Findings from the N-DAP Strategy
2013-16 Consultation

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Introduction

The Norfolk Drug and Alcohol Partnership (N-DAP) works to implement the national drug and alcohol strategies across Norfolk, and with its partner agencies, commissions (buys) and oversees the delivery of substance misuse recovery services. Members of the Norfolk Drug and Alcohol Partnership (N-DAP) have drafted a new Drug and Alcohol Strategy for Norfolk to cover the next three years (2013 – 2016).

In order to consult on the draft N-DAP strategy aims and objectives a survey was designed to capture the thought and views of a wide range of stakeholders. The survey was promoted through the N-DAP website, emailed out to key partners, and emailed out to the 6,000 Your Voice members. The survey was designed so people were able to either feedback their views on behalf of their organisation, or on their own behalf as a Norfolk resident. Overall there were 104 individual responses and 37 organisations (statutory bodies and voluntary and community sector groups).

Responses from individual members of the public

The main aim

Almost all of the respondents (95%) agreed with the main aim of the N-DAP strategy:

"To prevent and reduce drug and alcohol-related harms, to individuals, families and communities in Norfolk"

The main criticism from those who did not agree was that it is not specific enough. Another respondent felt that the aim should be to reduce drug and alcohol use, and this would in turn reduce harms.

The Objectives:

The seven strategic objectives that sit under the main aim of the strategy are grouped under three headings.

Group 1: Reducing Demand (Prevention and Early Intervention)

1) Providing high quality education and information for all about drugs and alcohol
2) Ensuring people at risk of developing or who have developed drug and alcohol related needs are identified as early as possible and providing preventative interventions.
3) Supporting the friends and family members of people with substance misuse problems.

Most respondents agreed with these objectives - A few respondents disagreed with this objective as they believe that drug education does not work. Others commented that these objectives could be made more specific by:

- Identifying target groups such as school age children
- Identifying key messages such as the dangers of binge drinking

Group 2: Recovery in Communities

4) Increasing the numbers achieving freedom from dependence; through the commissioning of high quality services
5) Developing pathways and networks, between individuals, families and services to enabling communities to support people in their recovery

Again, most respondents agreed with these objectives - A few respondents disagreed as they felt the only response to people with drug and alcohol problems is with strict
enforcement. Others felt that there is too much emphasis on the ‘recovery’ agenda at the expense of ‘harm minimisation’ objectives.

| Group 3: Restricting Supply (Reducing Drug and Alcohol Related Crime, Violence and Anti-Social Behaviour) |
| 6) Ensuring an effective and integrated response to drug and alcohol related crime |
| 7) Developing a coordinated approach to the management of the night time economy and wider supply market |

Reaction to the third set of objectives was the most varied:

- 7% of respondents felt that there was not currently enough emphasis on a criminal justice approach to drugs and alcohol. Drug laws should be enforced more strongly, resources should be channelled towards the police, and greater support for the victims of crime.
- 5% of respondents disagreed that this should be an objective of the partnership at all, and that drugs should be legalised and dealt with as a health issue.

This demonstrates how divisive the issue of drugs can be and is often characterised by this polarised debate. The partnership needs to be aware of both positions in its communications with the public.

Other comments around this topic focused on the need to restrict the sale of alcohol, either by focusing on ‘off sales’ and the issue of people drinking in the home and ‘pre-loading’ before going out. Others commented on the need for a more proactive approach to managing the Night Time Economy.

Other comments

One recurring theme throughout the consultation were criticisms of the language used. Around 5% of respondents mentioned there being too much jargon, use of technical terms and confusion around what was meant by certain phrases such as ‘Night Time Economy’. Others pointed out that the strategic aims at present contain a mixture of objectives and actions. These criticisms were particularly directed at ‘Group 2: Recovery in Communities’ objectives.

A draft of the strategy objectives without jargon is presented below:
The public were consulted on whether they felt anything was missing from the strategy. Some felt that specific target groups should be mentioned, these included:
- Older people misusing alcohol or prescription drugs
- People using prescription only or over-the-counter drugs
- People receiving adult social care

Others felt that specific types of support for people with drug and alcohol problems should be highlighted, including:
- Harm minimisation interventions
- Peer support
- Activities aimed at integrating people with drug and alcohol problems back into the community.
- Crisis interventions for those suffering from multiple problems

