

# **Coventry Drug and Alcohol Strategy 2023 – 2033**

## **(Final draft for Health and Wellbeing Board)**

### Introduction

The Governments' National Drug and Alcohol Strategy 'From Harm to Hope'

During 2020 Dame Carol Black was commissioned by the Home Office to complete an Independent Review of Drugs to inform the Government's thinking on what could be done to tackle the serious drug harms affecting individuals and communities in the UK.

In 2021 a two-part report was published with the aim of ensuring that vulnerable people with substance misuse problems get the support that they need to recover and turn their lives around. The report contained 32 recommendations for change across various government departments and other organisations, to improve the effectiveness of drug prevention and treatment and to allow greater opportunities for long term recovery.

Following this review, the government published "From Harm to Hope", a 10-year national plan to tackle substance misuse, cut crime and save lives. The plan is backed with additional funding over a 3-year period to:

1. Break drug supply chains
2. Deliver a world class treatment and recovery system
3. Achieve a shift in the demand for drugs

### Coventry Drug and Alcohol Strategy 2017-2020

The most recent Drug and Alcohol Strategy in Coventry expired in 2020. Work on a new strategy was paused during the Covid pandemic and then awaiting publication of the new national strategy. The previous strategic priorities were to:

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

Some of the key achievements from the previous strategy were:

1. The implementation and delivery of Coventry's Young Person's Service "Positive Choices"
2. The introduction of the CARA (Coventry Alcohol Response Ambulance) a local non-emergency ambulance service to help to reduce the number of hospital admissions and drug and alcohol related deaths.

3. The launch of the West Midlands Residential Rehabilitation Framework, ensuring that those identified as needing this treatment option received high quality placements.

The new national strategy signals a shift in approach around drugs and alcohol to a whole system approach through local partnerships to reduce the harmful effects of drugs and alcohol on both individuals and on wider communities. A systems approach allows for shared responsibility and accountability and enables communities and stakeholders to come together with a shared understanding of the needs of those in Coventry and provide greater opportunities for change.

## The Current Picture in Coventry

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.

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. (ref: JSNA)

## Coventry Local Needs Assessment

A needs assessment (attached **Appendix 1**) was completed in 2022, including significant engagement with stakeholders and service users. The key findings are summarised here.

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 at the start of the COVID-19 pandemic (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 2020 and 2021. The decrease is against national trends (+5%) and that of the nearest neighbours (+11%). Deaths relating to drug misuse 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. Work already underway by Public Health and CGL (local treatment provider) has already started to make improvements and will continue to be build on as the workstream progresses.

#### Needs Assessment: Summary of Recommendations

- Develop an approach that targets school aged children and review the current offer for diversionary activities and young person's drug and alcohol treatment offer
- Improve the responses for those accessing support for substance use that have needs relating to physical and mental health
- Improve the collection of and use of available data sources to manage and monitor the reduction of harms associated with drug and alcohol use
- Review current treatment provision and improve delivery of continuity of care, effective and accessible evidenced based treatment interventions, and reduction in drug and alcohol related harms and deaths.
- Develop a programme of service user, stakeholder, and community engagement to inform and support the strategy for Coventry.
- Carry out a training needs analysis and development plan to upskill the wider workforce to support those with drug and alcohol treatment needs.
- Develop a solid link with colleagues in regulatory authority services to allow for a joined-up approach to reducing the harms of drugs and alcohol on the people of Coventry.
- Develop a recovery framework to support those in need to achieve long term maintenance and recovery from drug and alcohol use and to live lives free from associated harms.
- To better understand alcohol and drug related crime in Coventry and develop a plan to tackle these. To develop an approach linking criminal justice pathways with treatment and recovery
- To use the mental health transformation project to improve responses to the mental health needs of those with a drug or alcohol need.



# Coventry Drug and Alcohol Strategy 2023 – 2033

## Our Vision

For people in Coventry to live their lives free from the harms associated with substance use.

