



Coventry City Council

# Report

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**To:** Scrutiny Co-ordination Committee

**Date:** 09 March 2016

**Subject:** Coventry Alcohol Strategy (2014 – 2017) and Coventry Drug Strategy (2015 – 2017)

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## 1. Purpose

- 1.1 In April 2014 and April 2015, partners in Coventry produced city-wide alcohol and drug strategies to steer and guide work to tackle and address alcohol and drug misuse in the city.
- 1.2 Following the production of the strategies, partners including Public Health, criminal justice agencies (including West Midlands Police, probation and youth offending services), drug and alcohol treatment providers, Coventry and Rugby Clinical Commissioning Group, housing commissioners and providers, University Hospitals Coventry and Warwickshire and mental health providers have worked together to implement the strategies and to tackle and address alcohol and drug misuse in the city.
- 1.3 The purpose of this report is to provide an update to Scrutiny Co-ordination Committee on the progress made against the strategies.

## 2. Recommendations

- 2.1 It is recommended that the Scrutiny Coordination Committee:
  - (i) Review this report, and endorse progress made over the last year.
  - (ii) Contribute comments and suggestions for future work to tackle drug and alcohol misuse in Coventry.

## 3. Information / Background

- 3.1 Local government Public Health teams were given responsibility for drugs and alcohol in 2012/13. In Coventry, an estimated 8,000 individuals are alcohol dependent and the rate of alcohol-related hospital admissions in Coventry quadrupled between 2002/3 and 2011/12. Coventry has approximately 2,000 opiate and crack users, and while opiate use is decreasing, the use of new and emerging drugs, such as novel psychoactive substances (“legal highs”) is on the rise.

- 3.2 In January 2016, the Department of Health released updated guidelines from the Chief Medical Officer. The guidelines state that:
- It is safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
  - If you do drink as much as 14 units per week, it is best to spread this evenly over three days or more. One or two heavy drinking sessions increases the risk of death from long term illnesses and from accidents and injuries.
  - The risk of developing a range of illnesses (for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
  - If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to the baby to a minimum.
  - Drinking in pregnancy can lead to long term harm to the baby, with the more you drink, the greater the risk.
- 3.3 The Coventry Household Survey reveals that the rate of those drinking above recommended NHS guidelines has decreased from 46% in 2007 to 30% in 2012. The national figures for drug use among young people show fewer and fewer young people using drugs, a decrease from 29% of young people in 2001 to 16% in 2012, and in Coventry, the Children's Survey (2013) shows that fewer school children in years 7-11 tried alcohol (49%) than in 2008 (62%). The Coventry Household Survey will be repeated this year.
- 3.4 As alcohol and drug misuse is a cross-cutting issue it requires a multi-agency response. The alcohol and drug strategies involve partners and cover a wide range of issues such as prevention, education, housing, social care, treatment, crime and rehabilitation.
- 3.5 The Alcohol Strategy is a three-year strategy (01 April 2014 – 31 March 2017) while the Drug Strategy is a two-year strategy (01 April 2015 – 31 March 2017). Both strategies are citywide and cover both young people and adults.

The three key themes of the strategy are:

- Theme 1: Providing effective prevention and recovery-focused treatment
- Theme 2: Changing and challenging attitudes and behaviour
- Theme 3: Controlling the supply and promoting alcohol-free and drug-free environments

Interventions to reduce the harms caused by drugs and alcohol are delivered across the whole of the population and across individual's life course. However, in line with The Marmot Review, 'Fair Society, Healthy Lives' (2010), interventions are focused on those who need it most. 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.

Therefore, the following groups are prioritised across all three of the strategy's themes:

- Children and young people
- Dependent drinkers
- Opiate and crack users
- Residents of priority (most deprived) neighbourhoods
- Families involved in the 'Troubled Families' programme
- Adults with complex health and social problems
- Dual diagnosis patients (mental health problems and substance misuse problems)
- Offenders
- Vulnerable individuals, including rough sleepers and the homeless

3.6 The Strategies are owned and driven by the multi-agency Drug and Alcohol Strategy Steering Group, which is chaired by Cllr Clifford, the Deputy Cabinet Member for Health and Adult Services and the city's lead champion for drugs, and alcohol. The group includes representatives from Police, Probation, Coventry and Rugby Clinical Commissioning Group, service providers, service users, licensing, community safety, CWPT, UHCW and primary care. The Steering Group is accountable to the Health and Wellbeing Board, and feeds into the Police and Crime Board. The Drug and Alcohol Management Group, a sub-group of the Steering Group, maintains, updates and works to the Implementation Plans.

