



Early adopters

Drug services have to be quick on their feet to keep up with a growing array of new substances being used by young people. Lena Corner visited one project which is managing to keep up to speed.

The government's ban on GBL, BZP and Spice may have come into force last month but still the market in legal highs or 'new drugs' continues to expand. Just as manufacturers manage to stay one step ahead of legislation by creating new drugs which sidestep it, so the number of reports of problematic use, and even fatalities, continue to rise.

But concern is now growing that treatment services, most of whom must focus on dealing with crime-linked drugs such as crack cocaine and heroin, have neither the funds nor the know-how to deal with legal highs. As a result, a new generation of drug user is potentially falling through the net.

There is one agency, however, the KCA Young Person's Early Intervention Team based in Kent, which has been swift to acknowledge and research the issue of these drugs. It has become one of the first services in the UK to devise a successful and coherent strategy to tackle them. "There has always been some sort of rumbling around legal highs, but early in 2009 it reached a crisis point," says Neil Hunt, KCA's director of research. Although they had been cropping up among their adult poly-drug users, it was in KCA's young person's services, specifically among 10-18 year olds, where the trend was being detected most strongly. "We were hearing about them more and more and it got to the stage where they were coming up all the

time. It was clear it had reached a tipping point."

In May last year, KCA early intervention worker Diederik Martens set about mapping out everything he knew about legal highs – from anecdotal evidence, to information from practitioners and research gleaned from hours spent scouring the web. "Diederik produced a working document which captured a snapshot of what was going on," says Hunt. "From that day on the whole KCA team started collating information and asking what is this stuff, who is doing it and what does it do?"

The body of evidence they started to build up was illuminating. One of the most popular substances they discovered being used among young people throughout Kent was MPDV (Methylenedioxypropylvalerone) known on the street as 'alphabet' or 'super coke'. "It was coming up a lot," says Hunt. "We found that people were racking up and snorting cocaine-sized lines of it, but this was pharmaceutically pure MPDV and that's way more than you would ever need. People were effectively overdosing on it. Their hearts were jumping out of their chest, they were panicking and they were quite clearly in medical crisis-type territory."

KCA didn't just take people's word for it either. A sample was sent to John Ramsey at the Tic-tac drugs database for testing and it came back positive, marking the first ever confirmed,

identified case of MPDV use in the UK. “You can see from looking on the internet that MPDV had been around and people were talking about it, but no one had actually put anything through testing, so it’s hard to know what you’re actually really dealing with,” says Hunt. “One of the big issues we are trying to address is to cut through the lack of clarity.”

Another popular legal high KCA discovered was Salvia (Salvia Divinorum), a herbal drug, which is smoked either rolled in a joint or in a bong. The problem with Salvia, they discovered, is that some of the younger users were failing to realise that it is actually a hallucinogen, the effects of which are less like cannabis, and more like acid or mushrooms, but often much stronger. “What we found over and over is that because this stuff was legal and because it was freely available on the internet or in headshops, people assumed it was safe, reliable and well-tested,” says Hunt. “In actual fact it’s amazing how limited the research is on many of these substances – there is no epidemiology anywhere. So there’s a real issue about what advice you can give and how confidently you can state it in the absence of any proper reports.”

In July 2009 the KCA’s Rick Bradley started work on a leaflet funded by Kent Drug and Alcohol Action Team (KDAAT) aimed at the young legal high user group they had identified. “We tried to formulate something which was a level above Frank leaflets which some of the young people we spoke to said they found a bit patronising and preachy,” says Bradley. “This leaflet was about liaising with young people, trying to find out what sort of use they were involved in, and then trying to produce something which would help reduce the risk.”

By September, KCA had also devised a presentation, which they took to practitioners and youth workers throughout Kent. It identified various concerns such as lack of long-term research, misleading packaging and the fact that risks are often underestimated because people assume legal equals safe. “One of the messages we were trying to get across is that when you take legal highs, you are very much being the guinea pig for whatever someone has concocted,” says Martens. “There is no information on toxicity because these are substances that simply haven’t been used as drugs until now.”