## Our Aims

- To reduce the availability of illicit drugs and reduce the risks to health associated with harmful drinking
- To reduce drug and alcohol related crime in Coventry
- To take a life course approach to prevention and early intervention for substance misuse
- To reduce the harms caused by drug and alcohol misuse to individuals and families, including drug related deaths and hidden harms for children.
- To increase engagement of users in treatment services and improve outcomes, including improved support for mental health and employment as part of the treatment pathway
- To increase the number of people achieving long term recovery from drug and alcohol misuse

# TACKLING DRUGS AND ALCOHOL TO BUILD A BETTER COVENTRY

## Primary Strategic priorities

## Long Term Strategic priorities

Reduce drug and Alcohol Related Crimes

Reduce Drug and Alcohol Supply

Reduce overall Drug and Alcohol Use

Reduce Drug and Alcohol Related Harms and Deaths

Increase Engagement in Drug and Alcohol Treatment

Improve Long Term Recovery

Maximise routes from the Criminal Justice System into effective treatment – to include Custody Settings, CSTR's and DIP testing

Work in partnership to share data and Intelligence in order to identify individuals and communities at risk

Ensure clear focus around drug and alcohol related crime within the Crime Reduction Strategy.

Improved collaboration between Public Health and Licensing and Trading Standards Teams, to include shared local awareness campaigns and better use of shared data and resources.

Reduction in County Lines activity across the city

Increase early engagement with adults and children and young people about the harms associated with drug and alcohol use. (To include recreational use).

Develop a Wider Workforce Development Plan

Develop a Prevention Strategy taking a Life course approach

Reduce the number of Drug and Alcohol Related Deaths and develop an approach which allows for better shared learning

Evaluate the current harm reduction Initiatives and identify opportunities to further expand provision

Increase recognition of Hidden Harms and support for parents

Increase capacity and quality of treatment services – identify use early and offer a range of accessible, evidenced based interventions at all stages of a person's treatment journey. Develop wider health support including a mental health treatment offer (as part of MH transformation) and improved support for physical health  
 Increase Continuity of Care rates in Coventry by 40% in year one and up to 60% by year three  
 Ensure that treatment services are culturally accessible and appropriate for those in need.

To develop a city-wide Recovery offer/ framework in line with National Guidance where individuals thrive and support each other through a joined- up approach and lived experience

Develop effective, accessible pathways of support, challenging barriers through the Partnership Board e.g. housing, employment

Review of the local offer for families and carers of those with drug and alcohol needs.

Strengthening Partnerships and Working as a System \* Staff Training \* Equality and Diversity

