

## ***HEALTH AND WELL BEING BOARD Supplementary Agenda***

Date Thursday 11 September 2025

Time 10.00 am

Venue Lees Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

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**MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD**  
Councillors Brownridge, Davis (Chair), Mushtaq, Nasheen, Shuttleworth (Vice-Chair) and Sykes

Item No

- 7            Gambling Harms in Oldham (Pages 3 - 18)
- 9            GM Alcohol Strategy (Pages 19 - 78)



## **Report to HEALTH AND WELLBEING BOARD**

### **Gambling Harms**

#### **Portfolio Holders:**

Councilor Barbara Brownridge, Cabinet Member for Health and Adult Social Care

**Officer Contact:** Dr Rebecca Fletcher, Director of Public Health

**Report Author:** Neha Lamech, Policy and Strategy Officer

**Ext.** 3386

**Date:** 11<sup>th</sup> September, 2025

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#### **Purpose of the Report**

This report provides an overview of the gambling harms work in Oldham, in the context of regional and national policy and approaches. It focuses on the role of the GM gambling harms board and the work done in Oldham. It also discusses the introduction of the statutory levy for gambling harms and plans to progress the gambling harms agenda across the borough to improve the health and wellbeing of people living in Oldham.

#### **Executive Summary**

The estimated prevalence of 'problem gambling' using the Problem gambling Severity Index (PGSI) within the adult population is 0.5% in the United Kingdom (UK). This increases to 0.8% in Greater Manchester i.e., 18,100 adults. This rate is 1.5 times higher than the national average. GM residents are more likely to experience 'problem gambling' which may be attributed to having a younger population, higher levels of social and economic exclusions and/or greater participation in more harmful gambling products.

The UK has one of the biggest gambling markets in the world, generating a profit of £15.6 billion in 2024. The Lancet commission 2024 has identified the gambling industry as a commercial determinant of health, with products, advertising, strategic use of social media

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and consumer data that have health harming consequences. While some products are less harmful than others, there is no such thing as 'safe gambling'. Anyone can be at risk of experiencing gambling harms.

Harms are wide ranging and include negative impacts on finances, mental health, relationships, impacts of work and education. OHID's evidence review 2023 found the factors with the strongest links to 'at risk gambling' were being male, having poor mental health and wellbeing and higher alcohol consumption. The next key contributing factors are economic, namely income, unemployment, deprivation. People at the greatest risk of harm from gambling are more likely to be unemployed, living in more deprived areas, have poor health, low life satisfaction and wellbeing, and have an indication of probable psychological health problems. The Office of Health Improvement and Disparities (OHID) estimate the health and societal costs to be approximately £1.05 to £1.77 billion.

A statutory levy for gambling was launched in 2025. The levy follows a 'polluter pays' principal and charges all operators a percentage of profits fee. The levy will be charged to all licensed gambling activity at varying rates depending on the sector and nature of the gambling activity. The statutory levy is expected to generate £100 million for the research, prevention and treatment of gambling harms. The funds for the prevention element will be given to OHID, who will work with public Health teams across Local Authorities to invest in prevention.

Oldham has been an active participant of the GM Gambling Harms Reduction program. We propose, with the introduction of the statutory levy; the next step must be to formulate a local response to support those communities and people who are most at risk from gambling related harm in Oldham. We plan to use the finding from the national, GM and the resident insight work alongside the evidence base to develop a work plan, with Oldham specific deliverables. The Oldham gambling harms Alliance will be used as an expert group to drive this agenda forward and contribute to the development of an action plan.

## **Requirement from the Health and Wellbeing Board**

- Acknowledge the evidence base for gambling being a health harming activity wide ranging harms to individuals and communities.
- Acknowledge the role of the Public Health team developing a prevention approach with funds received from the Statutory levy from OHID.
- Support the development of a local Gambling Harms work plan and action log in line with the GM Preventing and Reducing Gambling Harms Program priorities
- Identify leads within their respective organisations and/or services to contribute to the development and/or delivery of the local Gambling Related Harms Plan and engage with the Oldham gambling harms Alliance.



## **Gambling Harms in Oldham**

### **1. Background**

- 1.1 In 2017 the Gambling Commission described ‘problem gambling’ as a ‘Public Health concern’. The term “problem gambling” may be defined as “repetitive gambling behaviour despite harm and negative consequences”.
- 1.2 Following this there have been several key documents published which have developed our understanding of gambling as a health harming activity. We now have a deeper understanding on the causes and impacts of gambling harms, both to the person gambling and affected others. The Office of Health Improvement and Disparities (OHID) Gambling-Related Harms Evidence Review (2021 updated 2023), The economic and social costs of harms associated with gambling 2023, and the Lancet commission on gambling harms (2024); contribute to establishing gambling harms as a Public Health concerns with wider socio-economic impacts.
- 1.3 Locally the Greater Manchester Combined Authority (GMCA) has led on the strategic development of a gambling harms program, in collaboration with the 10 GM borough’s. They published the Gambling Harms needs assessment 2022, which supported a regional understanding of gambling Harms and crucially, to better understand how partners and services could support the needs of residents.
- 1.4 The Department of Culture, Media and Sport published a gambling harms white paper in April 2023. The papers sought to review current legislation and bring changes that would protect customers from losses they cannot afford and addiction. Following a period of consultation in 23-24, the statutory levy for gambling was announced from the year 2025.
- 1.5 In addition, NICE published guidelines for the support and treatment of people affected by gambling harms, providing guidelines on screening, tackling stigma and options for treatment.
- 1.6 This paper summarises key findings from the reports mentioned above; along with outlining the current and proposed activity locally in response to addressing Gambling Related Harms in Oldham

### **2. Context**

#### **2.1 Legislative context**

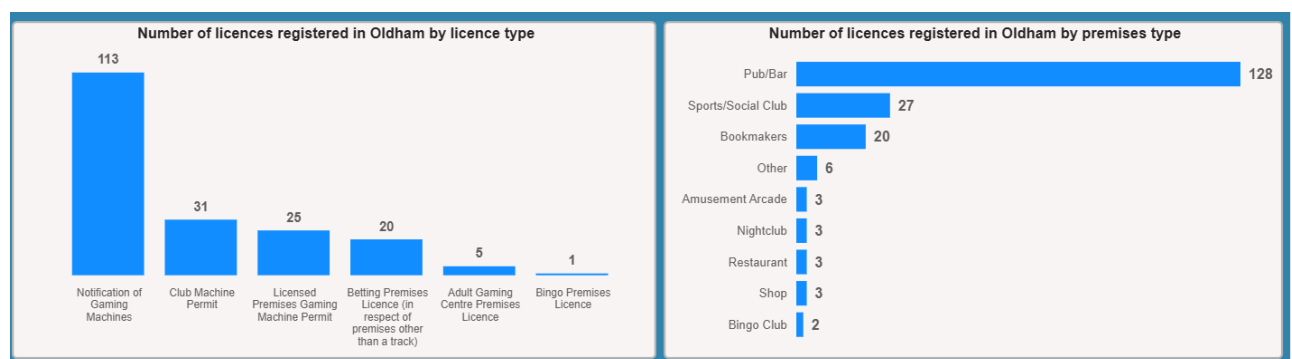
2.2 The Gambling Act (2005) describes gambling as ‘any kind of betting, gaming, or playing lotteries’ and sets out how regulation of casinos, bingo, gaming machines, lotteries, betting, and remote gambling (including online gambling) are regulated in the United Kingdom.

2.3 The Gambling Act places a statutory duty on Oldham Council as a statutory licensing authority to “aim to permit” gambling, providing doing so is in line with the Gambling Commission’s codes of practice, the Council’s gambling policy, and reasonably consistent with the below objectives of the Gambling Act, i.e.

- Preventing gambling from being a source of crime or disorder, being associated with crime, or disorder being used to support crime.
- Ensuring that gambling is conducted in a fair and open way
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.

2.4 In practice, this limits the powers available to Oldham Council to refuse applications for new gambling licenses across the borough. However, where appropriate, some concerns may be addressed through the imposition of license “conditions”. There are 195 licensed gambling premises across Oldham.

Fig 1 Licenses premises in Oldham by type of license held and type of premise



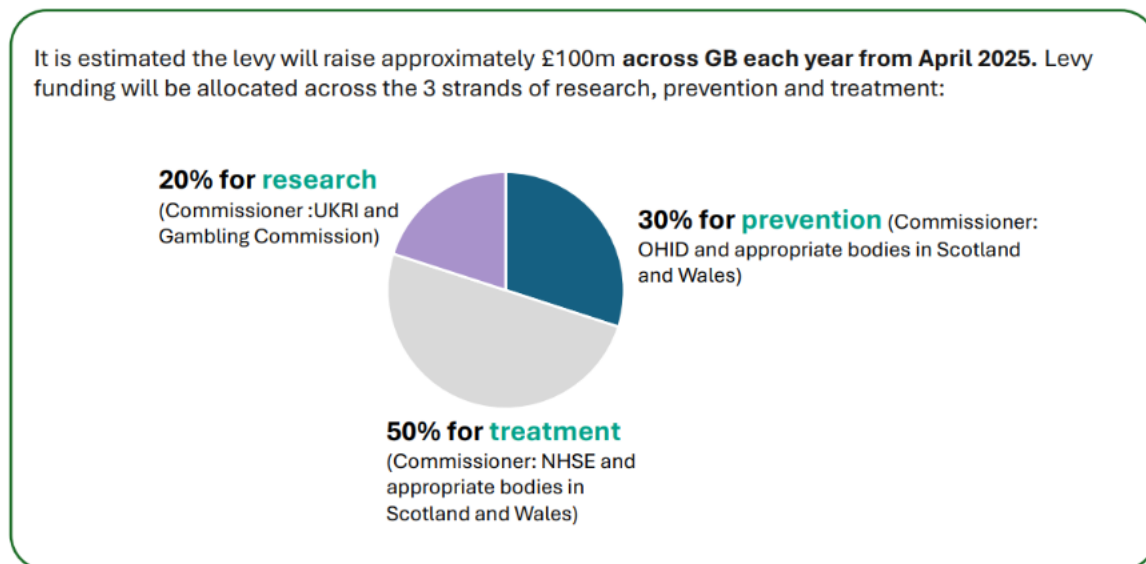
2.5 Online gambling websites and apps has made gambling more accessible for people. This increased availability through personal devices has made it possible to gambling as often as desired, often privately, without scrutiny from others. Regulation of online gambling activity is the responsibility of the Gambling Commission, which means that local authorities cannot intervene or regulate this activity.

2.6 The Department for Digital, Culture, Media, and Sport (DCMS) launched a review of gambling laws (Gambling Act 2005) to ensure they are fit for the digital age. Current legislation was reviewed and some changes made to protect customers from losses they cannot afford and addiction. Notably a **statutory levy for gambling was launched in 2025**. The levy follows a ‘polluter pays’ principal and charges all operators a percentage of profits fee. The gambling commission will collect these funds on behalf of the DCMS. The levy will be charged to all licensed gambling activity at varying rates depending on the sector and nature of the gambling activity. Rates take into account the difference in operating costs and the levels of harmful gambling associated with different gambling activities.

