

Editorial: Disorderly street users of novel psychoactive substances: what might help?"

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Editorial: Disorderly street users of novel psychoactive substances: What might help?

1 | INTRODUCTION

There has been increasing concern about the use of Novel Psychoactive Substances (NPS) by people who sleep on the streets across the UK (Gray, Ralphs, & Williams, 2020), but there is little published British research. These substances, predominately synthetic cannabinoids such as so-called Spice and Mamba, provide high levels of intoxication at low cost. This is the probable reason for their widespread use in this population.

Their use has been associated with vulnerable groups becoming increasingly visible in UK town centres when intoxicated, which has been the focus of much media interest. The people who use these substances appear to experience significant health problems as a result and exhibit more antisocial behaviour than those who use traditional street drugs. Furthermore, street users of synthetic cannabinoids are reported to be frequent poly-drug users, also taking a mix including heroin, cocaine, alcohol, opioids medications, benzodiazepines and gabapentinoids (Ralphs & Gray, 2018). It is not uncommon for them to present in life-threatening health crises. At considerable risk themselves (Ellsworth, 2019), they also present a risk to others by disproportionately consuming emergency service resources.

Wrexham is an industrial and new university town of roughly 70,000 people in North East Wales. Problems related to NPS use came to a head on a day in April 2017 when all available police patrols in the town were tied up dealing with public disorder and other problems relating to homeless substance misusers.

From late 2015, a group of people in a third sector recovery project had already become concerned. They saw the need for a bridge, a means by which NPS users could access services, and they started to delineate what they thought would be helpful. Against the background of intense adverse media coverage of this public disorder, the statutory and voluntary sectors came together to plan and implement an action plan.

Two engagement days were held with service users and all associated support and law enforcement agencies, to discuss how the situation had developed and how it could be tackled. A very senior team, the "Gold Strategic Group," was formed to oversee the work, comprising:

- The local Member of the Westminster (UK) Parliament
- The local Welsh Government Assembly Member
- A Superintendent from North Wales Police
- An Executive Director, Wrexham County Borough Council
- The Deputy Leader of Wrexham County Borough Council
- The Head of Housing and Support Services of Wrexham County Borough Council
- The Manager of Substance Misuse Services, Betsi Cadwaladr University Health Board
- The Regional Commissioning and Development Officer of the Area Planning Board for Substance Misuse

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- Senior managers and service user representatives for third sector organisations working with people with substance misuse problems

A consultation exercise was conducted with street drug users. This used a sympathetic coffee shop in the town centre as a place where intoxicated people could be invited for a coffee. They were then asked to answer some questions whilst they recovered from acute intoxication. Thirty-one people were involved. The exercise was not conducted as research, but rather to gain a practical indication of the local situation to prepare for action. Their aggregated responses are, however, indicators of likely need in other town centres with similar problems.

2 | USERS' EXPERIENCES

Among the 31 participants, almost all (85%) said that they were using Spice or Mamba, which were freely available to them. They also described:

- NPS intoxication as being similar to that of very strong cannabis or heroin
- Use of a wide variety of other substances, although a few reported that they now exclusively used NPS
- Three-quarters reported unconsciousness after NPS use, almost double the rate for other drugs
- Half reported requiring an emergency ambulance to hospital. The rate was higher for those who also used heroin.
- Just over half reported having been arrested whilst intoxicated with NPS.

3 | USER'S PERCEPTIONS OF NEEDS

They were asked what would make a difference to them. The majority suggested that service provision was compromised by a lack of connectivity between agencies and that support and treatment should be tailored to their needs rather than following a model of appointments predicated on a settled lifestyle. Some respondents felt that residential detoxification and rehabilitation spaces should be made available for NPS users.

This suggested that local services in Wrexham should work to develop a clearly defined service, accessible and visible to all NPS users.

4 | GOLD OBJECTIVES

The Gold Strategic Group set itself a number of objectives:

- To establish an alternative multi-agency response that could successfully engage/re-engage with those vulnerable substance users identified in and around the town centre who were not in contact with mainstream services
- To develop a more co-ordinated, integrated service provision model
- In keeping these vulnerable people safe from harm, to coincidentally helping the public to go about their normal business in the town centre
- To prevent and/or detect criminal offences attributed to these drug users through a reasonable and proportionate response to any crime committed
- Develop a media strategy to inform, reassure and update the communities of Wrexham Town Centre

5 | INITIAL PLAN

In the short-term, a Public Space Protection Order for the town centre was issued by the local authority, with an intensified police presence. People arrested, taken to hospital or taken to voluntary sector facilities rapidly returned to the town centre, and the approach led to little persistent change. More fruitfully:

- A series of multi-agency meetings was convened to understand the needs, expectations and abilities of agencies to deliver relevant services.
- Information was sought from agencies in towns around the country to understand how others had managed similar problems. It became apparent that no other town or city considered that they had yet formulated a good-enough solution.
- The agencies collaborated and shared information about needs of vulnerable NPS users, providing they gave their permission for information from health services to be shared in this way; they also highlighted the locations where they were likely to be found
- Using this information, individuals were profiled and given needs scores, using data from across the agencies. They were then prioritised accordingly for engagement and support or considered for law enforcement intervention.
- In each case, risks were identified, and management plans put in place to enable support plans to be developed and carried out.

