

## Greater Manchester Police and Crime Panel

Date: 22<sup>nd</sup> September 2025

Subject: Priority 8: Tackling drug, alcohol and wider addictions

Report of: Kate Green, Deputy Mayor for Safer and Stronger Communities

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### Purpose of Report

This is the first of the new Greater Manchester (GM) Police and Crime Plan 2024-2029 highlight reports on Priority Eight – Tackling drug, alcohol and wider addictions.

This priority reflects the actions that the public and stakeholders told us during the Police and Crime Plan consultation were important for addressing the significant problems that the illegal drug market causes and helping people who use illegal drugs or alcohol who are struggling with their mental and physical health.

This report provides a highlight summary of progress against all the actions outlined under this priority, so that the Panel can assess progress against this priority in its totality.

### Recommendations:

The Police, Fire and Crime Panel is requested to:

1. Note the Priority 8 highlight report progress update.

### Contact Officer

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## **Equalities Impact, Carbon and Sustainability Assessment:**

A full Equality Impact Assessment was produced for the Greater Manchester 'Standing Together' Police and Crime Plan which this priority report sits within. The priorities and commitments in the Plan were developed taking specific account of the EIA. Updates on equality actions are included within this report.

## **Risk Management**

Should the priorities and commitments in the Plan not be achieved or progressed there is a risk of increased harm to individual citizens and our communities and indeed their perception of community safety. This itself poses further risks to overall ambitions of Greater Manchester for its citizens and communities. Scrutiny by the Panel is one mechanism of monitoring progress, but this is supplemented by performance management mechanisms within GMCA and relevant partner agencies that continually monitors the progress of the Plan and which can dictate mitigating action, where necessary.

## **Legal Considerations**

No legal considerations – this report is an update on progress of delivery of the new Standing Together: Police and Crime Plan 2024-2029.

## **Financial Consequences – Revenue**

N/A

## **Financial Consequences – Capital**

N/A

## **Number of attachments to the report:**

## **Comments/recommendations from Overview & Scrutiny Committee**

N/A

## **Background Papers**

Standing Together: Police and Crime Plan

[Standing Together Our plan for policing and safer and stronger communities in Greater Manchester 2024-2029](#)

## **Tracking/ Process**

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

No

**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 relevant Scrutiny Committee on the grounds of urgency?

No

**Bee Network Committee**

N/A

**Overview and Scrutiny Committee**

N/A

## 1. Executive summary

- 1.1 This priority reflects the actions that the public and stakeholders told us were important during the Police and Crime Plan consultation: 19% said tackling drug and alcohol addiction was one of the top three areas to prioritise to reduce harm and offending.
- 1.2 Drug intelligence, gathered through GMCA commissioned GM TRENDS research and the GM Drugs Early Warning System contributes directly to the GMP Drug Market Profile and supports the commitment to focusing resources on those Organised Crime Groups (OCGs) posing the highest threat to communities.
- 1.3 GMCA convene regular coordination meetings with substance misuse commissioners, providers and wider GM partners. A notable success has been the increase in numbers of people engaging with treatment services in the community following release from prison. However, we know we need to do more to reduce drug-related deaths, which in GM remain 154% higher than in 1993 and 78% higher than in 2013.
- 1.4 We aim to help people with drug and alcohol issues by strengthening integrated working at key points on the 'criminal justice journey'. There have been increases in Community Sentence Treatment Requirements and Drug Testing on Arrest. However, we know we need to do more to help keep people in treatment and support desistance.
- 1.5 People with co-occurring substance misuse and mental health conditions make up a significant proportion of those experiencing multiple disadvantage inclusive of homelessness and contact with the criminal justice system. Providing them with appropriate support remains a strategic priority.
- 1.6 Young People and Family Services, Complex Safeguarding Teams, Community Safety Partnerships, the Violence Reduction Unit, Youth Justice Services, and GMP, are focused on reducing substance misuse and the exploitation of young people through early intervention, mentoring, and diversionary activities. Working with local communities remains a key component of this work.

