

Not for human consumption

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

2015

DrugScope



This report, written by Harry Shapiro, is an updated version of Business as Usual prepared by DrugScope and published on behalf of the Recovery Partnership in May 2014.

Overview

All the available official data indicates that, albeit with some recent blips and changing patterns of use, in general terms, non-medical drug use in the UK has been in decline since the start of this century.

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 (NPS).

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. However, following on from the recommendations of the Home Office NPS Review Panel and recent local court judgements, the high street sale and distribution of NPS will become increasingly difficult.

The citing of NPS patterns and prevalence of use and treatment needs in official datasets remains patchy, but from what exists plus a growing body of anecdotal evidence and unofficial reporting – a picture is emerging of NPS use in the UK in 2015.

So far, relatively few people are coming forward to treatment services citing an NPS as their primary drug problem. However, this may well be a reflection of the way the services are set up. Those areas with 'club drug' or similar services, by contrast, report high demand. 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.

As revealed by *Druglink's 2014 Street Drug Survey*, the other main group of new drugs causing a range of problems are the synthetic cannabinoids – from acute incidents requiring hospitalisation to dependency - especially among vulnerable young people, young offender and prison populations and, again, among traditional drug service clients.

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.

The issue of providing up to date and credible 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. At the time of writing, some useful clinical guidance is in preparation under the auspices of Project Neptune (London Club Drug Clinic).

It is also clear that a range of other drugs (loosely called ‘club drugs’) are causing some serious health concerns and these should also be taken into account when devising health and prevention strategies around NPS to include ‘older drugs causing newer problems’. In particular there has been a significant increase in the number of MDMA and MDMA/PMA related deaths in recent years.

“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.

In March 2015, the EMCDDA published an update on the NPS situation in Europe. The report divides the legal high market into several categories:

1. **Legal Highs** – aimed at recreational users, sold openly in head shops and online
2. **Research chemicals** – advertised as intended for scientific research, sold openly online
3. **Food supplements** – targeted at people looking to enhance their body or mind. Sold openly online
4. **Designer drugs** – produced in illegal laboratories, falsely sold as illicit drugs such as MDMA and heroin
5. **Medicines** – Diverted from patients or illegally imported and sold on the illicit drug market.³

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 <http://www.emcdda.europa.eu/publications/2015/new-psychoactive-substances>

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”.⁴

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’ ecstasy⁵.

This 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 controlled⁶) 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.

⁴ INCB Annual Report 2012, p.36. Published March 2013

⁵ One recently formulation has been a red-coloured pill called Mortal Kombat with a reported MDMA content of 180-200mg or around 2 -2.5 the standard MDMA dose per pill.

⁶ The term ‘legal highs’ has become unhelpful for two reasons. Firstly, there appears to 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 third annual report of the Home Office Forensic Early Warning System (FEWS) published in August 2014 revealed that nearly 20% of the tested sampled contained controlled substances. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/344551/2014-08-12_-_FEWS_Annual_Report_Aug_2014_-_Final_2_.pdf

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.

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 2008-2009 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 including 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. BZP's stimulant properties were promoted as 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 cannabinoid receptor agonists (SCRAs) - 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 methoxyetamine.

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-7921⁷. O-desmethyl tramadol, an opioid

⁷ <http://www.mirror.co.uk/news/uk-news/jason-nock-inquest-dad-killed-3003634>

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 seen⁸.

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.

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 – problems which largely remain – a point underlined by the latest EMCDDA update cited above. Much of the existing data relies on 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 – although this is not an unusual state of affairs on the illicit drug market. 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.

In fact, the *Crime Survey for England and Wales 2013/14* (CSEW) fails to ask questions about any NPS excepting mephedrone and a calculation on the use of nitrous oxide and a hallucinogenic plant called salvia. However, this is a household survey which does not capture certain potentially higher drug-using cohorts such as students living away from home in halls of residence, young offenders, prisoners and by definition, homeless people. That said, the *UK annual report to the European Drug Monitoring Centre (EMCDDA) 2014* reported that, "Further questions have been included in the 2014/15

⁸ Personal communication Dr John Ramsey, St George's Hospital Medical School

CSEW asking about use of any NPS in order to establish lifetime and recent use of these drugs as a whole. In addition, respondents are being asked about the appearance/form of NPS and how they were obtained⁹. Overall though, given the groups of people not covered by general household surveys, it is likely that only limited light will be shed on prevalence of use.

