



Hull Combatting Drugs Partnership - Synthetic Response Plans

Presenting the multiagency approach to the management and
subsequent learning from the Hull Spice Incident in December
2024





ReNew

Provided by



**Change
Grow
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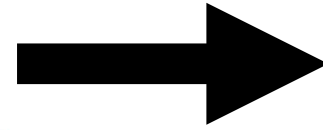
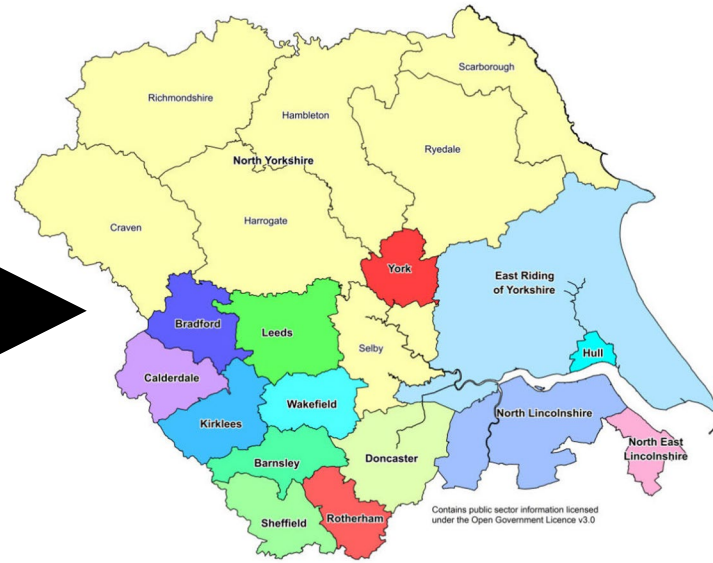
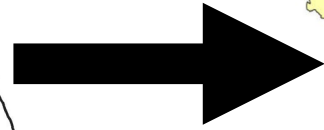
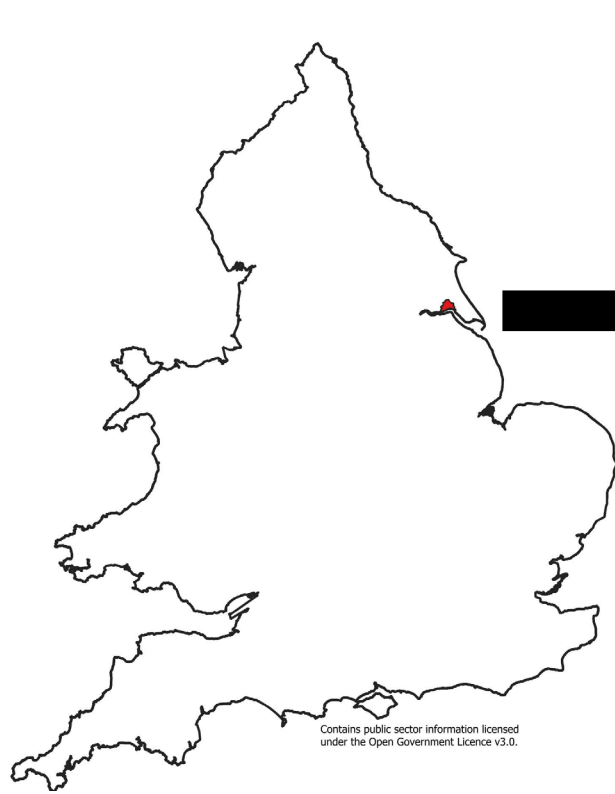
**changing
futures** Hull
changing lives for the better



HulBID



Hull





Hull

Population of 275,401

Sixth most deprived local Authority in England

66% of houses Band A Council Tax (nationally 24%)

Mortality rate from drug poisoning of 23 per 100,000 based on 2021 - 2023 data

Limited street homeless population





Hull

- Winter pressures
 - NHS
 - Cold Weather Provision
 - High Demand across agencies



- Street Homeless and Begging – OP Luscombe Police and Changing Futures Hub
- Good joint working and meeting structure established
- Multiagency Workshop held in Sep 2024 for a Nitazene response plan



Overview of incident

Who

- Affecting primarily the rough sleeping population in Hull

What

- Significantly increased trend of overdoses seen within drug and alcohol services and support services working with the rough sleeping population locally. At the end of the incident there had been over 70 incidents of individuals requiring emergency treatment.

