

Business as usual?

A status report on new psychoactive substances (NPS) and 'club drugs' in the UK

Prepared by DrugScope on behalf of the Recovery Partnership

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About DrugScope and the Recovery Partnership

DrugScope is the national membership organisation for the drug and alcohol field and the UK's leading independent centre of expertise on drugs and drug use. We represent around 400 member organisations involved in drug and alcohol treatment and supporting recovery, young people's services, drug education, criminal justice and related services, such as mental health and homelessness. DrugScope is a registered charity (number: 255030). Further information is available at www.drugscope.org.uk

The Recovery Partnership was formed by DrugScope, the Recovery Group UK and the Substance Misuse Skills Consortium in May 2011 to provide a new collective voice and channel for communication to ministers and the Government on the achievement of the ambitions in the Drug Strategy. Building on the important work of sector membership, umbrella organisations and other groups, the Recovery Partnership is able to draw on a broad range of organisations, interest groups and service user groups and voices. More information is available at <http://www.drugscope.org.uk/partnersandprojects/Recovery+Partnership>

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Apart from the specific contributions detailed above, the information contained in this report also reflects several years of information gathering, analysis, dissemination and comment by DrugScope since the use of drugs such as GHB and ketamine became a concern for health professionals and more recently since the advent of NPS in the UK.

“In the view of this author, it is likely that the future drugs of abuse will be synthetics rather than plant products. They will be synthesized from readily available chemicals, may be derivatives of pharmaceuticals, will be very potent, and often very selective in their action. In addition, they will be marketed very cleverly.”

Gary Henderson, Journal of Forensic Science 1988

A note on definitions and terminology

The Advisory Council on the Misuse of Drugs (ACMD) defines NPS as “*psychoactive drugs which are not prohibited by the United Nations Single Convention on Narcotic Drugs or by the Misuse of Drugs Act 1971 and which people in the UK are seeking for intoxicant use*”.¹

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has sharpened the definition slightly to include those substances not included in the UN Convention on Psychotropic Substances², but from an international perspective this still leaves a number of substances which are controlled in the UK, but outside of the international control mechanisms. This explains why in some international reports, drugs such as ketamine and GHB/GBL can be classed as NPS. The International Narcotics Control Board (INCB) Annual Report for 2012 acknowledged this broader definition when it stated that the definition “also includes substances that are not necessarily new, but which have recently been increasingly abused”³.

In the UK, too, there are reports which conflate NPS with ‘club drugs’ such as ketamine and GHB. To underline the INCB view, there are increasing concerns among clinicians about the use of these drugs, especially over the long-term, and wider concerns too, about the recent spate of deaths involving MDMA/PMA combinations and the appearance on the streets of ‘super-strength’ ecstasy⁴.

This brief report attempts to encompass both NPS and ‘club drugs’. The former are defined here as those substances (known variously as ‘legal highs’ and ‘research chemicals’ many of which have now been controlled⁵) which have come to public attention since around 2009 as substances deliberately ‘designed’ to mimic the effects of controlled drugs while at the same time ‘designed’ to be outside the scope of the Misuse of Drugs Act.

‘Club drugs’ are here defined as those controlled drugs (primarily used on the club/dance/festival scene) that are the cause of growing concerns either because of increasing acute incidents (MDMA/PMA) or the longer-term, more chronic conditions associated with GHB/GBL, ketamine and methamphetamine – and also mephedrone, the one NPS to date which seems to have gained traction across a number of user cohorts.

Consideration of club drugs in this report is largely confined to health matters and treatment responses, although some official data which includes prevalence is to be found in Appendix 2.

1 ACMD, *Consideration of the novel psychoactive substances ('legal highs')* October 2011

2 EMCDDA, *Responding to new psychoactive substances*, Drugs in Focus briefing 2011

3 INCB Annual Report 2012, p.36. Published March 2013

4 One recent formulation has been a red-coloured pill called Mortal Kombat with a reported MDMA content of 180-200mg or around 2-2.5 times the standard MDMA dose per pill.

5 The term ‘legal highs’ has become unhelpful for two reasons. Firstly, there appears to be an assumption, particularly among young people, that legal means the substance has in some way been ‘approved’. Secondly, (and this might apply particularly to the synthetic cannabinoids) a drug mixture in a packet could contain a blend of legal and illegal compounds.

The road to NPS

From the time of significant increases in drug use in the UK through the 1980s and 1990s, the general picture since 2000 has been one of stabilisation and decline across all the main drugs from heroin to cannabis.

However, the period since 2008-09 has seen what appears to be a significant increase at least in interest and probable use of a new breed of drugs. The genesis of this development in the UK can probably be traced back to the increasing control of precursor chemicals under the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. During the 1990s so-called 'herbal highs' came onto the market, promoted as a more 'natural' route to intoxication and included psychoactive (often psychedelic-like) plants such as Salvia and Morning Glory and more indeterminate products such as 'herbal ecstasy'.

But if one was trying to identify a tipping point for the exponential growth of NPS, it would arguably be the global sale of Benzylpiperazine (BZP) from a base in New Zealand. The 1990s saw a heroin drought in the region caused by the eradication of much of the opium growing capacity in Thailand. However, this was quickly replaced by methamphetamine labs, causing significant problems in Australia and New Zealand. In response, BZP's stimulant properties were promoted as a safe alternative to methamphetamine. The market place opportunities provided by the burgeoning internet allowed the supplier to easily fulfil the orders that started coming in from across the world. In the UK, BZP was promoted as a safe alternative to MDMA – which it wasn't.

The growth of the internet was another vital step along the way to the manufacture and sale of NPS. It allowed for:

- A global information exchange between users about the drugs and their effects.
- The search for patents by those looking for compounds which had been the subject of experimentation by pharmaceutical companies, but since discarded.
- The wholesale ordering and dispatch of both the raw chemicals and finished product usually from the Far East, using encryption technology.
- Retail ordering and dispatch from globally dispersed websites using payments through third parties such as PayPal.
- The development of a so-called 'Dark Web' in which resided such operations as Silk Road (and subsequently many similar sites) and which demands a higher level of technical knowledge to access and the use of virtual currency such as bitcoin.

The drugs

NPS can be sub-divided roughly into the following:

Synthetic cannabinoids – traded under such names as Clockwork Orange, Black Mamba and Exodus Damnation. These bear no relation to the cannabis plant except in that the chemicals which are blended into the plant matter, act on the brain in a similar way to cannabis.

Stimulant-type drugs – e.g. BZP, mephedrone, MPDV, NRG-1, Benzo Fury, MDAI, ethylphenidate. The effects of these drugs replicate across the range, those encountered with amphetamine and MDMA.

Hallucinogenic – e.g. 25i-NBOMe, Bromo-Dragonfly and the more ketamine-like methoxetamine.

Note: there is often much media attention given to announcements that significant numbers of 'new drugs' have been identified. This can be misconstrued as suggesting that all these new drugs are as different from each other as cannabis is from heroin is from cocaine. However, invariably, any new drug identified, will fit into one of the above categories. The primary drug group missing here would be opiates. There are some opiate type NPS in Europe such as kratom, but no evidence of a significant UK presence, although there was a recent reported UK

death caused by a synthetic morphine product called AH-7921⁶. O-desmethyl tramadol, an opioid analgesic (and the main active metabolite of tramadol) has been offered for sale, but now controlled. W-15-7 and W-19, both potent μ -opioid agonists have also been seen⁷.

