KENT COUNTY COUNCIL
DRUG AND ALCOHOL STRATEGY CONSULTATION REPORT

PREPARED BY LAKE MARKET RESEARCH

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BACKGROUND AND METHODOLOGY

Background

On December 6, 2021, UK Government published its 10-year drug strategy—'From Harm to Hope'. It sets out how this Government will combat illegal drug use – to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. Over the next three years, every Council in England, including Kent will receive extra funding to combat drug and alcohol misuse. Dame Carol Black, whose independent review into the issue of drugs helped shape the strategy, will monitor and advise on the progress of the strategy with the Government producing an annual update.

There has been a Kent Drug and Alcohol Strategy in operation which will end in 2022. The new proposed strategy aims to prioritise both the causes and the consequences of drug and alcohol harm. All the priorities are taken from local needs and stakeholder's views and are also aligned to the National Drug Strategy: "From Harm to Hope". The Kent strategy will also seek to implement a range of harm reduction strategies and ensure there are quality services for the very high-risk families, vulnerable people, and communities.

In September 2022, KCC launched a consultation to seek feedback from individuals that have experience of drug and alcohol treatment and recovery services, family and friends of individuals that have been impacted by drugs and/or alcohol and practitioners working with individuals that have a drug and/or alcohol support need.

Consultation process

On the 6 September 2022 a six-week consultation was launched and ran until the 31 October 2022. The consultation provided the opportunity to find out more and provide feedback. Feedback was captured via a consultation questionnaire which was available on the KCC engagement website (www.kent.gov.uk/drugandalcoholstrategy). Hard copies of the consultation questionnaire were also available on request.

A consultation stage Equality Impact Assessment (EqIA) was carried out to assess the impact the proposals could have on those with protected characteristics. The EqIA was available as one of the consultation documents and the questionnaire invited respondents to comment on the assessment that had been carried out.

To raise awareness of the consultation and encourage participation, the following was undertaken:

- Digital promotional material sent to partners to use on their channels and buildings, including posters, graphics and website banner.
- Email to stakeholder list, including statutory consultees and Alliance partners.
- Media release - https://kccmediahub.net/consultation-launched-for-new-drug-and-alcohol-strategy/
- Articles were places in KCC's residents' e-newsletter and internal staff newsletter
- Social media via KCC's corporate Facebook, Twitter, LinkedIn and Nextdoor accounts.
- Announcement at Kent Alliance meeting

- Meeting with young people facilitated through the Youth Drug and Alcohol Service
- Link to the consultation added to service pages on Kent.gov
- Invite to 5,992 Let's talk Kent registered users who have expressed an interest in community safety, general interest, adult social care and public health and wellbeing.
- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.
- A Word version of the questionnaire was provided on the consultation webpage for people who did not wish to complete the online version.
- Large print versions of the consultation material were available from the consultation webpage and on request.

A summary of engagement with the consultation webpage, material and social media can be found below:

- 7,869 page views, 3,568 visits, by 3,272 visitors.
- 1,050 document downloads, including 765 downloads of the strategy.
- Social media had a reach of 23,861, with 191 clicks.

Points to note

- Consultees were given the choice of which questions they wanted to answer / provide comments. The number of consultees providing an answer is shown on each chart featured in this report.
- Participation in consultations is self-selecting and this needs to be considered when interpreting responses.
- Response to this consultation does not wholly represent the individuals or practitioners the consultation sought feedback from and is reliant on awareness and propensity to take part based on the topic and interest.
- KCC was responsible for the design, promotion, and collection of the consultation responses. Lake Market Research was appointed to conduct an independent analysis of feedback.
- Consultees were given a number of opportunities to provide feedback in their own words throughout the questionnaire. Whilst this report includes thematic feedback received at these questions, specific feedback unique to particular organisations or circumstances was also received. All feedback is being reviewed and considered by KCC.

Profile of consultees responding

139 consultees took part in the consultation questionnaire; 116 received via online submissions and 23 received via hard copy questionnaires. The tables below show the profile of consultees responding to the consultation questionnaire. Please note that the demographic questions were only asked of those who indicated they are responding as an individual rather than on behalf of an organisation. The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

RESPONDING AS…	
As an individual that has experience of drug and alcohol treatment and recovery services	17%
As a family member or friend of an individual(s) that have been impacted by drugs and/or alcohol	26%
As a practitioner working with individuals that have a drug and/or alcohol support need	24%
On behalf of a professional organisation working in the drug and alcohol services	5%
On behalf of a provider of drug and/or alcohol services	4%
On behalf of a charity, voluntary or community sector organisation (VCS)	5%
On behalf of a Parish/Town/Borough/District Council in an official capacity	1%
As a Parish/Town/Borough/District/County Councillor	1%
Other	17%

SEX (individual or family member / friend of individual only)	
Male	43%
Female	53%
Prefer not to say / blank	3%

IDENTIFY AS TRANSGENDER OR TRANSPERSON (individual or family member / friend of individual only)	
Yes	0%
No	93%
Prefer not to say / blank	7%

AGE (individual or family member / friend of individual only)	
16-24	3%
25-34	3%
35-49	21%
50-59	29%
60-64	10%
65-74	22%
75-84	5%
85 & over	2%
Prefer not to say / blank	3%

DISABILITY (individual or family member / friend of individual only)	
Yes	33%
- Physical impairment	19%
- Sensory impairment	3%
- Long standing illness or health condition	16%
- Mental health condition	28%
- Learning disability	3%
No	59%
Prefer not to say / blank	9%

CARER (individual or family member / friend of individual only)	
Yes	21%
No	72%
Prefer not to say / blank	7%

ETHNICITY (individual or family member / friend of individual only)	
White English	78%
White Scottish	2%
White Welsh	3%
White Irish	2%
Mixed White & Black Caribbean	2%
Prefer not to say / blank	14%

RELIGION OR BELIEF (individual or family member / friend of individual only)	
Christian	40%
Buddhist	52%
Hindu	5%
Prefer not to say / blank	8%

SEXUAL ORIENTATION (individual or family member / friend of individual only)	
Heterosexual/straight	72%
Bi/Bisexual	3%
Gay man	9%
Gay woman/Lesbian	0%
Other	3%
Prefer not to say / blank	13%

EXECUTIVE SUMMARY

AGREEMENT WITH IMPROVEMENTS IDENTIFIED IN STRATEGY

The majority of consultees taking part agree with the proposed improvements identified in the Kent Drug and Alcohol 2023-2028 Strategy, as follows:

- Improve the range of partners signed up to the Kent Substance Misuse Alliance (e.g. social care and safeguarding) and create better links to NHS - 83% agree (51% agree strongly)
- Create an Alcohol and Drug Harm Prevention plan and place it into the wider Integrated Care System prevention plan in Kent and Medway – 82% agree (55% agree strongly)
- Provide leadership and encourage better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions – 87% agree (60% agree strongly)
- Create opportunities for greater links to improve integration of health data to inform the district licensing processes – 75% agree (43% agree strongly – strength of agreement comparably lower to other improvements)
- Improve the delivery of Identification and Brief Advice (IBA) across Kent – create opportunities and increased coverage – 80% agree (42% agree strongly – strength of agreement comparably lower to other improvements)
- Ensure needs assessments are up to date and available – 82% agree (54% agree strongly)

FEEDBACK ON PRIORITIES IN DRAFT STRATEGY

1. 'PREVENTION'

The majority of consultees taking part agree with the priorities identified under Strategic Priority 1 - Prevention, as follows:

- Prevention, early intervention and behaviour change - 87% agree (63% agree strongly)
- Early help – prevention to treatment pathway – 87% agree (59% agree strongly)
- Improving hospital and acute pathways to treatment – 86% agree (67% agree strongly)
- Children and young people living with alcohol misusing parents / preventing inter-generational alcohol misuse – 91% agree (71% agree strongly)
- Tackling high rates of suicide and self-harm associated with substance misuse – 85% agree (71% agree strongly)

2. ‘IMPROVE TREATMENT AND RECOVERY’

The majority of consultees taking part agree with the priorities identified under Strategic Priority 2 – Improve Treatment and Recovery, as follows:

- Continue improvement to treatment and recovery services - 88% agree (70% agree strongly)
- Criminal justice routes to substances misuse treatment – 71% agree (47% agree strongly); comparably lower agreement to the first sub priority
- Improve treatment and recovery for targeted groups / vulnerable people – 88% agree (65% agree strongly)
- Improve pathways to treatment and recovery to rough sleepers - 88% agree (61% agree strongly)
- Improving treatment and recovery for people with co-occurring conditions – 89% agree (70% agree strongly)

3. ‘COMMUNITY SAFETY’

The majority of consultees taking part agree with the priorities identified under Strategic Priority 3 – Community Safety, as follows:

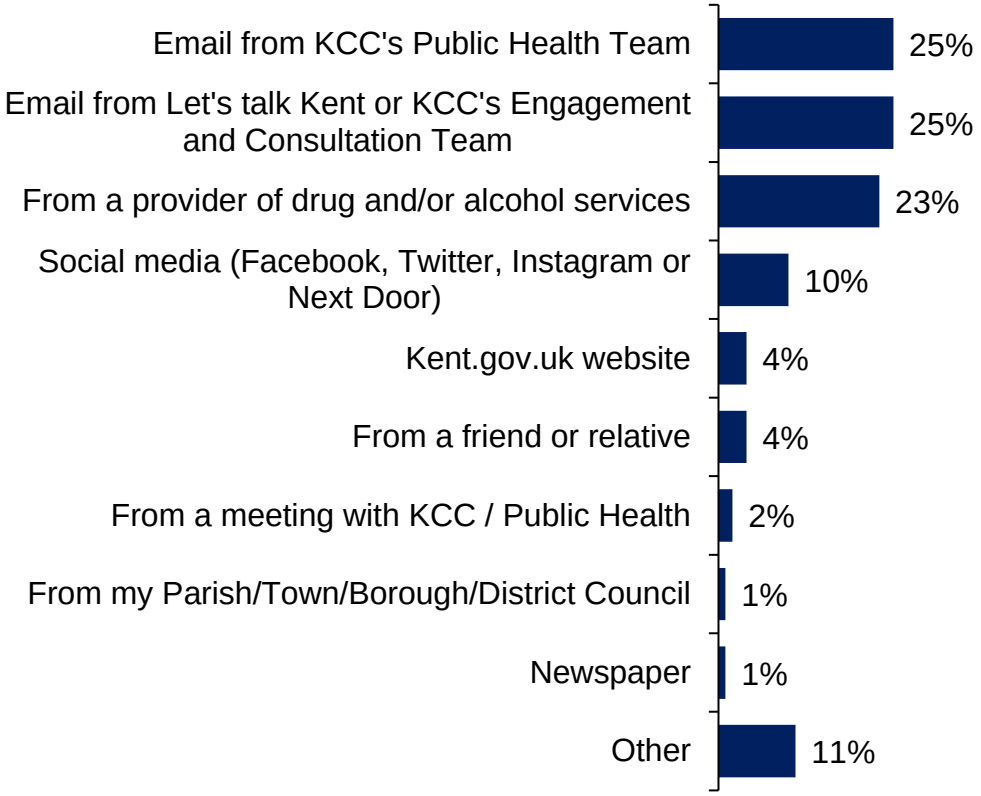
- Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support - 87% agree (61% agree strongly)
- Disrupting supply of illegal drugs – 74% agree (55% agree strongly); comparably lower agreement to the first sub priority
- Tackling local alcohol supply – 77% agree (43% agree strongly)

CONSULTATION AWARENESS

- The most common means of finding out about the consultation are an email from KCC's Public Health Team (25%), an email from Let's talk Kent or KCC's Engagement and Consultation Team (25%) or from a provider of drug and/or alcohol services (23%).

- 9% indicated they found out about the consultation via social media (Facebook, Twitter, Instagram or Next Door).

How did you find out about this consultation?
Base: all answering (138), consultees had the option to select more than one response.



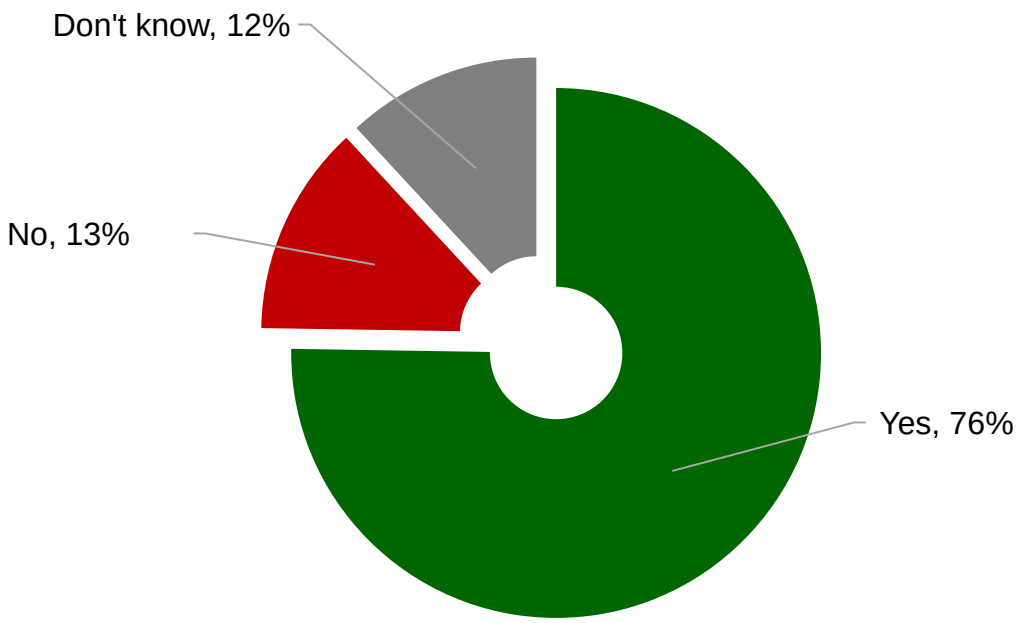
SUPPORTING DATA TABLE	% of total answering 138
Email from KCC's Public Health Team	25%
Email from Let's talk Kent or KCC's Engagement & Consultation Team	25%
From a provider of drug and/or alcohol services	23%
Social media (Facebook, Twitter, Instagram or Next Door)	10%
Kent.gov.uk website	4%
From a friend or relative	4%
From a meeting with KCC / Public Health	2%
From my Parish/Town/Borough/District Council	1%
Newspaper	1%
Other	11%

EASE OF UNDERSTANDING PROPOSED STRATEGY

- Just over three quarters (76%) indicated they find the draft Kent Drug and Alcohol Strategy 2023-2038 easy to understand. 13% indicated they do not find it easy to understand and 12% are unsure.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion indicating the strategy is easy to understand is broadly consistent at 74%. 16% indicated they do not find it easy to understand and 11% are unsure.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion indicating the strategy is easy to understand lowers slightly to 68%. 12% indicated they do not find it easy to understand and 21% are unsure.

