

The prevalence and nature of New Psychoactive Substance (NPS) use in Manchester



Presentation to the Health Scrutiny Committee by
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October 2015 – Phase I commissioned
January 2016 – Phase I commenced
June 2016 – Phase I completed
December 2016 – Phase II commissioned
January 2017 (to July 2017) – Phase II commenced



Phase I - Aims and objectives

The key objectives of the research were to:

- Gain a clearer understanding of the prevalence and nature of NPS use amongst targeted sub-populations in Manchester;
- Identify the harms associated with NPS use;
- Ascertain whether the needs of such sub-populations are being met, or not being met, by existing service provision;
- Identify any staff training and/or knowledge needs; and,
- Make recommendations regarding the future development and delivery of services in Manchester.

Phase I - Aims and objectives

The research focused on five sub-populations:

- University students;
- Clubbers;
- **The homeless community;**
- **Offenders released on license conditions;** and,
- Men who have sex with men (MSM) engaged in the chemsex scene.
- NPS are most commonly grouped into five broad categories: stimulants; sedatives; hallucinogens; dissociatives; and, **synthetic cannabinoids.**

Phase I - Research methods

- 55 questionnaires completed by those engaged with Homeless Link.
- 53 interviews with users - street homeless and those living in temporary supported housing, hostels, night shelters, and approved premises following release from custody.
- 31 interviews with practitioners and service providers, including: young people and adult drug and alcohol services; offender management (including prison and probation); police; supported housing providers; approved premises; homeless day centres; homeless outreach teams; mental health services; and, GPs and other medical.
- Six months of ethnographic observations - city-centre headshops; homeless drop-in activity and advice centres; medical practices; and 'hot spots' for NPS use.

Onset and motivations for use

Onset

'I tried it when I was in prison, and then I've smoked it since then'. (Male, mid 20s)

'I first started using when I [became homeless myself and] started hanging around with homeless and that'. (Female, late teens)

Motivations

'If you're on the streets and you're cold, you have a spliff off Spice, it warms you up, trust me I'm not joking'. (Male, early 20s)

'It helps you sleep. Amount of times I've done that in the car park, I used to sleep in the car park [and] Spice knocks you to sleep'. (Male, early 20s)

'They'll just have a really strong joint ... to help them sleep and just block it out really, block out life's traumas'. (Homeless Day Centre Manager)

The new heroin?

Replacing Heroin & Crack

'It [Spice] has replaced a lot of other drugs. I've had three and a half, four years homeless on the street and a lot of my friends have given up heroin and crack addictions, and they now smoke the Spice. I'm the same'. (Male, mid 20s)

'Crack heads and heroin addicts have come off crack and heroin to smoke Spice, and now they can't stop smoking Spice'. (Male, late teens)

More Addictive

'... Spice is definitely the most addictive [substance]'. (Male, late 20s, ex-Heroin and Crack User)

'It just rules your life. If you've not got your Spice, bollocks to everything else. Food, what's in the fridge, nothing matters in the world'. (Male, early 20s)

The new heroin?

Tolerance

'Some are aligning it to heroin withdrawals, so the flu like symptoms, the stomach cramps, the sweating, the irritability'. (Homeless Day Centre Manager)

'I first started at half a gram [a day], and I'd probably get about 30 spliffs out of it in prison. ... [Now with] the tolerance, I'm up to smoking seven grams'. (Male, early 20s)

'When I started smoking it, I only had to put a little bit in it. ... [But] by the time I was coming off it, I was putting half a gram in a spliff'. (Male, mid 20s, ex-Spice user)

Withdrawals

'You get no sleep. Hot and cold sweats, spewing up, you've got diarrhoea'. (Male, early 30s)

'It's horrible. Hallucinations, stomach cramps, shits, being sick, can't eat nothing, paranoia, everything'. (Male, mid 30s)