Similarly, *Smoking, drinking and drug use among young people in England 2013* asks only about mephedrone¹⁰ - around 12,000 said they had tried the drug in the previous year, a slight drop from 2012.

However from an array of informal information sources that exist in the UK, including DrugWatch¹¹, and also official reports from the prisons inspectorate, it is clear that many different types of synthetic cannabinoid are in circulation, although in the absence of data, it is impossible to ascertain level of use.

The Centre for Drug Misuse Research based in Glasgow conducted an online survey through the website [mylegalhigh.org](http://www.drugmisuseresearch.org/). The results from 2013 can be found at <http://www.drugmisuseresearch.org/>

Mephedrone

The drug first made an appearance in the UK in 2008/2009. How did this happen? At a conference in 2013¹², journalist Mike Power, author of *Drugs 2.0*, an investigation of the impact of the internet on the drug scene, described the following 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

⁹UK Focal Point report, p.35

¹⁰ Even though the subject is rarely discussed these days, volatile substances remains the second most popular source of drug-type intoxication after cannabis among those 11-15 with around two million saying they have used a volatile substance in the previous year.

¹¹ DrugWatch is an informal network of UK agencies and individuals who regularly exchange information about NPS and other street drug developments.

¹² HIT Hot Topics conference, Liverpool 2013

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 market¹³, filled by mephedrone¹⁴.

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 experimenters¹⁵, but also among older, regular club goers¹⁶.

The drug was eventually controlled as a Class B drug in April 2010. According to the latest Home Office statistics from 2013/14, around 1.4 million people aged 16-59 say they have tried mephedrone at least once, which is around a quarter of a million more than in 2012/13. The latest self-selecting surveys conducted by *Mixmag* and the Global Drug Survey revealed that even among regular UK club goers, the drug has rapidly lost its appeal, coming virtually at the bottom of the "Top Twenty" drug list in 2014 at 7.9% use in the previous year compared to 13.8% in 2013 and 19.5% in 2012, while the drug also scored a high negative rating and was the most unpopular among this group of respondents in terms of bad effects¹⁷.

Various attendees at the DrugScope roundtable held in January 2014 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' parties¹⁸ as well as worrying reports of mephedrone injecting among established heroin/crack users – although there does appear to be some move back to heroin among this group.

¹³ 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

¹⁴ 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

¹⁵ Daly, M. *Teenage kicks*, *Druglink*, January/February 2010, p.8-10

¹⁶ *Mephedrone: rising star of the dance drug scene, according to survey*. *Druglink*, January/February 2010, p.4

¹⁷ <http://www.globaldrugsurvey.com/facts-figures/the-global-drug-survey-2014-findings/>

¹⁸ Bourne, A et al from the London School of Hygiene and Tropical Medicine conducted a chem-sex survey in London in 2014. www.sigmaresearch.org.uk/files/report2014a.pdf

Synthetic cannabinoid receptor agonists (SCRAs)

As reported above, there is little data on prevalence of use in the UK, although a growing body of evidence to link these substances with acute and chronic problems among vulnerable young people, street homeless and established service users. Information via the DrugWatch network reveals that some people have been using SCRAs for some years and are now exhibiting the same kind of breakdown in general health exhibited by chronic heroin users as well as some similar crime motivations. Most public attention have focused on the situation in prisons where these drugs have been linked with increasing levels of violence and general psychotic behaviour. The 2014 DrugScope Street Drug Survey interviewed one worker at a prison whose inmates were so used to seeing a fellow inmate taken to hospital as a result of SCRAs they took to calling the ambulance, the “mambulance” (after the Black Mamba brand of synthetic cannabinoid). The situation was highlighted by the Chief Inspector of Prisons for England and Wales in his latest annual report¹⁹ and on a BBC File on Four programme broadcast in January 2015²⁰.

²⁰ <http://www.bbc.co.uk/programmes/b04xp4x3>

Early Warning Systems and drug testing

While more attention is now being paid to gathering official NPS data, various early warning system (EWS) mechanisms have been established 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 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.²¹ 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, the National Crime Agency and other networks.

An EWS has been established in Wales, called WEDINOS (Welsh Emerging Drugs and Identification of Novel Substances). The 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 to users. Information regarding the content and legal context of NPS use 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 utilised by the UK focal point and European (EMCDDA) early warning systems as part of an integrated system.

