

## Health and Social Care Committee

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Meeting Venue:

**Committee Room 3 – Senedd**

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Meeting date:

**Thursday, 6 November 2014**

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Meeting time:

**09.00**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



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### Agenda

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At its meeting on 22 October 2014 the Committee resolved under Standing Order 17.42(ix) to exclude the public for item 1 of the meeting on 6 November 2014.

**1 The Committee's forward work programme (09.00 – 09.45) (Pages 1 – 15)**

**2 Introductions, apologies and substitutions (09.45)**

**3 Inquiry into new psychoactive substances (“legal highs”): Evidence session 1 (09.45 – 10.30) (Pages 16 – 55)**

Jeremy Sare, Angelus Foundation

Maryon Stewart, Angelus Foundation

Harry Shapiro, DrugScope

**Break (10.30 – 10.45)**

#### **4 Inquiry into new psychoactive substances (“legal highs”): Evidence session 2 (10.45 – 11.30) (Pages 56 – 66)**

Professor Philip Routledge OBE, Chair of the Programme Board, Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS)

Josephine Smith, Programme Lead, WEDINOS

Dr Quentin Sandifer, Public Health Wales

#### **5 Inquiry into new psychoactive substances (“legal highs”): Evidence session 3 (11.30 – 12.15) (Pages 67 – 79)**

Joanne Davies, Assistant Director of Planning, Abertawe Bro Morgannwg University Health Board

Jamie Harris, Families Children and Young Persons Services Manager, SANDS Cymru (formerly known as Swansea Drugs Project)\*

Nicola John, Director Public Health, Cwm Taf University Health Board\*

Dr Julia Lewis, Consultant Addiction Psychiatrist and Clinical Lead for Addiction, Aneurin Bevan University Health Board

Dr Jonathan Whelan, Assistant Medical Director, Welsh Ambulance Service NHS Trust\*

\*Written papers have not been submitted

**Lunch (12.15 – 13.15)**

#### **6 Inquiry into new psychoactive substances (“legal highs”): Evidence session 4 (13.15 – 14.15) (Pages 80 – 84)**

Kathryn Peters, Community Safety Manager for Caerphilly County Borough Council  
Councillor Mark Child, Trading Standards portfolio holder Swansea Council  
Councillor

Andrea Lewis, Swansea Council

Angela Cronin, Development Worker for Health & Wellbeing, Bridgend Youth Service

Richard Webb, Association of Chief Trading Standards Officers, Oxfordshire County Council

#### **7 Papers to note (14.15) (Pages 85 – 90)**

**Inquiry into new psychoactive substances (“legal highs”): Note from the visits held on**

**2 October 2014 (Pages 91 – 98)**

**Inquiry into new psychoactive substances (“legal highs”): Note from the focus group events held on 2 October 2014 (Pages 99 – 111)**

**Inquiry into new psychoactive substances (“legal highs”): Results of the Committee's survey (Pages 112 – 130)**

**Inquiry into new psychoactive substances (“legal highs”): Consultation responses**

**Public Health White Paper: Follow up from 8 October 2014 (Pages 131 – 132)**

**Correspondence from the Petitions Committee: P-04-568 Public Inquiry into ABMU Health Board (Pages 133 – 135)**

**8 Motion under Standing Order 17.42(vi) to resolve to exclude the public from the remainder of the meeting (14.15)**

**9 Inquiry into new psychoactive substances (“legal highs”):  
Consideration of evidence received (14.15 – 14.45)**

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By virtue of paragraph(s) ix of Standing Order 17.42

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# Agenda Item 3

By virtue of paragraph(s) vi of Standing Order 17.42

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**National Assembly for Wales**  
**Health and Social Care Committee**

**Inquiry into new psychoactive substances (“legal highs”)**

**Evidence from Angelus Foundation – LH 11**



**National Assembly for Wales Inquiry into new psychoactive substances (“legal highs”) - Angelus Submission**

**Introduction**

1) The Angelus Foundation was founded in 2009 by Maryon Stewart, the health practitioner, author and broadcaster. Her 21 year-old daughter, Hester, a medical student and athlete, passed away after consuming a legal high (GBL) in April 2009. The Foundation has since attracted a group of experts, the Angelus Advisory Board, which brings together expertise from chemical, medical and behavioural sciences, as well as having considerable experience in both the areas of enforcement and misuse of new psychoactive substances (NPS).

2) Angelus is the only drugs charity dedicated to raise awareness about legal highs and club drugs. Much of our work is showed cased in our website for young people [www.whynotfindout.org](http://www.whynotfindout.org). There is also a website for families [www.angelusfoundation.com](http://www.angelusfoundation.com).

**Our Vision**

3) All young people in the UK know the dangers of ‘legal highs’ and are able to make wise choices that keep them safe.

**Introduction**

4) Angelus’s prime contribution to this Inquiry by the National Assembly for Wales is to offer evidence based on our Foundation’s experience of how best to raise awareness of the threat of legal highs to young people. Below is a summary of Angelus’s various programmes for education and prevention. Members are invited to assess the efficacy of these initiatives and their applicability in Wales. In addition, there is also a section (page 4) on a legal change we initiated with HM Opposition in 2013 aimed at ceasing the NPS trade in high street headshops.



5) All organisations who have tried to make constructive interventions on NPS will be aware of the difficulties deriving from a lack of reliable data around prevalence and behavioural change. However, that should not mean there should be no attempt affect change until such data is published. There is a wealth of anecdotal evidence from probation officers, police, prison staff, teachers and health professionals to indicate the immediate and longer-term harm from NPS is serious, growing and a strong response from agencies and NGOs is urgent. There is also a need to devote resources into research for example there is no data on where NPS are obtained i.e. proportion purchased online, from headshops, dealers or friends. This information would help inform how to target health messaging.

## **Education**

### **Making PSHE Compulsory**

6) The previous Westminster Government in 2010 had made clear its intention to make drugs education statutory through compulsory PSHE through national curriculum. The Coalition Government has rejected that policy and placed drugs education mainly in the science curriculum.

7) Angelus is not satisfied that is likely to allow the correcting messaging about the risks of drug harms particularly new legal drugs and has consequently been campaigning for compulsory PSHE. Placing drugs education within the constraints of an academic subject restricts its context to facts when there is considerable numbers of uncertain factors which lead to drug misuse. Moreover the issue at hand about NPS is that there are sparse numbers of facts which can be relied upon. There have not been any kind of comprehensive harms studies compiled. The purpose of drugs education should be to help build resilience of the individual into making better choices about their own well-being.

8) The Coalition has also given schools autonomy to determine the level of drugs education. Figures from Mentor UK show the majority (60%) are achieving one hour or less per year. Only 15% of schools reach the minimum standard recommended by Angelus of one hour, per term per school. There is also, in our view, insufficient direction from central Government on what should be taught and by what means. It is not clear whether the Labour Party maintains its previous level of enthusiasm for compulsory PSHE beyond its publicly stated commitments to Sex and Relationship Education.

### **Festivals**

9) Festival audiences are particularly vulnerable to experimentation with NPS. The ambience can lend itself to novel experience for young groups and also older age groups who never or rarely tried drugs in their youth but are tempted to recapture their youth. The Association of Independent Festivals invited Angelus to partner them in raising awareness of the dangers of NPS in December 2013. It followed a succession of serious incidents the previous summer (including a death from 5-EAPB at Brownstock festival). We partnered AIF on a large-scale blackout of 25+ festival websites, including Glastonbury over May Bank Holiday which reached potentially a million young people through social and traditional media. Angelus has developed

comedy films setting out dangers of NPS and one specifically aimed at the effects of synthetic cannabis. We have also advised on safety information on websites, through e-flyers and leaflets, liaison with local media and promotion of an on-line challenge with Yourvine.com (see Prevention section).

### **Universities**

10) There are over 1.8m undergraduates in the UK and often this is the first exposure they have to strong psychoactive substances whether legal or illegal. The rapid rise of Mephedrone (2008-10) was substantially fuelled by university students because of the drug's high purity and low cost. NPS/legal highs are still of considerable higher purity than competitor drugs such as ecstasy or cocaine. Angelus has been engaging with students at King's College London, Sussex University and Southampton University who showed a high interest in the subject but little knowledge of the risks. Our Fresher's survey from September 2014 showed 61% of their friends had tried NPS, 36% had been offered them and 19% had tried them.

### **Prevention**

#### **Harm Reduction through film**

11) Angelus has delivered to over 1,500 school students (14 – 18 year olds) a lesson or assembly showing an Angelus film 'Not What it Says on the Tin' and measuring perception before and after, through surveys. Over three quarters of **young people** say they are shocked by the content and 95 per cent say it changes their minds about trying legal highs.

12) It is also clear from feedback from our school workshops that young people are angry with the sellers/suppliers who seek portray the substances as low risk but equally frustrated with the figures in authority who have not allowed them to be educated on this vital matter. We are awaiting the imminent publication of our schools programme data in an academic journal. We have made several other films for separate projects which can be viewed from our websites - some are drug specific, for example a ketamine film commissioned by ACMD chair Prof Les Iversen as well as films exposing harms of synthetic cannabis.

<http://www.angelusfoundation.com/video/synthetic-cannabis-90sec-film/>

#### **Yourvine**

13) 'The Real Deal', is an innovative online challenge designed to raise awareness among young people about the harms and consequences of legal highs. The player is put in the position of a supplier of NPS and quickly learns the haphazard nature of the industry where unpredictable and untested substances are marketed recklessly without any regard for the welfare of the consumer. Analytics produced by Yourvine show: 81% understood NPS were dangerous, 89% felt they had learnt something and 71% would definitely recommend it to a friend. Members can take the challenge on the following link after signing up to Yourvine. <https://campaigns.yourvine.com>

#### **Parents**

14) The Frank survey of 2012 showed 86% of parents had no knowledge of NPS/Legal highs or had simply not heard of them. Given the displacement from

illegal to legal drugs by a significant proportion of the youth population this a deeply concerning level of ignorance when many a majority (56%) of 11-15 year olds rely on their parents for information on drugs. Angelus has produced a highly successful parents booklet with Adfam and the Club Drug Clinic. Angelus has also recently produced some parents films featuring Eamonn Holmes, Cheri Lunghi and Dr Hillary Jones which will soon be launched. We are also soon to launch an online parents community.

### **Practitioners' Views**

15) Angelus co-hosted a conference aimed at practitioners on 26 June with VSA charity Re-Solve. The resulting report 'Legal Highs: An Action Plan for Change' was sent to all party leaders. Among its recommendations:

#### **More research to fill knowledge gaps:**

- The development of better data collection methods
- The creation of a robust, empirical, peer-reviewed research base
- Greater engagement with users to fill any knowledge gaps.

#### **Resources targeted on education, with a focus on harm reduction:**

- The creation of a central depository of resources and information on NPS
- Promotion of the message that 'legal' doesn't mean 'safe'
- Co-ordination from the central but delivery at a local level.

#### **Clearly defined roles and responsibilities:**

- National government to develop a clear legislative framework, act as a central point of co-ordination, and develop messages
- Local government to deliver treatment, support and enforcement
- Charities to continue their important work in spreading information

### **Legal Changes**

16) In 2013, Angelus worked closely with HM Opposition in the formulation and accompanying submissions of an amendment to the Anti-Social Behaviour, Crime and Policing Bill (now 2014 Act). The purpose of the amendment was to stop the sale/supply of "synthetic, intoxicating psychoactive substances" with exemptions for alcohol, tobacco, medicines and certain foodstuffs. Its objective was to restrict the sale of products headshops would be permitted to sell, in the same way it is an offence to sell butane and glues to minors under the Intoxicating Substances Act 1985.

17) The legislation would work by a Court issuing a (civilian) Order against a particular shop listing the products identified by Trading Standards Officers, which appeared to be psychoactive, synthetic and intoxicating. Any breach of an Order issued to a supplier/retailer would be a criminal offence. If the court issuing the Order were satisfied, on the balance of probabilities, that the headshop in question were selling "psychoactive" and "intoxicating" substances then the onus would be on the owner to demonstrate he was not.

18) The Government is to shortly publish its own findings on how to tackle the easy access to these products through the Home Office review.

19) Angelus also supports a comprehensive review of the Misuse of Drugs Act 1971.

Angelus  
September 2014

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The Angelus Foundation is a UK registered charity  
Registered in England and Wales no. 1139830



National Assembly for Wales  
[Health and Social Care Committee](#)

[Inquiry into new psychoactive substances \(“legal highs”\)](#)

Evidence from DrugScope – LH 13

Minimising drug-related harms

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8<sup>th</sup> October 2014

**National Assembly for Wales’ Health and Social Care Committee Inquiry into New Psychoactive Substances (NPS): note to accompany DrugScope NPS status report, *Business as Usual*.**

With reference to the Committee’s particular areas of interest:

**Awareness of legal highs**

Public awareness of NPS has been growing since 2009 when mephedrone first made an impact on the UK drug scene. There was widespread media coverage of its legal availability and many (ultimately unsubstantiated) report of mephedrone-related deaths.

Media interest has remained high, not least because the trade names of some of the NPS, in particular, synthetic cannabinoids such as Black Mamba, Clockwork Orange and Ecstasy Damnation are tailor-made for (especially tabloid) media coverage. And of course, the continuing legislative challenges presented by NPS, accompanied by calls from politicians, campaigners and the media for the government to act, all serve to keep the subject of NPS on the public radar.

In terms of awareness by specific groups; for example the 2013 English survey of drug use, smoking and drinking among those aged 11-15, listed only mephedrone among possible NPS in the table showing percentages of young people knowing about individual drugs. Knowledge was cited by 41% of the sample, almost the lowest drug awareness rating. By contrast, in a study of UK students (average age 19) published this year, of 446 student surveyed, 79% both said they knew about NPS and correctly defined them. DrugScope has heard anecdotally that in some of the more deprived areas of the north east of England, users simply refer to NPS as ‘legals’ without making much differentiation between the different drug types, while Professor Fiona

Measham from Durham University has referred to users in the north-west saying they use 'bubble' which has become a generic name for any white (usually stimulant) powder of unknown provenance. In some specific groups such members of those in the gay community who are active on the party scene, there will be high awareness of NPS, in particular mephedrone where agencies helping this group report high levels of injecting.

### **Use and impact**

Without going into too much statistical detail in this note, it is fair to say that our knowledge of overall prevalence is patchy. The reasons are two-fold; either substances have been controlled too recently to appear on the crime statistics or they are not controlled hence they won't appear at all. The main exception would be mephedrone which was controlled under the Misuse of Drugs Act in 2010. Data from the Crime Survey for England and Wales (CSEW) indicate a fall in mephedrone use since control which could be for a number of reasons including the very fact of control and evidence of rising purity of MDMA (still the most favoured drug of the club scene) and increasing evidence of harms. There are also limitations of the CSEW as a household survey not picking up on some potential users groups including students living away from home.

Mephedrone is the NPS which has gained the most traction in the UK and across the widest groups of users from those groups of vulnerable young people, those on the club scene, established problem users and those in the gay community, the latter two groups becoming involved in injecting which is of a particular concern.

The other group of drugs widely available in the UK are the synthetic cannabinoids whose chemical composition is entirely unrelated to the cannabis plant, but get their name because they act on the same receptors in the brain as cannabis. However, many of the brands on sale are far stronger than 'natural' cannabis, but users, being unaware of this, have been using synthetic cannabinoids at the same dosage levels as they might cannabis resulting in acute symptoms and subsequent hospital admissions. In general, these compounds seem to be most popular among younger teenagers living in areas of economic and social deprivation.

