

Health Scrutiny

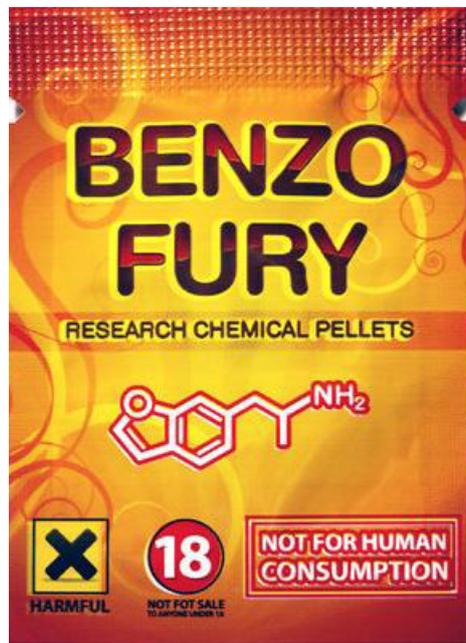
05 October 2017

Report title	Briefing report on New Psychoactive Substances	
Cabinet member with lead responsibility	Councillor Paul Sweet Public Health and Wellbeing	
Wards affected	All	
Accountable director	Susan Milner, Interim Service Director - Public Health and Wellbeing	
Originating service	People – Public Health and Wellbeing	
Accountable employee(s)	Neeraj Malhotra Consultant Public Health Tel 01902 558667 Neeraj.Malhotra@wolverhampton.gov.uk	
Report to be/has been considered by	PLT	18/09/17

The Panel is recommended to:

1. Note information on New Psychoactive Substances
2. Note activity that has been undertaken under the umbrella of the Tobacco and Substance Misuse Alliance.
3. Note next steps

Figure Two: examples of packaging before the new legislation (source: City Hospital Clinical Toxicology Service)



- 2.3 From a public health point of view, NPS has some distinct challenges which are different from understanding patterns of consumption of other drugs. It is very hard to ascertain levels of usage. For example, sometimes it is being taken recreationally by people who are not long term users of other substances. Usage becomes known about when users suffer adverse effects and need to attend an emergency department, for example because of trouble breathing. Other times consumption is known about because users are taking NPS alongside other substances for which they are receiving treatment. The other time that usage becomes known about is when people die as a result of their consumption and it is reported in the media.

Despite incomplete information on usage, some groups are known for their high usage: people in prison, people leaving prison and clubbers. Street homeless populations are at increased risk of consuming NPS.

- 2.4 Another key challenge of NPS is that the contents can be very different from what is stated on the packaging. Their potency can be many times greater than the drugs that they are mimicking. This means that situations arise where people do not know what they are taking and how it may impact on their health. There is an unpredictability to NPS which can be different from other drugs.
- 2.5 The Psychoactive Substances Act came into force in 2016. The Act meant that shops openly selling NPS previously did close (known as 'headshops') and the availability on the internet changed. The availability has not gone away; it has just become harder to detect. Additionally, the Act is hard to enforce because of the rapidly changing nature of NPS compounds and the definitions within the Act are not clear enough.

2.6 Wolverhampton is estimated to have 2,800 users of crack / cocaine in the city and there were 32 drug related deaths in 2014-2016. This is an increase from 26 deaths in 2013-2015 and this increase is consistent with the national picture. It is not possible to know what numbers are attributable to NPS.

3.0 The Tobacco and Substance Misuse alliance

3.1 The Tobacco and Substance Misuse Alliance was established in 2015 by the then Director of Public health. Its purpose is to take a co-ordinated and strategic approach to reducing the harms from tobacco, drugs and alcohol across the city.

3.2 Its current membership consists of representation from the police, community safety, Public Health England, the Council's regulatory services, Wolverhampton College, the Department for Work and Pensions, the Clinical commissioning group, Royal Wolverhampton Trust (RWT), Children's Services, primary care, adult services and substance misuse services. It is chaired by Public Health.

3.3 In 2016, the alliance identified NPS as a priority for it to focus on because it was felt to be an area of real 'unknowns'. It was felt that training on the issue was absolutely key.

3.4 A training programme was developed and a schedule of delivery put into place. The current service provider, [Recovery Near You](#), led on this programme of training. In February 2017, 40 people attended a workshop. In March 40 people attended and then because demand for the training was so high, a third workshop in April attracted 80 attendees. Participants included: West Midlands Police, strengthening family workers, Wolverhampton Homes, Solace, Housing options, Schools, P3 hostel, Probation Services.

Feedback from participants showed that the training was informative and well-received.

4.0 Next steps

4.1 In order to get a better understanding of levels of use in the city, West Midlands Police has been in touch directly with the current substance misuse service to enable a 'triangulation' of police data and anonymous service user data. This work is just beginning and it is envisaged will continue with the new provider.

4.2 There needs to be an on-going programme of education. There is a requirement to support education in the new specification for drug and alcohol services but the reduced budget may impact on how much can be offered. The tender process commenced on 5 September 2017. The new contract will commence 1 April 2018.

4.3 The work of the tobacco and substance misuse alliance will be reviewed as part of a Public Health restructure which is scheduled to commence early November 2017.

5.0 Financial implications

5.1 Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The total allocation for 2017-2018 is £21.3 million.

5.3 The cost of the proposed re-commissioned contract will be contained within the total Public Health grant allocation for 2018-2019. The allocation for 2018-2019 for the contract has been set at £4.0 million.
[NM/12092017/H]

6.0 Legal implications

6.1 The Council has a statutory responsibility for improving the health and well-being of its population.
[RB/08092017/V]

7.0 Equalities implications

7.1 Patterns of NPS usage from national information indicate that gay men, people in prison, people leaving prison and street homeless populations are at increased risk of NPS associated harms. More work needs to be done to understand the local picture.

8.0 Environmental implications

8.1 No environmental implications have been identified.

9.0 Human resources implications

9.1 No human resource implications have been identified.

10.0 Corporate landlord implications

10.1 No corporate landlord implications have been identified.

11.0 Schedule of background papers

11.1 None