

BLACKBURN WITH DARWEN

NEW PSYCHOACTIVE SUBSTANCES

FRAMEWORK

2017 - 2019

Contents

Page

Background and Introduction

Thematic Area 1 – Improved Intelligence and Evidence

Thematic area 2 –Improved Education and Prevention

Thematic Area 3 - Improved Pathways to Appropriate Support, Treatment, Training and Workforce Development

Thematic Area 4- Intelligence Led Enforcement

New Psychoactive Substances Framework: Plan on a Page

Emerging Risks and Threats (points to note)

References

Blackburn with Darwen New Psychoactive Substances Framework Action Plan 2017 – 2019

Background and Introduction

In recent years, the United Kingdom has seen the emergence of a range of new drugs that have similar effects to drugs that are internationally controlled. These drugs can be collectively called New Psychoactive Substances (NPS). The emergence of NPS has presented major challenges to drug control both in the UK and internationally. There is no normative or universally accepted legal definition of NPS, and there are many layers of complexity.

NPS were, until 6th April 2016, also known as legal or harmful highs, and the term is used to describe substances that have brain or mood altering effects.

Before 6th April 2016, NPS were sold openly via so called 'head shops' or the Internet as 'legal' substances. These substances were not controlled by the UK's Misuse of Drugs Act¹ (MODA) which contains legislation to control the sale and possession of all drugs that are listed as classified. Over the last few years, a number of NPS type drugs have been the subject of Government enforced 'temporary banning orders' which in the majority of cases has led to them being classified under MODA, but many remained within the law. On 6th April 2016, the Government passed the Psychoactive Substances Act² (referred to as The Act 2016), and this Framework reflects the changes from that date.

Under The Act (2016) it is an offence to produce, supply or offer to supply any psychoactive substance if the substance is likely to be used for its psychoactive effects, regardless of its potential for harm. The only exemptions from The Act (2016) are those substances already controlled by the MODA, nicotine, alcohol, caffeine and medicinal products. The main intention of The Act (2016) was to shut down shops and websites that were trading in so called 'legal highs'. Put simply any substance will now be classified as illegal to produce or supply if it is likely to be used to get high.

In 2014, Blackburn with Darwen Borough Council commissioned a needs assessment report on NPS to provide strategic leads with a robust evidence base regarding the local picture. The aim of this needs assessment was also to explore the extent of the challenge posed by NPS for our local residents in Blackburn with Darwen.

The needs assessment took into account wider regional and national evidence, plans and intelligence in order to inform and support the developments locally. The findings underpin the agreement of this local multi-agency Framework and Action Plan, service delivery and front line practice. The key recommendations are summarised as follows: -

Recommendation 1: Professional information networks should be formed in line with the proposed PHE Local Drug Intelligence System model.

Recommendation 2: Where possible, local people's negative experiences of synthetic cannabinoid use and positive experiences of quitting and help seeking should be harnessed and considered in the development of support.

Recommendation 3: A train the trainers approach for non-specialist staff should be adopted.

Recommendation 4: Clear, appropriate and integrated treatment and support pathways for NPS should be established and promoted effectively.

Recommendation 5: Clear, appropriate and integrated dual diagnosis pathways for adults and young people should be established with health partner commissioners.

Recommendation 6: Discharge pathways for people leaving in-patient psychiatric care to unsuitable accommodation where NPS use is highly prevalent should be explored as a priority.

Recommendation 7: A multi-agency plan as a response to both the specific enforcement and wider policy issues likely to arise from the proposed legislation in the Psychoactive Substances Bill should be produced.

Recommendation 8: A budget should be considered and a multi-agency protocol for forensic analysis of new or unidentified substances should be adopted.

