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**To:** Scrutiny Co-ordination Committee

**Date:** 12 October 2016

**From:** Jane Moore, Director of Public Health, Coventry City Council

**Subject:** Reshaping Drug and Alcohol Services in Coventry

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## 1. Purpose

- 1.1 Coventry City Council is responsible for commissioning drug and alcohol recovery services for adults and young people, which forms part of a wider programme of activity to reduce drug and alcohol related harm. The current contract for adult drug and alcohol recovery services is due to end in November 2017. This provides an opportunity to review and reshape the services to ensure that they are fit for the future.
- 1.2 Coventry City Council has developed a potential future treatment model for November 2017 onwards, based on the needs of the Coventry population, evidence of what works and findings from engagement and consultation undertaken to date with service users, wider stakeholders and the general public.
- 1.3 The purpose of this paper is to inform Scrutiny Co-ordination Committee of the findings from work undertaken to date, and to provide an opportunity for Scrutiny Co-ordination Committee to provide comments and suggestions for future drug and alcohol treatment services in Coventry.

## 2. Recommendations

- 2.1 Scrutiny Co-ordination Committee are requested to:
  - i) Review the proposed future treatment model and supporting documentation
  - ii) Endorse the proposed approach to drug and alcohol treatment in Coventry
  - iii) Contribute comments and suggestions for future drug and alcohol treatment services in Coventry

## 3 Background and context

- 3.1 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. Whilst most people do not use drugs, drug misuse can be found across all communities in society. From heroin and crack use among adults, to cannabis use amongst young people, to the use of novel psychoactive substances (previously aka “legal highs”) by clubbers, drugs are available and misused by a wide range of people.

- 3.2** Alcohol and drug misuse is a significant issue for individuals and communities alike. The harms caused by excessive drinking and drug taking are complex and wide ranging. Using drugs or alcohol may cause or exacerbate existing problems, harms may be acute or chronic and issues may arise from recreational use or binge drinking as well as problematic use or dependency.
- 3.3** While drinking is most common among many of Coventry’s 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. Alcohol and substance misuse can be found amongst homeless populations and those with mental health problems. Problematic drug use is associated with unemployment, domestic abuse, poor living conditions, ill-health and safeguarding concerns.
- 3.4** The Coventry vision is to reduce the harms caused by alcohol and drug misuse and make Coventry a healthier, wealthier and happier place to live, where less alcohol and fewer drugs are consumed and where professionals are confident and well-equipped to challenge behaviour and support change.
- 3.5** Coventry’s vision is to:
- Take a holistic approach that focuses on the whole person and whole family
  - Support people to choose not to drink alcohol and take drugs
  - Reduce the impact of alcohol and drug use on others
  - Empower individuals and communities to have resilience and strength
  - Focus on diversion, early intervention, treatment and recovery
  - Identify, challenge and prevent substance misuse where possible
  - Provide treatment and help for people when they want it
  - Help people recover fully and rebuild healthy, positive lives
- 3.6** Coventry City Council is responsible for commissioning drug and alcohol recovery services for adults and young people, which forms part of a wider programme of activity to reduce drug and alcohol related harm. The current contract for adult drug and alcohol recovery services is due to end in November 2017. Through analysing current need in Coventry, reviewing what works to treat drug and alcohol addiction and engaging with service users, stakeholders and the general public, Coventry City Council has developed a proposal for future drug and alcohol services in Coventry. The future treatment model is being developed alongside the Drug and Alcohol strategy for 2017-2020, which will be presented to Scrutiny Co-ordination Committee next year.

## **4 Future service model and treatment system**

- 4.1** The future drug and alcohol service model for Coventry is a key component of Coventry’s Health and Wellbeing Strategy and links to all three of the Priorities:-

- Reducing health and wellbeing inequalities (the health and wellbeing gap) – with a specific focus on building young people resilience and good economic growth for the city
- Improving the health and wellbeing of individuals with multiple complex needs
- Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