Prevalence and patterns of use

The 2012 UK drug situation report to the EMCDDA underlined the problems of trying to ascertain the extent of NPS use in the UK. Firstly, what little data exists is often the result of self-reporting and self-selecting surveys conducted among those with a higher level of drug use than the general population, such as those attending festivals and clubs. Secondly, once a substance is banned, it can easily appear repackaged as a different (and allegedly legal) product. In essence, it is unlikely that most NPS users can be certain what it is they have taken – and this has implications for a range of health professionals (see below). More generally, with substances rapidly appearing and disappearing, marked in a range of packaging under a multitude of brands, it is always going to be a challenge for official surveys to capture the landscape for all but the very few drugs that gain any real presence in the UK. From all the formal and informal information sources that exist in the UK, including DrugWatch⁸, it is clear that many different types of synthetic cannabinoid (SC) are in circulation, although actual use appears quite low. The Crime Survey for England and Wales for 2012/13, calculated that recent use of SC was as low as 0.1% of 16-59 year olds. There are two caveats here; firstly, this a household survey which does not capture certain potentially higher drug-using cohorts such as students living away from home in halls of residence and young offenders. Secondly, as the UK report to the EMCDDA states, “questions on NPS were not asked of schoolchildren in England” and as yet there is no data which captures NPS use among children under the age of 16. Clearly though, the substance with the highest UK NPS profile is mephedrone.

Mephedrone

The drug first made an appearance in the UK in 2008/09. How did this happen? At a conference in 2013⁹, journalist Mike Power, author of *Drugs 2.0*, an investigation of the impact of the internet on the drug scene, described a plausible scenario. In 2008, 33 tons of the main precursor for MDMA, safrole, sufficient to make 245 million pills, was destroyed by the Cambodian authorities, a country where the yellow camphor tree, from which safrole is extracted, grows in abundance. This caused an MDMA drought in Europe, seizures fell by 25%. At the same time, the quality of cocaine fell in the UK, leaving a gap in the stimulant market¹⁰, filled by mephedrone¹¹.

During 2009 and 2010, use of the drug was widely reported both in specialist publications such as DrugScope's *Druglink* magazine and also in the mainstream media, particularly as a number of deaths were linked to use of the drug. Most of these reports proved unfounded, but even so, because of its legality and potency, the drug became popular not only across a broad spectrum of younger, naïve drug experimenters¹², but also among older, regular club goers¹³.

The drug was eventually controlled as a Class B drug in April 2010. According to the latest Home Office statistics from 2012/13, mephedrone is now the fifth most popular illegal drug behind cannabis, cocaine powder, ecstasy and amphetamine, although use has fallen among both the 16-24 and 16-59 age ranges every year since the ban in 2010¹⁴. It is reasonable to assume that once the drug was banned, this had the effect of discouraging use

6 <http://www.mirror.co.uk/news/uk-news/jason-nock-inquest-dad-killed-3003634>

7 Personal communication from Dr John Ramsey, St George's Hospital Medical School

8 DrugWatch is an informal network of UK agencies and individuals who regularly exchange information about NPS and other street drug developments. See Appendix 2, for list of participants

9 HIT Hot Topics conference, Liverpool 2013

10 Mike Power attributes this to the reduced spending power of sterling against other major currencies consequent on the world financial crisis – drug trafficking being a cash business

11 The relative scarcity of MDMA at that time, has been confirmed by Dr John Ramsey who saw a decline in the number of club-derived samples available for testing as did those working for the Dutch drug testing system known as DIMS

12 Daly, M. *Teenage kicks*, *Druglink*, January/February 2010, p.8-10

13 *Mephedrone: rising star of the dance drug scene, according to survey*. *Druglink*, January/February 2010, p.4

14 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224305/extent-trends-tabs-1213 ods

and supply among those who would not normally have been involved in the illegal drug scene. The latest self-selecting surveys conducted by *Mixmag* and the Global Drug Survey revealed that even among regular club goers, the drug is losing its appeal. In 2013, 13.8% of UK respondents who were regular clubbers said they had taken mephedrone, down from 19.5% in 2012 while the drug was now the most unpopular among this group in terms of bad effects.¹⁵

Various attendees at the DrugScope roundtable reported problematic use of mephedrone among disparate groups including young people in the community, not in touch with services, youth offenders, those from the LGBT community involved in 'chem-sex' parties as well as worrying reports of mephedrone injecting among established heroin/crack users – although there does appear to be a shift back to heroin among this group.

Early Warning Systems

While mephedrone can still technically be regarded as an NPS, it has become sufficiently embedded in the UK drug scene for its overall prevalence and other information to be captured by national data sets. Beyond that, there is no robust data giving a picture of patterns of NPS use across the UK. However, various Early Warning System (EWS) mechanisms have been established, which are not designed to gather prevalence data, but rather to inform professionals and in one case, the general public too, about the nature of substances in circulation.

Across the UK, the Home Office has established the Drug Early Warning System (DEWS) which aims to link various national and international partners to share information about emerging NPS trends - and the Forensic Early Warning System (FEWS) which is concerned primarily with testing NPS via test purchasing, police seizures and so on. More informally, DrugWatch has been mentioned and there are plans to try and establish more localised informal networks that potentially could feed information up to a central hub (like DrugWatch) and on to bodies like the ACMD, Public Health England's National Intelligence Network, ACPO drugs committee and other networks.

But probably the most developed 'bottom up' EWS has been established in Wales, called WEDINOS.

CASE STUDY 1

WEDINOS – Welsh Emerging Drugs and Identification of Novel Substances

WEDINOS project has been designed specifically for the collection and testing of new psychoactive substances (NPS) and the dissemination of timely and accurate information to a wide constituency of professionals and also users.

WEDINOS began life as a consequence of increased presentations to Emergency Departments in Wales where the patient had clearly consumed drugs but neither clinicians nor patients were sure what had been consumed. A team of three doctors devised an informal mechanism whereby samples of the unknown / unidentified drugs were provided by patients and tested in laboratories. Public Health Wales, with the support of the Welsh Government, took the early work forward and expanded the project to become a national framework.

A network of robust data sources has been established including symptom/effect surveys, samples of NPS and data collection systems to assess prevalence, associated harms (physical, psychological and behavioural) and impact on individuals and groups of users as well as the services designed to address these harms. The network of sources of information related to NPS use and of NPS samples submitted for testing includes A&E departments, Police, NPS users, drug service users, sample purchasing, nightclub amnesty bins, club goers and free-party attenders. Participating organisations include substance misuse services, housing and hostels, youth clubs and young people's services, education, night clubs and bars, mental health community teams, Local Authorities, Ambulance Service and the Police.