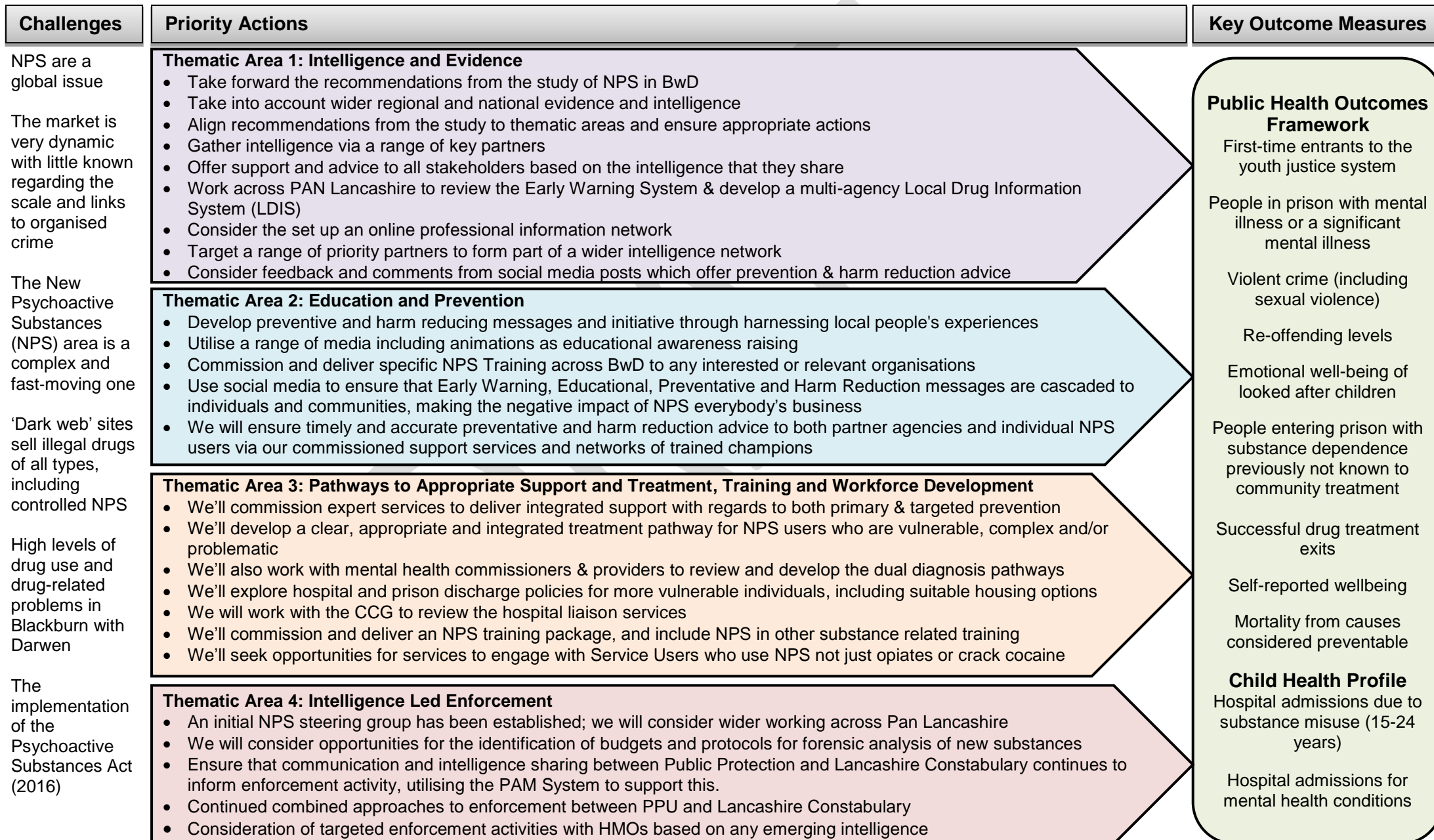
The recommendations have been aligned to **four thematic areas** which have been agreed as priorities by the local NPS Steering Group and they are as follows:-

1. Improved Intelligence and Evidence.
2. Improved Education and Prevention.
3. Improved Pathways to Appropriate Support, Treatment, Training and Workforce Development.
4. Intelligence Led Enforcement.

Current activity under each of these thematic areas is summarised below and an Action Plan is presented for each area.

This Framework will remain a separate document for the next two years or until such time as an overarching drug strategy can be considered on a wider, partnership basis across Pan Lancashire.

New Psychoactive Substances Framework: Plan on a Page



Thematic Area 1 – Improved Intelligence and Evidence

What you said

- 18 of 58 respondents (31%) in a survey at Blackburn College (March 2015) replied that they had used 'legal highs'. The mean age of first use of NPS was 15 years.
- A range of professional reported their concerns and observations to the research team:-

"They get a lot of people using white powder, who put it all in one big pile and have parties".

"I had one guy who was a regular amphetamine user and he had been prescribed dex amphetamine in the past, he started working his way through the white powders in the head shop".

"They smell like bubble gum or sweets, and have all these fancy pictures on the packets that are attractive to young people, but apparently when they smoke them, they don't taste like that at all".

"Exodus, Happy Joker, Damnation, those are the only three we find". They are actually bringing out a Christmas Joker, so it's been Jolly Joker, Happy Joker and now Christmas Joker, they (young people) can't wait to buy them".