The presentation divided the legal highs into three categories: stimulants (BZP, M1, mephedrone and MDPV); depressants (GBL and herbal smoking mixtures such as Spice and Smoke) and hallucinogens (Salvia and Fly agaric mushrooms) and went on to prescribe a common-sense approach for each. Possible risk of pressure on the heart or strokes for stimulant users, respiratory problems or overdose for the depressants and safety concerns for the hallucinogens. “It’s a constant job of trying to navigate between what we can confidently say without sensationalising things, but also flagging up problems before people die or whatever else,” says Hunt.

One of the main difficulties, he continues, is the ever-changing nature of the legal highs market. It’s a constant cat-and-mouse game in which manufacturers are constantly tweaking their products to stay one step ahead of the law. “We’ve used the term designer drugs for quite a long time but it’s been a misnomer,” says Hunt. “It’s only now that we are truly really entering the era of designer drugs. It’s a lucrative market and people know the chemical adjustments required to stay one step ahead.” One of the Early Intervention Workers, Zara Rahemtulla who works in East Kent, tells me how she recently came across a 15-year-old boy who casually drew out diagrams of the complicated chemical make-up for a whole swathe of different legal highs, each one just a couple of molecular tweaks away from the other.

It’s this ever-changing landscape which makes proper

epidemiology so difficult. MPDV, for example, which seemed to be all over Kent earlier this year, has totally dropped off the radar and not one single practitioner has heard mention of it in months. “New drugs are constantly arriving on the block,” says Hunt. “In order to study them you’ve got to get a large enough group of people using it, you’ve got to get a research grant funded, you’ve got to recruit your sample, produce questionnaires, surveys and interviews to find out what the drug felt like, what it did and what the side effects were. Then by the time you publish, everyone’s moved on to something else long ago.”

KCA are however making valiant attempts to keep up with what’s going on and all their early intervention workers feed into a system which keeps fully up to date on who is taking what drugs where. The countywide picture they have managed to build up is impressive. Becky Harris who works in Maidstone and Tunbridge Wells, reports a lot of Salvia used mainly amongst 15 and 16 year olds. Rahemtulla who works in Canterbury and the coastal areas says she has seen mainly reports of M1 (methylo) use, “especially among young people who don’t like the idea of breaking the law and buying off dodgy dealers.” Steve Powell in Medway reports mainly Spice and Salvia, particularly popular among squaddies from the nearby local barracks who use it to avoid detection during drug tests. And Rick Bradley, an early intervention worker in Ashford and Shepway, reports M1 use and 4-MMC (mephedrone).

ONE OF THE MESSAGES WE WERE TRYING TO GET ACROSS IS THAT WHEN YOU TAKE LEGAL HIGHS, YOU ARE VERY MUCH BEING THE GUINEA PIG FOR WHATEVER SOMEONE HAS CONCOCTED

The plan now is to make data-recording techniques more efficient. “We’ve got lots of forms for everything,” says Hunt. “We are formed out to the max but we don’t have good data for legal highs. We’ve been discussing whether our assessment forms should have a separate item that says ‘legal highs – please specify’. You could put say, mephedrone, on the list but it will quickly become out of date because of the pace manufacturers are reinventing. We are just trying to think of ways to capture these trends more systematically, without having a form the size of a telephone directory.”

They also plan to raise the issue on a national level by introducing it as a subject for a young person’s drug services conference. “Especially since there was a recent reported death of a teenage girl in Brighton who is said to have taken mephedrone,” says Hunt. “Trying to get the whole story in these cases is vital. We often learn later that alcohol and various other drugs were involved. But with drugs that are largely unknown, emergencies may be the first sign that a drug is not safe. It is critical to learn from them, so that we can get credible information out there to the people who need it.

“Here at KCA, we are in a position to have been nimble in our response to this,” concludes Hunt. “We are a well-funded, well-developed team. Absorbing the extra work from legal highs is not a big deal, it’s just an incremental addition to what we’re already dealing with. But in other areas I’m quite shocked at the poverty of provision for some young people, it certainly is a postcode lottery.”

■ **Lena Corner** is a freelance journalist