

In Middlesbrough, where the most marked increase was reported, of 71 presentations in the last year, 23 came in with new synthetic drugs – predominantly mephedrone – as their primary problem. Overall mephedrone presentations in England rose from 900 in 2010/11 to 1630 in 2012/13, according to the latest drug treatment statistics from Public Health England.

“They are mainly school-aged children, who have started bingeing on mephedrone or similar drugs over three or four days,” says the manager of a Teeside young peoples’ service. “They are usually people who have not taken other illegal drugs, who started using mephedrone when it was legal and who use at home on a Monday night.”

SOME AGENCIES EXPRESSED CONCERNS THAT SOME PRODUCTS SEEMED TO BECOME MORE POPULAR AFTER BEING LINKED IN THE LOCAL AND NATIONAL MEDIA TO HOSPITALISATIONS AND DEATHS

But among most of the services surveyed, numbers in treatment for new synthetic drugs remain low compared to presentations for traditional drugs, such as cannabis and alcohol. However, their outreach work reveals a different story. Almost all the agencies contacted by *Druglink* said new synthetic drugs now figure highly in young people’s psychoactive repertoires.

A survey of 116 mainly young people in Newcastle, with an average age of between 16 and 17 carried out in August, found that two thirds had used new synthetic drugs, while Lifeline’s young people’s service in York reported a noticeable shift in its clients aged 14 and over, many of whom are from middle class families, moving from cannabis and alcohol to new synthetic drugs and high energy caffeine drinks.

In Scotland, fieldwork carried out at festivals by the charity Crew2000 found 31 per cent of young people had taken a “mystery white powder”, 30 per cent had taken mephedrone and 28 per cent had used synthetic cannabinoids. Meanwhile a survey among experts engaged with young people in education, health and

crime by the Scottish Drug Forum (SDF) revealed 65 per cent said their clients were using new synthetic drugs.

Feedback from the SDF survey shows that this new wave of drugs is becoming popular because they have simply become “fashionable” or “trendy” with young people – far more so than traditional substances, which are seen as remnants from a bygone generation of users and addicts. Some agencies expressed concerns that some products seemed to become more popular after being linked in the local and national media to hospitalisations and deaths.

These drugs are potent. One drug worker described synthetic cannabinoids, about twice as strong as its natural cousin, as offering more “bangs for your buck” than virtually any other psychoactive substance on the market.

A manager for KCA, which runs young people’s drug services in Kent, told *Druglink*: “From what I’ve seen, it’s the potency of a particular brand that is more of a pull for young people who are buying these drugs, rather than the fact they may be legal.

“With synthetic cannabinoids, it’s all about getting totally out of it. Lots of them will use a bong and actually say it was a negative experience. But this drug is not used for relaxing like normal cannabis. There is a real need for escapism, it’s a comfort blanket so they can forget everything. Yes, it’s a substitute for cannabis, but if you use the same dose as cannabis, it wipes you out.”

New synthetic drugs are also cheap and easy to buy. In Newcastle, the availability of new synthetic drugs is expanding away from head shops. A survey of teenagers found that while 45 had bought their drugs from head shops, 20 had bought them from petrol stations and takeaways.

Agencies said the use of new synthetic drugs by young people was highly influenced by very localised trends. In Maidstone, Kent, for example, where there are four head shops, synthetic cannabinoids are increasingly the drug of choice for young people. Yet 21 miles down the road in Ashford, mephedrone-type powders and pills are far more popular. Then again, 13 miles away in Tonbridge, these drugs are on the whole being ignored by young people.

The survey found that new synthetic drugs and the way they are bought is attracting a new set of drug users and creating subtle changes in the way

young users behave. Some agencies say they have groups of new synthetic drug users who have not, nor would not, use traditional or illegal drugs.

In North Tyneside, one agency said the easy availability of synthetic cannabinoids from head shops with ordinary opening hours has changed the dynamic of young people’s drug use to

WHO DO YOUNG PEOPLE TURN TO FOR HELP WITH DRUGS?

A survey on drug use carried out this year by Nottingham City Council among nearly 500 school children in the city reveals some interesting facts:

54% had heard of the government’s drug advice service, **Talk to Frank**.

2% visited the **Talk to Frank website**.

1% thought **Talk to Frank** was very helpful.

28% thought legal drugs are less harmful than illegal ones.

11% are worried by drug taking.

15% are worried by drug dealers.

19% are affected by adults using drugs around them.

15% have got into a fight because of drugs.

12% have damaged something because of drugs.

6% have had sex because of drugs.

6% have stolen something because of drugs.

10% have put themselves in danger because of drugs.

NB. This was a baseline survey on drug use used to direct subsequent DrugAware Programme interventions.

resemble the regular patterns associated with heroin users.

They are less reliant on street dealers and more able to map out their intoxication routine. Teenagers will often pool their cash in the morning. Instead of popping to the shops to buy a can of coke, they will go to the local head shop to buy some synthetic cannabinoids and use them during lunch breaks or while truanting from school.