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**

²¹ Third Annual FEWS report https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/344551/2014-08-12_-_FEWS_Annual_Report_Aug_2014_-_Final__2_.pdf

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 generic term 'Bubble' was used ostensibly to mean mephedrone, but in fact had become the slang term for a generic white powder²², a finding echoed by an experienced trainer at the DrugScope roundtable in January 2014 who said his message to drug workers was, 'if somebody says they have been using mephedrone, what they really mean is "unknown white powder"'²³. 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 powder²⁴.

While the actual scene may well have changed in the intervening period, the presentation at the roundtable from the Kent-based service provider KCA (now merged with Addaction) still stands as a proxy to demonstrate the still-often localised nature of NPS 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).

²²Measham, 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

²³As 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

²⁴Personal 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, Skunkworks²⁵, less so. 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 to 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 and 2014 DrugScope street drug surveys, and subsequent anecdotal information from network meetings, indicates that the North East is experiencing particularly high levels of interest/involvement in NPS, not least because it is 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 Foundation²⁶ in its evidence to the Home Affairs Select Committee (HASC) NPS inquiry²⁷.

²⁵ Skunkworks is a nationwide operation with an online presence and offering franchise opportunities <http://www.ukskunkworks.co.uk/index.cfm>

²⁶ 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

²⁷ House of Commons Home Affairs Select Committee. Drugs: new psychoactive substances and prescription drugs, 2013

And given the roundtable feedback of NPS issues among groups of vulnerable young people – including an issue of NPS and child sex exploitation in Northumbria and the wider availability of NPS in the north east – a region of high poverty, unemployment and social deprivation – 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, but in any case 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. Since the first edition of this report, street homeless people, drug treatment service users and prisoners can also be added to this profile, again which harkens back to a previous problematic drug use profile. This suggests that while heroin and crack use among high risk users might have declined, this does not necessarily mean that this traditional service user group have eschewed high risk drug use.

A snapshot of NPS use provided by Catch 22, a young people service.

Commissioned by Public Health teams with Local Authorities, Catch22 provides substance misuse support services to young people aged between 11 and 24 years. Experience has shown an increase in the numbers of young people experimenting with New Psychoactive Substances (NPS) and presenting with more complex needs. Teams are actively responding to emerging trends in use

Within Surrey, specialist substance misuse treatment and support is given to young people with positive results: 91% of referrals from schools and colleges in 2013-14 achieved a positive outcome in reducing their substance misuse.

“She supported me through a rough patch in my life and made me believe in myself and be a stronger person that can succeed in life without substances that ruin my health”

Evidence suggests that young people who enter treatment do so largely for support with alcohol and more commonly used illegal substances rather than for NPS use. However, of those that are using NPS a wide range of substances are consumed and self-report data points to variations in quantity and type. NPS use increases when they can be easily obtained by friends and are used more frequently in social situations. When looking at self-report use in a cohort of young people specific trends are hard to identify. NPS use appears to change and vary considerably with individuals who will use a variety of differing NPS'.

Focus groups with young NPS users provide useful context to the wide range of NPS in use. Young people experience difficulties and confusion around the effects of the substances due to lack of knowledge and understanding about NPS. This is due to assumptions about the legality, effects and risks these types of substances present, the ease in which they can be obtained, as well as limited knowledge of the long term effects and harms, as they are constantly changing.

Within Hampshire, Catch22 have developed multi agency responses at the district level to share expertise and deliver specialist services that young people need in order to reduce the use of mephedrone and reduce the harm it causes to them, their families and their communities. Young people are taking mephedrone in powder form, as well as increasing injecting mephedrone which presents a number of health concerns. Within 2014-15 36% of young people have been referred for specialist treatment for the use of mephedrone within the county.

Substance misuse and mental health have been identified along with other issues as key vulnerability factors linked to increased likelihood of children and young people becoming victims of sexual exploitation. Experience within young people's substance misuse services has seen links between NPS use and young people being sexually exploited.

In responding to the use of NPS a number of core principles are adopted. Experience has found that a flexible, adaptable and responsive approach is needed that focusses entirely on the needs of each young person presenting. The broad principles include:

- Supporting children, young people and families by identifying their needs and developing their knowledge, skills and resilience;
- Being visible, accessible and flexible, enabling access to appropriate support, advice and specialist interventions to young people when needed;
- Acting as a public health advocate, ensuring young people have access to health and wellbeing information and dedicated support, encouraging early intervention, harm reduction and in some cases, prevention;
- Ensuring there is regular involvement, inclusion, engagement and consultation with young people ('no decision about me, without me') so that services are developed to meet identified priority needs;
- Ensuring continuous improvement for the benefit of young people;
- Targeting support at times of transition, recognising that the move from young people's to adult services is a period of extreme vulnerability – therefore ensuring all the support systems are in place;
- Working in partnership with local professionals to ensure holistic and joined up delivery, particularly within the context of the safeguarding agenda.

