

Greater Manchester Drug and Alcohol Strategy 2018- 2021

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 drink 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 6 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 accessibility and availability to drugs and alcohol
6. Establishing diverse, vibrant and safe night-time economies

Introduction

This new strategy sets out Greater Manchester's collective ambition to significantly reduce the risks and harms caused by drugs and alcohol and help make it one of the best places in the world to grow up, get on and grow old.

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 that we limit the potential risks and harms they cause.

We continue to experience long-standing problems with the alcohol. 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.

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 newly 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.

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. Parental problem drug and alcohol use can and does cause serious harm to children at every age from conception to adulthood.

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.

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. 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

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.

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.

Where we are seeking to embed new and transformational approaches, such as eradicating Foetal Alcohol Spectrum Disorder (FASD) and developing community-led alternatives to alcohol treatment, we will seek to identify and commit additional investment at a Greater Manchester and locality level.

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.

Start Well – We are committed to building on the principles of early intervention and prevention to deliver integrated services for children and families 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.

Age Well – We are committed to supporting people to maintain good health, wellbeing and independence for as long as possible.

Drug and alcohol commissioners from across our ten local authority areas have come together to make a start on delivering our vision and have developed a set of principles and common standards that will help inform the way services are delivered consistently, effectively and efficiently across Greater Manchester.

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.

We will maximise the opportunities that are afforded through new models of commissioning and delivery, including the emergence of integrated commissioning across Health and Social Care, the development of integrated services across locality areas, and the shift towards outcome-based approaches which have a real impact on the lives of local people. We will 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 drugs and alcohol services need to better integrate, both with each other and with other provision intrinsic to addressing wider complexity such as mental health, criminal justice, skills and work and other place based services. We are also keen to better integrate community and hospital based services to promote recovery, reduce drug and alcohol related hospital admissions and create clear care pathways for pregnant women and their babies in order to reduce adverse outcomes both pre and postnatally.

We will use the opportunities afforded by Greater Manchester devolution, and the recently agreed GMCA (Public Health) Order 2017, to explore legislative solutions, such as minimum unit pricing and public health as a fifth licensing condition to reduce alcohol related harm.

We will implement this strategy in partnership with local people living within Greater Manchester communities, placing people at the heart of our ambitions. 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.

We also wish to start a conversation with people and partners from across the conurbation about developing a healthier relationship with alcohol. As part of this “Big Alcohol Conversation” we want to talk about the scale and nature of alcohol-related harm, the causes of alcohol-related harm and potential solutions.

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

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 centered 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 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

The strategy and its outcomes have been developed together by:

Greater Manchester Combined Authority	Representatives from the Voluntary and Community Sector
Greater Manchester Health and Social Care Partnership	The Ten Greater Manchester Local Authorities
Greater Manchester Directors of Public Health	Greater Manchester Substance Misuse Commissioners
The Greater Manchester Justice and Rehabilitation Executive Board	People with lived experience
Greater Manchester Police	The Association of Clinical Commissioning Groups
Directors of Commissioning	Elected Members for Police and Crime
Elected Members for Licensing	Elected Members for Health Scrutiny
Elected Members for Children's Services	Greater Manchester Fire and Rescue Service
Directors of Commissioning	Add to list after engagement and listening

Our 6 priorities for making things better

1. Prevention and Early intervention

Key facts and stats to be reproduced as infographics once final selections made.

- Almost 5,000 adults entering drug and alcohol treatment during 2016/17 are recorded as having children, and/or live in a property where children are resident. A family history of substance use significantly increases the likelihood of children later becoming substance users: one such study found that these children were seven times more likely to develop a substance misuse problem.
- Alcohol-Specific Hospital admissions for under 18 year olds have halved in the past 10 years (latest reporting period 2013/14 - 15/16). However, rates of admission for under-18 year olds in Greater Manchester remain 42% higher than the England average.
- There has been a 68% increase in hospital admissions related to substance misuse amongst those aged 15-24 over the last 6 years in Greater Manchester (latest reporting period 2013/14 - 15/16).
- Young people entering treatment will often had Adverse Childhood Experiences. In Greater Manchester over the course of 2016/17, 23% had experienced domestic abuse, 13% were classed as a Child in Need, 23% identified that they self-harm and 14% were not in education, training or employment.
- It is estimated that at least 1,195 children were born in Greater Manchester, with Foetal Alcohol Spectrum Disorder in 2016.

We will

- **Focus on challenging social norms around alcohol in our communities.**
- **Develop drug and alcohol health campaigns and messages that are credible to our residents.**
- **Eradicate Foetal Alcohol Spectrum Disorders.**

- **Work with localities to promote best prevention practice with our schools.**
- **Apply a targeted approach to young people, adults and families most at risk of harm from drugs and alcohol.**
- **Adopt a place based approach that prioritises early help.**
- **Support workforce development that focuses on making drugs and alcohol everybody's business.**

Start Well

We will focus on reducing the harm caused to unborn babies due to maternal drug and alcohol misuse during pregnancy by developing care pathways and new and innovative approaches to supporting pregnant women.