6 | WHAT WAS DONE

Eighty people were identified in the initial process and a *Wrexham NPS Task Force* was established. The characteristics of the group were very similar to those reported in research with British street homeless people in general. In their background, Wrexham NPS users had experienced multiple disadvantages and now had complex health and social problems. What appeared to be different was the effects of NPS intoxication.

The 20 people who were identified by the initial process as being at greatest risk and highest need were first in line to be given services. A Single Point of Contact Co-ordinator was appointed, with an overview of all joint plans and resources available. The Co-ordinator was responsible for bringing together a multi-agency team, comprising third sector substance misuse workers, NHS harm reduction workers, Police Community Support Officers and local authority workers. The team followed an assertive outreach approach, seeking out “red flag” individuals and working to engage with them at a relational level.

The multi-agency “front-line” group met together once a week. The service users were too chaotic and marginalised to keep appointments at diverse locations, so a weekly “One Stop Shop” was established in a town centre location, where the following services were available:

6.1 | From the statutory sector

- Health service (Betsi Cadwaladr University Health Board): Substance Misuse Keyworker, Harm Reduction Nurse, Blood Borne Virus Nurse, Vulnerable Groups Health Visitor
- Local authority (Wrexham County Borough Council): Housing Options Team, Rough Sleeper Outreach Team
- Department of Work & Pensions: Work Coach
- National Prison & Probation Service: Probation Officer

6.2 | From the third (charitable) sector

- Community Care Collaborative (a local social enterprise): General Practitioner, Mental Health Nurse, Community Navigators (support workers)
- CAIS (local substance misuse charity): Wrexham Homelessness Prevention Workers
- The Wallich (local homelessness charity): Rough Sleeper Intervention Workers
- Shelter Cymru: Housing Law Caseworker
- Salvation Army: Community Support Team
- Clwyd Alyn Housing Association: Outreach Worker

An intrinsic element of the programme was the ability to make fast track referrals for detoxification and rehabilitation where this was appropriate.

7 | OUTCOMES

There has been no comprehensive evaluation of the project, but there are some indicators that the project has made a difference.

There is still significant demand within Wrexham from this cohort of users. There is evidence that this has decreased, with some of those individuals doing well in recovery. North Wales police reported that in the first 6 months of the project (June–December 2017) there was a steady decline in offences among the targeted town centre cohort of 80, with a 37% reduction in recorded antisocial behaviour. Between August 2015 (the point at which serious concern over NPS users in Wrexham started) and March 2019, the police recorded a 42% reduction in antisocial behaviour in the town centre.

Of the first 28 high priority people engaged with the process, 71% completed detoxification and 54% completed rehabilitation; 29% became abstinent; 50% were housed with support.

Among the abstinent group were two of Wrexham's most prolific suppliers of NPS to the street-using cohort.

There is agreement among all agencies and service users themselves that improved co-ordination of services, and the ability to readily access them, has been major step forward for street drug users in Wrexham.

8 | CONCLUSIONS

Many UK towns and cities have struggled with rising numbers of street homeless and the spread of NPS among them, a situation that is by no means unique to the UK. The development of a co-ordinated and systematic approach has led to Wrexham gaining a national reputation for best practice, with many requests for information and presentations from other UK towns and police forces. Although this work in Wrexham has not yet been systematically evaluated and involves small numbers, we believe that lessons can be learned from the experience.

First, an important step in the process was for all agencies to see this population as highly vulnerable people with multiple problems, rather than simply antisocial drug users. This closely matches the experience of one of us (R.P.) 20 years ago when working in Liverpool Homeless Mental Health Outreach Team. The key to a successful service appears to be in delivering it in a way that is compatible with the lifestyle of its users. NPS users are difficult to engage, but generally want help, so services must be willing to find ways of facilitating engagement with them.

Second, there is a pressing need for significant funding to set up such programmes and to evaluate them. Evaluation should certainly include metrics, such as ratings of further “nuisance,” offending behaviours and health, but should also capture changes in subjective quality of life, as success or failure can only truly be measured in human terms. Short term success is worthwhile, but there are unanswered questions in the longer term. Despite the obvious

plight of street NPS users, assertive intervention may have unintended consequences, and these must be evaluated too.

Third, although a good deal can be achieved with limited funding from local sources, these are inevitably short-term, and there is a significant challenge about absorbing the programme into mainstream services. Robust economic evaluation of the impact on health and criminal justice systems might show financial as well as humanitarian advantages to the approach over time.

Fourth, the approach now needs to be implemented in other towns and cities. If this were evaluated in a uniform and co-ordinated way, it would generate invaluable learning about intervention with some of society's most marginalised and vulnerable people.

Finally, although it may be difficult to demonstrate that any improvements seen are causally related to a new service for street drug users, some things are just the right thing to do.

KEYWORDS

antisocial behaviour, homelessness, mentally disordered offenders, novel psychoactive substances, substance misuse, synthetic cannabinoids

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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