Where

- Primarily in public spaces in the City Centre and Beverley Road areas initially, with other areas of interest close to the city centre emerging later.

When

- Began on December 1st, progressing into the following day, multi-agency response was then convened and continued throughout the whole of December.

Why

- Surge in overdoses were linked to a specific strain of synthetic cannabinoid receptor agonist (SCRA).





Impact on local service and community

Impact on the community.

Effect on staff that had
been deployed to support
the community.

Number of individuals
experiencing of multiple
overdoses.





Impact on police

- Increased Visibility
- Arrests
- Tactical activity – Overt and Covert
- Dedicated Investigation Team with SIO
- Dedicated Neighbourhood Policing Response – Problem Solving Plan
- Command Structure tracking output

Working to the partnership objectives





Incident management approach

Synthetic Opioid Preparedness Planning and how this was utilised in the context of this emergency incident.

Health Protection approach.

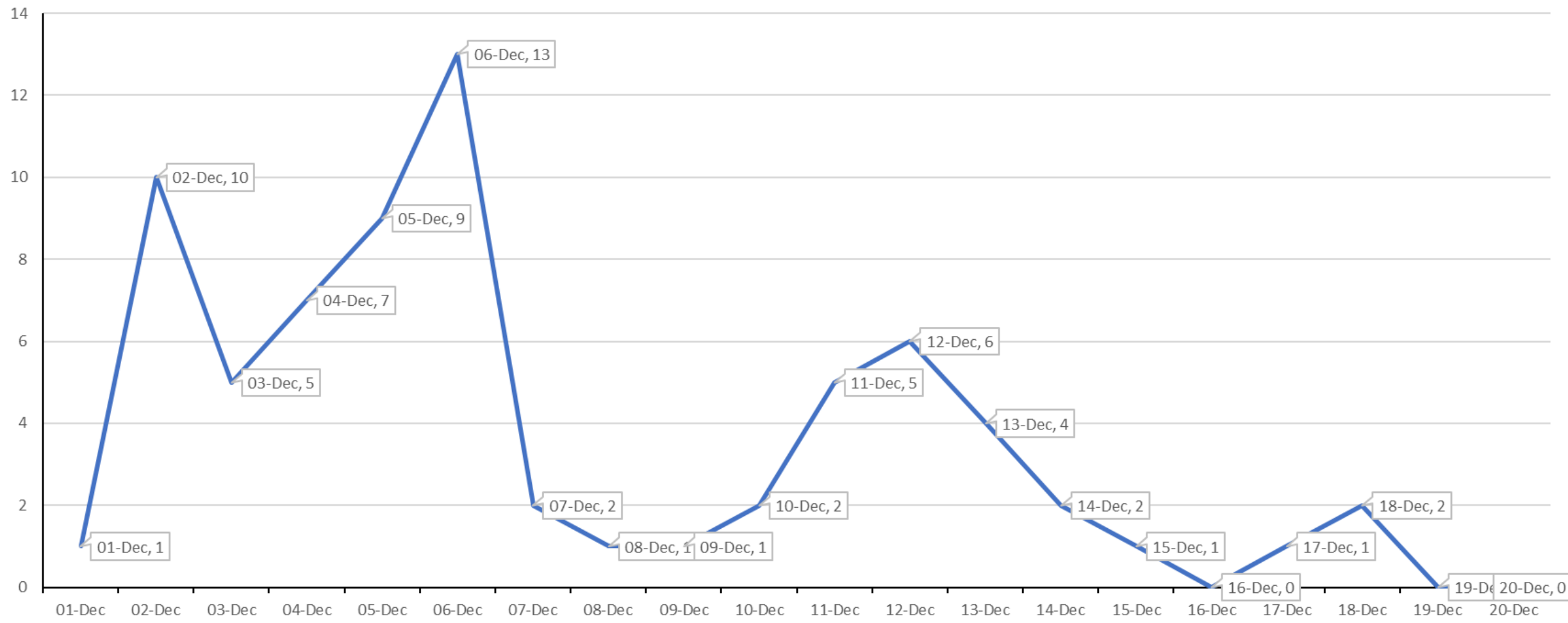
How it all connected:

- Daily Incident Management Team (IMT).
- Cells - (Intelligence, Communication, Operational).