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 from what they are taking and from 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 in schools and with other 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 misuse problems are less likely to fulfill their full potential and that certain groups of young people are more likely to develop drug and alcohol misuse problems that will accompany them into adulthood. These include; the children of parents with drugs and alcohol misuse 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.

To ensure the early identification and targeting of high risk groups, we will develop a place-based approach that prioritises workforce training.

We will focus on ensuring that drug and alcohol services work closely with other agencies 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 drugs intelligence and learning 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

Key facts and stats to be reproduced as infographics once final selections made.

- There has been a 70% rise in drug-related deaths in Greater Manchester over the last 10 years. This translates to 479 deaths in a latest three-year tracking period (2014-16) – comprising deaths related to drug poisoning (involving both legal and illegal drugs) and drug misuse (involving controlled drugs).
- The rate of alcohol-specific mortality episodes per 100,000 in Greater Manchester is 55% higher than the England rate. This equates to 1,203 deaths in the latest three-year tracking period (2014-16)
- The rate of hospital admissions for alcohol-specific conditions is 60% higher in Greater Manchester than the England average. In demand terms, there has been in the region of 25,000 admissions of this kind every year for the last five years.
- 20% of fire injuries and 19% of fatalities resulting from fires in Greater Manchester involve someone suspected to be under the influence of drugs.
- Placeholder, stats re: BBVs
- Placeholder, stats re: domestic abuse

We will

- **Reduce the number of deaths caused by alcohol and drugs.**
- **Address the impact of drug and alcohol use on our most vulnerable people, including those with multiple needs and co-existing drug, alcohol and mental health problems.**
- **Focus on blood borne viruses to help achieve the strategic aims of eradicating HIV and Hepatitis C.**
- **Focus on improving the physical health of people with drug and alcohol problems through screening and early identification (e.g. respiratory problems).**
- **Encourage our public services to lead by example and develop and implement workplace policies to reduce drug and alcohol related harm for employees.**

- **Encourage public services to offer fire safety advice to people with drug and alcohol problems and make referrals for fire and rescue service home visits where concerns are identified.**
- **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 recognise that people from communities of identity often have particular needs relating to drug and alcohol use and may face barriers in accessing services. Examples include sexuality, ethnicity, disability or life experiences (such as veterans). 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 take a targeted approach to those young people and adults who most frequently attend hospital for drug and alcohol related incidents and conditions.

We will 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 hospital admissions.

We will achieve better outcomes by bringing together mental health and drug and alcohol services so that those with multiple problems receive integrated care that reduces duplication and prevents people from slipping through the net.

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 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 are appropriately followed up by home visits from Greater Manchester Fire and Rescue Service staff. When conducting routine home risk assessments, fire and rescue service staff will in turn invite householders to discuss drug and alcohol use, offer advice, and refer people into treatment as necessary.

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

Key facts and stats to be reproduced as infographics once final selections made.

- There are significantly larger numbers of Greater Manchester residents claiming incapacity benefits where alcohol misuse is the main disabling condition. The Greater Manchester claimant rate is 75% higher than nationally, and levels of worklessness are significantly higher than the national rate in all Greater Manchester local authority areas except Trafford.
- In 2016/17, on entering drug and alcohol treatment in Greater Manchester, 15% of adults identified as having a housing problem, 73% were not in regular employment.
- In 2016/17, on entering drug and alcohol treatment in Greater Manchester, 22% of adults were in contact with mental health services.
- There are an estimated 40,000 dependent alcohol drinkers in Greater Manchester.

We will

- **Support the innovative approach Greater Manchester takes to resilience and the commitment to a collaborative partnership with our communities.**
- **Develop community-led alternatives to treatment for geographical communities and communities of interest who experience the highest levels of alcohol-related harm in Greater Manchester.**
- **Ensure recovery is visible in our communities and throughout treatment journeys.**
- **Promote recovery models based on a detailed understanding of the different needs of our treatment populations.**
- **Involve those with lived experience in the design and delivery of person and community centred approaches.**
- **Clearly link treatment systems to key support services (e.g. mental health, housing, employment, education and training).**
- **Promote wellbeing and recovery by clearly linking treatment systems with voluntary and community based organisations**

Live Well

Person and community centered approaches are key to our Greater Manchester Strategy and to our Health and Social Care, "Taking Charge" Strategy. 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. We will also 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 implementing 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.

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 and encourage them to help themselves and others in recovery communities.

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

Having somewhere decent to live, 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.

Greater Manchester is committed to people and community centered approaches to health and wellbeing. 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 ten 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 brief 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 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.

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4. Reducing alcohol and drug related crime and disorder

Key facts and stats to be reproduced as infographics once final selections made.

