

NOVEL PSYCHOACTIVE SUBSTANCE (NPS) PROFILE IN SOUTH GLOUCESTERSHIRE

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EXECUTIVE SUMMARY

- Novel Psychoactive Substances (NPS) are chemical substances that have been synthesised to cause similar reactions to those produced by taking conventional drugs. The concern surrounding use of NPS is a relatively recent phenomenon.
- It is estimated that there are 14,135 NPS users in South Gloucestershire aged between 16 and 59. In addition, it is estimated that the theoretical maximum number of NPS users in South Gloucestershire, who may also require intervention treatment is 1343 users.
- The local treatment data in 2012/2013 and 2013/2014 show that there were 28 unique clients who cited NPS as primary drug use and another 19 cited NPS as secondary drug use. There are gaps and unmet needs within the local treatment system in dealing with NPS users, which are not apparent on the surface.
- The challenges of the NPS in the South Gloucestershire area are fourfold: Public Health concerns; data collection and intelligence; dealing with crime and anti-social behavior and increasing community confidence; and consumer protection.
- There are four potential workstreams that can be undertaken for the NPS Project, including enhancing awareness through education and training, facilitating intelligence sharing through robust data collection, reducing harm to the local communities, and signposting the users who require further treatment intervention into the community treatment system.

INTRODUCTION

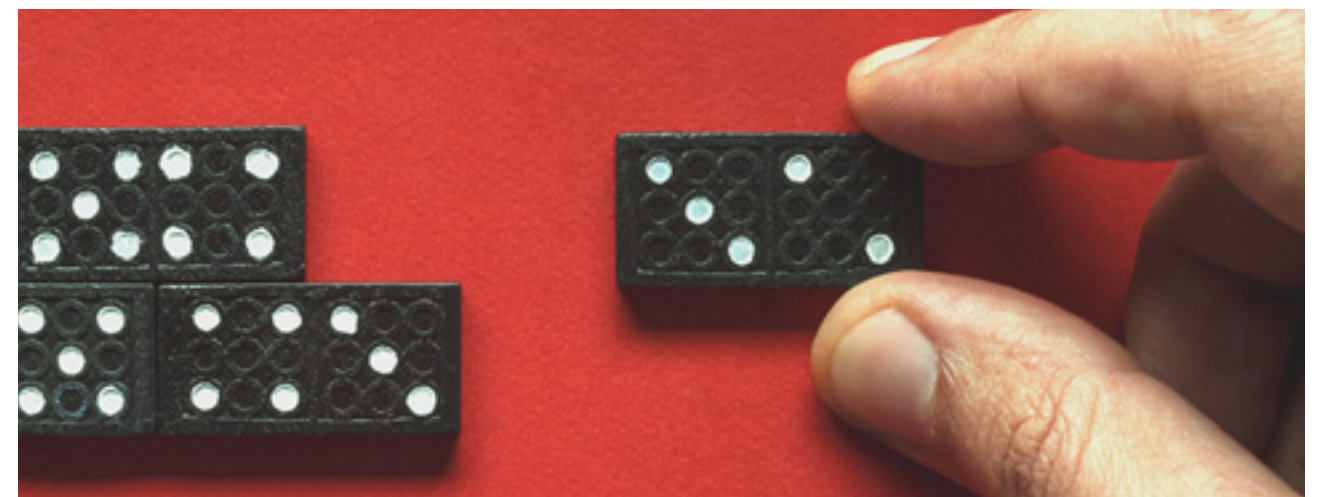
Definition

Novel Psychoactive Substances (hereinafter 'NPS', a term also often referred to as 'legal highs') are chemical substances that have been synthesised to cause similar reactions to those produced by taking conventional drugs, which are controlled under the Misuse of Drugs Act 1971.

These chemical substances are newly created, and hence, are not automatically controlled under relevant legislations.

The concern surrounding use of NPS is a relatively recent phenomenon. Prior to the rapid growth in the consumption of mephedrone in late 2009, NPS were not widely recognised as a concern within the substance misuse environment. However, circa 236 types of NPS were formally identified and logged on the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA) early warning system by the end of 2012.¹

These findings, coupled with continual media coverage, have made the NPS use the latest public health concern.



¹European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 'Introduction to the Topic of New Drugs (New Psychoactive Substances)' (May 2013).

