# Coventry's Alcohol Strategy 2013 - 2016(Draft)

**20 June 2013**

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## 1. Foreword

Alcohol is the most widely available drug in the UK and is used sensibly by the majority of the population. It is part of our social fabric and a major contributor to the economic vibrancy of the community.

While alcohol is a source of pleasure for many, its misuse is a significant issue for individuals and communities alike. The National Institute for Health and Clinical Excellence (NICE) estimates the annual cost of alcohol-related harm in England – including health, crime and anti social behaviour costs and the loss of productivity in the workplace - ranges from £20 billion to £55 billion[1].

The harms caused by alcohol in Coventry are considerable and we estimate that each year alcohol:

- causes 38,000 A&E attendances
- leads – or is a factor in - 3,100 crimes
- is an issue in one in five child protection cases

The harms caused by excessive drinking are as complex as is our relationship with alcohol. Alcohol may cause or exacerbate problems, its harms may be acute or chronic, and issues may arise from individuals' binge drinking or addiction.

While many chronic health harms caused by drinking alcohol increases with the level of consumption and often over a period of many years, other harms – such as accidents, crime and the loss of productivity – are associated with other patterns of consumption including binge drinking.

Equally, the evidence suggests that while drinking is most common among many of our more affluent communities, those who drink at the greatest levels (and suffer the greatest health harms) live in some of the city's most deprived neighbourhoods.

Further, there is a considerable body of evidence which indicates that parental alcohol misuse can lead to risky attitudes among young people and, in turn, risky behaviours can lead to problematic consumption in later adult life.

## 2. Vision

Our vision is to reduce the harms caused by alcohol misuse and make Coventry a safer and more healthy place where less alcohol is consumed and where professionals are confident and well-equipped to challenge behaviour and support change.

Alcohol harms are not evenly spread across the country and as an urban, industrial city with more poor areas than rich ones, the harms of alcohol misuse are likely to be greater than many other areas. However, our aims are ambitious and we want to bring the harms caused by alcohol misuse in Coventry below the England average and among the 20% best performing of areas of areas with a similar profile to ourselves by 2016.



[1] Prime Minister's Strategy Unit 2004; Lister 2007

**3. Current position**

The scale of alcohol misuse is considerable and over 50,000 adults in Coventry regularly drink to excess:

| Category | No of adult residents | % of Coventry's adult population | % of West Midlands adult population |
|---|---|---|---|
| Non-drinkers | 53,058 | 20.8% | 17.9% |
| Lower-risk | 149,703 | 74.1%* | 73.9%* |
| Increasing Risk | 38,789 | 19.2%* | 19.6%* |
| Higher risk | 13,738 | 6.8%* | 6.5%* |
| Total 16+ population | 255,086 | - | - |

* % of drinking population

Health-related harms in Coventry are worse than the England and regional average, and worse than many comparable areas. Alcohol related hospital admissions for adults is rising and the city is among the poorest 25% of areas for alcohol specific related hospital admissions for young people. While there is evidence that alcohol consumption levels are falling, there is a lagged effect in terms of the harms caused by higher risk drinking. Locally, an analysis of alcohol use indicates that

- Around 1 in 5 adults in Coventry (around 52,500 people) drink above recommended safe levels of alcohol (increasing and higher risk drinkers). Of these, between 8,000-9,000 adults are alcohol-dependent and drinking in a way which carries the greatest risk of harm.
- Falling numbers of young people are drinking, but those who do drink are consuming alcohol at greater levels
- Deaths directly attributable to alcohol misuse is falling but still accounts for in excess of 80 deaths per annum
- The number of alcohol-related admissions to hospital has risen by an annual average of 16% over the last 5 years
- Alcohol-related health harms increase with age and almost 60% of patients admitted to inpatient treatment for alcohol-related conditions were aged 55 years and older.
- Alcohol-related recorded crime is falling. Alcohol-related violence has fallen by nearly half in the last 3 years, however, the number of patients attending hospital for treatment for injuries as a result of an alcohol-related assault has remained stable over the same period.

