Welcome and introduction

Dr Sue Ibbotson, Centre Director, West Midlands, Public Health England
Welcome and introduction

Dr Sue Ibbotson, Centre Director, West Midlands, Public Health England
NPS: A local perspective - Birmingham challenges and potential solutions

Ricky Bhandal
Birmingham Public Health

Legal Highs, is it new?

Reinventing the wheel.
Knowing when and how.
My Birmingham History

NPS That have made it

Mephedrone
Past / Present Topical Legal Highs

- BZP Benzylpiperazine – De-worming for animals
- MPTP - Parkinson's
- Neo Dove 3
- Neo Malt
- Methadrone – Similar to Mephedrone
- Khat
- MDPV – focused > Cocaine > annoying
- Methylone (M1) – More Ecstasy feel £16 and £20 per gram
- Butylone – Similar to other Cathinones
Google Trend

![Google Trend](image)

Google Trends

![Google Trends](image)
Language

- ‘New psychoactive substances’ (NPS) are drugs which mimic, or are claimed to mimic, the effects of illegal drugs. They are either ‘new’ or ones that until recently were little used in the UK.

- ‘Legal highs’ – see above. Although marketed as legal, this doesn’t mean that they are safe or approved for people to use. They are still normally considered illegal to sell under medicines legislation. Some drugs marketed as legal highs actually contain some ingredients that are illegal to possess.

- ‘Club drugs’ is a collective term for a number of old (e.g. ecstasy, ketamine, methamphetamine and GHB/GBL) and new drugs (e.g. mephedrone) typically used by people in bars and nightclubs, at concerts and parties

- ‘Blah, Blah, Blah’: All these terms are often used interchangeably even in official reports
And don't forget the media!

Legal highs wrecked our lives

Victims reveal the human cost of 'High Street drugs'
Google Drugs

NRG-1 Prices

• 1 grams - £20
• 2 grams - £30
• 10 grams - £100
• 100 grams - £550
• 500 grams - £1500
• 1kg - £2800
Herbal Highs

Raz in Detail

Product Description

**Raz 1g**

Whiter than Walter; Raz is one of our classic research chemical powders.

A recognisable classic legal high, we introduced Raz to the market a long time ago, and it still remains a fan favourite for its quality and results. We consider Raz to be our ‘bread and butter’ powdered product, and recommend it to those looking for a suitable introduction to using research chemicals.

Raz has a broad range of versatile uses, although our users report that it’s not so great as a laundry detergent, so please refrain from putting it in your washing machines. We would encourage all our users to enjoy Raz as intended. It assist in researching all night long.

RESEARCH CHEMICAL AND LAB REAGENT USE ONLY
NET FOR SALE TO ABER 18+
NOT APPROVED FOR HUMAN CONSUMPTION
ALL DESCRIPTIONS ARE FOR NOVELTY PURPOSES ONLY

18+
Mary Jane

Product Description

Mary Jane 3g

Give our completely natural herbal incense blend Mary Jane a try, available in 3g packs

Mary Jane doesn’t care about diamonds, Versace, or dining a La Cucina; she wants to chill in the woods and live amongst the forest folk. In her honour, Herbal Kings proudly presents: our all natural herbal incense blend Mary Jane.

We give extra attention to making Mary Jane effective whilst keeping it free from various enhancements. Our users report it is as subtle and smooth as expected, and consider it one of the most versatile herbal incense providing a multitude of benefits.

KEEP OUT OF REACH AND SIGHT OF CHILDREN
NOT FOR SALE TO UNDER 18
NOT APPROVED FOR HUMAN CONSUMPTION
ALL DESCRIPTIONS ARE FOR NOVELTY PURPOSES ONLY

[Image]
New Website

All about Recovery!
JWH-018

Lets Buy Some!
Silk Road
Dark Net

Agora
Payment Options

You can currently complete your order using two payment options, Direct bank transfer or Bitcoin.

Please note that we do not currently accept card payments.

Direct Bank Transfer

Welcome to the website for HEADZ UP, Birmingham Eastside's premier Headshop – dedicated to getting the good times rolling!

We formerly traded as Disselz in Ireland (see About page)

Visit us in the City Centre, opposite the Salvation Army HQ (towards the Bullring) to see our new range of products.

Please note: We are only accepting cash orders through the website until further notice. To order any of our products, please call us on 07344 940 290.

Ricky Bhandal
@ranjitbhandal
Ricky.Bhandal@birmingham.gov.uk

Headshops
Who’s to blame? Social Media

• Twitter
• Facebook
• Youtube
• Erowid
• Bluelight
• Drugs Forum
• http://youtu.be/VMZg
6 Ways to Deal with NPS

- Acknowledge ignorance
- Work symptomatically
- Share Knowledge
- Cluster Drugs
- Keep sight of skill sets
- Get tech savvy

Both sides of Ignorance
Supporting a Safer Nightlife in Birmingham

Marc Blanchette - Community Health Champions Project Manager
Olivia Hemsoll – Outreach Support Worker

The project is also supported by a large group of Community Health Champion volunteers who are trained and upskilled to deliver recreational drug harm reduction in Birmingham’s NTE.
Background to **B-Chilled**

There has been a decline in the traditional treatment cohort of heroin and crack users, and a rise in the use of ‘club drugs’, ‘legal highs’, ‘recreational’ or ‘party drugs’.

This has highlighted fresh challenges to those involved in working in the night-time environment and traditional treatment services, as a result there has been a need for new approaches to tackle these changes.

In response, Phoenix Futures working in partnership with Public Health England, developed the Community Health Champion’s **B-Chilled** Project. The project’s aims are also supported by Birmingham City Council and the West Midlands Police.

Since the project’s initial remit has widened to include alcohol, sexual health and personal safety in Birmingham NTE.

---

The identified areas of focus for the **B-Chilled** project are:

- **Digbeth**
- **Southside (Arcadian and Hurst Street)**
- **Northside (Broad Street)**

**B-Chilled** provide the following services:

- **Club & Pub Interventions** – providing harm reduction guidance to help people access information, support and advice on recreational drugs, alcohol, sexual health and personal safety.
- **Superclub & Festival Work** – creating ‘Chill-Out Spaces’ and providing welfare and support to help people access to “legal highs” harm reduction / prevention information, advice and immediate real time support.
- **Health & Community Fairs** – providing information stalls at open days and community events.
B-Chilled Volunteers

• Volunteers are known as Community Health Champions (CHC)
• We have trained 90 plus volunteers so far, with more coming through
• Volunteers undertake a minimum of 16 hours intensive training in drugs, alcohol, sexual health and outreach engagement skills
• Volunteers are supported and supervised by staff whilst delivering outreach sessions
• Longer term volunteers are now taking on the role of Lead Volunteer and supervise teams themselves

How does B-Chilled operate?

• Outreach sessions in clubs & pubs, community events and festivals
• Professional, friendly, relaxed and experienced outreach teams
• Targeted interventions – drugs, particularly 'legal highs', alcohol, safe sex, personal safety
• Quality referrals into treatment providers & ongoing support – one to one, telephone, via social media
How does **B-Chilled** operate?

- A regular outreach sessions in NTE
- ‘Chill Out’ space in venues
- Works with Universities and Student Guilds
- Partnerships with key NTE stakeholders
- Brief interventions & quality referrals

Via training and on-going support from the **B-Chilled** project, venue managers and event promoters can better prevent and manage drug related incidents.