Was the draft Kent Drug and Alcohol Strategy 2023-2028 easy to understand?

Base: all answering (135)



SUPPORTING DATA TABLE	% of total answering 135
Yes	76%
No	13%
Don’t know	12%

Consultees were also given the opportunity to provide suggestions on how to make the Strategy easier to understand in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 41 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Feedback suggests that the strategy could be made simpler / more tangible and there are concerns for how realistic the strategy is from a funding / resourcing perspective.

"You need to make the strategy easier for the general public and service users. We are tired of not understanding how your strategies relate to local services, accessibility, addiction, and mental health. all the plans sound posh and great, but it never translates well with service users and their families. really concise information of what this look and feel like on a day-to-day basic within the communities. Where is the financial investment coming from, how long will it take for the local communities to see the difference, get the up to date information, will referrals speed up."

"It could be much more succinct. Actions could be less vague. Eg, "to ensure that effective pathways of treatment and therapies are available to adult addicts." How? Maybe add 'by asking our MPs to ask central government for a reverse of cuts to...' Or, 'by regularly closing, or replacing, those services that are currently not meeting the standard set by X'."

"For the "person on the street" it was hard to understand unless, I assume you work in the sector."

"Whilst agreeing wholeheartedly with the strategy, I strongly feel that it will be difficult to implement given the lack of professionals available in the police and health services particularly."

"Great strategy, but always providing there are enough people to implement these ideas. The whole of the NHS is woefully understaffed and it has not been clear how the already overworked staff will cope with the pressures of this strategy."

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Some raised concerns about the strategy's impact on workloads and how partners will work together in its delivery.

"It doesn't seem to acknowledge that treatment services have to manage a huge caseload of clients they are already working with, focus seems to be more on reaching out to hard to reach people but we need more resources to support the clients we already have."

"Whilst it is laid out clearly and the priorities are well articulated there is not enough information about how the strategy will be implemented with partners."

AGREEMENT WITH IMPROVEMENTS IDENTIFIED TO HELP STRENGTHEN STRATEGY

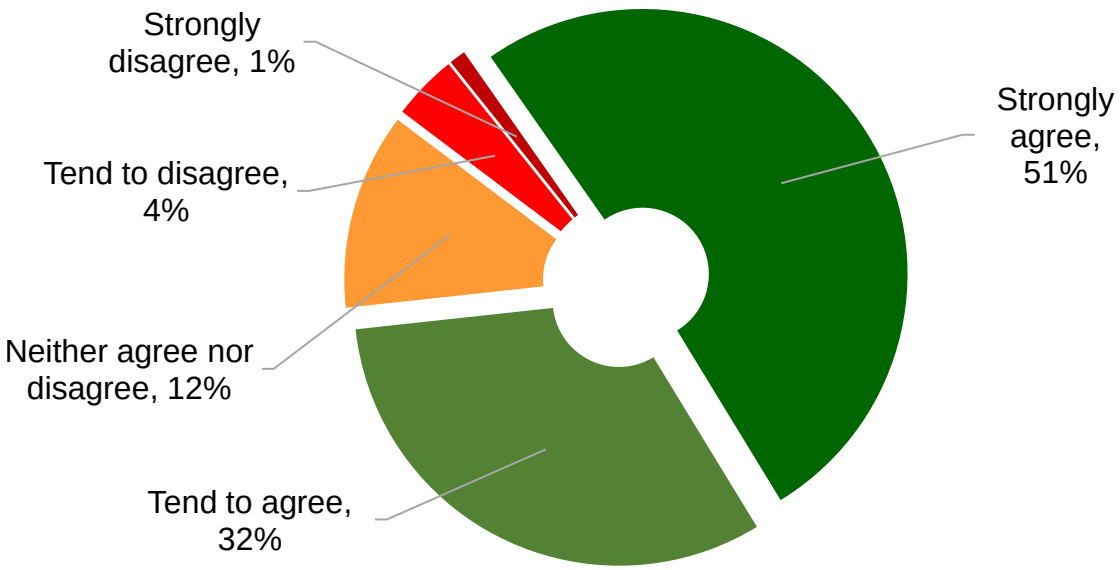
IMPROVE THE RANGE OF PARTNERS SIGNED UP TO THE KENT SUBSTANCE MISUSE ALLIANCE (E.G. SOCIAL CARE AND SAFEGUARDING) AND CREATE BETTER LINKS TO NHS

- 83% agree with the proposed improvement of improving the range of partners signed up to the Kent Substance Misuse Alliance and creating better links to NHS; 51% agree strongly. 12% neither agree nor disagree and 5% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 86%; 52% strongly agree and 7% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 82%; 55% strongly agree and 3% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Improve the range of partners signed up to the Kent Substance Misuse Alliance (e.g. social care and safeguarding) and create better links to NHS

Base: all answering (134)



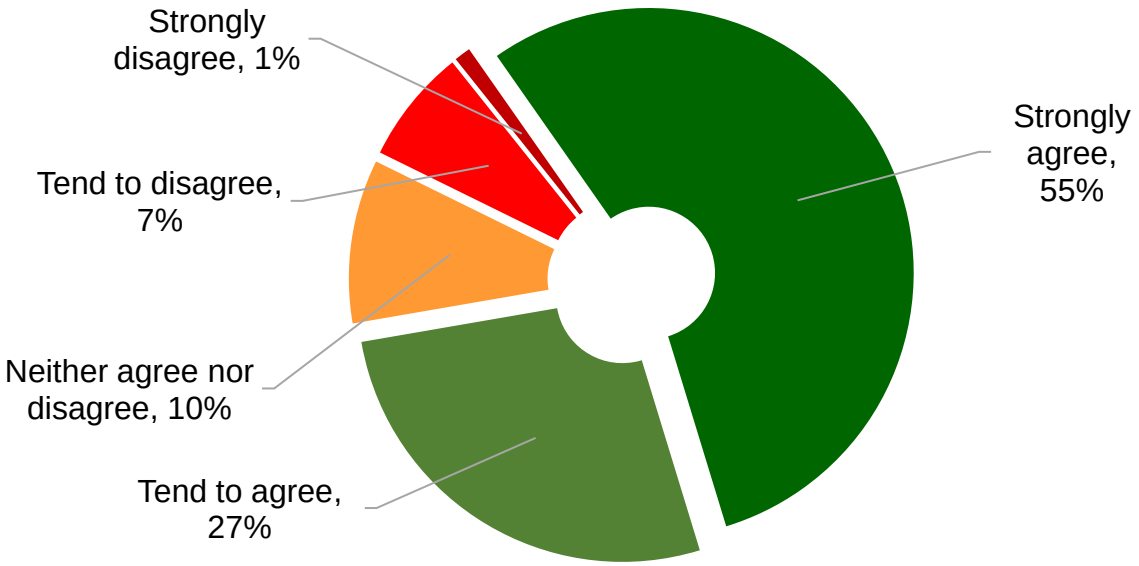
CREATE AN ALCOHOL AND DRUG HARM PREVENTION PLAN AND PLACE IT INTO THE WIDER INTEGRATED CARE SYSTEM PREVENTION PLAN IN KENT AND MEDWAY

- 82% agree with the proposed improvement of creating an alcohol and drug harm prevention plan and placing it into the wider integrated care system prevention plan in Kent and Medway; 55% agree strongly. 10% neither agree nor disagree and 8% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 88%; 63% strongly agree and 2% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 79%; 58% strongly agree and 9% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Create an Alcohol and Drug Harm Prevention plan and place it into the wider Integrated Care System prevention plan in Kent and Medway

Base: all answering (135)



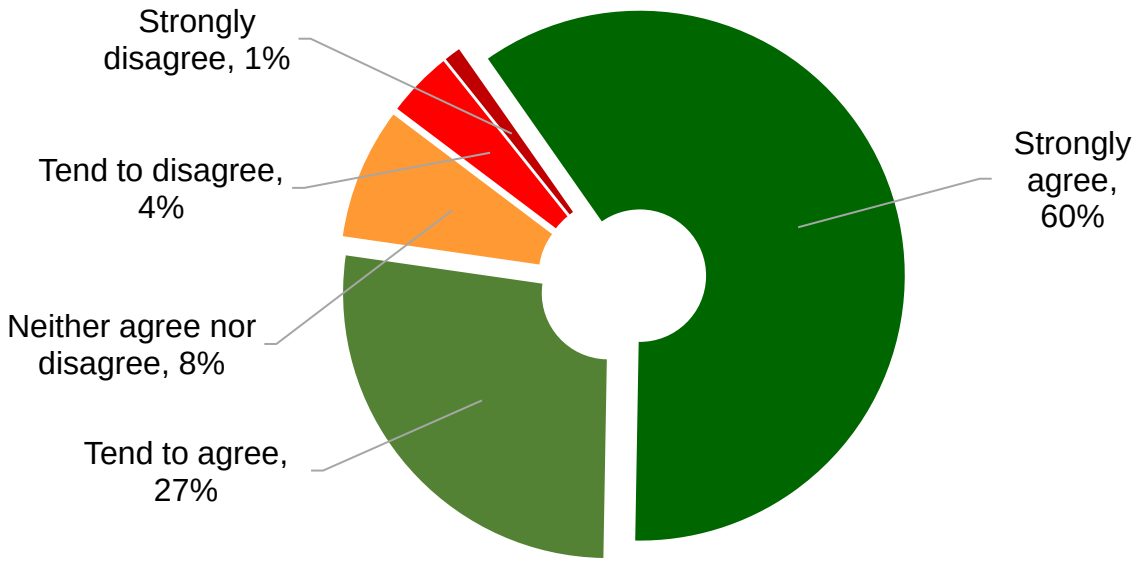
PROVIDE LEADERSHIP AND ENCOURAGE BETTER PATHWAYS AND CO-ORDINATION FOR THOSE VULNERABLE PEOPLE WITH CO-OCCURRING AND COMPLEX CONDITIONS

- 87% agree with the proposed improvement of providing leadership and encouraging better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions; 60% agree strongly. 8% neither agree nor disagree and 5% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 86%; 62% strongly agree and 7% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 91%; 67% strongly agree and 3% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Provide leadership and encourage better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions

Base: all answering (136)



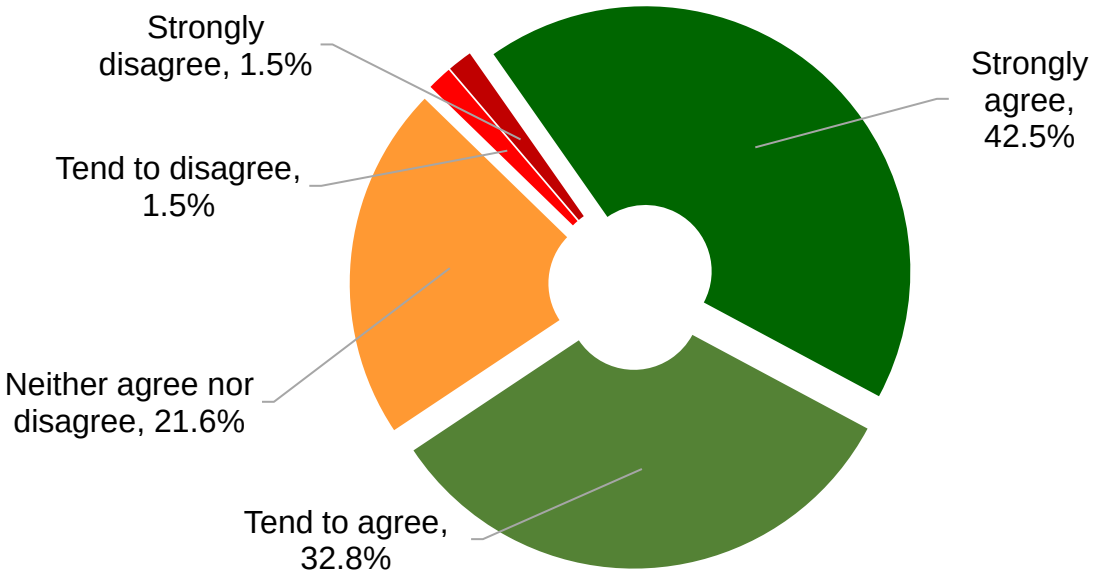
CREATE OPPORTUNITIES FOR GREATER LINKS TO IMPROVE INTEGRATION OF HEALTH DATA TO INFORM THE DISTRICT LICENSING PROCESSES