Much has been made in reporting of how hundreds of new compounds have been identified in recent years. This has added to the general level of anxiety about NPS, but is rather misleading. It might be inferred that each new compound is totally distinct from the next in the way that, for example, cannabis is entirely different from cocaine. In fact most of these NPS can be categorised into known groups of drugs such as stimulants, hallucinogens or opiates. The second point is that while many new substances are certainly 'out there'. in the UK at least – and as mentioned above – so

far only mephedrone and the synthetic cannabinoids are widely known about and used.

### **Service capacity**

Just to make some general points about this; so far adult services in England do not seem to be seeing significant numbers of new people coming forward with NPS-related problems. Some existing clients who are currently injecting drug users, have been using mephedrone, but the numbers appear relatively small. As far as young people services are concerned, the picture is similar, although when outreach workers go out into the community, they often identify a different group of users from those coming forward to services whose main problems still revolve around cannabis and alcohol. That said, Public Health England will be publishing an NPS toolkit for local commissioners to ensure that NPS are considered in service commissioning both in terms of treatment and prevention.

### **Governmental response**

So far the UK government response has largely been through the Misuse of Drugs Act and – in the light of recent developments – temporary control orders which allow the immediate control of a substance to allow time for the government advisory group, the ACMD, to consider the evidence for permanent control. Earlier this year, the Home Office convened an expert panel to review legislative responses. At the time of writing this note, that review, while completed, has yet to be published. Other laws which have been invoked against the sellers of NPS include the Intoxicating Substances Supply Act 1985 and various local trading standards regulations. There are new Protection Notices and Orders coming into effect on October 20th under the Anti-Social Behaviour, Crime and Policing Act 2014. This will give the police powers to close premises that are having a ‘detrimental effect’ on localities or people within localities, which could possibly include NPS retail outlets such as ‘head shops’.

In terms of legislative approach, the UK has been using a ‘generic’ approach to control substances and various compounds that are chemically similar. Other countries around the world have taken alternative approaches. For example the USA uses an ‘analogue’ approach which would control a substance and everything else that has a similar effect even if chemically different. Other countries such as Ireland, Romania, Poland and Portugal have imposed a ‘blanket ban’ on all sales of NPS from any outlet, although without the immediate imposition of a possession offence. There would still be the need to control each substance under respective drug control legislation. The most radical idea has come from New Zealand where a regulated, licensing regime has been voted into law, although this is a controversial move and has yet to be enacted. It is hard to say exactly how effective these measure have been; even where total ban on

high street sales have been imposed, there is some evidence of a return to street sales – and of course, trying to restrict internet sales is an even greater challenge.

Harry Shapiro

Director of Communications and Information



# Agenda Item 4

National Assembly for Wales

[Health and Social Care Committee](#)

[Inquiry into new psychoactive substances \(“legal highs”\)](#)

Evidence from Public Health Wales – LH 17



## **Submission to the National Assembly for Wales’ Health and Social Care Committee Inquiry into New Psychoactive Substances**

**Author:** Josie Smith, National Lead for Substance Misuse

**Date:** 20 October 2014

**Version:** 1

**Publication/ Distribution:**

- Public (Internet)

**Review Date:** N/A

**Purpose and Summary of Document:**

This document is the Public Health Wales submission to the National Assembly for Wales' Health and Social Care Committee Inquiry into New Psychoactive Substances.

## 1 Introduction and summary

We welcome the opportunity to give evidence to the Assembly Committee Inquiry into New Psychoactive Substances.

Information from a number of sources in the UK, including Wales, suggests that new psychoactive substance (NPS) use is a growing public health issue. Users of NPS are at risk of a number of serious adverse effects on health. Principally these are the direct physical, psychological and behavioural effects from the drugs themselves. These harms reflect only the short term consequences of NPS use. It is not yet possible to predict the extent of future harm.

The approach being taken in Wales to harm reduction is the right one. It is multi disciplinary and focused on health. We wish to see it developed in three ways:

- **Development of clear pathways for care and engagement** – from early or initial contact with health and social services (for example ambulance, police, primary care, youth services and clinical practitioners) to specialist substance misuse services (from low threshold and outreach community work through to treatment).
- **Adaptation of specialist substance misuse services** - to meet the needs of current drug and poly-drug users including NPS users, particularly those using synthetic cannabinoid receptor agonists (SCRAs) and stimulants. Services are currently focussed mainly on more traditional drug use such as heroin but should provide support and treatment for **all** those experiencing problematic substance misuse.
- **Increase expertise** – there is a high level of knowledge and expertise in relation to NPS in some organisations in Wales. However we need to raise awareness in, and educate and train, professionals working with those who may use, or who consider using, NPS, as well as the wider population.

## 2 **Raising awareness of the harms associated with the use of legal highs among the public and those working in the relevant public services**

Use of the term 'legal highs' is unhelpful. It implies that these substances are legal and as such 'safe'. Very often the substances are not legal or safe. Therefore, we prefer to use the term new psychoactive substances (NPS)<sup>1</sup>.

There is no single way to raise awareness for people who use NPS or who work with people using NPS. This is because there are different types of NPS users.

To communicate effectively we need to understand the attitudes, knowledge and behaviours of people using NPS. There are three definable groups:

### **Recreational and club/party goers**

This group mainly comprises adolescents and young adults who often use NPS on a recreational basis at weekends, festivals etc. They may become problematic or poly-drug users.

They tend to binge use NPS, often using a range of substances, over a number of days. As such they are regularly at risk of acute toxicity and are vulnerable to other harms related to intoxication including risky sex and transmission of sexually transmitted infections.

As they may have developed no or limited tolerance to substances, they are more vulnerable to high strength / high dose substances, including synthetic cannabinoids.

Often NPS are sold as a single named or branded product, such as an Ecstasy (MDMA) tablet, but the actual tablet may contain an entirely different chemical/s e.g. Para-methoxyamphetamine (PMA). In 2012 a total of 17 deaths in the UK resulted specifically from PMA consumption which was purchased as Ecstasy.

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<sup>1</sup> The term "new psychoactive substances" has been legally defined by the European Union as a new narcotic or psychotropic drug, in pure form or in preparation, that is not scheduled under the Single Convention on Narcotic Drugs of 1961 or the Convention on Psychotropic Substances of 1971, but which may pose a public health threat comparable to that posed by substances listed in those conventions. (Council of the European Union decision 2005/387/JHA)

Club/party goers will buy substances regularly, choosing substances for effect as well as perceived 'legal status'.

Based on this understanding, peer reports of adverse effects and word of mouth appear to be more effective in initiating behavioural change than clinical information. Peer communication can be supported by:

- The availability of information to ensure safer use of NPS in places where NPS are used (festivals, clubs etc)
- The sharing of information on NPS using social and traditional media
- Social marketing methods
- The promotion of services such as WEDINOS (see Appendix 1) which provide objective analysis and profiling of substances

### **"Psychonauts"**

"Psychonauts" actively *experiment* with mind altering chemicals and are keen to try entirely new substances. They often take exact measurements and keep records of experiences.

They are highly active on the internet and social media and engage with online forum discussion regarding specific dose related experiences.

On this basis, the best ways to communicate with 'psychonauts' are to:

- Use the internet and social media e.g. WEDINOS minimises potential harm, particularly in respect of highly toxic substances, by identifying the self-reported effects from other users of entirely new substances.
- Engage them via online forums and discussion

### **Poly-drug users**

Poly-drug users present the greatest public health challenge.

They are people with a history of taking drugs including controlled substances such as heroin, cocaine, amphetamine and cannabis. They and may add NPS to the repertoire of drugs they use.

There is clear evidence of increased blood borne virus (BBV) transmission in the UK and Wales as a consequence of NPS use. Increases have been recorded for HIV and Sexually Transmitted Infection (STI) transmission amongst 'Chem-sex' party goers where NPS and other drugs are taken over a prolonged weekend period. The parties are usually sex parties primarily between men who have sex with men.

The lack of knowledge of the content and strength of NPS may result in increased vulnerability to all users due to a lack of inhibition, unexpected effects and duration of effects.

The adoption of specific NPS alongside traditional controlled drugs has resulted in an increase in risk behaviour in relation to frequency of injecting from an average of three injections per day to upwards of 15-20 injections per day commonly reported.

Over the past few years, mephedrone and other NPS use including other cathinones and synthetic cannabinoids have become more established amongst poly-drug users. Whilst work to estimate prevalence is ongoing, self-reported use amongst injecting drug users alone has more than doubled.

NPS use amongst poly-drug users is not restricted to those injecting. The majority of NPS users do not inject. As such they are further removed from contact with the substance misuse services which provide sterile injecting equipment as well as harm reduction advice.

Taking the above into account, the most effective ways to raise awareness with, and to educate poly-drug users are to:

- Adapt specialist substance misuse services so they meet the needs of all substance users including young people and poly-drug users. This will additionally require increased expertise amongst staff.
- Target communications, proactive outreach and engagement via realigned substance misuse services

### **3 The capacity of local services across Wales to raise awareness of – and deal with the impact of – the harms associated with the use of legal highs.**

The primary issue relates to the range of services offered locally, rather than their capacity.

Local services across Wales are well placed to raise awareness of the harms associated with the use of NPS using knowledge of local trends.

However, existing substance misuse services tend to address the use of more traditional drugs. As such, they may suffer from the perception by NPS, and more broadly, stimulant and cannabis/SCRA users, that they have nothing to offer. Therefore, NPS users may fail to engage with these services.

Adapting services, based upon evidence of the needs of the substance using population, would address this along with increasing levels of expertise amongst the staff. In addition, the development of a clear pathway to services would support engagement and reduce harms.

If they were adapted they could be engaging regularly with NPS users in the community. Local knowledge along with increased expertise among staff should facilitate awareness raising amongst risk populations.

Local services need to be supported by national information services such as DAN24/7 and WEDINOS. They can provide a unified and evidence based approach to ensure clear and relevant messages are tailored to the specific populations using NPS.

#### **4 The effectiveness of data collection and reporting on the use of legal highs in Wales and their effects**

There are a number of robust national data collection systems in place in Wales relating to the use of NPS, and a number of others in development:

- In response to the threat posed by NPS in Wales, Public Health Wales, with the support of the Welsh Government, developed the WEDINOS project in 2013. This enables data collection on the types of NPS being used in Wales, and on the harms experienced as reported by those using them. There are 71 contributing services across Wales including the four police forces in Wales, substance misuse services, housing and homelessness, youth services, education and emergency departments along with samples from NPS users.

A quarterly report is produced and published online for all interested parties. In addition, the website [www.wedinos.org](http://www.wedinos.org) provides information from the National Poisons Information Service (NPIS) on toxicity and harms.

Whilst the system does not provide a prevalence estimate of all those using NPS, it does provide trend analysis of NPS in circulation and being used, by geographic area of residence. It also identifies the harms associated with the use of particular substances.

In addition, Public Health Wales is undertaking a prevalence estimate of problematic drug use that will include opioids, cocaine

/ crack cocaine and amphetamines and amphetamine-like substances (including NPS cathinones) from 2011/12 and up to 2020/21. Previous prevalence estimates have focused on heroin and cocaine/crack use. This project is in development and going through ethical approval processes but should be in place for April 2015.

- The Welsh National Database for Substance Misuse (WNDSM) allows for the indication of specific NPS use on referral to treatment services. However, secondary and tertiary drugs used are not well recorded and, as such, the extent of NPS use may be under reported at present. NPS training for staff, as indicated above, may improve this.
- The Harm Reduction Database Wales – NSP module - provides high quality data on all those injecting drugs, including named NPS, who are in contact with needle and syringe programmes across Wales. Data from the last three years show a near fourfold increase in the number of people injecting mephedrone alongside other drugs (primarily heroin).
- The Crime Survey for England and Wales relies on self reporting use of substances including some NPS. It does not distinguish between certain substances e.g. cannabis and synthetic cannabinoids.

However, the majority of NPS users will not have contact with specialist treatment and related services. This represents a challenge in identifying the scale of NPS use and the nature of harms associated with their use.

Local needs assessments involving community field and outreach work, particularly amongst young people, should be undertaken regularly as part of the service adaptation to ensure that local knowledge regarding the scale and nature of NPS use is understood and fed into national data collection systems.

In terms of recording clinical health harms, hospital admissions data is not able at present to record the harms (e.g. acute poisoning) by specific named NPS. This is because the patient often does not know what they have consumed and because coding for individual NPS is not possible.

This challenge could be addressed if data was collected when people attend emergency and unscheduled care services. If people were asked two questions - "Have you consumed any drugs other than your own prescribed medication today" and "Have you consumed any alcohol today" - the system could 'flag' patient records for further analysis in relation to substance misuse (drugs and alcohol) and related harms and outcomes.

## 5 **The possible legislative approaches to tackling the issue of legal highs, at both Welsh Government and UK Government level**

The UK Government has powers for the legislation of NPS. There are a number of legislative approaches used within the UK at present. These include the use of Temporary Control Drug Orders (TCDOs), Trading Standards legislation and classification of NPS under the Misuse of Drugs Act (1971) and the Misuse of Drugs Regulations (2001). Legislation is informed by the Advisory Council on the Misuse of Drugs (ACMD) and other scientific bodies.

Public Health Wales has supported the work of the ACMD and the European Early Warning System (European Monitoring Centre for Drugs and Drug Addiction) with findings from WEDINOS evidencing the harms related to specific NPS.

There is a great deal of confusion in the population on the legal status of many drugs and the ongoing classification of new substances and existing prescription medication.

Within NPS user populations, the use of TCDOs and other legislation appears to have been less than effective. There is concern amongst those working in the field that, whilst some extremely toxic substances should be controlled, the existing control structures and processes may lead individuals to experiment with new uncontrolled substances of which very little is known. This thereby potentially increases the possible acute and chronic health harms.

A recent example involved the NPS stimulants 5 and 6-APB. Within five months of the implementation of a Temporary Class Drug Order (TCDO) being placed on the stimulants (phenethylamines) 5- and 6-APB, at least two new 'legal' derivatives had been notified. These drugs mimic the effects of ecstasy and amphetamines. 5 and 6-APB have since been controlled as Class B drugs following scientific evidence of hospital admissions and a small number of deaths.

Wedinos helps manage this issue by providing a system that identifies new substances and the actual and potential future harms associated with use.

We believe that a harm reduction and health-centred approach is likely to be more effective than one based on criminal justice. If Wales were to



adopt legislation prescribing health in all policies, this would be strengthened. We believe this should be achieved through the Wellbeing of Future Generations Bill with health included in its common aim.

## **6 How effectively a partnership approach to tackling the issue of legal highs in Wales is being coordinated, both within Wales and between the Welsh and UK Governments**

There are strong and well-established multidisciplinary partnerships within Wales to address the harms associated with NPS. These include the Substance Misuse Area Planning Boards and associated harm reduction groups.

Through the suggested development of multi-disciplinary pathways, adaption of services and increased expertise, effective partnership working should be further strengthened.

At a national level, WEDINOS is an example of collaborative working with partners including criminal justice (police forces, probation and prison services), health (substance misuse, secondary care and ambulance/emergency departments), housing, education, youth services and local authorities. The partnership approach is essential to effective ongoing project management and development.

