Drugs

- Availability of recreational drugs (via Amazon, Schpock apps). Prevent or criminalise this activity.
- Known network of drug dealers are operating in Reading. Disable the use of phone boxes for people to call in for the drugs.
- Police to assess drug abuse in drivers is key, tools and manning needs to be available.
- Remove the supply of drugs - continual reporting through 111 has not removed drug dealers from the streets.

Alcohol

- Changing the fashion of drinks, less bars aimed at Young people.
- More communication coverage on alcohol related admissions
- Enforce the one can ban along Oxford Road. Street drinking is not being enforced in Reading.
- Police and other authorities to have a no tolerance attitude towards these people who are spoiling central Reading (Non drinking zones).
- Support for bar staff to refuse selling alcohol to customers.
- Providing family members with information about their local Al-Anon groups will help prevent further damage being caused to the families. Please see website: www.al-anon.org.uk
- Better monitoring of licences being given out to supply alcohol.

Co-occurring issues

- More recognition of the work needed for co-occurring issues (Substance misuse and MH).

Other

- Prevention needs to have a multi-agency collaborative approach and needs to be fully supported by prevention strategies aimed at different age groups.
- Enabling people to take more responsibility for their behaviour.
- To tackle cultural issues by having a new approach; changing the drug and alcohol scene. To consider some of the initiatives taking place abroad to interrupt the existing environments that support addicts.
- Investigate the causes of these problems and proper social responses.
- Better protection for neighbourhoods for those affected by drug/ alcohol use/ noise. Process to complain is stressful.
- In-reach service needed at RBH ED. No specialist Drug and Alcohol workers at BHFT Psychological Medicine Service (Mental Health Liaison).
- Training for GPS to support the prevention agenda; IBA and drug screening.

Priority 2: TREATMENT -Commissioning and delivering high quality drug and alcohol treatment systems

“Interventions will need to remain as high quality and reflect the emerging and current trends within Reading. By continuing this investment it improves outcomes for residents and their family and the wider community”

Question 3: Do you agree with this priority?

Yes	No	Not answered
85 responses	6 responses	0 responses
93.41%	6.593%	0%

Question 4: Would you like to add further comments or suggestions?

Yes	No	Not answered
42 responses		
46.2%		

Priority 1 - a range of comments included;

Recovery rates

- Agree about most drugs and alcohol but opiate addiction has incredibly low recovery treatment rates 8%. Other solutions are needed at a national level especially

Prevention

- This area is very grey. There appears to be non-existent treatment or help if the user is continuing with their substance abuse. No one wants to help until either they have stopped using or something major has happened. There is no proactive prevention to stop the user and their family/ friends imploding.
- Treatment is a great priority however we also at this stage need to work hard to prevent any further alcohol use. This means engaging with services such as IRIS at the earliest possible stage and first presentation. An alcohol support nurse role would be ideal for acute admissions but also as a support beacon for those who are being discharged home.
- Prioritising treatment in my opinion makes it 'ok' to start the abuse. I would much rather any resource here was focused on education of those not using drugs currently and preventing people ever needing treatment
- Why do you not emphasise the need for personal responsibility for misuse rather than just taking a default view common everywhere, that the system needs to provide services to deal with the problem and this needs to be funded by taxpayers of course.
- Treatment as early as possible is preferable to leaving it as late as possible.
- Such people misusing alcohol and/or non-prescription drugs cost the NHS vast amounts of money and time. These people ought to be educated in PERSONAL RESPONSIBILITY and SELF DISCIPLINE.
- Improved advertising/ information so people affected know what services are available to them.