**B-Chilled** benefits venues in Birmingham's night time economy by providing....

- Free service
- Proactive approach to customer safety
- Staying up to date with changing drug trends
- Extra staff who contribute to monitoring and maintaining safety
- Enhancement of customer experience in Birmingham's NTE
- Prevention or reduction of drug related incidents and risk
- Confidentiality
- Assistance in developing a bespoke and workable drugs policy
- Training for door and venue staff
Training for Professionals

The project offers up to date in-depth training around drug use aimed at professionals who work within the night-time economy. These include:

- Door supervisors
- Security Staff
- Bar and club staff
- Club and pub managers
- Event/club promoters
- Street & Taxi Wardens

Training for Professionals

The training covers:

- The rise in use of 'Legal Highs' and other new drugs
- Descriptions of products that are used to bypass current legislation
- Recent changes in legislation with regard to emerging substances
- An over view of the effects and risks posed by the use of new drugs and other legal substances
- Statistics on current usage across the UK
- Developing workable drug policies to help deal with the increased use of 'legal highs' in clubs and pubs
- Responding to emergencies that involve the use of these substances

The training can give workers valuable information to help them understand the issues and engage with clubbers. This will help reduce the risks posed to them by their use of substances whilst out enjoying the night-time economy. Ultimately this intervention could even save lives.
Club Drugs/NPS

- Anything used to “party” – pubs, clubs, parties, raves, festivals, events, private
- Not ‘traditional’ drug service presentations (e.g. heroin and crack)
- Established drugs: ecstasy, cocaine, ketamine, speed, crystal meth
- Newer drugs: GBL, mephedrone

Why are we concerned?

- Small number experiencing significant harms
- Use of NPS can result in acute toxicity and serious harm. It can also result in people putting themselves in situations where they may be vulnerable or at risk of other harms (e.g. through collapse, intoxication, etc) including accidents and being victims of crime (e.g. sexual or physical assault).
- Numbers in treatment increasing
- Concern of ‘time-lag’ between using and problematic use
- ‘Legal highs’ – no evidence base
- The harms of NPS are multi-faceted and may be physical (intrinsic to the drug) or social in nature.
Challenges in delivering ‘legal highs’ harm reduction

- New drugs, with less information
- Different or greater harms
- Dependence
- At risk behaviour
- Delivered in club drug-specific, or club drug-aware locations

Ever changing substances

Challenges in delivering ‘legal highs’ harm reduction

- ‘legal highs’ scene is fluid, dynamic and often changes at local level
- Influenced by availability of specific substances
- Many ‘legal highs’ brought over internet – presents challenge in identifying trends of use
- B-Chilled have made good links with ‘headshops’, primary retail source for ‘legal highs’
- Accessing ‘legal highs’ users – B-Chilled engage with users at the point of use i.e. clubs
- Provide reliable, accurate and up to date advice

- Legal position for headshops/sellers of ‘legal highs’ require change and clarification
**Who are B-Chilled engaging with?**

- Typically different profile to traditional drug services
- Higher functioning
- Less likely to have criminal record
- Students & Urban clubbers
- Respond well to treatment – ‘recovery capital’
- Triggers include arrest & negative experience whilst using

---

**Further information .....**

Marc Blanchette - Community Health Champions Project Manager:
07966 874776 or marc.blanchette@phoenix-futures.org.uk

Olivia Hemsoll – Outreach Support Worker:
07817 423963 or olivia.hemsoll@phoenix-futures.org.uk

Office: Phoenix Futures, 2nd Floor, Ruskin Chambers, 191 Corporation Street, Birmingham, B4 6RP.
Tel: 0121 212 1122

B Chilled Birmingham

@BChilledBham

Web: www.phoenix-futures.org.uk
A multi-faceted response to new psychoactive substances
Birmingham
26 January 2015

NPS: A local perspective - Birmingham challenges and potential solutions
Ricky Bhandal, Workforce Development Lead, Birmingham City Council
Marc Blanchette, Community Health Champions Team Manager, Phoenix Futures

Not what it says on the tin
Jan King, Chief Executive Officer, The Angelus Foundation
A MULTI-FACETED RESPONSE TO NEW PSYCHOACTIVE SUBSTANCES
PHE CONFERENCE

JAN KING
THE ANGELUS FOUNDATION

• The Angelus Journey
• Our changing world
• What it means to be young
Films

NOT WHAT IT says ON THE Tin
The Mephedrone Explosion

Mephedrone is more popular than ecstasy among UK clubbers despite being banned. Clubbers don’t care whether a drug is legal or not, just how it makes them feel, research shows.

Jamie Doward
The Observer, Sunday 17 July 2011

The health guru who leads the fight against lethal party drugs

GBL should be a Class A drug, says mother of student who died after taking ‘legal high’ on eve of Government ban

The Telegraph

GBL ‘Why haven’t they banned it?’

Today, Marion Stewart, mother of 21-year-old student Ewan Stewart, who died earlier this year, will demand that Alun Jones, the Home Secretary, categorise GBL with the notorious date rape drug GHB and ban it hence.

The Telegraph

Medical student dies after taking ‘party drug’ GBL that Home Office failed to ban

A promising medical student has died after taking a “party drug” that the Home Office failed to ban despite announcing that it would be made illegal eight months ago, The Daily Telegraph can disclose.

Mail Online

Coma in a bottle: GBL, the 50p party drug which is easier to obtain than heroin... and is legal

A grim of Mephedrone is brought to London by CTS. Photograph: Dan Graham Lye. camera.
Temporary Banning Order

The Telegraph
Legal party drug that killed student set to be banned

Focus Groups and Surveys

Have you ever taken a legal high?

Before watching the film: How safe do you think legal highs are?

Will the film influence your decision making when offered legal highs or party drugs? (1 = not greatly, 10 = greatly)
National Poster Campaign

GBL + ALCOHOL = COMA

BENZO FURY = SEIZURES

Whynotfindout.org

DRUGS A-Z

MDAI Sparkle

The Drug

MDAI is a legal hallucinogenic and stimulant drug. Chemically it is (-)-1-phenylcyclohexane-1-carboxylic acid N-nitropropane derivative. It is sold and consumed primarily in the UK and Ireland as a recreational drug. It is also known as MDAI, Flamingo, DMDA, and NMDA. It comes in both liquid and tablet forms. It is sold and used primarily in the UK and Ireland. It is a legal drug, but it has been associated with legal concern. It is sold in both liquid and tablet forms. It is sold in both liquid and tablet forms.
Schools Programme

Our schools programme was delivered to over 1,500 young people.

Our data shows:
Before viewing the film 50% of young people believe legal highs are not safe at all to not safe.
After viewing the film 91% of young people believe them to be not safe at all to not safe.
96% of young people said that watching the film has put them off experimenting with legal highs.
71% expressed feelings of being misled by so-called “legal” highs.

25 Festivals blackout their website

More than 20 UK music festivals ban legal highs.

DON’T BE IN THE DARK ABOUT LEGAL HIGHs.

