

# Triple Zero City Consultation

## Citizen Views and Analysis

October 2021



**BE BOLD BE BIRMINGHAM**

 **Birmingham**  
City Council



## Background

The Triple Zero City Strategy is a new approach aiming to reduce deaths, overdoses and addiction linked to drug and alcohol misuse. This work is overseen by the Health Protection Forum sub-group of the Health and Wellbeing Board and is managed by the Health Protection Team. Birmingham City Council asked the people of Birmingham, strategic partners and key agencies to give their view on the strategy. The questionnaire went out to public consultation on 10<sup>th</sup> May 2021, closing on 2<sup>nd</sup> August. Responses and views were sought via an online questionnaire hosted on the City Council consultation hub, 'Be Heard', (<https://www.birminghambeheard.org.uk>). The consultation was online only due to the impact of COVID-19.

## Methods

The questionnaire asked 22 questions relating to the different parts of the strategy using a 5 point Likert scale (Strongly Agree to Strongly Disagree) alongside free text boxes, to capture opinion on the proposed strategy for tackling substance misuse, addiction and associated harms. Responses using the scales were captured numerically and associated percentages calculated.

The questionnaire included a section to capture the demographics of respondents. This was a voluntary part of the questionnaire and was analysed to understand the characteristics of those responding and whether they were representative of the population.

Free text, qualitative responses were analysed independently by a team of analysts. An inductive thematic coding approach was used to allow key themes to emerge. This approach included open coding whereby anchors were identified, and key data points gathered, consistent with Grounded Theory. Higher order themes were then established as the data grew richer.

This meant examining each text response to identify common themes (topics, ideas and patterns of meaning) that come up repeatedly. Instances of each theme were counted with the most common themes reported on, and where necessary sub-themes to provide additional context. Quotes were selected to represent the balance of feedback. The supplementary written responses received from individuals and organisations via the Triple Zero mailbox, were included in the overall analysis.

## Results

894 responses were received overall with between 208 and 454 written responses per question that included a free text field. Emergent themes from written responses are presented for each question in the consultation.

Whilst each question comprised subject-specific responses that lead to specific themes, some themes were consistent across questions. For example, thematic

analysis of multiple questions revealed that respondents generally felt that the “Zero” target was unrealistic and overly ambitious but it was the right thing to aim for.

## Conclusion

The quantitative results from the consultation showed that respondents agree with the strategy overall. At the same time many of the people who provided a written response expressed concerns with the details of the strategy such as wording, implementation and recognising the interconnections and the wider determinants of addiction in delivering the strategy.

We recognise that not everyone provided a written response in addition to their selection on the scale, and research shows that those with strong positive or negative views are the more likely to provide additional context to their responses.

Given the valuable contribution of respondents’ voices, the final strategy should incorporate the themes that emerged from this consultation

## Respondent Characteristics

- A typical respondent who provided their demographic information was a white male or female member of the public aged 50 – 74 years; identifying as Christian or no religion and heterosexual, without a disability but with a condition that affects everyday activities.
- **77.6% of respondents were a member of the public** and 14.3% were health or care professionals; the remaining 8.1% comprised public health specialists, academics and people who preferred not to answer.
- **The age of respondents was very different to the population.** Over half (56.1%) of respondents fell within the age group 50 – 74 years compared to the 22% in the general population. Only 4% of responses were from people in their 20s, compared to 21% of the population.
- **People from non-white ethnic groups were under-represented in the cohort responding to the consultation.** Most notably the number of responses from Asian or Asian-British individuals was less than a third of what the background population suggests it should have been (8% compared to 27%). 84% of those that gave their ethnicity were white, compared to 58% of the population. 13% did not answer this question or preferred not to say.
- **Slightly more people identifying as female responded to the consultation.** Of those providing their gender 55% identified as female. 6.6% did not or preferred not to answer. We acknowledge that the consultation design only offered Male or Female as options and this will be changed in future consultation.
- **The most represented religious group was Christianity (46.0% of those stating their religion).** This is the same as the population (46.1%). However more people responding stated they had no religion (43%) compared to the population (19%) and some other faiths were under-represented. The most notable ones being Islam – only 5% compared to 25% and Sikhism (1% compared to 3%). 19% preferred not to or did not answer.
- **More people stated they had a disability than population data suggests.** 18% of respondents choosing to answer this question said they had a long-term condition or disability compared to 9% in census data. 7.3% preferred not to answer and 1.6% did not provide a response.
- **Of those that gave their sexual orientation 91% were heterosexual/straight** The other respondents who provided an answer were bisexual (5.0%), gay (3%), lesbian (1%), 13.4% preferred not to say or did not answer (17%).
- **Health conditions** that affect every day activities were relatively equally shared amongst the different types of conditions with respondents stating that **mobility (15.8%) and mental health (15.0%) were most common.** Other conditions reported included breathing/fatigue (13.1%), dexterity (10.4%), hearing (10.1%), memory/concentration (6.1%), neurological (4.3%), vision (4.2%) and learning (4.0%).