15 http://issuu.com/mixmagfashion/docs/mm_may13_drug_survey/3?e=1541988/2105009; http://issuu.com/mixmagfashion/docs/drugs_survey_2012_2/1?e=0

The Cardiff Toxicology Laboratories provide initial chemical testing. Novel substances that are not identifiable are sent to Cardiff University for further testing.

Timely information regarding the content and legal context of NPS used in Wales is fed back via a dedicated website and 'Emerging Findings' newsletters to all those using or working with those who are using NPS. In addition, these findings will be utilised by the UK focal point and European (EMCDDA) early warning systems as part of an integrated system

The process of submitting a sample for testing, obtaining results and accessing harm reduction advice is simple and anonymous:

1. Complete a sample and effects pack
2. Send off for testing
3. Check website (using the sample bag barcode) for results and to access aggregate data and information on the profile of other substances submitted
4. Access relevant further information and evidence based harm reduction advice.

WEBSITE: www.wedinos.org.uk

For further information, visit the website or contact:

Substance Misuse team, Health Protection, Public Health Wales on 029 20402478 or 029 20402523

The patchy information available indicates that NPS use patterns vary enormously across the UK, can be very localised and also reveal the widespread level of ignorance among users as to exactly what it is they have taken.

On that last point, a study by Fiona Measham and colleagues revealed that in the north-west, the term 'Bubble' was used ostensibly to mean mephedrone, but in fact had become the slang term for a generic white powder¹⁶, a finding echoed by an experienced trainer at the DrugScope roundtable who said his message to drug workers was, 'if somebody says they have been using mephedrone, what they really mean is "unknown white powder"¹⁷. A DrugWatch member in Scotland has reported people smoking an NPS they call NRG, but again this might be a generic name for a white powder¹⁸.

The presentation at the roundtable from the Kent-based service provider KCA demonstrated the often localised nature of NPS use:

CASE STUDY 2:

Three areas of the county were chosen to demonstrate the fragmentary nature of NPS distribution and use:

Folkestone

There are two head shops; one is an old school hippy-style shop selling posters, t-shirts, paraphernalia and so on. They don't sell to under 18s and are in dialogue with KCA and are willing to share information. The second is less discerning and does serve young people in consequence of which it is monitored by police and trading standards. The current trend is now towards pills and powders as opposed to synthetic cannabinoids, but there is also increased use by young people of drugs more associated with adult use – specifically, 'Blues' (valium and phenazepam), 'Gaba' (gabapentin) and 'Trixies' (trihexyphenidil).

¹⁶ Measham, F et al (2011). Mephedrone, Bubble and unidentified white powders; the contested identities of synthetic legal highs. *Drug and Alcohol Today* 11 (3), p.137-147

¹⁷ As if to underline that message, 20% of regular clubbers who responded to the 2013 Global Drug Survey said they had taken a 'mystery powder' without knowing what it was

¹⁸ Personal communication

Canterbury

Here there are two head shops: as in Folkestone, one is 'old school' and does demonstrate a degree of responsibility towards its customers, the other one is Skunkworks¹⁹. NPS use has been limited, although with the last year, there has been an increase in synthetic cannabinoids, but also AMT ('legal DMT') and NBOMe (formerly 'legal LSD'). The user reports gathered in this area concerning smoking blends of various types are generally negative: chest pain, shortness of breath, loss of consciousness, co-ordination problems, unpleasant visuals, intense anxiety, fear of dying but ... they're viewed as "cheaper and legal". Some local drug workers believe that media reports about synthetic cannabinoids being stronger than cannabis could be tending to promote use.

Maidstone

The workers reported that this town has a proliferation of head shops; three established (including Skunkworks) plus 'pop up' shops, all in close proximity of each other within the town centre. Like Canterbury, local workers report a steady increase in reported use over the past 12 months. Initially this focused around stimulant pills and powders such as 'Charley Sheen' (a cocaine-like drug), but recently smoking mixtures are dominating the conversations in sessions with some groups of young people.

The 2013 *Druglink* street drug survey indicated that the north east was experiencing particularly high levels of interest/involvement in NPS, not least because it was in this region where NPS were more likely to be found on sale in ordinary high street retail outlets such as newsagents or petrol stations, not just 'head shops'. This was confirmed by the Angelus Foundation²⁰ in its evidence to the Home Affairs Select Committee (HASC) NPS inquiry.²¹

This leads to a highly speculative and generalised conclusion as to where the most concentrated use of NPS might be in terms of social demographic and location. From talking to a number of people who research drug use on the club and festival scene, it would seem that NPS (excluding mephedrone) are not that popular with the older teen/early twenties recreational drug using clientele, who continue to favour MDMA above all other drugs. For example, in the 2012 Global Drug Survey, only 5% of UK respondents who were regular clubbers said they had tried synthetic cannabinoids recently compared to 69% who had smoked cannabis.

The roundtable discussion also saw discussion of NPS issues among groups of vulnerable young people, particularly in the north east, a region of high poverty, unemployment and social deprivation. From this, a possible profile begins to emerge. That profile is of a vulnerable young person living in a socially and economically impoverished environment, too young to be on the club drug scene and with little in the way of disposal income, who now has access to easily available and (ostensibly) legal substances with which to get intoxicated. This profile has distinct echoes of the glue sniffing epidemic of the 1980s.

Another geographical dimension emerged in the early days of mephedrone use - use among young people in rural communities. The most likely explanation of this is the difficulty of accessing urban drug networks, but where there is clearly no hindrance to internet buying by those who then might sell on to those without that access, primarily younger people.

19 Skunkworks is a nationwide operation with an online presence and offering franchise opportunities
<http://www.ukskunkworks.co.uk/index.cfm>

20 The Angelus Foundation was established by Maryon Stewart in the wake of her daughter's death from GHB and is dedicated to raising awareness of legal highs and club drugs among young people and parents

21 House of Commons Home Affairs Select Committee. Drugs: new psychoactive substances and prescription drugs, 2013

The trade

The two main access points for NPS in the UK appear to be head shops and the internet. The Angelus Foundation estimates that there are around 250 such shops in the UK (plus an unknown number of alternative retail outlets). It is not possible to determine the balance of trade between shops and online, but it would be reasonable to assume that most younger people without credit cards/online accounts would be more likely to source NPS from the high street.²² However the role of the internet is key, not only for individual users, but as the source of stock for high street outlets. On the issue of retail purchasing, a report on NPS by the Scottish Drug Forum described a scenario where online stores offer discounts for bulk purchases, even at levels as low as two doses of a product. “The discounts become self-financing when buying five packets or more – i.e. allows a supplier a free dose for personal use for providing four others with their supply. These discounts mean there is a huge pressure for users to ‘chip in’ to buy online or for very small-scale user-dealing. Small networks of friends and acquaintances can be supplied cheaply through single internet purchases. Anecdotal information from people who use NPS suggest *people that purchase via head shops quickly move online for ease of purchase and costs savings*”²³ (emphasis added).

It has also been suggested that in some areas, dealers have bought NPS online or from shops, then transferred the contents to ordinary bags for sale on the streets in much the same way as other street drugs might be sold. This clearly makes any identification of the substance even more problematic than is usually the case.