2.7 The statutory levy is expected to generate £100 million for the research, prevention and treatment of gambling harms. Funding from the treatment and research arms of the levy will be distributed to the National health Service (NHS) and UK research and Innovation (UKRI), the umbrella body for research councils, by the Gambling Commission under the strategic direction of the government. The

funds for the prevention element will be given to OHID, who will work with public Health teams across Local Authorities to invest in prevention. The gambling industry will have no influence over how money for research, prevention and treatment is spent. The figure below shows the proposed use of the levy and leading agencies for each arm.

Fig2: Overview of Statutory Levy



### 3. Commercial context

3.1 The UK has one of the biggest gambling markets in the world, generating a profit of £15.6 billion in 2024. The Lancet commission 2024 has identified the **gambling industry as a commercial determinant of health**, with products, advertising, strategic use of social media and consumer data that have health harming consequences.

3.2 Some of the key issues are presented below:

1. Culture of normalisation around gambling in the UK, with the national lottery, betting on the races and 'having a flutter' are commonplace and promoted as leisure activities. Gambling alongside sport is normalised; for example, many football clubs are sponsored by gambling companies, with advertising of these products prominent through the duration of the game through front of shirt sponsorship, pitch side advertising and advertisements on television for those watching at home. Gambling and the actual game of football in "real time" go "hand in hand" for many fans, celebrities and even footballers endorse gambling, for example in television adverts. All of the above can be seen by children and young people.
2. An environment saturated with targeted advertising and marketing on television, football matches, sports sponsorship. The use of celebrities and social media influencers to market products has shown to have a particularly negative impact on children and young people.
3. Online gambling has dramatically increased access enabling people to gamble 24/7, often at work, in education, at home with family and friends. Consumer data held by websites and apps are further used to target individuals with promotional offers.



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4. Industry using harmful products which are designed to keep people playing for longer. Products are designed to suspend the use of logic and decision-making keeping people in a 'state of play'. Using features such as speed of play and hooks to draw people in such as free bets.
  5. Using the narrative of individual responsibility to shift blame to the individual, attributing gambling harms to a personal failing. Deflecting the inherent harm in products have been used by other industries including the alcohol, tobacco and fast-food industries.
  6. The priming of gambling behaviours through gaming to capture a younger market early. Gambling companies have gaming brands that develop products with features that promote risk taking behaviour or include features similar to those in gambling apps.

## 4. The prevalence context

### 4.1 Participation in gambling

54% of the adult population in the UK gamble, or 40% when you exclude the National Lottery. The National Lottery is the most common type of gambling across all age groups, except among younger people where scratch cards are more common. Football pools and electronic gaming machines are more common among people under 35 years of age compared with older age groups. Men are more likely to gamble than women, and this difference is most obvious for online gambling where 15% of men participate, compared to 4% of women.

### 4.2 Prevalence of gambling harms

4.2.1 The estimated prevalence of 'problem gambling' using the Problem gambling Severity Index (PGSI) within the adult population is 0.5% in the United Kingdom (UK).

4.2.2 This estimate increases to 0.8% in Greater Manchester i.e., 18,100 adults. This rate is 1.5 times higher than the national average. **GM residents are more likely to experience 'problem gambling' which may be attributed to having a younger population, higher levels of social and economic exclusions and/or greater participation in more harmful gambling products.** The average Problem Gambling Severity Index (PGSI) score among people accessing specialist treatment services in Greater Manchester is 24 (out of a maximum 27). This suggests that only the most severely affected individuals are actively seeking support. Early intervention and prevention will require an active concerted effort.

4.2.3 The GM gambling harms needs assessment estimates that around **1,500 adults experiencing 'problem gambling' in Oldham, 9,800 adults are 'at risk'; and 14,400 people experiencing gambling related harms.** This is likely to be a conservative estimate of true prevalence. Men (5.9%) have higher rates of gambling harms than women (0.7%).

4.2.4 For every individual person directly affected by their own gambling, an average of six others are indirectly affected. Affected others are more likely to be women. The most severe impacts of problem gambling were felt most by immediate family members. Almost half (48%) of people who were affected by a spouse or partner's gambling reported a

severe negative impact. This was followed by people affected by the gambling of a parent (41%) and the gambling of a child (38%). Locally, this means that 1 in 15 GM residents are experiencing the harmful impacts of gambling.

## 5. The context of gambling harms

5.3.1 While some products are less harmful than others, there is no such thing as ‘safe gambling’. **Anyone can be at risk of experiencing gambling harms.** Higher risk and more harmful products are characterised by a high rate of play, unlimited stake amounts and a short time between wagering and the outcome with very limited social interaction.

Fig3. Categories of gambling products based on extent of harm



5.3.2 Gambling related harms are complex and will be experienced differently, dependent upon individual circumstances. Gambling may be the sole cause of harms or make existing inequalities and disadvantages worse. The types of harms associated with gambling are listed below, and although they are categorised individually, they are frequently interlinked.

- **Financial Harms:** The most commonly reported harm which includes debt (including issues with loan sharks etc.), asset losses, bankruptcy, financial hardship including debt which causes homelessness. Frequently will impact family members.
- **Mental and physical health harms:** The second most commonly reported harm, including addictive and compulsive behaviours, depression and anxiety, stress, sleep deprivation and exhaustion. The relationship between gambling and mental health is complex and is linked to suicide and suicide ideation.
- **Relationship harm:** This can include relationship disruption, conflict or breakdown, loss of trust, neglect of responsibilities, violence and other forms of domestic abuse.
- **Criminal activity:** Crimes associated with gambling may include theft, damage to property in licensed premises, threatening behaviour and fraud.
- **Employment and education:** Gambling can lead to reduced performance at work or in education and can result in increased absenteeism, stress, underachievement, theft and fraud.
- **Cultural harms:** Gambling is considered to be unacceptable in some cultures and communities and is a ‘taboo’ subject. Therefore, gamblers and their close associates may experience additional harm related to shame, stigma, isolation which may make it difficult for them to seek help. Conversely, gambling may be ‘normalised’ in some communities/families and the associated harms can be intergenerational.

Fig 4. Visual representation of the wide range of harms experienced due to gambling



5.3.3 The negative impact on mental wellbeing is particularly concerning. Greater Manchester Police (GMP) respond to at least one incident each week where serious concern has been raised of a risk of suicide directly associated with gambling. It is estimated that between 240 -700 people take their own life every year in England related to gambling, however gambling is not currently recorded as a relevant factor to deaths by suicide by coroners.

## 5.4 Risk and inequalities

### 5.4.1 Adults

5.4.2 OHID's evidence review 2023 found the factors with the strongest links to 'at risk gambling' were **being male, having poor mental health and wellbeing and higher alcohol consumption. The next key contributing factors are economic, namely income, unemployment, deprivation.** People at the greatest risk of harm from gambling are more likely to be unemployed, living in more deprived areas, have poor health, low life satisfaction and wellbeing, and have an indication of probable psychological health problems.

5.4.2 Populations, such as **migrant communities, people with learning disabilities, people from ethnic minority backgrounds and people between the ages of 16 to 25 are at greater risk of experiencing harms from gambling.** Participation in gambling by people from racial minorities is lower; however, evidence suggests they bear a disproportionate burden of harms and severity of harm. Differences in cultural beliefs may be one of the reasons, particularly where participation in gambling may be considered "taboo" and result in shame, stigma, and social exclusion.

5.4.3 Lower income households spend a higher proportion of their income on gambling. The GM needs assessment estimates residents who participate in gambling are three times more likely to need to use a foodbank, with a quarter of those who gamble reporting they go without food because of a lack money. Anyone who gambles

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is at risk of harm, however if they are experiencing multiple disadvantages such as homelessness, poor mental health, unemployment etc. they are more likely to experience the harmful impacts of gambling. **Gambling may not be the sole cause of harm but can make existing inequalities and disadvantages worse.**

#### 5.4.4 Children and young people

**5.4.5 Whilst fewer young people aged 11 to 15 gamble than adults, a higher proportion (around 2%) self-report as experiencing high harms from gambling;** which equates to around 60,000 young people in the UK.

5.4.6 Currently, the proportion of children aged 11–16 years who participate in gambling is estimated to be 11%. Although lower than those drinking alcohol (16%), it is higher than smoking tobacco cigarettes (6%) or taking illegal drugs (5%). The proportion of children and young people in Greater Manchester who report that they have gambled in the last 12 months was 36%. Participation in gambling is higher among older children (14–16-year-olds), and boys are twice more likely to gamble than girls. Supporting 11–25-year old's in Oldham will be especially important as we have a high young population.

5.4.7 Electronic gaming (fruit and slot) machines were often identified as the first experiences of gambling among children and young people. National Lottery, scratch cards and placing private bets with friends were the most common forms of gambling reported. As young people got older there was a significant increase in online gambling among boys. There is a growing link between gaming and gambling with features such as “loot boxes” and in-game trading thereby normalising gambling behaviour within games more frequently played by young people.

5.4.8 Professionals working with children and young people report a possible link between gambling and “Adverse Childhood Experiences” (ACES). A child living in a home where adults gamble may experience periods of financial difficulty, domestic abuse, emotional neglect and these experiences can be inconsistent and unpredictable, as the mood and domestic situation may reflect adults gambling activity and whether gambling adults had “won” or “lost”.

**5.4.9 The Gambling Commission, which is a regulating body, showed that there is an 89-100% failure rate in current licenced premises checking underage use of gambling machines.**

**5.4.10 The implications of these findings are important for Oldham to consider.** Particularly due to our racially and ethnically diverse populations, which has been found to experience disproportionate harms from gambling. There are also strong links between deprivation and increased risk of gambling related harms. Taking a proactive approach to understand economic drivers of gambling harms and how to prevent them will be important. Finally, there is strong evidence that those between the ages of 11-25 are at increased vulnerability. As Oldham has a high young demographic it would be valuable to understand the specific impact gambling has on the borough.

## 5.5 Cost to the system

5.5.1 The Office of Health Improvement and Disparities (OHID) estimates the health and societal costs to be approximately £1.05 to £1.77 billion. The table below shows a list of the wider estimated health and societal costs caused by gambling. The GM gambling harms needs assessment estimated the economic burden of gambling across Greater Manchester is at least £80 million in 2022.

Table 1: Estimated excess cost of harm associated with gambling in England, by type of harm and type of cost (in 2021 to 2022 prices)

Type of harm (or domain)	Sub-domain	Cohort	Government (or direct) costs (£ millions)	Wider societal (or intangible) costs (£ millions)	All costs (£ millions)
<b>Financial</b>	Statutory homelessness	Adults	£49	N/A	£49
<b>Health</b>	Deaths from suicide	Adults	N/A	£241.1 to £961.7	£241.1 to £961.7
<b>Health</b>	Depression	Adults	£114.2	£393.8	£508
<b>Health</b>	Alcohol dependence	Adults	£3.5	N/A	£3.5
<b>Health</b>	Illicit drug use	17 to 24 years	£1.8	N/A	£1.8
<b>Total health harms</b>	All health sub-domains	All health cohorts	£119.5	£635 to £1,355.5	£754.4 to £1,475
<b>Employment and education</b>	Unemployment benefits	Adults	£77	N/A	£77
<b>Criminal activity</b>	Imprisonment	Adults	£167.3	N/A	£167.3
<b>Excess cost (£ millions)</b>	All sub-domains	All cohorts	£412.9	£635 to £1,355.5	£1,047.8 to £1,768.4

## 6. Gambling Treatment and Support

6.1 The treatment and support system is currently undergoing changes as a result of the statutory levy. NHS England funds regional clinics. In Greater Manchester treatment is available through the NHS Northern Gambling Service based in Salford. All other specialist treatment and support services for people experiencing gambling harms were commissioned on a regional basis by Gamble Aware, using funding primarily sourced from

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gambling operators (including the National Gambling Helpline). Although free to access, they are not accountable to local health governance structures. However, these support systems will change hands to ensure that future treatment and support is independent of industry influence.