The views of young people have been sought in how best they would like to be supported around the use of NPS. Requests for more accessible information and harm reduction / safer using advice are popular. Young people are clear that they want to be able to make a choice, so telling them what not to do is ineffective. Having the opportunity to develop a meaningful relationship with a worker within a service that 'knows what it is talking about' and credible is vital. Young people want emotional support, a safe place to go to or someone they can rely on that meets them when they said they would and allows them to feel self-worth.

The trade

The two main access points for NPS in the UK are head shops and the internet, although there is anecdotal evidence of street dealing. The Angelus Foundation estimates that there are around 250 head 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 young people without credit cards/online accounts and so on, would be more likely to source NPS from the high street²⁸.

The internet

While the retail market in NPS is likely still to be high street-based, the internet does play a critical part in the trade – as a source of supply for the shops and as a source of information exchange between users and between those seeking to buy chemicals for production purposes. Some shops will have an online presence while exclusively online traders will aim to capture customers with offers: 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**”²⁹ (emphasis added).

²⁸The Mixmag/Global Drug Survey for 2014 revealed that for the UK, 22% had bought drug online, the highest among those countries with more than 1500 respondents and double the average for whole sample.

²⁹Scottish Drugs Forum. SDF MSP briefing on new psychoactive substances. February 2014

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.

There is now an increasing body of research building up about the nature of online drug markets. A recent report from the EMCDDA (as part of ongoing work in this area) reported on some emerging trends. These include:

- criminal innovation with a new breed of entrepreneurial drug dealer ('disorganised' crime);
- a move downwards, from developments in surface (via grey) to deep websites;
- a move to more covert communication and sophisticated encryption;
- increasing availability of high-potency products in online markets;
- growth in sex drugs apps, especially in the MSM dating scene;
- growth in drug advertising and exchange on social media;
- Increased uncertainty in the deep web community as a result of the latest police interventions and of scams³⁰.

³⁰ Mounteney, J et al. The internet and drug markets: summary of results from and EMCDDA trendspotter study, 2014. See also: Barratt, MJ et al (2013) Use of Silk Road, the online drug market, *Addiction*, 109 p.774-783; Van Buskirk, J et al (2014), The closure of Silk Road: what has this meant for online drug trading? *Addiction*, 109, 317-318; Lahale, E et al (2013). New psychoactive substances and the internet: current situations and issues, *Tendances* no 84. Observatoire Francais des Drogues et des Toxicomanies. Aldridge, J and Decary-Hetu, D. Not an e-Bay for Drugs; the cryptomarket 'Silk Road' as a paradigm shifting criminal innovation. Available at: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2436643

Enforcement

Legislation

Probably the biggest challenge facing the UK over NPS has been to determine the most effective legislative framework for controlling the supply and distribution of the new substances. The following represent an overview of current responses.

Misuse of Drugs Act

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.

Temporary Class Banning Orders (TCDO)

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. But then, following its classification as a Class B drug in 2010, a now familiar cycle was initiated 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.

However the ACMD in its 2011 report, and subsequently the EMCDDA, both acknowledge that this type of legislation or legislation like the Misuse of Drugs Act is not enough to deal with the problem and recommended the use of other control

mechanisms including those covering medicines, consumer and trading standards legislation.

Intoxicating Substances Supply Act 1985

This legislation was brought in to outlaw the sale of sniffable volatile solvents to those aged under 18 where the retailer can reasonably assume that the substance will be misused. This has been invoked to try and bring a prosecution against head shops owners selling powders to young people.

Trading Standards legislation

On the face of it, using this type of legislative approach is problematic. Usually it is invoked against those trying to defraud customers. However, in this case, the customers is not being defrauded, s/he is actually colluding with the retailer. While the packet might claim 'not for human consumption', they both know what the product is going to be used for. The 'not for human consumption' label is an attempt to sidestep the Human Medicines Regulations 2012 (into which the Medicines Act is now subsumed) and general product safety rules and regulations. The only way to get round this legal loophole without legislative change is through case precedent – and this has started to happen recently

Cases brought to trial in Kent and Belfast in 2014 obtained forfeiture orders under General Product Safety Regulations (GPSR) as the prosecution was able to prove that the products were unsafe if used in the way that was intended (i.e. consumed) - you don't go into a head shop to buy plant food or bath salts. The GPSR does offer a variety of options for trading standards covering actions against both producers and distributors, seizure of goods pending proceedings, and labelling requirements - hard to comply with when dealing with NPS - as well as forfeiture of stock.