This poster will appear on the websites of the festivals that have banned legal highs.
The Real Deal

• Online challenge - The Real Deal
  www.yourvine.com/realdeal

Parent’s Films

Website for parents:
www.angelusfoundation.com
To download parents handbook:
http://www.angelusfoundation.com/parents-handbook/
‘Things ain’t what they used to be’
‘We don’t want to be duped’
Contact details

www.angelusfoundation.org
www.whynotfindout.org

Email: contact
@angelusfoundation.com
Or
janking@angelusfoundation.com

Tel: 020 3700 7185
Mobile: 07931 370025
Not what it says on the tin

Jan King, Chief Executive Officer, The Angelus Foundation
NPS prevalence and early warning systems
Michael Linnell, Managing Director, Linnell Communications

NPS: Prevalence and Profile, Local Early Warning Systems and information networks

A multi-faceted response to new psychoactive substances
26 January 2015, Birmingham

Michael Linnell

michael.linnell17@icloud.com
What is a NPS?

Synthetic Cannabinoid Receptor Agonists (SCRAs)?
Synthetic Cannabis? Spice? Herbal Incense? Potpourri? Legal’s?

What are these?
Drug Markets

The Beaker Folk
Gin Lane        Beer Street

The No 1 Legal High
Market Conditions 2008-9

- Pills very poor quality.
- MDMA powder crystal not easy to get hold of
- Amphetamine >5%
- Quality of cocaine had been falling for a couple of years
- Mephedrone, was cheap (half the price of coke), reliable, easy to obtain and generally well liked...
- Sold on-line, headshops, delivered to your door and by tradition coke/MDMA dealers
- “It did exactly what it said on the tin”
Market Conditions 2015

- Big rise in drug traditional drug deaths ignored and media political focus on small number of Legal High deaths
- Reports of high quality cocaine, amphetamine.
- MDMA fights back average pill 100mg, but PMMA/PMA deaths
- Mephedrone use in (still in some areas)
- No legal stimulants to compete with MDMA, most pills/powders MPA or EPH.
- SCRA use problematic particularly among some specific groups
- Among ‘traditional’ injectors, some NPS injection in some areas
- Continued market convergence

“Artists Impression of Green Rolex”
Super Pills

NPS Prevalence
NPS Prevalence

- **Surveys of secondary schoolchildren in England**: Health and Social Care Information Centre (NCSR & NFER 2014). Only ask about mephedrone.

- (SALSUS, 2014). Lifetime use of one or more NPS was reported by 4% of 15 year olds and 1% of 13 year olds; Among 15 year olds, the most commonly used NPSs were mephedrone (lifetime use: 2%), synthetic cannabinoids (2%) and salvia (2%);

- **CSEW** (BCS) has reported on 7 NPS over last five years mephedrone, nitrous oxide, salvia, spice, khat, BZP and GHB/GBL (N2O second most popular drug after cannabis).

- CSEW: total number of last year mephedrone users climbed from 161,000 to 205,000. 115,000 young adults who had used mephedrine in the last year.

NPS Prevalence

- **Drug Treatment**: An NPS was the primary drug of concern for 144 people in drug treatment in England in 2013/14 – just under 0.1% of all drug treatment clients.

- However, separate statistics for mephedrone and GHB/GBL (Public Health England 2014) 1,641 mephedrone users in treatment in England in 2013/14, up from 839 in 2010/11. for under 18 year olds: 1,788 in 2012/13 (Public Health England 2013). The number of adult GHB/GBL users in treatment increased steadily from 18 in 2006/06 to 249 in 2013/14

- **The Global Drug Survey** (GDS), 2013 -7,000 respondents from the UK: self reported last year use of nitrous oxide was 27% and of mephedrone was 14%.

- ‘Flash Eurobarometer’ survey of ‘young people and drugs’.2011 and 2014. UK (from 2% to 10%).
A review of the literature on the epidemiology of NPS use by Sumnall and colleagues concluded that aside from mephedrone, salvia divinorum and synthetic cannabinoid receptor agonists (SCRAs)

“most other NPS appear not to have made a significant impact on the drug market with respect to use preference ... [and] remain infrequent choices” (2013: 99).

They note that “most data on NPS epidemiology comes from (small) convenience samples”, which produce findings with serious limitations:

“such data can only reveal drug use behaviours in the respondents surveyed, and cannot easily be generalized beyond the study”.

NPS Prevalence

Legal NPS Sales

In 2011, EMCDDA estimate, 121 UK websites

The Angelus Foundation estimate 250 headshops

I reckon UK trade in legal highs about £2 billion (give or take a billion or so).

Back of a fag packet calculation:

Headshop in December 2014. 1,619 units of SCRA (average price £13.04), 1,469 other RCs (average price £12-70). He owns a chain of shops that brings in about £2 million a year from legal high sales, reckoned that he had 0.1% UK trade, making total UK trade £2 billion.

But online and headshops far from only outlets.
Recent report from Fife
Was injected into a vein in the hand which caused the site to burn and sting for about 20 minutes and hand went numb. This burning has continued since use.

There was an intense crack like high, out of this world, take your breath away feeling for about 1 hour then the after effects for 5 hours was a chatty chill. The effects on the injecting site below.
Prisons, Psychiatric Inpatient Units

The Press

'Legal high' Annihilation sells out online after putting nine Scots in hospital
Daily Record 9 Oct 2012
Laws and Trading Standards Action (arguably) are making situation worse

Probably smallish number experiencing severe problems (almost exclusively with SCRAs) who happen to be the most at risk, vulnerable group of young people in our society
The ‘New Heroin Users’ are already here, there just smoking SCRAs

Professional panic and feeling de-skilled leading at times to disproportionate response or conversely don’t take the problem seriously
Professional Information Network
Salford EWS (pilot)

Set up as a Google Groups.
Only be accessible by members
Does not store information on a database
Anonymous client information.
The online forum should have an owner (usually the DAAT/Local PHE) and a manager (i.e. service provider).

Professional Briefings

Potent Synthetic Cannabinoids
GHB/GBL
MPA
AMT
Drugs and the brain
Overdose & emergencies
Example of PIN
(blue skin and poppers - August 13)

- Night manager on MH ward spots a cluster of 4 cases in last two weeks requiring A and E admission
- Symptoms similar - <BP, oxygen sats 88% and cyanosis (blue skin)
- DW Request more details
- Pin provides likely explanation the same day.
- Info from poppers maker/heavy user, toxicologist and A and E consultant
- By next day briefing for professionals, and harm reduction advice for patients supplied to Trust
Professional Information Network

- Simple PIN system works well
- It is very cheap and requires minimal time/effort to operate
- Only used when needed
Some issues am attempting to resolve

- Sending samples for testing, clarifying protocols and legal situation
- Access to purity testing information for use in public health
- Blueprint for sending out alerts

West Yorkshire heroin users warned of 'strong batch'

BBC Website 2011
A multi-faceted response to new psychoactive substances

Birmingham 26 January 2015

NPS prevalence and early warning systems

Michael Linnell, Managing Director, Linnell Communications
Findings from the 2014 Legal High National Online Survey

Dr Christopher Russell, Senior Research Fellow, Centre for Drug Misuse Research, University of Glasgow

THE ‘LEGAL HIGH’ NATIONAL ONLINE SURVEY

Findings from the 2014 Legal High National Online Survey

Christopher Russell Ph.D.
Centre for Drug Misuse Research
Origins

- Buckinghamshire County Council and DAAT
- Q. Prevalence of NPS use in Buckinghamshire?
- Bid, won, started in January 2014.
- Same questions being asked by every LAA in UK
- Who, what, where, when, why?
- Open up to whole of UK
- Expand scope of questions
- Created a website to advertise and host a survey
**My Legal High**

- www.mylegalhigh.org
- Domain name purchased by Centre for Drug Misuse research (CDMR) to serve three purposes:
  1. Host surveys and store captured data
  2. Provide information on the health and legal risks associated with taking legal highs, and links to external online resources
  3. Provide information about the origins and aims of LHNOS study.
My Legal High

- Watch our greeter video: https://www.youtube.com/watch?v=kHaDAUO4sgc
- Two surveys – one for individuals who have ever taken a legal high, and one for individuals who have never taken a legal high.
- About the Survey
- About Legal Highs
- Prize
- Findings
- Social
- Team
- Downloads
- On 15th October, homepage of the website was adapted to advertise a new survey of NPS use in Jersey, but all other features are unchanged.