What we know

- Locally we appear to have a good understanding of newly emerging NPS with effective identification systems in place at a National, European and International level.
- The Early Warning System (EWS) run by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) detected 81 novel NPS in 2013, the rate of detections **reached 101 in 2014.**
- Nine out of ten samples analysed by the Forensic Early Warning System (FEWS) were mixtures of either two (at a rate of 61%) or three (at a rate of 30%) different active components.

- NPS are generally supplied from China and, to a far lesser extent, India, in bulk and then either repackaged and redistributed once they enter the EU or delivered directly to the UK.
- There are limitations to survey data which are likely to result in the underreporting of NPS use.
- The number of **press reports about drug use/problems in BwD** was over 30 a year in both 2014 and the first part of 2015.
- Although NPS users came from across the social spectrum and age range, problematic use of mainly synthetic cannabinoids was most commonly found in young people deemed to be from the most vulnerable and at risk groups.
- There is problematic use among the homeless and offending populations and this is also prevalent within the secure prison environment.
- There has been a rise in reported NPS use and associated problems (notably deaths) both locally and nationally.
- There have been no deaths in Blackburn with Darwen to date where the primary cause was NPS, however there have been a small number of deaths over the last 10 years where NPS type drugs were found to be present in a fatality caused by a combination of other drugs.
- Younger substance users are mixing and matching different (and indeed new) substances.
- Some young people are using a range of drugs, often in combination with excessive cheap, strong alcohol.

What we'll do

- **Take forward the recommendations** (as detailed within the attached Action Plan) from the commissioned study that has provided a robust evidence base regarding the local picture and extent of the challenge posed by NPS for Blackburn with Darwen.
- Continue to take into account wider **regional and national evidence and intelligence**.
- Align the recommendations from the commissioned study with the four strategic thematic areas and **ensure appropriate actions are taken**.
- **Gather intelligence** via a range of key partners e.g. the Neighbourhood Policing, Public Protection and Trading Standards Teams, Police Community Support Officers (PCSOs), Councillors, and Change, Grow, Live Inspire and Go2 substance misuse service providers.
- **Offer support and advice** to all partners and stakeholders based on the intelligence that they share re: NPS concerns and any retailers involved.
- Work with our partners across Pan Lancashire to review our historic Early Warning Systems ensuring a simple, low cost, **multi-agency Local Drug Information System (LDIS)** is developed and implemented in accordance with the recommendations and guidance from Public Health England.

- Take forward a proposal to set up an **online professional information network** in line with the development of a LDIS model.
- **Target a range of priority partners** to form part of a wider intelligence network e.g. Young and Family People's Services, the Accident and Emergency department, the Ambulance Service, Community and In-patient Mental Health Services, Criminal Justice Agencies, Schools and Colleges, Community Groups and Neighbourhood Networks, Welfare Groups which operate in communities with protected characteristics.
- Consider **feedback and comments from social media posts** which offer prevention and harm reduction advice as these will inform the growing body of intelligence and evidence.

DRAFT

Thematic area 2 –Improved Education and Prevention

What you said

“We stumbled onto a legal high party that one of the young people was having in the flats. We don’t know what they were using, but it was white powder, they said it was legal highs. I think the staff awareness was pretty low”.

“Young people I deal with, you can recognize the patterns of behaviour, but it was the unknown that was the worry, that worried me to bits. I don’t actually know how this young person is going to respond now and I don’t think the young person knew how they were going to respond”.

“There is the feeling of young people being more scared of what ‘legals’ can do. And we hear conversations of ‘I wouldn’t touch that stuff’. Children are now saying ‘I did take it and it scared me’...”

“He (the dealer) had boxes and boxes of the stuff, and some days I would smoke half a dozen different kinds over a few hours” (16 year old male respondent).

“They give a better buzz than weed” (23 year old male respondent).

“I had black outs, convulsions, vomiting and foaming at the mouth, and once I bled from my eye ... I really felt like I was dying but soon after getting there I would start feeling better and would discharge myself” (21 year old male respondent).

“This stuff really hooks you, like heroin and crack. I was starting to feel like a bad addict”. (21 year old male respondent).

What we know

Nationally it has been recognized by an Expert Panel³ that poor knowledge among some healthcare and drug treatment professionals of harms relating to an ever-increasing number of NPS related incidents.

