

Greater Manchester Drug and Alcohol Strategy

2019 – 2021

We want Greater Manchester to be a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol. Reducing these harms is central to improving the safety, wellbeing and prosperity of our city region.



Too many people in Greater Manchester become ill and are admitted to hospital or die because of alcohol and drug misuse, which can also be linked with other health and social problems such as trauma, depression, domestic abuse, debt, unemployment,

homelessness and offending.

Many families are affected, with children who grow up witnessing drug and alcohol misuse much more likely to develop problems themselves and see their life chances limited. That's why this strategy prioritises helping at the earliest opportunity and focusing on those young people and families most at risk of harm.

We want to encourage people - particularly our young people - to make informed choices and keep themselves safe. Key to this is working more closely with schools, communities and the voluntary sector to promote the best evidence-based drugs and alcohol education across Greater Manchester.

We will also continue to develop our innovative Drugs Early Warning System, reporting on drug trends and local drug issues to reduce drug related harms.

This Greater Manchester Drug and Alcohol Strategy has been shaped through extensive consultation and engagement with the public and the widest possible range of partners, stakeholders, voluntary and community sector organisations, and people with lived experience.

We are committed to working with our communities, building on our strengths, reforming and integrating our public services, and putting people in control of their lives and the places where they live.

Reducing the impact of alcohol and drug use is the responsibility of us all. Only through communities and services working in partnership together will we address the challenges we face.

We need to do things differently and that is the ambition of this strategy.

A handwritten signature in black ink that reads "Beverley Hughes".

Baroness Beverley Hughes
Deputy Mayor of Greater Manchester
for Policing and Crime

The harm caused by Drugs and Alcohol in Greater Manchester is extensive and affects all our communities and places pressure on many public services. We have a far bigger problem than most other places in England.

This first ever Greater Manchester Drug and Alcohol Strategy sets our collective approach to addressing this.



We are realistic in our level of ambition. What if we were average? We don't often aspire to be average in Greater Manchester. The devolution of health and care has enabled us to go further and faster to transform services and

improve outcomes. We are recognised nationally and internationally as pioneers and trailblazers in many areas of health, care and wider public service reform.

However, when it comes to drugs and alcohol, being average would be no mean feat and would lead to dramatic improvements in outcomes for local people.

If we were average, then every year almost 400 fewer people would die early as a direct result of alcohol and there would be over 7,500 fewer alcohol-specific hospital admissions.

If we had average levels of drug-related deaths, then over 100 fewer people would die over the life of this strategy.

Being average would have an enormous impact on the tens of thousands of children living with adults who are drug or alcohol dependent, the adverse childhood experiences that this can bring, and the impact that this has on school and life readiness.

These are not just statistics – these are real people, with real families and real lives.

The scale of the challenge is enormous, but it is not insurmountable. It requires us to work together and for each of us to play our part – this GM Drug and Alcohol Strategy is everybody's business.

We must and will do better.

By mobilising this strategy, we will:

- challenge social norms around alcohol consumption
- collaborate with colleagues across our public services and neighbourhoods to join up our approaches to prevention, early help and supporting those who are the most vulnerable
- maximise the role played by those with lived experience
- establish a treatment system that is truly focussed on long term sustained recovery
- work with colleagues in Primary Care to tackle addiction to prescribed and over the counter medicines
- invest in a world-leading programme to reduce alcohol exposed pregnancies
- prevent Blood Borne Viruses, such as Viral Hepatitis and HIV, by enhancing the opportunities for screening, testing and vaccination.

If we get this right, then being average will make an enormous difference.

Jon Rouse CBE

Chief Officer of the Greater Manchester Health and Social Care Partnership



Vision

Our vision is to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:

- A place where children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse.
- A place where people who drink alcohol choose to do so responsibly and safely.
- A place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life.
- A place where our services and communities work together to build resilience and address the harms caused by drugs and alcohol.
- A place where individuals who develop drug and alcohol problems can recover and live fulfilling lives in strong resilient communities.

Our six priorities for making things better

Drugs and alcohol are everybody's business and we will work together with our communities and partners around the following key priorities:

1. Prevention and early intervention
2. Reducing drug and alcohol related harm
3. Building recovery in communities
4. Reducing drug and alcohol related crime and disorder
5. Managing availability and accessibility
6. Establishing diverse, vibrant and safe night-time economies

We will know we are making a difference if:

- There is a reduction in levels of drug and alcohol related harm
- There is a reduction in drug and alcohol related offending
- There is an increase in the number of people in recovery

We know that...



The rate of alcohol-specific mortality episodes per 100,000 in Greater Manchester is 50% higher than the England rate. This equates to 1,189 deaths in the latest three-year tracking period (2015-17). If the figure for GM had matched the England rate there would have been 396 fewer deaths over the three year tracking period (2015-2017).



There has been a 74% rise in drug related deaths in Greater Manchester over the last 10 years. This translates to 480 deaths in the latest three-year tracking period (2015-17). If the figure for GM was at the England average, this would equate to 136 fewer deaths per 3 year period.



The rate of hospital admissions for alcohol-specific conditions is 53% higher in Greater Manchester than the England average. In the most recent year of data (2016/17), there were over 22,000 admissions of this kind, with an estimated cost in the region of £4.3m. If the GM rate was the same as the England average, this would equate to over 7,500 fewer admissions and a saving approaching £15m per year.

Introduction

This first ever Greater Manchester Drug and Alcohol Strategy sets out our collective ambition to reduce significantly the risks and harms caused by drugs and alcohol and help make Greater Manchester one of the best places in the world to grow up, get on and grow old.