Further, a number of clear national trends have emerged in recent years, which require a response from local agencies:

- An increase in the number of women and mid- and older age people drinking to excess
- A rise in consumption of alcohol within the home
- An increase in the mortality rate from liver disease

**4. Policy and evidence**

The Models of Care for Alcohol Misusers guidance framework identifies 4 categories of drinking patterns which define the level of health risk facing the individual and indicates an intervention:

| | **Drinking patterns** | |
|---|---|---|
| **Risk level** | **Males** | **Females** |
| Low Risk | No more than 3-4 units a day on a regular basis | No more than 2-3 units a day on a regular basis |
| Increasing risk | More than 3-4 units a day on a regular basis | More than 2-3 units a day on a regular basis |
| Higher risk | More than 50 units per week (or more than 8 units per day) on a regular basis | More than 35 units per week (or more than 6 units per day) on a regular basis |
| Dependent | | |

The evidence shows that individuals drinking at increasing and higher risk levels (but not dependent) benefit from a brief intervention (ie. Identification and Brief Advice), while those drinking at dependent levels are best supported by specialist alcohol services.

The validated 10-question AUDIT tool is the standard way of identifying individuals' level of risk; often this is preceded by the shorter FAST or AUDIT-C tool as a way of filtering out those drinking at low-risk levels.

**The *National Alcohol Strategy*** was published in 2012 and outline's the government's ambitions in addressing alcohol-related harm. The strategy includes a number of interventions including the development of a minimum price for alcohol and a ban on alcohol sales offers and multi-buys.

**The *National Drug Strategy***, published in 2010, included alcohol within it's remit and firmly outlined the ambition to provide 'recovery-focussed' treatment rather than a solely harm minimisation approach as previously advocated.

Seven High Impact Changes have been identified by the Department of Health in **Signs for Improvemen**t to have the greatest impact on reducing the harm caused by excessive drinking. High Impact Changes have been extensively used across the NHS and local government to highlight practical measures that can be implemented at local level. They include:

- Work in Partnership
- Develop activities to control the impact of alcohol misuse in the community
- Influence change through advocacy
- Improve the effectiveness and capacity of specialist treatment
- Appoint an Alcohol Health Worker
- IBA - Provide more help to encourage people to drink less
- Amplify national social marketing priorities

## 5. Our response

Much has changed since the city's first Alcohol Harm Reduction Strategy which was first published in 2007. Some of the key successes of this strategy included:

- Investment in new ways of delivering alcohol treatment
- Implementation of a city-wide Designated Public Places Order (DPPO)
- Publicity campaigns to encourage people to consume alcohol sensibly
- Development of brief interventions to tackle drinking above low risk levels

Since this strategy, the government has published the National Drug Strategy, the National Alcohol Strategy and a range of new guidelines have been issued. Significant welfare reform is taking place which will have a profound impact on all our communities.

Building on the success of the previous strategy and in line with the principles of the Marmot Review and other changes in national policy, this strategy focuses on three key themes:

1. Providing effective prevention and recovery focussed treatment
2. Changing and challenging attitudes and behaviour
3. Controlling the supply of alcohol and promoting safer drinking environments

### Cross cutting priority groups

While interventions to reduce the harms caused by alcohol must be delivered across the whole population and across individual's life course, interventions must be focussed on those who need it most. Intervening early, with 'at risk' groups and when people are in greatest need of support is critical. 'At risk' groups include a diverse range of individuals who are particularly susceptible to either the physical or psychological effects of alcohol and are, thus, more likely than others to experience adverse outcomes of drinking.

The evidence suggests that risk is directly related to access to nutrition, health care, education and a social network. Where any of these is inadequate, risk for harm in general is heightened, including harm related to drinking. People living in higher levels of deprivation tend to be more susceptible to harm and have fewer means of coping adequately with risk.

Because of this, the following groups will be prioritised across all three of the strategy's themes:

1. Children and young people
2. Dependent drinkers
3. Residents of priority neighbourhoods
4. Those involved in the 'Troubled families' programme

**6. Providing effective prevention and recovery focussed treatment**

Excessive drinking is a major cause of ill-health and is a significant factor in offending behaviour, family breakdown and a loss of economic productivity. Providing interventions to reducing consumption amongst those drinking at excessive levels is critical in reducing harms.