The research study in BwD told us:

- The reasons why some people in BwD use NPS are the same reasons given for use of other illegal drugs: pleasure/fun, stimulation, relaxation, boredom, curiosity, peer influence etc.
- Many **professionals are uninformed about NPS**, including the main types, their effects and their harms. Use of laughing gas (*nitrous oxide*) is particularly 'invisible'.
- It is a widely held view that there is now a **stigma about using 'legal highs'** and those remaining 'legal heads' were viewed negatively by peers and wider networks / communities.
- It is generally felt that there are far less young people using synthetic cannabinoids than a year ago and less using in a problematic way.
- Those who have given up would persuade others to do the same and would attempt to deter younger people from starting. Synthetic cannabinoid users are starting to realise the dangers after seeing their friends in need of medical treatment.
- **There was much confusion and little accurate knowledge about synthetic cannabinoids.** Most knew of the nickname 'Spice' although rarely used it and did not always equate this with the synthetic cannabinoid products they were using.
- Most referred to synthetic cannabinoids exclusively by brand name and a number believed that a brand such as 'Exodus Damnation' was a drug in its own right. They were surprised when it was explained that the brand name could stay the same but the contents could change over time.
- For young people, the main sources of information about the effects and risks of NPS over the past year were the Internet (30%), media campaigns (29%), school prevention programmes (22%), friends (18%), parents or relatives (9%), the police (6%), and phone helplines (1%) – though 29% reported not receiving any information about NPS.
- Almost nine in ten (87 %) young people in BwD considered that regular use of NPS carried a high risk of health problems, while just over half (57%) considered that using NPS 'once or twice' posed a 'high risk' to health.

One school representative spoken to had experienced a small number of students being intoxicated whilst in school and like nearly all incidences of NPS reported to the researchers, this involved synthetic cannabinoids. They had also received referrals of pupils found selling NPS at other schools. **The head teacher thought that fewer students were trying NPS than last year**, which she felt was the result of students getting a better understanding of the problems caused by their use after witnessing problems amongst their peers. However, this is anecdotal and we are unable to confirm one way or another.

What we'll do

- Where possible, local people's negative experiences of synthetic cannabinoid use and positive experiences of quitting / seeking help will be harnessed and used as **preventive and harm reducing messages and initiatives**.
- An **animation video** has been put together which will be aimed at young people between the ages of aged 16 and 25 years. This has been designed to act as **a generic warning** on the dangers of 'legal highs'. The animation has been created in partnership with two young people from Blackburn with Darwen who wanted to talk about their negative experiences of using synthetic cannabinoids. They were keen to deter others from using these substances and having the same negative experiences. We will consider the impact of this educational awareness raising tool with a view to creating more if successful.
- A specific **NPS training package** has been developed by the commissioned **CGL Inspire and Go2 services**. The training is being rolled out across BwD with an initial focus on Mental Health and Young People's Services, Dual Diagnosis Liaison Workers, the Salvation Army and Housing providers but with sessions planned for many more agencies and organisations including schools and year 4 medical students.
- The use of **social media** will be promoted to ensure Early Warning, Educational, Preventative and Harm Reduction messages are cascaded to a range of individuals and communities from across the life-course to ensure the negative impact of NPS becomes everybody's business.
- We will ensure the availability of **timely and accurate preventative and harm reduction advice** to both partner agencies and individual NPS users via our commissioned support services and networks of trained champions.

Thematic Area 3 - Improved Pathways to Appropriate Support, Treatment, Training and Workforce Development

What you said

“Mental health problems, depression, anxiety, feelings of suicide were escalated for some of the young men, both when they were using SPICE (synthetic cannabinoids) but more when they were trying to come off” (Manager, young person’s hostel).

“It was raining and he was convinced he would dissolve in the rain” (Staff, young person’s supported accommodation).

“When people want to stop, the side effects seem to go on for a couple of weeks, inability to sleep, nausea, the sweats the shakes, quite serious symptoms. Part of me thinks that I would doubt if they would be physically addictive, but part of me thinks it’s similar to crack in terms of the strong withdrawals” (Manager, young person’s drug service).

“One night he (a young man of 15) didn’t come home and we were really worried about him. He’d gone to his sisters, because he had been out to do the food shopping and he’d spent the lot, nearly £60 on legal highs, he had smoked the lot” (Manager, children’s home).