## **2. Priority 8: Tackling drug, alcohol and wider addictions**

### **2.1 Commit to working with GMP and our partners to disrupt organised criminal drugs offenders and their business models, preventing them harming victims, and bringing offenders who supply illegal drugs to justice.**

2.1.1 GMP's Drug Strategy focuses resources on Organised Crime Groups (OCGs) posing the highest threat to communities. Drug intelligence, gathered through GMCA commissioned GM TRENDS research and the GM Drugs Early Warning System, is shared with the GMP Force Drugs Lead and Force Intelligence Bureau (FIB), and contributes directly to the GMP Drug Market Profile.

2.1.2 Recorded disruptions of OCG drug activity have increased significantly, from 394 in 2022/23 to 717 in 2024/25. County Lines Closures have increased over the last three years with GMP exceeding closure targets each year. There were 95 closures in 2022/23 (target 80), 164 in 2023/24 (target 130), and 189 in 2024/25 (target 150). Most closures were Type 1; meaning the line holder is charged and the controlling group are no longer able to use that number to distribute drugs.

2.1.3 As a result of OCG disruption activity, a total of 71 individuals (27 adults, 44 children) were safeguarded in 2023/24, increasing to a total of 206 individuals (77 adults, 129 children) in 2024/25.

### **2.2 Continue our work with treatment and care services for those who are addicted to reduce deaths and help people recover.**

2.2.1 The GMCA Substance Misuse Team continue to convene regular coordination meetings with commissioners, providers and partners to drive performance through sharing data analysis and best practice. GMCA produce the GM Combatting Drugs Partnership Annual Strategic Delivery Plan, Outcomes Framework and Needs Assessment, as required by government.

2.2.2 A notable success has been the increase in numbers of people engaging with treatment services in the community following release from prison. In 2021/22, 46% (n=443) of those referred subsequently re-entered treatment after release. By 2024/25, this had increased to 72% (n = 1,067), which is the highest on record and compares very favourably with the national rate of 57% (n = 13,165).

2.2.3 Between 2020/21 and 2024/25, overall GM numbers in treatment increased by 24% from 19,182 to 23,728; surpassing the pre-austerity 2010/11 total of 22,629. However, for GM opiate numbers in treatment, there was only a 1% increase from 9,162 in 2020/21 to 9,252 in 2024/25, far below the pre-austerity total of 11,548 in 2010/11.

2.2.4 Work is ongoing with commissioners to better retain those opiate users engaging with treatment because around a quarter of them unsuccessfully leave treatment within a year, often within three months. Joint work is progressing with NHS GM to begin

improving services for those with co-occurring substance misuse and mental health needs.

- 2.2.5 A GM commissioned Drug and Alcohol Related Deaths Surveillance System is coordinated by Liverpool John Moores University's Public Health Institute (PHI). On a quarterly basis, PHI chair panels for each of our 10 GM localities. They employ treatment records and coroners reports to provide accounts of the circumstances in which drug and 'alcohol toxicity' related deaths have occurred and confidentially shares the lessons from these across public services with the aim of reducing the likelihood of similar such deaths occurring in the future.
- 2.2.6 However, the most recent data from the Office for National Statistics (ONS, Oct. 2024) highlights there is much more to be done to reverse the significant increases in drug-related deaths seen over the last thirty years. In 2023, of deaths registered nationally, a total of 2,551 involved opiates; this was 12.8% higher than in 2022 (2,261 deaths). There were 1,118 cocaine related deaths in 2023; 30.5% higher than the previous year (857 deaths) and nearly ten times higher than in 2011 (112 deaths).
- 2.2.7 GM registered deaths related to drug misuse have risen from 78 in 1993, through to 111 in 2013 and 251 in 2021, before dropping to 198 in 2023. Whilst this recent decrease is welcome, GM deaths related to drug misuse remain 154% higher than in 1993 and 78% higher than in 2013.
- 2.2.8 Analysis over the last three years (2021-2023) per 100,000 head of population evidences a GM death rate of 8.1 (n=678) compared with a national rate of 5.5 (n=9,105). All GM localities have death rates that are higher than national with the lowest being Oldham at 5.6 (n=39) and the highest being Manchester at 10.5 (n=158).