6.2 The NHS Northern Gambling Service (NGS) provides specialist addiction therapy and recovery to people affected by gambling addiction, as well as those with mental health problems such as depression, anxiety, trauma, and suicidal feelings. They also provide help to people close to those with gambling addiction, such as family, partners, and carers. The service includes a clinical team made up of psychologists, therapists, psychiatrists, and mental health nurses and includes experts by experience – people who have recovered from gambling addiction. NGS has three clinics located in Leeds, Sunderland and Salford (the latter serving all of Greater Manchester).

6.3 Local authorities were not responsible for commissioning gambling treatment and support services. However, they will become responsible to deliver prevention interventions and services for their local populations. It is expected that 25-26 will be a testing period to understand 'what works' locally and build on the evidence base of effective interventions provided by NICE. Thereafter it is expected funding through the statutory levy will be made available to Local Authorities, via OHID.

6.4 Beacon Counselling Trust (BCT) was a GM/regional treatment and support service commissioned by Gamble Aware, providing advice, information, and support for clients who generally are experience a lower severity of harm. As Gamble Aware will cease to exist, Beacon Counselling, along with other VCFSE organisations will be able to bid for funds from OHID to provide local support services. Oldham also has a local gamblers anonymous chapter which provides a safe judgement free space for those experiencing harms from gambling.

## **7. Current Position**

### **7.1 GM Gambling Harms program**

7.2 The Greater Manchester Gambling Related Harms Board began informally in 2018. Members of Oldham's Public Health team are active members. Since 2019, the board has been funded via a regulatory settlement from the Gambling Commission and has the following priorities:

- Developing understanding of gambling related harms
- Improving access to high quality treatment and support
- Supporting intervention to prevent gambling harms
- Engaging with people and communities to co-design our work

7.2 The Greater Manchester Combined Authority (GMCA) in partnership with Gambling with Lives, who both aim to tackle and reduce gambling related harms have developed Chapter One, which is an online resource for the general public and professionals. It also includes Chapter One training aimed at health and social care professionals to understand and support people experiencing harm. The training was piloted across Greater Manchester. A session was delivered in Oldham on 12<sup>th</sup> September 2023 and was well received. The training has been free and disseminated routinely to our key services and



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partners in Oldham to support upskilling the workforce. In the future GMCA will provide a certain number of training licenses to Oldham Council to use.

7.3 The current harm reduction program is driven by the Greater Manchester Gambling Harm Reduction Board. The Board was responsible for commissioning the Greater Manchester Strategic Needs Assessment (GM SNA) on gambling related harms which was published in May 2022. The findings from the strategic needs assessments along with other key documents have supported the Public Health team in Oldham to develop an understanding, engage in work at a GM level and begin to progress this agenda in the borough.

7.4 They have developed a strategic action plan which all 10 Local Authorities are signed up to and is used to prioritise and progress actions. It can be viewed here [Gambling Harms Action Plan 23-26](#)

### **7.5 Current Position in Oldham**

7.6 Members of the Public Health team have been active participants in the GM gambling harms board. We have participated in GM wide activities to tackle gambling harms, such as disseminating awareness campaigns, offer Chapter One training to frontline health and care professionals in Oldham and piloting gambling harms screening questions in our substance use service to identify residents that require support early. We have used the GM strategic needs assessment to identify priorities locally, as well as gaps in the evidence which are important to understand further from an Oldham perspective.

7.7 We formed the Oldham Gambling harms alliance for partners and key services in 2023 to understand gambling harms and the impact on our residents, share intelligence among professionals; and share resources and materials to better raise awareness and support our residents. The Public Health team in partnership with Action Together has undertaken a piece of resident insight work to understand gambling harms in Oldham, particularly among our ethnic minority communities that face higher levels of harms. This involved a survey as well as small group discussions to gather insights about specific challenges our residents might face, the harms experience from gambling and how best to support them.

7.8 Key activities to date include:

- Delivery of GM 'Odds are they Win' campaign.
- Contributed to professionals and residents' consultation on gambling harms in Greater Manchester
- Oldham Gambling Alliance
- Development support pages for gambling harms on Oldham council website
- Training for health and social care staff on Chapter One gambling harms training.
- Participation in GM Pilot of gambling harms screening questions.
- Review and input to licensing gambling policy update in Oldham
- Resident insight work on gambling harms

### **8. Proposed next steps**

8.1 We propose, with the introduction of the statutory levy and Local Authorities being responsible for preventing harm in their communities; the next step must be to formulate a local response to support those communities and people who are most at risk from

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gambling related harm in Oldham. We plan to use the finding from the national, GM and the resident insight work alongside the evidence base to develop a work plan, with Oldham specific deliverables. The Oldham gambling harms Alliance will be used as an expert group to drive this agenda forward and contribute to the development of an action plan. The funds for prevention work from the statutory levy will provide a budget for this work.

## 8.2 Our proposed priority areas:

1. To Understand the extent to which gambling harms affects Oldham residents.
2. Raise awareness and understanding of gambling harms across the borough.
3. To prevent groups at risk of high-risk gambling from experiencing harm
4. Encouraging residents to seek support by making it acceptable to discuss gambling.
5. Develop appropriate support for those experiencing gambling related harms, both for the person gambling and affected other.
6. To work collectively to address social and commercial determinants of gambling related harms.

## 9. Key Issues for Health and Wellbeing Board to Discuss

- The evidence of the harmful effects of gambling to people who gambling and affected others and the role of industry.
- The implications this has for Oldham with its diverse population, high youth population and high levels of poverty. As well as the added strain of the cost-of-living crises experienced by residents in the borough.
- The need to take a prevention focus with gambling harms to raise awareness of the issue in the borough and support individuals and families' as early as possible to avoid system pressures. As well as providing clear pathways of treatment and support for those that need it.
- The importance of including partners and services, taking a whole systems approach as gambling harms present in many different ways i.e. financial, mental health, crime, impact on relationships etc.

## 10. Recommendation

- Acknowledge the evidence base for gambling being a health harming activity with wide ranging harms to individuals and communities.
- Acknowledge the role of the Public Health team developing a prevention approach with funds received from the Statutory levy from OHID.
- Support the development of a local Gambling Harms work plan and action log in line with the GM Preventing and Reducing Gambling Harms Program priorities
- Identify leads within their respective organisations and/or services to contribute to the development and/or delivery of the local Gambling Related Harms Plan and engage with the Oldham gambling harms Alliance.



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## 11. References:

Gambling Harms in Greater Manchester – Strategic Needs Assessment  
Gambling-related harms evidence review: summary - GOV.UK  
A comparative study of industry responses to government consultations about alcohol and gambling in the UK - PubMed  
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ADPH-NE-Position-Statement-CDoH-Gambling-appendix\_FINAL.pdf  
Lancet Public Health Commission on gambling  
A Public Health approach to gambling regulation: countering powerful influences

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## **Report to HEALTH AND WELLBEING BOARD**

### **Greater Manchester Alcohol Harms Strategy and Steps for Oldham Implementation**

#### **Portfolio Holders:**

Councilor Barbara Brownridge, Cabinet Member for Health and Adult Social Care

**Officer Contact:** Dr Rebecca Fletcher, Director of Public Health

**Report Author:** Julian Guerriero, Senior Policy, Strategy and Commissioning Manager

**Date:** 11<sup>th</sup> September 2025

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#### **Purpose of the Report**

This report summarises work to date in the development Greater Manchester 2025 - 2030 Alcohol Harms Strategy and next steps for its implementation across Oldham.

#### **Requirement from the Health and Wellbeing Board**

1. Accept the Greater Manchester Alcohol Harms Strategy and its recommendations for delivery.
2. Agree with the road map for its local implementation and developing the Oldham Reducing Alcohol Related Harms Delivery Plan.
3. Support the need for this work to follow a 'whole systems approach' and for all key council areas (Health, ASC, CSC, Housing, Licensing and Trading Standards) and voluntary and statutory partners to be involved in its development and future delivery.

# Greater Manchester Alcohol Harms Strategy and Steps for Oldham Implementation

## 1. Background

- 1.1 Over the last 6 months all 10 Greater Manchester Authorities have been working with Greater Manchester Integrated Care Partnership to develop a strategy to reduce the impact of alcohol related harms on our communities and residents. The Greater Manchester Alcohol Harms Strategy (*appendix.1*) was finalised in August and local areas are requested to implement its recommendations in their local delivery plans.
- 1.2 Alcohol use is a major risk factor for numerous health conditions, injuries, and social problems. Alcohol-related harm costs the health sector significant money, time and resources and we know that the burden of this harm is not carried equally across our communities.
- 1.3 We know alcohol use does not just impact on an individual's health but also contributes to violent crime, accidents, and community safety. We are seeing increasing pressure on our health care system and statutory services such as in Children's and Adult Social Care due to impact of alcohol misuse and in domestic violence and children's safeguarding.
- 1.4 The impact of alcohol on our communities is high, not just financially but also affects relationships and a wide range of associated and preventable health conditions. There is an alcohol harms paradox, whereby our less affluent, moderate alcohol drinkers are at a higher risk of harm than those in our more affluent communities.

## 2. Current Position

- 2.1 The Strategy at its core follows the World Health Organisation (WHO) Safer model, which is a global alcohol control strategy launched in 2018 to reduce alcohol-related harms and support areas in achieving their health and development goals.
- 2.2 After consultation this framework was expanded to A SAFER GM which covers eight priority areas below:
  - Amplify community engagement around living well and reframing relationships with alcohol.
  - Strengthen restrictions on alcohol availability.
  - Advance and enforce drink driving counter measures and work with police, probation, and other partners to prevent alcohol-related crime and anti-social behaviour.
  - Facilitate access to screening, brief interventions, and treatment.
  - Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion.
  - Raise prices on alcohol through excise taxes and pricing policies.

- 
- Give every child the best start in life.
  - Mobilise a sustainable VCFSE and community-led approach to recovery, peer support and mutual aid as part of our GM Live Well ambitions.

2.3 The strategy takes a whole systems public health approach, and each local authority is being asked to embed this in their delivery plans for reducing alcohol related harms.

2.4 There have been previous Oldham strategies with the earliest Substance Misuse Strategy in Oldham operational from 2015 to 2019; we have since followed the Greater Manchester Drug and Alcohol Strategy 2019-2022. A local Drug & Alcohol plan was in operation and aligned with the Greater Manchester (GM) Drugs & Alcohol Strategy. This is now aligned with National Drug Strategy: “From Harm to Hope” and key objectives proposed within the Greater Manchester Police (GMP) Drug Strategy for 2024-26.

2.5 This is the first strategy that focuses on reducing alcohol related harms in our communities and the wider determinants of health. We are asking for agreement to establish a Reducing Alcohol Harms Alliance and working group; so that we can agree our approach and support the development of our delivery plan. The timeframe for this piece of work will be 3 months. There is also a pressure to refresh our Alcohol Needs Assessment, the last one being completed in 2022.

