



Consultation on a draft Tobacco, Alcohol & Drugs Strategy 2023 – 2028

Full results summary



Data, Intelligence & Insight, *September 2022*

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Introduction & methodology





Southampton City Council undertook public consultation on a draft Tobacco, Alcohol & Drugs Strategy 2023 – 2028.

The consultation took place between **Monday, 13 June** and **Sunday, 04 September 2022**.

The aim of this consultation was to:

- Communicate clearly to residents the proposals of the draft strategy;
- Ensure any resident, business or stakeholder who wished to comment on the proposals had the opportunity to do so, enabling them to raise any impacts the proposals may have, and;
- Allow participants to propose alternative suggestions for consideration which they feel could achieve the objectives in a different way.

This report summarises the aims, principles, methodology and results of the consultation. It provides a summary of the responses both for the consideration of decision makers and any interested individuals and stakeholders.

It is important to be mindful that a consultation is not a vote; it is an opportunity for stakeholders to express their views, concerns and/or alternatives to a proposal. Equally, responses from the consultation should be considered in full before any final decisions are made. This report outlines in detail the representations made during the consultation period so that decision makers can consider what has been said alongside other information.



Southampton City Council is committed to consultations of the highest standard, which are meaningful and comply with the **Gunning Principles** (considered to be the legal standard for consultations):

- 1. Proposals are still at a formative stage (a final decision has not yet been made)**
- 2. There is sufficient information put forward in the proposals to allow 'intelligent consideration'**
- 3. There is adequate time for consideration and response**
- 4. Conscientious consideration must be given to the consultation responses before a decision is made**



Rules: The Gunning Principles

They were coined by Stephen Sedley QC in a court case in 1985 relating to a school closure consultation (R v London Borough of Brent ex parte Gunning). Prior to this, very little consideration had been given to the laws of consultation. Sedley defined that a consultation is only legitimate when these four principles are met:

- 1. proposals are still at a formative stage**
A final decision has not yet been made, or predetermined, by the decision makers
- 2. there is sufficient information to give 'intelligent consideration'**
The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response
- 3. there is adequate time for consideration and response**
There must be sufficient opportunity for consultees to participate in the consultation. There is no set timeframe for consultation,¹ despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation
- 4. 'conscientious consideration' must be given to the consultation responses before a decision is made**
Decision-makers should be able to provide evidence that they took consultation responses into account

These principles were reinforced in 2001 in the 'Coughlan Case (R v North and East Devon Health Authority ex parte Coughlan²), which involved a health authority closure and confirmed that they applied to all consultations, and then in a Supreme Court case in 2014 (R ex parte Moseley v LB Haringey³), which endorsed the legal standing of the four principles. Since then, the Gunning Principles have formed a strong legal foundation from which the legitimacy of public consultations is assessed, and are frequently referred to as a legal basis for judicial review decisions.⁴

¹ In some local authorities, their local voluntary Compact agreement with the third sector may specify the length of time they are required to consult for. However, in many cases, the Compact is either inactive or has been cancelled so the consultation timeframe is open to debate
² BAILII, [England and Wales Court of Appeal \(Civil Decision\) Decisions](#), Accessed: 13 December 2016.
³ BAILII, [United Kingdom Supreme Court](#), Accessed: 13 December 2016
⁴ The information used to produce this document has been taken from the Law of Consultation training course provided by The Consultation Institute



The agreed approach for this consultation was to use an online questionnaire as the main route for feedback. Questionnaires enable an appropriate amount of explanatory and supporting information to be included in a structured questionnaire, helping to ensure respondents are aware of the background and detail of the proposals.

Respondents could also write letters or emails to provide feedback on the proposals. Emails or letters from stakeholders that contained consultation feedback were collated and analysed as a part of the overall consultation.

The consultation was promoted in the following ways:

- Via the Southampton City Council website;
- On social media;
- Via the e-bulletins City News, Communities, and Your City, Your Say;
- Press releases;
- An email from the SCC Director of Public Health to partners and stakeholders, and;
- Digital posters.

All questionnaire results have been analysed and presented in graphs within this report. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. We have provide quotes all the free text feedback provided.

Who are the respondents?



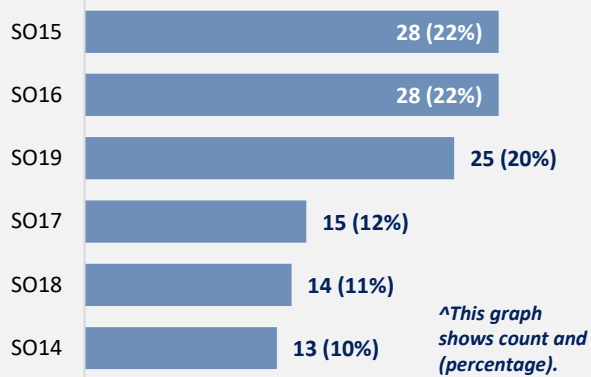


Who are the respondents?

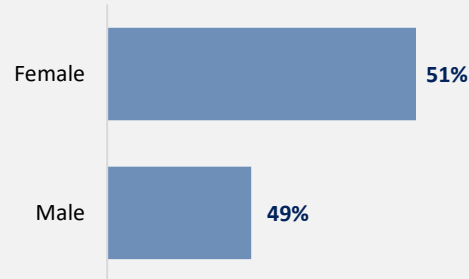


Overall, there were **263** separate responses to the consultation. Of these, **259** were **online questionnaire** responses, and **4** were responses received by either **email or letter**. The following graphs break down these responses by count.

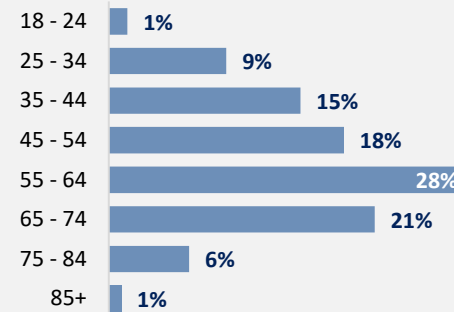
Q23 What is your postcode?^



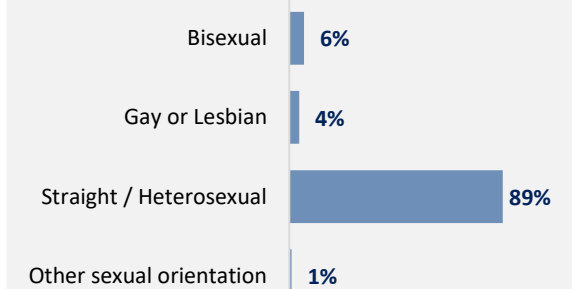
Q24 What is your sex?



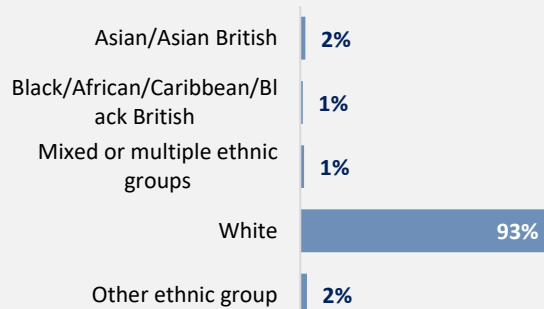
Q26 What is your age?



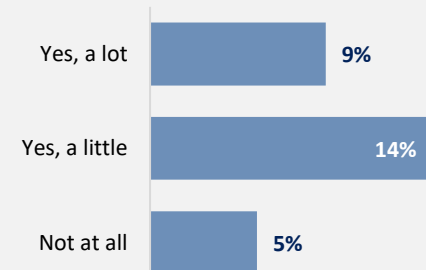
Q28 Which of the following best describes your sexual orientation?



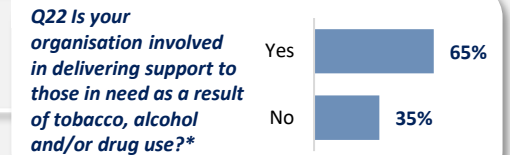
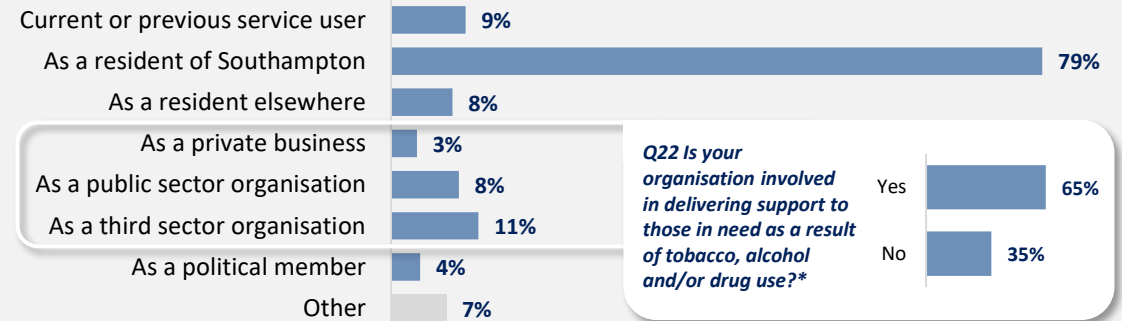
Q27 What is your ethnic group?



Q30 Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?



Q21 Which of the following best describes your interest in this consultation?



*Question 22 was asked of those who answered either private business, public sector organisation and/or third sector organisation to question 21. Percentages are of those that answered question 22, and not of total respondents.

Question 1 | The Five Hs & Vision for 2028





The first area covered by the consultation were the **Five H's** that together make up the vision in the strategy. The following slides in this section detail the feedback provided on the below:

The **Five H's** of our vision outline what we want to achieve in Southampton by 2028, ensuring that **Southampton is a city of:**

Help for people concerned for themselves or others, with information and services that are easy to access, timely, safe, and effective. All health, care and wider services will discuss tobacco, alcohol and drugs as part of routine care and provide help and support. Services will have a "no wrong door" approach and help people get the support they need. Services will work together, and provide support and treatment based on evidence and innovation.

Harm reduction. Help will be available to people whether they want to be safer while using tobacco, alcohol and/or drugs, reduce their use, stop using, or stay free from use. Harm reduction also includes making sure that people who inject drugs have sterile, safe equipment.

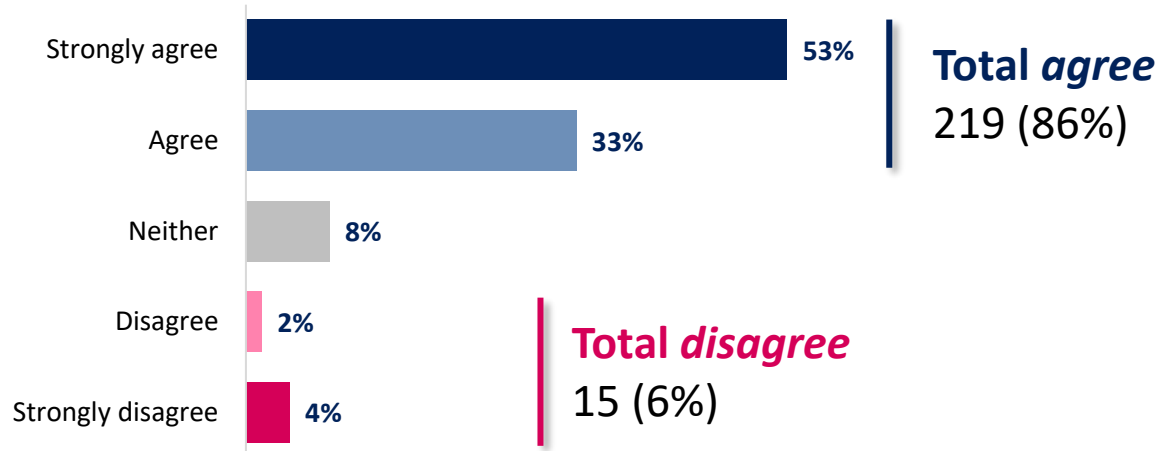
Hope, with visible communities of people celebrating their progress through treatment and recovery and living healthier, happier lives. This will reduce stigma and inspire others, and is also part of the changing of our broader culture to be more sensitive to alcohol, tobacco, and drug-related harm.

Health promotion and prevention. Prevention is better than cure. We will help our residents understand the risks of tobacco, alcohol and drugs. We aim to give every child the best start in life, including supporting families with tobacco, alcohol, and drug use in the family and protecting people from harm caused by others. We will take every opportunity to make sure the places where we live, learn, work and relax all keep us safe and well. This means promoting ways of life that are free from smoking, higher-risk levels of alcohol, and drugs.

Health equality. Everyone needs the opportunity to be free from the harms of tobacco, drugs and alcohol. We will focus most on supporting people who are more likely to use tobacco, alcohol or drugs or who face barriers to reducing harm to themselves or others. Our services will be sensitive to, and celebrate, the rich diversity of our communities, and meet any additional needs that they may have, such as sensory or mobility needs. Our work will be informed by people with lived experience of tobacco, alcohol, and drug-related harm.