## 4.2 Adults

- 4.2.2 Since the existing adult treatment model was commissioned national evidence and thinking has evolved. The clinical based treatment for opiate users is still an important element however there is now renewed emphasis on a coproduced recovery system with the user at the centre, online support, peer to peer support, family support, those with multiple complex needs including drug and alcohol harm and the availability and misuse of an emerging variety of substances.
- 4.2.3 The impact of alcohol harm pre-birth and on older people consistently drinking to a hazardous level also needs greater consideration.
- 4.2.4 The future services will take a whole system approach and will be outcome based and recovery focused. It will be ambitious and characterised by its ability to motivate and support people to achieve both short and longer term goals of recovery through evidence based and innovative approaches. It will need to adopt a whole system approach and recovery must be explicit in everything it does to support people to make the changes they need to lead purposeful and fulfilling lives.
- 4.2.5 **It is therefore recommended to commission an Adult Drug and Alcohol Service that is recovery led; incorporating both prevention and treatment within a wider recovery system**

## 4.3 Family

- 4.3.1 For some individuals their family will be key to recovery. Families have a role in both supporting individuals through recovery and also require support themselves; to promote resilience and reduce likelihood of future problematic drug or alcohol use.
- 4.3.2 **It is therefore recommended to commission a family support along with service user advocacy within the wider recovery system.**

## 4.4 Children and Young People

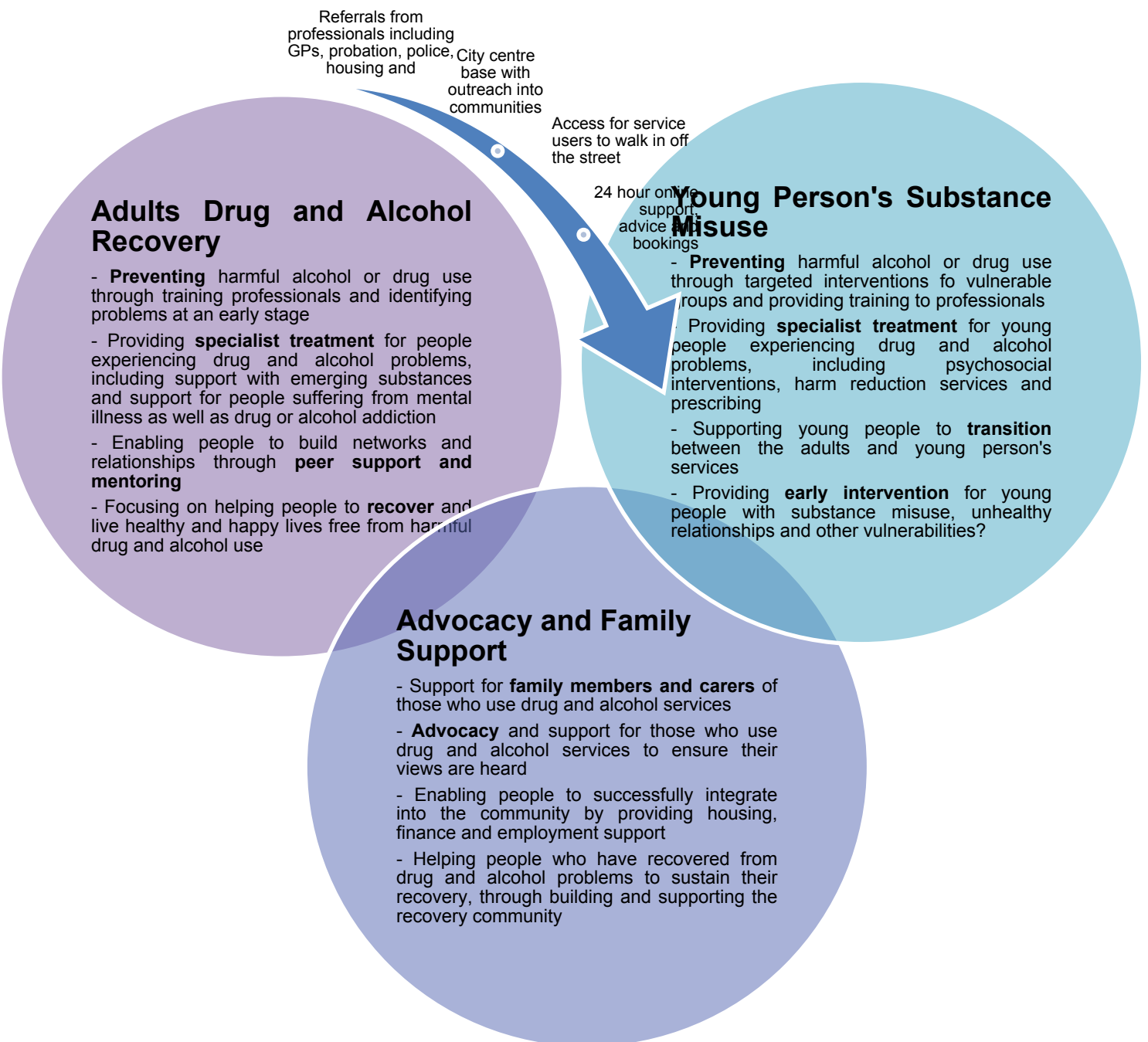
- 4.4.4 Young people's substance misuse is complex, and children of a younger age are requiring support for substance misuse, it links to other risky behaviours and risk of vulnerability. Aligning the young person's substance misuse service to the children and young person's early intervention service, rather than the adult service has been an effective way of delivering services to young people.

