



To: Health and Social Care Scrutiny Board (5)

Date: 13th September 2017

Subject: Coventry Drug and Alcohol Strategy 2017 - 2020

1 Purpose of the Note

- 1.1 The purpose of this paper is to present the Coventry Drug and Alcohol Strategy 2017 – 2020 to the Health and Social Care Scrutiny Board (5), update members of the Board on progress made to address alcohol and drug misuse against the previous strategies and provide an opportunity for members of the Board to offer contributions and suggestions to tackle drug and alcohol misuse in Coventry.

2 Recommendations

2.1 The Health & Social Care Scrutiny Board (5) are recommended to:

- 1) Note the report summarising actions to date on the current Coventry Drug Strategy and Coventry Alcohol Strategy (Appendix 1).
- 2) Endorse the Coventry Drug and Alcohol Strategy 2017 -2020 (Appendix 2).
- 3) Contribute any further comments or suggestions for further work to tackle drug and alcohol misuse in Coventry.

3 Information/Background

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 new psychoactive substances 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. Alcohol and drug misuse are both causes and symptoms of health inequalities.
- 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. This links to all three of the priorities within Coventry's 2016-2019 Health and Wellbeing Strategy:
- **Reducing health and wellbeing inequalities (the health and wellbeing gap) – with a specific focus on building young people's resilience and good economic growth for the city.**
 - **Improving the health and wellbeing of individuals with multiple complex needs.**
 - **Creating a place in which the health and wellbeing of our people drives everything that we do, by developing an integrated health and care system that meets the needs of the people of Coventry.**

4 Local Needs

- 4.1 The 2016 Coventry Drug and Alcohol Needs Assessment 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.
- 4.2 Coventry has a considerably larger abstinent population than many other areas. Almost 21% of the adult population do not consume alcohol (compared to 18% nationally), 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 have shown marked falls in recent years in Coventry.
- 4.3 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.

- 4.4 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.
- 4.5 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).
- 4.6 In addition, while the use of opiate and crack substances is falling, the use of new and emerging substances, such as new 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 nationally the number of drug poisoning related deaths has been steadily increasing over recent years.

5 Coventry Drug and Alcohol Strategy

- 5.1 Coventry City Council is responsible for co-ordinating the city's approach to reducing harm caused by the misuse of alcohol and drugs on individuals, families and communities and is responsible for commissioning drug and alcohol recovery services and for drug and alcohol policy within the city. The development of the strategy coincides with the re-commissioning of drug and alcohol recovery services in the city.
- 5.2 As drug and alcohol misuse is a cross-cutting issue, it requires a multi-agency response. The strategy is one that involves our partners and it covers a wide range of issues such as multiple complex needs, prevention, early intervention, education, training, employment, housing, finances, crime, recovery and support.
- 5.3 Coventry's Drug and Alcohol Strategy was developed by, and is being implemented by a wide range of partners, including Coventry City Council, Coventry and Rugby Clinical Commissioning Group, West Midlands Police, Probation, Youth Offending Service, drug and alcohol treatment providers, and the Coventry Recovery Community.
- 5.4 The Drug and Alcohol Strategy is a three-year strategy (2017 - 2020), appendix 2. It covers both young people and adults and is a citywide strategy for both drug and alcohol use.
- 5.5 The three strategic priorities are to:

- **Prevent** people from taking drugs or drinking harmful levels of alcohol and intervene early to minimise harm
- **Support** those with drug and/or alcohol problems and those with multiple complex needs
- **Promote sustainable recovery** and enable people to live healthy, safe and meaningful lives

5.6 The Strategy will be reviewed on a quarterly basis by the Drug and Alcohol Strategy Steering Group and have an Action Plan that sits underneath it, detailing the specific actions to be undertaken. The Drug and Alcohol Management Group, a sub-group of the Drug and Alcohol Steering Group, will work to the Action Plan.

5.7 The main milestones to be met in the first 12 months include:

- Mobilisation of the new Drug and Alcohol Recovery Services
- Ensuring robust transition pathways in place between different services
- Continuing to promote and support the work of the Coventry Recovery Community, including investigating options for future sustainability.
- Use appropriately targeted campaigns to transform the culture in Coventry towards drugs and alcohol
- Review and update training programmes to maximise effectiveness

6 Governance

6.1 The Strategy will be owned and driven by the multi-agency Drug and Alcohol Steering Group. The group includes representatives from Police, Probation, Clinical Commissioning Group, service users, Coventry City Council elected member, Public Health, Licensing, Community Safety, CWPT/UHCW and Primary Care.

6.2 The Steering Group reports to the Health and Wellbeing Board, and feeds into the Police and Crime Board.

Appendix 1

Progress against Coventry's Drug and Alcohol Strategies (2014 – 2017)

The previous Drug and Alcohol Strategies were based on three priorities: providing effective prevention and recovery focused treatment, changing and challenging attitudes and behaviour, and controlling supply and promoting safe environments. Partners have made significant progress against all three priorities over the last three years.

1. Providing effective prevention and recovery focused treatment

Over the last three years, Public Health has commissioned a range of evidence based services which deliver prevention, advice, treatment, support, advocacy, training, communications / marketing and service user involvement. 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 5.8% 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 (6.7%) but is higher than the average for the West Midlands (4.9%).
- The figures also show that 37.1% of non-opiate users left treatment successfully, which is in line with the average for England (37.3%) and higher than the West Midlands (32.2%). This has increased from 31.1% in 2015.
- 43.3% of those receiving alcohol treatment left treatment successfully, which is significantly higher than the average for England (38.4%) and the West Midlands (35.2%), and has increased from 36.5% in 2014.
- Outreach provision has been delivered at MIND and the Caludon Centre to support people with mental health needs to recover from their addictions.
- 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.
- The Early Intervention Service 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.
- 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.
- In order to improve treatment for dual diagnosis patients, 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 implemented. Dual diagnosis leads have been identified in specific agencies, and a joint training programme has been 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.

- The Alcohol Liaison Nurse Service at UHCW sees individuals across the spectrum of alcohol-related needs, and has worked 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.

2. Changing and challenging attitudes and behaviour

- 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.
- 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.
- A number of actions have been taken to tackle street drinking in priority locations, such as the management and enforcement of a city wide designated Place Protection Order, and an increase in the number of referrals to the multi-agency local case management forum to agree measures, interventions and enforcement action.
- In order to encourage more adults in treatment to have Hepatitis B and C tests and vaccinations, a contingency management scheme has been introduced at the Recovery Partnership to incentivise behaviour change.
- 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.
- Public Health carried out research into the use of new psychoactive substances locally to establish high risk groups and the need for support. The findings from the research have been embedded into local service provision.
- 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.

3. Controlling supply and promoting alcohol and drug free environments

- 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 new psychoactive substances 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.
- 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. 924 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.
- 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).

Appendix 2

Coventry Drug and Alcohol Strategy 2017 – 2020

Appendix 3

Coventry Drug and Alcohol Strategy 2017 – 2020 Summary Sheet

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