### **2.3 Focus our law enforcement, court orders, and treatment interventions on the small minority whose drug use is associated with criminal or anti-social behaviour.**

- 2.3.1 GMP's work to disrupt OCG drug activity has been highlighted above. GMP attend the quarterly GM Drug and Alcohol Criminal Justice System Operational Group that aims to help people with drug and alcohol issues by strengthening integrated working at key points on the 'criminal justice journey.'
- 2.3.2 Discussion at the Operational Group includes consideration of Community Sentence Treatment Requirements (CSTRs) which aim to reduce the risk of re-offending, and the use of short-term custodial sentences, by improving health and social care outcomes for offenders. There are three different CSTRs; Drug Rehabilitation Requirements (DRRs), Alcohol Treatment Requirements (ATRs), and Mental Health Treatment Requirements (MHTRs) - which can run as standalone orders or as 'dual orders' in conjunction with either a DRR or ATR. In 2024/25, the number of DRRs ordered was significantly higher than previous years with 475 orders being given in Quarter 4 2024/25 (DRRs: 261, ATRs: 164, MHTRs: 50). However, only 10 MHTRs

were reportedly dual orders, and it is hoped this number will increase to meet the needs of those with co-occurring substance use and mental health conditions.

- 2.3.3 The Operational Group also addresses Drug Testing on Arrest (DToA) performance and referrals for treatment assessment across GM. There has been a marked uptum in the number of tests conducted in GM; increasing each quarter, from 390 in Quarter 1 2023/24 to a peak of 1,461 in Quarter 3 2024/25, before decreasing to 1,303 in Quarter 4 2024/25. In Quarter 4 2024/25, the most common offences leading to a test were theft (44%, n = 560), burglary (14%, n = 192) and possession of a class A drug (14%, n = 177). Whilst showing slight variation, on average approximately 48% of tests conducted are positive. In Quarter 4 2024/25, 50% of tests (n = 645) were positive. Of these, 59% (n = 383) were positive for cocaine only, 7% (n = 44) were positive for opiates only and 34% (n = 218) were positive for both opiates and cocaine.
- 2.3.4 Those who test positive are required to undertake an assessment by a qualified drug worker. In GM, as elsewhere in the country, the absence of drug workers based at police stations means they are referred to attend for assessment at their local drug service. Service managers have explained they lack capacity to expand assessments further and GMP have therefore agreed not to increase rates of testing.
- 2.3.5 Services have reported that the vast majority of those testing positive for opiates are already known to them. However, there are currently not systems in place across GM to monitor how many people referred for an assessment attend and subsequently enter or are 'reengaged' with treatment because they are already known to services. This gap is being addressed with GMP and drug and alcohol services through the GM Drug and Alcohol Criminal Justice System Operational Group.
- 2.3.6 In this context, there has been a decline in numbers being referred for assessment following a positive test. Analysis by substance type indicates that in Quarter 4 2024/25, 66% (n = 29) of individuals with opiate-positive tests, 72% (n = 158) of those positive for both opiates and cocaine, and 85% (n = 325) with cocaine-positive tests, were required to attend an initial appointment. Most people not referred for an initial assessment following a positive test result are reportedly thought to be already engaged with treatment services, while smaller numbers are not referred as they are from outside of GM or have been recalled to prison.
- 2.3.7 GMCA are currently working with the Ministry of Justice and HMPPS on a devolved Whole System Approach to Diversion that will target critical points within the criminal justice system that include early police interventions and out-of-court resolutions. Our approach focuses on protecting communities, enforcing actions against high-risk individuals, and supporting behavioural change. It emphasises co-designed services, data-driven interventions, and the creation of a single front-door for rehabilitative services to simplify access and navigation. This will build on the success of current GM Integrated Rehabilitative Services (GMIRS) which provide support around

accommodation, education, training, and employment, personal wellbeing, family and relationships, and dependency and recovery.