- 75% agree with the proposed improvement of creating opportunities for greater links to improve integration of health data to inform the district licensing processes. Strength of agreement is lower than observed for the previous improvements at 42.5% agreeing strongly. 22% neither agree nor disagree and 2% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 74%; 42% strongly agree and 2% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 84%; 53% strongly agree and 0% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Create opportunities for greater links to improve integration of health data to inform the district licensing processes

Base: all answering (134)



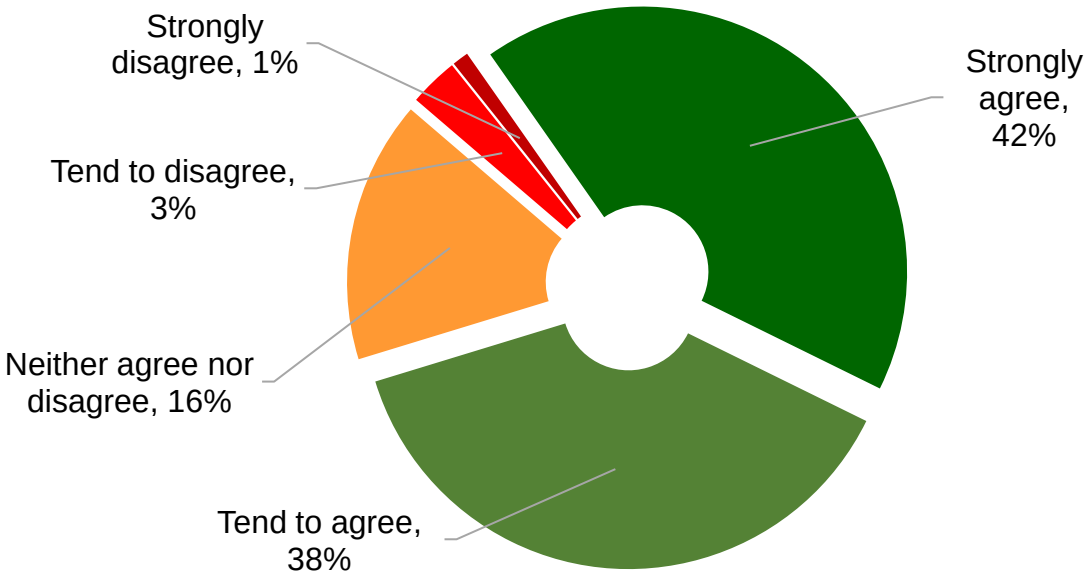
IMPROVE THE DELIVERY OF IDENTIFICATION AND BRIEF ADVICE (IBA) ACROSS KENT – CREATE OPPORTUNITIES AND INCREASED COVERAGE

- 80% agree with the proposed improvement of improving the delivery of Identification and Brief Advice (IBA) across Kent – creating opportunities and increased coverage. Strength of agreement is also lower than observed for the previous improvements at 42% agreeing strongly. 16% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 77%; 39% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 88%; 45% strongly agree and 0% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Improve the delivery of Identification and Brief Advice (IBA) across Kent – create opportunities and increased coverage

Base: all answering (133)



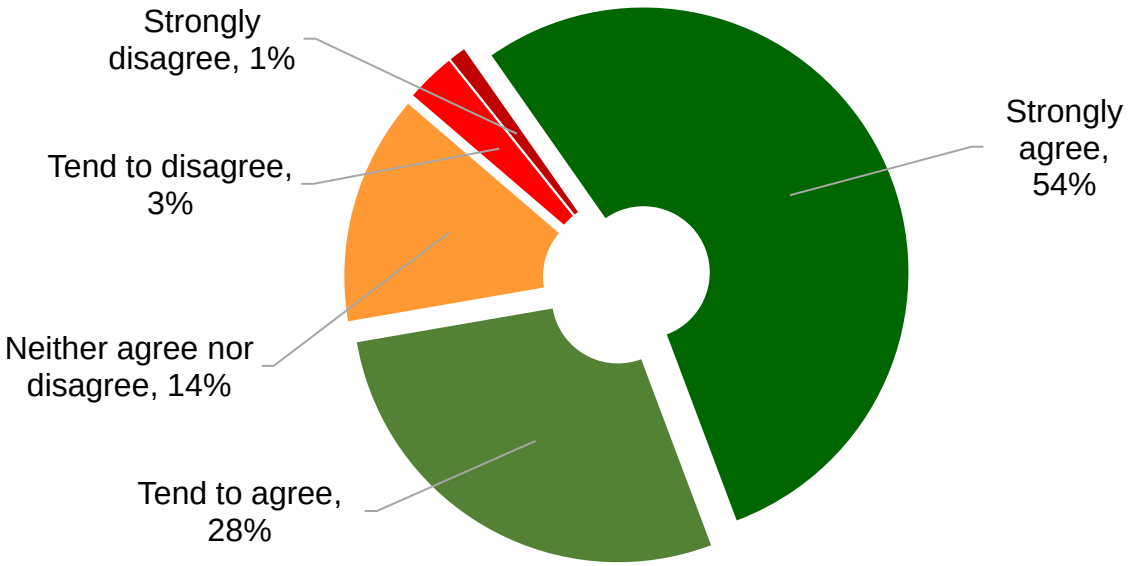
ENSURE NEEDS ASSESSMENTS ARE UP TO DATE AND AVAILABLE

- 82% agree with the proposed improvement of ensuring needs assessments are up to date and available; 54% agree strongly. 14% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 81%; 66% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 85%; 50% strongly agree and 0% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Ensure needs assessments are up to date and available

Base: all answering (136)



SUPPORTING DATA TABLE FOR IMPROVEMENTS PROPOSED

SUPPORTING DATA TABLE	% strongly agree	% tend to agree	% neither agree nor disagree	% tend to disagree	% strongly disagree
Improve the range of partners signed up to the Kent Substance Misuse Alliance (e.g. social care and safeguarding) and create better links to NHS	51%	32%	12%	4%	1%
Create an Alcohol and Drug Harm Prevention plan and place it into the wider Integrated Care System prevention plan in Kent and Medway.	55%	27%	10%	7%	1%
Provide leadership and encourage better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions.	60%	27%	8%	4%	1%
Create opportunities for greater links to improve integration of health data to inform the district licensing processes.	42.5%	32.8%	21.6%	1.5%	1.5%
Improve the delivery of Identification and Brief Advice (IBA) across Kent – create opportunities and increased coverage.	42%	38%	16%	3%	1%
Ensure needs assessments are up to date and available	54%	28%	14%	3%	1%

Consultees were also given the opportunity to explain their reasoning for disagreeing with any of the improvements in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 28 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Feedback includes suggestions for prevention investment, concerns over service access and funding and wider partner links.

"There would be much less need for this strategy if more resources were channelled into public services, such as youth clubs, mental health provision, family respite and support etc."

"Whilst I think that it is honourable that Kent produces this strategy and commendable that there is something down on paper, at the end of the day, drugs are a part of society, whether that being drink or drugs, we need to accept that and give people who are able to identify themselves that they have an addiction issue are able to access a process and treatment that works for them. That I have found can only sit with their GP. No one else and that is where majority of the funding should also sit, not with NHS but with individual GP surgeries or indeed "on request" from the NHS trust basis, with an amount kept behind for homeless and other complex needs cases. After all, mental health and addiction tend to go hand in hand, yet mental health sits with NHS and Addiction with Local Authority for funding... no wonder we have issues as a country!."

"Deal with the fundamental issues of availability and cost. Culture is also an issue people think alcohol is a harmless drug, spend time in a rehab and that's clearly not the case. The alcoholics tend to take longer to bounce back and face life threatening withdrawals if not properly medicated."

"What has been suggested above sounds good on paper, however, putting this into real life situation is going to be very different and difficult I feel. I don't believe that there will be enough trained people able to cope with the amount of people needing help, there won't be the time scale available needed to build confidence and bridges with most of the people requiring help. Also what about the mental health aspect too, I know from personal experience how poor my experiences have been and how it nearly destroyed me. Also money / funding is going to be major issue."

"I may have missed it but I would like to see a link from many of these institutions / bodies to the self-supporting organisations such as Alcoholics Anonymous and Al-Anon organisations. Promoting these organisations have a high degree of success in preventing re-occurrence as well as allowing the greater family to understand the problems and provide support to the afflicted individuals."

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Potential gaps and suggestions to widen improvements were put forward.

“Need to get into schools and educate the children not to go down the path of addiction as well as give them tools and strategies to cope with an adult that may be an addict around them. Addicts have choices, the children unfortunately do not have a choice when living in that environment. There is not enough support for the families and children of addicts, there is lots for the addicts.”

“It is all well and good that we are talking, but in my job role there are certain agencies that we still do struggle with in regard to joint working approaches, and pathways to support those with co-occurring conditions and complex needs, mental health often refuse to support with clients that are struggling still in this day and age stating it is more of a substance misuse issue, though contact has improved and there are certain individuals of different teams that are able and keen to support it is then a waiting game to see a psychologist.”

“I was surprised that the words "motivational interviewing" does not appear in the strategy, when there is a large evidence base supporting the need and value of this approach. "Assertive outreach" also only appears a small number of times in the document, with limited detail, which is surprising, when again, there is a large evidence base for the need and value of this. This is key, because if drug and alcohol services don’t provide these services, then they will miss the vast majority of the people most needing help. As a mental health practitioner, we are often frustrated that our patients don’t receive this kind of support from drug and alcohol services, so i am disappointed not to see reference to this in the strategy.”

“Dual diagnosis of mental health in children and young people services is not accessible. Limited options (NHS) for mental health treatment unlike adult services and often NHS wants CYP to be abstinent before accessing mental health treatment.”

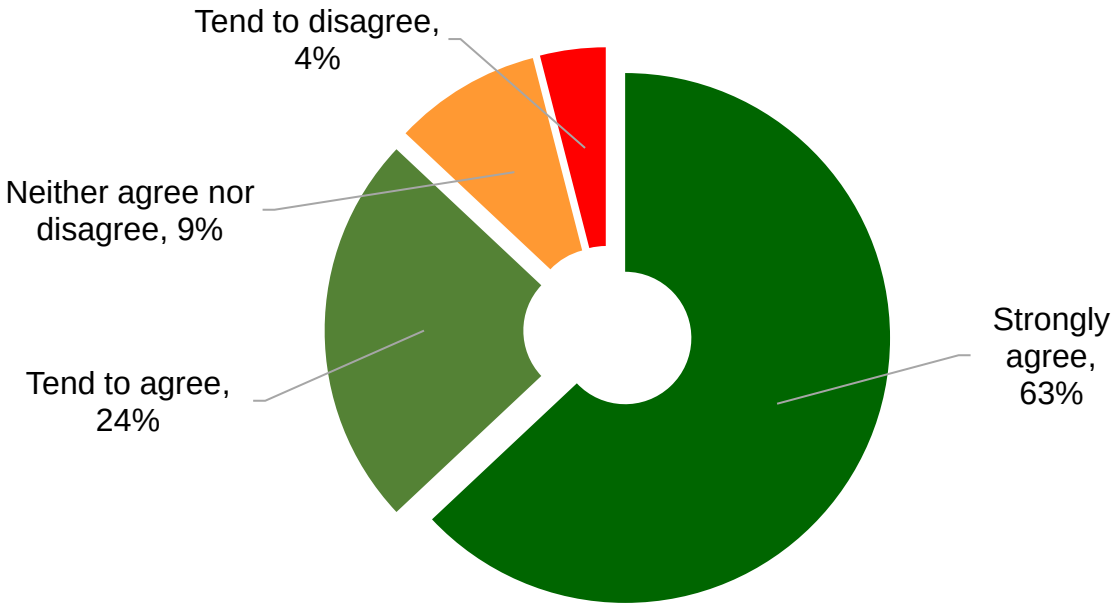
FEEDBACK ON PRIORITY 1 - PREVENTION

STRATEGIC PRIORITY 1.1 'PREVENTION, EARLY INTERVENTION AND BEHAVIOUR CHANGE'

- 87% agree with the priority of prevention, early intervention and behaviour change; 63% agree strongly. 9% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 79%; 56% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 91%; 68% strongly agree and 0% disagree.

To what extent do you agree or disagree with Strategic Priority 1.1 'Prevention, early intervention and behaviour change'?

Base: all answering (79)

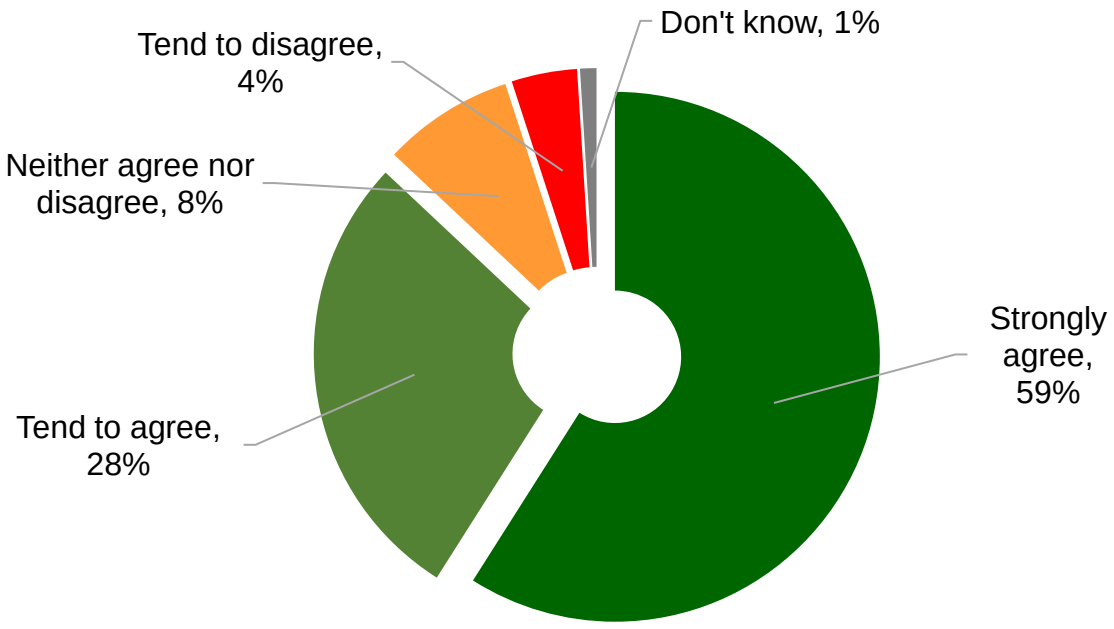


STRATEGIC PRIORITY 1.2 'EARLY HELP: PREVENTION TO TREATMENT PATHWAY'

- 87% agree with the priority of early help – prevention to treatment pathway; 59% agree strongly. 8% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 89%; 51% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 86%; 64% strongly agree and 0% disagree.