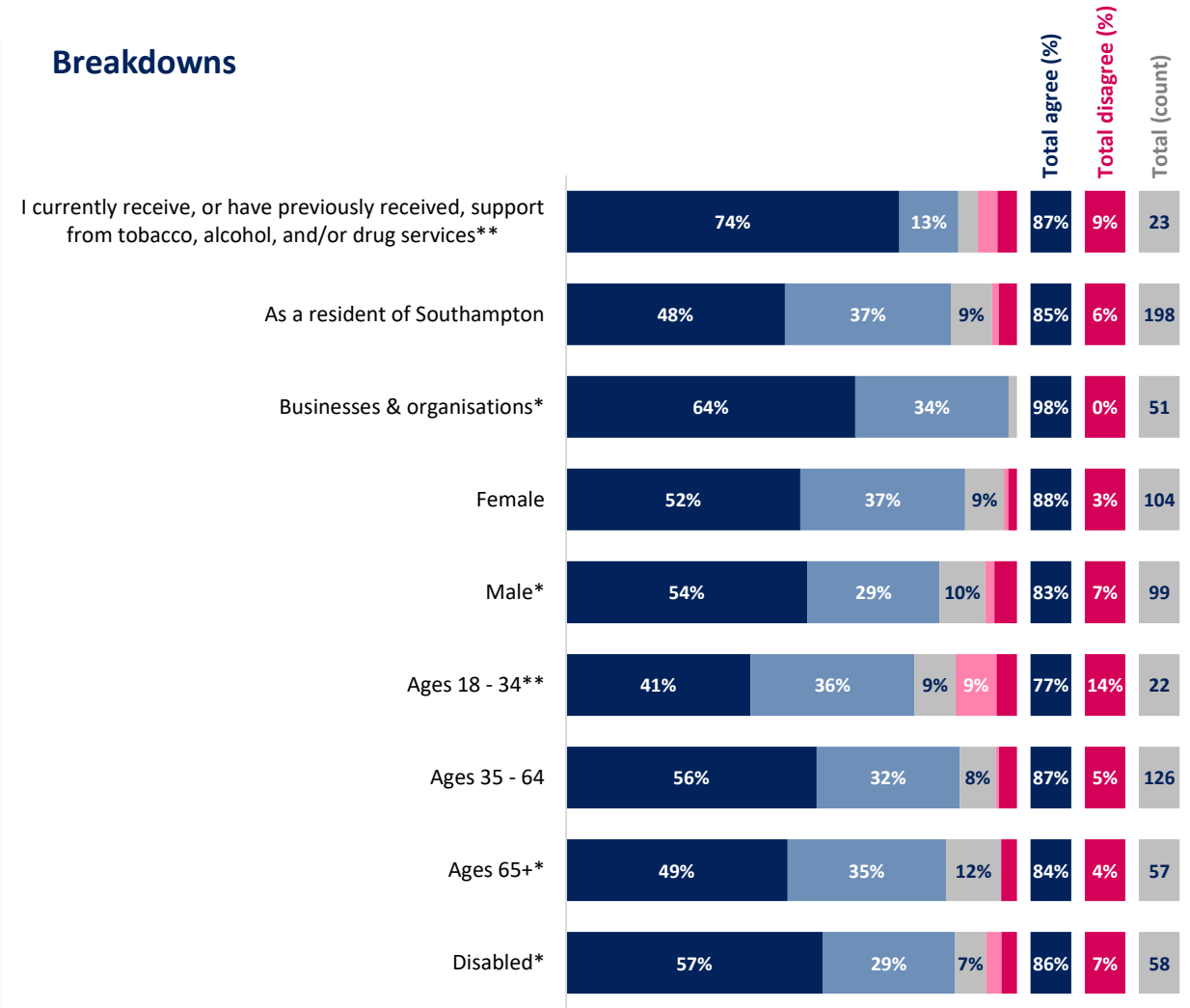
Total respondents | **255**



Key findings

- A majority (86%) of respondents agree with the *help* element of the vision, including a majority (53%) who *strongly agree*.
- Those responding on behalf of a business or organisation responded *agree* by 12% points more than total respondents overall (98% and 86% respectively), including 64% that responded *strongly agree* (11% points more than total respondents overall, at 53%).

Breakdowns



■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.

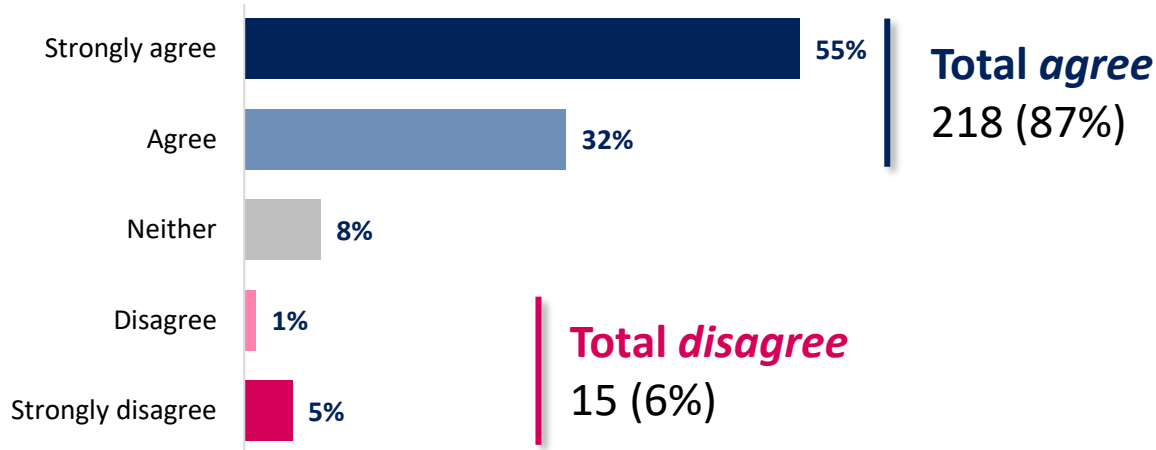


Q1b To what extent do you agree or disagree with the Five Hs of our vision for 2028?

Harm reduction



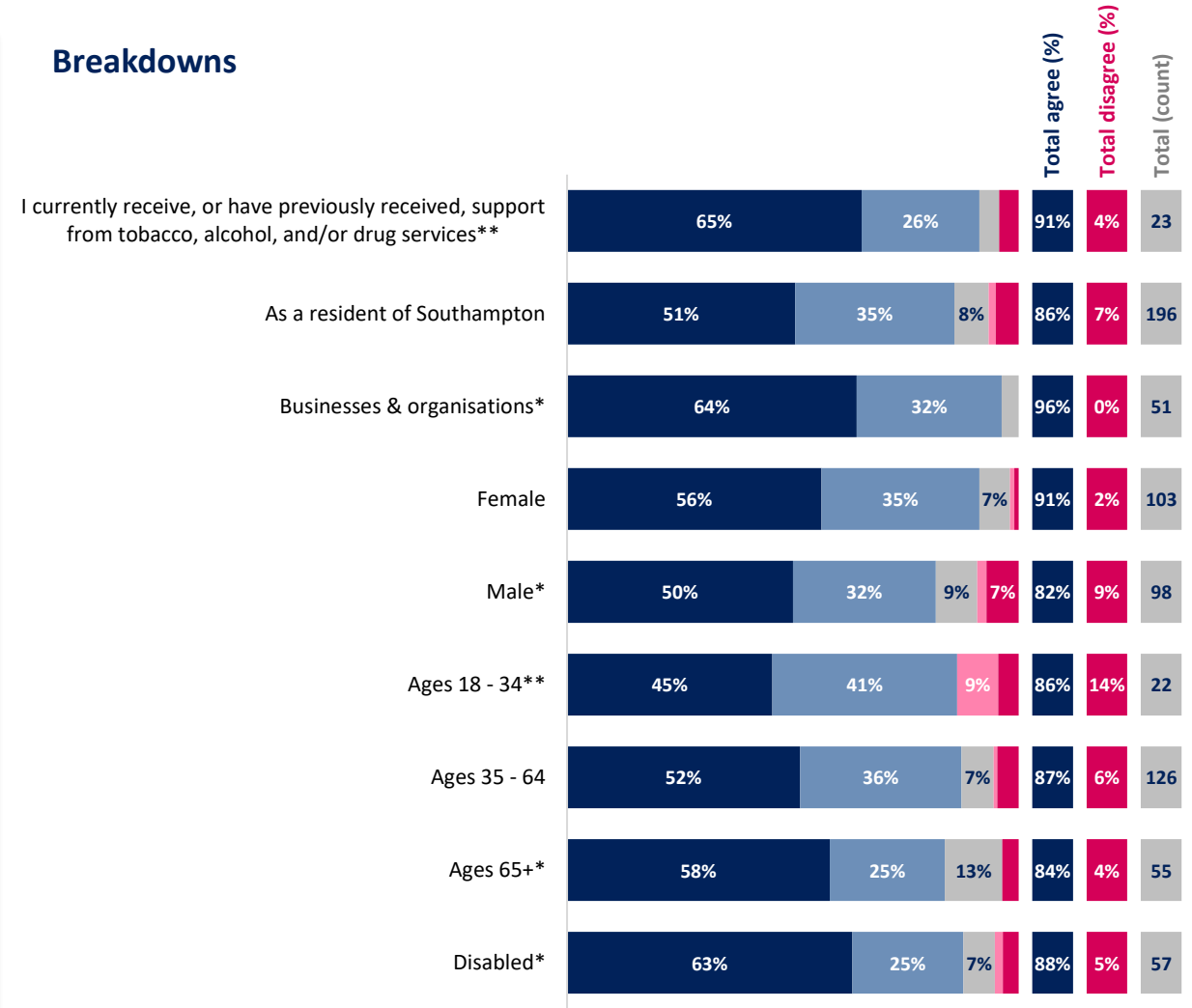
Total respondents | 252



Key findings

- A majority (87%) of respondents agree with the *harm reduction* element of the vision, including a majority (55%) that *strongly agree*.
- Those responding on behalf of a business or organisation responded *agree* by 9% points more than total respondents overall (96% and 87% respectively), including 64% that responded *strongly agree* (9% points more than total respondents overall, at 55%).

Breakdowns



Strongly agree Agree Neither Disagree Strongly disagree

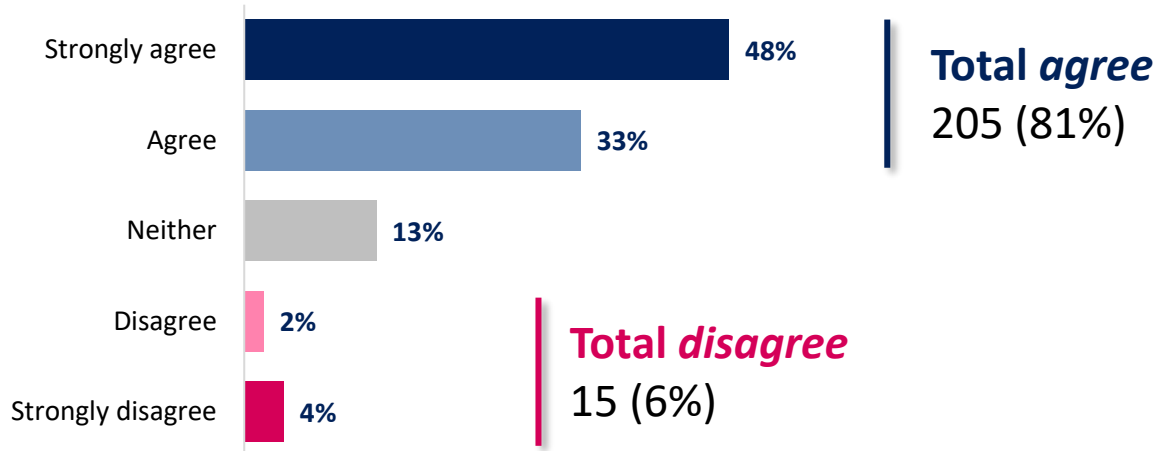
*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



Q1c To what extent do you agree or disagree with the Five Hs of our vision for 2028? *Hope*



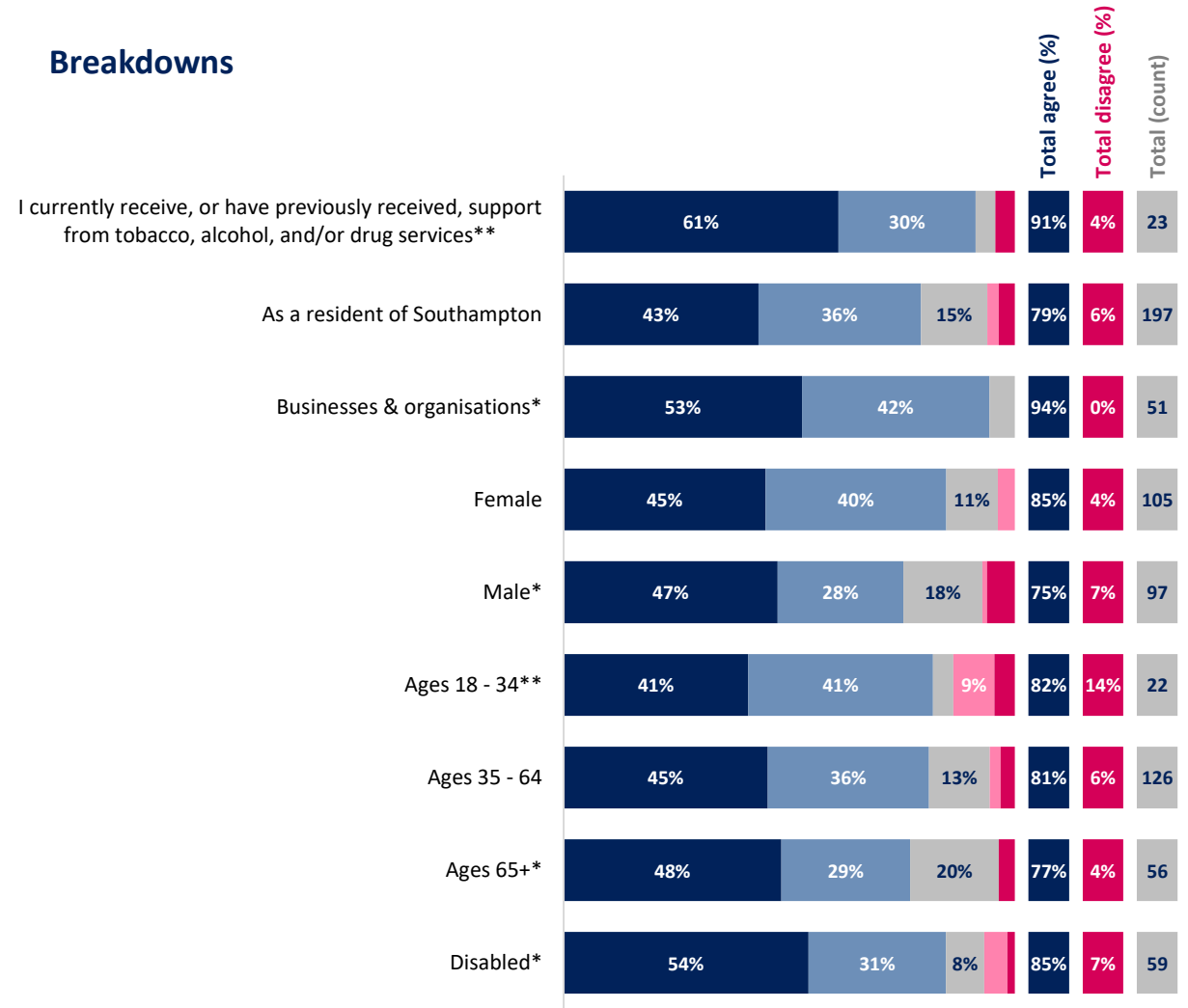
Total respondents | 253



Key findings

- A majority (81%) of respondents agree with the *hope* element of the vision, including almost half (48%) that *strongly agree*.
- Again, those responding on behalf of a business or organisation responded *agree* by 13 points more than total respondents overall (94% and 81% respectively), including 53% that responded *strongly agree* (5% points more than total respondents overall, at 48%).

