

# COVENTRY

## COVENTRY SUBSTANCE MISUSE NEEDS ASSESSMENT



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# INTRODUCTION AND OVERVIEW

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# 1.1 - OVERVIEW OF THIS NEEDS ASSESSMENT

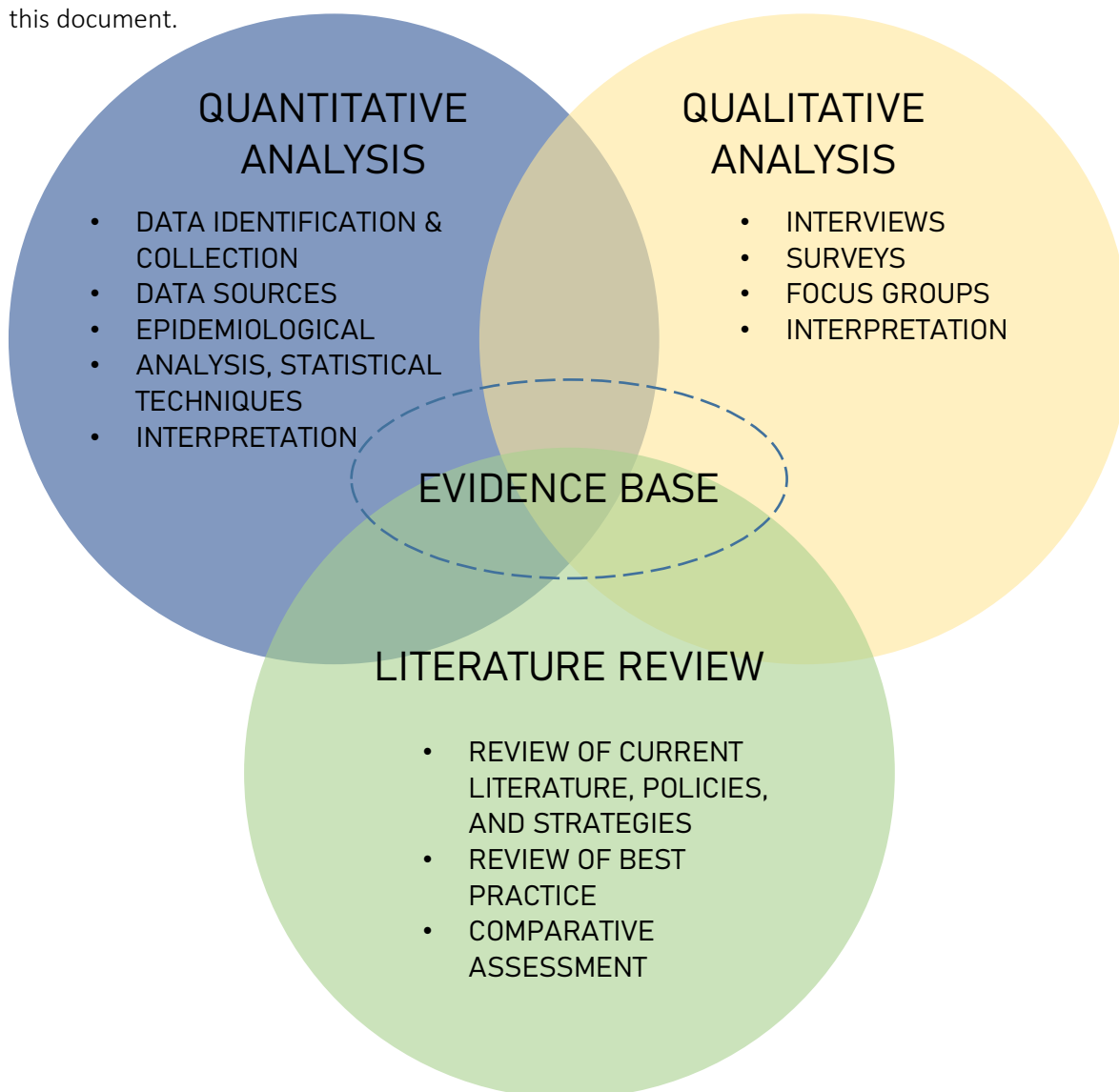
Coventry City Borough Council commissioned S Squared Analytics to undertake a Substance Misuse Needs Assessment to gather information about the needs of those who are resident in Coventry and affected by substance misuse (both licit and illicit substances).

## 1.2 - METHODOLOGY

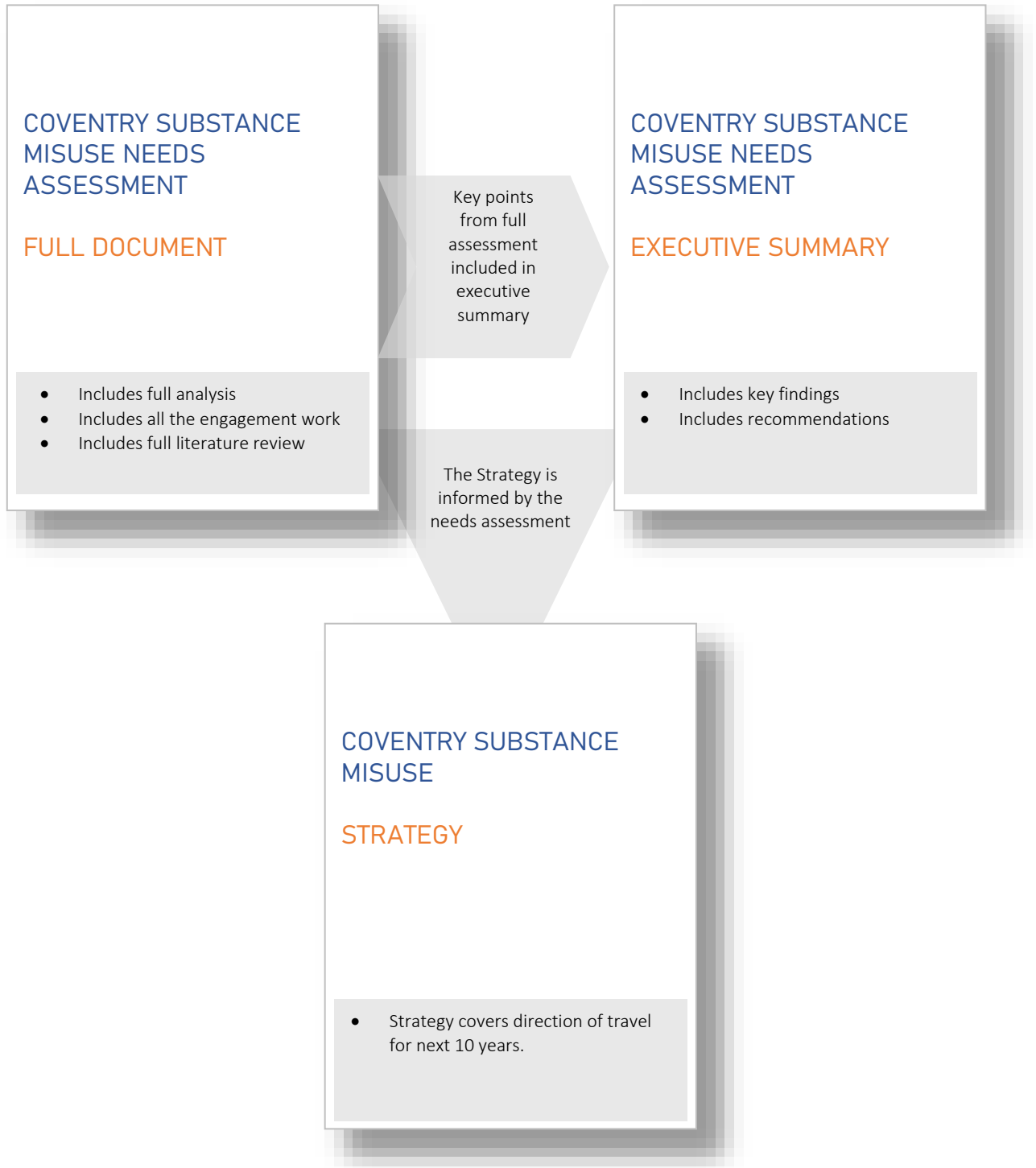
The approach to undertaking this Needs Assessment is driven by a systematic approach utilising quantitative analysis, qualitative analysis, and a literature review. This needs assessment was completed in early 2022. The data for this needs assessment includes the period impacted by the COVID-19 pandemic.

It is important to recognise that this period was an exceptional time and impacted the data for all services. The data for the period affected by the pandemic does not reflect previous years, which should be considered when viewing the information included in this report.

Multiple datasets, a comprehensive stakeholder engagement plan, and a full literature review were used to inform this document.



This Substance Misuse Needs Assessment (Full Document) forms one of the three documents associated with the project. The following diagram illustrates the content and purpose of each document and how they interact with each other.



## QUANTITATIVE AND QUALITATIVE ANALYSIS

KF 52 - 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.

A range of datasets was used for this Needs Assessment. The following table summarises the data sources used, and the gaps in information.

Data Source	Used?	Comments
ONS - MYE	Y	The 2020 Mid-Year Estimates (MYE) were used for population analysis.
2011 Census	Y	This was used for the ethnicity estimate. At the time of this NA, the 2021 Census was not available.
Indices of Deprivation	Y	2019 English Indices of Deprivation were used.
PHE Fingertips	Y	The Local Alcohol Profiles for England (LAPE) was taken from PHE Fingertips. The LAPE provided a wide range of datasets and indicators.
CIPFA	Y	The Nearest Neighbours for Coventry were taken from this tool. The Nearest Neighbours are what is used from PHE Fingertips.
NDTMS	Y	Used to inform treatment information and estimates of dependent alcohol and drug users.
United Nations Office of Drug Control (UNODC)	Y	Used to inform the prevention standards in Coventry.
Children's Commissioner for England's	Y	Used to provide estimates of Hidden Harm.
ONS - Drug Deaths	Y	Data available until 2021 was used. Includes deaths around drug poisoning and drug misuse.
NHS Digital - Statistics on Drug Misuse	Y	The latest available data was in March 2020. NHS Digital was contacted to ascertain when the latest data will be available. Updated data "is planned to be published later in 22/23".
Local - Positive Choices	Y	Local service data was provided by Positive Choices.
Local - CGL	Y	Local service data was provided by CGL.
Local - Alcohol Care Team	N	Data was requested, however, there has been a delay in receiving the information.
Local Engagement - Community Survey	Y	There were technical issues with the launch of the Community Survey which impacted the response rate.

Local Engagement - General Practitioner Survey	Y	The survey ran from September to October 2022 and included questions on the available support relating to children and young people, drug education, treatment services, criminal justice services. The survey received 38 responses.
Local Engagement - School Practitioner Survey	Y	The survey was distributed to all state-run schools in Coventry from September to October 2022. The survey received responses from 7 schools.
Local Engagement - GP Practitioner Survey	Y	The survey was distributed to GP practices and is included in the assessment.
Local Engagement - Focus Groups	Y	Focus groups were run with adult and young people service providers as well as recovery organisations.
Local Engagement - Interviews	Y	A wide range of staff and practitioners were interviewed as part of this Needs Assessment.
Department for Levelling Up, Housing & Communities	Y	Homelessness Approach data up to and including 2021 was used for this Needs Assessment. The data shows the number and rate of approaches where substance misuse was a factor.
Local - GP Data	N	GP data was requested for this Needs Assessment, however the information was not available.
Local - Medication-Assisted Treatment (MAT)	Y	Snapshot data as of October 2022 has been included in this Assessment,
Local - West Midlands Ambulance Service (WMAS)	N	WMAS was not available for this Needs Assessment. This is an on-going issue, and no WMAS data has been provided to Partners over the last few years.
Local - Coventry And Warwickshire NHS Trust (Mental Health)	N	Drug and alcohol need forms part of all mental health assessments. Data from these assessments are not easily reportable and are not included in this needs assessment.
Local - CAMHS	N	Data was requested regarding the number of patients working with CAMHS who had a drug or alcohol need. This data was not available.
Local - Police	Y	Offences with an alcohol or drug flag have been used. In addition, ASB calls registered with a drugs or alcohol marker if it is believed to be the cause of the call have also been included.
Local - ASB	Y	A recent change in system means that ASB data from the local authority is limited. Only reports made by the public when needles are seen/found is included.
Drug Seizures	Y	Published data on local police forces and UK Border Force drug seizures.
Local - Employment	N	Data on drugs and alcohol is not collected by employment services.
Local - Probation	Y	Basic information was provided.
Local - Courts	N	No data was available.



Local - Youth Justice Service	N	The Youth Justice Service could not provide any data for this needs assessment.
Characteristics of Children in Need	Y	Statistics on children referred to and assessed by children's social services for the year ending 31 March 2021, and includes where drugs or alcohol as a factor identified at the end of assessment.
Local - Domestic Abuse	Y	Basic MARAC data has been included.
Local - Tough Choices (Drug Testing)	N	Only June 2022 data was available and has not been included due to the small time-frame.
Local - Rough Sleeping	Y	A snapshot of July 2022 has been included.

# 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.<sup>1</sup> 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.<sup>2</sup>

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,<sup>3</sup> 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.**<sup>4</sup> 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.

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

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

<sup>3</sup> Coventry City Council, (2019), Health and Wellbeing Strategy

<sup>4</sup> 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.**

# COVENTRY IN NUMBERS

## POPULATION

### POPULATION

2020: 379,387

2030 Projected: 419,366; increase of 11%

### MEDIAN AGE

Coventry: 32

England: 40

### ETHNICITY

2011 CENSUS: 26% BAME

### DEPRIVATION

19% of the neighbourhoods in Coventry are among the 10% most deprived in the Country.

## UNMET NEED

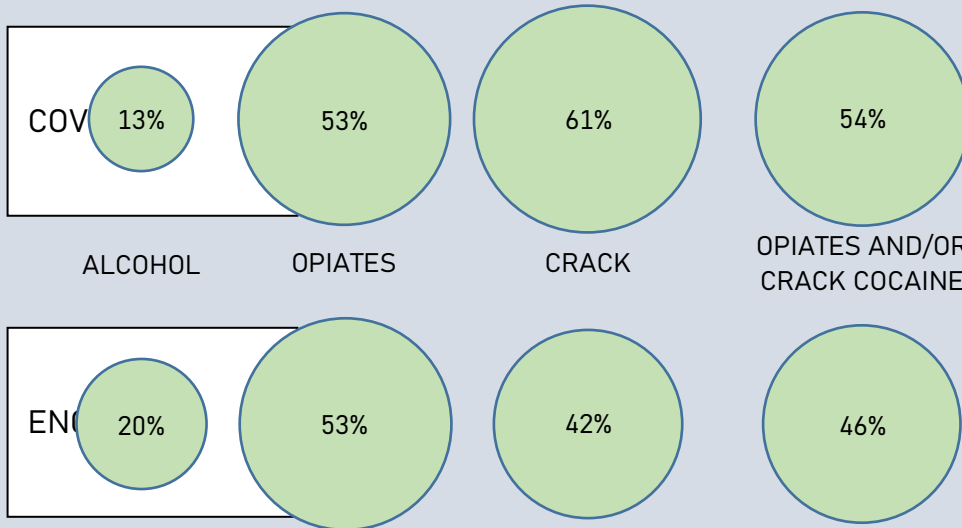
### EXPECTED NEED (2021-22)

**ALCOHOL**  
 Expected: 5416  
 In-Treatment: 715

**OPIATES**  
 Expected: 1748  
 In-Treatment: 926

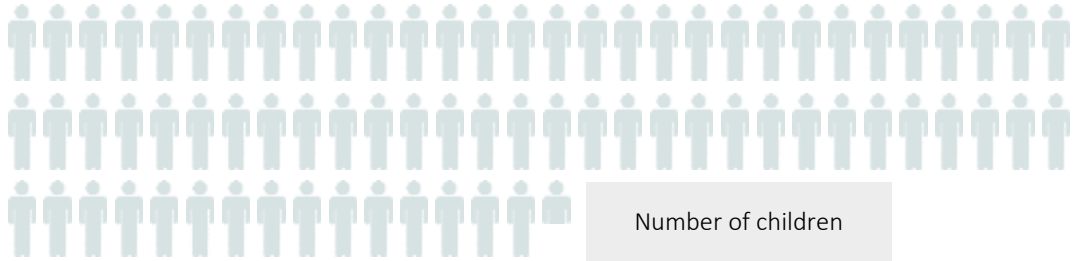
**OPIATES AND/OR CRACK COCAINE**  
 Expected: 1796  
 In-Treatment: 972

### MET NEED AGAINST EXPECTED PREVALENCE (2021-22)



# HIDDEN HARM

PROJECTED  
ALCOHOL OR  
DEPENDENCY  
NEED = 3780



IN-TREATMENT =  
327



CHILDREN'S  
SOCIAL SERVICE;  
ALCOHOL  
MISUSE = 779



CHILDREN'S  
SOCIAL SERVICE;  
DRUG MISUSE =  
716

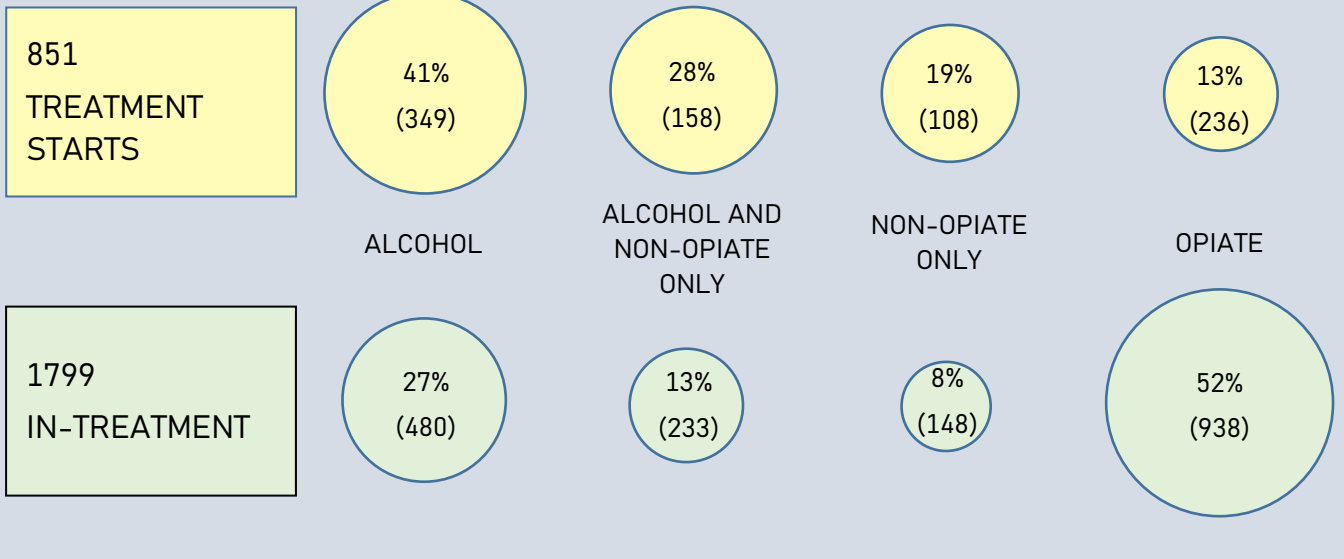


Note that the projected is the number of children, whilst in-treatment is based on one parent. A parent could have more than one child so therefore the gap is likely to be smaller.

 = 50

## TREATMENT NUMBERS

### TREATMENT STARTS AND IN-TREATMENT BY SUBSTANCE TYPE



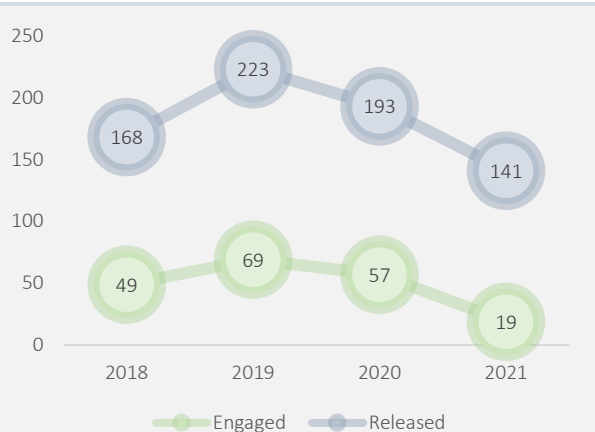
### REPRESENTATIONS

Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months

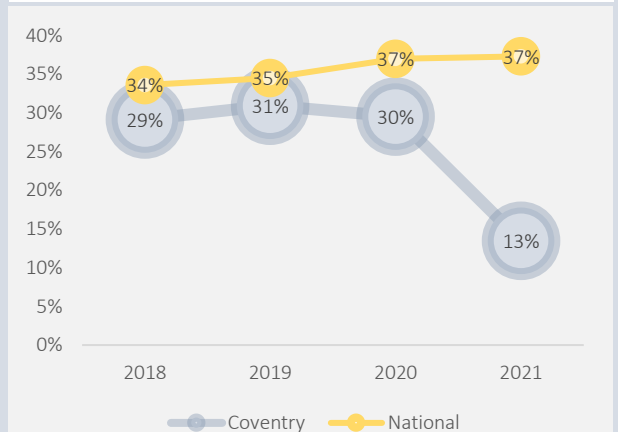
OPIATE	NON-OPIATE	ALCOHOL
National = 5.0% Coventry = 3.6%	National = 34.5% Coventry = 32.0%	National = 36.6% Coventry = 34.6%

### PRISON RELEASES

Number of clients released and successfully engaged.



Engagement rate.



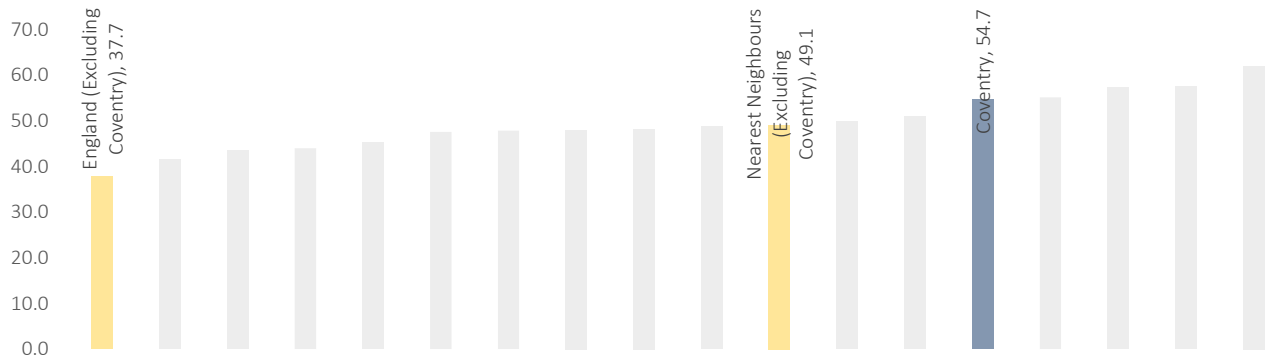


# ALCOHOL MORTALITY AND ADMISSIONS

## ALCOHOL-RELATED MORTALITY

**155**  
ALCOHOL-RELATED  
DEATHS IN 2020

- A 18% **increase** on the 127 deaths in 2019.
- The 55 deaths per 100,000 is the 6<sup>th</sup> highest out of all the Nearest Neighbours, which places Coventry in the second highest quartile.



## ALCOHOL-RELATED ADMISSIONS

**6,545**  
ALCOHOL-RELATED ADMISSIONS  
IN 2020-21

- A 9% **decrease** on the 7170 admissions in 2019-20.
- The rate in Coventry ranks as the **second highest** amongst the Nearest Neighbours.
- The rates are high for both males and females.

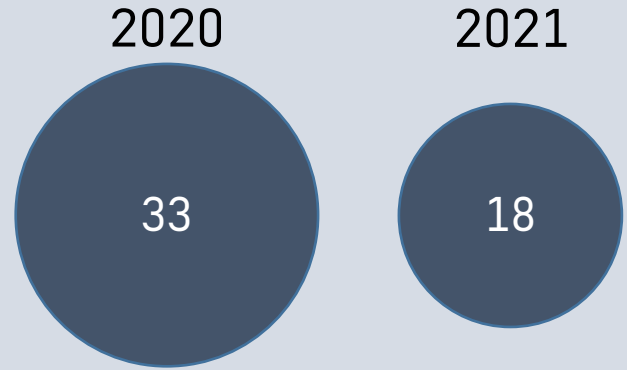


# DRUG MORTALITY AND ADMISSIONS

## DRUG-RELATED MORTALITY

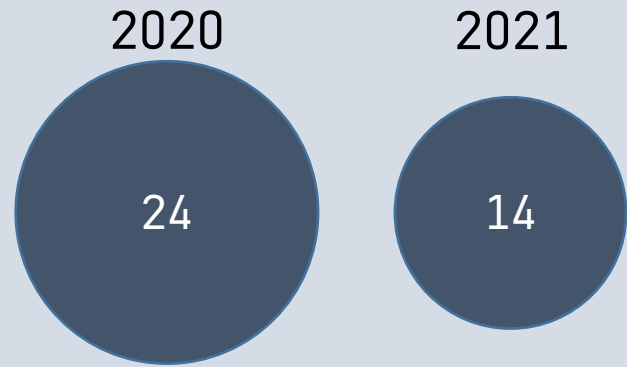
### deaths related to drug poisoning

- 83% decrease is the highest compared against the Nearest Neighbours.
- The decrease is against national trends (+5%) and that of the Nearest Neighbours (+11%)
- Coventry has a low age-standardised mortality rate for deaths related to drug poisoning (2019-21) compared to the Nearest Neighbours.



### deaths related to drug misuse

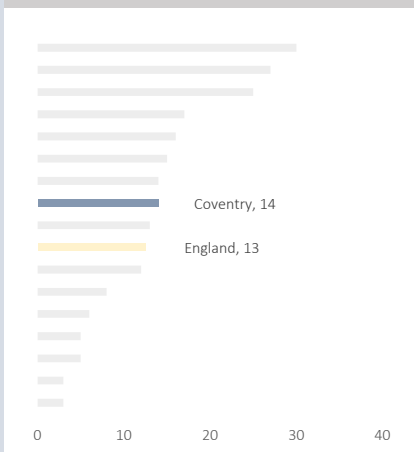
- 71% decrease is one of the highest compared against the Nearest Neighbours.
- The decrease is against national trends (+1%) and that of the Nearest Neighbours (+9%)
- Coventry has a low age-standardised mortality rate for deaths related to drug misuse (2019-21) compared to the Nearest Neighbours.



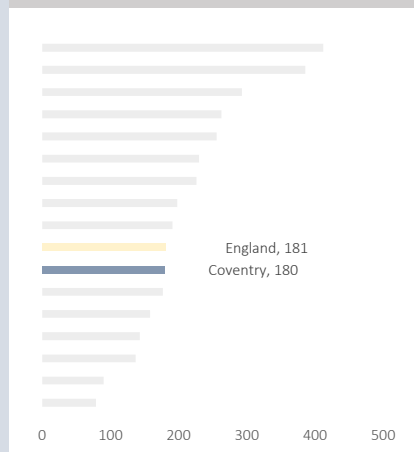
## DRUG-RELATED ADMISSIONS

- Compared to the Nearest Neighbours, Coventry ranks close to the middle and low end when looking at the rate per 100,000 population. [2020].

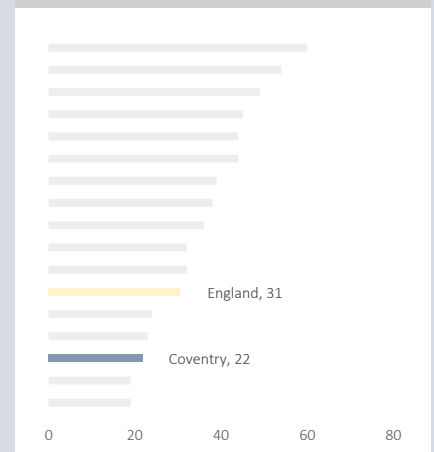
Primary diagnosis of drug related mental and behavioural disorders; rate.



Primary or secondary diagnosis of drug related mental and behavioural disorders; rate.



Primary diagnosis of poisoning by drug misuse; rate.



## HOMELESSNESS

### HOMELESSNESS APPROACHES

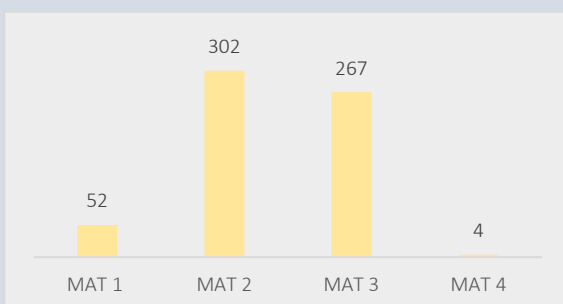
- There has been an increase in both the number and rate of households owed a prevention or relief duty where drug dependency needs or alcohol dependency needs were identified.
- The increase in 2021 now means the rates in Coventry is higher than the average for the Nearest Neighbours.

2020	2021
<b>TOTAL HOUSEHOLDS ASSESSED AS OWED A DUTY</b>	
2566	2972
<b>DRUG DEPENDENCY NEEDS</b>	
146 (5.7%)	266 (9.0%)
<b>ALCOHOL DEPENDENCY NEEDS</b>	
80 (3.1%)	198 (6.7%)

## HEALTH

### MEDICATION-ASSISTED TREATMENT (MAT)

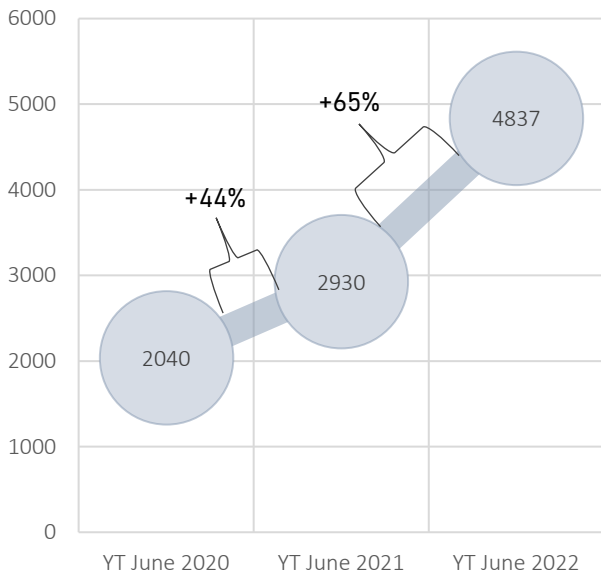
625 individuals on MAT



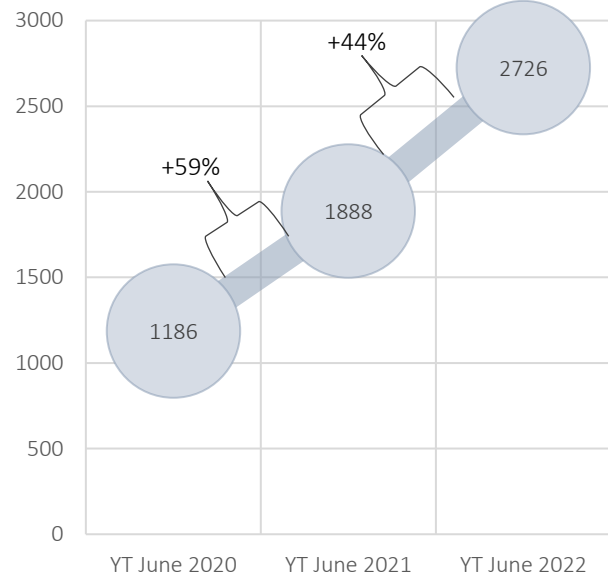
# CRIME AND ANTI-SOCIAL BEHAVIOUR

## POLICE RECORDED OFFENCES

### ALCOHOL FLAGGED OFFENCES



### DRUG FLAGGED OFFENCES



## ASB

### POLICE

#### DRUGS

12 MONTHS TO AUGUST 2022 = 78  
 12 MONTHS TO AUGUST 2021 = 97

**DECREASE OF 20%**

#### ALCOHOL

12 MONTHS TO AUGUST 2022 = 40  
 12 MONTHS TO AUGUST 2021 = 68

**DECREASE OF 41%**

### LOCAL AUTHORITY

#### NEEDLES SEEN / FOUND

12 MONTHS TO JULY 2022 = 83  
 12 MONTHS TO JULY 2021 = 103

**DECREASE OF 39%**

A recent change in system means that ASB data from the local authority is limited. Only reports made by the public when needles are seen/found is included.

PROBATION

ALCOHOL

DRUG

- A snapshot from the Coventry probation caseload shows that 19% of the caseload have an alcohol-related concern and 39% have a drug-related concern.

19%  
(175)

39%  
(355)

# 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 Framework<sup>5</sup> 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					
C&YP	ADULT	USE	CRIME	HARM	SUPPLY	TREATMENT	RECOVERY

RECOMMENDATION NUMBER: #

TITLE: *Summary of the recommendation.*

	<i>Key finding relating to the recommendation. With page number for reference in the main part of the document.</i>
	<i>The impact of the key finding is on Coventry.</i>
	<i>A longer description of the recommendation.</i>














<sup>5</sup> 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					
							
<b>RECOMMENDATION NUMBER: 1</b>							
<b>TITLE: To take into account projected population changes and demographic differences at a geographical level when planning for future services.</b>							
KF 1 PG 59 	<p><b>Increase in population numbers.</b></p> <p>The population has increased by 13% since 2014 and is projected to increase by a further 11% by 2030.</p>						
	An increase in the overall population will likely impact the demand for services.						
KF 2 PG 61 	<p><b>Variations between wards.</b></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%).<sup>6</sup></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).<sup>7</sup></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.<sup>8</sup></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.<sup>9</sup></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.						

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

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



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

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



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












<p>KF3 PG 179</p> 	<p><b>Minority ethnic groups account for a smaller percentage of those in the treatment system than the general population.</b></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.<sup>10</sup></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.<sup>11</sup></p>












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

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



# PREVENTION

## RECOMMENDATIONS

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 2</b> <b>TITLE: To develop the approach to prevention for school-aged children.</b>							
KF4 PG 76 	<p><b>There is an opportunity to develop the approach to school-age prevention activity.</b></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>						

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 3</b>							
<b>TITLE: To evaluate current diversionary activities for children and young people.</b>							
KF 5 PG 74 	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. <sup>12</sup>						
	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












KF 6 PG 74 	<b>There is a potential gap in community services for early adolescents.</b> 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.						

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



# HARM REDUCTION

## RECOMMENDATIONS

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 4</b>							
<b>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.</b>							
KF 7 PG 121 	<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>						

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 5</b>							
<b>TITLE: To improve service effectiveness by improving data collection from needle exchange in Coventry.</b>							
KF 8 PG 131 	<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




KF 9 PG 195 	<p>Drug use can cause a range of health-related problems, including:<sup>13</sup></p> <ul style="list-style-type: none"> <li>• mental health problems such as anxiety, depression, psychosis, personality disorder and suicide</li> <li>• lung damage</li> <li>• cardiovascular disease</li> <li>• blood-borne viruses</li> <li>• arthritis and immobility among injectors</li> <li>• poor vein health in injectors</li> <li>• liver damage from undiagnosed and untreated hepatitis C virus (HCV)</li> <li>• sexual risk-taking and associated sexually transmitted infections (STIs)</li> <li>• overdose and drug poisoning</li> </ul>						
	<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 <a href="#">Making Every Contact Count</a> approach to support people in making positive changes to their physical and mental health and wellbeing.</p>						

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













# RECOVERY

## RECOMMENDATIONS

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 6</b>							
<b>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.</b>							
KF 10 PG 132 	<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>						
KF 11 PG 163 	<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"> <li>• 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.</li> <li>• More diversionary activities would be appreciated by those in recovery.</li> <li>• The idea of recovery means different things to different people. There needs to be a range of options.</li> </ul>						
	<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>						




<p>KF 12 PG 140</p> 	<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

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 7</b>							
<b>TITLE: To review the local response to the 'hidden harms' caused by adverse childhood experiences, such as parents with a drug or alcohol issue.</b>							
KF 13 PG 117 	There is no joint protocol between Children's Social Care and specialist substance misuse services in Coventry.						
	<p>In Coventry, stronger governance structures regarding parental drug and alcohol use can help inform:</p> <ul style="list-style-type: none"> <li>• How alcohol and drug treatment services can be part of local safeguarding arrangements</li> <li>• Data and information-sharing arrangements</li> <li>• A focus on early help and prevention for families affected by parental alcohol and drug use</li> <li>• A clear process for reporting and dealing with safeguarding concerns</li> <li>• A commitment to joint training between substance misuse and social services</li> <li>• A commitment to information-sharing by practitioners</li> <li>• A commitment to helping services to evaluate their practice and share good practice</li> </ul>						
KF 14 PG 78 	<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 include<sup>14</sup>:</p> <ul style="list-style-type: none"> <li>• physical maltreatment and neglect</li> <li>• poor physical and mental health</li> <li>• development of health-harming behaviours in later life, for example, using alcohol and drugs at an early age, which predicts more entrenched future use</li> </ul>						












<sup>14</sup> Safeguarding children affected by parental alcohol and drug use



	<ul style="list-style-type: none"> <li>• poor school attendance due to inappropriate caring responsibilities</li> <li>• low educational attainment</li> <li>• involvement in anti-social or criminal behaviour</li> </ul> <p>It is expected that the same factors are present in Coventry.</p>
<p>KF 15 PG 261</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

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 8</b>							
<b>TITLE: To complete an evaluation on alcohol-related hospital admissions and discharges.</b>							
KF 16 PG 83 	<p><b>Coventry has high rates of hospital admission episodes for alcohol-related conditions, particularly CVD.</b></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>The indicators relating to alcoholic liver disease is either comparable or lower than the Nearest Neighbours.</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					
							
<b>RECOMMENDATION NUMBER: 9</b> <b>TITLE: To further investigate drug-related deaths to develop strategies and approaches that reduce deaths.</b>							
KF 17 PG 100 	<b>A decrease in drug-related deaths.</b> 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					
							
<b>RECOMMENDATION NUMBER: 10</b>							
<b>TITLE: To use the mental health transformation project to improve responses to the mental health needs of those with a drug or alcohol need.</b>							
KF 18 PG 119 	<p><b>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.</b></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.<sup>15</sup> 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>						
KF 19 PG 119 	<p><b>There are high mental health and trauma needs of those with a drug or alcohol dependence.</b></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>						




<sup>15</sup> Mental Health Foundation, Drugs and mental health

# SERVICE PROVISION – ACUTE HEALTHCARE

## RECOMMENDATIONS




AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 11</b>							
<b>TITLE: To review the clinical treatment of opiate users in hospitals to identify improvements to the pathway.</b>							
KF 20 PG 138 	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. <sup>16</sup>						
	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

KF 21 PG 137 	One of the Alcohol Care Team (ACT) aims is to facilitate integrated alcohol care between secondary, primary and community care providers. <sup>17</sup> 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.						
KF 22 PG 137 	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).						














<sup>16</sup> 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>

<sup>17</sup> PHE, (2019), Alcohol Care Teams: Core Service Descriptor

	<p>Data from the ACT team was not available for inclusion in this document.</p>
<p>KF 23 PG 137</p> 	<p>Anecdotally, it was estimated that 60 to 70% of individuals seen by the ACT were not known to specialist drug and alcohol services.</p>
	<p>While anecdotal, this information illustrates the unmet (treatment) need of individuals drinking to dependent levels.</p>

# SERVICE PROVISION - PRISONS














## RECOMMENDATIONS

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 12</b>							
<b>TITLE: To review the continuity of care between prison and community to ensure greater engagement in treatment services for those released from prison.</b>							
KF 24 PG 184 	<b>The continuity of care between prison and the community can be improved.</b> 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.						
	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. <sup>18</sup>  Engaging with treatment services increases the likelihood that individuals will achieve and maintain recovery from their addictions.						
KF 25 PG 251 	<b>Several services work with individuals being released from prison.</b> 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.						
	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.						
	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.  Feedback from those with lived experience should form part of the review to understand the barriers to treatment services for individuals leaving prison. 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.						

<sup>18</sup> DCB

# SERVICE PROVISION – TREATMENT SERVICES

## RECOMMENDATIONS

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 13</b>							
<b>TITLE: To review treatment services to explore the potential for expansion and collaborative working.</b>							
KF 26 PG 123 	<p><b>There has been an increased demand for children and young person services.</b></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>						
KF 27 PG 121 	<p><b>Several issues relating to the specialist drug and alcohol workforce were raised as part of the practitioner engagement.</b></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.<sup>19</sup></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>						












<sup>19</sup> DCB




















# SERVICE PROVISION – TIER FOUR SERVICES

## RECOMMENDATIONS

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 14</b> <b>TITLE: To develop a strategy to increase the use of tier 4 services in Coventry.</b>							
KF 28 PG 133 	<b>More individuals should be using tier 4 services.</b> 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.						
	In Coventry, practitioners believed that there were some challenges associated with getting individuals to apply for residential rehabilitation places.						
	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.						

# STAKEHOLDER ENGAGEMENT







## RECOMMENDATION









AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 15</b>							
<b>TITLE: To develop an ongoing programme of engagement with communities to inform service development and delivery.</b>							
KF 29 PG 164 	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.						
KF 30 PG 140 	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. Surveys were completed with practitioners, the wider community, and specialist surveys for GPs and schools. Focus groups were completed with specialist drug and alcohol service users in Coventry, CGL and Positive Choices.						
	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.						
KF 31 PG 140 	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.						
	While the results are not a definitive guide to unmet needs, they provide a general guide to areas that may require further exploration. 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.						
	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	
<p>KF 32 PG 273</p> 	<p>There has been a significant decrease in the number of Young People in-treatment.</p>
	<p>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.</p> <p>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.</p>
<p>KF 33 PG 175</p> 	<p>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.</p>
	<p>Reducing the number of individuals presenting to treatment services may reduce the number of children and young people falling into the 'hidden harm' cohort.</p>
<p>KF 34 PG 126</p> 	<p>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.</p>
	<p>Feedback from YOS practitioners for the reduction in referrals was related to the following:</p> <ul style="list-style-type: none"> <li>• The young person not consenting to a referral. (Potentially due to a Positive Choices worker not being on-site in the YOS).</li> <li>• The substance misuse needs are a secondary need, e.g. a symptom of their mental health/emotional wellbeing needs.</li> </ul>

PROPORTION IN-TREATMENT	
KF 35 PG 63 	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.
KF 36 PG 63 	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.
KF 37 PG 63 	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.
KF 38 PG 63 	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	
KF 39 PG 166 	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	
KF 40 PG 169 	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	
KF 41 PG 178 	<p>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.</p>
SUCCESSFUL COMPLETIONS	
KF 42 PG 181 	<p>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.</p> <p>Across all three areas, the performance in Coventry is lower than the National average and below the lower threshold of the top quartile of comparator local authorities.</p>
	<p>The findings from the needs assessment are useful for forming part of the drug and alcohol-related evidence base in Coventry.</p>

# THE WIDER PICTURE – POLICE

## RECOMMENDATIONS

AREA		OUTCOME FRAMEWORK AREA					
							
<b>RECOMMENDATION NUMBER: 16</b>							
<b>TITLE: To investigate increases in drug and alcohol-related recorded crimes to inform future planning.</b>							
KF 43 PG 205 	<p><b>There have been increases in alcohol-related crimes.</b></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>						
KF 44 PG 221 	<p><b>There have been increases in drug-related crimes.</b></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%).<sup>20</sup> 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>						

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

## KEY FINDINGS

KF 45 The needs assessment included a detailed analysis of drug and alcohol-flagged crime patterns in  
PG 222 Coventry. For example:



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.

KF 46 West Midlands Police are leading on the regional approach to County Lines. Since 2018, West  
PG 240 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

KF 47  
PG 244

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.



KF 48  
PG 243

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					
							
<b>RECOMMENDATION NUMBER: 17</b> <b>TITLE: To develop joint working between Licensing and Trading Standards and the Partnership Board.</b>							
KF 49 PG 246 	In Coventry, the Licensing team work closely with licensed premises regarding the responsible selling of alcohol. Licensing data is being collected for use in this document.						
	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.						
	There are opportunities for more joined-up working between licensing, trading standards and other partners.						

# THE WIDER PICTURE – HOUSING

## KEY FINDINGS

KF 50

PG 188



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						
								
<b>RECOMMENDATION NUMBER: 18</b>								
<b>TITLE: To develop the skills and knowledge of the wider workforce concerning drug and alcohol-related needs.</b>								
KF 51 PG 140 	<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						
								
<b>RECOMMENDATION NUMBER: 19</b> <b>TITLE: To develop the availability of accurate and robust data to inform and develop the drug and alcohol strategy.</b>								
KF 52 PG 7 	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.							

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# STRATEGIC CONTEXT

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2.1 - NATIONAL GUIDELINES

PAGE 54

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2.2 - LOCAL POLICIES AND STRATEGIES

PAGE 56

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# 2.1 - NATIONAL GUIDELINES

## FROM HARM TO HOPE

*From harm to hope: A 10-year drugs plan to cut crime and save lives*<sup>21</sup> is a policy paper published in December 2021, putting forward the Government's 10-year strategy to combat illegal drugs. While illegal drugs are the headline focus of the strategy, alcohol dependence is also included in its priorities.

### BACKGROUND

- Drug misuse currently costs almost £20 billion a year (equating to £350 for every adult and child in the UK)
- Drug-related crime causes harm to individuals, neighbourhoods and society. Addiction to heroin and crack cocaine is thought to be linked to around half of all theft, burglary and robbery in England
- In addition, almost 3,000 lives are lost every year to drug use
- The 10-year plan aims to save lives and reduce crime and recreational drug use, with a £3 billion investment over the next 3 years.

### PRIORITIES

The main 3 priorities outlined in the 10-year plan are:

- Breaking drug supply chains
- Treatment and recovery
- Achieving a generational shift in demand for drugs

### OMISSIONS

- Unlike previous strategies, *From harm to hope* puts an emphasis on treatment rather than enforcement, with government and public services working together jointly. But when it comes to “involvement of children and young persons in the supply of the most harmful drugs, the drug strategy is silent on how to prevent the use of children in the drug distribution model.”<sup>22</sup>
- According to campaigning organisation Release, there are harm reduction strategies that are not mentioned in the new strategy, such as heroin-assisted treatment, drug consumption rooms (overdose prevention sites/supervised injecting facilities) and medical safe-supply of drugs, including prescribed diamorphine.

### HOW DOES THE NEW STRATEGY AFFECT LOCAL AUTHORITIES?

- The strategy aims to rebuild local authority-commissioned substance misuse services, improving quality, capacity and outcomes
- The plan aims to put strong partnerships in place at a local level between education providers, local authorities, the NHS and criminal justice agencies
- There is an aim for more consistency and transparency of service delivery throughout England so that people everywhere can expect the same quality of service, and local areas can be held to account at a national level
- Starting in 2021, the Department of Health and Social Care has made it a condition of grant funding that a local authority must “have regard to the need to improve the take-up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need and a plan which has been

<sup>21</sup> Harm to hope

<sup>22</sup> RUSI Harm to hope new drugs strategy

developed with local health and criminal justice partners”. Local areas will be expected to maintain their existing investment in drug and alcohol treatment in 2022/23 and beyond.



## 2.2 - LOCAL POLICIES AND STRATEGIES

### COVENTRY GOVERNANCE STRUCTURE

Regionally, the Regional Combatting Drugs Partnership is responsible for drug and alcohol-related interventions. The local Drug and Alcohol Partnership Board will report directly to the Regional Partnership Board.

### LOCAL STRATEGIES AND POLICIES

As part of this needs assessment, relevant strategies, policies, and needs assessments were reviewed in terms of how they link in with addressing drug and alcohol needs, including:

- Coventry Health and Wellbeing Strategy 2019-23
- Statement of Licensing Policy 2021 - 2026
- West Midlands Reducing Reoffending Plan
- Domestic Abuse Strategy 2018-23
- Coventry Community Safety Partnership Strategic Assessment
- Homeless Needs Assessment
- Coventry and Warwickshire Joint Strategic Needs Assessment
- Coventry and Warwickshire Pharmaceutical Needs Assessment

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# COVENTRY

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3.3 - DEPRIVATION	PAGE 62
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# 3.1 - SUMMARY



The latest population projection estimates an increase to 419,366 by 2030; an increase of 39,979 (+11%).

An increase in the overall population is likely to impact on the demand for services.

COVENTRY  
32



The median age in Coventry has historically been lower than the average across England and Wales.

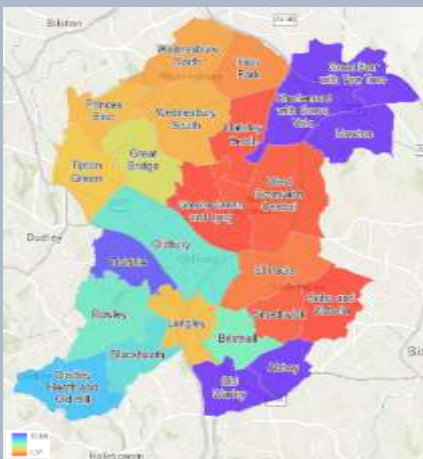
Looking at the change between 2011 to 2020, the median age in Coventry has decreased from 35 to 32 whilst in England and Wales, it has remained at 40.

There are variances between the wards. For example, 46% of the population in Bablake is over the age of 45 compared to 11% in St Michael's.

ENGLAND  
AND WALES  
40



The 2011 census data shows that 26% of the population in Coventry are from a BAME background; however, the rate is now likely to be higher.



Coventry has become less deprived between 2015 and 2019. In 2015, Coventry ranked as the 59<sup>th</sup> most deprived out of the 317 local authorities. In 2019, Coventry ranked as the 81<sup>st</sup>.

It is estimated that 19% of the neighbourhoods in Coventry are among the 10% most deprived in the Country.

# 3.2 - POPULATION

## POPULATION OF COVENTRY

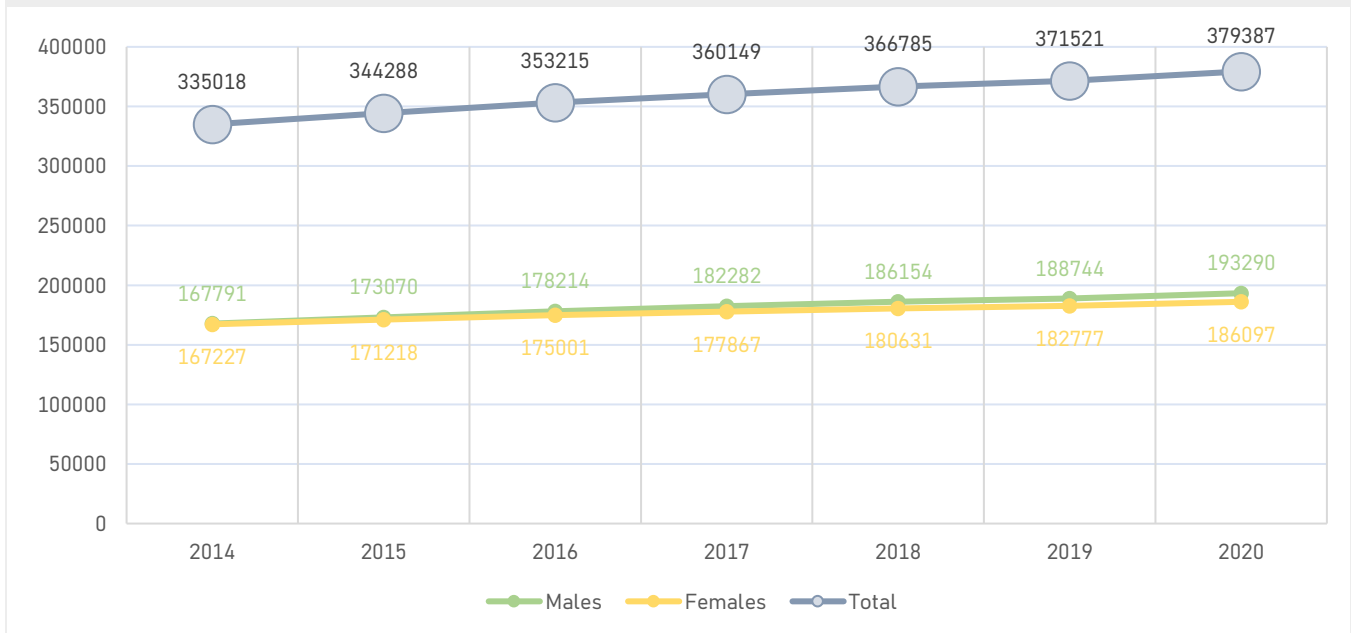
### POPULATION NUMBERS

KF 1 - The population has increased by 13% since 2014 and is projected to increase by a further 11% by 2030.

The latest available ONS Mid-Year estimates provide a figure of 379,387 for Coventry. Since 2014, the population has grown by 44,369 residents, equating to an increase of 13%. The split by sex shows slightly more males than females at 51/49%, respectively.

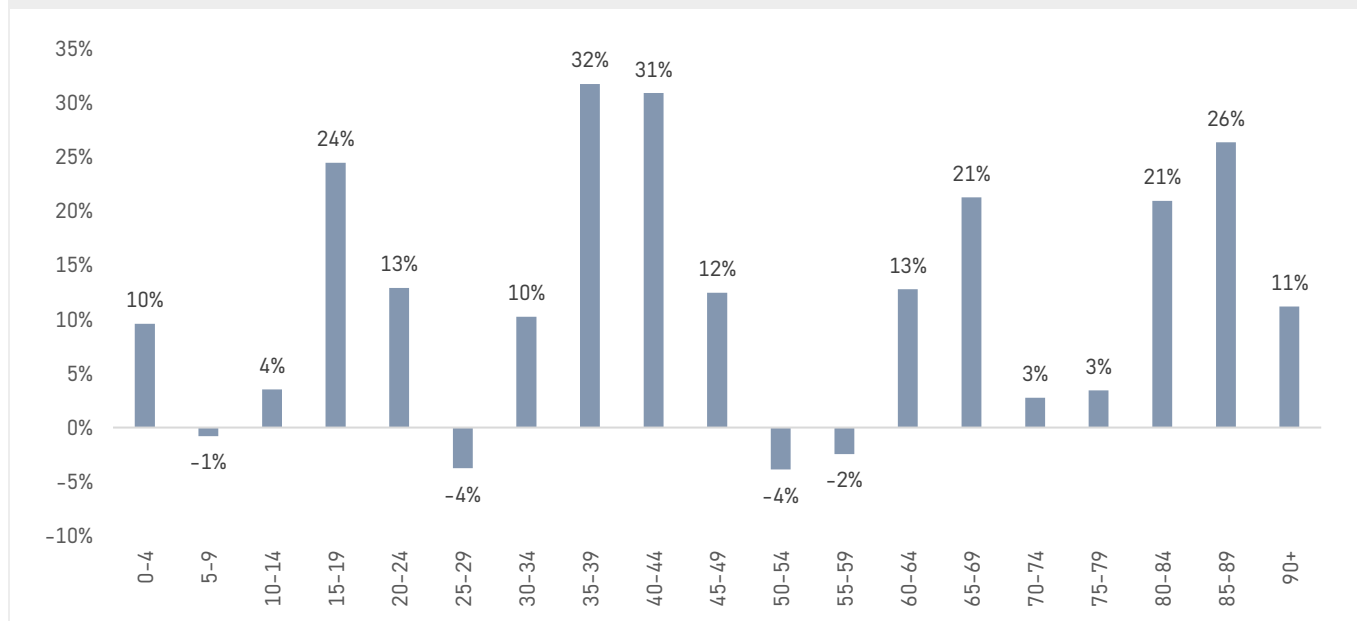
The latest population projection<sup>23</sup> estimates an increase to 419,366 by 2030; an increase of 39,979 (+11%). The projected change in population differs between the different age groups.

Figure 3.2.1: Population of Coventry based on ONS Mid-Year Estimates.



<sup>23</sup> ONS

Figure 3.2.2: Projected increase in population by age groups.



## MEDIAN AGE

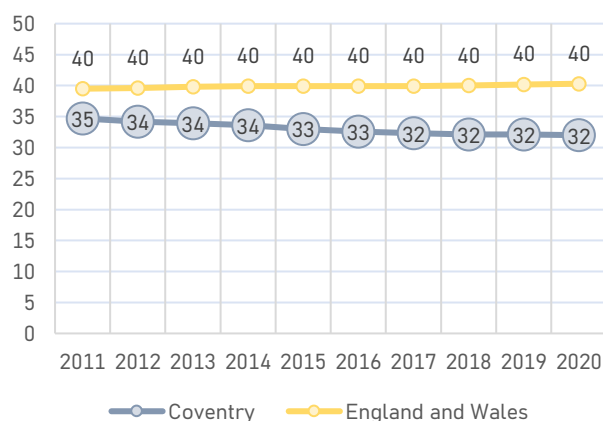
The median age in Coventry has historically been lower than the average across England and Wales.

Looking at the change between 2011 to 2020, the median age in Coventry has decreased from 35 to 32 whilst in England and Wales, it has remained at 40.

The age structure of Coventry will have an impact on substance misuse need, as age is a factor in the prevalence of need for different substance types.

The projections in Figure 3.2.2 shows how the population is expected to change by age group. This will have an impact on substance misuse need going forwards.

Figure 3.2.3: Median age of Coventry Population.



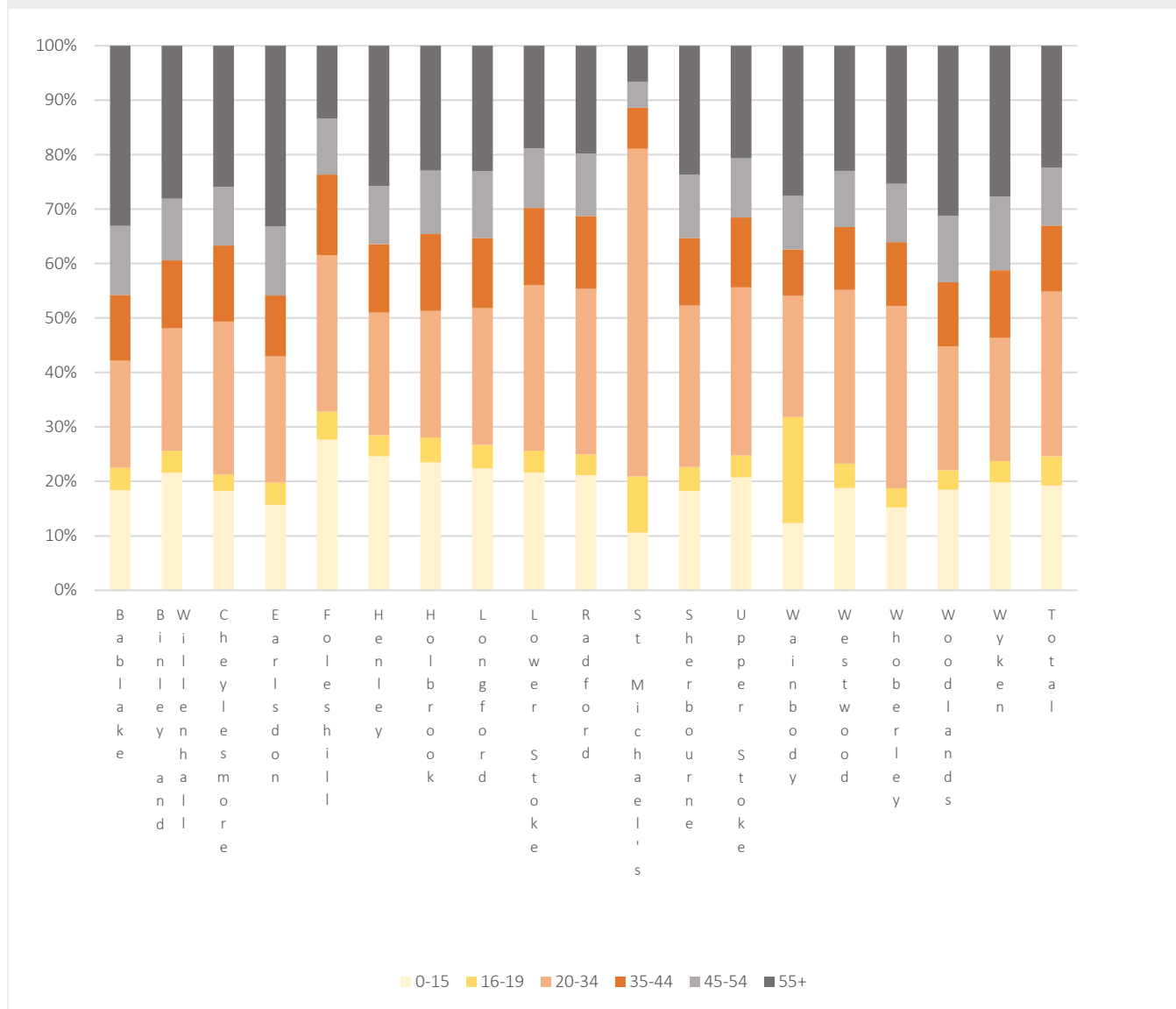
## AGE STRUCTURE BETWEEN WARDS

**KF 2 - 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.**

Below shows the population of Coventry by selected by age bands.

The age profile of the wards will have a bearing on the prevalence of substance misuse. There are variances between the wards. For example, 46% of the population in Bablake is over the age of 45 compared to 11% in St Michael's.

Figure 3.2.4: Population of Coventry based on ONS 2020 Mid-Year Estimates; Ward and Age Group.



## ETHNICITY

The 2011 census data shows that 26% of the population in Coventry are from a BAME background; however, the rate is now likely to be higher.

## 3.3 - DEPRIVATION



### OVERVIEW

- Deprivation is linked with substance misuse. For example, Admissions were mapped to Index of Multiple Deprivation deciles and rates age-standardised using the European standard population (see Appendix B for more information) and found:
  - Admission rates for drug-related mental and behavioural disorders and poisoning by drug misuse increase with the level of deprivation.
  - Admissions for drug-related mental and behavioural disorders were around 5 times more likely in the most deprived areas (27 per 100,000 population) compared to the least deprived areas (5 per 100,000 population).
  - Admissions for poisoning by drug misuse were also around 5 times more likely in the most deprived areas (69 per 100,000 population) compared to the least deprived areas (13 per 100,000 population).<sup>24</sup>



### ANALYSIS

**KF 2 - It is estimated that 19% of the neighbourhoods in Coventry are among the 10% most deprived in the Country.**

- Coventry has become less deprived between 2015 and 2019. In 2015, Coventry ranked as the 59th most deprived out of the 317 local authorities. In 2019, Coventry ranked as the 81st.
- It is estimated that 19% of the neighbourhoods in Coventry are among the 10% most deprived in the Country.
- The following map shows the IMD decile by ward, where 1 is the most deprived (most deprived 10%), and 10 is the least. Note that the calculations are the average of the Lower Super Output Areas in the Ward as IMD is not produced at Ward level.
- Combining the IMD with other factors such as age may help to understand prevalence and unmet need.

Figure 3.3.1: IMD Decile in Coventry by Ward; 2019 MYE



<sup>24</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2020/part-1-hospital-admissions-related-to-drug-misuse#hospital-admissions-for-drug-related-mental-and-behavioural-disorders-and-for-poisoning-by-drug-misuse>

# 3.4 - PREVALENCE

## ESTIMATES



### OVERVIEW

KF 35 - In Coventry, 13% of the expected alcohol-dependent adults were in treatment during 2021-22, lower than the 20% reported nationally.

KF 36 - In Coventry, 53% of the expected opiate users were in treatment during 2021-22, the same as the rate reported nationally.

KF 37 - In Coventry, 61% of the expected crack users were in treatment during 2021-22, higher than the 42% reported nationally.

KF 38 - In Coventry, 54% of the expected opiates and/or crack users were in treatment during 2021-22, higher than the 46% reported nationally.

#### ALCOHOL

- In Coventry, 13% of the expected alcohol-dependent adults were in treatment during 2021-22.
- This rate is **lower** than the 20% reported nationally.
- The estimated unmet need in Coventry has increased from 84% in 2020-21 to 87% in 2021-22.

#### OPIATES

- In Coventry, 53% of the expected opiate users were in treatment during 2021-22.
- This rate is the **same** as the rate reported nationally.
- The estimated unmet need in Coventry has decreased from the 51% in 2018-19 and 2019-20.

#### CRACK

- In Coventry, 61% of the expected crack users were in treatment during 2021-22.
- This rate is **higher** than the 42% reported nationally.
- The estimated unmet need in Coventry has decreased from 48% in 2018-19 to 39% in 2021-22.

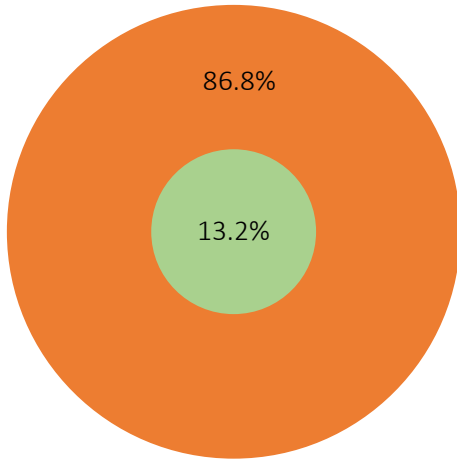
#### OPIATES AND/OR CRACK COCAINE

- In Coventry, 54% of the expected crack users were in treatment during 2021-22.
- This rate is **higher** than the 46% reported nationally.
- Estimated unmet need in Coventry has decreased from the 50% in 2018-19 and 2019-20.

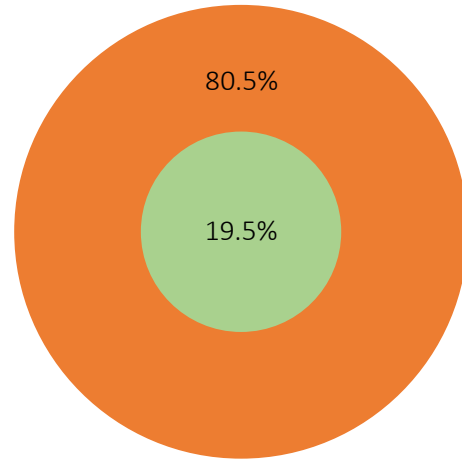


# ALCOHOL

COVENTRY  
(2021-22)



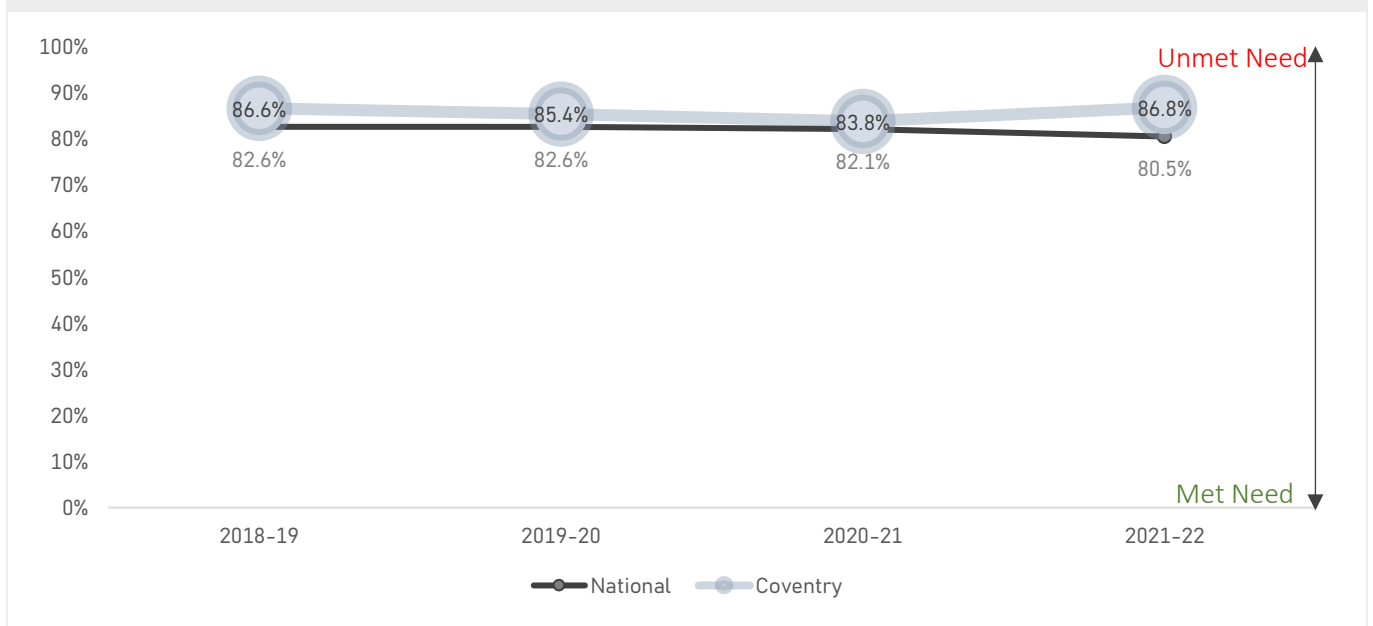
ENGLAND  
(2021-22)



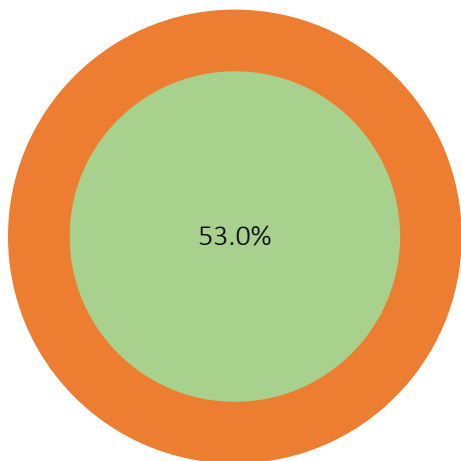
Expected = 5416

In Treatment = 715

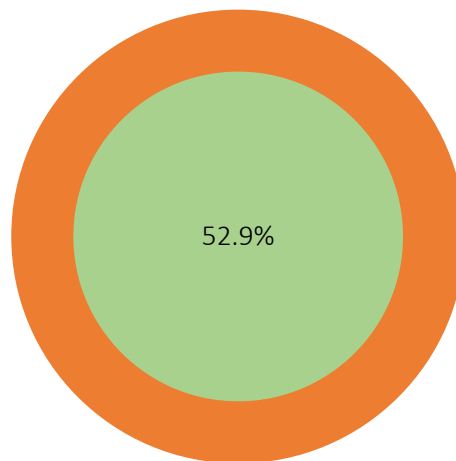
Figure 3.4.1: Unmet need (point prevalence).



COVENTRY  
(2021-22)



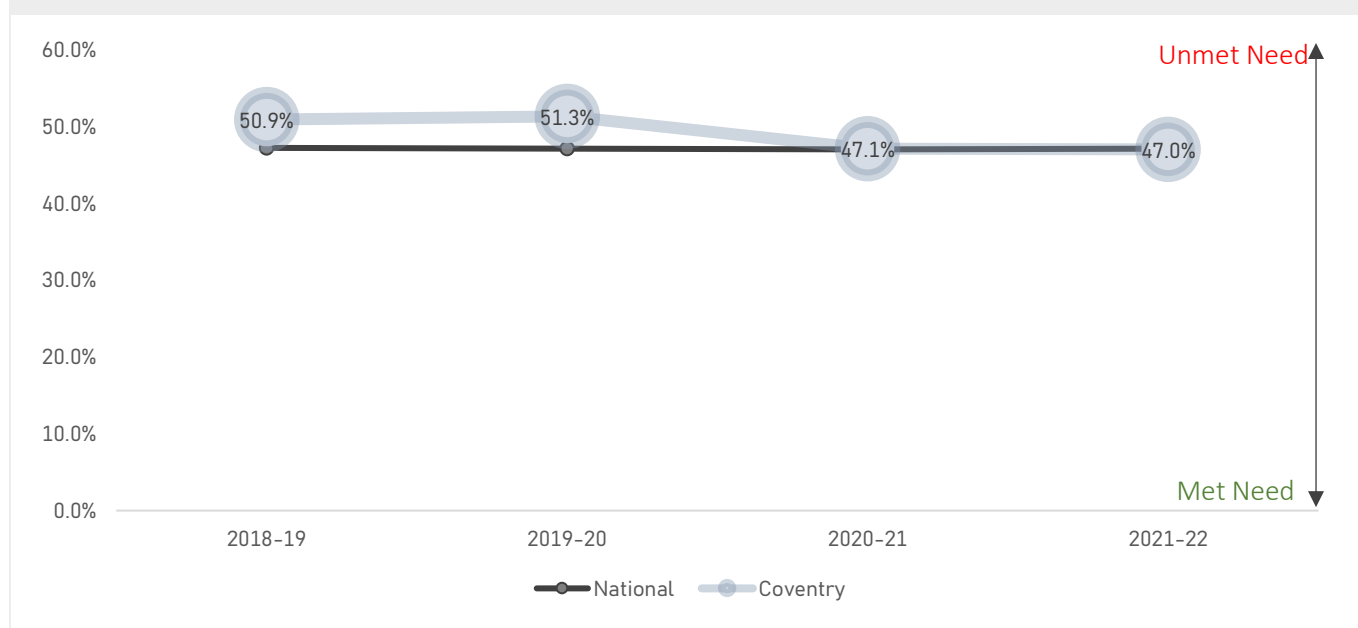
ENGLAND  
(2021-22)



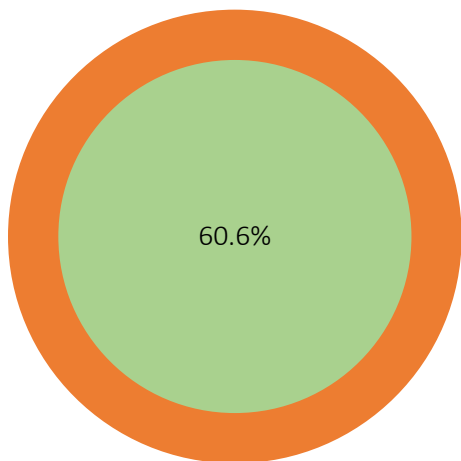
Expected = 1748

In Treatment = 926

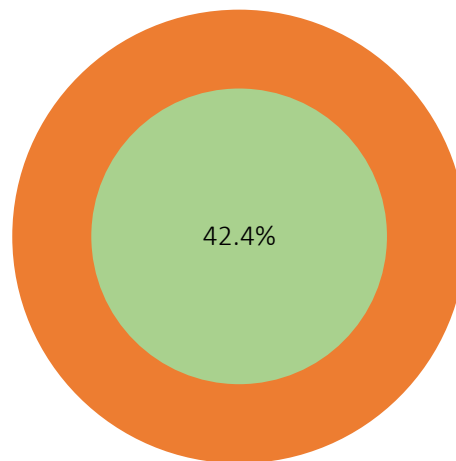
Figure 3.4.2: Unmet need (point prevalence).



COVENTRY  
(2021-22)



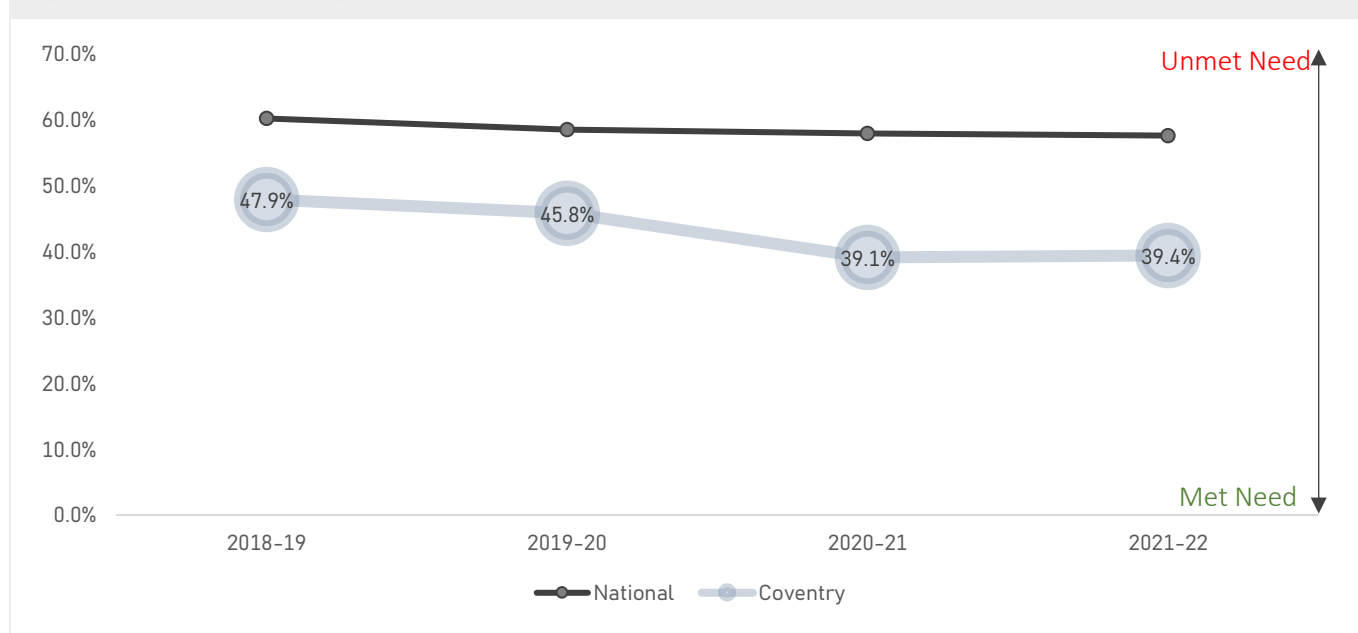
ENGLAND  
(2021-22)



Expected = 1176

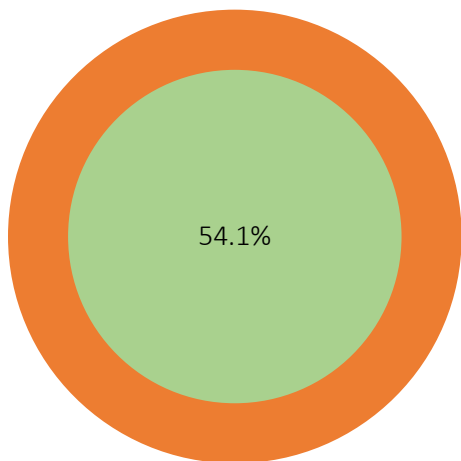
In Treatment = 713

Figure 3.4.3: Unmet need (point prevalence).

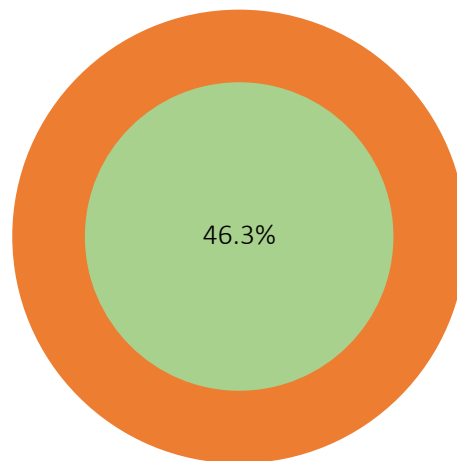


# OPIATES AND/OR CRACK COCAINE

COVENTRY  
(2021-22)



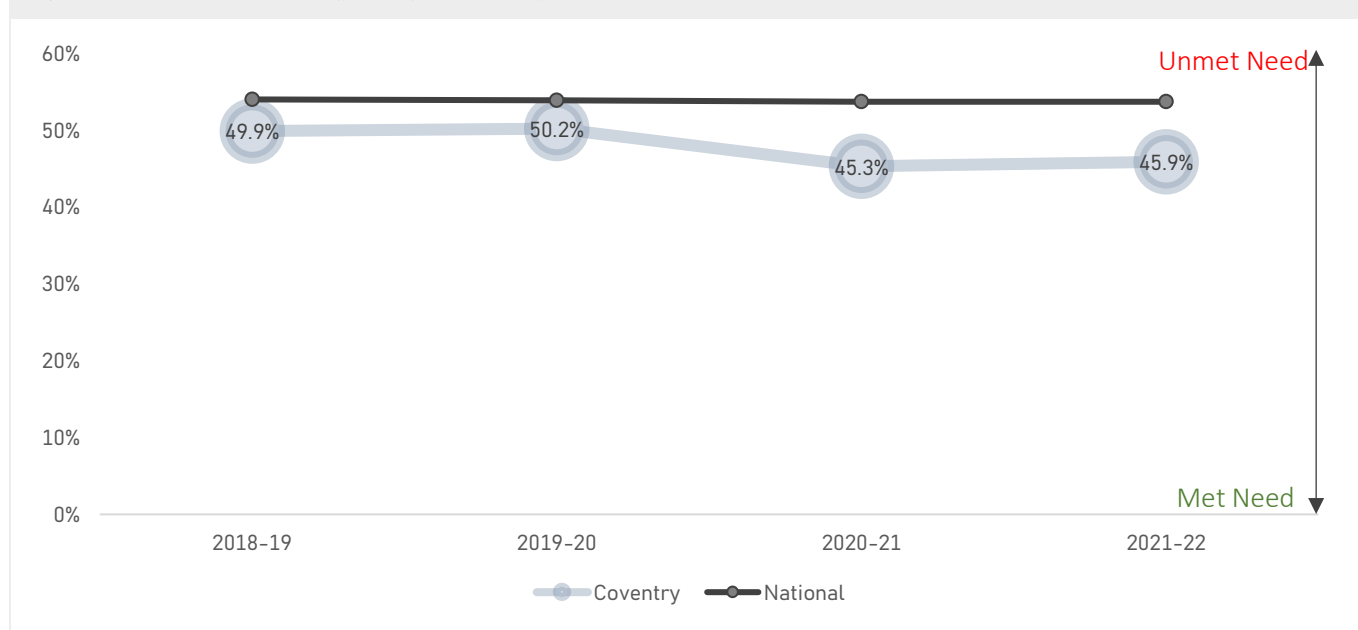
ENGLAND  
(2021-22)



Expected = 1796

In Treatment = 972

Figure 3.4.4: Unmet need (point prevalence).





## OVERVIEW

- The Crime Survey for England and Wales reports on trends in drug use across England and Wales for the year ending March 2020. The main points were:
- There was no change in overall drug use and Class A drug use in the last year.
- An estimated 1 in 11 adults aged 16 to 59 years had taken a drug in the last year (9.4%; approximately 3.2 million people); this is the same as the year ending March 2019 but an increase from 8.6% in the year ending March 2010.
- Around one in five adults aged 16 to 24 years had taken a drug in the last year (21%; approximately 1.3 million people); this was similar to the previous year (20.3%).
- 3.4% of adults aged 16 to 59 years had taken a Class A drug in the last year (approximately 1.1 million people); this was similar to the previous year (3.7%).
- 7.4% of adults aged 16 to 24 years had taken a Class A drug in the last year (approximately 467,000 people); this was not significantly different from the previous year (8.7%).
- There were no changes in last-year drug use for the majority of individual drug types including cannabis, ecstasy, powder cocaine, new psychoactive substances and nitrous oxide. However, there were falls in the use of two low-volume drug types and the proportion of frequent powder cocaine users.
- Amphetamine use in the last year in adults aged 16 to 59 years fell by 42% compared with the previous year (to 109,000 people), continuing the long-term decline since the year ending December 1995.

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<sup>25</sup> ONS, (2020), Drug misuse in England and Wales: year ending March 2020

# 3.5 - INEQUALITIES

## MARMOT CITY

Coventry has been tackling health inequalities as a Marmot City since 2013. Being a Marmot City has brought together partners from different parts of Coventry City Council and other public sector and voluntary organisations whose decisions and activities impact health.

The Marmot principles, from the Marmot Review, Fair Society, Healthy Lives, which aim to reduce inequality and improve health outcomes for all, have been embedded into the core functions of the council and its partners. Improving health and reducing inequalities in Coventry is not only a priority for the NHS and public health - it is a priority for everyone working to improve the lives of people in the city.

Since Coventry became a Marmot City in 2013, there has been progress in outcomes across health and society. There have been improvements in school readiness at age 5, health outcomes, life satisfaction, employment and crime reduction in priority locations. Several innovative projects and initiatives have been set up, which are starting to yield positive results for the people of Coventry.<sup>26</sup>

## HEALTH INEQUALITIES

The Coventry Health and Wellbeing Strategy<sup>27</sup> is the city's high-level plan for reducing health inequalities and improving the health and wellbeing of Coventry residents. The strategy highlights some key findings that impact health inequalities within the city:

- **Coventry has a growing, changing and increasingly diverse population.**
- **Overall health in the city is below average, with residents living in more deprived parts of the city not only living shorter lives but also spending a greater proportion of their lives in poor health.** This issue highlights that alcohol use is an avoidable factor (alongside obesity, physical activity, tuberculosis, and sexual health) that impacts health inequalities.
- **Coventry has a comparatively good performance in the areas of education and skills, and economic growth.** However, significant pockets of deprivation limit people's opportunities to succeed in life.
- **Residents' health and wellbeing are affected by increasing fear of crime.** Most notably, nearly a third of young people feel unsafe in the city.
- **The city has a high level of homelessness, particularly among young people and families.**

## ETHNICITY

It is impossible to explore differences in health equality between ethnicities locally because of the small numbers involved and the quality and completeness of national data.<sup>28</sup> However, even though the national picture is incomplete, national research carried out by Public Health England<sup>29</sup> has reported the following:

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<sup>26</sup> Coventry City Council, (2019), [Coventry: a Marmot City](#)

<sup>27</sup> Coventry City Council, (2019), [Coventry Health and Wellbeing Strategy 2019-2023](#)

<sup>28</sup> Coventry City Council, (2019), [Bridging The Gap](#)

<sup>29</sup> PHE, (2018), [Local Action on Health Inequalities](#)

## NATIONAL RESEARCH<sup>30</sup>

### INCOME

15% of the UK population lives on a low income.