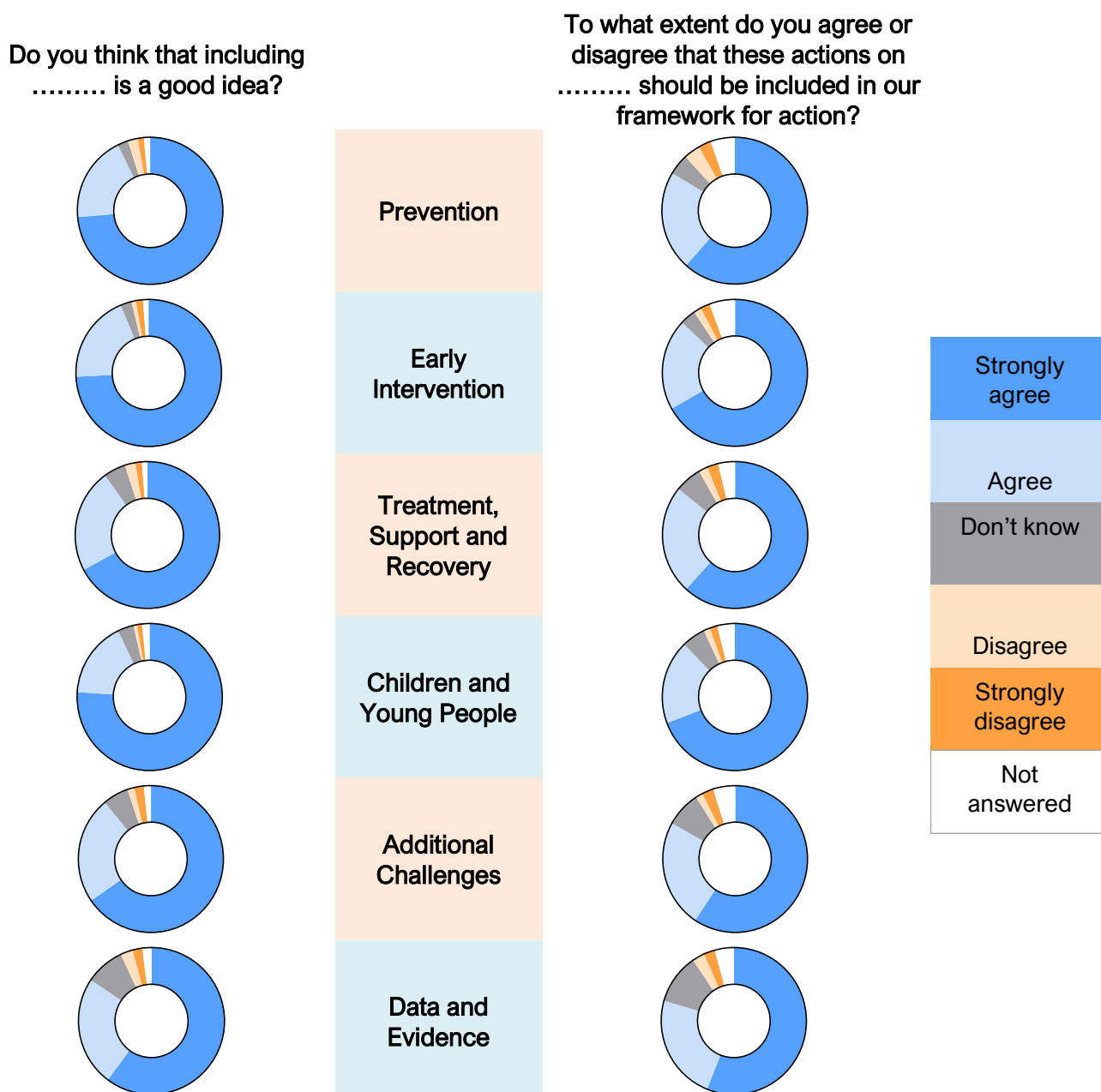
While the population is likely to have changed since the 2011 census data we are comparing to, we recognise that participant demographics are in many cases still not representative of the Birmingham population. This is despite there being targeted

promotion activity to capture the views of specific demographic groups and this is something we can learn from for future consultation. We did not ask if people had lived experience of drug or alcohol addiction as either individuals, or their family and friends. This would have been valuable information to obtain.

# Do you think / To what extent do you agree

Some of the questions in the survey had two parts. Part 1 looked like “Do you think that including ..... is a good idea?” whilst part 2 looked like “To what extent do you agree or disagree that these actions on ..... should be included in our framework for action?”

Although these questions appear similar they highlight the difference between concept and practicality. The 6 questions comprising two parts with corresponding responses are shown below.



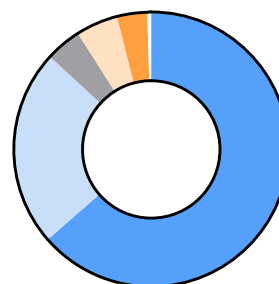
More respondents strongly agreed that including each subject was a good idea than the actions being included in the framework for action. This demonstrates that **respondents are in favour of including all of the proposed subjects conceptually**. However, when it came to the practicality of including these in the framework for action, fewer people were as strongly in agreement.

Analysis of the written responses allows us to understand these discrepancies and **take action to strengthen the strategy**.

# Shared Ambition

To what extent do you agree or disagree with having this as a shared ambition for Birmingham?

Over 99% of respondents answered this question using the scale. 87% agree or strongly agree with the ambition.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	568	63.6%	207	23.2%	38	4.3%	44	4.9%	32	3.6%	4	0.4%

## Top themes from free text responses and what they are saying

444/894 respondents provided a written response. Of those:

- 123 felt that the shared ambition was **unrealistic** or had **concerns over the practicality of delivery and resourcing, wording, measurement, and accountability**. However of these, the majority (109) still felt it was **commendable** or **worth aiming for**.
- 55 respondents raised **concerns about the current state of service provision** and the substance misuse situation in Birmingham, whilst 47 felt the ambition needed to **consider other factors that contribute to drug and alcohol abuse** (e.g. homelessness, crime, unemployment). It was generally felt that better support is needed to overcome failing services, and education and prevention is needed rather than responding to emergencies.
- Respondents generally felt that substance misuse should be seen as a **health problem and not a criminal justice issue**, with 22 calling for **more care and support** making Birmingham a **place of shared community**. This contrasted with 21 others who stated that the criminal justice system should take a harsher stance with tougher penalties for perpetrators of drug related crimes.

The following comments are typical of points raised.