Wales and the Welsh Government is represented on all relevant UK-wide NPS boards and is an effective partner within the UK.

## **7 International evidence on approaches taken to legal highs in other countries**

NPS represent a global challenge to those working in substance misuse, particularly in relation to reducing harms.

Across Europe the majority of countries have adopted legislative approaches to a greater or lesser extent alongside prevention, awareness raising and harm reduction interventions.

The most effective approaches, from a public health perspective, are those that adopt a less punitive and more pragmatic approach, supporting those who are using or considering use of NPS.

The emphasis needs to be on the provision of accurate, timely and credible information, proactive engagement through relevant media, psychosocial interventions and low threshold early engagement with specialist substance misuse services. Within Wales WEDINOS adopts

such an approach and as such is attracting international attention in the form of collaboration requests and a direct contribution to the European Monitoring Centre for Drugs and Drug addiction.

## **Appendix 1 – WEDINOS (Welsh Emerging Drugs and Identification of Novel Substances) – project outline**

In response to the changes in drug use trends, Public Health Wales, in conjunction with Cardiff & Vale Toxicology Laboratory, Llandough, and Cardiff University Pharmacology developed the WEDINOS project (Welsh Emerging Drugs and Identification of Novel Substances). It is supported by the Welsh Government.

This national project provides a framework for the collection and testing of samples of new psychoactive substances and combinations of drugs, along with information regarding the symptoms users experienced, both expected and unexpected.

Collation of these findings, along with identification of the chemical structure of the samples, will facilitate dissemination of pragmatic evidence based harm reduction information for those using new psychoactive drugs or considering use. All relevant information will be available via the website: [www.wedinos.org](http://www.wedinos.org)

A series of WEDINOS launch events were completed across Wales in September and October 2013 for all those using, or working with those using, New Psychoactive Substances. These include substance misuse service providers, the police, ambulance service, primary and secondary health care, youth and criminal justice leads, education and housing. Further events will be arranged focussing on developing mechanisms whereby other relevant health care providers, including pharmacy and emergency departments, may contribute to the WEDINOS project.

The WEDINOS project contributes to the wider UK and European Early Warning Systems in place to identify and monitor the changing trends in drug use.

**National Assembly for Wales**

**[Health and Social Care Committee](#)**

**[Inquiry into new psychoactive substances \(“legal highs”\)](#)**

**Evidence from Abertawe Bro Morgannwg University Health Board – LH 14**



## **SUBMISSION TO THE HEALTH AND SOCIAL CARE ENQUIRY INTO NEW PSYCHOACTIVE SUBSTANCES (“LEGAL HIGHS”)**

Western Bay Area Planning Board response to the Welsh Government request for consultation and oral evidence for the Inquiry into new psychoactive substances ("legal highs"):

The Western Bay Area Planning Board welcomes the terms of reference for this consultation, which are apposite.

There is a marked lack of awareness amongst universal partners with regard to new and emerging psychoactive substances. There is a dearth of national or international research regarding the prevalence of use, effects and risks.

Tier 2 agencies are well placed to raise awareness of these substances and can also provide a pivotal link between substance users, the public and the police. It is unlikely that tier 3 services will have a greater proportion of the contact with users of legal highs, given that the majority of clients accessing tier 3 services will require a level of substitute prescribing for dependence or amelioration of withdrawal from dependence. However, it is likely that partners in wider adult mental health services will see clients with the associated features of substance use and mental ill health e.g. concurrent mental health issues and mephedrone use.

Locally, there has been an increase in requests at NSP outlets for paraphernalia for mephedrone use. Whilst national data suggests a reduction in alcohol consumption by children and young people, there is an anticipated exponential increase in young people using the new and emerging novel substances.

What is not feasible is the suggested role of agencies in submitting substance for testing. Agencies often do not have the capacity to gather substances from clients or to submit them for testing. Health service providers would not be encouraging staff to accept unknown substances from clients.

The police are an integral partner in tackling this issue. Whilst an increased presence in terms of 'stop and search' may assist in raising awareness of these substances, there may also be a risk of criminalising individuals, often young people.

Work with parents to be able to knowledgeably converse with and direct their children's choices with regard to alcohol has been neglected. If we are to remedy this, in addition to the new and emerging novel substances issue there needs to be national research as to the most effective way of engaging parents and young people in this debate. Additionally the information in the substance misuse component of the 'Healthy Schools' programme will require review and refresh, an exercise that we will be undertaking locally in line with our commissioning priorities.

There needs to be action and legislation to address the promotion of the use of psychoactive drugs. Web sites such as <http://www.iceheadshop.co.uk/> make it woefully simple for people to purchase substances. Clearly this cannot be covered by a generic ban on advertising the sale of psychoactive substances and a more creative legislative solution is required. The response of making new and emerging substances illegal will lead to further and continued attempts to circumvent the prohibition. There should be an open debate regarding the decriminalisation of substance use to enable an ongoing dialogue regarding individual's substance use and methods of reducing harm.

One of the most concerning aspects of new and emerging psychoactive drugs are the lack of information with regard to the content of each substance and the 'time lag' in analysis. The potential effects are therefore often unknown or not fully realised by users.

There need to be strong national links to, and collaboration with the EMCDDA hosted EU early warning system, with clear routes of disseminating emerging information to local partnerships and substance users.

The WEDINOS system of reporting would appear to be unsustainable. The language used on the WEDINOS site is not user friendly and it demand for analysis of substance appears that the demand of substance analysis has overwhelmed the service.

## National Assembly for Wales

### Health and Social Care Committee

#### Inquiry into new psychoactive substances (“legal highs”)

#### Evidence from Aneurin Bevan University Health Board – LH 15

### Response to the Health and Social Care Committee inquiry into new psychoactive substances (“legal highs”) - Aneurin Bevan University Health Board.

Dr Gillian Richardson , Director of Public Health, Julia Osmond, Principal in Public Health. 16.10.14

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1. We welcome this opportunity to contribute to the National Assembly for Wales inquiry on New Psychoactive substances (NPS). The issue of whether it is legal or illegal to use a drug can result in confusion regarding its safety. The fact that a NPS is legal does not mean that it is safe. This is commonly misunderstood by the public. A more realistic term possibly would be ‘not yet made illegal as new substance of unknown composition’, ie) will probably be made illegal when chemical composition worked out and class of drug identified.

2. These drugs are often affordable and easily accessible. In many cases, these substances have been designed to mimic Class A drugs, often producing the same or similar effects as drugs such as cocaine or ecstasy, but are structurally different enough to be currently classified as illegal substances under the Misuse of Drugs Act 1971.

3. The European Monitoring Centre for Drugs and Drug Addiction define a New Psychoactive Substance as

'a new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the United Nations drug conventions, but which may pose a public health threat comparable to that posed by substances listed in these conventions' (1)

4. With the major exception of mephedrone which was classified as a Class B drug in April 2010, many new psychoactive substances are legal to use and buy from the internet, in “head shops” (a store that sells drug-related paraphernalia(2) from street dealers

5. How to raise awareness of the harms associated with the use of NPS among the public and those working in the relevant public services.

This would be best achieved through a national social marketing campaign targeted at young people and young adults. Professional education of Educational Welfare Officers, Head Teachers and Teachers - through INSET day training - School Counsellors, School Nurses and Youth workers would also be beneficial.

Looked after children are particularly vulnerable and foster carers, care home workers and children and young people's Social workers would also benefit from training.

Additional training in the Health Sector for General Practitioners Practice Nurses and A and E staff is also essential. In ABUHB training supported by Police is to be offered at GP and Practice Nurse CPD events, and is to be offered to A and E departments.

6. A person buying NPS is unlikely to be sure of what he or she is buying. It is also the case that the seller is unlikely to know what he or she is selling. NPS vary considerably and are often designed to mimic more 'traditional drugs'. The chemical composition and potential affects are often unknown. This can be true of even the manufacturer as substances can be mutated into another drug along the supply chain by the adding of unknown cutting agents or other drugs.

7. The capacity of local services across Wales to raise awareness of – and deal with the impact of – the harms associated with the use of legal highs.

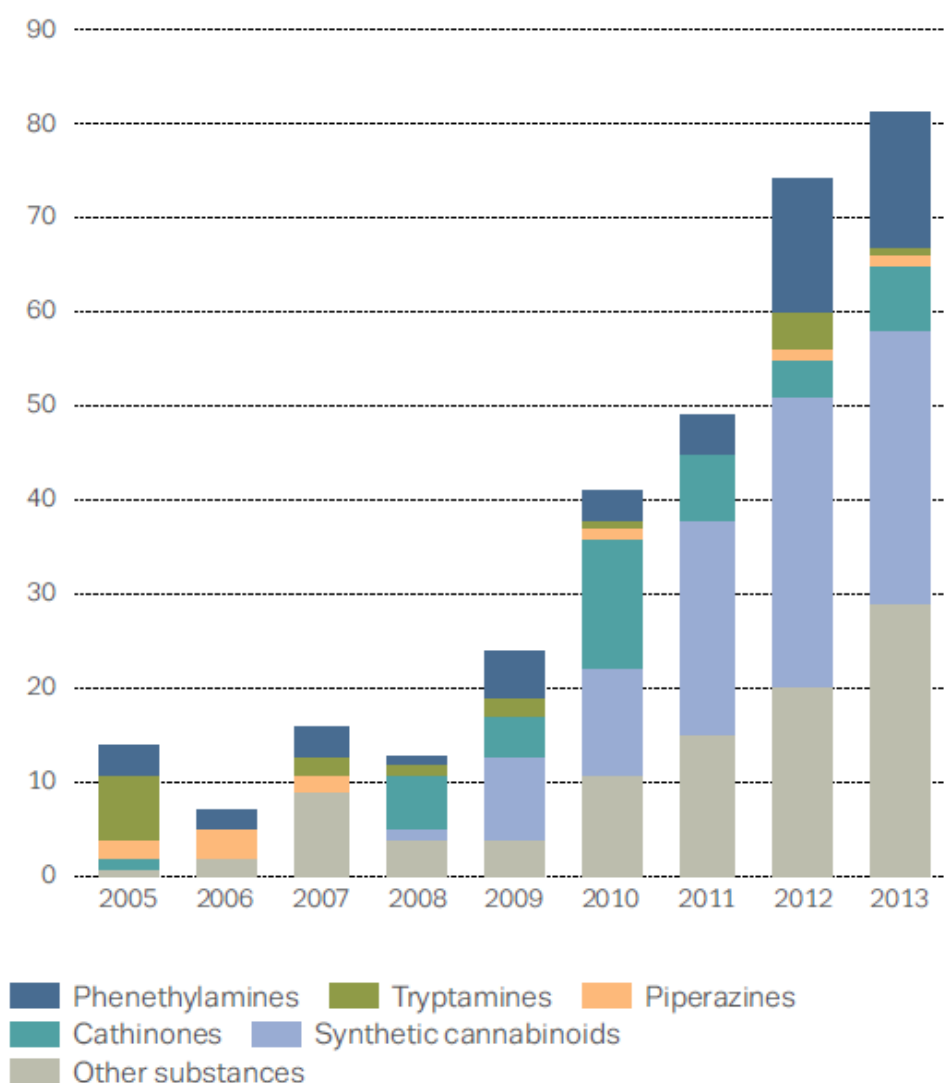
The effectiveness of data collection and reporting on the use of legal highs in Wales and their effects.

8. (These aspects are interdependent as surveillance is 'information for action'. Lack of information on drug use patterns in the community hampers ability of services to plan and respond.)

9. Services in Wales face a considerable challenge in dealing with impacts of NPS. There are numerous types of NPS being produced it is not possible to chemically analyse each substance in a timely fashion to provide enough information for them to be classified as illegal. Within each NPS drug category the number of substances are continually rising (3), as can be seen in Figure 1.

**Figure 1:**

**Number and main groups of new psychoactive substances notified to the EU Early Warning System, 2005–13**



10. A significant concern about NPS use is that if an unknown drug is taken resulting in adverse effects and there is a need for medical attention, health professionals are often unable to provide an appropriate intervention to counteract the effects of the unknown drug.



In an attempt to address this issue WEDINOS (Welsh Emerging Drugs and Identification of Novel Substances) has been designed to collect and test substances. Appropriate evidenced-based harm reduction information for individuals who misuse substances and interested professionals is disseminated via their website (<http://www.wedinos.org/>).

**WEDINOS**  
Welsh Emerging Drugs & Identification of Novel Substances Project

**WELCOME**

'Legal highs, club drugs, designer drugs, new psychoactives...'  
Drug markets are changing.  
It can be hard to get accurate information and stay safe.  
WEDINOS tests substances to give individual users and others rapid and accurate information to reduce harms.

**COLLECTING, TESTING, INFORMING**

**Sample Testing**  
Click here to complete a Substance Sample & Effect Record form.

**Sample Results**  
Find your sample results here and results of other WEDINOS tests.

**Substance Information**  
Click here for more information on a range of substances.

Following a review by the WEDINOS Programme Board, it has been decided that as of 25th July 2014, no further samples of Steroids and/or Image Enhancing drugs (SIEDs) will be tested by WEDINOS. For further information please click [here](#).

WEDINOS is a harm reduction project, and reflects trends in substance use. It is therefore important that samples are submitted with a completed 'Effects Record' and correct postcode information, including samples from outside of Wales. This does not affect your anonymity.

Any samples with web generated reference numbers (WXXXXXX) that do not have a completed 'Effects Record' or conflicting information re: correct postcode will not have their results published.

**EWS Alerts**  
Identified in France: 1-(4-fluorophenyl)-2-(methylamino) pentan-1-one (4-fluoropentredone). This substance is a ring-substituted cathinone, closely related to pentredone.

**News**  
Steroids and Image Enhancing Drugs: As of Friday 25th July 2014 WEDINOS will no longer be testing samples of Steroids and Image Enhancing Drugs. Samples received after this date will not be analysed and will be destroyed.

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Samples are donated to WEDINOS anonymously. A code, known only to the donor is allocated, providing information about the substance being analysed free of charge, on the WEDINOS website.

9. The media have raised concern that this service supports sellers and manufacturers of NPS by providing them with analytical information about their 'product'.

Though it can be argued that the service has the potential to be abused, it has to be recognised that it has a valuable role in contributing to our knowledge base, including how it is used and types of NPS available. This information is

necessary to inform primary prevention and secondary prevention (harm reduction) interventions wherever possible.

11. The WEDINOS facility is accessed more frequently in the ABUHB area than elsewhere in Wales. Between October 2013 and June 2014, some 237 samples were submitted. This compares with, Betsi Cadwaladr , 61 samples; Powys Teaching, 5; Cwm Taf, 39; Cardiff and the Vale, 69; Abertawe Bro Morgannwg, 69; and Hywel Dda, 18 during the same time period.

12. It is unclear why there is increased numbers of samples in the Gwent area. This could be due to high levels of professional involvement/awareness or greater prevalence of NPS use in the ABUHB area. We suspect the former.

13. The analysis of recent samples submitted to WEDINOS from the ABUHB area show at least 40 different substances were identified either in combination or in isolation.

14. In addition to this as well as taking NPS orally, there is increasing experimentation with alternative modes of administration such as intravenous use. This potentiates the effect of the drug and also increases the risk of the spread of blood borne viruses between users if needles are shared. In June 2014, there were two separate hepatitis C outbreaks confirmed in injecting mephedrone users in South Wales (4). Of the powders submitted for analysis to the WEDINOS project between October 2013 and June 2014, 4% would have been administered intravenously, indicating that 1 in 25 people injected NPS.

