

COVENTRY

COVENTRY SUBSTANCE MISUSE NEEDS ASSESSMENT

V4.2



1.3 - THE PICTURE IN COVENTRY

SUMMARY

Coventry is a growing city, with the population expected to increase by 11% (to 419,366) by 2030. Births and international migration are driving the growth in the population. The presence of two universities, Coventry and Warwick, is another major reason for the city's increased population, particularly among younger adults.

To reduce the demand for specialist drug and alcohol services and the harms associated with drug and alcohol misuse, **there needs to be a greater focus on preventing people from misusing drugs and alcohol.** Preventing drug misuse is more cost-effective and socially desirable than dealing with the consequences of misuse.¹ Prevention work should include a focus on addressing recreational drug use.

Mapping prevention services and initiatives in Coventry against United Nations Office on Drugs and Crime prevention standards shows that some life course stages may require more interventions. **More prevention services that focus on middle childhood and early adolescence should be considered.** Within the existing prevention delivery, there are opportunities for some standardisation of approaches across all partners, including schools, who must deliver drug and alcohol education as part of their approach to Relationships, health, and Sexual Education.

Coventry has significant pockets of deprivation, with nearly 19% of Coventry neighbourhoods in England's 10% most deprived neighbourhoods. Deprived areas are more likely to have greater proportions of black and minority ethnic groups and are more likely to suffer from health inequalities. In Coventry, areas such as Foleshill, one of the most deprived neighbourhoods, had an estimated 69% non-White British population.

Additional factors to consider in devising an approach to addressing drug and alcohol needs in deprived areas include higher rates of abstinence and lower drinking levels among minority ethnic groups compared to people from white backgrounds. Abstinence is high amongst South Asians, particularly those from Pakistani, Bangladeshi and Muslim backgrounds. But Pakistani and Muslim men who drink do so more heavily than other non-white minority ethnic and religious groups.²

15% of those in treatment during 2021-22 were from a Black or minority ethnic group, lower than the proportion in Coventry (26% - 2011 census data). **Further work should be considered to ensure services are culturally specific and appropriate.** Resources compiled by the Office for Health Inequalities and Disparities may be able to guide this work. **Place-based approaches, described in the Health and Wellbeing Strategy,³ to drug and alcohol needs should also be considered.**

Parental problem drug use can and does cause serious harm to children at every age, from conception to adulthood.⁴ Within Coventry, there were 327 parents in treatment out of a projected number of 3780 (9%). Analysis of hidden harm showed opportunities to develop the response in Coventry. Compared to the Nearest Neighbours, **the number of parents in treatment as a rate of the projected number of children affected by parental alcohol/substance misuse is low.** In addition, the number of parents entering treatment has decreased. The response to hidden harm in Coventry should be informed by existing government guidance on the issue.

¹ DHSC, (2021), Review of drugs part two: prevention, treatment, and recovery

² JRF, (2010), Ethnicity and alcohol: a review of the UK literature

³ Coventry City Council, (2019), Health and Wellbeing Strategy

⁴ X,(2011), Hidden Harm – Responding to the needs of children of problem drug users

In Coventry, there is a disproportionate amount of harm caused by alcohol use. Alcohol-related mortality and hospital admission rates are higher than the national average and amongst its Nearest Neighbours. Despite a decrease in admissions between 2020-21 and 2019-20, alcohol-related hospital admission rates are still high among males and females. **There is work to be completed on identifying those with an alcohol need earlier to try and reduce hospital admissions and deaths.**

Analysis of unmet need information indicates the work to be done to encourage those with an alcohol need to seek help. **Data on unmet needs shows that only 13% of those with a dependent alcohol problem are accessing treatment services,** a much lower figure than the England average of 20%.

Over the past year, there has been an increase in the proportion of alcohol users accessing services. The increase in engagement was partially attributed to the new methods of accessing services introduced during the COVID-19 pandemic (phone appointments and virtual access).

In Coventry, unmet needs analysis indicates good engagement with services from those using opiates. 53% of the estimated opiate-using population are accessing treatment services which is the same as the England average.

Coventry has a low age-standardised mortality rate for deaths related to drug poisoning (2019-21) compared to its Nearest Neighbours. There has been an 83% decrease in drug-related deaths related to drug poisoning in Coventry between 2021 and 2020. The decrease is against national trends (+5%) and that of the Nearest Neighbours (+11%). Deaths relating to drug misuse have also reduced from 24 in 2020 to 14 in 2021.

Regarding drug-related hospital admissions, Coventry has lower-than-average rates than its Nearest Neighbours.

In 2021, only 13% of Coventry residents leaving prison in drug or alcohol treatment continued treatment in the community, lower than the national average of 37%. **The reasons for low engagement rates following a stay in prison need to be understood.** Feedback from those not engaging with services will be difficult to source but should be sought (one way may be speaking to those who return to prison).

There are good examples of joint working between services addressing drug and alcohol needs in Coventry. CGL, the specialist drug and alcohol service provider, have teams working with employment services, rough sleepers, police and probation, and a dual diagnosis worker who links in with patients in the Caludon Centre.

There are opportunities to develop partnership working approaches with services, such as mental health teams. Trauma and mental health needs can be drivers of addiction and require a joined-up approach. **An indication of the cross-over between mental health needs and drug or alcohol needs is the 67% on the CGL caseload with an identified mental health need.**

The ongoing Mental Health Transformation project will offer chances for more co-located working between mental health and drug and alcohol practitioners at mental health hubs. The development of the IAPT plus model should make accessing treatment easier for those with a drug or alcohol need.

There are opportunities to increase the knowledge regarding the remit of specialist drug and alcohol services. The pathway between Children's Social Care and specialist services was highlighted as one that could be improved. **There are opportunities to increase the knowledge and confidence of practitioners across all services regarding identifying those with drug or alcohol needs and working with them.** Practitioners across several services highlighted the difficulties they faced in getting individuals to admit a drug or alcohol need and then agreeing to a referral to specialist services. **Feedback from those working in front-line services indicates there is still work to be done in identifying and engaging those with a drug or alcohol need.**

Over the past four years, the number of new presentations to structured drug and alcohol treatment averaged 906 yearly. 2021-22 saw a decrease in those with opiate-only problems accessing treatment and an increase in alcohol-only clients.

75% of referrals to the specialist drug and alcohol provider are via self-referrals. The high proportion of self-referrals could indicate a need for other partners to be more proactive in referring individuals to the service and undertake more motivational work with individuals before making a referral.

