

Date: 29th March 2019

Subject: Draft Greater Manchester Drug and Alcohol Strategy (2019 – 2021)

Report of: Beverley Hughes, Deputy Mayor for Police, Crime, Criminal Justice and Fire
Carolyn Wilkins, Portfolio Lead for Safer and Stronger Communities, Chief Executive for Oldham MBC

PURPOSE OF REPORT

The purpose of the report is to invite the Greater Manchester Combined Authority to:

- Approve the draft Greater Manchester Drug and Alcohol Strategy.
- Note the governance process and extensive consultation undertaken for the strategy.

RECOMMENDATIONS:

The Greater Manchester Combined Authority is asked to:

- Support the broad objectives of the draft Greater Manchester Drug and Alcohol Strategy.
- Promote the application of the strategy as a framework for localities and partners.
- Approve the strategy with agreement that it should run to March 2021.

CONTACT OFFICERS:

Mark Knight, Strategic Lead for Substance Misuse, GMCA
mark.knight@greatermanchester-ca.gov.uk

There are no comments or recommendation to report following consideration at the GM Corporate Issues and Reform Overview & Scrutiny Committee (19.03.19).

Risk Management N/A

Legal Considerations N/A

Financial Consequences – Revenue – **see paragraphs: 1.4, 1.5, 1.6, 1.7.**

Capital

BACKGROUND PAPERS:

Draft Greater Manchester Drug and Alcohol Strategy (2019 – 2021)

TRACKING/PROCESS		
Does this report relate to a major strategic decision, as set out in the GMCA Constitution		Yes
EXEMPTION FROM CALL IN		
Are there any aspects in this report which means it should be considered to be exempt from call in by the AGMA Scrutiny Pool on the grounds of urgency?		No
TfGMC	Overview & Scrutiny Committee	
N/A	Corporate Issues & Reform Overview & Scrutiny Committee (19.03.19)	

1. BACKGROUND

- 1.1. This first ever draft 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.
- 1.2. The draft 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.
- 1.3. 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.
- 1.4. Where appropriate, we will seek to identify and commit additional investment at a Greater Manchester and locality level but we recognise the challenges that austerity presents. That's why 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 and making the most of the opportunities for transformation that exist within Greater Manchester.
- 1.5. There is a fully resourced Implementation Plan that sits beneath the strategy.
- 1.6. It should be stressed that there are no adverse financial implications within this strategy for locality partners or providers beyond those that exist within established 'business as usual' commitments.
- 1.7. Where programmes required additional investment, such as around Public Engagement and Alcohol Exposed Pregnancies, this was met through the allocation of GM Health and Social Care Partnership Transformation Funding which has been agreed and is in place. This fund was established to support health and social care transformation plans that aim to achieve the fastest and greatest improvements to health and wellbeing.

2. CONTEXT

- 2.1. 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. GM partners also clearly recognise that the nature of drug misuse is becoming increasingly complex, and is changing. We know, for example, that:

- New types of drug users are emerging; they are younger, likely to be poly-drug users, more diverse, more likely to buy drugs online and more willing to try new substances.
- The use of new psychoactive substances has continued despite changes in the law, with synthetic cannabinoids (Spice) in particular causing problems for public services.
- Other specific behaviours and issues present through the use of prescription / over-the-counter drugs, and the use of steroids and other Image and Performance Enhancing Drugs (e.g. hepatitis and HIV infection rates).
- There continues to be a presence of an ageing cohort of users, mostly opiate and/or crack cocaine users (OCU), who have been in treatment for a long time. These users are costly, complex and are likely to continue in treatment for some time.

2.2. A host of indicators collected at the national level illustrate the extent of the challenges drugs and alcohol present to Greater Manchester:

- 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 (16/17), there were over 22,000 admissions of this kind, with an estimated cost in the region of £43m. 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.
- 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 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.

3. STRATEGY VISION AND PRINCIPLES

3.1. The vision for the strategy 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.

3.2. The feedback from our engagement made clear that drugs and alcohol should be seen as everybody's business and that the focus should be on encouraging people to behave safely and responsibly.

3.3. The strategy identifies 6 priority areas and a series of commitments (attached at Annex A):

- i) Prevention and early intervention
- ii) Reducing drug and alcohol related harm
- iii) Building recovery in communities
- iv) Reducing drug and alcohol related crime and disorder
- v) Managing availability and accessibility
- vi) Establishing diverse, vibrant and safe night time economies.