15. The full scale and impact of the use of NPS is not fully understood. There is no universal surveillance system in Emergency Departments in Wales which captures this information on a routine basis. There is also no standard ICD 10 coding definition which can be used to log diagnosis due to the number of different sorts of NPS. It is reasonable to suggest that numbers recorded of those affected is likely to represent just the 'tip of the iceberg'.

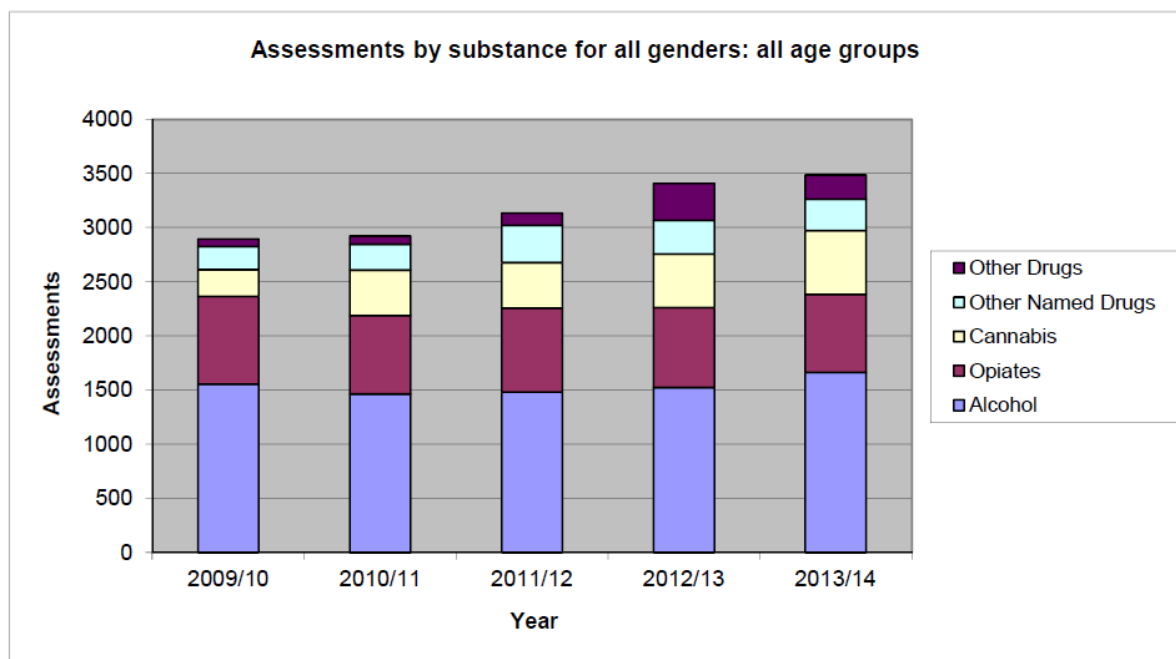
16. A look-back exercise to try to quantify impact of use of NPS in Torfaen area alone on A and E attendances in Gwent during 2013, showed 63 residents presented with mephedrone – like substance use. This equates to an average

of 5.25 presentations each month. Of these 63 people, 47 were under the age of 30, with 14 of them being between the ages of 15 and 20 years.

17. The number of people in Gwent presenting for assessment and or treatment, where the primary drug is classified as 'other substances' has risen gradually since 2009/2010 as illustrated in Figure 2. These might include substances not know at the assessment or which are not in the drug list so could include NPS. In many instances more than one substance will also be used.

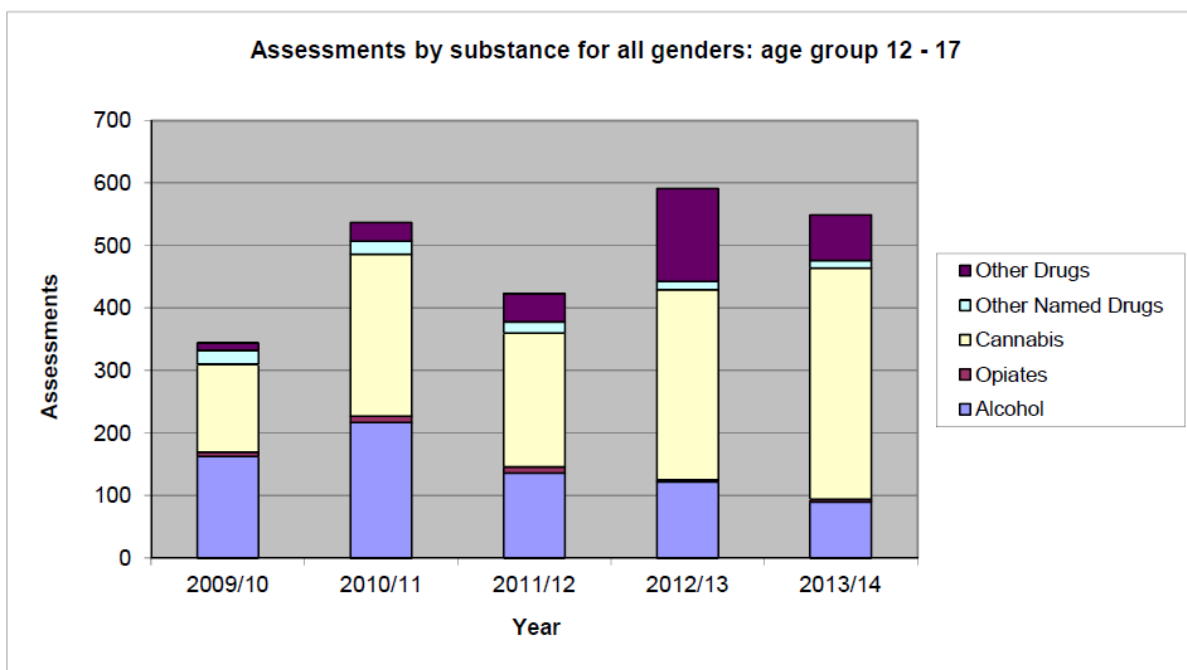
18. The Welsh National Database for Substance Misuse (WNDSM) was established in 2005. It contains guidance on the common data sets and data definitions regarding substance misuse for those seeking treatment by SM services (5).

Figure 2: Welsh National Database for Substance Misuse (WNDSM) Assessment Analysis All Ages.



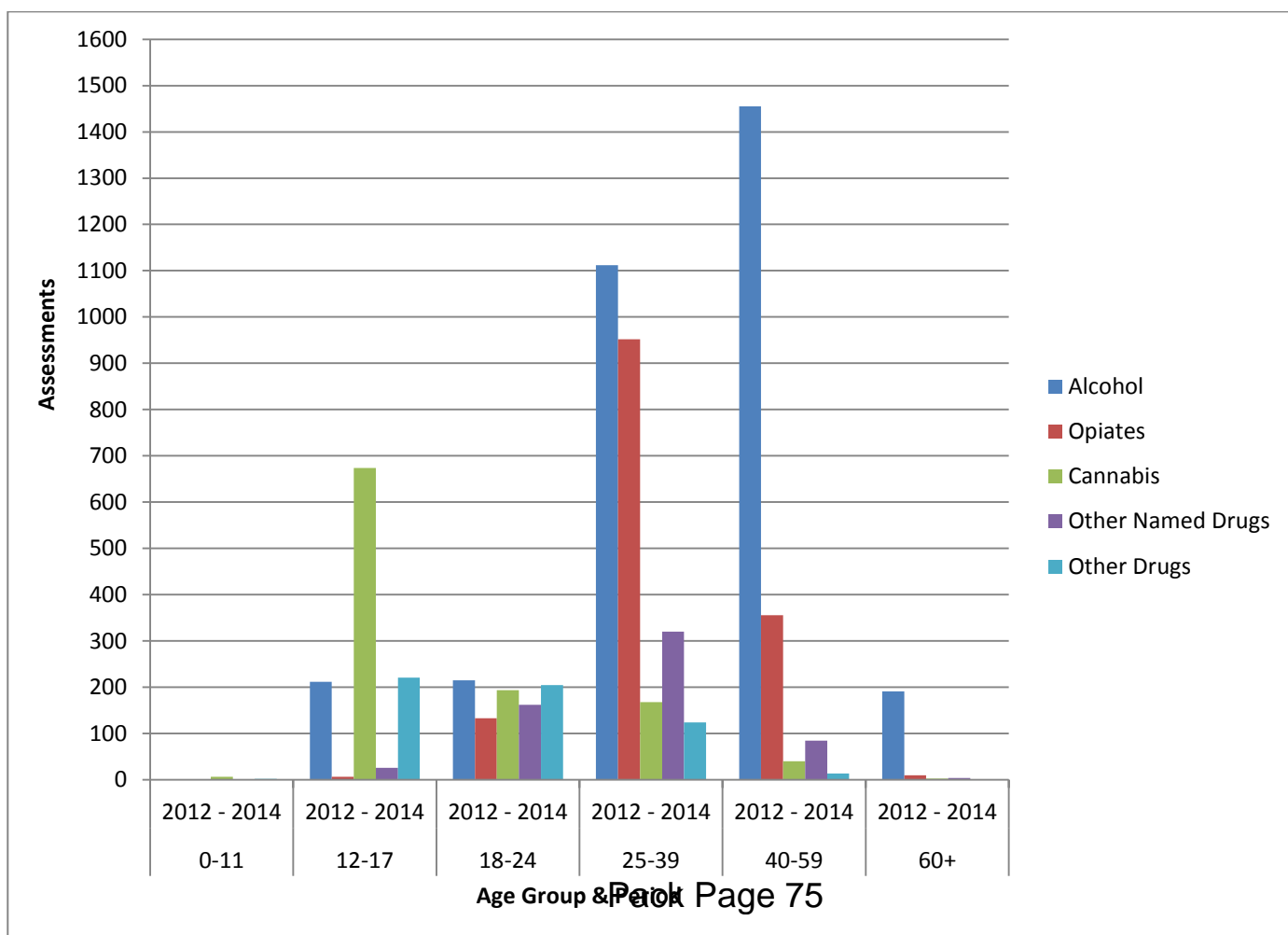
Primary assessment data for substance misuse services illustrates that the age groups where "other drugs" are the principal reason for assessment for drug service use are 12-24 years of age.

**Figure 3** WNDSM Assessment Analysis, 12-17 years of age. Gwent



The age profile for NPS use in the Gwent area, is similar to that of the rest of south Wales, the main users of NPS being teenagers and young people.

**Figure 4** WIDSM Assessment Analysis by Substance and Age Group From 2012 to 2014.



19. The possible legislative approaches to tackling the issue of legal highs, at both Welsh Government and UK Government level.

How effectively a partnership approach to tackling the issue of legal highs in Wales is being coordinated, both within Wales and between the Welsh and UK Governments.

## **20. Building health public policy**

Reducing the harm associated with use of NPS should be regarded as a priority whether this is achieved through education or enforcement. A clear legislative framework needs to be developed by national government within which local agencies can operate. Collaborations between these agencies are of utmost importance. Action to identify and ban dangerous substances should be prompt and tools developed to enable this. Consistent messages regarding the risks and consequences of NPS which can be tailored to meet local need are necessary. The Director of Public Health Report for Gwent will this year include a section on NPS as an emerging threat.

If we are to ensure early identification of trends of NPS use and effective interventions the promotion of greater information sharing should be promoted locally. The development of better data collection methods to reduce gaps in knowledge is vital along with the need to engage with individuals who use NPS.

## **21. Creating supportive environments**

Due to the legal status of NPS implementation of drug enforcement legislation to reduce supply and use is not an option. However, an alternative approach is the use of consumer protection legislation. An example of this is local authority departments such as trading standards taking action against suppliers such as 'head shops' and related businesses that sell NPS. This can result in NPS being seized and criminal investigations being pursued. There are also issues with this approach such as the need to be able to test a product on sale to establish if consumer protection law is being breached. This approach requires financial resources however.

For NPS which have already been classified as illegal, intervention is more straight forward, action can be taken to disrupt sales through known routes

such as internet sales, closing websites offering sales of banned substances. Substances sold as NPS often contain controlled drugs as well should this be found to be the case drug enforcement legislation can be implemented as being in possession of, or supplying controlled drugs is an offence.

Interventions should focus on environments where young people congregate. A number of third sector organisations have worked with the organisers of university events and social gatherings such as clubs, parties and music festivals to not only raise awareness of the potential effects of NPS and provide support if and when necessary.

## **22.Strengthening community action**

Statutory services such as the Police and health services should work collaboratively with local communities to identify their needs and how restricting both the demand for and the supply of NPS can both be addressed. Raising awareness of NPS amongst the public is paramount, with education being delivered at a local/community level, allowing campaigns to be tailored to meet the needs of specific groups.

The idea that drug taking is an acceptable activity and an inevitable part of growing up needs to be challenged within certain communities. Tolerance of substance misuse should be challenged.

## **23.Development of personal skills**

Prevention and education based interventions should focus on increasing individuals self efficacy and to promote/empower the choice not to take unknown, potentially harmful substances. It is important that we focus not only on substance misuse itself, but also on the root causes of the behaviour, helping people to develop necessary skills and values and building resilience in relation to risk taking behaviours.

Though use of NPS is not only the preserve of young people, use among this age group is very concerning. Resource should be targeted on resilience and skill development for this group through schools, youth services and non statutory services for young people. Ideally this would begin at primary school

with age appropriate messages being communicated. Information should be made available to parents to enable them to support their children. Programmes such as the charity Care for the Family's 'How to Drug proof your Kids' training days for parents should be promoted and expanded.

The key message should be that because a substance is labelled 'legal' it does not mean that it is guaranteed safe. The content of the package are not necessarily 'what it says on the tin'.

Although emphasis should be on prevention, a priority should be reducing harm for those who do use NPS. The WEDINOS system provides up to date information on the health effects of NPS, this should be used to enable harm reduction information to be publicised, increasing public awareness of the health risks and dangers of taking NPS.

#### **24. Re-orientation of services**

Substance Misuses services provide specialist treatment for people with problems relating to NPS and other substances. Data from the WEDINOS system should be used in conjunction with service utilisation data to inform future service planning.

However many recreational NPS users would not consider themselves 'substance misusers' and would certainly not approach traditional services that they may see as associated with users of 'hard drugs'. Drop in clinic facilities for teenagers/young people wishing to discuss health issues including NPS are needed.

There are a number of professionals and organisations with whom those who use NPS will come into contact (for example primary care, accident and emergency department, and housing staff). It is important that these professionals are equipped with knowledge about NPS and where support and treatment can be accessed.

The DAN 24/7 website is useful. Messages need 'post marketing surveillance' to ensure they remain relevant and hit the mark.

#### **25. International evidence on approaches taken to combat legal highs in other countries.**

The US has developed a system for temporarily banning new substances that are being classified. However classification is always one step behind production, and so a new approach is being piloted in New Zealand which has decriminalised NPS through the Psychoactive Substances Bill 2013. This enables regulation and licensing of a tightly controlled market for recreational drugs including safeguards, testing and regulation of new substances. Drug manufacturers must prove the product has 'low risk of harm' and pay research costs and fees to register. In effect *all NPS are therefore illegal until proven to be low risk*. This is at variance with EU and US approaches which are not proving effective, so international interest in effectiveness of New Zealand's approach is high. (7)

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(7) New Zealand's regulation of new psychoactive substances; A response to the futility of trying to ban such substances as they appear





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## **INTRODUCTION**

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.
2. It seeks to provide representation to local authorities within an emerging policy framework that satisfies the key priorities of our members and delivers a broad range of services that add value to Welsh Local Government and the communities they serve.
3. WLGA welcomes the opportunity to comment on the issue of New Psychoactive Substances (NPS) from a trading standards perspective.