#### **4. Providing effective prevention and recovery focused treatment**

##### *4.1 Specialist treatment*

Public Health commissions a range of evidence based services which deliver prevention, advice, treatment, support, advocacy, training, communications / marketing and service user involvement. Two contracts are jointly commissioned with Warwickshire County Council and the largest contract has a payment by results element to drive performance. The majority of funding is spent on treatment for adults. Approximately 2,000 adults a year in Coventry receive treatment.

The latest figures from the Public Health Outcomes Framework show that 6.4% of opiate drug users left drug treatment successfully and did not represent to treatment services within six months. This is below the average for England (7.4%) but is slightly higher than the average for the West Midlands (6.2%) and slightly higher when compared to areas of similar deprivation to Coventry (6.2%). The figures also show that 34.5% of non-opiate users left treatment successfully and did not represent to treatment within six months, which is below the average for England (39.2%) and the West Midlands (40%), but broadly in line with areas of similar deprivation to Coventry (34.6%), and has increased from 31% in 2013.

Partners are continuing to develop specialist alcohol treatment services to help more alcohol-dependent people recover from their addictions. Public Health commission Addaction and Compass to provide specialist treatment for alcohol addiction for adults and young people. Recently, the Recovery Partnership has been delivered outreach provision at MIND and the Caludon Centre to support people with mental health needs to recover from their addictions.

#### *4.2 Alternatives to structured treatment*

Public Health also commission a service user involvement and advocacy service to provide advocacy, run regular workshops and training for service users, carers and family members as well as undertaking research and consultation. Partners have worked together to create a new panel, chaired by Aquarius, which awards funding provided by Public Health to peer-led community recovery projects to support asset-based community development and mutual aid in Coventry. A number of applications have been granted which enable the recovery community to provide peer support outside of structured treatment.

#### *4.3 Tackle hidden harm, early intervention and young people's treatment*

The Early Intervention Service is currently working with 130 8-18 year olds and has widened its remit to include primary school as well as secondary school aged children. Co-location with other services (e.g. Child and Family First), has commenced and this has led to an increase in referrals to both the Early Intervention and Young People's treatment services. Public Health is currently re-commissioning a holistic early intervention service, which will include mental health, sexual health and substance misuse.

#### *4.4 Family Drug and Alcohol Court*

Partners from the Court Service, Social care, legal services, Public Health and drug and alcohol treatment providers have contributed to setting up a new Family Drug and Alcohol Court (FDAC). This is a pioneering initiative specialising in tackling drug and alcohol issues in families whose children are subject to care proceedings. Coventry's FDAC works with families whose children are subject to care proceedings as a result of parental drug and alcohol misuse. A team of specialists including social workers, domestic violence workers and psychiatrists, works alongside families during a period of intensive intervention throughout court proceedings. A worker from The Recovery Partnership has also been seconded to the FDAC team to support the initiative until September 2016. Families also see their judge every fortnight to address problems and find solutions to resolve their issues, with the aim of stopping or stabilising the parents' use of drugs and keeping the family together.

This initiative was first piloted in London, and last year, research by Brunel University highlighted that FDAC has been found to be nearly twice as successful at keeping families together as traditional Court proceedings. It found FDAC had helped 35% of mothers become reunited with children, compared with 19% in ordinary family courts. In Coventry, implementation of the FDAC has been supported by the National FDAC Unit. The Coventry FDAC commenced in October 2015.