The Greater Manchester Drug and Alcohol Strategy has been subject to public consultation and co-designed with a wide range of stakeholders to provide a framework for localities and wider partners. It is underpinned by the principles of public service and place based reform which call for person centred approaches, integrated partnership working between services and a focus on collaboration, prevention and intervening early to stop problems escalating.

Drugs and alcohol are everybody's business. Drugs and alcohol impact on the health and wellbeing of our residents, the safety of our communities, and the vibrancy and economic future of our town centres and night time economies. It is everyone's responsibility to make sure we minimise the potential risks and harms they cause.

We continue to experience long-standing problems with alcohol and the financial cost of alcohol to Greater Manchester is significant. It is estimated that expenditure on alcohol related crime, health, worklessness and social care costs amount to £1.3bn per annum - approaching £500 per resident.

Alcohol places a significant burden on public services, causes health problems such as cancer, liver cirrhosis and heart disease, affects the well-being of families, and is a major contributor to domestic abuse, violent crime and public disorder. We know that the issues caused by alcohol are not simply about people becoming dependent and that too many people may be unaware that they are drinking to harmful levels.

Street drugs such as heroin, cocaine and ecstasy have become stronger and more dangerous as purity rates have increased, and the array of drugs being used is greater than ever before; these include over-the-counter and prescription drugs, image and performance enhancing drugs such as steroids, and a range of more recently formulated drugs known as New Psychoactive Substances (NPS).

We know that the vast majority of national surveys have shown a long term downward trend in drug and alcohol use amongst adults and young people. We also know that locally our treatment services are more recovery focused than they used to be and that more people are successfully completing treatment, but there

is much more to be done.

In comparison to the rest of the country, drug and alcohol misuse has a disproportionate impact on health and life expectancy in Greater Manchester. The demands that unsafe drug and alcohol consumption are placing on our NHS services are a real cause for concern and we know that our mortality rates and hospital admissions, including those for young people, are significantly higher than the national average.

Parental problem drug and alcohol use can and does cause serious harm to children at every age from conception to adulthood. Drug and alcohol misuse are often intertwined with a range of other mental health and social problems, including: depression and anxiety; domestic abuse; loss; trauma; housing needs; unemployment; debt; offending; and severe mental disorders such as schizophrenia. In the wider context of complex dependency, annual public expenditure on people with overlapping substance misuse, offending, homelessness and mental health issues is estimated at £20,000 per person.



Delivering our vision

Devolution and our history of collaborative working provides a platform for this first ever Greater Manchester Drug and Alcohol Strategy to transform the way we deliver services and prevent and reduce the harms that drug and alcohol use cause within our city region.

Individuals, communities, public services, the voluntary, community and faith sectors and private business all need to play their part in addressing the challenges we face and it is crucial that we involve people with lived experience in developing our solutions and building recovery communities.

Where appropriate, we will seek to identify and commit additional investment at a Greater Manchester and locality level but this strategy is not about doing more of the same at greater cost. For the most part, it is about doing

things differently, maximising our existing resources, exploring digital solutions and making the most of the opportunities for transformation that exist within Greater Manchester.

Our approach will be underpinned by a commitment to evaluating what we do, learning the lessons from Greater Manchester and elsewhere, striving for continual improvement and increasingly harnessing the wealth of assets that exist within our local communities. We will do this through a recognised life course approach that focuses on

supporting children, young people, adults, and the families they are part of, to start well, live well and age well.

Drug and alcohol commissioners from across our ten local authority areas have come together to make a start on delivering our vision and have worked collectively to develop a set of shared principles, common standards and outcomes that promote consistent, effective and efficient service delivery across Greater Manchester.

START WELL

We are committed to delivering integrated services for children and families and building on the principles of early intervention and prevention across all localities in Greater Manchester.

LIVE WELL

We are committed to maximising all opportunities to improve the health of Greater Manchester residents in mid adulthood and ensuring that everyone has the opportunity to fulfil their potential.

AGE WELL

We are committed to supporting people to maintain good health, wellbeing and independence for as long as possible, and ensuring that people with drug and alcohol needs are afforded choice, dignity and respect at the end of their lives.

We are transforming the way our services deliver so that we can increasingly focus on targeting and intervening at the earliest possible opportunity. Central to our ambition to reduce the harms caused by drugs and alcohol, and help protect future generations, is a commitment to ensuring our services work more closely together to support those children, young people, families and communities most at risk from the impact of drug and alcohol misuse before problems arise.

Greater Manchester is developing new ways of commissioning and establishing Integrated Care Systems. A Greater Manchester Commissioning Hub will support commissioning at the city region level and function alongside local commissioning and Locality Care Organisations which will integrate health and care services across localities and neighbourhoods. This neighbourhood focus is crucial to our ambition to integrate across public services so that they respond to the needs of individuals and communities in a way that recognises the whole person and what matters most to them.

There will be a clear shift towards outcome-based approaches that will have a real impact on the lives of local people, improve the health and wellbeing of the most vulnerable, and reduce the inequalities that drugs and alcohol both contribute to and cause.

In the context of integrated commissioning and delivery, we are clear that our drug and alcohol services need to better integrate with other provision in a place. To effectively impact the root causes of drug and alcohol problems we know that we need to address wider complexity and bring together mental health, criminal

justice, skills and work, housing and other place based services.

We will ensure that we maximise the role played by primary care in the heart of our neighbourhoods, and will specifically seek to ensure that Healthy Living Frameworks for Pharmacy, Optometry and Dentistry support these sectors to play an active role in addressing the harms caused by drug and alcohol use.

We will seek to develop new models of care which better integrate community and hospital based services, reduce drug and alcohol related hospital admissions, promote recovery and improve overall health outcomes.