### **The Wales and England position**

4. The WLGA has been informed by the Wales Heads of Trading Standards, the National Trading Standards Board, and the Association of Chief Trading Standards Officers.
5. Local government trading standards services are currently discussing with the Home Office a review of the current legislative, enforcement, health and educational framework as it currently exists.
6. It is recognised that there are information gaps, enforcement gaps, legal complexities and uncertainties which must be addressed to enable the public to be properly protected.
7. The review is expected to make recommendations and comments to strengthen and assist coordinated responses to NPS situations. Local Government is therefore keen to help shape updated and consolidated enforcement guidance from the Home Office in due course.
8. Trading standards services in Wales recognise they have a role to play in educating reputable businesses, and enforcing legislation where there is detriment to consumers, or legitimate business.
9. At the end of this report, there are examples of current investigations which a number of local authority trading standards services are involved in – in conjunction with the police service.

## **Risk Focussed and Intelligence Led service**

10. The Committee will also recognise the current financial context in which trading standards (and other regulatory services such as environmental health etc) operate.
11. These services have taken the biggest hit in terms of budgets, across the local government function – the latest analysis shows cuts equating to 30% for trading standards teams.
12. In order to attempt to maintain service delivery to the public and businesses alike, trading standards teams in Wales have adapted their operational and strategic methods to become risk focussed, and intelligence led.
13. The Integrated Operating Model (IOM) has been developed by the National Trading Standards Board (NTSB) for the benefit of the trading standards profession. It introduces a national intelligence framework to support not only the NTSB to deal with national and regional enforcement needs but also local authorities in their day to day work.
14. At the heart of the IOM is the effective use of intelligence. It aims to achieve a common understanding of the business processes that will help better coordinate enforcement efforts nationally, regionally and locally in England and Wales, focusing on agreed priorities and the issues causing significant consumer and business detriment.
15. Through a problem solving approach, trading standards will be able to effectively allocate resources to target the greatest problems. This will already be a familiar approach to trading standards, and is being used to help shape the development of local authority services.
16. The IOM is about the identification and assessment of threats, the management of prioritised threats through enforcement and other activity; and the review of the effectiveness of measures taken. It is designed to provide a structured approach to decision making and resource allocation.
17. Local government via its trading standards teams have therefore responded to incidents relating to NPS where intelligence has been received and the risk has been identified and assessed.

## **Capacity and market surveillance**

18. What is less clear however is whether trading standards services are adequately resourced to proactively police the business landscape, whether on the high street, or on-line, where no intelligence of a threat has yet been received – ie market surveillance activity.

19. Enforcement falls behind the curve of preventing dangerous new products entering the market place, where resources only permit reactive activity – the outcome often being the newspaper headlines and the call for regulation following deaths or serious injuries.
20. Comparisons can be drawn to the “horsemeat scandal” and other similar market failures. A surveillance and proactive sampling regime is at least part of the answer to regulating market activity which prevents incidents occurring, and before they hit the headlines, hit public health, and hit public confidence.
21. However, trading standards in Wales is joined up with, and is a part of the ongoing review and improvement of the enforcement landscape relating to NPS across England and Wales.

### **Enforcement examples from trading standards in Wales**

22. *"We are carrying out an investigation into a shop that has sold "NPS". The authority has worked closely with the police who agreed to analyse the substances seized and test purchased. The results have indicated the presence of Class A Controlled Drugs. Whilst the police are unable to proceed (due to the absence of any 'intent' to supply); Trading Standards has continued the investigation using its responsibilities under the Consumer Protection from Unfair Trading Regulations 2008 due to the prohibition on traders for falsely presenting a product as lawful when it is not. The investigation continues".*
23. *"Legal highs being sold from a retailer - awaiting more info on this but likely to be joint visit with police - and would look at wording/marketing of products, test purchase, before deciding on the most applicable legislation to consider enforcement action under."*
24. *"NOS laughing gas – we are considering the options of a combination of street trading / general product safety regulations and the police."*
25. *"We do have a retailer and samples were analysed but not found to contain any illegal substances. This was several months ago."*
26. *"We have a trader that I am currently dealing with, who provides virtual mailbox addresses and a mail forwarding service. His address is being used on legal high packs, although the actual business is not at his address. He just receives mail and packages and forwards them on."*
27. *"I have a current case with a problem trader and repeated visits to the store -seizing goods with the Police. In total 3 seizures have been made from the premises and goods have been taken on each occasion with the trader not making any attempts to ensure the products were compliant. We are looking at offences of Labelling requirements as per CHIP (Chemicals (Hazard Information and Packaging for Supply)*

Regulations) and CLP (Chemicals Classification, Labelling and Packaging) requirements. We have asked the analyst to report on dangerous or toxic ingredients. Some products have undergone analysis and have highlighted medicinal products and should be labelled in accordance with MHRA – license number etc. however clearly not marked with this, we are looking at running CPR charges against those items for creating the impression the product can legally be sold when it cannot (Schedule 1).”

- 28.** *“I have been dealing with this issue over the last couple of years due to a local villain causing havoc from a shop. I adopted an approach of visiting a few times a week and encouraging the adoption of age restricted sales and only selling to over 18’s by using a refusal register to record sales etc. The police also kept raiding the shop and seizing all of the stock. This was submitted for analysis on the hope that there would be some controlled drugs found in the mixture. It seems to have quietened down in recent months but there was a meeting last Monday with the local plus a number of law enforcement representatives and health professionals.”*

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## Health and Social Care Committee

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Meeting Venue: **Committee Room 1 – Senedd**

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Meeting date: **Wednesday, 22 October 2014**

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Meeting time: **09.34 – 10.55**

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This meeting can be viewed on Senedd TV at:

<http://www.senedd.tv/Meeting/Index/088607bf-ef93-4676-9f4d-4ce4637ebc25>

Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



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### Concise Minutes:

#### Assembly Members:

**David Rees AM (Chair)**  
**Janet Finch–Saunders AM**  
**John Griffiths AM**  
**Elin Jones AM**  
**Darren Millar AM**  
**Lynne Neagle AM**  
**Gwyn R Price AM**  
**Lindsay Whittle AM**

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#### Witnesses:

**Dr Ruth Hussey, Welsh Government**  
**Dr Grant Duncan, Welsh Government**  
**Dr Chris Jones, Welsh Government**

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#### Committee Staff:

**Llinos Madeley (Clerk)**  
**Sian Giddins (Deputy Clerk)**  
**Rhys Morgan (Deputy Clerk)**  
**Amy Clifton (Researcher)**  
**Philippa Watkins (Researcher)**

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## Transcript

View the [meeting transcript](#).

### **1 Introductions, apologies and substitutions**

1.1 Apologies were received from Kirsty Williams and Alun Davies.

### **2 General scrutiny session with the Chief Medical Officer**

2.1 The Chief Medical Officer responded to questions from Members.

2.2 The Chief Medical Officer agreed to provide an indication of when the annual summary of mortality case note reviews is due to be published.

2.3 The Committee noted that it would welcome further information from the Chief Medical Officer about:

- when the review of the reconfiguration of health board services will be published; and
- the proposed 'Primary Care Plan', to include details about its scope, terms of reference and timescale.

### **3 Papers to note**

3.1 The Committee noted the correspondence received from the Chair of the Children, Young People and Education Committee in relation to the Welsh Government Draft Budget 2015–16.

### **4 Motion under Standing Orders 17.42(vi) and (ix) to resolve to exclude the public from the remainder of the meeting and for item 1 of the meeting on 6 November 2014**

4.1 The motion was agreed.

### **5 Follow-up inquiry on the contribution of community pharmacy to health services: Consideration of draft letter to the Minister for Health and Social Services**

5.1 The Committee considered and agreed the draft letter, subject to minor changes, for its follow-up inquiry on the contribution of community pharmacy to health services.

### **6 Welsh Government Draft Budget 2015–16: Consideration of draft letter to the Minister for Health and Social Services and Deputy Minister for Health**

6.1 The Committee considered and agreed the draft letter, subject to minor changes, for its ministerial scrutiny on the Welsh Government Draft Budget 2015–16.

# Health and Social Care Committee

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Meeting Venue: **Committee Room 1 – Senedd**

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Meeting date: **Thursday, 16 October 2014**

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Meeting time: **10.18 – 12.48**

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This meeting can be viewed on Senedd TV at:

<http://www.senedd.tv/Meeting/Index/67403aa0-5e48-4daf-8199-4596008429fc>

Cynulliad  
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## Concise Minutes:

### Assembly Members:

**David Rees AM (Chair)**  
**Alun Davies AM**  
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**Elin Jones AM**  
**Darren Millar AM**  
**Lynne Neagle AM**  
**Gwyn R Price AM**  
**Lindsay Whittle AM**  
**Kirsty Williams AM**

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### Witnesses:

**Mark Drakeford AM, The Minister for Health and Social Services**  
**Vaughan Gething AM, The Deputy Minister for Health**  
**Dr Andrew Goodall, Welsh Government**  
**Albert Heaney, Welsh Government**  
**Martin Sollis, Welsh Government**

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### Committee Staff:

**Llinos Madeley (Clerk)**  
**Sian Giddins (Deputy Clerk)**  
**Amy Clifton (Researcher)**  
**Martin Jennings (Researcher)**

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## Transcript

View the [meeting transcript](#).

### **1 The Committee's forward work programme**

1.1 The Members discussed the forward work programme and agreed to return to this item at a later date.

### **2 Introductions, apologies and substitutions**

2.1 There were no apologies.

### **3 Papers to note**

3.1 The Committee noted:

- the minutes from the previous meeting;
- the correspondence from the First Minister regarding Ministerial portfolios; and
- the correspondence between the Chair of the Constitutional and Legislative Affairs Committee and the Minister for Health and Social Services regarding the Social Services and Well-being (Wales) Act 2014.

3.2 The Committee noted the letter from the Minister for Health and Social Service regarding the Welsh Ambulance Service Trust's recruitment plan. The Committee agreed to write to the Minister for Health and Social Services to seek clarification on how many people have departed the ambulance service during the period covered by the recruitment plan and the net difference in staff numbers.

### **4 Welsh Government Draft Budget 2015–16: Ministerial scrutiny session**

4.1 The Committee scrutinised the Minister for Health and Social Services and the Deputy Health on the Welsh Government's draft budget for 2015–16.

4.2 The Minister for Health and Social Services agreed to provide the Committee with;

- clarification on the budget allocations for mental health services, particularly how the £529 million quoted in the Minister's paper to the Committee compares with previous years' funding; and
- analysis of the quantity and level of in-year settlements made against the risk Welsh Risk Pool in recent years.

### **5 Motion under Standing Orders 17.42(vi) to resolve to exclude the public from the remainder of the meeting**

5.1 The motion was agreed.

## **6 Welsh Government Draft Budget 2015–16: Consideration of evidence received**

6.1 The Committee considered the evidence received from the Minister for Health and Social Services and the Deputy Minister for Health and agreed to write to them seeking clarification on a number of issues raised during the session.

6.2 The Committee agreed that this letter would be shared with the Finance Committee to inform its scrutiny of the draft budget.

# Agenda Item 7.1

## Health and Social Care Committee

### Inquiry into new psychoactive substances (“legal highs”)

#### Note of informal visits in North and South Wales, 2 October 2014

1. As part of its inquiry into new psychoactive substances (“legal highs”), the Health and Social Care Committee undertook a series of informal visits in South and North Wales on 2 October 2014.<sup>1</sup> The aim of these visits was to learn more about the experience of those who use new psychoactive substances, or those who are in close proximity to users, either by virtue of their role as service providers or as members of a community affected by their use.
2. In order to capture experiences from across Wales, the Committee split into two groups, one travelling north and the other south. Members in North Wales visited the Life on the Streets (LOTS) project and Dan 24/7, both based in Wrexham; counterparts in South Wales visited Drugaid, Caerphilly and the Fixers initiative, Merthyr Tydfil.
3. The notes provided in this paper outline the themes discussed informally during the visits. Many of these themes were also raised by service providers who participated in the Committee’s focus group discussions, also conducted on 2 October 2014. A note of the focus group discussions has also been published on the [inquiry’s webpage](#).
4. The Committee wishes to put on record its thanks to those who took the time to speak with Assembly Members as part of its programme of informal visits.

#### Life on the Streets (LOTS), Wrexham

5. Police and the voluntary sector have joined forces to create LOTS to work with people who: are homeless, or at risk of becoming homeless; are misusing substances (both legal and illegal); are aged between 16–25; or are on the local anti-social behaviour radar. This group is made

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<sup>1</sup> Members present: North Wales – Janet Finch–Saunders, Darren Millar and David Rees; South Wales – John Griffiths, Lynne Neagle, Gwyn Price, Lindsay Whittle and Kirsty Williams

up of around 15 young people who meet once a week. The Committee met with LOTS representatives for one hour at the headquarters of the Association of Voluntary Organisations in Wrexham.

6. Participants in this discussion noted that part of the **attraction of new psychoactive substances** (NPSs) is that they are “10 times cheaper and 10 times stronger” than substances such as cannabis. In addition to the lure of their price and strength, it was noted that the fact that many are sold legally – often via high street shops dedicated to their sale (known as “head shops”), and the internet – means that accessing them is “easier than the rigmarole of getting illicit drugs”. It was noted that the attraction of NPSs is made stronger by their alluring names and packaging, regardless of the warnings displayed on the packets that the substances are “not for human consumption”. Participants were not convinced, however, that plain packaging would deter people from taking NPSs. When asked what proportion of drug users, in their experience, are taking NPSs, participants noted that they are being used “everywhere”.
7. The **impact of the presence of a local “head shop”** was emphasised by the group. It was noted that the shop’s presence made it easier for people to buy NPSs, particularly those who do not have credits cards and are therefore unable to make online purchases. It was noted that use of NPSs surged in the area following its opening, although public pressure from the local community, police and trading standards officials had eventually led to its owner closing the premises. Participants noted that the shop’s impact was still visible with many users now travelling to Chester to purchase NPSs.
8. It was emphasised that the **term “legal highs” is misleading** and gives the wrong impression that the substances are safe to consume. Participants noted that the contents of an NPS are often unknown, and may contain illegal as well as legal substances.
9. Former users present, and those working closely with current users, noted that the **effects of NPSs can be as severe as those experienced by users of class A drugs** such as heroin, and that they can be equally

addictive. It was noted that some class A drug users are switching to NPSs due to their lower price and relative strength. It was also noted, however, that some class A drug users “would not touch legal highs with a bargepole” as they do not know what they contain and are frightened of their potential effect. Participants were very conscious that the long-term effects of using NPSs are unknown as their consumption is a relatively new development.