### **3. Key Issues for Health and Wellbeing Board to Discuss**

3.1 Partners are asked to consider the implementation of the strategy in Oldham and the approach and recommendations outlined above.

### **4. Recommendation**

4.1 For Oldham to accept the Greater Manchester Alcohol Harms Strategy and its recommendations for delivery. Agree the road map for its local implementation and developing the Oldham Reducing Alcohol Related Harms Delivery Plan and any associated governance arrangements.

4.2 Support the need for this work to follow a ‘whole systems approach’ and for all key council areas (Health, ASC, CSC, Housing, Licensing and Trading Standards) and voluntary and statutory partners to be involved in its development and future delivery.

### **5. Appendix**

1 *Greater Manchester 2025 -2030 Alcohol Harms Strategy*

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A SAFER GM

## Rethinking alcohol harm: prevention, support, and recovery







# Contents

<b>Definitions</b>	<b>5</b>
<b>Foreword</b>	<b>6</b>
<b>Why we need a strategy</b>	<b>8</b>
<b>Our vision</b>	<b>10</b>
<b>The case for change in Greater Manchester</b>	<b>12</b>
<b>Breaking the cycle: Preventing alcohol harm in young people</b>	<b>13</b>
<b>The hidden harms of alcohol use for children</b>	<b>14</b>
<b>Tackling alcohol harm and rising inequalities</b>	<b>15</b>
<b>Greater Manchester Alcohol Harms Strategy: Our guiding framework</b>	<b>16</b>
<b>How we will work together</b>	<b>17</b>
<b>A</b> mplify community engagement around living well and reframing relationships with alcohol	<b>18</b>
<b>S</b> trengthen restrictions on alcohol availability	<b>22</b>
<b>A</b> dvance and enforce drink driving counter measures and work with police, probation and other partners to prevent alcohol-related crime and anti-social behaviour	<b>26</b>
<b>F</b> acilitate access to brief interventions and treatment	<b>32</b>
<b>E</b> nforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion	<b>38</b>
<b>R</b> aise prices on alcohol through excise taxes and pricing policies	<b>42</b>
<b>G</b> ive every child the best start in life	<b>46</b>
<b>M</b> obilise a community-led approach to recovery, lived experience support, and mutual aid	<b>50</b>
<b>References</b>	<b>54</b>







## The following definitions are referenced throughout this document:

**Alcohol harm:** Drinking that causes detrimental health and social consequences for the person drinking (harmful drinking), the people around them and society at large, as well as patterns of drinking that are associated with increased risk of adverse health outcomes.<sup>1</sup>

**Increasing-risk drinking:** A pattern of alcohol use that increases the risk of harm to the physical or mental health of the person drinking or to others but has not yet reached the level of having caused harm:

- Drinking level: 14 to 35 units a week for women and 14 to 50 units a week for men.<sup>2</sup>

**Higher-risk drinking:** Higher-risk drinking is a pattern of alcohol use that has harmed the physical or mental health of the person who is drinking or of others.

- Drinking level: above 35 units a week for women and above 50 units a week for men.<sup>2</sup>

**People experiencing alcohol dependency:** Characterised by craving, tolerance, a preoccupation with alcohol, and continued drinking in spite of harmful consequences (for example, liver disease or depression caused by drinking).<sup>3</sup>

# Foreword

## Jon Hobday, GM Lead for Drugs and Alcohol and Director of Public Health Bury Council

Greater Manchester, like many parts of the UK, has a complicated relationship with alcohol. It's part of our economy, with thousands of people working in pubs, bars, and restaurants. And for many, it's woven into everyday life — tied to how we relax, socialise, and connect with others.

But when something becomes so normalised, it's easy to overlook the harm. The alcohol industry plays a big part in this — with aggressive marketing, cheap pricing, and ever-present availability that makes alcohol hard to avoid. These tactics have helped create a culture where drinking is expected, and the risks are often downplayed. The reality is that for too many people in Greater Manchester, alcohol does more harm than good.

A recent study in [The Lancet Public Health](#) highlights the serious challenges we face. Alcohol-specific deaths rose sharply during the pandemic, worsened by isolation, stress, and limited access to treatment. And the gap between regions is clear — areas like the Northwest and Northeast are being hit much harder than the South.<sup>4</sup>

In Greater Manchester, the impact is being felt across our communities. Alcohol harm affects thousands of lives, with higher-than-average hospital admissions and deaths. But it doesn't stop at health — it puts pressure on families, disrupts lives and livelihoods, and strains public services and local economies.

This strategy has been developed with partners from across Greater Manchester — from the NHS and local authorities to police,

probation services, community organisations, treatment providers, and people with lived experience. **Together, we've set out a clear ambition of how we will work in partnership: to reduce alcohol harm and build a healthier, fairer future for everyone who calls Greater Manchester home.**

To get there, we need to shift our focus from not only responding to harm but to preventing it in the first place. That means confronting the things that shape how and why people drink alcohol, especially for young people and those most at risk, including where wider challenges that fuel alcohol harm, like poverty, poor mental health, and homelessness, are tackled head-on. We also strive for a future where anyone affected by increasing or higher-risk alcohol use in Greater Manchester — can find the right support, at the right time, without fear, shame, or stigma.

This challenge requires a whole-system response and a collective commitment to meaningful, lasting change. I'm confident that with coordinated action, we can meet our ambitions and create a city-region where everyone has the opportunity to lead a healthier, happier life.







## Why we need a strategy

Alcohol harm touches lives across Greater Manchester every day — causing illness, heartbreak, and strain on families and communities. It deepens health inequalities, stretches already pressured public services, and makes it harder for people to get back on their feet. And while all this is happening, the alcohol industry continues to profit from excessive drinking — benefiting from a system where alcohol is cheap, easy to access, and ever-present in our high streets and social spaces.

Those most affected by alcohol harm or alcohol dependency are often those already facing the biggest challenges, and the number of people receiving support, advice, or treatment also remains far too low. Many people fall through the cracks — unaware of what help exists or unable to access it at the right time.

It's clear we need to do things differently. We need a strategy that focuses not just on treating harm once it's happened, but on stopping it before it starts. One that puts prevention, compassion, and community at its core — and addresses the deeper causes of alcohol harm.



### A shift towards prevention and support

- **Act early and locally:** We need to move away from only responding at crisis point. That means investing in prevention and early support — delivered in communities, in inclusive spaces, by people who understand. These services should be easy to access and built around people's needs.
- **Offer better, more accessible treatment:** Everyone who needs help should be able to get it. Treatment and recovery support should be compassionate, high-quality, and available when and where people need it — without shame, fear, or stigma.
- **Back communities to lead change:** People and places know what works for them. That's why local voices, including people with lived experience, need to be at the heart of this strategy. From alcohol-free community spaces to peer-led education and grassroots initiatives, vital to reduce alcohol harm in Greater Manchester.

### Tackling the root causes

- **Tackle inequality and poverty:** Alcohol harm doesn't happen in isolation. It's often experienced in combination with other challenges such as low income, housing insecurity, poor mental health, and a lack of opportunity. Reducing poverty and building stronger communities is needed to help reduce alcohol harm in Greater Manchester.
- **Shift the culture:** We need to challenge the idea that drinking is a social norm, or the default way to connect and relax. By changing how alcohol shows up in our daily lives — and how we talk about it — we can make space for healthier environments and reframe our relationships with alcohol.
- **Hold the industry to account:** We must take a firmer stance on alcohol marketing, pricing, and availability. Similar to our work within tobacco cessation, regulation is one of the most effective tools we have in Greater Manchester to protect public health and shift behaviour.

With national reform still too slow, we will lead the way by prioritising prevention, empowering communities, and working for a fairer, healthier future where alcohol harm is no longer an accepted part of life. The time to act is now.

# Our vision

## Greater Manchester has a simple, yet bold vision — a city-region free from alcohol harm.

Together, we will lead the way in preventing and reducing alcohol harm — helping individuals, families, and communities across Greater Manchester live healthier, safer lives.

Creating lasting change means addressing the environments that shape alcohol use. This includes challenging the practices of alcohol industries, reducing the visibility and availability of alcohol, and strengthening local policies to prioritise health and wellbeing.

At the same time, by supporting people to make informed decisions and improving access to effective treatment and care, we can enhance health, wellbeing, and opportunity for everyone who lives and works in our city-region.

Tackling alcohol harm will help save lives and improve quality of life for individuals and communities, especially for those who are most disadvantaged, easing pressure on public services and putting money back into the pockets of Greater Manchester's residents.

### Together, we will build:

- **Thriving communities** where children, young people, and families have the strongest foundation for a healthy future, free from serious alcohol harm.
- **Healthier cities and communities by design**, using regulation, planning, and taxation to limit alcohol availability, restrict harmful promotions, and create environments that support wellbeing.
- **A culture that normalises and models moderate and non-drinking behaviours**, including promoting activities that are not associated with alcohol during the daytime and evening and promoting the stories of young people and adults who are choosing not to drink.
- **Improved access to support and treatment**, particularly for our most disadvantaged communities, to support those experiencing alcohol dependency and build healthier futures.
- **A united effort**, mobilising a community-led approach to promote recovery through peer support and mutual aid.
- **A compassionate society** where those experiencing harmful alcohol use and alcohol dependency receive the resources, encouragement, and peer support without fear of stigma, to rebuild and thrive.





# The case for change in Greater Manchester



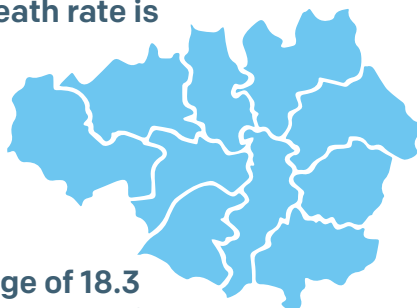
**1,505**

people died in Greater Manchester  
due to alcohol-specific deaths (2021-  
2023), rising by over **25%** in five years.<sup>5</sup>

Greater Manchester's alcohol death rate is

**19.3 per  
100,000**

exceeding the Northwest average of 18.3  
and the England & Wales average of 14.4.<sup>6</sup>



**17**

**14**

Greater  
Manchester

National  
average

per 1,000 population

In 2019/20, there were an estimated

**38,032**

alcohol dependent people  
in Greater Manchester (17  
per 1,000 population versus  
a national rate of 14). With  
**eight out of ten** of localities  
above the national average.<sup>7</sup>

Around

**12,659**

hospital related admissions in GM were  
directly caused by alcohol in 23/24.



Alcohol-related harm costs  
Greater Manchester

**£1.67 billion**

annually.<sup>8</sup>

In 2022/23, **estimated unmet  
treatment need for alcohol  
dependency** in Greater  
Manchester ranged from

**64% to 84%**

with two localities above the  
national rate of **80%**.<sup>9</sup>

Alcohol is a significant driver  
of crime, particularly violent  
and sexual offences, and  
domestic violence.