This statistic varies widely among ethnic groups, with 35% of people living in households headed by someone of Pakistani or Bangladeshi ethnic origin living on a low income compared to 14% of the White population.

### QUALIFICATIONS

According to 2011 census data, the White Gypsy or Irish Traveller groups are the most likely to have no qualifications (60%), compared to White Irish (29%), Bangladeshi (28%), Pakistani (26%), White British (24%) and all other ethnic groups (20% or less).

### EDUCATIONAL ATTAINMENT

Educational achievement at school as measured by the proportion of pupils gaining five or more GCSEs at grades A\* to C for 2013/4 was highest among pupils identifying as Chinese (86%) and Indian (81%) and lowest among pupils who identified as Gypsy/Roma (12%) and Traveller of Irish heritage (18%).

### UNEMPLOYMENT RATES

The average unemployment rate across Britain in 2014 was 6.2%, but the rate was nearly three times higher in the Black population than in the White group.

White: 5.5%; Black: 15.4%; Mixed: 13.2%; Indian: 6.1%; Pakistani/Bangladeshi: 14.7%; Chinese: 7.2%; Other Asian: 6.6%; Other: 11.1%.

### HOUSING

Poor housing conditions significantly affect the health of both adults and children.

People from minority ethnic groups are overrepresented in the private rented sector, the housing sector most associated with a range of poor conditions.

A third of minority ethnic households lived in privately rented accommodation in 2013/14 compared with 18% of households in the white population.

### WHAT IT MAY MEAN FOR COVENTRY<sup>31</sup>

Although we do not have specific health inequality data by ethnicity, assumptions can be drawn from national data about the percentage of people living in the 10% most deprived neighbourhoods.

The 2011 census shows greater rates of ethnic minority groups in deprived areas compared to less deprived areas, particularly those of Pakistani, Bangladeshi and Black (other) groups. White British people are least likely to live in the most deprived areas.

Therefore people of a black and minority ethnic background are proportionately more likely to be disadvantaged by health inequalities.

Local data from the 2011 Census confirms that this is also the case in Coventry, where the percentage of non-White British residents ranges from 69% in Foleshill, one of the most deprived neighbourhoods, to 7% in Woodlands, one of the least deprived areas.

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<sup>30</sup> PHE, (2018), [Local Action on Health Inequalities](#)

<sup>31</sup> Coventry City Council, (2019), [Bridging The Gap](#)

-4-

# PREVENTION AND HIDDEN HARM

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4.2 – PREVENTION IN COVENTRY	PAGE 73
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# 4.1 - UNODC STANDARDS







The table below summarises the United Nations Office of Drug Control (UNODC) prevention standards.

 Parental & Infancy	 Early Childhood	 Middle Childhood	 Early Adolescence	 Adolescence	 Adulthood
1 - FAMILY					
Parental and infancy visitation (Selective) ★★		Parenting skills (Universal & Selective) ★★★★★			
Interventions targeting pregnant women with substance abuse disorders (Selective) ★					
2 - SCHOOL					
	Early childhood education (Selective) ★★★★★	Personal & social skills (Universal) ★★★	Prevention education based on personal & social skills & social influences (Universal & Selective) ★★★		
		Classroom management (Universal) ★★★	School policies and culture (Universal) ★★		
		Policies to keep children in school (Selective) ★★			
		Addressing individual vulnerabilities (Indicated) ★★			
3 - COMMUNITY					
			Alcohol & tobacco policies (Universal) ★★★★★		
Community-based multi-component initiatives (Universal & Selective) ★★★					
			Media campaigns (Universal and Selective) ★		
			Mentoring (Selective) ★		
				Entertainment venues (Universal) ★★	
				Workplace prevention (Universal, Selective & Indicated) ★★★	
				Brief intervention (Indicated) ★★★★★	

UNODC Prevention Standards. Indication of efficacy (★ - limited, ★★ - adequate, ★★★ - good, ★★★★★ - very good, ★★★★★★ - excellent)

## 4.2 - PREVENTION IN COVENTRY

The table below places existing services and programmes in Coventry into the UNDOC model.

 Parental & Infancy	 Early Childhood	 Middle Childhood	 Early Adolescence	 Adolescence	 Adulthood
<b>1 - FAMILY</b>					
Family Nurse Partnership (FH&WS) <sup>32</sup>					
		School Nurses (FH&WS)			
Infant Feeding Team (FH&WS)					
Breastfeeding Directory (FH&WS)					
MAMTA <sup>33</sup> (FH&WS)					
<b>Health Visitors (FH&amp;WS)</b>					
Health Visitors Vulnerabilities Team (FH&WS)					
Stop Smoking in Pregnancy (FH&WS)					
Be Active, Be Healthy (FH&WS)					
<b>2 - SCHOOL</b>					
			Positive Choices (Preventative work in schools)		
		Schools' RHSE responsibilities			
<b>3 - COMMUNITY</b>					
			Coventry Statement of Licensing Policy 2021-2026		
			Kooth Counselling		
				Employers' Policies	
				Healthy Lifestyles Coventry	
				Best You Coventry	
				Bar Accreditation Scheme	
				Workplace Wellbeing Charter	
				CGL Drug and Alcohol Training	
				National Promotions (e.g. Drinkaware, Dry January)	

<sup>32</sup> Family Health & Wellbeing Service

<sup>33</sup> The aim of MAMTA is to improve Child and Maternal Health outcomes for BME (Black and Minority Ethnic) women in Coventry.

# 1 - FAMILY

KF 5 - 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.

KF 6 - There appears to be a gap in community prevention initiatives targetted at middle childhood to early adolescents.

## LOCAL PROVISION

The following interventions are provided in Coventry:

- PARENTAL AND INFANCY VISITATION
- INTERVENTIONS TARGETING PREGNANT WOMEN WITH SUBSTANCE ABUSE DISORDERS
- PARENTING SKILLS

In Coventry, the Family Health and Lifestyles Service<sup>34</sup> provide services that overlap with the above initiatives. The seven services that comprise the Family Health and Lifestyle Service have varying contact with individuals with drug or alcohol needs.

The school nursing service can see pupils who may be using drugs or alcohol. Nurses can speak to the young person about the benefits of a referral to Positive Choices. The young person has to agree to a referral to Positive Choices. Health Visitors work with parents. When they see an individual with a drug or alcohol need, their main service for referrals is CGL.

There are multiple demands on universal services such as the Family Health and Lifestyle Service to complete preventative work across multiple areas, including drugs and alcohol, mental health needs, and domestic abuse.

“It would be useful to have a general update on all drug and alcohol services”.

*Family Health and Lifestyle Practitioner*

“It would be useful to have a service directory of drug and alcohol services”.

*Family Health and Lifestyle Practitioner*

## BEST PRACTICE

“Government policy in this area should comprise drug-focused prevention programmes in schools, non-drug focused support for young people to reduce their risk for many problems including but not limited to drugs, and population-wide approaches to reduce recreational drug use.”

*Dame Carol Black Review*

## NON-DRUG-FOCUSED PROGRAMMES THAT BUILD YOUTH RESILIENCE

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.

<sup>34</sup> The Coventry Family Health and Lifestyle Service (0-19 years) is a partnership of 7 services: Family Nurse Partnership (FNP). Health Visiting, Infant Feeding Team, Breastfeeding Directory, MAMTA, School Nursing, Stop Smoking in Pregnancy, Be Active Be Healthy – Family Weight Management.

Prevention programmes targeting core risk factors<sup>35</sup> in schools, the community and the family can reduce drug use and many other problems that blight the lives of young people.<sup>36</sup> Positive activities for young people outside of school hours are important.<sup>37</sup> The review also recommends that each local authority have a fair access protocol, agreed with the majority of the mainstream state-funded schools in its area, to maximise the protection education gives vulnerable children.

Addressing children’s mental health issues is a protective factor with mental health support teams for schools and colleges. Training for senior mental health leads in schools and colleges is good practice.<sup>38</sup>

Families with parental drug misuse need specific support which must be co-ordinated at a local level. There is promising emerging evidence of the outcomes of programmes such as the Children of Alcohol Dependent Parents (CADeP) programme.<sup>39</sup>

## 2 - SCHOOL

### LOCAL PROVISION

The following interventions are provided in Coventry:

- EARLY CHILDHOOD EDUCATION
- PERSONAL & SOCIAL SKILLS
- PREVENTION EDUCATION BASED ON PERSONAL & SOCIAL SKILLS & SOCIAL INFLUENCES
- CLASSROOM MANAGEMENT
- SCHOOL POLICIES AND CULTURE
- POLICIES TO KEEP CHILDREN IN SCHOOL
- ADDRESSING INDIVIDUAL VULNERABILITIES

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. At the time of this assessment, there was no standardised approach to RSHE in Coventry.

Positive Choices provide some preventative work in schools; however, they are not a universal service but respond to referrals and requests from individual schools.

“If schools identify a group with the same behaviours, Positive Choices can deliver targeted groupwork with schools”.

*Positive Choices Practitioner*

“Positive Choices have links in all secondary schools, there are not links with all primary schools.”

*Positive Choices Practitioner*

“It would be really good for Positive Choices to be involved in PHSE education in schools”.

*Family Health and Lifestyle Practitioner*

<sup>35</sup> Risk factors include chaotic, unrewarding environments, unremitting stress, social exclusion, and individual risk factors such as having difficulty managing emotions, coping with challenges, and exercising behavioural self-control.

<sup>36</sup> DHSC, (2021), Review of drugs part two: prevention, treatment, and recovery

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

## BEST PRACTICE

### DRUG-FOCUSED PREVENTION PROGRAMMES IN SCHOOLS

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.

## 3 - COMMUNITY

**KF 4 - 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.**

**In Coventry, as in most other areas, each school has developed its approach to Relationships, Health and Sexual Education (RHSE).**

## LOCAL PROVISION

The following interventions are provided in Coventry:

- ALCOHOL & TOBACCO POLICIES

The Coventry Statement of Licensing Policy 2021-2026 covers all licensing activity identified as falling within the provisions of the Licensing Act, namely:

- The sale by retail of alcohol
- The supply of alcohol by clubs
- The provision of regulated entertainment
- The provision of late-night refreshments

Public Health is cited as a Responsible Authority in the Licensing Act. As well as having a role in providing appropriate data to "other responsible authorities", the Director of Public Health also has a role in providing evidence on the health and wellbeing of vulnerable groups such as street drinkers.

The Licensing Policy "expects that customers should be confronted by clear and visible signs on the premises that underage drinking constitutes an offence in law and that they may well be required to produce proof of their age to a member of staff".

"Coventry's Director of Public Health will engage with Coventry Safeguarding Children Board to share relevant information such as data on young people accessing substance misuse services. They will also consider the proximity of licensed premises to schools, youth centres, playgroups and family centres and share anonymised A&E data with other responsible authorities relating to young people and alcohol-related incidents".

The Licensing Policy states, "Public health-related licence conditions will be used where practicable to reduce the impact of alcohol on public safety and other licensing objectives". The Licensing Policy states that it can support opportunities to make Coventry a safer and healthier place where less alcohol is consumed, in line with the Coventry Alcohol Strategy.

## ENTERTAINMENT VENUES

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Best Bar None is an accreditation scheme supported by the Home Office and drinks industry that aims to improve standards in licensed premises. The Coventry Best Bar None scheme was relaunched in November 2021. 21 venues have been assessed, with 16 achieving full accreditation. A further 18 venues are waiting to be assessed.

## MEDIA CAMPAIGNS

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Drinkaware is an independent charity which aims to reduce alcohol-related harm by helping people make better choices about their drinking.

Dry January is the UK's one-month alcohol-free challenge.

## WORKPLACE PREVENTION

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An evidence-based Local Workplace Health Accreditation Scheme (LWHAS) is a mechanism to promote comprehensive methods of managing health within an integrated workplace programme which combines occupational health, Human Resources, health and safety and workforce wellbeing.

## MENTORING

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Kooth Counselling is an online mental health counselling service commissioned by Coventry City Council.

## 4.3 - HIDDEN HARM

### INTRODUCTION

Hidden Harm is defined by the Advisory Council on the Misuse of Drugs as:- “Parental problem drug use and its actual and potential effects on children”

According to the Children’s Commissioner for England’s data on childhood vulnerability, 478,000 children lived with a parent with alcohol or drug use problems from 2019 to 2020, a 40 per 1,000.

While parents make up 50% of people starting alcohol and drug treatment each year, there is still an unmet support need for many. In England, alcohol and drug treatment data shows that an estimated 80% of alcohol-dependent parents are not receiving treatment, and 60% of parents dependent on heroin are not receiving treatment.

National and local authority alcohol and drug prevalence and treatment data is available on Public Health England’s (PHE) National Drug Treatment Monitoring System (NDTMS) website<sup>40</sup>.

### PREVALENCE

The following information was taken from the Children’s Commissioner projections<sup>41</sup>:

- Projected number of 0-17-year-olds in a household where an adult reports any substance misuse: 8,730 (10.8% of 0-17-year-olds).
- Projected number of 0-17-year-olds in a household where an adult has an alcohol or drug dependency: 3,880 (4.8% of 0-17-year-olds).
  - Projected at 4.87% for Coventry.
- Projected number of 0-17-year-olds in a household where an adult has all 3 of the 'toxic trio'<sup>42</sup> issues (broad measures): 2,600 (3.2% of 0-17-year-olds).
- Projected number of 0-17-year-olds in a household where an adult has all 3 of the 'toxic trio' issues (narrow measures): 990 (1.2% of 0-17-year-olds).

**KF 14 - 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.**

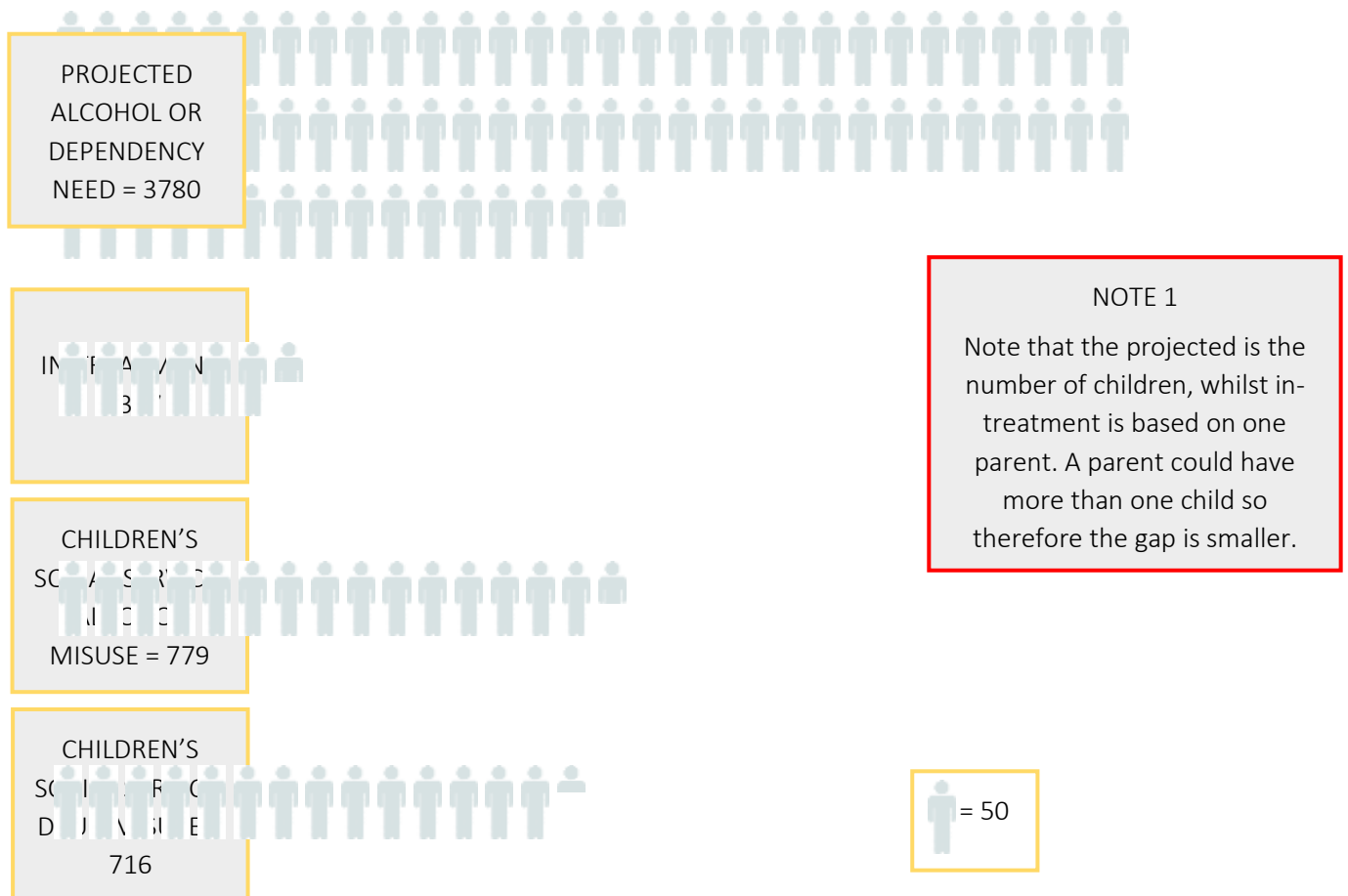
<sup>40</sup> Parents with alcohol and drug problems

<sup>41</sup> Vulnerable children local area maps

<sup>42</sup> Alcohol/substance misuse, domestic abuse, and mental health problems.

The following illustrates the gap between the projected number of children affected by parental alcohol/substance misuse in Coventry and the number of parents in-treatment. In addition, there were 1,495 assessments by Children’s Social Services identifying concerns about the parent around alcohol or drug misuse. It is unclear if the combined 1,495 includes duplicates; for example, someone who has drug and alcohol misuse is counted twice.

The projected number is based on the Children’s Commissioner projections<sup>43</sup>. The number in-treatment is based on 2021-22 NDTMS data and counts “All the children live with client” (n=265) and “Some of the children live with client” (n=39). Children’s Social Service data is based on children referred to and assessed by children's social services for the year ending 31 March 2021 and counts “Alcohol misuse: concerns about parent” and “Drug misuse: concerns about parent”.



The following chart looks at the number of “parent or adult living with children” in-treatment as a percentage of the projected number of children affected by parental alcohol/substance misuse. SEE ABOVE NOTE 1.

Note that the in-treatment for the Nearest Neighbours is based on 2019-20 data.

The chart shows that the rate in Coventry is low compared to the Nearest Neighbours.

<sup>43</sup> Vulnerable children local area maps



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# WIDER HEALTH IMPACTS: ALCOHOL

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5.2 - ALCOHOL MORTALITY

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5.3 - ALCOHOL ADMISSIONS

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# 5.1 - OVERVIEW



## NATIONAL

- Alcohol misuse can be defined as drinking more than the lower risk levels advised by the UK Chief Medical Officers: i.e., adults regularly exceeding 14 units per week.<sup>44</sup>
- Worldwide, 3 million deaths every year result from the harmful use of alcohol. This represents 5.3 % of all deaths.<sup>45</sup>
- Overall, 5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs).<sup>46</sup>
- There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other non-communicable conditions as well as injuries.<sup>47</sup>
- Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large.<sup>48</sup>
- There are gender differences in alcohol-related mortality and morbidity, as well as levels and patterns of alcohol consumption. The percentage of alcohol-attributable deaths among men amounts to 7.7 % of all global deaths compared to 2.6 % of all deaths among women. Total alcohol per capita consumption in 2010 among male and female drinkers worldwide was, on average 19.4 litres for males and 7.0 litres of pure alcohol for females.<sup>49</sup>
- There are an estimated 602,391 dependent drinkers in England. Only 18% are receiving treatment.<sup>50</sup>
- 24% of adults in England and Scotland regularly drink over the Chief Medical Officer's low-risk guidelines, and 27% of drinkers in Great Britain binge drink on their heaviest drinking days (over 8 units for men and over 6 units for women)<sup>51</sup>

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<sup>44</sup> CMO's Low Risk Drinking Guidelines

<sup>45</sup> WHO Alcohol factsheet

<sup>46</sup> WHO Alcohol factsheet

<sup>47</sup> WHO Alcohol factsheet

<sup>48</sup> WHO Alcohol factsheet

<sup>49</sup> WHO Alcohol factsheet

<sup>50</sup> Alcohol Change UK: Alcohol statistics

<sup>51</sup> Alcohol Change UK: Alcohol statistics

## 5.2 - ALCOHOL MORTALITY



### ALCOHOL-RELATED DEATHS

- Further analysis on the alcohol-related deaths was not possible due to there no being any coronors information available.

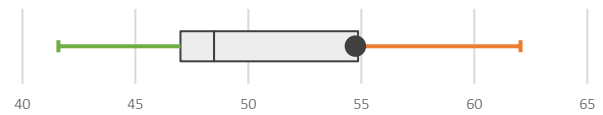
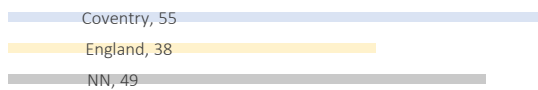


## ANALYSIS

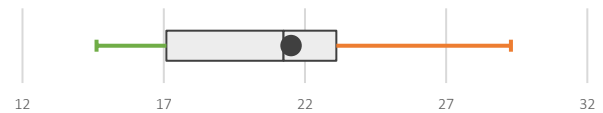
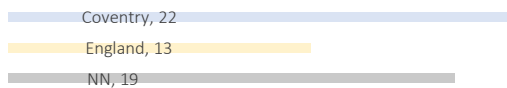
KF 16 – Coventry does not rank in the worst quartile for any of the indicators when compared to the Nearest Neighbours. In addition, the indicators relating to alcoholic liver disease is either comparable or lower than the Nearest Neighbours.

- The following provides an overview of persons across the four indicators relating to alcohol mortality. A more detailed analysis can be found in the main chapter.
- Across all indicators, Coventry does not rank in the worst quartile compared to the Nearest Neighbours.
- The indicators relating to alcoholic liver disease are comparable to or lower than the Nearest Neighbours.

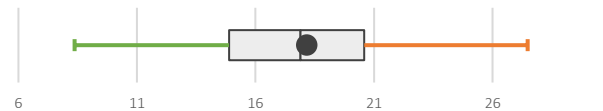
### ALCOHOL-RELATED MORTALITY



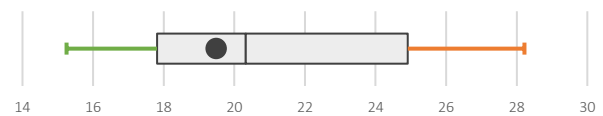
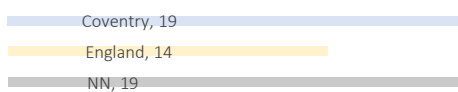
### ALCOHOL-SPECIFIC MORTALITY



### UNDER 75 MORTALITY FROM ALCOHOLIC LIVER DISEASE



### MORTALITY FROM ALCOHOLIC LIVER DISEASE.



# PERFORMANCE

The following chapter provides a visual summary of the performance of Coventry taken from the PHE Fingertips Local Alcohol Profiles for England (LAPE)<sup>52</sup>. Please refer to page 285 for guidance on interpreting the charts.

Note that the LAPE does not provide quartile analysis by Nearest Neighbours, therefore, it requires local analysis.

## ALCOHOL-RELATED MORTALITY

Figure 5.2.1: Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons) [2020]

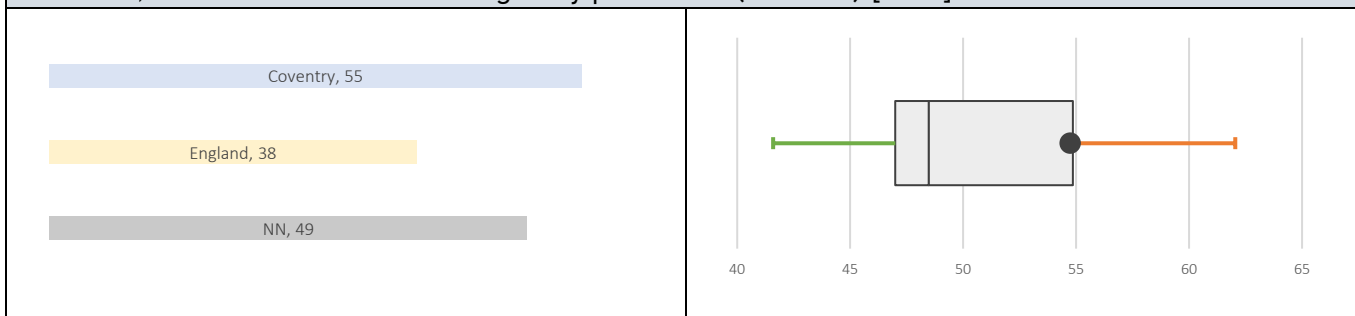


Figure 5.2.2: Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male) [2020]

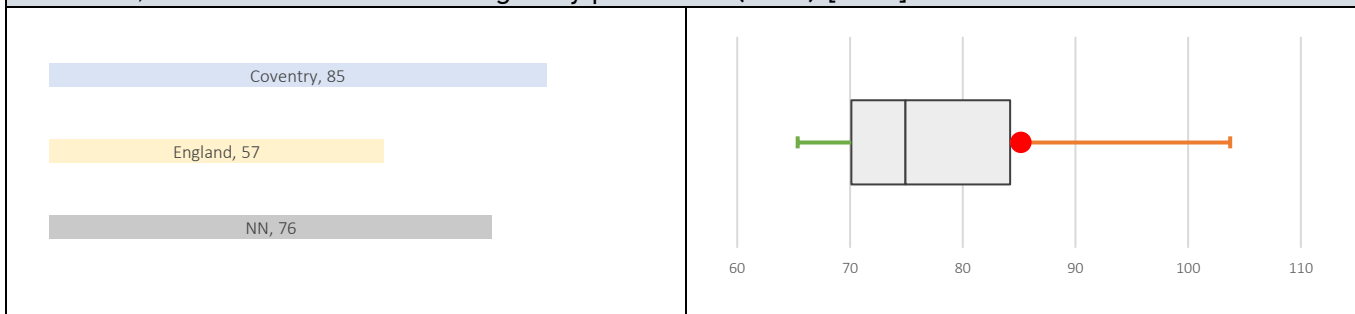
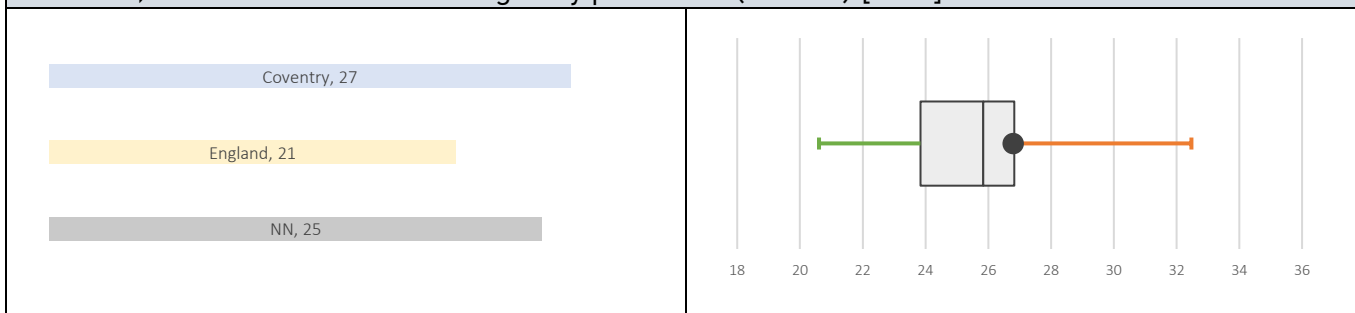


Figure 5.2.3: Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female) [2020]



<sup>52</sup> <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>.

Figure 5.2.4: Count; Coventry.



Figure 5.2.5: Historical rate comparison.

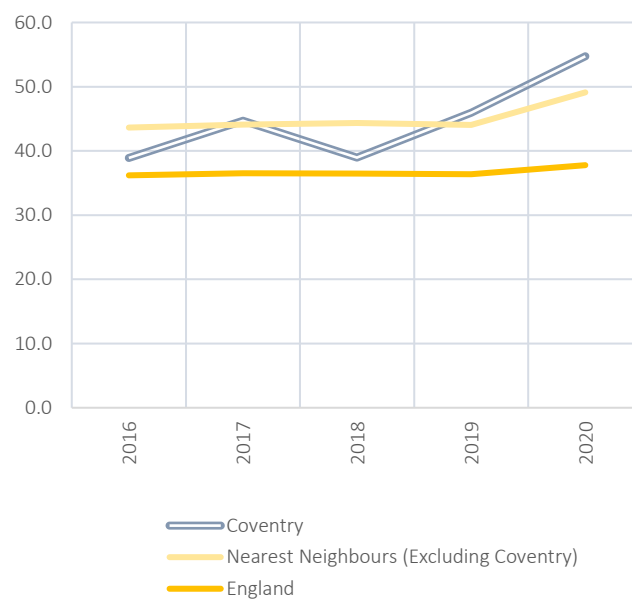
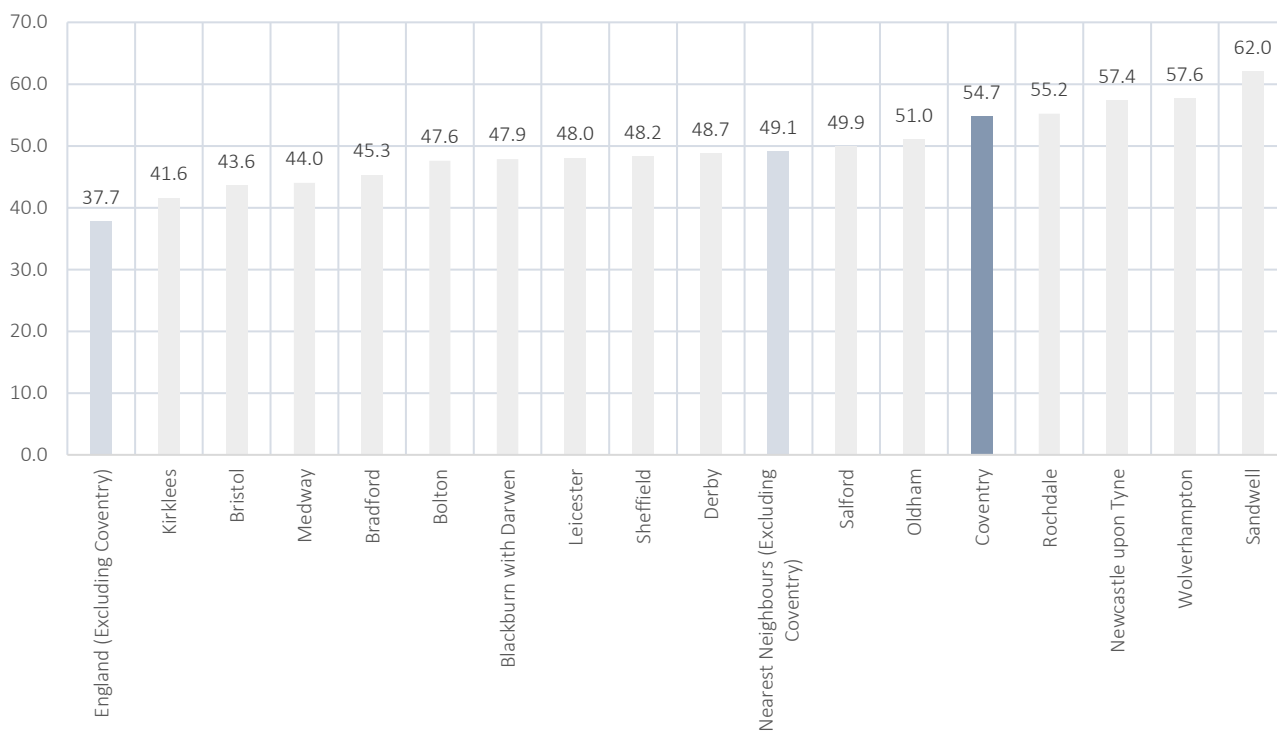


Figure 5.2.6: Comparison against Nearest Neighbours; 2020.



## ALCOHOL-SPECIFIC MORTALITY

Figure 5.2.7: Alcohol-specific mortality (Persons, 1-year range) [2020]

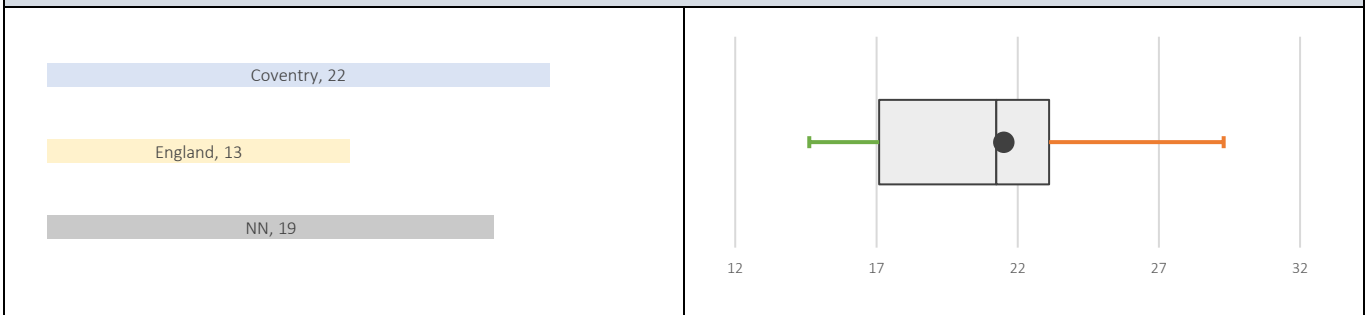


Figure 5.2.8: Alcohol-specific mortality (Persons, 3-year range) [2017-19]

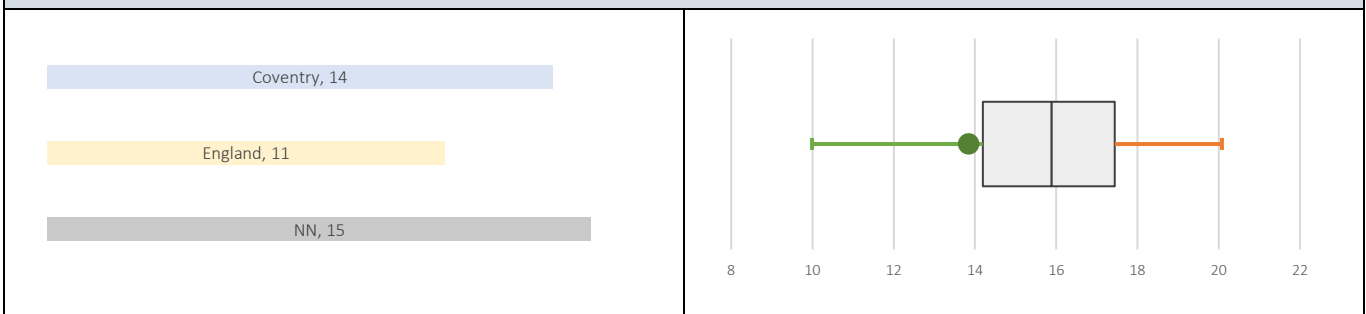


Figure 5.2.9: Alcohol-specific mortality (Male, 3-year range) [2017-19]

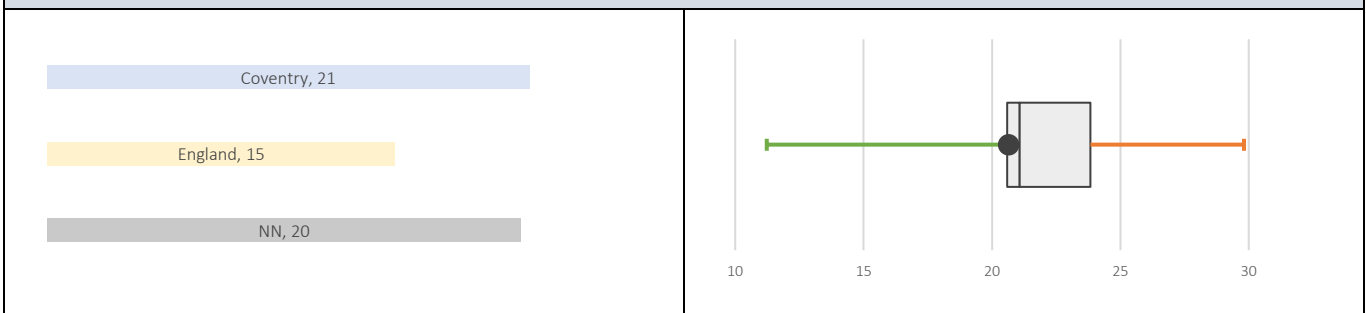


Figure 5.2.10: Alcohol-specific mortality (Female, 3-year range) [2017-19]

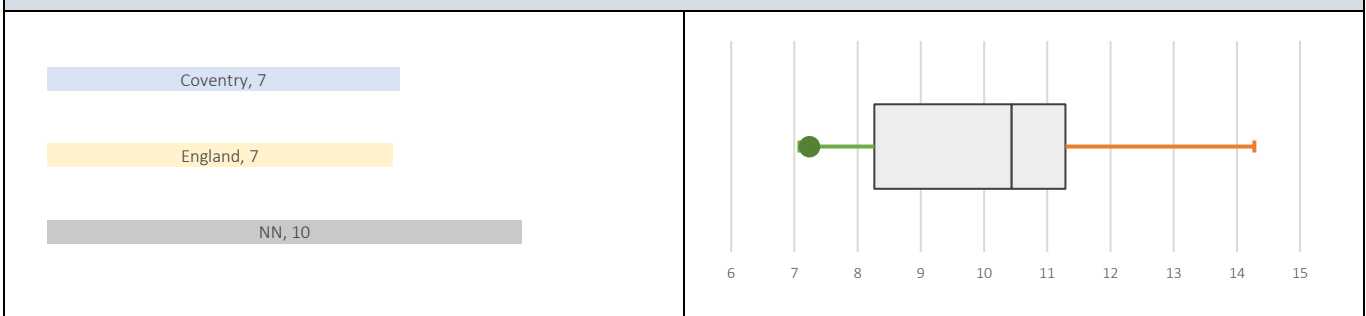


Figure 5.2.11: Count; Coventry.

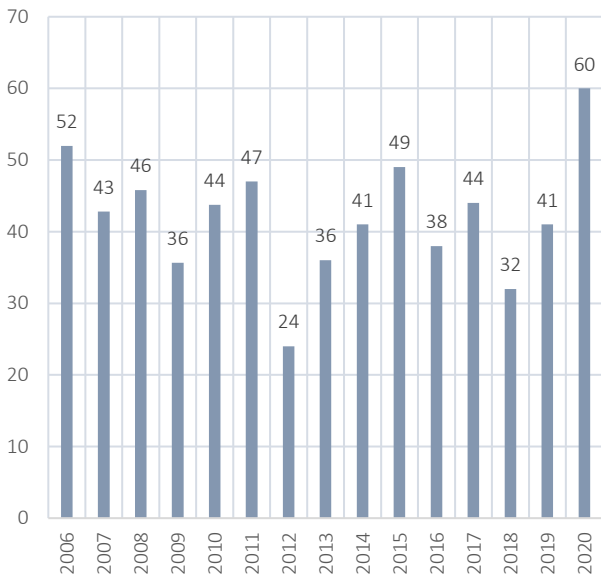


Figure 5.2.12: Historical rate comparison.

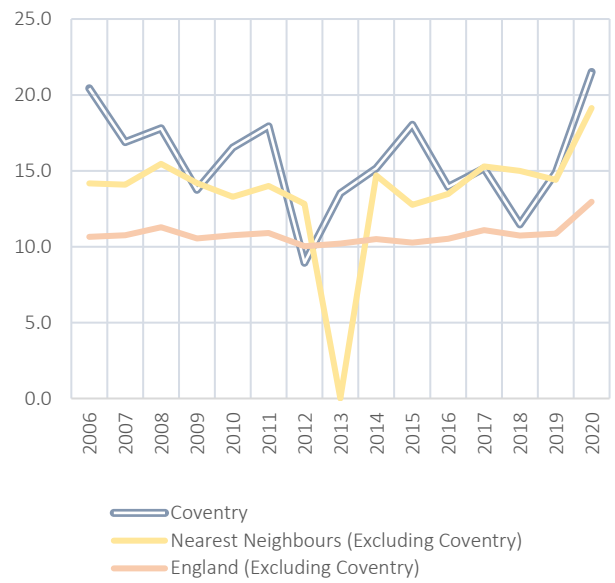
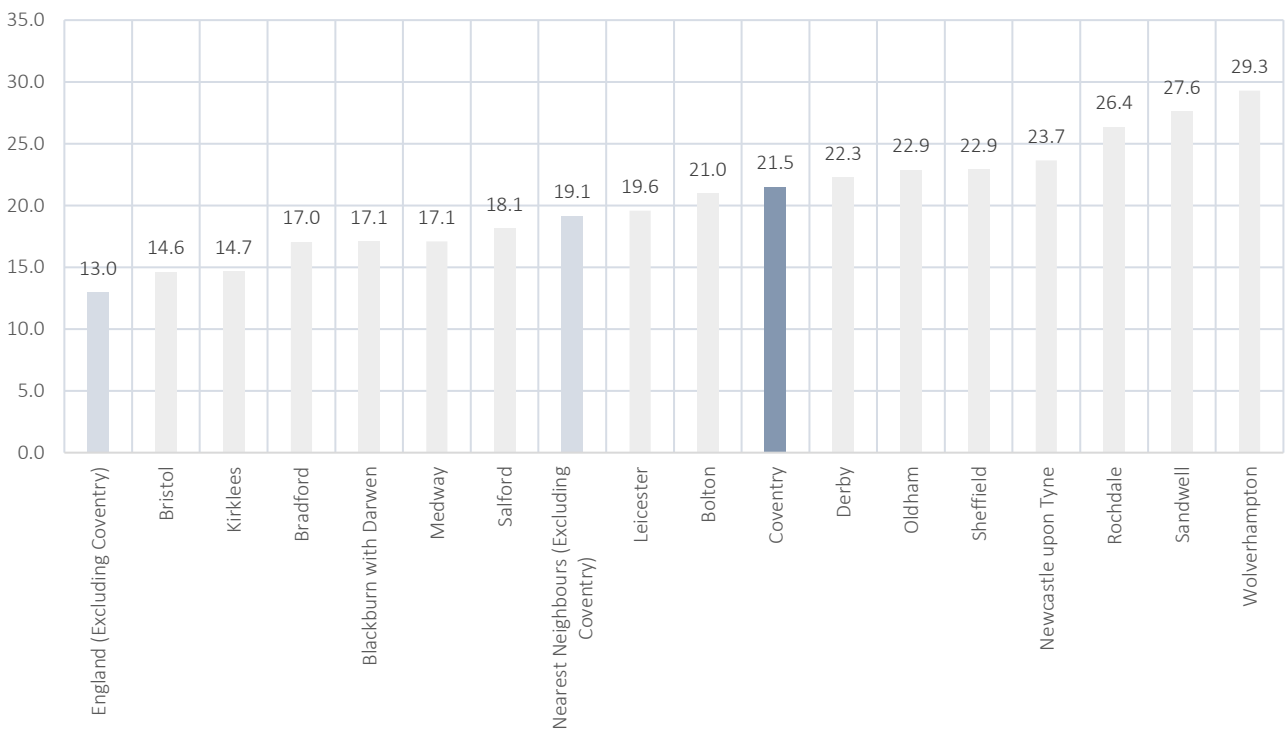


Figure 5.2.13: Comparison against Nearest Neighbours; 2020.





## UNDER 75 MORTALITY FROM ALCOHOLIC LIVER DISEASE

Figure 5.2.14: Under 75 mortality rate from alcoholic liver disease (Persons, 1-year range) [2020]

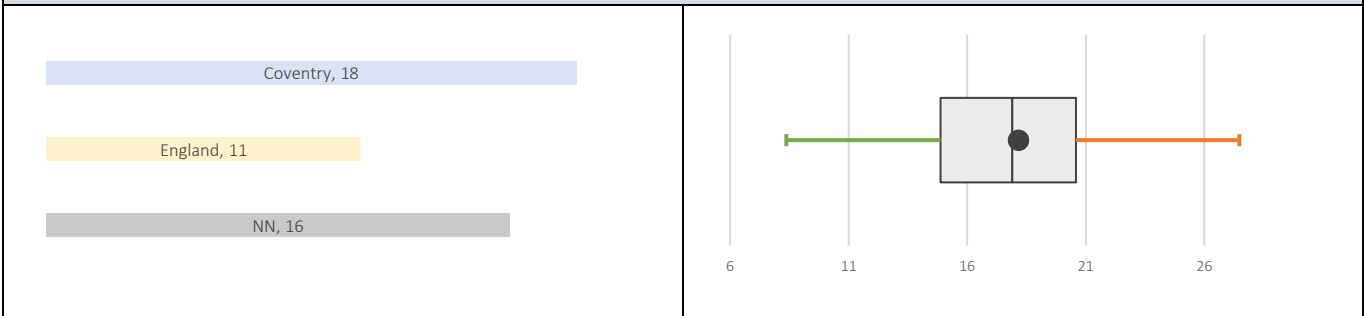


Figure 5.2.15: Under 75 mortality rate from alcoholic liver disease (Persons, 3-year range) [2017-19]

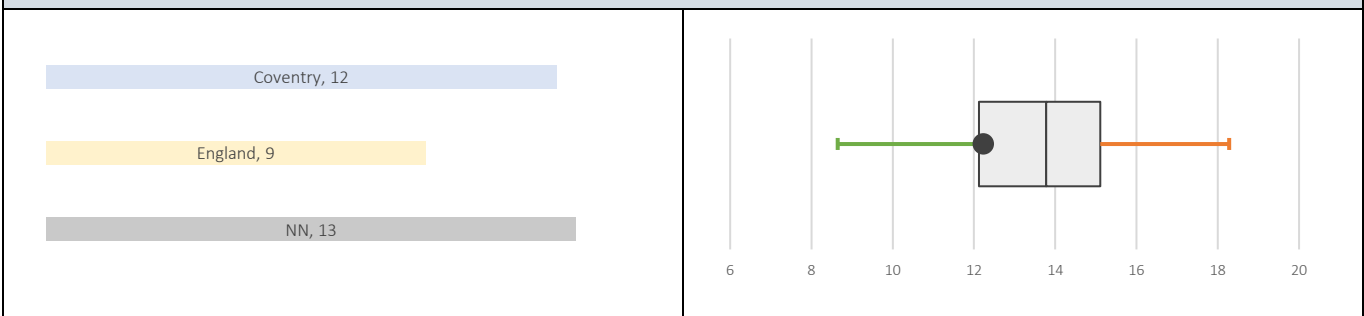


Figure 5.2.16: Under 75 mortality rate from alcoholic liver disease (Male, 3-year range) [2017-19]

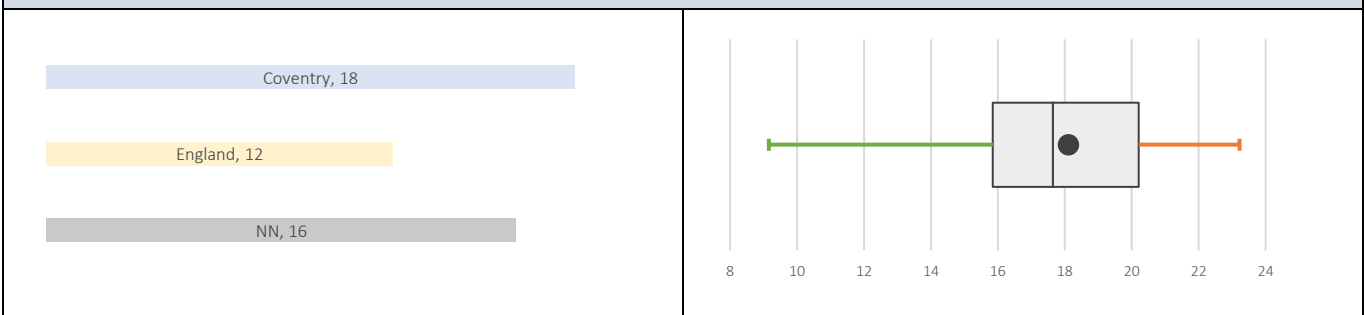
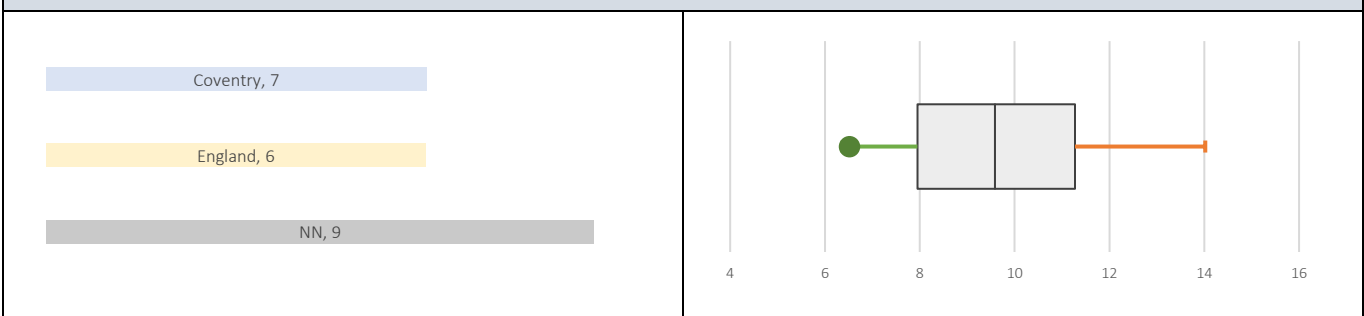


Figure 5.2.17: Under 75 mortality rate from alcoholic liver disease (Female, 3-year range) [2017-19]



## MORTALITY FROM CHRONIC LIVER DISEASE

Figure 5.2.18: Mortality from chronic liver disease (Persons, 1-year range) [2020]

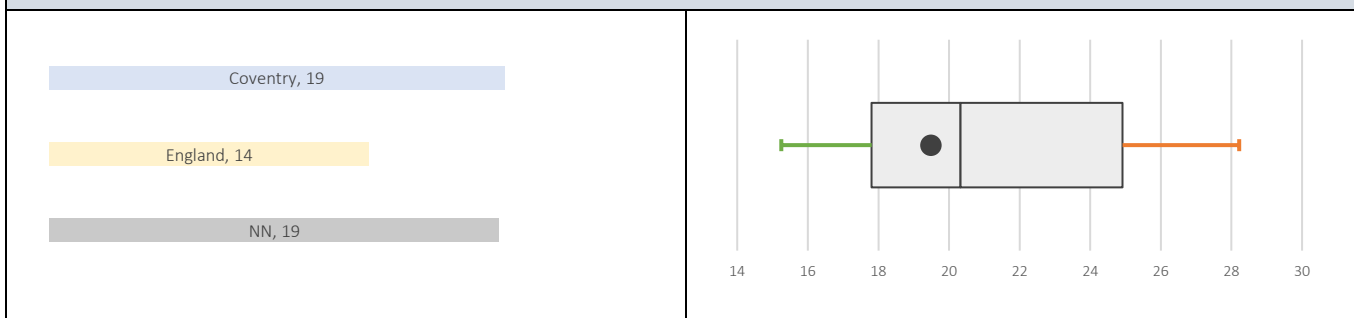


Figure 5.2.19: Mortality from chronic liver disease (Persons, 3-year range) [2017-19]

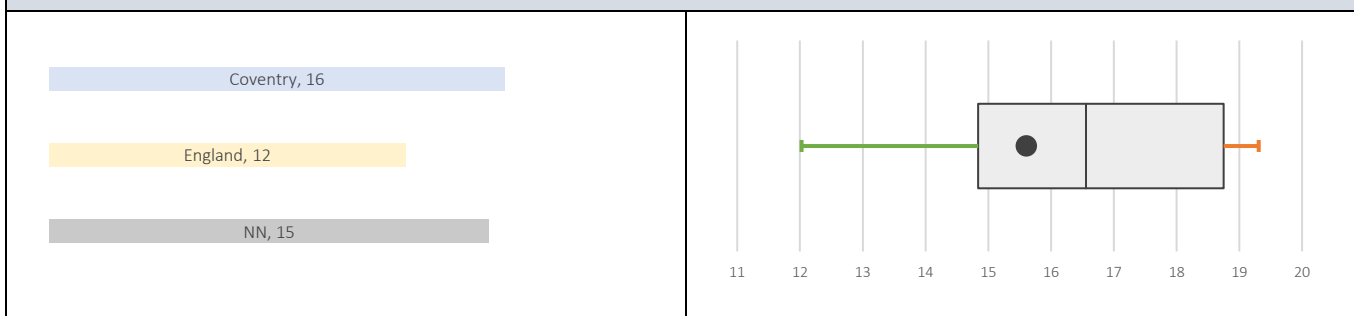


Figure 5.2.20: Mortality from chronic liver disease (Male, 3-year range) [2017-19]

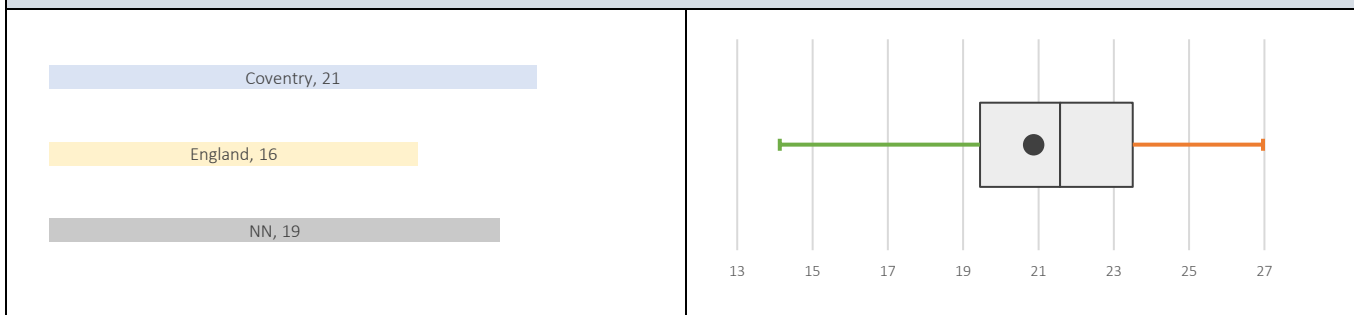
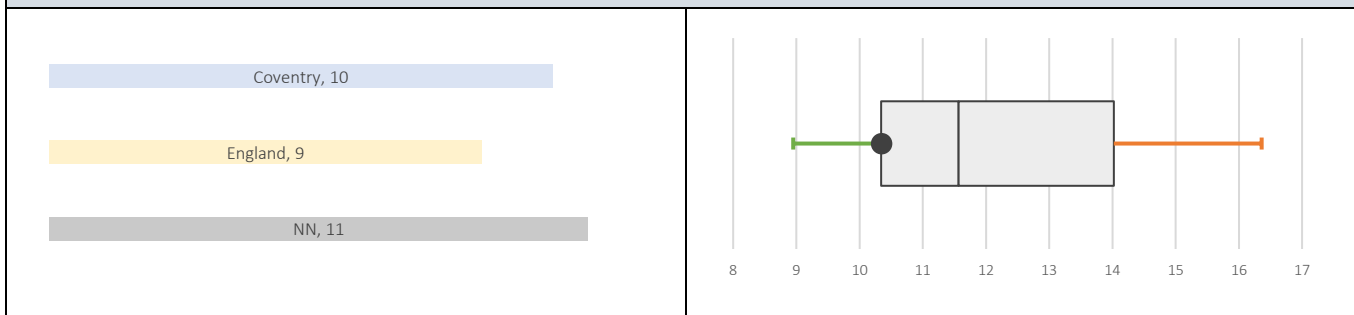


Figure 5.2.21: Mortality from chronic liver disease (Female, 3-year range) [2017-19]



# 5.3 - ALCOHOL ADMISSIONS

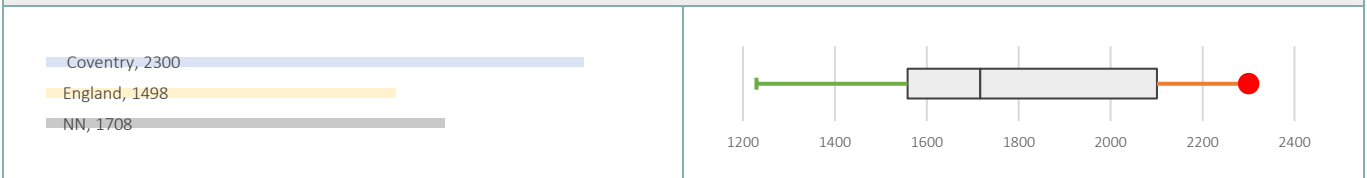


## ANALYSIS

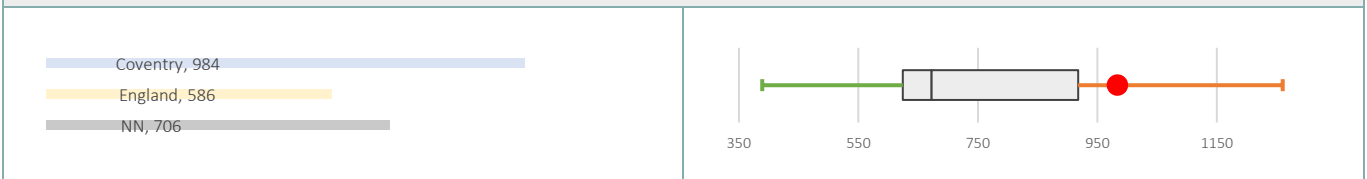
**KF 16 -Coventry has high rates of hospital admission episodes for alcohol-related conditions, particularly CVD.**

- The following provides an overview of persons across the six indicators relating to alcohol mortality. A more detailed analysis can be found in the main chapter. Coventry ranks in the worst quartile for 4 of the 6 indicators.

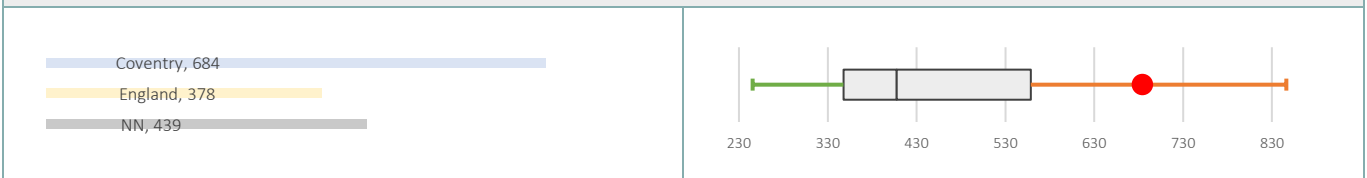
### ADMISSION EPISODES FOR ALCOHOL-RELATED CONDITIONS



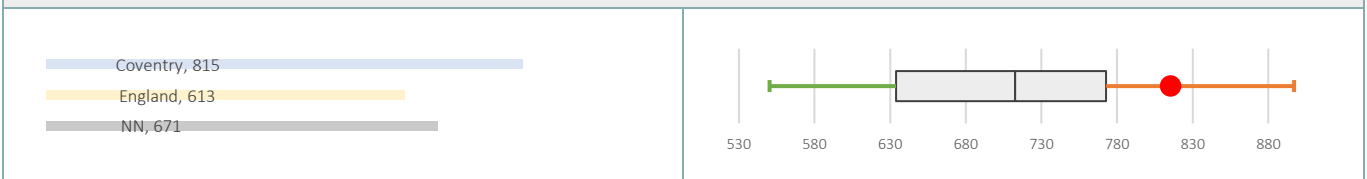
### ADMISSION EPISODES FOR ALCOHOL-SPECIFIC CONDITIONS.



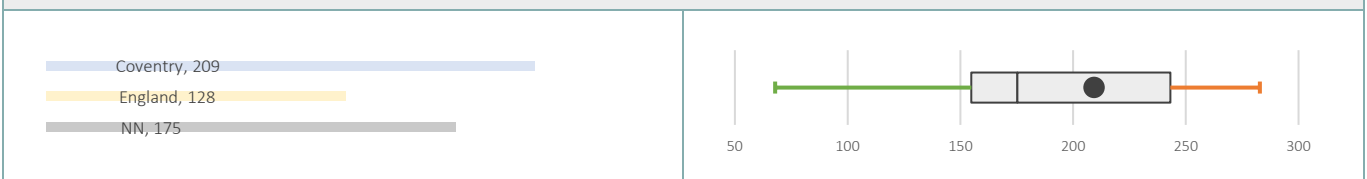
### ADMISSION EPISODES FOR MENTAL AND BEHAVIOURAL DISORDERS DUE TO USE OF ALCOHOL



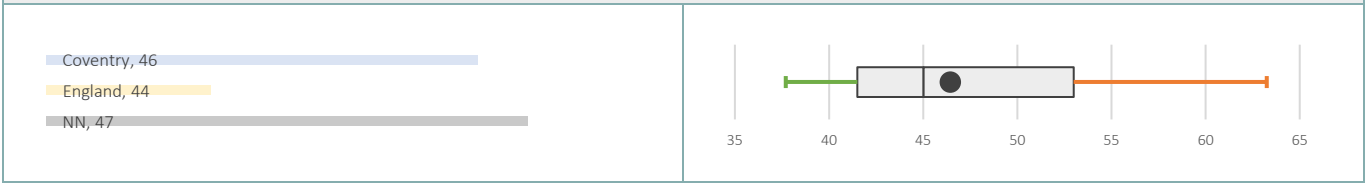
### ADMISSION EPISODES FOR ALCOHOL-RELATED CARDIOVASCULAR DISEASE



### ADMISSION EPISODES FOR ALCOHOLIC LIVER DISEASE



## ADMISSION EPISODES FOR ALCOHOL-RELATED UNINTENTIONAL INJURIES



## PERFORMANCE

### ADMISSION EPISODES FOR ALCOHOL-RELATED CONDITIONS

Figure 5.3.1: Admission episodes for alcohol-related conditions (Broad): New method. (Persons) [2020-21]

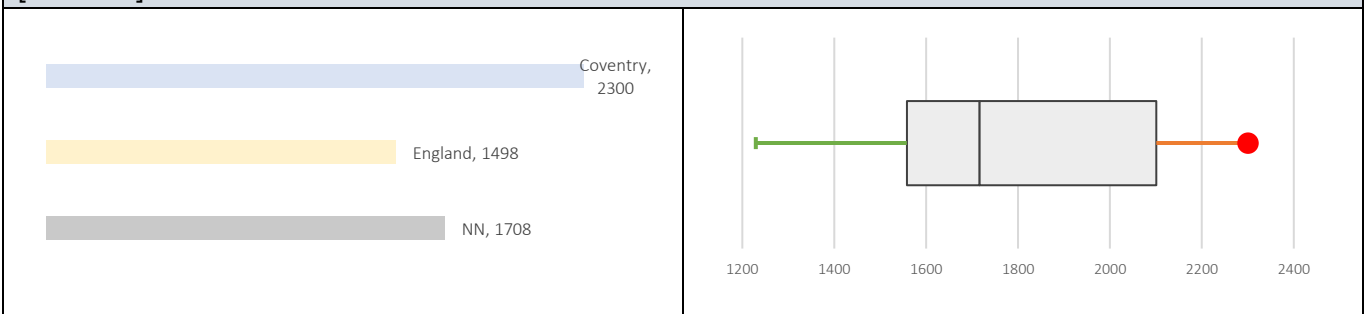


Figure 5.3.2: Admission episodes for alcohol-related conditions (Broad): New method. (Male) [2020-21]

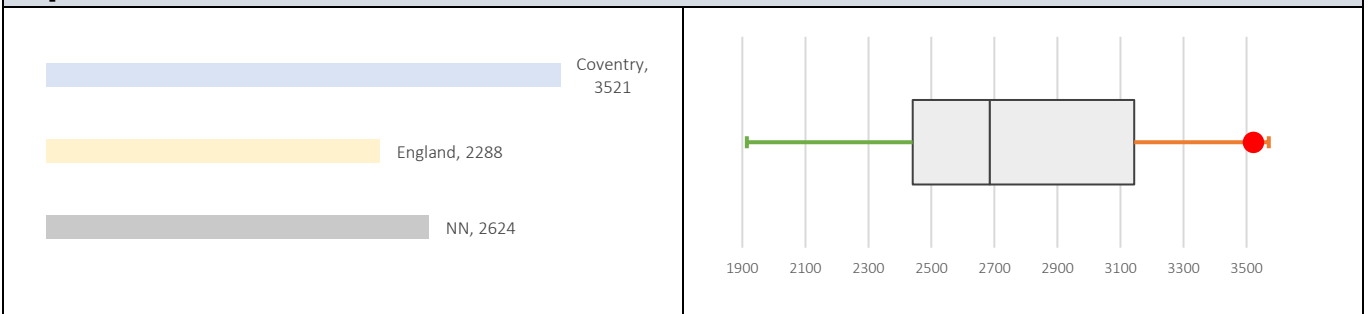


Figure 5.3.3: Admission episodes for alcohol-related conditions (Broad): New method. (Female) [2020-21]

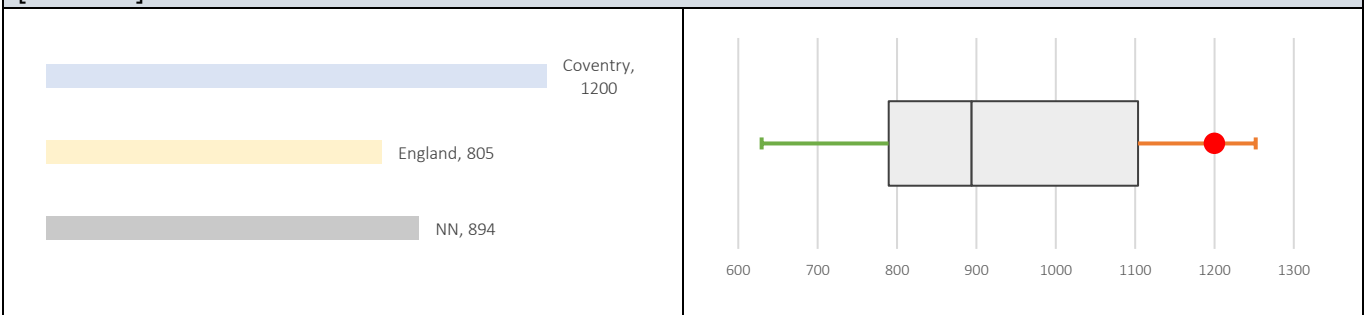


Figure 5.3.4: Count; Coventry.

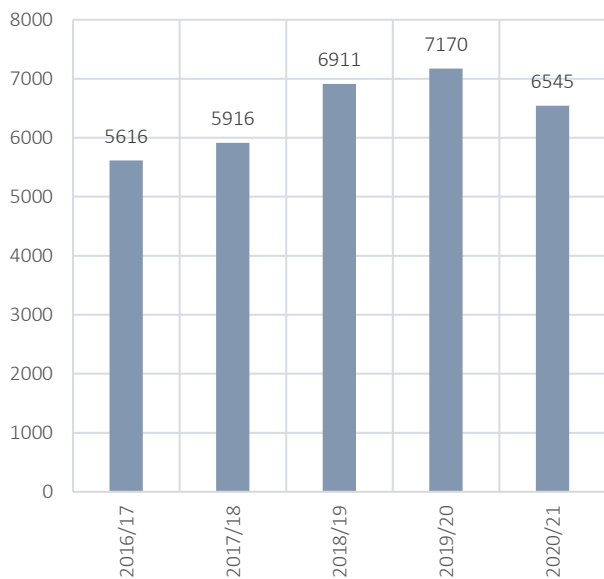


Figure 5.3.5: Historical rate comparison.

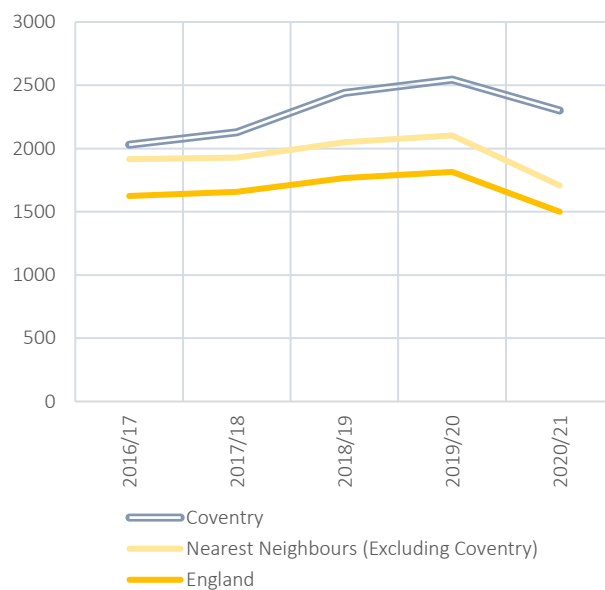
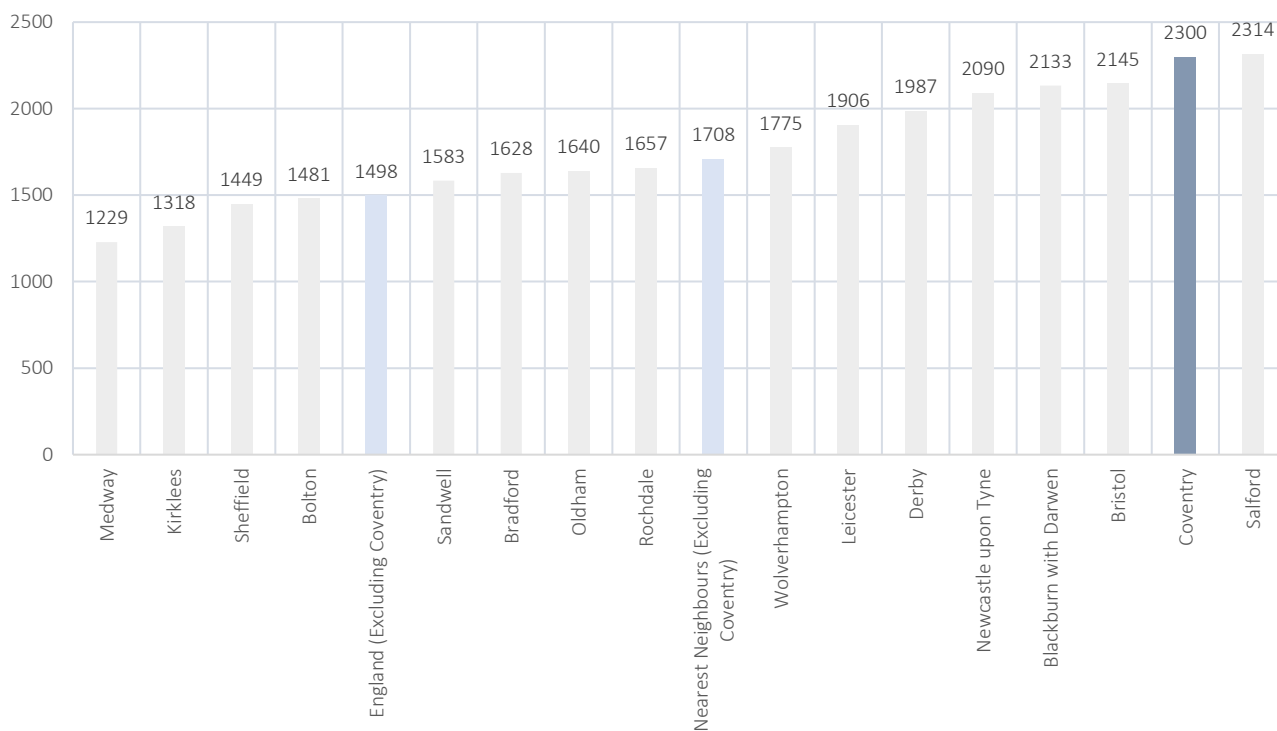


Figure 5.3.6: Comparison against Nearest Neighbours; 2020-21.



## ADMISSION EPISODES FOR ALCOHOL-SPECIFIC CONDITIONS.

Figure 5.3.7: Admission episodes for alcohol-specific conditions. (Persons) [2020-21]

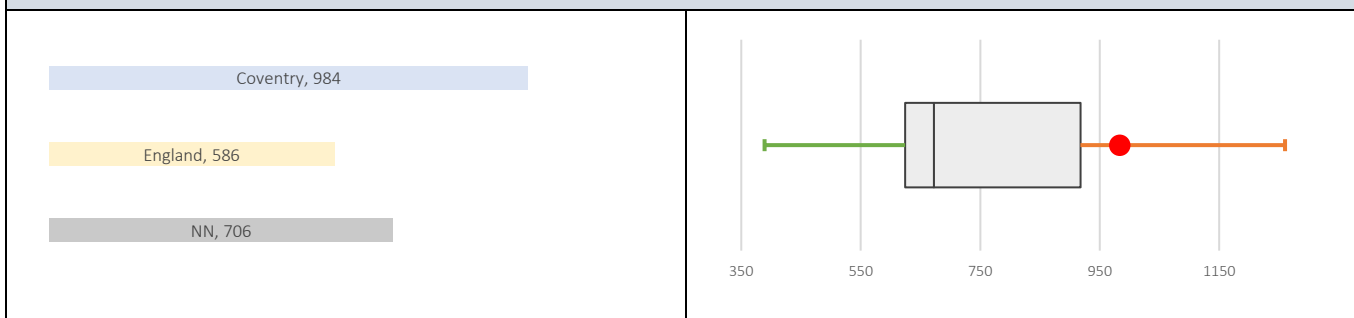


Figure 5.3.8: Admission episodes for alcohol-specific conditions. (Male) [2020-21]

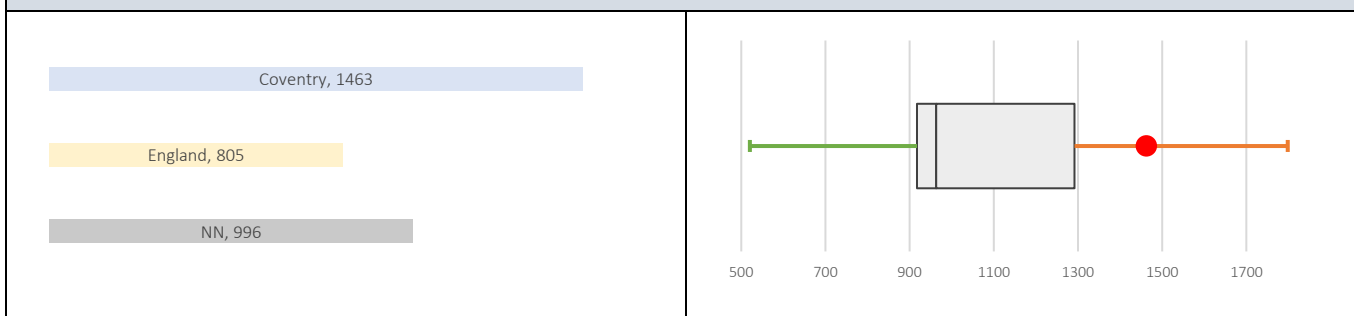
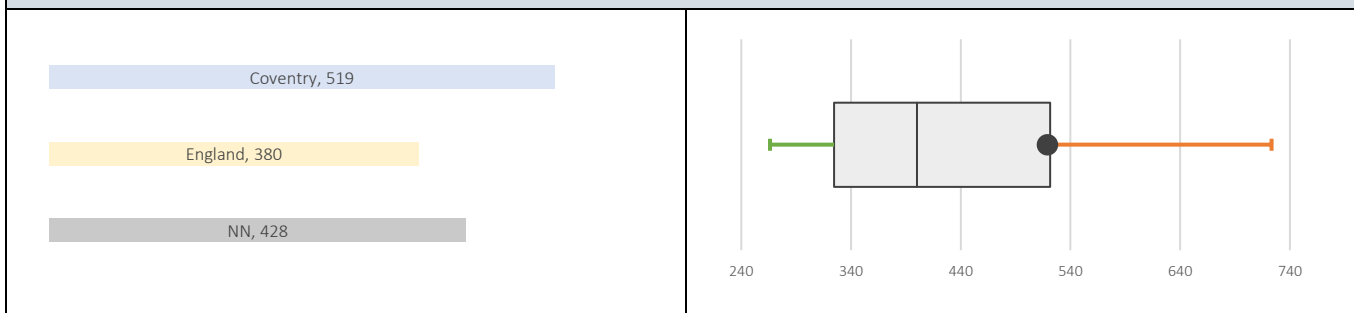


Figure 5.3.9: Admission episodes for alcohol-specific conditions. (Female) [2020-21]



# ADMISSION EPISODES FOR MENTAL AND BEHAVIOURAL DISORDERS DUE TO USE OF ALCOHOL

Figure 5.3.10: Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): New method. (Persons) [2020-21]

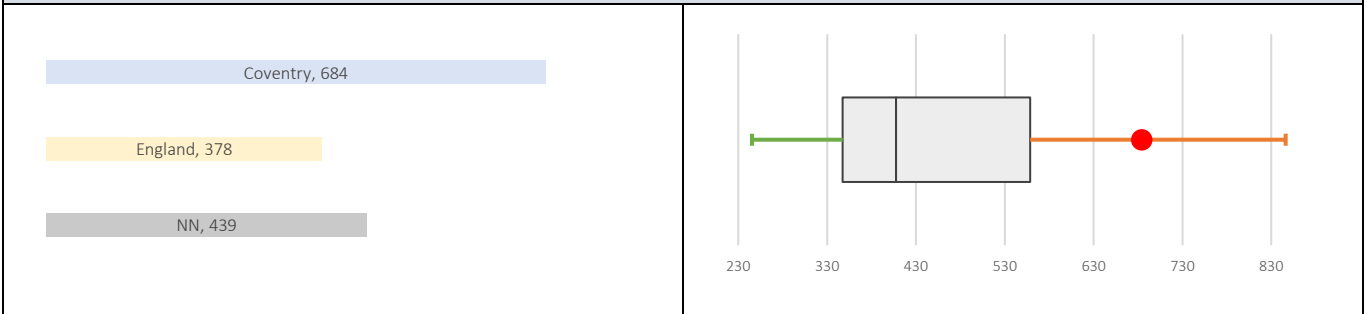


Figure 5.3.11: Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): New method. (Male) [2020-21]

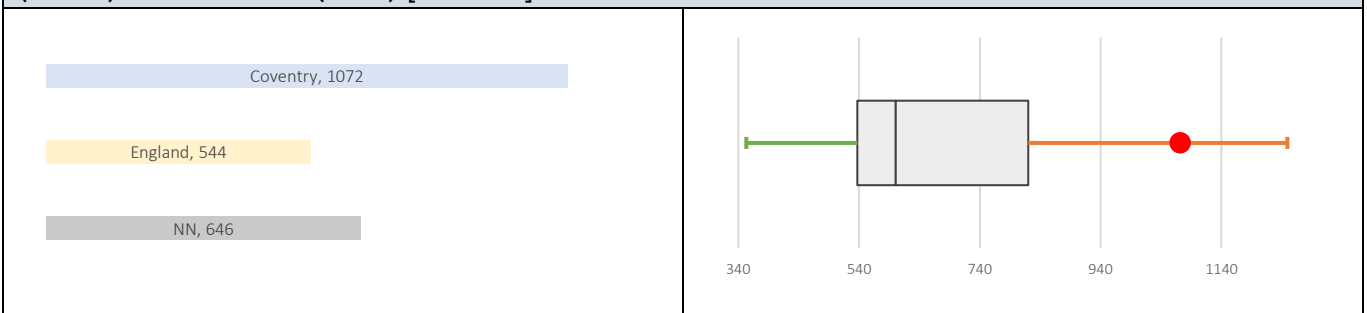
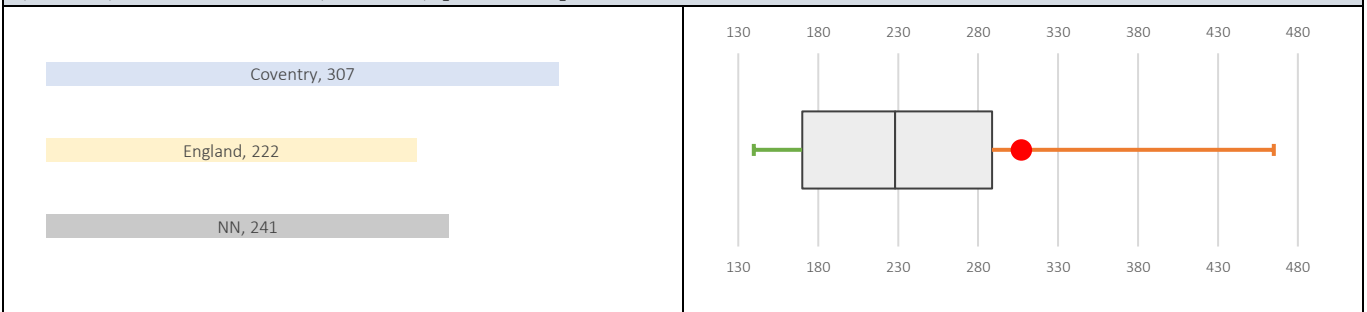
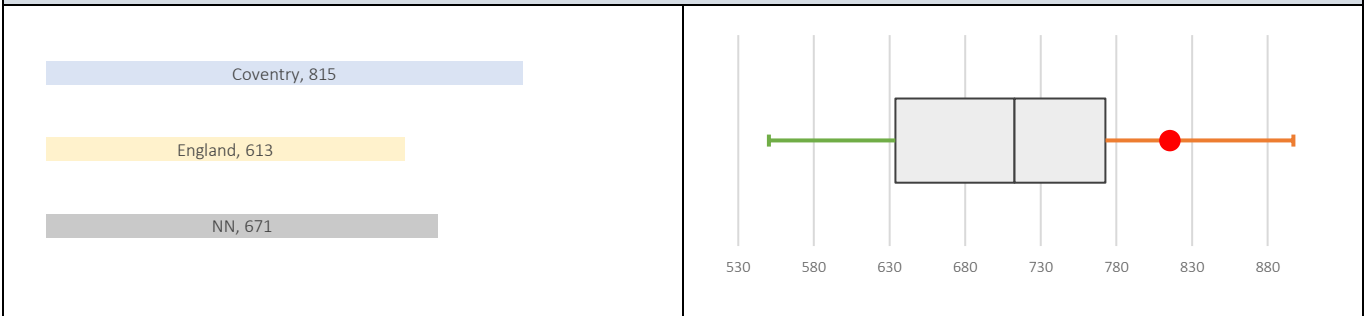


Figure 5.3.12: Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): New method. (Female) [2020-21]

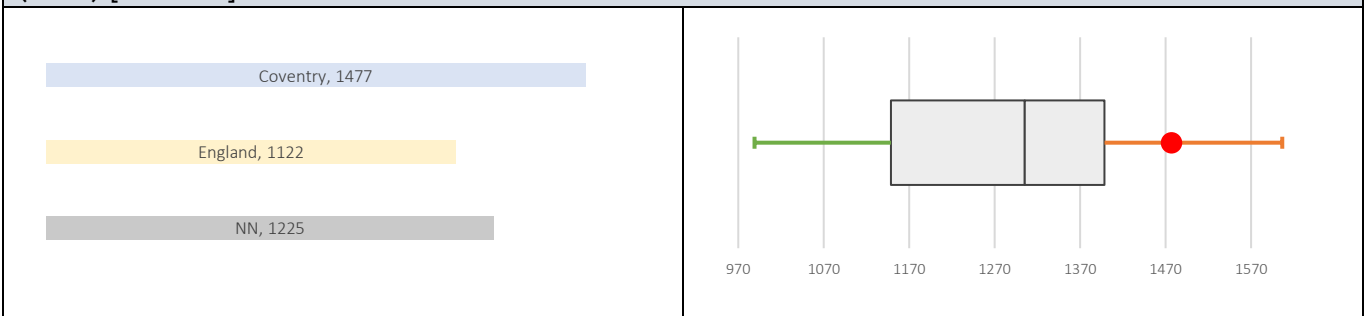


## ADMISSION EPISODES FOR ALCOHOL-RELATED CARDIOVASCULAR DISEASE

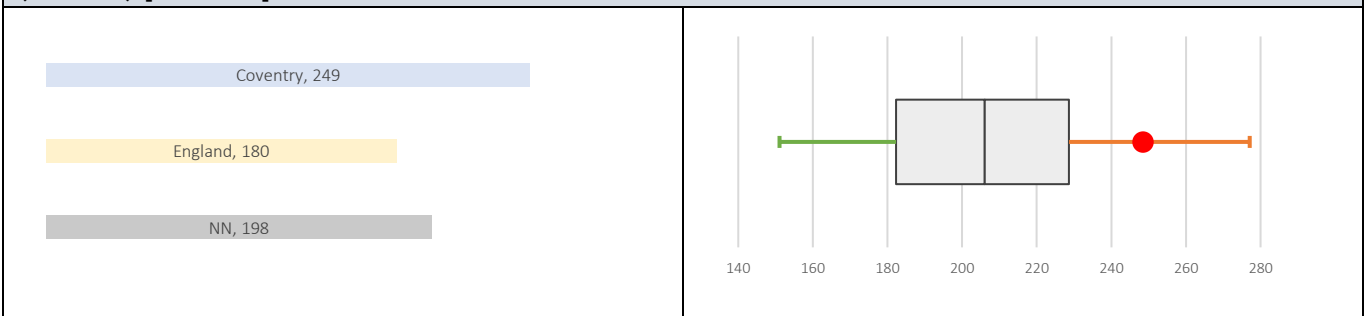
**Figure 5.3.13: Admission episodes for alcohol-related cardiovascular disease (Broad): New method. (Persons) [2020-21]**



**Figure 5.3.14: Admission episodes for alcohol-related cardiovascular disease (Broad): New method. (Male) [2020-21]**



**Figure 5.3.15: Admission episodes for alcohol-related cardiovascular disease (Broad): New method. (Female) [2020-21]**





## ADMISSION EPISODES FOR ALCOHOLIC LIVER DISEASE

Figure 5.3.16: Admission episodes for alcoholic liver disease (Broad): New method. (Persons) [2020-21]

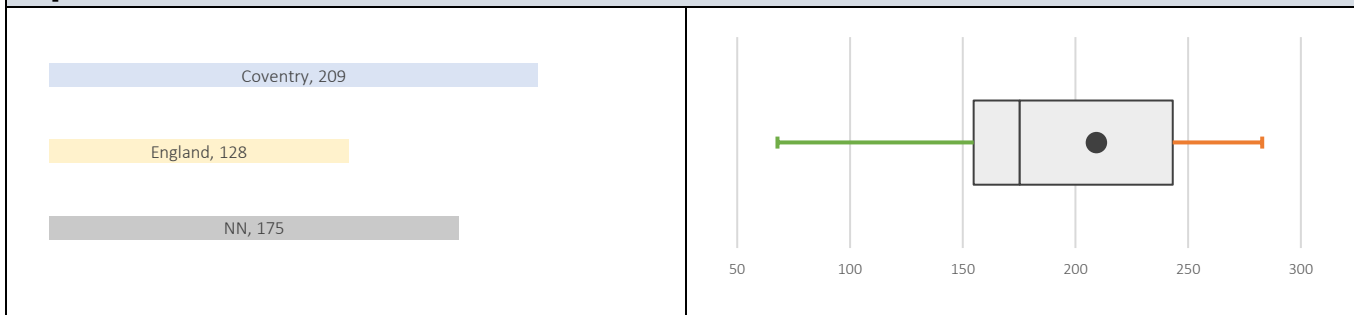


Figure 5.3.17: Admission episodes for alcoholic liver disease (Broad): New method. (Male) [2020-21]

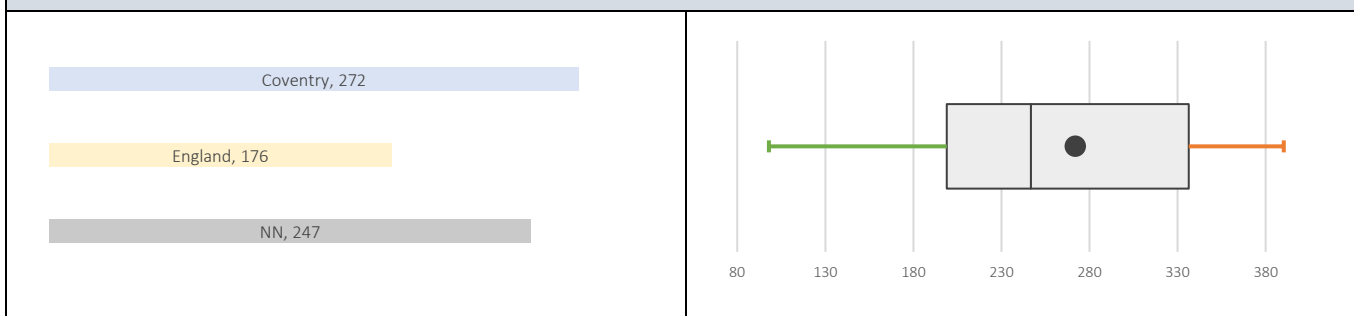
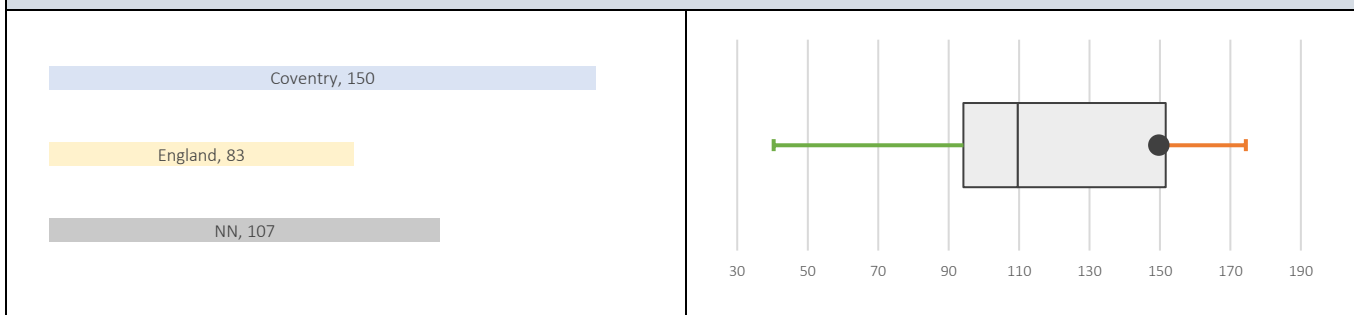


Figure 5.3.18: Admission episodes for alcoholic liver disease (Broad): New method. (Male) [2020-21]



## ADMISSION EPISODES FOR ALCOHOL-RELATED UNINTENTIONAL INJURIES

Figure 5.3.19: Admission episodes for alcohol-related unintentional injuries (Narrow): New method. (Persons) [2020-21]

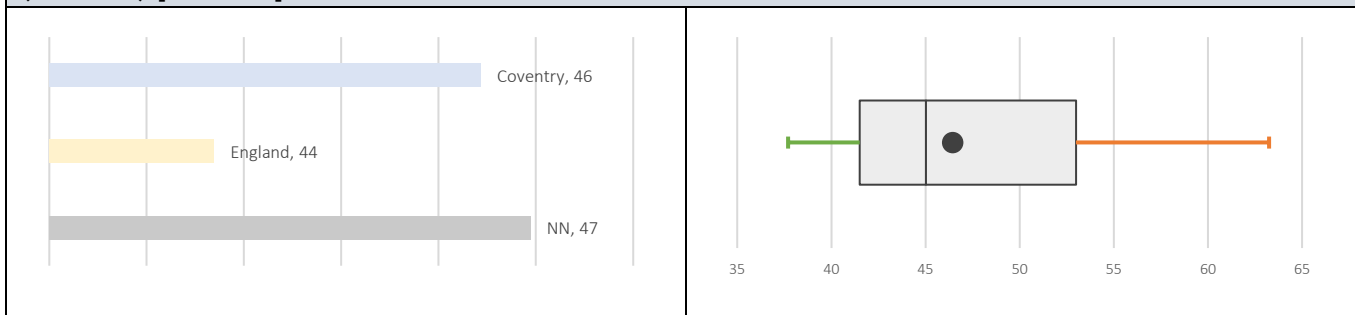


Figure 5.3.20: Admission episodes for alcohol-related unintentional injuries (Narrow): New method. (Male) [2020-21]

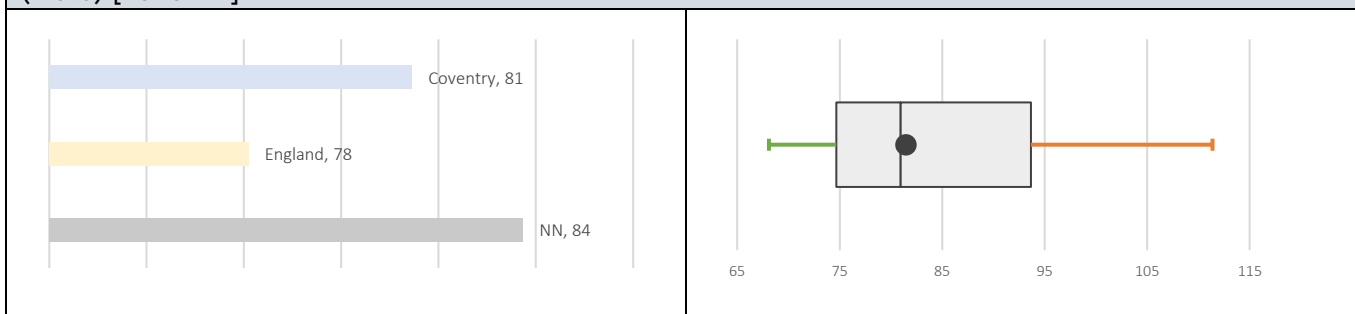
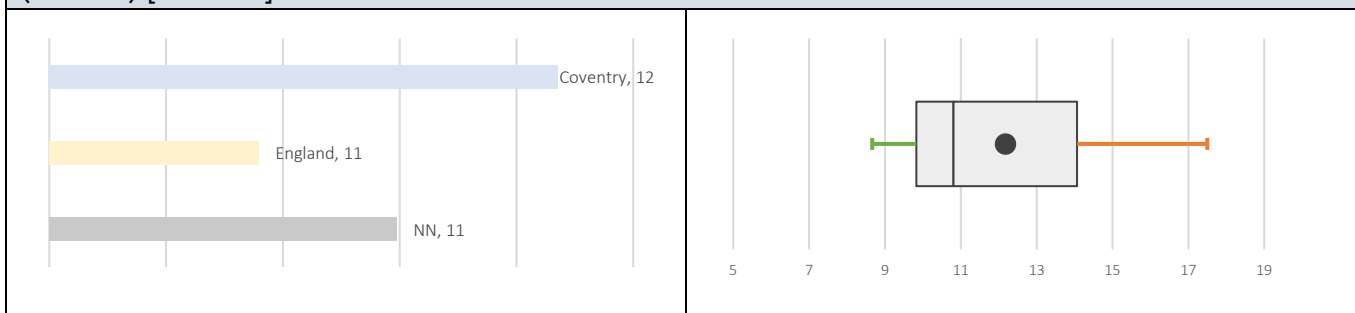


Figure 5.3.21: Admission episodes for alcohol-related unintentional injuries (Narrow): New method. (Female) [2020-21]



-6-

# WIDER HEALTH IMPACTS: DRUGS

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# 6.1 - OVERVIEW



## NATIONAL

- Globally, some 35 million people are estimated to suffer from drug use disorders, with 11 million people injecting drugs in 2017.
- In 2017, an estimated 271 million people (5.5 per cent of the global population aged 15-64) had used drugs in the previous year.<sup>53</sup>
- The prevalence of substance misuse in England is one of the highest in Europe, with the burden of disease attributable to substance misuse influenced markedly by socioeconomic deprivation.<sup>54</sup>
- The prevalence of drug use in England is highest among young people (16- to 19-year-olds and 20- to 24-year-olds), with usage declining with age.<sup>55</sup>
- While 9.4% of adults aged 16 to 59 had used any drug in the last 12 months, only 2.1% of adults in this age group (approximately 712,000 people) were frequent users (having taken any drug more than once a month in the last year).<sup>56</sup>
- There were 275,896 adults in contact with drug and alcohol services in England between April 2020 and March 2021. Over half (51%) were there for problems with opiates; mainly heroin.<sup>57</sup>
- More than two-thirds of people in treatment in 2020-21 were men, and less than one-third were women (68% men to 32% women).<sup>58</sup>
- In the year to March 2020, cannabis was the most commonly used drug, followed by powder cocaine.<sup>59</sup>
- Those with lower personal well-being reported higher drug use.<sup>60</sup>

<sup>53</sup> United Nations (2019), World Drug Report.