To what extent do you agree or disagree with Strategic Priority 1.2 'Early Help: Prevention to Treatment Pathway'?

Base: all answering (79)

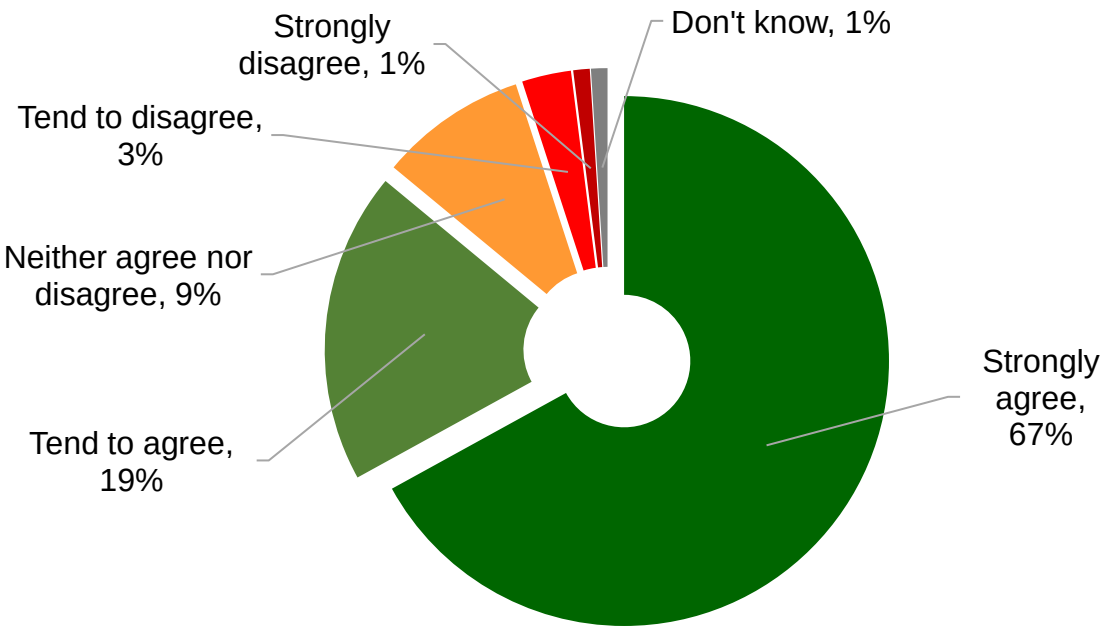


STRATEGIC PRIORITY 1.3 'IMPROVING HOSPITAL AND ACUTE PATHWAYS TO TREATMENT'

- 86% agree with the priority of improving hospital and acute pathways to treatment; 67% agree strongly. 9% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 91%; 66% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 81%; 67% strongly agree and 0% disagree.

To what extent do you agree or disagree with Strategic Priority 1.3 'Improving hospital and acute pathways to treatment'?

Base: all answering (79)

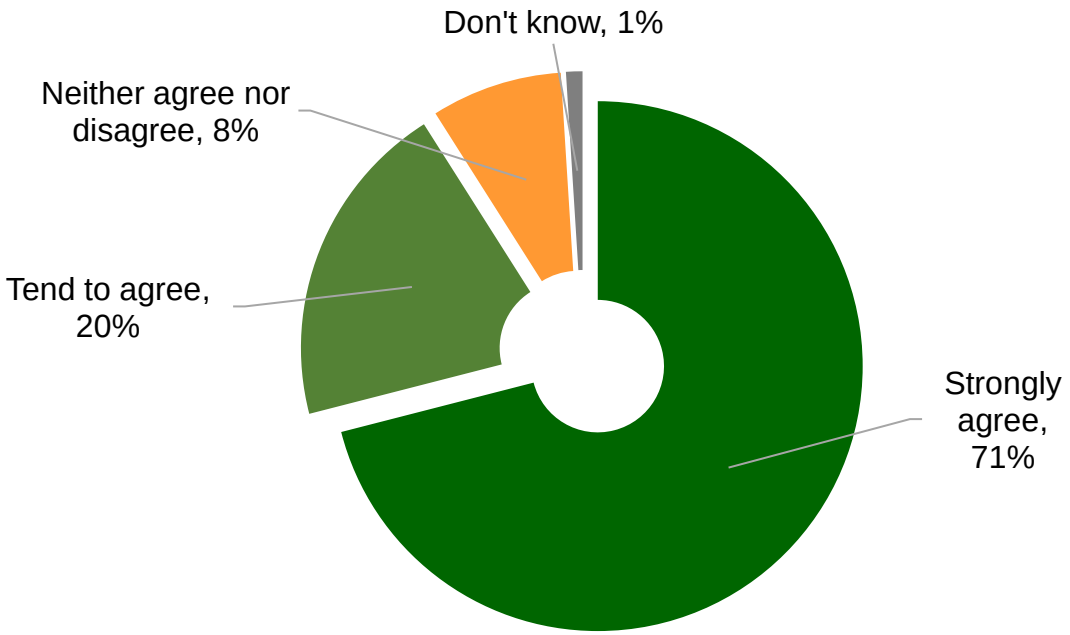


STRATEGIC PRIORITY 1.4 'CHILDREN AND YOUNG PEOPLE LIVING WITH ALCOHOL MISUSING PARENTS / PREVENTING INTER-GENERATIONAL ALCOHOL MISUSE'

- 91% agree with the priority of preventing inter-generational alcohol misuse amongst children and young people living with alcohol; 71% agree strongly. 8% neither agree nor disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 91%; 66% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 90%; 76% strongly agree and 0% disagree.

To what extent do you agree or disagree with Strategic Priority 1.4 'Children and young people living with alcohol misusing parents / preventing inter-generational alcohol misuse'?

Base: all answering (80)

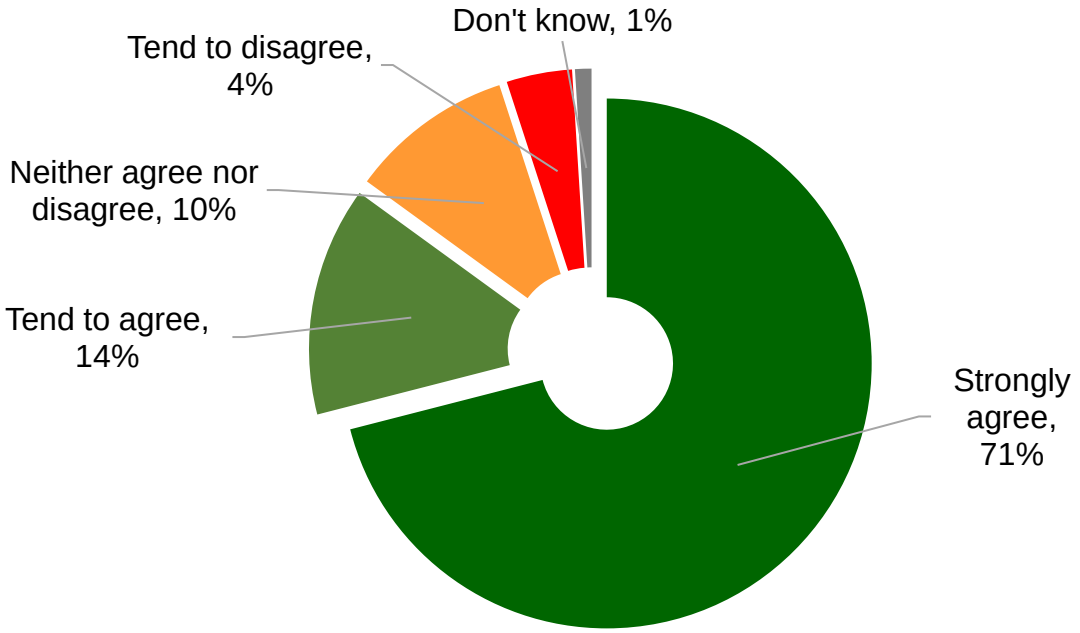


STRATEGIC PRIORITY 1.5 'TACKLING HIGH RATES OF SUICIDE AND SELF HARM ASSOCIATED WITH SUBSTANCE MISUSE'

- 85% agree with the priority of tackling high rates of suicide and self-harm associated with substance misuse; 71% agree strongly. 10% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 83%; 71% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 95%; 77% strongly agree and 0% disagree.

To what extent do you agree or disagree with Strategic Priority 1.5 'Tackling High Rates of Suicide and Self Harm associated with substance misuse'?

Base: all answering (80)



SUPPORTING DATA TABLE FOR AGREEMENT WITH STRATEGIC PRIORITY ONE SUB OBJECTIVES

SUPPORTING DATA TABLE	% strongly agree	% tend to agree	% neither agree nor disagree	% tend to disagree	% strongly disagree	% don't know
1.1 'Prevention, early intervention and behaviour change'	63%	24%	9%	4%	0%	0%
1.2 'Early Help: Prevention to Treatment Pathway'	59%	28%	8%	4%	0%	1%
1.3 'Improving hospital and acute pathways to treatment'	67%	19%	9%	3%	1%	1%
1.4 'Children and young people living with alcohol misusing parents / preventing inter-generational alcohol misuse'	71%	20%	8%	0%	0%	1%
1.5 'Tackling High Rates of Suicide and Self Harm associated with substance misuse'	71%	14%	10%	4%	0%	1%

Consultees were also given the opportunity to provide comments or suggestions on any of the 'Prevention' strategic priorities in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 40 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Feedback includes further work to understand and provide support for triggers / underlying causes of issues and potential improvements to support children and young people.

"Sounds all good, but evidence has shown that the service users are still being isolated, forgotten, and left in dire straits, there needs to be more visibility, better communications between service partners/providers, waiting times reduced, and more activities that really support recovery addicts returning to their communities or to reintegrate, jobs, education, work experience, financial advice, benefits advice, I.T skills, more combinations of distance support using technology as well as in person. A massive dual treatment provision is needed urgently for addiction and mental health, for too long the strategies have failed service users by relying on

referrals. real join strategies, that are swift, fit for purpose, and address the real needs of the service users."

"The strategy needs to look holistically at why people self-medicate with drugs and alcohol in the first place. Limited life chances caused by poverty and low levels of educational achievement need to be tackled, as does a tax and economic system which does not value individuals who are not considered to have 'succeeded'. More funding is needed for Prevention."

"Prevention will only help and succeed if young people are made to realise the destructive pathway they are on. Sadly, most of them will not listen. Maybe get more people who have recovered from drug or alcohol addiction to get involved and enforce the idea that drugs and excess alcohol are destroying lives and families."

"Hospitals are already over stretched and I can see visits by addicts as a tick box exercise rather than solid help, they would be too busy to really take care of people there. Regarding young people & children with addicts as parents. This could easily become a slippery slope, removing children from their addicted parents may do more harm than good. it could easy destroy both parents and children if forcibly removed. Better to give those young people and children a free to use 24/7 phone number to use if they need advice, help & support or arrange a visit by professional people. Children in danger from violence and being addicts themselves then should be considered to be at risk. But remove them with love and support to all parties. Everybody has emotions and feelings which must always be considered."

"I have found that it is not necessarily about lack of knowledge and understanding about the harm of substance misuse, but more a last resort and desperate need to block out and try to tackle mental health issues, and issues of social deprivation/ poor health etc. So perhaps focusing on the causes rather than the symptoms would be a good form of prevention."

"Strategic policy must go further. Suicide and self-harm are mentioned. I would like you to include self-harm substance misuse and addiction to drugs/alcohol by young people. Young people with mental health issues who self-medicate, which is a form of self-harm plus actual self-harm which leads to accidental death. You also mention support for families and friends of suicide but no mention of assistance for family and friends of those who die from accidental death from substance misuse. This is a loophole that makes these families isolated and not 'fit' into a category where help is similar to that of bereavement from suicide.

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Feedback includes concerns for funding reductions impacting on service delivery and potential prevention gaps.

"IBA and early intervention aren't currently sufficient. There is a huge gap in support available for non-dependent alcohol users and low level drug users; those that don't meet the threshold for structured treatment are often confused by what early intervention support is available to them, especially because it tends to focus on

alcohol use and there is a lack of support for non-structured drug support. The new strategy needs to ensure that appropriate support is available for those who have low level in order to attempt to prevent the escalation of alcohol or drug use - support like the old "tier 2" services is needed as this is a big gap currently and adequate support isn't available to those who need it."