10. The group noted that **there is a misconception that only young people use NPSs**. The group noted that many older people are using NPSs, often consuming them in the form of pills as opposed to smoking them.
11. It was noted that **prisons are “awash” with NPSs**. Some participants noted that they began using NPSs during their time in custody, and that the criminal justice system and police are ill-equipped to deal with their use. It was also stated that some individuals are consciously switching to NPSs instead of classified drugs in order to avoid breaching drug rehabilitation requirements and being sent/returned to prison.
12. The group emphasised that it was aware of many cases in which an individual has turned to **crime** in order to purchase NPSs or as a consequence of consuming them.
13. The group explained that many people take NPSs “to forget life”. In its view, the trigger to preventing their consumption is to provide adequate **support services that help address the underlying causes of reliance on substances**, such as mental health problems, homelessness, poverty and unemployment. It was also noted that as well as being the underlying cause of an individual choosing to take NPSs, in many cases, consumption of NPSs can also lead to mental health problems, unemployment, poverty and homelessness. The group emphasised the positive influence of *The Warehouse Project*, a local voluntary initiative which has provided shelter, assistance and training to substance misusers and former users in the area.

## DAN 24/7, Wrexham

14. The Wales Drug & Alcohol Helpline, also known as DAN 24/7 is hosted by the Betsi Cadwaladr University Health Board with funding provided by the Welsh Government. The health board is able to afford to host the helpline due to the economies of scale provided by its role as the host of other helpline services. DAN 24/7 is a free and bilingual telephone helpline providing a single point of contact for anyone in Wales wanting further information and/or help relating to drugs and/or alcohol. The service is available 24 hours a day, 7 days a week. The helpline will assist individuals, their families, carers, and support workers within the drug and alcohol field to access appropriate local and regional services.
15. Staff explained that all calls are fielded by a mixture of volunteers and contracted staff who log calls and relevant information. It was noted that those answering calls are not experts in the field of substance misuse, but are experts in handling calls of this nature and **signposting to appropriate services** and/or explaining the options for self-help.
16. It was noted that the **onus is on the individual** calling the helpline to contact the relevant service once signposted. Members were told that this is partly to empower individuals to make the necessary commitment to seek support, but also to ensure that the capacity of relevant services is not over-stretched.
17. Although feedback is sought from services on the extent to which those signposted are taking the second step of contacting them for assistance, no formal mechanisms are in place to confirm whether advice given by the helpline is followed up by the caller. This makes **evaluation of the service's impact difficult**.
18. It was noted that although DAN 24/7 advertises its service (mainly via the internet), it has **struggled to raise awareness of its existence**. It was noted that many partners and public service providers still refer to *Talk to Frank* which is now an England-only service, replaced in Wales by DAN 24/7.

19. It was noted that, of the 2100 average calls a month taken by the centre, 350–60 are calls to the Dan 24/7 helpline. Staff explained that most calls come from worried parents seeking advice, rather than users. Nevertheless, staff noted that anecdotal evidence suggests that, while users were previously naïve and assumed that NPSs legal status meant they were safe for recreational use, the impact of NPSs on users' health is now starting to filter through.

### **Drugaid, Caerphilly**

20. Drugaid provides support, information and advocacy to those in South Wales who are vulnerable and marginalised as the result of their own, or someone else's, drug and/or alcohol misuse. It is funded from a number of sources including health boards, local government, Welsh Government, community safety partnerships and youth offending teams.
21. The group noted that NPSs have become increasingly popular in their community. The **easy availability of these substances and their low price were cited as reasons for their increasing popularity**. The group also noted that these substances are often stronger than illegal drugs. It was explained that whereas illegal substances are “cut” (and therefore diluted) with other substances, so-called “legal highs” are purer, and perceived as such. Drugs cited by the group as being particularly prevalent in its local community included mephedrone, methoxetamine (a form of synthetic ketamine), and “pandora’s box”. Participants said that these substances are highly addictive and dangerous. The group also noted that users have no idea of the strength of each substance.
22. The group described the **rising prevalence of steroid abuse** in valley areas and increasing use of substances such as melanotan. It was suggested that body image issues could be an influencing factor for this.
23. When asked about the issue of legality, the group felt that **making NPSs illegal could result in increasing levels of criminality** on the part of suppliers and users. The group also suggested that legal frameworks

would not be able to keep up with the constant flow of new substances entering the market.

24. The group felt there is **variation in support available in different geographic areas**; one ex-user argued that there is much support available in Rhondda Cynon Taff compared with Caerphilly. Another ex-user who had taken stimulant-based substances for over five years, said that his local GP had not been able to offer direct assistance, but did advise that he should contact Drugaid, which had subsequently “changed his life”.
25. Participants in the discussion suggested that much more could be done in terms of **education and awareness raising, and that information and communication channels relating to NPSs need to be improved**. The group praised WEDINOS and said it would be helpful if it also provided information on the effects of different NPSs. Participants suggested that ex-users, speaking from personal experience, could be used as a powerful tool in raising awareness.

### **Fixers, Merthyr Tydfil**

26. Fixers is a UK-wide initiative funded by the Big Lottery Fund. The initiative was extended to Wales in 2013. The initiative allows young people from a diverse range of backgrounds to meet and to act on issues that are important to them. Issues range from eating disorders to drugs, offending, and cyber-bullying, amongst others. Merthyr Tydfil’s Fixers group has recently produced a video about NPSs and their dangers.
27. Group participants described their perception that the **use of NPSs increased markedly around two years ago** in their community. One member of staff estimated that around 80% of year 8 school pupils were taking an NPS called ‘NRG’. Participants noted that members of their peer group (aged 14–18) who they would not normally associate with drug-taking were being drawn to NPSs. The group noted that, in its experience, people around the ages of 12 to 14 were taking NPSs. However, they also knew about individuals as young as 11 who had taken a “legal high”.



28. The group explained that **NPSs were “easy to get hold of”** and that they used to be sold on a stall at Merthyr market. The stall has subsequently closed, allegedly due to pressure from the police. The group went on to explain that many young people from its community now travel to Cardiff and Pontypridd where NPSs are available in market places and shops at cheap prices.
29. Participants noted that ‘black mamba’ (similar to strong cannabis) is **popular in prisons**. It was noted that as ‘black mamba’ has no distinctive smell, wardens cannot detect when it is being smoked.
30. The importance of education and awareness-raising was emphasised by participants. The group stated that **there was little information regarding the effects and implications of taking NPSs** available for its peer group.
31. The group also emphasised that **young people should be allowed to talk openly about their experiences of NPSs** and any related concerns without fear of getting into trouble. Fear of recriminations and a lack of confidentiality were identified as barriers to people acknowledging that they have used or continue to use NPSs.

# Agenda Item 7.2

## Health and Social Care Committee

### Inquiry into new psychoactive substances (“legal highs”)

#### Note of focus group discussions, 2 October 2014

1. The Health and Social Care Committee invited representatives of charities, local government, the police, substance misuse teams and health professionals to participate in focus group discussions on 2 October. The purpose of the focus group discussions was to learn more about:
  - the level of awareness of new psychoactive substances (NPSs) and their risks among users, front line services, and the general public;
  - the capacity of public and voluntary services to deal with their use;
  - the level of information available about their prevalence and impact;
  - the levers that may exist in Wales, or in a wider UK context, to tackle their production, sale and use;
  - any good practice in addressing the use of NPSs that exists within or outside Wales.
2. In order to capture experiences from across Wales, the Committee split into two groups, one travelling to Merthyr Tydfil and the other to Wrexham. Members<sup>1</sup> facilitated individual focus groups in both locations, seeking participants’ views on a number of themes, as well as any other points that they wished to raise. The outcomes of the discussions were captured during a plenary session. This note focuses mainly on the plenary discussions, but also includes some issues raised in individual groups. Many of these themes were also raised during a series of informal visits also conducted by Members on 2 October 2014. A note of these informal visits has been published on the [inquiry’s webpage](#).

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<sup>1</sup> Members present: North Wales – Janet Finch-Saunders, Darren Millar and David Rees; South Wales – John Griffiths, Lynne Neagle, Gwyn Price, Lindsay Whittle and Kirsty Williams.

3. It was clear from discussions in North and South Wales that the use of NPSs in Wales has increased in recent years. However, it was noted that service providers lack reliable data on NPS misuse at present. Discussions indicated that public awareness, service provision, and legislative arrangements have not kept pace with this increase in use, and information about the current and future impact of NPSs is poor. There was general consensus that, although pockets of good practice exist in relation to educating people about NPSs and supporting those affected by their use, significant work remains to understand and address this growing problem.
4. The Committee wishes to put on record its thanks to those who took the time to speak with Assembly Members in Merthyr Tydfil and Wrexham.

### **Theme 1: Awareness of new psychoactive substances (NPSs)**

#### *Awareness of the risks and warning signs associated with NPSs*

5. The consensus within the groups in South and North Wales was that awareness of NPSs and their risks is very low. It was noted that insufficient awareness exists not only among users, but also among their family members and the general public more widely, as well as relevant public services staff. It was emphasised that:
  - people rarely know what NPSs contain, and neither the immediate nor the long-term effects that they can have are well understood;
  - users are not always aware that NPSs can be more potent and more dangerous than illegal drugs;
  - teachers, health and social care professionals, and those working within the criminal justice system are not always sufficiently trained or equipped to recognise that NPSs have been used, or to know what to do if they suspect they have been used;
  - a misperception exists that this is an issue affecting only young people; and
  - even experienced substance misuse workers are feeling de-skilled because NPSs are relatively new and poorly understood.
6. A number of participants referred to the Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS) project as a valuable tool

in providing information about the content of NPSs. The importance of gathering intelligence about the substances that are in circulation on the streets was emphasised. Nevertheless, some participants noted that there is evidence to suggest that suppliers of NPSs are using the WEDINOS service to test their substances in order to verify that they do not contain traces of illegal substances.

7. Participants in the North Wales group referred to another online tool, the TICTAC database, for the visual identification of solid dose drugs. This database is not accessible to the general public, but is used by law and order agencies, health, social and education services, and the pharmaceutical and food industries. Some participants queried whether there was duplication between elements of work undertaken by WEDINOS and TICTAC.

#### *Raising awareness*

8. A number of participants emphasised the importance of appropriate education at an early age for raising awareness of the risks associated with NPSs. Referring to the survey commissioned by the Health and Social Care Committee, the results of which stated that 21% of people had learnt about NPSs through school, it was suggested that significant work is needed to ensure that educators themselves are given appropriate training. Participants noted that this training needs to reflect the changing landscape of drug supply and usage which now includes NPSs as well as the more traditional, classified illegal substances. It was also suggested that both the design and delivery of such training should involve ex-users.
9. It was acknowledged that for many users, service providers and the public more generally, it is too late to use opportunities in school to raise awareness of the risks of NPSs. As a consequence it was suggested that work should be undertaken with the media – from which 57% of the Committee’s survey respondents reported learning about NPSs – to improve the prominence and quality of public information about these substances. Participants also emphasised the potential role of peer-to-peer training. It was felt that resources for any awareness-raising campaigns targeted at young people need to be developed in

partnership with them, and produced in their language and on a variety of platforms.

10. Those working in front line services emphasised the need to include training on NPSs as part of their professional development.
11. A clear theme relating to raising awareness was the need to ensure that information about NPSs is tailored to the relevant audience and is timely, relevant, and sector- or age-appropriate. Some participants argued that messages being disseminated about NPSs lack cohesion, and suggested a role for the Welsh Government to lead on the development of an authoritative and consistent suite of information. It was suggested that Government-commissioned information would provide legitimacy for the content which would be respected by practitioners working in the field.

### *Terminology*

12. A strong theme emerging from both focus group discussions was the importance of using responsible terminology to improve awareness of the possible contents and effects of NPSs. Participants noted that the term “legal high” – in particular the use of the word “legal” – is detrimental as it implies that these substances are safe to use. A number of participants suggested that the term “legal high” should be avoided, especially by relevant professionals, to help overcome some of the misconceptions that people have about the safety of NPSs. It was felt that we need to dispel the myth that because they are legal, they must be therefore be safer and less risky.
13. It was noted that many of those using NPSs do not recognise terms such as “new psychoactive substances” or “legal highs”, using the street names for the substances they consume instead. As a consequence, it was suggested that when front line staff are seeking to establish whether NPSs have been used, more open questions such as “have you taken any powders, tablets etc.?” should be asked.

## Theme 2: Availability, capacity and quality of services

### *Service availability and capacity*

14. It was noted that the ready availability of NPSs on the internet means that supply is nearly universal and can affect rural and urban areas alike. Participants stated that service provision to deal with the apparently widespread use of NPSs across Wales is varied, with rural areas tending to lack capacity. One example of efforts that have been made to combat this was the use of outreach programmes, such as the outreach bus operated by the charity Drugaid.
15. The effects of an increase in NPS usage on services were highlighted, particularly with regards to an increase in demand for mental health support, law enforcement services and the services of agencies involved in fighting female sexual exploitation. The importance of re-configuring public and voluntary services so that they are able to deal with the impact of NPS usage (as opposed to illegal substances) was emphasised.
16. It was noted that the lack of awareness of, and training in relation to, NPSs impact on the capacity and quality of services available. It was suggested that this was most visible among front line emergency services such as police forces and accident and emergency departments, both of which are struggling to identify NPS users and struggling, in turn, to refer them to relevant services.
17. A comment made by one of the focus groups in the session in Merthyr Tydfil was that the focus seems to be on specific forms of substance misuse like alcohol, which takes resource away from dealing with other forms of substance misuse like NPS. The group felt that NPS shouldn't be considered in isolation, that crossover between legal and illegal substance misuse is very high amongst users of NPS.
18. Diversion activities<sup>2</sup> were cited as an important part of initial support. It was suggested that although the initial support is resource intensive it

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<sup>2</sup> Diversion activities are arranged to divert the attention of users or potential users of NPSs at the times they are most likely to turn to NPSs and to provide alternative stimulation.

can be effective; however, access to these types of services is more problematic in rural areas.

19. It was noted that some knock-on effects resulting from the use of NPSs, for example anti-social behaviour and increased criminality, can sometimes lead to greater risk of homelessness. This can lead to pressure on other public services.

#### *Quality and coordination of services*

20. One of the problems identified by the focus groups is that services do not always work together to respond to the impact of NPSs, nor that their opening hours are sufficiently flexible to react to a culture of 24/7 substance misuse. It was noted that greater coordination of services and joint working is required in order to improve the quality and efficiency of service delivery. While it was emphasised that pockets of good practice do exist, and that information sharing is improving across agencies (e.g. between some police forces and charities), some participants thought that in some cases public services were reluctant and/or found it too difficult to work together. It was noted that the care pathway for a user of NPSs needs to be clearer.
21. A number of participants emphasised that the lack of an evidence base and robust data about the use of NPSs has a direct impact on developing high quality and efficient services, and on the ability of services to plan a coordinated response. The collection and use of data is considered in more detail in the next section.

#### **Theme 3: The collection and use of data about drug trends**

22. Participants in North and South Wales emphasised that there is a severe lack of information about the scale and impact of NPS usage. It was noted that very little is known about the profile (e.g. age, location, gender, economic status) of those using NPSs, making it a very hard group to reach.
23. Service providers explained that the lack of information and evidence base about the emergence of NPSs and their impact on more

established drug trends means that they are, at best, basing their approach on anecdotal information and first-hand experience. The importance of having access to robust data, research and analysis to inform service development was emphasised.