<sup>54</sup> Royal College of Psychiatrists (2018), Our Invisible Addicts (2nd edition, CR211 Mar 2018).

<sup>55</sup> Office for National Statistics (2020): Drug misuse in England and Wales: year ending March 2020.

<sup>56</sup> Office for National Statistics (2020): Drug misuse in England and Wales: year ending March 2020.

<sup>57</sup> Office for Health Improvement & Disparities (2021): Adult substance misuse treatment statistics 2020 to 2021: report. Published 25 November 2021.

<sup>58</sup> Office for Health Improvement & Disparities (2021): Adult substance misuse treatment statistics 2020 to 2021: report. Published 25 November 2021.

<sup>59</sup> Office for National Statistics (2020): Drug misuse in England and Wales: year ending March 2020.

<sup>60</sup> Office for National Statistics (2020): Drug misuse in England and Wales: year ending March 2020.

## 6.2 - DRUG-RELATED DEATHS



### LOCAL ANALYSIS

- Further analysis of drug-related deaths was completed in 2020. This analysis has not been updated, so it is not included in this report.



### ANALYSIS

**KF 17 - 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.**

- For both deaths relating to Drug Poisoning and Drug Misuse, Coventry has decreased when comparing 2021 against 2020. This is against the trends exhibited by the National average and Nearest Neighbours.
- For Drug Poisoning, there were 18 deaths in 2021 compared to 33 in 2020; this represents a decrease of 83%. For Drug Misuse, there were 14 drug misuse deaths in 2021 compared to 24 in 2020. This equates to a 71% decrease on the previous year.
- Looking specifically at the Nearest Neighbours, the three areas with high decreases are all within the West Midlands region.
- Compared with its nearest neighbours and the England average, Coventry has the second lowest rate per 100,000 population for both Drug Poisoning and Drug Misuse.

## INTRODUCTION

The following chapter uses published from the ONS<sup>61</sup> to analyse drug-related deaths in Coventry. In addition, the analyses take into account long-term trends and comparisons against the Nearest Neighbours.

## DEATHS RELATED TO DRUG POISONING

This sub-chapter looks at all deaths related to drug poisoning. The exact description and codes can be found below.

International Classification of Diseases, Ninth Revision (ICD-9) and Tenth Revision (ICD-10) codes used to define deaths related to drug poisoning.

Description	ICD-9 Codes	ICD-10 Codes
Mental and behavioural disorders due to drug use (excluding alcohol and tobacco)	292, 304, 305.2–305.9	F11–F16, F18–F19
Accidental poisoning by drugs, medicaments and biological substances	E850–E858	X40–X44
Intentional self-poisoning by drugs, medicaments and biological substances	E950.0–E950.5	X60–X64
Assault by drugs, medicaments and biological substances	E962.0	X85
Poisoning by drugs, medicaments and biological substances, undetermined intent	E980.0–E980.5	Y10–Y14

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<sup>61</sup> Drug Related Deaths.

In Coventry, there were 118 deaths related to drug poisoning during 2021. This is down from 33 during 2020 and represents a decrease of 83%. This is against national trends and that of the Nearest Neighbours.

Looking specifically at the Nearest Neighbours, the three areas with high decreases are all within the West Midlands region.

Figure 6.2.1: Number of deaths related to drug poisoning.

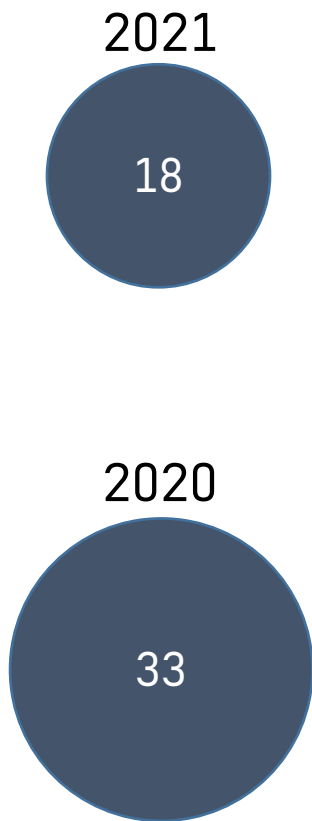
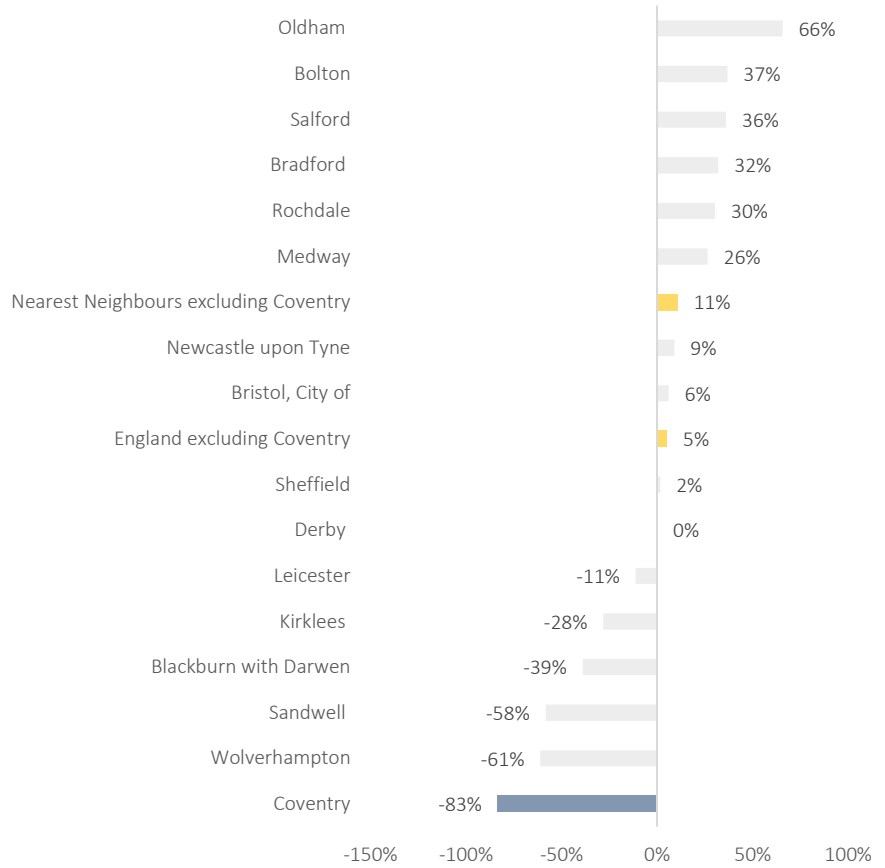


Figure 6.2.2: % change 2021 vs 2020



Using 2011 as the baseline, England and the Nearest Neighbours have generally seen year-on-year increases, culminating in an 88% increase when comparing 2021 against the baseline. Coventry shows a decrease of 14%.

In terms of actual numbers, 2020 saw a spike in deaths, with 2021 now down to previous levels.

Figure 6.2.3: % change against 2011 baseline.

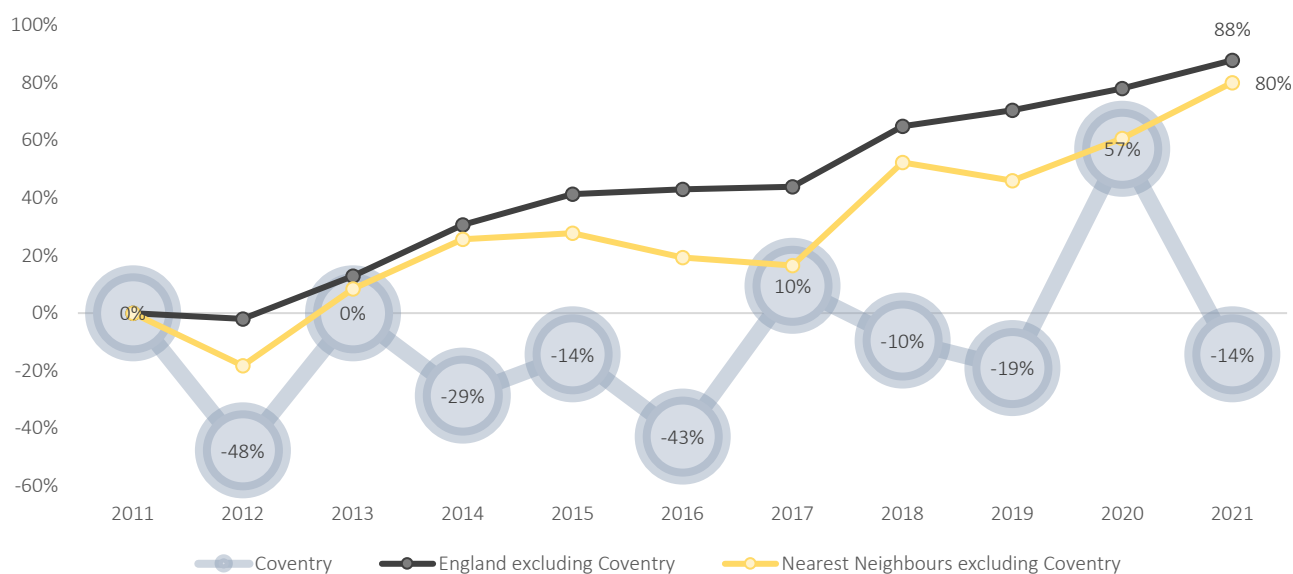
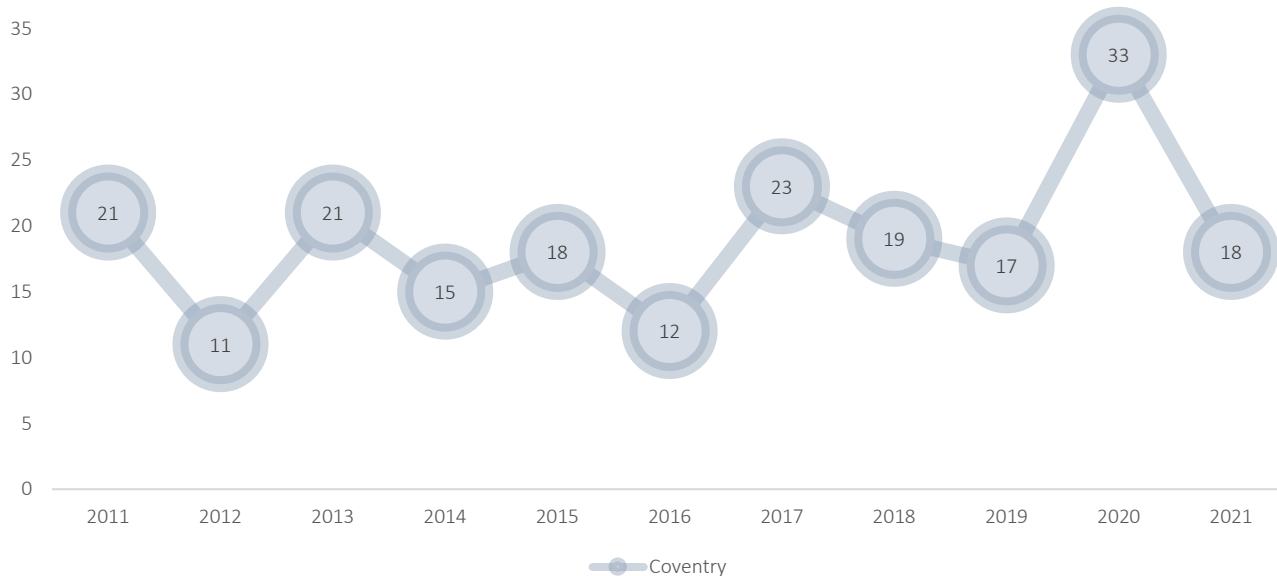


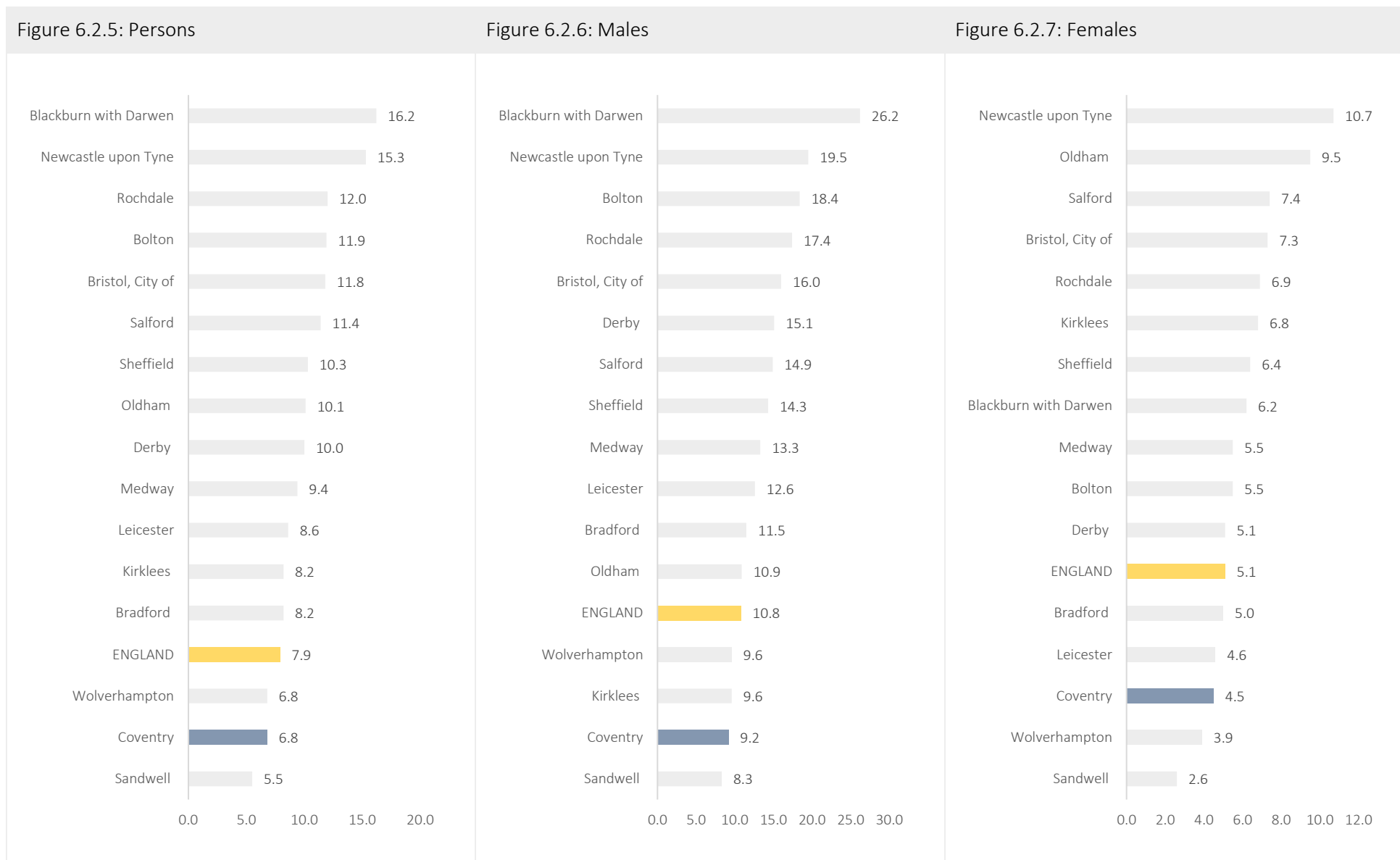
Figure 6.2.4: Drug-related deaths in Coventry: 10-year trend





## Age-standardised mortality rate for deaths related to drug poisoning; 2019-21.

Coventry has a low age-standardised mortality rate for deaths related to drug poisoning (2019-21) compared to the Nearest Neighbours.



## DEATHS RELATED TO DRUG MISUSE

This sub-chapter looks at all deaths related to drug misuse.

Deaths classified as drug misuse must meet either one (or both) of the following conditions: the underlying cause is drug abuse or drug dependence, or any of the substances involved are controlled under the Misuse of Drugs Act 1971. Information on the specific drugs involved in a death is not always available; therefore, figures on drug misuse are underestimated.

Of the 4,859 registered drug poisoning deaths in 2021, 3,060 were identified as drug misuse. This represents 63.0% of drug poisonings.

Cause of death categories included in the headline indicator of drug misuse deaths (the relevant codes from ICD-10 are given in brackets):

<b>a) deaths where the underlying cause of death has been coded to the following categories of mental and behavioural disorders due to psychoactive substance use (excluding alcohol, tobacco and volatile solvents):</b>	
(i)	opioids (F11)
(ii)	cannabinoids (F12)
(iii)	sedatives or hypnotics (F13)
(iv)	cocaine (F14)
(v)	other stimulants, including caffeine (F15)
(vi)	hallucinogens (F16) and
(vii)	multiple drug use and use of other psychoactive substances (F19)
<b>b) deaths coded to the following categories and where a drug controlled under the Misuse of Drugs Act 1971 was mentioned on the death record:</b>	
(i)	Accidental poisoning by drugs, medicaments and biological substances (X40–X44)
(ii)	Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64)
(iii)	Poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14)
(iv)	Assault by drugs, medicaments and biological substances (X85) and
(v)	Mental and behavioural disorders due to the use of volatile solvents (F18)

In Coventry, there were 14 drug misuse deaths in 2021, an 71% decrease from the previous year. This is against National trends and the average for the Nearest Neighbours.

Looking specifically at the Nearest Neighbours, the three areas with high decreases are all within the West Midlands region.

Figure 6.2.8: Number of deaths related to drug misuse.

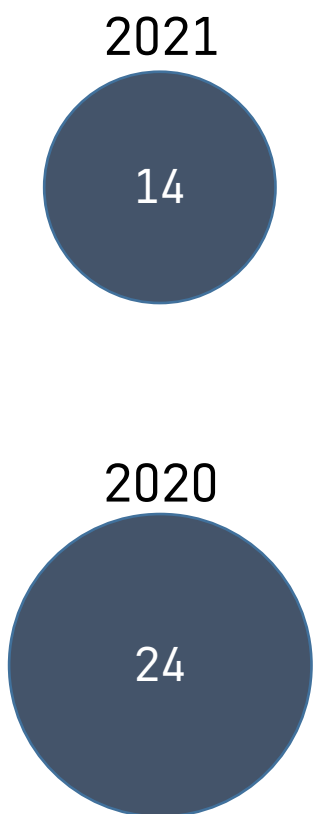
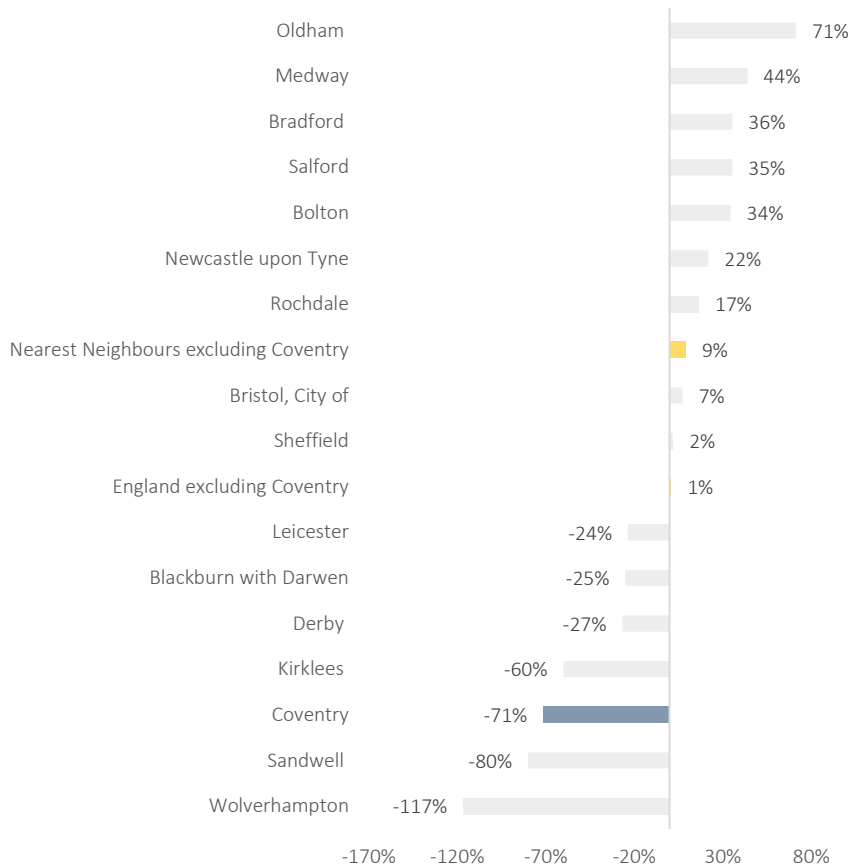


Figure 6.2.9: % change 2021 vs 2020



Both England and the Nearest Neighbours have both generally seen year-on-year increases. The following analysis is based on a 10-year basis using 2011 as the baseline. Comparing the deaths in England in 2021 against the baseline shows an 80% increase. Coventry shows an increase of 8%.

In actual numbers, 2020 saw a spike in deaths, with 2021 now down to previous levels.

Figure 6.2.10: % change against 2011 baseline.

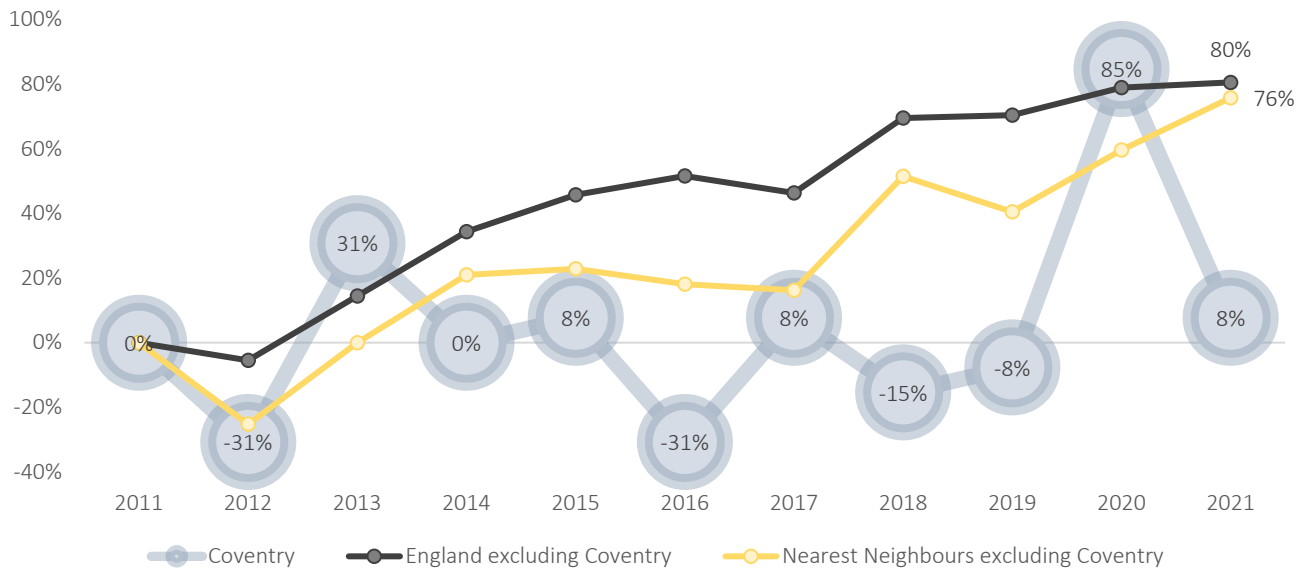
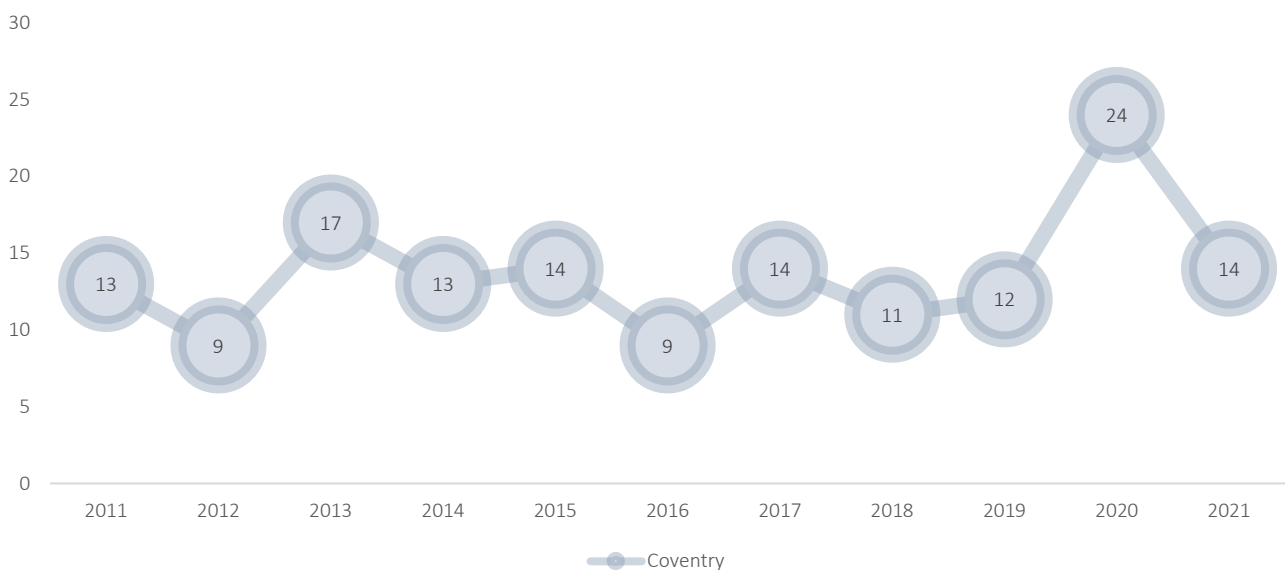
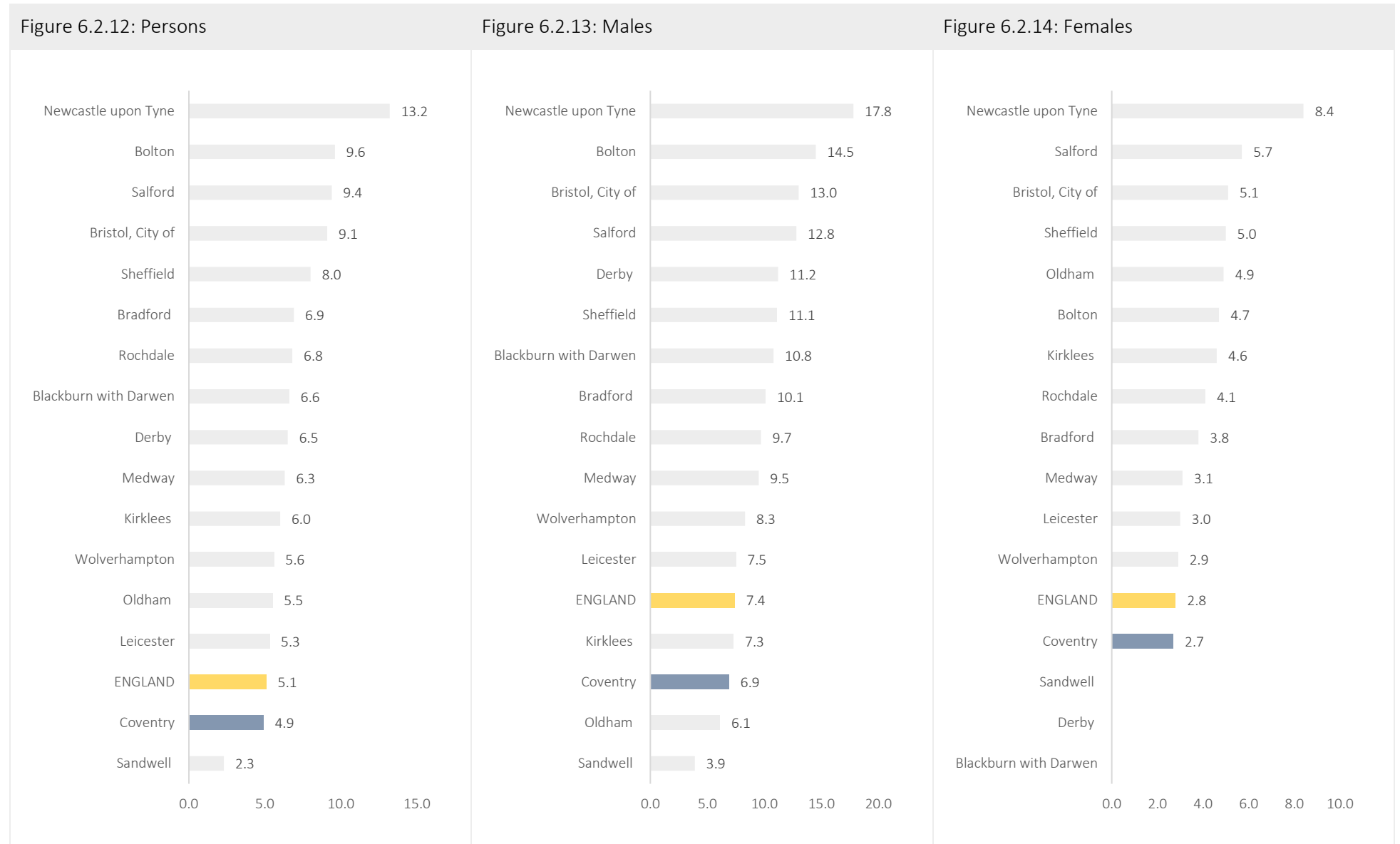


Figure 6.2.11: Drug-related deaths in Coventry: 10-year trend



## Age-standardised mortality rate for deaths related to drug misuse; 2019-21

Coventry has a low age-standardised mortality rate for deaths related to drug poisoning (2019-21) compared to the Nearest Neighbours.



## 6.3 - HOSPITAL ADMISSIONS RELATED TO DRUG MISUSE



### ANALYSIS

- At the time of this Needs Assessment, the latest available data<sup>62</sup> was in March 2020. The following analysis is based on this dataset.
- There are three indicators relating to hospital admissions related to drug misuse:
  1. Hospital admissions with a primary diagnosis of drug-related mental and behavioural disorders – referred to as admissions for drug-related mental and behavioural disorders.
  2. Hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders – referred to as admissions where drug-related mental and behavioural disorders were a factor.
  3. Hospital admissions with a primary diagnosis of poisoning by drugs listed as controlled under the Misuse of Drugs Act 1971 (includes both intentional and unintentional poisoning) – referred to as admissions for poisoning by drug misuse.
- Across all three measures, Coventry ranks close to the middle and low end when looking at the rate per 100,000 population in comparison to the Nearest Neighbours.
- For admissions with a primary diagnosis of poisoning by drug misuse, the rate for females is slightly higher than for males.

<sup>62</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2020/part-1-hospital-admissions-related-to-drug-misuse>

## NHS hospital finished admission episodes

Figure 6.3.1: Primary diagnosis of drug-related mental and behavioural disorders; rate.

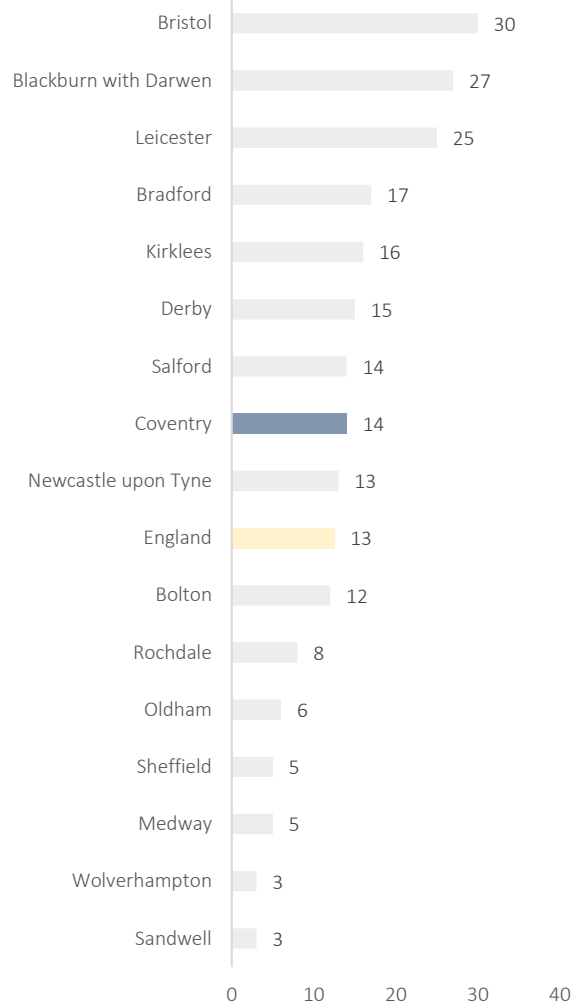


Figure 6.3.2: Primary or secondary diagnosis of drug-related mental and behavioural disorders; rate.

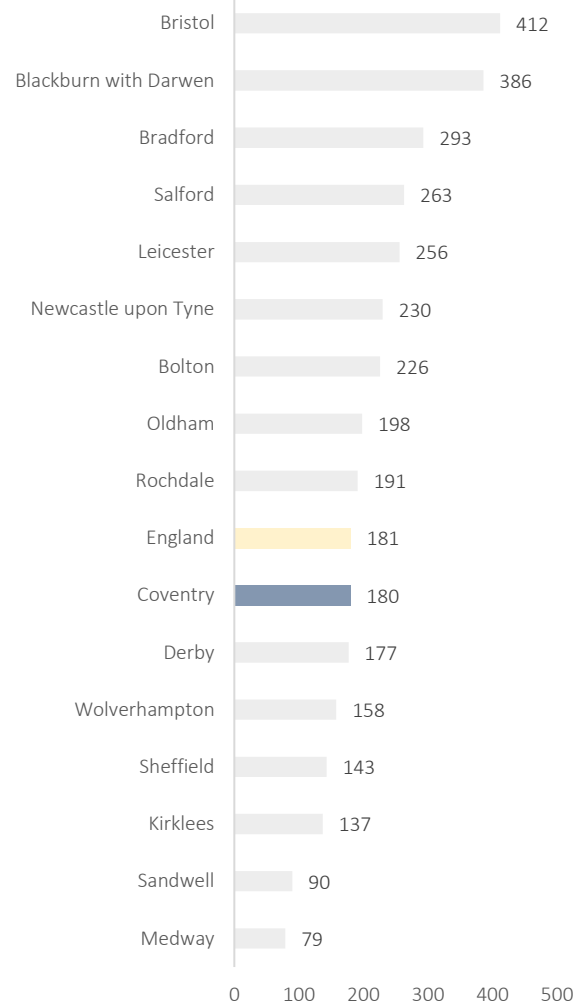


Figure 6.3.3: Primary diagnosis of poisoning by drug misuse; rate.

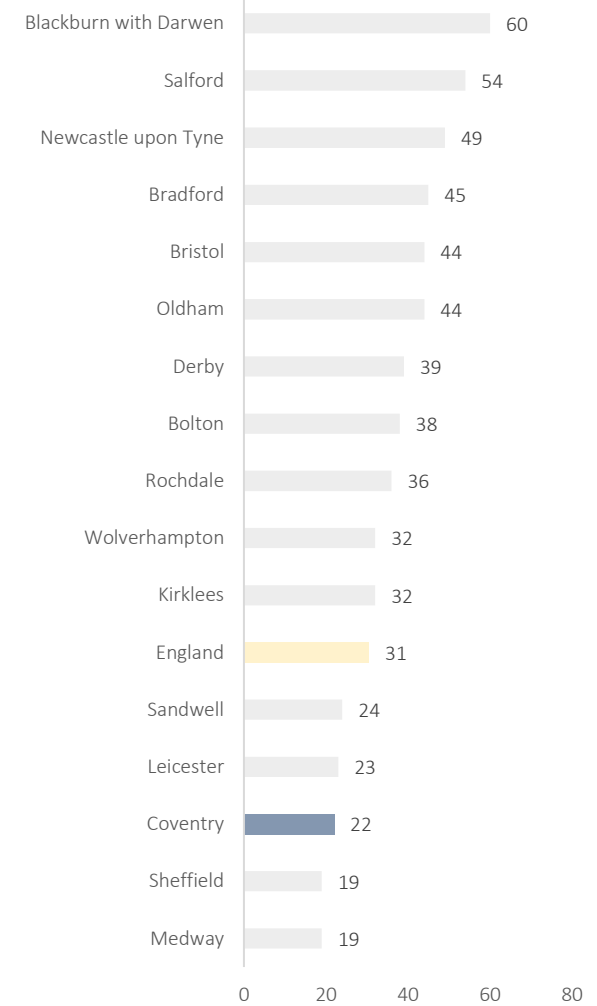


Figure 6.3.4: Primary diagnosis of drug-related mental and behavioural disorders; count.

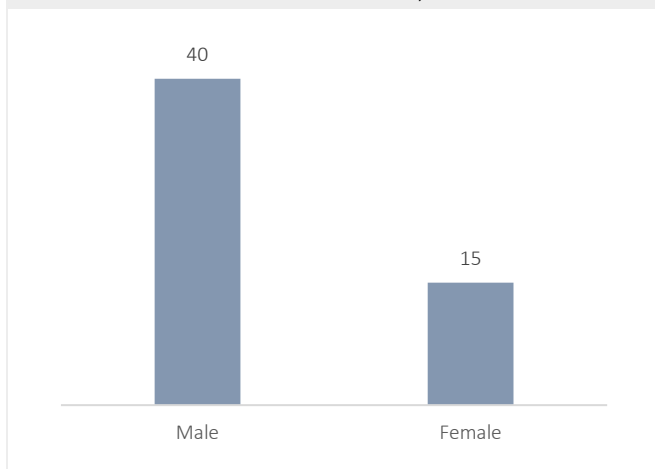


Figure 6.3.5: Primary or secondary diagnosis of drug-related mental and behavioural disorders; count.

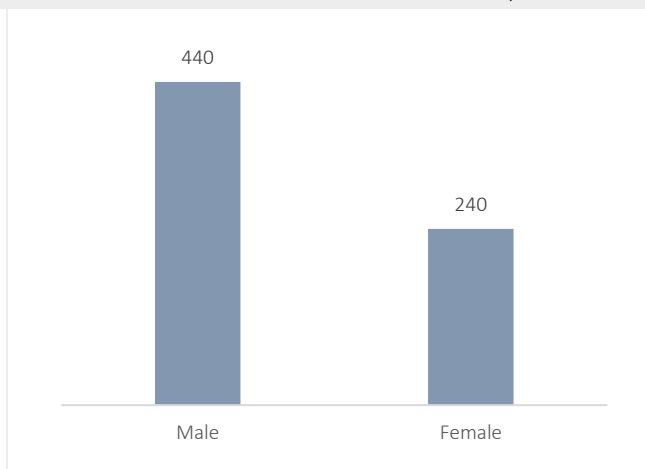


Figure 6.3.6: Primary diagnosis of poisoning by drug misuse; count.

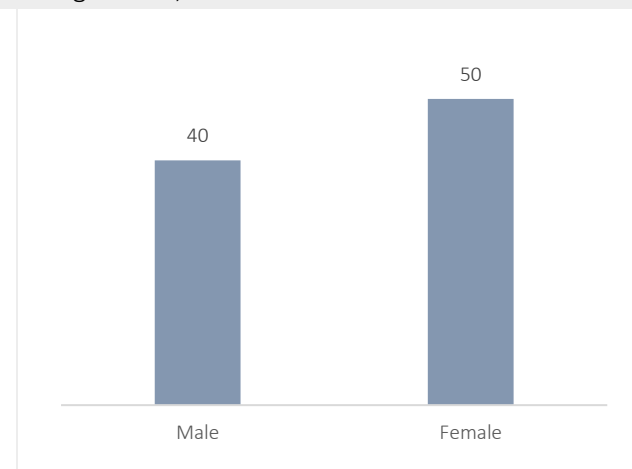


Figure 6.3.7: Primary diagnosis of drug-related mental and behavioural disorders; rate.

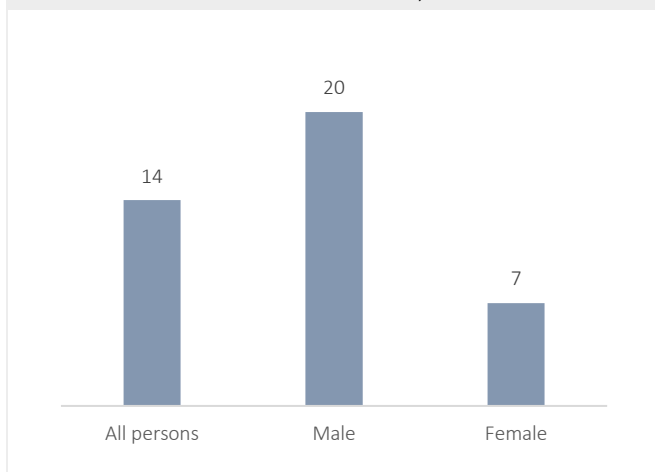


Figure 6.3.8: Primary or secondary diagnosis of drug-related mental and behavioural disorders; rate.

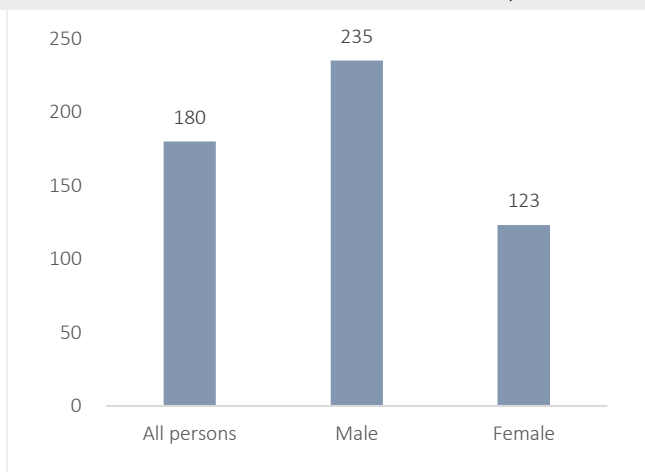
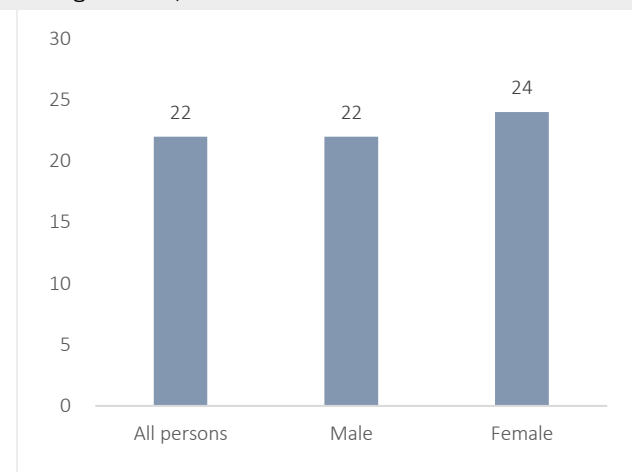


Figure 6.3.9: Primary diagnosis of poisoning by drug misuse; rate.





# -7-

# MAPPING

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# 7.1 - OVERVIEW MAPPING AND PATHWAYS

Figure 7.1.1: Overview of Services and Initiatives available in Coventry.

SERVICE / INITIATIVE	DESCRIPTION
TREATMENT SERVICES	
POSITIVE CHOICES	Positive Choices are a 'risk-taking' behaviour service for children and young people.
CGL	CGL are the drug and alcohol treatment provider in Coventry.
HARM REDUCTION INITIATIVES	
NALOXONE	The following harm reduction initiatives are run in Coventry and provided by CGL.
NEEDLE AND SYRINGE PROGRAMME	
NYXOID <sup>63</sup>	CGL is working with police regarding using Nyxoid nasal sprays for individuals experiencing an overdose.
BUVIDAL PRESCRIBING <sup>64</sup>	CGL is funded to prescribe Buvidal in Coventry. Currently, there are 16 patients prescribed Buvidal, with the number planned to be increased.
TIER 4 SERVICES	
RESIDENTIAL REHABILITATION	Residential rehabilitation is jointly commissioned between Coventry and Warwickshire. Patients have to be engaging with CGL to qualify for funded residential rehabilitation. In 2020-21, there were 23 residential placements and 18 successful completions.
INPATIENT DETOXIFICATION	Inpatient detoxification is commissioned regionally across the West Midlands. The pathway to access places is via CGL.
COMMUNITY DETOXIFICATION	Community detoxification is commissioned regionally across the West Midlands. The pathway to access places is via CGL.
RECOVERY SERVICES	
CGL	CGL runs a range of groups and services aimed at recovery.
ALCOHOLICS ANONYMOUS/ NARCOTICS ANONYMOUS	There are 40 AA meetings a week across Coventry and Warwickshire. There is a mix of closed <sup>65</sup> and open <sup>66</sup> meetings across the two areas.

<sup>63</sup> Nyxoid nasal spray contains the medicine naloxone. Naloxone reverses the effects of opioid drugs like heroin, morphine and methadone.

<sup>64</sup> Buvidal is a medicine used to treat dependence on opioid (narcotic) drugs such as heroin or morphine. Buvidal is given as an injection under the skin, either once a week or once a month.

<sup>65</sup> The Closed Meeting is intended for alcoholics and for those with an alcohol problem who have a desire to stop drinking

<sup>66</sup> The Open Meeting; is intended for alcoholics and non-alcoholics e.g. family, friends and anyone interested in AA.

COMMUNITY AND VOLUNTARY GROUPS	CGL have an asset-based Community Development Role. CGL is exploring how to link this role with partners.
CRIMINAL JUSTICE	
ARREST REFERRAL TEAM	The Arrest Referral Team is provided by Cranstoun and commissioned regionally by the PCC. The Arrest Referral Team completes drug and alcohol assessments and refers to other statutory services, out-of-court disposals, and brief interventions.
DIVERT PROGRAMME	The DIVERT programme is available to young people and adults found in possession of any illicit substance; however, it is not available to those suspected of intending to supply an illicit substance. The programme allows drug users to receive a non-criminal sanction (Community Resolution) rather than a more traditional outcome such as a cannabis warning or arrest and subsequent prosecution.
PRISON	CGL have a Prison In-Reach Worker who visits HMP Hewell and HMP Peterborough fortnightly. The role does not include any meeting at the gate work.
YOUTH JUSTICE SERVICE	There is a Single Point of Contact [SPOC] Worker within Positive Choices; the position has been vacant for some time.
BLUE LIGHT INITIATIVE	The Blue Light Initiative is not run in Coventry
HEALTH	
PHYSICAL HEALTH	A range of health services visit the CGL hub: <ul style="list-style-type: none"> <li>• Sex Worker Services</li> <li>• Hepatitis C services</li> <li>• A midwife visits the CGL hub weekly to work with pregnant service users.</li> </ul>
HOSPITAL ALCOHOL CARE TEAM (ACT)	Alcohol care teams (ACTs) primarily provide specialist expertise and interventions for alcohol-dependent patients and those presenting with acute intoxication or other alcohol-related complications, attending A&E or being admitted as inpatients across most acute hospital departments. The ACT is based at University Hospital Coventry and Warwickshire and provides a service five days a week.
COVENTRY ALCOHOL RESPONSE AMBULANCE (CARA)	CARA is a dedicated emergency ambulance that runs between 11.30 pm and 3.30 am on Friday and Saturday nights.
HOUSING	
ROUGH SLEEPERS PROJECT	CGL runs a Rough Sleepers Project. The service works with rough sleepers and those at risk of rough sleeping. The highest proportion of these individuals is opiate users.
MENTAL HEALTH	
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	There is a specific Dual Diagnosis Worker whose role focuses on working with the inpatients of the Caludon Centre. There are joint working protocols between CGL and mental health providers, including a monthly Dual Diagnosis Operational Group.
EMPLOYMENT	
INDIVIDUAL PLACEMENT AND SUPPORT (IPS) TEAM	CGL run the IPS Team, which helps individuals into employment.

# 7.2 - SUMMARY OF PARTNERS

## PARTNERSHIP WORKING



### DRUG AND ALCOHOL PARTNERSHIP

- There is an established Drug and Alcohol Partnership in Coventry.



### HOUSING & HOMELESSNESS

- CGL run a Rough Sleepers Team. The team came out of the 'Everyone In'<sup>67</sup> initiative enacted nationally during the COVID-19 pandemic. The initiative resulted in more individuals accessing statutory homeless services.
- The Rough Sleeper Team expanded in 2022 to include nine members. The service works with rough sleepers and those at risk of rough sleeping.
- A Polish Speaking role within the Rough Sleepers Project is currently vacant.
- There is a plan to have an Occupational Therapist as part of the Rough Sleeper Service.
- There is an Outreach Nurse as part of the service. The nurse is out and about at places where rough sleepers congregate. There are a couple of homeless hubs in Coventry, and some GP surgeries are used more by rough sleepers than others.
- See page 115 for data relating to the Rough Sleepers Team.



### PROBATION

- The CGL Criminal Justice Team works closely with probation to manage DRRs, ATRs and those on the MAPPA approach.

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<sup>67</sup> The coronavirus (Covid-19) outbreak in Spring 2020 prompted a public health response from the UK Government, local authorities and the voluntary sector to protect the vulnerable rough sleeping population. Government asked local authorities in England to "help make sure we get everyone in", including those who would not normally be entitled to assistance under homelessness legislation.



## POLICE, PRISONS AND THE COURTS

- CGL is working with the police regarding piloting Nizoid.<sup>68</sup>
- CGL have a Criminal Justice Team who works closely with probation regarding individuals on a DRR or ATR. The Criminal Justice Team also manages individuals using the MAPPA system.

“ATRs and DRRs are not used much in Coventry.”  
CGL Practitioner



## YOUTH JUSTICE SERVICE

- There is a Single Point of Contact [SPOC] Worker within Positive Choices. This position has been vacant for some time.

“When the SPOC position is stable YOS staff are more likely to engage with them.”

*YJS Practitioner*

“It would be good to increase co-location and increase the Positive Choices visibility in practitioners’ minds.”

*YJS Practitioner*

“It would be ideal to return to a Positive Choices worker being embedded within the Youth Justice Team.”

*YJS Practitioner*



## PRISON RELEASES

- CGL have a Prison In-Reach Worker who visits HMP Hewell and HMP Peterborough fortnightly. The role does not include any meeting at the gate work.
- CGL is completing work locally to improve the continuity of care between prisons and the community.

“Over the years continuity of care has been an ongoing issue.”

*CGL Practitioner*

“CGL do not get many referrals for those misusing alcohol from prison services.”

*CGL Practitioner*

“Individuals can be released to the same area they were in before prison and see the same people and start reusing.”

*CGL Practitioner*

<sup>68</sup> Nyxoid is a medicine used for emergency treatment in case of known or suspected overdose of opioid drugs (such as heroin or morphine).



## JOBCENTRE PLUS

- CGL have an IPS Team who supports individuals with employment and employability.
- Employment practitioners were happy with the links between employment services and CGL.

KF 13 - There is no joint protocol between Children's Social Care and specialist substance misuse services in Coventry.



## SOCIAL CARE

- Not all specialist services are suitable for adult social care clients.

“CGL offer 12-week rehabilitation. Those with learning disabilities or older people are not going to engage in this”.

*Adult Social Care Practitioner*

“Those with a learning disability do not want to join groups. They can be intimidating and maybe have the opposite effect to that which is intended”.

*Adult Social Care Practitioner*

- The potential for joint working between Supported Living staff and CGL was highlighted.

“The relationship is already there between an individual and their support worker. Providing interventions via the support worker will bear more fruit. You are building on a trusted relationship”.

*Adult Social Care Practitioner*

“There is dual diagnosis training coming up for supported living workers”.

*Adult Social Care Practitioner*

- There was a feeling that adult social care practitioners would benefit from some support to help them work with those with a drug or alcohol need.

“How confident are social workers in addressing alcohol and drugs need with their clients”.

*Adult Social Care Practitioner*

- A gap was highlighted for individuals who ended up in the hospital because of alcohol. These individuals require some interventions once discharged from the hospital. However, there is a gap between discharge and being picked up by CGL.

“People [in hospital due to excessive alcohol use] will agree to attend CGL [in the community] but they never go to their appointment”.

*Adult Social Care Practitioner*

“People will agree to anything when they are in hospital. CGL outreach into hospitals may help”.

*Adult Social Care Practitioner*

- CGL offer drug and alcohol training to adult social care teams.

“The relationship with adult social care teams needs to be strengthened.”

*CGL Practitioner*

“The referral process [between social care teams and CGL] in Coventry could be stronger.”

*CGL Practitioner*

- There was an opportunity for greater collaboration between Children’s Social Care and specialist services. There is no joint protocol between CGL and Children’s Social Care.



## PHYSICAL HEALTH

- A range of health services visit the CGL hub:
  - Sex Worker Services
  - Hepatitis C services
  - A midwife visits the CGL hub weekly to work with pregnant service users.

“There are quite a few pregnant service users.”

*CGL Practitioner*

“I am unsure if Alcohol AUDIT screens were completed in the hospital.”

*CGL Practitioner*

“CGL work closely with the Alcohol Liaison Team regarding patients who are detoxing in the hospital.”

*CGL Practitioner*

“Regarding hospital staff completing Alcohol AUDITs with patients in the emergency department, it was thought that staff turnover from the Emergency Department was an issue.”

*CGL Practitioner*

“More screening from GPs would be beneficial.”

*CGL Practitioner*

“It would be useful to have data regarding frequent flyers in hospitals.”

*CGL Practitioner*

KF 18 - 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.

KF 19 - 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.



## MENTAL HEALTH

- There are joint working protocols in place between CGL and mental health providers.
- CGL and mental health practitioners attend a monthly Dual Diagnosis Operational Group. Case studies are discussed at the meeting. The membership of the group is still evolving.
- Trauma (physical, sexual or psychological) and mental ill-health are the drivers and accompaniment of much addiction.<sup>69</sup>

“A recurring theme [from the Dual Diagnosis Operational Group] are service users being released from mental health treatment because they are using substances.”

*CGL Practitioner*

“There are a high number of those discussed in the [Dual Diagnosis Operational Group] meeting who have post-traumatic stress disorder..”

*CGL Practitioner*

“There were a lot of actions for the group pre-COVID, including joint-working protocols and reciprocal training.”

*CGL Practitioner*

- There is a specific Dual Diagnosis Worker whose role focuses on working with the in-patients of the Caludon Centre.
- The Dual Diagnosis Worker:
  - Provides 1-2-1 support whilst an in-patient
  - Is exploring setting up groups in the centre.
  - Is setting up discharge planning in the community.

“Patients are more likely to stay engaged in service if they have contact with us [CGL] while in the hospital.”

*CGL Practitioner*

“If the dual diagnosis Coordinator is not involved, the mental health practitioner can push the referral back to CGL. Individuals require joint working between the two services.”

*CGL Practitioner*

- There are not similar links with other mental health teams as there are with the Caludon Centre.

<sup>69</sup> DHSC, (2021), Review of drugs part two: prevention, treatment, and recovery



“CMHTs do not know about the dual diagnosis role within CGL.”

*CGL Practitioner*

“If the Dual Diagnosis Coordinator is not involved, the mental health practitioner can push the referral back to CGL. Individuals require joint working between the two services.”

*CGL Practitioner*

“There is a need for specialist drug and alcohol treatment services and mental health services to work together with patients.”

*MH Practitioner*

“The use of alcohol and drugs impact the efficacy of, and concordance with, mental health medication.”

*MH Practitioner*

# 7.3 - TREATMENT SERVICES

## CGL

KF 7 - 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. 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.

KF 27 - Several issues relating to the specialist drug and alcohol workforce were raised as part of the practitioner engagement.



### OVERVIEW

- CGL are the drug and alcohol treatment provider in Coventry. CGL provide:
  - Psychosocial interventions
  - Pharmacological support
  - Harm reduction
  - Recovery community, including groups
- The service is for over 18-year-olds. CGL provide substance misuse prescribing for those under 18 in conjunction with Positive Choices.
- The CGL hub is located in central Coventry.



### SERVICE DELIVERY

- The service is made up of the following:
  - Opiate Team
  - Alcohol Team
  - Complex Needs Team.
  - Recovery Team
  - Entry Into Service Team
  - Criminal Justice Team (prison in reach, probation and police regarding ATR and DRRs (c.20 combined), individuals with MAPP)
  - Rough Sleepers Team
  - Individual Placement & Support Team



## CASELOAD

- CGL has completed a lot of work on reducing the caseloads of drug and alcohol workers. Over the past two years, caseloads have been reduced. The caseloads of workers vary between teams:
  - Opiate Team, c.60
  - Alcohol Team, c.50
  - Complex Needs Team, c.30-35
  - Criminal Justice Team, c. 20
  - Rough Sleepers Team, c. 15



## REFERRALS

- There are a big proportion of self-referrals through to CGL.

SERVICES PROVIDED		
PSYCHOSOCIAL PROVISION	PHARMACOLOGICAL SUPPORT	HARM REDUCTION
<p><b>1-2-1 interventions</b></p> <p>CGL offer advice and support via 1-2-1 sessions.</p> <p><b>Group work</b></p> <p>The Foundations of Change Programme is offered to those who want to recover from drug or alcohol addiction.</p> <p>The following groups are offered:</p> <ul style="list-style-type: none"> <li>• Art</li> <li>• Mindfulness</li> <li>• Family, Friends &amp; Carers</li> <li>• Exploring Change</li> </ul>	<p>The CGL service is clinically led.</p> <p>There are GPs and Non-medical Prescribers in the service.</p> <p>There are lead nurses on site in the CGL Hub. Nurses complete health interventions, including:</p> <ul style="list-style-type: none"> <li>○ Screening</li> <li>○ Bloods</li> <li>○ Flu vaccinations</li> <li>○ BBV screening</li> </ul> <p>There are good links with the hospital for those who test positive and require hepatitis C screening.</p> <p>Buvidal Pilot</p> <p><b>Detoxification</b></p> <p>CGL run community detoxification and facilitates access to in-patients detoxification.</p>	<p><b>Naloxone</b></p> <p>Work has recently been completed with the police to offer injectable Naloxone.</p> <p>Bring Naloxone into the Caludon Centre for patients.</p> <p>CGL is trying to expand the Naloxone provision to as many partners as possible.</p> <p><b>Needle exchanges</b></p> <p>About 75 pharmacies offer needle exchange facilities.</p> <p><b>Provision of Safe Storage</b></p> <p>CGL provide safe storage boxes for service users to have at home.</p>

# POSITIVE CHOICES

KF 26 - Positive Choices referrals have increased by 50% between 2020-21 and 2021-22.



## OVERVIEW

- Positive Choices are a 'risk-taking' behaviour service for children and young people, whose work covers:
  - Substance use
  - Unhealthy relationships
  - Poor sexual health
  - Hidden harm

"There is an element of education in the approach that Positive Choices take. This covers some harm minimisation information, for example, the impact of alcohol."

*Positive Choices Practitioner*



## SERVICE DELIVERY

- Positive Choices have workers leading in the following areas:
  - Children in Care
  - Sexual Health and Relationships
  - Children and Families
  - Child Sexual Exploitation
  - Criminal Exploitation
  - Education
  - Transition to Adulthood
  - Youth Justice

"All staff have areas that they are allocated to. Within those areas, staff are responsible for building relationships with schools, Children's Services and other partners."

*Positive Choices Practitioner*



## CASELOAD

"Services are working with young people with a high mental health need"

*Positive Choices Practitioner*

"Services are working with young people with a high mental health need"

*Positive Choices Practitioner*

"Those who use Positive Choices are already engaging in risky behaviours."

*Positive Choices Practitioner*

"A high proportion of young people have a need relating to emotional wellbeing."

*Positive Choices Practitioner*



## FACILITIES

- Positive Choices are located in Coventry City Centre.

“Positive Choices can offer diversion activities to individuals. There is an outdoor space that is used by young people. A number of interventions are run at the outdoor space (e.g. wellbeing interventions).”

*Positive Choices Practitioner*



## REFERRALS

- See page 126.

## SERVICE MODEL

Figure 7.3.1: Overview of Positive Choices Interventions

DRUG OR ALCOHOL USE	POOR SEXUAL HEALTH	RELATIONSHIPS	HIDDEN HARM
Use that is affecting their education /health/ lifestyle/ relationships The young person is a parent or pregnant The young person is using more than one substance Drug or alcohol use is increasing quickly Drug or alcohol use contributes to negative behaviours Drug or alcohol use has resulted in them attending A&E	Thinking/ talking about sex Engaging in underage sex or with an older partner Poor use of contraception Risk of or exposure to STIs Risk of or experienced a pregnancy scare/termination Accessing porn Engaging in casual sexual activity/multiple sexual partners	In a controlling relationship with a male/female Moving from one relationship to another Online activity/dating sites (not age appropriate) Risk of grooming Has an unhealthy or negative view of relationships/ males/ females	Exposed to parental substance/ alcohol use Low attendance rate due to no routine at home Acting as a carer to parents/ siblings Spending more time outside the family home On a CIN or CP plan Living with a kinship carer Experimental substance/ alcohol use

### FEEDBACK ON INTERVENTIONS

“As part of their interventions, Positive Choices explore the drivers behind the young person’s behaviour and alcohol or drug use.”

*Positive Choices Practitioner*

“Predominantly most interventions are 1-2-1.”

*Positive Choices Practitioner*

“Positive Choices have a groupwork offer. This is predominantly offered to the waiting list.”

*Positive Choices Practitioner*

## ANALYSIS

### INTRODUCTION

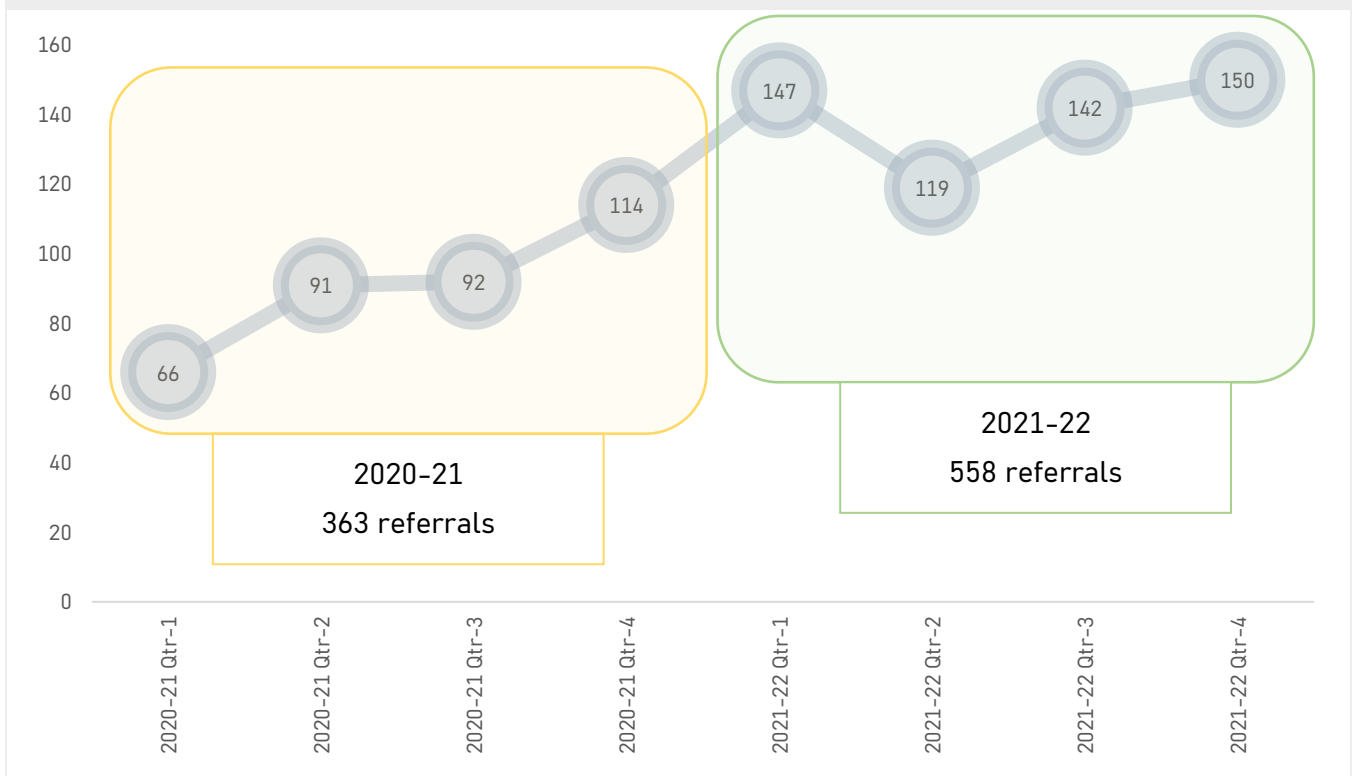
Performance reports covering 2019-20, 2020-21, and 2021-22 were provided by Positive Choices to help inform this Needs Assessment. Data from 2019-20 is excluded as most measures are not the same as those found in the 2020-21 and 2021-2 data.

The reports are comprehensive and cover a wide range of indicators. Below are the main findings taken from the reports. The full performance report can be requested separately.

### REFERRALS

#### Referral Numbers

Figure 7.3.2: Number of referrals into service.



## Referral Sources

KF 34 - 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.

Figure 7.3.3:	2020-21	2020-21 %	2021-22	2021-22 %	# Change	% Point Change
Children and Family Service	135	37%	201	36%	66	-1%
Universal Education	93	26%	180	32%	87	7%
Concerned other	13	4%	40	7%	27	4%
Self	24	7%	34	6%	10	-1%
Alternative Education	6	2%	16	3%	10	1%
YOS	35	10%	16	3%	-19	-7%
Police	5	1%	16	3%	11	1%
Relative	4	1%	14	3%	10	1%
Adult Treatment Provider	9	2%	9	2%	0	-1%
Mental Health	5	1%	9	2%	4	0%
YP Housing	16	4%	7	1%	-9	-3%
Post Custody	0	0%	5	1%	5	1%
School Nurse	3	1%	4	1%	1	0%
Probation	2	1%	3	1%	1	0%
Hospital	10	3%	2	0%	-8	-2%
A&E	0	0%	1	0%	1	0%
GP	2	1%	1	0%	-1	0%
DIP	1	0%	0	0%	-1	0%
<b>Total number of referrals into service:</b>	<b>363</b>	<b>100%</b>	<b>558</b>	<b>100%</b>	<b>195</b>	<b>0%</b>

## Outcome of Referral

Figure 7.3.4: Positive Choices Outcome of referrals:	2020-21	2021-22
Engaged in Structured Treatment (T3)	71	36
Brief Intervention (unstructured Hidden Harm)	37	53
Brief Intervention (T2) (extended brief intervention)	21	45
Brief Intervention (one intervention)	32	52
Risky Behaviours	109	192
Group Work	0	127
Pending Assessment (YTBA) <sup>70</sup>	36	107
Unable to contact	5	19
Refused to engage	10	25
client died	1	0
Onward referral	0	0
Universal support req-Referred back to referrer	0	0
Inappropriate referral	28	47
Referred to adult substance misuse service	0	2
Referred to another substance misuse service	0	3

<sup>70</sup> Rolling figure.



**KF 32 - There has been a significant decrease in the number of Young People in-treatment (tier 3).**

Figure 7.3.5: New structured treatment episodes started in the quarter.

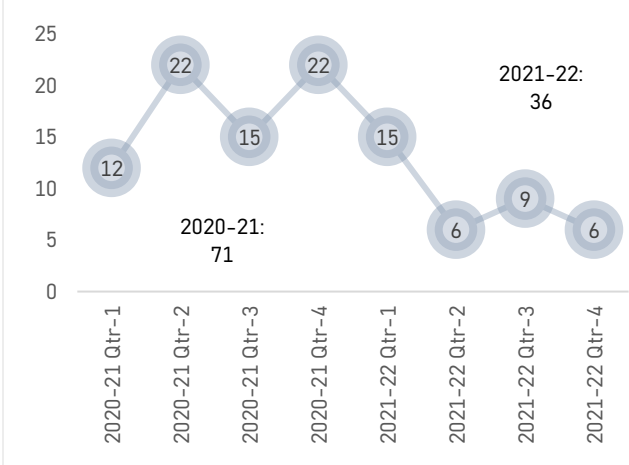


Figure 7.3.6: Total structured treatment caseload end of the quarter.

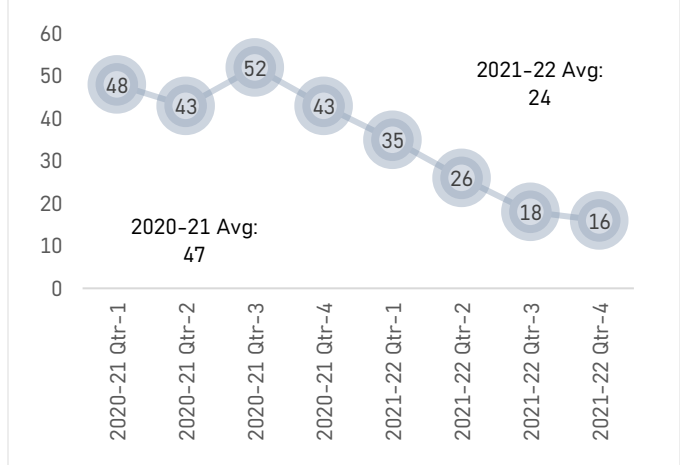


Figure 7.3.7: Total caseload end of the quarter.

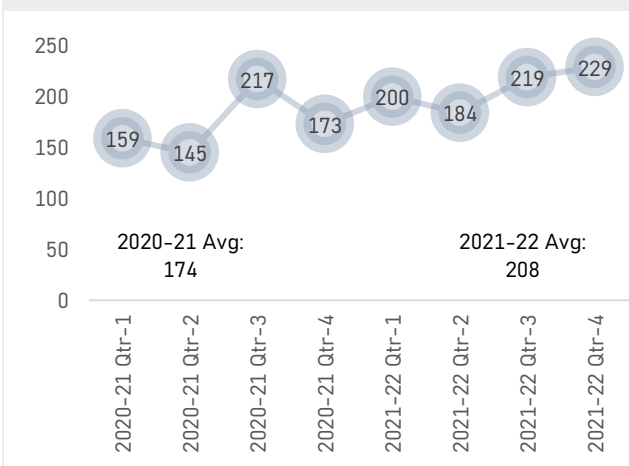


Figure 7.3.8: Conversion from referral to assessment.

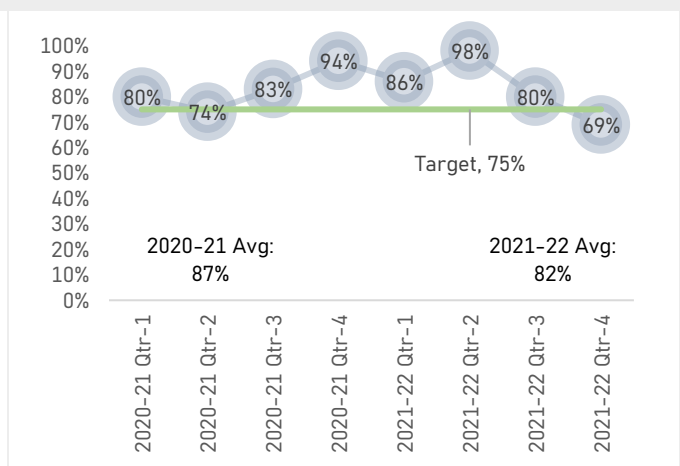


Figure 7.3.9: Vulnerable CYP engaged in service in 10 days.

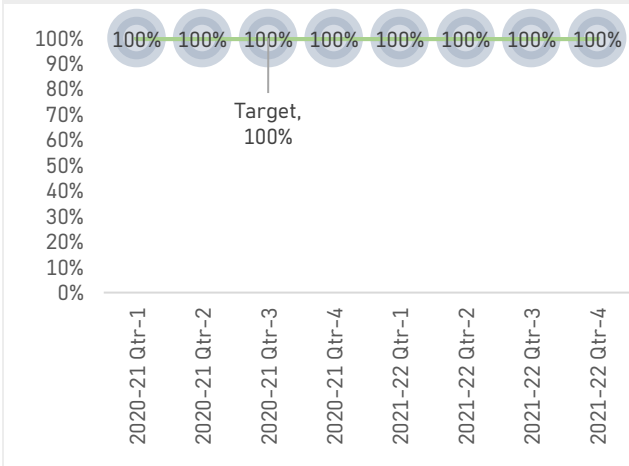
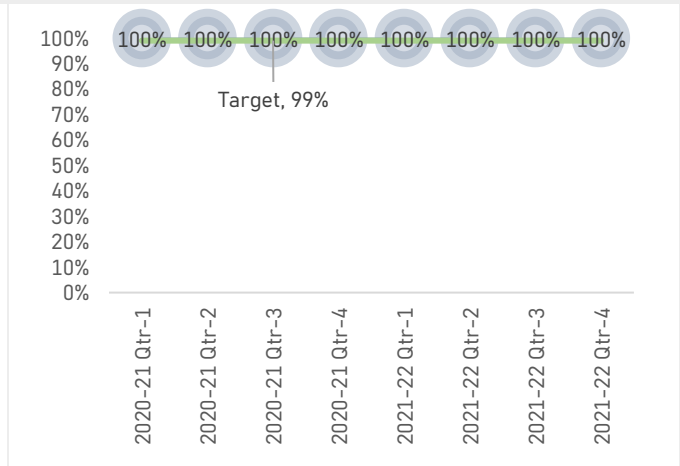


Figure 7.3.10: Vulnerable CYP contacted in 2 days.