Enforcement

Legislation

Probably the biggest challenge facing the UK over NPS is to determine the most effective legislative framework for controlling the supply and distribution of the new substances. The default control mechanism for the non-medical use of drugs in the UK is the Misuse of Drugs Act 1971. Historically, the time frame between the arrival on the scene of new drugs could be measured in years, allowing plenty of time for the ACMD to consider the risks and the most appropriate legal response. Indeed, until recently, most of the drugs on the UK scene had been controlled even before they were in widespread use; heroin and cocaine (1920); cannabis (1929); LSD (1966) and MDMA (1977) would be some of the more obvious examples.

The arrival of mephedrone was something of a game-changer; for the first time, a drug that was being widely used and heavily publicised, remained legal for around 12-18 months before it was controlled. What happened next was a now familiar cycle of new (legal) products appearing almost immediately after one was banned. This was unprecedented and it quickly became clear that the mechanisms employed to bring a substance under legislative control were just not nimble enough to adequately cope with the new situation. That said, a number of compounds have been banned and the government introduced a system of Temporary Class Banning Orders (TCDO) which penalises supply, but not possession and lasts a year to allow for ACMD deliberations. A list of substances both banned and the subject of a TCDO is to be found in Appendix 3.

However, the ACMD in its 2011 report, and subsequently the EMCDDA, both acknowledged that misuse of drug-type legislation is not enough to deal with the problem and recommended the use of other control mechanisms including that covering medicines, consumer and trading standards legislation. There are likely to be challenges in trying to make existing legislation, for example around general product safety, ‘fit’ the control of NPS, but the Home Office is currently conducting a review of legislative options and they gave a presentation at the DrugScope roundtable, outlining the current models in place around the world. These are (simplified):

Generic (UK) – where a compound is banned along with any chemically similar compound.

²² The Mixmag/Global Drug Survey for 2013 revealed that among regular clubbers, 53% had bought ‘research chemicals’ online, while 43% had purchased from a shop. However, not possible to gauge if this balance is reflected in the general population.

²³ Scottish Drugs Forum. *SDF MSP briefing on new psychoactive substances*. February 2014

Analogue (USA) – where a compound is banned along with any other compound that has similar effects irrespective of its pharmacology.

Blanket ban (Ireland and Poland) – all head shops closed, all substances banned.

Regulated market (New Zealand) – a radical and untested proposition (for non-medical drugs) whereby the onus is placed upon the manufacturer to demonstrate that a product poses minimal risk before it is allowed to be sold.²⁴

Seizures and disruption

Regarding mephedrone, the situation is relatively straightforward. It is a Class B drug and subject to the same interdiction processes as any other controlled drugs.

The position regarding other NPS is more complex. The fact that packaging carries warnings that the substance is not for human consumption, appears to put the retailer outside medicines and trading standards legislation. This does create something of a dilemma for those head shops that wish to inform their customers of risks through information leaflets or posters, because so doing is a tacit admission that the substance will be consumed. At the DrugScope roundtable, KCA reported that one head shop was prepared to give out information on an individual basis, 'under the counter', so to speak. Nor can the retailer be accused of defrauding the customer, because there is no fraud if there is, in effect, collusion between retailer and customer.

Some efforts have been made at disrupting supply. The Home Affairs Select Committee report into new psychoactive substances reported on Operation Burdock from last November:

"...police forces, the National Crime Agency, Border Force, HM Prison Service and trading standards officers took part in a joint effort to target suppliers of new psychoactive substances. Operation Burdock resulted in 73 warrants being executed and 44 arrests made. Half a kilogram of controlled new psychoactive substances were seized in Huddersfield and Oldham, the Metropolitan Police Service recovered a firearm, £6,000 was recovered from a search in Cumbria and a drugs factory was identified in Hampshire. Police officers across the country visited head shops, to highlight to staff and owners that new psychoactive substances cannot be assumed to be safe or legal and that many of these products either contain controlled substances which are illegal or uncontrolled substances whose side-effects cannot be predicted. A number of head shops handed over the products which they had on sale for analysis, with one shop in Kent handing over nine kilograms as they were unable to prove the origin or content of the products on their shelves. Other shops in Avon and Somerset removed all their products. Information seized from suppliers meant that police officers were also able to make personal visits to 274 people who had purchased new psychoactive substances from online distributors and wrote to a further 574 to warn them of the dangers of using products labelled as 'legal highs'."²⁵

Also highlighted in the HASC report was the work by West Yorkshire Police and the Crown Prosecution Service who used the Intoxicating Substances (Supply) Act 1985 (originally designed to reduce the abuse of solvents among under 18 year olds) to secure convictions of two market traders who had sold a synthetic form of cannabis to a person who was under 18. The legislation makes it illegal for the vendor to sell an intoxicating substance which is inhaled to a person under 18.

²⁴ Options for legislative control were at the heart of a report by the All-Party Parliamentary Group for Drug Policy Reform, *Towards a safer drug policy: challenges and opportunities arising from 'legal highs'* published in 2012

²⁵ HASC report December 2013, p.13

Some non-head shop retailers are now refusing to stock any more NPS, having been warned that they might unwittingly be selling controlled drugs. In default of specific legislation that directly impacts on the presence of NPS in the UK, it would be fair to say that this process is likely to succeed best with those who might be called 'chancers', those entering the supply side (be it on the high street or online) in the hope of making a quick profit from selling NPS – but who have no desire to break the law. It has not been established publicly the degree to which organised crime might be involved in the trade, but it would be reasonable to assume that removing well-resourced organised crime groups from the picture (should they exist) would be more challenging.

As part of an on-going disruption process, the National Crime Agency has had success in closing down some websites, including overseas, in partnership with local enforcement colleagues and has been in discussion with third party payment companies.²⁶

Health impacts

There is now a growing body of clinical evidence to demonstrate the potential acute and chronic health harms associated with the use of NPS.²⁷

The results of the Scottish Drugs Forum 2013 drug trends survey for Scotland (completed by drug services) usefully summarised some of the key harms associated with NPS use:

NPS intoxication and comedown use was associated with a variety of harms including -

- *Overdose and temporary psychotic states and unpredictable behaviours*
- *Attendance at A&E and some hospital admissions*
- *Sudden increase in body temperature, heart rate, coma and risk to internal organs (PMA)*
- *Hallucination and vomiting*
- *Confusion leading to aggression and violence*
- *Intense comedown that can cause users to feel suicidal.*

Use was also associated with longer term health issues -

- *Increase in mental health issues including psychosis, paranoia, anxiety, 'psychiatric complications'*
- *Depression*
- *Physical and psychological dependency happening quite rapidly after a relatively short intense period of use (weeks).²⁸*

The level of ignorance about dose levels was cited by participants at the DrugScope roundtable, underlined by an NPS Briefing from the Scottish-based organisation Crew 2000 (February 2014); "users often underestimate dosage of the new drugs. Crew asked workshop participants to measure out what dose of a 'legal high' they would take if they had no experience of taking the drug before. On average participants weighed out 250mg (five times higher than what we would expect a medium dose to be of this particular drug)."