There is clear, unequivocal evidence to support two key interventions to change drinking behaviour:

- **Identification and brief advice (IBA)**; to reduce drinking among people consuming alcohol at increasing risk levels. Random Controlled Trails consistently demonstrates that one in eight people receiving a brief, opportunistic intervention will reduce their drinking to within low risk levels. IBA is typically a short, 3-5 minute discussion which can be delivered by workers from a range of agencies.
- **Specialist alcohol treatment**; to reduce and often stop drinking among people consuming alcohol at dependent levels. Around 6 in 10 people accessing specialist services complete treatment in a successful way. The evidence indicates areas should provide good quality treatment for 15% of the estimated alcohol-dependent population every year.

**Identification and brief advice**

Identification and brief advice (IBA) is the evidence-based approach to reduce drinking among those consuming alcohol at above low-risk levels. The development of IBA on an industrial scale is one of the High Impact Changes recommended by the Department of Health.

IBA is delivered in Coventry through a number of schemes, including schemes in primary care like HealthChecks and in hospital with the new Alcohol Nurse Liaison team. The Making Every Contact Count approach will embed the way all professionals encourage the public to make healthy lifestyle choices at every opportunity.

**Narrative box: Alcohol Identification and Brief Advice (IBA)**

There is extensive literature to evidence the effectiveness of alcohol IBA. For every 8 people who receive IBA at least one will change their drinking to low risk levels.

Identification and Brief Advice is a two part process.

'Identification' refers to the application of a validated alcohol screening tool. The Alcohol Use Disorder Identification Test (AUDIT) is definitive as it allows the 'screener' to determine without the need for further screening what 'pathway' the patient/client should be directed to, dependent upon their AUDIT score.

The intervention which follows identification broadly falls into one of two approaches:

| | | |
|---|---|---|
| Brief, simple advice | For patients drinking above lower-risk levels but who are not alcohol-dependent | Typically 3-10 minute intervention which covers:<br>• confirming that the individual is drinking too much<br>• harms of excessive consumption<br>• barriers to change<br>• tips to how to reduce drinking<br>• goal setting<br>Brief, simple advice can be delivered verbally or via an appropriate leaflet given by the person completing the screening. |
| Referral to specialist service | For patients who may be alcohol dependent | Referral to specialist alcohol services for full assessment and, if required structured treatment |

**Specialist alcohol treatment**

Specialist alcohol treatment is required for alcohol-dependent adults or those drinking at 'higher risk' levels and with other complicating factors.

All specialist drug and alcohol services in Coventry have been re-commissioned in recent years to support the expansion of provision of treatment to dependent drinkers in line with Signs for Improvement and to provide 'recovery-focussed' services in line with the National Drug Strategy.

Clinical de-addiction services are provided by the Recovery Partnership and will deliver treatment for 1335 alcohol users each year – around 15% of the city's estimated alcohol dependent population (and in line with the level of provision recommended by the High Impact Changes). The Recovery Partnership provides linked working with a range of partners in order to facilitate referrals into treatment, including criminal justice agencies. Treatment is provided in line with Models of Care for Alcohol Misuse (NICE, 2006) and include health checks, one-to-one talking therapies and groupwork, community and in-patient detox and aftercare support.

**Narrative box: Specialist hospital-based services**

Close linking with hospitals is an effective way of preventing harm. Services in Coventry have pioneered in-reach work into hospital wards and this has been further developed with the adoption of a 'frequent attender' service provided by the Recovery Partnership.

A frequent attender service is a resource intensive approach to support some of the most chaotic alcohol-dependent drinkers who are unable to engage in more traditional support and who visit hospital services on a regular basis. Clients will typically be engaged with regular home visits and outreach and require assertive co-working with a range of other services.

One patient was averaging 7-10 hospital visits a month – costing an estimated £73,000 per quarter - when he was first referred to the frequent attender service in July 2012. Having struggled with alcohol misuse for more than 20 years, the patient was consuming in excess of 200 units weekly, suffering from poorly-managed diabetes, mobility problems and mental ill-health.

Following intensive outreach and work across agencies, the patent stopped drinking in October, has begun to better manage his diabetes, improved his physical and mental health and began re-building links with his family. While the patient recognises more work is needed to build recovery, he has not attended hospital since October.

Non-clinical services are provided by Swanswell and will deliver support around housing, benefits and financial advice and employment. This service will provide a key link to the Work Programme to bolster employability among recovering alcohol misusers. This service will be particularly critical during the reform of the welfare and benefits system.

