

**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee - 18 July 2017

Subject: New Psychoactive Substances: Local Research Report

Report of: Director of Public Health

Summary

In January 2016, the Health Scrutiny Committee were informed about the research project that would be undertaken by Manchester Metropolitan University (MMU) into New Psychoactive Substances (NPS). The overarching aim of the research was to explore the prevalence and nature of NPS use in Manchester. This report provides a brief summary of the research project and some of the work now underway to respond to the findings. The lead researcher from MMU will provide a presentation to the Committee, focusing on the information and intelligence gathered from participants in the study and key stakeholders.

Recommendations

The Committee is asked to:

- 1) Note the report
 - 2) Comment on the approach being taken in Manchester to respond to the findings from the research.
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Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Alcohol & Drug Services in Manchester, Report to Health Scrutiny Committee, 28 January 2016.

1. Introduction

- 1.1 Concerns were raised in 2015 about the use of NPS in Manchester and other parts of the country and the lack of understanding about their impact. The Manchester Community Safety Partnership therefore agreed to allocate funds to the Public Health Team to commission research that would provide local commissioners and providers with information to support local responses.
- 1.2 The Substance Use and Addictive Behaviours (SUAB) Research Group at Manchester Metropolitan, recognised as a centre of excellence in this field, undertook phase one of the research in 2016. The purpose of this phase of the research project was to:
- Gain a clearer understanding of the of the prevalence and nature of NPS use amongst a number of sub populations in the city
 - Identify the harms associated with NPS use
 - Ascertain whether the needs of such sub populations were being met by existing service provision
 - Identify any staff training and knowledge needs
 - Make recommendations to commissioners and providers regarding the future development and delivery of services

2. Background

- 2.1 NPS have been emerging as a threat to public health in recent years, particularly in Europe and the UK. The use of NPS has been linked to a range of acute health harms including heart palpitations, seizures, rapid chest pain, shortness of breath, kidney damage and changes to psychological state (depression, hallucinations and confusion.) The long standing health impacts of the substances are not yet known.
- 2.2 NPS are most commonly grouped into five broad categories:
- Stimulants
 - Sedatives
 - Hallucinogens
 - Dissociatives
 - Synthetic Cannabinoids

In the past few years, a synthetic cannabinoid known as ‘Spice’ has been the focus of considerable media attention, although it is important to recognise that other NPS and drugs such as heroin remain a significant cause for concern.

- 2.3 Up until May 2016 it was still possible to buy some NPS over the counter in local “Head Shops”, however, following the introduction of the Psychoactive Substances Act (PSA) 2016 it became an offence to supply NPS. Also in December 2016 synthetic cannabinoids were made class B drugs under the Misuse of Drugs Act.

3. Research Methodology

3.1 The research project focused on five sub-populations:

- University students
- Clubbers
- The homeless community
- Offenders released on license conditions
- Men who have sex with Men (MSM)

3.2 Questionnaires were completed by those engaged with services, 53 in depth interviews were undertaken with users and 31 interviews with frontline practitioners and service providers. This was complemented by six months of observational fieldwork.

4. Research Findings

4.1 The initial findings from the research have now been fed back to a range of stakeholder groups, including the Community Safety Partnership, who commissioned the research project. The information relating to NPS use by specific population groups has also been provided to the relevant agencies.

4.2 In recognition of the current concerns about Spice, the Committee will be provided with the detailed research findings relating to:

- The homeless community
- Offenders released on license conditions

4.3 The lead researcher will cover the following issues in the presentation to Committee:

- Onset and motivations for use
- Context in relation to other drugs
- Impacts on mental health
- Referral pathways
- Service user engagement
- Impacts on the homeless community
- Community safety

5. Research Recommendations

The recommendations from the research cover three main themes:

- 1) Developing resources and training to improve NPS knowledge
- 2) How services can respond to the challenges (e.g. user engagement)
- 3) Future research priorities

5.1 Resources and Training

5.1.1 A clear need was identified in the research to increase NPS related knowledge amongst a wide range of agencies ranging from GPs, emergency services staff, supported accommodation workers, homelessness workers, and criminal justice services. The specific suggestions included:

- Developing bespoke information sheets for professionals on different types of NPS
- A virtual resource to facilitate the sharing of knowledge and information and good practice across services.