We will continue to identify what is best commissioned and delivered at a Greater Manchester level, what is best done locally, and what is best done by localities working together in clusters. For example;

Greater Manchester

- Common service standards and offers (e.g. liaison and diversion)
- Big Alcohol Conversation
- Residential Rehabilitation and In-patient Detox Framework
- Drugs Early Warning System
- Monitoring and Understanding Drug Related Deaths

Clusters

- Community Sentence Treatment Requirement pilot
- Alcohol Exposed Pregnancy Programme
- Treatment Services
- Integration of hospital and community based services

Locality

- Links between treatment services and key support services
- Building Recovery Communities
- Treatment Services
- Integration with place based working
- Closer working between drug and alcohol services and children's services

We will implement this strategy in partnership with local people living within Greater Manchester communities, placing people at the heart of our ambitions, and taking services to where people are. We know that we have made some good progress over recent years but there is much more to be done. We are committed to involving and engaging local people, including those with specific drug and alcohol needs, in co-design and collaborative approaches to preventing harm and delivering services. To kick start this, we undertook a "Big Alcohol Conversation" which engaged local residents in a meaningful dialogue about the scale and nature of alcohol related harm, the causes of alcohol related harm and potential solutions. This was the largest engagement around alcohol ever undertaken in Greater Manchester.

We will maximise the opportunities afforded by devolution, and the recently agreed Greater Manchester Combined Authority (Public Health) Order 2017, to explore the evidence base around legislative and policy solutions for reducing alcohol related harm, such as minimum unit pricing for alcohol and the establishment of health as a fifth alcohol licensing objective.

How will the Drug and Alcohol Strategy help us achieve our Strategic Ambition for Greater Manchester?

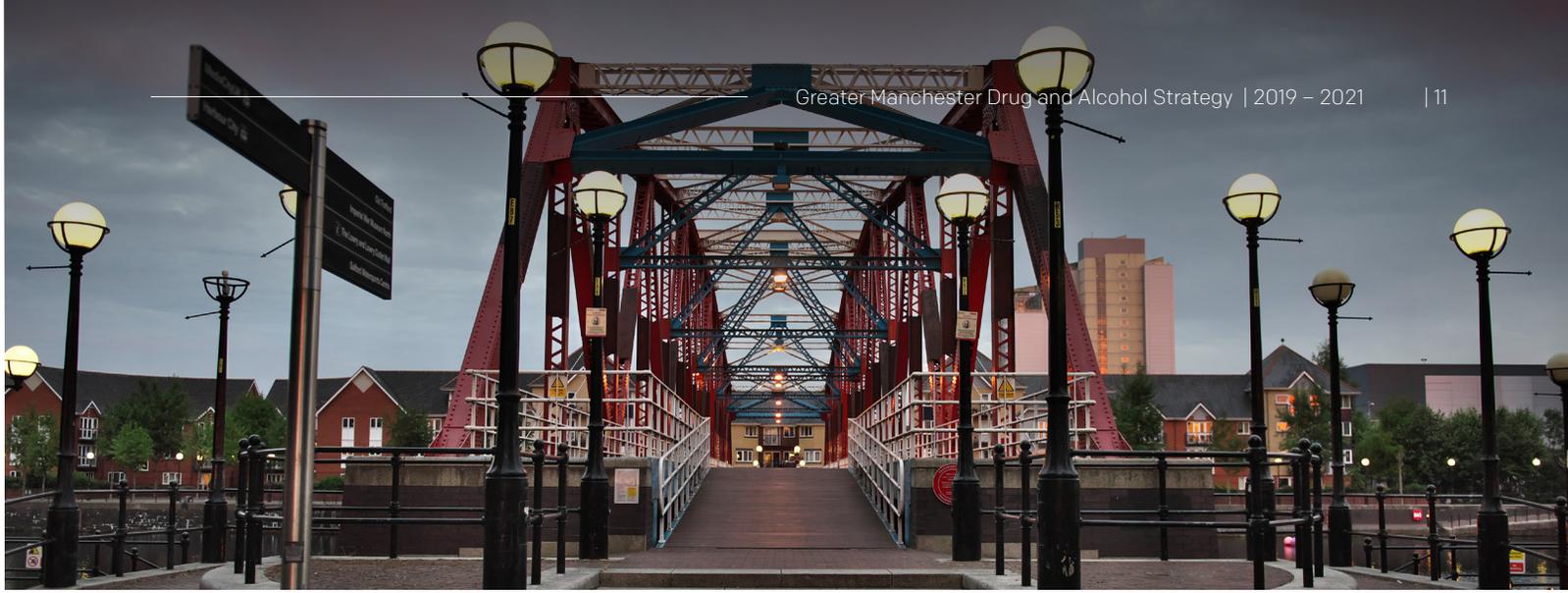
The strategy will be underpinned by the principles of public service and place based reform:

- **A new relationship** between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- **An asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focusing on the deficits.
- **Behaviour change** in our communities that builds independence and supports residents to be in control.
- **A place based approach that redefines services** and places individuals, families, communities at the heart.
- A stronger prioritisation of **wellbeing, prevention and early intervention**.
- An **evidence led** understanding of risk and impact to ensure the right intervention at the right time.
- An approach that supports the development of **new investment and resourcing models**, enabling collaboration with a wide range of organisations.

Place based reform represents a completely new approach to public service delivery which calls for person centred approaches, integrated partnership working between services and a focus on collaboration, prevention and intervening early to stop problems escalating. Underlying this approach there will be System Standards for all Public Service and Health and Care Organisations across Greater Manchester which will inform all our strategic plans and the design of all our programmes of work.

