

Meeting date: 14/03/22

Report to: Health and Wellbeing Board

Report title: Addressing Recreational Use of Nitrous Oxide

Report from: Ruth Tennant Director of Public Health

Report author/lead contact officer: Karolina Biernat Health Protection Officer

Wards affected:

- All Wards | Bickenhill | Blythe | Castle Bromwich | Chelmsley Wood |
 Dorridge/Hockley Heath | Elmdon | Kingshurst/Fordbridge | Knowle |
 Lyndon | Meriden | Olton | Shirley East | Shirley South |
 Shirley West | Silhill | Smith's Wood | St Alphege
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Public/private report: Public

Exempt by virtue of paragraph: (If 'Private', select relevant paragraph and delete the rest. If 'Public', delete all options)

1. Executive Summary

- 1.1 This report is presented to update the Health and Wellbeing Board on the range of actions being taken to address nitrous oxide use.
- 1.2 Nitrous oxide is illegal to give away or sell for its psychoactive effect. However, its legitimate use means that it is easily obtainable, and sales are difficult to regulate through Trading Standards.
- 1.3 Nitrous oxide use in young people is of an increasing concern locally and nationally. There are health and social harms linked to inhaling nitrous oxide that necessitate mitigation through public health interventions

2. Decision(s) Recommended

- 2.1 While increased enforcement measures are being considered at the national level, Public Health recommends implementing a local programme of work focused on engagement, education, and informative communications.

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3. Matters for Consideration

- 3.1 The recreational drug use of nitrous oxide is becoming increasingly popular among young adults. The needs assessment conducted by the West Midlands Combatting Drugs and Alcohol Partnership on the Prevalence of Commonly Used Drugs in West Midlands showed that nitrous oxide is the second most used substance amongst 16 – 24 year olds. Medical professionals at the Queen Elizabeth Hospital Birmingham are seeing a marked increase in hospital admissions to the neurological ward due to spinal cord and nerve damage, including temporary paralysis, caused by nitrous oxide. They noted that patients began presenting with these symptoms during the pandemic and admission/referral rates have accelerated since. The long-term health impacts are not yet well understood.
- 3.2 Nitrous oxide is a colourless gas mostly sold in pressurised metal canisters. People open the canister, transfer the gas into a container (usually a balloon), then inhale from the balloon. It is also called blue whip, smart whip, balloons, NOS, whippits, laughing gas, hippie crack, chargers, noz.
- 3.3 Nitrous oxide is a short acting drug staying in the system for approximately a minute at a time. Therefore, users repeatedly inhale the gas to prolong the experience. This is reflected in the high number of canisters being used and, frequently, discarded in public spaces. Recently, larger cannisters have become more popular, replacing the smaller silver containers. This poses additional health risks due to poorer dosage control.
- 3.4 There is evidence of increasing use across the borough. The Balsall Common Litter Pickers volunteering group estimated to have picked up 250 large canisters in four months in Balsall Common alone. Other areas where large numbers of cannisters are frequently found by the Talking Rubbish litter picking group include Chelmsley Wood, Kingshurst, and Smith's Wood. Large numbers of cannisters are found in car parks, lay-bys, parks, woodland areas, and other green spaces but also in residential areas.
- 3.5 Nitrous oxide is a psychoactive drug (a drug which affects the mind) and is covered by the 2016 Psychoactive Substances Act. This means it is illegal to give away or sell it for its psychoactive effect. However, because it also has legitimate use, for example in baking, it is easy to obtain from online and brick-and-mortar shops. There also appear to be individuals involved in the sales and delivery directly to users.
- 3.6 Nationally, the Home Office is preparing to introduce a ban on the sale or possession of nitrous oxide. The Home Secretary has asked the independent Advisory Council on the Misuse of Drugs (ACMD) to review the health and social harms of using the drug. As part of the review, the ACMD has been asked to consider whether unlawful possession of nitrous oxide should be made an offence. Following discussions at the Health and Well-being Board and Full Council, the Public Health Directorate have collated evidence of the local impacts of nitrous oxide including from ward councillors, community volunteers, Love Solihull, and NHS partners and submitted this to the ACMD. This outlines the health harms and environmental impacts locally as well as some of the key steps we are taking to minimise harms, while national decision making

takes place.