A police officer reported that out of about 20 incidents that she had dealt with within six months whilst working in the A&E Liaison Team, where individuals were suspected of using NPS, *“all but one of had kicked off”.*

What we know

- The researchers told us that a host of **physical problems** together with **emergency hospital admissions** were frequently reported among NPS users.
- Most of the professionals and users interviewed for the research study commented on what they saw as the addictive potential of synthetic cannabinoids. Both professionals and users consistently described the **severity of physical and psychological dependence**.
- Police A&E liaison officers reported that **violence** associated with synthetic cannabinoids was the norm rather than the exception.
- The range and rate at which new substances appear means that we need to **understand and respond differently** than we have done in the past when providing support, treatment and recovery interventions.
- The violence and aggression associated with synthetic cannabinoid use, in marked comparison to herbal cannabis, was reported by several other services. Hostel staff reported difficulties in giving first aid to a resident, heavily intoxicated with synthetic cannabinoids, due to violent outbursts.
- In order to tackle NPS and drug use effectively we need a **competent and confident workforce** supported with appropriate, evidence-based tools for assessment and intervention.
- There have been numerous regional and national conferences, workshops and other events specifically focussing on NPS which are helping in the establishing and sharing of 'best practice'.
- The national **Project NEPTUNE⁴** guidelines are now available to assist local professionals with the development of the local offer of support.
- There is a **need to reach out** to a range of people from across the life course, particularly targeting those that are not likely to have accessed traditional drug and alcohol services.
- Integrated Dual Diagnosis (substance misuse and mental health) provision for adults and young people still appears to be weak and of major concern, we need to do more to improve the integrated offer of support within a range of Health and Social Care developments.
- There is evidence to suggest that a cohort of traditional OCUs (Opiate and Crack Cocaine Users) are also choosing to use NPS and although they may have accessed treatment and support for their historical illicit drug use, additional NPS use presents a different challenge.

What we'll do

- We'll commission **expert services** that will work in partnership with us and all key stakeholders to ensure a well-informed, fully integrated offer of support across the Borough with regards to both primary and targeted prevention.
- We'll develop a clear, appropriate and **integrated treatment pathway for NPS users who are vulnerable, complex and/or problematic**; this will include existing and potential users of opiate and crack cocaine (OCUs), residents of hostels and HMOs (Houses of Multiple Occupation), drug using offenders and individuals with protected characteristics.
- **We'll also work with mental health commissioners** and service providers to review and develop an improved, appropriate and integrated dual diagnosis treatment and support pathway for adults and young people.
- Where NPS use is highly prevalent, we'll explore as a priority and with key partners, **hospital and prison discharge policies** for the more vulnerable individuals, to ensure access to appropriate support interventions alongside improved housing options.
- We will work with the CCG to **review the hospital liaison services** for both young people and adults, provided within the A&E and acute settings. This will ensure improved, informed and integrated interventions with ongoing support plans aligned to Transforming Lives and Early Action.
- We'll commission and ensure delivery of an **NPS training package**, making this available across Blackburn with Darwen. We will ensure an initial focus on mental health, young people's services and housing providers.
- Information about NPS will be included within other substance misuse related training where appropriate.
- We will seek opportunities for Substance Misuse Services to engage more effectively with both potential and existing service users who are recognised as using NPS in addition to the traditional problematic substances such as opiates or crack cocaine.

Thematic Area 4- Intelligence Led Enforcement

What you said

*****Please note, these quotes were recorded by Blackburn with Darwen researchers prior to the passing of The Act² (2016).***

"I was buying from (a headshop) but now it's cheaper from dealers than in the shops, same size deals but cheaper. Since coming out of prison I've bought off dealers, £5 a gram, you can get a lay-on if you've not got any money. Either ring them or see them in town and they deliver in 10 to 15 minutes" (Male respondent).

"He [the dealer] asks where you are and comes, wherever I am, in about 20-30 minutes".

"I wonder where this is going to go. We seem to be leading the North West (in addressing NPS sales) but none of us are addressing the online supplies, we don't have the resources" (Manager, Trading Standards).

... My fear about any action is if we shut the shops down it is just going to push it on to the streets ... but we had two nine year olds buying from shops and if we can prevent the young ones buying it they are less likely to be able to get it from a dealer" (Manager, young people's drugs service).

"Young people are reporting that legal highs are banned now, and I'm not going to challenge that belief" (Manager, young people's drug service).

"We have heard of one place (a headshop) where you pay your money at the counter and go round the back to an alley and meet a guy in a car who will give you what you have paid for. I don't really like that with young people" (Manager, young person's drug service).

"It used to always be (a headshop) and we could see when they run out of a particular brand, but now it's various shops or the Dry Cleaners, where they know they can get it under the counter" (Manager, child exploitation team).