LOCAL PREVALENCE

Estimating the Prevalence of NPS in South Gloucestershire

Given the stigma associated with substance misuse and the nature of some drugs, it is difficult to accurately estimate the scale of the NPS problem in South Gloucestershire. Nevertheless, the following predictive analysis methodologies have been employed to evaluate the scale and complexity of NPS use within the local area:

- The data from the British Crime Survey (BCS) 2013 has been used to estimate the prevalence of NPS in South Gloucestershire.⁴
- Using capture-recapture method, the percentages of prevalence of NPS use among those aged 16 - 59 have been used as mean percentages to estimate the theoretical maximum number of local NPS users.

These mean percentages are multiplied by the total population of South Gloucestershire aged 16 – 59, which is 157,502.⁵

Types of Drug	Mean Percentages of Estimated Drug Use (%)	Theoretical Maximum Number of NPS Users in South Gloucestershire
Salvia	0.3	473
Nitrous oxide	2	3150
Amyl nitrite	0.8	1197
Mephedrone ¹¹ (Class B)	0.5	835

Table 1: Theoretical Maximum of 16 to 59 Year Old Reporting Use of Illicit Drugs in the Last Year

⁴Home Office Statistical Bulletin, 'Findings from the 2012 to 2013 Crime Survey for England and Wales' (July 2013). The BCS is a nationally representative survey in which residents in households in England and Wales are asked about illicit drug use, which involved 28,000 respondents aged 16 – 59. BCS estimates are based on a sample of the population, which is considered large for a government survey. Published figures and comparisons are considered to be robust with 93% response rate for the illicit drug questions. Data are weighted to ensure figures are as representative of the population as possible.

⁵Office for National Statistics, 'Mid-2012 Population Estimates: Single Year of Age and Sex for Local Authorities in England and Wales' (June 2013).

GOVERNING POLICIES

Regulatory and Legal Framework

The South Gloucestershire NPS Project is underpinned by the following governing policies:

- The Government 2010 Drug Strategy, 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug-free Life', highlights the need to respond to emerging drug threats and tackle drug dependence.² This includes improving research and analytical capabilities to identify these substances and strengthen law enforcement action.
- Building Recovery in Communities 2011 enshrines the value of working with people who wish to take proactive steps in tackling their dependency on substance misuse, and offers an exit strategy through recovery.³
- Annual Review of the Drug Strategy 2012 specifies action plans to tackle the NPS market, which comprises collaborative working in response to NPS and improving their monitoring, research, analysis, and forensic capability.
- Localism Act 2011 – This is an act that provides freedom to shape the treatment in line with the Localism agenda, where the working model is based on the experience and understanding of local evidence, and is appropriate to the context and population of South Gloucestershire.

²HM Government, 'Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Live' (2010).

³National Treatment Agency for Substance Misuse (NTA), 'Building Recovery in Communities: A Summary of the Responses to the Consultation' (2012).

CURRENT LOCAL PROFILE

- Using the table above, we can see that there are at least 5,655 NPS users in South Gloucestershire. It is noted that there are only four types of drugs that were featured in BCS as detailed in Table 1 above, whilst there are ten popular NPS⁶ in the market. Therefore, theoretical maximum figures to represent all of the ten drugs are derived using algebraic fractions.

Using this statistical model, it is suggested that there are 14,135 NPS users in South Gloucestershire aged between 16 and 59.⁷

Within this cohort, there is a proportion of NPS users who use drugs in a problematic way, and may require intervention treatment. To obtain the number of these users:

- The output from the prevalence estimates above is further stratified by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) estimate. The output will enable the substance misuse commissioners of the local treatment system to obtain the number of NPS users who are yet to engage with the local treatment system.
- The EMCDDA estimate of drug use is between 9.1% and 9.9%, and it has been decided that the median (9.5%) should be used for calculation purposes.

Using this formula, it is suggested that the theoretical maximum number of NPS users in South Gloucestershire, who may also require intervention treatment is 1343 users.

Treatment Data 2012/2013 and 2013/2014

The local treatment data in 2012/2013 and 2013/2014 show that there were 28 unique clients who cited NPS as primary drug use (mephedrone) and another 19 cited NPS as secondary drug use.⁸

Comparing these findings with the estimated prevalence of NPS use in the earlier section, the inference suggests that there are gaps and unmet needs within the local treatment system in dealing with NPS users, which are not apparent on the surface.

The profile of service users who cited NPS as their primary and secondary drug use is available overleaf.



⁶Based on an official list by the Advisory Council on the Misuse of Drugs (ACMD). The list includes Nitrous Oxide (Laughing Gas), Solvent, Poppers (Amyl Nitrate), Salvia (Plants/Fungi), Benzylpiperazine (BZP), Gammahydroxybutrate (GHB), SPICE, Mephedrone, Naphyrone (NRG1) and Ivory Wave.