## How we will deliver the strategy

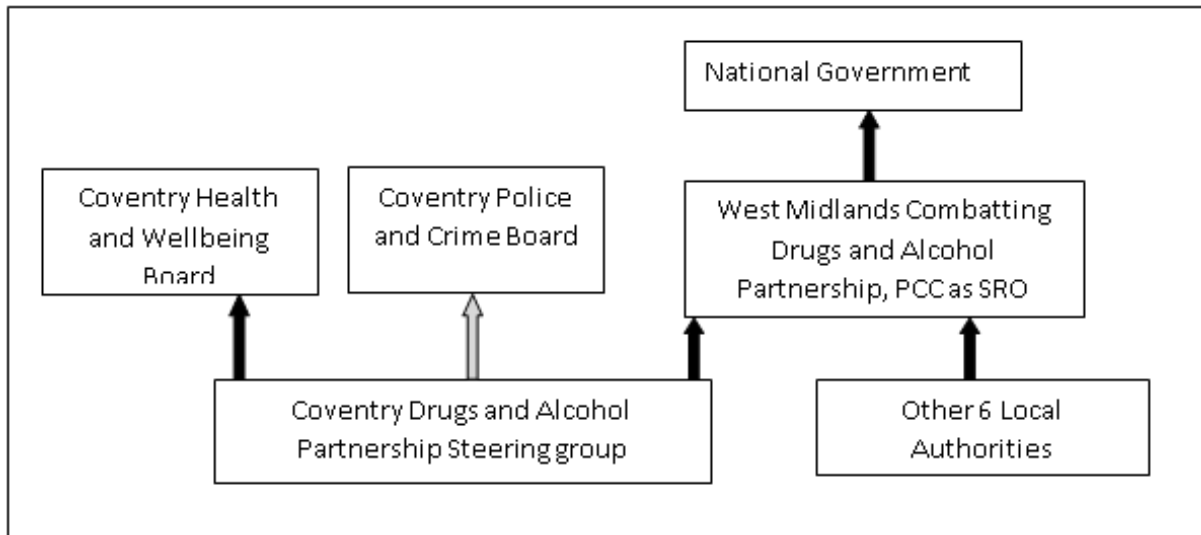
### Partnerships and Governance

Key stakeholders involved in the development and delivery of this strategy are:

- Police
- Public Health
- Housing
- Education
- Employment
- ICB
- DWP
- WMAS
- Youth Justice
- Regulatory Authorities
- Children's Social Care
- Adult Social Care
- Education
- Coventry Probation
- FDAC
- Coventry University
- Warwick University
- Change Grow Live Drug and Alcohol Services for Young People and Adults
- Cranstoun Drugs and Alcohol service
- Specialist Midwifery Services
- CWPT
- UHCW

As part of the delivery of the national strategy, each area was asked to identify a Senior Responsible Officer, for the West Midlands this is the Police and Crime Commissioner. A West Midlands Combatting Drugs and Alcohol Partnership has been established, with representation from each of the seven local authorities. A West Midlands strategy and action plan has been developed, picking up areas which benefit from working on a wider footprint.

Locally a Drugs and Alcohol Partnership Steering Group has been established, accountable to the Coventry Health and Wellbeing Board and reporting into the Police and Crime Board. The governance structure is summarised below:



### Local Strategic Alignment

There are a number of local strategies that will contribute towards delivering the aims of this strategy including (but not limited to):

- Health and wellbeing strategy
- One Coventry Plan
- Marmot Partnership strategy
- Early Help Strategy
- Serious Violence Strategy (in preparation)
- Parenting Strategy
- Equality, Diversity, and Inclusion Strategy
- Domestic abuse strategy
- Integrated Care System strategy

### Principles of how we will work

1. To work as a system, taking shared ownership and responsibility for the Drug and Alcohol strategy.
  - Work in partnership to share data and Intelligence to identify individuals and communities at risk
  - Identify opportunities to share and better utilise available data
2. To champion the voice of our service users and wider communities across all of our work.
  - Involving service users and those with lived experience in decision making
3. To ensure cultural consideration and competence in the delivery of all strategic priority areas.
4. To ensure a focus of Prevention and Early Intervention across all outcome areas



## Structures for delivery

### Core Subgroups/ Workstreams

- Treatment Quality, Capacity and Accessibility - Adults
- Treatment Quality, Capacity and Accessibility – Young people
- Reducing Deaths
- Recovery, community and aftercare
- Early Help
- Local intelligence and response
- Criminal Justice
- Prevention

## Action and Delivery Plan

Please see attached **Appendix 3**

## How we will monitor progress

We will develop a dashboard and performance framework against our 6 strategic priorities. This will include the relevant indicators from the national drugs and alcohol outcomes framework plus locally relevant indicators. Examples of indicators are show in the table below:

	Example metrics
Reduce drug and alcohol related crimes	Crimes in Coventry with a drug or alcohol marker recorded, by type and location of crime  Hospital admission for sharp object injury
Reduce drug and alcohol supply	Closure of county lines  OCG disruptions  Drug seizures  Measures of work carried out by licencing team
Reduce overall drug and alcohol use	Local surveys  Health service data on use  Measures of work with schools
Reduce drug and alcohol related harms and deaths	Deaths, deaths in treatment, hospital admissions, ED attendances, ambulance data, hep C prevalence, needle exchange
Increase engagement in drug and alcohol treatment	People in / completed treatment

	Use of community sentences Continuity of care numbers Provision of mental health support
Improve long term recovery	Numbers in stable accommodation Numbers in work / volunteering / in education Engagement with community-based recovery organisations