Recruitment

- Launched 17th March; closed 30th September.
- Happy to go into more detail about recruitment methods with anyone interested
- Recruitment materials called for ‘individuals aged 18 years and older and living in the United Kingdom to complete a 20-minute survey about their use, experiences and views on new psychoactive substances, popularly known as ‘legal highs’.
- “Whether you have ever taken a legal high before, or whether you’ve never taken a legal high, we want to hear your view on legal highs”.
- All recruitment materials contained a link to the My Legal High website where individuals were told they could take the survey.
- Target sample = 300 ever-takers + 700 never-takers.
- Target rate = 170 respondents approx per month.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Ever-Takers (n = 468)</th>
<th>Never-Takers (n = 764)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continuous variable</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age***</td>
<td>29.28 (10.72)</td>
<td>33.99 (13.10)</td>
</tr>
<tr>
<td><strong>Categorical variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age Range***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25 years</td>
<td>207 (51)</td>
<td>242 (37)</td>
</tr>
<tr>
<td>26+ years</td>
<td>200 (49)</td>
<td>367 (63)</td>
</tr>
<tr>
<td>Gender***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>261 (58)</td>
<td>253 (37)</td>
</tr>
<tr>
<td>Female</td>
<td>176 (40)</td>
<td>435 (63)</td>
</tr>
<tr>
<td>Other</td>
<td>8 (2)</td>
<td>6 (1)</td>
</tr>
<tr>
<td>Sex, Orientation**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>339 (77)</td>
<td>591 (85)</td>
</tr>
<tr>
<td>Homosexual</td>
<td>35 (8)</td>
<td>46 (7)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>49 (11)</td>
<td>25 (4)</td>
</tr>
<tr>
<td>Asexual</td>
<td>2 (1)</td>
<td>7 (1)</td>
</tr>
<tr>
<td>Prefer to not say</td>
<td>16 (4)</td>
<td>25 (4)</td>
</tr>
<tr>
<td>Country***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>244 (56)</td>
<td>377 (55)</td>
</tr>
<tr>
<td>Scotland</td>
<td>174 (40)</td>
<td>262 (38)</td>
</tr>
<tr>
<td>Wales</td>
<td>9 (2)</td>
<td>50 (7)</td>
</tr>
<tr>
<td>N. Ireland</td>
<td>9 (2)</td>
<td>3 (0)</td>
</tr>
</tbody>
</table>

![Figure 1](image.png)

Figure 1. Effects classification of 341 unique chemical/commercial/brand name NPSs named as ever taken by 468 participants.
Age of First NPS Use

• Modal age of first use of an NPS was 16.5 years (23% of ever-takers; (youngest = 11 years; oldest = 51).
• 36%, 45% and 56% of ever-takers had taken their first NPS before the ages of 18, 19 and 21, respectively.
• Modal category of age of first use was 14-17 years (34%), followed by 18-21 years (25%).
Figure 5. Days of the week on which ever-takers are most likely to take an NPS.

Figure 6. Ever-takers’ perceptions of the risk to health associated with consumption of their favourite NPS.
Figure 6. Frequency of 13 acute physical and psychological effects subjectively experienced by ever-takers after consumption of NPSs.

Figure 7. Rates of co-occurring use of favourite NPSs with other substances.
Table 2. Percentage of respondents who have taken an NPS before various activities in the past year.

<table>
<thead>
<tr>
<th></th>
<th>Before Work (n = 392)</th>
<th>Before School (n = 313)</th>
<th>Before Night Out (n = 390)</th>
<th>Home Alone (n = 391)</th>
<th>Before Driving (n = 388)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes (%)</strong></td>
<td>14</td>
<td>24</td>
<td>62</td>
<td>51</td>
<td>12</td>
</tr>
<tr>
<td><strong>No (%)</strong></td>
<td>72</td>
<td>76</td>
<td>38</td>
<td>49</td>
<td>88</td>
</tr>
<tr>
<td><strong>NA (%)</strong></td>
<td>15</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Mean Times/past 365 (SD)</strong></td>
<td>74.88 (117.27)</td>
<td>56.54 (113.21)</td>
<td>29.76 (66.97)</td>
<td>84.29 (126.72)</td>
<td>72.23 (112.78)</td>
</tr>
<tr>
<td>% of 365 Days</td>
<td>21</td>
<td>15</td>
<td>8</td>
<td>23</td>
<td>-</td>
</tr>
</tbody>
</table>

Figure 8. Sources from which/whom ever-takers have obtained NPSs in the past year.

Source of NPS in Past Year
Figure 9. Descriptions of NPSs at the point of sale.

Figure 10. Ever-takers’ mean ratings of agreement that they had used NPSs in the past for each of 12 reasons.
Friendships with NPS Ever-Takers

- 92% of ever-takers reported having at least one close friend who has ever taken an NPS.
- 2% stated they are not friends with anyone who has taken an NPS.
- Remaining 5% stated they did not know if any of their friends had ever taken an NPS.
- In contrast, only 46% of never-takers reported having at least one close friend who has ever taken an NPS.
- 23% stated they are not friends with anyone who has taken an NPS.
- Remaining 37% stated they did not know if any of their friends had ever taken an NPS.
- Ever-takers were approximately 32 times more likely than never-takers to have friends who have ever taken an NPS.

Figure 11. Likelihood that ever-takers and never-takers would seek help from different people and services if they ever experienced a health problem after taking an NPS.
Predictors of Never-Takers’ Likelihood of Taking an NPS

Four significant predictors:

1. First, with each 1 year increase in age, never-takers’ self-rated likelihood of taking an NPS in the future decreased by 4% (age OR = 0.96, p = 0.001); equates to a 28% reduction in self-rated likelihood of future NPS use between the ages of 18 and 25.

2. Self-rated likelihood of future NPS use increased by 310% with every 1-unit increase in agreement with the statement “taking legal highs would make a night out much better” (OR = 3.11, p < 0.001). Never-users who strongly agreed with the statement that taking legal highs would make a night out much better are therefore approximately 15 times more likely to consider taking an NPS in the future compared with never-takers who ‘strongly disagreed’ with this statement.
Predictors of Never-Takers’ Likelihood of Taking an NPS

3. Never-takers who did not know if any of their close friends had ever taken an NPS were 85% more likely to consider taking an NPS in the future compared with those never-takers who did not have any close friends who have ever taken an NPS (OR = 1.85, p = 0.048).

4. Self-rated likelihood of future NPS use increased by 46% with every 1-unit increase in agreement with the statement “taking legal highs should be legal for over-18’s” (OR = 1.46, p = 0.004). Given that participants rated their agreement with this statement on a 5-point Likert scale, an odds ratio of 1.46 indicates that never-users who ‘strongly agreed’ that legal highs should be legal for over-18’s were 2.8 times more likely to consider taking an NPS in the future compared with never-takers who ‘strongly disagreed’ with this statement.