⁷Since this is based on a count of individuals, an individual may appear in more than one drug category, indicating poly-drug users within the local population.

CHALLENGES

Estimating the Prevalence of NPS in South Gloucestershire

The lack of information on the risks associated with the NPS has given a false sense of safety to the public.

The primary source of information on the health harms related to NPS is from users presenting to hospital emergency departments with acute toxicity. There have been reports related to Mephedrone toxicity⁹, Ivory Wave toxicity¹⁰ and general NPS toxicity¹¹, which found that patients generally present with a range of symptoms including tachycardia, palpitations, agitation, anxiety, hypertension, lack of coordination and reduced conscious levels.

The presentation to the healthcare establishments, comes with the inevitable economic costs. On average, a person who requires a primary care intervention will incur £1,025, based on the following average costs:

- Emergency ambulance call-out – £244 per call
- Accident and Emergency (A&E) attendance - £100 per attendance
- Occupation of a hospital bed - £569 per night
- Cost of treatment provided - £112 per visit.¹²

The majority of admissions for NPS cases require a minimum of one night occupying a bed whilst waiting for the effects to subside; therefore this would be a minimum cost. This does not include the costs if the individual requires treatment from substance misuse services.

Nationally, there were 52 deaths recorded based on the underlying cause of drug-related poisoning and an NPS was specified on the death certificate; three of these deaths happened in the South West region.¹³

⁹James, D. et al., 'Clinical Characteristics of Mephedrone Toxicity Reported to the UK National Poisons Information Service' [2010] 28(8) Emergency Medical Journal 686

¹⁰Murray, D. et al., 'Ivory Wave Toxicity in Recreational Drug Users; Integration of Clinical and Poisons Information Services to Manage Legal High Poisoning' [2012] 50(2) Clinical Toxicology 108

¹¹Wood, D. M. and Dargan, P. I., 'Mephedrone (4-methylmethcathinone): What is New in Our Understanding of its Use and Toxicity?' [2012] Progress in Neuro-Psychopharmacology & Biological Psychiatry 1.

¹²Estimated costs provided by the Leicestershire Substance Misuse Partnerships 2013.

¹³Office for National Statistics, 'Deaths Related to Drug Poisoning in England and Wales 2012' (2013).



28

unique clients who cited NPS as primary drug



19

unique clients who cited NPS as secondary drug



90%

Users under 30 for both primary and secondary drug use

NPS AS PRIMARY AND SECONDARY DRUG USE - A COMPARISON

80%



Eight out of ten primary users are male

70%



Seven out of ten secondary users are male



A large portion of users live in Kings Chase, Oldland Common, Woodstock, Patchway and Yate Central wards



None of the primary users is a parent. However, three out of ten secondary users are a parent



39% of the primary users exited the treatment system in a planned way. This is lower than the local expectation of 48%



For secondary users, 84% still in treatment, with 2 planned and one unplanned discharges