## DEMOGRAPHICS

### Age Group

Figure 7.3.11: Age breakdown; 2020-21 and 2021-22 combined.

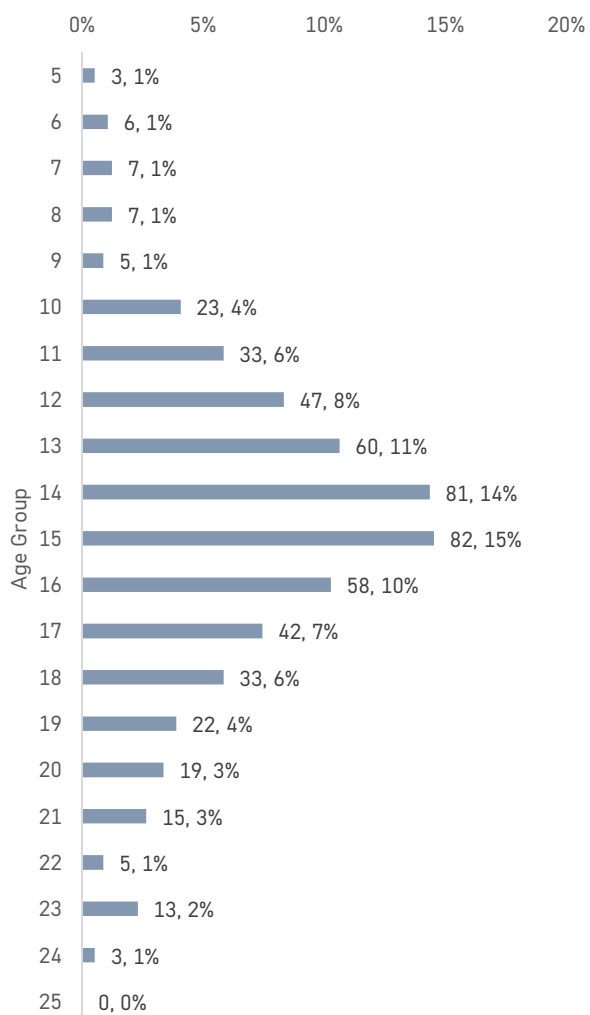
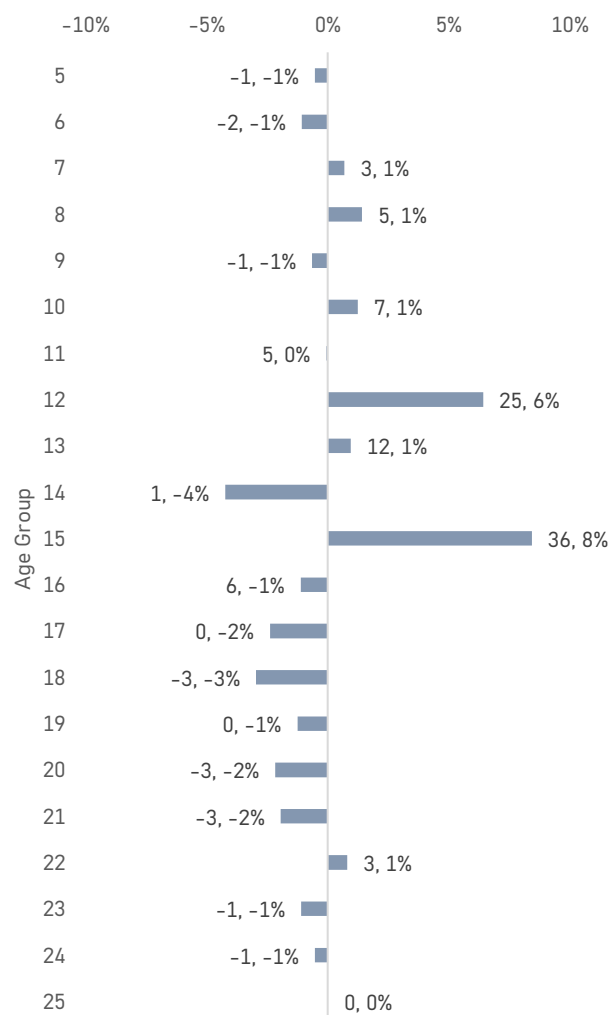


Figure 7.3.12: Percentage point change between 2021-22 against 2020-21.

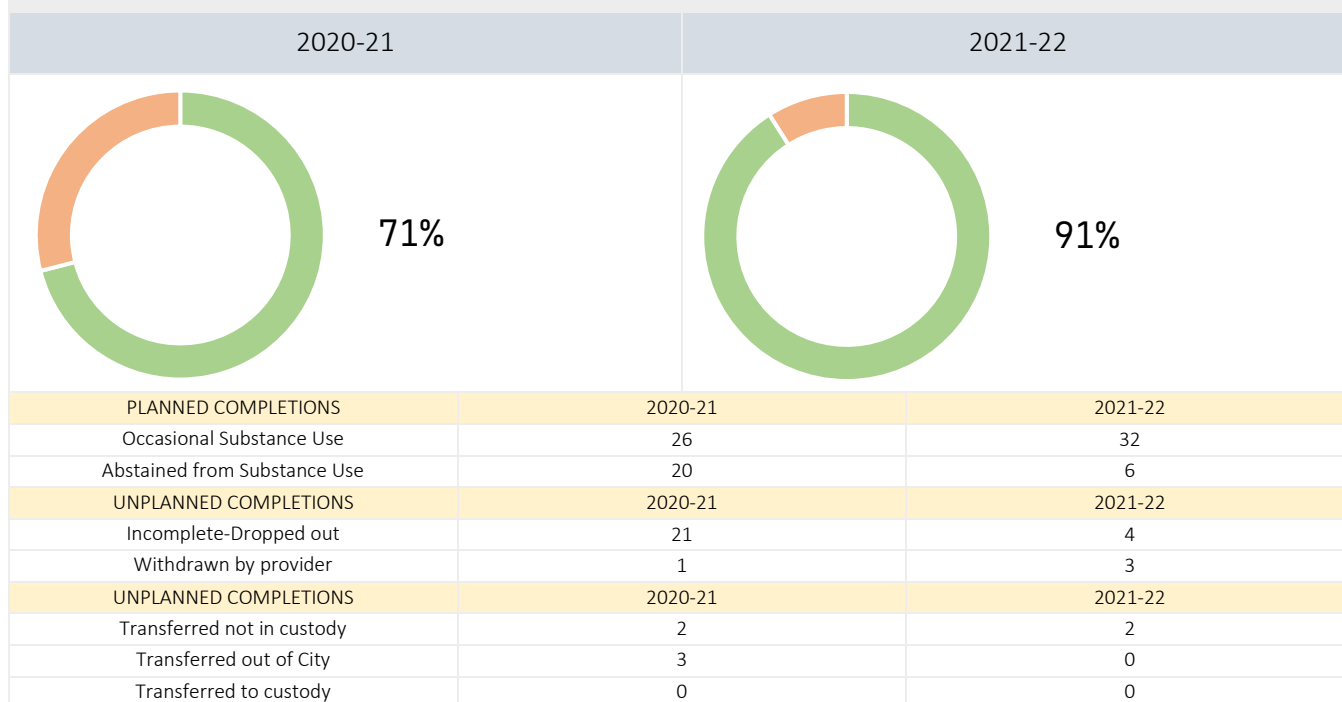


## COMPLETIONS

Planned completions for both structured and unstructured completions have increase in 2021-22 compared to 2020-21.

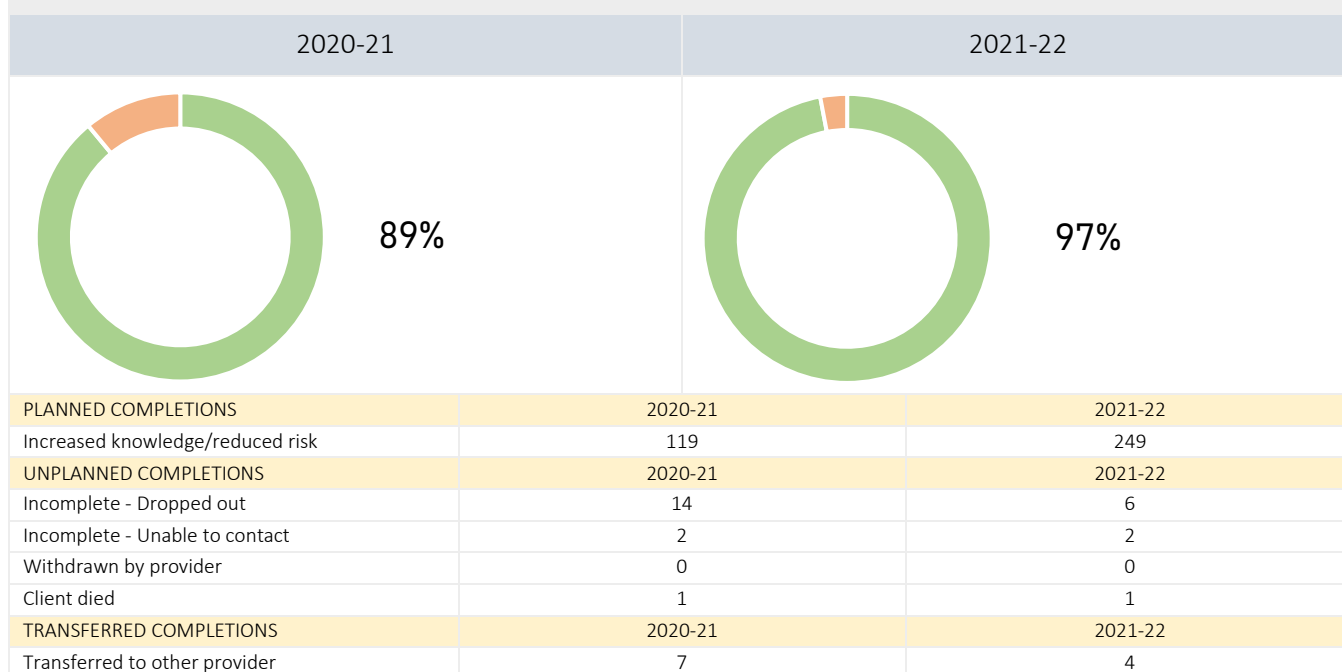
### STRUCTURED COMPLETIONS

Figure 7.3.13: Structured, PLANNED COMPLETIONS



### UNSTRUCTURED COMPLETIONS

Figure 7.3.14: Unstructured, PLANNED COMPLETIONS



## 7.4 - HARM REDUCTION PROJECTS

KF 8 - There are various harm reduction initiatives in Coventry. Initiatives in Coventry include Naloxone prescribing and needle exchanges.

### NALAXONE



#### OVERVIEW

- Naloxone is an emergency medication that can reverse the effects of an overdose of opioids like heroin or methadone.
- The Dame Carol Black Review highlighted the provision of naloxone as one of the evidence-based harm reduction initiatives that should be available in all local authorities.<sup>71</sup>

### NEEDLE AND SYRINGE PROGRAMME



#### OVERVIEW

- Needle and syringe exchanges were highlighted in the Dame Carol Black Review as one of the evidence-based harm reduction initiatives that should be available in all local authorities.<sup>72</sup>

<sup>71</sup> DHSC, (2021), Review of drugs part two: prevention, treatment, and recovery

<sup>72</sup> DHSC, (2021), Review of drugs part two: prevention, treatment, and recovery

# 7.5 - RECOVERY PROJECTS

KF 10 - For those who want to achieve and stay in recovery, CGL offers a range of structured and unstructured group programmes and peer support.

## CGL



### OVERVIEW

- CGL has a Recovery Team responsible for delivering post-treatment support, group programmes and community development.

POST-TREATMENT SUPPORT	GROUP PROGRAMME	COMMUNITY DEVELOPMENT
<p>The post-treatment support work is part of the group programme and targets individuals who have been through treatment.</p> <p>Post-treatment support is offered by a Recovery Champion – an individual who has completed treatment.</p> <p>The support is six to twelve informal sessions that provide individuals with advice, support and help.</p>	<p>CGL have one group facilitator, with another starting in October/ November 2022.</p> <p>CGL offers a six-month structured group programme for those in treatment.</p> <p>SMART Recovery Groups are offered and are open to all engaging with CGL.</p> <p>Some unstructured groups, such as art, mindfulness, and family groups, are offered.</p>	<p>An asset-based community development role provides partners with information on the CGL service and generic drug and alcohol awareness.</p> <p>It has been highlighted that there are some challenges with referrals from Childrens’ Social Care practitioners. Individuals are referred to CGL for drug testing rather than help with drug and alcohol needs.</p> <p>The community development role is responsible for building links with gyms and colleges to help those recovering from drug and alcohol addiction.</p>

## FELLOWSHIP GROUPS



### OVERVIEW

- CGL has a Recovery Team responsible for delivering post-treatment support, group programmes and community development.

# 7.6 - TIER 4 SERVICES

## RESIDENTIAL REHABILITATION

KF 28 - Nationally, there is a target for all local authorities to have 2% of their treatment population completing rehabilitation by 2025. This is the equivalent of c.40 individuals. In 2020-21, 18 individuals successfully completed rehabilitation.



### OVERVIEW

- Coventry and Warwickshire jointly commission residential rehabilitation services from a framework containing 27 placement providers.
- The placements are located across the UK.
- Individuals have to be engaging with CGL to access a funded rehabilitation placement.
- Targets attached to the From Harm To Hope Drug Policy require that 2% of all those in treatment complete rehabilitation.

Figure 7.6.1: Funded Residential Rehabilitation Placements

FY Apr-March	No. of Res. Plcmts	Success. Comp.	% Success. Comp.
2015-16	27	N/A	-
2016-17	19	N/A	-
2017-18	12	8	67%
2018-19	10	7	70%
2019-20	25	20	80%
2020-21	23	18	78%
2021-22	10	9	90%

“Historically, we have had a challenge getting individuals into residential rehabilitation.”

*Coventry CC Practitioner*

“We would expect more applications for residential rehabilitation.”

*Coventry CC Practitioner*

“There is a myth that people cannot get rehab places.”

*Coventry CC Practitioner*

“There is work to complete with the workforce.”

*Coventry CC Practitioner*

# DETOXIFICATION PLACEMENTS



## OVERVIEW

- Inpatient detoxification placements are commissioned on a regional basis across the West Midlands.
- CGL is commissioned to provide the assessments for the placements.
- CGL within Coventry also have funds to offer inpatient detoxification placements.
- Patients have to be engaging with CGL to access a funded detoxification placement. CGL work with the patient to develop their care pathway, which could include going from detox to rehabilitation.
- In addition to inpatient detoxification, community (home and ambulatory) detoxification placements are available.

# 7.7 - CRIMINAL JUSTICE PROJECTS

## ARREST REFERRAL TEAM



### OVERVIEW

- The Arrest Referral Team completes drug and alcohol assessments and refers to other statutory services.
- The team completes assessments for out-of-court disposals.
- The team completes brief interventions in the custody suite, including tailoring advice on use, harm reduction measures, and naloxone.
- The arrest referral service is commissioned regionally by the PCC.

“The [CGL Criminal Justice] Team work with the IOM cohort jointly with the police”.

*CGL Practitioner*



### CONTRACT OF SERVICE

- The Arrest Referral Team are commissioned by the West Midlands Police and Crime Commissioner. The service started in January 2020.



### SERVICE DELIVERY

- The team are based at Coventry Central Police Station 7 days a week.



### REFERRALS

- The arrest referral team see the following arrestees:
  - Those who test positive following a drug test.
  - Those who self-declare a substance misuse problem.
  - All those arrested are offered the service voluntarily.
  - Young people are not drug tested.

“CGL does not get many referrals through for those with needs relating to alcohol use.”

*CGL Practitioner*



# DIVERT PROGRAMME



## OVERVIEW

- The DIVERT programme is available to young people and adults found in possession of any illicit substance; however, it is not available to those suspected of intending to supply an illicit substance.
- It allows drug users to receive a non-criminal sanction (Community Resolution) rather than a more traditional outcome such as a cannabis warning or arrest and subsequent prosecution.
- The DIVERT programme is a non-statutory, out-of-court disposal for officers to utilise and does not lead to a criminal record.
- Those who use the programme are offered a 3-hour workshop.
- Cranstoun delivers the service.

# 7.8 - HEALTH PROJECTS

## ALCOHOL CARE TEAM

KF 21 - Due to several reasons, those receiving a detox with the ACT do not always engage with community treatment services.

KF 22 - 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).

KF 23 - It was estimated that 60 to 70% of individuals seen by the ACT were not know to specialist drug and alcohol services.



### OVERVIEW

- Alcohol care teams (ACTs) primarily provide specialist expertise and interventions for alcohol-dependent patients and those presenting with acute intoxication or other alcohol-related complications, attending A&E or being admitted as inpatients across most acute hospital departments.
- In addition to providing interventions to in-patients, the team also provide ambulatory detoxifications.
- Patients are screened within the first 24 hours of being in the hospital. However, this is not always possible.
- There are some peer-led support groups run in the hospital. Alcoholics Anonymous visits the hospital, and a mutual aid group is run by a volunteer who has been through alcohol detoxification.



### SERVICE DELIVERY

- The ACT, based in University Hospital Coventry and Warwickshire runs a five day a week service, Monday to Friday, 8 am to 4 pm. The team comprises three nurses and 1 Lead Consultant (Gastroenterology).



### REFERRALS

- The ACT gets referrals from other hospital teams who identify patients with acute needs relating to alcohol use. Practitioners in the hospital are trained in the use of the Paddington Alcohol Test.
- The ACT provides induction sessions for new student nurses and associates to increase knowledge about how to refer to the service.

“The age range of those being referred to the ACT are getting younger.”

*ACT Practitioner*

“We are seeing younger patients with liver cirrhosis.”

*ACT Practitioner*

“The younger patients may not be known to CGL. Roughly 60 to 70% were not known to services.”

*ACT Practitioner*

“It would be useful to expand the ACT to include patients with a drug need.”

*ACT Practitioner*



## CONTINUITY OF CARE

- ACT practitioners highlighted the community support patients needed after detoxifying in the hospital. Dependent drinkers require a lot of support to reduce their drinking once discharged from the hospital.

“There is a 3 week waiting time for patients leaving the hospital to be seen. This can be a long time for dependent drinkers.”

*ACT Practitioner*

“We usually refer to CGL via their online portal. We do not get a confirmation of receipt of referral”.

*ACT Practitioner*

“When we do get a receipt of referral, it is likely to be CGL saying that they couldn’t get in contact with the patient and the case is closed.”

*ACT Practitioner*

“We are involved in MDTs, there are difficulties regarding information sharing. For example, if we want to enquire about housing. This should be improved.”

*ACT Practitioner*

## HOSPITAL DISCHARGES

KF 20 - Local data on the management of opioid withdrawal was not available for this needs assessment. 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.

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.<sup>73</sup>

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.

<sup>73</sup> 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. BMC Med 20, 151 (2022). <https://doi.org/10.1186/s12916-022-02351-y>

-8-

# STAKEHOLDER ENGAGEMENT

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# 8.1 - PRACTITIONER SURVEY

KF 12 - The practitioner survey highlighted some potential gaps in the recovery offering in Coventry. There are opportunities for more recovery projects that focus on the health and wellbeing of those in recovery.

KF 30 - A full stakeholder engagement was completed as part of this needs assessment. Comments from interviews are included in the relevant sections of the document.

KF 31 - 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.

KF 51 - 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.



## OVERVIEW

- A practitioner survey was hosted on the Coventry City Council consultation hub for this needs assessment.<sup>74</sup>
- The survey ran from September to October 2022 and included questions on the available support relating to:
  - Children and young people
  - Drug education
  - Treatment services
  - Criminal Justice Services
- The survey received 38 responses.



## KEY FINDINGS

- The questions in the practitioners' survey were in the Likert format, with answers ranging from 1 to 5 (where 1 was a negative response and 5 was a positive response).
- To help pick out areas of focus, the graphs below only show the percentages of respondents who answered with a '1' or '2' (i.e. gave a negative response to the question). The graphs are displayed this way to assist the reader with pulling out areas and services that may require further development.
- Full results can be made available on request.
- Below are the areas where more than 50% of respondents answered '1' or '2'.

<sup>74</sup> [Let's Talk Coventry](#)

AREA	% ANSWERING NEGATIVELY
<b>GENERATIONAL SHIFT IN THE DEMAND FOR DRUGS</b>	
Drug and alcohol education in schools	54%
Use of drug awareness courses	58%
Support for children of parents with drug/alcohol need	58%
<b>PREVENTION AND EARLY INTERVENTION SERVICES</b>	
Enforcement activities preventing access to illicit drugs	58%
Identification of people with, or at risk of, harm from drug or alcohol use through the use of screening tools and brief advice	55%
Mental health and wellbeing support to prevent/ reduce the use of drugs and alcohol	60%
<b>ADULT DRUG TREATMENT SERVICES</b>	
Support for those not accessing treatment	60%
Frequency of appointments/ interventions	59%
Waiting times	77%
Service user network/ consultations	56%
<b>ADULT ALCOHOL TREATMENT SERVICES</b>	
Support for those not in structured treatment	52%
Access to residential rehabilitation	57%
Waiting times	54%
Access to complementary therapies	68%
Service user network/ consultations	52%
<b>CHILDREN &amp; YOUNG PERSON DRUG AND ALCOHOL TREATMENT</b>	
Support for those not accessing treatment	52%
<b>RECOVERY SERVICES</b>	
Recovery options for females	52%
Waiting times	58%
Culturally specific recovery options	55%
Recovery options for those from LGBT+ groups	55%
<b>PROTECTED CHARACTERISTICS</b>	
Those who are homeless	54%
Those with a cognitive impairment	54%
Carers of people with drug and alcohol needs	59%
<b>HOUSING AND HOMELESSNESS</b>	
Housing options for those with a drug/alcohol need	60%
Abstinence-based accommodation for those who are homeless	52%
<b>MENTAL HEALTH</b>	
Primary mental health care (e.g., Talking Therapies)	55%
Learning disability needs of those with a drug or alcohol problem	52%
Those with a cognitive impairment	60%

# GENERATIONAL SHIFT IN THE DEMAND FOR DRUGS

Figure 8.1.1: On a scale of 1-5, do you feel you have enough support and resources in the following areas? 1 - Not at all, 5 - Yes, completely; graph only includes those who selected 1 or 2)

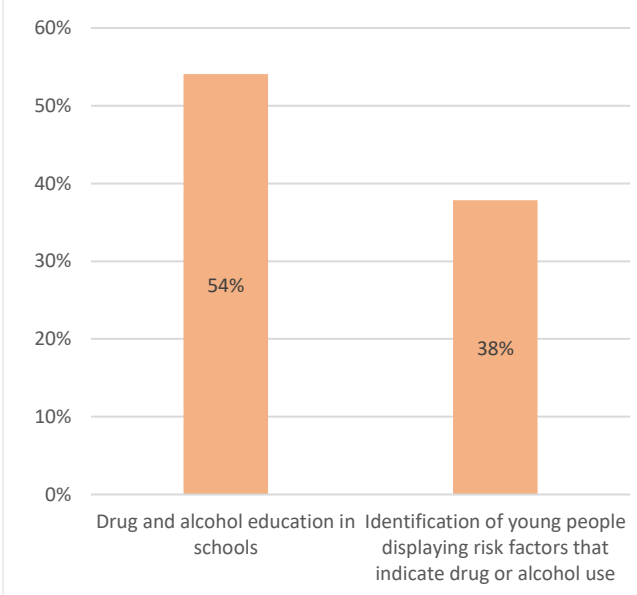
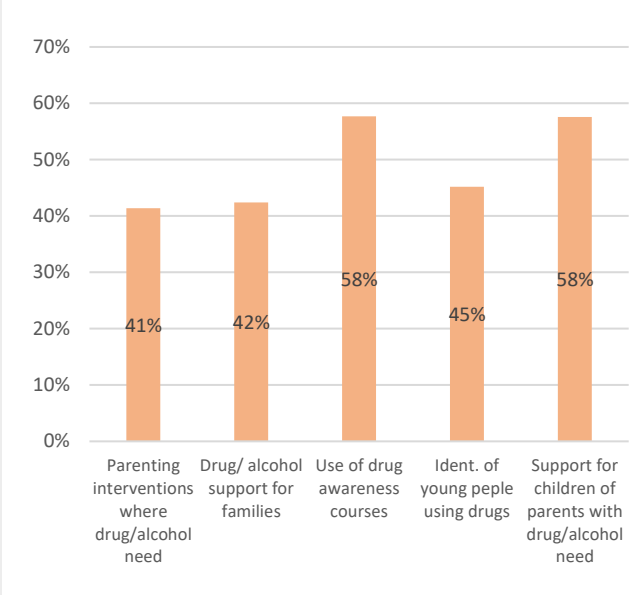
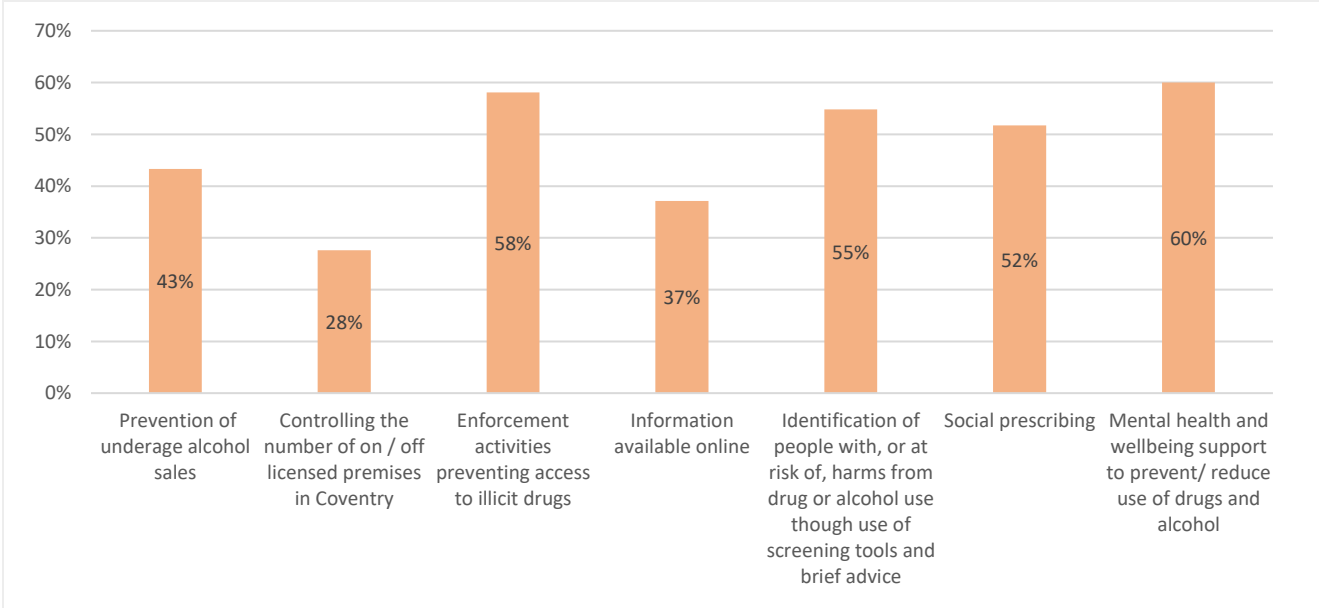


Figure 8.1.2: On a scale of 1-5, are services meeting the needs in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need



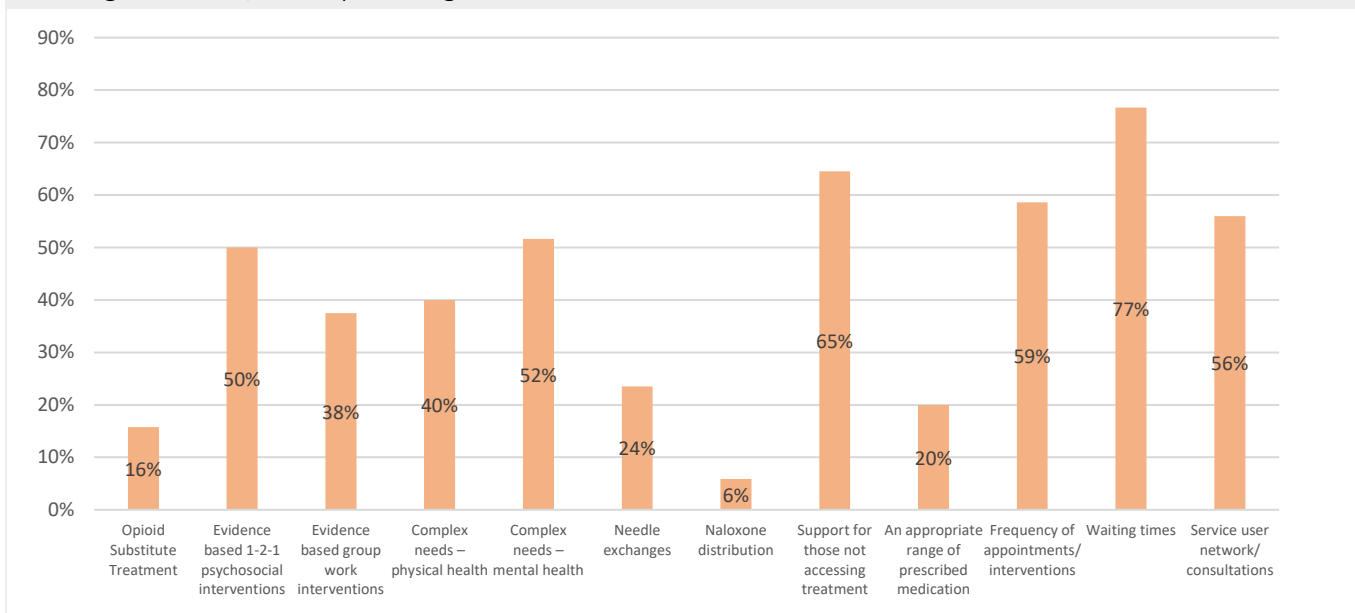
# PREVENTION AND EARLY INTERVENTION SERVICES

Figure 8.1.3: On a scale of 1-5, do you feel enough is being done to meet the need in the following areas? 1 - Needs are not being met, 5 - Needs are being met fully



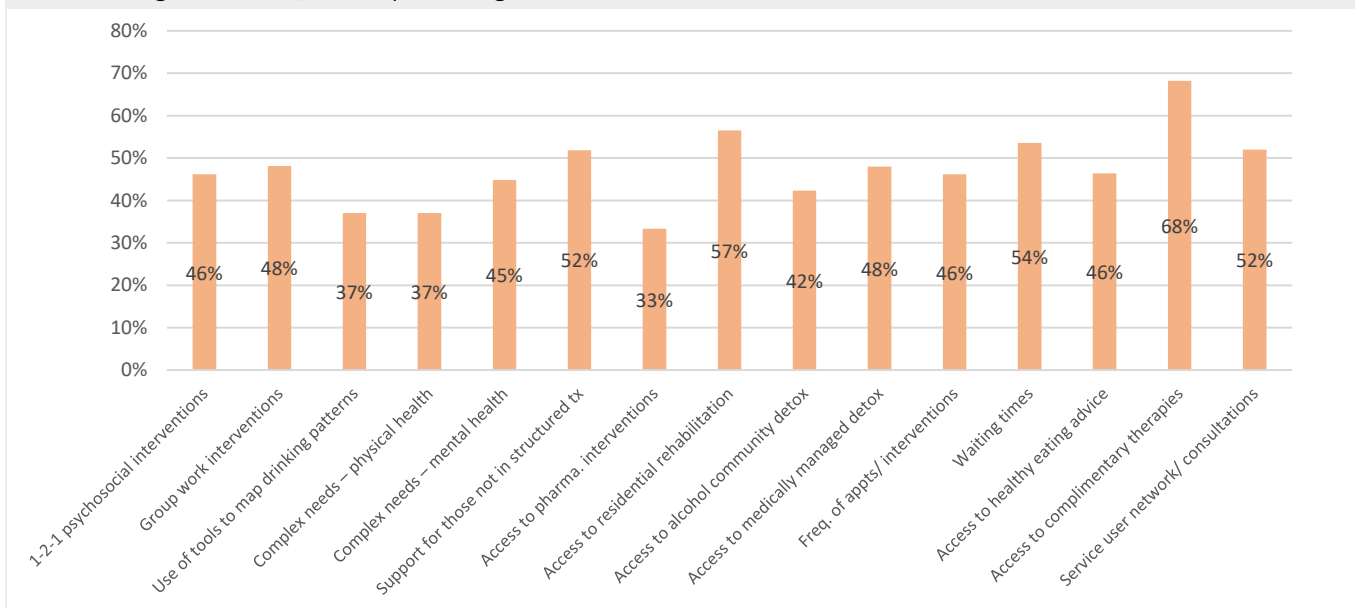
## ADULT DRUG TREATMENT SERVICES

Figure 8.1.4: On a scale of 1-5, do you think drug treatment services meet needs in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need



## ADULT ALCOHOL TREATMENT

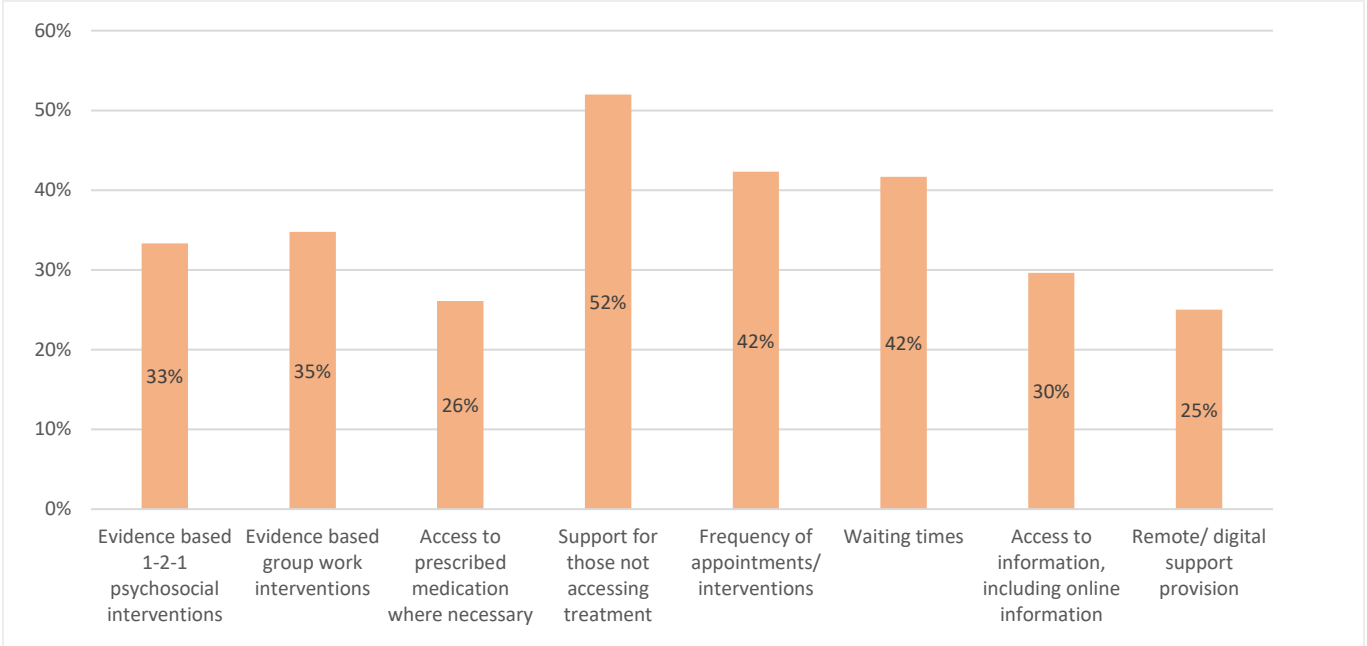
Figure 8.1.5: On a scale of 1-5, do you think alcohol treatment services meet needs in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need





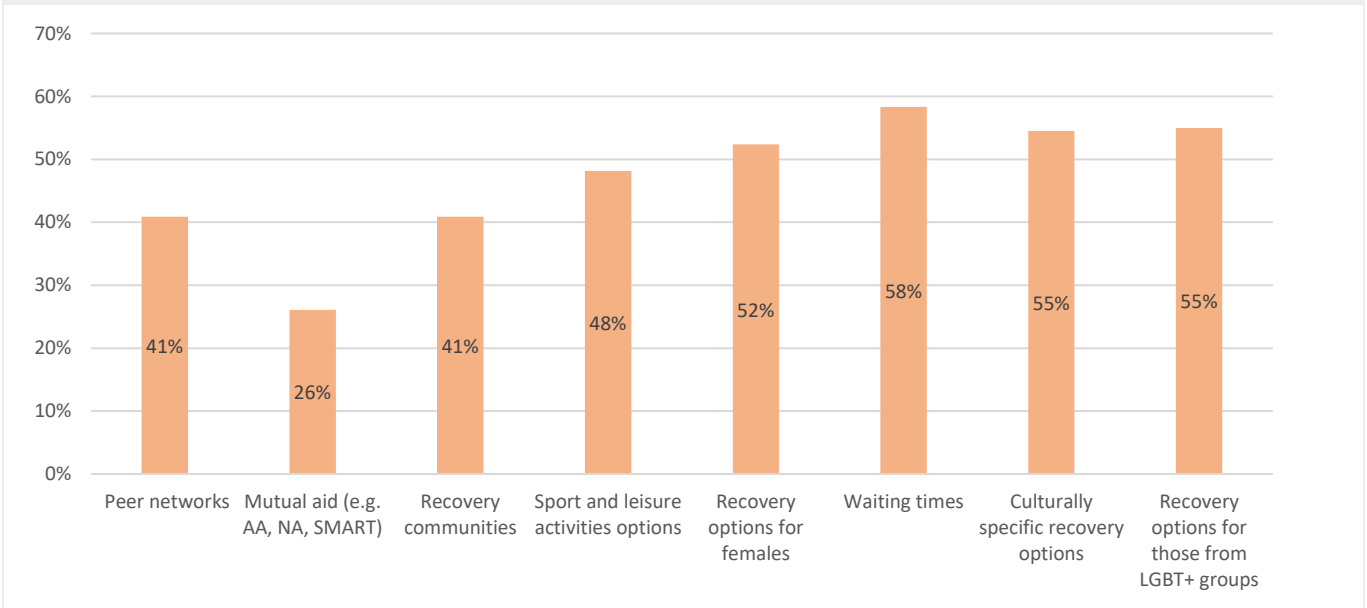
# CHILDREN & YOUNG PEOPLE DRUG AND ALCOHOL TREATMENT

Figure 8.1.6: On a scale of 1-5, do you think treatment services meet the need in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need



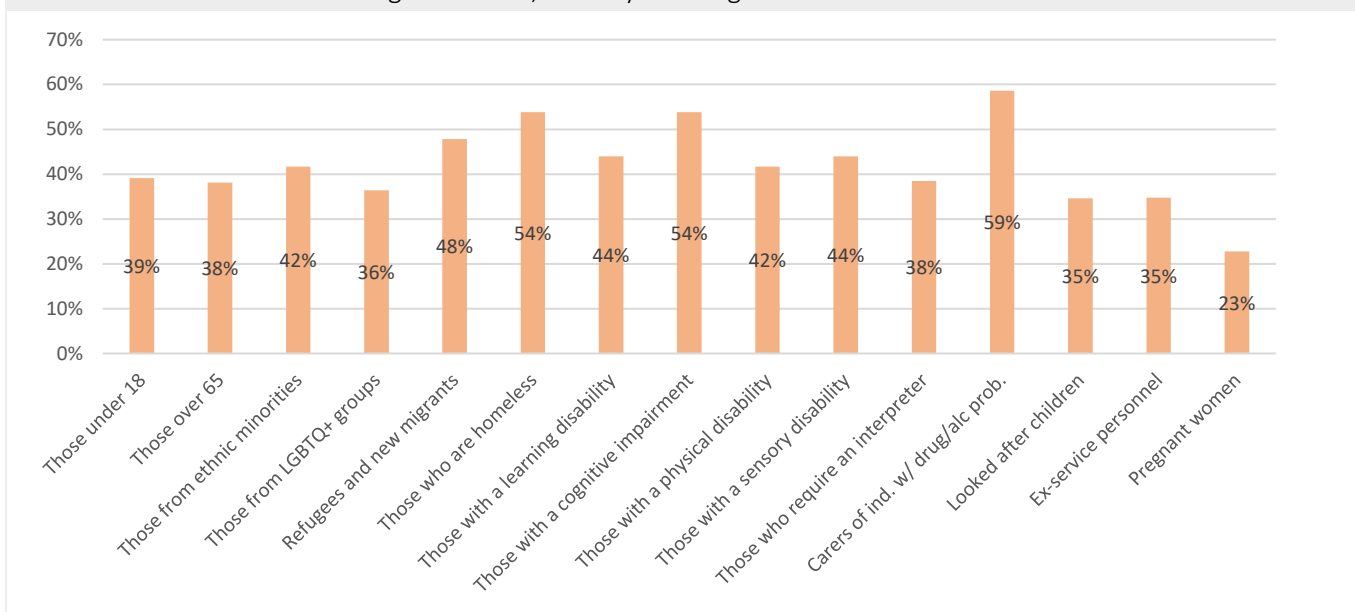
# RECOVERY SERVICES

Figure 8.1.7: On a scale of 1-5, do you think recovery services meet the need in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need



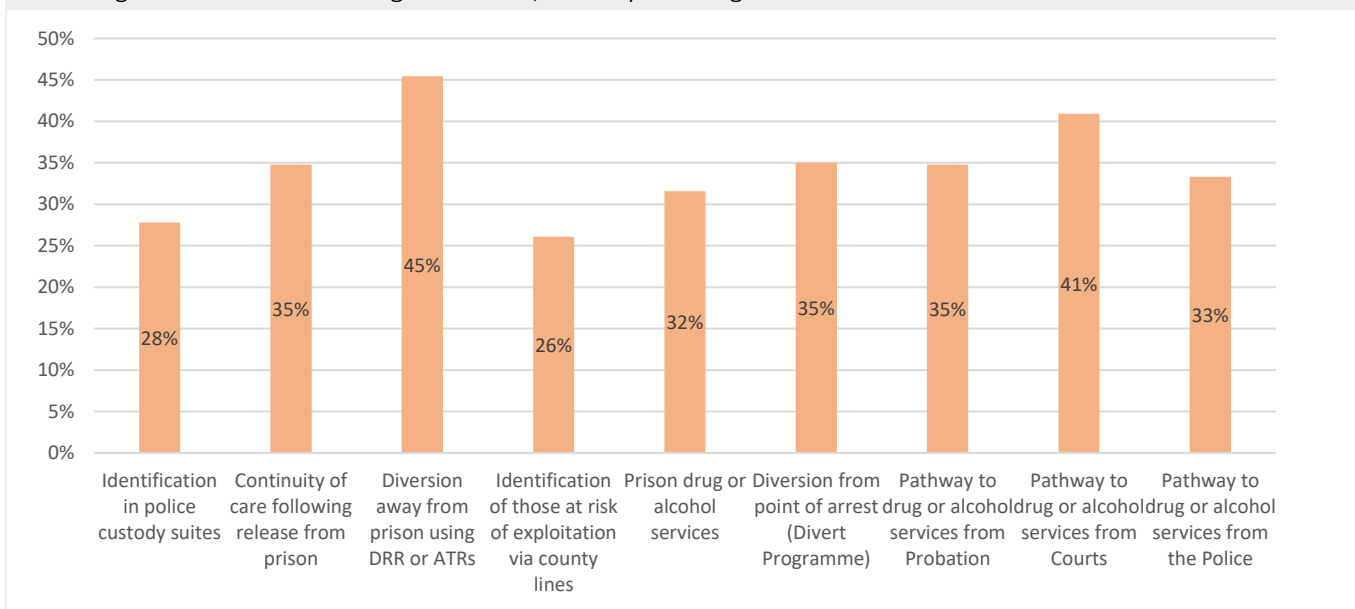
## PROTECTED CHARACTERISTICS

Figure 8.1.8: On a scale of 1-5, how are services meeting the drug and alcohol needs of those from protected characteristics? 1 - Not meeting need at all, 5 - Fully meeting need



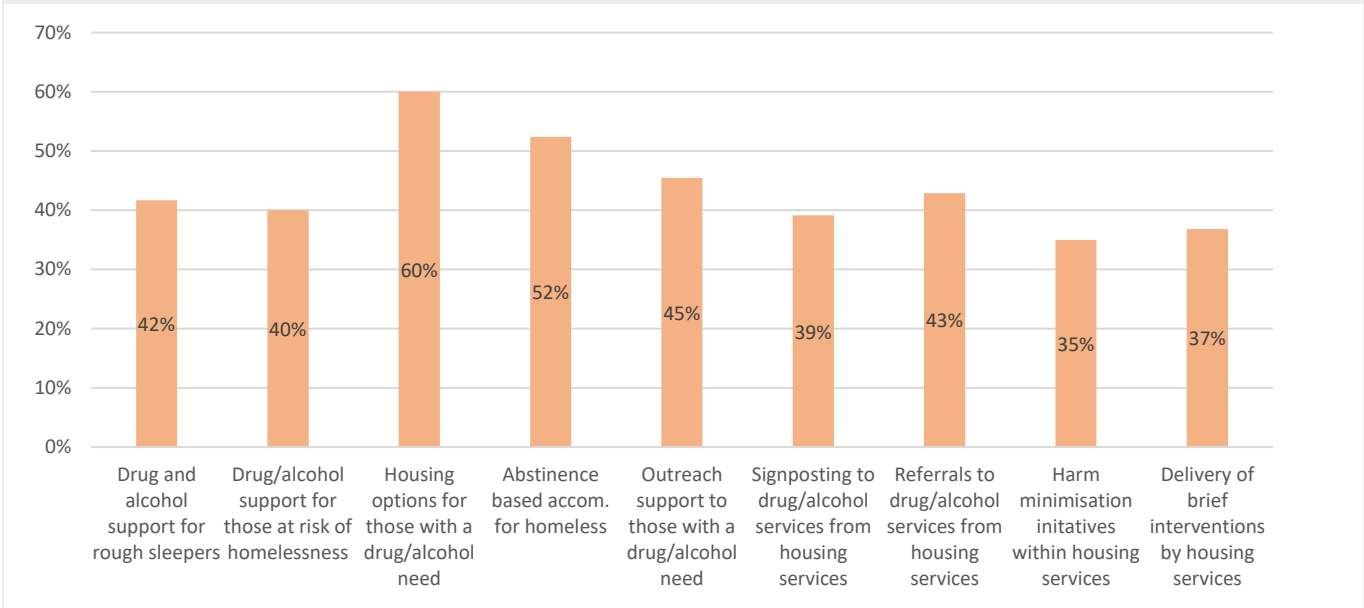
## CRIMINAL JUSTICE

Figure 8.1.9: On a scale of 1-5, how do services meet the needs of those with a drug or alcohol problem in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need



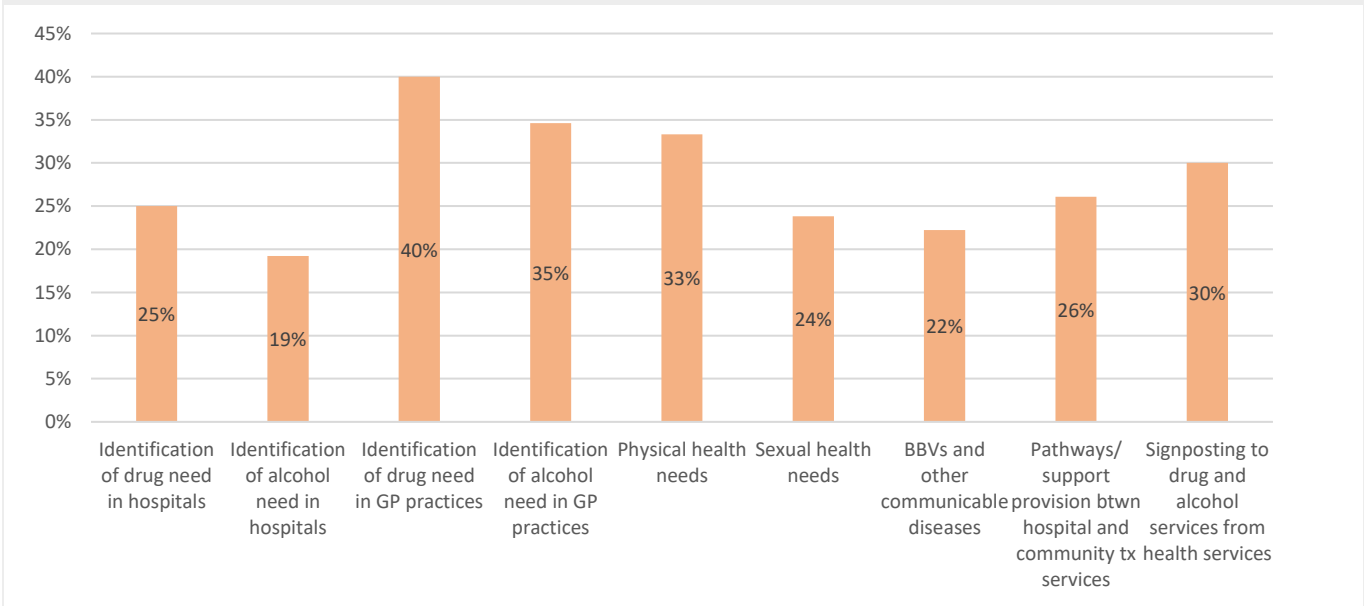
# HOUSING & HOMELESSNESS

Figure 8.1.10: On a scale of 1-5, how do services meet the needs of those with a drug or alcohol problem in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need



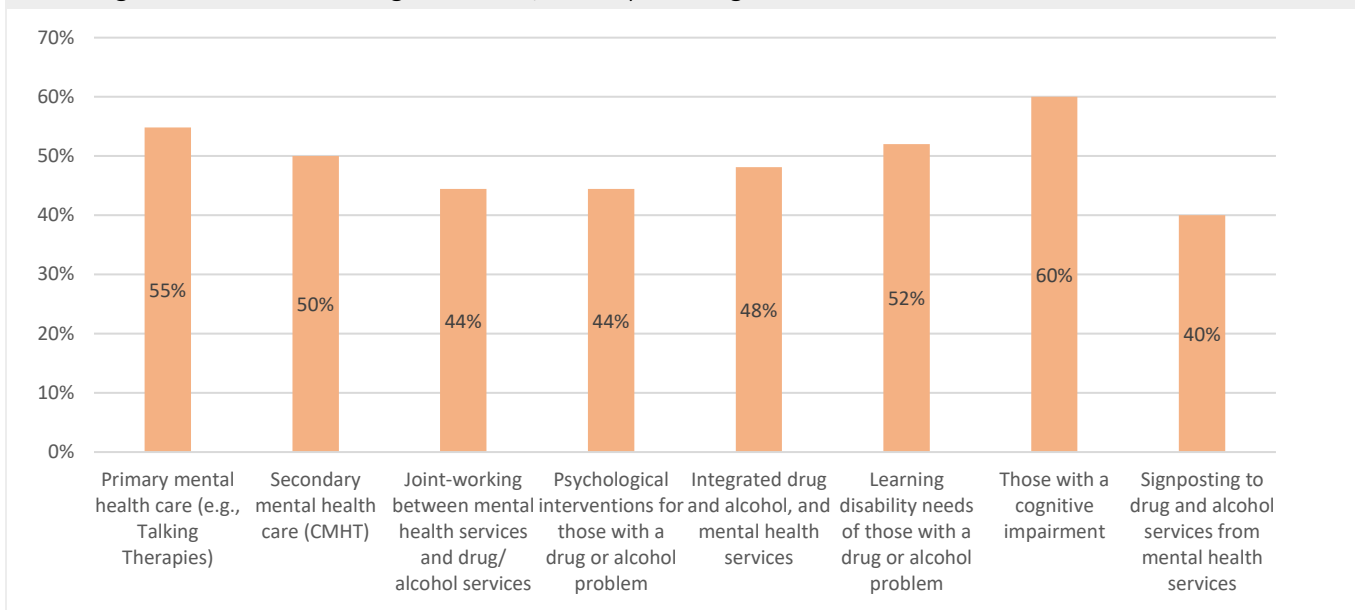
# HEALTH

Figure 8.1.11: On a scale of 1-5, how do services meet the needs of those with a drug or alcohol problem in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need



# MENTAL HEALTH & LEARNING DISABILITIES

Figure 8.1.12: On a scale of 1-5, how do services meet the needs of those with a drug or alcohol problem in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need



# CHILDREN & YOUNG PEOPLE / EMPLOYMENT

Figure 8.1.13: **C&YP**. On a scale of 1-5, how do services meet the needs of those with a drug or alcohol problem in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need

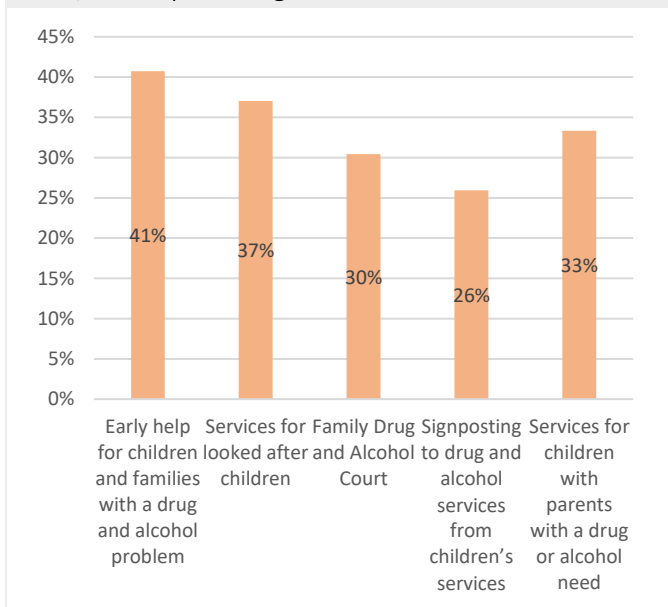
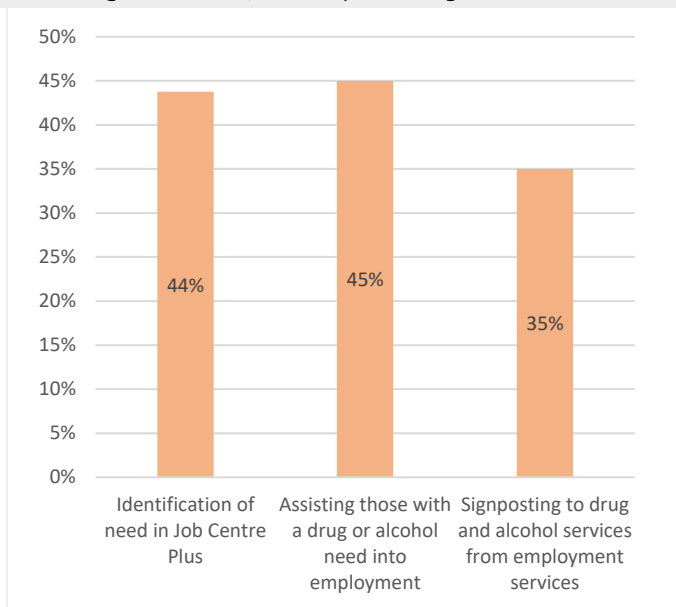
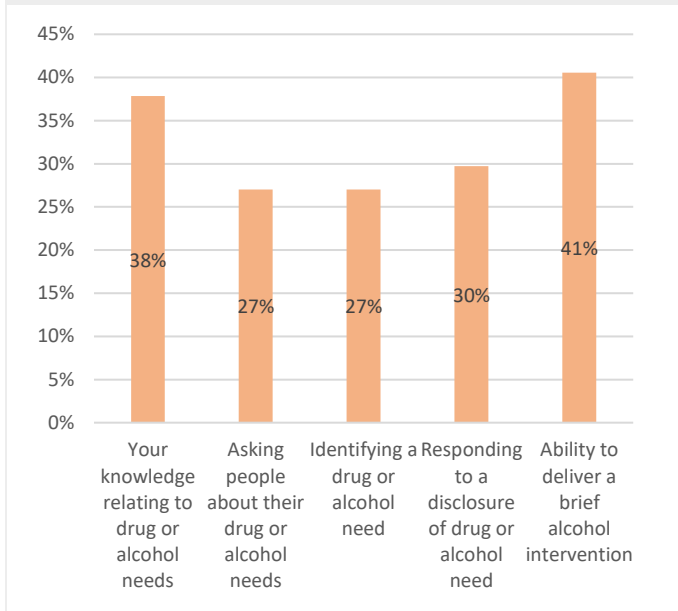


Figure 8.1.14: **Employment**. On a scale of 1-5, how do services meet the needs of those with a drug or alcohol problem in the following areas? 1 - Not meeting need at all, 5 - Fully meeting need



# PRACTITIONER KNOWLEDGE

Figure 8.1.15: On a scale of 1 - 5, how confident are you with the following: 1 - Not confident at all, 5 - Extremely confident



# 8.2 – SCHOOL PRACTITIONER SURVEY

## OVERVIEW

KF 4 - Schools found that it was difficult to keep parents who had drug and alcohol needs engaged in specialist drug and alcohol services.



### OVERVIEW

- For this needs assessment, a school practitioner survey was hosted on the Coventry City Council consultation hub<sup>75</sup>.
- The survey was distributed to all state-run schools in Coventry from September to October 2022.
- The survey received responses from 7 schools.

## WHAT IS WORKING IN SCHOOLS WITH DRUG AND ALCOHOL EDUCATION AND IDENTIFICATION?

“Strong Safeguarding team, staff training and PSHE programme.”

*School Practitioner, Bablake*

“Our PSHE curriculum includes teaching about drugs and alcohol. We have a large pastoral team who are able to identify and support families where needed.”

*School Practitioner, Upper Stoke*

“We have a good PSHE scheme which educates children but I don't feel we have input from outside agencies around this.”

*School Practitioner, Upper Stoke*

## WHAT IS WORKING IN SCHOOLS WITH PARENT/FAMILY INTERVENTIONS?

“Referrals made easily.”

*School Practitioner, Bablake*

“Very little.”

*School Practitioner, Upper Stoke*

<sup>75</sup> [Let's Talk Coventry](#)

## WHAT CAN BE IMPROVED IN SCHOOLS WITH DRUG AND ALCOHOL EDUCATION AND IDENTIFICATION?

"More time to complete sessions."

*School Practitioner, Bablake*

"Better support for families experiencing substance misuse."

*School Practitioner, Upper Stoke*

"Better resources for teaching about D&A. Access to funding for outside agencies to support/deliver sessions about D&A".

*School Practitioner, Upper Stoke*

"Better support for primary schools to teach about gangs including training for staff and outside agencies to deliver to children."

*School Practitioner, Upper Stoke*

"A lot of the issues we've had around drugs and alcohol that the children were involved with (rather than parents) is to do with gang use of the park opposite school."

*School Practitioner, Upper Stoke*

"More educational provision and resources."

*School Practitioner, Wyken*

"More information to support parents."

*School Practitioner, Binley & Wil.*

## WHAT CAN BE IMPROVED IN SCHOOLS WITH PARENT/FAMILY INTERVENTIONS?

"In nearly all of the many incidents we've had of professionals being involved, parents have not engaged with the support offered. Mostly this is due to the fact that up until CP parents can pick what they consent to. There seems to be no/little consequence for a lack of engagement. Parents will insist "I've got this, I don't need help" and manage to stay clean/dry (enough) so the case closes and within a few months are using again. We have several families where this cycle has been repeated nearly every year but is never escalated."

*School Practitioner, Upper Stoke*

"Parental engagement and knowledge."

*School Practitioner, Bablake*

"More information that schools can share with parents would be helpful."

*School Practitioner, Wyken*

"Often told children can't access services/agencies for support without a social worker being involved or long waiting times."

*School Practitioner, Wyken*

# 8.3 – GP PRACTITIONER SURVEY

## OVERVIEW



### OVERVIEW

- For this needs assessment, a GP/ Practice Nurse survey was hosted on the Coventry City Council consultation hub<sup>76</sup>.
- The survey was distributed to all General Practices in Coventry and ran from September to October 2022.
- The survey received responses from 20 practices.

Figure 8.3.1: Please indicate the extent to which you obtain information on your patients in each of the following areas.



<sup>76</sup> [Let's Talk Coventry](#)



Figure 8.3.2: Doctors and Practice Nurses vary in their brief intervention skills and training. How prepared do you feel when counselling patients in each of these areas

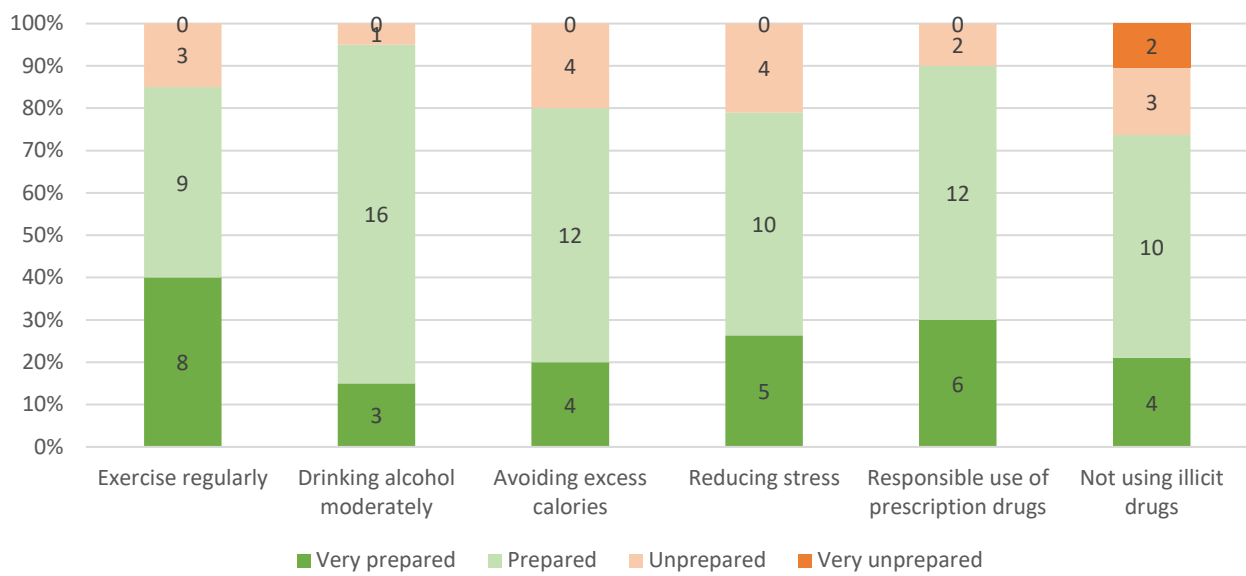


Figure 8.3.3: How effective do you feel you are in helping patients achieve change in each of the following areas?

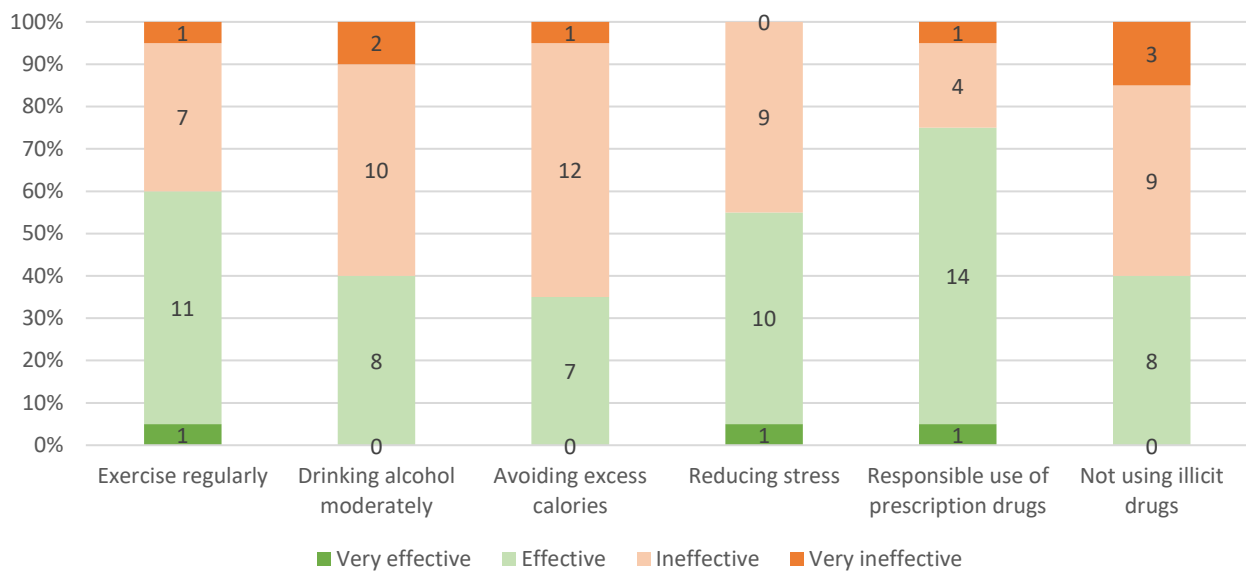


Figure 8.3.4: In general, given adequate information and training, how effective do you feel general practitioners and practice nurses could be in helping patients change behaviour in each of the following areas?

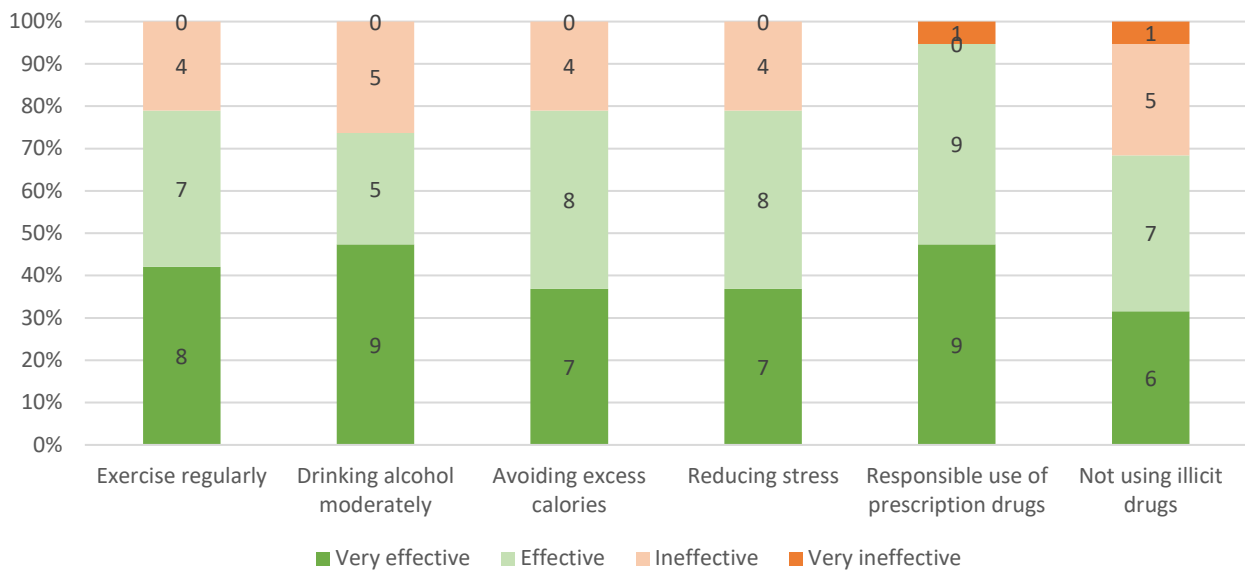


Figure 8.3.5: Indicate how much you agree or disagree with each of the following statements about working with people with increasing risk or higher risk drinking habits (excluding those dependent on alcohol).

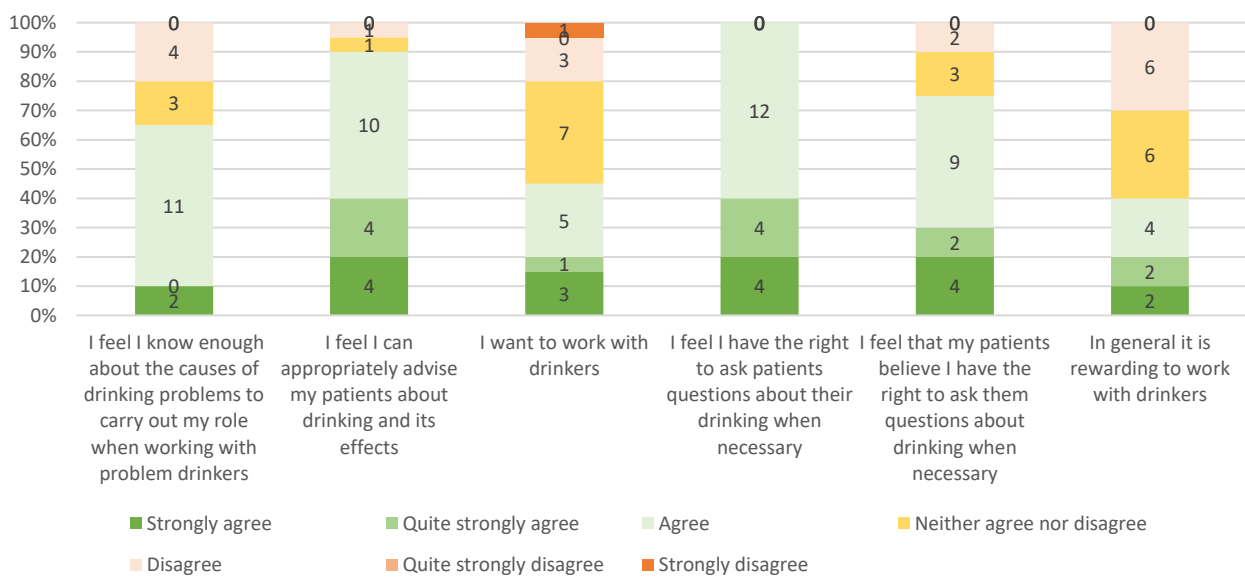


Figure 8.3.6: Indicate how much you agree or disagree with each of the following statements about working with people who are dependent on alcohol or have a severe problem with alcohol (“alcoholics”)

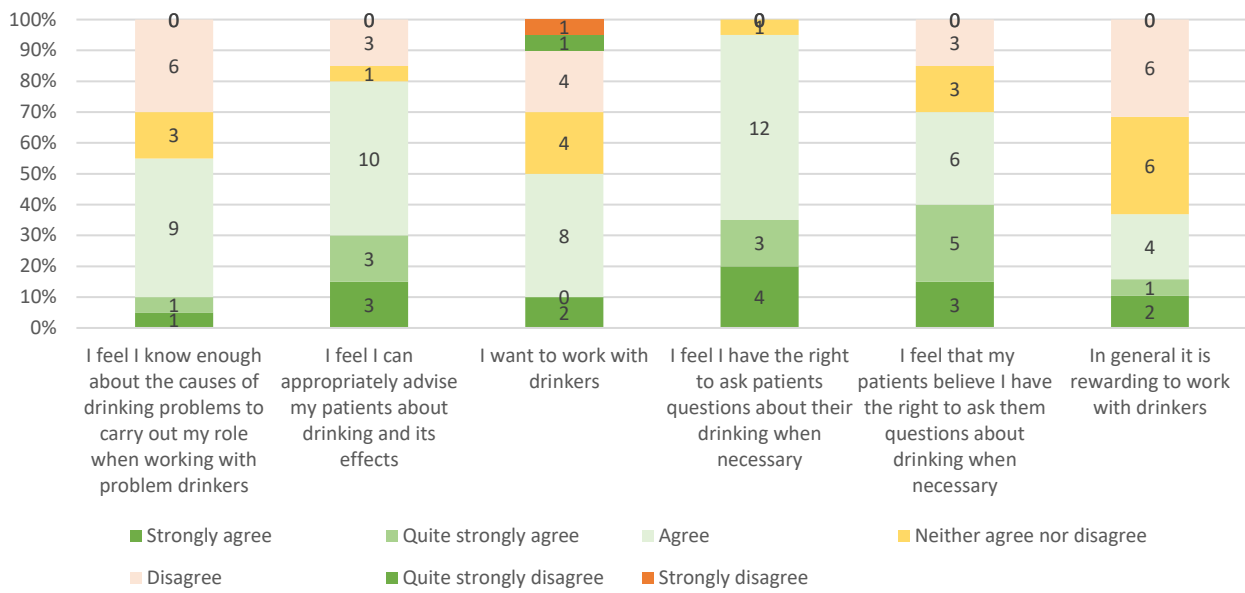


Figure 8.3.7: In the last year, how many times have you taken or requested a blood test (eg blood alcohol, MCV, GGT) because of concern about alcohol consumption?

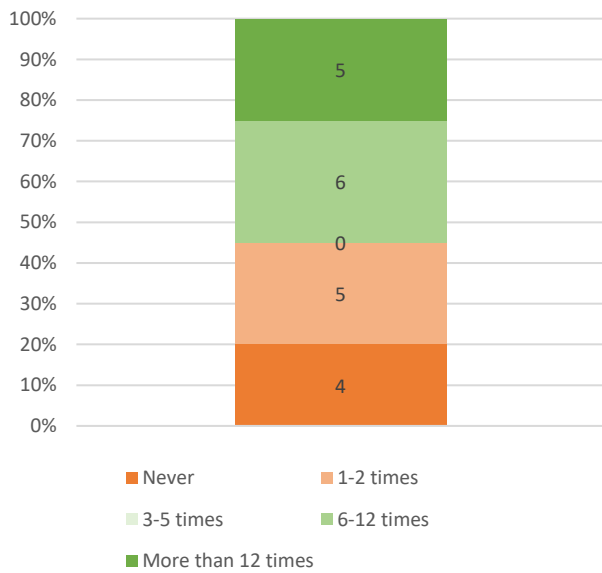


Figure 8.3.8: In the last year, about how many patients have you managed specifically for their hazardous drinking or alcohol-related problems?

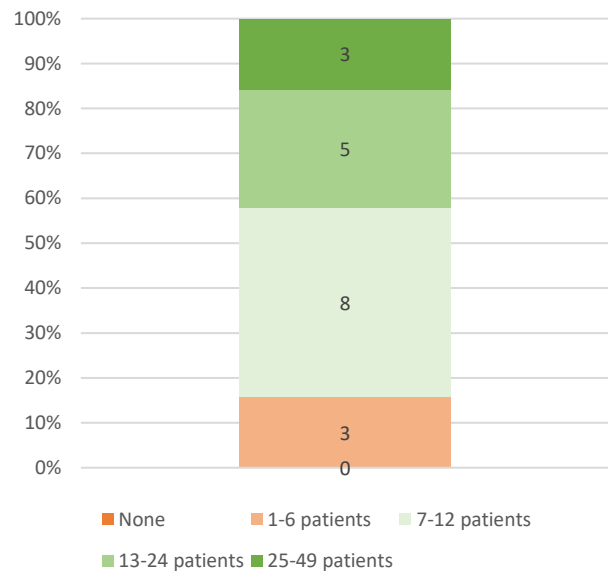


Figure 8.3.9: The next two questions are about early intervention for increasing risk drinking. This involves screening patients to identify those whose alcohol consumption places them at increased risk of disease and then counselling identified problem drinkers about reducing their alcohol consumption. Inquiries in a number of countries have revealed that many doctors in general practice spend very little or no time at all on early intervention for alcohol. A variety of reasons have been suggested as to why this might be so. For each one please indicate to what extent you think that reason applies.

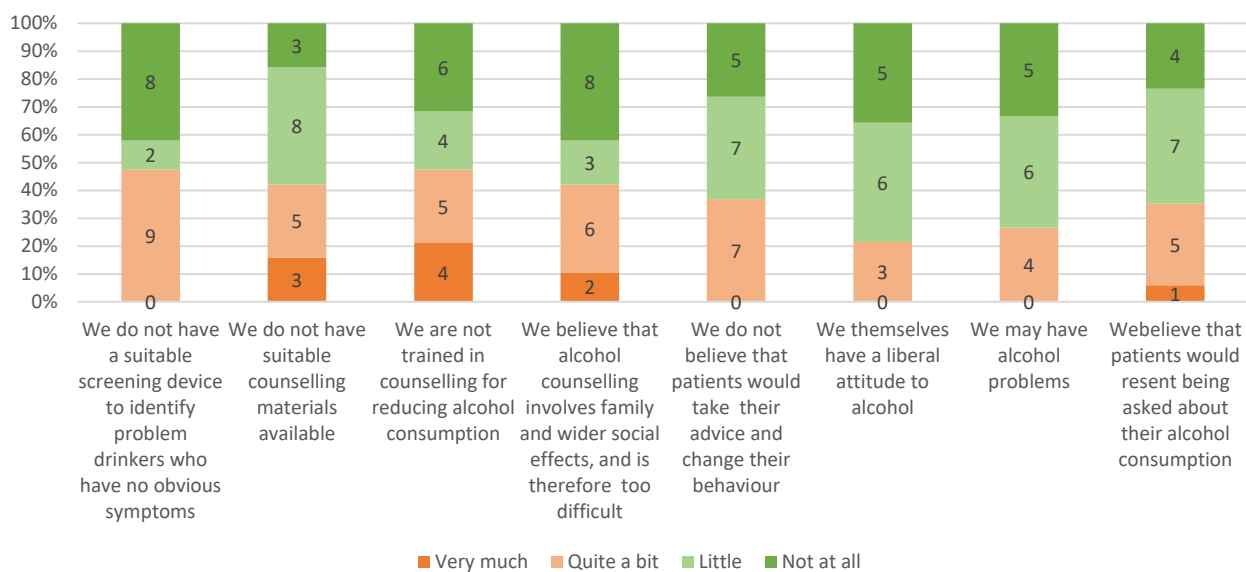
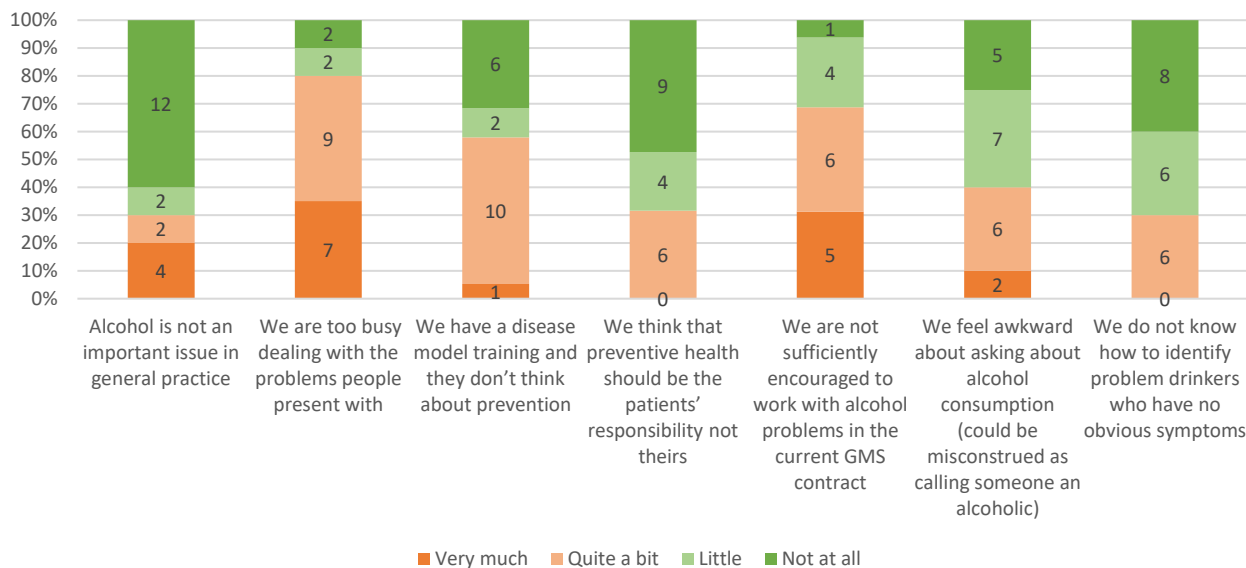
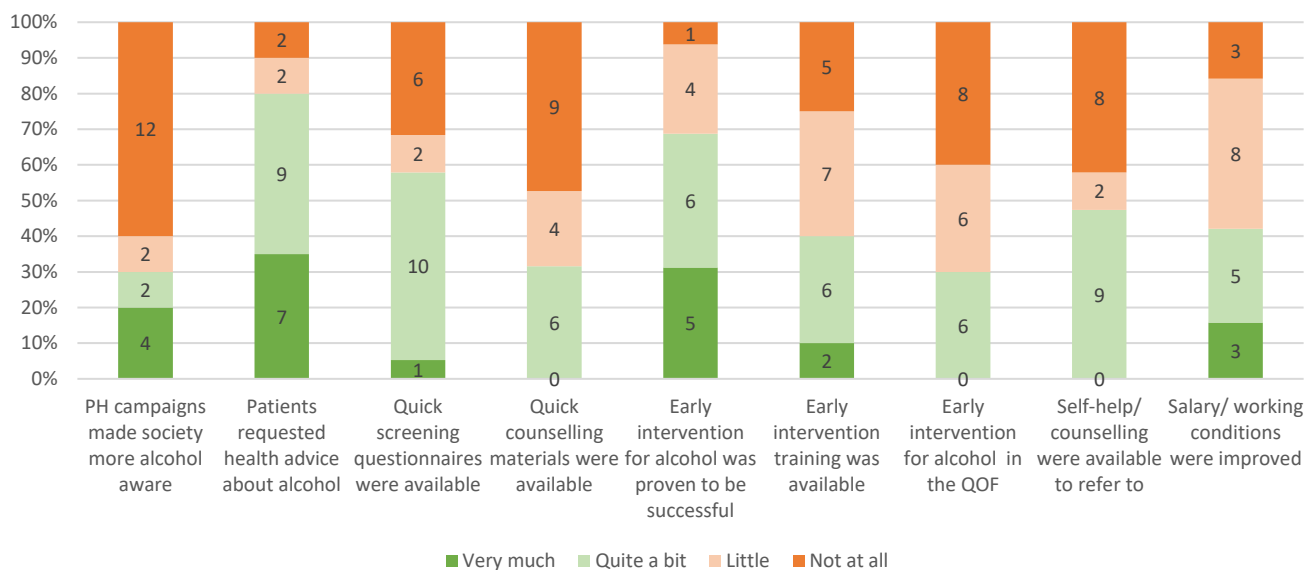


Figure 8.3.10: Doctors in a number of countries have suggested a variety of things that could lead to more doctors doing early intervention for increasing risk drinking. Please indicate for each item to what extent it would encourage you personally to do more early intervention for increasing risk drinking.



## FREE TEXT COMMENTS

“Interventions by GP and Nurses take time and unfortunately do not have the manpower and appointments available to dedicate to intervention and follow up”

GP

“Alcohol problem starts at availability and appropriate taxing. Alcohol businesses earn billions. Yet councils don't get remunerated enough for the damages it does to the society and healthcare costs.”.

GP

“Councils should be providing more self referral hubs and earning more in alcohol related licenses or other taxes”

GP

“As a partner, training and information is not really the issue, it's that I already do not have time to manage the workload I have, there is no additional time available to GPs to provide an adequate drug and alcohol service, particularly with no additional funding”.

GP

# 8.4 - FOCUS GROUPS

## CGL



### OVERVIEW

- A day of engagement was completed at the CGL offices on 14/10/2022.
- Fourteen individuals were interviewed on a 1-2-1 basis. Researchers also attended 2 group sessions organised by CGL.
- The collected information has been analysed and arranged into the following key themes.

### GPs

Of those who participated in interviews, all were positive about the responses that they got from their GPs. CGL staff believed that some GPs were better informed than others.

“I raised my drinking problem with my GP. He was helpful.”

*Female 50-59*

“The GP was very good. They said that I should contact CGL for help.”

*Female, 40-49*

### ACCESS

Of those interviewed, there were x routes into the CGL service:

- GP
- Family
- Alcohol Care Team
- Mental health (Caledan Centre)
- Probation

“I came to CGL because my wife dragged me down.”

*Male, 60+*

“I am at CGL because it is part of my license conditions...all services I have been involved with push you towards CGL”

*Male, 60+*

“I was sent here because I am trying to adopt a child. This place has nothing for me.”

*Male, 20-29*

“The GP helped with my referral to CGL. They made the first referral for me.”  
*Male, 20-29*

“I was seeing the mental health service at the Caledan Centre. My mental health worker phoned CGL on my behalf.”  
*Female, 20-29*

“I transferred to Coventry services from London.”  
*Female, 40-49*

“I heard about CGL from the Alcohol Care Team. I contacted CGL myself.”  
*Female, 40-49*

“I was sent to CGL by my GP in 2017.”  
*Female, 40-49*

“The GP told me about CGL. I self-referred myself. The GP did not follow up to see if I did contact CGL.”  
*Female, 30-39*

“My GP recommended CGL.”  
*Male, 50-59*

“I saw the Alcohol Care Team in hospital. CGL came into the hospital to see me.”  
*Male, 40-49*

## EMPLOYERS

To explore the other places where individuals could seek help, participants were asked about the response of employers towards their addiction.