*"Agree. However having a vision must be obtainable and a target of zero is a very stretching one for a city the size of Birmingham. This city has many social problems that need to be dealt with first as these problems feed the drugs and alcohol that people become addicted to."*

*"The plan needs far more emphasis on the corollaries of drug and drink misuse. As I read it your plan says nothing about poverty, poor housing, 'sink estates' all of which contribute to the problems you seek to address. Without significant change in these areas your an will be ineffective in my view."*

*"Don't know what shared ambition means."*

*"the 'shared ambition' is very woolly and enables non-measurement of actual achievement."*

*"The ambition is excellent but the devil is in the detail which seems lacking"*

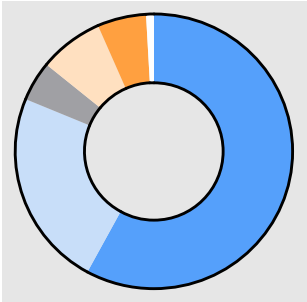
*"I strongly support safe consumption rooms and hope that Birmingham will pioneer this. I've been involved in community litterpicks for years and years - and have had to deal with discarded needles far too often. Time for some radical action to make life safer for those with addictions - and for the rest of us."*



# Zero Deaths

To what extent do you agree or disagree with the ambition: Zero deaths due to drugs or alcohol addiction?

99% of respondents answered this question using the scale and over 80% agree or strongly agree with the ambition.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	518	57.9%	208	23.2%	42	4.7%	67	7.5%	51	5.7%	8	0.9%

## Top Themes from free text responses and what they are saying

387/894 respondents provided a written response. Of those:

- 165 felt that the zero deaths outcome was **unrealistic, over ambitious or difficult to achieve** but at the same time the majority of those (96) felt it was **commendable or the right thing** to aim for in principle. There were questions raised around **measurement** and criticism of **wording**. The effect of **personal choice** was also spoken about, with respondents citing this a one of the reasons zero could not be achieved, as some people will always choose to consume substances or not want help.
- 133 commented on **Services**, calling for **better support and resourcing** in the face of failing services, and a need for **education and prevention**.
- 33 talked about the impact of **wider determinants** such as housing and homelessness, crime and environment and the importance of addressing these to prevent deaths.

The following comments are typical of points raised.

*"It is our public and social and moral duty to do whatever we can to achieve this. We have neglected this group of society for far too long".*

*"In a city of this size, I doubt I'm alone in thinking that zero deaths in a year is an unachievable goal, but I support the target as to strive for anything less is letting people down.*

*"you are holding yourself accountable for somebody else's choices. Not everybody is ready for change."*

*"I agree with the ambition, but also think given the nature of addiction, it might not be possible. I think the phrasing of "zero preventable deaths" was better."*

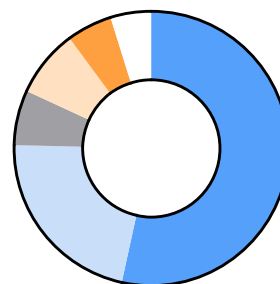
*"This needs to be a real strive for change and not just lip service.."*

*"You're dreaming if you actually think you can achieve what no other city (IN THE WORLD) has managed."*

# Zero Overdoses

To what extent do you agree or disagree with the following ambition: “Zero overdoses due to drug or alcohol addiction”?

Over 95% of respondents answered this question using the scale. Three quarters agree or strongly agree with the ambition.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	478	53.5%	196	21.9%	58	6.5%	71	7.9%	48	5.4%	43	4.8%

## Top Themes from free text responses and what they are saying

323/894 respondents provided a written response. Of those:

- 118 felt that zero overdoses due to drug or alcohol addiction was **unrealistic**, although 1 in 6 of these felt it was a **laudable ambition** and were happy to support the proposed outcome.
- 78 had **concerns over delivery and resourcing**, but the majority of these agreed with the zero overdoses outcome.
- 40 respondents raised **concerns about clarity**, indicating that measurement and wording were not clear
- **Considering broader factors** that contribute to overdosing due to drug and alcohol addiction was a common theme, with 17 out of the 31 written responses being accompanied by a positive response.
- 35 felt that the **current system is failing** with 5 of these and 24 others stating that it is impossible to help everyone particularly as **some may not want support or treatment**.
- 21 respondents indicated that there is a **greater need for education and awareness** whilst a comparable number (22) suggested that the criminal justice system should take a harsher stance on drug/alcohol users who overdose.
- Improving control and administration of drugs was another key theme, with 22 calling for more people trained to **administer Naloxone or medically control drugs**, and 14 asking for **safer injection sites** with trained professionals.

The following comments are typical of points raised.

*“It is a great aim but not sure how realistic it is.”*

*“I think this should read “Zero drug and alcohol overdoses” - clear English is important.”*

*“Great ambition, may be hampered by people's readiness to address their addictions but it is something we should be aiming for.”*

*“This is really only achievable if drugs are legalised for use within certain facilities to keep an eye on dosage.”*

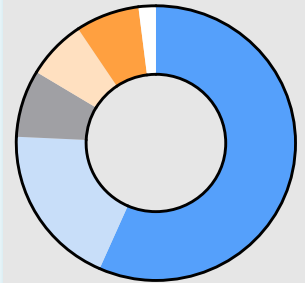
*“Overdoses can be prevented by the right education and adequate access to medications in case of emergency.”*

*“allowing safe places for drug users to consume, buy and test the substances they are taking would help achieve this target.”*

# Zero people living with addiction to drugs or alcohol not receiving support to manage and overcome their addiction

To what extent do you agree or disagree with the ambition: Zero people living with addiction to drugs or alcohol not receiving support to manage and overcome their addiction

98% of respondents answered this question using the scale. Over three quarters agree or strongly agree with the ambition.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	506	56.6%	171	19.1%	71	7.9%	62	6.9%	66	7.3%	18	2.0%

## Top Themes from free text responses and what they are saying

454/876 provided a written response. Of those:

- 129 provided additional comments supporting their **agreement with the ambition in principle**. However some of these felt it was **unrealistic, over ambitious or impossible to achieve (93)**. This ambition was cited as underpinning achievement of the other ambitions (zero death and overdoses). As with other ambitions there were concerns with **wording** with some respondents stating they did not understand either the question, or the ambition itself.
- For this question 94 respondents talked about **personal choice** in seeking support, with mention of **denial, engagement and refusal** affecting achievement of this ambition, and suggestions that the ambition should be changed to include 'those who want support'
- 204** commented on **Services**, calling for **better support and resourcing** in the face of failing services, and a need for **education and prevention**.