Drugs and alcohol are everybody's business and this strategy will work alongside the other key strategies that set out our shared ambitions for Greater Manchester.





Our People, Our Place, The Greater Manchester Strategy

clearly sets out our ambition to make Greater Manchester an inclusive and productive city region where everyone and every place can succeed. Person and community centred approaches are key to integrating our services and working alongside local people to make a real difference to their lives and the places they live in. Our ambition will only be achieved through new approaches which are shaped and driven by our communities themselves.

Taking Charge of our Health and Social Care in Greater Manchester

commits to radical change and the development of a new relationship with citizens and communities across all public services in order to achieve the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people who live in Greater Manchester - so that everyone can start well, live well and age well.

Standing Together, the plan for police, community safety, criminal justice services and citizens in Greater Manchester, similarly recognises a pressing need for better integration of services and that no single organisation or community acting alone can keep people safe, reduce harm and build cohesive, strong communities.

Developing the Strategy

Greater Manchester Combined Authority

Representatives from the Voluntary and Community and Social Enterprise Sector

Greater Manchester Health and Social Care Partnership

The Ten Greater Manchester Local Authorities Chief Executives

Greater Manchester Directors of Public Health

Greater Manchester Substance Misuse Commissioners

Greater Manchester Justice and Rehabilitation Executive Board

People with lived experience

Greater Manchester Police

The Association of Clinical Commissioning Groups

Directors of Commissioning

Local Authority Elected Members for Police and Crime

Local Authority Elected Members for Licensing

Local Authority Elected Members for Health Scrutiny and Health and Wellbeing

Local Authority Elected Members for Children's Services

Greater Manchester Fire and Rescue Service

Public Health England North West

Homelessness Action Network

Our 6 priorities for making things better

1. Prevention and early intervention

We know that...



Of young people entering drug and alcohol treatment in Greater Manchester, we know that typically:

23% report experience of domestic abuse

13% will be Children In Need

23% self-harm

14% will be not in education, training and employment



It is estimated in 2016/17 across Greater Manchester:

Over 15,000 children were living with alcohol dependent adults

A further 11,000 children were living with an opiate dependent adult



In 2016/17, 5,000 adults entering treatment had or were living with children:

Children from a family with a history of drug and alcohol misuse are 7 times more likely to develop a problem themselves

1,195

It is estimated that In Greater Manchester during 2016:

1,195 babies were born with Foetal Alcohol Spectrum Disorder

We will

- 1.1 Focus on challenging social norms around alcohol in our communities.
- 1.2 Develop drug and alcohol health campaigns and messages that are credible to our residents.
- 1.3 Reduce alcohol exposed pregnancies and eliminate new cases of Foetal Alcohol Spectrum Disorder (FASD).
- 1.4 Work with localities to promote best prevention practice with our schools and local communities.
- 1.5 Apply a targeted approach to young people, adults and families most at risk of harm from drugs and alcohol.
- 1.6 Adopt a place based approach that prioritises early help.
- 1.7 Support workforce development that focuses on making drugs and alcohol everybody's business.

Start Well

Too many children in Greater Manchester are directly or indirectly harmed as a result of the drug and alcohol consumption of those around them. We will place renewed emphasis on addressing this.

We will focus on reducing the harm caused to unborn babies due to maternal drug and alcohol misuse by developing transformational approaches to reducing consumption before and during pregnancy.

Children and young people are naturally curious and this means they may decide to try drugs and alcohol as part of growing up. Many young people who try drugs and alcohol do so without coming to harm, but for a number of reasons some may take risks that make them vulnerable to harm both from what they are taking and the situations they find themselves in.

There is little evidence that drug and alcohol education consisting solely of information giving can affect behaviour, however it is nationally recognised that good quality interventions designed to build confidence, resilience and effective decision-making skills can have a preventative impact.

We will work with localities to promote the best evidence based drugs and alcohol education and prevention activities for schools and services and community groups that have contact with our children, young people and families.

We know that young people and adults who develop drug and alcohol problems are less likely to fulfil their full potential and that certain groups of young people, particularly those who have suffered adverse childhood experiences, are more likely to develop drug and alcohol problems that will accompany

them into adulthood. These include; the children of parents with drug and alcohol problems, those who have experienced the care system, young offenders, those not in education, training or employment, and those with mental health issues.

For those in the early stages of drug and alcohol use we need to make sure that we are all maximising every opportunity to intervene. We will work with localities to encourage close working relationships and routine information sharing between Children's Services and drug and alcohol services.

The voice of the child will be central to the work we will do with services accessed by children and young people and we will develop common standards that inform the interaction between Children's Services and drug and alcohol services.



Live Well and Age Well

It is essential that we get our public health messages right and that we encourage both young people and adults to behave safely and responsibly. We are also increasingly aware of the need to address emerging issues among some of our older populations who are drinking excessively, often to cope with social isolation.

We will promote collaborative public health and community action and activity that encourages lower risk drinking and earlier intervention with those most at risk of harm and those experiencing alcohol and drug related problems.

We will improve early identification and the targeting of high risk groups and communities through the development of a place-based approach. We will commission based on an understanding of need in a place and work towards integrating our local delivery at a neighbourhood level. We will also prioritise workforce training that equips staff to have the right conversation with people at the right time, taking a strengths based approach, and putting what matters to people at the centre.

We will focus on ensuring that drug and alcohol services work closely with primary care, other

health and social care agencies and wider public services established to help meet the complex and overlapping needs of children, young people, adults and their families, including pathways for pregnant women.