Two participants said that their employers offered help with addiction.

Overall, participants chose not to disclose their addiction to their employers.

“My employer has a support group but I haven’t accessed it. The group is independent to my company.”  
*Female, 50-59*

“I have always been self-employed. Mainly my family have spoken to me about my drinking in the past.”  
*Male, 60+*

“My employer offers counselling sessions but I did not ask for these. I don’t think that employers understand addiction.”  
*Female, 21-30*

“My employer would be the last person that I would speak to about my addiction.”  
*Female, 30-39*

## RECOVERY

Participants were asked about what helped them in their recovery from addiction.

Five of those asked were attending AA groups in Coventry. One participant highlighted the role that Crisis continues to play in his recovery.

Three participants thought that there needed to be more recovery options in Coventry. More organised group events and gym membership were highlighted as ideas for recovery.

One participant highlighted her difficulties as a working mum in attending recovery groups. Due to these commitments, she could not attend the women-only group offered by CGL.

“Some people in recovery do not want to come to CGL. There is an association that people who come here are criminals (tagged).”

*Female, 40-49*

“On the alcohol side, people get dropped really quickly. It is as if you do not need more help. There is not enough help for those with an alcohol need.”

*Female, 40-49*

“There needs to be more organised events in the community.”

*Female, 40-49*

“There are not enough choices regarding recovery.”

*Female, 40-49*

“Loads of people relapse after leaving treatment. You still need loads of help.”

*Female, 40-49*

“I saw Crisis, they helped me with the artistic side of things.”

*Male, 40-49*

“The Recovery Groups is the only group that I can do. I have work commitments and childcare. I cant go to the women’s group because of childcare issues.”

*Female, 30-39*

“There are no additional benefits if you are in recovery – e.g. gym memberships.”

*Female, 30-39*

“Recovery should be bespoke to the individual. Different people require different levels and types of help.”

*Male, 60+*

## STIGMA

“People should be encouraged not to be ashamed of being an alcoholic.”

*Male, 40-49*

“My family don’t understand addiction. There needs to be more awareness.”

*Female, 40-49*



## ADDITIONAL POINTS

- CGL are more helpful now; more groups are going on.
- My first key worker had not been through addiction. The key worker needs to have lived experience.
- There is no dry house for women in Coventry. There is only one for men.
- I am in a hostel where people are using drugs and drinking.
- It would help if you had the right key worker.

## POSITIVE CHOICES



### OVERVIEW

- Positive Choices staff organised a focus group with four service users.
- The collected information has been analysed and arranged into the following key themes.
- The session was also used to collect the views of staff.

## REFERRALS

“My SEN Co-ordinator contacted Positive Choices for me.”

*Female, Under 18*

“I wouldn’t have made a referral unless the school did it for me.”

*Female, Under 18*

“Social workers usually refer into Positive Choices.”

*Positive Choices Practitioner*

“Consent from the young person is key to engagement.”

*Positive Choices Practitioner*

## PREVENTION & HARM REDUCTION

“Schools don’t know what to do. My friend got caught drinking and the school put him in isolation the next day.”

*Female, Under 18*

“Information is better coming from someone external from the school. Kids don’t want to listen to an adult.”

*Female, Under 18*

“You need to tackle the mental health issues relating to CAMHS. People turn to drugs and alcohol if they have been let down by others.”

*Female, Under 18*

“The whole education content about drug and alcohol use needs a revamp. Schools seem to say ‘Just don’t do it’.”

*Positive Choices Practitioner*

“Positive Choices take up a lot of slack.”

*Positive Choices Practitioner*

## 8.5 - RECOVERY THEMED FOCUS GROUPS

KF 11 - 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:

- 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.

## 8.6 - COMMUNITY SURVEY

KF 29 - 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.

The Community Survey received 30 responses. Technical issues on the Let's Talk Coventry consultation hub are believed to have contributed to the poor response rate.

The survey results are not included in this needs assessment due to low confidence intervals. Full details on the responses can be made available on request.

-9-

# TREATMENT SYSTEM

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# 9.1 - TREATMENT STARTS

## NEW PRESENTATIONS

The number of new presentations averages 906 over the last four years, with 2021-22 showing the lowest number over this analysed period. There has been a shift in the substance type of new presentations over the last 4 years:

- The rate of opiate users shows a decrease from 35% in 2018-19 to 28% in 2021-22.
- Conversely, alcohol-only users increased from 35% of all new presentations in 2018-19 to 41% in 2021-22.

CGL practitioners believed that the expanded ways to access services (virtually, phone) introduced during COVID could have caused the increase in Alcohol only clients accessing services. CGL practitioners also reported that they have become more strict in discharging clients from treatment to reduce individual risk.

Figure 9.1.1: New presentations to treatment year to date; total clients.

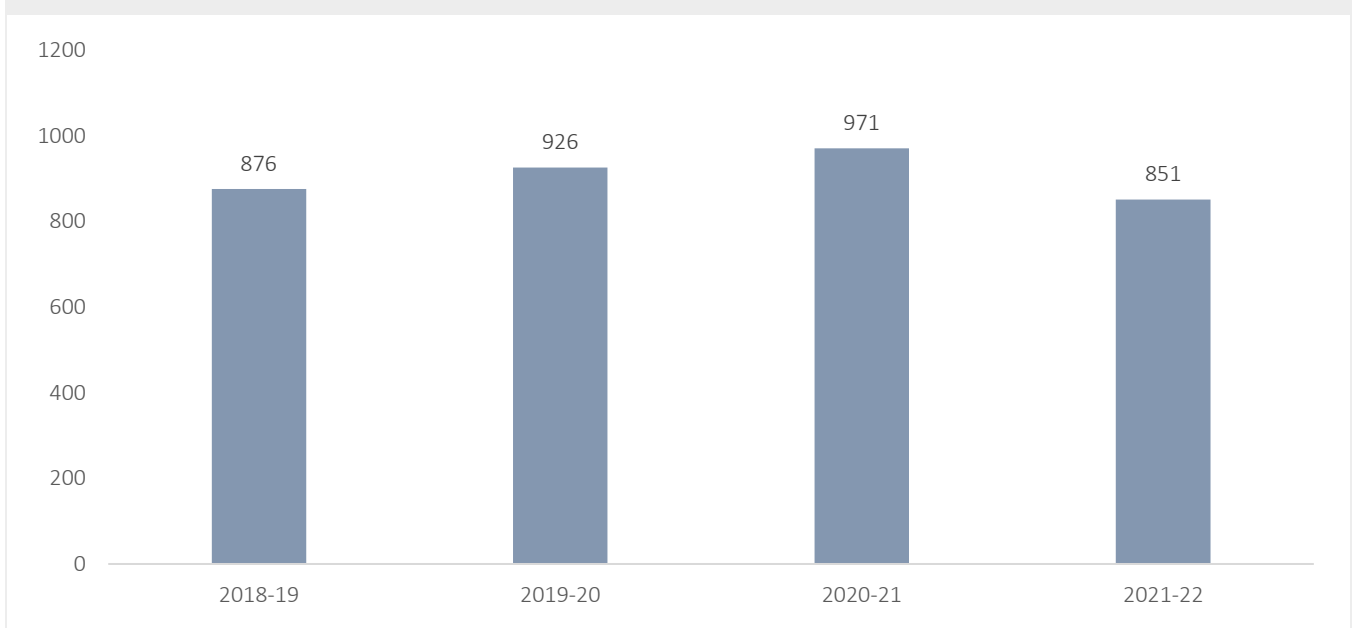


Figure 9.1.2: New presentations to treatment year to date; % of the total by substance.

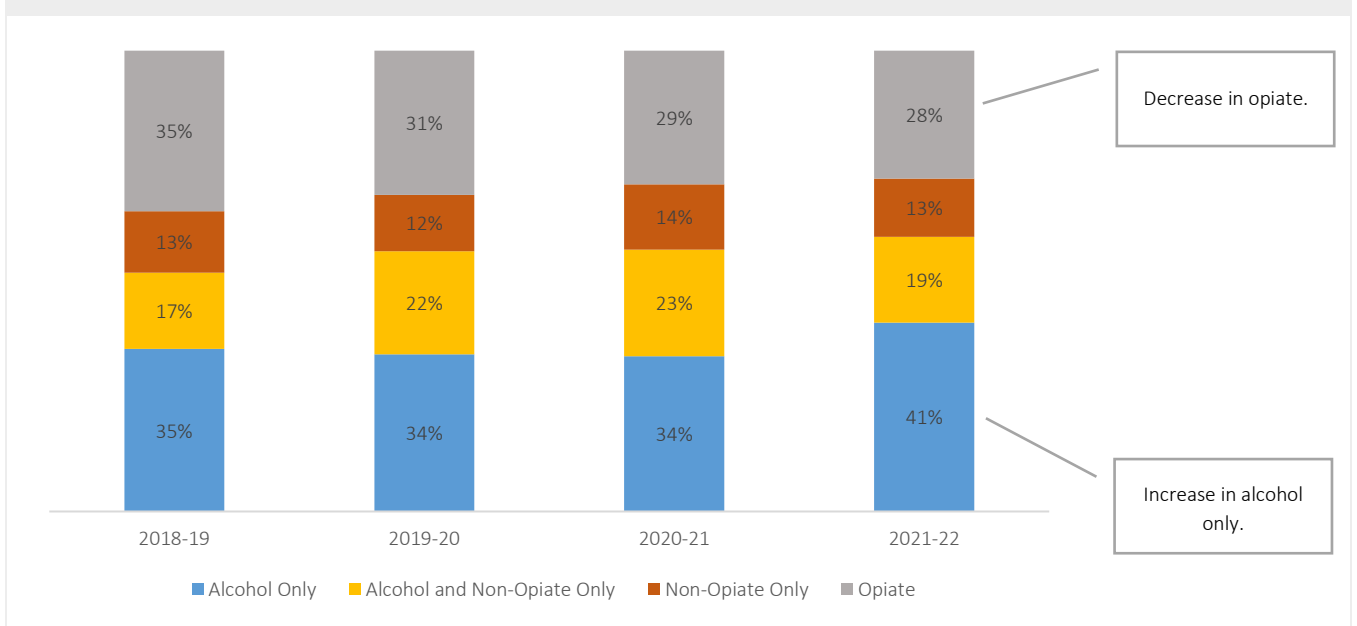


Figure 9.1.3: New presentations to treatment year to date; alcohol only.

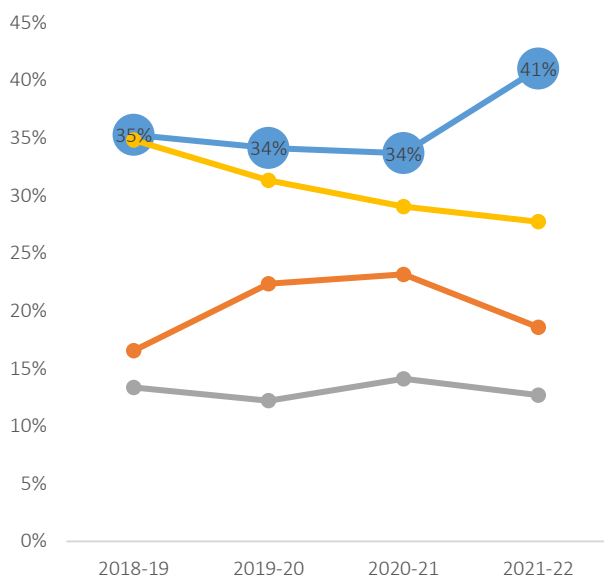


Figure 9.1.4: New presentations to treatment year to date; alcohol and non-opiate only.

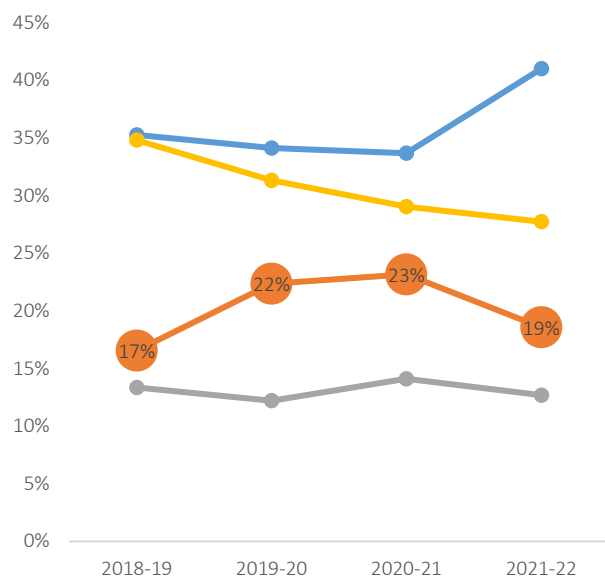


Figure 9.1.5: New presentations to treatment year to date; non-opiate only.

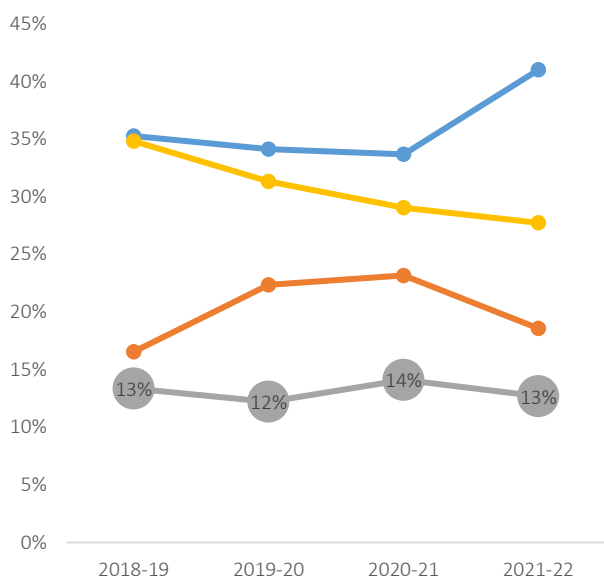
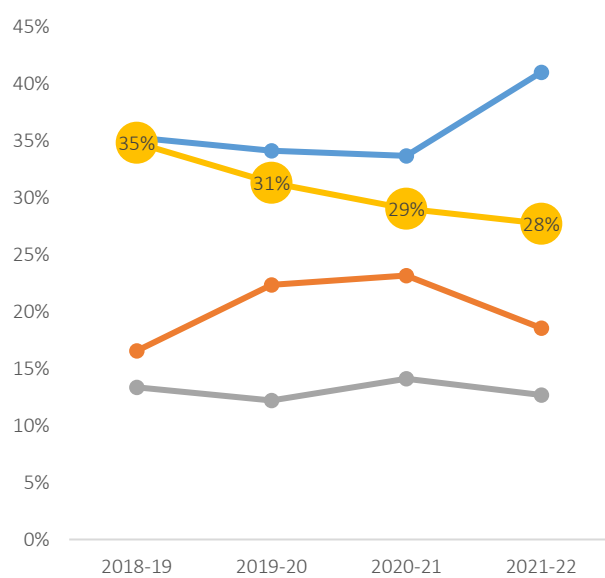


Figure 9.1.6: New presentations to treatment year to date; opiate.



	2018-19	2019-20	2020-21	2021-22
Alcohol Only	309	316	327	349
Alcohol and Non-Opiate Only	145	207	225	158
Non-Opiate Only	117	113	137	108
Opiate	305	290	282	236
<b>Total</b>	<b>876</b>	<b>926</b>	<b>971</b>	<b>851</b>

# REFERRAL SOURCE

**KF 38 - 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.**

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. The second largest group is through the criminal justice route; however, 9% of the total in 2021-22 is a decrease from the previous years.

Comparisons against the Nearest Neighbours are not possible for 2021-22; for 2020-21, there are high rates in Coventry for Self, Family, and Friends and low rates for Health Services / Social Care and Criminal Justice.

CGL practitioners fed back that many referrals rely on word of mouth, which means that other partners are promoting CGL. However, practitioners believed there was more chance of engagement when partners made a direct referral to the service.

Referrals from Children’s Social Care were highlighted as problematic, with individuals being referred to the service to undertake drug testing only. Drug testing is not a standalone service for which CGL is commissioned.

Figure 9.1.7: Referral sources; 2021-22.

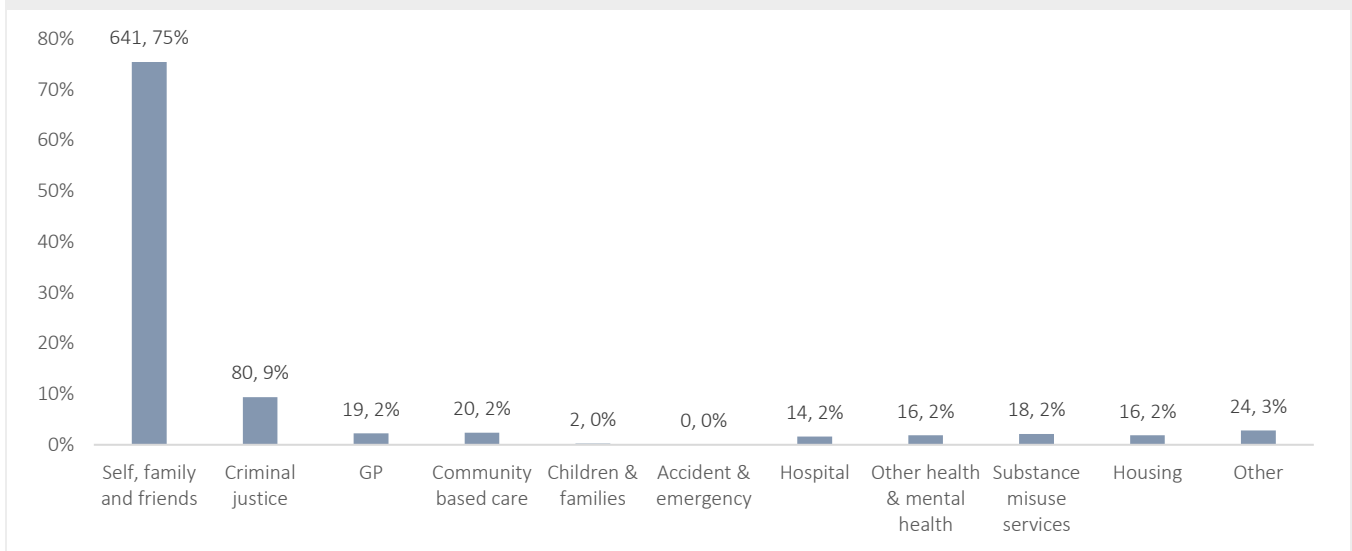


Figure 9.1.8: Referral sources; long-term trend.

	2018-19	2019-20	2020-21	2021-22
Self, family and friends	655	734	778	641
Criminal justice	112	89	72	80
GP	24	26	6	19
Other	85	77	115	110
<b>Total</b>	<b>876</b>	<b>926</b>	<b>971</b>	<b>850<sup>77</sup></b>
	2018-19	2019-20	2020-21	2021-22
Self, family and friends	75%	79%	80%	75%
Criminal justice	13%	10%	7%	9%
GP	3%	3%	1%	2%
Other	10%	8%	12%	13%

<sup>77</sup> Value of 1 missing.



# SEXUALITY

KF 40 - 4-5% of new presentations in 2021-22 were recorded on NDTMS as gay/lesbian and bisexual.

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”.

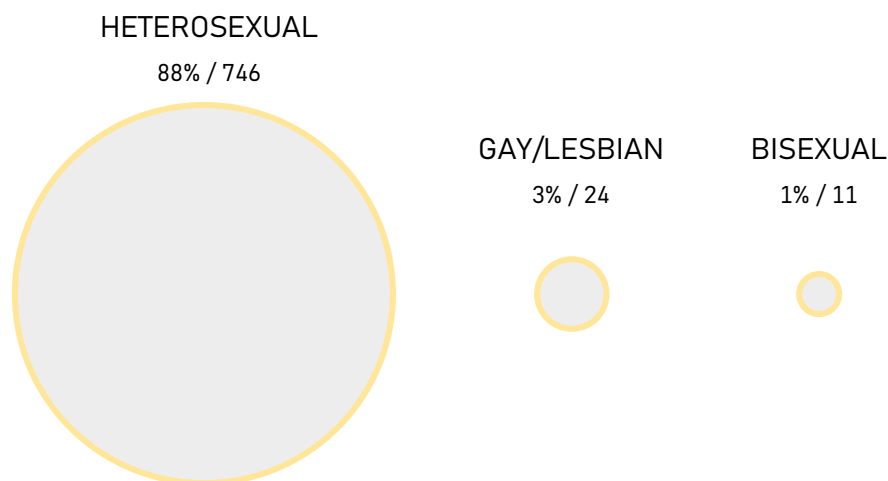


Figure 9.1.9: Sexuality; long-term trend.

	2018-19	2019-20	2020-21	2021-22
Heterosexual	722	828	862	746
Gay/Lesbian	13	16	18	24
Bi-Sexual	8	15	15	11
Person asked and does not know or is not sure	1	0	0	0
Not stated	93	31	31	43
Other	2	2	0	0
Missing / inconsistent	37	34	45	27
<b>Total</b>	<b>876</b>	<b>926</b>	<b>971</b>	<b>851</b>

	2018-19	2019-20	2020-21	2021-22
Heterosexual	82%	89%	89%	88%
Gay/Lesbian	1%	2%	2%	3%
Bi-Sexual	1%	2%	2%	1%
Person asked and does not know or is not sure	0%	0%	0%	0%
Not stated	11%	3%	3%	5%
Other	0%	0%	0%	0%
Missing / inconsistent	4%	4%	5%	3%

## RELIGION

The majority of new presentations do not have a religion. Christians account for the largest group at 22%, followed by Sikhs at 3%, and Muslims at 2%.

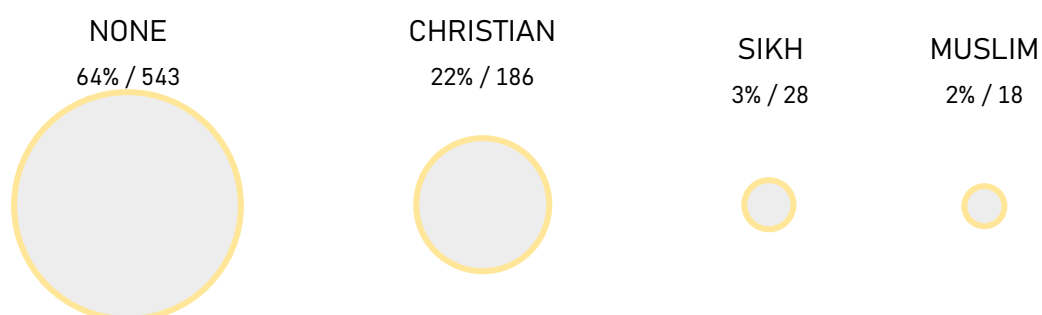


Figure 9.1.10: Religion; long-term trend.

	2018-19	2019-20	2020-21	2021-22
Baha'i	0	0	0	0
Buddhist	2	2	6	2
Christian	212	190	181	186
Hindu	8	14	8	6
Jain	0	0	0	0
Jewish	0	0	0	0
Muslim	23	24	27	18
Pagan	4	3	0	1
Sikh	25	22	27	28
Zoroastrian	0	0	0	0
Other	21	28	38	22
None	544	602	631	543
Declines to disclose	9	1	1	8
Patient religion unknown	14	20	17	18
Missing / Inconsistent	14	20	35	19
<b>Total</b>	<b>876</b>	<b>926</b>	<b>971</b>	<b>851</b>

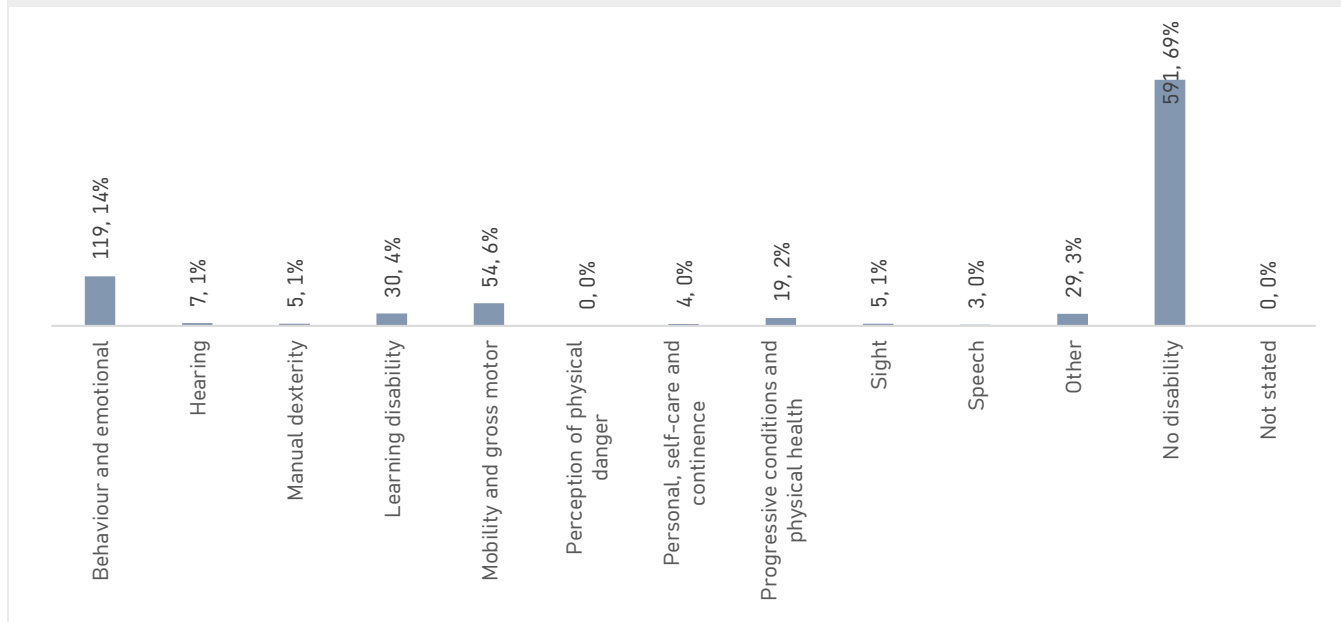
  

	2018-19	2019-20	2020-21	2021-22
Baha'i	0%	0%	0%	0%
Buddhist	0%	0%	1%	0%
Christian	24%	21%	19%	22%
Hindu	1%	2%	1%	1%
Jain	0%	0%	0%	0%
Jewish	0%	0%	0%	0%
Muslim	3%	3%	3%	2%
Pagan	0%	0%	0%	0%
Sikh	3%	2%	3%	3%
Zoroastrian	0%	0%	0%	0%
Other	2%	3%	4%	3%
None	62%	65%	65%	64%
Declines to disclose	1%	0%	0%	1%
Patient religion unknown	2%	2%	2%	2%
Missing / Inconsistent	2%	2%	4%	2%

# DISABILITY

69% of new presentations did not have a disability. Where a disability was present, the most prevalent were behaviour and emotional (14%) and mobility and gross motor (6%).

Figure 9.1.11: New treatment journey by disability; 2021-22.



## ACCOMMODATION NEED

Just under 80% of new presentations in 2021-22 did not have a housing problem. This rate is slightly higher than the previous years. Those recorded with “NFA - urgent housing problem” have decreased from 9% in 2018-19 to 3% in 2021-22.

The IPS Team work with individuals who need employment support.

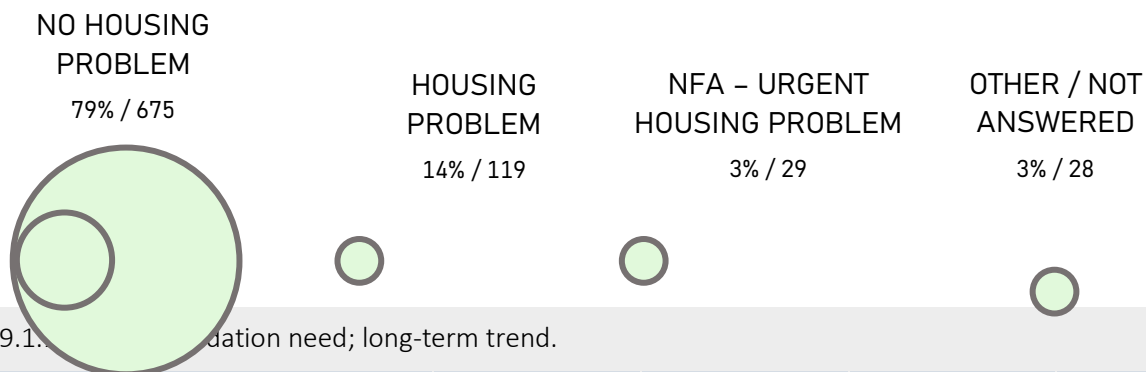


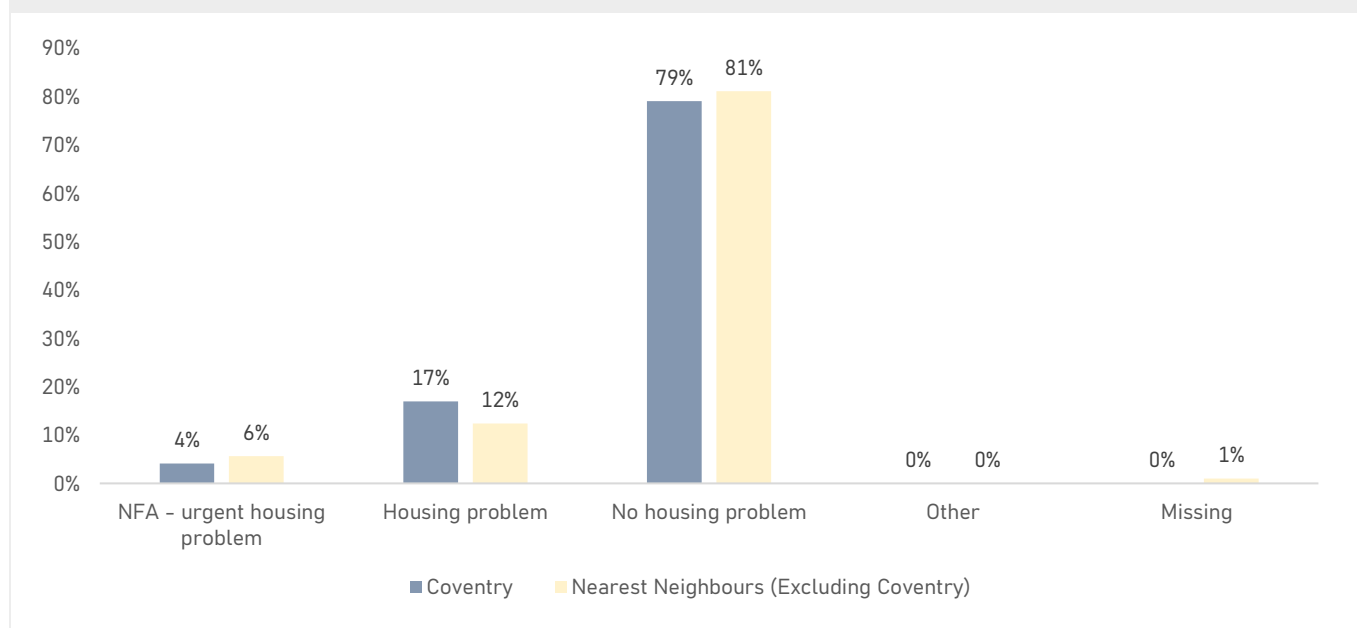
Figure 9.1. Accommodation need; long-term trend.

	2018-19	2019-20	2020-21	2021-22
NFA - urgent housing problem	78	56	41	29
Housing problem	108	136	163	119
No housing problem	676	714	732	675
Other / Not answered	14	20	35	28
<b>Total</b>	<b>876</b>	<b>926</b>	<b>971</b>	<b>851</b>

	2018-19	2019-20	2020-21	2021-22
NFA - urgent housing problem	9%	6%	4%	3%
Housing problem	12%	15%	17%	14%
No housing problem	77%	77%	75%	79%
Other / Not answered	2%	2%	4%	3%

Figure 9.1.13: Housing need; comparison against Nearest Neighbours in 2020-21.



## EMPLOYMENT STATUS

27% of presentations in 2021-22 were in regular employment. This rate is similar to previous years.

There has been a decrease in those who are long-term sick or disabled and an increase in the unemployed and not seeking work cohort. 118 (14%) are unemployed and are seeking work.

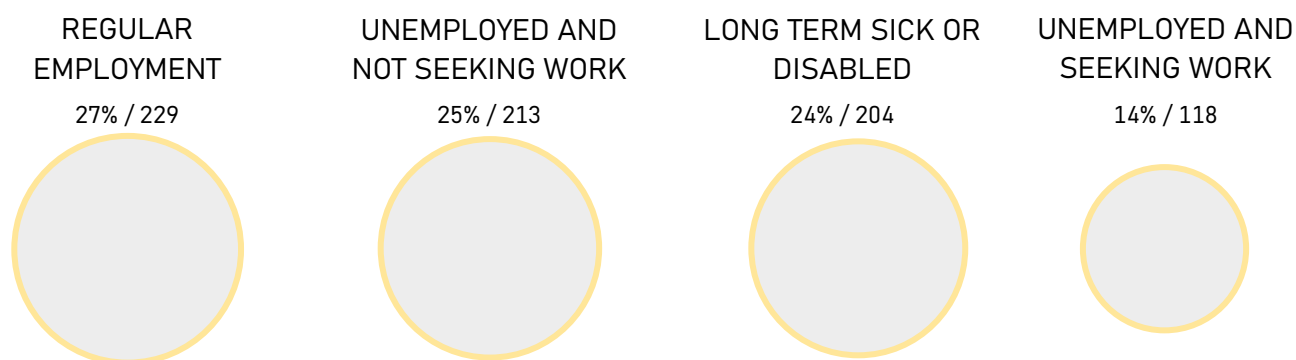


Figure 9.1.14: Accommodation need; long-term trend.

	2018-19	2019-20	2020-21	2021-22
Regular Employment	247	275	275	229
Long-term sick or disabled	312	241	262	204
Unemployed and seeking work	131	122	134	118
Unemployed and not seeking work	66	191	190	213
Other	120	97	110	87
<b>Total</b>	<b>876</b>	<b>926</b>	<b>971</b>	<b>851</b>

	2018-19	2019-20	2020-21	2021-22
Regular Employment	28%	30%	28%	27%
Long-term sick or disabled	36%	26%	27%	24%
Unemployed and seeking work	15%	13%	14%	14%
Unemployed and not seeking work	8%	21%	20%	25%
Other	14%	10%	11%	10%

## MENTAL HEALTH TREATMENT NEED

Around two-thirds of the presentations identified a mental health need in 2020-21 and 2021-22. This rate is an increase from the previous year.

Figure 9.1.15: Mental health need; long-term trend.



Below is the type of mental health treatment received for the new presentations. The largest category is mental health treatment received from the GP.

126 have no treatment being received.

Figure 9.1.16: Mental health treatment received.

	2018-19	2019-20	2020-21	2021-22
Already engaged	66	75	74	79
Engaged with IAPT	12	7	16	19
GP	291	316	476	409
NICE recommended psychosocial or pharmacological	1	0	5	4
Identified space in a health-based place	1	0	5	1
No treatment being received	126	119	153	126
Client declined to commence treatment for their mental health need	0	30	7	4
Any Citation	370	395	542	481

## FAMILY STATUS

KF 33 - 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.

“Parent living with own children” account for 15% of all new presentations in 2021-22. This rate is lower than the previous years. For comparison purposes, the rate for the Nearest Neighbours in 2020-21 was 17%.

CGL and Positive Choices are developing a Hidden Harm package for children whose parents have a drug or alcohol need.

Figure 9.1.17: Family status; 2021-22.

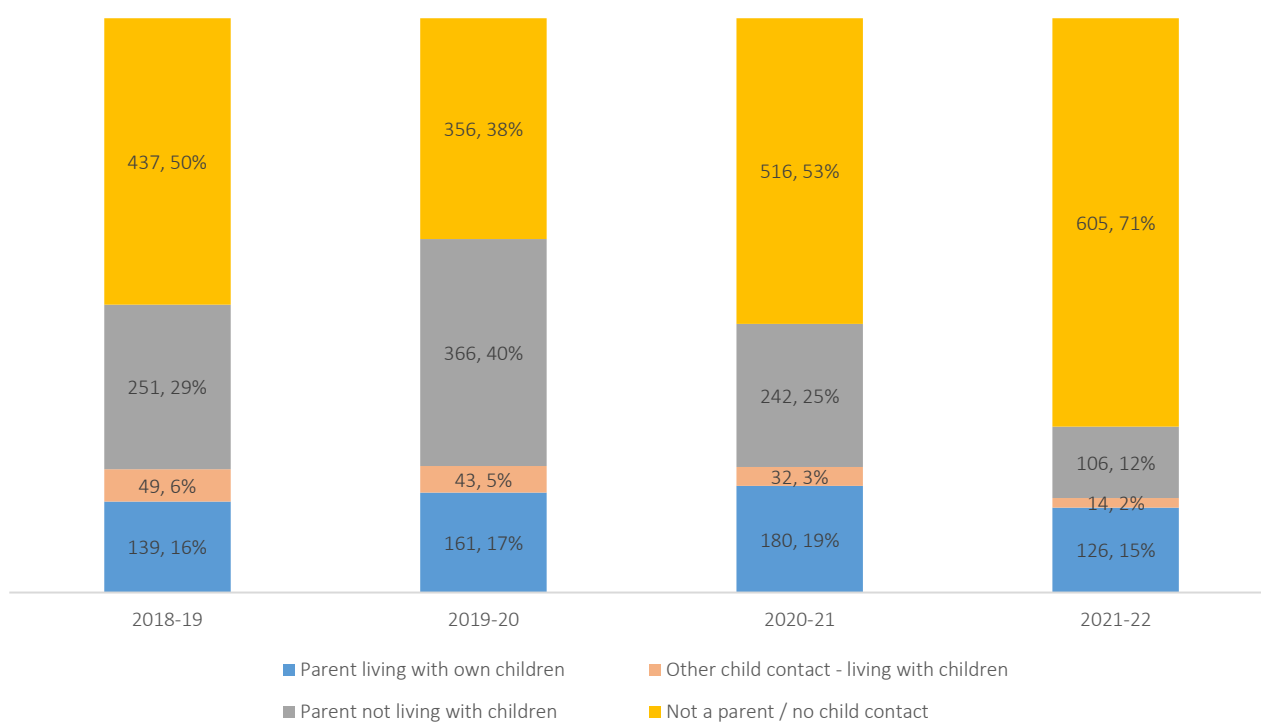


Figure 9.1.18: Family status; long-term trend.

	2018-19	2019-20	2020-21	2021-22
Parent living with own children	139	161	180	126
Other child contact - living with children	49	43	32	14
Parent not living with children	251	366	242	106
Not a parent / no child contact	437	356	516	605
Declined to answer either question	0	0	1	0
<b>Total</b>	<b>876</b>	<b>926</b>	<b>971</b>	<b>851</b>

## WAITING TIMES

### INTRODUCTION

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Waiting times are recorded as part of the DOMES report under section “2.2 Percentage of clients waiting over three weeks to start first intervention”.

The indicator looks at the number of clients waiting more than three weeks as a percentage of all first interventions.

In general, across all substance types, the rate of clients waiting for more than three weeks to start their first interventions is lower than the national average.

### OPIATES

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Of the 386 first interventions between April 2018 and March 2022, one client was waiting more than three weeks, equating to a rate of 0.3. Nationally, the rate is between 1-2%.

### NON-OPIATES

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None of the 199 interventions between April 2018 and March 2022 waited over three weeks. Nationally, the rate is between 1-2%.

### ALCOHOL

---

None of the 344 interventions between April 2018 and March 2022 waited over three weeks. Nationally, the rate is around 2%.

### ALCOHOL AND NON-OPIATE

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Of the 225 first interventions between April 2018 and March 2022, two clients were waiting more than three weeks, equating to a rate of 0.9%. Nationally, the rate is around 2%

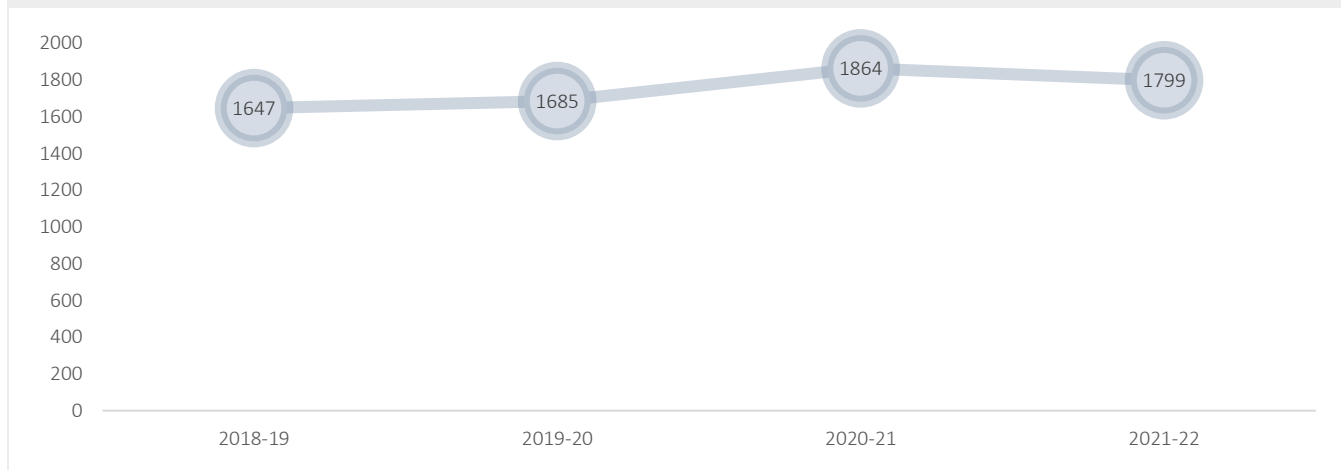


# 9.2 - IN-TREATMENT

## NUMBERS IN-TREATMENT

There were 1799 individuals in-treatment during 2021-22. This is slightly higher than the 1732 average for the previous three years.

Figure 3.2.1: In-treatment during the period; all.



# SUBSTANCE TYPE

Looking at substance type, opiate clients account for just over half of those in treatment during 2021-22. This rate has remained stable over the last 3-4 years.

**KF 41** – 28% of new presentations in 2021-22 were for opiates, however opiate clients accounted for 52% of the total of those in-treatment. In addition, the rate of opiate clients presenting to treatment has decreased however in-treatment rate has remained the same.

Figure 9.2.2: In-treatment during the period; alcohol only.

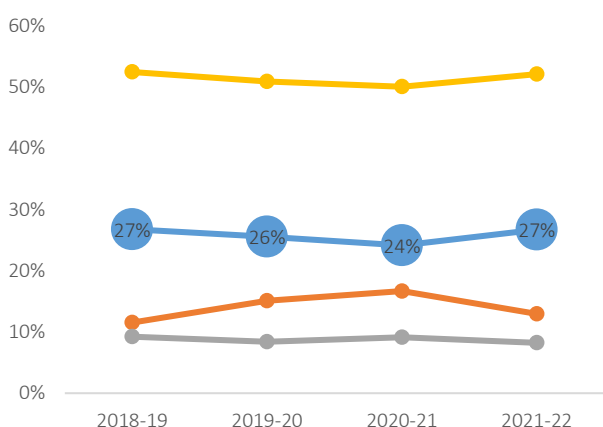


Figure 9.2.3: In-treatment during the period; alcohol and non-opiate only.

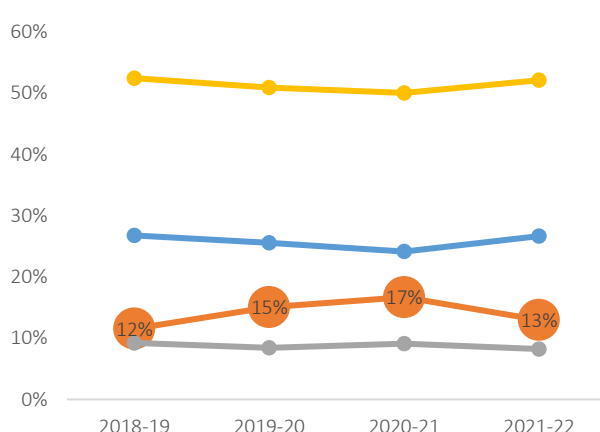


Figure 9.2.4: In-treatment during the period; non-opiate only.

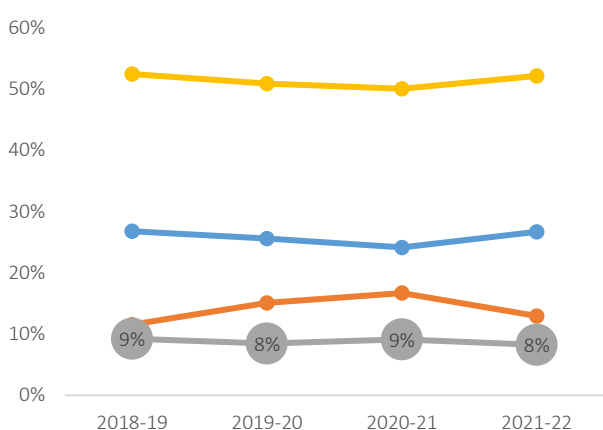
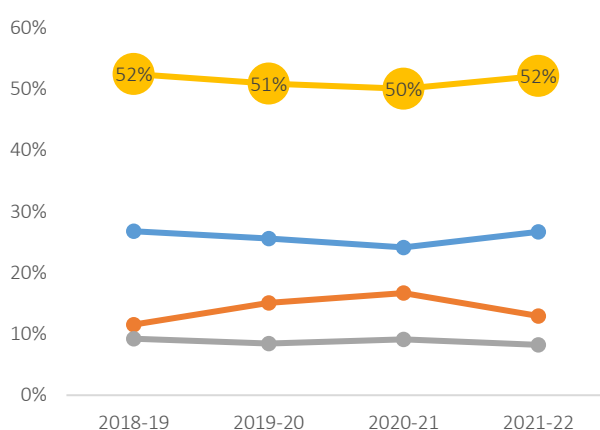


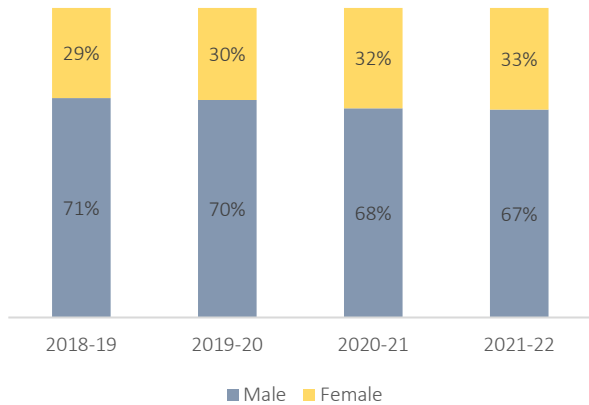
Figure 9.2.5: In-treatment during period; opiate.



	2018-19	2019-20	2020-21	2021-22
Alcohol Only	441	431	450	480
Alcohol and Non-Opiate Only	190	254	311	233
Non-Opiate Only	152	142	170	148
Opiate	864	858	933	938
Total	876	926	971	851

# SEX

Figure 9.2.6: Breakdown of those in-treatment, by sex.



KF 41 - Females accounted for 33% of those in treatment during 2021-22. This is up from 29% in 2018-19.

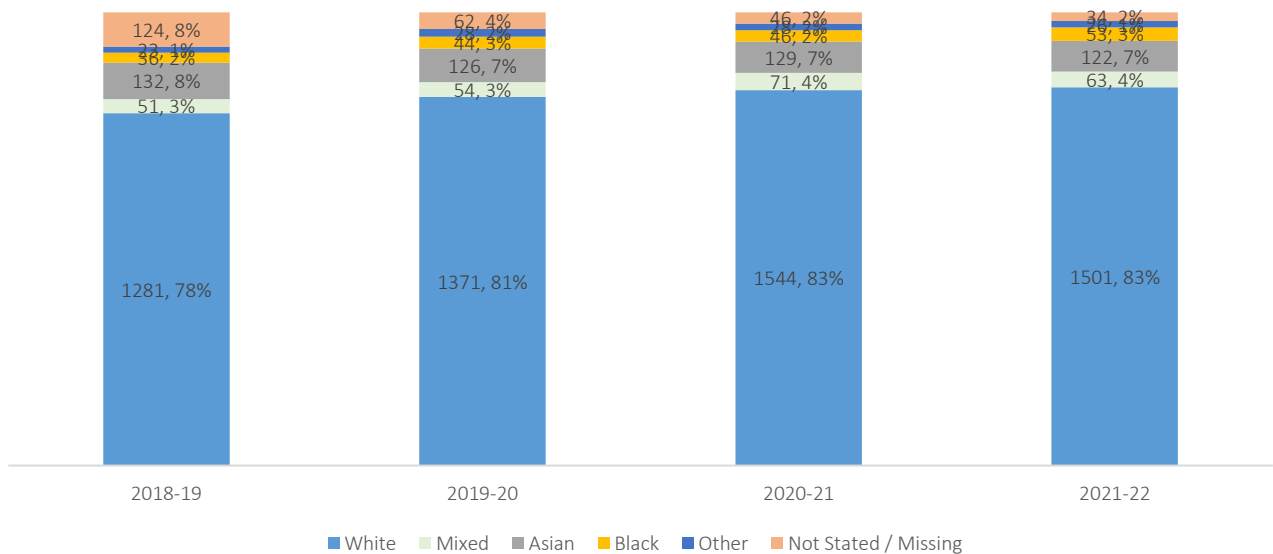
# ETHNICITY

KF 3 - 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.

There has been an increase in the rate of those of White ethnicity when comparing 2021-22 against previous years. This is likely due to better recording, as demonstrated by the reduction in those recorded with “not stated / missing”.

Data by ethnicity is limited as the last comprehensive dataset is from the 2011 Census. Based on the latest data, 26% of the Coventry population are BAME. During 2021-22, 15% of those in treatment during 2021-22 are from a BAME background.

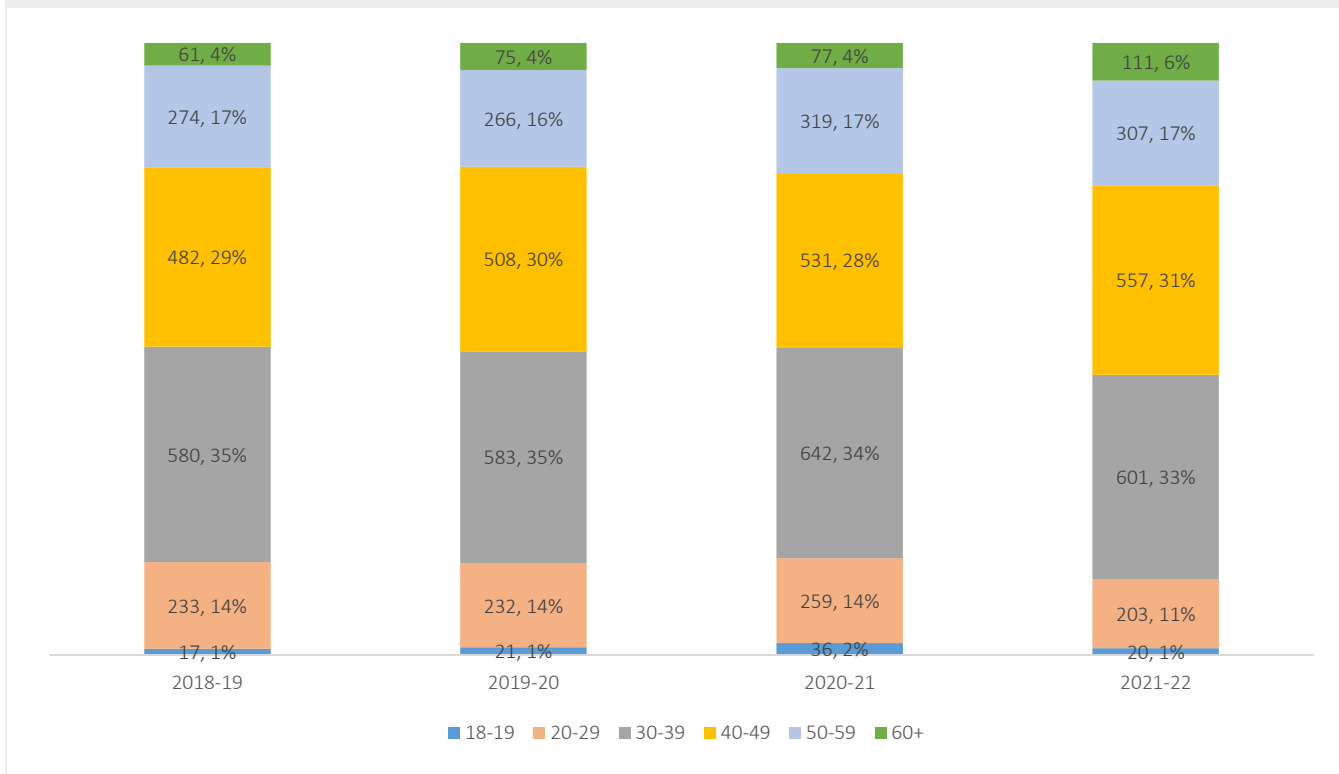
Figure 9.2.7: In treatment by ethnicity.



# AGE

KF 41 - Looking at the change in age structure over the four-year period, there has been a slight decrease in the 20-29 and the 30-39 age groups. This decrease has been offset with an increase in the 40-49 and 60+ age group.

Figure 9.2.8: In-treatment by age group.



# 9.3 - TREATMENT EXITS

## RE-PRESENTATIONS

KF 42 - Across all three areas, the performance in Coventry is lower than the National average and below the lower threshold of the top quartile of comparator local authorities.

### OVERVIEW

1.1 Proportion of all in treatment who successfully completed treatment and did not re-present within six months (PHOF C19a/C19b/C19c).

Across all three areas, the performance in Coventry is lower than the National average and below the lower threshold of the top quartile of comparator local authorities.

For Opiate and Non-Opiate, the charts show the performance threshold for the top quartile range of the comparator local authorities. For example, the performance in Coventry for Opiates is 3.6%, lower than the 5.38% lower bound to be in the top quartile of comparator local authorities.

Practitioners suggested that they are not strict in applying their re-representation criteria as this may cause a risk to an individual.

Figure 9.3.1: Successful Completions, OPIATE

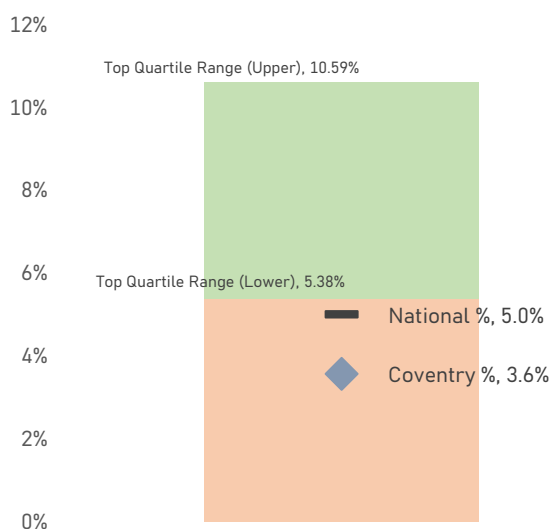


Figure 9.3.2: Successful Completions, NON-OPIATE

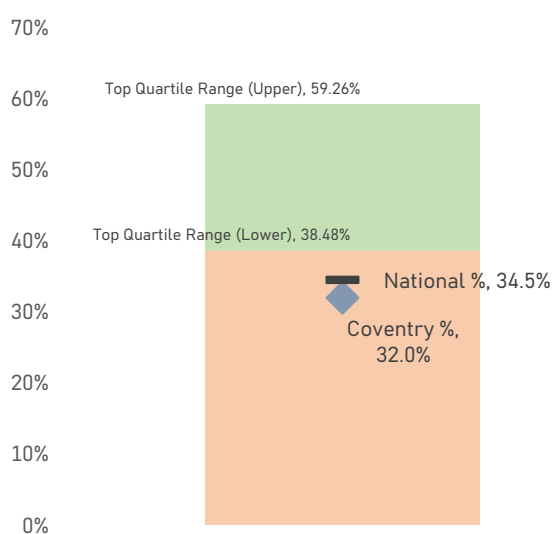
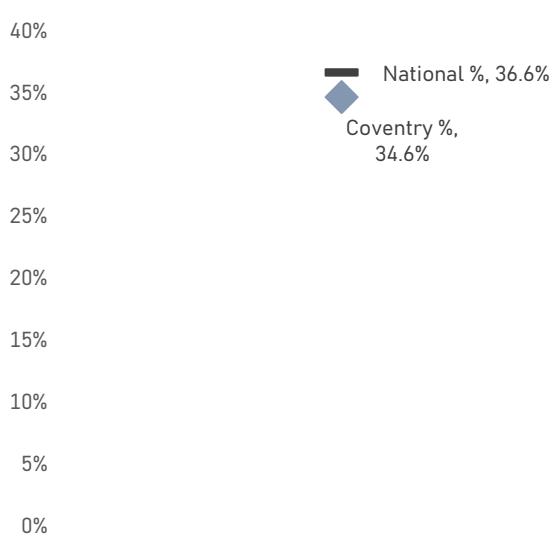


Figure 9.3.3: Successful Completions, ALCOHOL



# LONG-TERM TREND

The following charts show the long-term trend for Coventry compared to National performance and the upper quartile for the comparator local authorities.

For opiate, the rate has historically tracked below both the national average and the top quartile of the comparator local authorities.

For both non-opiate and alcohol, there has been a decrease in performance over the last few years.

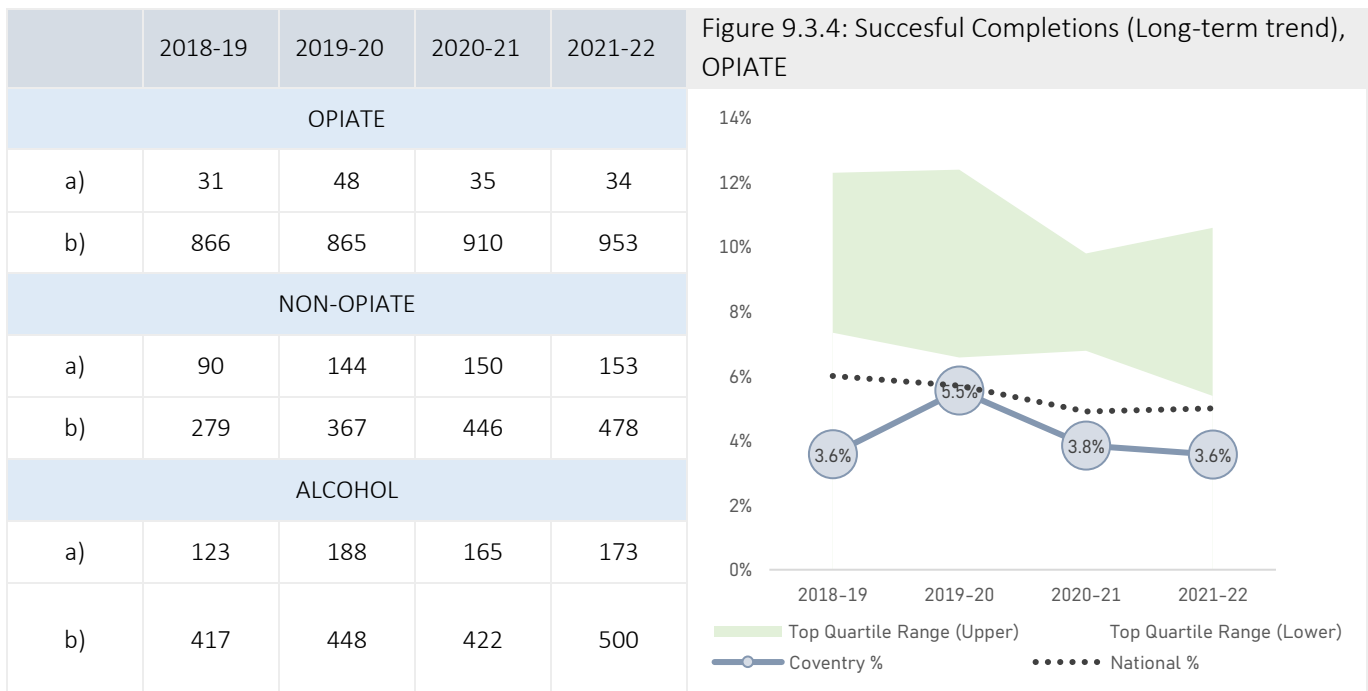
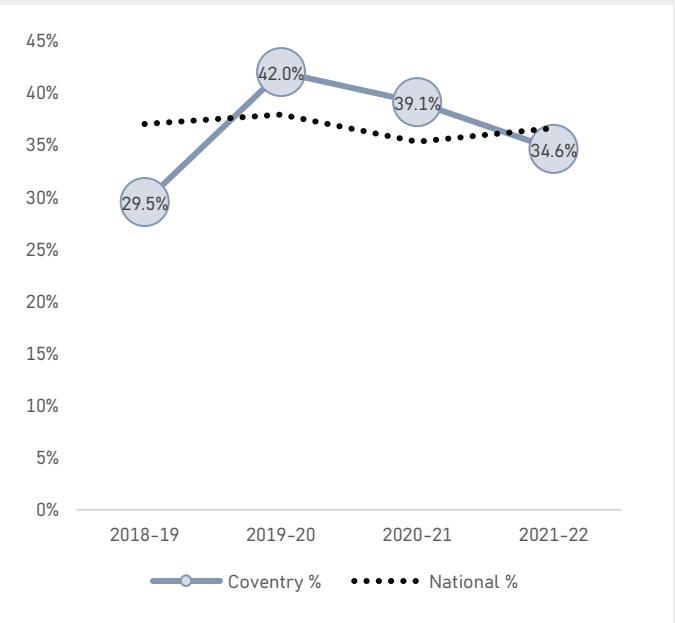
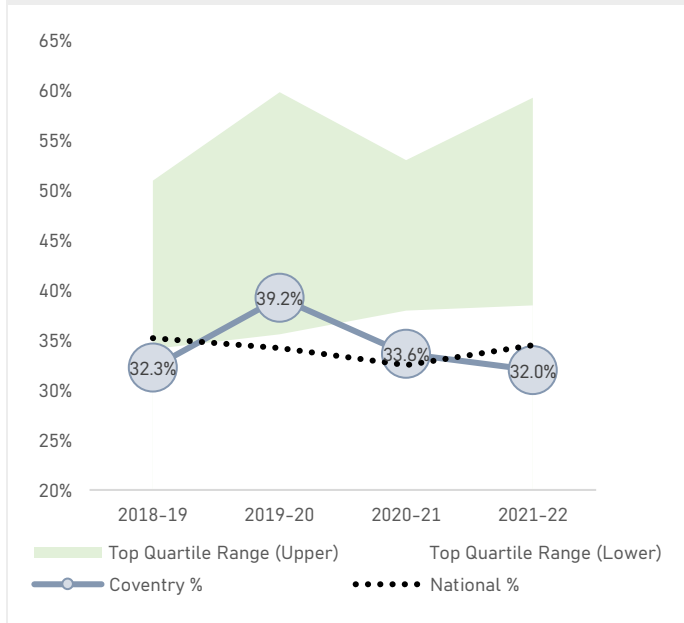


Figure 9.3.5: Successful Completions (Long-term trend), NON-OPIATE

Figure 9.3.6: Successful Completions (Long-term trend), ALCOHOL



- a) number successfully completed and did not re-present
- b) all in treatment

## SUCCESSFUL COMPLETIONS

The below looks at the long-term trend of indicator 1.2 Successful completions as a proportion of all in treatment.

**KF 42 - Excluding opiate users, the rate of successful completions as a proportion of all in treatment has decreased since 2018-19.**

Figure 9.3.7: Opiate.

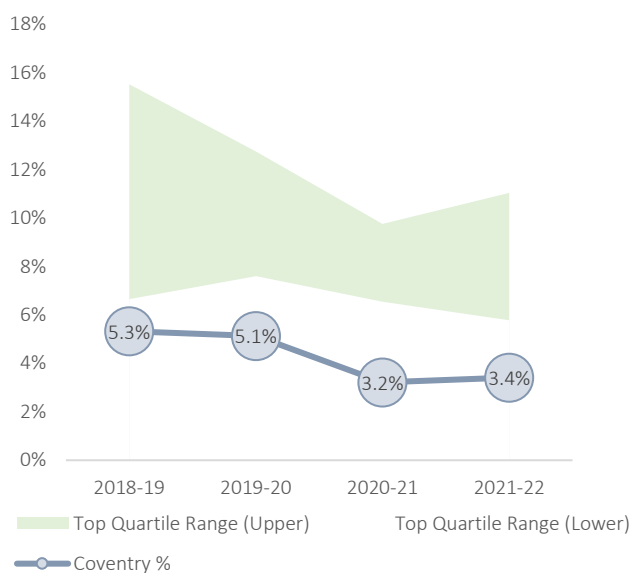
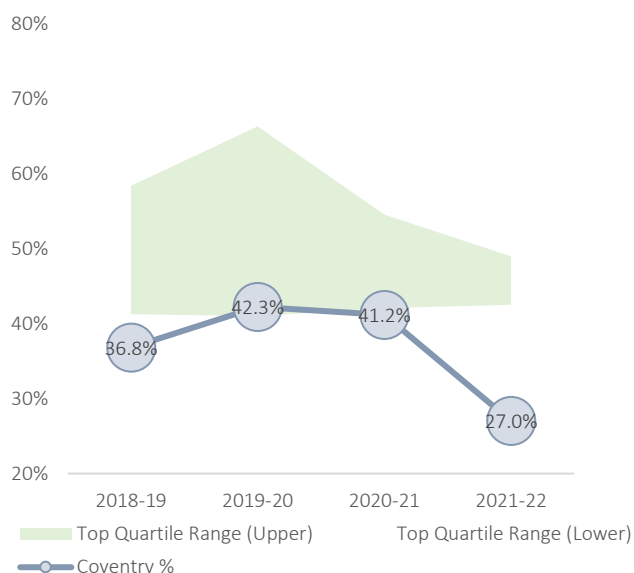


Figure 9.3.8: Non-opiate.



	2018-19	2019-20	2020-21	2021-22
a	46	44	30	32
b	864	858	933	938

	2018-19	2019-20	2020-21	2021-22
a	56	60	70	40
b	152	142	170	148

Figure 9.3.9: Alcohol.

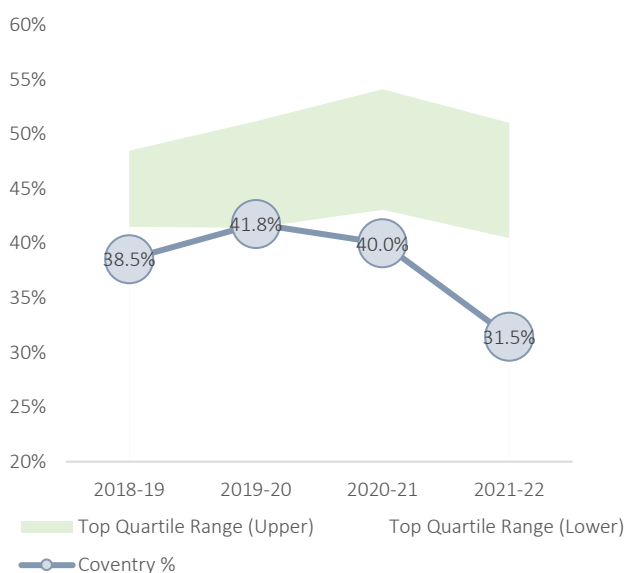
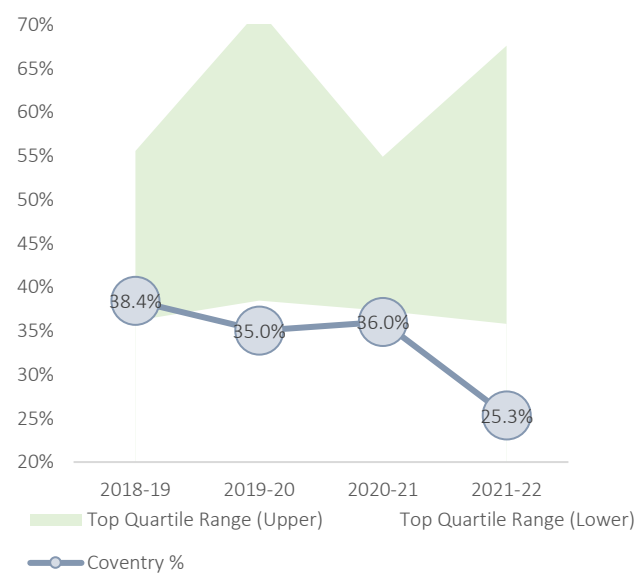


Figure 9.3.10: Alcohol and non-opiate.



	2018-19	2019-20	2020-21	2021-22
a	170	180	180	151
b	441	431	450	480

	2018-19	2019-20	2020-21	2021-22
a	73	89	112	59
b	190	254	311	233

a= number of successful completions / b= all in treatment

# 9.4 – PRISON RELEASES

**KF 24 - In Coventry, low proportions of individuals continue with their drug or alcohol treatment after their release from prison.**

The following information was taken from the Diagnostic Outcomes Monitoring Executive Summary (DOMES), section “PUBLIC HEALTH OUTCOME FRAMEWORK: INDICATOR C20 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison”.

There were 141 releases in 2021, which was lower than the previous two years.

Coventry's 13% engagement rate in 2021 is significantly lower than the 37% recorded nationally. In addition, the 13% in 2021 is lower than the previous years, which stood at around 30%.

Work is being completed in Coventry regarding prison releases. It has been identified that some data recording issues on NDTMS may be contributing to the low rates of being successfully engaged following release from prison.

Fig 9.4.1: Number of clients released and successfully engaged.

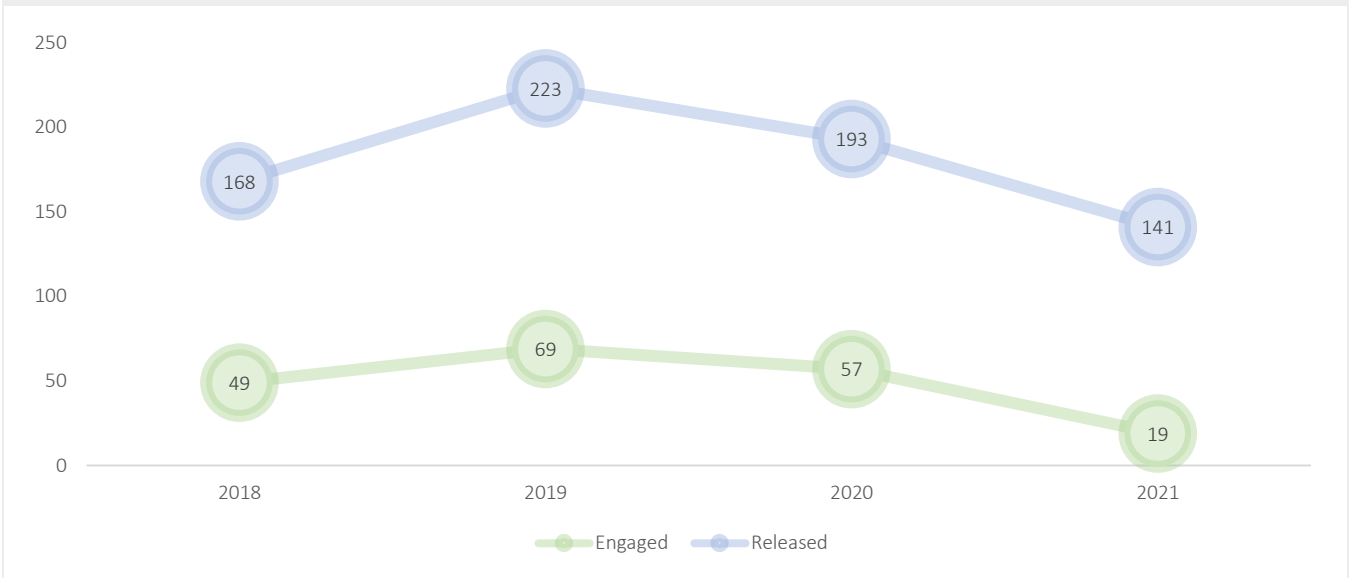
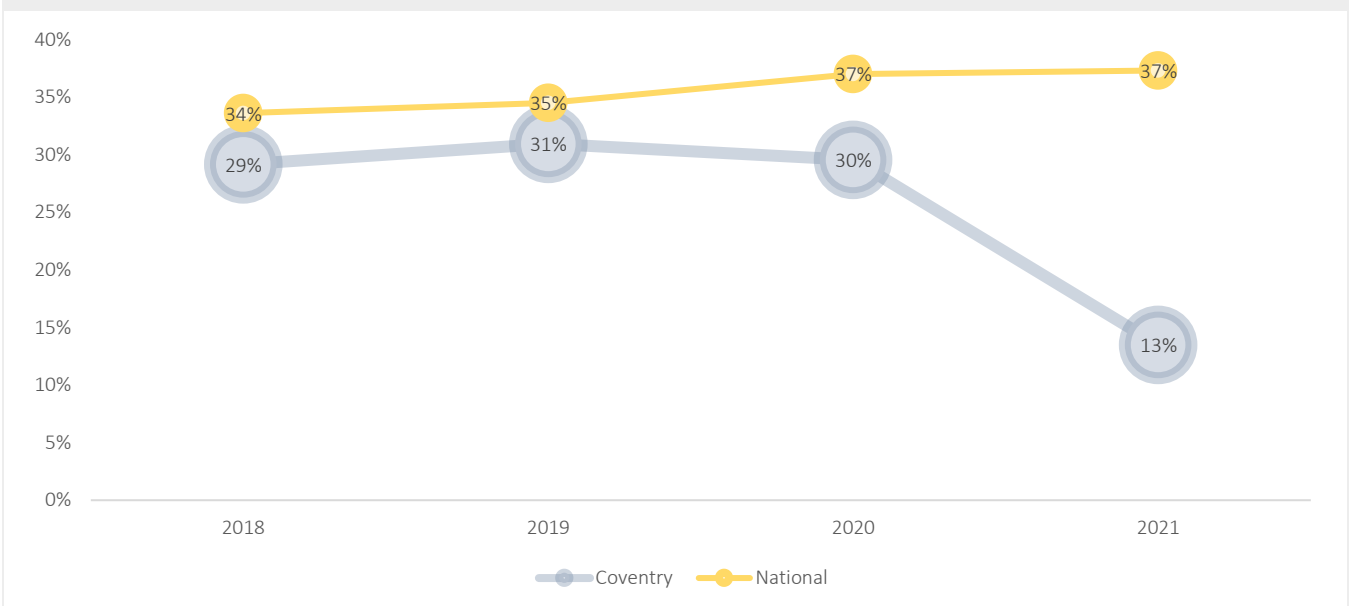


Figure 9.4.2: Engagement rate; Coventry compared to the National average.





# -10-

# THE WIDER PICTURE

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# 10.1 - HOMELESSNESS AND HOUSING SERVICES



## NATIONAL OVERVIEW

- Problems with drugs or alcohol can be part of a person's spiral into homelessness. While not everyone who has problems with alcohol or drugs becomes homeless, and not every homeless person has problems with drug or alcohol abuse, levels of drug and alcohol abuse are relatively high amongst the homeless population.<sup>78</sup>
- Two-thirds of homeless people cite drug or alcohol use as a reason for first becoming homeless. Those who use drugs are seven times more likely to be homeless.<sup>79</sup>
- A study in Swansea found that one in 10 people accessing the housing team had also accessed a substance misuse service, yet roughly one in five people accessing a substance misuse service were also accessing the housing team. Therefore, having housing support formally embedded in substance misuse services may benefit people's recovery.<sup>80</sup>
- The Housing First approach places vulnerable homeless people directly into permanent independent tenancies with access to comprehensive support.<sup>81</sup>
- Housing First is essential for those with complex support needs (such as managing drug and alcohol addiction or mental health needs) and follows the principle of managed use of drugs and alcohol rather than a requirement for abstinence.<sup>82</sup>

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<sup>78</sup> Crisis: Drugs and alcohol

<sup>79</sup> Crisis: Drugs and alcohol

<sup>80</sup> ADR UK, The overlap of substance misuse and housing issues

<sup>81</sup> St Mungo's Knocked Back DA Report

<sup>82</sup> Crisis: Housing models and types



## OVERVIEW

- Coventry Housing Options service supports those who are homeless or are at risk of homelessness to find accommodation in Coventry.
- Coventry City Council has approximately 100 bed spaces specifically for single people in temporary accommodation. These places are used instead of hostels and bed and breakfast accommodations.
- Housing staff are either located at these accommodations or complete outreach work.
- Despite the interventions from housing staff, it is still felt that not all those in temporary accommodation disclose a drug or alcohol need.

“A high proportion of those in single temporary accommodation have a drug or alcohol need.”

*Housing Practitioner*

“Knowing how many we accommodate, I would say that there is still unidentified need.”

*Housing Practitioner*



## ANALYSIS

KF 50 - There has been an increase in both the number and rate of households owed a prevention or relief duty where drug dependency needs or alcohol dependency needs were identified.

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

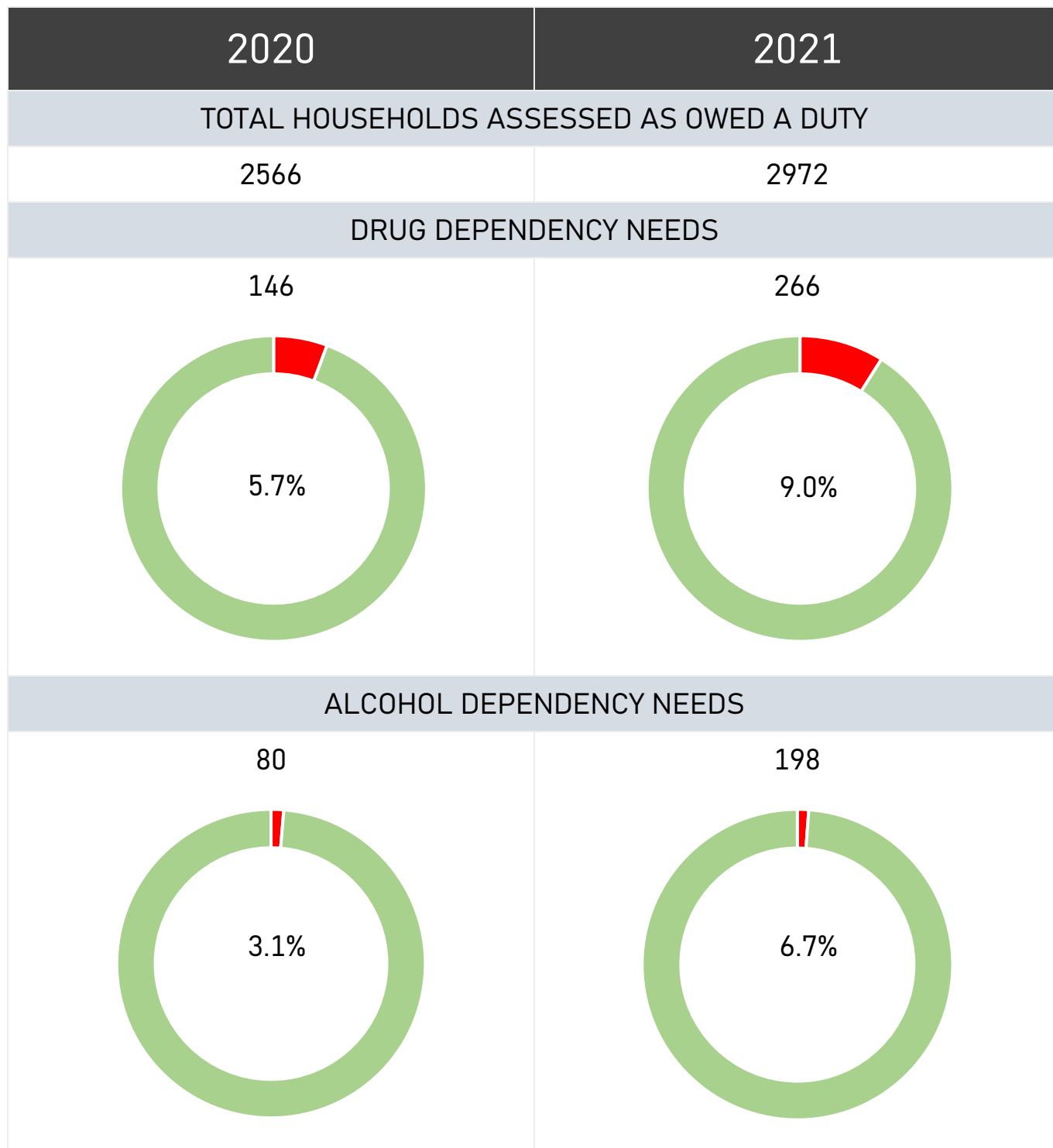
2020	2021
TOTAL HOUSEHOLDS ASSESSED AS OWED A DUTY	
2566	2972
DRUG DEPENDENCY NEEDS	
146 (5.7%)	266 (9.0%)
ALCOHOL DEPENDENCY NEEDS	
80 (3.1%)	198 (6.7%)

## SUPPORT NEEDS OF HOUSEHOLDS OWED A PREVENTION OR RELIEF DUTY

### OVERVIEW

Below is the number and rate of households owed a prevention or relief duty where drug or alcohol dependency needs were identified. For both drug dependency needs and alcohol dependency needs, there has been an increase.

The increase in identifying individuals with a drug or alcohol need is partially attributable to the Rough Sleeper Team (see page 115), which started during the COVID-19-related 'Everyone In' initiative.



## DRUG DEPENDENCY COMPARISON

Below shows how Coventry ranks against the Nearest Neighbours for the rate of households owed a duty with drug dependency needs identified in 2020 and 2021. In addition, the analysis includes drug dependency needs as a rate per 100,000 households.

The charts highlight the increase in those identified with drug dependency. Housing practitioners attributed this to the increase in partnership work completed in Coventry. Partnership working included working with those who did not normally engage, such as sex workers. During this period, Coventry City Council opened up more managed temporary accommodation, which provided more opportunities to explore drug and alcohol use with individuals.

### AS A % OF THOSE OWED A DUTY

Figure 10.1.1: % of those owed a duty; 2020<sup>83</sup>.

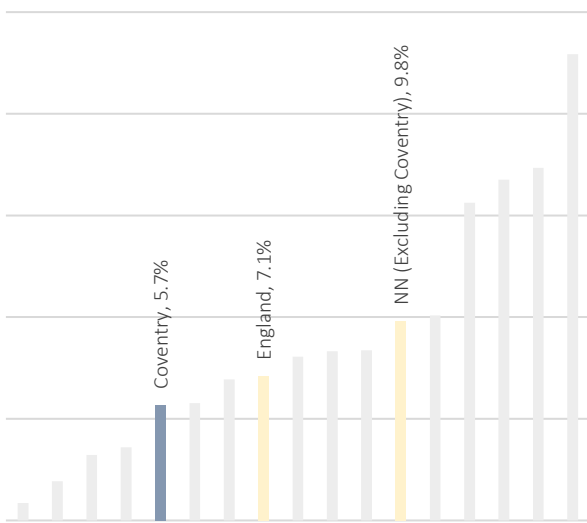
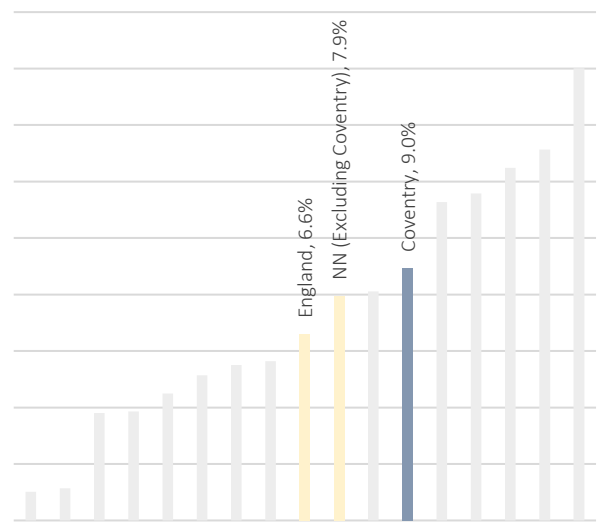


Figure 10.1.2: % of those owed a duty; 2021<sup>84</sup>.



### AS A RATE PER 100,000 HOUSEHOLD

Figure 10.1.3: 100,000 rate of households; 2020<sup>85</sup>.