"It feels like many years of cuts to all services have taken their toll. Things which improve the wellbeing of poor communities such as family centres/youth clubs etc have been reduced. These are places where early intervention work can take place, informally sometimes. Improving pathways and protocols may make some difference but when services are stretched sometimes it needs more practitioners to be able to provide what's required."

"It would be helpful to include reflection on impact not just on A&Es but also urgent treatment centres. There is a need to include GPs and primary care in addition to acute trusts and KMPT etc."

"This is something sensitive and needs so much care and consideration. I would love to see further improvement in young person mental health services working in alignment with substance services."

"Having a team around the individual from the beginning. Such as having an assessment team for complex clients (mental health, substance misuse, social services or any other professionals deemed appropriate) to be able to carry out 1 assessment only - wrap around support from an early stage. Dedicated harm reduction/outreach team- such as needle exchange and carrying out an assessment at the same time- fast track into service, assessment and medical assessment in one day more appealing to clients and prevents further damage being done. Smooth transition from hospital to substance misuse services- alcohol clients- having a dedicated substance use worker and nurse based in hospitals- this will help with the increasing death rate at present for alcohol use. Encourages recovery, can prevent an individual from relapsing."

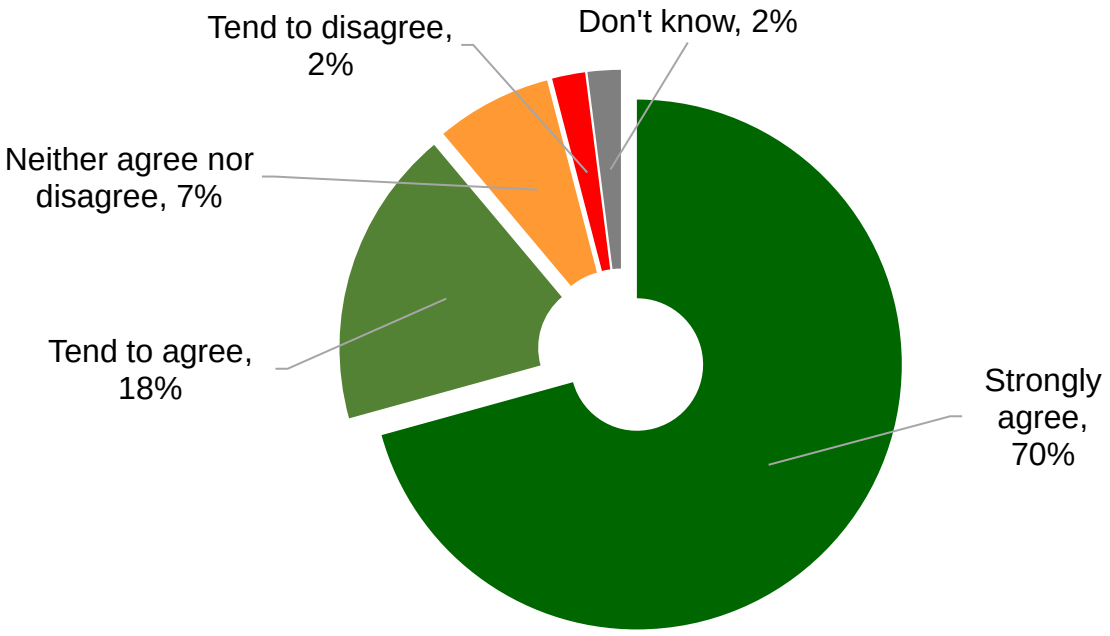
FEEDBACK ON PRIORITY 2 – IMPROVE TREATMENT AND RECOVERY

STRATEGIC PRIORITY 2.1 'CONTINUE IMPROVEMENT TO TREATMENT AND RECOVERY SERVICES'

- 88% agree with the priority of continuing improvement to treatment and recovery services; 70% agree strongly. 7% neither agree nor disagree and 2% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 89%; 64% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 78%; 70% strongly agree and 7% disagree.

To what extent do you agree or disagree with Strategic Priority 2.1 'Continue Improvement to Treatment and Recovery Services'?

Base: all answering (94)

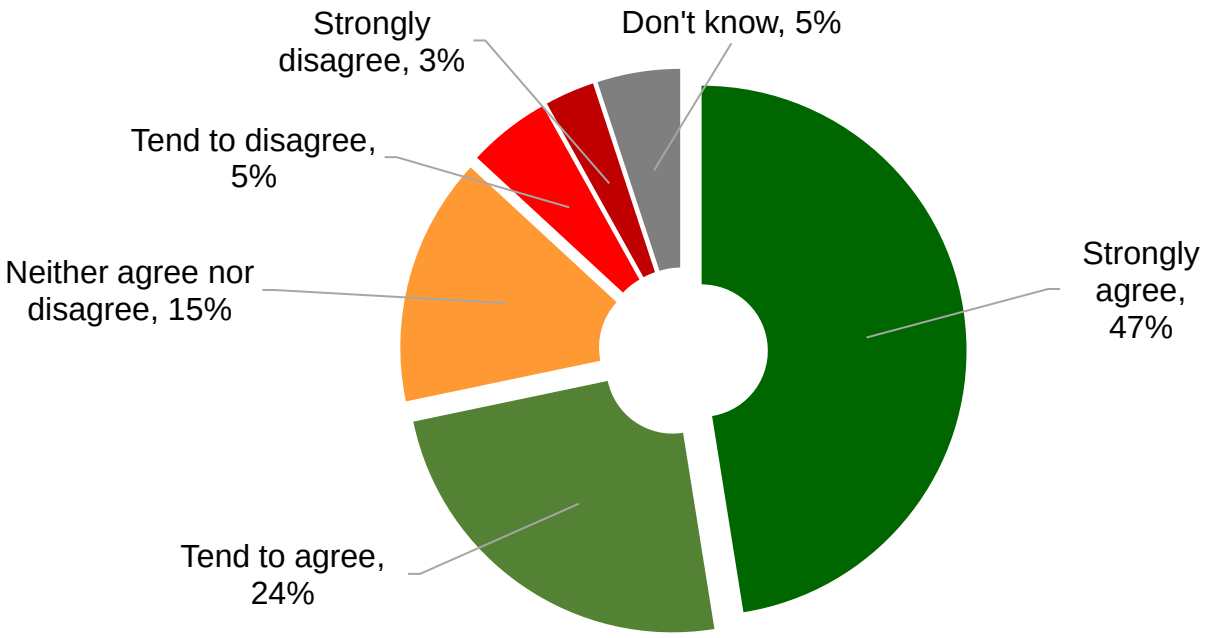


STRATEGIC PRIORITY 2.2 'CRIMINAL JUSTICE ROUTES TO SUBSTANCE MISUSE TREATMENT'

- 71% agree with the priority of criminal justice routes to substances misuse treatment; this is markedly lower than the first sub objective (2.1) for priority 2; 47% agree strongly. 15% neither agree nor disagree and 8% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 64%; 33% strongly agree and 14% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 67%; 52% strongly agree and 7% disagree.

To what extent do you agree or disagree with Strategic Priority 2.2 'Criminal Justice Routes to Substance Misuse Treatment'?

Base: all answering (93)

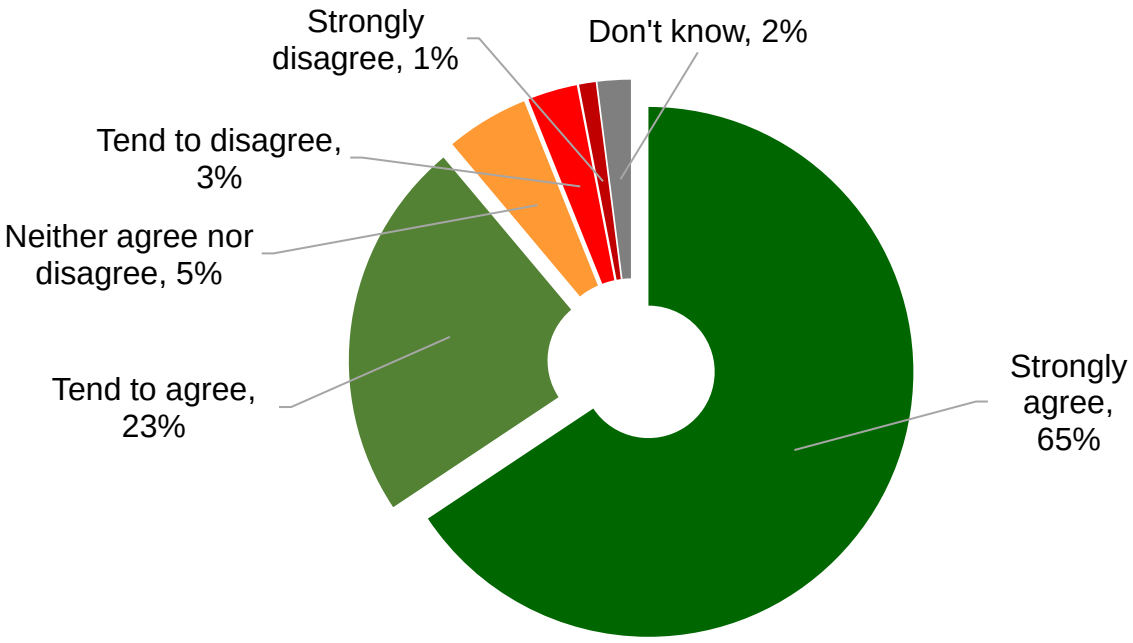


STRATEGIC PRIORITY 2.3 'IMPROVE TREATMENT AND RECOVERY FOR TARGETED GROUPS / VULNERABLE PEOPLE'

- 88% agree with the priority of improving treatment and recovery for targeted groups / vulnerable people; 65% agree strongly. 5% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 89%; 59% strongly agree and 5% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 81%; 59% strongly agree and 8% disagree.

To what extent do you agree or disagree with Strategic Priority 2.3 'Improve Treatment and Recovery for Targeted Groups / Vulnerable People'?

Base: all answering (94)

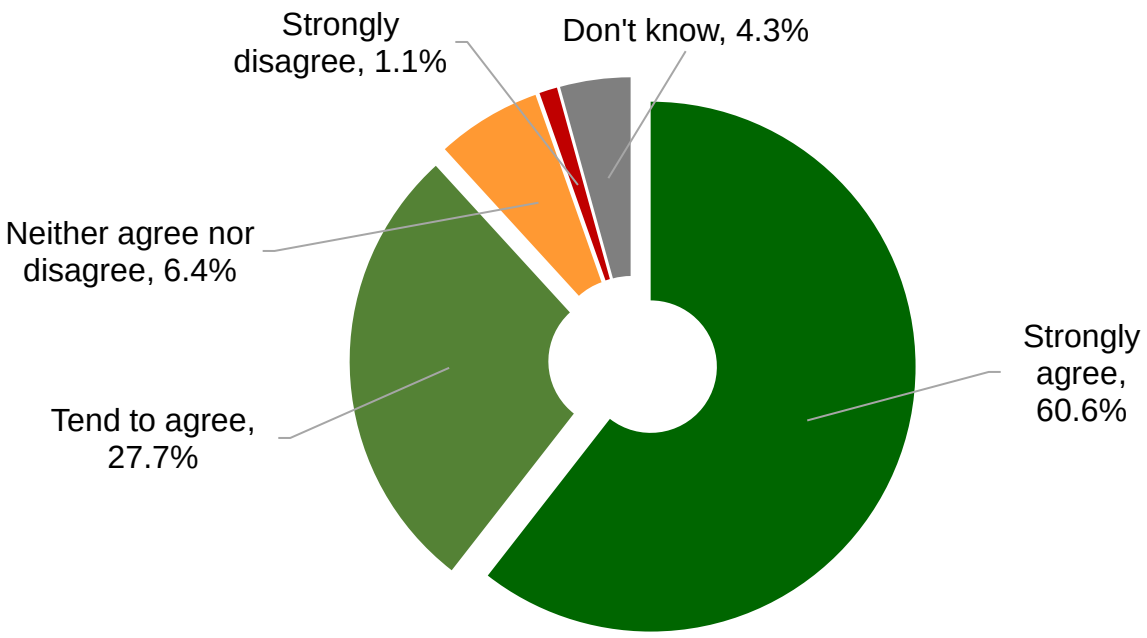


STRATEGIC PRIORITY 2.4 ‘‘IMPROVE PATHWAYS TO TREATMENT AND RECOVERY TO ROUGH SLEEPERS’

- 88% agree with the priority of improving pathways to treatment and recovery to rough sleepers; 60.6% agree strongly. 6% neither agree nor disagree and 1% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 93%; 63% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 78%; 48% strongly agree and 4% disagree.

To what extent do you agree or disagree with Strategic Priority 2.4 ‘‘Improve Pathways to Treatment and Recovery to Rough Sleepers’?