In 2021-22, there were almost 1800 individuals in treatment, a similar figure to the previous year. Roughly two-thirds of those in treatment are male. Looking at the change in age structure over the previous four years, there has been a slight decrease in the 20-29 and the 30-39 age groups. This decrease has been offset by an increase in the 40-49 and 60+ age groups.

Coventry has higher re-presentation rates and lower successful completion rates than the national average and Nearest Neighbours. The rates may be partially attributable to the local approach to risk management with patients.

In Coventry, residential rehabilitation services are jointly commissioned between Coventry and Warwickshire. The uptake in rehabilitation has increased over the previous three years. However, **more work still needs to be done to encourage more of those in treatment to choose rehabilitation services.**

For those who want to achieve and stay in recovery, CGL offers a range of structured and unstructured group programmes and peer support. **Outside of specialist services in Coventry, there appears to be more that can be offered to individuals who want to achieve and stay in recovery.** In her review of drugs, Dame Carol Black highlights the need for thriving communities of recovery to be linked to every drug treatment system.

The police response to drugs and alcohol indicates that there may be an increasing need across Coventry. There have been increases in drug and alcohol-related offences over the past two years. These increases can be partially attributable to changes in how crimes are recorded, although this requires further exploration. Drug-related offences are up 44% when comparing the year to June 22 against the previous year. Alcohol-related offences are up 65% when comparing the year to June 22 against the previous year.

A more detailed analysis of drug and alcohol-related crimes shows differences between wards and which wards may be experiencing an emerging issue. For example, the Wainbody ward has seen a high increase in drug-related crimes. However, the crime rate is relatively low compared to the other wards. **The links between crime and drug and alcohol need show the importance of the links between services and how services such as the Arrest Referral Service and the Divert initiative can link individuals with specialist services.**

1.4 - KEY FINDINGS AND RECOMMENDATIONS

DESCRIPTION OF ICONS

Each recommendation includes additional information relating to the following:

- Whether it relates to children and young people or adults
- The area of the National Combatting Drugs Outcome Framework⁵ that it sits under:
 - USE – Reducing Drug Use
 - CRIME – Reducing Drug-Related Crime
 - HARM – Reducing Drug-Related Harm
 - SUPPLY – Reducing Supply
 - TREATMENT – Increase Engagement in Treatment
 - RECOVERY – Improve Recovery Outcomes
- The table below describes how we have displayed information in this document.

This section describes whether the recommendation relates to Children and Young People or Adults. In the example below the recommendation relates to ADULTS.

This section describes which area of the NCDOF the recommendation relates to. In the example below the recommendation relates to REDUCING DRUG USE.

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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| C&YP | ADULT | USE | CRIME | HARM | SUPPLY | TREATMENT | RECOVERY |
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| RECOMMENDATION NUMBER: # | |
| TITLE: <i>Summary of the recommendation.</i> | |
| | <i>Key finding relating to the recommendation.</i> |
| | <i>The impact of the key finding is on Coventry.</i> |
| | <i>A longer description of the recommendation.</i> |














⁵ HM Government, (2022), [Guidance for local delivery partners](#)

LIST OF RECOMMENDATIONS

| NUMBER | TITLE |
|--------|--|
| 1 | To take into account projected population changes and demographic differences at a geographical level when planning for future services. |
| 2 | To develop the approach to prevention for school-aged children. |
| 3 | To evaluate current diversionary activities for children and young people. |
| 4 | To improve responses to the physical health problems that impact those with drug and alcohol issues, using the hepatitis C elimination model as a good practice example. |
| 5 | To improve service effectiveness by improving data collection from needle exchange in Coventry. |
| 6 | To develop recovery options in line with national guidance and with input from those with lived or living experience of drug and alcohol addiction. |
| 7 | To review the local response to the 'hidden harms' caused by adverse childhood experiences, such as parents with a drug or alcohol issue. |
| 8 | To complete an evaluation on alcohol-related hospital admissions and discharges. |
| 9 | To further investigate drug-related deaths to develop strategies and approaches that reduce deaths. |
| 10 | To use the mental health transformation project to improve responses to the mental health needs of those with a drug or alcohol need. |
| 11 | To review the clinical treatment of opiate users in hospitals to identify improvements to the pathway. |
| 12 | To review the continuity of care between prison and community to ensure greater engagement in treatment services for those released from prison. |
| 13 | To review treatment services to explore the potential for expansion and collaborative working. |
| 14 | To develop a strategy to increase the use of tier 4 services in Coventry. |
| 15 | To develop an ongoing programme of engagement with communities to inform service development and delivery. |
| 16 | To investigate increases in drug and alcohol-related recorded crimes to inform future planning. |
| 17 | To develop joint working between Licensing and Trading Standards and the Partnership Board. |
| 18 | To develop the skills and knowledge of the wider workforce concerning drug and alcohol-related needs. |
| 19 | To develop the availability of accurate and robust data to inform and develop the drug and alcohol strategy. |

COVENTRY

RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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| RECOMMENDATION NUMBER: 1 | | | | | | | |
| TITLE: To take into account projected population changes and demographic differences at a geographical level when planning for future services. | | | | | | | |
|  | <p>Increase in population numbers.</p> <p>The population has increased by 13% since 2014 and is projected to increase by a further 11% by 2030.</p> | | | | | | |
|  | <p>An increase in the overall population will likely impact the demand for services.</p> | | | | | | |
|  | <p>Variations between wards.</p> <p>There is a huge variance in demographics between wards, including age and deprivation. For example, 46% of the population in Bablake is over 45 compared to 12% in St Michael's.</p> | | | | | | |
|  | <p>The demographic profile of the wards will have a bearing on the prevalence of substance misuse. In Coventry, approximately 20% of the population is under 16. The most recent (2018) survey on Smoking, Drinking, and Drug Use among Young People in England showed that the proportion of 11- to 15-year-olds in England who had taken any drug (excluding new psychoactive substances) in the last year was 14.5%. This was similar to the previous estimate in 2016 (15.2%).⁶</p> <p>Approximately 35% are aged between 16 and 34. For the year ending March 2020, the prevalence of any drug use in the last year was highest amongst 16- to 19-year-olds and 20- to 24-year-olds (21.1% and 21%, respectively).⁷</p> <p>Approximately 20% of the Coventry population are aged 55 and over. An estimated 1% of 60- to 74-year-olds had taken a drug in the last year.⁸</p> <p>As a university city, it is worth noting for Coventry that full-time students (19.7%) were more likely than any other occupation group to have used any drug in the last year.⁹</p> | | | | | | |
|  | <p>Future planning should take into account the projected increase in the population and the needs at a ward-based level. The demographic (including age and deprivation) and need analysis in this needs assessment should be considered when deciding where resources should be located.</p> <p>OHID have a national drive to help improve the responsiveness of services to diverse cultural needs. OHID have created some resources that can be used to improve the responsiveness of</p> | | | | | | |