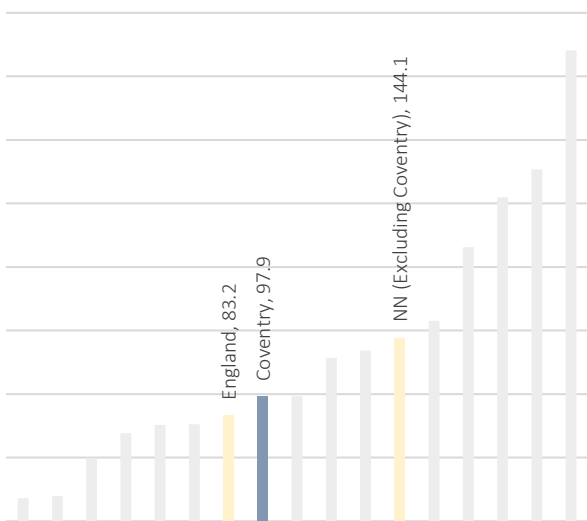
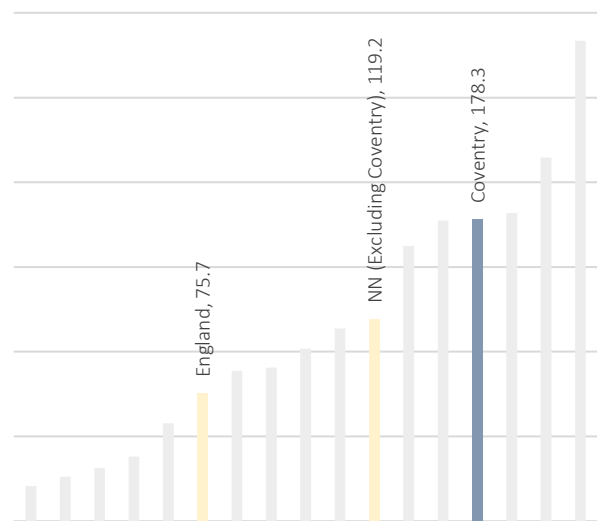


Figure 10.1.4: 100,000 rate of households; 2021<sup>86</sup>.



<sup>83</sup> No data for Newcastle on Tyne.

<sup>84</sup> No data for Coventry (Qtr-3) and Newcastle on Tyne.

<sup>85</sup> No data for Newcastle on Tyne.

<sup>86</sup> No data for Coventry (Qtr-3) and Newcastle on Tyne.

## ALCOHOL DEPENDENCY COMPARISON

Below shows how Coventry ranks against the Nearest Neighbours for the rate of households owed a duty with alcohol dependency needs identified in 2020 and 2021. In addition, the analysis includes alcohol dependency needs as a rate per 100,000 households.

Similar to the trends exhibited for drug dependency, the increase in alcohol dependency is reflected in the charts.

### AS A % OF THOSE OWED A DUTY

Figure 10.1.5: % of those owed a duty; 2020<sup>87</sup>.

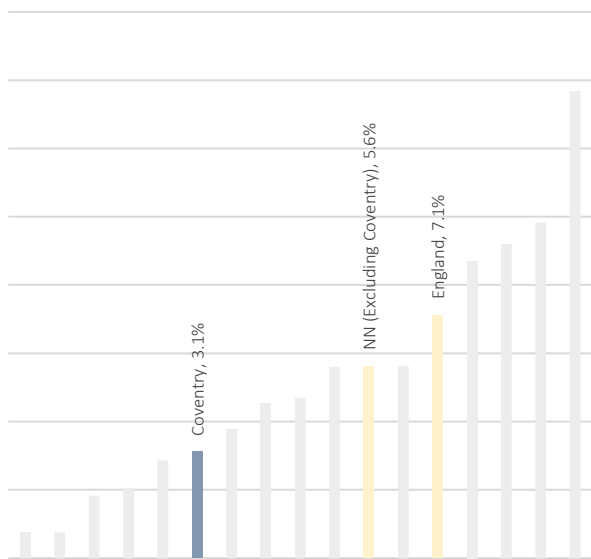
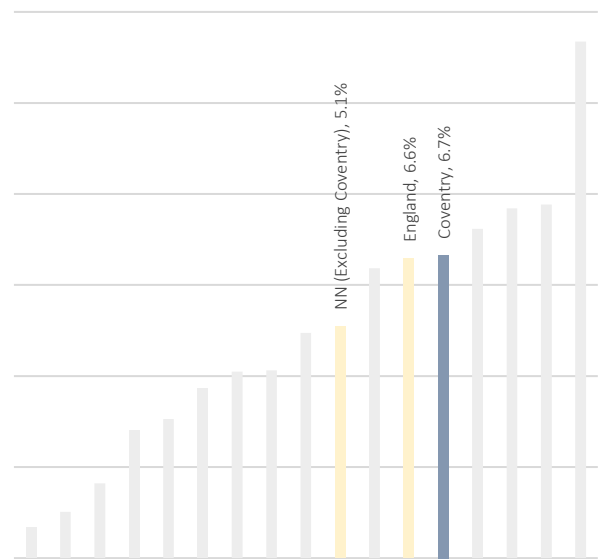


Figure 10.1.6: % of those owed a duty; 2021<sup>88</sup>.



### AS A RATE PER 100,000 HOUSEHOLD

Figure 10.1.7: 100,000 rate of households; 2020<sup>89</sup>.

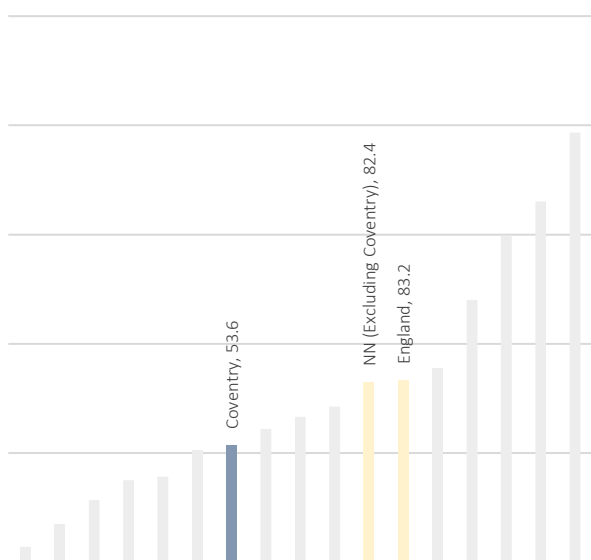
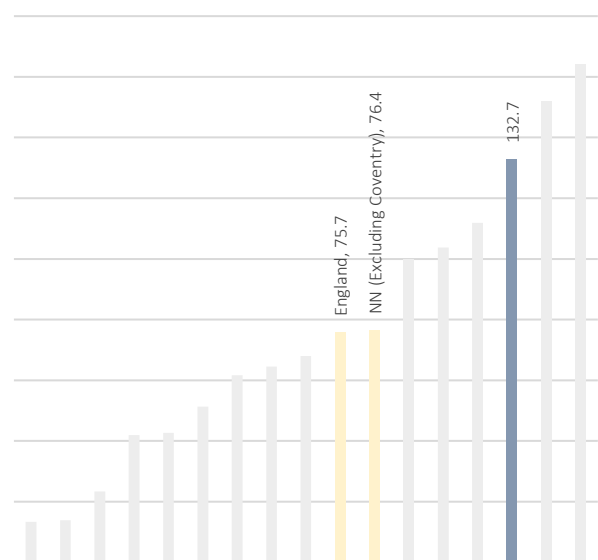


Figure 10.1.8: 100,000 rate of households; 2021<sup>90</sup>.



<sup>87</sup> No data for Newcastle on Tyne.

<sup>88</sup> No data for Coventry (Qtr-3) and Newcastle on Tyne.

<sup>89</sup> No data for Newcastle on Tyne.

<sup>90</sup> No data for Coventry (Qtr-3) and Newcastle on Tyne.

## HOUSEHOLD COMPOSITION

Below is the household composition in terms of children for those owed a homelessness duty for drug and alcohol dependency needs. Note that this data is only available until the end of March 2021.

For drug dependency needs, the number of households with children shows a slight decrease from 3 to 2, despite the total number of households owed a duty increasing by around 50%. For alcohol dependency needs, there were two households each year.

Practitioners believed that applicants with children might not disclose a drug or alcohol need due to fears about Children's Social Care becoming involved.

Figure 10.1.9: Number of households with children or single owed a homelessness duty by support needs of the household

DRUG DEPENDENCY NEEDS			
YEAR	With Children	With No Children	Total
2019-20	3	102	105
2020-21	2	146	148
ALCOHOL DEPENDENCY NEEDS			
YEAR	With Children	With No Children	Total
2019-20	2	76	78
2020-21	2	88	90



# ROUGH SLEEPING

## CURRENT SNAPSHOT

The following information is based on the latest available information collected as part of the Rough Sleeping Drug and Alcohol Grant Treatment Grant Application for 2021-22.

### 1 - CURRENTLY EXPERIENCING ROUGH SLEEPING

10



This figure is based on the number of people identified by the Council's Rough Sleeper Team to be 'bedding down' in Coventry during outreach sessions in May 2020. The current 10 are a mixture of very long-term entrenched rough sleepers who have never accepted any offers of accommodation, some long-term drug users who have been in and out of hostels and other accommodation and some new non-UK people who are previously unknown to the service, some with no current option. It should be noted that the numbers are fluid - a further 5 people have found rough sleeping and immediately accommodated within the last couple of weeks.

### 2 - CURRENTLY EXPERIENCING ROUGH SLEEPING AND PROBLEMATICALLY USING/DEPENDENT UPON DRUGS AND/OR ALCOHOL

9



Six individuals are problematically using heroin & crack with only one in treatment. Several have previously been in active treatment but are currently refusing offers of treatment and prescribing. There is a small number of problematic drinkers, all non-UK, EEA nationals.

### 3 - ENGAGED IN STRUCTURED TREATMENT

1



This is at risk due to his non-engagement with the treatment provider.

## AT RISK

---

As part of the dataset, information around at-risk of rough sleeping is collected. The following provides a summary of the potential risk of those at risk of rough sleeping who have a substance misuse need.

1 - ESTIMATE CURRENTLY AT RISK OF ROUGH SLEEPING
737
This figure includes 260 in Council-commissioned temporary accommodation, 274 in hostel accommodation, 53 in ex-offender accommodation, 100 in non-commissioned temporary accommodation and 50 sex workers in insecure housing.
2 - ESTIMATE PROBLEMATICALLY USING/DEPENDENT UPON DRUGS AND/OR ALCOHOL
565
This figure includes 220 in Council-commissioned temporary accommodation, 205 in hostel accommodation, 45 in ex-offender accommodation, 50 in non-commissioned temporary accommodation and 45 sex workers in insecure housing.
3 - OF ABOVE, ALREADY ENGAGED IN STRUCTURED TREATMENT
300
This figure includes 130 in Council-commissioned temporary accommodation, 110 in hostel accommodation, 30 in ex-offender accommodation, 20 in non-commissioned temporary accommodation and 10 sex workers in insecure housing.

# 10.2 - HEALTH

## GPs & PRIMARY CARE

KF 9 - Drug use can cause a range of health-related problems.



### NATIONAL OVERVIEW

- Drug use can cause a range of health-related problems, including:<sup>91</sup>
  - 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
- Because of this, people experiencing drug-related harm might seek help from a wide range of health and care professionals, including acute medical, primary care and psychiatric services.<sup>92</sup>
- In 2020, referrals to substance misuse treatment from GPs accounted for 6% of all referrals. For the alcohol-only group, GPs accounted for 8% of referrals.<sup>93</sup> Hospitals made up 4% of all referrals.<sup>94</sup>
- In 2020 there were 16,994 hospital admissions for poisoning by drug misuse. That's 6% lower than 2018/19 (18,053) but 9% higher than 2012/13 (15,580).<sup>95</sup>
- The 'All Our Health' misuse of illicit drugs and medicines guidance will help health and care professionals to:<sup>96</sup>
  - identify, prevent or reduce drug-related harm
  - identify resources and services available in the area that can help people with drug misuse

<sup>91</sup> Misuse of illicit drugs and medicines

<sup>92</sup> Misuse of illicit drugs and medicines

<sup>93</sup> Adult substance misuse treatment statistics 2020 to 2021

<sup>94</sup> Adult substance misuse treatment statistics 2020 to 2021

<sup>95</sup> NHS Digital Statistics on Drug Misuse 2020

<sup>96</sup> Misuse of illicit drugs and medicines: applying All Our Health



## ANALYSIS

- GP data was not made available for this needs assessment.
- See GP Survey data on page 151.

## FP10



## OVERVIEW

- FP10 prescriptions are purchased by NHS organisations, including Hospital Trusts, and are distributed free of charge to medical and non-medical prescribers, NHS dentists and other organisations as required.<sup>97</sup>



## ANALYSIS

- FP10 data was not made available for this assessment.

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<sup>97</sup> NHS.com

# MEDICATION-ASSISTED TREATMENT (MAT)



## OVERVIEW

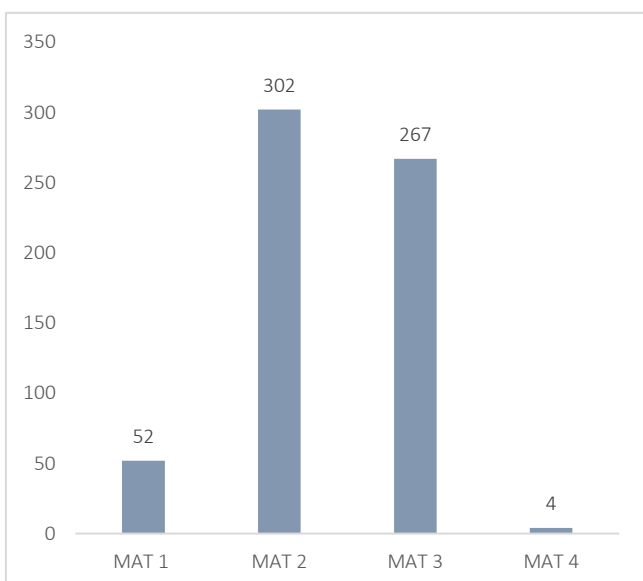
- The table below describes the stages of medication-assisted treatment (MAT).

STAGE	DESCRIPTION	PRIMARY GOAL	DEFINITION
<b>MAT 1</b>	Induction onto opioid medication	Successfully induct SU onto MAT	SU starts MAT and has a continuous prescription for up to 28 days
<b>MAT 2</b>	SU in MAT who continues illicit opioid use on top	enable SU who uses opioids 'on top' to stop by personal optimisation of treatment	SU in MAT with 'on top' illicit opioid use
<b>MAT 3</b>	SU in MAT who has stopped opioid use on top	is for SU to use MAT as a platform from which to build recovery capital and wellbeing, without recourse to illicit opioid use	SU in MAT with no illicit opioid use
<b>MAT 4</b>	SU chooses to detoxify from MAT	to enable SU to detoxify from MAT without relapse	SU in MAT with a reducing dose plan that reaches 0mg within 3 months



## ANALYSIS

- The snapshot data on the 2<sup>nd</sup> of October 2022 shows 625 individuals on MAT. The majority of individuals were on Stages 1 and 2. The data provided for this Needs Assessment is at the GP Practice level. The map below shows the count of those on MAT based on the ward of the GP.



## COMMUNICABLE DISEASES



### OVERVIEW

- CLG offers testing for blood-borne viruses and other communicable diseases at their hub in central Coventry.

## AMBULANCE



### OVERVIEW

- West Midlands Ambulance Service (WMAS) data was not provided for this assessment.

# 10.3 - MENTAL HEALTH



## NATIONAL OVERVIEW

- 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.<sup>98</sup>
- Mental health problems associated with drugs can include anxiety, depression, psychosis, personality disorder and suicide.<sup>99</sup>
- Dual diagnosis refers to people with a severe mental illness (including schizophrenia, schizotypal and delusional disorders, bipolar affective disorder and severe depressive episodes with or without psychotic episodes) combined with the misuse of substances (the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage).<sup>100</sup>
- Studies have estimated prevalence rates of 20-37% in secondary mental health services and 6-15% in substance misuse settings. However, it is unclear how many people in the UK have a coexisting severe mental illness and misuse substances, partly because some people in this group do not use services or get appropriate care or treatment.<sup>101/102</sup>
- In 2020 there were 7,027 hospital admissions for drug-related mental and behavioural disorders. This figure is 5% lower than 2018/19 (7,376) but 21% higher than 2009/10 (5,809).<sup>103</sup>
- There were 199,782 admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders.<sup>104</sup>

## COVENTRY AND WARWICKSHIRE NHS TRUST



### OVERVIEW

- Coventry and Warwickshire Partnership NHS Trust (CWPT) provides a range of NHS services across the whole of Coventry and Warwickshire for people with mental health issues and learning disabilities.
- Staff are based in Coventry, Rugby, North Warwickshire and South Warwickshire. CWPT provide:
  - Improving Access to Psychological Therapies (IAPT)
  - Community assessment and treatment for people living with a non-psychotic disorders such as anxiety and depression, obsessive-compulsive disorder (OCD), personality disorder

<sup>98</sup> Mental Health Foundation, Drugs and mental health

<sup>99</sup> Misuse of illicit drugs and medicines: applying All Our Health

<sup>100</sup> NICE (2015), Severe mental illness and substance misuse (dual diagnosis): community health and social care services. Draft Review 1: The epidemiology, and current configuration of health and social care community services, for people in the UK with a severe mental illness who also misuse substances

<sup>101</sup> NICE (2015), Severe mental illness and substance misuse (dual diagnosis): community health and social care services. Draft Review 1: The epidemiology, and current configuration of health and social care community services, for people in the UK with a severe mental illness who also misuse substances

<sup>102</sup> NICE (2016), Coexisting severe mental illness and substance misuse: community health and social care services. NICE guideline [NG58] Published: 30 November 2016.

<sup>103</sup> NHS Statistics on Drug Misuse 2020

<sup>104</sup> NHS Statistics on Drug Misuse 2020

- Early intervention teams who work with those who are at risk of or experiencing the first onset of psychosis
- Community mental health Recovery Team for people experiencing psychosis
- Crisis home treatment and support
- Dementia and cognitive disorders (organic)
- There are long waiting times for some mental health services:
  - Psychosis Team – c.13 months.
  - IAPT – Assessment within two weeks, with patients waiting six months before treatment is initiated.



## ANALYSIS

- Drug and alcohol need forms part of all mental health assessments. Data from these assessments are not easily reportable and are not included in this needs assessment.



## ACCESS

- MH practitioners believed that outreach work from substance misuse services might help engage those with mental health needs with services.

“There are a lot of vulnerable individuals who use the mental health bases who are not comfortable with accessing other services. Individuals may feel intimidated when accessing other services.”

*MH Practitioner*

“Mental health staff would ideally like to accompany individuals to their drug and alcohol appointments, but they are short staffed at the moment.”

*MHPractitioner*

“CGL practitioners have a good understanding of those with a mental health need.”

*MHPractitioner*



## MH TRANSFORMATION

- Coventry and Warwickshire Partnership NHS Trust is transforming the delivery of mental health, learning disability and autism services.
- The transformation of services is a wide-ranging piece of work covering:
  - Eating disorder services
  - Primary care services
  - Enablement



- Personality disorders
- Forensic services
- Homeless services
- Regarding drug and alcohol needs, services are exploring the introduction of Dual Diagnosis workers.
- There is a plan for an IAPT Plus model, a service for those with a more complex mental health need, including those with substance misuse issues.
- A one-stop shop is being explored as part of the mental health transformation. There is an opportunity for substance misuse services to be located at these hubs when they are initiated.

## CAMHS



### OVERVIEW

- In Coventry, there is a tiered mental health service for children and young people.
  - Tier 1
    - Low-level information and advice, school nurses, Positive Choices
  - Tier 2
    - Coventry and Warwickshire Mind
  - Tier 3
    - Specially commissioned CAMHS Service
  - Tier 4
    - NHS England commissioned in-patient beds



### DATA

- Data was requested regarding the number of patients working with CAMHS who had a drug or alcohol need. This data was not available.

“it is difficult to get exact figures of young people who use drugs and alcohol and are on the CAMHS caseloads.”

*Mental Health Practitioner*

“There are limited numbers of individuals who are referred to CAMHS who are recorded as having a substance misuse need.”

*Mental Health Practitioner*

- Some information was provided about the needs of young people who were admitted to mental health in-patient units:
  - Between July 2021 to Feb 2022, there have been around 158 young people admitted to the hospital. Of which 82 (52%) were due to ‘overdose’. Suicidal Ideation (32% - 50) is the 2nd most prominent reason for admission.
  - Young people aged 11 to 16 make up 86% (136) of the admissions. 147 (93%) were living at home with their parents at the time of admission

- This data has not been formally validated but gives a good indication of the current position in Coventry. This is based on the presenting issue but not the root cause analysis. It is also unclear in which part of the city these young people live.



## REFERRALS

- Mental health practitioners pointed out that while there can be a drug and alcohol need amongst their patients, it is not normally the main issue. It was felt that drug and alcohol use is more likely to be a coping strategy.

“Drug and alcohol use is a small part of the need of young people working with CAMHS.”

*Mental Health Practitioner*

“There are so many interdependencies between services. We cannot work in a silo.”

*Mental Health Practitioner*

- A mental health surge working group has been set up to encourage joint working between providers. This group brings together several organisations working with children and young people regarding their mental health and emotional wellbeing needs.

“The [mental health surge] group has produced stronger networks between partners.”

*Mental Health Practitioner*

# 10.4 - POLICE



## NATIONAL OVERVIEW

- The link between substance misuse and crime is serious. The 2018 British Crime Survey reports that victims believed perpetrators to be under the influence of alcohol in 39% of violent incidents and under the influence of drugs in 21%.<sup>105</sup>
- From 2017 to 2019, in England and Wales, almost a third of homicide victims (31%) and almost a third of homicide suspects (31%) were found by police to have been under the influence of alcohol or drugs at the time of the offence.<sup>106</sup>
- Individual police forces in England and Wales are operationally independent, with the National Police Chiefs Council providing coordination to ensure the consistent enforcement of drugs policy and supporting forces to work together with other law enforcement partners to confront the drug threat.<sup>107</sup>
- At a local level, some forces, such as the Metropolitan Police Service, deploy specialist crime proactive teams, economic crime teams and reactive teams daily, successfully disrupting organised crime group activity and seizing significant quantities of drugs.<sup>108</sup>
- In the next ten years, the government will prioritise an allocation from the recruitment of 20,000 more police officers to grow capacity and capability in all Regional Organised Crime Units and London equivalents to confront the 'middle market' drug supply. Investment in officers will support regional-tier policing to bear down on the enablers of drug supply, including illicit firearms and money laundering.<sup>109</sup>
- Police and crime commissioners are working with partner organisations to examine the underlying causes of crime and reoffending and provide credible and innovative alternative pathways to improve people's life chances and prevent crime within communities.<sup>110</sup>

<sup>105</sup> PCCs making a difference: Alcohol and drugs in focus

<sup>106</sup> PCCs making a difference: Alcohol and drugs in focus

<sup>107</sup> Harm to hope

<sup>108</sup> Harm to hope

<sup>109</sup> Harm to hope

<sup>110</sup> PCCs making a difference: Alcohol and drugs in focus



## ANALYSIS

+44%



**Drug**-related offences are up 44% when comparing YT June 22 against the previous year.

It is likely that new ways of recording crimes by the West Midlands Police have contributed to the increase.

+65%

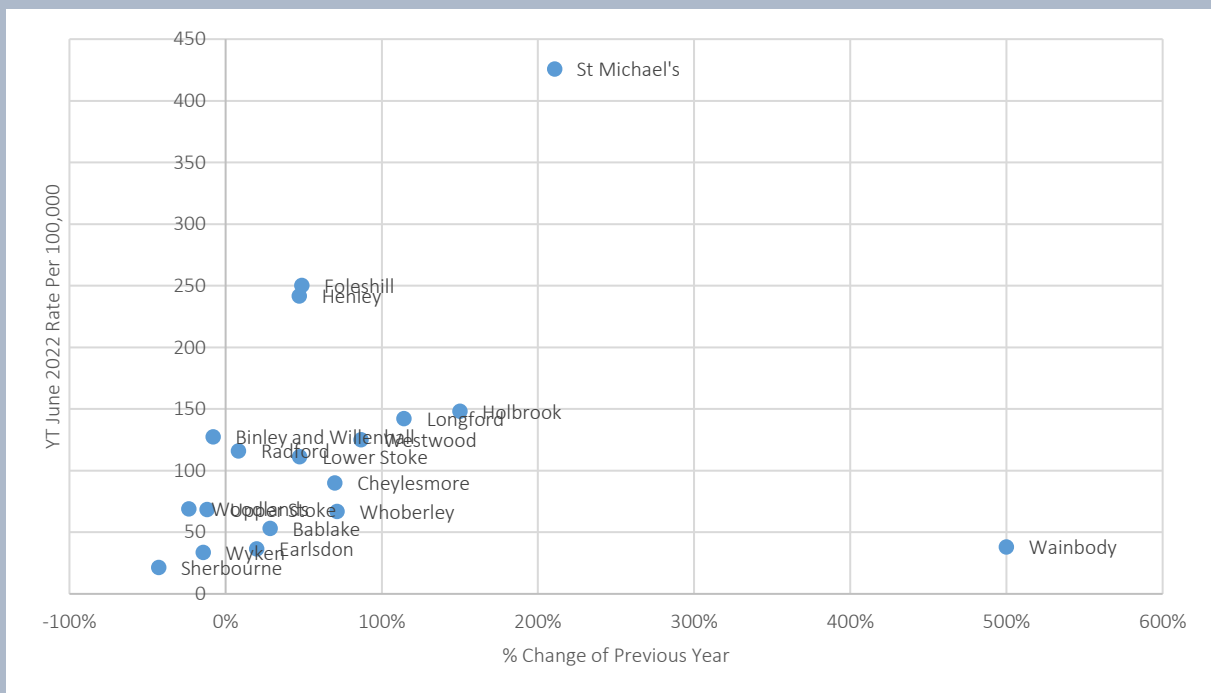


**Alcohol**-related offences are up 65% when comparing YT June 22 against the previous year.

Similar to drug-related offences, it is thought new ways of recording crimes have impacted the trends.

Plotting against rate per 100,000 population and change in incidents reported highlights which wards have seen high increases and also exhibit high rates of crimes.

In addition, this analysis identifies wards that have an emerging issue. For example, Wainbody ward has seen a high increase in the number of drug-related crimes, however the crime rate is relatively low in comparison to the other wards.



# ALCOHOL

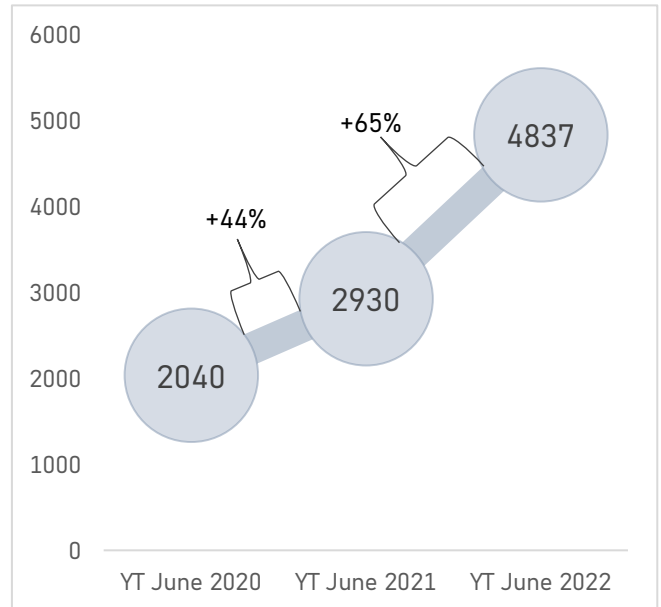
## OVERALL CRIME FIGURES

KF 43 - There have been significant increases when comparing the 12 months to June 2022 against the previous two years.

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.

There have been significant increases in the previous three years.

Police analysis suggested that changes in data recording may be partially responsible for increased offences. The way crimes were recorded changed in 2018, and this may be better embedded now.



# OFFENCES

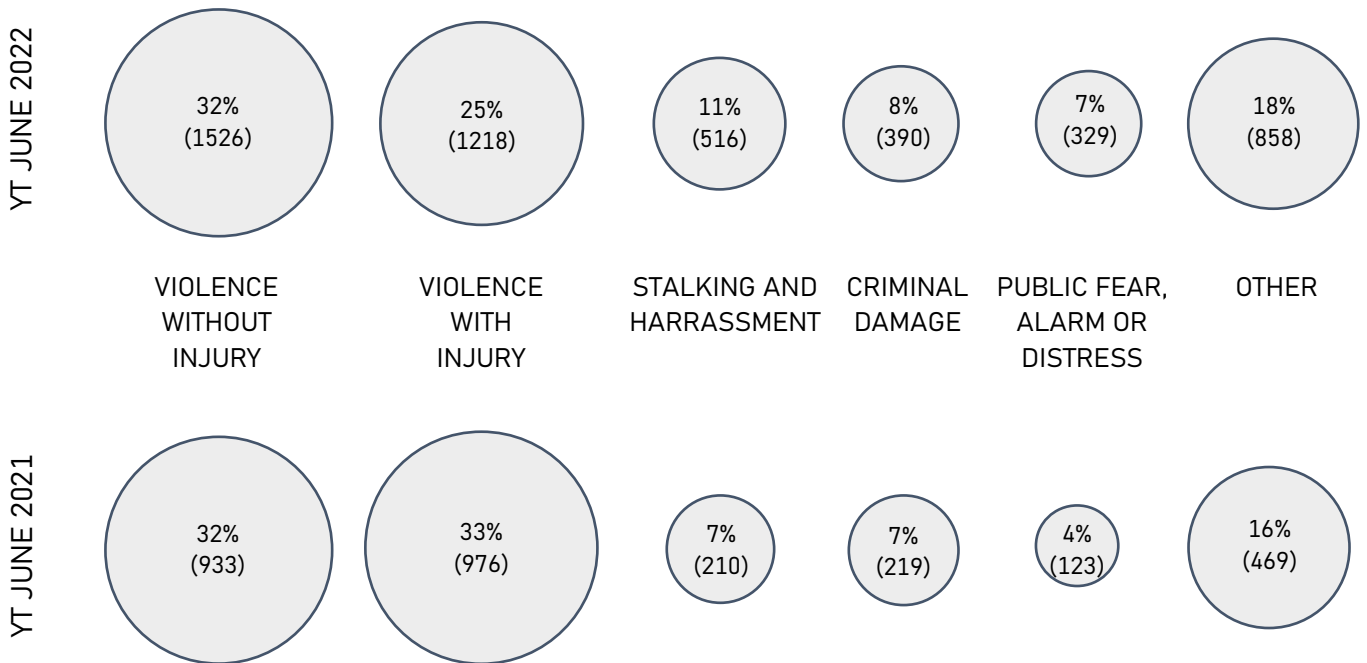
## BREAKDOWN OF OFFENCE

KF 45 - Five offence types account for 82% of the total.

For the 12 months to June 2022, 5 offence types accounted for 82% of the total crimes with an alcohol marker. Violence without Injury and Violence with Injury accounted for 57% during this period, down from 65% for the previous year.

Crime types that show an increase in the proportion of the total include Stalking and Harassment, and Public Fear, Alarm or Distress.

The increase in harassment offences could be partially attributed to changes in the recording. Previously the harassment element of a crime was not recorded.



A further breakdown of the change in offences over two years shows that excluding “Non-Notifiable”, all have increased.

Historically, Violence without Injury and Violence with Injury accounts for most alcohol-marked offences. Figures show that both crimes have increased. However, other offence types report a higher rate of increase, including Stalking and Harassment, Criminal Damage, and Public Fear, Alarm, or Distress.

Figure 10.4.1: Alcohol related offences

OFFENCE	YT June 2021	YT June 2022	Change	% Change
VIOLENCE WITHOUT INJURY	933	1526	593	64%
VIOLENCE WITH INJURY	976	1218	242	25%
STALKING AND HARASSMENT	210	516	306	146%
CRIMINAL DAMAGE	219	390	171	78%
PUBLIC FEAR, ALARM OR DISTRESS	123	329	206	167%
RACE OR RELIGIOUS AGG PUBLIC FEAR	43	107	64	149%
OTHER SEXUAL OFFENCES	49	101	52	106%
ROBBERY OF PERSONAL PROPERTY	61	80	19	31%
RAPE	54	73	19	35%
POSSESSION OF WEAPONS	24	71	47	196%
SHOPLIFTING	39	67	28	72%
OTHER OFFENCES PUBLIC ORDER	31	64	33	106%
POSSESSION OF DRUGS	19	56	37	195%
MISC CRIMES AGAINST SOCIETY	45	52	7	16%
OTHER THEFT	37	47	10	27%
BURGLARY - RESIDENTIAL	16	40	24	150%
THEFT FROM THE PERSON	14	30	16	114%
VIOLENT DISORDER	2	14	12	600%
THEFT OR UNAUTH TAKING OF A MOTOR VEH	11	12	1	9%
BURGLARY - BUSINESS AND COMMUNITY	6	10	4	67%
AGGRAVATED VEHICLE TAKING	3	9	6	200%
ROBBERY OF BUSINESS PROPERTY	3	7	4	133%
ARSON	5	5	0	0%
INTERFERING WITH A MOTOR VEHICLE	2	4	2	100%
THEFT FROM A VEHICLE	1	4	3	300%
BICYCLE THEFT	1	3	2	200%
TRAFFICKING OF DRUGS	2	2	0	0%
NON-NOTIFIABLE	1	0	-1	-100%
<b>TOTAL</b>	<b>2930</b>	<b>4837</b>	<b>1907</b>	<b>65%</b>

## FOCUS ON OFFENCES

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The following chapter provides further analysis of a set of selected offences.

For each offence, there are five areas of analysis:

- **“Count of offence by month: July 2019 to June 2022”**. This shows over a 3-year period by month the number of the offences compared to the total number of alcohol marked offences (excluding the selected offence).
- **“% Change against July 2019 baseline”**. This shows how the selected offence has changed in percentage terms on the July 2019 baseline. Included in this chart is the total number of alcohol marked offences (excluding the selected offence).
- **“Percentage of total alcohol marked crimes”**. Provides an analysis over a 3-year period by month the percentage of the total number of alcohol marked offences that the selected offence accounted for.
- **“Distribution of offence by month”**. Shows the distribution of the selected offence a count by month over the 3-year period. This is included to provide any potential seasonal patterns.
- **“Mapping by Ward”**. Provides a count of the offence by ward.
- **“Rate of change against rate per 100,000 population”**. Analysis by ward plotted against rate per 100,000 population and change in incidents reported (2021-22 against 2020-21). Using this approach, it is possible to see how the wards are performing against two measures.



# VIOLENCE WITHOUT INJURY

Figure 10.4.2: Count of offence by month: July 2019 to June 2022.

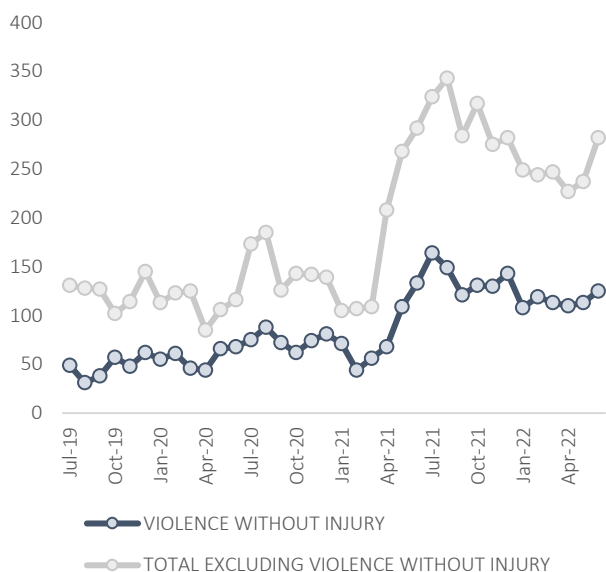


Figure 10.4.3: % Change against July 2019 baseline.

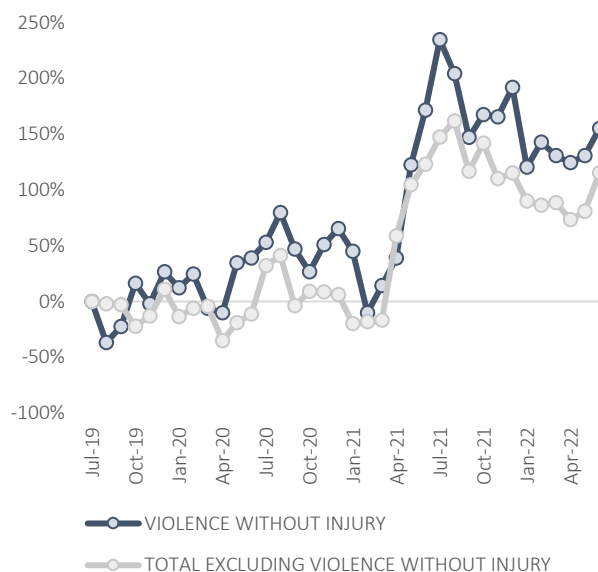


Figure 10.4.4: Percentage of total alcohol-marked crimes.

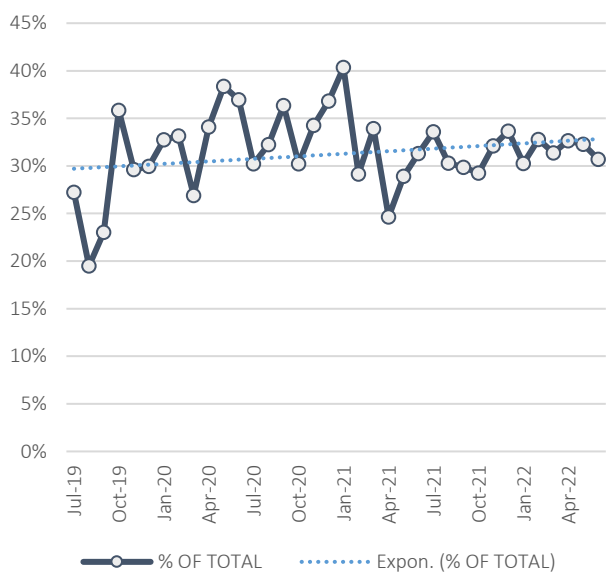


Figure 10.4.5: Distribution of offence by month.

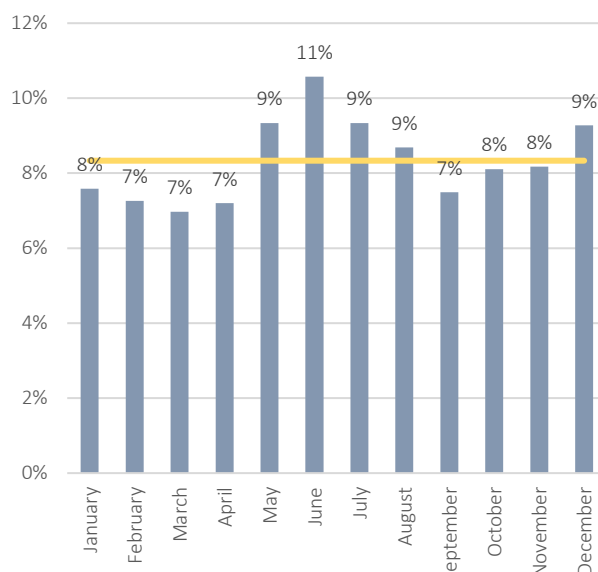
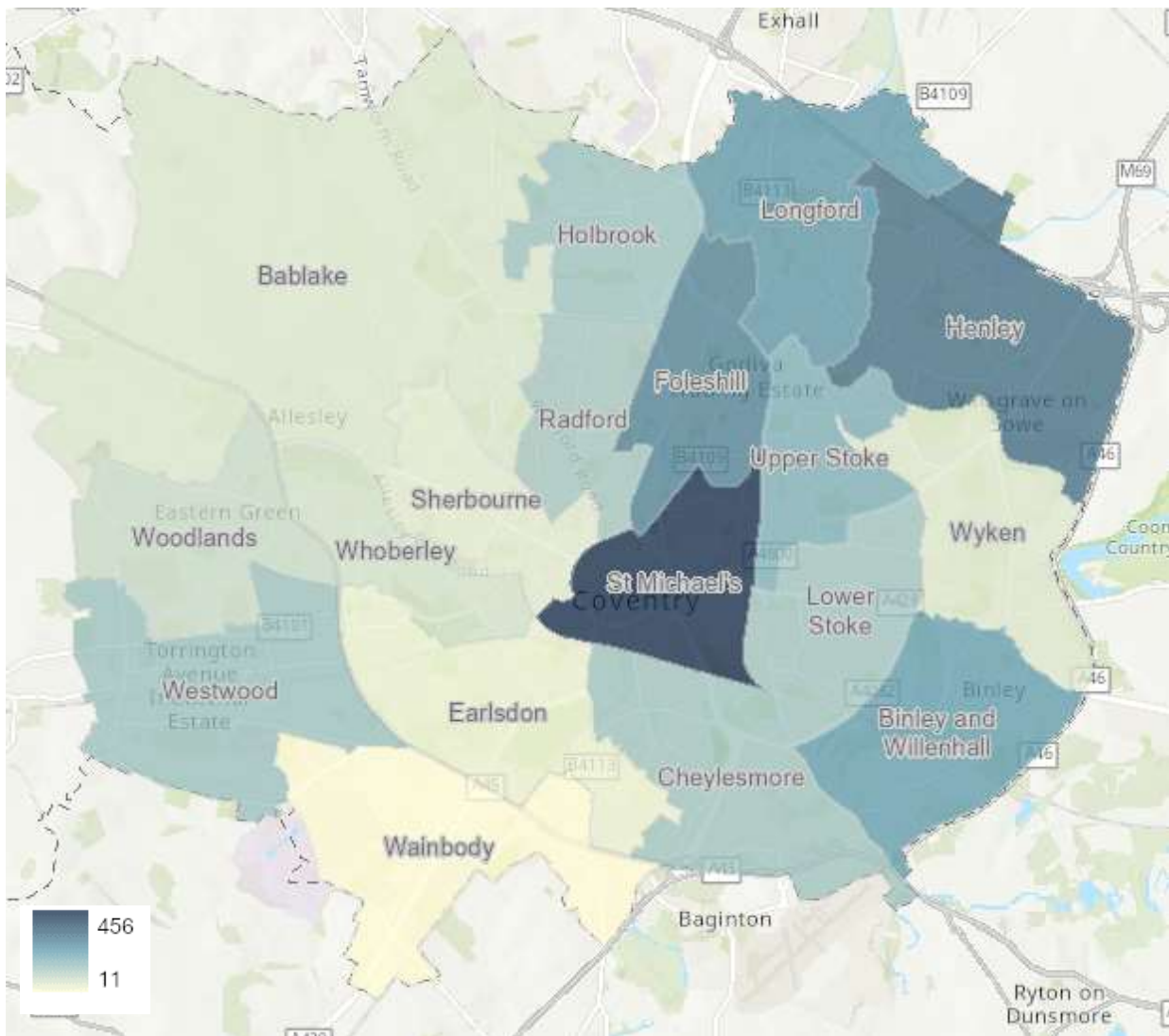
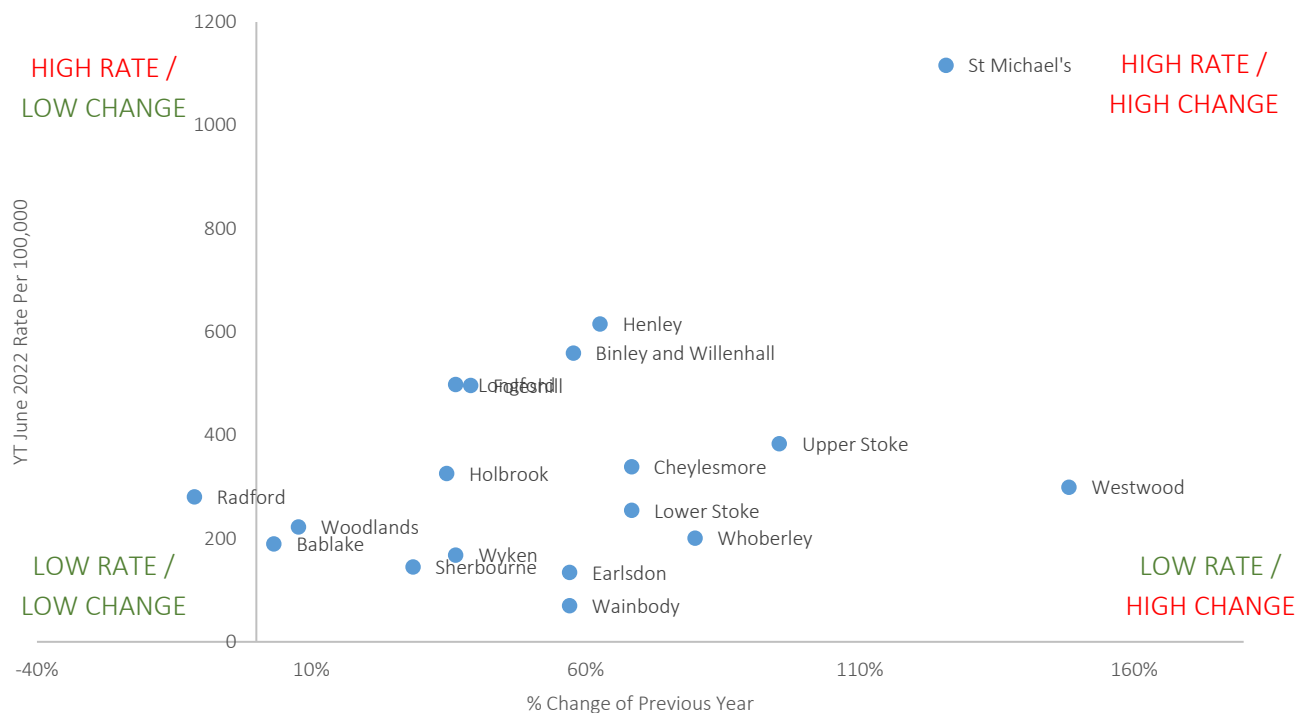


Figure 10.4.6: Mapping by Ward.



The police have identified several 'Impact Areas' in Coventry. Impact areas are small areas of disproportionate crime, deprivation and harm. One such area is located in St Micheals (Hillfields), and one spans Henley and Longford (Wood End and Bell Green). Additional police resources are allocated to these areas.

Figure 10.4.7: Rate of change against rate per 100,000 population.



Ward	YT June 2021	YT June 2022	Change	% Change	Rate Per 100,000
Bablake	31	32	1	3%	190
Binley and Willenhall	64	101	37	58%	559
Cheylesmore	38	64	26	68%	339
Earlsdon	14	22	8	57%	134
Foleshill	87	121	34	39%	496
Henley	83	135	52	63%	616
Holbrook	49	66	17	35%	326
Longford	77	105	28	36%	498
Lower Stoke	38	64	26	68%	255
Radford	71	63	-8	-11%	281
St Michael's	202	456	254	126%	1116
Sherbourne	21	27	6	29%	145
Upper Stoke	43	84	41	95%	384
Wainbody	7	11	4	57%	70
Westwood	27	67	40	148%	300
Whoberley	20	36	16	80%	201
Woodlands	39	42	3	8%	223
Wyken	22	30	8	36%	168
<b>Total</b>	<b>933</b>	<b>1526</b>	<b>593</b>	<b>64%</b>	<b>402</b>

VIOLENCE WITH INJURY

Figure 10.4.8: Count of offence by month: July 2019 to June 2022.

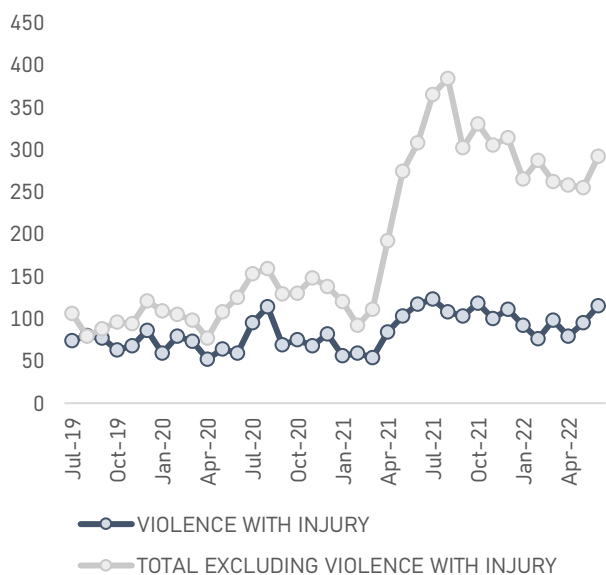


Figure 10.4.9: % Change against July 2019 baseline.

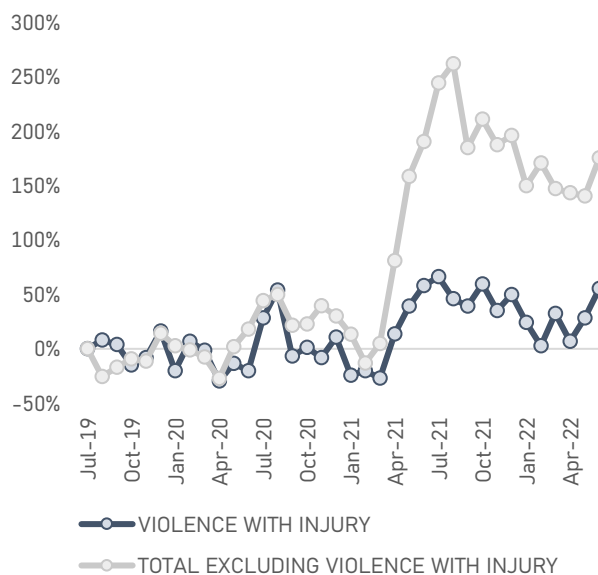


Figure 10.4.10: Percentage of total alcohol-marked crimes.

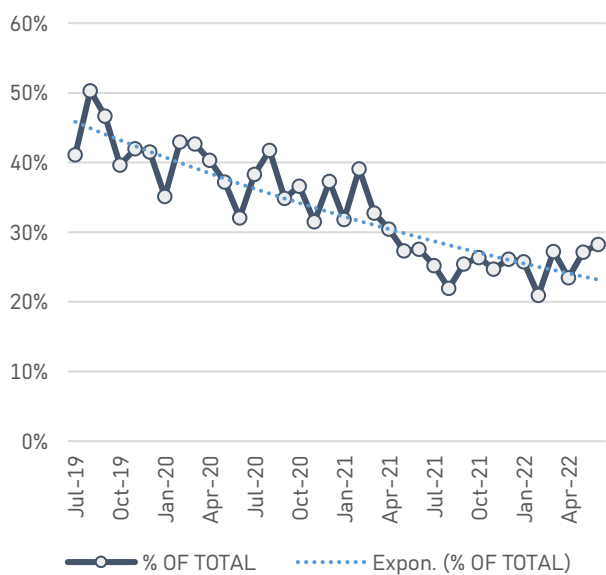


Figure 10.4.11: Distribution of offence by month.

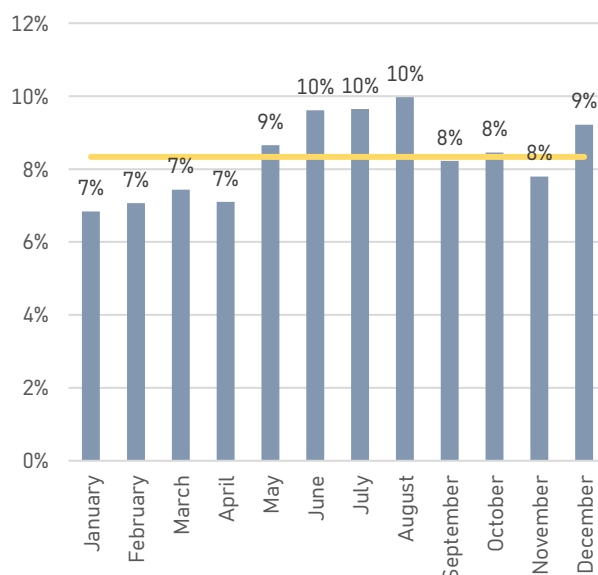


Figure 10.4.12: Mapping by Ward.

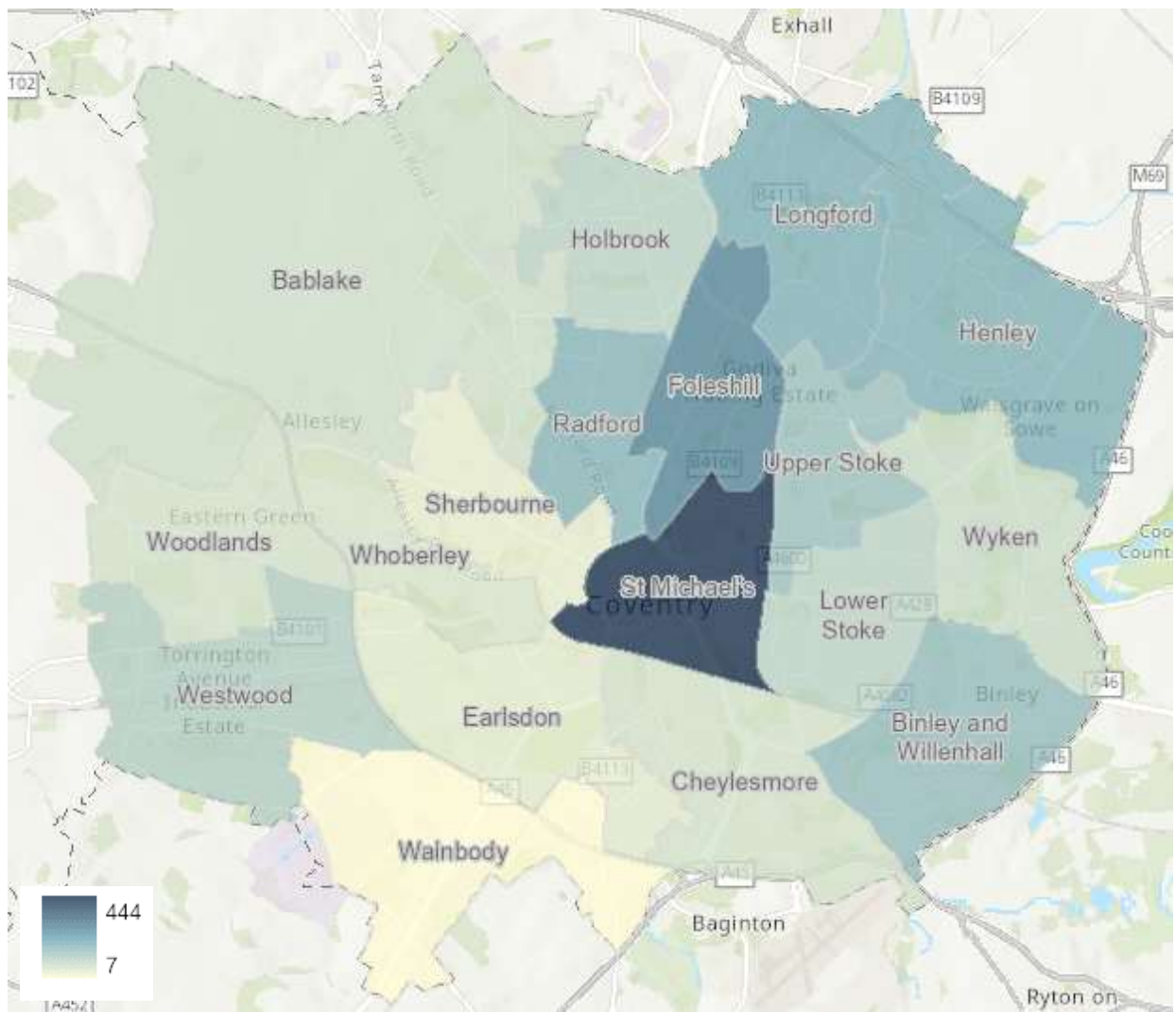
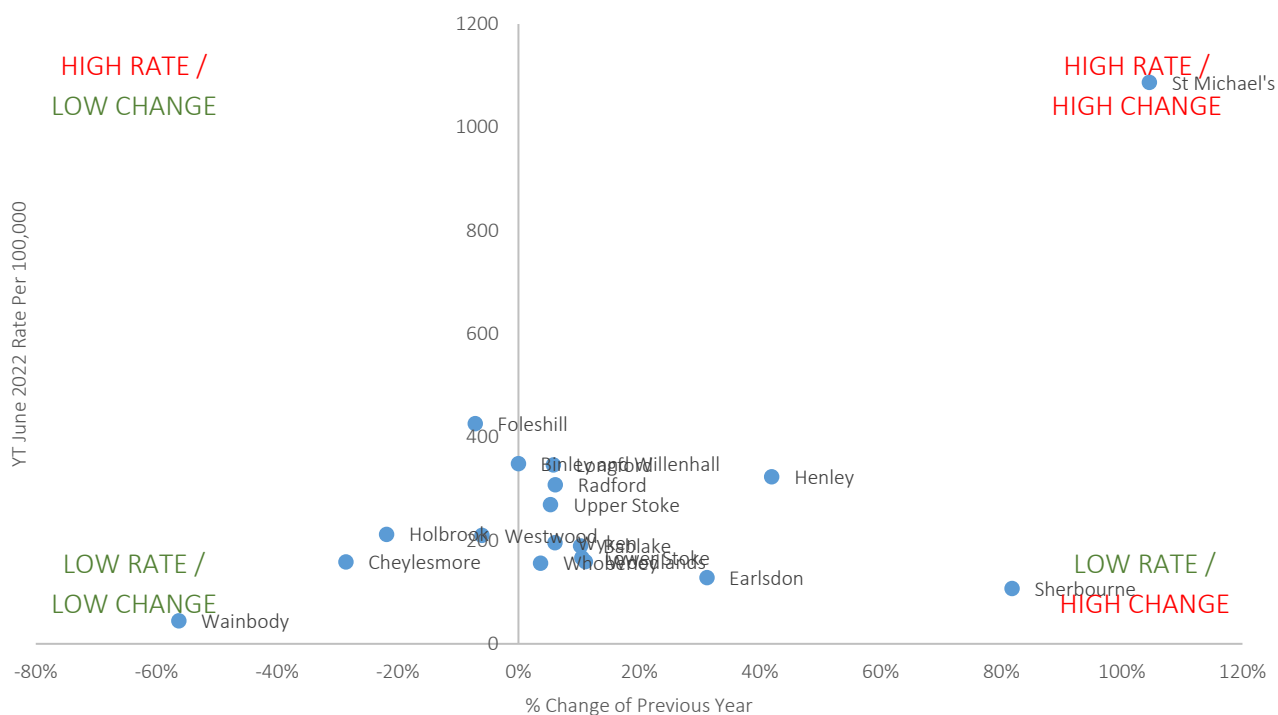


Figure 10.4.13: Rate of change against rate per 100,000 population.



Ward	YT June 2021	YT June 2022	Change	% Change	Rate Per 100,000
Bablake	29	32	3	10%	190
Binley and Willenhall	63	63	0	0%	349
Cheylesmore	42	30	-12	-29%	159
Earlsdon	16	21	5	31%	128
Foleshill	112	104	-8	-7%	427
Henley	50	71	21	42%	324
Holbrook	55	43	-12	-22%	212
Longford	69	73	4	6%	346
Lower Stoke	38	42	4	11%	167
Radford	65	69	4	6%	308
St Michael's	217	444	227	105%	1087
Sherbourne	11	20	9	82%	107
Upper Stoke	56	59	3	5%	270
Wainbody	16	7	-9	-56%	45
Westwood	50	47	-3	-6%	210
Whoberley	27	28	1	4%	156
Woodlands	27	30	3	11%	159
Wyken	33	35	2	6%	196
<b>Total</b>	<b>976</b>	<b>1218</b>	<b>242</b>	<b>25%</b>	<b>321</b>

STALKING AND HARASSMENT

Figure 10.4.14: Count of offence by month: July 2019 to June 2022.

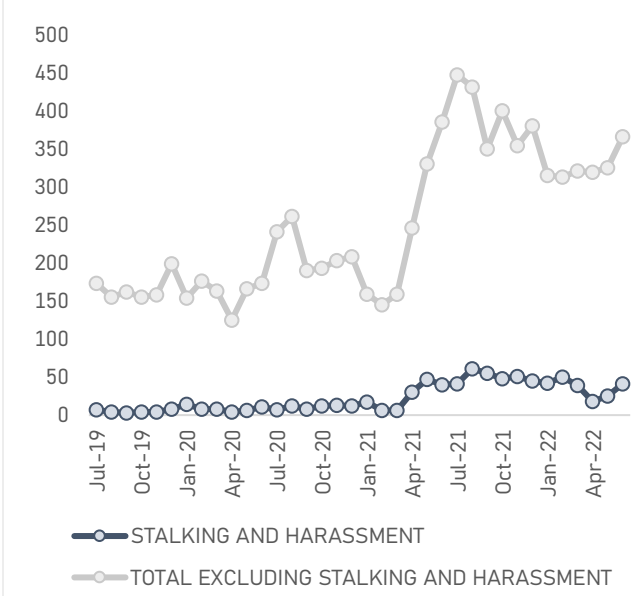


Figure 10.4.15: % Change against July 2019 baseline.

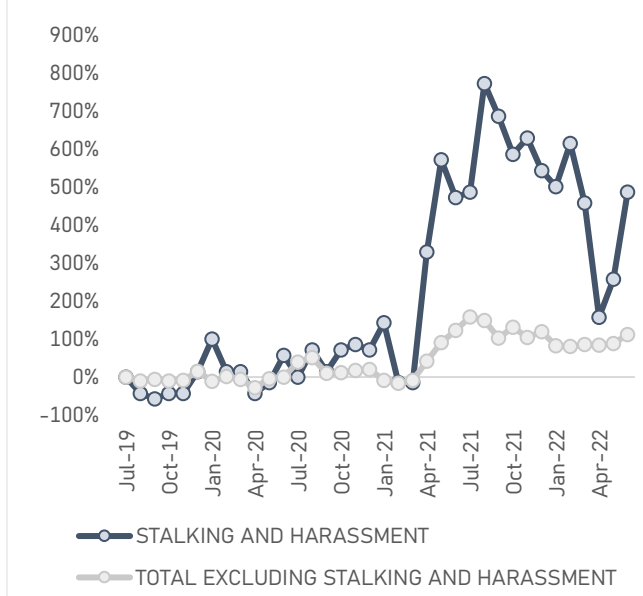


Figure 10.4.16: Percentage of total alcohol-marked crimes.

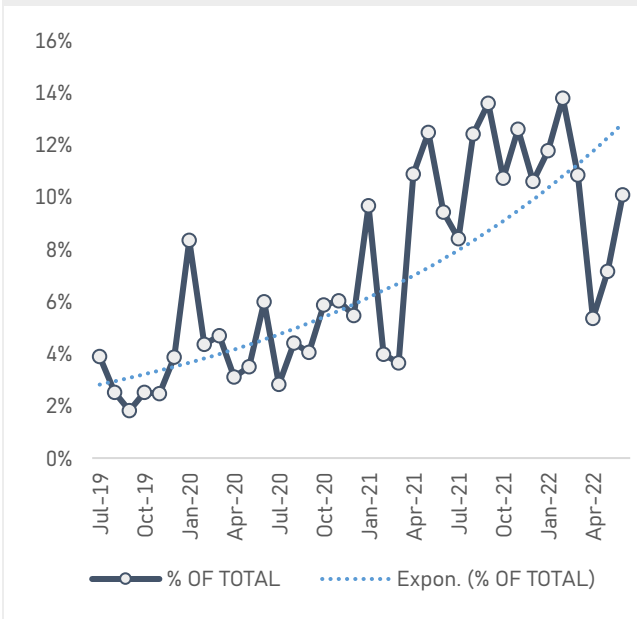


Figure 10.4.17: Distribution of offence by month.

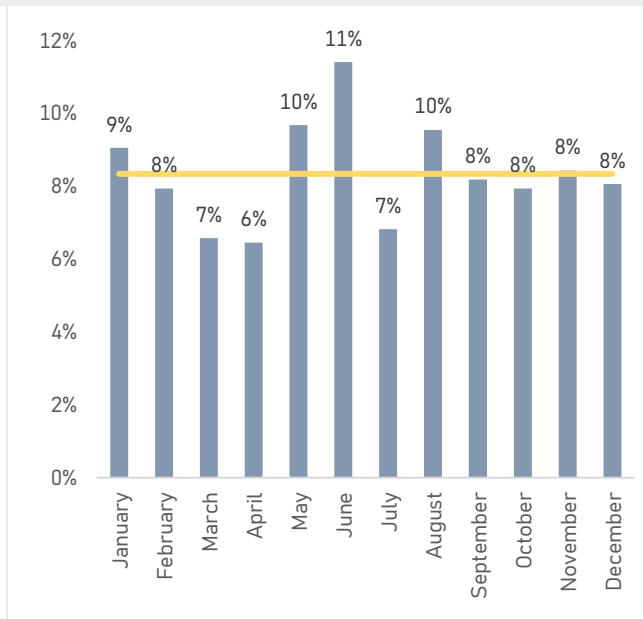


Figure 10.4.18: Mapping by Ward.

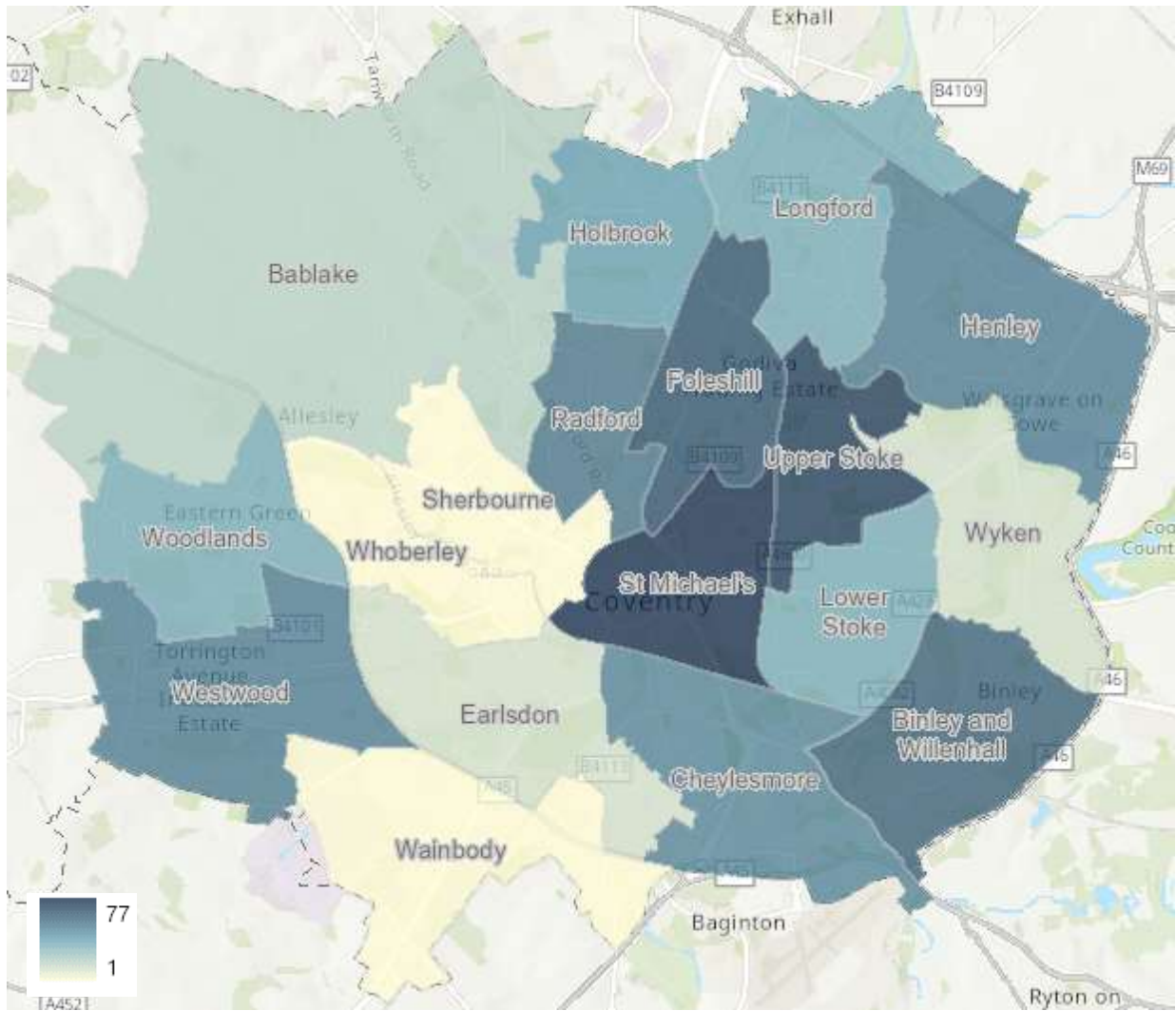
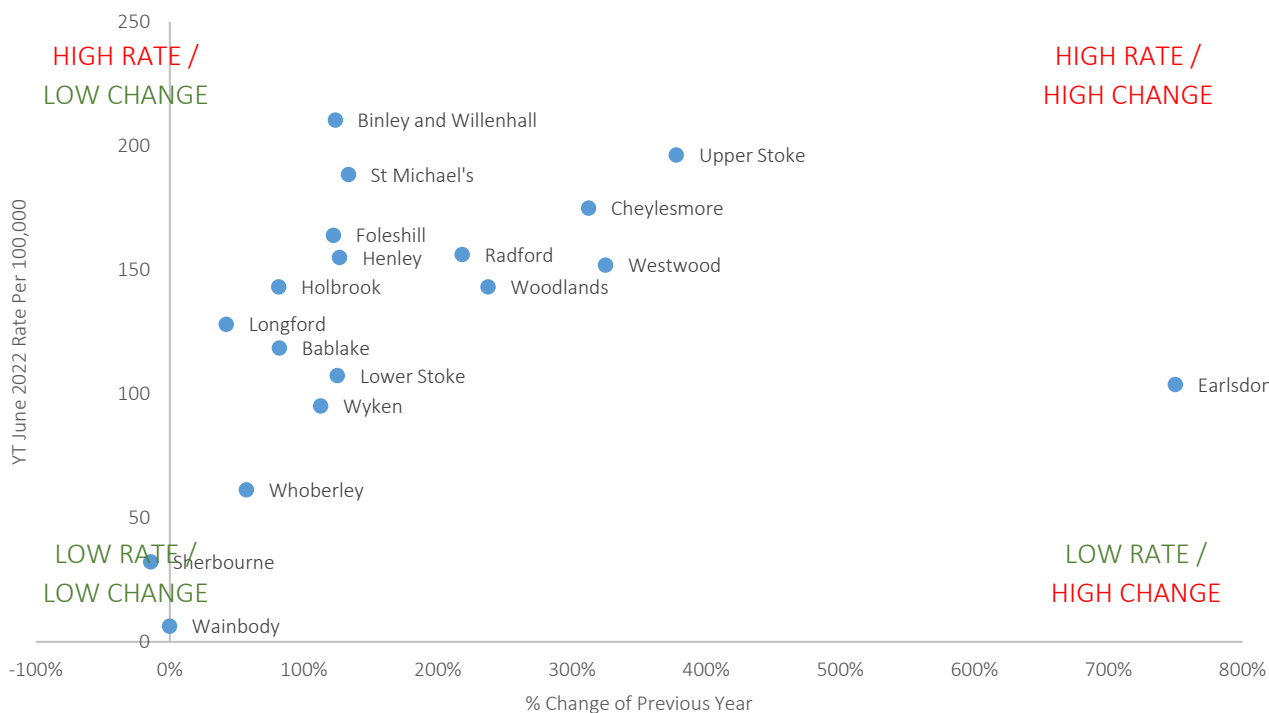




Figure 10.4.19: Rate of change against rate per 100,000 population.



Ward	YT June 2021	YT June 2022	Change	% Change	Rate Per 100,000
Bablake	11	20	9	82%	119
Binley and Willenhall	17	38	21	124%	210
Cheylesmore	8	33	25	313%	175
Earlsdon	2	17	15	750%	104
Foleshill	18	40	22	122%	164
Henley	15	34	19	127%	155
Holbrook	16	29	13	81%	143
Longford	19	27	8	42%	128
Lower Stoke	12	27	15	125%	107
Radford	11	35	24	218%	156
St Michael's	33	77	44	133%	188
Sherbourne	7	6	-1	-14%	32
Upper Stoke	9	43	34	378%	196
Wainbody	1	1	0	0%	6
Westwood	8	34	26	325%	152
Whoberley	7	11	4	57%	61
Woodlands	8	27	19	238%	143
Wyken	8	17	9	113%	95
<b>Total</b>	<b>210</b>	<b>516</b>	<b>306</b>	<b>146%</b>	<b>136</b>

CRIMINAL DAMAGE

Figure 10.4.20: Count of offence by month: July 2019 to June 2022.

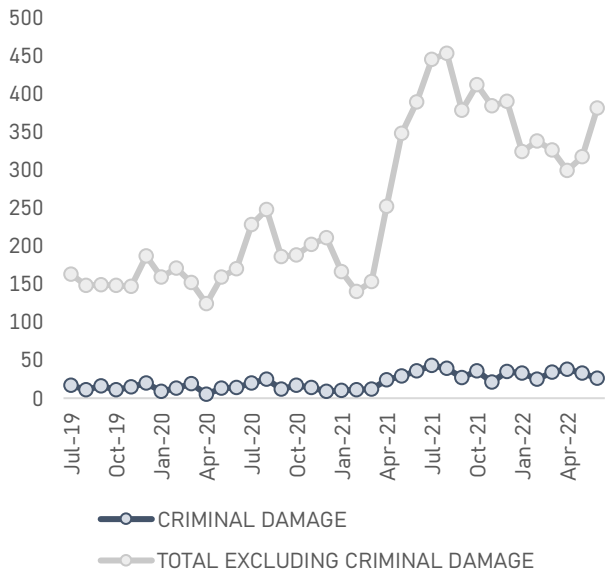


Figure 10.4.21: % Change against July 2019 baseline.

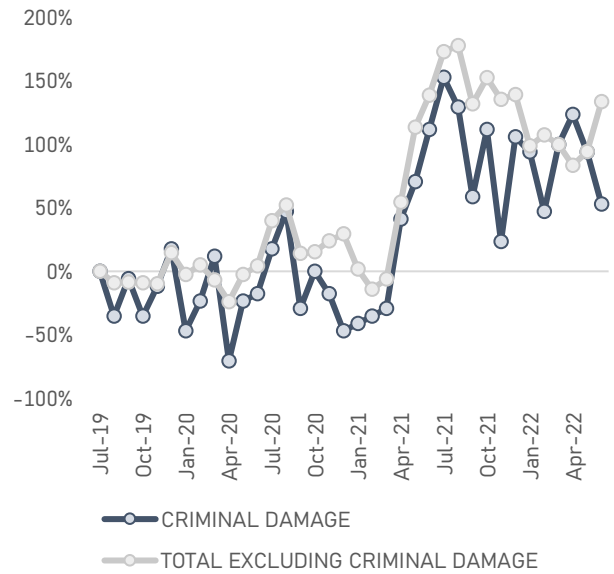


Figure 10.4.22: Percentage of total alcohol-marked crimes.

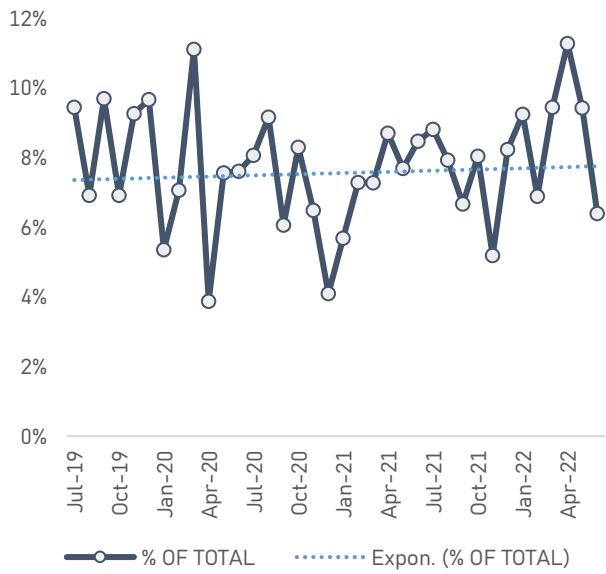


Figure 10.4.23: Distribution of offence by month.

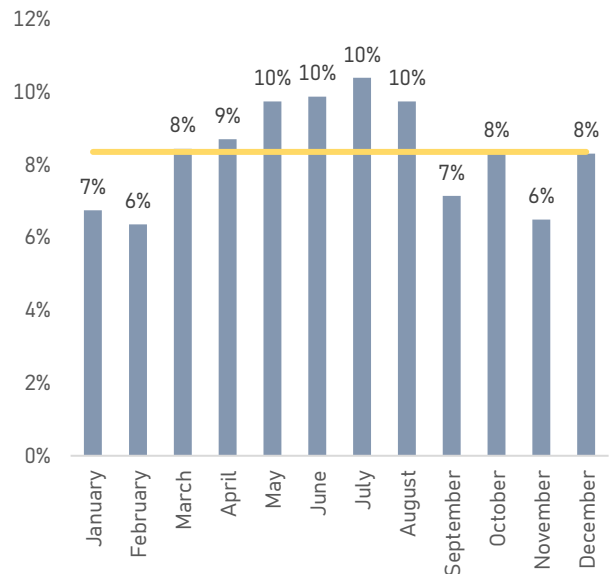


Figure 10.4.24: Mapping by Ward.

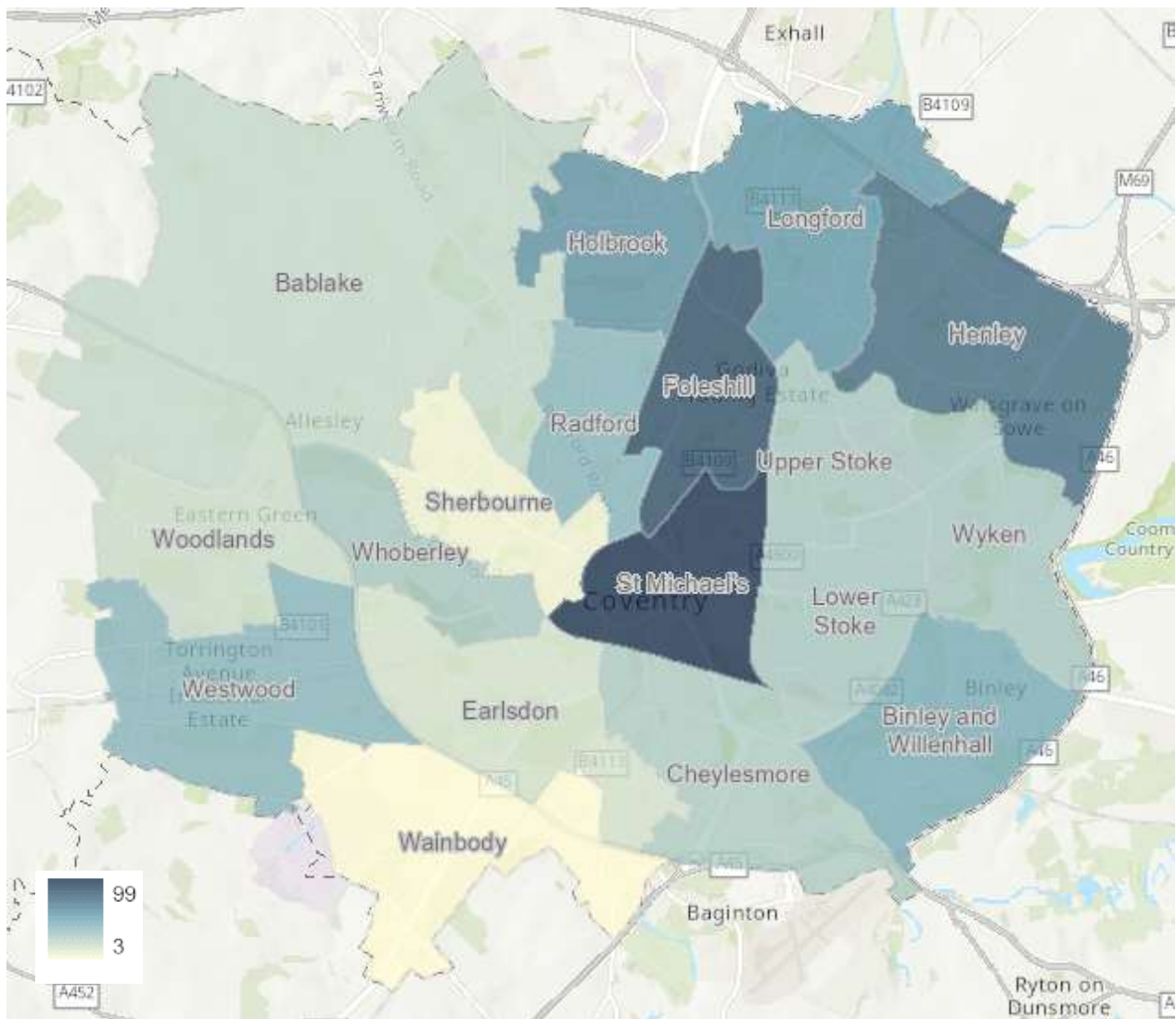


Figure 10.4.25: Rate of change against rate per 100,000 population.



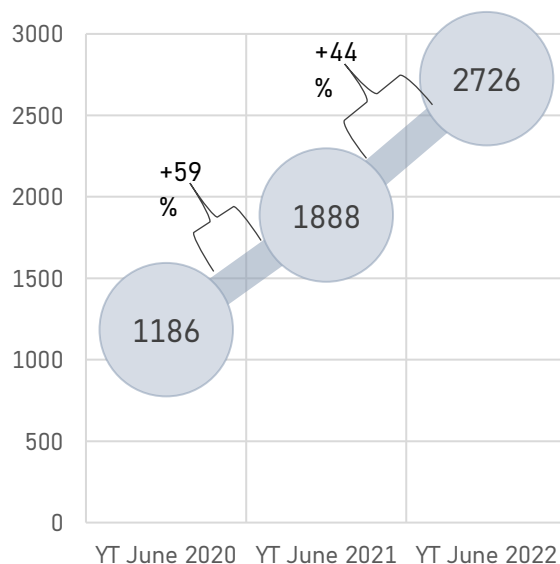
Ward	YT June 2021	YT June 2022	Change	% Change	Rate Per 100,000
Bablake	7	11	4	57%	65
Binley and Willenhall	13	21	8	62%	116
Cheylesmore	15	14	-1	-7%	74
Earlsdon	7	9	2	29%	55
Foleshill	24	37	13	54%	152
Henley	17	32	15	88%	146
Holbrook	11	26	15	136%	128
Longford	17	25	8	47%	119
Lower Stoke	13	15	2	15%	60
Radford	10	19	9	90%	85
St Michael's	41	99	58	141%	242
Sherbourne	1	5	4	400%	27
Upper Stoke	7	15	8	114%	69
Wainbody	0	3	3	-	19
Westwood	7	19	12	171%	85
Whoberley	7	15	8	114%	84
Woodlands	10	10	0	0%	53
Wyken	12	15	3	25%	84
<b>Total</b>	<b>219</b>	<b>390</b>	<b>171</b>	<b>78%</b>	<b>103</b>

# DRUGS

## OVERALL CRIME FIGURES

KF 44 - There have been significant increases when comparing the 12 months to June 2022 against the previous two years.

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.



## OFFENCES

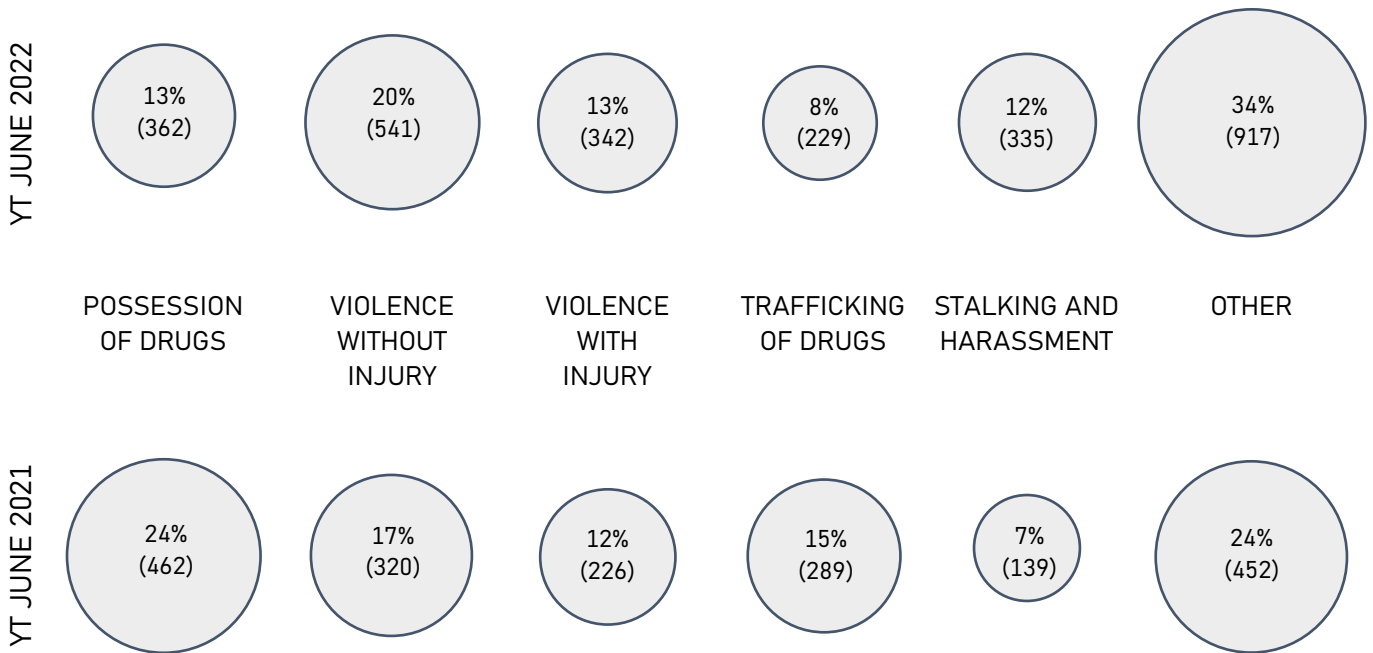
### BREAKDOWN OF OFFENCE

KF 45 - Five offence types account for 66% of the total.