Breakdowns



■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.

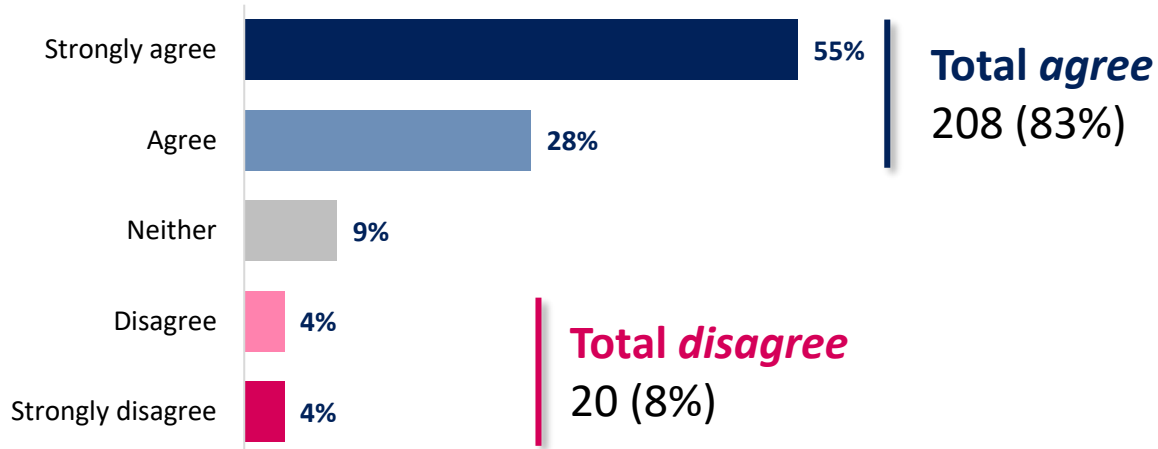


Q1d To what extent do you agree or disagree with the Five Hs of our vision for 2028?

Health promotion & prevention



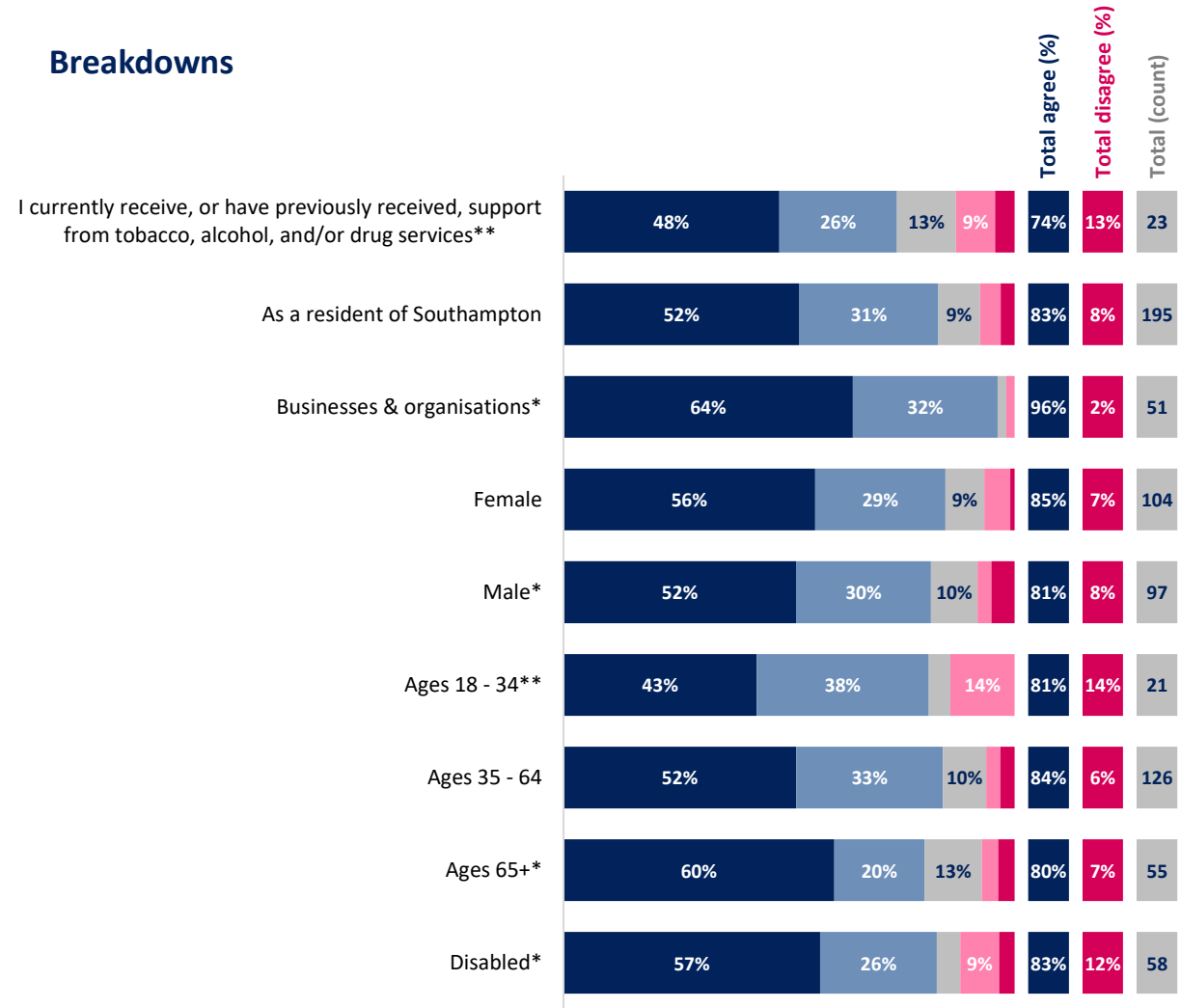
Total respondents | 251



Key findings

- A majority (83%) of respondents agree with the *health promotion and prevention* element of the vision, including a majority (55%) that *strongly agree*.
- Those responding on behalf of a business or organisation responded *agree* by 13% points more than total respondents overall (96% and 83% respectively), including 64% that responded *strongly agree* (9% points more than total respondents overall, at 55%).

Breakdowns



■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree

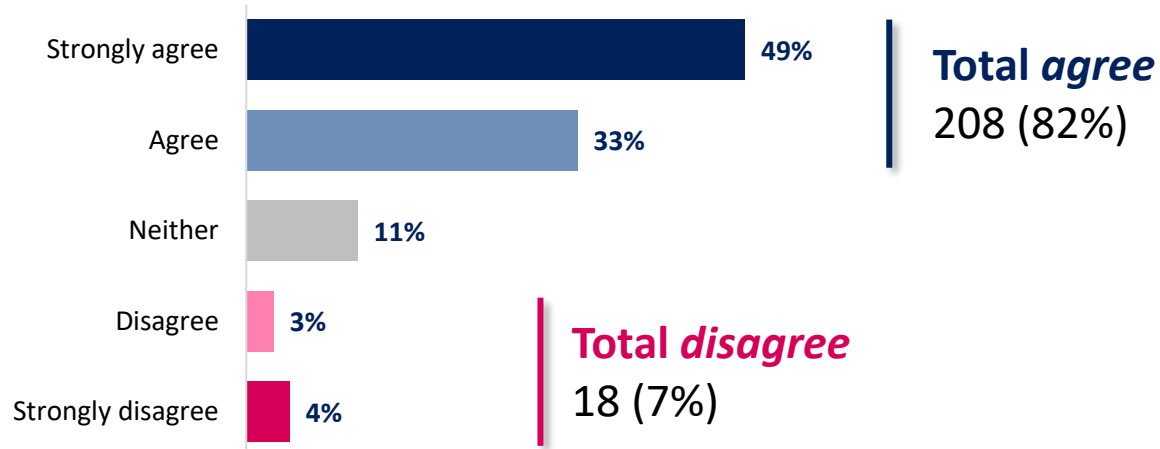
*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



Q1e To what extent do you agree or disagree with the Five Hs of our vision for 2028?



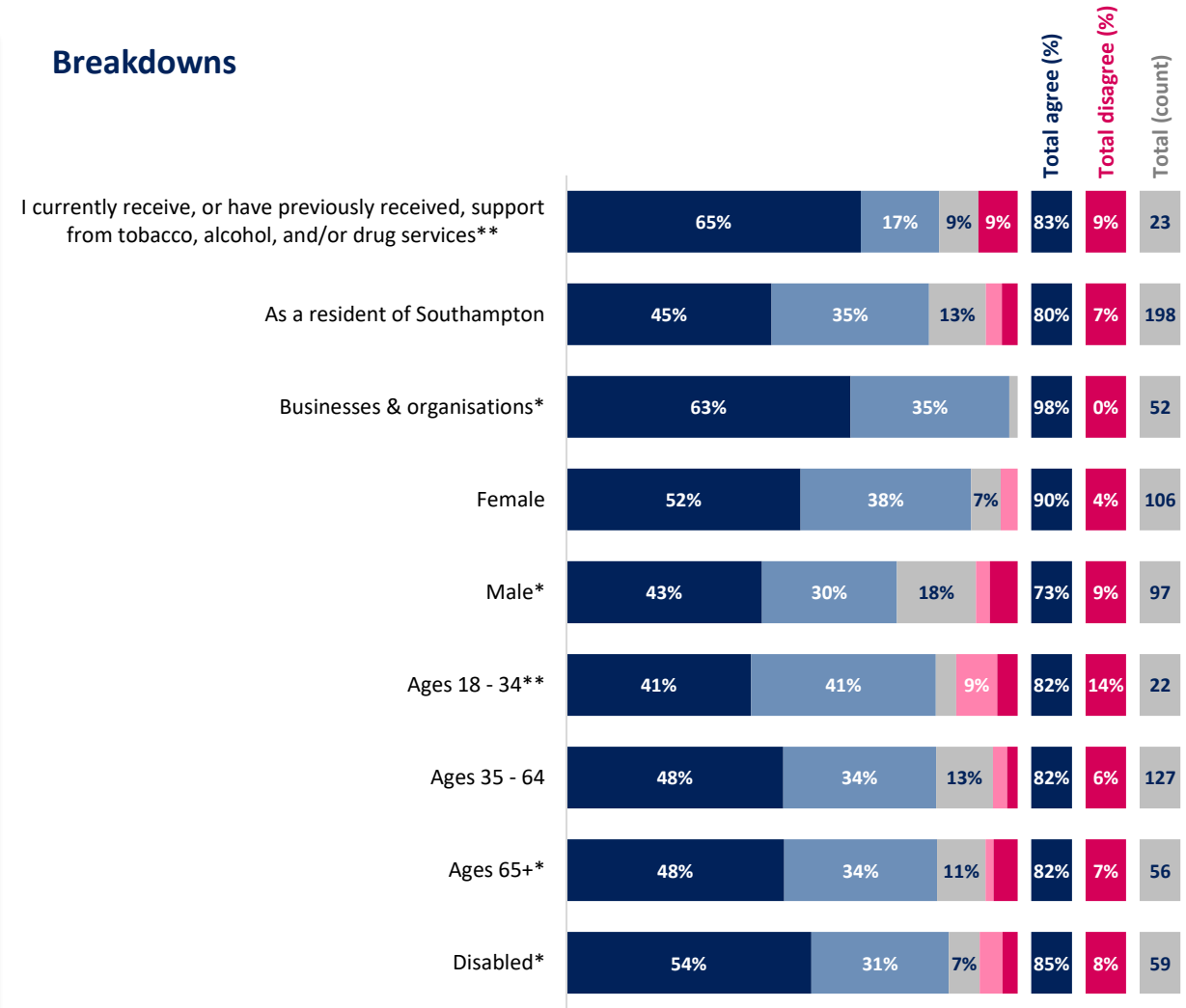
Total respondents | 254



Key findings

- A majority (82%) of respondents agree with the *hope* element of the vision, including almost half (49%) that *strongly agree*.
- Those responding on behalf of a business or organisation responded *agree* by 16% points more than total respondents overall (98% and 82% respectively), including 63% that responded *strongly agree* (14% points more than total respondents overall, at 49%).

Breakdowns

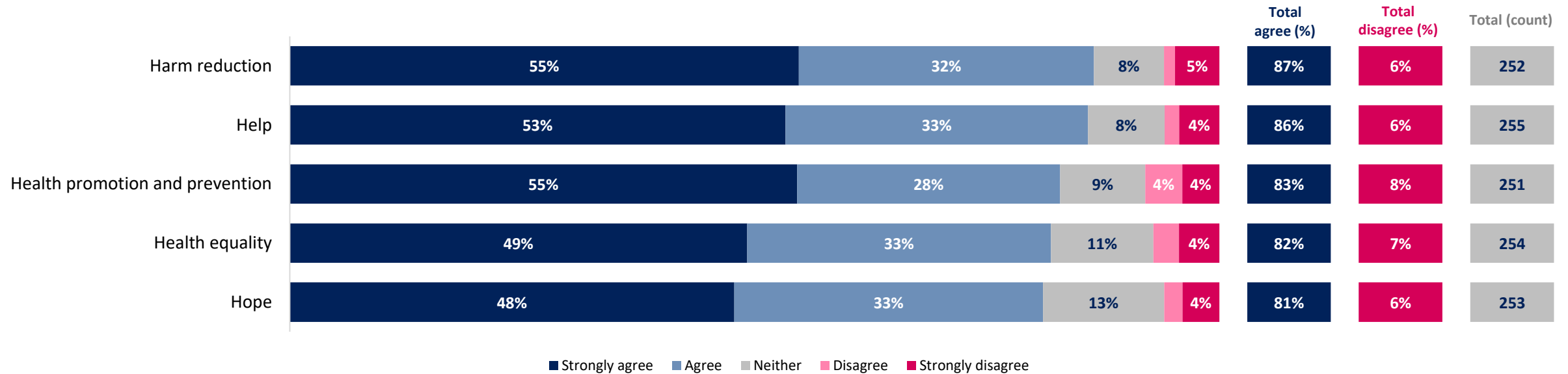


■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree

*Less than 100 respondents. **Less than 50 respondents.
Breakdowns with less than 20 respondents not shown.