⁶ ONS, (2022), Drug misuse in England and Wales: year ending March 2020



⁷ ONS, (2022), Drug misuse in England and Wales: year ending March 2020

⁸ ONS, (2022), Drug misuse in England and Wales: year ending March 2020

⁹ ONS, (2022), Drug misuse in England and Wales: year ending March 2020

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| | services. As described in the Health & Wellbeing Strategy, place-based responses should be considered. |
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OTHER KEY FINDINGS












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|  | <p>Minority ethnic groups account for a smaller percentage of those in the treatment system than the general population.</p> <p>Based on the latest data, 26% (2011 - potentially greater now) of the Coventry population are from a minority ethnic group. During 2021-22, 15% of those in treatment are from a minority ethnic group.</p> |
|  | <p>The relationship between the city's diversity and treatment services' diversity is unclear. There are numerous factors to consider when drawing comparisons between the two populations, such as cultural views towards drugs and alcohol, abstinence rates, and the availability of culturally appropriate services.</p> <p>Coventry has a high proportion of minority ethnic groups with traditionally higher rates of abstinence and lower drinking levels. Abstinence is high amongst South Asians, particularly those from Pakistani, Bangladeshi and Muslim backgrounds, compared to people from white backgrounds.¹⁰</p> <p>It should also be noted here that research has found that Pakistani and Muslim men who do drink do so more heavily than other non-white minority ethnic and religious groups.¹¹</p> |












¹⁰ JRF, (2010), Ethnicity and alcohol: a review of the UK literature

¹¹ JRF, (2010), Ethnicity and alcohol: a review of the UK literature



PREVENTION

RECOMMENDATIONS

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| RECOMMENDATION NUMBER: 2 TITLE: To develop the approach to prevention for school-aged children. | | | | | | | |
|  | <p>There is an opportunity to develop the approach to school-age prevention activity.</p> <p>Under the statutory guidance for Relationships, Sex and Health Education (RSHE), schools have a requirement to provide teaching about tobacco, alcohol, prescription drugs and illicit drugs.</p> <p>In Coventry, as in most other areas, each school has developed its approach to Relationships, Health and Sexual Education (RHSE).</p> <p>The international experience with prevention shows that support for front-line workers and evaluation of outcomes are critical for success. The Dame Carol Black Review highlights the need for high-quality teacher training programmes to deliver the new drug prevention curriculum.</p> <p>The school survey highlighted several areas where schools may benefit from assistance with drug and alcohol-related needs. Areas highlighted included better support for families, training for staff, and difficulties in getting parents to engage with specialist services.</p> | | | | | | |
|  | <p>It is difficult to measure the current impact of RHSE education in schools concerning drug and alcohol awareness. In addition, there is a knowledge gap about how prevention is approached in schools.</p> <p>Without a robust evaluation, it is not possible to say whether this key component of the prevention approach in Coventry is having the desired effect on reducing the harm caused by drug and alcohol use among children and young people.</p> | | | | | | |
|  | <p>Engagement work should be completed with key stakeholders to develop the approach to prevention in Coventry. The engagement exercise should cover schools' current approach to prevention across all age groups.</p> <p>The engagement exercise should gather information on what assistance schools require concerning the drug and alcohol aspects of the RHSE curriculum. It should be a goal to have a consistent approach to RHSE across Coventry that can be evaluated regularly.</p> | | | | | | |

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| RECOMMENDATION NUMBER: 3 | | | | | | | |
| TITLE: To evaluate current diversionary activities for children and young people. | | | | | | | |
|  | Evidence shows that the same factors that increase childhood risk for drug use also increase the risk of alcohol and tobacco use, poor academic performance, mental health problems, and harm to self and others. Positive activities for young people outside of school hours are important. ¹² | | | | | | |
|  | Several diversionary activities are being funded in Coventry, allowing children and young people to participate in interventions that may otherwise not be available. Coventry City Council has funded Ecotherapy and Boxing classes for children and young people. Funding these activities is important in ensuring that all community members have access to activities promoting health and wellbeing. The effectiveness of these activities is currently being evaluated. | | | | | | |
|  | There should be a further evaluation of the effectiveness of diversionary activities in improving outcomes related to drug and alcohol use. The findings of the evaluation should feed into future planning activity. | | | | | | |












KEY FINDINGS












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|  | There is a potential gap in community services for early adolescents. Mapping existing prevention services shows a potential gap in community services for the middle childhood and early adolescence part of an individual's life course. | | | | | | |
|  | There are challenges to measuring the coverage and effectiveness of the prevention approach within schools. This part of the prevention approach has the opportunity to get key messages to a large portion of the community. | | | | | | |

¹² DHSC, (2021), Review of drugs part two: prevention, treatment, and recovery



HARM REDUCTION

RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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| RECOMMENDATION NUMBER: 4 | | | | | | | |
| TITLE: To improve responses to the physical health problems that impact those with drug and alcohol issues, using the hepatitis C elimination model as a good practice example. | | | | | | | |
|  | <p>As part of NHS England and NHS Improvement's national programme to eliminate hepatitis C as a major public health threat, there has been an increased focus on identifying and treating hepatitis C in Coventry.</p> <p>Other key aspects of the hepatitis C elimination drive that improved outcomes for patients were hospital services in-reaching into CGL, a wider range of partners supporting the delivery of medications to patients, and the training of hepatitis C peer champions.</p> | | | | | | |
|  | <p>CGL data shows that between Quarter 4 2020/21 and Quarter 3 2021/22, an average of 10.4 patients were newly identified as being hepatitis C positive.</p> | | | | | | |
|  | <p>There should be greater joint working between healthcare services and specialist substance misuse services to improve individuals' physical health. There should be on the physical health conditions that are prevalent in those with a drug and alcohol need, such as respiratory diseases and blood borne viruses.</p> | | | | | | |