Base: all answering (94)

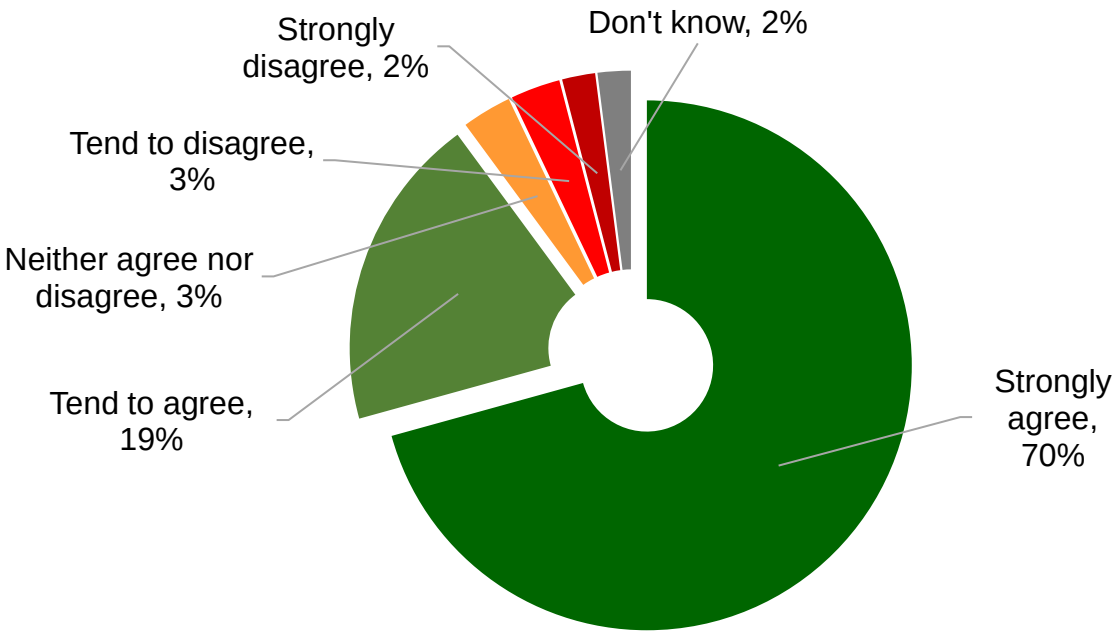


STRATEGIC PRIORITY 2.5 'IMPROVING TREATMENT AND RECOVERY FOR PEOPLE WITH CO-OCCURRING CONDITIONS'

- 89% agree with the priority of improving treatment and recovery for people with co-occurring conditions; 70% agree strongly. 3% neither agree nor disagree and 5% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 91%; 69% strongly agree and 4% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 78%; 63% strongly agree and 11% disagree.

To what extent do you agree or disagree with Strategic Priority 2.5 'Improving treatment and recovery for people with co-occurring conditions'?

Base: all answering (94)



SUPPORTING DATA TABLE FOR AGREEMENT WITH STRATEGIC PRIORITY TWO SUB OBJECTIVES

SUPPORTING DATA TABLE	% strongly agree	% tend to agree	% neither agree nor disagree	% tend to disagree	% strongly disagree	% don't know
2.1 'Continue Improvement to Treatment and Recovery Services'	70%	18%	7%	2%	0%	2%
2.2 'Criminal Justice Routes to Substance Misuse Treatment'	47%	24%	15%	5%	3%	5%
2.3 'Improve Treatment and Recovery for Targeted Groups / Vulnerable People'	65%	23%	5%	3%	1%	2%
2.4 'Improve Pathways to Treatment and Recovery to Rough Sleepers'	60.6%	27.7%	6.4%	0%	1.1%	4.3%
2.5 'Improving treatment and recovery for people with co-occurring conditions'	70%	19%	3%	3%	2%	2%

Consultees were also given the opportunity to provide comments or suggestions on any of the 'Improve Treatment and Recovery' strategic priorities in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 52 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Some comment on the need for a different approach to supporting service users and note additional improvements to strengthen priorities.

"I think people need to be treated as individuals when looking at improving treatment, access needs to be better and not everyone will fit into a flow chart so there needs to be a "human element" in the decision making process."

"A stable opportunity for rehab is essential for any/every government, treat addicts as you would someone with any chronic illness. Key workers need a national standard of training. At the moment they fail completely as criminalizing drug users does."

"There is so many more productive things we must do to support addiction service users, arresting them and giving them criminal records, is not the way to address the crimes or the addiction. Rehab needs to be part of the criminal justice system

and bear in mind follow-up is required to support them for the short, medium and long term to make success start to be improved to an acceptable target. Addiction counsellors need to work with local social services, as there are many situations where a lack of addiction and the different types, cause additional issues for the service users and their families. We need more addiction prevention and treatment hubs within the communities, not just one or two which for many people are too far to travel to, and more flexible times for service users. Focus on single parents, women, disabled, elderly, LBGT+, and ethnic minority groups. some groups are completely left out of service prevention. More diverse staff, marketing etc. Finally, some of the hubs need to be near accessible transport, but not on main roads, where the whole community can see the comings and goings, even addicts are entitled to privacy. more consideration when creating strategies."

"These are wonderful strategies, but the staff to implement treatments and recovery are not available and it has not been explained how the staff will be found and trained."

"Focussing on improved recovery for the affected groups may be as effective as leaning into prevention. If the scheme is successful then the testimony of recovering users to the quality of treatment is a great asset to the goals of prevention and helping others enter the treatment pipeline at the same time."

"I'm not seeing any radical 'new' ways of helping these individuals. There are many models overseas that have a success rate. We appear to be doing the same old thing time and time again. Now is the time to implement some radical new methods and measure their success."

"Mental health can be a hidden illness. There are significant links between mental health, self-harm in teenagers and substance/alcohol misuse. The strategy 2.1 needs to go further in the fact that there is very little assistance for young people where they start to misuse alcohol and drugs because of the state of their mental health. To get to the point of recovery could be a long journey and unless the root cause is addressed, treatment and recovery will not work or may work for a short period. I strongly agree that Mental Health services must be improved and provide counselling as part of a whole recovery package."

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Feedback includes concerns for potential gaps in the service offering and the reality / feasibility of partnership working and the impact this has on service users.

"Rough sleepers often do not want help to recover from addiction nor do they want to be given treatment. Perhaps provision of homes for the rough sleepers would make a start as providing a foundation a home a base from them to start making changes in their lives."

"Partnership working is only effective if relevant partners are included, and if a common goal is worked towards rather than focusing on the needs of one partner. The process for partnership working and how alliances/forums operate needs to be simplified - having multiple groups working towards the same strategy but with

different partners invited and differing goals is convoluted and dilutes the impact that providers can have."

"The ideas seem to make sense on paper, however the reality is that KCC have cut funding for homeless services from September this year meaning that some of the most vulnerable people in the area, people who are more likely to have substance misuse and other associated issues such as mental health issues are more likely to be homeless after these cuts take effect. This seems counter-productive and any changes to joint working protocols and processes won't compensate for the potential damage that will be done."

"It's all well and good to ensure that services are working effectively together but I have been working in this field for over 15 years and there has always been resistance from GPs and CMHTs to either work closely with us or even take us seriously."

"The whole health care system across Kent needs to start working together as people are falling between gaps in services or being signposted instead of services having the no wrong door approach and working together for the benefit of the individual - this is particularly the case for those with co-occurring alcohol/drug and mental health needs."

"People who sleep rough, those with co-occurring conditions and (not uncommonly) have overlapping needs and treatment services should ensure that people with double/triple jeopardy can receive treatment (i.e. balance between numbers and complexity along the spectrum of need)."

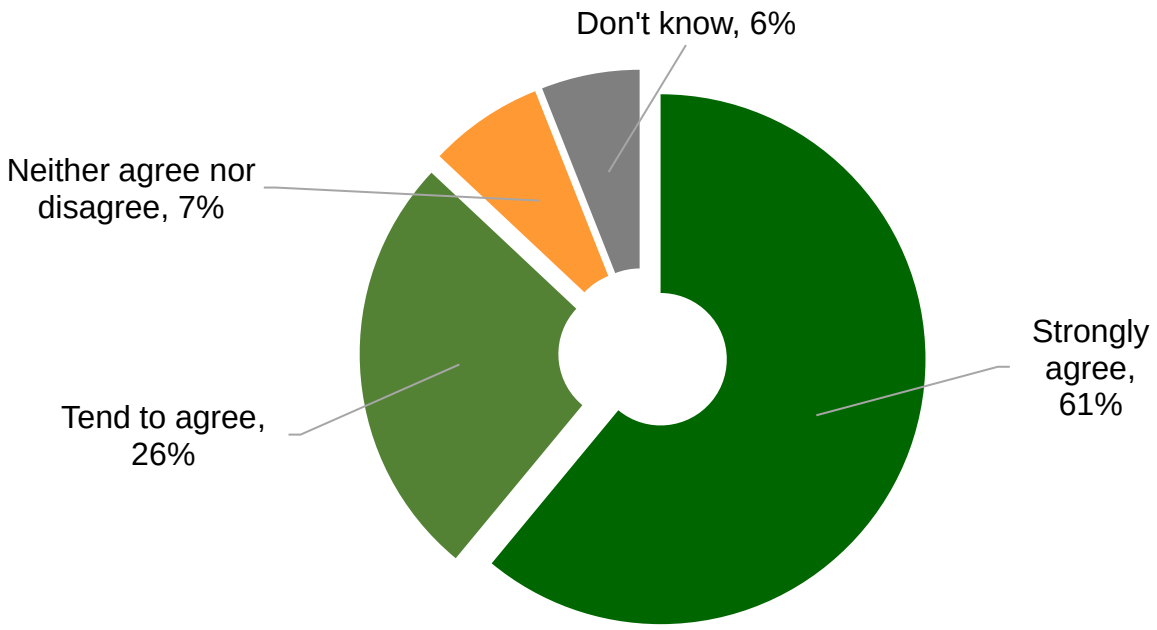
FEEDBACK ON PRIORITY 3 – COMMUNITY SAFETY

STRATEGIC PRIORITY 3.1 'WORKING IN PARTNERSHIP TO SHARE DATA AND INTELLIGENCE IN ORDER TO IDENTIFY THOSE AT RISK OF DRUG / ALCOHOL RELATED HARM AND EXPLOITATION AND TO PROVIDE SAFEGUARDING AND INTENSIVE SUPPORT'

- 87% agree with the priority of working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support'; 61% agree strongly. 7% neither agree nor disagree.
- Due to a lower number of consultees answering the strategic priority 3 questions, the reporting of this question does not include statistics broken down by individuals and practitioners working with individuals that have a drug and/or alcohol support need.

To what extent do you agree or disagree with Strategic Priority 3.1 'Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support'?

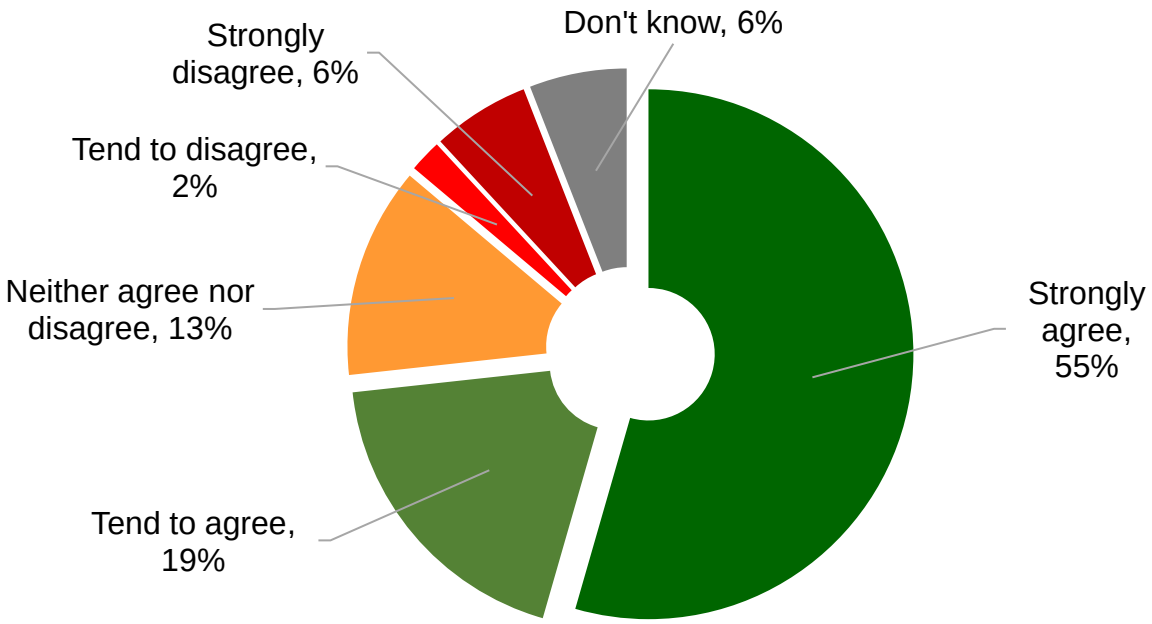
Base: all answering (54)



- 74% agree with the priority of disrupting supply of illegal drugs; this is markedly lower than the first sub objective (3.1) for priority 3; 55% agree strongly. 13% neither agree nor disagree and 8% disagree.
- Due to a lower number of consultees answering the strategic priority 3 questions, the reporting of this question does not include statistics broken down by individuals and practitioners working with individuals that have a drug and/or alcohol support need.

To what extent do you agree or disagree with Strategic Priority 3.2 ‘Disrupting Supply of Illegal Drugs’?