However, despite their legitimacy, the trade in new synthetic drugs is starting to mimic the traditional street trade in illegal substances. There is a blurred boundary between head shops and street dealing.

In Kent, some head shop staff allow their teenage customers to buy 'on tick' and encourage others to act as *de facto* debt collectors, rewarding them with drugs in return for cash collected. Head shops are also known to accept goods, such as DVDs and computer games, in return for synthetic cannabinoids.

It is not just new synthetic substances that are on the radar. In some parts of Kent, drug workers are reporting a rise in the use of hallucinogens. In Dartford, Gravesend, Swanley and Tunbridge Wells since this summer, there has been a trend in young people, a mix of college students and teenagers in pupil referral units, experimenting with LSD, in the form of 'microdots' from blotting paper. The county had also seen a rise in other hallucinogens such as magic mushrooms, N-boms, salvia and AMT.

So how are services adapting to this changing landscape? Virtually all the services and organisations we spoke to said that they had little chance of engaging with young users of new synthetic drugs unless they reached out to them. Many simply were not aware of the existence of drug services, let alone felt comfortable engaging with them.

Generally, the more outreach work services carry out in schools, pupil referral units, universities, health and social services, young offender's institutions, children's homes and homeless units, the more young people they find who use and have problems with this range of new drugs.

CRI, the largest service provider in the UK, has seen enough of a problem, most notably in south Wales, Brighton and parts of London, to prompt an adaptation to the way it works with young people. CRI employed a dedicated lead, Michael Lawrence, last year, whose role is to co-ordinate and expand the agency's work on new synthetic drugs.

Like others around the country, it has set up specialist late night clinics, outreach projects in night clubs, drop-ins at universities and treatment groups specialising in synthetic cannabinoids and stimulant powders like mephedrone.

Echoing the feedback from most services we spoke to, Lawrence says CRI's primary role is to deal with the impact of a drug is having on the user rather than becoming obsessed with identifying its exact chemical make-up.

"You can't get hung up about not knowing what a drug is," says Lawrence. "It's about supporting young users and addressing the social effects – on employment, debt, education, friends, family, relationships and social exclusion that the drug is having on their lives."

Katy MacLeod, National Training and Development Officer at the Scottish Drugs Forum, told the survey: "We monitor drug trends as they happen. Through our training and quality development work with services we are finding it's about going back to basics, treating the presenting issues rather than having to be an expert in the compound itself. It is important to categorise what kind of drug it is, for example, if it's a stimulant, and to treat the person accordingly based on what knowledge we already have."

She says the main difference with new drugs is not so much the drugs themselves, but the wide appeal to different user groups. "We are aware of these substances being used both by clubbers and young people but also by people already engaged in services and from vulnerable groups including those with existing problematic substance use. One key issue is that the majority of deaths in Scotland have been due to poly drug use and haven't happened in a club setting, which would suggest that young people and clubbers should not be the only focus of attention for the new drugs."

Services such as Crew2000 target people who perhaps wouldn't usually come to mainstream drug services, by providing outreach to schools, youth clubs and festivals. They are also pioneering different approaches such as online support.

MacLeod says that one of the challenges for services is engaging with such a diverse user group, some of whom face barriers to accessing services.

"Outreach services, which are often a crucial part of engaging with users, can be difficult to secure funding for, as outcomes are often difficult to

measure, given you are often working with users on a one-off basis. There is some evidence to suggest that specialist services may help to engage with this range of user groups, although another key issue is to help build knowledge and confidence of the existing workforce so they feel equipped to support service users effectively around the new drugs."

Pauline Minshull, project worker at The Base, a young people's under-25 drug and alcohol service in Kirklees, is starting a new outreach scheme targeting new synthetic drug users at club nights on Wednesday evenings, a student night. Minshull says the service treats new synthetic drugs like any other stimulant, depressant or hallucinogen. But she adds that she finds it useful to know as much as possible about specific drugs people are taking because it can improve harm reduction. She sometimes sends drug samples for testing at forensic labs.

"When a head shop was selling a particular drug claiming it was AMT and a lot of the young people were using it, we sent it off to be analysed, says Minshull. "And it was AMT, so at least we knew what we were dealing with and that the woman selling drugs at the head shop knew what she was selling. This isn't always the case, however, and when purchasing any substance from a dealer, shop, internet or friend you can never be certain and know what is in the substance. All this is useful information for us."

So what is the best approach to helping this new and unique generation of drug users? "Young people's new drug of choice changes from week to week and drugs change to keep ahead of the law," says Andrew Brown, Director of Programmes for Mentor. "Services have to work out what these drugs are and how they impact lifestyles and health.

"Responses fall into two camps: either you try to understand the particular harms of each individual product and to catch up with science; or you think about it more generally, that people have always followed new trends, and that the approaches needed to tackle these drugs are no different to how we tackle traditional illegal drugs.

"But the main message we should communicate to young people – especially with these new drugs and the way they are marketed – is that the buyer should ask themselves, 'is it what it says on the tin?'"

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