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| RECOMMENDATION NUMBER: 5 | | | | | | | |
| TITLE: To improve service effectiveness by improving data collection from needle exchange in Coventry. | | | | | | | |
|  | <p>There are various harm reduction initiatives in Coventry. Initiatives in Coventry include Naloxone prescribing and needle exchanges.</p> <p>Approximately 20 pharmacies in Coventry offer needle exchange services. Needle exchanges are an example of an evidence-based harm reduction initiative highlighted in the Dame Carol Black Review. Details of those who use needle exchanges are not currently collected.</p> | | | | | | |
|  | <p>Needle exchanges help stop the spread of infection from drug-related litter and sharing of injecting equipment. The needle and syringe exchange schemes help support the health and wellbeing of the whole community and provide those who inject substances with a confidential service and direct access to a health professional who can help them engage with treatment services to address their drug misuse.</p> | | | | | | |
|  | <p>The collection of information from the needle should be collected. This will help address intelligence gaps, potential unmet needs, and help with future planning.</p> | | | | | | |













KEY FINDINGS




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|  | <p>Drug use can cause a range of health-related problems, including:¹³</p> <ul style="list-style-type: none"> • mental health problems such as anxiety, depression, psychosis, personality disorder and suicide • lung damage • cardiovascular disease • blood-borne viruses • arthritis and immobility among injectors • poor vein health in injectors • liver damage from undiagnosed and untreated hepatitis C virus (HCV) • sexual risk-taking and associated sexually transmitted infections (STIs) • overdose and drug poisoning | | | | | | |
|  | <p>The wide range of health problems caused by drug use means that those experiencing drug-related harms may seek help from various health and care professionals, including acute medical, primary care and psychiatric services. Professionals must follow the Making Every Contact Count approach to support people in making positive changes to their physical and mental health and wellbeing.</p> | | | | | | |

¹³ OHID, (2022), [Misuse of illicit drugs and medicines: applying All Our Health](#)













RECOVERY

RECOMMENDATIONS




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| RECOMMENDATION NUMBER: 6 TITLE: To develop recovery options in line with national guidance and with input from those with lived or living experience of drug and alcohol addiction. | | | | | | | |
|  | <p>For those who want to achieve and stay in recovery, CGL offers a range of structured and unstructured group programmes and peer support.</p> <p>Outside of specialist services in Coventry, several other services are aimed at helping individuals recover from their addictive behaviours (e.g., The Bridge, Recovery Academy, and Mutual Aid groups).</p> <p>The first Annual Report by the UK's first Drug Recovery Champion stated: "The creation of a Recovery-Orientated System of Care (ROSC) offers the best chance of helping people move on from drug dependence. At its best, ROSC is built on person-centred services and supports multiple non-linear pathways to recovery".</p> | | | | | | |
|  | <p>The responsibility to help individuals recover from drug and alcohol addiction sits across all partners of the Partnership Board. Currently, the approach to recovery in Coventry is somewhat fragmented, meaning that interventions are not maximising their potential to help individuals achieve and maintain recovery.</p> | | | | | | |
|  | <p>The engagement exercise completed as part of this needs assessment included a number of groups that focussed on the theme of recovery. Some key points from the engagement were:</p> <ul style="list-style-type: none"> • A 'recovery hub' where all organisations offering recovery interventions could have a presence would be beneficial. Linked to the idea of a recovery hub is the availability of clear information detailing what recovery services are available in Coventry. • More diversionary activities would be appreciated by those in recovery. • The idea of recovery means different things to different people. There needs to be a range of options. | | | | | | |
|  | <p>The engagement exercises highlighted that there are existing services offering recovery options to those recovering from addiction in Coventry. However, these services are fragmented and what they offer is not widely known.</p> | | | | | | |

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|  | <p>The practitioner survey highlighted some potential gaps in the recovery offering in Coventry.</p> <p>There are opportunities for more recovery projects that focus on the health and wellbeing of those in recovery.</p> |
|  | <p>The results of the practitioner survey indicate that there is not a full spectrum of recovery options in Coventry. This may impact the success of individuals from minoritised groups in achieving their version of recovery.</p> |
|  | <p>There are opportunities to develop recovery services in Coventry in line with upcoming guidance and best practice. For example, the forthcoming clinical guidance on alcohol use will include a section on recovery and ROSCs. The recommendations and guidelines included in the document should be reviewed and adapted in Coventry.</p> <p>The views of individuals with lived and living experiences of addiction should inform the development of services. The engagement exercise completed as part of this assessment showed that there were individuals and services willing to be part of the recovery agenda in Coventry.</p> <p>Any development of recovery services should ensure that interventions address the needs of those from minoritised groups.</p> |

HIDDEN HARM












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| RECOMMENDATION NUMBER: 7 TITLE: To review the local response to the 'hidden harms' caused by adverse childhood experiences, such as parents with a drug or alcohol issue. | | | | | | | |
|  | <p>There is no joint protocol between Children's Social Care and specialist substance misuse services in Coventry.</p> | | | | | | |
|  | <p>In Coventry, stronger governance structures regarding parental drug and alcohol use can help inform:</p> <ul style="list-style-type: none"> • How alcohol and drug treatment services can be part of local safeguarding arrangements • Data and information-sharing arrangements • A focus on early help and prevention for families affected by parental alcohol and drug use • A clear process for reporting and dealing with safeguarding concerns • A commitment to joint training between substance misuse and social services • A commitment to information–sharing by practitioners • A commitment to helping services to evaluate their practice and share good practice | | | | | | |
|  | <p>Compared to the Nearest Neighbours, the number of parents in treatment as a rate of the projected number of children affected by parental alcohol/substance misuse is low. In addition, the number of parents entering treatment has decreased.</p> <p>The school survey highlighted the difficulties in engaging parents with services, with little or no consequences for lack of engagement.</p> | | | | | | |
|  | <p>The analysis completed indicates a potential unmet need for identifying parents with drug or alcohol needs. There is also likely to be an unmet need relating to children negatively impacted by parental dependence on alcohol and drugs.</p> <p>Parents' dependence on alcohol and drug use can negatively impact children's physical and emotional wellbeing, development, and safety. The impacts on children include¹⁴:</p> <ul style="list-style-type: none"> • physical maltreatment and neglect • poor physical and mental health • development of health-harming behaviours in later life, for example, using alcohol and drugs at an early age, which predicts more entrenched future use • poor school attendance due to inappropriate caring responsibilities • low educational attainment | | | | | | |