What we know

The research study told us that:

- Initial Trading Standards action in Blackburn with Darwen led to **reduced sales via Headshops and a move to 'mobile vendors'** who could be contacted either by phone or through a Facebook page.
- School Nurses report that bags or loose **'legal highs' (synthetic cannabinoids) were being traded in schools.**
- Most respondents indicating NPS use bought them either from headshops and/or friends or dealers (two groups which have substantial overlap), but typically just once or twice. Along with other evidence, this suggests that **most were occasional users**, and that many **were experimental users** who had since 'given up'.
- Forensic analysis has found substances available online that are mis-described or with brand names giving **no information on contents.**
- To avoid consumer protection and similar legislation, internet suppliers were careful to avoid any indication that their products are intended for human consumption, so **dosage advice is offered in oblique wording**, if at all.
- Most professionals were unaware that the Trading Standards action had taken place or had not noticed any difference in availability. Others, however, said that the action had an initial albeit temporary effect, and for a while use of synthetic cannabinoids had dropped off. However, young people simply went further afield to buy NPS and diversification of the local market quickly replaced legitimate retail sales.

What we'll do

Since the research and needs assessment of Psychoactive Substances has been carried out in Blackburn with Darwen, there has been the introduction of the Psychoactive Substances Act (2016)². As a result, the focus of this priority action has changed somewhat, despite the findings of the needs assessment.

- An **NPS steering group** was established in BwD, providing an opportunity to enhance multi-agency collaboration around NPS retailing and enforcement. We will consider wider working across Pan Lancashire to ensure best use of intelligence and resource in addressing NPS in the future.

- We will consider opportunities for **identification of a budget** and a **multi-agency protocol for forensic analysis** of new or unidentified substances, taking into account national and regional opportunities for collaboration around this.
- Ensure that **communication and intelligence sharing** between Public Protection and Lancashire Constabulary continues to inform any necessary enforcement activity. We will utilise the PAM System and the wider integration developments to support this.
- Public Protection will continue to **support with combined approaches** to enforcement in partnership with Lancashire Constabulary including support with disruptive activities and support with resource and capacity. *The current Lancashire Police policy on NPS enforcement is in accordance with Home Office guidelines in that positive action will be taken against anyone producing or supplying any psychoactive substance (5)*
- Consideration of **targeted enforcement activities with HMOs** in Blackburn with Darwen based on any emerging intelligence. Using the Care Act 2014 - guidance for provision of suitable accommodation, Blackburn with Darwen will work with Landlords and Hostels' management to implement Quality Standards for temporary accommodation providers. Quality Standards will include: awareness of Drug and Alcohol services and the development of drug and alcohol policies and procedures. A Landlords Forum will be continued to allow for better communication/relationships between the LA and HMO/Hostel owners/managers. We will support ongoing developments of new, multi-agency integrated in-reach services to offer general health advice, accommodation advice, employment advice, substance misuse advice (including specific NPS advice) and onward referral where required, for those living in temporary accommodation.
- Will continue to ensure a number of problematic individuals and / or groups are targeted via assertive outreach interventions and positive partnership work.

Emerging Risks and Threats (points to note):

There are some emerging indications that the legislation passed in 2016 may have some unintended consequences and this is perhaps not surprising. Legislation alone is rarely, if ever, the sole answer to problems associated with substance use / misuse but as more of this evidence emerges, there may well be implications for the implementation of this local Framework.

A similar legislative approach to that in the UK has been used in other countries such as Ireland, Poland and Romania.

- In 2010, Ireland used this type of legislation to control the proliferation of retail outlets selling NPS, commonly known as “head shops”.
- In 2010, Poland amended its legislation to prohibit the placing on the market of “substitute drugs”, which was sanctioned with financial penalties.
- In 2011, Romania passed a law on counteracting operations with products suspected of having psychoactive effects, other than those stipulated in the regulations in force.

Two recent reports, from the Home Office and the European Monitoring Centre for Drugs and Drug Addiction say the ban in Ireland has led users to illegal street markets and the dark web. Closure of head shops may redirect the supply of NPS to Internet or “dark net” websites or to organised criminal groups and street dealers. Substance misuse workers there have expressed concerns that users will turn to heroin and prescription drugs instead and suggest that whilst closing head shops may well reduce harm to the general population, this may be maximising harm to another smaller group of people who as a result are now dealing with the black or criminal market. Possession of NPS substances remains legal (except in prisons), but their supply, possession with intent to supply, import and export have become criminal offences. Thus, the only means of obtaining substances that are in themselves legal to possess, is now through criminals.