At the time of writing, the outcome of further cases is as follows:

- Aldershot: closure order made by Aldershot Magistrates' Court on 19 February 2015 for 3 months.

- Doncaster: closure order made by Doncaster Magistrates' Court 23 December 2014 for 3 months.
- Exeter: closure notice served by police on 3 November 2014. There was an application to close the head shop for 6 months but it ceased trading before the application for the order was heard.
- Newport: closure order made by Newport Magistrates' Court on 5 February 2015 for 6 weeks.
- Taunton: closure order made by Taunton Magistrates' Court on 16 December 2014 for 3 months. An appeal against this order was heard at Taunton Crown Court on 13 February. The court upheld the order. The closure order was extended for a further three months by Taunton Magistrates' Court on 6 March 2015.
- Lincoln city council has enacted a Public Space Protection Order (under the Anti-Social Behaviour, Crime and Policing Act 2014) banning the use of NPS in the city centre.

The Local Government Association has published a guide for local councillors on tackling NPS³¹. This gives some basic information about the drugs, but looks mainly at local enforcement options.

Seizures and disruption

Some efforts have been made at disrupting supply. The Home Affairs Select Committee report into new psychoactive substances reported on Operation Burdock from November: 2013:

"...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

³¹ http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/6876239/PUBLICATION

*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.'*³²

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. The degree to which organised crime might be involved in the trade has not been established, 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 sites, in partnership with local enforcement colleagues and has been in discussion with third party payment companies³³.

At a local level, Surrey Police have used the Anti-Social Behaviour, Crime and Policing Act 2014 to break up queues of people waiting outside head shops prior to opening hours.

³² HASC report December 2013, p.13

³³ Personal communication, National Crime Agency

The Home Office NPS Review Panel

In the spring of 2014, the then Crime Prevention Minister with responsibility for drugs, Norman Baker, convened an Expert Panel to consider the national legislative options for controlling NPS. Additionally, three sub-groups of the Expert Panel were established, respectively, to consider issues of treatment, education and prevention and information sharing³⁴.

The final recommendation of the Panel was the introduction of a so-called 'blanket ban' which would aim to prevent the sale of NPS on the high street without a concomitant possession offence. This would be similar to bans imposed in Ireland, Poland and Romania and in effect prevent the sale of 'psychoactive substances', with specified exclusions such as alcohol and caffeine. In addition, the ACMD have been asked to consider what is being called a 'neuroscience' approach. Currently we have generic legislation in the UK which controls drugs of similar chemical nature (in the USA, they have analogue provisions which control drugs which have a similar effect). However, while we already control a significant proportion of the NPS identified by the EMCDDA, we have been less successful at controlling SCRAAs because there are so many different variants. However, it is known that all the SCRAAs operate on the same receptors in the brain – and so the theory is that if you can find a way of outlawing drugs that impact of those specific receptors, you would control all SCRAAs at a stroke. However unanswered questions remain such as – could SCRAAs be developed that attach to different receptors? Would legitimate medicines be caught by new legislation? More philosophically, is it right to extend the principle of generic legislation (control drug A and everything with a similar effect) to say in effect, psycho-activity is and of itself harmful?

Even assuming a blanket ban is introduced, the ACMD would still be required to consider new substances for control under the Misuse of Drugs Act as the new

³⁴The full report and supplementary evidence report and government response can be accessed here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368583/NPSexpertReviewPanelReport.pdf; <http://socialwelfare.bl.uk/subject-areas/services-activity/substance-misuse/homeoffice/168117ResponseNPSreviewExpertPanelReport.pdf>; http://socialwelfare.bl.uk/subject-areas/services-activity/substance-misuse/homeoffice/1681182014_NPSsevidenceReview.pdf

legislation would not include a possession ban. However, new legislation is already in force to ban the use of NPS in prisons irrespective of a substance's legality.

At the time of writing there is no peer-reviewed research on the impact of a blanket ban in any of the countries where this has been enacted.

Some international issues

The phenomenon of NPS has been moving up the radar of international agencies recently.