¹⁴ Safeguarding children affected by parental alcohol and drug use

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| | <ul style="list-style-type: none"> involvement in anti-social or criminal behaviour <p>It is expected that the same factors are present in Coventry.</p> |
|  | <p>Data from Children's Social Care assessments were analysed. Alcohol misuse relating to the child is less common than alcohol misuse for the parent. Drug misuse relating to the child appears to be less of an issue than drug misuse for the parent.</p> |
|  | <p>In Coventry, "Alcohol misuse: concerns about parent" was identified in almost one-fifth of children's social care assessments, a higher rate than comparable areas and the England average. The high proportion of those with alcohol concerns identifies a need. The high identification rates could also indicate that social care practitioners know the signs of alcohol abuse. However, the low rates of parents engaged in treatment (see above) could indicate that the pathway between children's social care and treatment services needs to be developed.</p> <p>The "Drug misuse: concerns about parent" data shows a similar picture (identified in 17.5% of children's social care assessments). Again, this relatively high rate could indicate that social care practitioners are aware of the signs of drug abuse but that the treatment pathway for those identified should be developed.</p> |
|  | <p>Coventry's response to identifying 'hidden harm' and providing interventions to children and young people impacted by parental drug and alcohol use should be reviewed. More should be done to identify parents misusing drugs or alcohol and encourage them to engage with services.</p> <p>The review should include an investigation of the response of children's social care services to children and families impacted by drug and alcohol use.</p> |












THE WIDER HEALTH IMPACTS OF ALCOHOL

RECOMMENDATIONS

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| RECOMMENDATION NUMBER: 8 | | | | | | | |
| TITLE: To complete an evaluation on alcohol-related hospital admissions and discharges. | | | | | | | |
|  | <p>Coventry has high rates of hospital admission episodes for alcohol-related conditions, particularly CVD.</p> <p>Looking specifically at rates for admission episodes for alcohol-related conditions, Coventry ranks as one of the highest areas when compared to the Nearest Neighbours.</p> <p>Compared to the Nearest Neighbours, Coventry ranks in the top quartile for alcohol-related cardiovascular disease and mental and behavioural disorders due to the use of alcohol.</p> <p>Whilst nationally and for the NN, the rate for admissions due to mental and behavioural disorders due to the use of alcohol has seen a decrease when comparing 2020-21 against the previous year, Coventry has seen a slight increase.</p> <p>The rates for admission episodes for alcoholic liver disease are higher than the national average and the NN average. The longer-term trend shows that in 2018-19, the rate in Coventry was below the NN average; however, the rate in 2020-21 is now greater.</p> | | | | | | |
|  | <p>Hospital admissions related to alcohol use indicate opportunities to improve the response to prevention in Coventry. The high rates indicate that individuals are not being identified at an early enough point.</p> <p>Alcohol-related hospital admissions also have a high-cost implication for all partners, including NHS Trusts.</p> <p>Coventry has relatively high rates for alcohol-related mortality, however the rates for mortality related to alcoholic liver disease are similar to nearest neighbours. The reasons for this are not known.</p> | | | | | | |
|  | <p>To complete an evaluation on alcohol-related hospital admissions and discharges to understand more fully the reasons for admission and opportunities to reduce admissions.</p> <p>The current focus on the partnership approach to drug and alcohol needs is an opportunity to refresh the aims of all partners regarding identifying opportunities to reduce alcohol-related harm and set appropriate strategic aims.</p> | | | | | | |














THE WIDER HEALTH IMPACTS OF DRUGS

RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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|  |  |  |  |  |  |  |  |
| RECOMMENDATION NUMBER: 9 TITLE: To further investigate drug-related deaths to develop strategies and approaches that reduce deaths. | | | | | | | |
|  | A decrease in drug-related deaths. Coventry has seen a decrease in drug-related deaths. This is against the trend exhibited Nationally and by the Nearest Neighbours. In addition, the rate per 100,000 population is low. | | | | | | |
|  | Detailed analysis of the drug-related deaths in Coventry was not available. It is not possible to draw conclusions and recommendations from the currently available data. | | | | | | |
|  | The reasons behind drug-related deaths in Coventry should be investigated in more detail to increase knowledge of the drivers behind mortality and inform future planning activity. | | | | | | |

SERVICE PROVISION - MENTAL HEALTH












RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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|  |  |  |  |  |  |  |  |
| RECOMMENDATION NUMBER: 10 | | | | | | | |
| TITLE: To use the mental health transformation project to improve responses to the mental health needs of those with a drug or alcohol need. | | | | | | | |
|  | <p>There are opportunities for better joint working between mental health and specialist substance misuse teams regarding treating patients with dual mental health and drug or alcohol needs.</p> <p>Feedback from drug and alcohol practitioners was that patients could be discharged from mental health services if they were not stable in their use of drugs or alcohol.</p> <p>This was also a recurring theme in the Dual Diagnosis Operational group.</p> | | | | | | |
|  | <p>There are strong links between substance misuse and poor mental health. For some people, taking drugs can lead to long-term mental health problems or people with a mental health diagnosis may use drugs to help cope with the symptoms.¹⁵ Release from mental health services can mean that a patient's mental health and trauma needs are unmet, which can impact their use of drugs and alcohol.</p> <p>Drug and alcohol practitioners can work with patients with complex mental health and trauma needs without appropriate training.</p> | | | | | | |
|  | <p>There are high mental health and trauma needs of those with a drug or alcohol dependence.</p> <p>Drug and alcohol practitioners highlighted that they see a high number of patients who have experienced significant traumatic events. This was sometimes given as a reason for using drugs and alcohol to risky/ dangerous levels.</p> | | | | | | |
|  | <p>Trauma (physical, sexual or psychological) and mental ill-health are the drivers and accompaniment of much addiction.</p> <p>Patients who use drugs or alcohol as a coping strategy may require a joined-up approach between mental health and substance misuse practitioners.</p> <p>In Coventry, there were some examples of good joint working between specialist drug and alcohol services and the Caludon Centre.</p> | | | | | | |
|  | <p>The mental health and emotional wellbeing needs of those with a drug or alcohol problem should be part of the mental health transformation work. Opportunities for closer joint working between mental health services and specialist drug and or alcohol services should be explored.</p> <p>Any recommendations in the NHS England/ DHSC Action Plan concerning the mental health care of individuals with drug or alcohol dependence should also be followed.</p> | | | | | | |