'Stomach cramps, puking, sweating and hardly sleeping'. (Male, late 20s)

'Always sick blood. It's just because you've got nothing else in your stomach, that's all it is, your stomach lining'. (Male late teens)

Impact on Mental Health

Onset

'I started hearing voices. ... I thought I could send messages and that through my own mind without speaking, it was horrible, ... I went off my head'. (Male, early 30s)

'You may as well just get a syringe of paranoia and whack it in your vein. That's what I felt like after a couple of drags of Spice'. (Male, late 30s)

'Anxiety, depression, anger. ... I don't think I had anxiety before smoking Spice me, I really don't'. (Male, early 20s)

Amplification

'I've got mental health problems anyway, previous to the Spice, but the Spice has amplified them'. (Male, mid 20s)

'I've got paranoia and anxiety [anyway] but it [Spice] makes it a lot worse'. (Male, early 20s)

Impact on Mental Health

'Heavy bouts of psychosis and depression, crippling depression. ... It's mad, proper crazy, like a whole different dimension'. (Male, mid 20s)

'I could feel my head going. I was getting quite concerned. I was self-harming'. (Male, late 20s)

'If you don't have a spliff of it [Spice], it can make you think in your head that you want to commit suicide. ... I've gone to jump off bridges and everything'. (Female, early 20s)

Lack of service user engagement – misconceptions

'There are people who we're seeing on the streets a lot, young people particularly, who aren't accessing city centre projects and they're not accessing Lifeshare, they're not going to the Booth Centre, they're just staying on the streets, and begging for money for Spice. ... They're not engaging with any services at all'. (Homeless Case Manager at City Centre Medical Practice)

'Why would I want to go to a place with druggies?' (Male, early 20s)

'Do you know what they're for, them drugs services? To give new needles, and I don't use needles, so why do I need to go there?' (Male, mid 20s)

'They're addicted to NPS, so why would they go to somewhere that deals with class A drugs. ... They don't want to be defined as that kind of drug user'. (Supported Housing Manager)

Lack of service user engagement – referral pathways

‘I’m not entirely sure how much faith I have in any of those services in these issues. ... I don't think there are currently any agencies that would offer practical help’. (Homeless Outreach Worker)

‘I was in A&E because I was on Vertex Space Cadet ... [and] they didn’t know nothing about it ... [and] they didn’t even know where to send me to’. (Male, mid 20s)

‘It’s hard to know who to refer to at the moment with Spice. ... There’s no one you could directly refer anyone that uses Spice to. Who do you refer to? What can people access? We don’t know’. (Supported Housing Manager)

Lack of service user engagement – no substitute

‘What’s on offer that’s going to make people come in? What’s out there to substitute Spice, treatment wise? ... Going into treatment as a heroin user, I know I’m not going to rattle every day [but] for Spice, there’s not any of these things, so why am I going to get treatment?’ (Male, late 30s, Ex-heroin user)

‘A chemical of some sort [to substitute NPS use] is going to get me to treatment because that’s what I know’. (Male, late 30s, Ex-heroin and crack user)

‘There’s nothing there to get off it. ... You can prescribe a heroin addict with Subbie [Subutex], ... but there’s nothing out there [to prescribe to NPS users]’. (Male, mid 20s)

Impact on Anti Social Behaviour – Aggression

‘A lot of people have been turning more violent and aggressive. ... I know plenty of people who have lost their temper through it’. (Male, mid 20s)

‘One particular client, he really changed, ... made some awful threats to staff. ... And he wasn’t like that normally. I think he used spice for about five to six weeks, and in that period he just really changed his personality’. (Supported Housing Manager)

‘We get people who previously were really passive ending up being aggressive’. (Young Homeless Support Worker)

‘People can get very aggressive on it. I don’t know if you saw the lad shouting in the centre earlier. Generally he can be alright, but he isn’t when he’s smoked Spice, he can become quite shouty and quite aggressive’. (Homeless Day Centre Manager)