EU proposals on NPS legislation

Under existing arrangements, when a substance is causing concern across the EU it may be 'controlled at EU-level', which requires all member states to control it nationally. This has little impact on national sovereignty because if the EU assesses a substance and decides not to control it, member states can still implement national controls.

But now the EU Commission has put forward a legislative proposal which would involve EU-wide controls on substances with a 3-tier 'traffic light' system (severe risk = criminal controls, moderate = 'administrative' controls [undefined] and low = no control). Their proposal is based on Article 114 of the Treaty on the Functioning of the European Union. Article 114 is a Common Market 'free trade' article, and all member states are bound by these measures as they are fundamental to the EU. The problem for member states is that if a substance was controlled under this mechanism as low or moderate risk, the requirement to adhere strictly to common market articles means they would not be able to impose stronger controls (criminal controls) if the substance was causing particular problems nationally.

The UK has opted out of the existing EU measures, as well as the legislative proposal currently being considered. This means that the UK is not bound by the requirement to control substances in the current measure, and will not need to adhere to the draft measure when that is finalised. Opting out of the current measure has little impact in practice, since the UK almost always controls substances before they are controlled at EU-level. Not being involved in the draft measure means the UK will not be required to implement the proposed 3-tier system, and will retain national sovereignty in controlling substances.

Health impacts and responses

There is now a growing body of international clinical evidence to demonstrate the potential acute and chronic health harms associated with the use of NPS³⁵. Key harms associated with NPS use include:

- *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)³⁶.*

³⁵ Examples of the many papers that could be cited 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. MDAl....toxicity: a brief overview and update. *Human Psychopharmacology*: 28, 345-355; Nacca, N. et al (2013) The synthetic cannabinoid withdrawal syndrome. *American Journal of Addiction Medicine*: 7,4 July/August, p.296-298. Kamour et al (2014). Patterns of presentation and clinical features of toxicity after reported use of... benzofuran compounds: a report from the UK National Poisons Information Service. *Clinical Toxicology*, 52 (10), 1025-31;

³⁶ Scottish Drugs Forum. The shape of drug problems to come: the results of the 2013 drug trends in Scotland survey, p.11

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)”.

One of 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 day³⁷.

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

³⁷ Reported in Druglink March/April 2012, p.6

determined that an NPS has been the only drug present, although NPS have been cited, along with other drugs, on a number of death certificates³⁸.

There is a real concern about the recent upsurge in deaths involving MDMA and MDMA/PMA pill combinations. In the years 2009-2011, there was just one PMA/PMMA-related death. This jumped to 20 in 2012 and 29 in 2013. MDMA deaths have been more erratic, but even so the curve has been upwards; 13 (2011), 31 (2012) and 43 (2013).

The prevalence of MDMA tablets containing high levels of PMA/PMMA has been well publicised, even more so following four UK deaths over the 2014/15 New Year period. This is not a new phenomenon and it has been argued that it can be traced back to the MDMA precursor chemical drought in Europe following the huge seizure of safrole in Cambodia at the end of 2007. Chemists switched to the less controlled anethole, one of the main precursors for PMA, and much of this product is still finding its way into the European and UK market.

At the same time, samples of MDMA with high levels of pure MDMA – in excess of 150-200mg – compared to a usual dose of 75-100mg - have been identified. Most recently, these have been yellow tablets in the shape of the UPS logo; police and health warnings were issued after a number of users were hospitalised. So what is the story behind super-strength MDMA? According to journalist Mike Power writing for *Mixmag*, there is a group of Dutch chemists using a different legal MDMA precursor called PMK-Glycidate. According to Power, in contrast to the 2008-09 MDMA drought, which he attributes to the seizure of the pre-cursor safrole, this switch in production has now resulted in a glut of the drug in Europe. The stronger pills sell for a higher price and there is an element of competition as to who can produce the strongest pills in the most eye-catching designs and colours. Some of the new pills, like the UPS tablets, are deliberately designed to allow users to break them up into halves or quarters.

³⁸ 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>

Other factors may be contributing to the rising death toll. Tighter enforcement of licensing laws and age restrictions may have encouraged younger people to attend illegal, unlicensed events where some of the younger MDMA-related deaths have occurred. These same regulations have allegedly made it more difficult for drug workers to be present on premises (see 'Harm Reduction' below) making it harder for those determined to use drugs to have access to potentially life-saving harm reduction information.

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. Our 2013 Street Drug Survey did find 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.