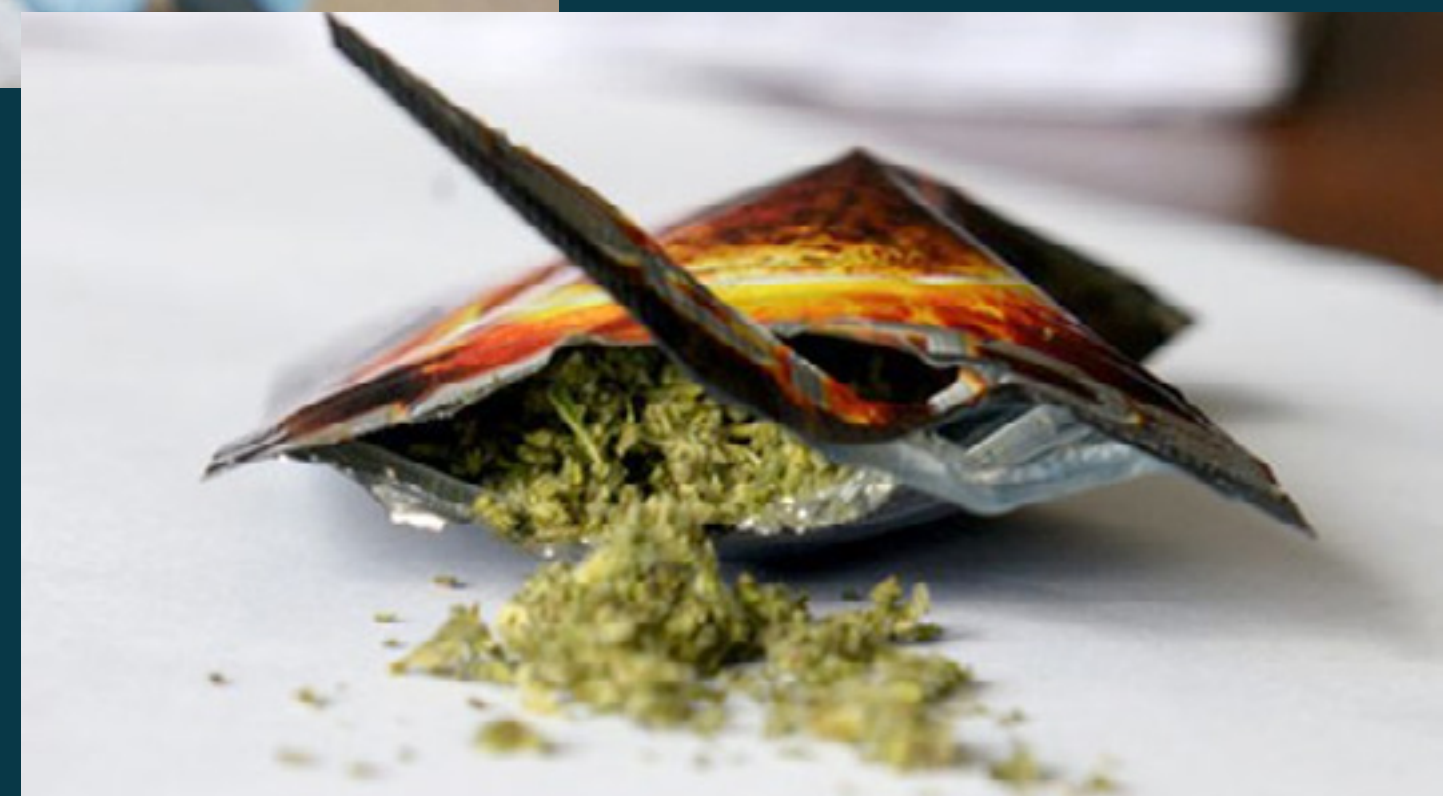
Trading Standards and Consumer Protection

The intelligence on the NPS can be used to encourage enforcement activities by Trading Standards, when offences under the Consumer Protection from Unfair Trading Regulations 2008 and the General Product Safety Regulations 2005 are suspected, often because of mis-description of products.

Often, the display of NPS includes the disclaimer, 'not fit for human consumption' and thus, can be sold and purchased legally.

The Trading Standards of South Gloucestershire Council have not received many complaints or intelligence about the supply of NPS products in the local area, which suggests either the lack of empowerment or information to increase in reporting, or that the NPS products are often obtained through online mediums.

Either way, the substance misuse actors, along with Trading Standards and in partnership with the local police, will have a role in relation to policing head shops that sell NPS through consumer protection agenda.



Data Collection and Intelligence

NPS use is complex and fluid. Keeping abreast of the new development of the NPS is pivotal to the local treatment system to avoid intelligence from being redundant.

At the same time, reliance on precautionary principle is desirable. The lack of understanding and knowledge of the effects of NPS are not a reason to not provide health interventions.

Local data collection will be an asset to enhance understanding the issues and challenges faced in tackling NPS.

Data Collection and Criminal Justice and Community Confidence Intelligence

The use of NPS and its effects are not only confined to the health and wellbeing sphere; it is transcended across other interface services, such as the criminal justice system and community confidence.

In Avon and Somerset area, drugs remain primary drivers of demand in responding towards crime and anti-social behaviour. The harm related to the use of legal highs continues to drive risk and concern amongst vulnerable communities in Avon and Somerset area, particularly in facilitating organised criminal activities.¹⁴

In addition, there is a strong correlation between the use of NPS and the level of anti-social behaviour cases and the night-time economy in a local area, as evidenced in other areas as well, such as Oldham and Huddersfield, through Operation Burdock by the Metropolitan Police Service.



WORKING HYPOTHESES

Predicting the Local Picture of NPS

- The demographic profile of the majority of NPS service users consist of the following characteristics: under 30s, male, not a parent and reside within the priority neighbourhood areas of South Gloucestershire.
- The majority of those who are using NPS are in full-time education, and are followed by those who are in full-time employment.¹⁵
- NPS can be easily obtained from various business establishments. Purchases of such products through the Internet, are not uncommon.
- There is a strong correlation between those attending night clubs within the night-time economy and using NPS.¹⁶
- Consumption of novel psychoactive substances appears to be more prevalent outside major towns and cities, in areas where it is more difficult to acquire conventional drugs. In this context, the use of NPS may be more prevalent in South Gloucestershire compared to its neighbouring authorities.¹⁷
- There is potential presence of NPS, along with other illegal substances, at music and dance festivals.
- The majority of the service users will cease to use NPS if severe health consequences, including deaths, are reported.¹⁸

¹⁵See footnote 17 above.