Perhaps the most worrying aspect of reported harms comes from drug service providers who report that some clients are injecting mephedrone. A study which investigated mephedrone injecting reported that the effects could be devastating for the users including intense paranoia, violent behaviour, Parkinson's-type tremor and a host of serious health problems associated with injecting a drug sometimes ten or fifteen times a day.²⁹

26 Personal communication, National Crime Agency

27 Examples would include; Winstock, A et al (2011) *Mephedrone; use, subjective effects and health risks. Addiction*: 106, 1991-1996; Hermanns-Clausen, M et al (2011) *Acute toxicity due to the confirmed consumption of synthetic cannabinoids: clinical and laboratory findings. Addiction*: 108, 534-544; Winstock, A et al (2013) *The 12-month prevalence and nature of adverse experiences resulting in emergency presentations associated with the use of synthetic cannabinoid products. Human Psychopharmacology*: 28, 390-393. Corkery, J et al. *MDAI....toxicity: a brief overview and update. Human Psychopharmacology*: 28, 345-355

28 Scottish Drugs Forum. The shape of drug problems to come: the results of the 2013 drug trends in Scotland survey, p.11

29 Reported in *Druglink* March/April 2012, p.6

Drug-related deaths

An immediate issue here is what constitutes a 'drug-related death'? In its 2012 Focal Point report to the EMCDDA, the authors from Liverpool John Moores University observed that there were at least four definitions operating in the UK; there are three official definitions - the Office of National Statistics, the Drug Misuse Definition and the EMCDDA – and also that delineated by the National Programme on Substance Misuse Data (Np-SAD) – which employs the widest definition of a drug-related death. According to the report, the lack of an agreed definition runs the risk of distorting the true picture, which then shapes policy responses and reduces the credibility of messages about the harms of NPS (for example, the misreporting of mephedrone deaths in 2009-10). While every drug related death is, of course, a tragedy, there have been few deaths to date that have been directly related to NPS – that is, where the pathologist has determined that an NPS has been the only drug present, although NPS have been cited, along with other drugs, on a number of death certificates.³⁰

Treatment service interventions

Combining the results of the 2013 *Druglink* Street Drug Survey and the discussion at the roundtable, there appear to be relatively few people coming forward to drug treatment services who are citing an NPS as a primary substance of concern. Within young people services, the main presenting problems are still cannabis and alcohol; however our Street Drug Survey found that those working with young people in the community are encountering problems associated with a range of NPS, especially mephedrone and synthetic cannabinoids. And it is mephedrone in particular which has 'crossed over' as a presenting problem to clinicians working in club drug clinics.

Some examples of specialist services working with NPS problems are discussed below.

Central and North West London Club Drug Clinic

This clinic is based at the Chelsea and Westminster Hospital and was established in 2010. The consultant in charge, Dr Owen Bowden-Jones, explains that there were at least two reasons why it was set up. First, some of his HIV colleagues at the hospital were saying that they had several patients using drugs and not taking their anti-retrovirals who were not coming to the opiate clinic that Dr Bowden-Jones was running in Earls Court. This group turned out to be mainly gay men who did not identify themselves as drug service clients (for example, none of them were using heroin) and who would only come to a service specifically geared to them with staff who had the cultural competence to deliver a service for men who have sex with men. The second reason was that a small number of heterosexual users of NPS (such as mephedrone and NRG3) were starting to present at the Earls Court clinic.

Initially developed as an NHS service, the Clinic subsequently joined with London Friend - an LGBT voluntary sector service (see below) – and then urologists and sexual health staff were added to the team. The core ethos was to bridge the gap between drug services and sexual health services.

The principal drugs used by people presenting at the Club Drug Clinic have been ketamine, GBL, mephedrone and methamphetamine. Of the 500 patients who have attended the clinic since it opened, around two thirds are gay men often using drugs in highly sexualised contexts and generally presenting an alarming public health picture of regular injecting, sharing of injecting paraphernalia and multiple sexual partners. The other third, were a younger group made up of people from the squatting community (primarily using ketamine), students and professionals (using NPS like Benzo Fury). Many could be described as 'weekend users'. The issues leading them to present at a specialist clinic are less defined by their drug use as such than consequent on it – for example, a relationship breakdown or a caution at work - as well as related mental health issues such as anxiety disorders, depression, psychosis (mephedrone), visual distortions and auditory hallucinations.

30 Latest drug-related death statistics from Np-SAD project. <http://www.sgul.ac.uk/research/projects/icdp/our-work-programmes/pdfs/National%20Programme%20on%20Substance%20Abuse%20Deaths%20-%20Annual%20Report%202013%20on%20Drug-related%20Deaths%20in%20the%20UK%20January-December%202012%20PDF.pdf>

The clinic offers a mixture of medical and psycho-social interventions, including: GBL detox, urology assessments, psychiatric prescribing, relapse prevention, motivational interviewing and highly focused LGBT work (for example, addressing internalised homophobia).

The Club Drug Clinic is working with a population that has significantly different characteristics from many users of traditional drug services, which have primarily worked with people with heroin and/or crack cocaine dependency. More than 50% of its clients are in employment, and many are otherwise well functioning people with good social networks. In addition, the clinic is self-referral: nobody is mandated to come. Outcomes tend to be better than for opiate clinic clients – but those most likely to relapse are gay men, if they slip back into the party circuit. They report finding it difficult to experience intimacy without drug use. The other group who struggle are younger women using ketamine who appear to use it rather like heroin – as an emotional anaesthetic. Take the ketamine away and underneath are often issues like anxiety and personality disorders, trauma, childhood sex abuse.

The trend, as far as can be discerned in one clinic with a small client group, is that the problems among gay men are escalating, especially involved methamphetamine. The large cohort of injectors coming forward has caught drug workers by surprise with some clients injecting methamphetamine and/or mephedrone over 20 times in a weekend.

An interesting statistic is that 70% of those coming forward have never engaged with treatment before. From 1 April, the Club Drug Clinic will no longer be able to offer a pan-London service from April as a result of a reduction in its funding which will restrict its catchment area to the Tri-Borough area of Kensington and Chelsea, Hammersmith and Fulham and Westminster. Anybody from outside that area will have to be referred by local drug services, which will tend to focus primarily on opiate and/or crack cocaine users.

In October 2013, CRI and the Sussex Partnership NHS Foundation Trust opened an NPS clinic in Brighton. For more information: www.thinkdrinkdrugs.co.uk

The Central and North West London Club Drug Clinic and Project Neptune: treatment guidelines for NPS

There is a clear need to develop treatment for people using NPS, but clinical experience of managing these drugs is limited, as is the evidence base for treatment effectiveness. Drug treatment services have traditionally focused on heroin and/or crack cocaine users. Where NPS users do come in contact with healthcare, they may present to A&E or general practice, or to generic substance misuse services that may find it difficult to provide informed, safe and reliable responses to potential problems of acute toxicity, chronic use or dependence.

The Central and North West London Club Drug Clinic has convened a group of experts to develop the first clinical guidelines on NPS based on the best available evidence and consensus, using a scientific approach. The group will include service users, who will be 'experts by experience'.