London Club Drug Clinic

This clinic is based at the Chelsea and Westminster Hospital and was established in 2010. The consultant psychiatrist in charge is Dr Owen Bowden-Jones. There were at least two reasons why it was set up. First, some of Dr Bowden-Jones' 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 break down or a caution at work - as well as related mental health issues such as anxiety disorders, depression, psychosis (mephedrone), visual distortions and auditory hallucinations.

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. This group 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 those involving methamphetamine.

The large cohort of injectors coming forward has been something of a shock 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.

For more information: <http://clubdrugclinic.cnl.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.

Some gay men are now arranging 'chem-sex parties' with the purpose of using drugs to facilitate sex, 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.

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/>

Project Neptune

Dr Owen Bowden-Jones is also the lead doctor for this project, funded by the Health Foundation aimed at raising clinical competencies in the management of club drug related problems. An expert group has been convened to develop evidence into clinical guidelines or a consensus where evidence is lacking. The guidance will be tested in five settings; emergency rooms, sexual health clinics, GP surgeries, mental health and drug services and the project will also aim to set up a network across club drug clinics to share best practice as it emerges.

<http://www.health.org.uk/areas-of-work/programmes/spreading-improvement/related-projects/neptune/>

Further information for treatment and health professionals

One new drug a week: why novel psychoactive substances and club drugs need a different response from UK treatment providers. Faculty of Addictions Psychiatry, Royal college of Psychiatrists, 2014. http://www.rcpsych.ac.uk/pdf/FR%20AP%2002_Sept2014.pdf

New psychoactive substances: a toolkit for substance misuse commissioners. Public Health England, 2014. <http://www.nta.nhs.uk/uploads/nps-a-toolkit-for-substance-misuse-commissioners.pdf>

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 to decide 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. 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. A recent paper by the ACMD Recovery Committee made the following recommendations:

- Those involved in commissioning prevention work should be mindful that standalone projects will have little impact on substance abuse unless they are considered as part of wider strategies promoting healthy living.
- National policy, and the work of prominent groups such as the ACMD, should be guided by an evidence-based assessment of prevention work. This should consider the long-term effects of programmes which may otherwise be hindered by short-term political, financial and public-opinion pressures.
- Research funders and charities should support high-quality evaluation research in the field, including economic effectiveness. There is currently a poor level of information available.
- Policy-makers should recognise the health and social impacts of drug abuse can be reduced without users abstaining entirely.
- Those working in the field should agree common terminology which will be helpful when considering a complex array of prevention initiatives.

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 unsuccessful³⁹. 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 result⁴⁰ - 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/>

³⁹ Sumnall, H. <http://www.cph.org.uk/blog/some-thoughts-on-the-tricky-problem-of-legal-high-drugs-education/>

⁴⁰ Chowdry, H et al. Reducing risky behaviour through the provision of information. Department for Education, 2013

The Home Office has developed a NPS Resource Pack for informal educators and frontline practitioners to use to prevent drug taking amongst young people.
www.gov.uk/government/publications/new-psychoactive-substances-nps-resource-pack.

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 workers 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.

Some examples of harm reduction initiatives around NPS and club drugs

The Loop: <http://theloopuk.tumblr.com/>

B-Chilled project run by Phoenix Futures in Birmingham. Contact 0121 212 1122

Crew 2000: Based in Scotland: <http://www.crew2000.org.uk/>

So where are we at with NPS?

When it comes to the drug market, it is usually very difficult to put the genie back in the bottle. So having gained traction on the UK drug scene, mephedrone and the various synthetic cannabinoids are likely to remain a feature of the illicit market for the foreseeable future.

The big questions revolve around the likely impact of controls. As this briefing shows, having thought they had little leverage in controlling NPS, local councils have been flexing their legislative muscle with some success. Some shops have been stopped from selling NPS or closed down completely. Appeals against court orders have not thus far been successful. Local councils have found a way around the 'not for human consumption' hurdle using product safety legislation. Head shop owners have received letters outlining the raft of rules and regulations they must adhere to in order to comply with the legislation - including listing all ingredients on the packets. This is of course is impossible, so failing that the shop must stop selling the products. Beyond that is the proposed law which in effect will stop high street sales.

What will be the effect of national legislation? Other countries have this law in place including Ireland, Poland, Rumania and most recently Finland. But there is no independent evaluation of how successful this been. It is the most obvious action that any government could take and may well reduce easy access to the most vulnerable users who won't necessarily have the wherewithal to switch to online buying.