Base: all answering (53)

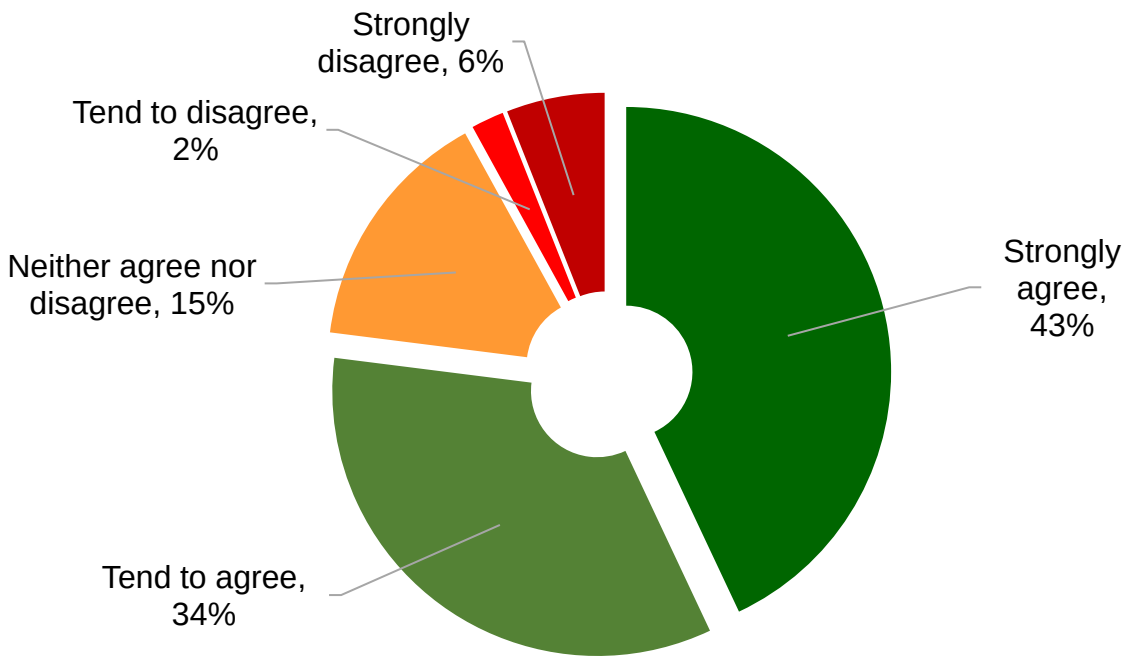


STRATEGIC PRIORITY 3.3 'TACKLING LOCAL ALCOHOL SUPPLY'

- 77% agree with the priority of tackling local alcohol supply; this is also markedly lower than the first sub objective (3.1) for priority 3; 43% agree strongly. 15% neither agree nor disagree and 8% disagree.
- Due to a lower number of consultees answering the strategic priority 3 questions, the reporting of this question does not include statistics broken down by individuals and practitioners working with individuals that have a drug and/or alcohol support need.

To what extent do you agree or disagree with Strategic Priority 3.3 'Tackling Local Alcohol Supply'?

Base: all answering (53)



SUPPORTING DATA TABLE FOR AGREEMENT WITH STRATEGIC PRIORITY THREE SUB OBJECTIVES

SUPPORTING DATA TABLE	% strongly agree	% tend to agree	% neither agree nor disagree	% tend to disagree	% strongly disagree	% don't know
3.1 'Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support'	61%	26%	7%	0%	0%	6%
3.2 'Disrupting Supply of Illegal Drugs'	55%	19%	13%	2%	6%	6%
3.3 'Tackling Local Alcohol Supply'	43%	34%	15%	2%	6%	0%

Consultees were also given the opportunity to provide comments or suggestions on any of the 'Community Safety; strategic priorities in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 24 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Feedback includes concerns for whether supply can be disrupted, whether stronger enforcement is needed and the contrast of drug and alcohol use is perceived.

"Doesn't matter how hard it is for the supply of drugs, addicts will always find a way of getting what they want. More help for harm reduction and awareness of how to keep safe and somewhere to be safe. Same as addicts, if there is any alcohol supply, however hard it is alcoholics will always find a way or will bent to the way they have to get their alcohol."

"The size of the problem in society is too great for any strategy to be even reasonably effective given the resources available under the current Central Government Drug Policy."

"More police presence is needed on the streets and prosecution should be prompt and stronger sentences should be awarded to those that break the law in this way."

"There are real double standards around drinking alcohol and drug taking. Drinking alcohol is encouraged, promoted and seen as socially acceptable, until it goes too

far. Drug taking is criminalised and demonised. Both attitudes need addressing if people are to be helped."

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Feedback includes potential gaps in current service delivery and the importance of investing in prevention / diversion schemes.

"There is no point continuing the war on drugs. It has not worked. Current drug laws / attempts to police our way out of this have failed. We need something different. Treating drugs as a public health issue would be a start. Reduce stigma and barriers to accessing support. Support don't punish."

"Prohibition is generally ineffective in reducing drug related crime and other crimes, diversion schemes are better to invest in and legalisation and regulation are needed really."

"Priority 3.2 - further work around safe spaces for users with access to support. Priority 3.3 - alcohol should be advertised less and behind cabinets much like tobacco to prevent temptation and theft of product would also make it harder for underage sales."

"It is impossible to disrupt supply of drugs for more than a few hours. Money is better invested in education, prevention and services to address policy and more regulation."

ANY OTHER COMMENTS ON THE KENT DRUG AND ALCOHOL STRATEGY

Consultees were also given the opportunity to provide any other comments on the draft Kent Drug and Alcohol Strategy for 2023-2028 in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 54 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol can be found below. Feedback includes the need for a prevention focus, concerns for funding and integrated service delivery, innovative thinking and support for children and young people affected.

"The strategy needs to address the root causes of drug and alcohol misuse: mental health problems, low educational achievement, poverty and low levels of public investment."

"The size of the problem in society is too great for any strategy to be even reasonably effective given the resources available under the current Central Government Drug Policy."

"Until there is a comprehensive, countrywide unification of resources to combat this, it's unlikely to make the slightest bit of difference. The plan is good, but the resources do not exist to implement it."

"The strategic priorities are laudable but frontline workers identified many if not all of these 10 to 15 years ago. Without ample funding they remain ideas in my experience, or tick boxes that bear no reality to the overworked and overwhelmed frontline workers."

"You have identified lots of areas requiring improvements and a lot of the work is based on existing services who aren't currently providing an adequate service, how do you plan to monitor and hold these services to account to ensure the successfulness of this strategy?"

"I just want to see improvements urgently as the issue is getting way out of hand due to the number of people needing support, invest properly and build the strategies from the service users' point of view and success will be even better. Not just with money, but staff, activities, education and complimentary support like holistic treatments / art therapy, peer community leaders."

"I felt that it was rather 'high-level' without the correct key measurements being in place to measure the success rate. I was also looking to see some new models being implemented to try and ascertain what really works - not the old methods/models."

"I think the needs of younger adults dealing with substance misuse problems could be better addressed in a younger person's service. Often their needs, social pressures and personal circumstances are different to older service users. I also feel that the needs of females should be considered. It is often reported of young

women feeling very vulnerable in rehab settings and on the receiving end of predatory behaviour."

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Concerns are raised with regard to integration / partnerships in service delivery, caseloads and funding and support for children and young people.

"We need to work towards an integrated care system where key partners are included in discussions and decisions at all levels, and where multiple agencies share responsibility for a service users' treatment. Currently it feels like substance misuse structured treatment services are responsible for most aspects of a service users' wellbeing because the providers that should be assisting are too overstretched or don't have suitable joint working pathways in place; substance misuse providers therefore end up at breaking point and unable to provide as high a quality service to individuals as they'd like because they're shouldering multiple risk factors that they should be able to work alongside other providers to resolve. Simplified joint working pathways need to be in place so that agencies can work together for the sake of individual service users, rather than service users being caught up within poor processes and miscommunications that are detrimental to their recovery."

"Services have struggled to almost breaking point since the cuts started back in 2010. We need more practitioners, I have a caseload of over 70 clients. This isn't really maintainable. The clients deserve better than this. They deserve more of my time."

"More prevention education in schools particularly year 9 and 10 should be invested in and campaign for the curriculum to be changed to reflect this; currently only one hour per year is allocated and this should be at least one hour per term due to the significant increase in young people taking drugs as a result of the pandemic."

"There needs to be more education for teenagers regarding the use of substances whilst they are in school. I know I looked at drug use one PSHE lesson a year. That is not enough. People think that if you tell teenagers about drugs, they will start doing it which is ridiculous. If children are spoken to honestly about a subject then they can make informed decisions and hopefully there will be less overdoses amongst young people. There needs to be a dual diagnosis worker for Drug and Alcohol Services and Mental Health Services. I know that substances cause mental health issues but for someone to turn to substances, they couldn't be happy in the first place."

"Whilst we fully support objectives set out in the strategy, there is inconsistency in the naming of partners and therefore it is unclear if we are recognised for the breadth of support that we can provide with our sizable client group. Prevention component of the strategy proposes more intervention actions rather than more preventative, early identification and early intervention services. Whilst we recognise that this is a strategic document, the funding associated with the delivery

is unclear and we would welcome further detail/exploration of the delivery of the actions as well as an indication of timelines. This would allow us to more fully consider the implications for our role in delivering this strategy."

FREE IDEAS PUT FORWARD TO IMPROVE DRUG AND ALCOHOL SERVICES IN KENT

Alongside the consultation questionnaire, consultees were also given the opportunity to separately submit ideas to improve drug and alcohol services in Kent in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 32 ideas were submitted (three of which were made by KCC to start the process), and 8 comments were made in response to the ideas submitted. The comments made reference support for the ideas put forward and offers of help.

Suggestions were put forward to enable service users / people with issues to come together on a regular basis:

"Joint appointments with mental health and drug and alcohol services to reduce the number of appointments individuals need to attend." (Idea put forward by KCC, 4 likes)

"A weekly meeting for people that have issues surround drugs and alcohol including enforcement of attending if recent violations have been made. There could be a central coordinator like a councillor or therapist who supervises the session and helps with learning resources and helps other discuss among themselves so they are in a safer environment to open up and be more supportive towards themselves. There could also be different topics or subjects being taught as part of the sessions like on a white board and participants could suggest the next topic or issue they want to learn more about in the next session. The coordinator or therapist could take the topic issues and make that a small learning session in the next meeting. There could be resources like booklets and helpful guides including further resources to recovery and maintaining a better future." (1 like)

"Group therapy for patients attempting prescription drug withdrawal & rename the word abuse (to be more inclusive) to "drug dependent". "Drug dependent individuals cannot be treated for drug withdrawal or get the same help as a defined drug abuser- heroin/coke addict, because the definition "abuser" does not cover anyone wishing to deliberately withdraw from a prescribed drug. Rehab is offered to those who wish to come off of recreational/non - prescribed drugs but not prescribed drugs. Patients left on prescription drugs unnecessarily, for decades are on them for 2 reasons. 1) no accurate, thoughtful, honest, drug review has taken place, 2) the patient is unaware of help available to successfully withdraw. Create patient led group therapy for such ones." (1 like)

"As parents , partners of people with A&D misuse we are out of our depth but find it is us who pay the debt they incur or can not trust We need a support group so we don't feel we are on our own , not being able to discuss this black cloud with anyone .. we need each other." (0 likes)

Consistent with consultation questionnaire feedback, the importance of mental health support services and their accessibility is raised as a concern:

“My husband is an alcoholic, and has mental health problems. When he is drinking, mental health services won't help him. When he is sober (sometimes a short window of opportunity) he can't get quick mental health support. Why can't there be duel trained workers?” (0 likes)

“Dual Diagnosis to actually get acknowledged. Imagine it was understood that addiction isn’t separate to mental illness, they usually go hand in hand. The way services are currently structured doesn’t reflect this at all and many suffer unnecessarily on a daily basis as a result. Straightforward joint working and communication should be the standard.” (1 like)

“I know I'd drink a lot less if you could get Kent Police to investigate and deal with crime. Crazy notion I know. If you could get the Beacon to diagnose and treat mental illness as if they were handling humans as opposed to lab rats that would be cool too. I won't hold my breath though.” (0 likes)

“Desperately need more cooperation between mental health and drug and alcohol services, more flexible support becoming increasingly important.” (0 likes)

“Joint appointments with mental health and drug and alcohol services sounds good but suffering from anxiety this would scare loads of people. Appointments via video conferencing and later in the evenings and weekends sounds brilliant but not everyone has a smart device to do this. Involving friends and family of individuals receiving treatment in the recovery process is down to individual preference for the client and not everyone has friends and family.” (0 likes)

Wider advertising of service access and community engagement is seen as a required improvement area:

“There needs to be a better route for people who ask for help either from their GP or via a hospital admission. The GP's should be able to administer detox medicines or prescriptions for medical detox and referral to an in house KCC alcohol service. If admitted to hospital there should be a referral service and follow up to alcohol reduction services. This service needs to be an internal KCC service not a service that is farmed out as this does NOT work. Many people who have an alcohol addiction want help but do not know where to access this help.” (0 likes)

“Advertise support services - Use advertising space to formulate modern and positive messaging with the YP Drug Service. Allow the public to know that a drug service exists and work on the inherent stigma and judgment associated with it.” (0 likes)

“Campaign to encourage all schools / colleges / universities to have inputs from the local drug service to break down barriers to engagement.” (0 likes)

Consistent with consultation questionnaire feedback, partnership working is considered key to effective service delivery:

"I worry that there are several agencies responsible for bits of the jigsaw to deliver good care. True partnership working will be key." (3 likes)

"Work with partners to ensure movement/ physical activity is embedded within prevention and treatment pathways." (1 like)

"More NHS engagement and awareness with AA and Alanon and other 12 step fellowships. Invite local 12 step group representatives to participate regularly in clinical educational events." (1 like)

RESPONSE TO EQUALITY IMPACT ASSESSMENT

Consultees were given the opportunity to provide any comments on the equality analysis in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 30 consultees provided a comment at this question

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Feedback includes the need for further training of staff and consideration of ease / suitability of access to specific demographic groups.

"More training for staff to understand the difficulties with equality and diversity. Invisible illnesses are especially a problem as you can't see there's anything wrong."

"I feel at times I have been discriminated against because of my issues which should definitely not be the case from service providers - there needs to be a huge amount of training carried out to ensure all staff are upskilled appropriately as currently this is not the case – i.e. mental health teams don't link in effectively with alcohol and substance misuse services, they work in silo and have very little knowledge of respective issues."