#### *4.5 Dual diagnosis*

In order to improve treatment for dual diagnosis patients (people suffering from mental health and substance abuse problems), pathways between mental health and alcohol and drug treatment services as well as other support services have been reviewed, and a joint working protocol has been set up between The Recovery Partnership and Coventry and Warwickshire NHS Partnership Trust. Dual diagnosis champions have been identified in specific agencies, and a joint training programme is being delivered by Addaction and CWPT to provide substance misuse training for mental health workers and mental health training for substance misuse workers. In addition, the Mental Health Street Triage pilot has secured further funding and will continue to operate to ensure that people suffering from mental health issues who come into contact with the Police receive the appropriate support.

#### *4.6 Domestic abuse and violence*

In Coventry, the Liaison and Diversion service exists to identify offenders who have mental health, learning disability or substance misuse vulnerabilities when they first come into contact with the criminal justice system. This service identifies mental health and substance misuse issues and vulnerabilities so that offenders can either be supported through the criminal justice system pathway or diverted in a treatment, social care service or other relevant intervention or support service. The service aims to improve health outcomes, reduce re-offending and identify vulnerabilities earlier, thus reducing the likelihood that offenders will reach crisis point.

#### *4.7 Alcohol Liaison Nurse Service*

The Alcohol Liaison Nurse Service at UHCW sees individuals across the spectrum of alcohol-related needs, but with a particular focus on key target populations including hospital admissions identified with an alcohol concern, patients identified as “increasing and higher risk drinkers”, detoxification patients and frequent attendees with alcohol misuse concerns.

The main aims of the service are to:

- Reduce alcohol-related hospital admissions and re-admissions, reduce ‘length of stay’ and enabling the efficient referral of appropriate patients into local community-based alcohol treatment service.
- Provide an alcohol liaison role in the hospital which can foster alcohol awareness and education across a range of relevant clinical areas
- Prevention through awareness and education
- Alcohol assisted detoxification following appropriate clinical guidelines. (e.g. NICE)

The Alcohol Liaison Nurse Service works closely with The Recovery Partnership in Coventry to ensure patients receive follow up care and support after they have been discharged from hospital. The service has enabled more patients with alcohol issues to be identified, educated all staff about how to help these patients and about how alcohol

withdrawal can be managed, and has provided a resource for nursing and medical staff to get advice with more complex patients.

## **5. Changing and challenging attitudes and behaviour**

### *5.1 IBA*

Alcohol Intervention and Brief Advice is a (IBA) is an evidence-based intervention that aims to identify and prompt those drinking at low risk and increasing risk to think about reducing their alcohol intake to levels consistent with NHS guidance, while identifying those drinking at higher risk levels and advising them to seek help. Alcohol IBA is a very effective service, which means that 8 people need to be treated for the intervention to have an impact on one person, which compares favourably to other interventions. Public Health commissions CWPT to manage and administer payments to GP practices for their activity.

As part of the alcohol strategy, provision of Alcohol IBA has been expanded to include settings outside of primary care, such as the Police, Fire Service, nurses, healthcare assistants and pharmacists. Since April 2014, approximately 400 staff across West Midlands Police, Citizens Advice Bureau, Health visitors, Kairos and Age UK have been trained.

### *5.2 Intelligence building*

There is a need to build intelligence around crime, anti-social behaviour and offending, including those responsible for begging / vagrancy in highest demand areas, and to consider the use of civil orders to manage offenders in order to provide treatment alongside prohibitions and sanctions. The City Centre Local Case Management forum manages individual cases and the use of civil tools alongside treatment and support. In addition, the Night Time Economy Steering Group is looking at better use of orders and referrals into treatment to effectively manage behaviour at the most problematic times.

### *5.3 Communications strategy*

In order to generate greater awareness among the public and staff about safer drinking, health and community safety issues, a communications strategy is being delivered which targets different social groups with different messages. A radio campaign started in January 2015 with adverts aimed at women about drinking and calories, and Aquarius are targeting employers of low-paid, manual workers to provide alcohol IBA training, as recent research has shown that males in low paid, manual jobs are most likely to end up in hospital with alcohol related conditions.