- According to local data from the National Probation Service and Community Rehabilitation Company, drug misuse is associated with risk of reoffending for 35% of offenders in Greater Manchester. For alcohol the figure rises to 44%.
- 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 2016/17, shows that 17% of crimes classed as 'Violence Against The Person', and 12% of Sexual Offences, were flagged as alcohol related. [Over a third of offences that were flagged as alcohol-related were also flagged as domestic abuse-related - *provisional stat*].
- National evidence suggests that individuals dependent on opioids and/or crack cocaine (OCUs) are responsible for an estimated 45% of acquisitive crime (shoplifting, burglary, vehicle crime and robbery). This equates to more than 2,000,000 offences.
- Return On Investment analysis reports that effective treatment results in a 44% reduction in the number of individuals who re-offend and a 33% reduction in the number of offences committed in the two years following the start of treatment.

We will

- **Improve public confidence through collaborative problem solving and community based multi-agency campaigns which address drug litter, open use of drugs (e.g. cannabis) and drug and alcohol related anti-social behavior.**
- **Maximise every opportunity to address offending behavior that is driven by the use of drugs and alcohol.**
- **Work with criminal justice partners to ensure that responses to young people's drug and alcohol related offending are appropriate to their needs.**
- **Develop a set of common standards that clearly identify "what works" in reducing drug and alcohol related offending.**

- **Work with prisons to create clear resettlement pathways and reduce reoffending.**
- **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) child sexual exploitation**
 - iv) 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 support to support the young person's desistance from further crime. Where substance misuse is part of wider issues in a young person's life, it is important to take a 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.

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.

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 behavior 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 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 geographically target a place with communities and agencies working together to solve problems.

5. Managing Accessibility and Availability

Key facts and stats to be reproduced as infographics once final selections made.

- 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.
- Nearly 1 in 5 Greater Manchester residents (19%) says that, in their local area, there is a very/fairly big problem with 'people being drunk or rowdy in public places'. This is higher than the England and Wales figure (16%).
- Over 1 in 4 GM residents (27%) perceive a very/fairly big problem with 'people using or dealing drugs' (again higher than the England and Wales figure, 23%).

We will

- **Involve communities in alcohol licensing and regulation.**
- **Lobby for Minimum Unit Pricing, best practice licensing and responsible alcohol marketing.**
- **Use the opportunities afforded by Greater Manchester devolution to explore legislative solutions including, Minimum Unit Pricing and the introduction of Public Health as a 5th licensing condition.**
- **Introduce a Greater Manchester Statement of Licensing Policy.**
- **Focus on targeted geographical problem solving approaches which involve our communities.**
- **Support law enforcement agencies to restrict the supply and availability of illicit drugs.**
- **Ensure we have a Greater Manchester wide approach to gathering drugs intelligence.**

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 accessibility and availability of drugs. They also need to be more closely involved in the licensing and regulatory processes which influence the accessibility and availability 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 place to represent local views and influence local licensing decision making.

As part of our overall approach to reducing alcohol harms, we will review promising approaches to licensing and regulation from other areas. We will keep a particularly close watch developments in Scotland regarding Minimum Unit Pricing for alcohol and consider our position. We will also continue to lobby Government around the availability of high strength alcohol products, the inclusion of public health as a fifth 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 a vital ingredient in maintaining the gains that their activities achieve.

Building on our established Drugs Early Warning System, we will develop a Greater Manchester Drugs Intelligence Function. This 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.

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

Key facts and stats to be reproduced as infographics once final selections made.

- 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).
- 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. Results also suggest that, on average, 37% of ambulance service time is taken up dealing with alcohol-related incidents.
- Analysis of police-recorded calls for service in the city of Manchester showed that, between midnight and 6am on Sunday mornings in 2016, more than a third of anti-social behaviour incidents happened within 200 metres of a premises open to sell alcohol. Between 3 am and 6am, 21% of all recorded crime in city of Manchester was flagged as alcohol related. A rise from 8% in 2003.

We will

- **Share best practice and further improve our understanding of developing night time economies across Greater Manchester.**
- **Support local partnership initiatives that promote safe, vibrant and diverse night time economies.**
- **Work in partnership with those supporting homeless and rough sleepers where drugs and alcohol use are an issue.**
- **Encourage a shared Greater Manchester conversation with businesses about responsible trading and social accountability.**
- **Develop a Greater Manchester approach to policy dialogue around alcohol pricing and licensing conditions.**
- **Develop a Greater Manchester approach to managing messages and campaigns aimed at the public.**
- **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 significant 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 Tsar will lead on issues relating to the night time economy with a strong focus on public safety, transport and policing.

We will build on the successes of our Greater Manchester Alcohol Strategy, in particular promoting the effective, appropriate and consistent use of our existing tools and licensing 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.

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, 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 behavior and the amount of alcohol they consume.

Next Steps

We will develop a detailed implementation plan to support our ambitions – detail to be added following engagement and listening process.