## **2.4 Be honest with the public in educating them about the risks of drug use.**

- 2.4.1 As part of the GM Drugs Early Warning System (GM EWS), each of our 10 local authority areas has an online Local Drug Information System (LDIS) bringing together over 1000 professionals to share national and local drugs knowledge and intelligence. Drug related incidents are reviewed by a multidisciplinary GM Drug Alert Panel who support partner organisations in providing clear information for professionals and drug users and decide when it is necessary to issue public warnings.
- 2.4.2 Current levels of drug adulteration mean there has literally never been a more dangerous time to take drugs. We are planning a campaign to raise awareness of the risk of adulterated non-prescribed and online 'prescription' drugs that may contain 'nitazenes' (synthetic opioids) and the animal tranquiliser xylazine; in particular, the adulteration of opioids such as those sold as oxycodone and benzodiazepines such as those sold as diazepam.
- 2.4.3 There is a need to raise awareness among people who use opioids and benzodiazepines who do not fit the traditional profile of heroin/benzodiazepine users, some of whom may be purchasing drugs for recreational purposes and/or to 'self-medicate'.
- 2.4.4 It is estimated that 5% of those aged 16-59 in England and Wales have taken a non-prescribed prescription only pain killer for pain management (ONS, 2023). However, the exact size of the market for street and prescription opioids/benzodiazepines is unknown particularly as drugs sold on the street are predominately 'fake' prescription drugs produced in back street labs.
- 2.4.5 We know that that the Office for Health and Improvement and Disparities (OHID) are planning a campaign around this issue and are awaiting an update on this. When we are aware of the planned approach, we will align local messaging with the anticipated national campaign to ensure consistency and amplification. We are also considering further insight work in conjunction with Manchester Metropolitan University that will focus on the risk to students and young people.

## **2.5 Work with GMP to develop a new approach to those arrested for drug possession that enables police and prosecutors to apply a proportionate response to users who do not directly harm others, dependent users, and those profiting from drug supply.**

- 2.5.1 The GMP Drug Strategy commits to working with GMCA to explore a pre and post arrest diversion scheme for possession of illegal drug offences in appropriate circumstances and increasing the use of Out of Court Disposals (OoCDs) for drug possession offences.



- 2.5.2 A GMP review is due for completion in Autumn 2025 that will consider options for piloting a drug specific diversion scheme as an alternative to prosecution. We are also developing our current understanding of OoCDs given for possession of drug offences.
- 2.5.3 An OoCD can be either formal or informal. Formal OoCDs include simple or conditional cautions, while informal OoCDs encompass community resolutions, formal police diversions, or informal police action. Between July 2024 and June 2025, 45% (n = 4,773) of OoCDs given were for possession of drug offences, with most being informal community resolutions. Drug possession thus represents the largest offence category for which OoCDs are given. By comparison, the next largest category was Violence without injury at 16% (n = 1,894).
- 2.5.4 The GM Drug and Alcohol Criminal Justice System Operational Group monitors the number of community resolutions and conditional cautions given for drug offences. During 2023/24, there were a total of 2,875 community resolutions, averaging at 719 per quarter. In 2024/25, the total number of community resolutions rose to 3,479 with a steady increase from 716 in Quarter 1 to 988 in Quarter 4.
- 2.5.5 In contrast, the number of conditional cautions given for drug offences fell from 738 in 2023/24 to 511 in 2024/25. In 2023/24, the average was 185 per quarter but fluctuation is illustrated by the highest number of 359 being reported in Quarter 1 and the lowest number of 104 being reported in Quarter 3 2023/24. In 2024/25, the average was 128 per quarter, with the highest number of 153 being reported for Quarter 3 and the lowest number of 99 being reported for Quarter 4.
- 2.5.6 As part of a conditional caution, individuals may be required to attend an initial substance misuse treatment service appointment. This was the case for 354 of the 511 (69%) conditional cautions given for drug offences in 2024/25. Drug services report that 269 of these 354 (76%) attended the initial appointment. However, data on the proportion who subsequently enter treatment following assessment is not yet available.
- 2.6 Continue to commission central intelligence functions regarding drugs use and drugs markets, including GM TRENDS (Greater Manchester: Testing and Research on Emergent and New Drugs), the Drugs Early Warning System and local Drug and Alcohol Related Death Panels.**
- 2.6.1 GMCA continues to commission a comprehensive GM Drugs Intelligence System that reports to the GM Drug and Alcohol Transformation Board. It is recognised as the most comprehensive system in the country and comprises of three elements; the GM Drug and Alcohol Related Deaths Surveillance System, the GM Drugs Early Warning System, and GM TRENDS – a drug testing and research project.