For the 12 months to June 2022, five offence types accounted for 66% of the total. This is down from the 76% recorded for the previous year.

KF 45 - The type of drug marked offences shows a change over the 2-year period.

Offences specific to drugs, ie, Possession of Drugs and Trafficking of Drugs, have both seen a decrease in terms of the proportion of the total which they account for. For example, for the 12 months to June 2021, Possession of Drugs accounted for 24% of the total. This has since reduced to 13% of the total. Offences classified as 'Other' consists mainly theft offences.



The following table shows the number of drug-marked offences for the 12 months to June 2022 compared to the previous year.

The two main drug offence types have both seen a decrease. Excluding Arson, all other offence types report an increase, with Violence without Injury, Violence with Injury, and Stalking and Harassment showing significant increases in actual numbers.

Figure 10.4.26: Drug-related offences

OFFENCE	YT June 2021	YT June 2022	Change	% Change
VIOLENCE WITHOUT INJURY	320	541	221	69%
POSSESSION OF DRUGS	462	362	-100	-22%
VIOLENCE WITH INJURY	226	342	116	51%
STALKING AND HARASSMENT	139	335	196	141%
TRAFFICKING OF DRUGS	289	229	-60	-21%
CRIMINAL DAMAGE	89	172	83	93%
OTHER THEFT	108	157	49	45%
PUBLIC FEAR, ALARM OR DISTRESS	48	115	67	140%
SHOPLIFTING	21	84	63	300%
POSSESSION OF WEAPONS	31	77	46	148%
BURGLARY - RESIDENTIAL	24	52	28	117%
RAPE	22	50	28	127%
ROBBERY OF PERSONAL PROPERTY	23	49	26	113%
MISC CRIMES AGAINST SOCIETY	25	39	14	56%
RACE OR RELIGIOUS AGG PUBLIC FEAR	10	29	19	190%
OTHER SEXUAL OFFENCES	11	20	9	82%
OTHER OFFENCES PUBLIC ORDER	11	16	5	45%
THEFT FROM A VEHICLE	2	11	9	450%
THEFT FROM THE PERSON	5	10	5	100%
THEFT OR UNAUTH TAKING OF A MOTOR VEH	5	9	4	80%
INTERFERING WITH A MOTOR VEHICLE	1	7	6	600%
BICYCLE THEFT	2	5	3	150%
BURGLARY - BUSINESS AND COMMUNITY	2	5	3	150%
ROBBERY OF BUSINESS PROPERTY	3	4	1	33%
ARSON	7	3	-4	-57%
AGGRAVATED VEHICLE TAKING	2	1	-1	-50%
NON-NOTIFIABLE	0	1	1	-
VIOLENT DISORDER	0	1	1	-
TOTAL	1888	2726	838	44%

## FOCUS ON OFFENCES

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The following chapter provides further analysis on a set of selected offences.

For each offence, there are 5 areas of analysis:

- **“Count of offence by month: July 2019 to June 2022”**. This shows over a 3-year period by month the number of the offences compared to the total number of drug marked offences (excluding the selected offence).
- **“% Change against July 2019 baseline”**. This shows how the selected offence has changed in percentage terms on the July 2019 baseline. Included in this chart is the total number of drug marked offences (excluding the selected offence).
- **“Percentage of total alcohol marked crimes”**. Provides an analysis over a 3-year period by month the percentage of the total number of drug marked offences that the selected offence accounted for.
- **“Distribution of offence by month”**. Shows the distribution of the selected offence a count by month over the 3-year period. This is included to provide any potential seasonal patterns.
- **“Mapping by Ward”**. Provides a count of the offence by ward.
- **“Rate of change against rate per 100,000 population”**. Analysis by ward plotted against rate per 100,000 population and change in incidents reported (2021-22 against 2020-21). Using this approach, it is possible to see how the wards are performing against two measures.



# VIOLENCE WITHOUT INJURY

Figure 10.4.27: Count of offence by month: July 2019 to June 2022.

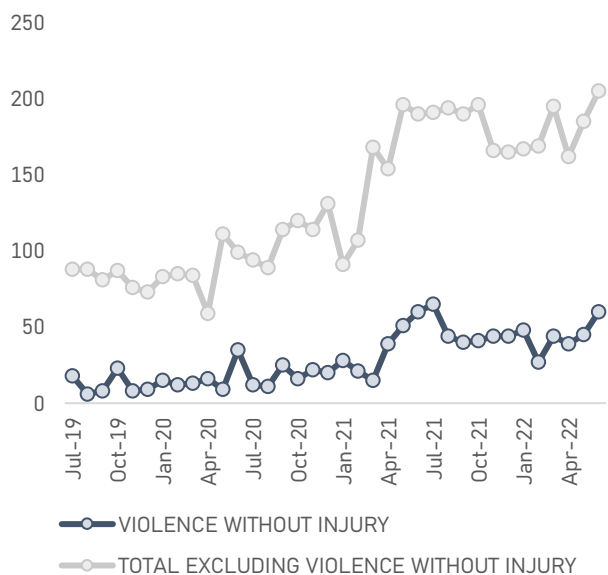


Figure 10.4.28: % Change against July 2019 baseline.

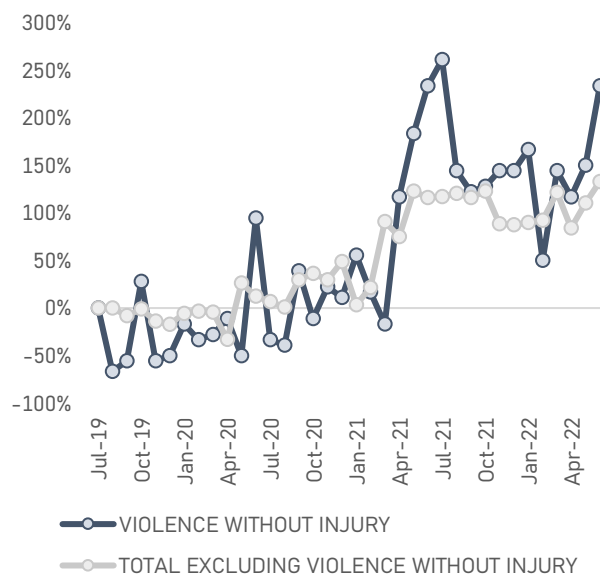


Figure 10.4.29: Percentage of total drug-marked crimes.

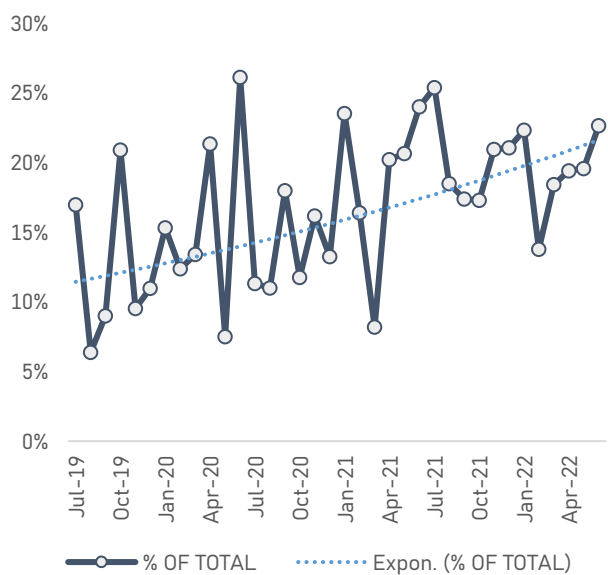


Figure 10.4.30: Distribution of offence by month.

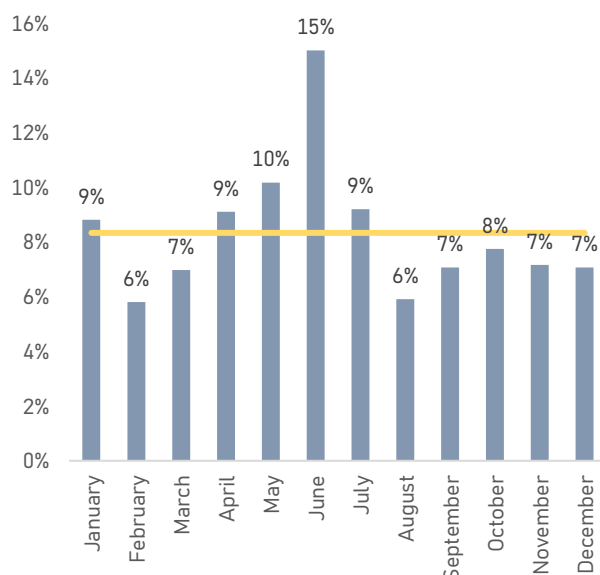
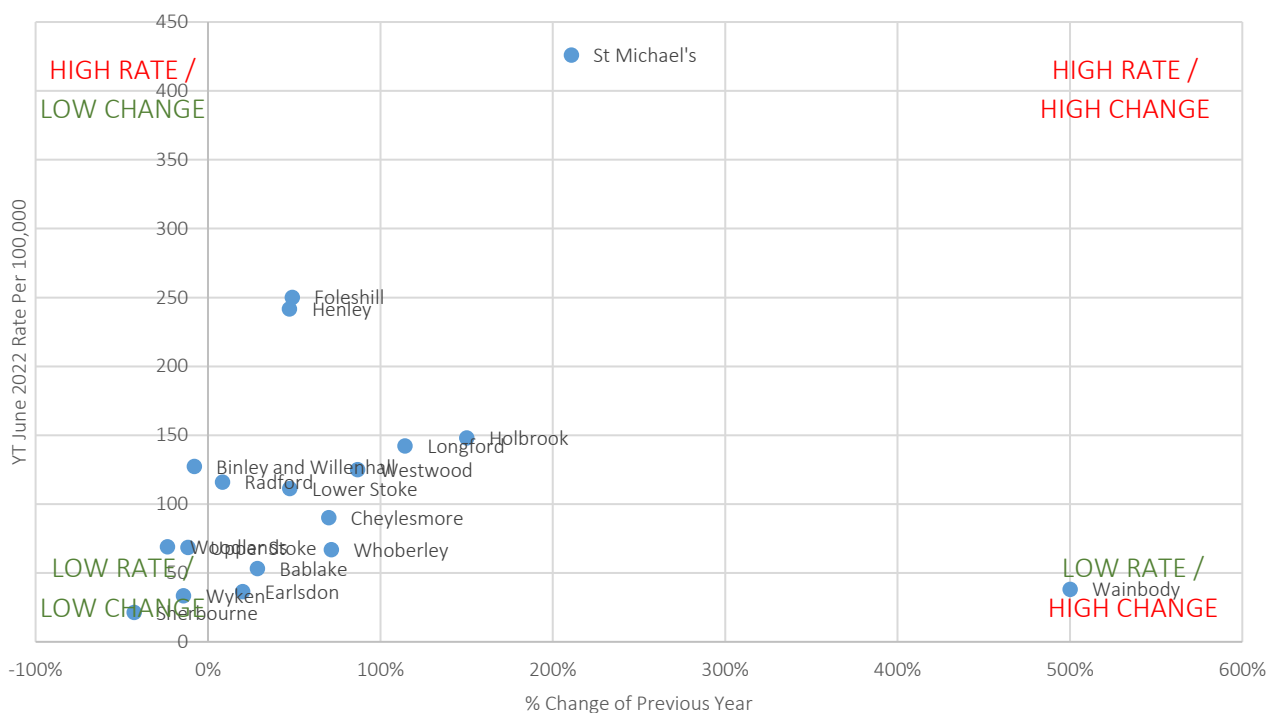




Figure 10.4.32: Rate of change against rate per 100,000 population.



Ward	YT June 2021	YT June 2022	Change	% Change	Rate Per 100,000
Bablake	7	9	2	29%	53
Binley and Willenhall	25	23	-2	-8%	127
Cheylesmore	10	17	7	70%	90
Earlsdon	5	6	1	20%	37
Foleshill	41	61	20	49%	250
Henley	36	53	17	47%	242
Holbrook	12	30	18	150%	148
Longford	14	30	16	114%	142
Lower Stoke	19	28	9	47%	111
Radford	24	26	2	8%	116
St Michael's	56	174	118	211%	426
Sherbourne	7	4	-3	-43%	21
Upper Stoke	17	15	-2	-12%	69
Wainbody	1	6	5	500%	38
Westwood	15	28	13	87%	125
Whoberley	7	12	5	71%	67
Woodlands	17	13	-4	-24%	69
Wyken	7	6	-1	-14%	34
<b>Total</b>	<b>320</b>	<b>541</b>	<b>221</b>	<b>69%</b>	<b>143</b>

VIOLENCE WITH INJURY

Figure 10.4.33: Count of offence by month: July 2019 to June 2022.

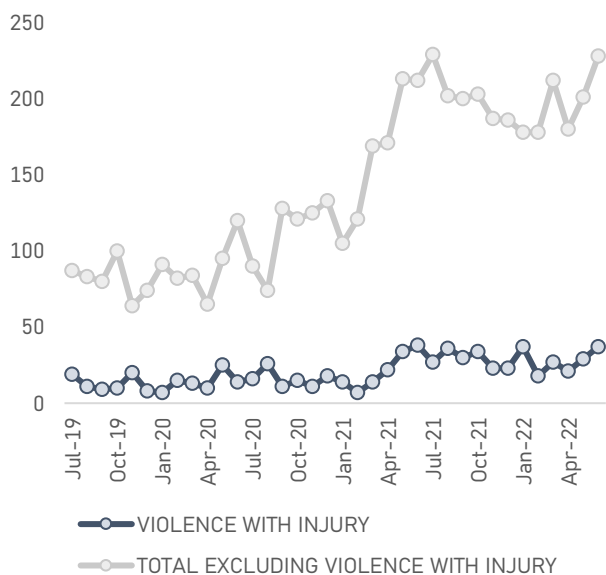


Figure 10.4.34: % Change against July 2019 baseline.

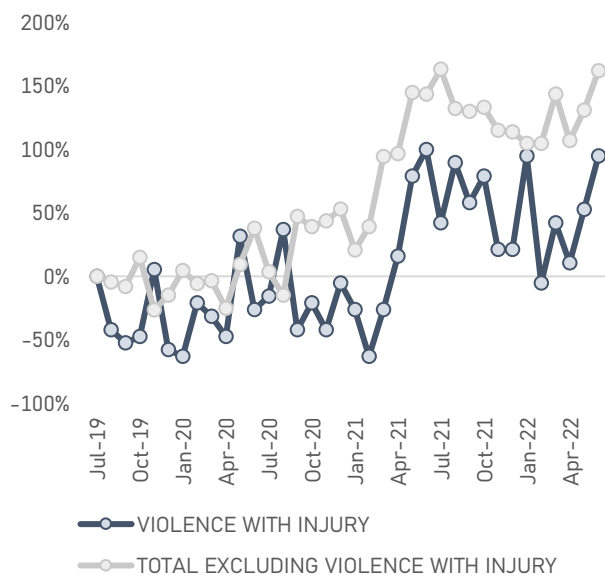


Figure 10.4.35: Percentage of total drug-marked crimes.

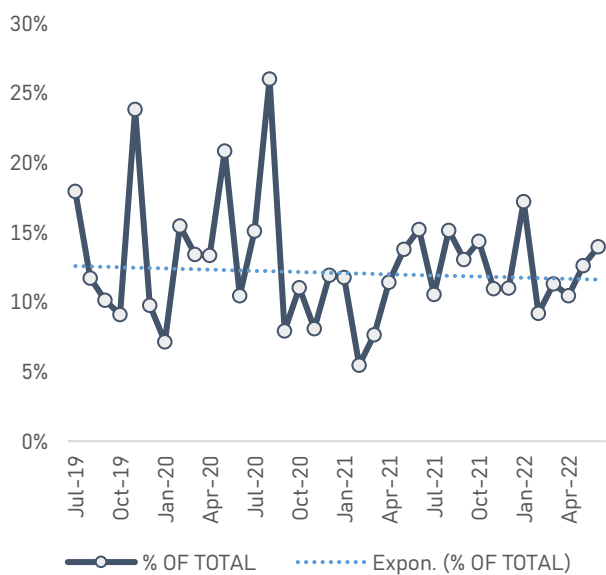


Figure 10.4.36: Distribution of offence by month.

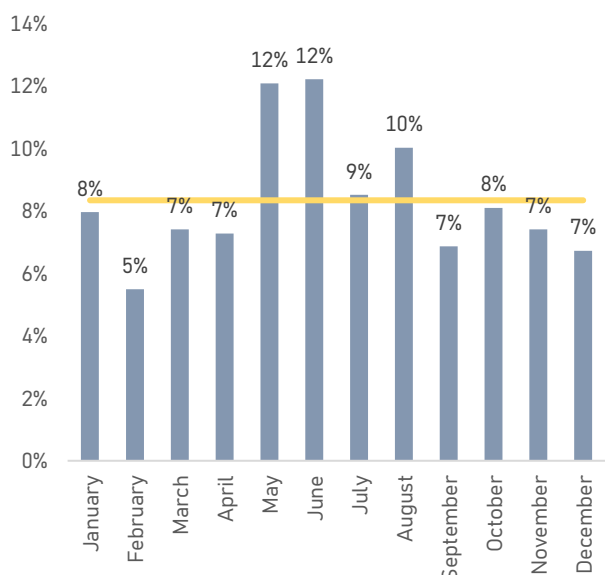


Figure 10.4.37: Mapping by Ward.

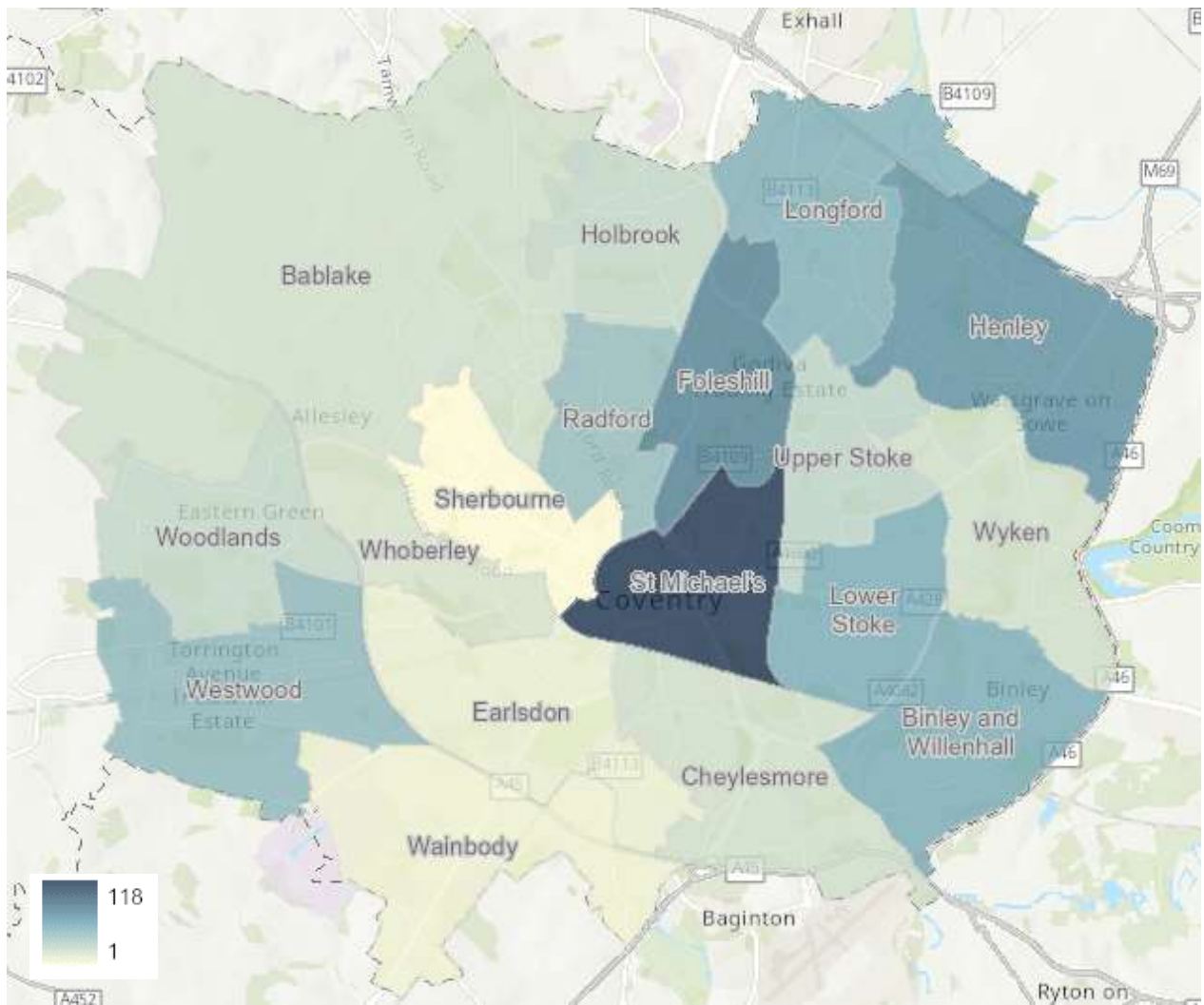
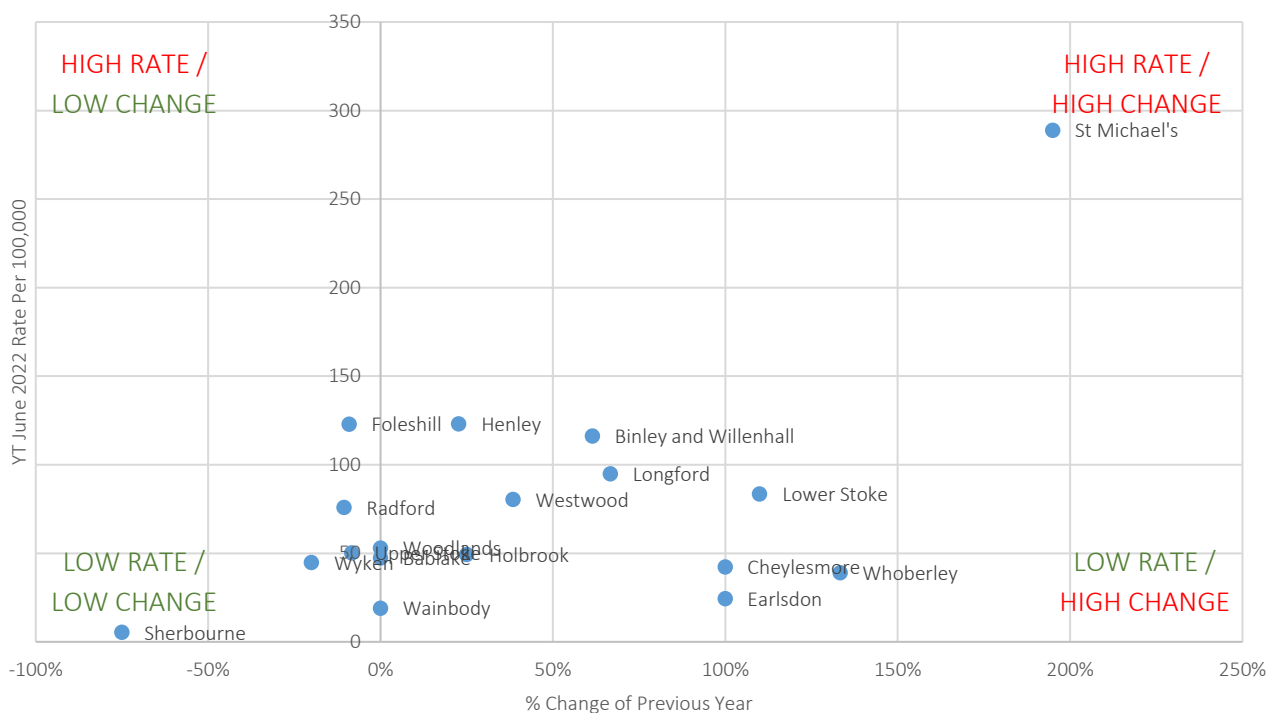


Figure 10.4.38: Rate of change against rate per 100,000 population.



Ward	YT June 2021	YT June 2022	Change	% Change	Rate Per 100,000
Bablake	8	8	0	0%	47
Binley and Willenhall	13	21	8	62%	116
Cheylesmore	4	8	4	100%	42
Earlsdon	2	4	2	100%	24
Foleshill	33	30	-3	-9%	123
Henley	22	27	5	23%	123
Holbrook	8	10	2	25%	49
Longford	12	20	8	67%	95
Lower Stoke	10	21	11	110%	84
Radford	19	17	-2	-11%	76
St Michael's	40	118	78	195%	289
Sherbourne	4	1	-3	-75%	5
Upper Stoke	12	11	-1	-8%	50
Wainbody	3	3	0	0%	19
Westwood	13	18	5	38%	80
Whoberley	3	7	4	133%	39
Woodlands	10	10	0	0%	53
Wyken	10	8	-2	-20%	45
<b>Total</b>	<b>226</b>	<b>342</b>	<b>116</b>	<b>51%</b>	<b>90</b>

POSSESSION OF DRUGS

Figure 10.4.39: Count of offence by month: July 2019 to June 2022.

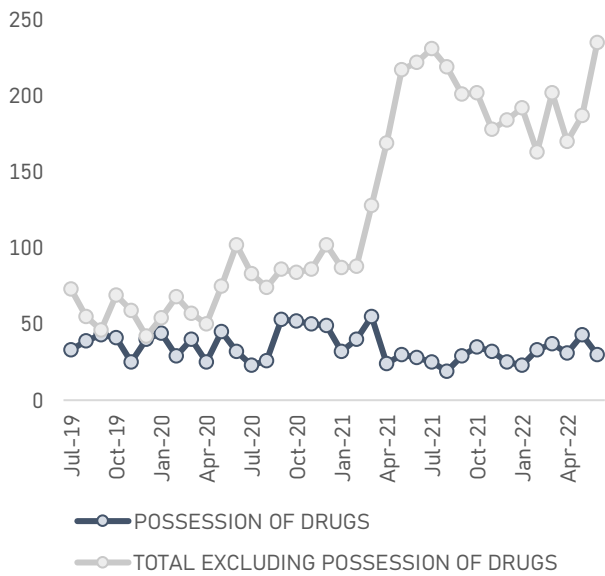


Figure 10.4.40: % Change against July 2019 baseline.

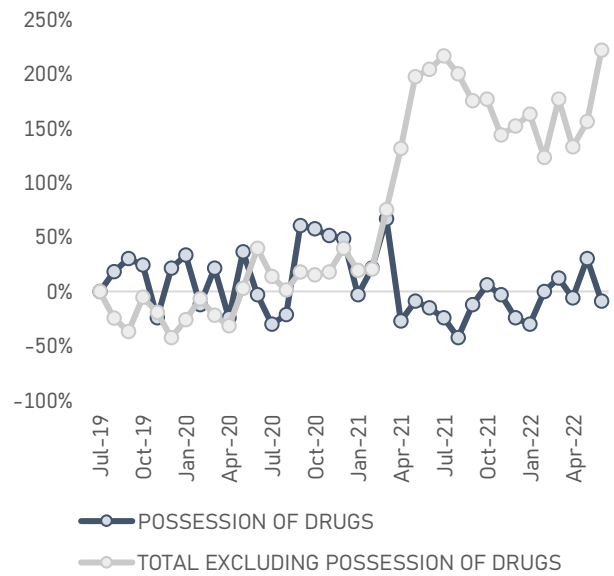


Figure 10.4.41: Percentage of total drug-marked crimes.

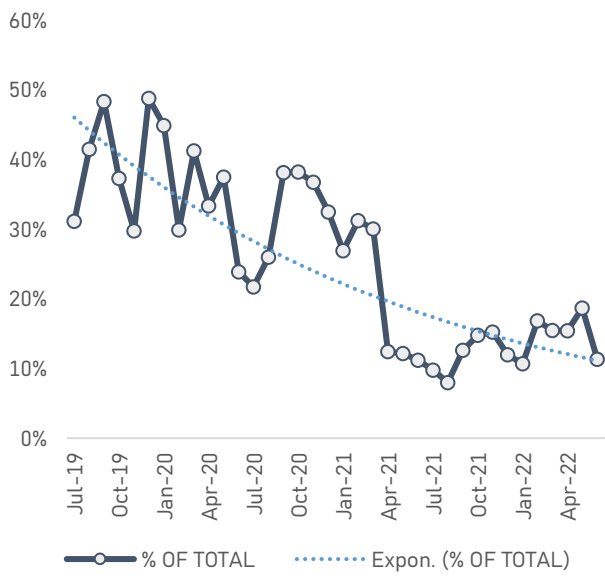


Figure 10.4.42: Distribution of offence by month.

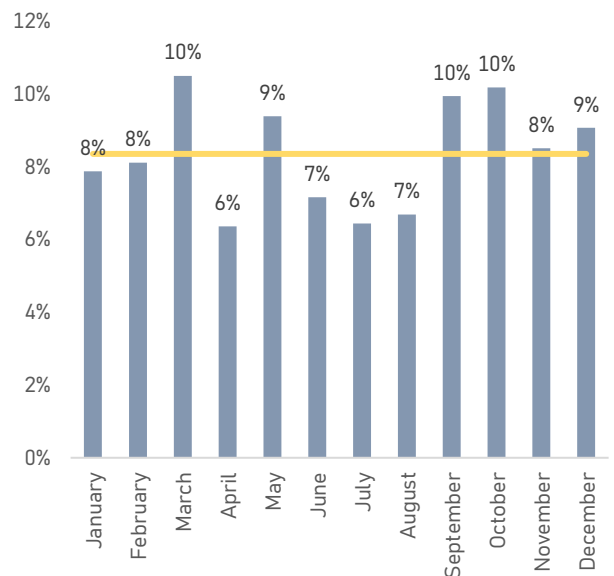


Figure 10.4.43: Mapping by Ward.

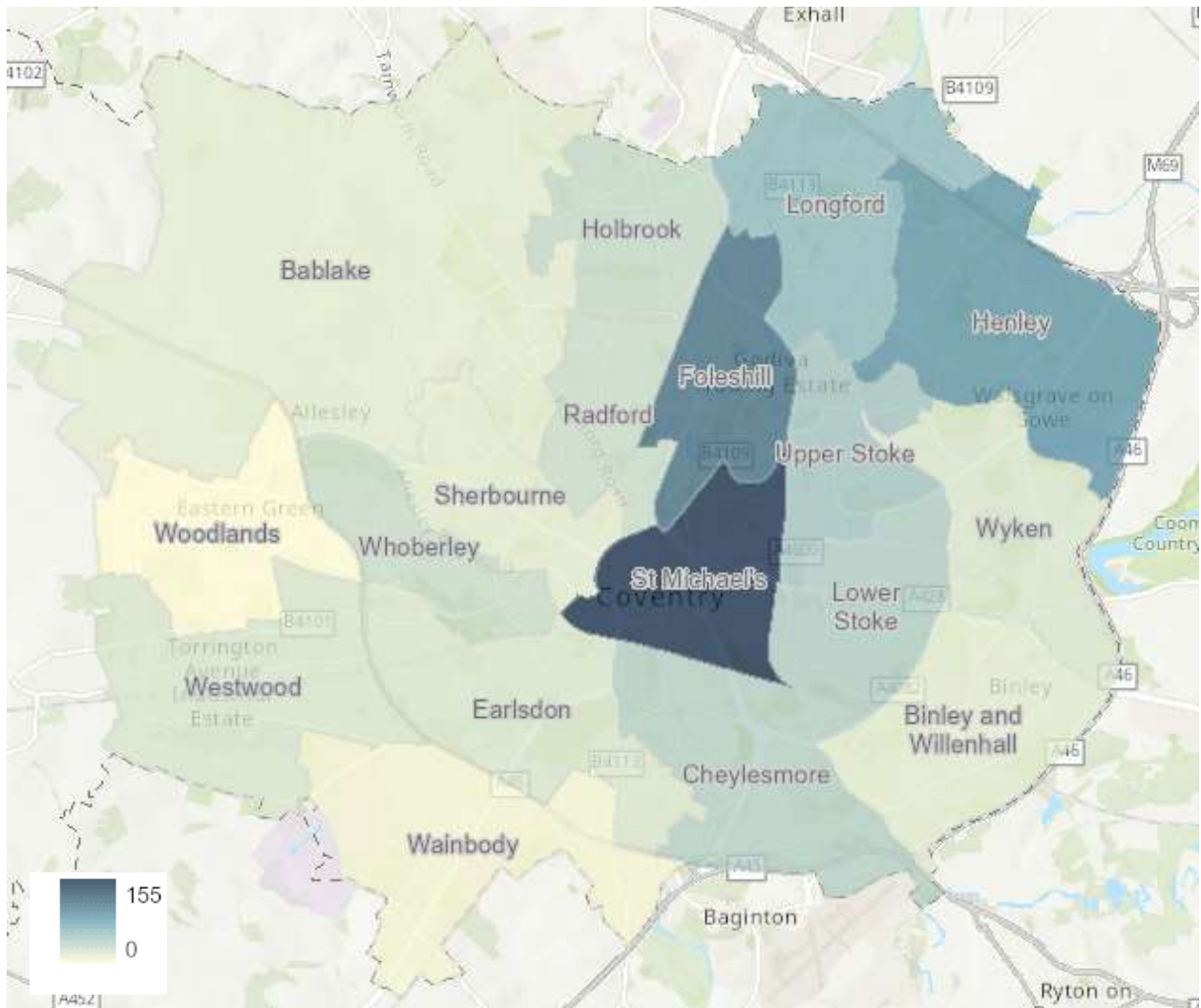
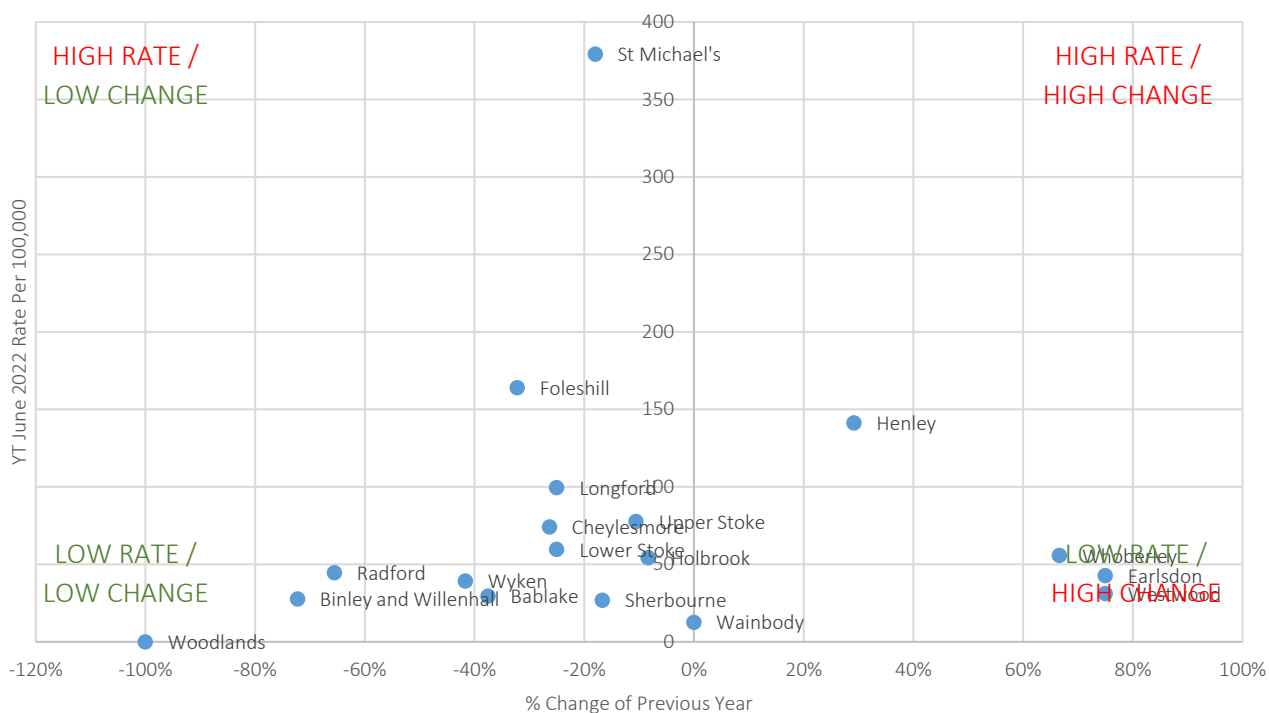




Figure 10.4.44: Rate of change against rate per 100,000 population.



Ward	YT June 2021	YT June 2022	Change	% Change	Rate Per 100,000
Bablake	8	5	-3	-38%	30
Binley and Willenhall	18	5	-13	-72%	28
Cheylesmore	19	14	-5	-26%	74
Earlsdon	4	7	3	75%	43
Foleshill	59	40	-19	-32%	164
Henley	24	31	7	29%	141
Holbrook	12	11	-1	-8%	54
Longford	28	21	-7	-25%	100
Lower Stoke	20	15	-5	-25%	60
Radford	29	10	-19	-66%	45
St Michael's	189	155	-34	-18%	379
Sherbourne	6	5	-1	-17%	27
Upper Stoke	19	17	-2	-11%	78
Wainbody	2	2	0	0%	13
Westwood	4	7	3	75%	31
Whoberley	6	10	4	67%	56
Woodlands	3	0	-3	-100%	0
Wyken	12	7	-5	-42%	39
<b>Total</b>	<b>462</b>	<b>362</b>	<b>-100</b>	<b>-22%</b>	<b>95</b>

TRAFFICKING OF DRUGS

Figure 10.4.45: Count of offence by month: July 2019 to June 2022.

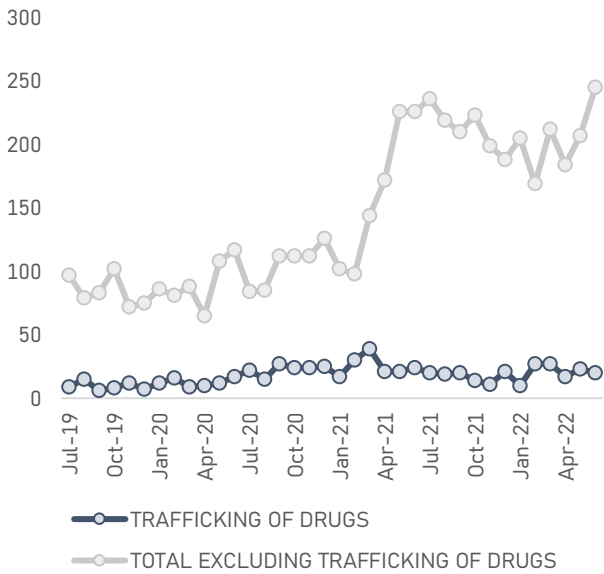


Figure 10.4.46: % Change against July 2019 baseline.

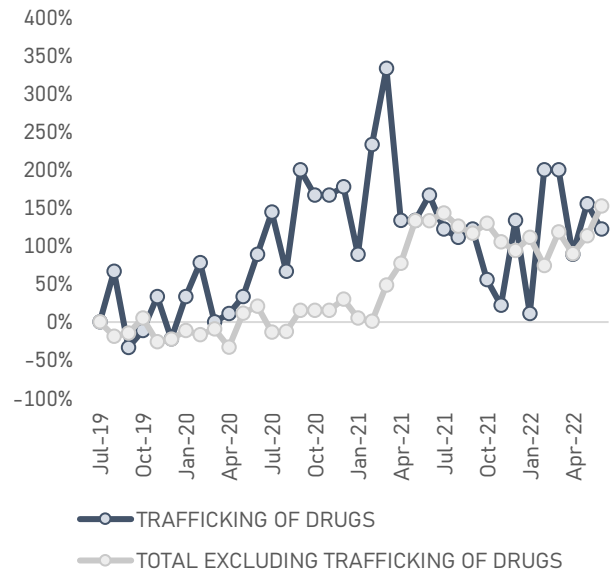


Figure 10.4.47: Percentage of total drug-marked crimes.

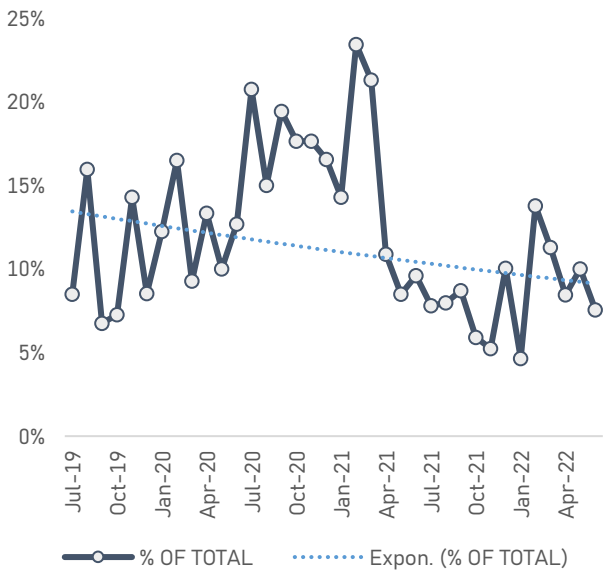


Figure 10.4.48: Distribution of offence by month.

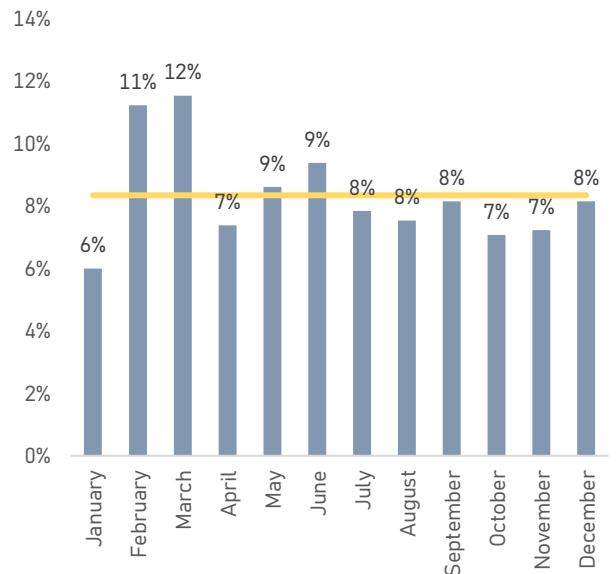


Figure 10.4.49: Mapping by Ward.

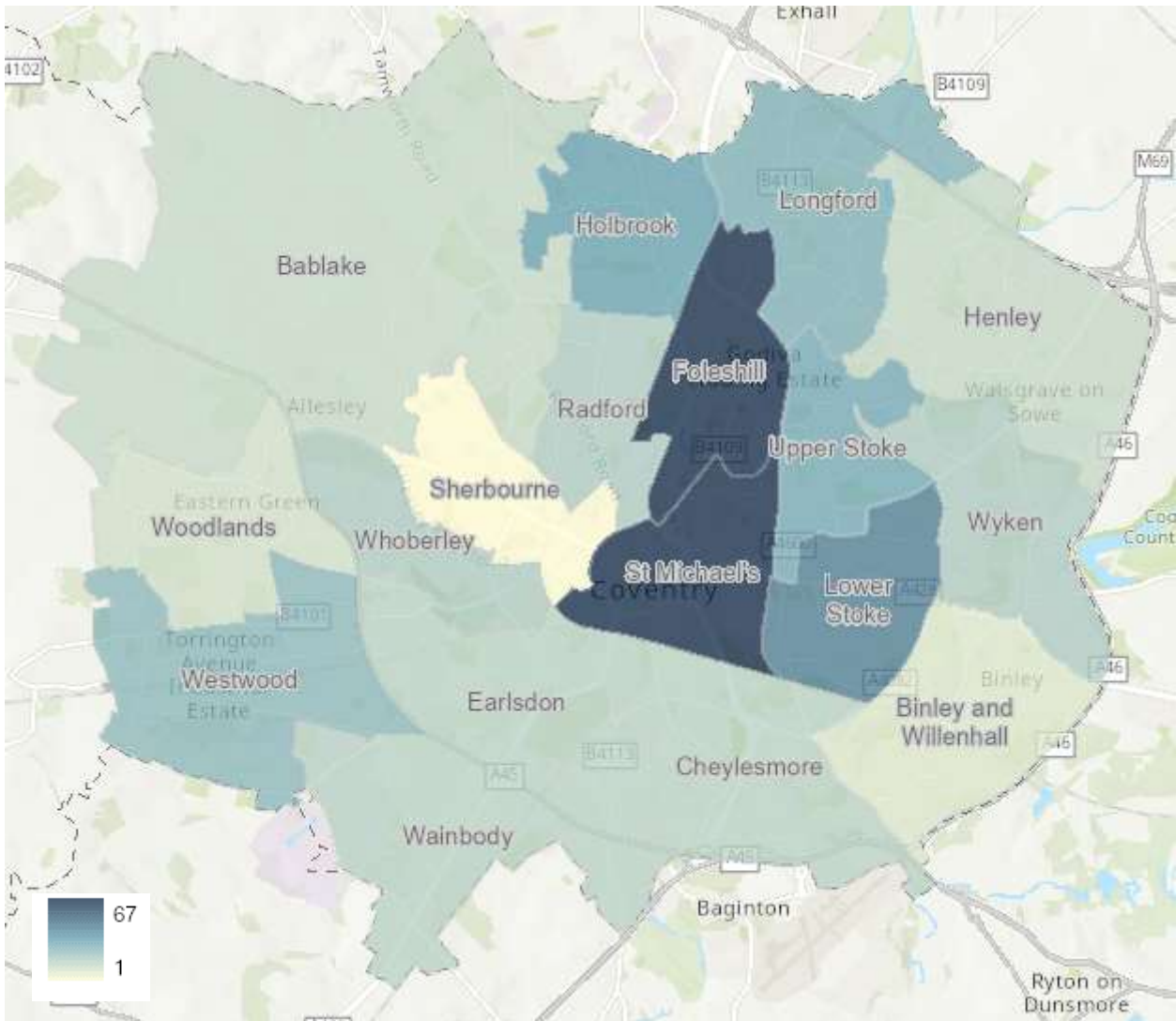
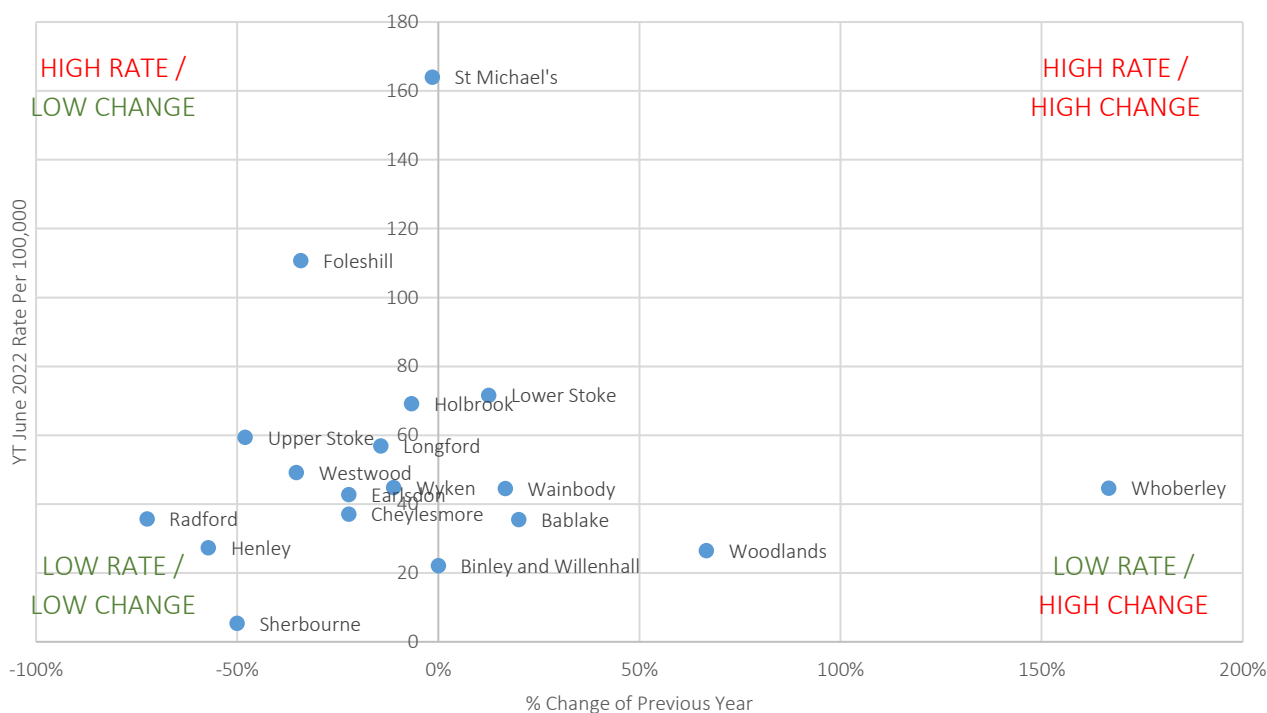


Figure 10.4.50: Rate of change against rate per 100,000 population.



Ward	YT June 2021	YT June 2022	Change	% Change	Rate Per 100,000
Bablake	5	6	1	20%	36
Binley and Willenhall	4	4	0	0%	22
Cheylesmore	9	7	-2	-22%	37
Earlsdon	9	7	-2	-22%	43
Foleshill	41	27	-14	-34%	111
Henley	14	6	-8	-57%	27
Holbrook	15	14	-1	-7%	69
Longford	14	12	-2	-14%	57
Lower Stoke	16	18	2	13%	72
Radford	29	8	-21	-72%	36
St Michael's	68	67	-1	-1%	164
Sherbourne	2	1	-1	-50%	5
Upper Stoke	25	13	-12	-48%	59
Wainbody	6	7	1	17%	45
Westwood	17	11	-6	-35%	49
Whoberley	3	8	5	167%	45
Woodlands	3	5	2	67%	27
Wyken	9	8	-1	-11%	45
<b>Total</b>	<b>289</b>	<b>229</b>	<b>-60</b>	<b>-21%</b>	<b>60</b>

# STALKING AND HARASSMENT

Figure 10.4.51: Count of offence by month: July 2019 to June 2022.

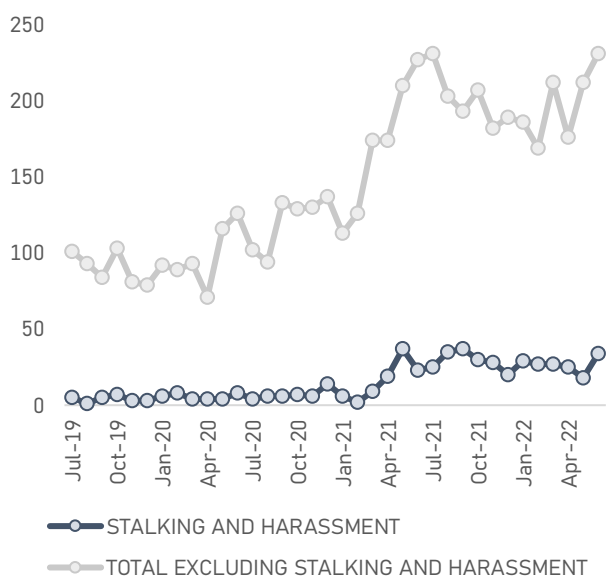


Figure 10.4.52: % Change against July 2019 baseline.

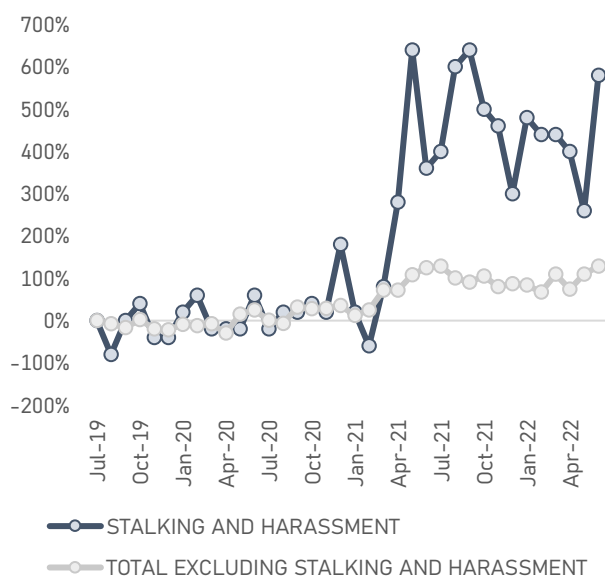


Figure 10.4.53: Percentage of total drug-marked crimes.

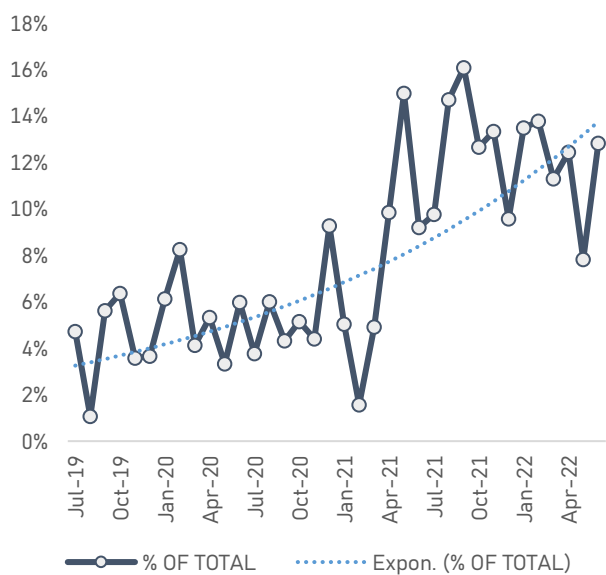


Figure 10.4.54: Distribution of offence by month.

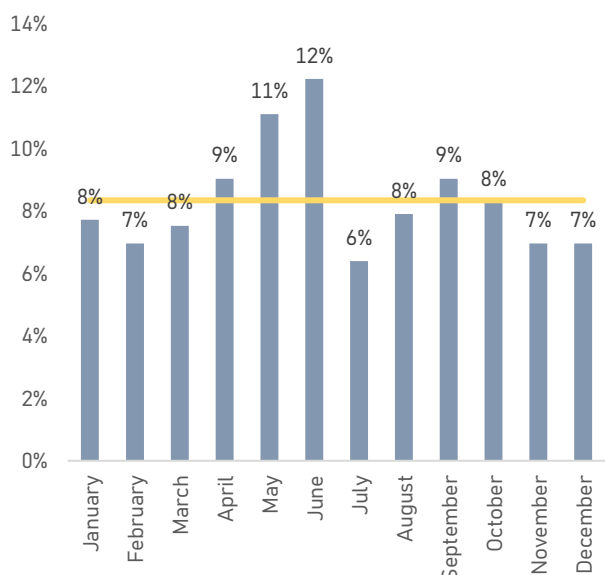


Figure 10.4.55: Mapping by Ward.

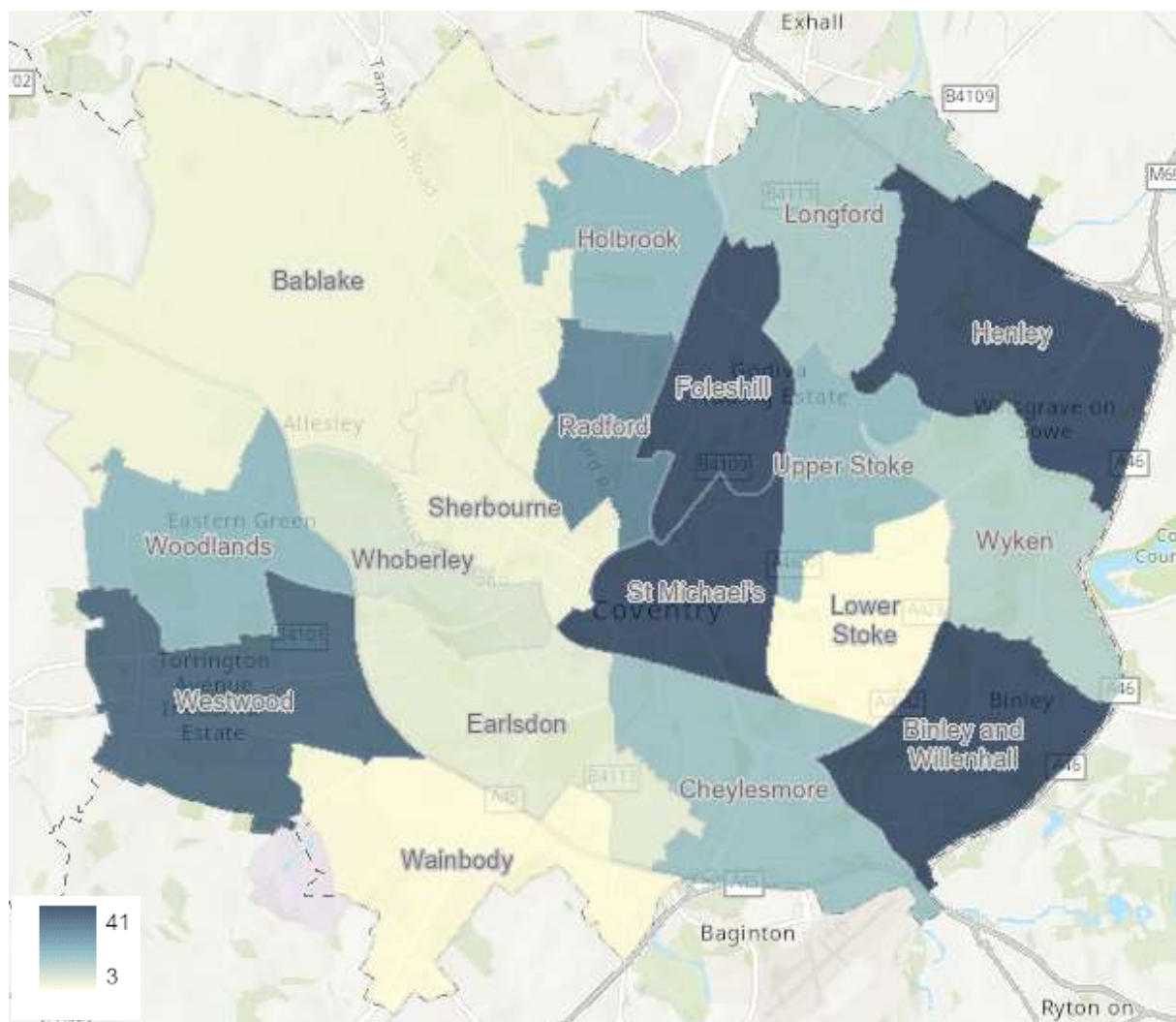
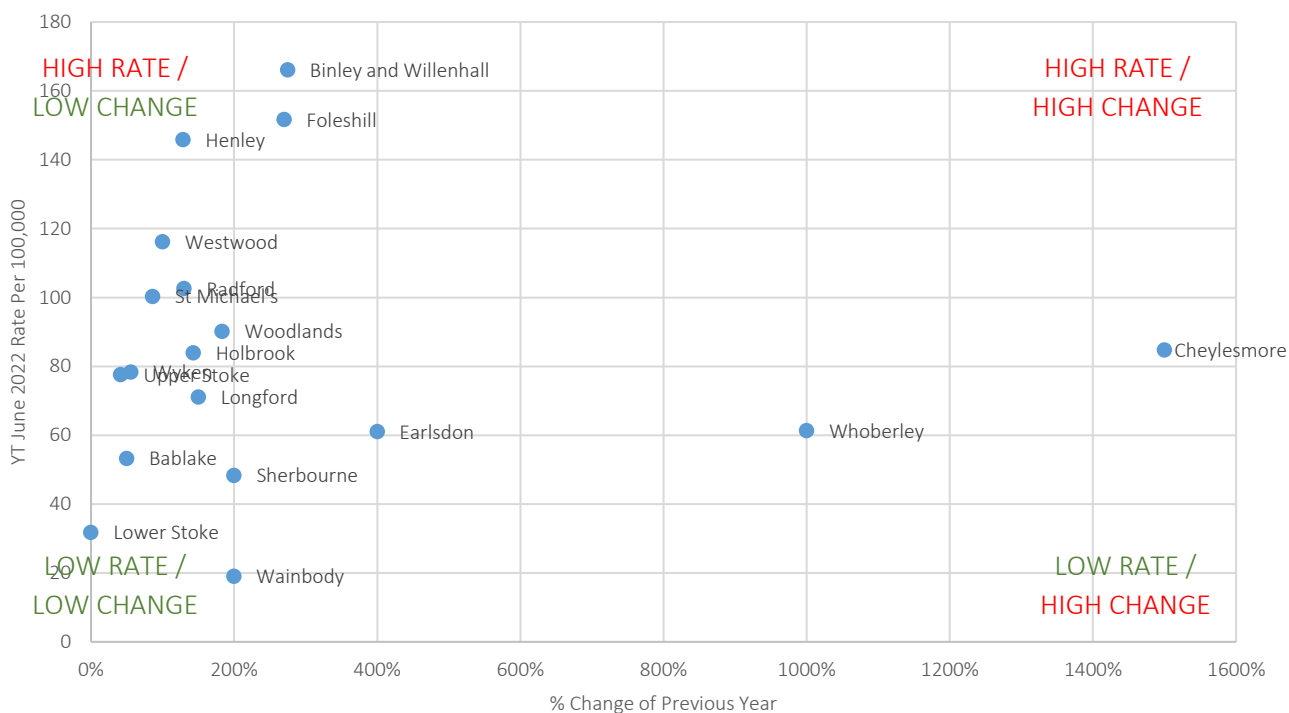


Figure 10.4.56: Rate of change against rate per 100,000 population.



# COUNTY LINES

KF 46 - 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.



## OVERVIEW

- West Midlands Police are leading on the regional approach to County Lines. Since 2018, West Midlands Police have worked to embed a partnership approach to combatting County Lines.
- In October 2021, 2021 County Lines Week work included:
  - 32 people arrested
  - 11 warrants executed
  - 77 wraps of heroin recovered
  - 396 wraps of crack confiscated
  - £237,000 worth of cannabis found
  - £8,305 cash seized
  - Nineteen weapons were recovered.
- 73% of people linked to county lines activity between April 2018 and November 2020 were aged 25 or under.
- Young males of black ethnicity, often from the most deprived parts of the West Midlands, are hugely over-represented in police information about County Lines.
- Multi-agency practitioners have identified concerns that there are low levels of recognition and identification across the sector regarding how women and girls are exploited through County Lines drug distribution.



# DRUG SEIZURES

## INTRODUCTION

The following chapter summarises published data on local police forces and UK Border Force drug seizures.

## LONG-TERM TREND

The following chart shows the long-term trend in the number of drug seizures made by local police forces and the UK Border Force using 2006-07 as the baseline. The chart shows the West Midlands Region compared to the other regions in England and Wales, the British Transport Police, and Border Force. For the West Midlands Region, seizures have increased over the past four years.

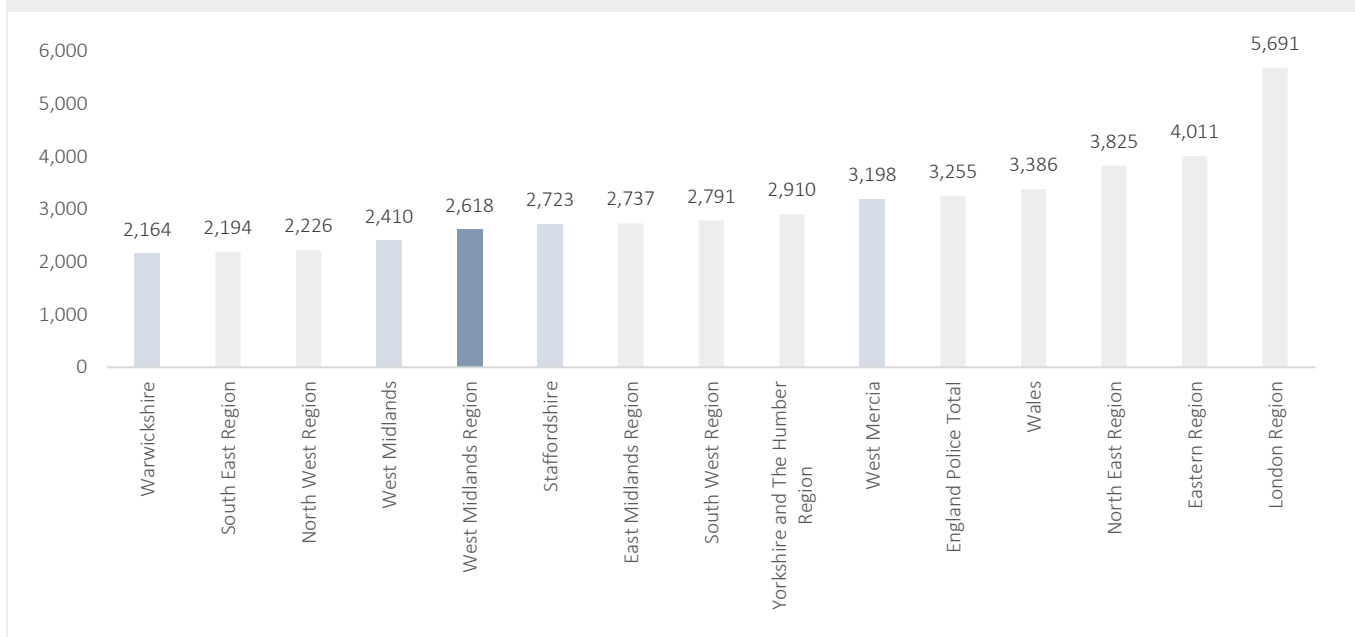
Figure 10.4.57: Percentage change in the number of drug seizures against the 2006-07 baseline.



<sup>111</sup> Staffordshire's drug seizure data was incomplete, and hence although they supplied some data, it had to be excluded from the 2020/21 figures. Imputation methods have been used to estimate the drug seizures figures for that year, for these police forces.

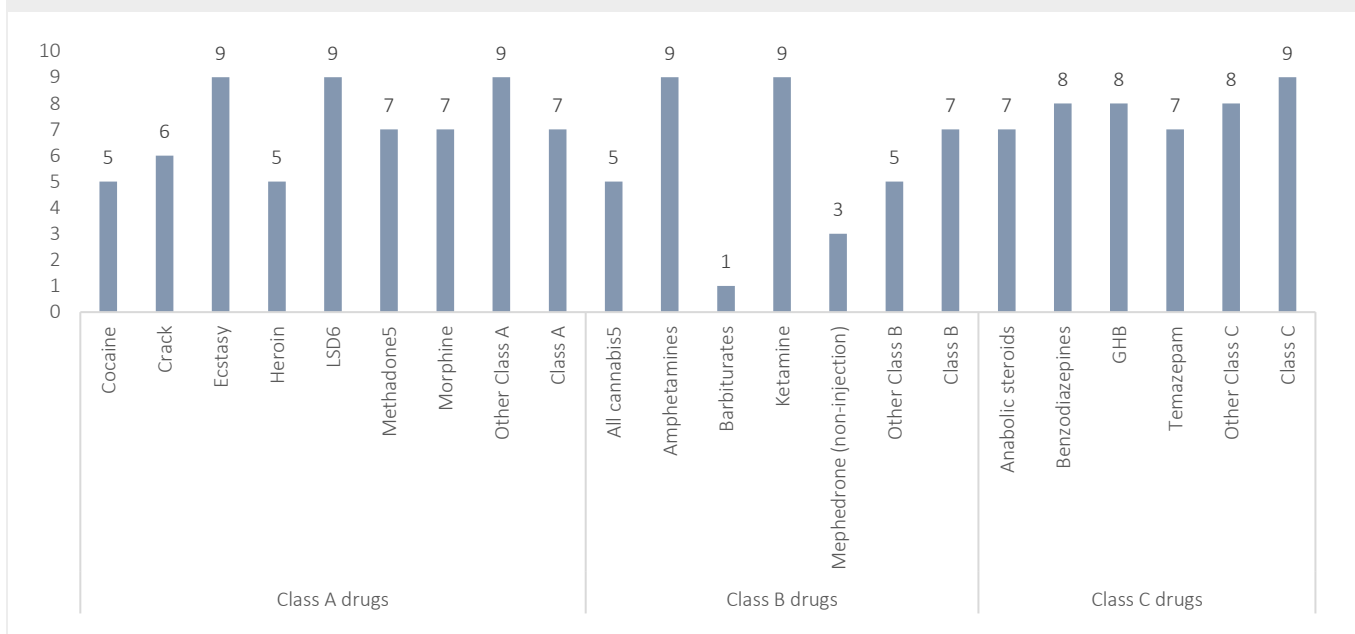
The chart shows the number of drug seizures per million in the West Midlands Region compared to other police force areas. The West Midlands region shows relatively low rates.

Figure 10.4.58: Drug seizures per million population<sup>112</sup> by police force area; 2020-21.



The following chart shows how the West Midlands Region ranks against the other eight regions for each drug type when looking at the seizures per million population, with one being the highest. The chart shows the drug types that the West Midlands region ranks high for Barbiturates and Mephedrone (non-injection).

Figure 10.4.59: Drug seizures per million population by drug class and type; 2020-21.



<sup>112</sup> Rates per million population statistics are created using mid-year population estimates calculated by the Office for National Statistics. This table does not include rows for Border Force and BTP as their data cannot be broken down to a regional level.

## 10.5 - ANTI-SOCIAL BEHAVIOUR

KF 48 - In completing this needs assessment, full ASB data could not be provided due to how the information is captured in Coventry.

For this assessment, data was supplied by the police and the Coventry City Council ASB Team.



## ANALYSIS

The following analysis is based on ASB calls registered with a drugs or alcohol marker if it is believed to be the cause of the call.

**KF 47 - Both alcohol and drug flagged ASB incidents are down on the previous year.**

### ALCOHOL

- For the 12 months to August 2022, there were 78 incidents recorded. This is a **decrease of 20%** on the 97 incidents recorded for the previous year.
- Nearly half of all the incidents were attributed to St Michael's Ward.



### DRUGS

- For the 12 months to August 2022, there were 40 incidents recorded. This is a **decrease of 41%** on the 68 incidents recorded for the previous year.
- Where alcohol saw a high concentration of incidents in the St Michael's Ward, drug related ASB incidents is more evenly dispersed.



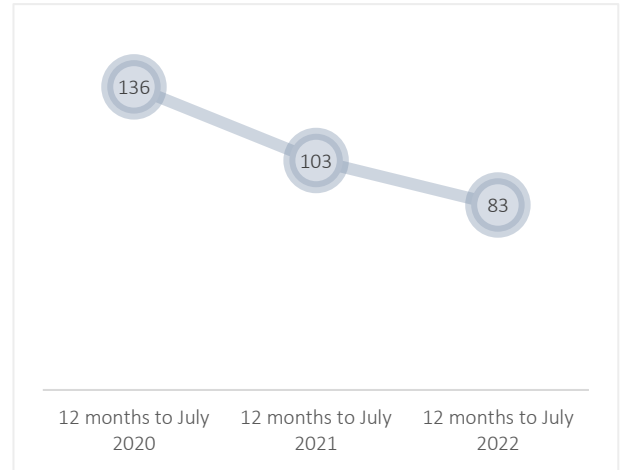


## ANALYSIS

- A recent change in system means that ASB data from the local authority is limited.

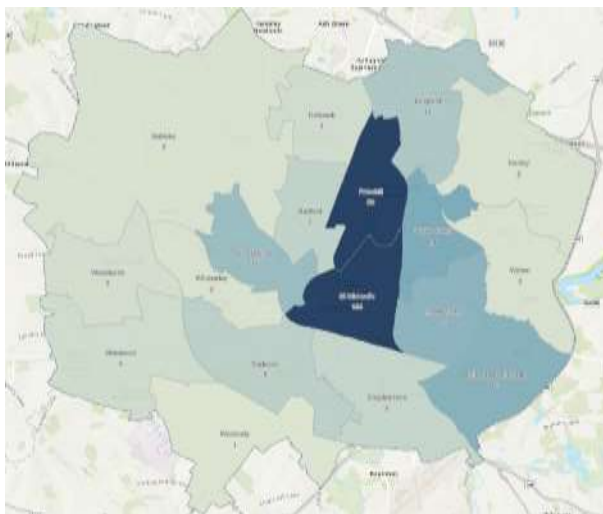
**KF 47 - Reports of needles has seen year-on-year decreases.**

- The following data is limited to reports made by the public when needles are seen/found, and covers the three years to July 2022.
- There were 83 cases of needles being found for the 12 months to July 2022; a decrease of 39%.



**KF 47 - St Michael's Ward accounts for 45% of the total.**

- During the 3-year analysed period, St Michael's Ward accounted for 45% of the total number of incidents recorded.
- The neighbouring ward of Foleshill accounted for the second largest with 16% of the total.
- The majority of Wards including Foleshill has seen a decrease when comparing the 12 months to July 2022 against. In contrast, St Michael's ward reports a similar number.



Ward Name	YT July 2020	YT July 2021	YT July 2022	Total
Bablake	1	1	0	2
Binley and Willenhall	8	11	0	19
Cheylesmore	3	2	1	6
Earlsdon	4	2	2	8
Foleshill	32	9	12	53
Henley	1	1	0	2
Holbrook	3	1	0	4
Longford	3	5	3	11
Lower Stoke	3	9	6	18
Radford	4	1	2	7
Sherbourne	9	4	2	15
St Michael's	50	42	52	144
Upper Stoke	9	10	2	21
Wainbody	0	0	1	1
Westwood	2	2	0	4
Whoberley	1	1	0	2
Woodlands	2	1	0	3
Wyken	1	1	0	2
<b>Total</b>	<b>136</b>	<b>103</b>	<b>83</b>	<b>322</b>

# 10.6 - LICENSING AND TRADING STANDARDS

KF 49 - 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.



## OVERVIEW

- In Coventry, the Licensing team work closely with licensed premises regarding the responsible selling of alcohol.
- 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.



## POLICY

- The Coventry Statement of Licensing Policy 2021-2026 covers all licensing activity identified as falling within the provisions of the Licensing Act, namely:
  - The sale by retail of alcohol
  - The supply of alcohol by clubs
  - The provision of regulated entertainment
  - The provision of late-night refreshments

# 10.7 - EMPLOYMENT SERVICES



## NATIONAL OVERVIEW

- Studies have found that users of ‘hard’ drugs such as heroin and crack cocaine are significantly less likely to be in employment than other adults of working age.<sup>113</sup>
- Research has also found that duration of unemployment is associated with the number of drugs an individual has used.<sup>114</sup>
- Major areas of disadvantage that act as barriers to work for ‘problem drug users’ include lack of education and skills; health; social disadvantage; provision of support services; engaging with employers and support professionals; and dealing with stigma.<sup>115</sup>
- IPS (Individual Placement and Support) supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. Trials are being carried out in England of IPS for those affected by substance misuse.<sup>116</sup>
- For those in employment, drug, alcohol and substance misuse has serious implications for employees’ health, safety and performance in the workplace.<sup>117</sup>
- Organisations can benefit from a policy on drugs, alcohol and other substances in consultation with staff and health and safety representatives.<sup>118</sup>
- If drug or alcohol screening occurs, employers must first get employees’ consent.<sup>119</sup>
- Employers should encourage employees to use specialist support if they are misusing drugs or alcohol.<sup>120</sup>

<sup>113</sup> Drug users’ experiences of employment and the benefit system

<sup>114</sup> Drug users’ experiences of employment and the benefit system

<sup>115</sup> Drug users’ experiences of employment and the benefit system

<sup>116</sup> Supporting people from substance misuse treatment into employment

<sup>117</sup> Unison, Alcohol, drugs and substance abuse

<sup>118</sup> Unison, Alcohol, drugs and substance abuse

<sup>119</sup> Unison, Alcohol, drugs and substance abuse

<sup>120</sup> Unison, Alcohol, drugs and substance abuse

# 10.8 - COURTS



## NATIONAL OVERVIEW<sup>121</sup>

- There are well-established links between substance misuse (both illicit drug use and problematic alcohol consumption) and crime.
- Court-based interventions for substance misuse include court-ordered treatment and testing, and substance misuse courts.
- Substance misuse courts are specially designed court calendars or dockets, which use regular and consistent judicial monitoring, and the use of appropriate and graduated sanctions and incentives schemes to motivate compliance, in addition to treatment and testing.
- Evidence suggests that substance misuse courts reduce reoffending and drug and alcohol misuse.
- Successful programmes also include effective judicial monitoring (with the same judge appearing at each court hearing for continuity and consistency of approach), fast-tracked access to treatment, customised support and recognition of success.

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<sup>121</sup> Centre for Justice Innovation (2020), Enhancing the Criminal Court Response to Substance Misuse: an Evidence and Practice. [https://justiceinnovation.org/sites/default/files/media/documents/2020-08/substance\\_misuse\\_briefing.pdf](https://justiceinnovation.org/sites/default/files/media/documents/2020-08/substance_misuse_briefing.pdf)



# 10.9 - PROBATION



## NATIONAL OVERVIEW

- The Offender Management in Custody model outlined in the 2019 Prison Drugs Strategy enables probation officers to develop positive relationships with prisoners, refer them to appropriate services, and achieve the rehabilitative and educational objectives needed to tackle demand for drugs, avoid exploitation of this vulnerable group and reduce reoffending.<sup>122</sup>
- However, a 2021 report by the HM Inspectorate of Probation partnered with the Care Quality Commission found that probation services respond poorly to drug misuse and addiction cases.<sup>123</sup>
- The report found that probation services across England and Wales supervise nearly 156,000 people in the community. HM Inspectorate of Probation estimates that almost 75,000 of these individuals have a drug problem, yet fewer than 3,000 people were referred by probation services to specialist drug misuse treatment in 2019/2020.<sup>124</sup>
- The Inspectorate made 14 recommendations in its report to improve the quality of supervision, including more drug rehabilitation court orders, greater use of testing, and increased funding for treatment.<sup>125</sup>



## OVERVIEW

- There are limited probation-commissioned drug or alcohol services.
- Within Coventry, there has been a focus on alcohol provision, via Commissioned Rehabilitative Services.
- A post, to begin in Autumn 2022, will deliver a suite of alcohol interventions.

<sup>122</sup> Prison Drugs Strategy

<sup>123</sup> Probation services – ‘disappointing’ work with drug users ‘lacks focus and funding’

<sup>124</sup> Probation services – ‘disappointing’ work with drug users ‘lacks focus and funding’

<sup>125</sup> Probation services – ‘disappointing’ work with drug users ‘lacks focus and funding’



## ANALYSIS

A snapshot from the Coventry probation caseload shows that 19% of the caseload have an alcohol related concern and 39% have a drug related concern.

Figure 10.9.1: Oasys snapshot

	Number	%
Accommodation	295	32%
Alcohol Misuse	175	19%
Pro-criminal Attitudes	580	63%
Drug Misuse	355	39%
ETE	455	50%
Lifestyles & Associates	605	66%
Relationships	530	58%
Thinking & Behaviour	570	62%
Selected multiple needs	0	0%

# 10.10 - PRISONS

KF 25 - The RECONNECT service is one of the services available to individuals approaching release from prison to improve continuity of care.



## NATIONAL OVERVIEW<sup>126</sup>

- Drug misuse is a significant problem within prisons and contributes to violence, crime and vulnerability.
- Drug use in prisons is widespread, particularly in male local and category C prisons.
- Between 2012/13 and 2017/18, positive random tests for 'traditional' drugs in prisons increased by 50%, from 7% to 10.6%.
- The emergence of psychoactive substances such as synthetic cannabinoids has exacerbated the problem, and these are often used in conjunction with other drugs.
- The diversion and misuse of prescription medication is also an issue.
- Reducing the misuse of drugs is a complex, multi-faceted problem. Challenges include limiting the supply of drugs inside and outside prisons, encouraging people away from drug misuse towards positive and productive activities, and supporting those requiring treatment.
- HM Prison & Probation Service has set out a strategy to reduce drug misuse within prisons by restricting supply, reducing demand and building recovery.
- Refer to Chapter 8.4 for prisons to community engagement rates.



## OVERVIEW

- Coventry residents can be held in prisons all over the region and country, depending on several factors, including gender, risk, and type of crime committed.
- Despite this, some prisons make up a large proportion of releases into Coventry.
- Prisons offer a range of clinical and psychosocial interventions for those with a drug or alcohol need.

<sup>126</sup> Prison Drugs Strategy



## CONTINUITY OF CARE

- Most recent figures (rolling 12 months) show that 60% of prisoners released to Coventry came from HMP Hewell.
- Looking at all releases during 2021-22, only 16% of those continuing substance misuse treatment on release from prison attended their appointment at a community team within three weeks of release.

“There is a need to keep patients part of the conversation. We need to understand why individuals are not turning up for their appointments”.

*HMPPS Practitioner*

“We are not good at reassessments in the treatment field. We need to explore more about what worked and what didn’t work in the past for an individual. Treatment services just do the same thing again.”.

*HMPPS Practitioner*

- 10.2% of those released re-presented to prison-based treatment.
- Locally, a Coventry Criminal Justice (from CGL) link worker visits Hewell once a fortnight to see newly released prisoners.
- An NHS Reconnect Service is starting in Birmingham and is planned to be rolled out to the rest of the West Midlands in the next 12-18 months.
- Prisons are starting to use teleconferencing facilities which should improve the ability of community practitioners to link with prisoners.
- Some regional initiatives are being enacted to try to improve pick-up rates:
- Reducing Reoffending Accelerator Prisons (includes several probation/ prison roles regionally covering housing, continuity of care, employment, neurodevelopmental support, and substance misuse.)

# 10.11 - YOUTH JUSTICE SERVICE



## OVERVIEW

- The Coventry Youth Justice Service is responsible for coordinating the local youth justice services provision, as set out in section 38 of the 1998 Crime and Disorder Act. The responsibilities and aims are:
  - Preventing and reducing offending/reoffending by children
  - Reducing the number of children entering the criminal justice system
  - Reducing the number of children receiving a custodial sentence
- The Youth Justice Service is a multi-disciplinary team. There are 2 CAMHS workers within the service.

“Young people in the YOS have gone through a lot of trauma which results in complex problems.”

*YJS Practitioner*

“There is strong governance between all partners.”

*YJS Practitioner*

“There has been a shift in Coventry over the last 5 or 6 years regarding serious youth violence.”

*YJS Practitioner*



## REFERRALS

“The YOS make low referrals to Positive Choices. The biggest issue is the young person consenting to a referral.”

*YJS Practitioner*

“Young people tend not to consent to referrals to Positive Choices.”

*YJS Practitioner*

“The young person continues to want to smoke cannabis. This may be to help sleep or deal with anxiety issues.”

*YJS Practitioner*

“The substance misuse needs of young people working with the YOS tends to be a secondary need. It may be a symptom of their mental health needs, for example.”

*YJS Practitioner*

“Drug use may be related to other issues, such as peer groups, social pressures, gang involvement.”

*YJS Practitioner*

“Drug use may be related to other issues, such as peer groups, social pressures, gang involvement.”

*YJS Practitioner*



## ANALYSIS

- The Youth Justice Service could not provide any data for this needs assessment.
- Coventry City Council's Youth Justice Strategy and Plan<sup>127</sup> include some figures on the extent of drug and alcohol need amongst those interacting with youth justice services:
  - Referrals to Positive Choices (substance misuse agency) have increased three-fold comparing 2019/20 to 2020/21, and engagement levels are tracked through Management Board.
  - Drugs were the most common offence group for community resolutions<sup>128</sup>, whereas the violence group remained the most prominent category for substantive outcomes (citable conviction).

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<sup>127</sup> Coventry City Council, (2021), [Coventry City Council's Youth Justice Strategy and Plan - 2021-23](#)

<sup>128</sup> Community Resolutions provide an opportunity for the police to deal with appropriate low level offences and offenders without recourse to formal criminal justice sanctions.