Q1 To what extent do you agree or disagree with the Five Hs of our vision for 2028? *Summary*



Key findings

- All of the Five Hs of the vision had a majority total *agree* responses of between 81% and 87%
- Of these, only *hope* and *health equality* did not also have a majority that responded *strongly agree* (48% and 49% respectively) – these had a slightly higher number of *neither* responses (13% and 11% - *help*, *harm reduction*, and *health promotion and prevention* had between 8% and 9% *neither* responses each)
- No element of the vision had more than 19% total *neither* and *disagree*

Question 3 | Proposed focus





The next area covered by the consultation was the **focus** of the draft strategy. The following slides in this section detail the feedback provided on the below:

We must make sure our work has breadth and depth, and is embedded in all we do. This means that everyone benefits according to their need. We propose a strong focus on people with the greatest needs who require the most help, as well as support for the large numbers of people needing less, so we reduce health inequalities and improve health for everyone.

Groups experiencing the greatest harm from tobacco, alcohol and drugs include people living in poverty, people in marginalised groups, people with severe mental illness, and people who are homeless or living in other difficult situations. People in these circumstances are also more likely to be coping with past or current trauma and face barriers to changing their substance use or less personal support to do so.

To what extent do you agree or disagree with our proposed focus?

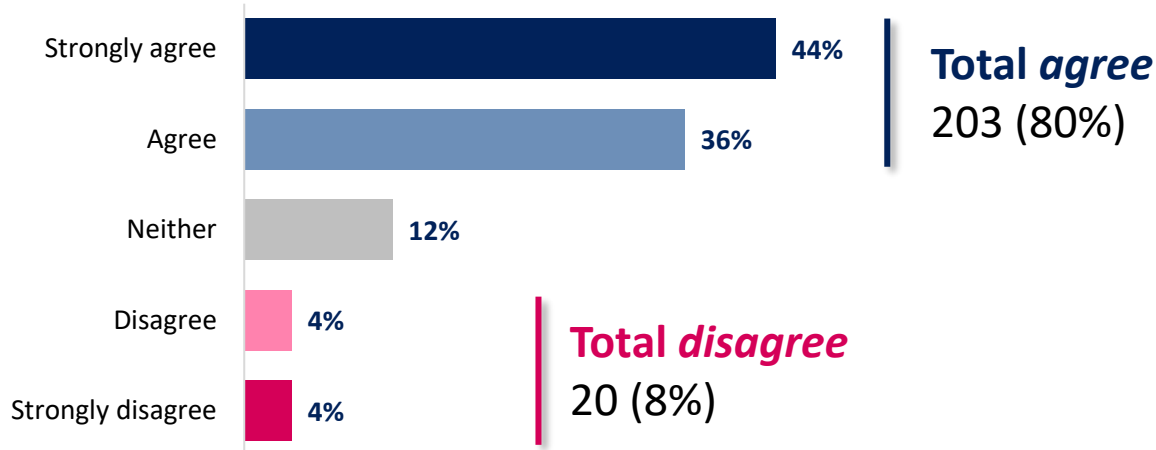
"A stronger focus on people with the greatest needs who require the most help."



Q3 To what extent do you agree or disagree with our proposed focus?



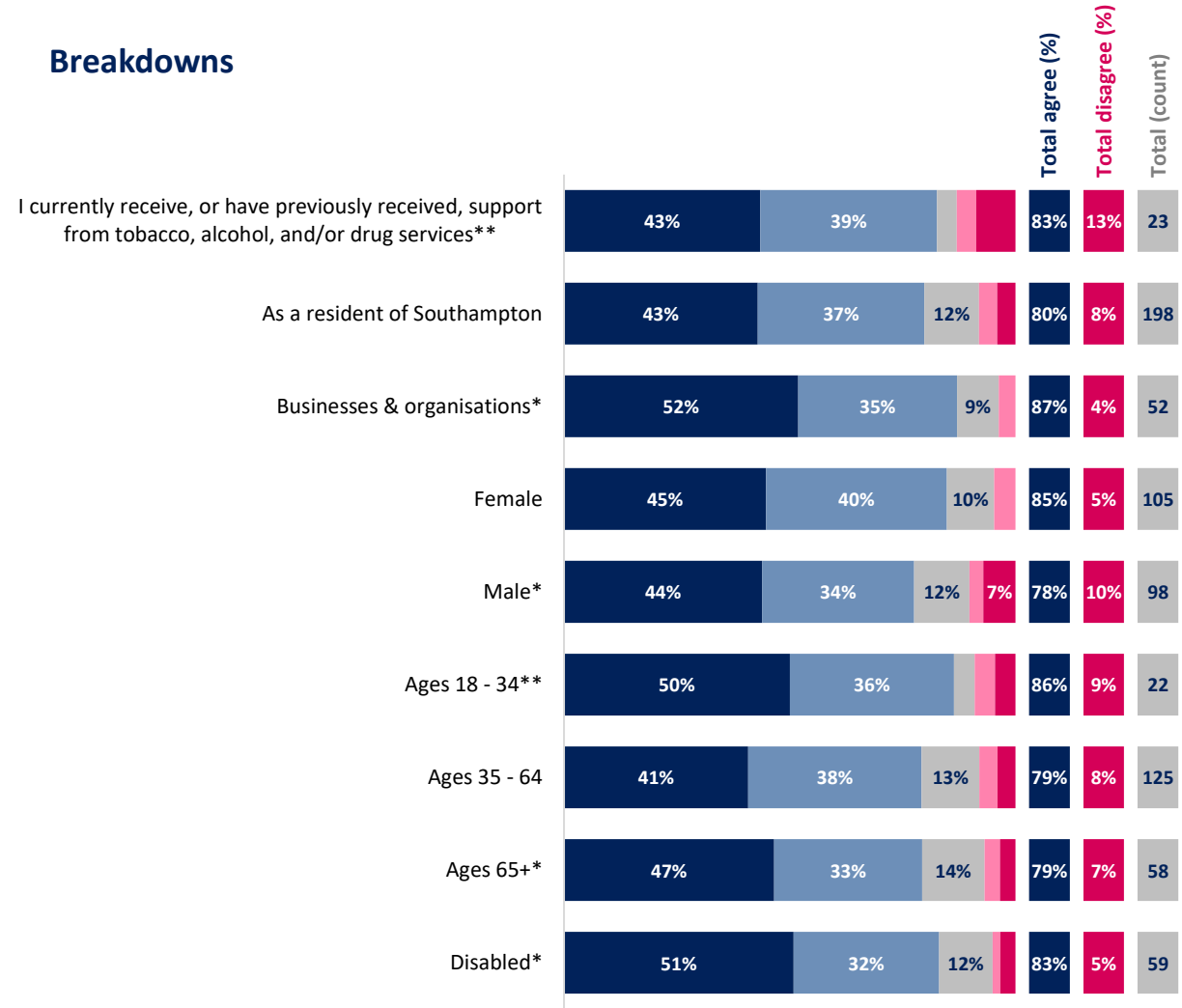
Total respondents | 254



Key findings

- A majority of respondents *agreed* with the focus (80%) including 44% who *strongly agreed*
- Men responded *strongly disagree* to a greater extent than women, at 7% to 0% respectively. This is reflected in 10% of male respondents responding *disagree* overall compared to 5% of female respondents
- Again, those responding on behalf of a business or organisation responded *agree* to the greatest extent (87%), including 52% that *strongly agree* (though these numbers are lower than for the vision)

Breakdowns



Legend: Strongly agree (dark blue), Agree (medium blue), Neither (grey), Disagree (light pink), Strongly disagree (red)

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



Q2 What more would you like to tell us about our vision for 2028?

Q4 What more would you like to tell us about what you think of our focus? *(free-text questions)*



Questions 6 – 14 | Impact of the programmes





Our strategy to achieve this vision – how will we deliver our vision?



The next area covered by the consultation were the **five strategic programmes** that will help deliver the aims of the draft strategy. The following slides in this section detail the feedback provided on the below:

We will deliver our vision through five strategic programmes, each running for the five years of the strategy (2023 - 2028). There is one programme for each of the four broad main parts of the council, called directorates. There is also another corporate programme for internal, cross-cutting work, such as human resources.

The five strategic programmes are:

- 1. Wellbeing - Children & Learning*
- 2. Wellbeing - Health & Adult Social Care*
- 3. Place*
- 4. Communities, Culture & Homes*
- 5. Corporate*

Together, these programmes will deliver the **Five Hs** of our vision: help, harm reduction, hope, health promotion, and health equality. Each directorate will run their own programme, its key projects, and its main priorities. They will also link it with their broader work and collaborate with partners and stakeholders. The programmes will develop over time as new needs, opportunities, or research arises.



Programme One – Children & Learning

This programme focuses on the health and wellbeing of children and young people. We want to protect them from the harms of tobacco, alcohol and drugs, whether from their own use or from the use of significant people in their lives.

We aim to:

- Prevent children and young people from starting using tobacco, alcohol (either under-age or at higher risk levels) or drugs
- Help children and young people who use tobacco, alcohol and/or drugs to stop and stay substance-free, or to be as safe as possible
- Protect children and young people from adult, sibling, or peer use
- Contribute to ensuring Southampton is a Child-Friendly City

Programme Two – Health & Adult Social Care

This programme focuses on adults. We want to protect them from the harms of tobacco, alcohol, and drugs. We want to ensure support is in place and that people who need help can find it and engage with it. We also want to make sure people know and understand the risks caused by tobacco, alcohol and drugs.

We aim to:

- Identify more people with higher-risk use
- Strengthen services which help people with tobacco, alcohol and/or drug use, to stop or reduce their use or at least be safer while using
- Support healthcare services to embed identification, very brief advice and brief interventions in routine care
- Increase the number of people in specialist alcohol and drug services
- Support people who achieve recovery to stay tobacco, alcohol, and drug-free, and to be visible if they wish to inspire others and reduce stigma
- Ensure help is in place to support those affected by someone else's use of drugs or alcohol
- Work with mental health services to improve treatment and support for people with co-occurring conditions



Our strategy to achieve this vision – how will we deliver our vision?



Programme Three - Place

This section focuses on our city and how we propose to work to ensure Southampton is a safe and rewarding place to be for everyone.

We aim to:

- Have more public places that are free from tobacco, alcohol and drug use, particularly those that children and young people are exposed to
- Support employers to promote health and reduce harm from tobacco, alcohol and drugs
- Increase employment and skills for people with alcohol and/or drug-use disorders
- Use planning and urban design to design health-promoting public and domestic spaces that also design out crime and fear of crime
- Reduce tobacco, alcohol, and drug-related litter through reduced use and safer disposal

Programme Four – Communities, Culture & Homes

This programme looks at how we live in our city and how this strategy can be safer, healthier and happier.

By working with our partners, we aim to:

- Reduce the illicit or illegal supply of tobacco, alcohol and drugs
- Keep people safe from harm
- Make the most of opportunities to strengthen communities and housing in a health-promoting way

Programme Five – Corporate

This last programme is all about the council itself, and how we can ensure all the people who work for and with the council can be healthier and happier.

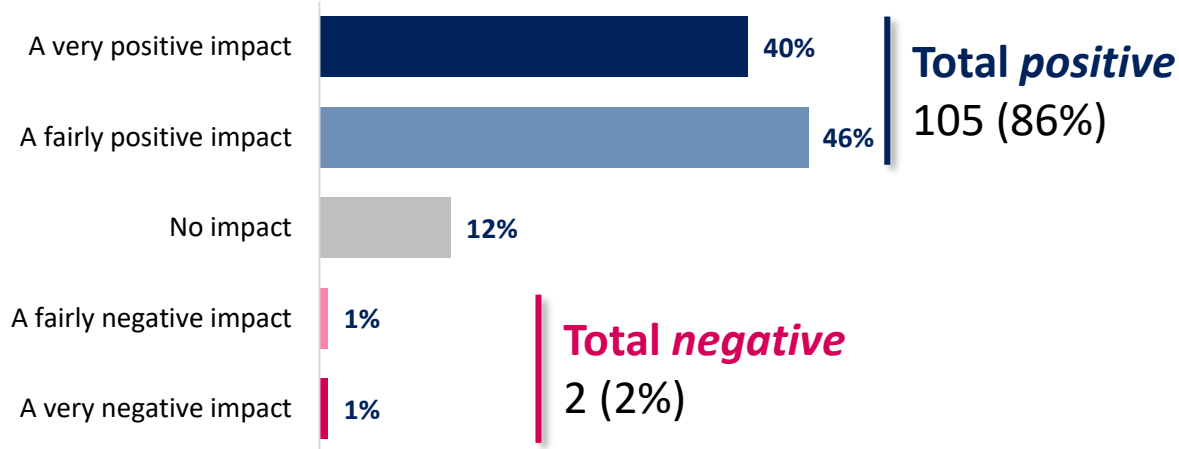
Our key focus areas are:

- Health in all contracts and commissioning
- Workforce wellbeing via support and HR policies
- Advertising guidance
- Relationships with industry, including staff pensions