A consistent approach for reporting on emerging drug trends and sharing our understanding of local drugs issues is crucial to reducing drug related harms. That is why we have developed and will build on Greater Manchester's Drugs Early Warning System, which is recognised nationally as best practice.

2. Reducing drug and alcohol related harm

We know that...

40% HIGHER

Admission episodes for alcohol-specific conditions for Under 18s in Greater Manchester are 40% higher than the England average. If the figure for GM was at the national average, this would mean 86 fewer admissions annually and a saving in the region of £180,000 per year.



There has been a 48% increase in hospital admissions related to substance misuse amongst those aged 15-24 over the last 6 years in Greater Manchester. There was a total of 1,287 admission in the latest 3-year reporting period (2014/15 - 16/17). The GM rate of admissions per 100,000 population aged 15-24 years is 31% higher than the England rate. If the figure for GM was at the England average, this would equate to an estimated 100 fewer admissions per annum.



Greater Manchester Fire and Rescue Service Learning from Accidental and Non-Accidental Fatal Fire Incidents Report (2007-2016), found that of accidental fire deaths in the home:

- Alcohol was a contributory factor in 44% of incidents.
- Illicit drugs were a contributory factor in 11% of incidents.
- In 45% of incidents the victim was taking prescribed or over the counter medication.

We will

- 2.1 Reduce the number of deaths caused by alcohol and drugs.
- 2.2 Address the impact of drug and alcohol use on our most vulnerable people, including those with multiple needs and co-existing drug, alcohol, housing and mental health problems.
- 2.3 Work with colleagues from across primary and secondary healthcare to review the use of potentially addictive prescribed and over the counter medicines, with a particular focus on prescribing practices and responding to addiction.
- 2.4 Focus on blood borne viruses to help achieve the strategic aims of eliminating HIV and Hepatitis C as public health issues.
- 2.5 Focus on improving the physical health of people with drug and alcohol problems through screening and early identification.
- 2.6 Encourage our public services to lead by example and develop and implement workplace policies to reduce drug and alcohol related harm for employees.
- 2.7 Support public services to provide fire safety advice to people with drug and alcohol problems and make referrals for Greater Manchester Fire and Rescue Service home visits.
- 2.8 Develop opportunities for digital health and community based asset approaches to offer the widest possible response to addressing drug and alcohol harm.

Start Well

We will take a whole family approach to addressing parental substance misuse and reduce the harms caused to children through multi-agency working that takes account of wider family needs and complexities.

When children and young people are admitted to hospital for drug and alcohol related incidents, we will ensure that our community and hospital services work closely together with them, their families and significant others, to address underlying risks and issues and reduce the likelihood of a repeat occurrence.

We will offer opportunities for children and young people to access workers who can offer age appropriate interventions and are skilled in understanding and responding to their developmental needs.

Live Well

Too many lives in Greater Manchester are cut short from the misuse of drugs and alcohol and we need to renew our efforts to reverse this through consistent approaches which optimise the use of our resources.

We will develop opportunities for digital health and community based asset approaches to offer the widest possible response to addressing drug and alcohol harm.

We will achieve better outcomes for people with complex and multiple problems through integrated care that reduces duplication and prevents people from slipping through the net. This means bringing mental health and drug and alcohol services closer together and ensuring

that they work in conjunction with those addressing needs in key areas such as homelessness and offending behaviour.

We will also work to integrate drug and alcohol services based in our hospitals and our communities, including primary care, to promote recovery and reduce drug and alcohol related hospital admissions.

We will take a targeted approach to those young people and adults who most frequently attend hospital for drug and alcohol related incidents and conditions.

We recognise the potential for people to become dependent on prescription and over-the-counter medicines, particularly as they grow older. Our services will continue to offer support for people who develop such problems. We will work with healthcare specialists to review the prescribing of these medications and encourage greater use of community based social prescribing to improve mental health and wellbeing.

We know that people from communities of identity and interest, including sexuality, gender identity, ethnicity, disability or life experience (such as veterans), often have particular needs relating to drug and alcohol use and may face barriers in accessing services. We need to connect with these communities and ensure that barriers to seeking advice and engaging in treatment are removed through co-production and co-design.

We will reduce incidence of HIV and other blood borne viruses by maximising every opportunity to provide clean injecting equipment and targeted harm

reduction advice for those that inject drugs. We will also make sure that injecting drug users are clear about how to safely dispose of the equipment.

Drug and alcohol services will also continue to routinely test for blood borne viruses, administer vaccinations (e.g. for Hepatitis B), and proactively encourage those who test positive to seek treatment from wider health services.

We will encourage our public services to lead by example and develop and implement workplace policies to reduce drug and alcohol related harm for employees.

We will build on existing best practice to develop a Greater Manchester approach to reducing drug and alcohol related fire risk. Partnership arrangements will ensure that routine assessments of people attending drug and alcohol services where fire safety risk is identified are appropriately followed up by home visits from the Greater Manchester Fire and Rescue Service or other suitably qualified organisations.

Age Well

A large proportion of those with drug and alcohol misuse problems, particularly opiate users, have been in treatment for several years and this aging population have prematurely developed additional long-term, chronic health problems. We need to ensure that drug and alcohol services identify these health problems as early as possible and clearly link with the wider health system responsible for addressing them.



3. Building recovery in communities

We know that...



The claimant rate for Incapacity Benefit, where Alcohol Misuse is the main disabling condition, is 75% higher in Greater Manchester than the national average. If the figure for GM was the same as the national average, 1,715 fewer people would be in receipt of Incapacity Benefit and the fiscal saving would be in the region of £16m per year.



On entering drug and alcohol treatment in Greater Manchester, 22% of adults were in contact with mental health services.