The following comments are typical of points raised.

*Zero again the problem! You cannot force people without their consent! Look at how people react against lockdown!*

*some people will always choose to decline support as is their human right*

*People need care and support and money shouldn't come into it I see no difference in needing support to fix a broken leg and fixing an addiction*

*The very nature of the culture of alcohol usage in this country differs widely from drug usage. As such the two should be delineated with a different strategy for both including separate commissioned providers.*

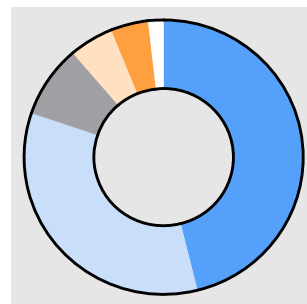
*not all people living with addiction disclose it. The statement should include a few words around those wanting the help*

*These are good aspirational ideas but to make them a measurable goal is unrealistic in terms of both human and financial costs. It would be far better to see these as aspirations but to have a more realistic goal such as to reduce as far as possible these issues.*

# Addiction Definition

To what extent do you agree or disagree that we should use this broad definition of addiction in the strategy?

98% of respondents answered this question using the scale. Over 80% agree or strongly agree with the definition.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	412	46.1%	305	34.1%	76	8.5%	46	5.2%	39	4.4%	16	1.8%

## Top Themes from free text responses and what they are saying

299/894 respondents provided a written response. Of those:

- There was a mix of subjects, with no singular theme dominating discussion.
- The largest theme (75 people, 25% of responses) was around the proposed definition **not being broad enough or capturing the relevant detail**. Comments included expanding the list of addictions - such as non-drug addictions like gambling - or that the list was **out of date** and not keeping up with trends.
- There were also suggestions that focusing on a list of drugs was limiting, and the definition should **consider other aspects of addiction**, such as cause, behaviours, and predicted outcomes.
- There was a small number (14, 5%) who thought the **definition should instead be narrowed** to the most harmful, addictive substances so that limited resources are focused on the most urgent areas.
- Other themes included: general agreement with definition; prescription medication issues; service issues and suggestions for improvement; concern that the strategy/definition is not achievable.

The following comments are typical of many points raised.

*"This is just a list of drugs. The element that is important is "harmful use" .... This needs to be from a mental health perspective not a war on drugs perspective - it's been tried it doesn't work. Why people use drugs and how they become addictive and harmful is what needs to be understood."*

*"Will there be sufficient resources to respond to all forms of drug use, particularly prescription and over the counter medications. This would require significant investment. If this is not possible perhaps there should be priority on which drugs are causing most harm."*

*"Need to be aware that usage and addiction are NOT the same."*

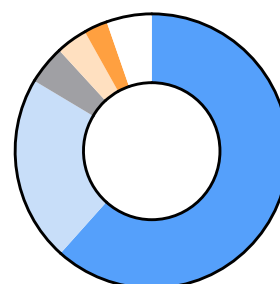
*"Far too broad in particular the prescription drugs subheading. If you potentially make people feel like criminals because they are taking antidepressants or anti-anxiety medication etc you risk people not seeking the required support they need."*

*"What about other addictions that are not related to substance abuse such as gambling"*

# Prevention

To what extent do you agree or disagree that these actions on Prevention should be included in our framework for action?

95% of respondents answered this question using the scale, 8 in every 10 people agreeing or strongly agreeing with the actions on prevention being included in the framework for action.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	551	61.6%	196	21.9%	41	4.6%	33	3.7%	25	2.8%	48	5.4%

## Top themes from free text responses and what they are saying

339/894 respondents provided a written response. Of those:

- A large number (176) expressed **concerns over the illicit drugs trade** and the **relative availability and affordability of alcohol and drugs**. These responses generally called for greater focus on **tackling drug supply and distribution** as well as **depowering drug dealers**. However, views were ambiguous regarding the sale of low-cost alcohol.
- Strong themes emerged around **supporting communities and people (50)**. However, **43** respondents felt that **preventative support should be more holistic and consider wider factors** that lead people to substance misuse.
- Health concerns** were raised, particularly **mental health** in **24** respondents, calling for preventative measures to consider this as a priority.
- 16** raised **concerns around organised crime**, indicating that **stronger wording and tougher stances** may be required to tackle the problem. Others suggested that substance misuse is not only affected by organised crime.

The following comments are typical of many points raised.

*"Closing down the organised crime that underpins the drugs trade feels like a huge task that will require vast increases in resources, e.g. in Policing."*

*"It should start in primary schools, be a prime objective in secondary schools, with opportunities to take it further after 18 (sport training areas, youth club leaders etc)."*

*"I think there needs to be the addition of a focus on diverting people particularly young people from criminal exploitation and being drawn into the drugs trade."*

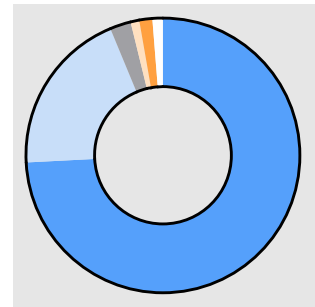
*"I would exercise caution when it comes to challenging low cost alcohol as this is official interference in private commercial transactions freely entered into between adults."*

*"It's a systemic issue with numerous society levers in play ... the prevention piece requires many other social matters to change not least poverty and racism"*

*"Agree but prevention should also include reducing mental health issues and poverty in order to prevent drug and alcohol addiction."*