¹⁵ Mental Health Foundation, Drugs and mental health

SERVICE PROVISION – ACUTE HEALTHCARE

RECOMMENDATIONS



| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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|  |  |  |  |  |  |  |  |
| RECOMMENDATION NUMBER: 11 | | | | | | | |
| TITLE: To review the clinical treatment of opiate users in hospitals to identify improvements to the pathway. | | | | | | | |
|  | People who use illicit opioids are more likely to be admitted to hospital than people of the same age in the general population. Many admissions end in a discharge against medical advice, associated with readmission and all-cause mortality. Opioid withdrawal contributes to premature discharge. ¹⁶ | | | | | | |
|  | Local data on the management of opioid withdrawal was not available for this needs assessment. However, anecdotal examples were provided of individuals choosing not to seek healthcare interventions because they believed they would not have access to opiate treatment while in hospital. | | | | | | |
|  | There should be a review of the opiate prescribing practices within acute care settings in Coventry. The review should include an investigation of current prescribing practices' impact on patients with opioid addiction. | | | | | | |

KEY FINDINGS

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|  | One of the Alcohol Care Team (ACT) aims is to facilitate integrated alcohol care between secondary, primary and community care providers. ¹⁷ One of the core service components of the ACT is the planning of safe discharge, including referrals to community services. |
|  | Due to several reasons, those receiving a detox with the ACT do not always engage with community treatment services. This could be related to a delay in referrals being made, the patient choosing not to engage with services, and delays in the treatment service contacting the patient. |
|  | The ACT is a five-day-a-week service. Other services (Optimal Alcohol Care Teams) run a seven-day-a-week service (e.g. in Sandwell and Birmingham). |
|  | Data from the ACT team was not available for inclusion in this document. |














¹⁶ Harris, M., Holland, A., Lewer, D. et al. [Barriers to management of opioid withdrawal in hospitals in England: a document analysis of hospital policies on the management of substance dependence](https://doi.org/10.1186/s12916-022-02351-y). BMC Med 20, 151 (2022). <https://doi.org/10.1186/s12916-022-02351-y>

¹⁷ PHE, (2019), Alcohol Care Teams: Core Service Descriptor

| | |
|---|---|
|  | Anecdotally, it was estimated that 60 to 70% of individuals seen by the ACT were not known to specialist drug and alcohol services. |
|  | While anecdotal, this information illustrates the unmet (treatment) need of individuals drinking to dependent levels. |

SERVICE PROVISION - PRISONS














RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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|  |  |  |  |  |  |  |  |
| RECOMMENDATION NUMBER: 12 | | | | | | | |
| TITLE: To review the continuity of care between prison and community to ensure greater engagement in treatment services for those released from prison. | | | | | | | |
|  | <p>The continuity of care between prison and the community can be improved.</p> <p>Looking at all releases, only 16% of those continuing substance misuse treatment on release from prison attended their appointment at a community team within three weeks of release.</p> | | | | | | |
|  | <p>In Coventry, low proportions of individuals continue with their drug or alcohol treatment after their release from prison. Lack of engagement with treatment services reduces the risks associated with drug use upon release from prison and is one of the tools to help drug users move away from the cycle of incarceration. Opiate and crack users drive nearly half of all acquisitive crimes and homicides.¹⁸</p> <p>Engaging with treatment services increases the likelihood that individuals will achieve and maintain recovery from their addictions.</p> | | | | | | |
|  | <p>Several services work with individuals being released from prison.</p> <p>One example highlighted in this needs assessment is the NHS RECONNECT service which will commence in the West Midlands in the next 12 months. NHS RECONNECT services provide continuity of care to individuals with an identified health need between prison and the community.</p> | | | | | | |
|  | <p>The RECONNECT service is one of the services available to individuals approaching release from prison to improve continuity of care. RECONNECT services aim to improve the wellbeing of people leaving prison, reduce inequalities and address health-related drivers of offending behaviours. Whilst not a clinical service, RECONNECT offers liaison, advocacy, signposting, and support to facilitate engagement with community-based health and support services.</p> | | | | | | |
|  | <p>There should be a review of the pathways between prison and the community. The review should look at engaging the maximum number of those with a drug or alcohol need in treatment services upon release from prison. The review should address the difficulties of coordinating the responses of all services that work with offenders and former offenders.</p> <p>Feedback from those with lived experience should form part of the review to understand the barriers to treatment services for individuals leaving prison.</p> <p>The review should also consider the wider criminal justice pathway, including diversionary tools to reduce the number of individuals sent to prison and access to specific drug and alcohol provisions in courts.</p> | | | | | | |

¹⁸ DCB

SERVICE PROVISION – TREATMENT SERVICES












RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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|  |  |  |  |  |  |  |  |
| RECOMMENDATION NUMBER: 13 TITLE: To review treatment services to explore the potential for expansion and collaborative working. | | | | | | | |
|  | <p>There has been an increased demand for children and young person services.</p> <p>Positive Choices referrals have increased by 50% between 2020-21 and 2021-22. Feedback from practitioners highlighted the complex needs that those referred to Positive Choices have.</p> | | | | | | |
|  | <p>The increase in the demand for Positive Choices has several impacts. Firstly, waiting times for interventions are increasing, meaning that vulnerable young people can have long periods without help with their needs.</p> <p>Secondly, the increase in demand places increasing pressure on staff members, whose caseloads have increased and are now at maximum capacity.</p> | | | | | | |
|  | <p>Several issues relating to the specialist drug and alcohol workforce were raised as part of the practitioner engagement.</p> <p>Nationally, it has been recognised that the drug treatment and recovery workforce has deteriorated significantly in "quantity, quality and morale" in recent years.¹⁹</p> | | | | | | |
|  | <p>Practitioners from specialist services fed back that they are working with large caseloads of individuals, impacting the quality of interventions they can provide. Other areas of concern, such as a lack of experience working with individuals suffering from addiction and staff pay levels, were also raised.</p> | | | | | | |
|  | <p>To review and explore the potential for expanding young people and adult services. The review should include the service model, collaborative working opportunities, and referral pathways into the service.</p> <p>The review should cover the accessibility and availability of services to ensure they are available to all sections of the community.</p> <p>The review should also listen to the views of the specialist drug and alcohol workforce regarding service development and consider any workforce development guidance that emerges from the Government's ten-year Drug Plan.</p> | | | | | | |

¹⁹ DCB
















SERVICE PROVISION – TIER FOUR SERVICES

RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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| RECOMMENDATION NUMBER: 14 TITLE: To develop a strategy to increase the use of tier 4 services in Coventry. | | | | | | | |
|  | <p>More individuals should be using tier 4 services.</p> <p>Nationally, there is a target for all local authorities to have 2% of their treatment population complete rehabilitation by 2025. This is the equivalent of c.40 individuals. In 2020-21, 18 individuals successfully completed rehabilitation.</p> | | | | | | |
|  | <p>In Coventry, practitioners believed that there were some challenges associated with getting individuals to apply for residential rehabilitation places.</p> | | | | | | |
|  | <p>A plan should be developed that aims to increase the use of tier 4 services. The plan should include a review of the pathway into residential rehabilitation to ensure that the numbers entering rehabilitation are maximised.</p> | | | | | | |