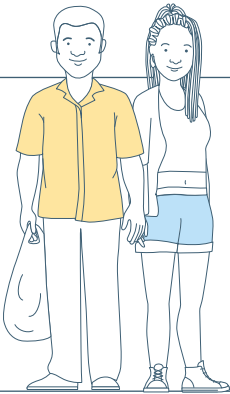
**39%**

of all violent crimes in  
England are alcohol-related.<sup>10</sup>

**1 million**

of our **2.8 million** residents  
live in the **20%** most deprived  
areas of England. In **2023**,  
**twice as many people died**  
because of alcohol in the  
poorest parts of England  
compared to the richest  
parts of England.<sup>11</sup>

# Breaking the cycle: Preventing alcohol harm in young people



Alcohol is the **leading risk factor for death, ill-health and disability** in

**15-49** year-olds in the UK.<sup>12</sup>

Alcohol **consumption among young people in Greater Manchester** surged from **55%** in 2022 to

**81%**

in 2023 with **seven out of ten** boroughs reporting significant increases.<sup>13</sup>



**Trusted support matters:**

**86.6%**

of young people in Greater Manchester believe that **having a trusted person to talk to would help young people make safer alcohol choices.**<sup>13</sup>

Only

**25.5%**

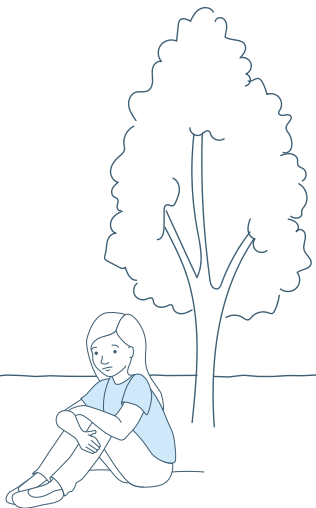
of young people feel they are taught everything they need to know about alcohol.<sup>13</sup>

**77.6%**

of young people think they **should be informed about alcohol's risks.**<sup>13</sup>

**81%**

of young people believe **alcohol education should be delivered by experts**, and 75% support learning from those with lived experience.<sup>13</sup>



In the UK, Social Service data shows that **parental substance-related harm is a factor in up to two-thirds of child protection cases.** In Greater Manchester, there are around

**7,900**

**adults in treatment for substance use, in contact with children.**<sup>14</sup>

The proportion of **young people entering treatment for alcohol problems** rose from 23.9% (2019/20) to 28.6% (2021/22).<sup>15</sup> Typically for those entering drug and alcohol treatment:

**23%**

report experience of domestic abuse

**13%**

will be Children in Need

**14%**

will be not in education, training and employment

**23%**

self-harm



# The hidden harms of alcohol use for children

The hidden harms of alcohol use for children, particularly those with caregivers who experience alcohol dependency, increasing or higher-risk alcohol use, as well as those in care, can be profound and long-lasting.

## Impact on children with alcohol-dependent carers

- **Emotional and psychological effects:** Children often experience neglect, anxiety, depression, and emotional distress due to unpredictable behaviour from caregivers.
- **Parental neglect and safety risks:** Experiencing alcohol dependency can impair a caregiver's ability to provide basic needs, supervision, and a safe home environment.
- **Increased risk of abuse:** Children in households with people experiencing alcohol dependency face a higher likelihood of physical, emotional, or sexual abuse.
- **Early exposure to alcohol and substance use:** Growing up in an environment where people are affected by alcohol harm increases the risk of children developing substance use issues later in life.
- **Educational impact:** Neglect and stress at home can result in poor academic performance, absenteeism, and difficulty forming peer relationships.

## Children in care and alcohol-related trauma

- **Higher likelihood of entering the care system:** Alcohol dependency is a leading factor in family breakdowns and child protection cases.
- **Attachment and trust issues:** Children who are removed from households affected by alcohol dependency often struggle to form secure, trusting relationships. This highlights the urgent need for better, more consistent support for children and families impacted by alcohol harm.
- **Mental health struggles:** Trauma from early exposure to alcohol harm can lead to PTSD, anxiety disorders, and other mental health challenges.
- **Increased risk of addiction in adulthood:** Children who experience harmful alcohol use and alcohol dependency in their homes or in care are more likely to develop substance use disorders later in life.

The impact of alcohol harm on children, especially those in vulnerable situations, often remains hidden due to stigma, lack of awareness, and underreporting. Addressing these hidden harms in Greater Manchester requires a prevention-first approach and early intervention, proper support systems, and policies focused on protecting children from the consequences of alcohol dependency in their environments.

# Tackling alcohol harm and rising inequalities

We know from research — including the Manchester Metropolitan University (MMU) studies — that certain groups with protected characteristics, as well as traditionally seldom heard populations, face significant and distinct barriers to accessing alcohol treatment services.

In particular:

- **People experiencing homelessness:** A 2017 study by Homeless Link found that approximately 40% of homeless people in the UK reported higher-risk alcohol use, whilst a 2019 report showed that 38% of individuals in supported housing were unable to access alcohol services because of service accessibility or service eligibility criteria.<sup>16</sup>
- **People living with disabilities:** People living with disabilities in Greater Manchester are disproportionately affected by alcohol dependency. In 2021/22, nearly one in three people entering alcohol treatment (30.5%) were recorded as long-term sick or disabled, highlighting the need for more accessible, tailored support that recognises the intersection between health challenges and alcohol use.<sup>17</sup>
- **Women:** Women often face unique barriers to accessing alcohol treatment, including stigma, fear of losing custody of children, and services historically being designed around male experiences. Women often delay seeking help due to these fears and are also more likely to have experienced trauma, which must be considered in service design (e.g., trauma-informed approaches).
- **LGBTQ+ communities:** Evidence shows that residents who identify as LGBTQ+ are at higher risk of alcohol harm, often due to experiences of discrimination, exclusion, and minority stress. Many individuals report feeling invisible or misunderstood within mainstream treatment services, which highlights the need for more culturally competent and inclusive support that truly meets needs.
- **Polish communities:** Feedback from the MMU research indicated that Polish residents in Greater Manchester often encounter language barriers, stigma, and a lack of culturally sensitive services.
- **Muslim communities:** Amongst Muslim residents in Greater Manchester, the stigma surrounding alcohol use, tied to religious doctrine, can be strong with concerns around honour, shame and reputation creating powerful deterrents to seeking help.

# Greater Manchester Alcohol Harms Strategy: Our guiding framework

This strategy uses the World Health Organization's SAFER framework.<sup>18</sup> This framework is used across the world because it focuses attention on the best evidence-based approaches to reducing alcohol harm.

To ensure we have a strategy that shows the power of our local communities and demonstrates our commitment to our children and young people, as well as raising awareness of harms, we've adapted this framework to become:

## A SAFER GM

**A**mplify community engagement around living well and reframing relationships with alcohol

**S**trengthen restrictions on alcohol availability

**A**dvance and enforce drink driving counter measures and work with police, probation and other partners to prevent alcohol-related crime and anti-social behaviour

**F**acilitate access to screening, brief interventions and treatment

**E**nforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion

**R**aise prices on alcohol through excise taxes and pricing policies

**G**ive every child the best start in life

**M**obilise a sustainable VCFSE and community-led approach to recovery, peer support and mutual aid as part of our GM Live Well ambitions



## How we will work together

Greater Manchester has a strong track record of collaboration, underpinned by shared values, priorities, and approaches.

Building on this foundation, our work on alcohol harms prevention will be built upon by a coalition of local Alcohol Harms Alliances, coming together to form the GM Alcohol Harms Alliance, bringing together representatives from the NHS and local authorities to police, probation services, Trading Standards, community organisations, treatment providers, and people with lived experience. This partnership will lead a whole-system, collaborative approach focused on achieving the following:

- ✓ Provide leadership and oversight for the delivery of the 8 core components of the GM Alcohol Harms Framework (A SAFER GM).
- ✓ Review alcohol harms prevention activity across Greater Manchester and within localities.
- ✓ Collate existing key performance indicators to develop a GM Alcohol Harms Alliance Performance Framework and monitor progress on the delivery of key initiatives.
- ✓ Identify, share, and promote evidence-based best practice.
- ✓ Collaborate to influence national alcohol harm reduction strategies.
- ✓ Focus on high-impact priorities, including improving data and intelligence, empowering communities, and enhancing access to effective treatment.

## Introduction

# A SAFER GM

## Amplify community engagement around living well and reframing relationships with alcohol

The Big Alcohol Conversation Revisited (2022) revealed how deeply ingrained cultural norms shape drinking behaviours across Greater Manchester, where alcohol is central to many social settings. This creates pressure for individuals who choose not to drink alcohol by reinforcing drinking alcohol as 'the norm'.

Participants also highlighted the key role of families, parents, and schools in shaping young people's attitudes towards alcohol. A cultural shift towards less harmful drinking begins by taking people, communities and local businesses on a journey, reframing conversations around alcohol, promoting moderate consumption, and offering alcohol-free alternatives as the norm.

This includes empowering communities to lead change, linking with our GM Live Well approach, including Live Well Centres and healthy living initiatives to ensure that there are a range of healthy local activities on offer for families, working people, and more socially vulnerable groups, as well as initiatives like Communities in Charge of Alcohol (CICA), which helps neighbourhoods raise awareness and design tailored solutions to foster healthier lifestyles — while building new relationships with the role alcohol plays in local communities.

In addition, digital and peer-led education will play a vital role in engaging individuals — particularly young people — by creating space for relevant, relatable discussions about how environments can change to support healthy lifestyles, and how not drinking can be a positive, accepted norm.

Our commitment is to provide independent, evidence-based alcohol education focused on health and wellbeing, free from industry influence.





## Case study

## A SAFER GM

# Amplify community engagement around living well and reframing relationships with alcohol

Greater Manchester's 'Communities in Charge of Alcohol' (CICA) is an initiative designed to reduce alcohol-related harm within local communities by empowering individuals to act and raise awareness.

The programme focused on training local volunteers as 'Alcohol Health Champions' who act as peer educators, helping to inform and support others in their community regarding alcohol harm and promoting healthier behaviours. The programme recruits and trains local residents to become Royal Society for Public Health (RSPH) accredited. This training helps people to:

- Reduce alcohol harm across their community
- Gain an RSPH Level 2 Award in Understanding Higher-Risk Alcohol Use
- Learn communication, health activism and leadership skills

The CICA programme is the first alcohol health programme of its kind in the UK.

Rolled-out across nine out of ten Greater Manchester local authorities, an evaluation of the first CICA programme showed the impact it had across the communities it was implemented in including:

- 123 Alcohol Health champions were trained across Greater Manchester
- 249 Audit-Cs (an alcohol harm assessment tool) were completed by Alcohol Health Champions
- 65 community events organised to promote and support the programme
- In the first CICA programme, 77% of Alcohol Health Champions were community volunteers with little previous experience of health improvement, who were trained to be able to identify higher-risk alcohol use and support people to improve their relationship with alcohol





## Our commitments

Working together we will	GM	Localities
<b>Increase public understanding of the short and long-term health risks</b> associated with alcohol use, including its impact on physical health, mental wellbeing, and social relationships.	✓	✓
<b>Encourage a cultural shift towards less harmful drinking</b> , providing resources and guidance that promote moderate alcohol consumption and alcohol-free behaviours.	✓	✓
<b>Engage local businesses:</b> To ensure they play a key role in reducing alcohol harms. This includes supporting venue management, providing staff training on responsible alcohol service, and prioritising customer safety and community welfare.	✓	✓
<b>Co-design culturally competent communications</b> that focus on reducing alcohol harms in communities where we can make the most impact.	✓	✓
<b>Reduce stigma around seeking help</b> , by ensuring individuals know where to turn when they need help and enabling better access to treatment and support.		✓
<b>Partner with our education systems to ensure young people have access to age-appropriate information</b> about alcohol harm to encourage healthier decision-making.	✓	✓
<b>Engage with Youth Combined Authority</b> to undertake a review of the role of social media in alcohol consumption.	✓	
<b>Learn from the evidence base on normalising non-drinking</b> , to explore how this translates to Greater Manchester and across the ten localities.	✓	✓



## Introduction

# A SAFER GM

## Strengthen restrictions on alcohol availability

In Greater Manchester, we are dedicated to taking high-impact actions to address the commercial determinants of health. In partnership with organisations like Action on Smoking and Health, the Obesity Health Alliance, and the Alcohol Health Alliance, we have developed a Coherent Prevention Framework for Harmful Products, which focuses on tackling the harms caused by tobacco, junk food, and alcohol.