Based on these guidelines, the team will then develop a set of care bundles, with the ultimate aim of national dissemination. The bundles will be aimed at clinicians in three main settings: A&E, drug treatment services and general practice, and will include patient safety steps and principles.

The guidelines are due to be published in Summer 2014.

Central and North West London Club Drug Clinic: <http://clubdrugclinic.cnwl.nhs.uk/>

London Friend

London Friend is the UK's oldest LGBT health and wellbeing charity, and has recently worked closely with the Club Drug Clinic in London. Its specialist services for the LGBT community in and around London include the drugs and alcohol project Antidote, which was originally managed by Turning Point and has been part of London Friend since 2011.

In 2013 Antidote provided structured support to around 500 clients who were referred after attending a GUM or HIV service or A&E or self-referred. While London Friend is for all LGBT people, its services are predominantly accessed by gay and bisexual men from professional backgrounds.

The main drugs of concern are methamphetamine, mephedrone and GBL/GHB. In the last five years, London Friend has seen a 'marked swing' towards club drugs, with clients increasingly injecting methamphetamine and mephedrone.

According to chief executive Monty Moncrieff, some gay men are now arranging 'chem-sex parties' with the purpose of using drugs to facilitate sex deliberately, often co-ordinated through the use of smart phone apps. These are high risk behaviours which may combine, for example 'bareback' sex (where condoms aren't used) with mutual injecting of drugs, and in situations where participants may have HIV or hepatitis C. The experience of London Friend is that clients who may previously have used drugs like ecstasy and ketamine are becoming dependent on stimulants like mephedrone and methamphetamine, which are impacting on their health and work. Moncrieff says that whilst different triggers bring people through the door, the majority of clients' drug use is connected to issues about their identity as gay men.

London Friend provides a range of services including:

- Raising awareness of the addictive nature and impact of club drugs;
- Relapse prevention techniques;
- Screenings, HIV and STI services and post-exposure treatment;
- Walk-in clinics;
- Detox and rehab referral;
- Training and LGBT awareness with other health, social care, sexual health and drugs and alcohol services;
- Research into effective commissioning of services.

For more information: <http://londonfriend.org.uk/>

Glasgow Drug Crisis Clinic (GDCC)

GDCC was established 20 years ago as a response to the city's growing heroin problem and the lack of comprehensive services to deal with the rise in overdoses. Focusing on crisis intervention and harm reduction, it works in partnership with other agencies and is seen as a trusted service by clients. Currently, there are no specialist services for NPS in Scotland, but the GDCC is seeing changes in presenting drugs, including NPS use.

Men and women from all backgrounds use the service. Clients taking performance and image enhancing drugs tend to be professionals, whilst people using ketamine and mephedrone tend to be working but not necessarily professionals. Use of methamphetamine by a section of the gay community is emerging as an issue but a clear trend has not yet been established. The main presenting drugs at the Centre are now heroin, performance and image enhancing drugs, injected tanning agents, ketamine, mephedrone, synthetic cannabinoids and a small amount of crystal meth.

In relation specifically to NPS impact, it is reported that some users are taking two or three days to come down from the drugs, with repercussions for jobs and relationships. People injecting tanning agents are experiencing nausea and weight loss in the short term and there are concerns over the long term effects, which are as yet unknown.

The main services provided include:

- needle exchange;
- emergency short-term residency;
- substitute prescription service;
- advice and information.

“There is no specialised service in Scotland for new psychoactive drugs,” says GDCC service manager Patricia Tracey. “We hope that in time there will be, but we work in partnership with social services and young people’s services, and I think it’s about everybody feeling able and being trained.”

For more information:

www.turningpointscotland.com/what-we-do/substance-misuse/glasgow-drug-crisis-centre/

A note on worker response

An experienced trainer at the DrugScope roundtable was at pains to emphasise that workers are often ‘caught like rabbits in the headlights’ around NPS and may be confused by all the conflicting information and seemingly endless proliferation of products. He went on to urge that workers should deal with what’s in front of them in terms of a user in difficulties.

Another experienced trainer commented in discussion with DrugScope: ‘I don’t think the training need necessarily go through the dictionary of drug names but rather it should attempt to de-mystify the subject and engage the worker’s current skills. The training we deliver gives information about the substances but also focuses on the feelings that people report when using these products and how they are identical to the feelings produced by any psychoactive chemical. The drugs may have changed but people haven’t!’

Public health information

The complexities and confusions that swirl around NPS are not only a challenge for front line services and the enforcement agencies. There is also a significant challenge in deciding what kind of information to put into the public domain, its timeliness, credibility and targeting – everything from incident-driven police alerts through to drug education in schools. There was some discussion about these issues at the DrugScope roundtable without any particular conclusions being drawn about either some of the terminology of ‘prevention’ or what the pros and cons might be of particular interventions and initiatives. Appendix 5 lists some of the key sources of information on NPS that are available to the public.

The subject of ‘what works’ in the area of prevention and substance use has generated a substantial and often conflicting literature over many years, so what follows is only a brief overview of a subject that has come back into focus because of the phenomenon of NPS.

Primary prevention

This is located very much within the world of drug education in schools; it focusses on stopping children and young people using drugs in the first place. Nowhere is the substance misuse literature more conflicted than that which reports on school-based primary prevention programmes. But a key message from all the studies is that attempts to prevent young people from using substances or significantly changing behaviour of those who have started have been largely unsuccessful. This will set the bar for the value of drug education in schools unrealistically high and may lead to conclusions that conducting such work in schools is a waste of time and money unless other outcomes and benefits are taken into account. A recent report by the Department for Education looked at the degree to which using information can reduce risky behaviour among young people. It looked at two types of programme; those which imparted consequences of risk ('if you take this, then that might happen') and those which took a social norms approach ('don't think that everybody is using drugs'). The general conclusion of the report was that knowledge and perceptions can be altered/challenged, but that it is difficult to demonstrate behaviour change as a result³¹ - and this is reflected in the conclusions of most school-based programmes across the world.

However, raising knowledge and awareness of the risks and consequences should be regarded as a positive outcome. Governments and other agencies should ensure young people have access to timely, accurate and non-judgemental information on which to make informed decisions. It is difficult for a research questionnaire or focus group to capture or assess all the ways in which simple information is internalised by individuals and influences their decisions at one moment in time. And of course, the decision whether or not to experiment/use substances is not dependent on the information/knowledge imparted alone, but a wide constellation of other personal, social, economic and environmental factors which are outside the capacity of any one institution to significantly influence.

There is concern that teachers (and professionals generally) need more access to information about NPS. For teachers, there is already a resource called ADEPIS – a Department for Education funded project involving Mentor UK, Adfam and DrugScope, providing free resources for schools.

For more information: <http://mentor-adepis.org/>

Harm reduction

This, often controversial intervention, gained legitimacy as far back as the 1984 ACMD report on Prevention which stated that 'reducing the harm associated with drug misuse' was one of the basic concepts driving the report. Outside of the harm reduction interventions associated with chronic drug problems (like needle exchange and opiate substitute prescribing), the natural environment for this type of information is the music venue and the festival site where regular recreational drug users will congregate. When 'rave culture' was at its height, it was not uncommon to see drugs outreach venues offering help and advice at music venues. As licensing regulations tightened, this became more difficult, although the recent spate of PMA/MDMA-related incidents has seen more cooperation between some venues and drug services especially in Scotland, but increasingly now in England. A number of voluntary sector agencies were in a position to provide harm reduction information more widely, but this information is now less widely available, due to the limited availability of funding and resources.