## Early Intervention

To what extent do you agree or disagree that these actions on Early Intervention should be included in our framework for action? 94% of respondents answered this question using the scale. Over **87% of respondents agree or strongly agree** with the actions on early intervention being included in the framework for action.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	598	66.9%	180	20.1%	31	3.5%	15	1.7%	19	2.1%	51	5.7%

### Top Themes from free text responses and what they are saying

248/894 respondents provided a written response. Of those:

- 73 people indicated that they were **supportive of the early intervention approach**
- 40 people discussed **doubts/possible limitations**, including concerns that actions/goals were unrealistic, difficulties in engaging people, challenges in changing professional culture, a lack of acknowledgement of the root causes of addiction and poor integration/communication between organisations.
- Funding **and resources** was a regular theme. The main points raised were **lack of adequate resources** for early intervention and the **need for substantial investment**, specialised staff, dedicated facilities and monitoring of cost-effectiveness.
- A total of **39** people discussed the need for **education and awareness** for children, young people, adults and/or professionals as part of the early intervention approach.

The following comments are typical of points raised.

*"Definitely a good approach"*

*"Early intervention is correct and necessary to deter further problems arising which may be costly to the authorities if kept unchecked for a long period of time"*

*"Agree but I think the problems are a lot larger than you think and would be unachievable"*

*"Tip of the iceberg, this is needed but wouldn't make a dent"*

*"Where is the funding? If it was this easy, there wouldn't be a problem"*

*"Education is the only way. This should be across the board leaving no one out including OAP"*

*"Professionals within the NHS sector require training around drug and alcohol addiction so that they are equipped with the right tools to support the patient and... signpost patients to appropriate services based on early signs"*



# Actions on Treatment

To what extent do you agree or disagree that these actions on Treatment, Support and Recovery should be included in our framework for action?

96% respondents answered the question using the scale. **87% of respondents agreed or strongly agree** with the actions on Treatment, Support, and recovery being included in the framework for action.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	552	61.74%	215	24.05%	53	5.93%	18	2.01%	22	2.46%	34	3.80%

## Top themes from written responses and what they are saying

281/894 respondents provided written responses. Of those:

- **14%** of respondents were **happy with the inclusion of treatment, support, and recovery in the framework**. Whereas **10%** suggested that existing services either needed evaluation and strengthening or the new framework needed reviewing and strengthening.
- **53%** of respondents (**149** respondents) suggested that there should be **changes to services and provisions**. The largest majority within this theme suggested that there should be changes in funding to accommodate the proposed strategy or were concerned about funding not being adequate (including for the previous strategy).
- There were also themes around **resources, staffing and training provided to employees as well as changes to management and the involvement of more stakeholders**.

## The following comments are typical of points raised.

*"Individuals will only progress if they have a desire to move forward. Need to support with mental well-being where individuals can see a positive outcome and can become independent individuals contributing to society. High quality is key, rather than numbers through the door."*

*"To bring people into a good and supportive work environment gives a sense of self-worth."*

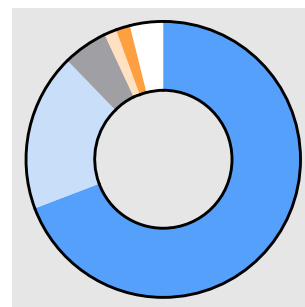
*"These are essential if the main objectives are to be achieved."*

*"If you're relying on government funding, then it will fail. The level of funding will not be constant and will be outsourced and will be seen less as a social issue than a fiscal one. It needs to be ring fenced through the council budget."*

# Children and Young People

To what extent do you agree or disagree that these actions on Children and Young People should be included in our framework for action?

96% of respondents answered this question using the scale. **9 in every 10 people agree or strongly agree** with the actions on being included in the framework for action. This question had the highest percentage agreement in the framework for action section



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	619	69.24%	165	18.46%	47	5.26%	13	1.45%	15	1.68%	35	3.91%

## Top themes from written responses and what they are saying

281/894 respondents provided written responses. Of those

- For this question there were very few comments directly regarding whether people were or were not in agreement and instead the majority of comments were around what was needed in terms of interventions and services or the problems people saw.
- 199 respondents spoke about services and a need for better support and early intervention. The **vital role of Social Services** was also raised, but this also came with comments about poor performance and under-resourcing
- 7% of responses mentioned lack of opportunities for children and young people**, calling for sports and youth clubs and the importance of **youth workers** in prevention, alongside 13% of responses about **Education**
- 11% talked about the impact of **Adverse Childhood Experiences and Parental substance misuse**, and a need for additional support for these particularly vulnerable children.
- 55 talked about crime, county lines and the role of policing

The following comments are typical of points raised.

*"Youth workers are trained to work with young people and can offer the early prevention and intervention work around risky behaviour and resilience building"*

*"Systemic approach and inter-generational substance misuse is again missing. You can't patch up the problem without looking at the wider picture to prevent reoccurring patterns within family units"*

*"most problematic use in young people is linked to trauma and abuse, so a work force who are trauma informed and do not victim blame is needed"*

*"Again obviously the right approach but this cannot just be achieved by targeting those most at risk. There needs to be investment in a range of services like youth work, youth centres, schools and especially further education to produce a much more nurturing environment for our young people. In many areas this was better in the past. E.g. youth services and Sure Start"*

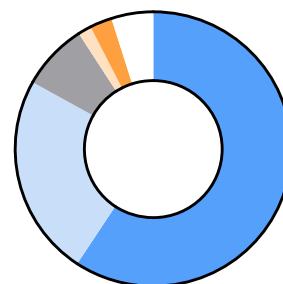
*I am concerned that you have still not mentioned anything about recognition of the factors that drive children down these pathways i.e. their abuse. Services need to be trauma informed. Schools play a key role. You need to invest in Education.*



## Additional Challenges

To what extent do you agree or disagree that these actions on Additional Challenges should be included in our framework for action?