Alcohol is available 24/7, and its widespread availability contributes to increased consumption and harm.

While findings are mixed, there is evidence to show that extending sales can fuel violence, drink-driving, and injury. For example, a 2013 study using data from 2004–2007 found, in Manchester, while licensing changes didn't lead to an overall rise in violence, they did shift its timing, with late-night violence increasing between 3–6 AM.<sup>19</sup> This shift places additional strain on policing resources and highlights the potential consequences of extended alcohol availability.

Easy access to alcohol also normalises drinking, increasing exposure, particularly for children. Competition among alcohol retailers keeps prices low and availability high, making it more difficult for people in recovery or those trying to reduce their alcohol use.

Across Greater Manchester, local authorities are using data and intelligence to identify higher-risk areas where additional alcohol sales could exacerbate harm, such as in areas with high hospital admissions, crime rates, and dense concentrations of licensed premises. By leveraging public health matrices, our public health teams are influencing licensing decisions, supporting evidence-based representations for committees to restrict trading hours and reject applications in areas most affected by alcohol harm.

Greater Manchester is also committed to advocating at a national level for public health to be established as the fifth licensing objective, ensuring that public health considerations are central to licensing decision.







## Case study

## A SAFER GM

# Strengthen restrictions on alcohol availability

Across Greater Manchester, local authorities are increasingly harnessing health intelligence and planning tools to make informed, data-driven decisions about alcohol licensing and working closely with Responsible Authorities to assess the impact of new alcohol licences — not only on public health but also on issues like crime, public safety, public nuisance, and child welfare.

Using alcohol licensing matrices, these authorities are combining various data points — such as alcohol-related crime rates, hospital admissions, and the density of licensed premises — to identify areas that are already experiencing higher levels of alcohol-related harm. This approach allows local authorities to pinpoint higher-risk areas where new licences or extended trading hours could potentially make things worse.

While challenges still exist, data-driven approaches have shown clear success. In areas where these methods are well established, public health representations have effectively influenced decisions, leading to licenses being refused or operating hours being reduced by committees.



## The impact of alcohol availability

### Voice of lived experience

"I am in my recovery journey, I'm 10 months sober now and going strong.

To my view, when you stop drinking you really become accidentally aware of how much alcohol is normalised when you see people coming out of pubs drunk during the day, the sponsorship on TV and much more.

At my local shop, they only serve at the kiosk rather than at the tills. But then at kiosks, they've got all the display of the spirits behind them so you cannot avoid them as they are in your face everywhere you go. And as I used to drink spirits when I was a drinker, it was a big reminder.

Another thing on alcohol promotions that didn't help me was that I was paying £24 for a litre bottle of vodka. But come Christmas promotions, the price went down to £15, so I would buy up to 5, 6 or 7 bottles of vodka to stock up; and unfortunately, because there was more vodka in the house, I drank quicker, increasing my volume intake."

**Greater Manchester resident in recovery**



## Our commitments

Working together we will	GM	Localities
<b>Advocate for national licensing reform</b> , with a review of the Licensing Act 2003 to prioritise public health, including making health a core fifth objective.	✓	✓
<b>Explore city-region licensing powers</b> to strengthen local control over alcohol availability.	✓	✓
<b>Leverage the commercial determinants of health</b> framework to reduce alcohol accessibility across our region.	✓	✓
<b>Use health data to drive licensing decisions</b> , developing data matrices and ensuring public health teams actively influence applications and provide committees with strong evidence bases to enable more informed decision making.		✓
<b>Champion sector-led improvement</b> by sharing best practices across localities.	✓	✓
<b>Implement cumulative impact policies</b> in high alcohol harm areas to tighten licensing controls where they are needed most.	✓	✓
<b>Work collaboratively with Trading Standards</b> to enforce alcohol licensing under the Licensing Act 2003 and ensure retailers comply with age verification and responsible sales practices to reduce underage drinking and alcohol-related harm.		✓



## Introduction

# A SAFER GM

## Advance and enforce drink driving counter measures and work with police, probation and other partners to prevent alcohol-related crime and anti-social behaviour

Alcohol harm continues to be a serious public health issue in Greater Manchester, contributing to crime, violence, and road fatalities. At the same time, those struggling with alcohol dependency or higher-risk alcohol use are too often met with stigma instead of the support they need.

The cost of alcohol-related crime and disorder in England exceeds £14 billion annually, with over four million alcohol-related offenses, including 500,000 violent crimes.<sup>20</sup> The impact on emergency responders is also significant — three in four police officers and half of all ambulance staff have been injured in alcohol-related incidents.

Greater Manchester understands that alcohol harm is a public health issue, not just a law enforcement challenge. Our Police and Crime Plan reflects this shift, emphasising that stigma must not prevent people from receiving the help they need. We will work in partnership with police, health services, and community organisations to ensure individuals at risk are supported, helping to prevent reoffending, protect communities, and ultimately save lives with a key focus on reducing the extent to which alcohol contributes to violence including gender-based physical and sexual violence, domestic abuse and stalking.

In Greater Manchester, the connection between alcohol and domestic abuse is particularly concerning. Studies have shown that early football games, where perpetrators are often under the influence, lead to the highest increases in domestic abuse.<sup>21</sup> While alcohol can never be used as an excuse for

abuse or violence, it is frequently a contributing factor. Many victims, including children, may turn to alcohol as a coping mechanism, creating a dangerous cycle of harm. Research also indicates that those growing up in households affected by alcohol dependency and domestic abuse are at higher risk of perpetrating violent crime themselves as they grow older.<sup>22</sup>

### Cracking Down on Drink Driving

From 2019 to 2023, alcohol-related impairment contributed to 514 road traffic collisions in Greater Manchester, resulting in 851 casualties, with nearly a third suffering death or serious injury.<sup>23</sup> As part of our Vision Zero initiative — committed to eliminating road fatalities by 2040 — we are determined to take decisive action to reduce drink and drug driving, making our roads safer for all.

Many individuals referred for alcohol-related offences are unaware that they're still over the limit the morning after drinking. This highlights the need for better public education around alcohol metabolism, unit intake, and the risks of next-day driving. Initiatives like Test on Arrest not only enforce accountability but also offer a vital opportunity for early intervention and education—turning a moment of crisis into a turning point for awareness and behaviour change.







## Case study

## A SAFER GM

# Advance and enforce drink driving counter measures and work with police, probation and other partners to prevent alcohol-related crime and anti-social behaviour

In Greater Manchester, our devolved system enables the Probation Service to co-design, co-produce, and co-commission services with the Greater Manchester Combined Authority (GMCA). This approach helps us deliver value for money, engage the third sector, and address needs at the earliest point in an individual's journey. The Greater Manchester Integrated Rehabilitation Services (GMIRS) programme, a collaborative initiative, integrates alcohol treatment and recovery support for individuals on probation, tailoring services to local demographic needs and reducing harm by tackling the root causes of crime, to enable better health and life outcomes for individuals across the city-region.

By integrating with existing local authority contractual arrangements (e.g., Mental Health Treatment Requirement (MHTR), Drug Rehabilitation Requirement (DRR), Alcohol Treatment Requirement (ATR) we ensure continuity of care across systems – including initial learning and development, pre-sentence support, service delivery throughout probation and beyond. A key example is the GMIRS Dependency and Recovery Service, which builds on existing community services to offer specialist support for Greater Manchester individuals referred. This integrated approach has improved outcomes in reducing alcohol-related reoffending and harm, whilst improving health and community safety.





## From prison to community recovery

### Voice of lived experience

#### **Background:**

An individual with a history of experiencing cocaine and alcohol dependency, and contributing to offenses such as robbery, had engaged with local services several times before being sentenced. During their custodial sentence, they worked with drug and alcohol services, and upon release, were referred to community services for continued support.

#### **Recovery journey:**

Upon release, the individual, who had abstained from alcohol and cocaine for 12 months, expressed a strong desire to continue their recovery through Narcotics Anonymous (NA). They were referred to the Integrated Offender Management Programme (IOM), a multi-agency approach to managing higher-risk offenders. The IOM enabled coordination between Probation, Greater Manchester Police (GMP), and local drug and alcohol services, ensuring continuous support and effective information sharing.

#### **Outcome:**

The individual maintained weekly contact with services, balancing recovery with employment. They successfully completed their probation period, were deregistered from IOM, and have not reoffended or re-entered services since. This case highlights the effectiveness of a whole-system, collaborative approach in supporting individuals through recovery and reducing reoffending.

## Our commitments

Working together we will	GM	Localities
<b>Support rehabilitation</b> by ensuring people on probation receive compassionate, stigma-free help to break the cycle between alcohol and offending.	✓	✓
<b>Strengthen collaboration</b> between probation, police, and prison services to share insights on alcohol use, recovery, and desistance.	✓	✓
<b>Working in partnership with GMP, the Violence Reduction Unit and Community Safety Partnerships:</b> To reduce the extent to which alcohol contributes to violence including gender-based physical and sexual violence, domestic abuse and stalking.	✓	✓
<b>Learn from alcohol-related deaths</b> to improve treatment, prevention, and support services, ensuring no one falls through the cracks.	✓	✓
<b>Drive Vision Zero</b> by working with police and Greater Manchester Combined Authority to combat drink driving while ensuring those in need receive support, not just punishment.	✓	✓
<b>Crack down on higher-risk premises</b> through targeted enforcement and responsible licensing, prioritising community safety.	✓	✓
<b>Reduce secondary harms</b> like drink-driving, violence, and disorder by addressing the root causes of alcohol harm.	✓	✓
<b>Enhance public safety</b> in the night-time economy through proactive policing and strong partnerships.	✓	✓
<b>Invest in prevention</b> with education, early intervention, and support services that treat people with dignity, not judgement.	✓	✓
<b>Work with partners to challenge stigma</b> , ensuring that alcohol dependence is recognised as a health issue, not a moral failing.	✓	✓
<b>Ensure access to community treatment</b> for those involved in crime or violence linked to alcohol, offering support rather than blame.		✓
<b>Embed alcohol harm reduction</b> into Community Safety Partnerships as a shared, system-wide priority.		✓
<b>Promote a culture of dignity and respect</b> , so those struggling with alcohol issues receive the help they need without fear of stigma.	✓	✓





## Introduction

# A SAFER GM

## Facilitate access to brief interventions and treatment

More than 38,000 adults in Greater Manchester are experiencing alcohol dependency, and hundreds of thousands are drinking at higher-risk levels.<sup>24</sup>

Many of those drinking at increasing or higher-risk levels are already thinking about cutting down or quitting. The right support, at the right time, can be life changing. A simple, brief intervention from a health or care professional — delivered in a supportive way — can help people reduce their drinking. Others may turn to digital tools like apps and online resources, and we will expand access to these interventions for those who can safely reduce or stop drinking on their own.