- 2.6.3 The GM Drugs Early Warning System (GM EWS) has also been referred to previously in this report. The GM EWS works in tandem with MANDRAKE (MANchester Drug Analysis and Knowledge Exchange), a joint Greater Manchester Police (GMP) and Manchester Metropolitan University (MMU) initiative that enables drugs to be tested rapidly when incidents occur. MANDRAKE have a Home Office Controlled Drug Licence to possess, supply, and produce controlled drugs as part of its research activities, which includes the analysis of non-evidential samples for public health purposes.
- 2.6.4 An important recent development has been the successful piloting of a new MANDRAKE pathway for testing samples associated with drug-related Special Procedure Investigations (SPI) as reported on by the Police coroner's office representative. This enables the rapid testing of drugs that are found at the scene of a death.
- 2.6.5 GM TRENDS (Greater Manchester: Testing and Research on Emergent and New DrugS) is a multi-method annual study, also delivered by MMU, which aims to provide up-to-date drugs intelligence to professionals across GM. It gathers information from a variety of sources on the latest drug market trends, including user reports on the current quality and availability of drugs and stakeholder concerns related to drug harms. GM TRENDS also reports on the routine analysis of seized non-evidential drug samples transported by GMP for testing by MANDRAKE.
- 2.6.6 The latest annual round of GM TRENDS research is currently in progress with interim findings expected following completion of professional and drug user interviews. These findings will be considered at the next meeting of the GM Drug and Alcohol Transformation Board in December 2025. In line with procurement requirements, the GM TRENDS contract will be subject to competitive tender with the successful provider undertaking the next round of research for 2026.

## **2.7 Work with partners to reduce opiate deaths through the distribution and administration of Naloxone, encouraging GMP officers to carry this life saving medication.**

- 2.7.1 Naloxone is an emergency antidote for overdoses caused by heroin and other opiates or opioids (such as methadone, morphine, nitazenes and fentanyl). It is a prescription-only medicine. This means it cannot be sold by a pharmacist, but drug services and a range of other professionals are legally able to supply and administer it.
- 2.7.2 In December 2024, Policing Minister Dame Diana Johnson announced that the government is working closely with the National Police Chiefs' Council (NPCC) to extend the roll out of Naloxone provision. This is in line with positions taken by the NPCC Clinical Panel and agreed across all NPCC portfolios with regard to the appropriateness of training and equipping of police officers and staff with Naloxone.

It is also a position that is supported by the Association of Police and Crime Commissioners (APCC).

2.7.3 The GM Drug and Alcohol Transformation Board likewise supports the government's position. In August 2025, GMP attended the Board to discuss the potential for officers to carry naloxone on a voluntary basis in line with position taken by the majority of other forces. GMP explained that variation between forces in the roll out of Naloxone is because responsibilities have not been determined within the Police First Aid Learning Programme, there is no Business Case that also considers risk, and there is an absence of national clinical governance.

2.7.4 As Chair of the Health and Safety Board for the National Police Chiefs' Council (NPCC), Lee Rawlinson, Chief Resources Officer at GMP will be conducting a review into Naloxone, sponsored by Chief Constable Jason Hogg (of Thames Valley Police), that will look to ascertain proof of need and gain clarity on associated risks. The GM Drug and Alcohol Transformation Board look forward to considering the findings of this review.

## **2.8 Maintain a dedicated response committed to dismantling county lines gangs operating into and from Greater Manchester.**

2.8.1 Home Office funding has been secured for another year for the Force County Lines Task Force (FCLTF). The team now pick up all high harm lines and exporting lines and were set an ambitious target of 200 line closures this year, which they are on track to hit having already closed significantly more lines than at this point last year.