It’s difficult to assess how successful the Irish ban has been as there has been no formal evaluation of the Irish Psychoactive Substances Act and data on such drug use is scarce although some surveys appear to show that NPS use in Ireland has increased. The European commission’s Eurobarometer survey found that NPS use in Ireland is the highest in the EU and that the use of legal highs among 16-24 year olds has risen. Asked whether they had used a legal high or NPS in the last year, 22% said yes in 2014, compared with 16% in 2011.

Further complications may arise as a result of the fact that in order to bring a prosecution under the The Act (2016), a drug must be forensically tested and proved to be psychoactive and this process causes some problems. So far, only five prosecutions have been brought under the Irish Act.

A letter from the Chair of Advisory Council on the Misuse of Drugs (ACMD) to the prime Minister July 2016 made the following cautionary comment on determining psychoactivity;

“I would like to re-iterate that psychoactivity in humans cannot be definitively established in many cases in a way that would definitely stand up in a court of law where a high threshold of evidence is required. There is currently no way to define psychoactivity through a biochemical test, therefore there is no guarantee of proving psychoactivity in a court of law. The only definitive way of determining psychoactivity is via human experience, which is usually not documented. “

To overcome this difficulty the Government has introduced a *Psychoactive Substances Forensic Strategy* within which a commercial supplier has been contracted to perform the testing for a range of Certified Drug Reference Standards (CDRS) of substances detected in the UK in the last year. A central agency will then test pure samples of drugs (“CDRS”) in a laboratory to see whether they are psychoactive. There remains however some doubt about the efficacy in law of this strategy as evidenced by the ACMD letter. As noted by a contributor to BarristerBlogger¹ in May last year; “In a criminal case proof that a substance is *likely* to be psychoactive is neither here nor there. A criminal conviction requires “*definitive*” proof”.

Costs

The onus of implementing various aspects of this The Act (2016) appears to fall on the police, Trading Standards and local authorities. In the debate at the Committee stage the issue of payment, for example the costs of testing, expert witnesses etc. was raised without any clear answers and certainly no commitment of funds coming from any new sources.

Drugwise, Feb 2016, A simple (ish) guide to the Psychoactive Substances Act

References

¹ Misuse of Drugs Act (1971) HM Government [online] available from <http://www.legislation.gov.uk/ukpga/1971/38/contents>

² Psychoactive Substances Act (2016) HM Government [online] available from <http://www.legislation.gov.uk/ukpga/2016/2/contents/enacted/data.htm>

³ The New Psychoactive Substances Review Expert Panel, September 2014 [online] available from

⁴ Project NEPTUNE, NPS clinic and psychosocial guidelines. <http://neptune-clinical-guidance.co.uk>

⁵ Lancashire Constabulary 17th January 2017, (policy position statement)

Add in a reference to the local needs Assessment

Acknowledgements to be added here

Appendix 1

**BLACKBURN WITH DARWEN
NEW PSYCHOACTIVE SUBSTANCES FRAMEWORK
ACTION PLAN 2017 – 2019**

THEMATIC AREA 1 - Improved Intelligence and Evidence

Key Actions	Key Deliverables	Progress Indicators	Organisation / Lead	Timescale
Take forward the recommendations from the commissioned study that has provided a robust evidence base regarding the local picture and extent of the challenge posed by NPS for Blackburn with Darwen.	Develop a robust mechanism for taking account of local, regional and national evidence and intelligence, incorporating evidence from the Early Warning System (EWS) run by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)	Mechanism designed and agreed across Lancashire	PH / PHE / wider Lancs partners	Ongoing with annual updates
	Implement the development of a multi-agency Local Drug Information System (LDIS) in accordance with PHE guidance, including the set-up of an online professional information network	PAN Lancs Steering Group established On-line information network active	PH / PHE / wider Lancs partners	End of 2017
	Establish methods of adding to the local body of evidence and intelligence	Methods agreed and established	Trading Standards / Police	Ongoing with annual updates
	Utilise intelligence gathered to plan targeted enforcement activities as required Also consider action within HMOs in Blackburn with Darwen - see also Thematic Area 4	Enforcement activity planned and undertaken Intelligence shared with key partners / steering group	Trading Standards/ Lancs Constabulary	Ongoing with annual updates