- 4.4.5 It is recognised that the needs of children and young people vulnerable to drug and alcohol related harm are different to those of adults.
- 4.4.6 **It is therefore recommended to commission young people’s substance misuse services as an integrated offer with wider young people’s early intervention services linked to the wider drug and alcohol recovery system.**
- 4.4.7 By commissioning young person’s drug and alcohol services as part of a wider 0-19 service offer focussing on risky behaviour and protecting vulnerable children it is anticipated it will lead to a better integration across services accessed by children, young people and their families. Both the children and young peoples and adult services will have an emphasis on safeguarding those at risk of harm and robust transition pathways will be in place with some flexibility for age criteria. The children and young people’s service will support children and young people who are at risk of harm, either from their own substance misuse or that of their parents or carers to reduce intergenerational substance misuse.
- 4.4.8 **Appendix 1** gives a visual image of the proposed drug and alcohol recovery model / system, and an outline of proposed system objectives and priority groups.

## **5 Next steps**

- 5.1 The proposed future drug and alcohol treatment model is out to consultation until the end of September 2016. The consultation includes a further survey, available in both electronic and hard copy, and service users will be supported by volunteers to complete the survey. Several stakeholder engagement events are planned for September, after which the treatment model will be finalised and proceed as per the Council decision making process. Once agreed, a service specification will be developed and Coventry City Council will tender for the new drug and alcohol services.

## Appendix 1: Future model of drug and alcohol recovery services



## **Appendix 2: Coventry drug and alcohol needs assessment 2016**

The 2016 Coventry Drug and Alcohol Needs Assessment, which can be accessed in full at: [http://www.coventry.gov.uk/downloads/file/21620/coventry\\_alcohol\\_and\\_drugs\\_needs\\_assessment\\_2016](http://www.coventry.gov.uk/downloads/file/21620/coventry_alcohol_and_drugs_needs_assessment_2016) found that nationally, there has been a fall in the proportion of men and women who are frequent drinkers over the last ten years, and the number of alcohol related deaths is decreasing. There has also been a long term downward trend in drug use over the last decade.

Coventry has a considerably larger abstinent population than many other areas. Almost 21% of the adult population do not consume alcohol, which is likely to be due to the cultural diversity in Coventry. Trend data across the city also indicates that drug use is falling, and the proportion of Coventry school children who reported trying drugs fell from 20% to 10% over the last 15 years. Offences where alcohol is a factor has shown marked falls in recent years in Coventry. However, there are still sections of the population who are drinking at harmful levels. Coventry's Household Survey shows an increase in older adults drinking five or more days a week, with men three times more likely than women to drink on at least three days per week. Coventry's rate of hospital admissions for alcohol related conditions is significantly worse than the average for England, but similar to comparable areas of deprivation, and has reduced year-on-year for the last three years faster than the national average.

Approximately 14,000 people in Coventry are high risk drinkers, however only 6% of high risk drinkers access treatment services. In addition, it is estimated that only 46% of opiate and / or crack users in Coventry are in treatment, which is below the national average (52%), and there are indications that the average age of those accessing treatment services is increasing.