STAKEHOLDER ENGAGEMENT











RECOMMENDATION

| AREA | | OUTCOME FRAMEWORK AREA | | | | | | |
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|  |  |  |  |  |  |  |  | |
| RECOMMENDATION NUMBER: 15 | | | | | | | | |
| TITLE: To develop an ongoing programme of engagement with communities to inform service development and delivery. | | | | | | | | |
|  | As part of this needs assessment, a survey was run asking for the views of the wider population of Coventry on alcohol and drug-related topics. The survey received a low response rate. | | | | | | | |
|  | Some technical issues on the Let's Talk Coventry consultation hub can partially explain the low response rate. | | | | | | | |
|  | <p>A full stakeholder engagement was completed as part of this needs assessment. Comprehensive one-to-one interviews were completed with key stakeholders across Coventry. Focus groups were completed with staff from several key areas, including adult social care, health and wellbeing services, and treatment services.</p> <p>Surveys were completed with practitioners, the wider community, and specialist surveys for GPs and schools.</p> <p>Focus groups were completed with specialist drug and alcohol service users in Coventry, CGL and Positive Choices.</p> | | | | | | | |
|  | The engagement provided the needs assessment with additional information that would not have been otherwise available through quantitative data sources. The findings from the engagement have been included throughout the document. | | | | | | | |
|  | The practitioner surveys allowed practitioners to provide their views on various areas. The results showed that there are areas where practitioners think needs are not being met. | | | | | | | |
|  | <p>While the results are not a definitive guide to unmet needs, they provide a general guide to areas that may require further exploration.</p> <p>It may be worth considering building the re-running of the practitioner survey into the Partnership Board's activity to monitor the impact of any actions on front-line practitioners.</p> | | | | | | | |
|  | This needs assessment included various engagement exercises. These have proved invaluable in providing information that was otherwise not collected. There is an opportunity to develop a programme of engagement that can inform the development of treatment and recovery services. | | | | | | | |

THE TREATMENT SYSTEM

KEY FINDINGS

Individuals in treatment achieve various positive outcomes with housing, health improvements, and harm reduction. The following information is based on an analysis of National Treatment Drug Monitoring System data relating to those starting treatment, those in treatment, and those completing treatment.

| YOUNG PEOPLE | |
|---|---|
|  | There has been a significant decrease in the number of Young People in-treatment. |
|  | Commissioners and the service provider are aware of the reduction of young people in (tier 3) treatment. There has been a drive from the young person's service to provide earlier preventative interventions for all those on their caseloads. Positive Choices offer services across various risky behaviours, including drug and alcohol use. Most of the young people the service sees require preventative drug and alcohol interventions. Preventative work may have impacted the numbers requiring a structured treatment intervention. |
|  | Across all substance type groups, the number and rate of new presentations who live with children under 18 decreased in 2021-22 compared to previous years. |
|  | Reducing the number of individuals presenting to treatment services may reduce the number of children and young people falling into the 'hidden harm' cohort. |
|  | The Youth Offending Service saw a decrease in its referrals to Positive Choices. This is despite drug offences being the most common offence type for community resolutions within the YOS. |
|  | Feedback from YOS practitioners for the reduction in referrals was related to the following: <ul style="list-style-type: none"> • The young person not consenting to a referral. (Potentially due to a Positive Choices worker not being on-site in the YOS). • The substance misuse needs are a secondary need, e.g. a symptom of their mental health/emotional wellbeing needs. |
| PROPORTION IN-TREATMENT | |
|  | In Coventry, 13% of the expected alcohol-dependent adults were in treatment during 2021-22, lower than the 20% reported nationally. The estimated unmet need in Coventry has increased from 84% in 2020-21 to 87% in 2021-22. |
|  | A high number of the alcohol-dependent population are not accessing treatment, which potentially means their risks are not being met. Having a lower rate than England would indicate that there are gaps in effective identification. |
|  | In Coventry, 53% of the expected opiate users were in treatment during 2021-22, the same as the rate reported nationally. The estimated unmet need in Coventry has decreased from the 51% in 2018-19 and 2019-20. |
|  | In Coventry, 61% of the expected crack users were in treatment during 2021-22, higher than the 42% reported nationally. The estimated unmet need in Coventry has decreased from 48% in 2018-19 to 39% in 2021-22. |



In Coventry, 54% of the expected opiates and/or crack users were in treatment during 2021-22, higher than the 46% reported nationally. The estimated unmet need in Coventry has decreased from the 50% in 2018-19 and 2019-20.



The estimated unmet need figures should be used as a guide to inform treatment penetration. The figures should be used alongside other findings to inform how successfully individuals are being identified and engaged in treatment.

NEW PRESENTATIONS



The needs assessment included a detailed analysis of new presentations to treatment. For example, the largest source of referrals is from self, family and friends. In 2021-22, this group accounted for 75% of the total referrals and was similar to the previous years.

DEMOGRAPHICS



The needs assessment included a detailed analysis of the demographics of those in treatment. For example, 4-5% of new presentations in 2021-22 were recorded on NDTMS as gay/lesbian and bisexual. This rate is slightly higher than in previous years due mainly to a reduction in "not stated".

IN TREATMENT



The needs assessment included a detailed analysis of the demographics of those in treatment. For example, females accounted for 33% of those in treatment during 2021-22. This is up from 29% in 2018-19.

SUCCESSFUL COMPLETIONS
















The needs assessment included a detailed analysis of the demographics of those in treatment. For example, excluding opiate users, successful completions as a proportion of all in treatment has decreased since 2018-19.




The findings from the needs assessment are useful for forming part of the drug and alcohol-related evidence base in Coventry.