We will:

- Develop and promote alternatives to treatment, including self help and computer assisted therapies
- Extend and improve the provision of IBA within primary care

- Support the delivery of Making Every Contact Count
- Implement and review an alcohol liaison nurse team at University Hospitals Coventry and Warwickshire
- Explore the potential for delivering IBA within other settings
- Continue to develop specialist alcohol treatment services to help more alcohol-dependent people recovery from their addictions
- Develop and review a frequent attender service at UHCW
- More closely link specialist treatment services with the Work Programme to improve the employability of recovering addicts
- Review pathways and strengthen support for women and mid- and older-aged drinkers
- Commission further research to explore the 'life course' of drinkers in Coventry and help identify where earlier intervention may be effective
- Review and develop pathways between mental health and alcohol treatment services
- Improve screening, identification, referral pathways and provision for children, young people and their families who may require support around their alcohol use.
- Monitor and review the progress of the Early Intervention Service to ensure it continues to represent an effective response to the needs of young people and their families.

**7. Changing and challenging attitudes and behaviour**

The British culture has a complex relationship with alcohol. Drinking has always been part of our culture and sensible consumption brings many social benefits.

While the majority of the public consume alcohol in a sensible way, joint work with police and other agencies is critical to challenging the behaviours of those whose drinking leads to crime and nuisance whether it be in the night time economy, in communities or in the home.

Alcohol misuse is involved in around half of all violent crime and is a common factor among other offences. Further, around half of all offenders passing through the criminal justice system – regardless of whether their offences are alcohol-related - use alcohol in a problematic way. Treatment services are currently engaged in various offender management forums including those for high risk domestic violence victims, serial domestic violence perpetrators and the shared priorities forum.

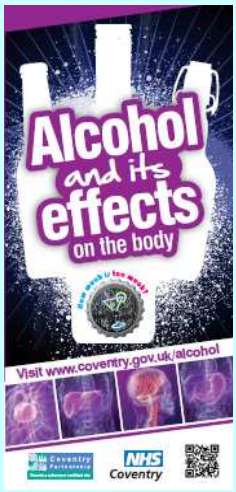
A number of initiatives have been developed in recent years to address the alcohol use of offenders, including offering brief treatment as an alternative to an £80 fine for low level offences, having alcohol workers based in custody cells, the use of court orders like Alcohol Treatment Requirements and Drink Banning Orders.

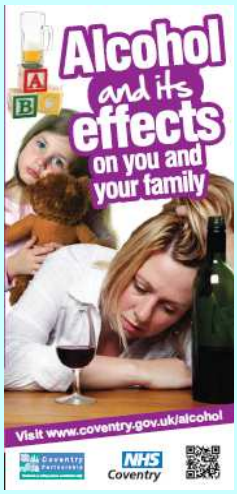
Alcohol has a complex link with victims of crime; sometimes it is used as a coping strategy in response to difficult situations, sometimes the use of alcohol makes individuals more vulnerable to perpetrators of crime.

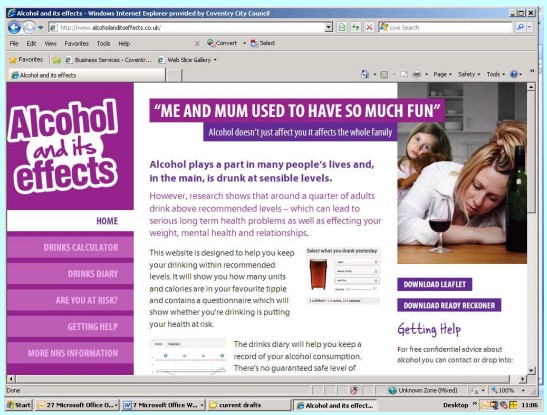
A culture change among the public and professional alike is needed if we are to effectively address the harms caused by alcohol. Surveys and research show the public are overwhelmingly aware of alcohol units and many of the longer term harms caused by alcohol misuse, fewer know if they are drinking to excess or are aware of the more acute risks such as the link between drinking and weight gain. To complicate matters further, there are many mixed messages about the health risks or benefits of alcohol consumption.

**Narrative box: Alcohol and its effects**

The need for a consistent message to promote sensible drinking has led to a range of general and specific materials to be developed in recent years. The 'Alcohol and its effect' brand has been developed in recent years to promote improved awareness of the risks of excessive drinking and promoting self-help. A suite of materials have been developed including leaflets, posters and a website with interactive self-help tools.