Case Study – The Insight Project

So far, apart from information on the FRANK website, there has been no general attempt on the part of government to engage in high profile media messaging around NPS. However, the Insight Project was developed by the Home Office in 2012- 2013 to explore the potential for campaigning activity.

The key aim of the project was to improve knowledge of the demographics and motivations of NPS users and target them with information about NPS risks and harms.

³¹ Chowdry, H et al. *Reducing risky behaviour through the provision of information*. Department for Education, 2013

The project began by interviewing 23 experts across health, academia and enforcement. These interviews revealed potentially disturbing pockets of behaviour including: growing popularity amongst certain groups, dependency and injection. Three main user groups of NPS were identified: teenagers (13-18), students and clubbers, and gay men (particularly gay clubbers). In addition to these there are smaller user groups which include: older age groups (30 years plus), heroin users and so-called 'psychonauts' (people who experiment with mind-altering chemicals and keep records of their experience). The Insight Project also found that NPS are usually sourced from: head shops (including online); friends; dealers; and in pubs and clubs. For some gay men they are also sourced at 'chem-sex' parties, through niche websites and male escorts. Often these drugs are consumed with peers at social events/ situations (for example, clubs and festivals) and tend to be mixed with other illegal drugs.

Communication objectives:

1. Raise awareness of the risks, consequences and harms of NPS amongst those contemplating using these drugs;
2. Challenge the behaviour of those who already take NPS to prompt them to reflect on the risks, consequences and harm these drugs can cause and to help them break their cycle of use.

Audience:

Objective 1 was targeted at those aged 13 -19 contemplating or dabbling in NPS use.

Objective 2 was targeted at those already using NPS frequently, these were clubbers aged 18-24 and gay men aged 18-30.

Activity:

Communication activity was focused on an NPS consumer journey. This journey had three stages: contemplation, point of use and reflection. The main opportunities were around contemplation (planning a night out/ getting ready) and point of use (at a club, house party or festival).

Advertising was used to reach those contemplating or using NPS (13-18s). However it was not seen as an effective way to communicate to the NPS user audience (clubbers 18-24 and gay men aged 18-30) as they may already have had positive experiences of both NPS and controlled drugs and could be quick to discredit advertising messages.

Results:

- Media bought for the campaign reached a potential estimated audience of 50.5% of 15-18 year olds (data isn't collected for those under 15).
- There were 74,184 unique visitors to the legal highs campaign page.
- The legal highs A-Z page on FRANK saw an 84% increase in traffic compared to the pre-campaign period (24,169 visitors pre-campaign / 44,667 visitors post-campaign).
- Website behaviour of visitors demonstrates the campaign was prompting the target audience to research the risks, consequences and harms of NPS, for example:
 - 198% (932 pre / 2774 post) increase in the number of people who went on to view the n-bomb page
 - 33% (5,821 pre / 7,776 post) increase to nitrous oxide page
 - 11% (4,215 pre / 4,664 post) increase to GHB page.

Campaign understanding:

The top line findings from a web survey of those visiting the campaign 'landing page' on the FRANK website for 13 -18 years old (182 respondents) were:

- 78% claimed they were more likely to take at least one of the positive actions following their visit to FRANK, while 27% claimed they are more likely to take at least one of the negative actions.
- Respondents were given a list of six actions and asked if they were more or less likely to do each one following their visit to the legal highs section of the FRANK website.
- 70% agreed with the statement 'These ads show legal highs are dangerous', 15% disagreed.
- 68% agreed with the statement 'These ads make me want to find out about the risks of legal highs', 23% disagreed.
- 58% agreed with the statement 'These ads make me think about the effects legal highs have on me and my friends', 26% disagreed.
- 42% stated they were much more / a bit more likely to 'consider not taking legal highs in the future', 12% said a bit less / much less likely and 42% said no difference.
- 31% stated they were a bit less / much less likely to 'take legal highs in the future', 15% said much more / a bit more likely, and 43% said no difference.

It should be noted, however, that this web survey was self-selecting, capturing only those who visited the relevant FRANK page and opted to complete the survey.

Campaign conclusions:

The Home Office team involved in the project concluded that communications appeared more effective with 'contemplators / dabblers'. The effectiveness of communications with the 'user' audience (those who already take NPS) was more questionable, particularly where campaign costs were an issue. It was concluded that interventions for the 'user' group might be better delivered through health / voluntary community sector interactions. This suggested that communication activity of this kind should be directed at the 'contemplators / dabblers' audience.

Some headline conclusions about the current situation regarding NPS use in the UK

1. All the available official data indicates that **overall non-medical drug use in the UK has been in decline** since the start of this century.
2. However, since around 2008, there has been a **growing interest in, and availability of, a new generation of drugs** which are currently called collectively New (or Novel) Psychoactive Substances.
3. The **arrival of NPS has been something of a ‘game-changer’** in that traditional models of drug diffusion and supply (e.g., for heroin or cocaine) have been joined by the **internet as a new supply route** – while (currently) many of the NPS are also available in **high street retail outlets without legal restraint**. It is therefore **the issue of control which presents the biggest challenge** in dealing with NPS. The Home Office is currently conducting a review of NPS in the UK including control options.
4. Although there is much **media and political interest in NPS**, currently, there is **very little robust data on prevalence or patterns of use** making it difficult to assess the level of need for health and prevention interventions. More specifically there is a lack of robust, evidence-based and easily accessible knowledge and information concerning NPS in relation to:
 - use in different geographical areas;
 - constituents of the various substances currently being marketed and consumed;
 - characteristics of consumers and the extent of their similarity to other drug using populations, including whether they comprise a new group of drug users or whether they are combining their use with other drugs;
 - attitudes of users and potential users;
 - experience of users of the novel psychoactive substances and their health and related needs arising from their drug use;
 - current and likely future impact of the novel psychoactive substances on services and service use;
 - effective control options.
5. However, **there is much that we do know and that can help formulate policy and practice**, including:
 - growing evidence base for NPS clinical harms;
 - similarity between NPS and existing drugs, whose effects and harms are well known;
 - ‘what works’ in education and prevention;
 - the existing skill set of drugs workers in young people’s services.
6. So far, **relatively few people are coming forward citing an NPS as their primary drug problem**. An exception would be mephedrone which is causing problems across a range of user cohorts, from young people, to those on the ‘chem sex’ party scene through to traditional service clients. Overall, **mephedrone is the main NPS which has become embedded in the UK drug scene**.
7. There is a **growing body of clinical evidence to suggest a variety of potential harms** caused by the use of NPS - in addition to a wealth of anecdotal information involving primarily young people and acute incidents that have required hospitalisation. While NPS have been mentioned in a number of fatalities, very few deaths appear to have been as a direct result of taking an NPS in isolation.

