

1 April 2019**Agenda Item: 5****REPORT OF DIRECTOR OF PUBLIC HEALTH****SUBSTANCE MISUSE - NEW PSYCHOACTIVE SUBSTANCES (NPS)****Purpose of the Report**

1. Update the Adult Social Care Public Health (ASCPH) Committee on the number of referrals into the Nottinghamshire substance misuse treatment and recovery service where NPS is identified as an issue.
2. Update ASCPH committee on further action being taken to address NPS use in Nottinghamshire.

Information**Background and context**

3. Substance misuse and in particular New Psychoactive Substance (NPS) use are both a national and local concern. Nationally, Home Office statistics from a 2016 report indicate that use of NPS is concentrated among young adults aged 16 to 24. Around 1 in 40 (2.6%) young adults took an NPS in the last year compared to NPS use being generally low among adults aged 16 to 59 (fewer than 1 in 100, 0.7%).
4. The 2017/18 Crime Survey for England and Wales (CSEW) showed that overall, the prevalence of NPS use in the last year among adults aged 16 to 59 was similar to that found in the 2016/17 survey. It remained generally low compared with the prevalence of well-established drugs such as cannabis, powder cocaine and ecstasy.
5. Around 0.4 per cent of adults aged 16 to 59 (equivalent to around 121,000 people) had used NPS in the last year. While this was unchanged compared with the 2016/17 CSEW (0.4%) it was lower than in the 2015/16 survey (0.7%). Men remained significantly more likely to have used NPS in the last year than women (0.5% and 0.2% respectively).
6. An update of the Substance misuse Joint Strategic Needs Assessment (JSNA) was published in November 2018 ([Substance Misuse: Young people and adults \(2018\) - Nottinghamshire Insight](#)) which outlines the need, the unmet needs and gaps. For the first time, this JSNA combines drugs and alcohol, young people and adults, adopting a life course approach. The substance misuse JSNA focusses on substance misuse within the community and highlights where there are particular challenges within certain communities. Some of the main challenges

within Nottinghamshire relate to a high estimated prevalence of individual who use drugs frequently (9,867) and of those it is estimated that 4,436 use opiates and or crack problematically. The best available estimates indicate that alcohol is a significant concern within Nottinghamshire with 131,011 adults drinking at harmful levels with an additional 21,623 who are alcohol dependent. It is worth noting that these figures are likely to be under-estimates due to the hidden nature of some substance misuse.

7. Change, Grow Live (CGL), the provider of the Nottinghamshire substance misuse treatment and recovery service, are supporting individuals who are using NPS problematically as well as providing a treatment and recovery service for all residents of Nottinghamshire who wish to engage for their substance misuse.
8. The ASCPH Committee approved in October 2018 the re-procurement of an all age substance misuse treatment and recovery service in light of the updated substance misuse JSNA and within the context of a reducing public health grant.
9. At the Nottinghamshire County Council Full Council meeting on the 20th September 2018 it was agreed that a report would be brought to ASCPH committee to update members on the number of referrals into the substance misuse treatment and recovery service where NPS is identified as an issue and to update members what further action is taking place to address NPS use in Nottinghamshire.

Nottinghamshire Referral Data for NPS

10. In 2017/18, CGL supported 113 individuals for NPS use out of a total of 3,968 individuals receiving structured substance misuse treatment (equating to 2.8%) and within the context of 11,401 unique individuals who are receiving support their substance misuse (June 2017- June 2018).
11. The most up to date data shows that for the time-period 1st April to the 31st December 2018, this figure has now risen to 130 individuals supported with NPS use (and notably is only nine months so not a full year's worth of data) (see Appendix 1 for the data). This shows that there has been a slight increase in presentations to CGL where NPS is listed as a drug which has been used.
12. However, there are some key limitations to this data. The data used to determine the size of the local drug problem described above is "*Number of referrals received, where NPS is listed as Drug 1, 2 3 & other drug*". Therefore, while this data gives an overall picture of how NPS are being used by all clients in contact with CGL, it doesn't reflect the frequency/intensity of NPS use. Thus, some of the data captured may be where a user has reported a single use of NPS.
13. It is also known nationally that a majority of NPS users have a number of complexities such as homelessness, mental health, physical health issues and poly substance misuse (the use of more than one drug at any one time). This limits the ability for people to actively engage in

treatment services. Within Nottinghamshire through the commissioning of the outreach workers within three districts, CGL have been able to work pro-actively in community settings (on the streets in most cases) with a larger number of NPS users. Data will show that prior to this initiative there was a lower number of NPS users within treatment.

14. There are also difficulties within the criminal justice system regarding treatment requirement orders for people misusing NPS. Therefore, people coming into treatment through mandatory routes is limited (compared to other substances such as heroin and alcohol where orders are given with relative ease).

What is happening to address this issue locally?