24. Substance misuse workers participating in discussions in North Wales noted that, although they are seeing a reduction in the number of opiate referrals, this is being rapidly filled by an increase in NPS referrals. They noted, however, that they lack information that could help explain this trend, predict its lifespan, and inform future service provision.
25. Participants highlighted that robust data and evidence was needed in order to inform and encourage the sharing of good practice across services and localities. One of the groups participating in discussions in South Wales suggested that some organisations are reluctant to highlight problems in their area; it was noted that this restricts the sharing of information and advice between services. Moreover, it was noted that sharing information and best practice was made more challenging by data protection restrictions.
26. It was suggested by participants in North Wales that the ability of the Welsh National Database for Substance Misuse (WNDSM) to collect data on NPSs needs to be improved. It was also noted that WNDSM needs to be made more user friendly.
27. Participants in South Wales proposed that local intelligence networks which already exist across Wales, comprising individuals from a variety of disciplines including the police, social services, pharmacies, could be well placed to share information about drug trends.

#### **Theme 4: Levers for tackling the production, sale and use of new psychoactive substances**

##### *Legislative and non-legislative levers*

28. The importance of not relying on legislative levers alone to tackle issues relating to NPSs was emphasised by participants in North and South



Wales. The groups noted that, at present, legislative solutions are having difficulty keeping up with changing trends in the use and supply of NPSs. Participants queried whether the law is able to keep up with those in the industry who are tweaking the composition of substances to stay one step ahead. Some felt that it would be futile to criminalise the use of NPSs, suggesting that the police would not have the capacity to cope with the demand and a “criminal class would be created overnight”. Others noted that anecdotal evidence suggests that the criminalisation of a substance can lead to it becoming a more attractive prospect to some and can lead to an increase in usage.

29. It was suggested by some participants in South Wales that the most recent criminalisation of a drug – mephedrone – had had little effect on end-user demand as the substance was highly entrenched. Instead, participants noted that the main effect of the drug’s classification had been on the way that the substance is sold, the ease and cost of acquiring it.
30. In North Wales, the importance of being cautious not to criminalise the user – but to provide support to users and target suppliers instead – was emphasised. Some participants also suggested that criminalising NPSs may drive their sale and use underground, doing little to address the challenge of reaching those who need help and support to stop using these substances.
31. It was suggested by participants in North and South Wales that local authorities, in discharging their functions under the Trading Standards Act, should play a greater role in tackling NPSs in conjunction with the police. The need to resource trading standards teams adequately was also highlighted. Some examples of successful interventions by policy and trading standards teams were cited by participants.
32. The importance of increasing public awareness for tackling the production, sale and use of NPSs was reiterated. Many participants called for greater efforts to be made to deliver public awareness campaigns and improved education. It was stressed that ‘education is key’. Participants in South Wales said there is a need for a single point

of contact for accessible, factual, clear and consistent information on the risks and effects of NPSs, and that social media should be utilised to raise awareness. It was also suggested that local authority licensing could help to combat the problem of “head shops” which are emerging in some communities. “Head shops” are discussed in more detail in paragraph 39.

#### *Nationally coordinated approach*

33. Participants in the South Wales focus group discussions suggested that action needs to be coordinated from the centre, and that there may be a role for the Welsh Government to take greater ownership of how NPSs are tackled. Some participants cited the Steroid Action Plan<sup>3</sup> as a potential model for such coordination.

#### *Cross-border working*

34. Participants in the North Wales focus group emphasised the need for Welsh and UK Governments to work together to identify levers to tackle NPSs. It was noted that this is especially important in border areas given the level of cross-border movement and the porous nature of service delivery.
35. Certain participants in the South Wales session noted that they were not aware of what, if anything, the UK Government is doing around the issue of NPSs. Participants noted the importance of the Welsh Government seeking to influence any future UK legislation in this field.

#### **Theme 5: Examples of good practice**

36. A number of examples of good practice in Wales were cited during discussions, including:
  - CAIS’s (Cyngor Alcohol Information Service)<sup>4</sup> work with further and higher education establishments in North Wales to provide

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<sup>3</sup> The Steroid Action Plan was led by Public Health Wales, with Welsh Government funding. Under the plan each health board identified leads who would undertake “train the trainer” style training. This training was then cascaded down through health boards to other staff. The project also has a website [www.siedsinfo.co.uk](http://www.siedsinfo.co.uk)

<sup>4</sup> CAIS supports people who are having problems with addictions, mental health, personal development and employment – as well as offering assistance and information to their families and friends.

education about NPSs to those who may have fallen through the net during their school years;

- Police school liaison officers going to schools in areas of North Wales to discuss NPSs;
- The location of Advice, Rehabilitation, Counselling and Health (ARCH) teams in custody suites across North Wales to ensure that those who are in custody can access relevant substance misuse support services [NB participants noted that this is not a 24/7 service and as such is not available for all];
- Wrexham County Borough Council's In2change Young Person's Drug & Alcohol Service delivery of awareness-raising training regarding NPSs to professionals, including PCSOs and A&E staff;
- Barnardo's work with Denbighshire schools to adjust drug policies so that pupils who are found using drugs are, in the first instance, given a 5-day intervention with Barnardo's and allowed to return to school without a record, rather than facing immediate exclusion;
- A Wrexham project called 'Parent Factor', open to a mix of mothers who are both users and non-users of substances, to provide peer-to-peer advice and guidance on how to raise 'clean' children;
- [Red button](#) in Cardiff and the Vale - a 'one-stop-shop' for information and advice on substance misuse;
- The [Strange Molecules website](#) for information on NPSs;
- [Up2u](#), the Substance Misuse Service for 18s and under in Cardiff and the Vale;
- Drugaid Outreach bus giving support in more rural communities;
- The use of a [new screening and assessment tool](#) by Wrexham County Borough Council's In2Change Young Person's Drug and Alcohol Service.

37. There was a suggestion that good practice from other parts of the world should be identified and that an annual Welsh conference to share ideas and good practice would be beneficial.

38. Examples given of good practice outside Wales included:
- A public health campaign conducted by Police Scotland;
  - [‘Club clinics’](#) operating in known London hotspots, allowing NPS users to access support more easily;
  - Legislative changes made in New Zealand to combat the use of NPS.

### **Other issues that were raised**

#### *The impact of “head shops”*

39. So-called “head shops” – premises selling NPSs, often located on high streets – were identified as posing significant challenges to communities and service providers in certain localities. It was highlighted that the arrival of a “head shop” usually resulted in an increased use of NPSs, and a higher incidence of anti-social behaviour and criminality in the local area.

#### *Prevalence of usage in the criminal justice system*

40. Participants in the North Wales focus group discussions noted that use of NPSs is “rife” among those in custodial services. It was argued that more needed to be done to:
- educate prisoners about the risk of using NPSs;
  - raise the awareness of relevant staff in order to allow them to identify users/prevent further increases in their use among the prison population; and
  - provide adequate support services for those using NPSs in custody.

#### *Possible public health implications of NPS usage*

41. Some North Wales participants noted that the largely hidden nature of the NPS-using population, and the fact that boundaries are becoming increasingly blurred between the use of ‘legal’ and ‘illegal’ substances, mean there is a danger important public health messages are not being heard. It was highlighted that this could lead to a number of public health issues, particularly contamination arising as a consequence of sharing drug paraphernalia.

### *Underlying causes of NPS usage*

42. The importance of addressing the underlying causes of NPS usage was emphasised by some North Wales participants. It was noted that many individuals turn to NPSs due to problems with self-esteem, body image, mental health, unemployment, poverty etc. It was also suggested that people may be using NPSs as a way of self-medicating.

### *Stigma associated with support services*

43. Some South Wales participants mentioned that traditional drug support services were primarily set up for managing opiate use and there is often a stigma attached to the buildings and atmosphere of service centres. It was noted that a perception exists that mainly heroin addicts will be present at these centres. Participants commented that people in communities affected by drug misuse are often resistant to the siting of support services in the local area, and individuals may be more reluctant to seek help for fear of being stigmatised. It was felt that drug support services should be integrated with other support services, where possible, to reduce stigma.

# Agenda Item 7.3

## Health and Social Care Committee

### Inquiry into new psychoactive substances (“legal highs”)

#### Summary of new psychoactive substances (“legal highs”) inquiry survey

#### Background

This document provides a summary of responses received to the new psychoactive substances (“legal highs”) inquiry survey conducted by the Outreach team.

This survey was open for consultation and responses between 21 July and 12 September 2014.

#### Methodology

As part of the Health and Social Care Committee Inquiry into new psychoactive substances (“legal highs”) the Outreach Team conducted a survey in both online and paper-based formats. Participants were asked a range of questions relating to the safety of legal highs, how much they know about them and their awareness of the help and support available to people who have taken legal highs.

One survey was created with the aim of targeting the general public as a whole.

#### Awareness Raising

In order to promote awareness of the survey and attract participants the Outreach Team contacted a broad-range of organisations. Those contacted were able to raise awareness using a range of methods including – placing articles on websites; signposting on social media including Facebook and twitter; and emailing participants directly.

The surveys were also promoted by Assembly staff with relevant groups visiting the Senedd and receiving education visits, and during the Assembly’s presence at summer shows.

A breakdown of all the organisations contacted, in addition to social media monitoring, can be found in Annex A. Annex B provides further statistical analysis based on age, gender and locality.

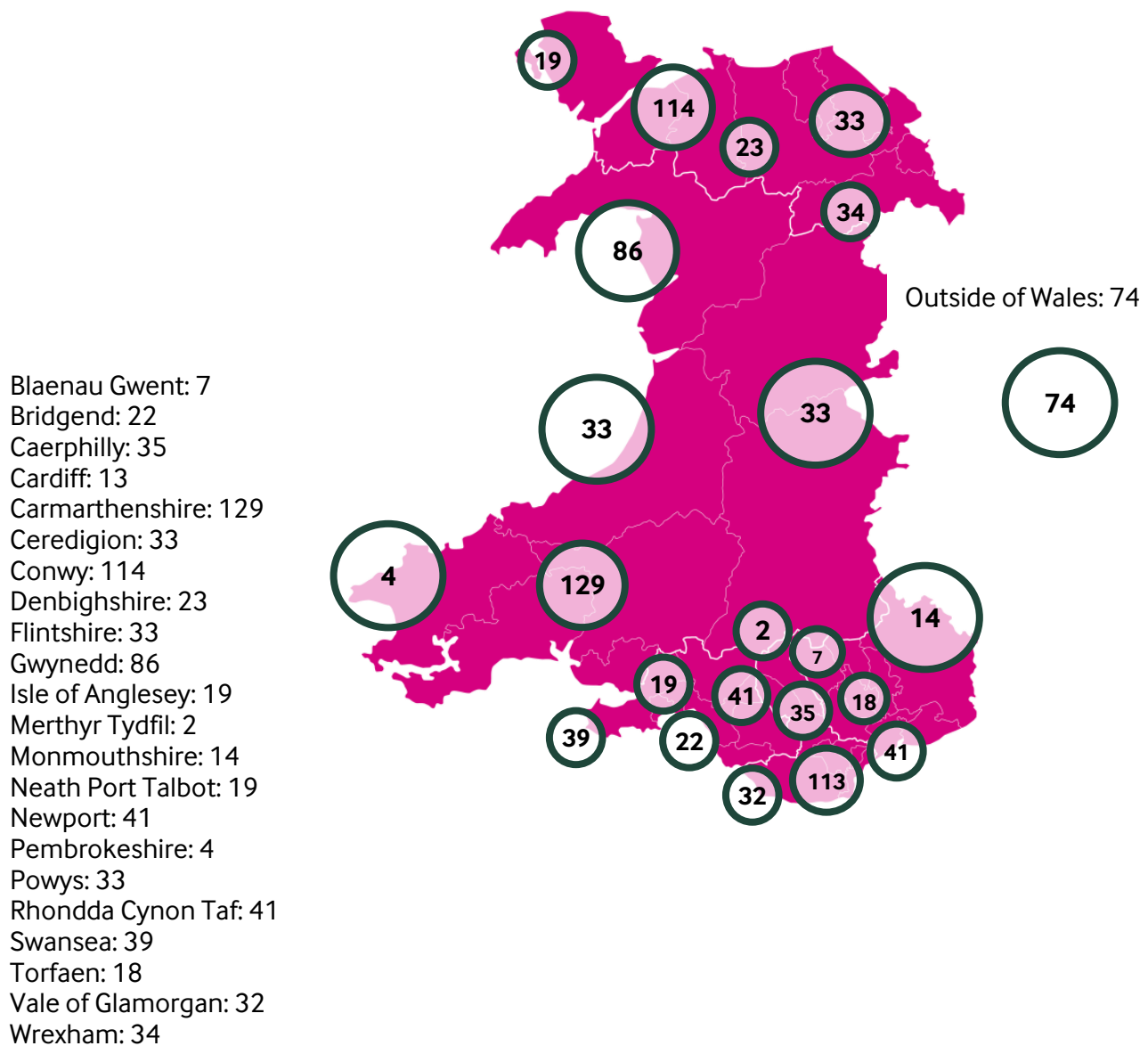
## Key Statistics

**1,072** Total number of survey responses received

## Geographical Summary of Responses

Number of survey responses broken down by local authority area

Total: 965



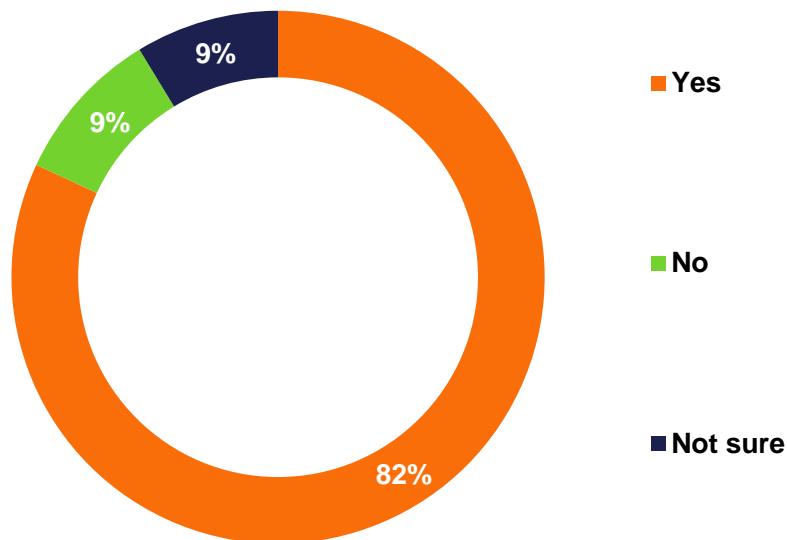
## Summary of Responses

**Question 1 – New psychoactive substances – more commonly known as “legal highs” – are substances which have been created to copy the effects of illegal drugs. Because they are newly created, they are not automatically controlled under the laws that apply to illegal drugs. Slang names for legal highs include: Pandora’s Box, Magic Dragon, Monkey Dust, Plant Food, Bath Salts and Exodus Damnation.**