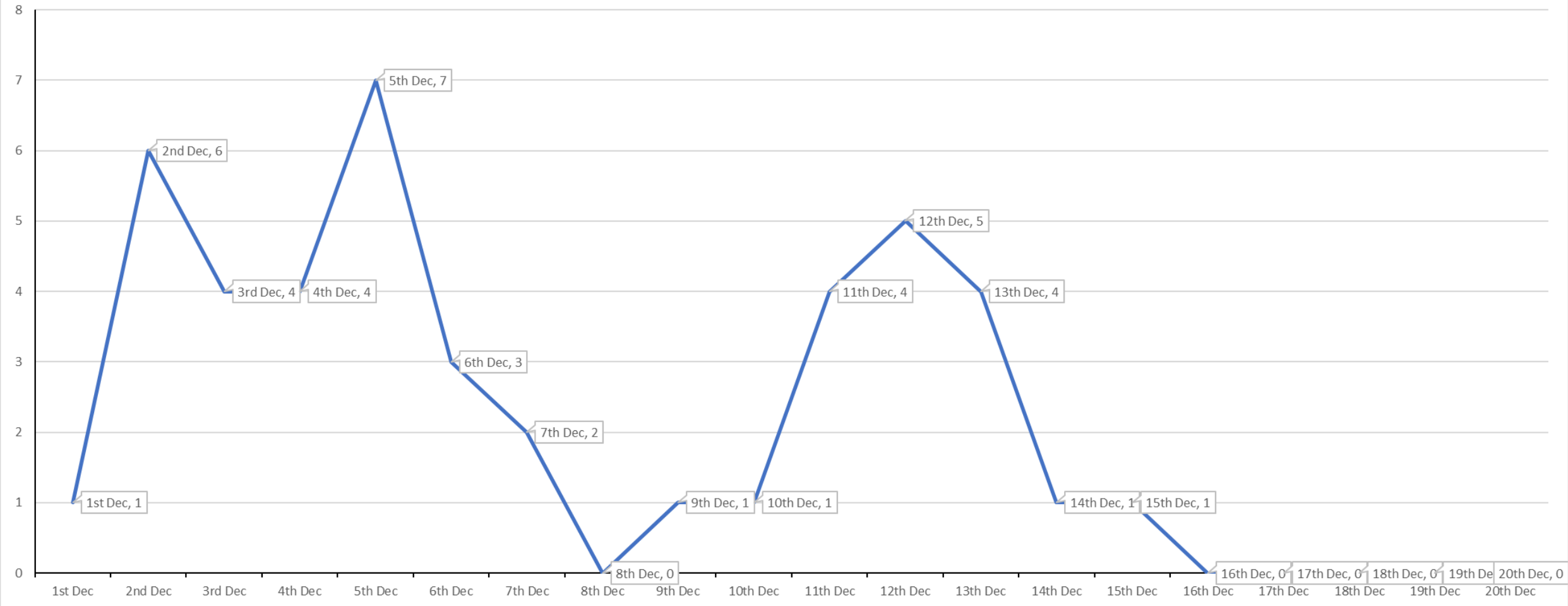
Local Resilience Forum (LRF) vs Incident Management Team (IMT) approaches.



Total number of overdoses known to services including:
ODs where Naloxone was administered by ReNew/Changing Futures staff;
ODs presenting at the hospital not treated in the community;
and those helped by both 01.12.24 to 20.12.24 9.00 am



People who are reported as receiving treatment in ED for apparent overdose 01.12.24 to 20.12.24 9.30am

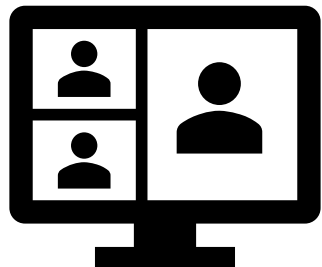
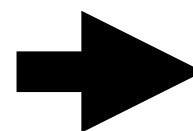