Education and training for professionals who may be in a position to identify people with drug and alcohol problems, such as teachers, was also mentioned. Others stressed the importance of addressing the wider causes of drug and alcohol misuse and supporting alternative activities, such as sport for young people.
The consultation also covered priority actions for future work of N-DAP. Responses were wide and varied but can loosely be grouped into the following areas:

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Proportion of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 2: Recovery in communities</td>
<td>20%</td>
</tr>
<tr>
<td>Activity aimed at getting people into work - Training and Employment focused work</td>
<td>19%</td>
</tr>
<tr>
<td>Group 1: Prevention and Early Intervention</td>
<td>18%</td>
</tr>
<tr>
<td>Group 3 Crime and Antisocial Behaviour</td>
<td>12%</td>
</tr>
<tr>
<td>Activity aimed at re-integrating people with drug and alcohol problems back into the community, raising self esteem and reducing the stigma surrounding substance misuse</td>
<td>11%</td>
</tr>
<tr>
<td>Housing</td>
<td>6%</td>
</tr>
<tr>
<td>Supporting the family and friends of people with drug and alcohol problems</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
</tbody>
</table>

Note: Overall 113 suggestions for priorities were given, the percentage in the table relates to how many times each area was mentioned as a proportion of the total suggestions, not what proportion of respondents said them (this is because people often cited more than one priority).

The three most popular responses (each forming around 20% of responses) were:

1) Ensuring that there are services for people who are experiencing problems with drugs and alcohol. Some specified a need for certain types of treatment and support, such as more one-to-one counselling, more groups, more peer support and improved access to residential rehabilitation.

2) Activity aimed at getting people into training and/or employment was frequently raised as a priority. People recognised importance of helping people increase skills and access employment as a route away from drug and alcohol problems. Currently this is not specifically covered in the draft strategy, but would sit comfortably under ‘Group 2: Recovery in Communities’. This was raised as a priority by both respondents who displayed generally liberal views and by people with more conservative ideas. It may be that this is a popular area on both sides of the political spectrum because it supports people to move on with their lives in a positive way, and it reduces the money spent on welfare benefits.

3) Prevention, education and early intervention was prioritised by many respondents, with some noting that this is the best way to reduce the harm caused by drugs and alcohol in the long-term.

Addressing crime and anti-social behaviour that is associated with drugs was also highlighted as a priority by those who feel that strict enforcement is the best way to deal with the harms associated with drugs. Others highlighted the need for stricter controls around the licensing of alcohol, and the benefits this will have in terms of addressing alcohol-related crime.

Many people highlighted the need to integrate, or re-integrate, people with drug and alcohol problems into the community. They noted that the stigma attached to having drug and alcohol problems is a great barrier to recovery and that people need to feel part of a community. Raising self esteem to tackle substance misuse was mentioned by several respondents. People stressed the importance of tackling problems in a holistic way, taking into account issues of health, employment and housing. Several people also highlighted the
need to work with the friends and families of people who have substance misuse problems as a priority.

On the whole these priority areas fit under the strategic objectives outlined in the draft strategy. However, consideration should be given to whether the strategy should identify some of these areas specifically – for example, make it clear it covers legal and illegal substance, young people, and older people, and that supporting recovery means helping people to access housing, employment, and training. The question is whether it should identify these specific areas as really a question of the level of detail the strategy should go into.

The Strategy in Plain English – *With a bit more detail:*

**Prevention of Drug and Alcohol Problems**
1. Educating and providing information about drugs and alcohol to *people of all ages, with a focus on children and young people*
2. Identifying drug and alcohol problems early and quickly intervening to help
3. Supporting the friends and families of people with substance misuse problems

**Promoting Recovery from Drug and Alcohol Problems**
4. Reducing the number of people of *all ages* who are dependent on illicit and non-illicit drugs and alcohol
5. **Ensuring there is a wide range** of a high quality drug and alcohol services for the people of Norfolk.
6. Supporting recovery through a community networks
7. **Ensuring the wider needs people with drug and alcohol problems are addressed including helping them to achieve safe housing, employment and a happy family life**

**Addressing Crime and Antisocial Behaviour Associated with Drugs and Alcohol**
7. Reducing drug and alcohol-related crime and antisocial behaviour
8. Support sensible approaches to the availability of alcohol, managing the night time economy (pubs, clubs and other late-night establishments) and addressing the supply of illegal drugs

**Responses from Organisations**

The were 37 responses to the strategy consultation from Norfolk-based organisations. Eleven responses were from agencies aiming at tackling substance misuse, seven from housing/homelessness organisations and the rest from a range of voluntary and community sector organisations working with a range of issues including: mental health, disability, families, victim support, older people, young people, women, and one response from a high school and one from Norfolk Constabulary. All but one of the organisations agreed with the overarching aim of the strategy – the one respondent who disagreed said that they felt the aim should be to reduce drug and alcohol **use** and related harms.