On entering drug and alcohol treatment in Greater Manchester, 15% of adults identify as having a housing problem, and 73% will not be in regular employment.

We will

- 3.1 Support Greater Manchester to be a resilient city region and commit to a collaborative partnership with our communities.
- 3.2 Develop community-led alternatives to traditional drug and alcohol treatment with a focus on social prescribing.
- 3.3 Ensure recovery is visible in our communities and throughout treatment journeys.
- 3.4 Promote recovery models based on a detailed understanding of the different needs of our treatment populations.
- 3.5 Involve those with lived experience in the design and delivery of person and community centred approaches.
- 3.6 Clearly link treatment systems to key support services (e.g. mental health, housing and homelessness support services, employment, education and training).
- 3.7 Promote wellbeing and recovery by clearly linking treatment systems with voluntary and community based organisations.

Live Well

Person and community centered approaches are central to our Greater Manchester Strategy and to our Health and Social Care, “Taking Charge” Strategy.

As part of our commitment to support rehabilitation and build recovery in our communities, it is crucial that we involve service users and people with lived experience in the design and delivery of drug and alcohol services. For people to build their own successful recovery we need to make sure we understand the different needs of our treatment populations and deliver the right support at the right time. We will promote approaches that focus on people’s assets, reduce stigma, and encourage them to help themselves and others in recovery communities.

Traditional treatment services have an important role to play but are not the only solution and we will increase the proportion of those with drug and alcohol needs who are accessing help by enhancing the range of support that is available in the heart of local communities.

Key to this is working with communities to ensure that they have the knowledge, skills and confidence to play an active role in managing their own health and wellbeing.

Our groundbreaking Communities in Charge of Alcohol (CICA) programme is being rolled out across our local authorities. CICA aims to kick-start the development of a volunteer network of Community Alcohol Health Champions. Working in partnership with the Royal Society for Public Health, volunteers will receive accredited training to become “Alcohol Health Champions” in neighbourhoods that experience high levels of alcohol related harm. They will give alcohol related advice to individuals and help communities to influence alcohol availability through greater involvement in local licensing processes.

We will build on this and seek to continually develop innovative and wide-ranging community-led alternatives to formal alcohol treatment, with a particular focus upon those areas and groups who experience the highest levels of alcohol related harm, and with an emphasis on supporting people earlier and more effectively. In order to achieve this we will maximise the role played by local people and the voluntary and community sector in supporting long term sustained recovery.

At a neighbourhood level, we are focusing on helping people to help themselves through developing integrated place based services that are responsive to

local need, build on the assets of the community and create capacity to deliver change. These integrated teams will work to improve individual and community resilience by understanding individual needs in the context of the family and their community.

To support people to lead meaningful and fulfilling lives we also need responsive treatment and recovery systems that are clearly integrated with broader support and community provision that address key factors such as physical and mental health, housing and homelessness, employment, education and training.

For people with high levels of need we recognise the need to further develop and link with specialist psychological and counselling support that addresses trauma (including adverse childhood experiences), bereavement and post-traumatic stress disorder.

Having somewhere decent to live, a job or something to do, and someone to love are critical to having a sense of social belonging and purpose. This will increasingly become the primary focus of all our support services at every stage in an individual’s recovery journey. We will ensure that those in successful recovery are clearly visible to their peers as examples of hope and what is achievable.



4. Reducing alcohol and drug related crime and disorder

We know that...



Drug misuse is associated with risk of reoffending for 35% of offenders in Greater Manchester. For alcohol the figure rises to 44% (National Probation Service and Community Rehabilitation Company Local Data). National evidence suggests that individuals dependent on opioids and/or crack cocaine are responsible for an estimated 45% of acquisitive crime (shoplifting, burglary, vehicle crime and robbery).



Intelligence from Greater Manchester Police indicates that nearly 9 in 10 organised crime groups in Greater Manchester are involved in drug related activity.



Greater Manchester Police data for 2017/18, shows that 15% of crimes classed as 'Violence Against The Person', and 7% of Sexual Offences, were flagged as alcohol related.

We will

- 4.1 Improve public confidence through collaborative problem solving and community based multi-agency campaigns which address drug litter, open use of drugs, and drug and alcohol related anti-social behaviour.
- 4.2 Maximise every opportunity to address offending behaviour that is driven by the use of drugs and alcohol.
- 4.3 Work with criminal justice partners to ensure that responses to young people's drug and alcohol related offending are appropriate to their needs.
- 4.4 Develop a set of common standards that clearly identify "what works" in reducing drug and alcohol related offending.
- 4.5 Work with prisons to create clear resettlement pathways and reduce reoffending.
- 4.6 Strengthen partnership responses to address the impact that drugs and alcohol play in the exploitation of vulnerable children, young people and adults including:
 - i) domestic abuse
 - ii) violent crime
 - iii) sexual offences
 - iv) child sexual exploitation
 - v) modern day slavery

Start Well

Early identification and intervention are key to supporting vulnerable young people at risk of offending and drug and alcohol misuse. It is essential that local agencies including youth offending teams, police, custody healthcare, looked after children's services, education and health services take every opportunity to identify young people at an early stage and work together to put in place appropriate support.

For those young people who have come into contact with the Criminal Justice System it is important that we identify their needs and put in place adequate provision to support the young person's desistance from further crime. Where substance misuse is a part of wider issues in a young person's life, it is important to take an integrated multi-agency response, including family support.

Live Well

We have previously seen significant reductions in drug and alcohol related crime and disorder in our neighbourhoods and town centres but there is a perception that some problems are re-emerging and that the historical progress made is reversing as a result of austerity. We recognise this decline in resources. It is imperative that we integrate and make the best use of those that remain. We also recognise the more recent issues relating to the visible use of drugs such as spice amongst our vulnerable populations and the need for partnership solutions.