Treatment

- Treatment need to be longer term to ensure there is sustained change, and not quick-fix programmes which end in 6 weeks
- Treatments are effective, but root causes are often ignored so the chances of the situation repeating are sadly very likely. Follow-up strategies are critical- what to do after the treatment.
- Treatment should include harm reduction and if appropriate maintenance elements. Treatment has social, psychological, physical & medicinal dimensions. This needs to be aligned with better provision of mental health services
- High quality service delivery is required - a more responsive service (for scripting), and the homelessness and lack of supported housing adds to the problems.
- There should be more support to set things up prior to release from prison to prevent reoffending and relapse.
- There is very little choice for what type of treatment that can be received.
- Feedback from GPs:
 - There is a need for a common, consistent approach to Alcohol Detoxification.
 - There is a need for a common approach to opiate and benzodiazepine management
- In reach services to the Royal Berkshire Hospital to work with the range of health professionals and projects already in place e.g. into wards including Sidmouth Ward, Cardiology Wards and the teams who provide inpatient and outpatient care/management to people with issues related to substance misuse and alcohol.
- Frequent Attenders to A&E project has been successful in reducing attendances of identified cohort by 46% - that group have identified improving drug and alcohol misuse services an opportunity - the specialist treatment service is a good but more is needed.
- Providing interventions and treatment for alcohol and drug users is important to meet the needs of Reading residents. These interventions will need to remain as high quality and reflect the emerging and current trends within Reading. By continuing this investment it improves outcomes for residents and their family and the wider community.
- Treatment for moderate and dependant drug and alcohol users' needs to be readily available within the community to prevent avoidable deaths and improve the health choices of those using substances. Partners across housing, probation, mental health and social care should be knowledgeable about what treatment options are available in Reading and work jointly to address the needs of those that require treatment services to support individuals to build their recovery capital and complete treatment successfully.
- There is a need for a common approach to opiate and benzodiazepine management.
- Better communication between secondary care primary care and community treatment services.
- Include prescription drug use

Financial

- Knock on effects of cut backs
- I am afraid that I do not agree that council taxpayers money should be used for this purpose, it is after all for a majority of these people a lifestyle choice.
- More central government funding is needed.

Wider family impact

- There needs to be something in treatment about wider family impact - particularly where the person in treatment is responsible for the care/support (either full or part time) for children. Whilst this may fall under prevention and is a part of the awareness raising - for young people and those caring for people with addiction, there is something about supporting them with resilience.
- Support for families of addicts

Detox

- Alcohol detox treatment at Prospect Park needs reviewing. It should not sit alongside people with acute mental distress.
- There is a need for a common, consistent approach to Alcohol detoxification

Location

- The treatment service is in the centre of 'DRUG DEALING and STREET DRINKERS ALLEY'.
- Around ANY CARE or RECOVERY CENTRE area- you need a ZeRO TOLERANCE ZONE. The community that it sits in is being inundated with this problem right in a RESIDENTIAL NEIGHBOURHOOD!

Pharmacies

- Community pharmacies already provide a valuable service supervising methadone/ subutex prescriptions and offering a needle exchange service. They could also be commissioned to provide Hepatitis testing and treatment services and also HIV testing. The pharmacies could work more collaboratively with other treatment agencies and TVPS and this would be more likely if there were opportunities to learn and share together.

Young people service

- Need an agency specifically aimed at prevention in school aged children - 13-18. There is a high use of cannabis users within our schools, and with this being a gate way drug an agency to come in and support schools and the students would be greatly received. Our Permanent Exclusions are increasingly significantly for having drugs/drug paraphernalia on their person whilst in school.
- A lot of our students are coming into college/ leaving college during the day to smoke weed. This has a detrimental effect on their behaviour, learning and therefore their future aspirations. We need help with what can be done to stop this.

Parents

- More treatment for parents who misuse, to support children living wither their parents.

Supply

- Ultimately the drug problem will not significantly reduce unless some UK government control of supply is established such as in Portugal.

Criminal justice

- In 2013 TVP commissioned a drug and alcohol service to work in custody suites across the county. The aim of this was to reduce substance misuse through offending and our team worked with offenders in custody, referring them to services and requiring those to tested positive for heroine and cocaine to attend treatment. This service was excellent and the statistics show that from 2013-2015 the rates of acquisition based crime, fuelled by addiction lowered considerably. However the police stopped funding for this service in 2015 as deemed too expensive. The figures of crime subsequently have risen from 2015 onwards.
- More money and resources should be put into the direct work done with those arrested for crimes involving addiction.