THE WIDER PICTURE – POLICE

RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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|  |  |  |  |  |  |  |  |
| RECOMMENDATION NUMBER: 16 | | | | | | | |
| TITLE: To investigate increases in drug and alcohol-related recorded crimes to inform future planning. | | | | | | | |
|  | <p>There have been increases in alcohol-related crimes.</p> <p>Based on the data provided for this Needs Assessment, for the 12 months to June 2022, a total of 4837 offences were recorded with an alcohol marker.</p> <p>There have been significant increases in three years' worth of police data. Incidents have increased from 2040 in 2020 to 4837 in 2022.</p> | | | | | | |
|  | <p>The increase in alcohol-related crimes will impact a wide range of areas in Coventry, including residents' quality of life, demand for police resources, and treatment services.</p> <p>It is unknown if the increase in alcohol-related recorded crime is fully reflective of the true picture in Coventry or a result of changes in how data is recorded.</p> | | | | | | |
|  | <p>There have been increases in drug-related crimes.</p> <p>2726 drug-marked offences in Coventry were recorded for the 12 months to June 2022. This represents a 44% increase from the previous year and a 130% increase from the recorded number two years ago.</p> | | | | | | |
|  | <p>The Crime Survey for England and Wales found that victims of any crime, including fraud (13.2%) in the last year, were more likely to have used any drug compared with people that were not a victim of crime (8.3%).²⁰ This highlights a potential drug and alcohol need among the victims of crime in addition to perpetrators.</p> <p>Similar to alcohol-related crimes, it is not known if the increase in crimes is a true reflection of the picture in Coventry.</p> | | | | | | |
|  | <p>Drug and alcohol-related crimes impact many areas in Coventry; however, it is not known if this reflects the true picture in Coventry. The reasons for the increased number of drug and alcohol-tagged offences should be further explored as a true picture is required to reflect future planning.</p> | | | | | | |

KEY FINDINGS

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|---|---|
|  | <p>The needs assessment included a detailed analysis of drug and alcohol-flagged crime patterns in Coventry. For example:</p> |
|---|---|

²⁰ ONS, (2022), Drug misuse in England and Wales: year ending March 2020

Violence without injury, violence with injury, stalking and harassment, criminal damage, and public fear are the five offence types that account for 82% of alcohol-flagged crimes.



The findings from the needs assessment are useful for forming part of the drug and alcohol-related evidence base in Coventry.



West Midlands Police are leading on the regional approach to County Lines. Since 2018, West Midlands Police have implemented a partnership approach to combatting County Lines.



Data on County Lines was not provided for this needs assessment. It should be ensured that individuals arrested by the police as part of their County Lines approach are given appropriate help regarding drug and alcohol needs.

THE WIDER PICTURE – ANTI-SOCIAL BEHAVIOUR

KEY FINDINGS



The needs assessment included a detailed analysis of drug and alcohol-flagged ASB incidents from the police. For example, alcohol and drug-flagged ASB incidents are down from the previous year.



In completing this needs assessment, full ASB data could not be provided due to how the information is captured in Coventry. Only needle-find data was provided, and we found that reports of needles have decreased year-on-year. It was also found that St Michael's Ward accounts for 45% of the total amount of needles collected.














Data collected by ASB teams can provide evidence in addition to that collected by the police regarding drug and alcohol-related activity. This information is not available in Coventry.

It would be useful for the ASB team to work jointly with the Drug and Alcohol Partnership Board to discuss how their data collection may be developed to help inform the Partnership's goals.

THE WIDER PICTURE – LICENSING

RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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|  |  |  |  |  |  |  |  |
| RECOMMENDATION NUMBER: 17 TITLE: To develop joint working between Licensing and Trading Standards and the Partnership Board. | | | | | | | |
|  | <p>In Coventry, the Licensing team work closely with licensed premises regarding the responsible selling of alcohol.</p> <p>Licensing data is being collected for use in this document.</p> | | | | | | |
|  | <p>Licensing practitioners highlighted a desire for joint work between themselves, the police, and the Public Health Team to ensure a consistent approach to addressing alcohol and drug needs.</p> | | | | | | |
|  | <p>There are opportunities for more joined-up working between licensing, trading standards and other partners.</p> | | | | | | |

THE WIDER PICTURE – HOUSING

KEY FINDINGS



There has been an increase in the number and rate of households owed a prevention or relief duty where drug or alcohol needs were identified.

146 households identified with a drug need were owed a duty in 2020; this increased to 266 in 2021.

There were 80 households identified with an alcohol need in 2020; this increased to 198 in 2021.

In 2020, the rate in Coventry was lower than the average for the Nearest Neighbours. The increase in 2021 now means the Coventry rates are higher than the Nearest Neighbours average.














For Coventry, the increases in those identified with a drug or alcohol need could result from the additional outreach work completed by the rough sleeper team. The outreach work of housing staff in temporary accommodation properties is also likely to increase the identification of those with drug and alcohol needs.

Despite this, housing practitioners still fed back that there are still unidentified drug or alcohol needs among the cohort they work with. Increasing the identification of those engaging with housing services with a drug or alcohol need should be a service goal.












THE WIDER PICTURE – WORKFORCE DEVELOPMENT

RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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|  |  |  |  |  |  |  |  |
| RECOMMENDATION NUMBER: 18 | | | | | | | |
| TITLE: To develop the skills and knowledge of the wider workforce concerning drug and alcohol-related needs. | | | | | | | |
|  | <p>There are opportunities to increase the knowledge and confidence of practitioners across all services regarding identifying those with drug or alcohol needs and working with them.</p> <p>Practitioners across several services highlighted the difficulties they faced in getting individuals to admit a drug or alcohol need and then agreeing to a referral to specialist services.</p> <p>Feedback from those working in front-line services indicates there is still work to be done in identifying and engaging those with a drug or alcohol need.</p> | | | | | | |
|  | <p>The Dame Carol Black report highlights the importance of various agencies and areas concerning working with those with a drug or alcohol need. All agencies have an important role in identifying and supporting individuals in treatment and recovery.</p> | | | | | | |
|  | <p>The partnership board should work together to identify the skills and knowledge gap regarding drug and alcohol needs among their workforce. This should lead to developing a robust and effective workforce development and training programme for staff from all partners.</p> | | | | | | |

THE WIDER PICTURE – DATA COLLECTION

RECOMMENDATIONS

| AREA | | OUTCOME FRAMEWORK AREA | | | | | |
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|  |  |  |  |  |  |  |  |
| RECOMMENDATION NUMBER: 19 TITLE: To develop the availability of accurate and robust data to inform and develop the drug and alcohol strategy. | | | | | | | |
|  | The needs assessment included a large scoping exercise of data sources that could help describe the drug and alcohol landscape of Coventry. | | | | | | |
|  | The needs assessment contains a detailed analysis of the data that was supplied. The needs assessment includes an audit of which partners supplied data for the needs assessment. | | | | | | |
|  | The partnership board should work together to ensure that all relevant data sources are made available to develop and inform the response to drug and alcohol needs in the city. | | | | | | |