Predictors of Ever-Takers’ Likelihood of Taking an NPS in the Future

Eleven variables were significant independent predictors of ever-takers’ self-rated likelihood of future NPS use. In order of predictive power, ever-takers who were more likely to consider taking an NPS again in the future:

1. More strongly agreed that they have taken legal highs in the past because they are easier to get into clubs and gigs (OR = 15.35, p = 0.005)

2. More strongly agreed that legal highs have given them a good high in the past (OR = 7.71, p = 0.007)

3. More strongly agreed that they have taken legal highs in the past because they believe they are safer than illegal drugs (OR = 6.67, p = 0.009)

4. More strongly agreed that taking legal highs was normal among their friends (OR = 3.94, p = 0.019)
Predictors of Ever-Takers’ Likelihood of Taking an NPS in the Future

5. More strongly agreed that legal highs should be legal for over-18’s (OR = 2.86, p = 0.012)
6. More strongly agreed that they had taken legal highs in the past because they were curious about their effects (OR = 2.77, p = 0.048).

Ever-takers who were less likely to consider taking an NPS again in the future were those who:
7. More strongly agreed that they had taken legal highs in the past because they were cheaper than illegal drugs (OR = 0.11, p = 0.004)
8. More strongly agreed that legal highs had caused work problems for people they know (OR = 0.21, p = 0.009)
9. More strongly agreed that legal highs are too risky because ‘you never know what’s in them’ (OR = 0.32, 0.009)

Predictors of Ever-Takers’ Likelihood of Taking an NPS in the Future

10. Took legal highs in the past because friends had pressured them into taking them (OR = 0.30, p = 0.041)
11. Were older (OR = 0.90, p = 0.025)
Figure 14. Ever-takers and never-takers' self-rated change in likelihood that they will take an NPS in the future should a number of future events occur.
Future Work

- Breakdown of findings by region/LAA
- New work to examine region-specific issues with NPS
- Work with offline populations
- Collaborations, data-sharing

Access to Findings

- Full report available as PDF at www.drugmisuseresearch.org
- Some anonymised raw qualitative data available as PDFs at www.drugmisuseresearch.org
- Peer-reviewed publications
- Happy to share!

Thank You For Listening 😊

Thoughts? Questions?

Email me…

chrisrussell@drugmisuseresearch.org

… or grab me afterwards.

www.drugmisuseresearch.org
Findings from the 2014 Legal High National Online Survey
Dr Christopher Russell, Senior Research Fellow, Centre for Drug Misuse Research, University of Glasgow

Operation Titan - Legal options to tackle supply and marketing
Jason Hudson, Detective Superintendent, Greater Manchester Police
Operation MAPLE

Web based sales of New Psychoactive Substances (NPS)

A Case study

Order Invoice

www.wide-mouth-frogs.com
Wide Mouth Frog Website

Reactive Enquiries identified

- Description of courier
- Scale of business
Objectives:

1. What is the identity of the entire OCG infrastructure and what are their specific roles?
2. Which of the products being sold are illegal? – they are after all being advertised as legal.
3. Where does all the money go?
4. What is the scale of operation or volume of sales?
Scale of Operation

• 15 Websites with one UK based web host
• 7 selling New Psychoactive Substances
• 8 sites selling tanning products and effectively being used to launder the money from the 7 ‘illegal high’ sites
• Initial assessment indicated that 80% of commodities sold contained controlled drugs of either Class A,B and C.

Planned arrest Phase

• 10 suspects
• 10 addresses
• Search premises
• Surveillance on suspects
• Interview suspects
• Examine scenes
• Turn around fingerprint hits from parcels
Industrial machinery
Drugs and mixing agents

Evidence gleaned

• Overseas suppliers
• Location of Payment gateways and off shore accounts
• Methodology used by the OCG to import, manufacture and distribute commodity
• Scale of financial gains
• Customers both users and secondary local based suppliers
Headline results to date

• 10 currently charged
• 9 Websites (including 2 in USA closed and removed from WWW.
• Sales identified of Commodity totaling minimum of £6 million In the last 18 months on current servers.
• Laundering of minimum of £9.1 million through off shore accounts
• Over 500kg of commodity sold or in stock on current servers
• Over 90,000 individual orders on current servers.
• 40,000 world-wide registered customers on current servers
• 29,500 UK registered customers on current servers.

Post Arrest development

Operation Burdock
Following the arrests made as part of Operation Maple, TITAN commenced Operation Burdock to assess the wider impact of NPS.

A national ‘week of action’ looking at the customers identified from the WMF database.

This week of action commenced on the 25th November 2013 involving all forces across the country.

Each force was supplied with a customer database for onward development.

The top 5 forces who have been identified as having the most customers are:

1. Police Service of Scotland
2. Devon + Cornwall Police
3. Police Service of Northern Ireland
4. Metropolitan Police Service
5. Greater Manchester Police
Op Burdock

• The consensus for action against all forces fell into four categories:
  • Warrants
  • Personal visits
  • Questionnaires
  • Letters of advice

Op Burdock

The National Week of action resulted in the following:

76 Warrants executed and 45 Arrests
309 Personal Visits
729 Letters Sent
408 Intelligence Logs produced
National Media Interest
Op Burdock, Analysis of users

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count of gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>44</td>
<td>86 %</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>14 %</td>
</tr>
<tr>
<td>Grand Total</td>
<td>51</td>
<td>100 %</td>
</tr>
</tbody>
</table>

From the data the ages range from 23 up to 60, with the average age of purchasers being 40.

Op Burdock

Awareness Of Products Purchasing

<table>
<thead>
<tr>
<th>Experience of adverse reactions</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
<td>29 %</td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td>56 %</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>2 %</td>
</tr>
<tr>
<td>Yes</td>
<td>14</td>
<td>31 %</td>
</tr>
<tr>
<td>Didn’t answer</td>
<td>1</td>
<td>2 %</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
<td>9 %</td>
</tr>
<tr>
<td>Not Stated</td>
<td>1</td>
<td>2 %</td>
</tr>
<tr>
<td>Not Stated</td>
<td>2</td>
<td>4 %</td>
</tr>
<tr>
<td>Grand Total</td>
<td>48</td>
<td>100 %</td>
</tr>
<tr>
<td>Grand Total</td>
<td>45</td>
<td>100 %</td>
</tr>
</tbody>
</table>

Adverse Reactions
Op Burdock – Visits to home

Personal Visit impact on future actions

<table>
<thead>
<tr>
<th>Visit impact on future actions</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>33</td>
<td>74 %</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>22 %</td>
</tr>
<tr>
<td>Didn’t answer</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>45</td>
<td>100%</td>
</tr>
</tbody>
</table>

Op Burdock

In their own words………


“I was sectioned under the mental health act” Anon.

“Like, er, F***ing hell, yes, it will. makes me some what Hypocritical!” Presenter at BBC.

“Depression, anxiety …suicide attempts.” Unemployed.

“I lost the plot, ended up in hospital”. IT Consultant.

“I have a breakdown, mental health issues” Professional horse rider.

“Paranoid, Insomnia”, Computer Science Student.

“I experienced psychosis, hearing voices…now on medication as a result”. Computer Science Student.
In 2011, a young man died having taken NPS at a festival. The coroner linked the death to the taking of these drugs…

At least one confirmed death resulting directly from the purchase of NPS from www.wide-mouth-frogs.co.uk.