15. Nottinghamshire County Council engaged with partners including local NHS and Police through the Safer Notts Board Community Safety Partnerships to address NPS use among the vulnerable adult population. A working group convened by Public Health proposed a model of working which engaged all the agencies required to support these vulnerable adults, this was presented at the Safer Notts Board in September 2018.
16. There are assertive outreach workers which cover all districts currently funded by the Office of the Police and Crime Commissioner with additional funding through District Councils. There are three assertive outreach workers in place (seconded from CGL), who work with the most vulnerable adults in local communities, many of them who are on the streets and visibly using NPS drugs. The assertive outreach workers provide care co-ordination to ensure these individuals can get access to the critical services they need. Appendix 1 below demonstrates that CGL are mostly supporting individuals who use NPS in those districts where NPS use is most visible (Mansfield and Bassetlaw). Although NPS use is clearly a visible problem in some local communities, evidence from the current assertive outreach work taking place across the county has identified that housing and mental health are the primary issues, with substance misuse being a result of these problems.
17. There has been anecdotal information that the community is now reporting less visible NPS use and subsequent concerns within Bassetlaw and Ashfield, following the successful implementation of the outreach project and its a multi-agency approach.
18. As part of the task set by Safer Notts Board to find a long term financial solution to the existing assertive outreach work, working in partnership the District Councils, Nottinghamshire County Council, Framework and CCGs have submitted a bid to Ministry of Housing, Communities and Local Government (MHCLG) for the Rough Sleeping Initiative (RSI) funding. This funding stream is to support Local Authorities reduce homelessness on the back of the National Homelessness Strategy. It is proposed that if the bid is successful then this funding will be used to continue the excellent assertive outreach work being undertaken within the districts to support vulnerable adults who are using NPS as well as to continue the outreach homelessness service provided by Framework. The model developed by Public Health which was presented to the Safer Notts Board forms the basis for this funding bid. The additional money will also be used to ensure there is suitable accommodation for vulnerable adults within Nottinghamshire as it is recognised that this is a gap in the current provision.
19. The initial expression of interest bid submitted on the 14th January 2019 is for a total of £550k (with a total of £330k as match funding through confirmed partnership monies). Notification was

given by MHCLG that Nottinghamshire passed through stage 1 and a final application was then submitted on the 14th February 2019. Given that the 2019/20 RSI funding is intended to support interventions that can be set up and delivered at pace in order to have an impact on Rough Sleeping numbers next year, the final notification as to whether Nottinghamshire has been successful is expected in early/mid-March 2019. If however the RSI funding bid is not successful, a fallback position is also in place. District Councils have allocated some finances, Public Health has provided £185k from the substance misuse partnership fund and Framework have allocated funding to support the continuation of assertive outreach work. Discussions are also taking place with the CCGs and the PCC with regards to their contributions.

20. A Spice Summit took place on 5th February 2018 organised by Ashfield District Council and Gedling Borough Council to discuss options to support vulnerable adults who are using NPS. At this meeting the RSI was discussed and officers from the District and Borough Councils, Nottinghamshire Police, CGL, Framework and Public Health agreed that, if successful, the RSI would be best mechanism to support these vulnerable adults and that suitable accommodation is a critical component in which to support these adults based on a 'housing first' model.

Reasons for Recommendations

21. At Nottinghamshire County Council Full Council meeting on the 20th September 2018 it was agreed that a report would be brought to ASCPH to update members on the number of referrals into the Nottinghamshire substance misuse treatment and recovery service where NPS is identified as an issue.

Statutory and Policy Implications

22. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Crime and Disorder Implications

23. The links between substance misuse and the criminal justice system have been considered.

Financial Implications

24. There are no financial implications within this paper.

RECOMMENDATIONS

It is recommended that the ASCPH Committee:

- 1) Consider whether there are any actions they require in relation to the issues contained within the report
- 2) Receive further information on a 6-monthly basis on the number of service users presenting to CGL where NPS is stated as a drug used. The next report will be presented at October's ASCPH Committee.
- 3) Receive an update on the outcome of the RSI bid to MHCLG.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Amanda Fletcher, Consultant in Public Health: Amanda.fletcher2@nottscg.gov.uk

Sarah Quilty, Senior Public Health and Commissioning Manager: sarah.quilty@nottscg.gov.uk

Constitutional Comments (EP 15/03/2019)

25. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (DG 15/03/2018)

26. The financial implications are contained within paragraph 24 of this report.

Background Papers and Published Documents

27. None

Electoral Division(s) and Member(s) Affected

- All will be affected

Appendix 1

CGL recorded NPS referrals broken down by District

Districts	Number of referrals received, where NPS is listed in Drug 1, 2, 3 & other drug (1st April 17 – 31st March 18)	Number of referrals received, where NPS is listed in Drug 1, 2, 3 & other drug (1st April 18 – 31st Dec 18)
Ashfield	12	18
Bassetlaw	35	40
Broxtowe	2	6
Gedling	4	5
Mansfield	43	40
Newark and Sherwood	14	14
Rushcliffe	3	7
Total	113	130