	Link to wider Drug Related Deaths and Preventable Harms work stream (PAN Lancs)	BwD share local findings and draft Framework with Pan Lancs group Attendance at Lancs meetings to incorporate findings and progress report back	PH	June 2017
THEMATIC AREA 2 - Improved Education and Prevention				
Key Actions	Key Deliverables	Progress Indicators	Organisation / Lead	Timescale
Improve awareness and understanding of NPS among VCFS groups, healthcare, social care, substance misuse and treatment professionals and the general public of harms relating to (the increasing number of) NPS related incidents.	Develop, monitor and evaluate the specific NPS training package developed by CGL Inspire and Go2 services	Target audiences who have taken up the offer of training and provided feedback Increased knowledge among the workforce and communities	CGL	Ongoing with quarterly updates

	<p>Together with partner agencies develop and implement preventive messages based on local intelligence and gathered data</p> <p>Review uptake and impact of the animation video(s) and planned awareness raising campaigns</p>	<p>Regular use of Social Media</p> <p>Recognition of awareness</p> <p>Feedback gathered and evaluated</p>	<p>BwD PH commissioners/CGL / Comms</p>	<p>Ongoing with quarterly updates</p>
	<p>Continue to develop the use of social media to promote early warning /harm reduction messages</p>	<p>Via contract monitoring</p>	<p>CGL</p>	
THEMATIC AREA 3 - Improved Pathways to Appropriate Support, Treatment, Training and Workforce Development				
Key Action	Key Deliverable	Progress Indicator	Organisation / Lead	Timescale
Work in partnership with all key stakeholders to ensure a well-informed, fully integrated offer of	Assess uptake and use of Project NEPTUNE ⁴ guidelines locally amongst partner agencies	Guidance in use	BwD PH	Sep 2018

support across the Borough with regards to both primary and targeted prevention	Review treatment and support pathways, with particular focus on hospital and prison discharge policies and hospital liaison services Review the hospital liaison services provided within A&E and acute settings, to ensure improved and integrated interventions and forward support planning in line with Transforming Lives and Early Action	Pathways reviewed and refined. Improved engagement of hospital and prison discharges with CGL services / MEAM etc	PH / CCG /CGL/ VPLS	June 2018
	Improved access and engagement to support from population not normally accessing services	Increased access from a range of diverse groups specifying NPS use at the point of entry to support	BwD PH / CGL	
	Commission and deliver an NPS training package (see also Thematic Area 2) Initial focus for delivery on: <ul style="list-style-type: none"> • Mental Health • Young People • Housing providers/services 	Take up of training from these agencies	CGL	
THEMATIC AREA 4 - Intelligence Led Enforcement (Links to Thematic area 1)				

Key Actions	Key Deliverables	Progress Indicators	Organisation /lead	Timescale
Take every opportunity to enhance multi-agency collaboration around NPS retailing and enforcement, including consideration of wider working across Pan Lancashire to ensure best use of intelligence and resource in addressing NPS in the future.	NPS Steering Group to plan and co-ordinate activity	Group established	PH, PPU, Lancs Constabulary	April 2017
	Review remit of NPS Steering Group and extend to Pan Lancs	Incorporation into Pan Lancs Preventable Harms and DRD group Share BwD Framework for consideration of adoption	BwD PH	June 2017
	Consider opportunities to identify a budget for forensic analysis of new or unidentified substances	Assurance that analysis is being captured	Police / Trading Standards / PPU	Mar 2018
	Agree a multi-agency protocol to share experience and intelligence	Utilisation of the PAM System to support communication and intelligence sharing between Public Protection and Lancashire Constabulary	Police / Trading Standards / PPU	June 2017 ?
	Review intelligence from schools (to include from school nurses?) regarding trading of NPS in schools (as closure of head shops would be expected to reduce opportunistic trade for this type of user.)			

Mitigation of ongoing risks and threats				
Key Actions	Key Deliverables	Progress indicators	Organisation /lead	Timescales
Take account of uncertainties and unintended consequences arising from introduction of Psychoactive Substances Act	In association with Lancs Constabulary, monitor prosecutions under new Act	A comprehensive understanding across PAN Lancashire of the impact of the act	Lancs Constabulary	Ongoing
	Monitor and review numbers accessing services with NPS use profiles and associated problems	Contract monitoring to provide a comprehensive understanding	BWD PH /CGL	Ongoing
	In association with Trading Standards, monitor closure of Head Shops and triangulate with any statistical rise in reporting of NPS related problems	Regular feedback from Trading Standards and Police	BWD PH	Ongoing