In response to these suggestions good progress is being made as described below.

5.1.2 A briefing information sheet on 'Spice' for front line agencies is in final draft. Further information sheets on other types of NPS are in development. Also, in March 2017, a 'Spice' Warning Leaflet which included overdose advice was produced and circulated to businesses and frontline agencies in the city centre and was also widely circulated via the Local Drug Information System (LDIS).

5.1.3 The LDIS is now in place in Manchester and is managed by Linnell Communications and the Manchester Public Health Team. This is part of a Greater Manchester System and launched in April 2017 by the Office of the Police & Crime Commissioner. Currently 62 network contacts from a variety of agencies in the city are linked into the system and are receiving regular information about incidents and best practice. A valuable aspect of this work has been the testing/analysis of samples of 'Spice' undertaken by the designated laboratory at MMU. This facility is licensed by the Home Office and the information following testing is provided on the LDIS. Tests of samples have shown different strains or types of substances and alerts have been issued to frontline agencies as part of the harm reduction approach.

NPS Training

5.1.4 The research recommended that NPS training goes beyond basic awareness raising and addresses the real practical issues that agencies face in their day to day work and the knowledge gaps that exist.

5.1.5 Therefore following the feedback from a stakeholder workshop earlier this year half day training sessions on 'Spice' will start to be rolled out from August 2017. In addition, a 2 minute film/animation is currently being developed with ex-Spice users with a view to raising general awareness and information about substance misuse services in the city.

5.1.6 The training sessions will emphasize that whilst the impact of the use of 'Spice' is considerable on individuals and services, the research highlights that the use of the substance is not widespread in the general population. The impacts predominantly relate to cohorts of homeless people, rough sleepers, heroin and/or crack users and those leaving prison.

5.2 Service Developments and Responses

5.2.1 In Manchester a NPS Task Group, with a particular focus on Spice, has been established under the governance of both the Community Safety Partnership and Health and Wellbeing Board. The Group is chaired by the Director of Neighbourhood Services at Manchester City Council (MCC) and the membership includes:

- MCC Children's and Adult Services
- Community Safety Team (MCC)
- Manchester Public Health Team (now part of Manchester Health and Care Commissioning)
- Public Health England
- Greater Manchester Police
- North West Ambulance Service
- Local Drugs Treatment Service Providers
- Homelessness Services
- Primary Care
- Probation Services
- VCS agencies
- Subject matter experts

5.2.2 The Task Group have to date; analysed city centre activity data in relation to call-outs to emergency services, considered the important role of the VCS, discussed the community safety challenges and appropriate responses to "street dealing" and anti-social behaviour, agreed the provision of outreach treatment services targeting rough sleepers and finally we have shared our experience with other cities such as Newcastle and Birmingham.

5.2.3 The Task Group will continue to respond to the specific challenges in Manchester relating to the problematic use of synthetic cannabinoids amongst the homeless and offender populations. They are currently focusing on: the resultant harms caused, the current low levels of engagement with substance misuse services and will monitor the significant impact on a range of services in the city including ambulance, police, A&E and supported housing providers.

5.2.4 The Group has benefited from the pioneering research undertaken by MMU and will receive and act on the next phase of the research findings (see 5.3).

5.3 Future Research

The Committee will be informed about the next phase of research (phase two) activity by MMU, the findings from which are now being analysed. The research focuses on the impact of the Psychoactive Substances Act and the first draft of the research report will be completed shortly.

6. Recommendations

The Committee is asked to

- 1) Note the report
- 2) Comment on the approach being taken in Manchester to respond to the findings from the research.