Professionals are not immune to the mixed messages around alcohol. The Recovery Partnership is commissioned to provide substance misuse training – predominantly drug and alcohol awareness and IBA training – for 400 front line professionals each year. As the pressures facing public services increase we will need to review the content and delivery method of training to ensure staff are appropriately trained. Embedding the Making Every Contact Count (MECC) programme will contribute to the culture change within the workforce.

Alcohol users are commonly heavy users of the wider health and social care economy. Aquarius has been commissioned to ensure alcohol users' voices are represented on service user forums including HealthWatch.

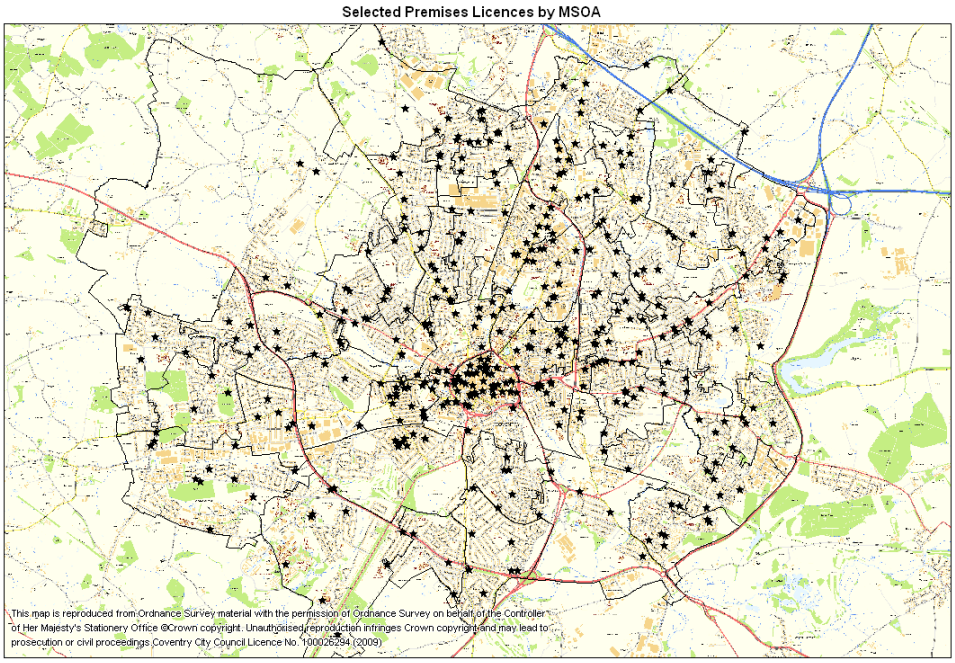
We will:

- Develop consistent and effective approaches to engage offenders who use alcohol in a problematic way to specialist alcohol treatment alongside any element of criminal justice punishment or resolution.
- Increase the use of civil orders to manage offenders in order to provide treatment and support alongside prohibitions and sanctions.
- Review and develop the substance misuse training programme commissioned through the Recovery Partnership; to help identify additional ways of developing the workforce of the public, private and voluntary sectors.
- Support the development of the role of the alcohol champion to support culture change among the public and decision makers.
- Improve the sharing of alcohol-related issues at offender management forums to enable improved alcohol interventions
- Embed systematic screening for domestic violence (using the validated DASH tool) in alcohol treatment services.
- Deliver public awareness campaigns, amplifying messages from national campaigns, at key times of the year
- Ensure alcohol misusers are appropriately represented at HealthWatch to ensure their needs are considered within the wider health and social care economy
- Develop more effective methods of estimating the composition and size of Coventry's young alcohol and drug misusing population.
- Review the content of the successful Relationship and Sexual Education 'Core Package' and 'What Shall We Tell The Children' programmes to improve awareness and competence among professionals (including school based staff) and to encourage constructive and positive discussions about alcohol between parents and their children.
- Support women to remain abstinent in pregnancy and help families with young children to develop caring parental relationships free from the harmful impact of alcohol misuse.

**8. Controlling the supply of alcohol and promoting safer drinking environments**

Alcohol is widely available – with outlets selling alcohol in most neighbourhoods in addition to increasing availability via supermarket home delivery services.