95% of respondents answered this question using the scale. Over **80% agree or strongly agree with the actions** on additional challenges being included in the framework for action.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	530	59.3%	213	23.8%	70	7.8%	14	1.6%	23	2.6%	44	4.9%

### Top themes from written responses and what they are saying

256/894 respondents provided a written response. Of those

- **Concerns over the practicality of delivering the proposed strategy** was the main theme that emerged (168), with **resourcing and funding, current services not functioning well, more effective partnership working, clearer focus** and strong **leadership** forming the majority of concerns (159)
- A large number (86) called for **more attention** to be paid to **social issues, mental health** and **wider determinants** that contribute to substance misuse. A considerable number also felt that **additional challenges shouldn't be seen as additional**, rather an **integral component of action** to redress substance misuse issues
- **58** respondents were **unhappy with the proposed actions**, indicating that they risk **overpromising** and they're **unrealistic** or do not consider the root causes of substance abuse and addiction, they **only tackle the symptoms** and won't bring about lasting change
- **42** called for a more **targeted approach to support young people, vulnerable adults and families**, whilst **34** commented on the **lack of safe and affordable housing**, and problematic HMOs and landlords
- **18** suggested taking a **harsher stance** such as enforcing tougher penalties for drug users, however, a greater number (**60**) wanted a more **supportive approach** whereby people are offered more **support in the criminal justice system** and **services are empathetic**, offering **security** and **empowerment** rather than stigma and viewing illicit substance use as a criminal issue

The following comments are typical of points raised.

*"It is very important to include strategies to facilitate treatment to homeless and hostel-dwellers and other high-risk groups such as pregnant drug users and those entering or existing the criminal justice system."*

*"You need a holistic approach to addiction. The causes of the issue have to be addressed and supported for a person to find their way forward."*

*"A public health approach to address the broad individual, environmental, and societal factors that influence drug and alcohol addiction and misuse and the consequences is necessary. If we are to improve the health, safety, and well-being of Birmingham's citizens, we need to both understand and address the wide range of interacting factors that influence drug and alcohol misuse and coordinate efforts across a whole range of stakeholders."*

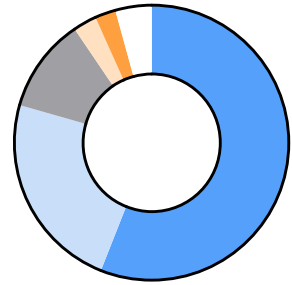
*"Currently all these services are under-resourced so fail to have a big impact. We need more investment here."*

*"I think that in many cases, these issues are the trigger for addictions, as away to escape the difficulties being experienced. Thus I feel that the Additional Challenges need to be addressed first and foremost."*

# Data and Evidence

To what extent do you agree or disagree that these actions on Data and Evidence should be included in our framework for action?

96% of respondents answered this question using the scale. **8 in every 10 people agree or strongly agree with the actions** on data and evidence being included in the framework for action.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	501	56.0%	209	23.4%	99	11.1%	25	2.8%	22	2.5%	38	4.3%

## Top themes from written responses and what they are saying

285/894 respondents provided a written response. Of those

- **152** responses talked about **governance**. Within this broad theme respondents voiced that **robust data is needed (93)** particularly to enable **targeted support (40)**. **23** also called for **data transparency**, indicating that it is vital to make statistics and data unbiased and ideally collected independently.
- **57** responses referred to a **lack of action** stating that any **data and evidence needs to be put into action**
- **Negative themes** emerged (**43**) where respondents generally said that **data should already be available** or that actions on data and evidence were a **waste of time and money**.
- However, these were in contrast to **positive responses (31)** indicating that these actions will **improve understanding to shape action (18)** and that using data and evidence is crucial to improve services and they are a **good inclusion (12)**.
- **Funding** was also raised as a concern (**17**) as well as **effective management (11)**, suggesting that the **experts are required** to access the data and evidence in order to deal with these complex issues.

The following comments are typical of points raised.

*"Good data can help define the issues clearly both in location and scope, and can indicate what approaches/action work and to what extent."*

*"We absolutely need to know what is working and the impact/value of treatment and support. We should not be slaves to what we have always done and look at the value data brings."*

*"you can prove anything with statistics. All depends on what the data you are collecting is and what using for. Needs to be balanced and population wide, not cherry picking to prove an agenda."*

*"Data is only important and effective if it helps people."*

*"As long as it doesn't get in the way of actually working with these people."*

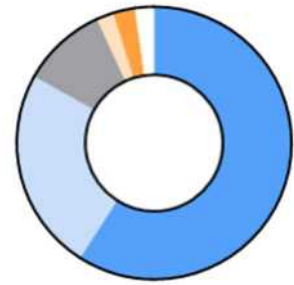
*"This data will improve our local understanding of addiction, and shape actions around citizens' needs."*

*"You should be using data and evidence to formulate the strategy- not as part of the strategy."*

# Citizen First

**Question: To what extent do you agree or disagree that Citizen First should be a principle of our framework for action?**

97% of respondents answered this question using the scale. **84% either agree or strongly agree** with the including Citizen First as a principle in the framework.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	528	59.06%	215	24.05%	90	10.07%	23	2.57%	23	2.57%	20	2.24%

## Top themes from written responses and what they are saying

226/894 respondents provided written responses. Of those:

- **40.7%** of respondents (**92** respondents) made **positive comments**. **15.5%** (**35**) were **happy** with including 'Citizen First' as a principle in the framework and thought it was an **equitable approach**.
- A common theme (**9.2%** of respondents) was that the term 'Citizen First' needed to **include all people** for example: those indirectly affected by drug users (e.g. family and friends) and also a consideration of the employees who are helping the drug users.
- **21.7%** of respondents (**49** respondents) made **negative comments**. Some thought that there needed to be some **clarifications and improvements**. **35** respondents thought that the term 'citizen first' was **vague and needed defining or redefining**.
- Many of the themes were associated to wanting an **equitable approach** with many answers including an element on treating all service users equally and letting the voice of both the minority and majority be heard. For instance, **13.7%** of respondents (**31**) thought that listening to the users or the communities in which those users are found in should be listened to and that their voices should be incorporated in the implementation of policies.