Most respondents also agreed with the strategy objectives, only 16% (one in six) of respondents felt one of the objectives needed to be changed.
- One felt that education and prevention activity should be targeted as opposed to available to all.
• One disagreed with the concept that drug dependence *per se* was a negative thing.
• One felt that the needs of the diverse groups of Norfolk were not properly highlighted, particularly BME populations and people who do not have English as their first language.
• One felt that there was insufficient emphasis on the need for services that support people in crisis – that there was a need to be more specific about the services commissioned under “commissioning high quality services”.

Others questioned some of the wording and sentence structures used, and suggested alternatives.

In terms of priority for action, around 40% of the responses related to the treatment and support of people with substance misuse problem. The need for quick and flexible access to treatment was highlighted by several respondents. Others noted the need to promote services adequately, and to make sure that people were aware of how to access different types of service, for example detoxification. Some reported there is a need for greater provision of specific services that currently exist, including: psychosocial counselling, residential rehabilitation, harm minimisation services, intensive care co-ordination and aftercare support. Finally, the need for long-term continuity of care was emphasised as critical to helping clients to achieve and sustain recovery.

A further 20% of respondents cited housing-related issues as the area in greatest need of action. These included greater provision of ‘wet’ or high tolerance supported accommodation, better access to housing for people with a dual diagnosis and for those with long-term conditions who require a high level of adult social care. Overall a need was identified to provide more housing support to those with the most complex needs.

The other areas that more than one respondent prioritised were supporting access to training and helping people with substance misuse problems gain employment, dual diagnosis (supporting those with both a substance misuse and mental health need) and better financial advice. The importance of better multi-agency working was cited by several respondents.

Finally, other respondents prioritised supporting the family of people with drug and alcohol problems, ensuring front line workers have sufficient training on identifying and responding to substance misuse and considering how to support people whose first language is not English were each proposed by one respondent.

Interestingly only one of the organisations mentioned education and prevention as the priority for action, this is very different from the members of the public where this was 20% of responses – although this may to some extent be a reflection of the types of organisations that responded, with only two aimed at young people. The organisations were far more likely to suggest specific areas of treatment that were needed or services, like housing for example, and this is unsurprising given their level of professional knowledge.
Conclusion

Overall the main aims and objectives of the strategy seem to fit well with the expectations of the people of Norfolk and organisations operating in the county. Key findings of the consultation are that:

- Both professionals and the general public recognise the value of drug and alcohol treatment and support services.
- The general public place more emphasis on education/prevention work that professionals (although this may reflect the sample of organisations that responded).
- Drugs can be a polarising issue and this is demonstrated by the extreme positions taken by some respondents ranging from “zero tolerance enforcement of laws” (at times extending to capital punishment), to people with a strong commitment to legalisation and the treatment of dependence as a medical issue. The partnership needs to be aware of both positions in its communications with the public.
- The language used in the strategy should be clear and accessible in order to engage with a wide range of people.
- Supporting people with drug and alcohol problems into employment is popular with both those with liberal and conservative views towards substance users.

It is recommended that the N-DAP Strategy Task and Finish Group consider this report, in particular incorporating this feedback by amending the N-DAP strategy to the following:

The main aim of N-DAP is to: "Reduce the harm that drugs and alcohol cause to individuals, families and communities in Norfolk"

Preventing Drug and Alcohol Problems
1. Educating and providing information about drugs and alcohol to people of all ages, with a focus on children and young people
2. Identifying drug and alcohol problems early and quickly intervening to help
3. Supporting the friends and families of people with substance misuse problems

Promoting Recovery from Drug and Alcohol Problems
4. Reducing the number of people who are dependent on drugs and alcohol
5. Ensuring there is a wide range of a high quality drug and alcohol services.
6. Supporting recovery through a community networks
7. Ensuring the wider needs people with drug and alcohol problems are addressed including helping them to achieve safe housing, employment and a happy family life

Addressing Crime and Antisocial Behaviour Associated with Drugs and Alcohol
7. Reducing drug and alcohol-related crime and antisocial behaviour
8. Support sensible approaches to the availability of alcohol, managing the night time economy (pubs, clubs and other late night establishments) and addressing the supply of illegal drugs