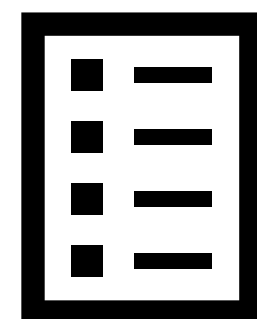
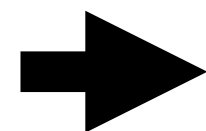
Operational (Tactical) Cell



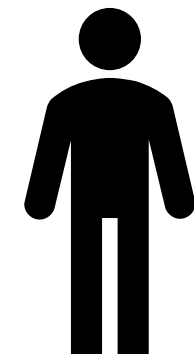
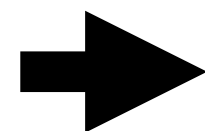
ID Most at Risk



Shared Understanding and Plan



Plan Circulated

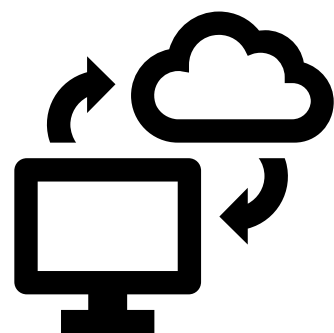


Tactical Activity

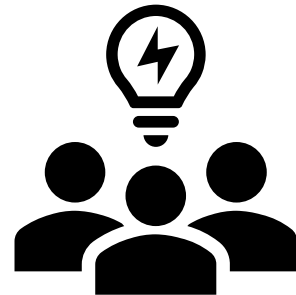




What went well



Connected IT



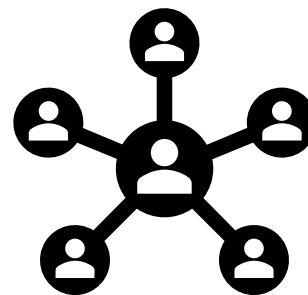
Existing Relationships at all levels



Understood Data Protection



Plan already existed and worked through



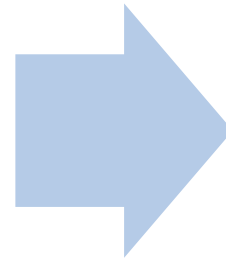
Knew the cohort well





De-brief

Invitation to all staff (operational and management) for an informal de-brief (Coffee and Cake) of the incident in a community space in late December. Feedback from senior leaders about the impact of this work in the community. The incident reviewed including the successes of our approach and the areas of learning for future incidents to better support staff and the community.



LRF lead de-brief in January with members of the Incident management team meeting. To identify specific actions to be undertaken to address gaps in our planning and approach for a future iteration of our incident management plans.





Changes to our approach

Drug Related Incident Preparedness Planning update

- Learning from this incident has been used to support development of a new preparedness plan.
- Co-developed with leads within the Hull Alcohol and Drugs Strategic Partnership), the Combatting Drugs Alliance (Hull and East Riding of Yorkshire) and the Humber Nitazene Preparedness Plan Workshop (Humber-wide).
- To ensure Hull's Alcohol and Drug Strategic Partnership Group partners, in conjunction with Humber-wide partners, can convene an appropriate multi-agency response in a timely and effective manner in response to an introduction of a novel, contaminated or unusually potent drugs or contaminated alcohol, causing acute harm to health.



Changes and amendments

Implementation of learning identified in LRF de-brief

Further detail around supporting cell structure and processes for supporting the IMT (including chairing arrangements).

Update regarding Naloxone availability locally

Clarity regarding activation trigger criteria and conditions.

Widened the scope of our plans to respond to all drug related incidents.

Additional capacity and testing routes during incident identified.

Other elements have also been added (highlights above).





Further steps

Preparatory workshop with communication professionals to draft communications plans for different scenarios.

Test trigger activation criteria on different potential scenarios.

Further detail in the plan for potential deployment of clinical & medical resources to support response.

Further detail in the plan for clinical assessment & emergency response elements.

Request reciprocal support between public health teams regionally for support from officers that coordinate 'Local Drug Information Systems' and 'Drug and Alcohol Related Death' processes.