8. **The provision of up to date and coherent information in such a new and rapidly developing scenario is problematic** – and there is a danger of over-reacting to the situation. **For drugs workers, the key message is to ‘deal with the problem in front of you’** rather than being overly concerned about the substance that is alleged to have been taken.
9. Despite the challenges, **there is a need for professionals, including teachers and those involved in the care of vulnerable young people, to be targeted with the best available information** about NPS and other drugs of current concern.
10. It is also clear that **a range of other drugs such as ketamine/GHB/GBL (loosely called ‘club drugs’) are also causing some serious health concerns** and these should be taken into account when devising health and prevention strategies around NPS, to include ‘older drugs causing newer problems’.

It is the intention that this document will be updated as new information becomes available. The contact person at DrugScope is Harry Shapiro – harrys@drugscope.org.uk for any new information regarding any aspect of the NPS situation in the UK

DrugScope is the national membership organisation for the drug and alcohol field. You can find out more about our work here: www.drugscope.org.uk

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Appendix 1

Attendees at the DrugScope roundtable on NPS 20th January 2014:

Harry Shapiro – Chair – DrugScope
Marcus Roberts – DrugScope
Ruth Goldsmith – DrugScope
Andrew Brown – Mentor UK
Danny Morris – Independent Consultant
Donna Timms – Cambridgeshire Drug and Alcohol Action Team
Fiona Mackay – Home Office
Holly Grieg – Department of Health
Ian Goldsborough – Metropolitan Police Service
Jeremy Sare – Angelus Foundation
Katy McLeod – Scottish Drugs Forum
Kevin Flemen – KfX Training
Majella Pearce – Prisons Inspectorate
Monty Moncrieff – London Friend
Neil Hunt – Independent Consultant
Neil Watson – Prison Service
Pete Burkinshaw – Public Health England
Rick Bradley – KCA
Shelley Gill – Public Health England
Steve Butler – KCA
Stewart Killala – Department of Health

Appendix 2: A summary of official data on NPS and club drugs

		2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Mephedrone	Adult prevalence *1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.4	1.1	0.5
	Young adult prevalence *1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4.4	3.3	1.6
	Total number of seizures	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Drug related deaths *3	2003 0	2004 0	2005 0	2006 0	2007 0	2008 0	2009 0	2010 6	2011 6	2012 18
<hr/>											
Ketamine	Adult prevalence *1	n/a	n/a	n/a	0.3	0.4	0.6	0.5	0.6	0.6	0.4
	Young adult prevalence *1	n/a	n/a	n/a	0.8	0.9	1.9	1.7	2.1	1.8	0.8
	Total number of seizures	n/a	n/a	n/a	n/a	n/a	1,269	1,612	1,793	1,543	1,430
	Drug related deaths *3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<hr/>											
GHB/GBL	Adult prevalence *1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.0	0.1	n/a
	Young adult prevalence *1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total number of seizures	2003 29	2004 21	2005 29	61	63	47	59	66	45	59
	Drug related deaths *3	2003 6	2004 1	2005 4	7	9	20	16	12	20	2012 13
<hr/>											
Methamphetamine	Adult prevalence *1	n/a	n/a	n/a	n/a	n/a	0.1	0.0	0.1	0.1	0.1
	Young adult prevalence *1	n/a	n/a	n/a	n/a	n/a	0.2	0.0	0.1	0.1	0.1
	Total number of seizures	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Drug related deaths *3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<hr/>											
Ecstasy (MDMA)	Adult prevalence *1	2.0	1.8	1.6	1.8	1.5	1.8	1.6	1.4	1.4	1.3
	Young adult prevalence *1	5.5	4.9	4.3	4.8	3.9	4.4	4.3	3.8	3.3	2.9
	Total number of seizures	2003 6475	2004 6256	2005 6688	8,184	7,173	5,218	3,724	2,537	3,200	3,020
	Drug related deaths *3	2003 50	2004 43	2005 58	48	47	44	27	8	13	2012 31
<hr/>											
PMA/PMMA	Adult prevalence *1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Young adult prevalence *1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total number of seizures	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Drug related deaths *3	2003 0	2004 0	2005 0	0	0	0	0	0	2010 0	2011 1

Appendix 3

Recent changes to drug legislation

July 2003 - GHB classified as a Class C drug.

January 2004 - Reclassification of cannabis from a Class B to a Class C drug under the Criminal Justice Act 2003.

July 2005 - Raw magic mushrooms classified as a Class A drug. Previously, only prepared (such as dried or stewed) magic mushrooms were classified as Class A drugs.

January 2006 - Ketamine classified as a Class C drug.

January 2007 - Methamphetamine (commonly known as “Crystal Meth”) reclassified from a Class B to a Class A drug.

January 2009 - Reclassification of cannabis from a Class C to a Class B drug.

December 2009 - GBL classified as a Class C drug.

December 2009 - Spice, a synthetic cannabinoid, classified as a Class B drug.

April 2010 - Mephedrone and other cathinone derivatives classified as Class B drugs.

July 2010 - Naphyrone, a stimulant drug closely related to the cathinone family, and often marketed as NRG-1, classified as a Class B drug.

April 2012 - Methoxetamine, a ketamine substitute, is given the first of a new kind of drug control, a Temporary Class Drug Order (TCDO), which bans its sale, but not possession, for up to 12 months while further classification is considered.

November 2012 - Methoxetamine, as well as a new group of synthetic cannabinoids including 'Black Mamba', are classified as Class B drugs.

June 2013 - NBOMe, a related drug to the hallucinogen 2CI, and 'Benzo Fury', a related drug to ecstasy, given TCDOs.

July 2013 - Classification of khat, a herbal stimulant, as a Class C drug announced.

September 2013 – Home Office announce that they will accept the advice of the ACMD, and classify lisdexamphetamine as a Class B drug, and zopiclone and zaleplon Class C. Lisdexamphetamine is used in treatment for ADHD, and is a pro-drug, which converts in the body to dexamphetamine, already a Class B drug. Zopiclone and zaleplon are part of the family of ‘z-drugs’, along with zolpidem, which is already a Class C drug, and are used as sedatives.

December 2013 – Home Office announce that they will accept the advice of the ACMD and make NBOMe a Class A drug, and Benzofuran Class B.

February 2014 – Home Office announce that they will accept the advice of the ACMD and reclassify ketamine as a Class B drug. It was previously Class C.

Appendix 4

Some key sources of information and selected publications around NPS and other drugs

Organisations

DrugScope

www.drugscope.org.uk

FRANK

www.talktofrank.com

Angelus Foundation

Resources include a downloadable booklet for parents

www.angelusfoundation.com/angelus/

Crew 2000

Scottish based organisation with relevant drug and harm reduction information

www.crew2000.org.uk/drugs/drugsa-z.html

EMCDDA

This area of the site lists a range of topics including those concerned with NPS where EMCDDA is providing briefing and research

www.emcdda.europa.eu/topics-a-z

Selected publications

Advisory Council on the Misuse of Drugs. *Consideration of the Novel Psychoactive Substances*. 2011

<https://www.gov.uk/government/publications/novel-psychoactive-substances-report-2011>

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