The following comments are typical of many points raised.

*"This would need to be all citizens, including those who most often don't have a voice - i.e the end user of the services."*

*"I have a degree yet I don't know what that means - it is too broad a definition."*

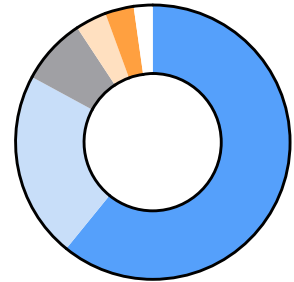
*"Citizen first has to be a goal, but how does this work when you have people with entrenched addictions and behaviours who do not wish to change as they do not see their lifestyle as an issue?"*

*"This should be a requirement for any changes impacting peoples existing rights. Difficult to achieve as there is a wide range of options, so difficult to impose an unelected set of new rules. The citizens are the expected population for compliance so their engagement is vital before moving on with the changes."*

# Diversity and Inclusion

To what extent do you agree or disagree that Diversity and Inclusion should be a principle of our framework for action?

98% of respondents answered this question using the scale, with nearly 83% agreeing or strongly agreeing that Diversity and Inclusion should be a principle.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	544	60.9%	197	22.0%	70	7.8%	33	3.7%	30	3.4%	20	2.2%

## Top themes from written responses and what they are saying

217/894 respondents provided a written response. Of those:

- Almost half (**100**) felt that including the principle for diversity and inclusion **inherently goes against embracing diversity and inclusivity** and perpetuates differences rather than seeing people as individuals with unique needs.
- **21** said it is **critical to include diversity and inclusion as a principle**.
- **69** said we should **stop labelling individuals and stereotyping** and **21** said no one should be left behind as we are **all equal** regardless of sociodemographic status, lifestyle choices, identity, and background.
- **39** responses focused on the **lack of action** and that previous approaches have not worked.
- **19 identified potential barriers** that may affect diversity and inclusion, namely that **not everyone wants to receive treatment** and that **prejudice** will be **difficult to stamp out**.

The following comments are typical of many points raised.

*"All citizens should be equally served and no preconceived notions of culture should impact on the service provided."*

*"When you continually push differences between cultures, race and creed you create division, were still defining people by these factors, yes heritage is important and cultural beliefs but we are all humans, stop separating and start embracing,"*

*"Inclusion is great but spending more money on Diversity is waste of resources and causes more division"*

*"This does not need to be 'woke'. It needs to be relevant to all people."*

*"It's important to understand how and why people become addicted no matter what colour, creed, culture or religion. That can be difficult in some cultures who are "closed shop" and offer little in the way of help. That said, the drivers for change must go past that and encourage the whole community to be as one."*

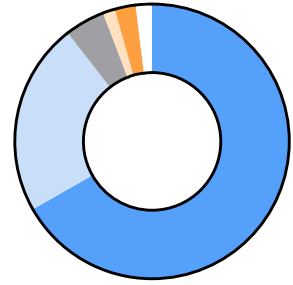
*"Diversity is a big part of Birmingham, cannot respond to this issue without understanding the diversity implications"*

*"To be included is everyone no matter what age or background. Working together is the key."*

# Learning and Listening

To what extent do you agree or disagree that Learning and Listening should be a principle of our framework for action?

Over 98% of respondents answered this question using the scale, with **9 in every 10 people agree or strongly agree** with Learning and Listening being a principle of our framework for action.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	597	66.8%	203	22.7%	42	4.7%	13	1.5%	22	2.5%	17	1.9%

## Top themes from written responses and what they are saying

226/894 respondents provided a written response. Of those:

- A strong theme was centred around listening to those who are and have been **affected by drug and alcohol abuse (96)** , **addicts and service users (36)**, **communities and all citizens in Birmingham (37)**, **front line service providers (9)**, and not to **listen to the loudest voices** or those who think they know best, rather the ones that are most relevant with **lived experience (14)**.
- People **don't feel heard (63)**
- **92** highlighted that **action is needed**. Respondents felt that learning and listening needs to include **effective action (32)**, frequent and robust **evaluation and planning (25)**, **not using preconceptions (18)**, and **learning from previous successful and unsuccessful approaches (17)**.
- **32** felt it is a must to have Learning and Listening as a principle of our framework for action.
- **52** called for **changes to the strategy wording** .**11** indicated that **communication should be the focus** rather than listening and **5** thought learning and listening should be reversed so that **learning happens after listening**.

The following comments are typical of points raised.

*"You should also involve the client and not assume that the professional knows more."*

*"It should be made clear that you'll listen to the people who are the subject of each stage and not just those with a view on it."*

*"Most people have opinions, but who decides which opinions are correct? If some opinions do not align with yours, are they to be ignored?"*

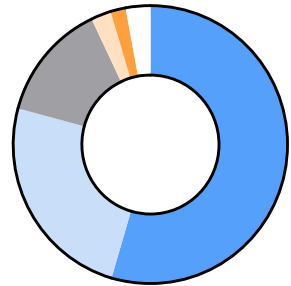
*"The learning and listening may highlight where work is needed to change attitudes among sections of society who do not understand addiction .including some alcohol addicts who do not recognise they have a problem"*

*"Yes implementing best practice and trialled methods is the best way. Continuous feedback loops are important"*

# Scale and Pace

To what extent do you agree or disagree that Scale and Pace should be a principle of our framework for action?