Impact on Homeless Community

'We [the homeless community] used to stick by each other, we used to be literally like "If someone messes with you, you got to mess with all of us". ... And now, [we're] literally lifting each other for the Spice'. (Female, late teens)

'People do things [now] that they would never have done, ... like rob off your friends. ... And you know you're leaving him sweating tonight because you're taking it. But I need it, either he's sweating or I'm sweating'. (Male, early 20s)

'I get robbed every single night from Spice, my money and everything, it's horrible, it's really horrible'. (Female, early 20s)

Recommendations from the Research

1. Development of resources and training to improve NPS knowledge
2. Service development – how services can respond to the challenges
3. Future research priorities (Phase II Study on the impact of the Psychoactive Substances Act 2016)

Recommendation 1 : Resources & Training

- Workshops and seminars for key stakeholders and 'Spice' training sessions delivered and others planned following a consultation workshop
- 'Spice Warning' leaflet developed
- NPS Briefing Information Sheets – first one on 'Spice' has been issued
- Local Drug Information System (LDIS) now operating with 63 contacts on the Professional Information Network (PIN) in Manchester alone
- 2 minute 'animation'/film being developed with ex-Spice user to raise awareness

Spice Warning

March 2017.

Information about recent incidents involving 'Spice' in Manchester

Spice in Manchester

- **Spice is a nickname for a herbal smoking mixture containing one or more of a group of drugs called synthetic cannabinoids.**
- There are hundreds of different synthetic cannabinoids, some are more potent, more toxic and more dangerous than others.
- Two samples of Spice from Manchester City Centre have been tested. Both contained a synthetic cannabinoid called **AMB FUBINACA**.

AMB FUBINACA is very potent and very toxic drug and caused a 'zombie like' condition and led to 33 overdoses in one area of the United States in 2016.

Don't start using Spice: 8 people died last year after smoking Spice. There is no safe way of using this addictive and extremely dangerous drug. However, if you are using the following advice may reduce risks.

Harm reduction advice

- Sit down before you smoke Spice as you may lose your balance, fall over or pass out.
- Spice is potent even at very low doses.
- Don't smoke Spice neat, always mix with tobacco.
- Start any new batch with a tiny match head size test dose.

Help available in Manchester

- There are various treatments for Spice users including medically assisted withdrawal.

For over 18s, **CGL**,
43A Carnarvon Street,
Telephone 0161 214 0770.

For young people (under 18)
Eclipse, 102 Oldham Street,
Telephone 0161 839 2054.

Dealing with a Spice overdose



Although effects can look disturbing in the vast majority of cases people smoking Spice will not require emergency treatment, however:

- **If in doubt Call an ambulance.**



- **Bad trips:** If someone is hallucinating, paranoid or anxious, take them somewhere quiet where they feel safe. **Calm and reassure them.**



- **Seizures (fits):** Ensure the area is safe and there is nothing they could hurt themselves on. Don't hold people down as this is dangerous: **Call an ambulance.**



- **Overheating:** If they are flushed and skin feels very hot (+ 38.5°C) Rest and cool. Use damp cloth on skin and drink water. If not settling after about 5 minutes: **Call an ambulance.**



- **If they have chest pains:** sit them down in a calm environment and reassure them. **Call an ambulance.**



- **Other concerns:** e.g. severe vomiting, frothing at mouth, severe headache, significant agitation or aggression, not settling within 15 minutes. **Call an ambulance.**



- **Breathing difficulties,** such as fast or shallow breathing, not settling within 5 minutes. **Call an ambulance.**

- **Unconsciousness:** It can be risky to startle or frighten people intoxicated on Spice as this can lead to heart failure. If they can't be woken by gentle shaking and calling; make sure they are lying on their side so they don't choke on vomit and **Call an ambulance.**



Look after people who have overdosed in the same way you would want them to look after you.