# 10.12 - CHILDREN & YOUNG PEOPLE

## INTRODUCTION



### NATIONAL OVERVIEW

#### ALCOHOL

- In 2017/18, 26% of 15-year-olds reported being drunk two or more times in their lifetime – down from 55% in 2001/02. However, the proportion among males has increased by three percentage points from 2013/14 to 2017/18.<sup>129</sup>
- In 2018, 21% of pupils aged 11-15 in England who drank in the last week were estimated to have consumed more than 15 units.<sup>130</sup>
- Girls were likelier to have been drunk in the last four weeks than boys.<sup>131</sup>
- Evidence suggests that several risk factors and vulnerabilities increase the likelihood of young people using drugs, alcohol or tobacco.
- These include experiencing abuse and neglect (including emotional abuse), truanting from school, offending, early sexual activity, antisocial behaviour and being exposed to parental substance misuse.<sup>132</sup>

#### DRUGS

- In 2018, 24% of secondary school pupils surveyed reported they had ever taken drugs. 17% had taken drugs in the last year.<sup>133</sup>
- There were 14,291 young people in contact with alcohol and drug services between April 2019 and March 2020. This is a 3% reduction from the previous year (14,777) and a 42% reduction in the number in treatment from 2008 to 2009 (24,494).<sup>134</sup>
- Cannabis is the most common substance for which young people seek treatment, accounting for 89% of cases in 2019-20.<sup>135</sup>

<sup>129</sup> State of Child Health: Alcohol and drug use in young people

<sup>130</sup> Smoking, Drinking and Drug Use among Young People in England

<sup>131</sup> Smoking, Drinking and Drug Use among Young People in England

<sup>132</sup> Young people commissioning support: principles and indicators

<sup>133</sup> Smoking, Drinking and Drug Use among Young People in England

<sup>134</sup> Young people's substance misuse treatment statistics 2019 to 2020

<sup>135</sup> Young people's substance misuse treatment statistics 2019 to 2020



## PHYSICAL AND MENTAL HEALTH

### ALCOHOL

- Beginning to drink before age 14 is associated with increased health risks, including alcohol-related injuries, involvement in violence, and suicidal thoughts and attempts.<sup>136</sup>
- Underage drinking, even at 15 and over, can affect the normal development of vital organs and functions, including the brain, liver, bones and hormones.<sup>137</sup>
- Underage drinking is also associated with risky behaviour such as violence, having more sexual partners, pregnancy, using drugs, employment problems and drink driving.<sup>138</sup>
- Those who drink alcohol regularly from an early age are more likely to develop later alcohol misuse or abuse and a range of other adverse health and social outcomes when they reach adulthood.<sup>139</sup>
- Alcohol consumption causes death and disability relatively early in life. Approximately 13.5 % of the deaths among 20–39-year-olds worldwide are alcohol-attributable. These include deaths from road traffic crashes, violence, suicides and fatal alcohol-related injuries, which tend to occur in younger age groups.<sup>140</sup>

### DRUGS

- Frequent cannabis use in young people can be associated with adverse mental health experiences such as depression, anxiety and even psychosis<sup>141</sup>
- Over a third (37%, 3,659) of young people who started treatment for substance misuse in 2019 to 2020 said they needed mental health treatment.<sup>142</sup>
- Because young people's brains are still developing, they are more vulnerable than the general population to the effects of substance misuse, and they may not be aware of their limits. They may take higher doses of drugs, putting them in high-risk situations.<sup>143</sup>
- Substance use in young people is associated with other risky behaviours, such as unprotected sex, which can lead to adverse sexual health outcomes<sup>144</sup>.

<sup>136</sup> NHS Should my child drink alcohol?

<sup>137</sup> NHS Should my child drink alcohol?

<sup>138</sup> NHS Should my child drink alcohol?

<sup>139</sup> State of Child Health: Alcohol and drug use in young people

<sup>140</sup> WHO Alcohol

<sup>141</sup> RCPCH State of Child Health

<sup>142</sup> Young people's substance misuse treatment statistics 2019 to 2020

<sup>143</sup> Epidemiology of adolescent substance use in London schools

<sup>144</sup> Khadr SN, Jones KG, Mann S, et al Investigating the relationship between substance use and sexual behaviour in young people in Britain: findings from a national probability survey BMJ Open 2016;6:e011961. doi: 10.1136/bmjopen-2016-011961





## EMPLOYMENT

- Young people who drink are more likely to not be in employment, education or training (NEET) at age 16/17.<sup>145</sup>
- One study estimates that binge drinking in high school is associated with 1.5–1.84% lower future earnings for boys and that girls who drink heavily in high school tend to work in occupations and industries that pay less.<sup>146</sup>



## EDUCATION

- Youth drinking has been consistently associated with worse educational outcomes.<sup>147</sup>
- Research by the Department of Health shows that young people who had tried alcohol had more negative educational outcomes than those who had not and that this was especially true for those who drank frequently. The causal pathway is not direct: it appears to go from drinking to other risky behaviours and thence to an increased likelihood of having left school at 16.<sup>148</sup>
- Young people who drink frequently are more likely to be suspended or to play truant. This increases the likelihood of not being in employment, education or training (NEET) at 16/17.<sup>149</sup>
- Young people who drink tend to have more negative attitudes toward education.<sup>150</sup>
- According to the DoH report, “it seems reasonable to suggest that lower attitudes and aspirations lead to an increased likelihood of drinking, which in turn leads to even lower attitudes and aspirations as well as lower GCSE scores.<sup>151</sup>



## BEST PRACTICE

- The RCPCH recommends making every contact count. Use clinical consultations to explore whether young people are having difficulty with alcohol consumption and substance misuse, where appropriate.
- RCPCH’s Young People’s Special Interest Group recommends using the HEADSSS assessment framework to explore pertinent psychosocial issues with young people.
- Extended brief interventions to young people aged 16 and 17 drinking harmfully. Alcohol use and cannabis use increase with age from early adolescence, emphasising the need for early education and age-appropriate interventions within child health services.
- When selecting pupils to offer a targeted intervention to, schools and colleges should avoid treating them in a way that could:
  - stigmatise them or

<sup>145</sup> Young people’s alcohol consumption and its relationship to other outcomes and behaviour

<sup>146</sup> Underage drinking factsheet

<sup>147</sup> Underage drinking factsheet

<sup>148</sup> Underage drinking factsheet

<sup>149</sup> Young people’s alcohol consumption and its relationship to other outcomes and behaviour

<sup>150</sup> Young people’s alcohol consumption and its relationship to other outcomes and behaviour

<sup>151</sup> Young people’s alcohol consumption and its relationship to other outcomes and behaviour

- encourage them to see themselves as likely to use alcohol or see it as normal behaviour or
- have a negative impact on their self-esteem<sup>152</sup>
- Specialist substance abuse services for young people should adhere to the following fundamental principles:<sup>153</sup>
  - young people and their needs are at the centre of services
  - quality governance is in place
  - multiple vulnerabilities and complex needs are properly addressed
- Young people becoming young adults are supported as they move into adult services through appropriate transitional arrangements



## POTENTIAL BARRIERS TO ENGAGING WITH TREATMENT SERVICES

- Young people aged 18-24 can disengage from adult services, possibly because the change between how young people's services operate and how adult services operate can be difficult.



## HIDDEN HARM

- See chapter 78.

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<sup>152</sup> Alcohol interventions in secondary and further education

<sup>153</sup> Specialist substance misuse services for young people

# LOOKED AFTER CHILDREN SERVICES



## OVERVIEW

- The LAC service works with children and young people up to 25.
- There are up to 750 Looked After Children and 450 care leavers.
- Feedback from LAC practitioners was that the looked-after children can have complex and multiple needs relating to exploitation and gang involvement.

“The LAC Teams work closely with St Giles Trust for those with multiple needs.”

*LAC Practitioner*

“CGL do not have as much experience in the exploitation environment.”

*LAC Practitioner*



## DATA

“The substance misuse need [amongst the LAC caseload] tends to be cannabis use”.

*LAC Practitioner*

“Cannabis use tends to impact on motivation and employment”.

*LAC Practitioner*

“There are small numbers of opiate users”.

*LAC Practitioner*

“Small numbers of looked after children are involved with criminal elements”.

*LAC Practitioner*

“A high proportion of young people do not necessarily want to do anything about their drug use”.

*LAC Practitioner*

# CHILDREN IN NEED

## INTRODUCTION

- Data taken from “Characteristics of children in need: Statistics on children referred to and assessed by children's social services for the year ending 31 March 2021.”<sup>154</sup>
- Children in need statistics provide information on:
  - children in need of social care services;
  - children referred to social care services;
  - assessments undertaken, primary need at assessment and factors identified at the end of assessment;
  - section 47 enquiries (carried out by a local authority if they suspect a child is suffering, or likely to suffer, significant harm) and initial child protection conferences;
  - children who were the subject of a child protection plan.

## ANALYSIS

### OVERVIEW

- The following analysis looks at the “factors identified at the end of assessment by local authority”.
- ALCOHOL MISUSE
  - Alcohol Misuse Child: “Alcohol misuse: concerns about child”
  - Alcohol Misuse Parent: “Alcohol misuse: concerns about parent”
  - Alcohol Misuse Person: “Alcohol misuse: concerns about other person”
- DRUG MISUSE
  - Drug Misuse Child: “Drug misuse: concerns about child”
  - Drug Misuse Parent: “Drug misuse: concerns about parent”
  - Drug Misuse Person: “Drug misuse: concerns about other person”

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<sup>154</sup> <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2020-to-2021>

## ALCOHOL MISUSE

The following chart shows how the rates in Coventry compare against the Nearest Neighbours and England. Figure 10.12.1 shows the rates a percentage of assessments, whilst figure 10.12.2 takes an alternative view of a rate per 100,000 population.

**KF 15 – Alcohol misuse relating to the child appears to be less of an issue than alcohol misuse for the parent.**

Across both metrics, it can be seen that the rates for “Alcohol Misuse Parent” and “Alcohol Misuse Person” is greater than the Nearest Neighbours and England. This is less of the case for “Alcohol Misuse Child”.

Figure 10.12.1: % of assessments with alcohol misuse identified as a factor; 2021.

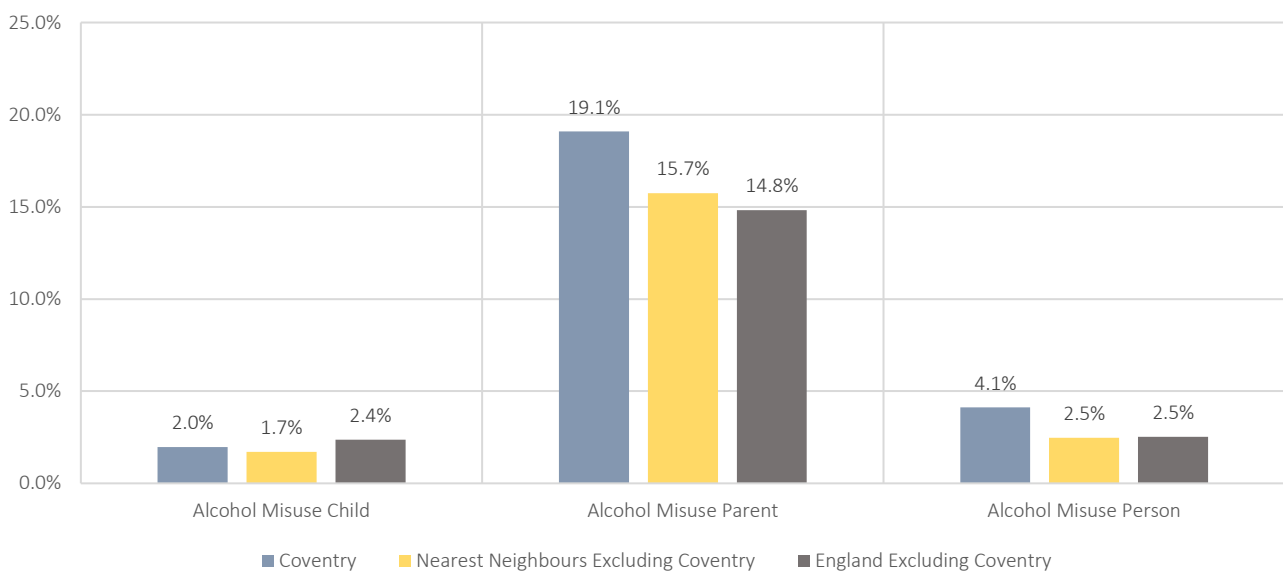
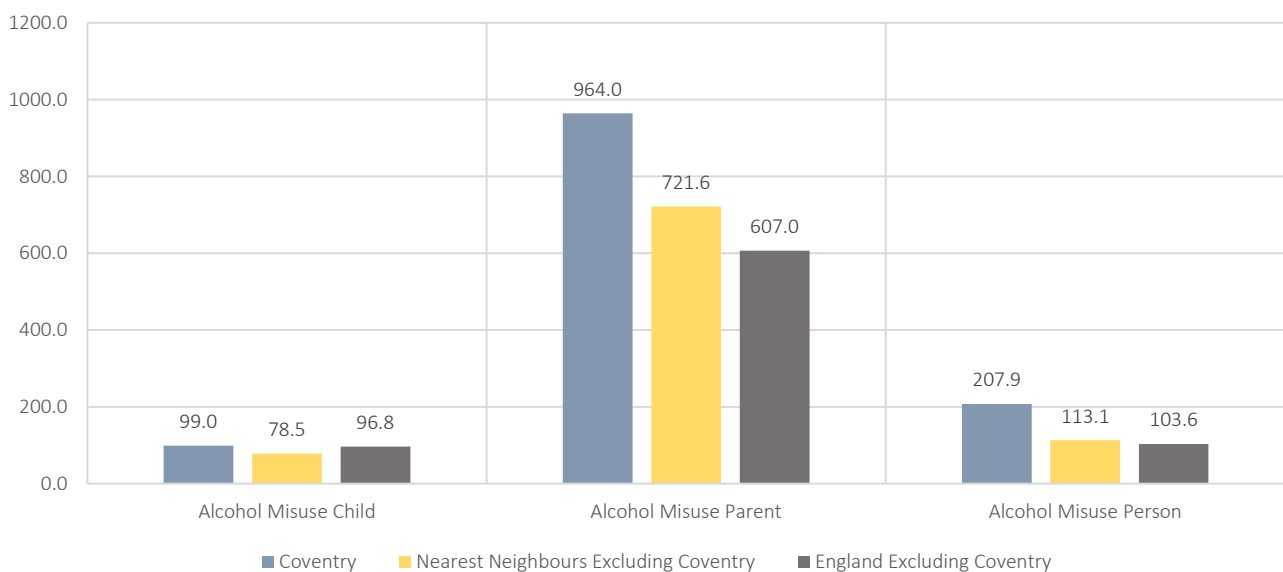


Figure 10.12.2: As rate per 100,000 under-18 population with alcohol misuse identified as a factor; 2021.



Alcohol misuse child (concerns about child)

Figure 10.12.3: Count; Coventry.

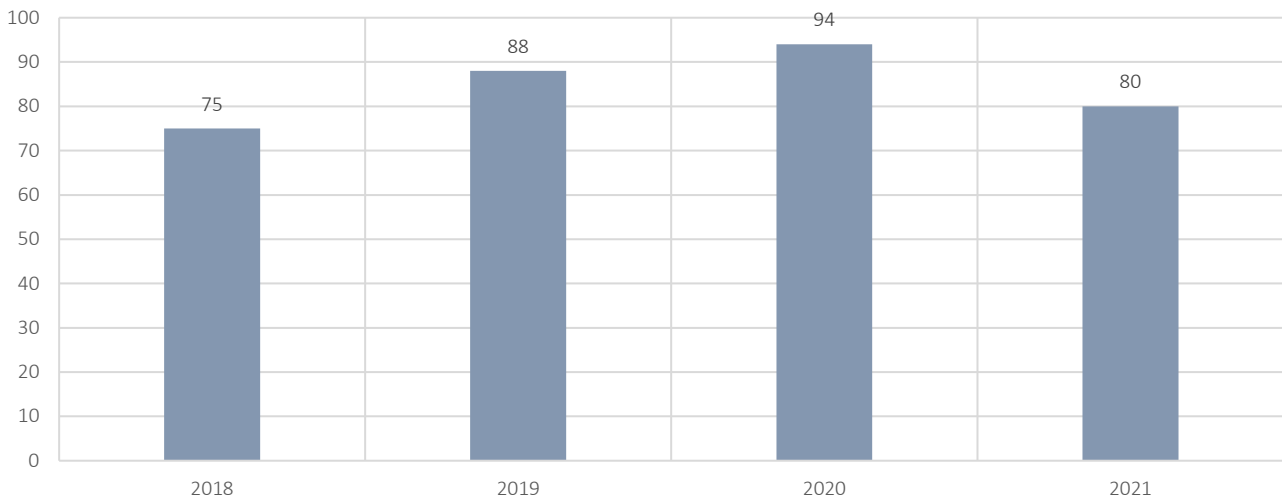


Figure 10.12.4: Historical rate comparison; % of assessments.

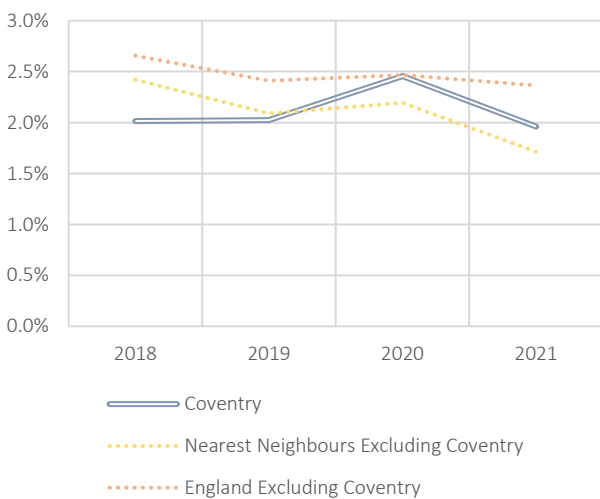


Figure 10.12.5: Historical rate comparison; rate per 100,000 of under-18 population.

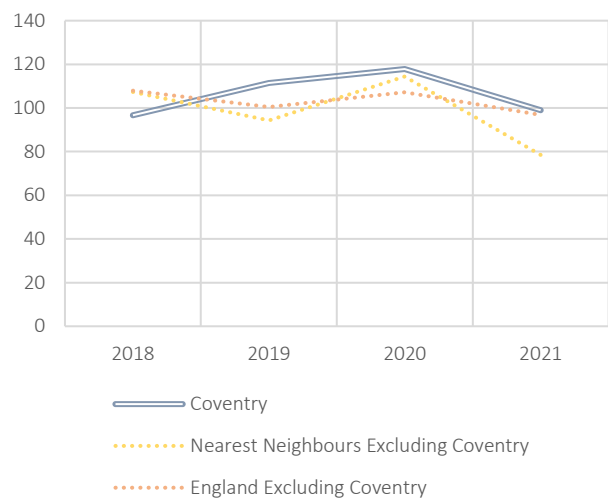


Figure 10.12.6: 2021 rate comparison; % of assessments.

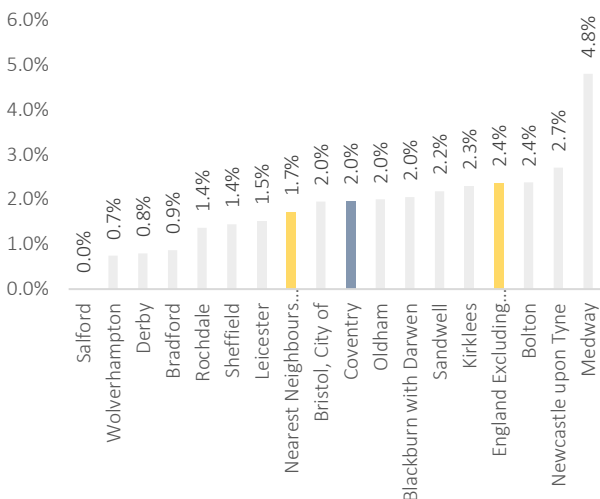
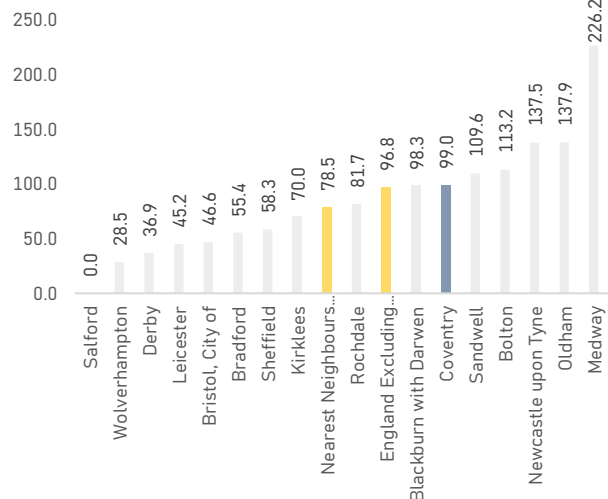


Figure 10.12.7: 2021 rate comparison; rate per 100,000 of under-18 population.



Alcohol misuse parent (concerns about parent)

Figure 10.12.8: Count; Coventry.

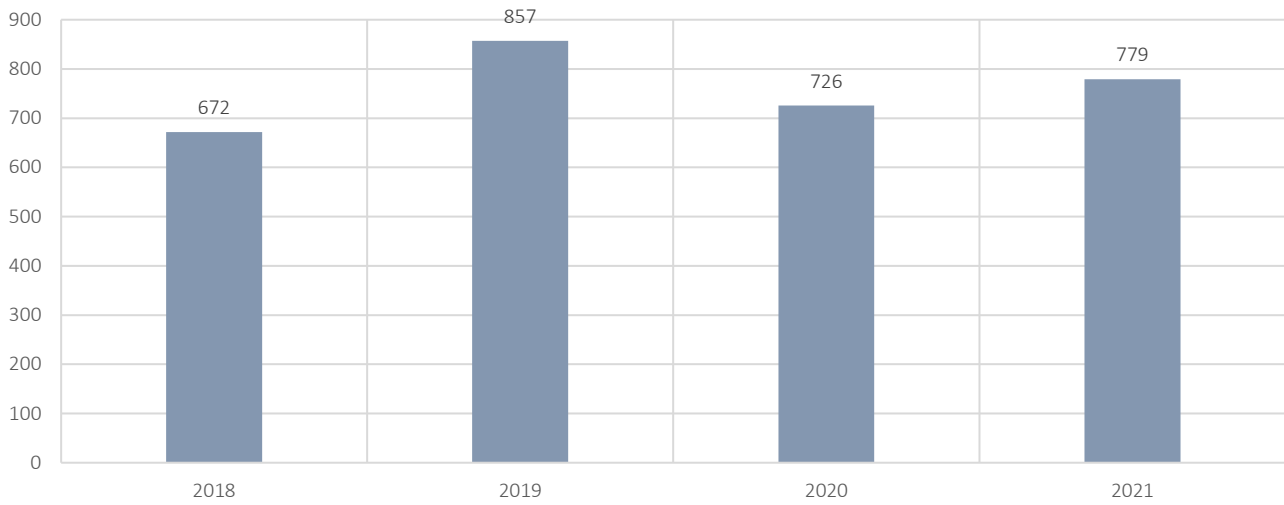


Figure 10.12.9: Historical rate comparison; % of assessments.

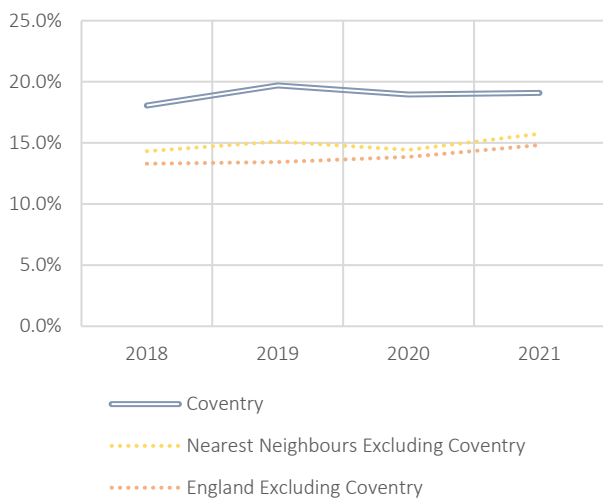


Figure 10.12.10: Historical rate comparison; rate per 100,000 of under-18 population.

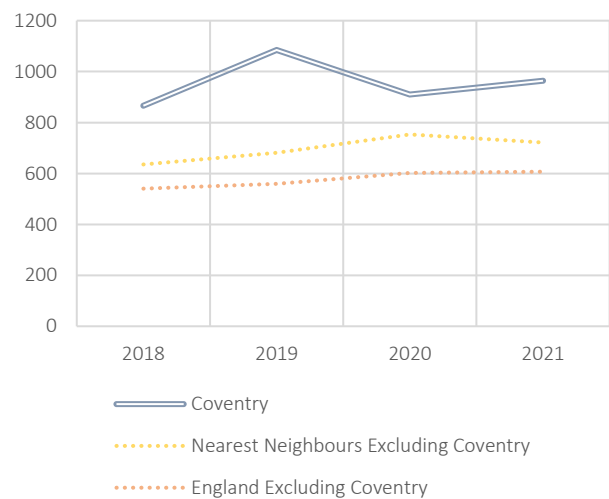


Figure 10.12.11: 2021 rate comparison; % of assessments.

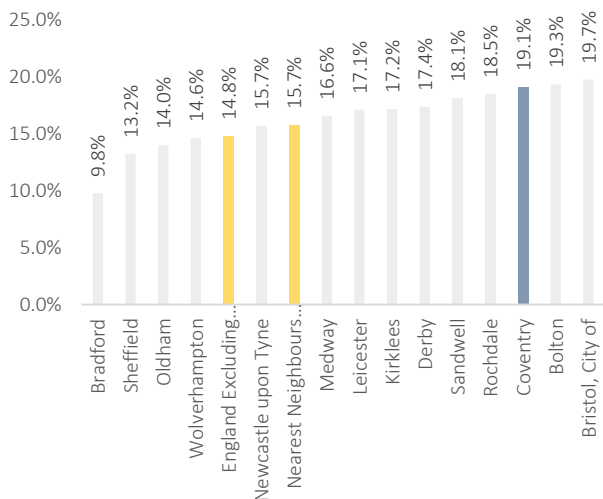
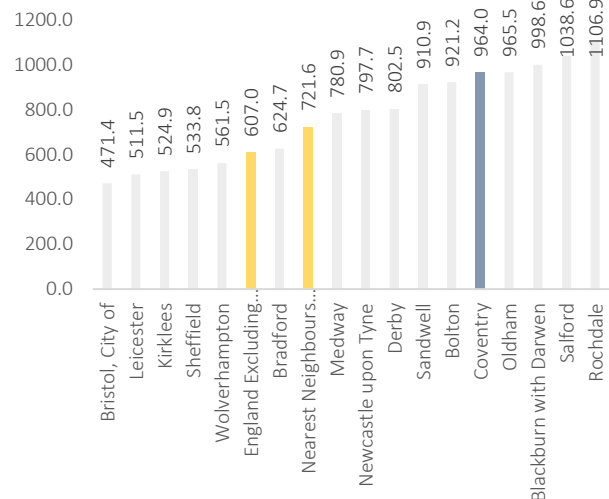


Figure 10.12.12: 2021 rate comparison; rate per 100,000 of under-18 population.



## AREA OF FOCUS

- Coventry exhibits high rates of “Alcohol misuse parent” in comparison to “Alcohol misuse child” as a percentage of assessments.
- Further analysis was undertaken to if at a local authority level if there is a correlation between the two indicators. If there was a correlation, this could raise the possibility that there is unmet need in Coventry.
- The results show a moderate correlation. The correlation is not strong enough to indicate that the difference between the two rates is unusual.



Alcohol misuse persons (concerns about other person)

Figure 10.12.13: Count; Coventry.

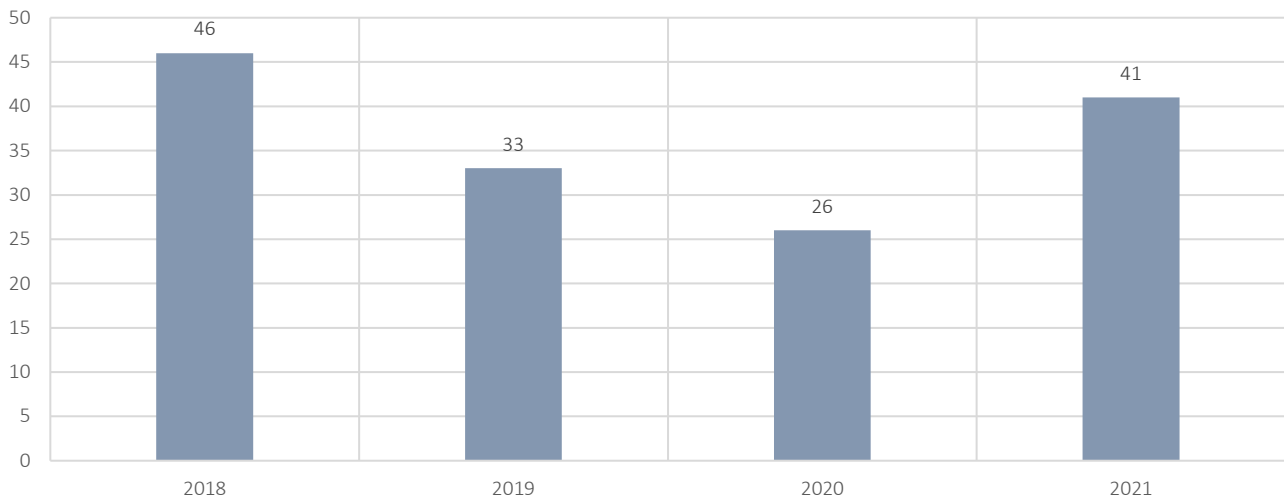


Figure 10.12.14: Historical rate comparison; % of assessments.

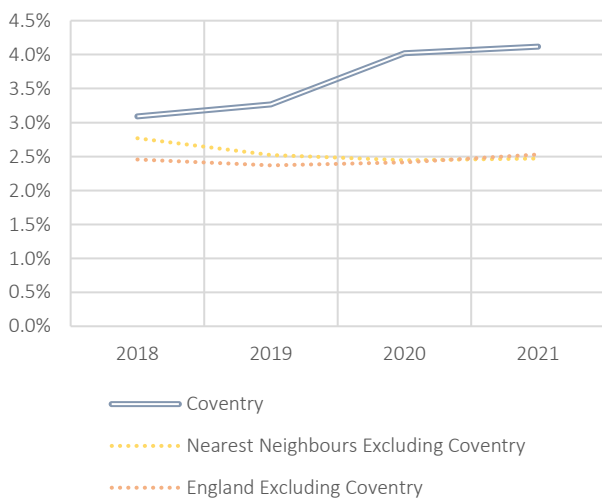


Figure 10.12.15: Historical rate comparison; rate per 100,000 of under-18 population.

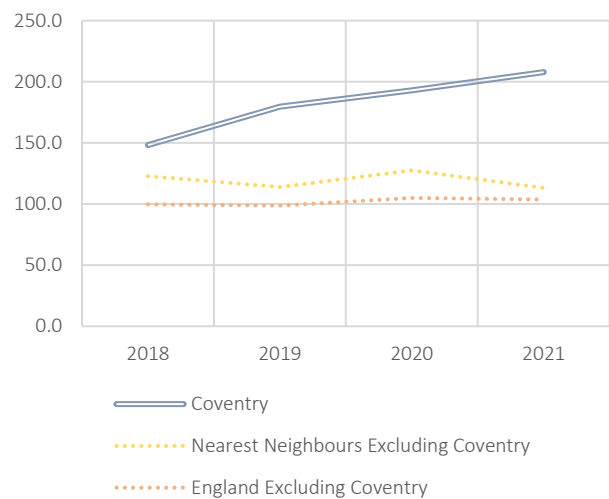


Figure 10.12.16: 2021 rate comparison; % of assessments.

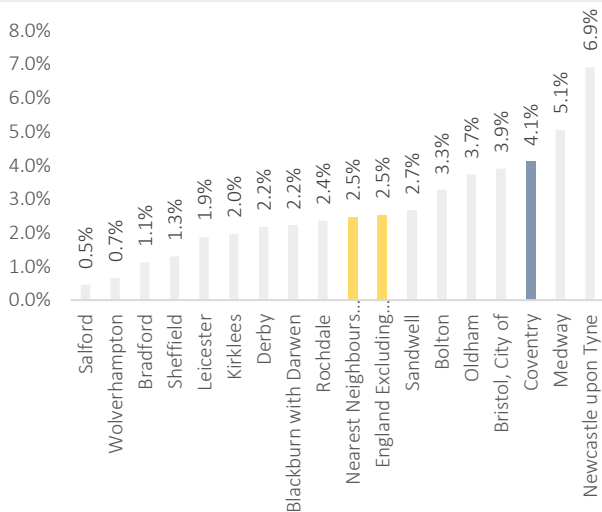
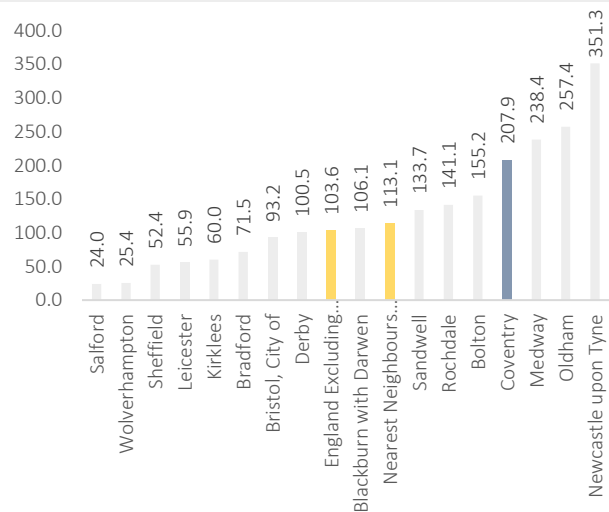


Figure 10.12.17: 2021 rate comparison; rate per 100,000 of under-18 population.



## DRUG MISUSE

The following chart shows how the rates in Coventry compare against the Nearest Neighbours and England. Figure 10.12.18 shows the rates a percentage of assessments, whilst figure 10.12.19 takes an alternative view of a rate per 100,000 population.

**KF 15 - Drug misuse relating to the child appears to be less of an issue than drug misuse for the parent.**

Across both metrics, it can be seen that the rates for “Drug Misuse Parent” is greater than the Nearest Neighbours and England. This is less of the case for “Alcohol Misuse Child”.

Figure 10.12.18: % of assessments with drug misuse identified as a factor; 2021.

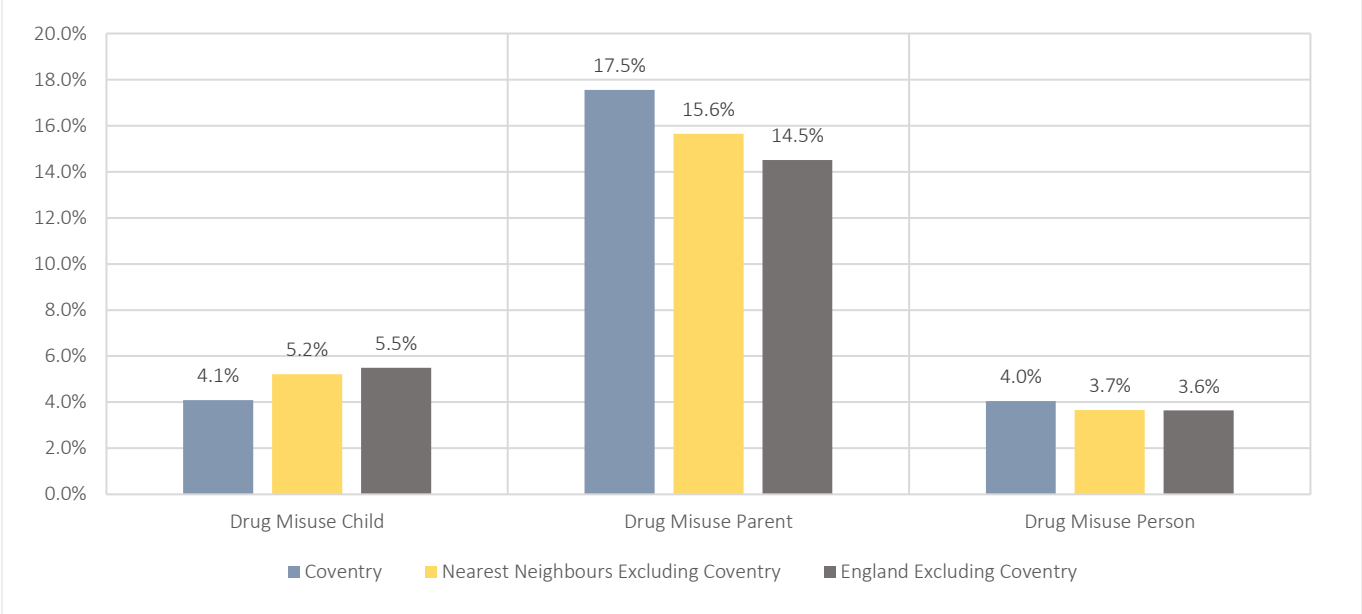
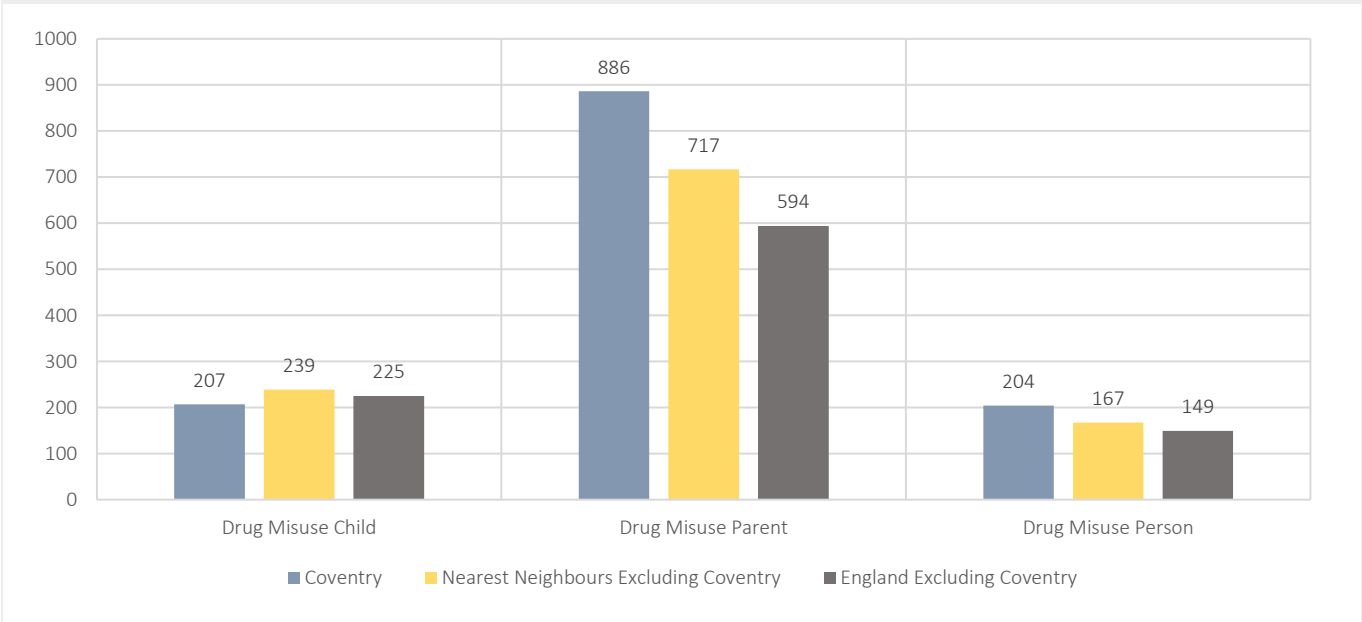


Figure 10.12.19: As rate per 100,000 under-18 population with drug misuse identified as a factor; 2021.



Drug misuse child (concerns about child)

Figure 10.12.20: Count; Coventry.

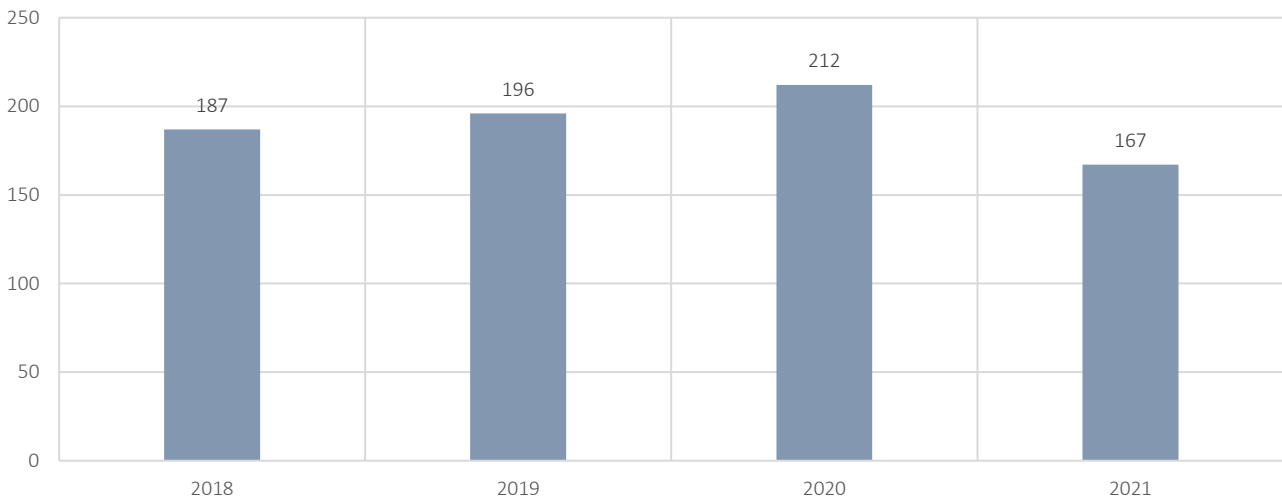


Figure 10.12.21: Historical rate comparison; % of assessments.

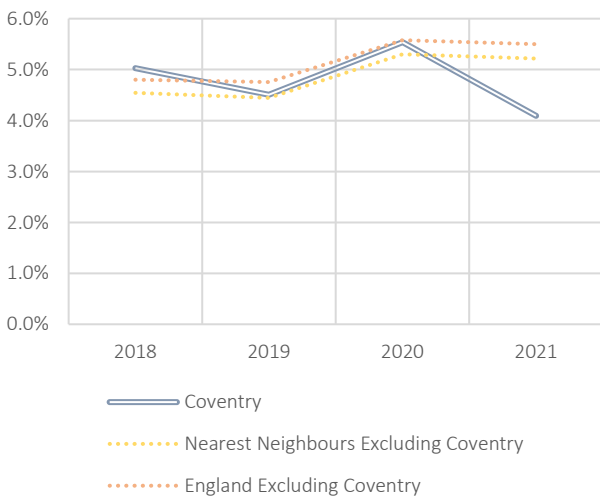


Figure 10.12.22: Historical rate comparison; rate per 100,000 of under-18 population.

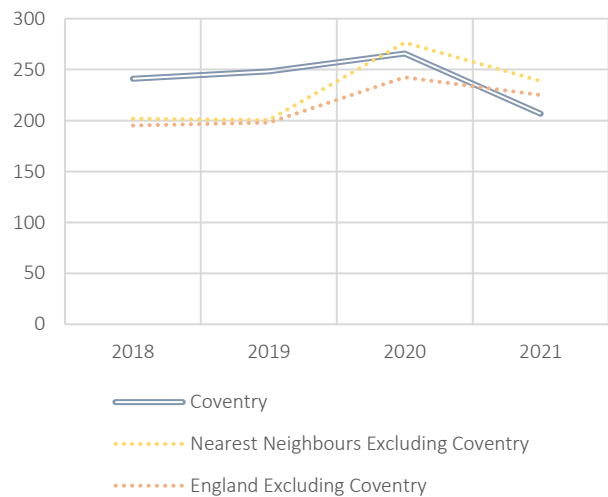


Figure 10.12.23: 2021 rate comparison; % of assessments.

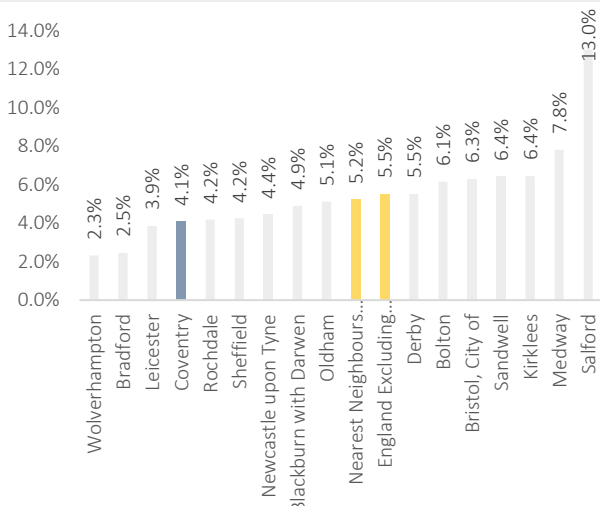
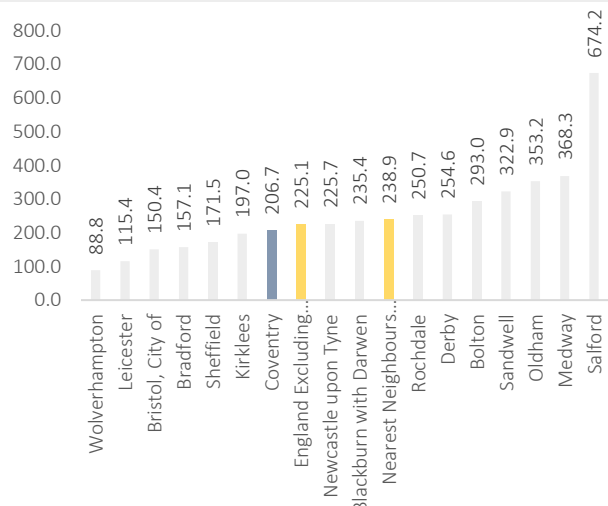


Figure 10.12.24: 2021 rate comparison; rate per 100,000 of under-18 population.



Drug misuse parent (concerns about parent)

Figure 10.12.25: Count; Coventry.

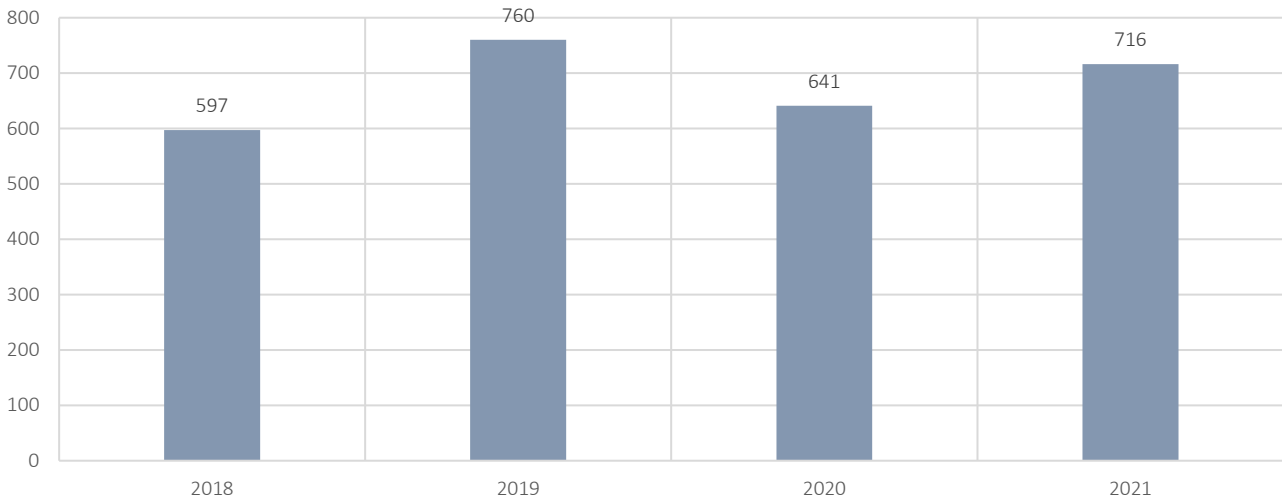


Figure 10.12.26: Historical rate comparison; % of assessments.

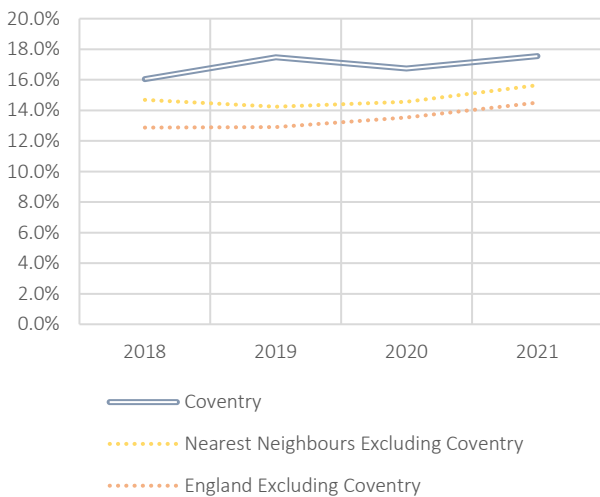


Figure 10.12.27: Historical rate comparison; rate per 100,000 of under-18 population.

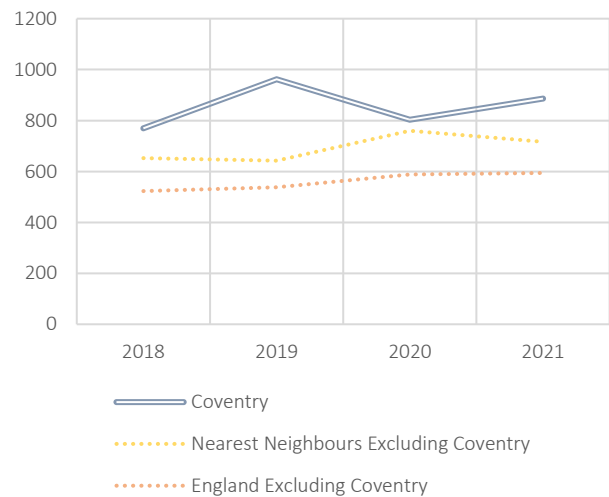


Figure 10.12.28: 2021 rate comparison; % of assessments.

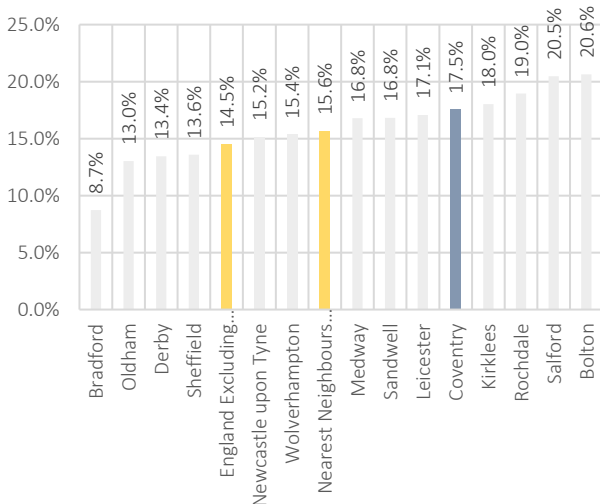
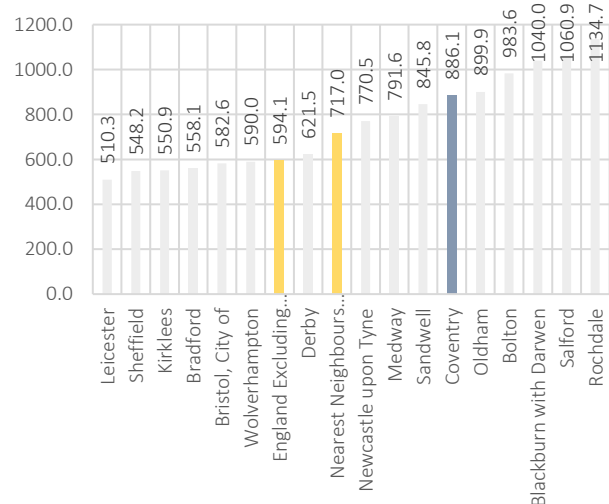


Figure 10.12.29: 2021 rate comparison; rate per 100,000 of under-18 population.



Drug misuse persons (concerns about other person)

Figure 10.12.30: Count; Coventry.

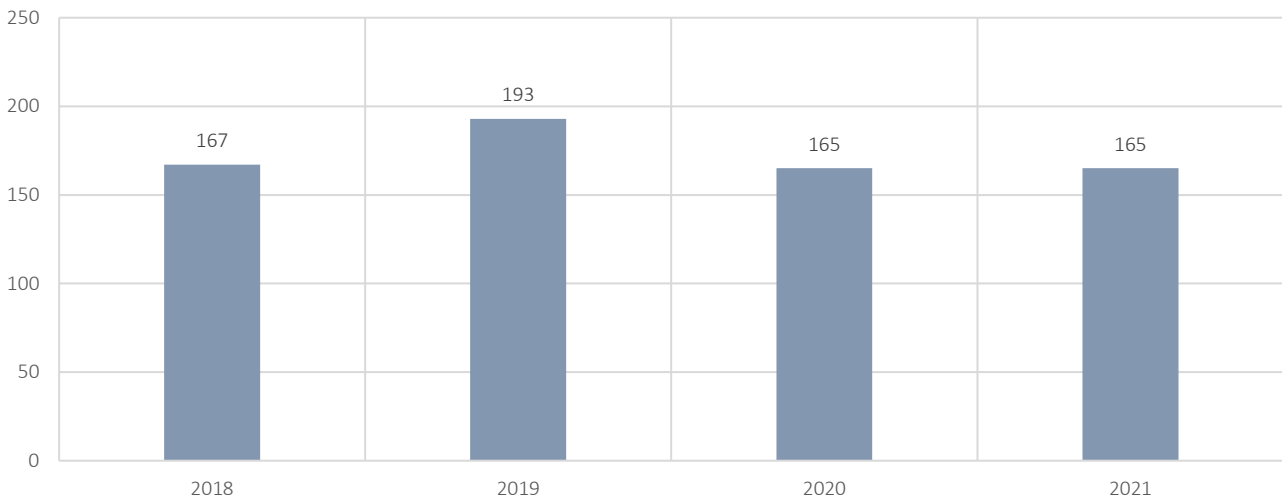


Figure 10.12.31: Historical rate comparison; % of assessments.

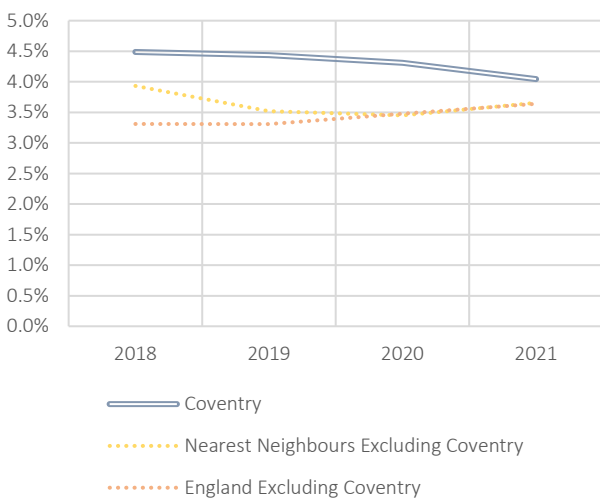


Figure 10.12.32: Historical rate comparison; rate per 100,000 of under-18 population.

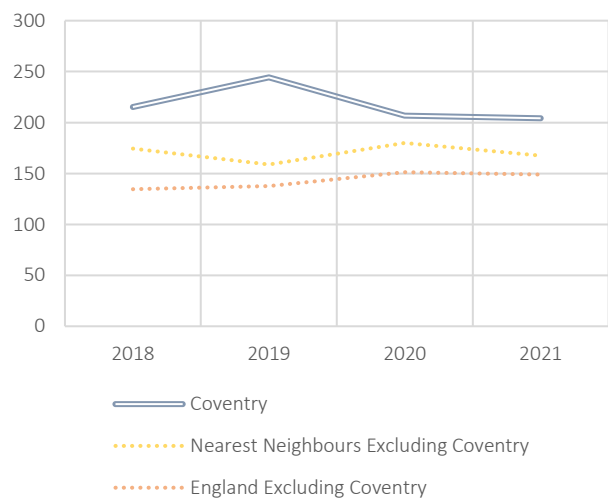


Figure 10.12.33: 2021 rate comparison; % of assessments.

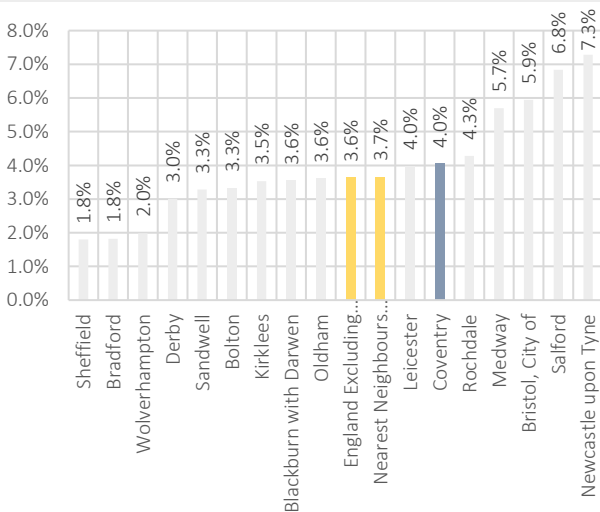
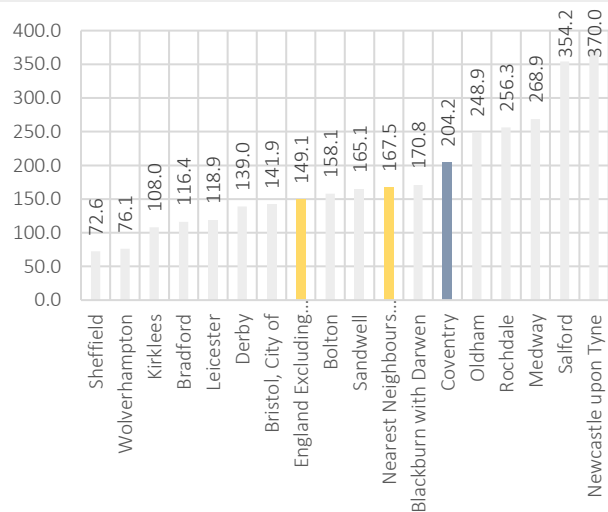


Figure 10.12.34: 2021 rate comparison; rate per 100,000 of under-18 population.



# TREATMENT SYSTEM

## CHILDREN LIVING WITH PARENTS/ADULT ACCESSING TREATMENT

The following analysis is taken from the Diagnostic Outcomes Monitoring Executive Summary (DOMES) report.

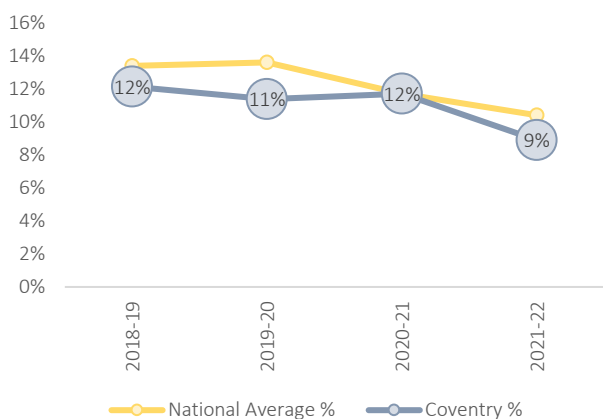
The DOMES report includes a section “PARENTS LIVING WITH CHILDREN OR CLIENTS LIVING IN SAME HOUSEHOLD AS CHILDREN”, which monitors two areas:

1. (2.18) Proportion of new presentations to treatment who live with children under the age of 18 to Proportion of new presentations to treatment who live with children under the age of 18 identified from Parental Status and Child With fields.
2. (2.19) Successful completions of clients who live with children as a proportion of all clients in treatment who live with children under the age of 18.

Below shows indicator (2.18) Proportion of new presentations to treatment who live with children under the age of 18 to Proportion of new presentations to treatment who live with children under the age of 18 identified from Parental Status and Child With fields.

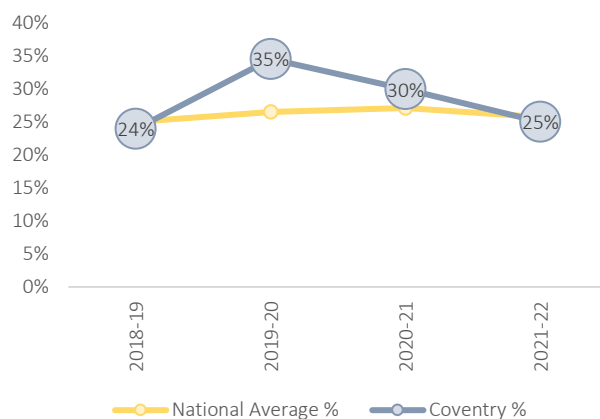
**KF33 - Across all substance type groups, both the number and rate of new presentations who live with children under the age of 18 has decreased in 2021-22 compared to previous years.**

Figure 10.12.35: Opiates.



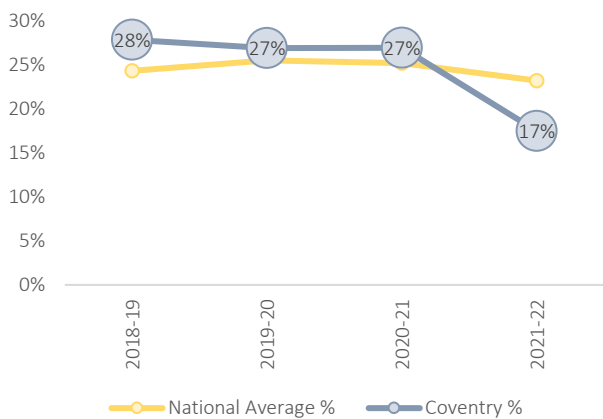
2018-19	2019-20	2020-21	2021-22
37	33	33	21
305	290	282	236

Figure 10.12.36: Non-Opiates.



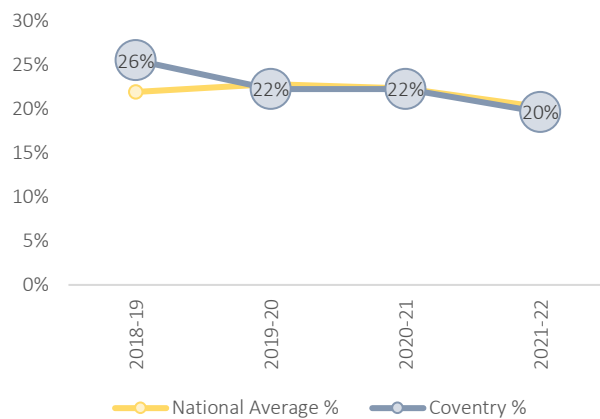
2018-19	2019-20	2020-21	2021-22
28	39	41	27
117	113	137	108

Figure 10.12.37: Alcohol.



2018-19	2019-20	2020-21	2021-22
86	85	88	61
309	316	327	349

Figure 10.12.38: Alcohol and Non-Opiates.



2018-19	2019-20	2020-21	2021-22
37	46	50	31
145	207	225	158

Below shows indicator 2.19 Successful completions of clients who live with children as a proportion of all clients in treatment who live with children under the age of 18.

**KF 42 - Excluding alcohol, performance across other substance type has seen a general downward trend and is lower compared to the national average.**

Figure 10.12.39: Opiates.

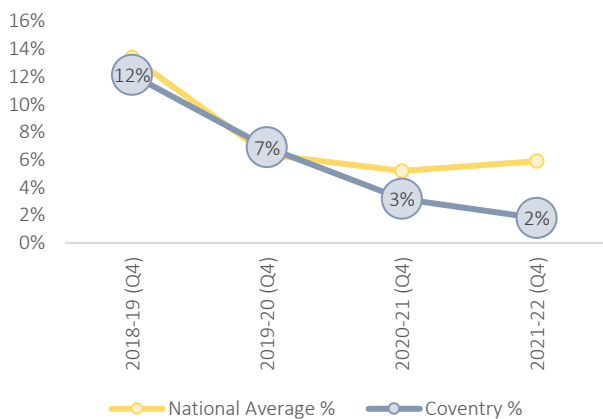
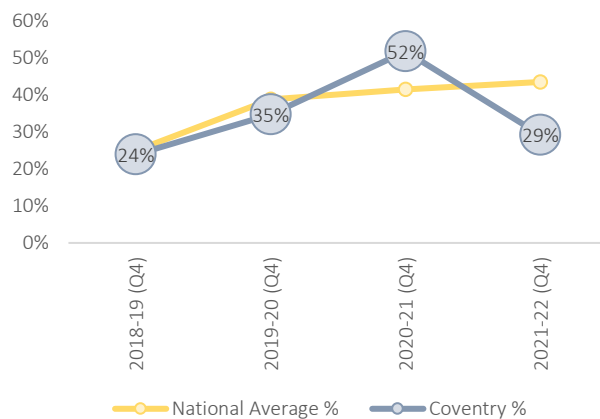


Figure 10.12.40: Non-Opiates.



2018-19	2019-20	2020-21	2021-22
37	10	5	3
305	145	157	167

2018-19	2019-20	2020-21	2021-22
28	16	28	12
117	46	54	41

Figure 10.12.41: Alcohol.

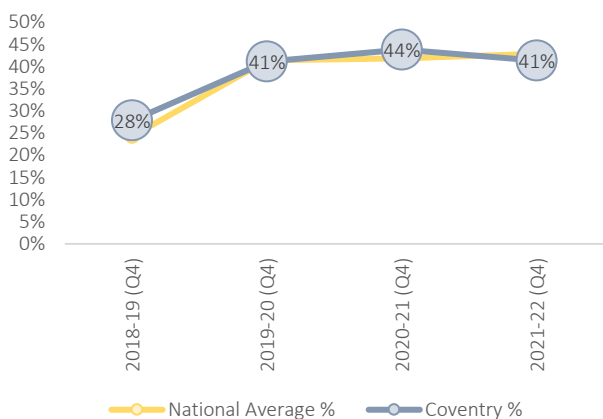
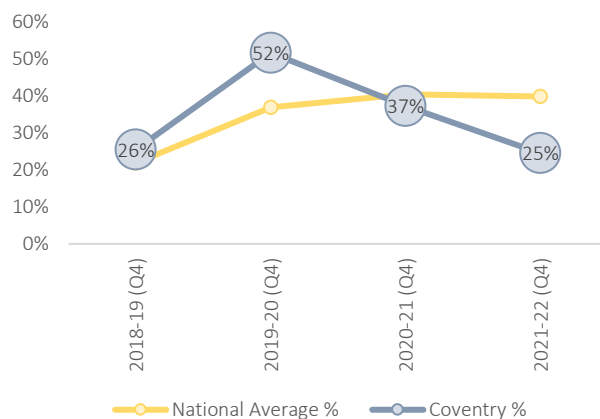


Figure 10.12.42: Alcohol and Non-Opiates.



2018-19	2019-20	2020-21	2021-22
86	49	57	43
309	119	130	104

2018-19	2019-20	2020-21	2021-22
37	30	25	14
145	58	67	57



## YOUNG PEOPLE ACCESSING SERVICES

### NUMBERS IN TREATMENT

**KF 32: There has been a significant decrease in the number of Young People in-treatment.**

There were 22 young people in specialist substance misuse services within the community during 2021-22. This represents a decrease of 69%. Whilst numbers have gone down Nationally, the rate of decrease in Coventry is significantly greater than England.

Figure 10.12.43: Number of young people in specialist substance misuse services within the community; Coventry.

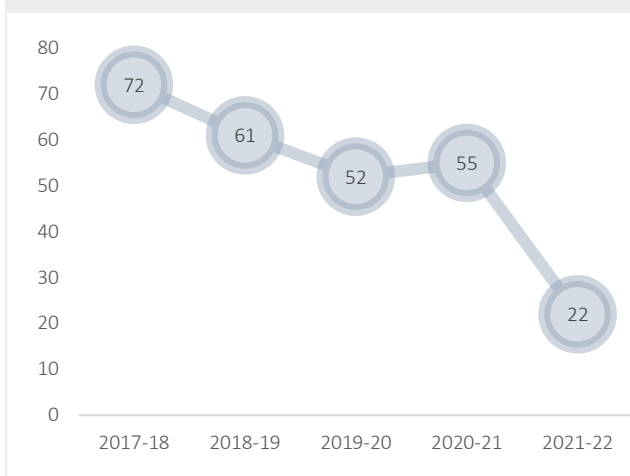
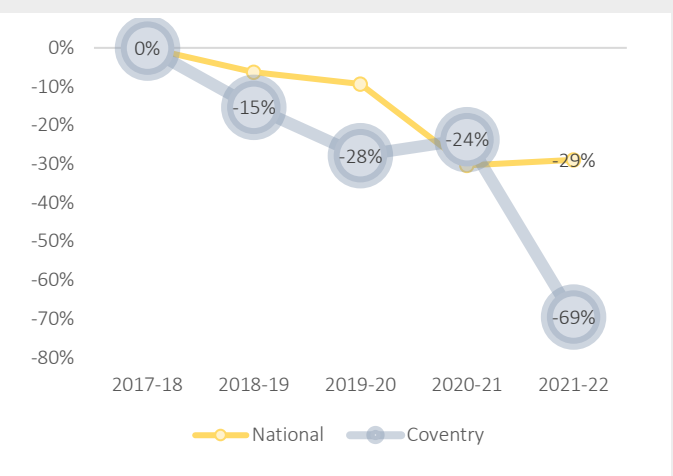
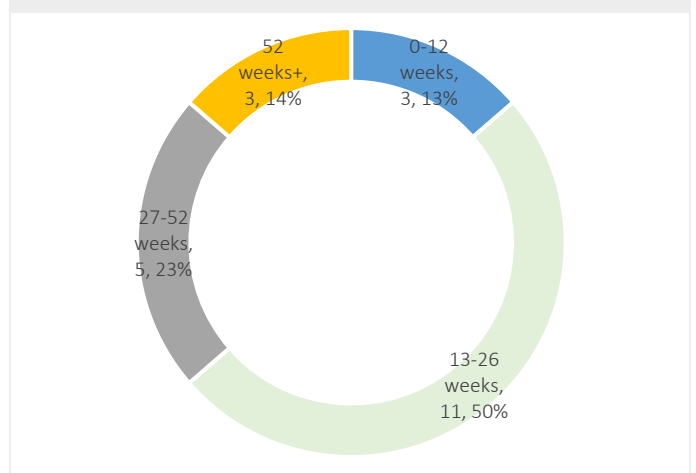


Figure 10.12.44: Change in the number of young people in specialist substance misuse services within the community baselined against 2017-18; Coventry vs National.



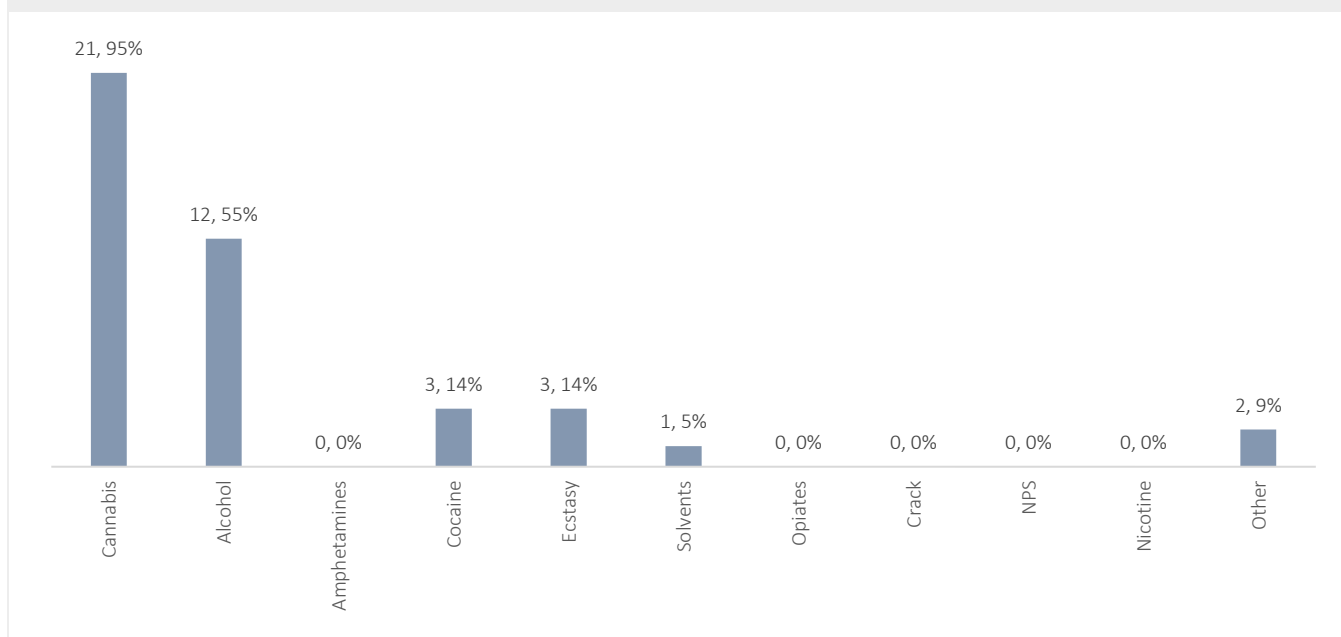
The average treatment length in Coventry stood at 29 weeks compared to 23 weeks nationally. Figure 10.12.45 provides a breakdown of the current in-treatment population by length of treatment.

Figure 10.12.45: Length of time in services.



The following table provides a breakdown of the in-treatment population by substance type. Of the 22 in-treatment during 2021-22, 95% were recorded with Cannabis need.

Figure 10.12.46: In-treatment by substance type.



## EXITING SERVICES

There were a total of 17 exits during 2021-22 of which 13 (76%) were planned, with none re-presenting within 6 months.

Planned Exits	13	76%
Total Exits	17	
Planned exits which re-presented within 6 months	0	

# 10.13 - ADULT SOCIAL CARE



## OVERVIEW

- Adult social care services provide support to a range of individuals, including:
  - Older people (65+)
  - Informal carers
  - Younger adults (18+) with a physical impairment, visual impairment or learning disability
  - Those who require an occupational therapist



## ANALYSIS

- Data was requested from Adult Social Care services. However, this was not reportable on adult social care databases. Drug and alcohol issues are normally recorded within an individual's care plan.
- Regarding learning disabilities, practitioners said:

“There are not too many with learning disabilities who use drugs. Alcohol is the bigger problem”.

*Adult Social Care Practitioner*

- Regarding older people, practitioners said:

“Individuals can have a long history of alcohol abuse. They don't see anything wrong with it”.

*Adult Social Care Practitioner*

## 10.14 - DOMESTIC ABUSE



### DATA

- Housing data from April 2021 – end Jan 2022 – those approaching Housing fleeing DA with identified dependencies
- Only alcohol dependency
  - 22 singles
  - 2 with dependants
- Only Drugs
  - 31 singles
- Dependent on both
  - 8 singles
  - 1 with dependants

# APPENDIX

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AX1 – DRUG TYPES

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AX2 – ADDITIONAL INFORMATION

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# AX1 - DRUG TYPES

## CANNABIS



### NATIONAL OVERVIEW

- Since December 1995, cannabis has consistently been the most-used drug in England and Wales.
- In the year to March 2020, 7.8% of adults aged 16 to 59 years (around 2.6 million) reported using cannabis in the last year.
- This rate is a substantially greater proportion of individuals than the next most prevalent drug, powder cocaine, at 2.6% (around 873,000).
- Cannabis was also the most common drug used by young adults; 18.7% of those aged 16 to 24 (around 1.2 million) had reported using the drug in the last year.

# COCAINE



## NATIONAL OVERVIEW

- Powder cocaine was the second most commonly used drug in the year to March 2020 amongst adults aged 16 to 59.
- Approximately 2.6% of the population reported using powder cocaine in the 12 months to March 2020.
- Among young adults aged 16 to 24 years, powder cocaine was the third most commonly-used drug, with 5.3% reporting use, around 331,000 users, behind cannabis (18.7%) and nitrous oxide (8.7%).
- The use of powder cocaine last year did not change from the year ending March 2019. However, the prevalence of powder cocaine use was around four times greater than it was in the year ending December 1995 (16 to 59: 0.6%; 16 to 24: 1.4%).



## NATIONAL OVERVIEW

- Ecstasy use in the 12 months to March 2020 among adults aged 16 to 59 has been relatively stable since the data were first collected in December 1995, with some small fluctuations.
- There was no change in the prevalence for the year ending March 2020 (1.4%; 471,000 individuals) compared with the previous year.
- Among young adults aged 16 to 24, 4% had used ecstasy in the last year (around 254,000 individuals).
- There was no change compared with the previous year, although the reported use level is lower than in the year ending December 1995 (6.5%).



# HEROIN AND METHADONE



## NATIONAL OVERVIEW

- In the year to March 2020, >0.1% of 16 to 59-year-olds reported using heroin in the last year.
- This is a reduction from the 0.3% of the population who reported using heroin in the 12 months to December 1999.
- Amongst 16-24-year-olds, heroin use has reduced from 0.4% in the 12 months to December 1995 to >0.1% in the 12 months to March 2020.
- In the year to March 2020, >0.1% of 16 to 59-year-olds reported using methadone in the last year.
- This is a reduction from the 0.3% of the population who reported using methadone in the 12 months to March 2012.
- Amongst 16-24-year-olds, methadone use has reduced from 0.4% in the 12 months to March 2012 to 0.1% in the 12 months to March 2020.

# NEW PSYCHOACTIVE SUBSTANCES<sup>155</sup> AND NITROUS OXIDE



## NATIONAL OVERVIEW

- In the year ending March 2020, the level of NPS use in the last year among adults aged 16 to 59 years and 16 to 24 years showed no change compared with the previous year.
- Around 115,000 (0.3%) adults aged 16 to 59 years and around 82,000 (1.3%) aged 16 to 24 years had used NPS in the last year.
- Young adults account for a disproportionately large proportion of NPS users, around 71%. This is greater than the other main drug types (cannabis: 45%; powder cocaine: 38%; ecstasy: 54%).
- Compared with when the data were first collected in the year ending March 2015, the proportion of adults who reported NPS use in the last year has more than halved from 0.9% for adults aged 16 to 59 years and 2.8% for adults aged 16 to 24 years.
- The CSEW also asked respondents whether they had used nitrous oxide<sup>156</sup> (also known as laughing gas) last year.
- In the 12 months to March 2020, 2.4% of adults aged 16 to 59 years and 8.7% of 16- to 24-year-olds had used nitrous oxide. This is equivalent to around 796,000 and 549,000 individuals, respectively. This made it the second most prevalent drug among young adults aged 16 to 24 years (after cannabis) and the third most prevalent for adults aged 16 to 59 years (after cannabis and powder cocaine).
- Similar to NPS, the use of nitrous oxide was particularly high for young adults, and the prevalence rate was more than three times higher than the wider 16 to 59 age group.
- While the level of nitrous oxide increased compared with the year ending March 2013 for both age groups, use has remained at the same level for the previous four years.

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<sup>155</sup> New psychoactive substances (NPS) refers to newly available drugs that mimic the effect of existing drugs such as cannabis, ecstasy and powder cocaine. Some NPS were previously legal to supply if they were not already controlled under the Misuse of Drugs Act 1971. However, under the Psychoactive Substances Act 2016, which came into effect on 26 May 2016, all of these are now illegal to supply, produce and import.

<sup>156</sup> While the Psychoactive Substances Act made the sale of nitrous oxide for use as an intoxicant illegal, it is currently still legal to sell for certain purposes.

## AMPHETAMINES



### NATIONAL OVERVIEW

- The use of amphetamines in the 12 months to March 2020 among adults aged 16 to 59 years decreased by almost half compared with the previous year, from 0.6% (around 188,000 people) to 0.3% (approximately 109,000 people).
- This continued the sustained long-term decline since ending December 1995 in amphetamine use, from 3.3% (around 460,000 people).
- The use of amphetamines among young adults aged 16 to 24 followed a similar downward trend; however, use was at a similar level to the year ending March 2019.

## ANABOLIC STEROIDS



### NATIONAL OVERVIEW

- Anabolic steroid use among 16- to 59-year-olds fell in comparison with the year ending March 2019 from 0.2% to 0.1% (around 62,000 to 31,000 people).
- This followed a period over the last decade where reported use was relatively flat. There was no equivalent change for young adults aged 16 to 24 years. However, figures related to anabolic steroid use should be interpreted cautiously because of the small number of respondents reporting use.



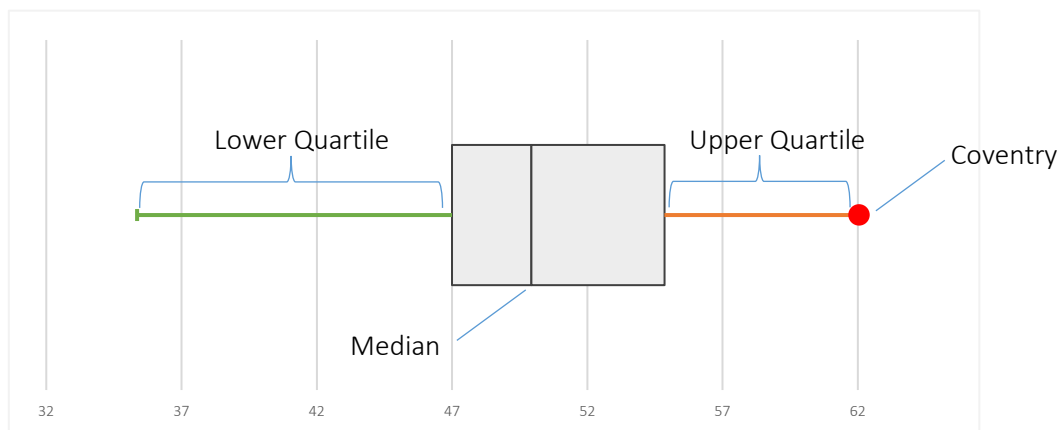
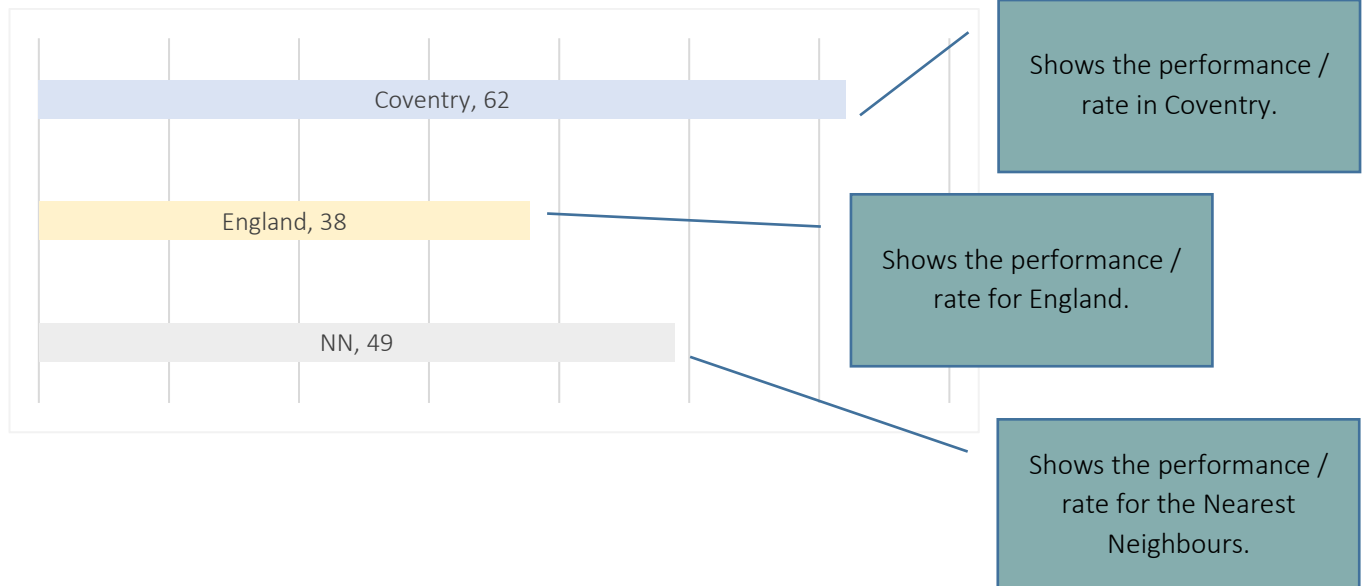
## NATIONAL OVERVIEW

- While the use of ketamine has fluctuated in recent years, usage has increased compared with a decade ago.
- For adults aged 16 to 59 years, prevalence increased from 0.5% in the year ending March 2010 to 0.8% in the year ending March 2020.
- Use among adults aged 16 to 24 years has also increased over the same period from 1.7% to 3.2%.
- This was the highest estimate of reported ketamine use in the last year recorded by the Crime Survey for England and Wales (CSEW).

# AX2 – ADDITIONAL INFORMATION

## INTERPRETING THE DATASETS

### LAPE PERFORMANCE



ENDS