97% of respondents answered this question using the scale, with **79% agree or strongly agree** that Scale and Pace should be a principle of our framework for action.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	488	54.6%	220	24.6%	123	13.8%	21	2.4%	16	1.8%	26	2.9%

## Top themes from written responses and what they are saying

208/894 respondents provided a written response. Of those

- **137** raised **concerns over the delivery** of this principle even though they were positive about it (92). They felt **resourcing and funding is an issue (29)**, and any **service delivery or intervention** should be done carefully and **piloted first** to assess efficacy and effectiveness (29).
- Similarly **scale and pace is good as long as quality doesn't deteriorate** as a consequence (17).
- **Programmes should focus on need** and should be targeted rather than a one size fits all approach (22).
- **46** responses stated that the **principle was confusing, too vague and worded poorly**.
- **11** called for **greater consideration of long-term outcomes** and consequences for this principle
- **21** responses were **strongly in favour** suggesting it is a **vital inclusion**.

The following comments are typical of points raised.

*"This principle seems unclear. I agree that it's important to work on a big scale so the benefit is felt by as many people in the city as possible. However, it's also important not to rush processes. Quality over quantity could be key in creating strategies and/or interventions that work. Localising interventions could also be very important, rather than rapidly applying a "one size fits all" approach."*

*"Although Pace is important, it is also important to recognise that some issues like substance use need years/decades to overcome, particularly if long-lasting change is to be achieved."*

*"What is scale and pace?"*

*"Pushing too much in terms of timescale might be jeopardising the project in the long term and preventing sustainability."*

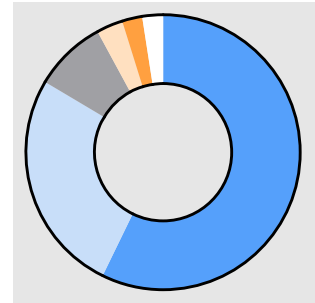
*"I think that your statement on moving quickly is right as Birmingham is the second city and this is the right bold approach."*



# Regulation and Enforcement

To what extent do you agree or disagree that Regulation and Enforcement should be a principle of our framework for action?

98% of respondents answered this question using the scale, with **8 in every 10 people agreeing or strongly agreeing** with the actions on regulation and enforcement being a principle in the framework for action.



Method	Strongly Agree		Agree		Don't Know		Disagree		Strongly Disagree		Not Answered	
Online only	512	57.3%	235	26.2%	76	8.5%	28	3.1%	21	2.4%	22	2.5%

## Top themes from written responses and what they are saying

360/894 respondents provided a written response. Of those:

- Respondents who expressed concerns around the regulation and enforcement content of the strategy felt it was **too ambitious (30)**, **too bureaucratic (9)**, or **too narrow (12)** with suggestions for inclusions such as **gambling** and **anabolic steroids**. There was criticism of the **wording (42)** and the **lack of plans or actions (19)**. **63** respondents wrote comments **in support** of the principle.
- There was some contrast in responses regarding the general approach to Regulation and Enforcement with **57** advocating a **supportive, person centred, lighter touch** approach before enforcement, and **43** calling for much **harsher** regulation and enforcement, or the need for a balanced approach.
- **28** spoke about the need for **businesses** (especially small local shops) to be **better regulated** around the sale of alcohol and that a joint approach with was needed
- As with previous questions there were concerns around availability of **funding** and other **resources (30)**, including **policing (36)**

The following comments are typical of many points raised.

*"Actions speak louder than words. Having a bunch of nice slogans won't achieve anything, so be careful not to waste time/money on semantics"*

*"Enforcement with businesses is perfectly reasonable. Enforcement with those addicted is different and goals need to be realistic and supported to positive outcome."*

*"I have reservations about having the police involved in social and health issues, and the criminalising of people struggling with addiction."*

*"Thank you for making this a priority for our city."*

*"Sensible This is HUGE! I'd love to believe this is not just another bit of rhetoric. If you're going to do it, then REALLY do it!"*

*"A carrot/stick analogy springs to mind - getting the balance is key."*

# Recommendations

1. Consider changing the wording of the title of the strategy and the ambitions. Many felt the current strategy and associated wording were unrealistic and overly ambitious.
2. Consider a single zero - “Zero deaths” would be a more realistic and clearer message, which the other zeros (more support for those who need it, and reduction in overdoses) would feed into.
3. If Triple Zero is to remain, consider making it clearer in plain English that the title is what we should aim for and not a measurable target (e.g. Triple zero is not a *target* ....this is our *ambition* and aiming for anything less is a disservice).
4. Consider including a clear purpose statement on what a strategy is and its requirements so that citizens are not expecting an action plan or metrics. This should include the specific scope of the current strategy as this is not currently stated (i.e. drugs and alcohol – not other addictions). Whilst there is information included within the draft strategy, consider including clearer narrative that links the strategy to action planning and removing options for delivery as this confuses the purpose of a strategy, and respondents were concerned by the lack of clarity and detail around the practicalities of delivery.
5. Consider reducing the length of the strategy.
6. Reduce data on need to avoid confusion on strategy purpose and reduce length. This content can be used in the needs assessment.
7. The current format of the objectives and outcomes were not well received by respondents who provided written comments. Many felt it was confusing and too vague. Consider the following:
  - changing the ambitious outcomes to ambitions.
  - including robust aims and objectives with associated outputs and outcomes.
8. Consider changing phrases and language throughout to be clearer and more understandable. The general consensus was that a lot of “phraseology” was used, and people felt alienated by certain terminology (e.g. scale and pace).



9. Consider including more information around intersectionality and the wider determinants that influence substance misuse (e.g. homelessness, crime Adverse Childhood Experiences, unemployment) etc. Many felt this aspect was lacking and the strategy didn't fully consider the comprehensive nature of drug and alcohol addiction/abuse. This section should direct to other strategies (for example Domestic Abuse Strategy) and recommend strategy formulation if they aren't there.
10. Consider learning from other published BCC strategies such as the Domestic Abuse Strategy with regards length, structure and clarity around scope