Other

- I suggest that the NHS is the correct owner for the treatment of all long-term conditions. They will, one hopes, use evidence to design effective treatment regimes which keep pace with changing requirements. I do, however, think that our LA, on our behalf, could be looking creatively at "treating" the environment in which these problems surface. We have, for instance, lots of homeless people and beggars on our streets.

Priority 3: ENFORCEMENT & REGULATION - Tackling alcohol and drug related crime and anti-social behaviour

"This links to the perception of crime and making people feeling safe within the community. Disrupting supply reduces availability and can contribute to the prevention message. Promoting responsible behaviour and reducing anti-social behaviour"

Question 5: Do you agree with this priority?

Yes	No	Not answered
85 responses	4	2
93.41%	4.396%	2.198%

Question 6: Would you like to add further comments or suggestions?

Yes	No	Not answered
42 responses		
46.2%		

Priority 3 - a range of comments included;

Other

- This is just the surface problem. You need to address the root cause to prevent the issue.
- Should be priority one. This is a huge problem and enforcing it would prevent a lot of the other issues.

- Please remember that addicts are also victims and are often exploited in many ways. Whilst they may go on to commit crime and become a problem within their community, they rarely make a conscious decision for this to be the case. They did not choose to be an addict. A balance between treatment and sustained change Vs the public interest to prosecute needs to be finely tuned. Focus of drug related crime and anti-social behaviour should be aimed at the dealers first and foremost.
- This activity should form part of the 'prevention' strategy
- We need a better and more co-ordinated operational strategic governance framework in Berkshire to analyse the data and intelligence we have.

Retailers/ Licensing

- Stop small retailers selling to known homeless, addicts or those clearly under the influence of alcohol. For this to happen, shop workers and owners need more support to be able to say "no" to known, difficult customers.
- Stronger LICENSING RULES in PROBLEM areas- will help.
- An increased minimum price on a unit of alcohol would help - but realise this is a government decision. Also, is there any way to decrease the huge amounts of alcohol made available in supermarkets for the Reading Festival?!
- More places need to be available to socialise without alcohol being the main centre of stage.

Legalise it

- The war against drugs is lost. The best thing we can do now is to legalise these substances and try to remove the criminal element that is wreaking havoc on our streets.

Enforcement

- Needs to be consistent enforcement of a whole host of issues by council, police and public including begging aggressive begging, shoplifting, anti-social behaviour, open drug dealing and injecting in town centre, fly tipping of detritus used by street population
- Reduce the amount of drugs that come into Reading
- Concern at the rising level of drug use in the town centre, including our communal car park.
- Disrupting drug supply tends to make it more expensive rather not less available. I believe drug use relies on income from begging and begging should therefore be restricted in the town centre.
- There should be a ban on drinking in the street apart from just outside pubs and bars.
- Tough ENFORCEMENT is the answer
- Anything that can be done to reduce crime, disorder and anti-social behaviour would be very welcome. Our town centre should be a place for everyone to enjoy and feel relaxed in the daytime and evenings. Unfortunately, as in many of our towns and cities, older people are deterred from going out in the evenings the evenings for theatre/cinema/meals etc. because of the alarming sight of, mainly young people, who have obviously had too much alcohol. I would have thought pub landlords have a responsibility to refuse to serve patrons who demonstrate excess alcohol consumption.
- More spot checks on known drug user properties, as well as working with neighbourhood watch committees.