The team is now more focussed on those gangs who are carrying weapons and exploiting children and vulnerable adults. The last County Lines Week of Action was a record in terms of closures and arrests.

## **2.9 Work in partnership with NHS Greater Manchester to address the challenges that people with co-occurring substance misuse and mental health conditions face in accessing appropriate support. Our Co-occurring Conditions Programme will highlight, influence and support changes needed across Greater Manchester so that people with co-occurring conditions receive the right support, in the right place, at the right time.**

2.9.1 The GM Co-Occurring Conditions Programme is a joint project between the GM Integrated Care Board (GM ICB) and GMCA, with The Big Life Group, , commissioned by the GM ICB to assist GM localities in the planning and implementation of the programme.

2.9.2 People with co-occurring substance misuse and mental health conditions make up a significant proportion of those experiencing multiple disadvantage. This cohort is disproportionately affected by homelessness, domestic abuse, contact with the criminal justice system, and severe health inequalities. The strategic priority, and

financial imperative, to address the needs of people with co-occurring substance misuse and mental health conditions is recognised in the NHS GM Strategic Financial Framework and the work of the GM Reform Board Executive.

- 2.9.3 The focus of the project remains one of supporting localities to implement good practice alongside investigation of the data available to measure the outcomes we would expect this to deliver. Namely, increases in cross service referrals, declining hospital admissions where co-occurring conditions are identified, reduced numbers of coroner hearings where substance use is the cause of death and unmet mental health need is flagged, and ensuring that young people with co-occurring conditions effectively transition into adult mental health services.
- 2.9.4 A GM Operational Steering Group is being established to bring together senior managers from our two mental health trusts and the five organisations currently providing drug and alcohol services in GM. In July 2025, the NHS GM Executive provided significant senior strategic support to the programme by endorsing programme governance structures inclusive of locality oversight of by Deputy Place-Based Leads and the embedding of co-occurring conditions as a place-based priority aligned with Live Well.

## **2.10 Equality action: Prioritise preventative and diversionary activities for young people who are most at risk of addiction and exploitation.**

- 2.10.1 Through the North West Young People and Families Substance Use Partnership, Early Break (the Young People and Family Service) have led the development of GM Good Practice Guidelines and subsequent Safeguarding Audits between Complex Safeguarding Teams and Young Peoples Treatment Services. Across all GM localities, Joint Action Plans are now being developed that will consider substance issues and associated behaviours such as dealing, grooming, and trafficking.
- 2.10.2 There are a wide range of targeted support and prevention initiatives across GM that are commissioned by Community Safety Partnerships with funds devolved by the GM Violence Reduction Unit (VRU) as well as those provided by community led programmes that are commissioned directly by the VRU. These variously focus on early intervention, mentoring, diversionary activities, and community engagement to reduce substance misuse and exploitation risks.
- 2.10.3 GMP has implemented a Child Centred Policing (CCP) Strategy focusing on partnership and early intervention to keep children safe and prevent their involvement in crime. A dedicated Superintendent and GMCA Child Centred Policing Lead coordinate CCP activities across GM which emphasise diversion over arrest and aim to improve outcomes for children through collaboration with local authorities and wider partners inclusive of GM Youth Justice Services.
- 2.10.4 GMP has developed an alternative to arrest framework promoting Out of Court Resolutions (OoCR) and Outcome 22 pathways, ensuring children are only arrested

when necessary and diverted to appropriate support services. This work is supported by the Centre for Justice Innovation, and more recently by the Youth Endowment Fund who provided funding to pilot a Whole Area Model to improve the use and consistency of OoCR for children.

2.10.5 Since a soft launch in mid-2024, child arrests as a proportion of all arrests have decreased. During the period July 2024 to March 2025, an average of 100 fewer children entered custody monthly, out of court informal resolutions increased by 9.5%, formal resolutions decreased by 20.2%, charges/summons dropped by 22%, and diversionary interventions rose by 38%.

2.10.6 We next plan to develop our understanding of drug-related offences through analysis of numbers of under 18 year olds suspected and/or arrested for drug-related offences alongside recorded outcome and resolution data.