### *5.4 Street drinking*

In order to tackle street drinking in priority locations, (e.g. Hillfields, where a petition from residents and agencies was received in June 2015), an actions taken by partners have included:

- The management and enforcing of a City wide Designated Place Protection Order (DPPO) currently in place in Coventry
- The current signage relating to the DPPO has been reviewed to ensure more signage is provided to areas that now require such due to alcohol related issues
- A defined process exists for Police officers when dealing with drinkers who continually ignore the DPPO
- The Village Square is subject to specific patrol plans by Police including a minimum of 3 patrols a day with each patrol lasting at least 15 minutes
- New Inspector for NW Coventry, Gareth Mason, has directed officers to ensure they proactively approach businesses and community groups to encourage them to formally report to Police when there are issues
- Referrals of suitably identified individuals and families continue to be made to the multi-agency Local Case Management Forum to agree measures, interventions and enforcement action

### *5.5 Contingency management*

Providing incentives is supported by government as a way to “nudge” people to change their behaviour in a positive direction across a wide range of health and social policy domains.

Contingency management (CM) is an evidence-based treatment intervention recommended by the National Institute for Health and Clinical Excellence (NICE). It is based on principles of behaviour modification and aims to incentivise and then reinforce changes in behaviour with the aid of vouchers, privileges, prizes or modest financial incentives that are of value to the client. Contingency Management (CM) is recommended for:

- Reducing illicit drug using-on-top by drug users
- Reducing attrition rates (drop-out) in alcohol users
- Improving Hep B/C testing attendance and Hep B immunisation rates
- Reducing likelihood of relapse in alcohol users

In order to encourage more adults in treatment to have Hepatitis B and C tests and vaccinations, a contingency management scheme will run at the Recovery Partnership from April 2016 until March 2017 to target changing certain behaviours.

### *5.6 Young people and housing*

Young People’s Housing provider staff have attended substance misuse training with Compass and The Recovery Partnership in order to support them to constructively and positively challenge drug use on their premises, referring people to treatment or calling the Police where appropriate.

### *5.7 Legal highs*

Concern over the use of Novel/New Psychoactive Substances (NPS) is gathering momentum throughout the UK. An increase in the number of deaths and people seeking treatment following use of NPS, the rapidly changing composition and variety of NPS, uncertainty regarding safe levels of use and a lack of information regarding

consumption are all contributing to this concern. There is concern that users of NPS may perceive an element of safety in taking the substances; perhaps feeling protected by the fact that as it is not illegal to use them, and that the potential harm is not as great as for illegal drugs.

Public Health continue to work with local agencies to develop a better understanding of the situation and continue to adapt and develop services to provide relevant support.

### *5.8 University*

The Recovery Partnership is now delivering non-opiate / club drug sessions for Coventry University to support the student community who may not otherwise access treatment.

### *5.9 Employability*

The Recovery Partnership regularly attend the West Midlands Employability Forum. They have also set up two new outreach services at the job centre to promote partnership working and identify referrals. In addition, the Recovery Partnership provide training to employers and apprentices to promote services available to those affected by substance misuse and to support employers to develop appropriate drug and alcohol policies.

## **6. Controlling supply and promoting alcohol and drug free environments**

### *6.1 Public Space Protection Orders*

Using initiatives trialled in other areas, partners have been working together to investigate the use of Public Space Protection Orders and licensing action against head shops to see whether Coventry can reduce the selling and use of NPS ('legal highs') in the City.

Community Safety, West Midlands Police and Public Health have found that shops can be closed due to Anti-Social Behaviour issues, so West Midlands Police are now recording where an Anti-Social Behaviour issue occurs near shops or in the city centre where there is a link to the sale of NPS.

### *6.2 Review of licences*

The number and type of licences in key locations is being reviewed to identify if further licensing control is needed in line with the licensing objectives. 944 alcohol licensed premises have been identified in Coventry. These have been split into on-sales and off-sales and a mapping project is now underway.

### *6.3 Undertake intelligence led underage test purchasing*

Trading standards are undertaking intelligence led, underage test purchasing exercises for alcohol and are taking appropriate action where necessary (e.g. issuing fines and



written warnings). They have recently purchased wireless recording equipment that allows children to go into premises on their own, but can still be viewed from a safe distance to ensure their safety and not to alert the shopkeeper that a test purchase is taking place.

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