¹⁶See footnote 4 above. Use of mephedrone was 20 times higher amongst those who had visited nightclubs four or more times within the past month (4.4%) compared with those who had not visited nightclubs within the last month (0.2%).

¹⁷House of Commons – Home Affairs Committee, 'Drugs: New Psychoactive Substances and Prescription Drugs – Twelfth Report of Session 2013 – 14' (2013).

¹⁸NME Drugs Survey (October 2013).

EXPECTATION ON THE NPS PROJECT

Potential Workstreams

The workstreams may include, but are not limited to, the following:

Enhancing awareness through education and training

- Increase awareness and understanding of the risks associated with the use of NPS across South Gloucestershire's communities through the use of appropriate public health awareness campaigns and initiatives.
- Enhance understanding of NPS through the delivery of training programmes to the professionals and the development of robust multi-agency strategic and operational communication pathways to ensure the effective collation, recording, and sharing of information.
- Ensure best use of technology in relation to the dissemination of information linked to NPS including social media, social networking sites, smartphone applications, texting, and radio campaigns.

Data collection and intelligence sharing

- Establish a formal data collation and information sharing framework, relating to NPS for the purpose of localised needs assessment, local intelligence, and coordinating direction of future operational and strategic delivery.
- Facilitate communication and information sharing with partners and stakeholders in the event of an untoward incident relating to NPS and Club Drugs, which is inclusive of, but not limited to, the following: South Gloucestershire Council's Departments, Public Health England, Avon & Somerset Constabulary, Avon & Somerset Probation Trust, adult and young people's treatment providers, service user groups, GP practices, Clinical Commissioning Group (CCG), LCG's and Mental Health services.

Reducing harm to the local communities

- Work in conjunction with A&E Departments and Ambulance Services to ensure the effective recording and collation of data for presentations related to NPS use including patterns of acute toxicity.
- Work in conjunction with health services such as GP surgeries, pharmacies, hospitals and sexual health providers to ensure the effective dissemination of public health awareness messages linked to NPS use.
- Provision of brief interventions to reduce or stop use, localised on-site advice and help at festivals, clubs and other environments with a high likelihood of use.

Signposting into the local treatment system

- Use the existing substance misuse referral pathways by signposting users who require treatment to aid the reporting of non-opiate and crack users to the NDTMS.

DEMONSTRATING EFFECTIVENESS

Performance Framework of the Project

There are many, if not all, publications that call for better monitoring, but often omitted what should be monitored to aid an understanding the scale of the NPS use in the local area. In this context, the South Gloucestershire NPS Project will have the opportunity to fulfil the knowledge gaps in this area.

Outputs

The potential outputs of the project will include the following:

- Types of NPS used
- Usage with other substances
- Motivation of use
- Methods of consumption
- Methods of obtaining the substances
- Frequency of use
- Concurrent health-related and other behaviours
- Outcomes of use, such as acute harm, toxicity, or dependency
- Demographic patterns of the service users
- Collection of full postcodes of the service users to determine the prevalence of NPS within certain wards, particularly in the neighbourhood priority areas
- Signposting to the community treatment services
- Service users' satisfaction with the project



Outcomes

It is also anticipated that the project may demonstrate the following outcomes:

- Evidence of positive outcomes for service users, particularly on the recovery
- Signposting into the treatment system and appropriate support services for those who require further interventions
- Availability of support towards parents and concerned others who are affected by the NPS use
- Better data collection and information sharing, to inform operational and strategic decision-making of the DAAT and its partner organisations
- Increased public awareness and understanding of the community on the NPS use, associated harms and the availability of advice, information, and support
- Increased staff confidence across all services, particularly health, criminal justice and consumer protection, to identify and respond to NPS use on presentation
- Reduced incidences of overdose, hospital admissions and paramedic call outs linked to NPS in South Gloucestershire
- Increased awareness of the local intelligence picture in relation to NPS within the county including identification of 'Head Shop' suppliers
- Availability of consumer profiling to determine the use of NPS within South Gloucestershire and the needs of wider health determinants
- Evidence positive outcomes for individuals and demonstrate good value for the money