Although the number of people using alcohol and taking drugs is reducing nationally and locally, the needs of alcohol and drug users are becoming increasingly complex, and there is a strong link between high risk substance use and deprivation. There is evidence that problems of alcohol and drug dependence are significantly less prevalent in the population working full time than in the unemployed and economically inactive, and many higher risk drinkers come from fractured family backgrounds, with a history of alcohol abuse in the family. The proportion of the population drinking more frequently is most prevalent among less affluent neighbourhoods in Coventry. There are also strong links between homelessness, offending and substance misuse, and Coventry has a significantly higher than average prevalence of people who have issues with substance misuse, homelessness and offending behaviours (multiple complex needs).

In addition, while the use of opiate and crack substances is falling, the use of new and emerging substances, such as novel psychoactive substances, synthetic cannabinoids and anabolic steroids are on the rise. Nationally synthetic cannabinoids were most likely to leave people needing to seek emergency medical treatment, and in 2014, the number of drug poisoning related deaths was the highest since records began.

### Appendix 3: Evidence and best practice

Coventry City Council carried out a review of national evidence and best practice, the findings of which are summarised below:

- **No single treatment approach is appropriate for all individuals.** While structured treatment has a key role to play, it is only part of the support that most people will need. Ongoing support in the community is essential for the ongoing recovery journey and often includes mutual aid and other peer support. Recovery is not just about the individual, but impacts on families and communities.
- **Social and human capital** (also sometimes characterised as **recovery capital**) play a key role in recovery from addiction. Families are a significant source of social and recovery capital. Where recovering addicts maintain strong social networks that include people who continue to use, the impact can be negative. The provision of stable accommodation is a key element in recovery capital.
- **Families can benefit from help** in providing supportive relationships, reducing levels of conflict and reducing the emotional strain on recovering addicts caused by perceptions that their families are worried. Including families in therapeutic and other recovery processes can help them support addicts effectively.
- **Peer-supported community programmes** focused on improving self-determination can have a significant positive impact on recovery from addiction. Recovering addicts can benefit from support with other aspects of their lives that enable them to improve self-determination, such as financial management skills and adopting healthy lifestyles.
- People given more general support tend to improve their levels of self-determination and enhance their prospects for sustained recovery.
- **Community-based health promotion networks** can increase success rates of established interventions such as Alcoholics Anonymous (AA).
- The provision of **vocational activity**, including training and employment, is significantly associated with greater probability of sustained recovery.
- **Barriers to recovery** include psychological problems (mental illnesses and the absence of strengths, such as self-esteem and self-efficacy), significant physical morbidities (including blood borne viruses), social isolation and ongoing chaotic substance use.

## **Appendix 4: Engagement with service users and other stakeholders**

Coventry City Council gathered views on future services from service users, professionals and members of the public via online and paper surveys and focus groups. 281 surveys were completed, of which 82 were from service users and 25 were from family members and carers. The overall findings from the engagement exercises were that:

- Respondents wanted better access to services when they were needed
- Respondents wanted better information about what services are available and how to access them
- Respondents wanted support for family and friends of service users
- Respondents wanted support for the wider issues which affect service users, their family and carers
- Respondents wanted specialist drug and alcohol support for young people

Based on these responses, it is proposed that the future drug and alcohol services will:

- Accept referrals from a variety of sources, including GPs, probation, the Police, and housing, as well as self-referrals
- Provide online advice and support, which is accessible 24 hours a day
- Accept online bookings and referrals
- Be based in Coventry city centre, but will be accessible at multiple venues and will provide outreach into communities
- Provide health promotion and publicity materials to raise awareness about what support, advice and training is available and how to access it
- Deliver training programmes to professionals to ensure they understand what advice and support is available, and how they can support those who need services to access them
- Provide advocacy and support for service users to enable them to access and engage with services
- Provide support, advice and training for family, friends and carers of those who use drug and alcohol services about substance misuse and about how to live with and support service users
- Provide a mentoring programme, so that carers can build friendships and support networks to help each other through the recovery process
- Provide housing, finance and employment support
- Provide advocacy for service users
- Provide peer mentoring and buddying
- Provide separate, specialist support for adults and young people
- Provide transition support for young people aged 18-24 to help them access the appropriate services for their needs
- Provide early intervention for young people with substance misuse, unhealthy relationships and other vulnerabilities