Total respondents* | **122**

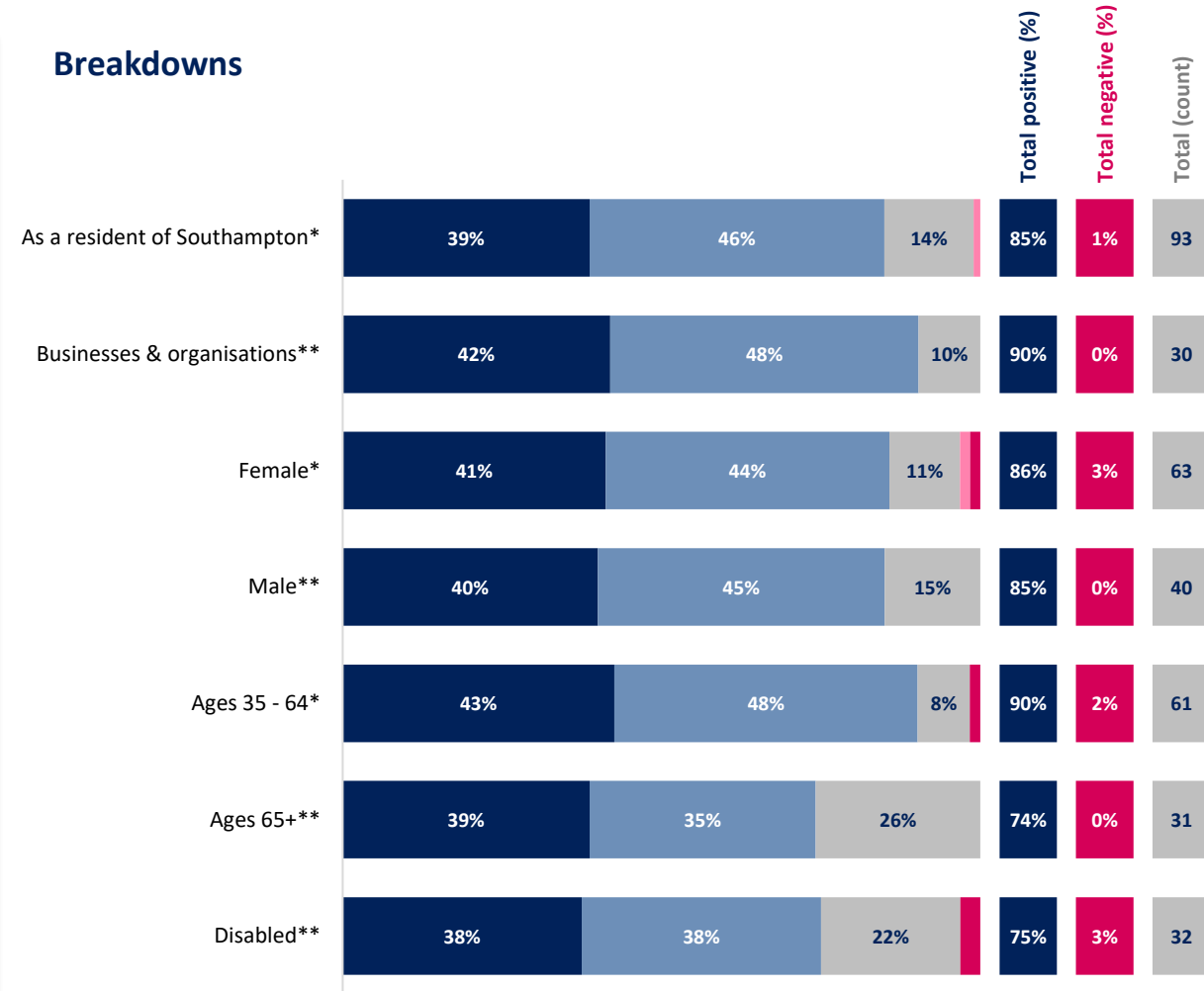
*This question was only asked of those who selected the Children & Learning programme as an option for question five.



Key findings

- Majority of respondents responded *positive* (86%)
- Though all three breakdowns have low base numbers, it is notable that among male respondents, respondents aged 65 or over, and those responding on behalf of a business or organisation, there were no *negative* responses, either *fairly* or *very negative*

Breakdowns



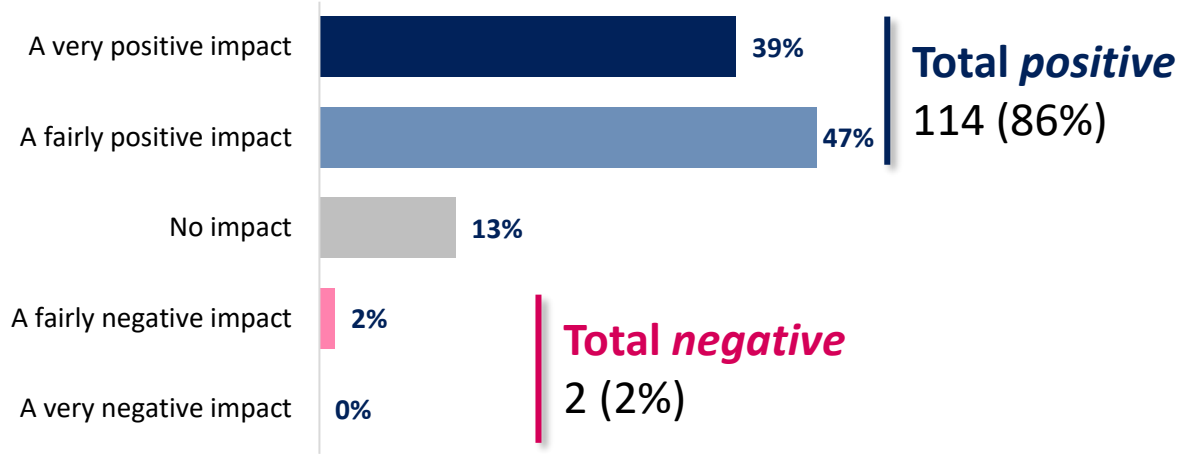
■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



Total respondents* | **133**

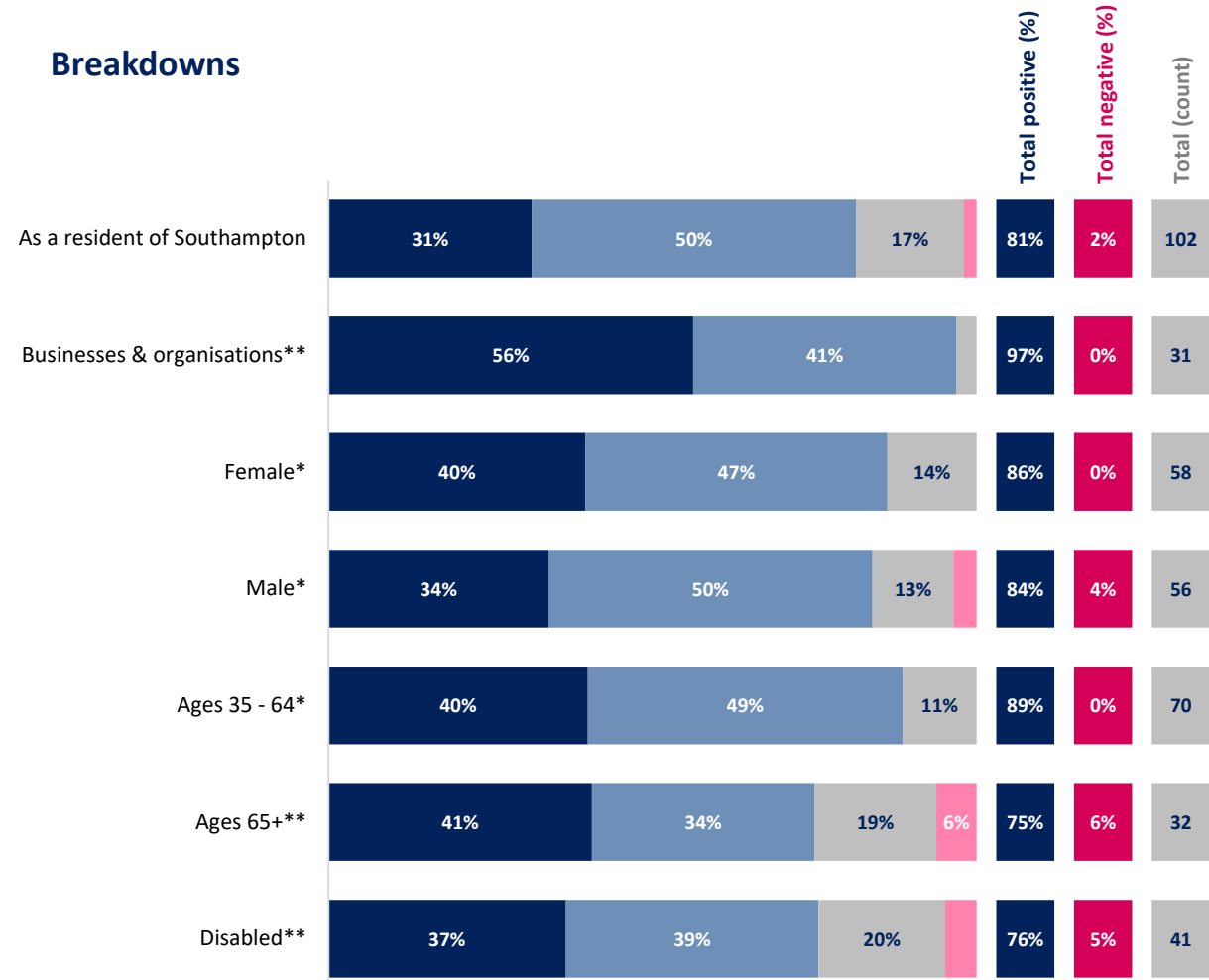
*This question was only asked of those who selected the Adult Social Care programme as an option for question five.



Key findings

- Majority of respondents (86%) responded *positively*
- No respondents that were either female or aged between 35 and 64 responded with a *negative* sentiment
- No respondents responded with a *very negative impact* sentiment

Breakdowns



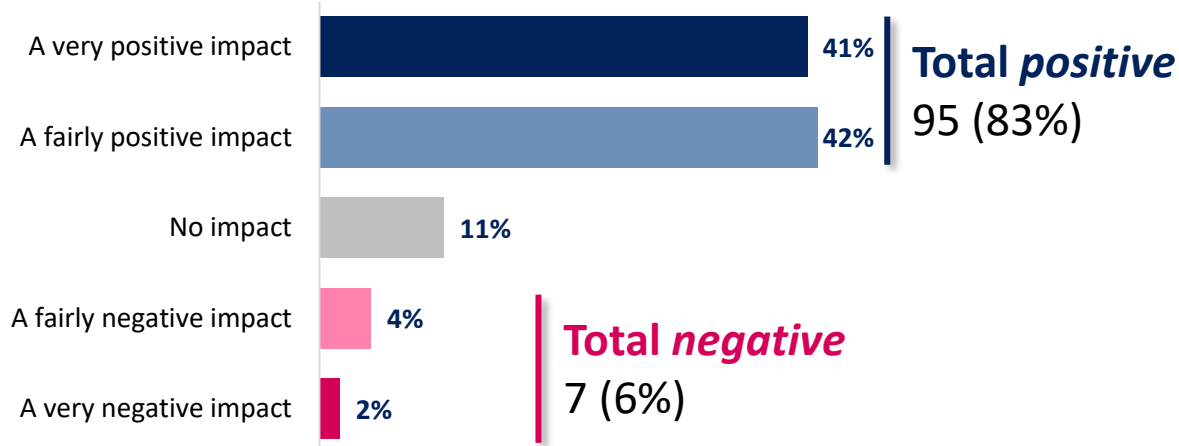
■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



Total respondents* | **114**

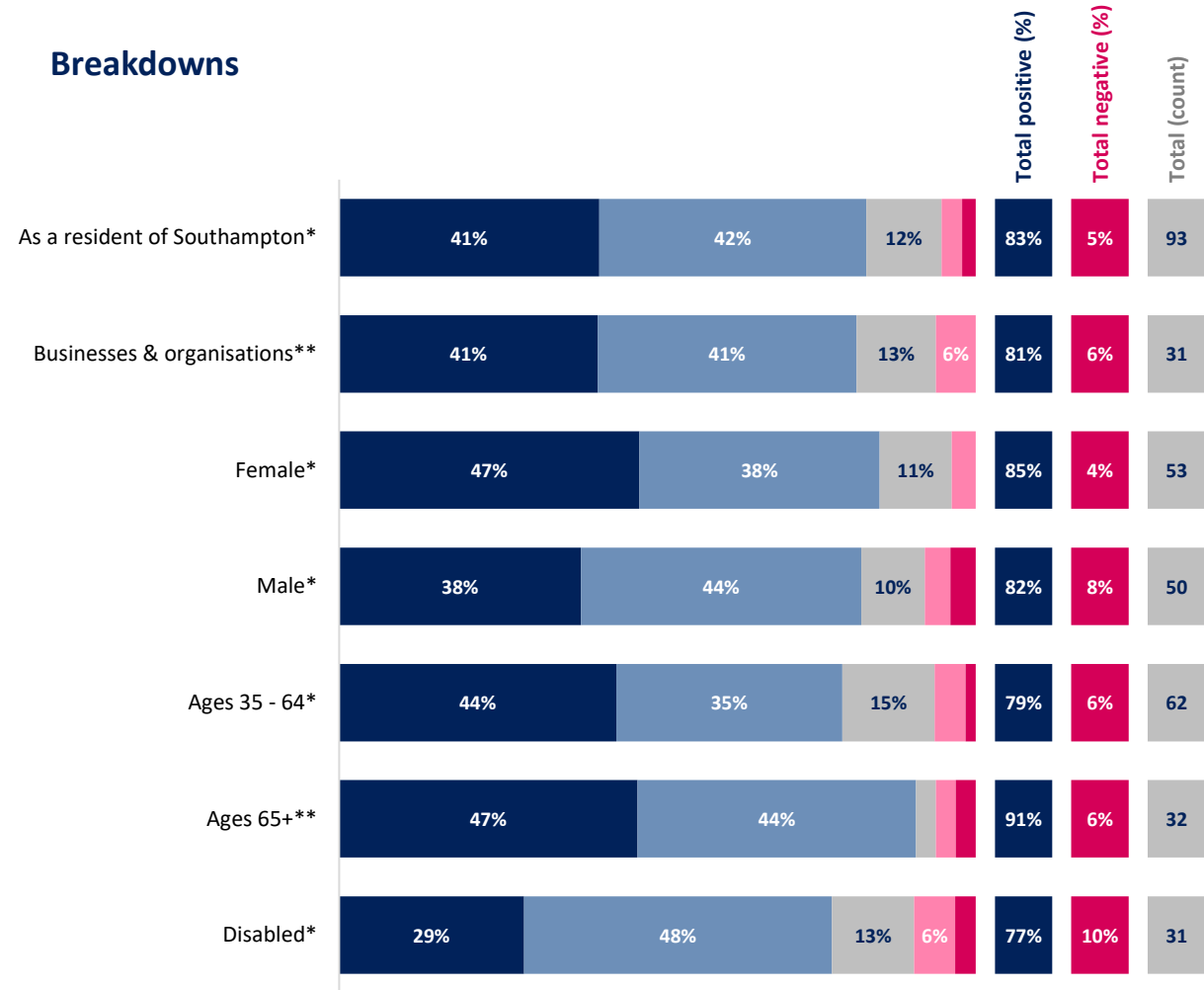
*This question was only asked of those who selected the Place programme as an option for question five.