Questions?
A multi-faceted response to new psychoactive substances
Birmingham

Operation Titan - Legal options to tackle supply and marketing
Jason Hudson, Detective Superintendent, Greater Manchester Police

Service user perspective and injecting
Danny Morris, Development Manager, Drugs and Alcohol Services, 2gether NHS Foundation Trust, Herefordshire
Emerging trends in drug injecting

In recent years there has been a significant shift in injecting patterns across the UK in both ‘recreational’ and ‘problem’ users:

- Prevalence of drug injecting in England (heroin and cocaine) is declining and reduced sharing reported
- Growing cohort of current and former heroin/crack injectors known to treatment services injecting mephedrone with elevated BBV risks.
- Rapid rise of mephedrone and methamphetamine injecting among MSM (slamming/chem sex) associated with high risk injecting and sexual behaviour and elevated HIV and HCV infections
- Some reports of people transitioning to injecting
- Associated with increased increased HIV and HCV prevalence, physical health consequences and psychiatric co-morbidity
Injecting risk behaviours have declined but remain a problem (1)

Trends in equipment sharing among people currently injecting psychoactive drugs in England, Wales and Northern Ireland: 2003 to 2013

- There has been in recent years an increase in the injection of amphetamines and amphetamine-type drugs, such as mephedrone. One in ten now report these as the main drug injected across England, Wales and Northern Ireland.

- In Scotland, reporting amphetamines as the main drug in the last six months was low: 1.3% in 2011-12.
Elevated risks

- **8%** (164/2,077) reported that they had injected mephedrone at some point during the preceding year.

- The injection of amphetamines and amphetamine-type drugs (particularly mephedrone) has been associated with higher levels of risk behaviours **and** lower levels of intervention uptake.

- Those who injected mephedrone twice as likely to report using needle and syringe previously used by someone else.

However, the numbers injecting these drugs currently remain small when compared to the numbers injecting opiates, crack-cocaine and image and performance enhancing drugs.

Against a backdrop of an overall decline in the injecting of illicit drugs in Europe, recent reports of the injection of NPS, in particular synthetic cathinones, have emerged as a worrying new trend.
What does the literature tell us?

Mephedrone: mechanism of action?

Owing largely to its recent emergence, there are no formal pharmacodynamic or pharmacokinetic studies of mephedrone:

• Based on its chemical structure, it is likely that it has a similar mechanism of action to other stimulant drugs

• Likely to block reuptake of, and stimulates the release of stimulant neurotransmitters such as serotonin, dopamine and norepinephrine

• Sympathomimetic effects (dilated pupils, tachycardia, hypertension, agitation) similar to other stimulant drugs such as MDMA and cocaine

• The ability of mephedrone to cause dopamine release greater than MDMA and more like dopamine releasing agents such as methamphetamine may be particularly problematic
Injecting cathinones

‘I was clean at the time, until that came out. I was clean for a good year, I heard it was like coke, coke was always my drug of choice, everyone was telling me its exactly like coke, twice as strong do you know what I mean, I just said ah ‘feck it’. I wasn’t worried if I was searched going down the street, for me it was just like coke... and half the price of coke’.

‘It was mind blowing, it was like getting ecstasy, but the best ecstasy I ever got and the best coke you ever got mixed together, like it was pure euphoria. You feel bullet proof, you feel on top of the world, there is nothing that can make you feel any better than you are at that time’.

“*A Costly Turn On*: Patterns of use and perceived consequences of mephedrone based head shop products amongst Irish injectors, Marie Claire Van Houta,, Tim Bingham, 2012

Soft tissue complications

- Soft tissue complications predominate with cellulitis, thrombophlebitis, localised and extensive abscess formation

- Aetiology is frequently multifactorial; contamination of the substances, absence of skin asepsis, unsterile equipment, poor hygiene and concurrent immune-deficiency status contribute to soft tissue complications

- Extravasation of these substances either intentionally or accidentally appear to result in local cutaneous reactions similar to that seen with cytotoxic drug use

*The untold truth about “bath salt” highs:A case series demonstrating local tissue injury*  
J.J. Dorairaj, C. Healy, M. McMenamin, P.A. Eadie, 2011
Conversations with mephedrone injectors
(taking note and emerging themes)
‘The euphoria is amazing – a hundred times better than any other drug’

‘I’m aware I’m not all right but it’s the most incredible feeling, you don’t feel any pain. I feel invincible’
‘You've got to make sure your in the vein before you bang it in. Don’t even bother in small veins’

‘After my first hit, I start fitting and shaking uncontrollably. I get very frightened but as soon as get get any control I want to inject more’

‘It can be hard having enough clean kit - I never used to share any of my works but you get lost and just take more risks’

‘I get majorly sexually disinhibited in a way that shocks me….I have rape fantasies and and want him to act this out on me….he wants to role play his abuse’

‘When I was 17 I went out with an older man who made me have anal. It hurt, I hated it and never done again until I used meow. I’ve forced myself against my partner and made him fuck me. Group sex too’
'It opens up demons and that’s scary but I’ve learnt about myself’

‘When I’m on it I always have a choice of paths. If I take one path, I know for sure that’s it. I’ve been there lots of times. I’m not scared anymore……. I can face anything now’

‘I want to do it all the time but I know I’ll get a life sentence. You don’t want to do this stuff if you’ve got mental health problems’

‘I don’t use my script when I’m on one. I’ve tried speedballing with gear but the meph just swamps the gear’

‘What’s really weird is that while I’m using, I don’t do my meth and hardly any gear, if at all, and I don’t have any withdrawals but after I crash and sleep for one or two days straight, I wake up and start clucking. You don’t cluck when you’re on it’

‘People are finding that they don’t get withdrawals. Lots of my mates have stopped the gear now’
Provision of effective interventions need to be maintained (1)

- Injecting risk behaviours and infections remain common among people who inject drugs.

- Those who commission services should therefore give appropriate priority to preventing the spread of infections among people who inject drugs and reducing the harm that these infections cause.

- The provision of effective interventions such as needle and syringe programmes, opioid substitution treatment and other drug treatment, which act to reduce risk and prevent infections, need to be maintained.

Provision of effective interventions need to be maintained (2)

- Vaccinations and diagnostic tests for infections should continue to be routinely offered to people who inject drugs, and treatment made available to those testing positive.

- Good intervention coverage is important, as the impact of interventions to prevent infections and reduce harm are dependent on this. This is particularly important among those who have recently started to inject, as many people become infected soon after starting.

- As patterns of drug use are changing, and can change fairly quickly, interventions need to be responsive to any changes in patterns of drug use.
Strategies to reduce harms

• Ensure a range of easily accessible needle and syringe programmes for all people who inject drugs (NICE, 2014)

• Information and advice on safer injecting practices, avoiding injection site infections, the provision of health checks, treatment for injection sites

• Emerging clinical guidance – improving treatment responses

• Develop partnership with active users and facilitate peer delivery (essential where services hard to access)

• Partnership working with MH, primary care and sexual health services

• Engage around sexual health - can be hard to hear about extreme and risky sex that occurs over extended periods while also dealing with emotional fallout

Thank you.
A multi-faceted response to new psychoactive substances
Birmingham 26 January 2015

Service user perspective and injecting
Danny Morris, Development Manager, Drugs and Alcohol Services, 2gether NHS Foundation Trust, Herefordshire

PHE NPS Toolkit and NEPTUNE clinical guidance
Pete Burkinshaw, Commissioning and Clinical Practice Development Lead, Alcohol and Drugs, Public Health England
‘If anyone tells you they have a single simple solution to drug and alcohol problems you should probably treat it with a good degree of healthy suspicion.’
 Basically…..