4. What options have been considered and what is the evidence telling us about them?

4.1 To address this issue from the public health perspective, the following options have been considered:

- Working with schools and colleges to engage with young people and inform them of possible health harms
- Promoting services offered by the Solihull Integrated Addiction Services (SIAS) including engagement and education sessions for frontline staff working with young people (Appendix A)
- Working with Urban Heard Youth Engagement Specialist to deliver awareness raising events in town centres
- Working with the communications team to develop a comms package targeting young adults (including commissioned social media)
- Developing a webpage for solihull.gov.uk to provide information about health risks, litter reporting, and Trading Standards (Appendix B and Appendix C)
- Working with the Birmingham and Solihull Integrated Care Board to identify staff training needs and facilitate training delivery for primary and secondary health care settings across the borough
- Working with the West Midlands Poisons Unit to explore their engagement offer as potential enhancement of the work programme delivered by SIAS
- Press release that highlights the health risks (to include contributions from elected members and health experts)
- Developing a hotspots map to target localities for traditional communications such as posters and leaflets
- Consider introducing Public Space Protection Orders (PSPOs) in known hotspot areas

5. Reasons for recommending preferred option

5.1 Public Health recommends that all the above engagement, education, and communication actions are implemented. This recommendation is based on consultations with the UK Health Security Agency, the Consultant Neurologist at the Queen Elizabeth Hospital, and other local authorities in West Midlands.

5.2 The enforcement route through Public Space Protection Orders has been introduced in some local authorities in West Midlands. While the introduction of PSPOs could be considered locally in the future, this would require further evidence to satisfy the

legislative requirements. The ongoing review by ACMD might also result in increased legal powers for the police and Trading Standards. Therefore, PSPOs are not recommended at this time.

6. Implications and Considerations

6.1 State how the proposals in this report contribute to the priorities in the [Council Plan](#):

Priority:	Contribution:
<p>People and Communities:</p> <ol style="list-style-type: none"> 1. Improving outcomes for children and young people in Solihull. 2. Good quality, responsive, and dignified care and support for Adults in Solihull when they need it. 3. Take action to improve life chances and health outcomes in our most disadvantaged communities. 4. Enable communities to thrive. 	<p>This proposal contributes to priorities 1, 3, and 4.</p> <ol style="list-style-type: none"> 1. Target age group for engagement, education, and comms is 16 – 24 years old. 3. While all areas are affected, key localities for this intervention are in the north of the borough. Public Health will also engage with Solihull Community Housing through the Nitrous Oxide Task and Finish Group. 4. If successful, actions taken may reduce social and public health harms related to nitrous oxide use.
<p>Economy:</p> <ol style="list-style-type: none"> 5. Develop and promote the borough’s economy, with a focus on revitalising our town and local centres. 6. Maximising the opportunities of UK Central and HS2. 7. Increase the supply of affordable and social housing that is environmentally sustainable. 	N/A
<p>Environment:</p> <ol style="list-style-type: none"> 8. Enhance our natural environment, improve air quality and reduce net carbon emissions. 	If successful, actions taken may reduce nitrous oxide litter.
<ol style="list-style-type: none"> 9. Promote employee wellbeing 	N/A

6.2 Consultation and Scrutiny:

This work has not been presented at a formal scrutiny session. The Solihull Health Protection Board and Solihull Combatting Drugs and Alcohol Board will be jointly responsible for

monitoring and scrutinising this approach. Public Health will continue to engage with community groups and Love Solihull to ensure we stay up to date with community intelligence. Ongoing consultation with the NHS colleagues will provide further insight into hospital admission trends and health harms.

6.3 Financial implications:

6.3.1 There may be some costs related to engaging with Urban Heard and to cover the cost of commissioned social media comms. It is envisioned that these will be covered through the Public Health grant.

6.4 Legal implications:

6.4.1 None as the enforcement route is not considered at this time and we are awaiting developments at the national level.

6.5 Risk implications, including Risk Appetite:

6.5.1 There are no risks identified from this work and proposed actions. There is a risk of increasing health harms if this programme of work is not implemented.

6.6 Equality implications:

6.6.1 User demographic in Solihull is not yet well defined. We are still working on understanding who is at risk of hospital admissions and health complications to appropriately target communications.

6.7 Linkages to our work with the West Midlands Combined Authority (WMCA), Local Enterprise Partnership or the Birmingham & Solihull Integrated Care System (ICS):

6.7.1 The proposed programme of work will be delivered in collaboration with Birmingham and Solihull ICB and Birmingham City Council.

7. List of appendices referred to

7.1 Appendix A: SIAS nitrous oxide programme of work

7.2 Appendix B: Nitrous oxide litter reporting form

7.3 Appendix C: Solihull.gov.uk webpage - information about nitrous oxide

8. Background papers used to compile this report

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9. List of Other Relevant Documents

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