Drug and alcohol related anti-social behaviour, including visible drug use and drug litter, impact negatively on public perceptions and we will promote the use of geographically focused multi-agency campaigns to address these issues.

There is a clear link between drugs and alcohol and domestic abuse and we will promote a consistent evidence based approach to both reducing offending behaviour and victim risk using family centered approaches.

We will focus on reducing the risks for our most vulnerable people. We recognise that the criminal exploitation of children and vulnerable adults can take many forms including the use of drugs and alcohol in grooming. Gangs typically use children, young people and vulnerable adults to deliver drugs to customers and this often involves them being subjected to deception, intimidation, violence, and financial exploitation.

Recognising the complexity of offending behaviour, we will ensure a consistent approach to reducing the impact that drug and alcohol use has on offending across Greater Manchester by focusing on three key areas: diversion, treatment and enforcement.

Diversion: The Criminal Justice System offers a number of routes into support and treatment. Our local programmes such as Liaison and Diversion in our police custody suites give us the opportunity to make sure that offenders are offered the right help at the right time.

Consistency of approach across Greater Manchester is crucial and we will work with drug and alcohol services and commissioners to create a set of common standards for working with offenders.

Treatment: It is important that those involved in drug and alcohol related crime are given every opportunity to address their offending behaviour as well as being punished for their actions. We will ensure that our criminal justice agencies and drug and alcohol services work better together. We will promote the use of out of court disposals and community sentences, such as drug and alcohol treatment requirements which require offenders to engage with services, and we will work closely with prisons in the resettlement of offenders.

Enforcement: There is evidence that drug law enforcement action can have some local impact but when delivered in isolation the benefits can be short-lived. The evidence suggests it is far more effective to identify underlying problems in a place and for communities and services to work together to resolve them.

5. Managing Availability and Accessibility

We know that...



Approaching a third of Greater Manchester residents (31%) perceive a very/fairly big problem with 'people using or dealing drugs' (England and Wales = 23%).

74%

74% of frontline practitioners in Greater Manchester feel that the public is more concerned now with people using or dealing drugs openly in their areas than three years ago.



Approaching a quarter of Greater Manchester residents (23%) say that, in their local area, there is a very/fairly big problem with 'people being drunk or rowdy in public places' (England and Wales = 16%).

We will

- 5.1 Involve communities in alcohol licensing and regulation.
- 5.2 Influence Government around Minimum Unit Pricing of alcohol in England, best practice licensing and responsible alcohol marketing.
- 5.3 Use the opportunities afforded by Greater Manchester devolution to review the evidence for legislative and policy solutions such as Minimum Unit Pricing for alcohol and the introduction of Health as a fifth alcohol licensing objective.
- 5.4 Introduce a Greater Manchester Statement of Licensing Policy.
- 5.5 Focus on local communities and services working together to resolve the underlying causes of drug and alcohol related crime.
- 5.6 Support law enforcement agencies to restrict the supply and availability of illicit drugs.
- 5.7 Ensure we have a Greater Manchester wide approach to developing our understanding of drug markets and trends.

Live Well

Coordinated partnership action between services is central to supporting resilient communities and working with people to build places they are proud to be from and feel safe living in. Local people need to be empowered to work with the police and other agencies in reducing the availability and accessibility of drugs. They also need to be more closely involved in the licensing and regulatory processes which influence the availability and accessibility of alcohol.

The role out of the Communities in Charge of Alcohol (CiCA) Programme in neighbourhoods experiencing alcohol problems across Greater Manchester will see the creation of a network of community champions' best placed to represent local views and influence local licensing decision making.

We will work with national and regional partners to review the evidence base in relation to Minimum Unit Pricing for alcohol.

We will also continue to influence Government around the availability of high strength alcohol products, the inclusion of health as a fifth alcohol licensing objective, and a watershed for alcohol advertising.

National mandatory licensing conditions require that all businesses selling alcohol, for consumption either on or off their premises, should demand to see photographic identification when they think a person attempting to buy alcohol may not be an adult. We will work with our localities to promote best practice and campaigns that support full implementation of this legislation across Greater Manchester.

We will also work with our localities to better understand the learning from the use of Cumulative Impact Policies (CIPs) and their role in strengthening the ability of authorities to regulate the availability of alcohol in Greater Manchester and elsewhere in the country.