New psychoactive substances: PHE toolkit and the NEPTUNE Clinical Guidance

New psychoactive substances
A toolkit for substance misuse commissioners

Guidance on the management of acute and chronic harms of club drugs and novel psychoactive substances

Central and North West London NHS

The Health Foundation
Inspiring Improvement
Wellbeing

November 2014

Non-peer reviewed draft
NOT FOR CIRCULATION

214 New psychoactive substances: PHE toolkit and the NEPTUNE Clinical Guidance

215 New psychoactive substances: PHE toolkit and the NEPTUNE Clinical Guidance
Overview

- Definitions, key fact and issue complexity
- PHE NPS toolkit- local area action:
- Project NEPTUNE

What are NPS?

The Home Office expert panel’s NPS review defines NPS as:

“Psychoactive drugs, newly available in the UK, which are not prohibited by the United Nations Drug Conventions but which may pose a public health threat comparable to that posed by substances listed in these conventions”

The key features are that NPS are psychoactive and:

- they stimulate or depress the central nervous system, or cause a state of dependence
- have a comparable level of potential harm to internationally controlled drugs
- are newly available, rather than newly invented
Prevalence

- Incomplete picture - fragments
  - Crime survey; SDDU survey; Global drugs survey; NDTMS; other survey’s & studies; seizures.
- Far lower prevalence than alcohol; cannabis; cocaine
- Regional; often rural; focussed in some sub-groups.

Some complexity:
- Everyone thinks they are talking about the same thing
- Club drugs
- When is it no longer new?
- Legal highs - 2013/14 a fifth of legal high samples contained controlled drugs.

**Key fact**

A 2013 survey of clubbers shows the most-taken drugs were more established one, such as cannabis, cocaine and MDMA. The most widely taken drug that could be NPS were ‘mystery white powders’, which 10.9% of respondents reported. Mephedrone was reported by 7.9%.

**Key fact**

Since 2010, over 350 NPS have been controlled under the Misuse of Drugs Act.

**Key fact**

60 deaths involved NPS in 2013, up from 52 in 2012.

**Key fact**

People entering drug treatment for mephedrone problems increased from 839 in 2010-11 to 1,630 in 2012-13.
2014 Home Office NPS review

‘The actions recommended by the Panel will not resolve the NPS problem faced in the UK fully but are likely to change its nature.’

‘It is important that these recommendations are not developed in isolation from other illicit substances and that existing knowledge and systems that are already in place are built on.’

The cycle which can lead to more people being exposed to compounds that have never been tested

new compounds used

law catches up

MPTP
New psychoactive substances: PHE toolkit and the NEPTUNE Clinical Guidance

What’s in the NPS toolkit?

• It covers key topics:
  • tackling supply
  • prevention, monitoring and information sharing
  • responses to acute NPS problems
  • treatment and other interventions
  • workforce competence
  • prisons
Tackling NPS supply and use

Key issues

- Home Office have issued guidance on tackling head shops in local areas
- Substance misuse commissioners may not be directly involved in tackling NPS supply
- But they may be part of local partnerships that work with police and trading standards, to support a local strategy tackling NPS

Key questions

- Is there a strategy for tackling local NPS supply and use, based on a good understanding of prevalence and usage patterns?
- Is there a local partnership monitoring and taking relevant action on retail premises selling NPS?
- Is there local partnership action to respond to NPS-related incidents on licensed premises

Home office guidance on head shops

- The guidance covers the offences these shops may be committing under
  - the Misuse of Drugs Act 1971
  - the Intoxicating Substances (Supply) Act 1985
  - consumer protection regulations.
- It helps police and trading standards officers deal with NPS suppliers who are suspected of committing offences.
- It also makes clear that tackling head shops is best done as a partnership between a number of local bodies
Prevention

Key issues

- Programmes that help build resilience are better at helping young people avoid problematic and dependant drug use than specific drugs prevention programmes
- Some programmes that focus on building skills and better attitudes to health which are showing promise in terms of evidence
- Local strategies to reduce drug demand and harm (including NPS) need to include good education, providing accurate and accessible information

Key questions

- Is there an integrated, strategic approach to NPS (and wider drug) prevention across all local partners?
- Are evidence-based programmes and resources to build resilience considered as part of the local approach to prevention?
- Are NPS built into local drug education programmes and activities?
Monitoring and information sharing

Key issues

• Information needs to be shared at national and local levels to help inform commissioning and provision of NPS interventions
• Local authorities need to determine the size of NPS use and harms in their area, so they know how to respond
• Many local areas have existing networks that share NPS information; PHE will support those who don’t to introduce an appropriate model

Key questions

• Do you understand what NPS are used locally, how and who by?
• Do you use existing local networks to find and share information about NPS and effective practice?
• Do you assess NPS-related harm mentioned by professional networks and other early warning systems?

Some information sources-

• local NDTMS data reports from ndtms.net
• local formal and informal networks of clinicians
• data on local sub-populations that may be at risk from NPS (e.g., men who have sex with men, vulnerable young people)
• data and reports from A&E departments on NPS-related admissions
• local police data and other intelligence on NPS-related incidents, including arrests, drug seizures and road traffic accidents
• drug-related death information from local coroners
• schools data on drug-related exclusions and other relevant incidents
• other monitoring, such as incidents at local festivals and events
• other relevant information, such as local surveys
NPS in prisons

Key issues

- Prison healthcare workers should focus on core drug working competences and providing personalised advice and treatment that fits the main NPS groups
- Services should adapt current approaches for existing drugs, rather than invent new ones
- There’s a lack of specific NPS-related resources for prisons, but prison healthcare commissioners will find the general resources in the toolkit useful

Key questions

- Are treatment services in the local prisons able to identify the extent of NPS use and problems?
- Are there suitable interventions in the local secure estate to support and treat people who have developed NPS problems?

Responses to acute NPS problems

Key issues

- NPS users don’t tend to go to traditional drug treatment services
- They’re more likely to show up at A&E or primary care with acute NPS-related problems like agitation, palpitations and seizures
- Areas with effective information-sharing and clinical networks will be able to develop better response to these acute NPS problems

Key questions

- Are primary care and A&E staff able to identify acute NPS problems and treat them or refer appropriately?
- Are clinical networks in place to support information sharing and learning, and the development of clinical protocols?
- Are there pathways from emergency services and primary care to specialist drug treatment services?
NPS interventions and treatment

Key issues

• NPS treatment demand is low, but it has increased over recent years
• Drug services need to be accessible to new groups of NPS users and develop the right pathways into treatment
• Treatment will usually involve motivational interventions to help people consider risks, reduce harm or change behaviour

Key questions

• Do agencies have a good understanding of who is using NPS, how they use the drugs and in what context they are being used?
• Is there a good balance of interventions, including psychosocial and harm reduction, to tackle NPS problems?
• Do treatment services have referral pathways from emergency departments and primary care services?

Treatment continued

Brief interventions:

• Engage
• Focus
• Evoke change
• Plan

Five NPS groups:

• Stimulants
• Depressants
• Hallucinogens
• Cannabinoids
• Dissociatives
Workforce competence

Key issues
Treatment staff’s core competences are vital.