Key findings

- Majority of respondents (83%) responded *positively*
- Female respondents responded *very positively* (47%) to a greater extent than male (38%) by 9% points

Breakdowns



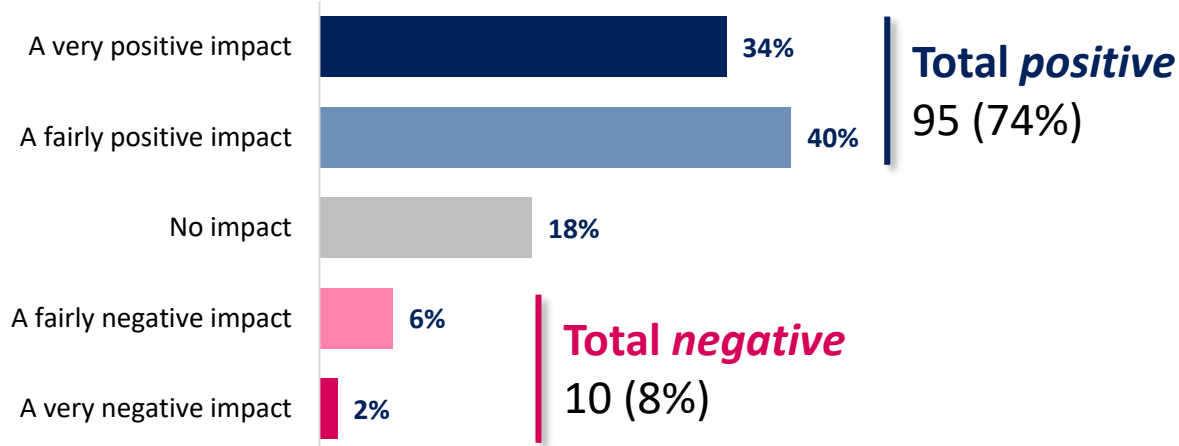
■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



Total respondents* | **128**

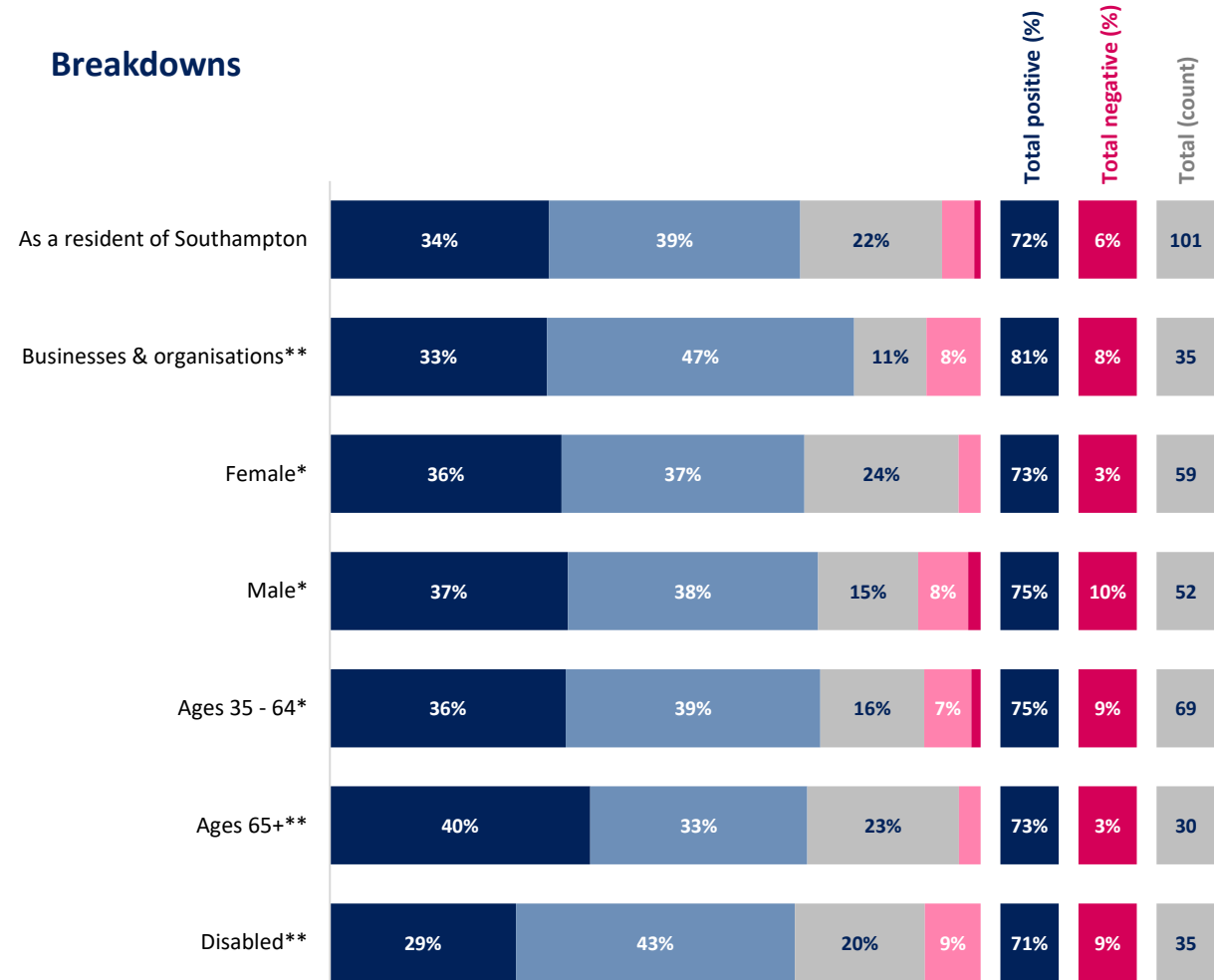
*This question was only asked of those who selected the Communities, Culture & Homes programme as an option for question five.



Key findings

- Majority of respondents responded *positively* (74%)
- Female respondents responded *no impact* to a greater extent (24%) than male respondents (15%) and respondents aged between 35 and 64 (16%)

Breakdowns



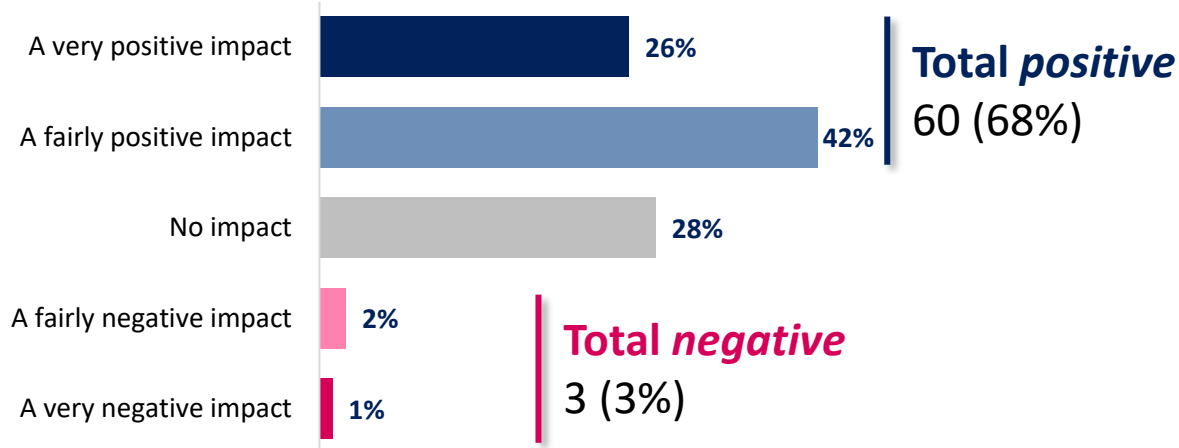
■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



Total respondents* | **88**

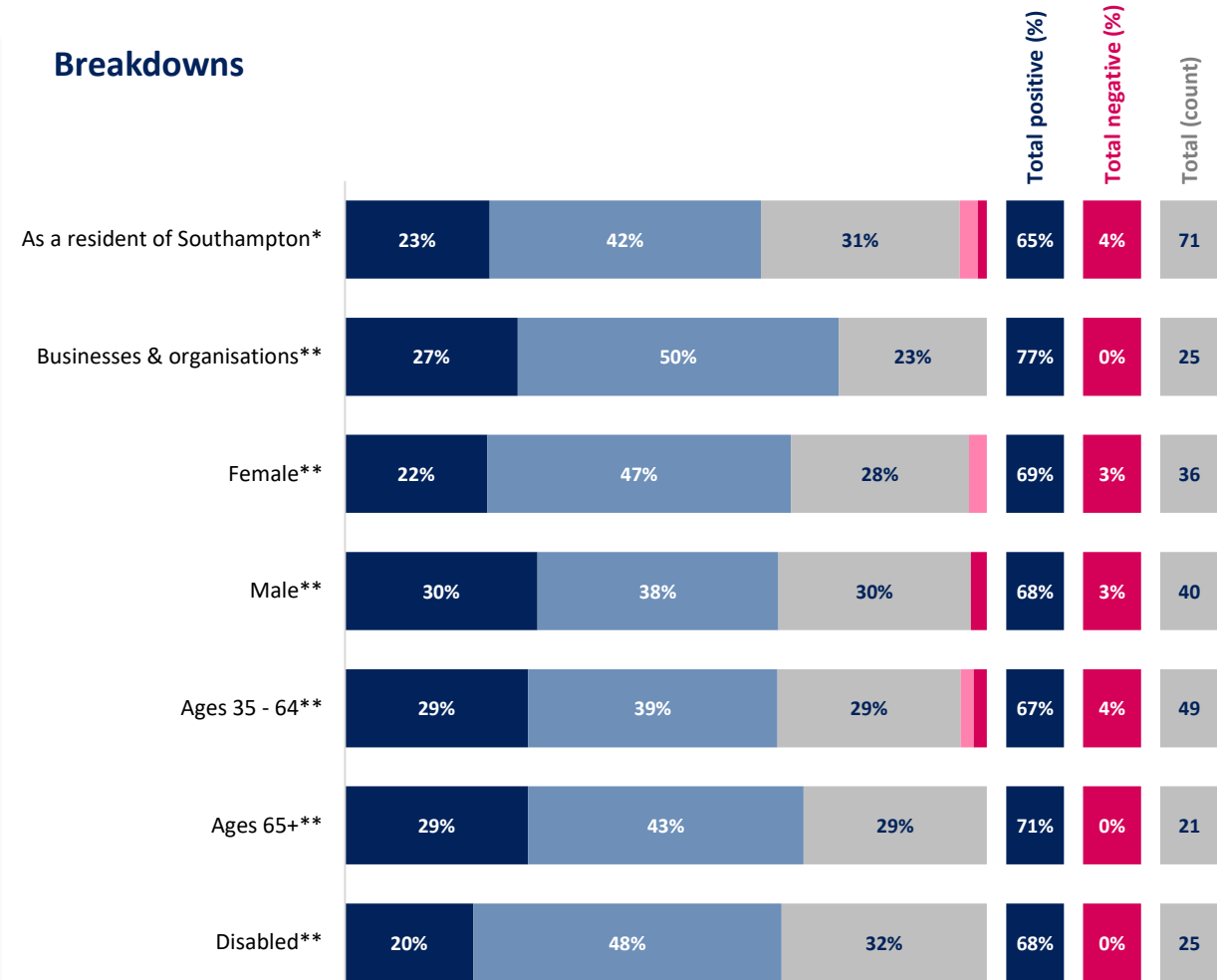
*This question was only asked of those who selected the Corporate programme as an option for question five.



Key findings

- Majority responded *positively* (68%), however this is six percentage points less than the next programme, Communities, Culture & Homes (74%) and also received the least total responses (88) out of the five programme questions (responses ranging from 133 to 114)

Breakdowns

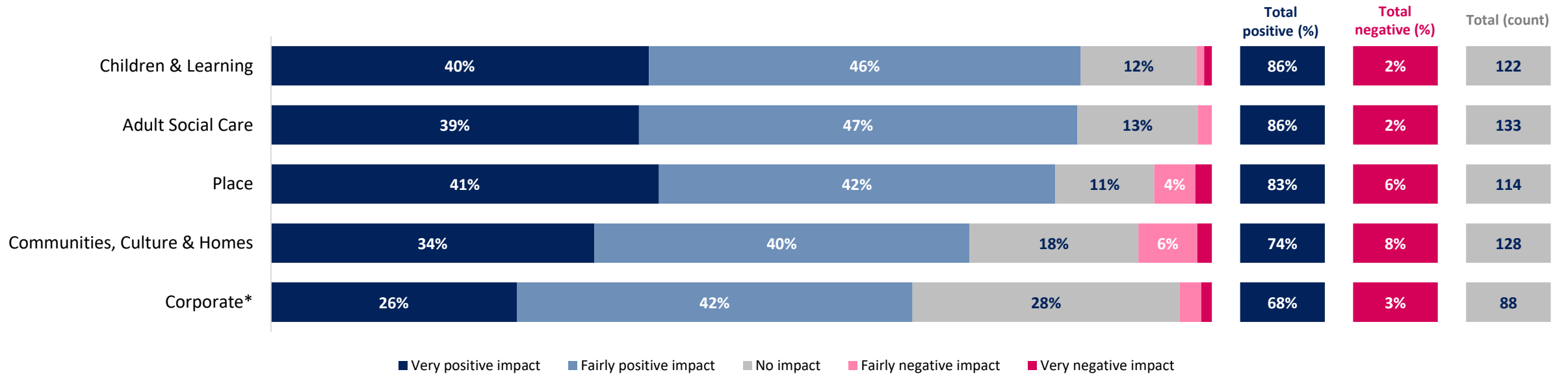


■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



Questions 6 – 14 What impact do you feel this will have on you, your family, your business, and/or the wider community? *Summaries*



*Less than 100 respondents.