Recommendation 2 : Service Developments

- NPS Task Group established in Spring 2017
- Articles in local and national media about ‘Spice’ turning users into zombies and ‘the walking dead’
- ‘Spice Warning’ leaflet disseminated as part of a wider campaign
- LDIS activated utilising the Home Office Licensed Facility at Manchester Metropolitan University (MMU)
- Results of tests on samples of ‘Spice’ have shown different strains/types

Recommendation 2 : Mainstreaming our response

- Regular NPS Task Group meetings chaired by the Director of Neighbourhood Services, Manchester City Council
- Membership includes:
 - Greater Manchester Police (GMP)
 - North West Ambulance Service (NWAS)
 - Voluntary & Community Sector (VCS)
 - Substance Misuse Services – Change Grow Live (CGL)
 - Public Health England
 - Council teams and departments
 - Subject matter experts
- Management of communications
- Governance under the Community Safety Partnership and Health & Wellbeing Board

Current areas of focus

- Homelessness and rough sleeping population
- Young people – Eclipse / CGL
- Substance misuse practitioners delivering engagement sessions in homelessness day centres in the city centre and in homelessness temporary accommodation establishments
- Outreach with the police delivering harm reduction advice
- ‘Business cards’ developed for users by users
- Extended brief interventions delivered by CGL
- Enforcement activities

Next Steps

Future Research Agendas

- Ongoing monitoring of the impact of the *Psychoactive Substances Act 2016*
- The establishment of an annual emerging drug trends and markets survey.

National Drugs Strategy (Published by the Home Office on 14th July 2017)

- MMU/GM Conference hosted by the Mayor with input from Manchester
- Sharing best practice with other areas (e.g. Newcastle)
- Maintain focus on harm reduction and integrate into broader work to tackle rough sleeping/homelessness

Phase II – Impact of the *Psychoactive Substances Act 2016*

Psychoactive Substances Act



A blanket ban on so-called 'legal highs'

Home Office



Comes into effect from 26 May 2016



New powers for police and tough sentences of up to 7 years for offenders



SPICE SURVEY

We are conducting this research to gain an insight into the use of Spice since the 2016 ban and how it is affecting people. The information collected is anonymous.

- 1) HOW OLD ARE YOU? 2) MALE FEMALE 3) DATE & LOCATION
- 4) WHERE ARE YOU CURRENTLY SLEEPING? (if this frequently changes, please say where you slept last night)

<input type="radio"/> Sleeping rough on streets/parks	<input type="radio"/> Sleeping on somebody's sofa/floor	<input type="radio"/> Squatting
<input type="radio"/> In a hostel or supported accommodation	<input type="radio"/> In B&B or other temporary accommodation	<input type="radio"/> Housed
<input type="radio"/> In emergency accommodation (e.g. refuge)	<input type="radio"/> Other (please state).....	
- 5) DO YOU CURRENTLY USE SPICE? Yes No, ex-user - when did you stop using?.....
 No, never used Spice (go to end)
- 6) WHEN & WHERE DID YOU FIRST USE SPICE? When:..... Where:
- 7) HOW OFTEN DO / DID YOU USE IT?

<input type="radio"/> Every day	<input type="radio"/> Five or six days a week	<input type="radio"/> Three or four days a week	<input type="radio"/> Once or twice a week
<input type="radio"/> Once or twice a month	<input type="radio"/> Once every couple of months	<input type="radio"/> Once or twice a year	
- 8) ON THE DAYS YOU USE / USED SPICE, HOW MUCH DO / DID YOU NORMALLY USE?
- 9) ON THE DAYS YOU USE / USED SPICE, HOW MUCH DO / DID YOU NORMALLY SPEND ON IT?
- 10) DO YOU USE ANY OTHER SUBSTANCES? Yes (if yes, which please tick which ones below) No
 Alcohol Heroin Cannabis Crack Cocaine Other (please state).....