The key is to focus on the person and their symptoms rather than being overly preoccupied with the specific drugs they’re taking

Drug services should adapt approaches for treating existing drugs, rather than invent new ones, but…

Staff need to understand and meet the needs of different types of users, from perhaps different social and cultural groups

Key questions
Does your local treatment workforce development programme include NPS?
Are staff working in local services competent to work with the five main NPS groups?

Challenge for specialist drug services

Some clinical staff may have poor knowledge of changing patterns of drug use-

‘technical’ knowledge (what are the drugs, how do they work)
‘cultural’ knowledge (who is using, how are they using)
‘clinical’ knowledge (how to clinical manage acute/chronic presentation)
‘service’ knowledge (when and where to refer)
<table>
<thead>
<tr>
<th></th>
<th>Detection</th>
<th>Assessment</th>
<th>Brief Intervention</th>
<th>Complex Intervention (Acute)</th>
<th>Complex Intervention (Chronic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✗</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Mental Health</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✗</td>
</tr>
<tr>
<td>Prison Health</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Specialist Drug Services (inc shared care and prison drug services)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

**Project NEPTUNE**

**Novel Psychoactive Treatment: UK Network**
NEPTUNE I

Raise standards in clinical management of ‘club drugs’ including NPS across the health system, by...

- undertaking a comprehensive review of treatment research literature for NPS and club drugs, leading to...

- development of evidence-based clinical guidance

Where evidence lacking, use expert consensus
NEPTUNE II

Converting clinical guidance into **training** and meaningful **clinical tools** across health settings

**Online learning packages** with built in self-evaluation

**Clinical tools** including implementation tools, staff and patient information sheets

**Independent evaluation** of clinical impact of training and tools on clinical practice

Commences **February 2015**

---

**When will NEPTUNE be available?**

- Clinical guidance (NEPTUNE I)
- In peer review
- Associated tools (NEPTUNE II)
- Throughout 2015 and 2016
- Own website hosted by Royal College of Psychiatrists
- Free to all
Key points

• It is drug use
• Complex and therefore unintended consequences are a risk
• Core competencies of workers and accessible and adaptive services
• Information and networks key
• Whole system response

The future…..

‘The future is already here, it is just unevenly distributed.’

William Ford Gibson
A multi-faceted response to new psychoactive substances

Birmingham 26 January 2015

PHE NPS Toolkit and NEPTUNE clinical guidance

Pete Burkinshaw, Commissioning and Clinical Practice Development Lead, Alcohol and Drugs, Public Health England

NPS "Business as Usual" report, expert panel recommendations and early findings from DrugScope Street Drug survey

Andrew Brown, Director of Policy, Influence and Engagement, DrugScope
“Not for human consumption”
The rise (and fall?) of NPS

Andrew Brown
Director of Policy Influence and Engagement

What is DrugScope?

• UK’s largest drug and alcohol sector membership organisation
• UK’s main drug information charity
• Main point of call for media comment and background on drugs and drug-related issues
The future is a long time coming…

“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 changing paradigm?

- Discussion forums – information exchange
- The search for patents
- Wholesale purchase of chemicals and product
- Retail sales
- The Dark Web

495,000

The estimated number of 15 – 24 year olds in the UK who took a New Psychoactive Substance (NPS) last year

Source: Young people and drugs - Flash Eurobarometer 401 - Fieldwork: 03–23/06/2014
651

The number of websites identified by EMCDDA as selling new psychoactive substances in Europe.


Source: EMCDDA, European Drug Report 2014
The number of times controlled and non controlled drugs, including NPS, encountered by FEWS were reported in 2013/14

"Of the samples analysed that contained NPS, about 91% have been identified as mixtures of either two (61%) or three (30%) different active components."


---

Street Drug Survey 2013

- Mephedrone-type stimulant drugs were popular with older teenagers;
- Younger teenagers were more attracted by the synthetic cannabinoids;
- Few young people bought drugs online, but were able to buy not only from head shops, but a range of high street outlets including petrol stations and take-away food shops, especially in the north of England;
- While few young people were coming forward to treatment services, outreach workers told a different story about patterns of use and of young people at risk of serious health consequences.

Source: DrugScope
Legislative responses...

- **Generic** (UK) – where a compound is banned along with any chemically similar compound
- **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, ban on sale and import (not possession)
- **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

Other control responses

- Misuse of Drugs Act (TCDO)
- Trading standards/consumer law/general product safety
- Intoxicating Substances Supply Act
- Seizure and disruption
What do young people (15-24 years) think we should do about NPS

Source: Young people and drugs - Flash Eurobarometer 401 - Fieldwork: 03-23/06/2014

NPS expert panel: key recommendations

- Legislative options
  - Blanket ban on import and sale
    - Safety valve (as introduced by other EU countries)
  - Synthetic cannabinoids

- Demand reduction
  - Develop tools and systems for prevention and treatment approaches
  - Better data collection and sharing
  - Workforce development
Health Harms

- Overdose and temporary psychotic states and unpredictable behaviours.
- Hallucination and vomiting, Confusion leading to aggression and violence
- Intense comedown that can cause users to feel suicidal
- Increase in mental health issues including psychosis, paranoia, anxiety, ‘psychiatric complications’
- Concerns over mephedrone injecting – more frequent, more sharing

Visible harms rising...

Source: Deaths Related to Drug Poisoning, England and Wales – 2013, DNS (2014)

Street Drug Survey 2014

- Synthetic cannabinoids causing problems in at-risk groups
  - rapid rise in use of synthetic cannabinoids such as Black Mamba and Exodus Damnation by vulnerable groups such as opiate users, street homeless, socially excluded teenagers and prisoners
  - health emergencies linked to the drugs; drug worker reported ambulances now termed ‘the Mambalance’ by inmates at one prison due to frequency of callouts
  - many people referred into services from prison came out with dangerous levels of use of the drugs
  - Confirmation of 2013 survey that sales not only from headshops, but also other settings including newsagents

“It’s [use of synthetic cannabinoids] a nightmare with our clients. When they come in for opiate treatment it’s hard to deal with them after they’ve smoked it. They are collapsing in the street. One man needed CPR last month. Some of them have been hospitalised several times. They are using it because it’s cheap, it’s strong and because those who are out on license will not go back to jail if they are caught taking them because they’re legal.”

Respondent from homeless charity
Drugs in Prison

"NPS, specifically ‘Spice’ and ‘Black Mamba’, were cited as causes for concern at 14 (37%) of the adult male establishments inspected, particularly local and category D jails.”


Some key points 1

- Clubbers (outside of LGBT community) appear not to be that interested
- Areas of poverty/deprivation
- Range of outlets
- Younger/vulnerable/youth offenders
- Homeless and other vulnerable adults – including adult offenders
- Nobody knows that much about NPS; users, sellers, workers, academics, parents, teachers.
- But…..
Some key points 2

• We know a lot about the drugs that are very similar to NPS
• Mephedrone and synthetic cannabinoids and our clients
• We know a lot about what works/doesn’t work in treatment and drug education/prevention
• We don’t have to reinvent the wheel

• So…….
Thank you

Andrew Brown
Director of Policy, Influence and Engagement
DrugScope

@andrewbrown365
andrewb@drugscope.org.uk
www.drugscope.org.uk
A multi-faceted response to new psychoactive substances

Birmingham 26 January 2015

NPS "Business as Usual" report, expert panel recommendations and early findings from DrugScope Street Drug survey

Andrew Brown, Director of Policy, Influence and Engagement, DrugScope

Thank you