4. GOVERNANCE, CONSULTATION AND CO-DESIGN

4.1. Extensive work has taken place to co-design a single Greater Manchester Drug and Alcohol Strategy with the widest possible range of partners, stakeholders, voluntary and community sector organisations and people with lived experience.

4.2. In August 2017, we commenced this process with a consultation event at the Greater Manchester Centre for Voluntary Organisation which was attended by over 50 representatives of the voluntary and community sectors and people with lived experience.

- 4.3. Between September 2017 and January 2018 we consulted with a wide range of partners on the drafting of the strategy, including, amongst others, Directors of Public Health, Substance Misuse Commissioners, GMP, Directors of Children's Services, Criminal Justice Partners, Police and Crime Leads and Heads of Community Safety, the Place and Reform Board, the Health and Justice Board, the Police and Crime Steering Group, the Population Health Board, Greater Manchester Fire and Rescue Services, the Association of CCG's, the Primary Care Oversight Group, the Provider Federation, Public Health England NW, the Homelessness Action Network and Directors of Commissioning. We have also taken drafts to the Health and Social Care Kitchen Cabinet, the Deputy Mayor for Greater Manchester and the Lead Local Authority Chief Executive.
- 4.4. We then engaged in a listening exercise between 15th January 2018 and the 28th February 2018 and circulated a draft for comment to all those involved in the consultation. We also undertook two listening events, one with the Local Authority elected members for health, crime and disorder, children services and licensing and the other with the voluntary and community sector.
- 4.5. The draft strategy was endorsed at a GM level by the Health and Justice Board (11th June 2018), Justice and Rehabilitation Executive Board (18th June 2018), Reform Board (3rd August 2018) and Police and Crime Steering Group (20th September 2018).
- 4.6. Public consultation on the draft strategy took place from 12th December 2018 to 13th January 2019. There were a total of 452 responses including 77 on behalf of organisations. The vast majority thought we had the right vision (92%) and agreed that we were working with the right themes (91%).
- 4.7. There were some concerns expressed about whether we have the resources to deliver the strategy. These realistic concerns underline the need to continue the process of public sector reform that the strategy emphasises.
- 4.8. There was also concern that the strategy does not give consider the specific needs of communities of interest but we have made sure this is considered in the main narrative of the strategy and will ensure it is a key feature of our implementation plan.
- 4.9. Many respondents took the opportunity to share that they feel unsafe at night in areas where pubs and clubs are concentrated and on public transport. Alongside this there was support for encouraging a shared GM conversation with business about responsible trading and social accountability with many saying we should require, enforce or regulate this.

- 4.10. Overall, respondents welcomed the emphasis placed on prevention, early intervention and supporting families alongside strong support for reducing the stigma associated with drug and alcohol use and harnessing the assets of those with lived experience to promote recovery.
- 4.11. This has very much been an iterative process with regular amendments made on the basis of feedback received at meetings and directly from written responses. This process of co-design with a wide range of stakeholders and the public enables us to confidently present the strategy as a framework for localities and wider partners that places emphasis on the principles of public service and place-based reform and developing common GM standards for service delivery.
- 4.12. The final draft of the strategy that accompanies this report has been recommended for approval by the GMCA and GM stakeholders by Baroness Hughes, Deputy Mayor of Greater Manchester. Most recently it was also endorsed by the Greater Manchester Health and Social Care Partnership Executive Board (20.02.19), the Greater Manchester Joint Health Scrutiny Committee (13.03.19), and the Greater Manchester Corporate Issues and Reform Overview & Scrutiny Committee (19.03.19).

5. RECOMMENDATIONS:

- 5.1. The Greater Manchester Combined Authority is asked to:
- Support the broad objectives of the draft Greater Manchester Drug and Alcohol Strategy.
 - Promote the application of the strategy as a framework for localities and partners.
 - Approve the strategy with agreement that it should run to March 2021.

APPENDIX A

Our 6 priorities for making things better:

1. Prevention and early intervention

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.**

2. Reducing drug and alcohol related harm

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 treatment for 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.**

3. Building recovery in communities

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.**

4. Reducing alcohol and drug related crime and disorder

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 that reduce reoffending and address the needs of those vulnerable to alcohol and drug related harm**
- 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**

5. Managing Availability and Accessibility

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.**

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

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.**