In Greater Manchester's Big Alcohol Conversation 2022 Revisit, participants emphasised the need for alcohol support services to be more accessible and integrated into everyday spaces. Those with experience supporting individuals experiencing alcohol dependency reported that many services were of low quality, discouraging people after they took the difficult step to seek help. Additionally, the sequencing of services often requires patients to address alcohol dependency challenges before tackling underlying problems, which participants felt was ineffective, as alcohol harms is often a result of deeper, interrelated issues.

For those who are experiencing alcohol dependency, cutting down without medical supervision can be dangerous. That's why access to specialist treatment is essential — national data shows that over 60% of people who engage with alcohol treatment services report being free from alcohol dependence by the end of their programme.<sup>25</sup>

In addition to expanding treatment access, we will develop evidence-based, comprehensive local and pan-GM approaches to support people living with co-occurring conditions where alcohol is a contributing factor, those experiencing severe and multiple disadvantage, and high-intensity users of health and care services. By targeting these priority groups, we can ensure a more effective, inclusive, and responsive alcohol harm prevention and treatment system.







## Case study

## A SAFER GM

## Facilitate access to brief interventions and treatment

Alcohol Care Teams (ACTs) provide specialist support for patients experiencing alcohol dependency or alcohol-related complications. They operate across A&E and inpatient departments in most acute hospitals, delivering expert interventions to improve care and recovery. ACTs are delivering proven results, saving the NHS £3 for every £1 invested.<sup>26</sup>

A successful pilot in Bolton led to the nationwide rollout of ACTs across England. These specialist teams help reduce alcohol-related hospital admissions and shorten stays for those admitted due to alcohol.

**Key initiatives include:**

- **Primary care screening:** Using the AUDIT-C test to identify alcohol problems early and direct patients to appropriate support.
- **Hospital-based, consultant-led Alcohol Care Teams:** Improving care, reducing admissions, and enhancing recovery for patients with alcohol-related conditions.

Greater Manchester has seven ACTs, the highest number of any Integrated Care Board in England, reflecting the region's significant alcohol-related harm and pressure on hospital services.

Between April 2024 and March 2025, these teams supported an estimated 14,000 people across Greater Manchester, generating an estimated NHS saving of £5.6 million.







## Improving access to treatment

### Voice of lived experience

More support is needed at an early stage. My daughter nearly died before receiving the help she needed. It should never reach that point.

She was repeatedly denied access to rehab, being told she had to maintain long-term sobriety before qualifying — a nearly impossible task without proper support.

Despite getting sober multiple times, the lack of rehab opportunities led to relapse. After breaking her hip and detoxing in the hospital, she was further delayed due to limited rehab spaces for individuals with mobility issues, leading to yet another cycle of discharge and relapse.

The frequent hospital admissions and emergency interventions likely cost more than early rehab would have. For the family, it was devastating to watch her health decline while feeling powerless against a system that continually failed her.

Rehab made a huge difference in her life. Since completing treatment a year ago, she has remained sober apart from a couple of minor lapses. Despite previous concerns, her mobility issues were never a problem — she was simply given a ground-floor room and managed fine.

**Mother of a person in recovery in Greater Manchester**

## Our commitments

Working together we will	GM	Localities
<b>Ensure hospital-based treatment:</b> Every person admitted with alcohol-related illness receives consistent, sustainably resourced care across all acute trusts.	✓	
<b>Strengthen service links:</b> Forge robust connections between hospital treatment, specialist community services, neighbourhood teams, and VCFSE organisations offering peer support.	✓	✓
<b>Broaden access to digital support / tools:</b> To ensure access to evidence-based, high-quality support for people and communities who may experience barriers to accessing traditional services.	✓	
<b>Develop evidence-based, comprehensive local and pan-GM approaches:</b> To support people living with co-occurring conditions where alcohol is a contributing factor, those experiencing severe and multiple disadvantage, and high-intensity users of health and care services.	✓	✓
<b>Leverage data insights:</b> Harness city-region data to uncover the true extent of alcohol-related harm and unmet needs.	✓	✓
<b>Use local needs assessments:</b> To inform population health approaches and tailor resource of community treatment based on the needs of local populations.		✓
<b>Integrate AUDIT-C screening</b> into health, care, and community outreach to guide brief interventions and treatment pathways.	✓	✓
<b>Boost outreach and promotion</b> to engage those drinking at increasing or higher-risk levels, prioritising prevention and early support.	✓	✓
<b>Strategic Commissioning:</b> NHS GM, in its role as a strategic commissioner, will build tackling alcohol harm into strategic commissioning intentions and will explore options for the strategic and outcomes-based commissioning of prevention-orientated approaches that prevent people from experiencing alcohol harm, whilst also ensuring integrated and proactive support and care is available for people of increasing-risk and higher-risk alcohol use, and those experiencing alcohol dependency.	✓	





## Introduction

## A SAFER GM

## Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion

Alcohol advertising, sponsorship, and promotion are everywhere in our city-region, shaping how we see alcohol and influencing younger generations. Research shows that these ads are particularly attractive to young people and contribute to greater alcohol consumption — helping an industry thrive on increased-risk drinking.<sup>27</sup> In fact, if adults reduced their drinking to guideline estimates, alcohol sales could drop by an estimated £13 billion.<sup>28</sup>

Unfortunately, unhealthy product advertising, like alcohol ads, are often concentrated in our most deprived areas, exposing the most vulnerable communities to greater risks. These areas experience a higher density of alcohol outlets and aggressive advertising, which are linked to increased crime rates and worsen social and health inequalities.

We believe that our communities deserve better. That's why we're committed to advocating for stronger regulations, including comprehensive restrictions on alcohol advertising, sponsorship, and promotions including advocating nationally for the banning of multi-buy promotions in off-trade sales, ensuring that alcohol can't be sold in bulk at discounted prices that make it more tempting for those trying to limit their consumption.

In Greater Manchester, we're already working with Transport for Greater Manchester and our ten localities to explore restrictions on high-fat, salt, and sugar food and drink advertising across out-of-home advertising estates. We plan to extend these learnings to alcohol, with the goal of protecting young people, people

in recovery, and the whole community from harmful exposure.

We are committed to working alongside the nighttime economy and local businesses to create a safer, healthier, and more inclusive Greater Manchester.

This includes fostering environments where alcohol-free options are not only available but are also attractive, visible, and easy to access. We aim to make these alternatives a prominent part of the offerings in bars, restaurants, and entertainment venues, ensuring they appeal to a broad spectrum of customers, including those in recovery.

In addition, we will explore and promote the adoption of local public health-led initiatives in partnership with the nighttime economy and local businesses, free from industry influence, to establish the gold standard for protecting customer safety and welfare, as well as community wellbeing, through training and guidance on venue management as well as the promotion of more welcoming, alcohol-free environments and alternatives.



## The public want stronger action on alcohol<sup>29</sup>

Support for preventative measures is high across the board in England:

**72%**

Mandatory nutritional labelling

**72%**

Limits on where alcohol can be sold

**75%**

Mandatory health warning labels

**45%**

Support minimum unit pricing vs opposition (29%)

**60%**

Levy on alcohol companies



## Case study

## A SAFER GM

## Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion

In April 2024, Sheffield City Council implemented a comprehensive Advertising and Sponsorship Policy aimed at promoting public health and environmental sustainability. This policy prohibits advertising of products such as alcohol, high-fat, salt, and sugar (HFSS) foods, gambling, vaping, and high-carbon industries on council-owned media, including billboards and digital platforms.<sup>30</sup>

A distinctive aspect of Sheffield's policy is its inclusion of low and zero-alcohol products from brands synonymous with alcohol in the advertising restrictions. This measure addresses concerns about "alibi marketing," where alcohol brands use non-alcoholic products to maintain brand visibility and potentially circumvent advertising restrictions.

The policy was developed in response to findings that outdoor advertising for unhealthy commodities is disproportionately concentrated in the city's most deprived areas. A study by AdFree Cities revealed that 56% of outdoor advertising in Sheffield is located in the three most deprived deciles, while only 8% is in the three least deprived deciles. By restricting harmful advertising, the council aims to reduce health inequalities and foster a healthier environment for all residents.



### Impact of alcohol advertising Voices of lived experience

At first, advertising affected me deeply. Alcohol is everywhere — on TV, in supermarkets, and especially during festive seasons like Christmas. In the beginning, seeing it everywhere was overwhelming. Over time, it has affected me less, but it is always there. Walking down the street and seeing price promotions and special offers can still be triggering, especially in the early stages of recovery.

**Greater Manchester resident in recovery**

## Our commitments

Working together we will	GM	Localities
<b>Advocate for evidence-based national restrictions:</b> Partner with key stakeholders to push for stronger, data-driven national rules on alcohol advertising.	✓	✓
<b>Leverage the commercial determinants framework:</b> Use this tool to identify and act on opportunities to limit alcohol advertising, sponsorship, and promotion across our region.	✓	✓
<b>Apply lessons from junk food and drink advertising restrictions:</b> Build on lessons learned from our efforts to restrict unhealthy food adverts on transport networks and local authority out-of-home advertising estates to extend similar protections for alcohol.	✓	✓
<b>Tighten local policies:</b> Explore local measures to restrict alcohol advertising and promotion.		✓
<b>Explore approaches to engaging with businesses and industry:</b> Work collaboratively with local businesses and the industry to reduce alcohol-related harms and incidents by promoting alcohol-free and inclusive spaces, supporting responsible sales practices, and encouraging alternative social events.		✓
<b>Share best practices:</b> Learn from other regions' successes to drive innovation and strengthen local policies.		✓





## Introduction

# A SAFER GM

## Raise prices on alcohol through excise taxes and pricing policies

Cheap, high-strength alcohol availability largely impacts our most disadvantaged communities. Often, it's people with the least resources, who face the greatest risk of alcohol-related illness and early death. To protect the most vulnerable, we need bold action — and pricing is one of the most effective tools we have to make a real difference.

Global evidence shows that even small increases in price can lead to real change. In general, each 1% increase in the price of alcohol leads to a 0.44% decrease in how much alcohol is sold or how much alcohol people report drinking.<sup>31</sup> In contrast, when Finland cut alcohol taxes, deaths from liver disease increased by 46%.<sup>32</sup>

Scotland's introduction of Minimum Unit Pricing (MUP) has already made a difference. It has helped reduce alcohol consumption by around 3%, prevented nearly 900 hospital admissions annually, and saved an estimated 268 lives each year.<sup>33</sup>

Crucially, MUP is designed to target the cheapest, highest-strength drinks — those most commonly consumed by people drinking at dependent, increasing or higher-risk levels on low incomes. This makes it a policy that not only reduces harm but helps tackle deep-rooted health inequalities.

While pricing policies are not a silver bullet for alcohol harm across the board, they are a vital part of the solution for protecting people most at risk.

England, however, is lagging behind. That's why Greater Manchester is committed to leading the call for change. We will continue to amplify the voices of our communities and advocate nationally for a 65p minimum unit price — aligned with Scotland's revised rate. At the same time, we'll work locally to better understand the impact of cheap alcohol in our neighbourhoods and support action to reduce its availability wherever possible.