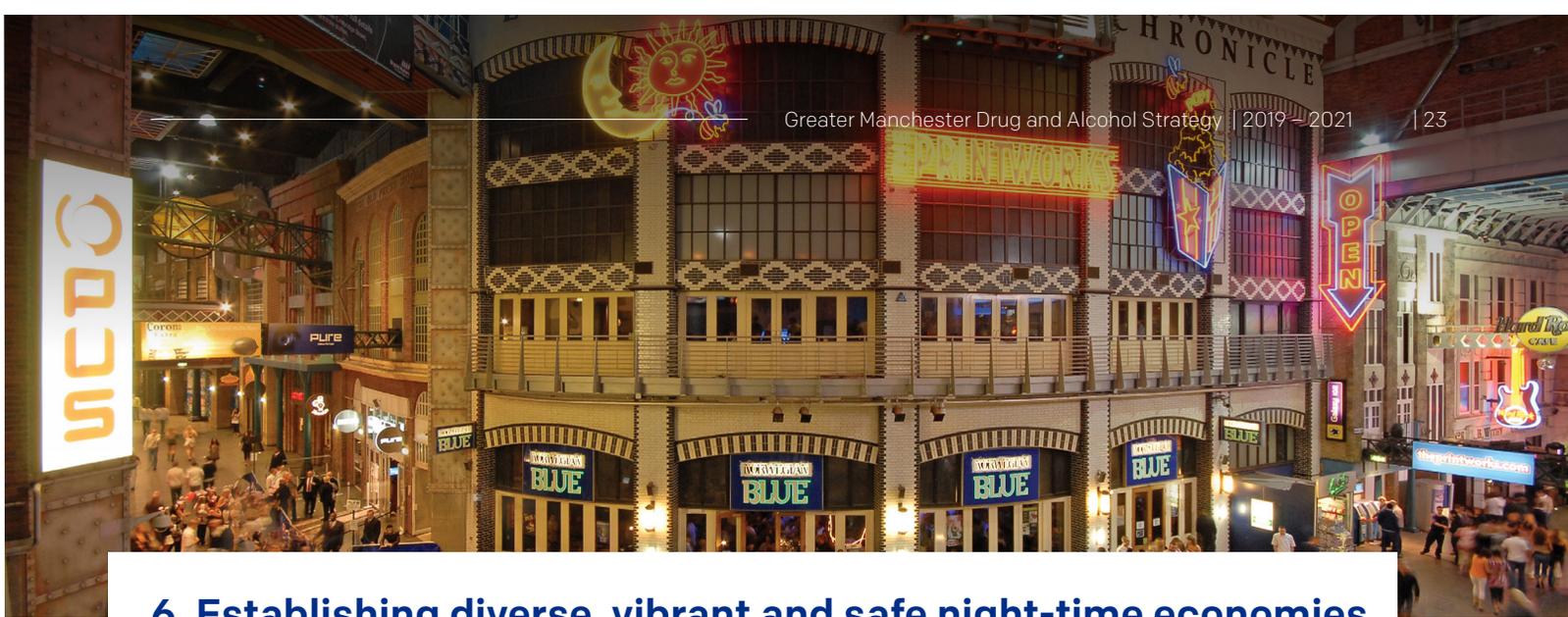
All local authorities are required by law to have a Statement of

Licensing Policy (SOLP) that explains the council's approach to licensing. We will develop a SOLP for Greater Manchester for implementation in each of our ten local authorities which highlights best practice and harmonises our approaches to reducing alcohol related harm.

There are continued and sustained efforts by law enforcement agencies operating within Greater Manchester to restrict the supply and availability of illicit drugs, particularly those that cause the most harm to our communities. Our enforcement agencies fully recognise that community and local partnership engagement is vital to maintaining the successes their activities achieve.

Building on our established Drugs Early Warning System will enable us to monitor drug trends and markets by linking information held across partner agencies, conducting research with key informants and routine testing of substances to monitor purity levels, adulterants and the emergence of new drugs.





6. Establishing diverse, vibrant and safe night-time economies

We know that...



Nearly two thirds of violent incidents in public spaces are perceived by victims as alcohol related. Over three quarters of victims of violence that takes place after 10pm perceive the offender(s) to have been under the influence of alcohol.



89% of ambulance service workers in the UK believe that dealing with alcohol related ambulance callouts placed an unnecessary burden on their time and resources. On average, 37% of ambulance service time is taken up dealing with alcohol related incidents.



92% of police officers in the UK feel that policing the Night Time Economy (NTE) has a large impact on their workload. 76% of police officers say they have been injured through dealing with drunkenness when working in the night-time economy (65% on multiple occasions).

We will

- 6.1 Share best practice and further improve our understanding of developing night time economies across Greater Manchester.
- 6.2 Support local partnership initiatives that promote safe, vibrant and diverse night time economies.
- 6.3 Work in partnership with those supporting homeless and rough sleepers where drugs and alcohol use are an issue.
- 6.4 Encourage a shared Greater Manchester conversation with businesses about responsible trading and social accountability.
- 6.5 Develop a Greater Manchester approach to managing messages and campaigns aimed at the public.
- 6.6 Focus on the use of public transport with potential campaigns on going out and getting home safely.

Live Well

Vibrant and safe night time economies are important to our city and town centres. The vast majority of people who visit them enjoy socialising and drinking sensibly but the behaviour of a minority has a significant adverse impact on public perceptions and places substantial demands on our health and criminal justice services.

The Greater Manchester Strategy highlights the importance of developing thriving night time economies in all our regional and town centres across Greater Manchester. A Greater Manchester Night Time Economy Adviser will lead on issues relating to the night time economy with a strong focus on public safety, transport and policing.

We know that many of our night time economies are heavily alcohol-led. We will work in partnership with local

areas developing night time economy strategies to help reduce crime, anti-social behaviour and vulnerability.

We will build on the successes of our previous Greater Manchester Alcohol Strategy (2014-2017), in particular promoting the effective, appropriate and consistent use of our existing licensing tools and regulatory powers.

We will continue to develop and share best practice in relation to partnership based initiatives such as Pubwatch, Best Bar None, Community Alcohol Partnerships and Purple Flag, as well as the Proof of Age Standards Scheme and Drinkaware.

We will also promote initiatives which reduce the potential for drug and alcohol related harms and place emphasis on ensuring personal safety.

Locally we will all work together to prevent drug and alcohol related crime and disorder, to make sure

our town centres thrive and that people feel safe and secure. This can only be achieved through partnership working between local authorities, the police, health partners, universities, colleges and education partners, businesses and the voluntary and community sector. This includes the social accountability of businesses and retailers who have a direct stake in maintaining safe and viable night time economies. It is also important that people themselves play their part, taking personal responsibility for their own behaviour and the amount of alcohol they consume.