Around 500 shops, pubs, clubs, off licenses and garages sell alcohol in Coventry. Outlets selling alcohol are not equally dispersed across the city, instead they are concentrated in the more deprived neighbourhoods in the north and east of the city.




Coventry City Council has a duty under the Licensing Act to carry out its functions as the licensing authority and operates in line with the local authority's licensing policy. The Licensing Act 2003 allows the scrutiny of licence applications by people working or living in the vicinity of licensed premises, interested parties and a number of public bodies including the fire service and police.

Health authorities are the most recent addition to the list of responsible authorities and there is a lack of guidance in respect of the health input in respect to licensing decisions. The responsible authorities meet regularly to review applications and share intelligence, which is used, for example to trigger operations to seize illegal alcohol or catch premises selling alcohol to under-18s. The proposed introduction of a minimum price for alcohol may lead to an increase in illegal (i.e. non-duty paid) or counterfeit (ie. fake) alcohol.

A public health practitioner has been embedded into the city council's City Services and Development directorate to provide health input into regeneration and planning decisions.

The Community Safety Partnership's annual strategic assessment of threat and risk to the City identifies a number of 'priority locations' that are disproportionately affected by a range of crime types and nuisance behaviours; requiring resource intensive public services. Alcohol is a critical factor in all of these priority locations and this requires coordinated approach which will deliver the greatest benefit to residents in those areas.

Since 2011, a late night city centre triage has been commissioned to provide 'on the spot' treatment for minor injuries in the night time economy and prevent people from unnecessarily visiting A&E.

We will:

- Review the provision and density of licenses in key locations to identify the need for targeted licensing control
- Promote the reporting of underage sales and the sale of illegal alcohol to facilitate enforcement action.
- Develop a consistent approach to providing health impact assessments in planning and regeneration proposals.
- Deliver crime prevention through environmental design (target hardening) as well as other environmental improvements, particularly in identified priority locations.
- Lobby for more effective guidelines in respect of irresponsible promotions within the off-licensed trade
- Review and improving the sharing of health-related information among responsible authorities to improve targeted interventions
- Promote awareness of free water and provide conflict awareness training for pub and club door staff
- Maximise use of civil orders for the management of individuals involved in risky and/or offending behaviour where alcohol is a significant factor.

**9. Making the difference**

Alcohol has been identified as a priority within the City's Health and Wellbeing Strategy.

As a legally available and widely used substance, initiatives to reduce the harms caused by alcohol consumption cannot be delivered by one agency alone. As such, the delivery of the alcohol strategy is the responsibility of the new Alcohol Strategy Group which is chaired by the City Council's Health and Adult Services Cabinet Member, with the city's 'Alcohol Champion' as deputy and accountable directly to the Health and Wellbeing Board. This group will work closely Coventry Community Safety Partnership and the Children and Young People's Strategic Partnership.

The alcohol strategy will complement other strategic plans where alcohol is a significant issue, including:

- Coventry Health and Wellbeing Strategy
- Coventry Local Policing Plan & West Midlands Police Alcohol Strategy
- Coventry and Rugby Clinical Commissioning Group Local Delivery Plan

The public health outcomes framework contains a number of indicators which will reflect progress made in addressing alcohol misuse.

A performance dashboard has been developed to monitor the impact of this strategy, and include the following measures:

| **Indicator** | **Baseline (2011/12)** | **Target (2015/16)** |
|---|---|---|
| Number of hospital admissions for conditions wholly attributable to alcohol per year | 3,160 | Within the 20% best performing of comparable cities |
| Number of alcohol specific hospital admissions for under 18s (per 00,000 population) | 70.5 | Within the 20% best performing of comparable cities |
| Percentage of adults regularly drinking more than the NHS recommended limits twice a week or more | 12.7% | 10% |
| Number of all violent crimes per year | 3,462 | Within the 20% best performing of comparable cities |
| Number of alcohol-dependent adults successfully completing specialist treatment per year | 467 | 800 |
| Number of adults screened for alcohol misuse in primary care, specialist alcohol services and at UHCW A&E per year | 8,222 | 26,000 |
| Difference between the proportion of adults drinking more than the NHS recommended limits twice or more a week living in the city's most deprived communities compared to the city average | 2.2% | 0 |