Key findings

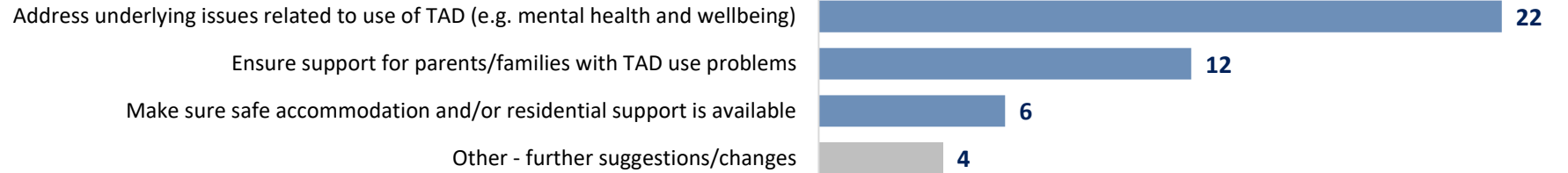
- All five of the programmes had a majority *positive* responses (between 68% and 86% each)
- The *Corporate* programme had the lowest total *agree* and *neither* responses (68% and 28% respectively), also receiving the lowest total number of responses for the programme questions overall (88)
- Of the programmes with over 100 responses, *Communities, Culture & Homes* received the lowest total *positive* (74%) and the largest number of respondents that said the programme would have *no impact* (18%)
- *Children & Learning*, *Adult Social Care* and *Place* all received between 83% and 86% total *positive* responses each



Q2 What more would you like to tell us about your thoughts on the [...] programme? *(free-text questions)*



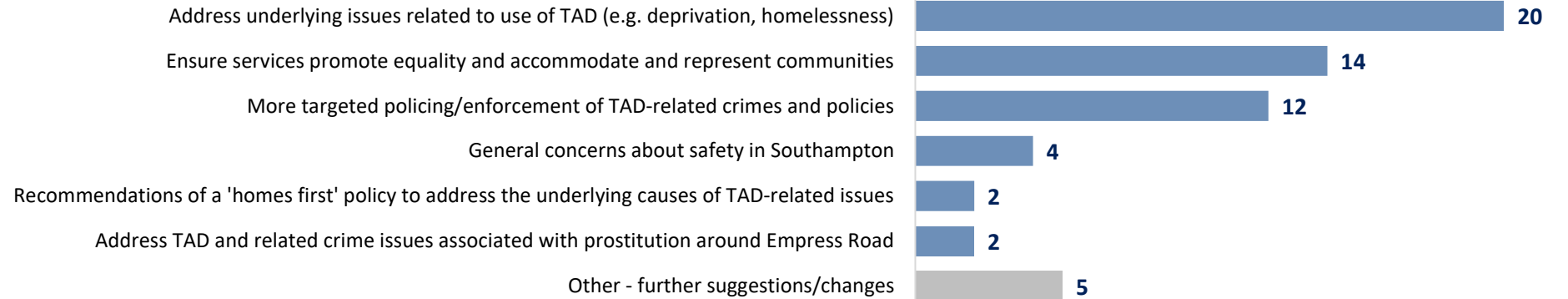
Adult Social Care



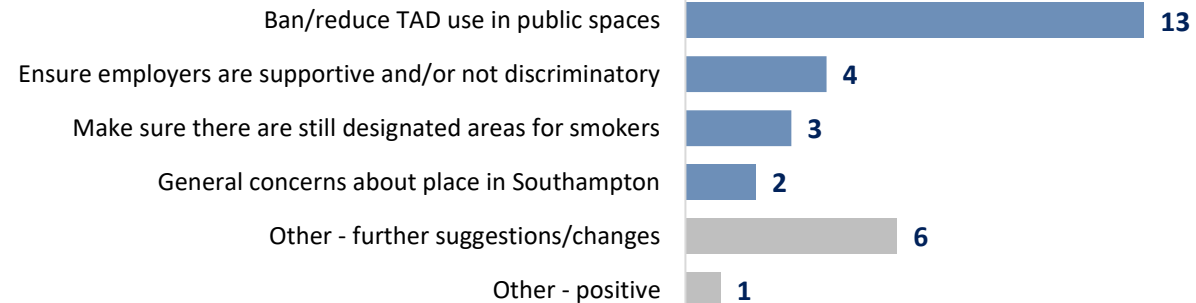
Children & Learning



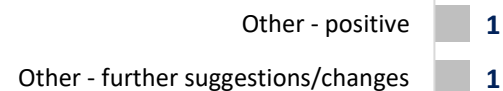
Communities, Culture & Homes



Place



Corporate



Question 17 | Contents of the draft strategy





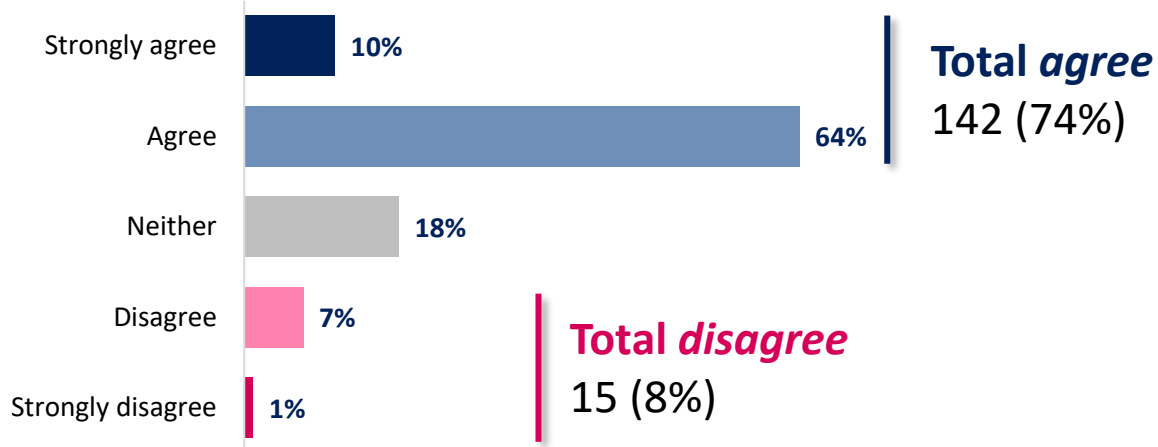
Q17a To what extent do you agree or disagree with the following statement?

"The draft strategy is easy to understand"



Total respondents* | **191**

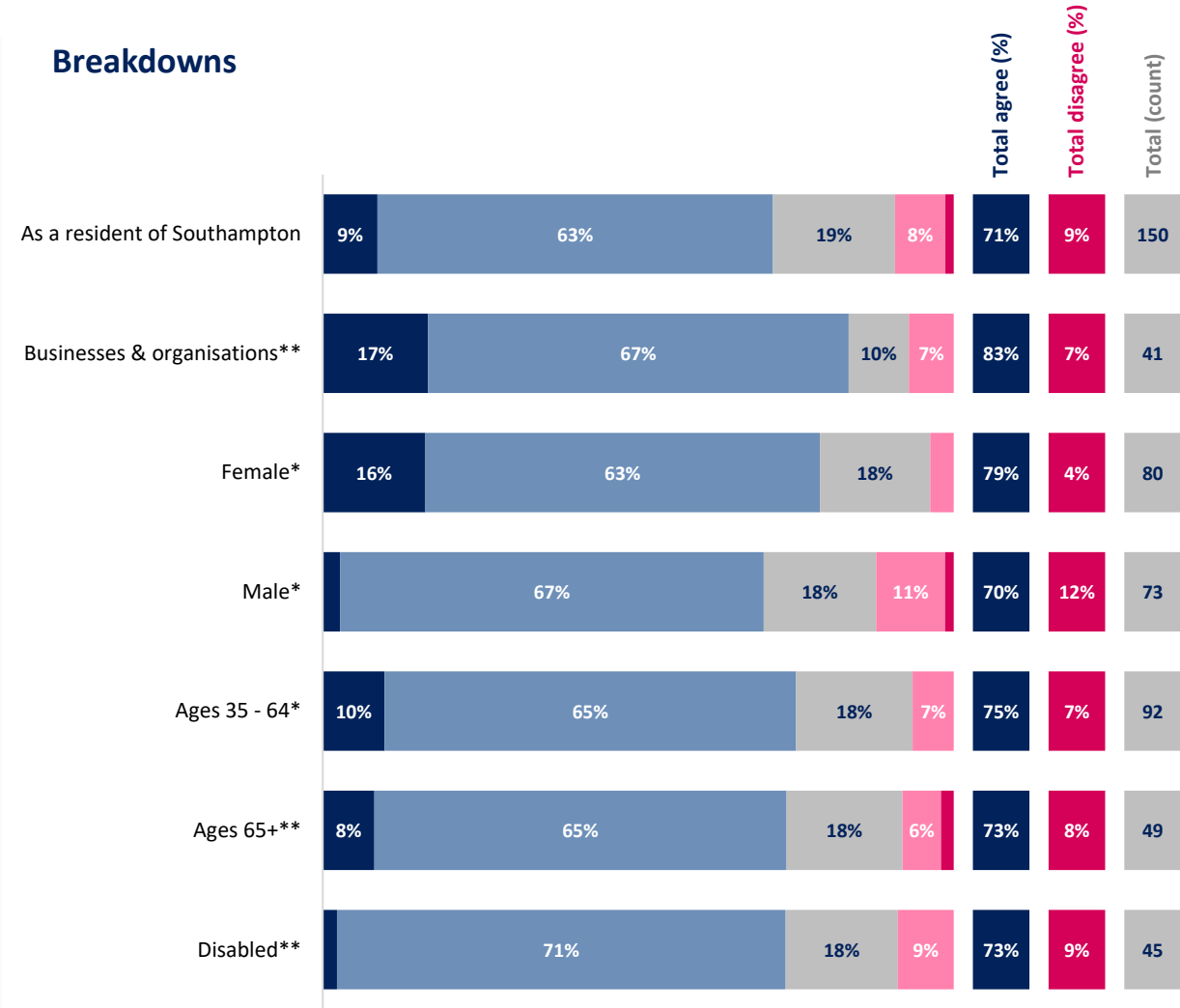
*This question was only asked of those who confirmed they had read the draft strategy in response to question 16 (194 of 256 respondents confirmed they had read at least some of the draft strategy).



Key findings

- Majority of total respondents (74%) *agreed* (total sentiment) with the statement, including 10% total who *strongly agreed* and 64% total that *agreed*
- Female respondents responded total *agree* to the greatest extent (79%) and male respondents to the least extent (70%)
- Of breakdowns of 50 respondents or more, males responded total *disagree* to the greatest extent at 12% (8% points more than female at 4% total disagree)

Breakdowns



Legend: Strongly agree (dark blue), Agree (medium blue), Neither (grey), Disagree (pink), Strongly disagree (red)

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



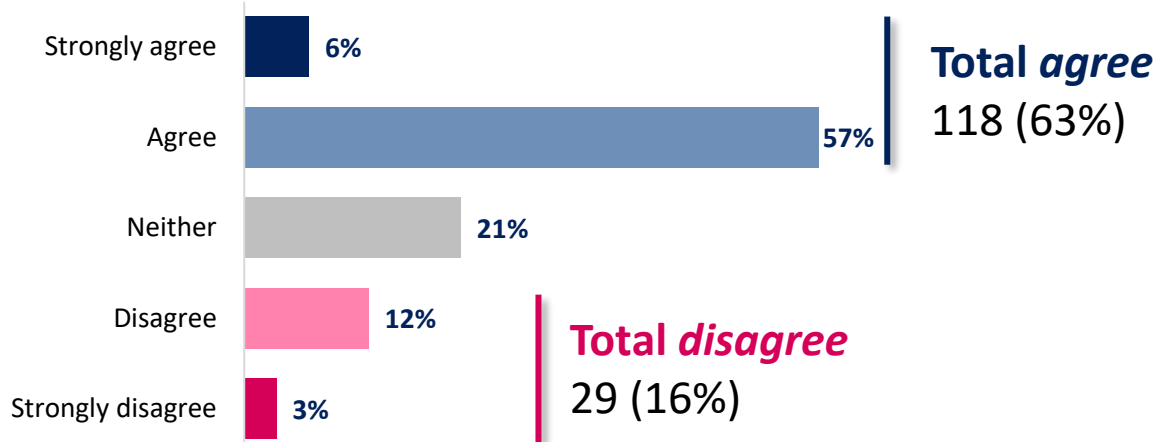
Q17b To what extent do you agree or disagree with the following statement?