However, there is plenty of anecdotal evidence that street selling of NPS is developing and it is a reasonable assumption that this will increase as high street outlets are closed. At the same time, again anecdotally, high street retailers have already established a web presence outside the UK in preparation for a retail ban. Some have claimed that it will be difficult to draft watertight legislation that can't be successfully challenged in court.

The phenomenon of NPS has presented the UK with a very unique situation. Going back as far as the original drug controls of the 1920s, most drugs have been controlled before there was significant non-medical use; heroin, cannabis, cocaine, amphetamine,

LSD, ecstasy and so on. Now you have a whole raft of readily available, psychoactive substances being used recreationally and causing problems for a wide range of people, some over a number of years. Undoubtedly a case of watch this space.

		2003/ 04	2004/ 05	2005/ 06	2006/ 07	2007/ 08	2008/ 09	2009 /10	2010 /11	2011/ 12	2012 /13	2013/ 14
Ecstasy (MDMA)	Adult prevalence *1 (% of 16-59 year olds reporting use in the last year)	2.0	1.8	1.6	1.8	1.5	1.8	1.6	1.4	1.4	1.3	1.6
	Young adult prevalence *1 (% of 16-24 year olds reporting use in the last year)	5.5	4.9	4.3	4.8	3.9	4.4	4.3	3.8	3.3	2.9	3.9
	Total number of seizures *4 (by both police and Border Force)	2003 6475	2004 6256	2005 6688	8184	7173	5218	3724	2537	3200	3224	3237
	Drug related deaths *3 (number of deaths where drug mentioned on death certificate)	2003 50	2004 43	2005 58	2006 48	2007 47	2008 44	2009 27	2010 8	2011 13	2012 31	2013 43
PMA PMMA	Adult prevalence (% of 16-59 year olds reporting use in the last year)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Young adult prevalence (% of 16-24 year olds reporting use in the last year)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total number of seizures (by both police and Border Force)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Drug related deaths *3 (number of deaths where drug mentioned on death certificate)	2003 0	2004 0	2005 0	2006 0	2007 0	2008 0	2009 0	2010 0	2011 1	2012 20	2013 29

Sources

*1 - Drug Misuse: Findings from the 2013/14 Crime Survey for England and Wales

*2 - Drug Misuse Declared: Findings from the 2011/2012 Crime Survey for England and Wales

*3 - Deaths Related to Drug Poisoning in England and Wales, 2013

*4 - Seizures of drugs in England and Wales, 2013/14

Home Office

Home Office

Office for National Statistics

Home Office

Appendix 2: 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** - Methotexamine, 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** - Methotexamine, 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.

- **June 2014** – Ketamine is reclassified from Class C to Class B in response to concerns about damage to the bladder from long term use. A number of substances are newly classified, including NBOMe and related compounds which are made Class A, and 'Benzo Fury' and related Benzofuran compounds which are Class B. Lisdexamphetamine, used in treatment for ADHD, which is a pro-drug which converts into dexamphetamine in the body, is classified as Class B. Tramadol, an opioid painkiller, is classified as Class C, as are Zaleplon and Zopiclone, which are sedatives similar to the already-classified Zolpidem.
- **June 2014** – The ACMD recommends expanding the definition of the category of tryptamines, a number of Class A hallucinogenic drugs similar to LSD, to include the drugs AMT and 5-MeO-DALT. The ACMD also recommends the control of the synthetic opiate AH-7921, which mimics the effects of morphine as Class A.
- **November 2014** – The ACMD recommends controlling two new drugs, 4,4'-DMAR and MT-45, at Class A. 4,4'-DMAR, also known as Serotoni and closely related to the banned drug Aminorex, is a stimulant linked to a number of deaths mostly in Northern Ireland, and MT-45 is a synthetic opioid not currently available in the UK but linked to deaths in Europe and the United States. The ACMD also recommends revising the definition of generic cannabinoid-based drugs to combat the range of "third generation" synthetic cannabinoids which have recently come to market.
- **March 2015** – The following substances now controlled as Class A drugs under the Misuse of Drugs Act; MT-45 (a synthetic opioid) and 4,4'DMAR, a synthetic stimulant.
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About DrugScope

DrugScope is the national membership organisation for the drug and alcohol field and is the UK's leading independent centre of expertise on drugs and drug use. We represent more than 300 member organisations involved in drug and alcohol treatment, supporting recovery, young people's services, drug education, prison and offender services, as well as related services such as mental health and homelessness.

DrugScope is a registered charity (number 255030). Further information is available at: <http://www.drugscope.org.uk/>