- As well as active enforcement a strategy to decriminalise drug use and supply through pharmacies in parallel with seeking out and arresting the illegal supply chain is needed to eventually get the drugs problem under control.
- An absolute must. But not just in the town centre. Dealers are smart and use the peripheral areas such as Tilehurst.
- Once charged the courts need to do their part and enforce sentences.
- The police need to be more visible on the streets especially where drug dealers are known to operate.
- Additional resource required to aid enforcement effectively.
- Criminal enforcement (as the main approach) has had little effective impact, and can in itself cause damage to people's lives that can outweigh the impact of substances.
- Enforcement and regulation has undoubtedly a role, though can be used to simplify complex issues and fail to understand the drivers around substance initiation and continued use
- County lines, cuckooing, sexual exploitation adults and children, violence towards and between the vulnerable are big issues.
- This links to the perception of crime and making people feeling safe within the community. Disrupting supply reduces availability and can contribute to the prevention message. Promoting responsible behaviour and reducing anti-social behaviour.
- Working in partnership with the local police to protect vulnerable adults, who due to their substance use, are often abused physically, sexually, emotionally and financially needs to also form part of the enforcement. It is not just simply the case of enforcement for those who are battling addiction to reduce crimes associated with their substance use. A balanced and comprehensive approach is required which should include the police working with social care and health services on the ground to gather intelligence to support the disruption of emerging supply markets and offer supportive interventions that build confidence in the community to tackle the negative effects of drug & alcohol use on Reading communities.
- A stronger police presence is needed in all areas of Reading, including PCSO / community officers, who are very welcome in our neighbourhoods, and who can oversee areas that younger children use. This requires additional funding which should come through central government funds and taxes.
- There needs to be better communication links with Bullingdon Prison and practices.

Education

- I think educating the population of Reading is required. The signs, in areas used for begging, explained that giving money did not solve but supported the problem. It suggested generous residents should give to charities working in the area.
- Readings secondary school rate for Permanent Exclusions are increasing with drug and crime related incidents, to include gang related crimes.
- We would LOVE for police to come and do regular drug searches on our students and just have a greater presence and greater penalties for carrying.

Question 7: Are there any other priorities you feel should be included?

Yes	No	Not answered
43 responses	40	5 responses
49.43%	45.98%	5.75%

Q8 Other than issues already included within the 3 priorities, comments included:

- The public and residents near to areas of treatment centres and supported housing also need consideration when plans relating to ASB and substance misuse are designed. For instance, placing IRiS in the middle of (1) a residential street and (2) in the middle of a high drug crime area would have benefited from residents advice.
- Better services for people with substance misuse who have additional needs like learning disabilities, ASD and mental health
- Follow up is the critical part of treatment/ recovery
- Extend CCTV across Reading
- There is a need for a unified IT system. Connected Care could support this.
- Support for families/ carers

Q9 – Any further comments

- More diversionary activities - alternatives to alcohol
- What proportion of funding will be spent on alcohol prevention, compared with tackling drug misuse? Agree that alcohol is a bigger problem but how much do you have to take away from drug services?
- There needs to be a specific agency for this ever increasing issue amongst our young people, to include family support, knowledge and awareness, misuse support and gang affiliation.
- Prevention needs to begin as early as possible - we should not underestimate how young some children are when they become aware of substance misuses, especially alcohol.
- Treatment needs to be individual, less pathway-orientated and more focused on individual need
- Pursuit of criminal activity needs to be targeted at suppliers and dealers, criminalising addicts is not working which is why dealers are targeting younger and less obvious victims to draw into the world of supplying, dealing and running.
- The first sentence of the 'vision' is really weird. What is wrong with "Reduce the harm that alcohol and drugs have on the individual, families ...etc". "Potential harm", "misusing" I don't understand why those words are there!!
- There must be a recognition in the strategy of the interdependence of the trio of housing / mental health / and D&A problems.
- After-care in the community is another area where individually are left much to themselves and peer support.
- Where in Reading do you go for a night out without alcohol? Where do young people go? This sort of infrastructure needs nurturing by Reading Council.
- Central Government appears to be ignoring any evidence base. Local government should not repeat this.
- You should look to empower the people of the town to help prevent and educate

- More police on the streets, walking the beat. When reporting drug selling details, no action or follow up happens.
- In order for the strategy to be effective and outcome focussed, joint KPIs that support a wide range of health and social care strategic plans and work to support people to make better lifestyle choices and receive the support they require to build recovery and sustain it is required. Many health and social care services in Reading are working to improve the health & wellbeing outcomes of individuals and communities, this strategy can provide a clear direction for Reading to remain a top performing area on the PHOF with continued support from cross departmental joint working.
- Education and prevention in primary care and brief intervention training