"A private reception area perhaps. The public area where I worked was a deterrent to those needing confidentiality due to cultural background, their job especially those in senior positions."

"Current addiction treatment services aren't comfortable places for young women. There really needs to be treatment options specifically for young adults."

"We need to see more ethnic minority staff, and more marketing and support provided for the groups that are being lost in the system. speakers of other languages, from different faiths. service users need to see diversity so they feel comfortable to access the services. more hubs please."

"Equality and diversity also link to income / affordability which may not adequately have been taken into account in the report / strategy."

NEXT STEPS

The feedback from the consultation has been used to help finalise the Kent Drug and Alcohol Strategy for 2023-2028. The final Strategy, alongside this consultation report and updated Equality Impact Assessment will be presented to the Health Reform and Public Health Cabinet Committee in March 2023 with a recommendation for its adoption.

This report and details of the decision will also be made available on the consultation webpage. An email will be sent to stakeholders and people who have asked to be kept informed via Let's talk Kent.

The feedback will also be analysed by Commissioners to make sure the needs and ideas articulated are adopted into the recommissioning exercise over 2023/24 for when the Drug and Alcohol treatment and recovery services are re-contracted in April 2024.

APPENDIX – CONSULTATION QUESTIONNAIRE

SECTION 1 – ABOUT YOU

Q1. Are you responding …?

Please select the option from the list below that most closely represents how you will be responding to this consultation. *Select **one** option.*

☐	As an individual that has experience of drug and alcohol treatment and recovery services
☐	As a family member or friend of an individual(s) that have been impacted by drugs and/or alcohol
☐	As a practitioner working with individuals that have a drug and/or alcohol support need
☐	On behalf of a professional organisation working in the drug and alcohol services
☐	On behalf of a provider of drug and/or alcohol services
☐	On behalf of a charity, voluntary or community sector organisation (VCS)
☐	As a representative of a local community group or residents' association
☐	On behalf of a Parish/Town/Borough/District Council in an official capacity
☐	As a Parish/Town/Borough/District/County Councillor
☐	Other, please specify:

Q1a. If you are responding on behalf of an organisation (business, community group, residents' association, council or any other organisation), please tell us the name of your organisation. *Please write in **below**.*

Q2. Please tell us the first 5 characters of your postcode:

Please do not reveal your whole postcode. If you are responding on behalf of an organisation, please use your organisation's postcode. We use this to help us to analyse our data. It will not be used to identify who you are.

Q3. How did you find out about this consultation? *Select **all** that apply*

- [ ] Email from KCC's Public Health team
- [ ] Email from Let's talk Kent or KCC's Engagement and Consultation team
- [ ] From my Parish/Town/Borough/District Council
- [ ] From a friend or relative
- [ ] From a meeting with KCC / Public Health
- [ ] From a provider of drug and/or alcohol services
- [ ] Kent.gov.uk website
- [ ] Newspaper
- [ ] Saw a poster
- [ ] Social Media (Facebook, Twitter, Instagram or Next Door)
- [ ] Other, please specify:

SECTION 2 – REVIEW OF THE 2017-2022 STRATEGY

The review of the 2017-2022 Strategy highlighted a number of positive developments over the last five years. These can be found on page 6 of the draft 2023-2028 Strategy. In this new draft we have strengthened our strategy for tackling drug and alcohol harms in Kent.

Q4. To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy?

*Please select **one** option per row.*

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Improve the range of partners signed up to the Kent Substance Misuse Alliance (e.g. social care and safeguarding) and create better links to NHS.						
Create an Alcohol and Drug Harm Prevention plan and place it into the wider Integrated Care System prevention plan in Kent and Medway.						
Provide leadership and encourage better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions.						
Create opportunities for greater links to improve integration of health data to inform the district licensing processes.						
Improve the delivery of Identification and Brief Advice (IBA) across Kent – create opportunities and increased coverage.						

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Ensure needs assessments are up to date and available.						

Q4a. If you have disagreed with any of the improvements in question 4, please tell us why in the box below. *If your comment relates to a specific improvement, please make that clear in your comment. Please do not include any personal information that identifies who you are.*

SECTION 3 – YOUR FEEDBACK ON OUR PROPOSED STRATEGY

Q5. Was the draft Kent Drug and Alcohol Strategy 2023-2028 easy to understand? *Please select **one** option.*

- ☐ Yes
- ☐ No
- ☐ Don't know

Q5a. If you have any suggestions on how to make the Strategy easier to understand, please tell us in the box below. If your suggestion relates to a specific section/page please provide details.

PRIORITIES FOR THE NEW STRATEGY

The government's ten-year drug strategy 'From Harm to Hope', aims to tackle harms from drugs and prevent crime. Over the next three years, every local authority in England including Kent will receive extra funding to combat drug and alcohol misuse. The new strategy has 13 strategic priorities, grouped under three areas: Prevention, Treatment and Recovery, and Community Safety.

We welcome your feedback on the strategic priorities. ***You can answer all or as many of the questions as you like. If you would rather not provide feedback on a priority, just move on to the next question.***

1. Prevention (page 8 to 10)

1.1 Prevention, early intervention and behaviour change

1.2 Early Help: prevention to treatment pathway

1.3 Improving hospital and acute pathways to treatment

1.4 Children and young people living with alcohol misusing parents / preventing inter-generational alcohol misuse

1.5 Tackling high rates of suicide and self-harm associated with substance misuse

2. Improve Treatment and Recovery (page 11 to 13)

2.1 Continue improvement to treatment and recovery services

2.2 Criminal justice routes to substance misuse treatment

2.3 Improve treatment and recovery for targeted groups/ vulnerable people

2.4 Improve pathways to treatment and recovery to rough sleepers

2.5 Improving treatment and recovery for people with co-occurring conditions

3. Community Safety (page 14 to 15)

3.1 Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm & exploitation and to provide safeguarding and intensive support

3.2 Disrupting supply of illegal drugs

3.3 Tackling local alcohol supply

1. Prevention

Q6. To what extent do you agree or disagree with Strategic Priority 1.1 'Prevention, early intervention and behaviour change'? *See pages 9 to 10 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Q7. To what extent do you agree or disagree with Strategic Priority 1.2 'Early Help: Prevention to Treatment Pathway'? *See pages 10 and 11 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Q8. To what extent do you agree or disagree with Strategic Priority 1.3 'Improving hospital and acute pathways to treatment'? *See page 11 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don't know

Q9. To what extent do you agree or disagree with Strategic Priority 1.4 'Children and young people living with alcohol misusing parents / preventing inter-generational alcohol misuse'? *See pages 11 and 12 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don't know

Q10. To what extent do you agree or disagree with Strategic Priority 1.5 'Tackling High Rates of Suicide and Self Harm associated with substance misuse'? *See page 12 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree

	Strongly disagree
	Don't know

Q11. If you have any comments or suggestions on any of the 'Prevention' strategic priorities, please tell us in the box below. *If your comment relates to a specific strategic priority, please make that clear in your comment. Please do not include any personal information that identifies who you are.*

2. Improve Treatment and Recovery

Q12. To what extent do you agree or disagree with Strategic Priority 2.1 'Continue Improvement to Treatment and Recovery Services'? *See page 13 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don't know

Q13. To what extent do you agree or disagree with Strategic Priority 2.2 'Criminal Justice Routes to Substance Misuse Treatment'? *See pages 13 and 14 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree

	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don't know

Q14. To what extent do you agree or disagree with Strategic Priority 2.3 'Improve Treatment and Recovery for Targeted Groups / Vulnerable People'? *See pages 14 and 15 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don't know

Q15. To what extent do you agree or disagree with Strategic Priority 2.4 'Improve Pathways to Treatment and Recovery to Rough Sleepers'? *See pages 15 and 16 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don't know

Q16. To what extent do you agree or disagree with Strategic Priority 2.5 'Improving treatment and recovery for people with co-occurring conditions'? *See pages 16 and 17 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Q17. If you have any comments or suggestions on any of the 'Improve Treatment and Recovery' strategic priorities, please tell us in the box below. *If your comment relates to a specific strategic priority, please make that clear in your comment. Please do not include any personal information that identifies who you are.*

3. Community Safety

Q18. To what extent do you agree or disagree with Strategic Priority 3.1 'Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm & exploitation and to provide safeguarding and intensive support'? *See pages 17 and 18 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

- ☐ Strongly agree
- ☐ Tend to agree

	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don’t know

Q19. To what extent do you agree or disagree with Strategic Priority 3.2 ‘Disrupting Supply of Illegal Drugs’? *See page 18 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don’t know

Q20. To what extent do you agree or disagree with Strategic Priority 3.3 ‘Tackling Local Alcohol Supply’? *See pages 18 and 19 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don’t know

Q21. If you have any comments or suggestions on any of the 'Community Safety' strategic priorities, please tell us in the box below. *If your comment relates to a specific strategic priority, please make that clear in your comment. Please do not include any personal information that identifies who you are.*

ANY OTHER COMMENTS ON OUR DRAFT STRATEGY?

Q22. Do you have any other comments on the draft Kent Drug and Alcohol Strategy for 2023-2028? *Please do not include any personal information that identifies who you are.*

SECTION 4 – EQUALITY ANALYSIS

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an initial Equality Impact Assessment (EqIA) for the draft Kent Drug and Alcohol Strategy 2023-2028.

An EqIA is a tool to assess the impact any proposals would have on the protected characteristics: age, disability, sex, gender identity, sexual orientation, race, religion or belief, and carer's responsibilities. The EqIA is available online at www.kent.gov.uk/drugandalcoholstrategy or on request.

Q23. We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity, please add any comments below:

SECTION 5 - MORE ABOUT YOU

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We'll use it only to help us make decisions and improve our services.

If you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

Q24. Are you…? *Select **one** option.*

- ☐ Male
- ☐ Female
- ☐ I prefer not to say

We use the terms "transgender" and "trans" as inclusive umbrella terms for a diverse range of people who find their gender identity differs in some way from the sex they were originally assumed to be at birth.

Q25. Have you ever identified or do you identify as a transgender or trans person? *Select **one** option.*

- ☐ Yes
- ☐ No
- ☐ Other
- ☐ I prefer not to say

Q26. Which of these age groups applies to you? *Select **one** option.*

0-15	☐	16-24	☐	25-34	☐	35-49	☐	50-59	☐
60-64	☐	65-74	☐	75-84	☐	85+ over	☐	I prefer not to say	☐

The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point

that they are diagnosed.

Q27. Do you consider yourself to be disabled as set out in the Equality Act 2010? *Select **one** option.*

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

Q27a. If you answered 'Yes' to Q27, please tell us the type of impairment that applies to you.

*You may have more than one type of impairment, so please select **all** that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.*

- ☐ Physical impairment
- ☐ Sensory impairment (hearing, sight or both)
- ☐ Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy
- ☐ Mental health condition
- ☐ Learning disability
- ☐ I prefer not to say
- ☐ Other

Other, please specify:

Q28. **To which of these ethnic groups do you feel you belong?** *Select **one** option.* (Source 2011 Census)

White English	☐	Mixed White & Black Caribbean	☐
White Scottish	☐	Mixed White & Black African	☐

White Welsh		Mixed White & Asian	
White Northern Irish		Mixed Other*	
White Irish		Black or Black British Caribbean	
White Gypsy/Roma		Black or Black British African	
White Irish Traveller		Black or Black British Other*	
White Other*		Arab	
Asian or Asian British Indian		Chinese	
Asian or Asian British Pakistani		I prefer not to say	
Asian or Asian British Bangladeshi			
Asian or Asian British Other*			

*****Other - If your ethnic group is not specified on the list, please describe it here:

Q29. Do you regard yourself as belonging to a particular religion or holding a belief? *Please select **one** option.*

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

Q29a. If you answered 'Yes' to Q29, which of the following applies to you? *Please select **one** option.*

- ☐ Christian
- ☐ Buddhist
- ☐ Hindu

	Jewish
	Muslim
	Sikh
	Other
	I prefer not to say

If you selected Other, please specify:

Q30. Are you …? *Please select **one** option.*

	Heterosexual/Straight
	Bi/Bisexual
	Gay man
	Gay woman/Lesbian
	Other
	I prefer not to say

A Carer is anyone who provides unpaid care for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

Q31. Are you a Carer? *Please select **one** option.*

	Yes
	No
	I prefer not to say

SECTION 6 - YOUR IDEAS FOR IMPROVING DRUG AND ALCOHOL SERVICES IN KENT

Kent County Council is responsible for commissioning drug and alcohol treatment and recovery services in Kent. The needs of some individuals that come into contact with drug and alcohol treatment services may be complex and individuals' engagement within drug and alcohol services could also be dependent on the involvement of other organisations such as mental health, homelessness organisations, etc.

We want to hear your ideas on how to improve drug and alcohol services in Kent. To help get you started, we have added some ideas of our own in the table below. Please feel free to 'like' (by adding a tick or cross in the middle column) and/or add a comment to one or more of our ideas or add your own in the on the next page.

Please don't provide any personal information that identifies you or anyone else in your response.

Our improvement ideas	Like ✓	Add a comment
Joint appointments with mental health and drug and alcohol services to reduce the number of appointments individuals need to attend.		
Appointments via video conferencing and later into the evening and weekends to make the appointments more accessible for those with childcare responsibilities or those that work during the day.		
Involving friends and family of individuals receiving treatment in the recovery process so they can support the individual and to maintain and strengthen support networks.		

Add your improvement ideas in the box below:

Thank you for taking the time to complete this questionnaire; your feedback is important to us. All feedback received will be reviewed and considered.

We will report back on the feedback we receive, but details of individual responses will remain anonymous, and we will keep your personal details confidential.

This report was produced for Kent County Council