“The draft strategy provides sufficient information”



Total respondents* | **187**

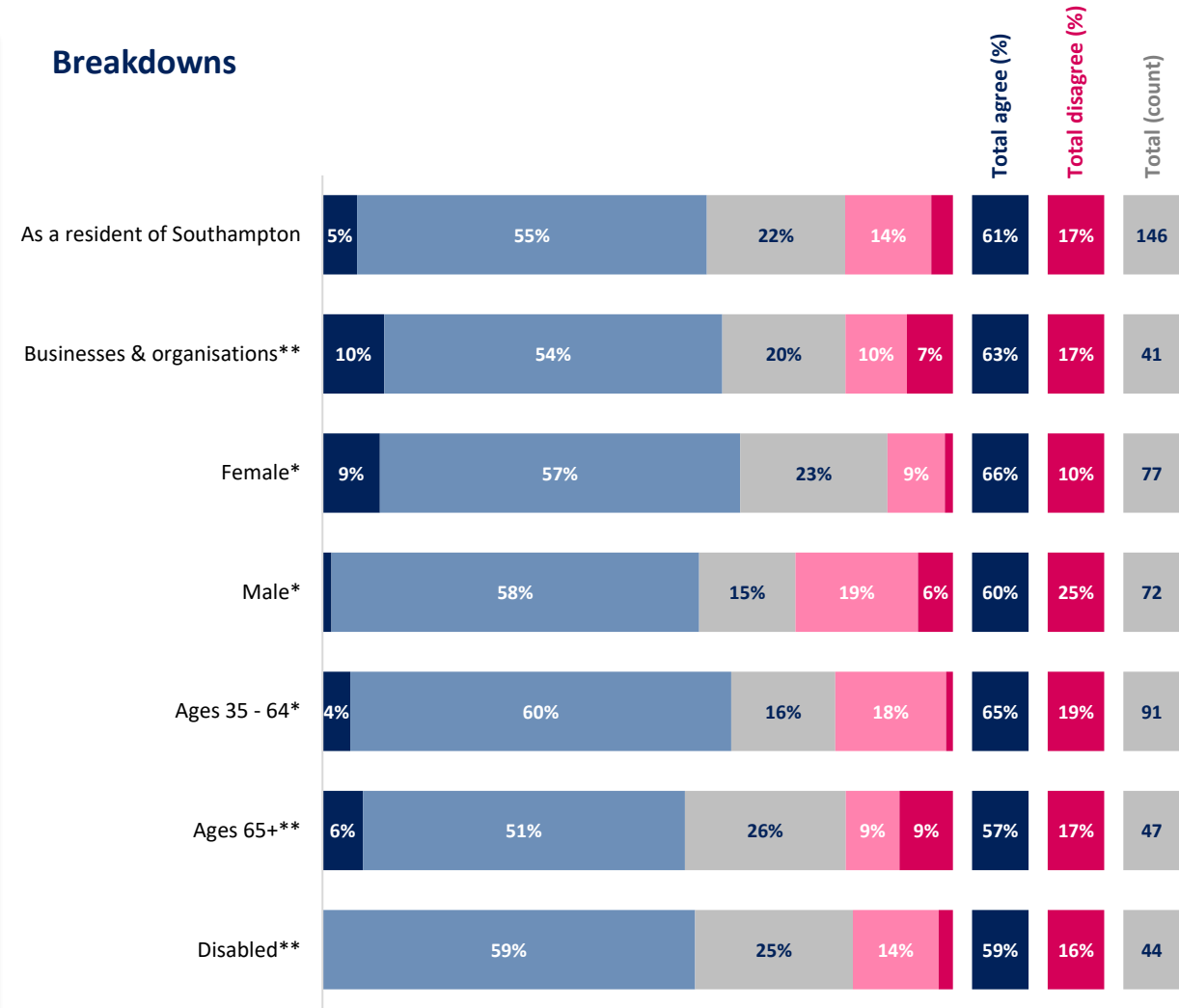
*This question was only asked of those who confirmed they had read the draft strategy in response to question 16 (194 of 256 respondents confirmed they had read at least some of the draft strategy).



Key findings

- Majority of respondents responded *agree* (63% total agree sentiment), and 57% total respondents also responded *agree* (as per scale option)
- More respondents responded *neither* (21%) than responded *disagree* (16%)
- Male respondents responded *disagree* (25%) to a greater extent than female (10%), while female respondents said *neither* (23%) in greater numbers than male (15%)

Breakdowns

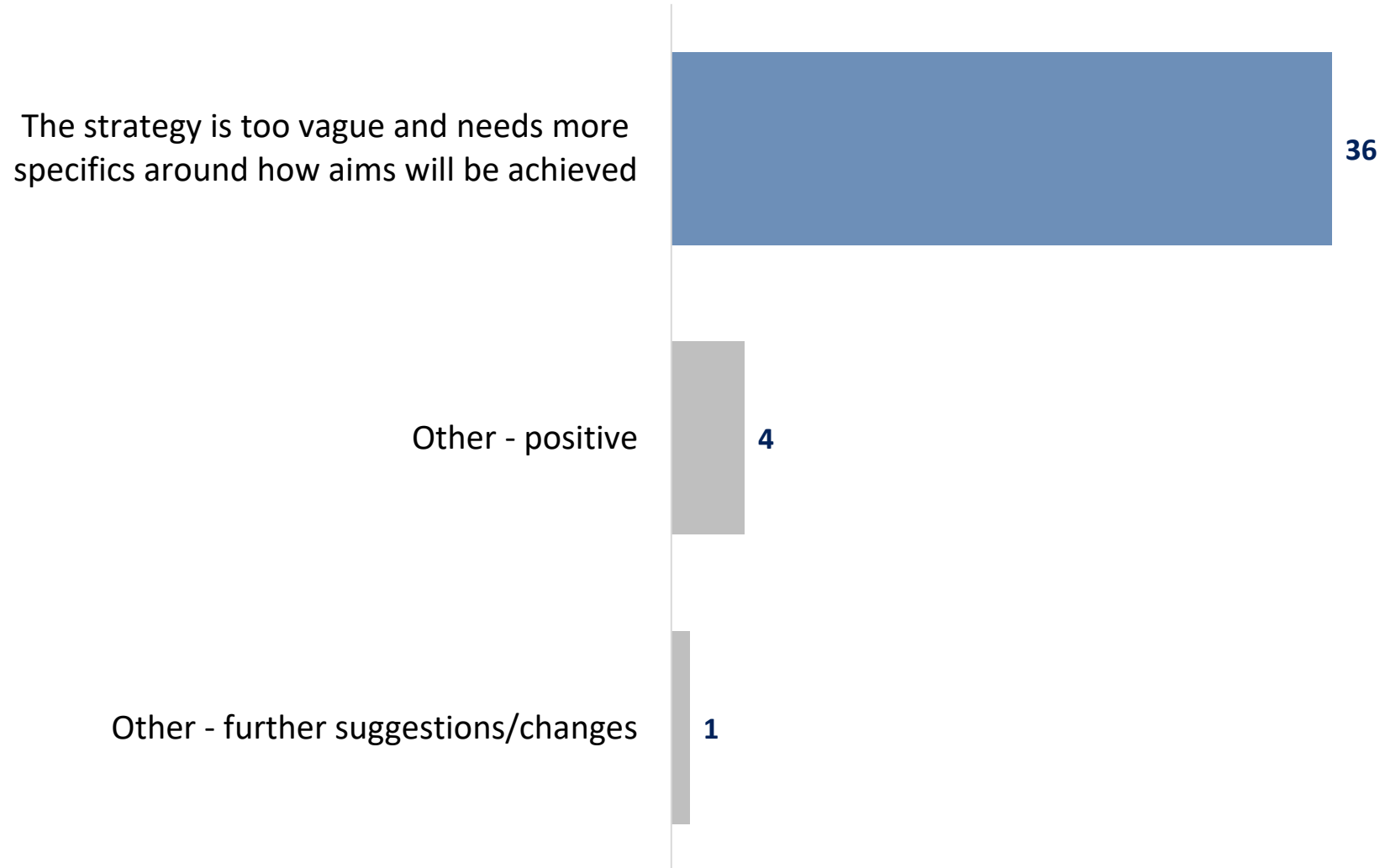


Legend: Strongly agree (dark blue), Agree (medium blue), Neither (grey), Disagree (pink), Strongly disagree (red)

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



Q18 If there were parts of the strategy that you did not understand or you feel needed more information, please provide further details below (*free-text questions*)



Question 19 | Potential impact of the draft strategy

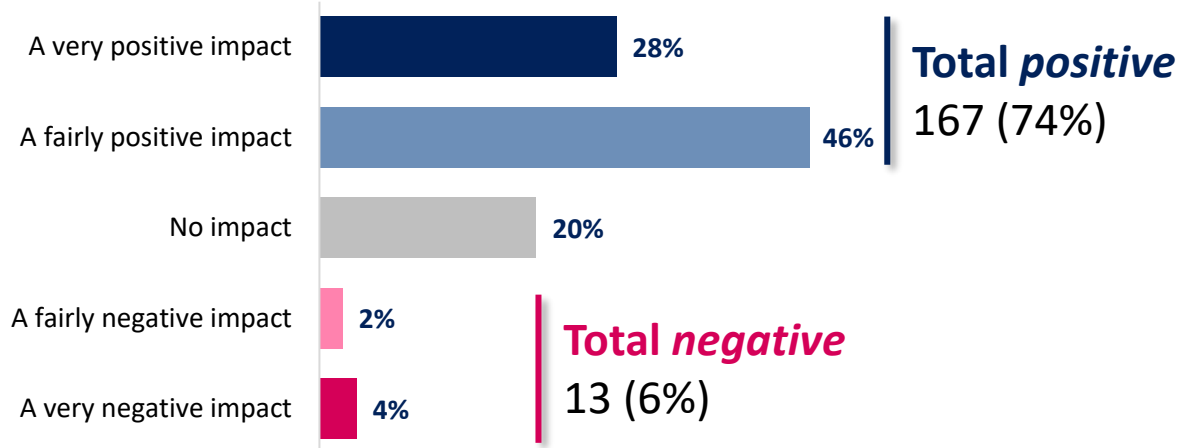




Q19 If the draft strategy were to be implemented, what impact do you feel this may have on you, your family, your business, and/or the wider community?



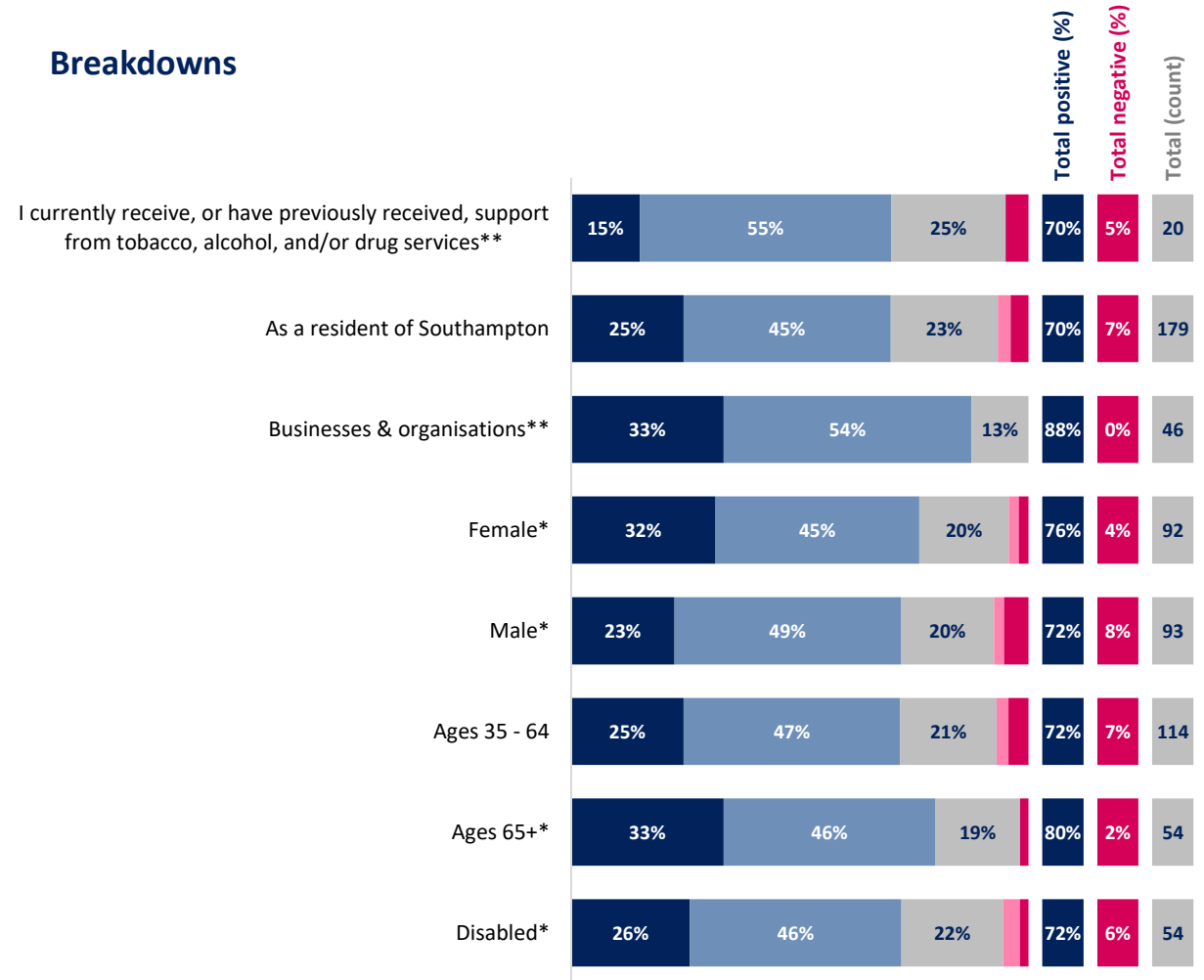
Total respondents | **226**



Key findings

- Majority of respondents responded *positively* (74%), with 46% responding *fairly positively*
- More respondents responded *no impact* than responded *negative* (20% and 6% respectively)
- Female respondents responded *very positively* to a greater extent than male by 9% points (32% and 23% respectively)
- Respondents aged between 35 and 64 responded *positive/negative* to a similar extent to males (72%/7% and 72%/8% respectively) and respondents that said that they were disabled (72%/6%)
- Respondents aged 65 or more responded *positively* to the greatest extent (80%)

Breakdowns



■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



Q20 Please use the space below to tell us more about the potential impacts of the draft strategy, and if there is anything else we should consider or that you feel is missing from the proposals *(free-text questions)*