## Case study

## A SAFER GM

# Raise prices on alcohol through excise taxes and pricing policies

Scotland implemented Minimum Unit Pricing (MUP) for alcohol on May 1, 2018, setting a floor price of 50 pence per unit of alcohol. This policy aimed to reduce alcohol-related harm by increasing the cost of cheap, high-strength alcoholic beverages. Extensive evaluations have been conducted to assess its impact over the initial five-year period.

## Key Findings:

- **Reduction in Alcohol Sales:** Research indicates a reduction of 3% in per-adult alcohol sales in Scotland during the three years following MUP implementation.
- **Impact on Alcohol-Related Deaths and Hospitalisations:** Public Health Scotland's comprehensive evaluation suggests that MUP has positively influenced health outcomes, including reductions in alcohol-related deaths and hospital admissions.
- **Effect on Heavy Drinkers:** Studies focusing on individuals drinking at higher-risk levels, including those dependent on alcohol, found no clear evidence that MUP caused significant negative consequences, such as financial strain or changes in drinking patterns leading to increased harm.
- **Economic Impact on the Alcohol Industry:** An evaluation of MUP's economic impact on Scotland's alcoholic drinks industry reported minimal adverse effects, indicating that the policy did not significantly harm the sector.

## Policy Developments:

In response to ongoing evaluations and to maintain the policy's effectiveness amid inflation, the Scottish Government increased the minimum unit price from 50p to 65p in April 2024. This adjustment aims to further reduce alcohol-related harm and address health inequalities.







## The real cost of alcohol

### Voices from lived experience

Walking past alcohol promotions in stores is another challenge. I actively avoid alcohol aisles in supermarkets but offers can be especially tempting for someone newly in recovery. I've heard stories in AA of people convincing themselves they'll stop drinking next week after taking advantage of such deals.

Just as sweets are no longer placed at checkout counters to discourage impulse buying, alcohol should also be kept separate from everyday food aisles. Yet, it is often deliberately placed in high-traffic areas to encourage purchasing. For someone newly sober, this feels like "white-knuckling" through constant temptation. Even something as simple as seeing alcohol ads on trams can be triggering. Alcohol will sell regardless — why make it harder for people trying to recover?

If someone needs alcohol for a dinner party, they will go and buy it. But those of us in recovery need support, not added obstacles.

**Greater Manchester resident in recovery**

## Our commitments

Working together we will	GM	Localities
<b>Unite for change:</b> Partner with organisations to champion minimum unit pricing and evidence-based alcohol taxes on a national level.	✓	✓
<b>Target affordability:</b> Leverage the national commercial determinants framework to reduce alcohol's affordability across our region.	✓	✓
<b>Strengthen local controls:</b> Implement cumulative impact assessments and licensing policies — like minimum non-alcohol spend — to make alcohol less accessible.		✓
<b>Cut price promotions:</b> Work with local businesses to minimise aggressive price promotions.		✓

## Introduction

# A SAFER GM

## Give every child the best start in life

Drinking during pregnancy can cause lasting harm to unborn babies, and the Chief Medical Officer (CMO) advises that there is no known safe amount of alcohol during pregnancy, nor a time when drinking is completely risk-free.

Despite this, approximately 660 babies in Greater Manchester are born each year with Foetal Alcohol Spectrum Disorder (FASD)<sup>34</sup> — a complex and lifelong condition caused by prenatal alcohol exposure. FASD can lead to a range of physical, cognitive, and behavioural challenges, often going undiagnosed or misdiagnosed, as its symptoms overlap with conditions like ADHD or autism. This misdiagnosis can delay essential support, leaving many parents feeling isolated and unsure of where to turn.

Greater Manchester has been at the forefront of research and initiatives that raise awareness of FASD, with our DRYMESTER campaign, gaining national recognition for best practice. We will continue to build on this progress, ensuring that every child gets the healthiest start in life by supporting families to make informed choices on alcohol use during pregnancy and driving forward improvements in prevention, diagnosis, and care.

At the same time, we will work to reduce underage drinking. The UK has some of the highest rates of underage drinking in the world, with over a third of children having tried alcohol by age 11, and more than half by age 13.<sup>35</sup> To do so, we must shift the environment around young people. When alcohol is more expensive, less available, and not aggressively marketed, it becomes less appealing.

Alongside this, it's crucial that children and young people receive honest, non-judgmental information about the risks of alcohol use. We will work with partners to ensure that this support is consistently available across all communities.

The risks to children also often extend beyond their own drinking. One in five children live with someone who engages in increasing-risk drinking, and around 705,000 children live with a parent who is experiencing alcohol dependency.<sup>36</sup> These children face greater risks, including poor school performance, mental health struggles, and a higher likelihood of alcohol use themselves later in life.

Breaking this cycle starts with creating safer, more supportive environments for children and families. Across Greater Manchester, some local authority areas have developed specialist services that offer children safe, trusted spaces to share their experiences with skilled professionals.

This strategy will build on the strong foundations already in place, encouraging greater collaboration between treatment providers, Children's Social Care, Child Safeguarding Partnerships, and Youth Justice Boards. Together, we can protect and support children, ensuring they get the best start in life, free from the harms of alcohol.





## Case study

## A SAFER GM

## Give every child the best start in life

From May to July 2019, the GM Alcohol Harms programme tested how a public marketing campaign could contribute towards reducing Alcohol Exposed Pregnancies and preventing new cases of FASD in the city-region. This was the first digital campaign addressing the issues associated with alcohol use in pregnancy.

Highlighting the Chief Medical Officers guidance that there is 'no safe amount, no safe time' to drink alcohol during pregnancy, the campaign supported parents-to-be to go alcohol-free resulting in:

- Content being viewed 9.42 million times
- 959,289 engagements with resources and communications
- 4 in 5 pregnant women decreasing their drinking post the campaign compared to one in 10 in the general population
- Prompted awareness of many health harms were significantly higher post campaign and even higher for those who saw the campaign, with 4 in 5 associating FASD with drinking alcohol in pregnancy
- #DRYMESTER guidance cited as "the safest approach" in study by The University of Bristol
- 1,000 health and social care staff trained in Alcohol Exposed Pregnancies and FASD awareness by specialist midwives
- 100% of community midwives in Northern Care Alliance (NCA) testbed trained in AEP awareness, alcohol screening and Alcohol Brief Interventions. Rated as 'excellent' or 'very good' by 96% of attendees

# #DRYMESTER

HELPING PARENTS-TO-BE GO ALCOHOL FREE



## Healthy pregnancies

### Voices of lived experience



*"I want to raise a healthy baby and believe I should do everything in my power to be as healthy as possible whilst my daughter is growing."*

**Parent-to-be**

*"I want to understand and promote this, and to give my child a healthy start."*

**Friend**

*"I'm a foster carer lobbying my local commissioner to launch Drymester in my area."*

**Friend**





## Our commitments

Working together we will	GM	Localities
<b>Establish a city-region-wide FASD diagnostic pathway</b> aligned with NICE standards to build on our work to reduce the harms of alcohol exposed pregnancies.	✓	
<b>Advocate for national support</b> for children impacted by parental drinking.	✓	✓
<b>Provide information and guidance for children and young people on the harms of alcohol:</b> We will ensure that children and young people have access to accurate, age-appropriate information about the risks and long-term harms of alcohol consumption.	✓	✓
<b>Partner with voluntary, community, faith, and social enterprise (VCFSE) organisations to support children affected by parental drinking:</b> We will collaborate with VCFSE organisations to provide targeted support for children impacted by parental alcohol use. By working closely with these organisations, we aim to offer tailored interventions that address the specific needs of affected children, helping them build resilience, access mental health support, and improve their overall wellbeing.	✓	✓
<b>Align with best start initiatives:</b> To support alcohol-free pregnancies and childhoods, we will work alongside Best Start initiatives to ensure that families have the resources, guidance, and support needed to create healthy environments from the very beginning.	✓	✓



## Introduction

# A SAFER GM

## **Mobilise a sustainable VCFSE and community-led approach to recovery, peer support and mutual aid as part of our GM Live Well ambitions**

The greatest strength of Greater Manchester is its people. Lasting recovery for people experiencing alcohol dependency isn't just about treatment — it's about connection, community, and the power of shared experience. That's why, as part of our GM Live Well approach, we will prioritise peer-to-peer support, mobilise local networks, and empower the voluntary, community, faith, and social enterprise (VCFSE) sector to play a central role in recovery.

By strengthening community-led support in our neighbourhoods and across communities of shared experience, we can ensure that people in recovery are supported where they live, surrounded by networks that understand their challenges, co-create solutions, and celebrate their successes. Mutual aid and peer support groups offer a lifeline — providing understanding, encouragement, and the wisdom of lived experience to those on the path to recovery. These connections help to break isolation and build resilience, creating an environment where people feel supported, not judged.

This peer-driven approach will be embedded across all areas of our strategy, recognising that alcohol harm doesn't just affect individuals — it impacts families, children, and entire communities. Support must extend to loved ones, ensuring they too have access to guidance, reassurance, and practical help.

Lived experience will be at the heart of our efforts. Those who have been impacted by alcohol are not just beneficiaries of support — they are powerful advocates for change. Their voices will help shape services, challenge stigma, and drive cultural shifts in how we address alcohol harm.



## Case study

## A SAFER GM

### Mobilise a sustainable VCFSE and community-led approach to recovery, peer support and mutual aid as part of our GM Live Well ambitions

The LGBT Foundation Recovery Programme is a community-driven initiative supporting LGBTQ+ individuals struggling with alcohol and/or substance use. It provides harm-reduction advice, 1:1 interventions, peer-led support, safe spaces, and resources to help people manage their relationship with alcohol and substances. The programme has a focus on mutual aid, meaning participants support each other through shared experiences, fostering a sense of belonging and understanding. It aims to reduce harm while acknowledging the unique challenges faced by LGBTQ+ individuals, such as discrimination, mental health struggles, and social isolation.

The programme also offers SMART Recovery, a self-management cognitive behavioural therapy recovery programme helping people to manage triggers and boundaries, Here & Now, a mutual aid support group for LGBTQ+

people to share their experiences in a safe space and a friendly atmosphere, and a programme of sober socials and wellbeing walks where people can meet others going through a similar journey.







## Peer-to-peer support

### Voices of lived experience

Recovery has given me a new purpose. I volunteer at Achieve, where people tell me I am an inspiration. I am also on a course for peer mentoring, using my experiences to help others on their journey. Looking back, I see how far I've come. The road was not easy, but I am proud of the person I am today and grateful for the support and strength that have carried me through.

#### Person in recovery Greater Manchester

I really think that the support that is offered is amazing and I feel like an ambassador as I am always talking to friends and people about how great the support is and that they should just talk to someone if they are feeling like things are getting out of control. I feel better than I ever have in my recovery.

#### Person in recovery LGBT Foundation

## Our commitments

Working together we will	GM	Localities
<b>Embed a sustainable, community-led recovery network,</b> strengthening <b>VCFSE, peer support, and mutual aid</b> as part of our <b>Live Well</b> ambitions.	✓	✓
<b>Work in partnerships</b> to ensure accessible recovery offers and encourage hope and ambition for everybody who enters treatment to recover and live a life independent of service.	✓	✓
<b>Ensure lived experience shapes our strategy,</b> with people directly impacted by alcohol harm at the heart of decision-making.	✓	✓
<b>Strengthen partnerships with the VCFSE sector,</b> fostering collaboration and sharing best practices across Greater Manchester.	✓	✓

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