**Before reading the information above, did you know what a legal high was?**

*Total number of responses: 1,057*

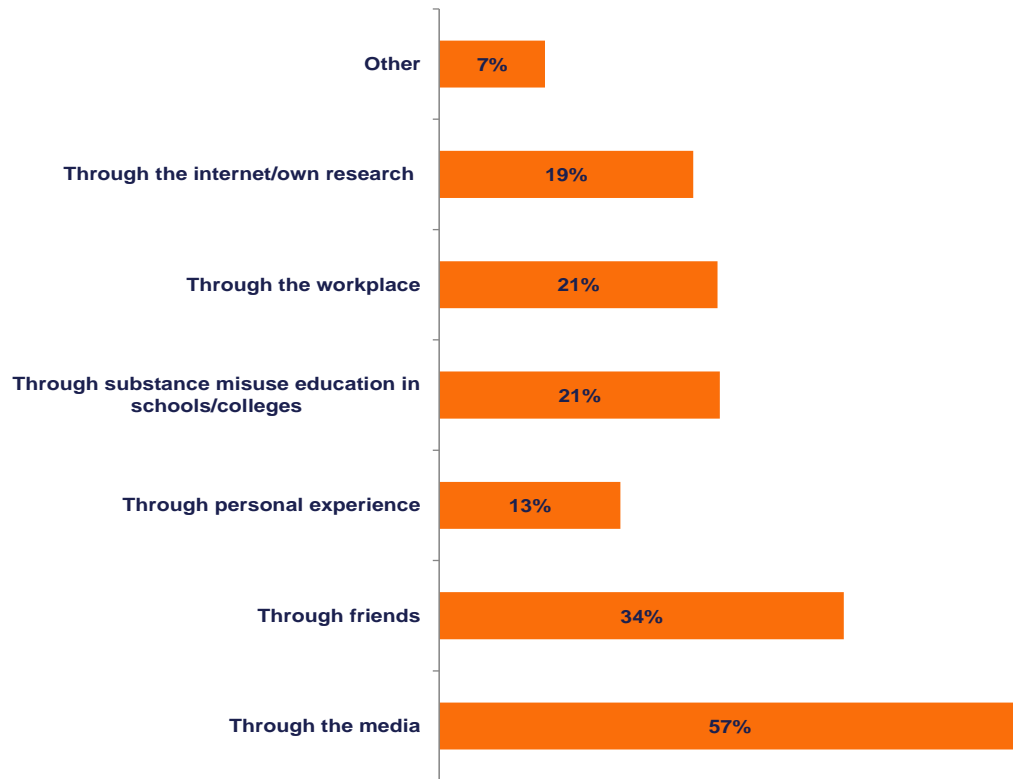
- Yes: **81.92% (866)**
- No: **9.36% (99)**
- Not sure: **8.70% (92)**





**Question 2 – Where did you learn about legal highs? (Please tick all that apply)**

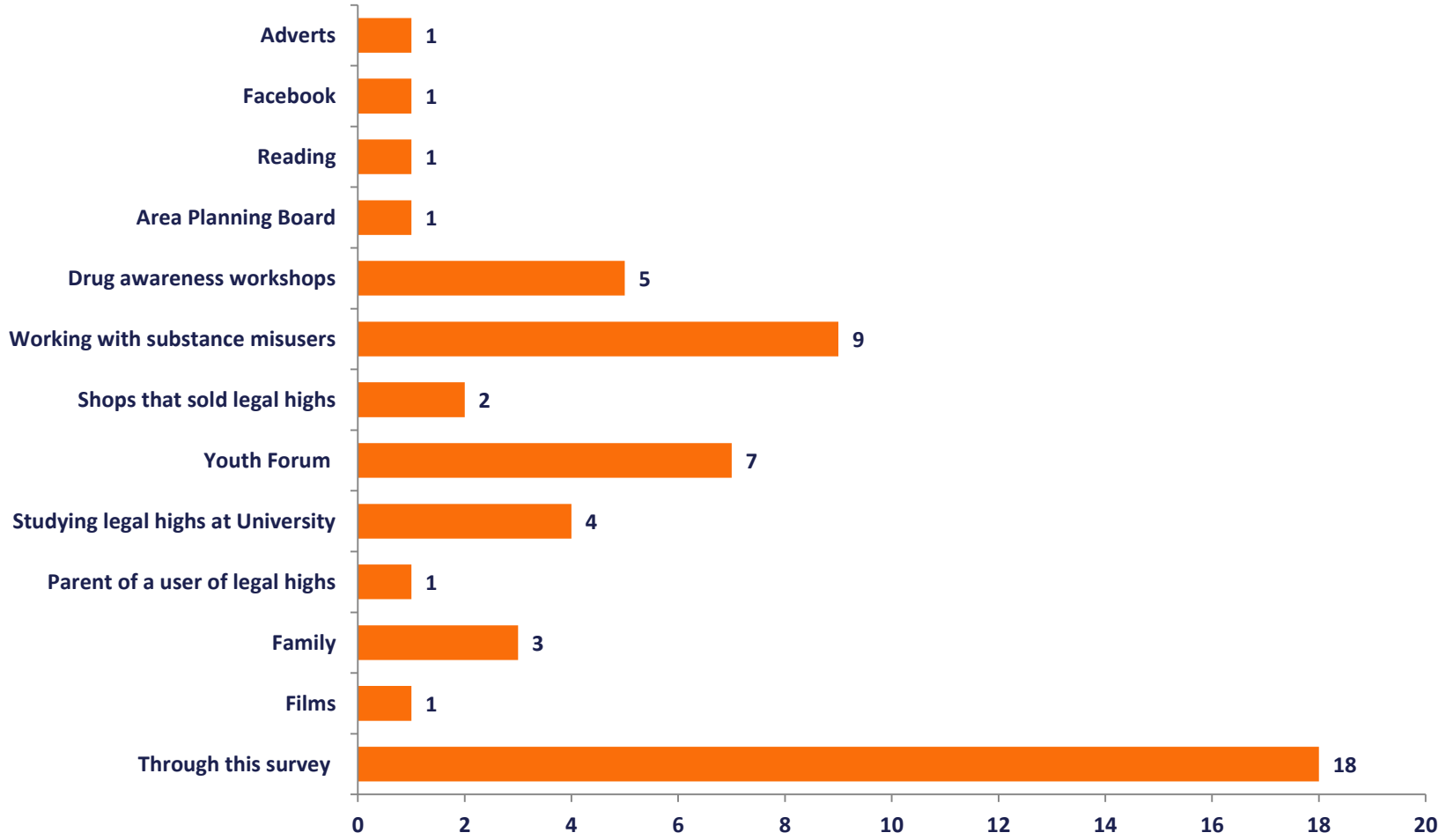
Total number of responses: 1,004



- Through the media: **56.87% (571)**
- Through friends: **33.76% (339)**
- Through personal experience: **12.75% (128)**
- Through substance misuse education in schools/colleges: **21.22% (213)**
- Through the workplace: **21.02% (211)**
- Through the internet/own research: **18.82% (189)**
- Other: **7.07% (71)**

**Comments – Other**

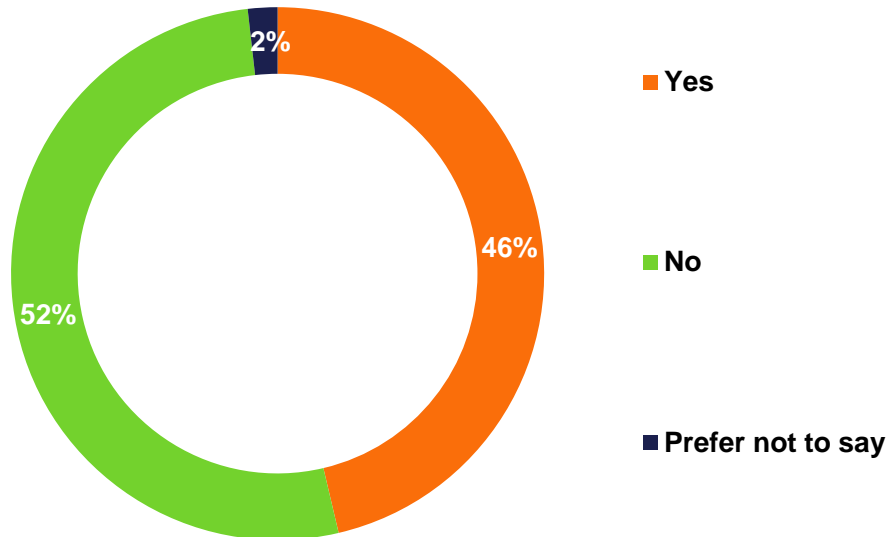
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### Question 3 – Have you, or anyone you know, ever been offered legal highs?

Total number of responses: 1,060

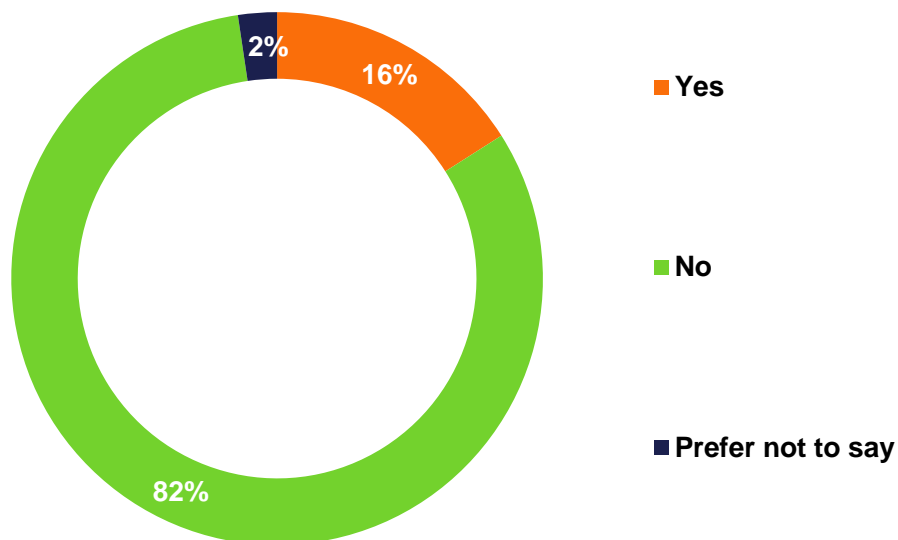
- Yes: **46.32% (491)**
- No: **51.88% (550)**
- Prefer not to say: **1.79% (19)**



### Question 4 – Have you ever taken a legal high?

Total number of responses: 1,057

- Yes: **15.99% (169)**
- No: **81.65% (863)**
- Prefer not to say: **2.36% (25)**

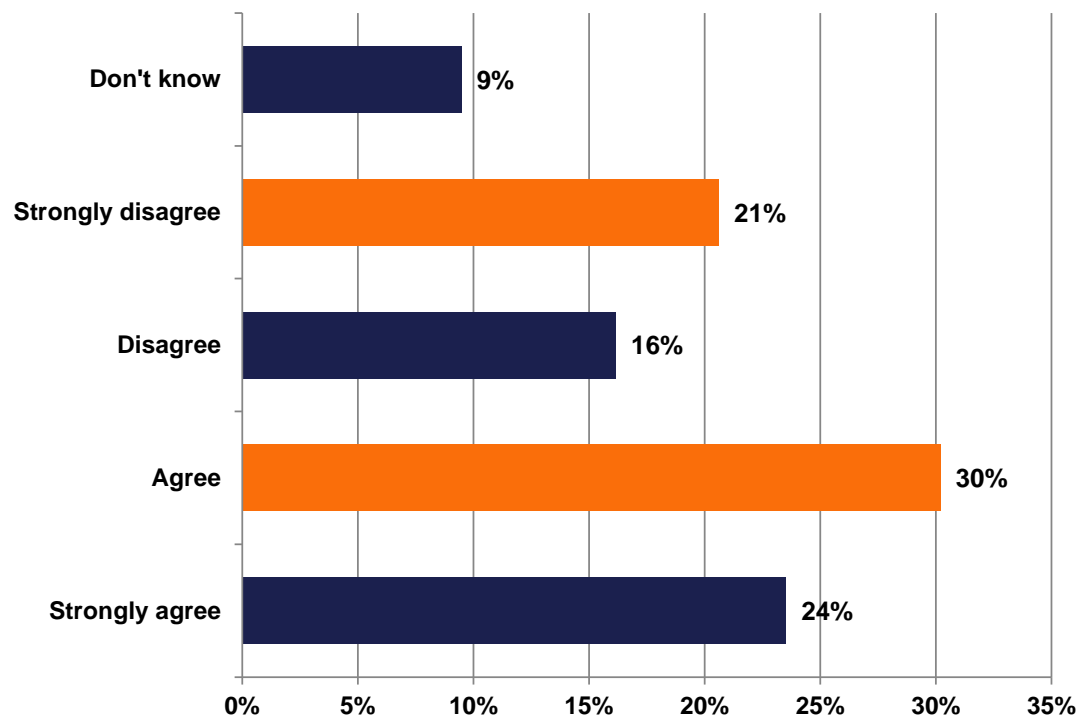


**Question 5 – Please indicate whether or not you strongly agree; agree; disagree; strongly disagree or don't know, with the following statements.**

***“I would know where to look if I wanted to obtain legal highs”***

*Total number of responses: 1,033*

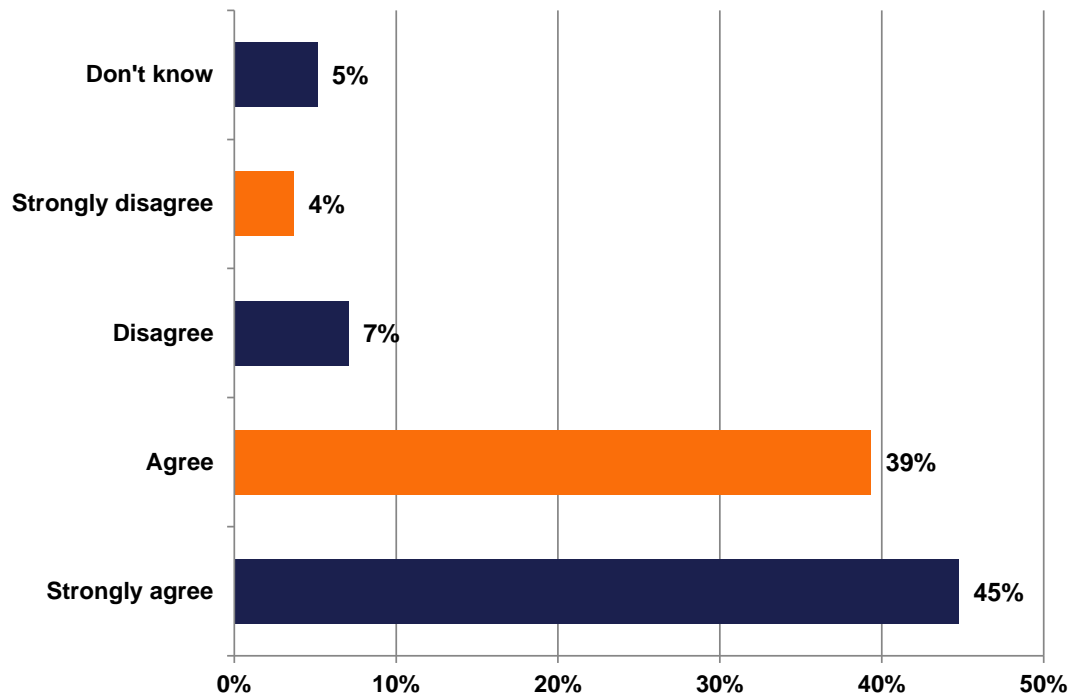
- Strongly agree: **23.42% (243)**
- Agree: **30.20% (312)**
- Disagree: **16.17% (167)**
- Strongly disagree: **20.62% (213)**
- Don't know: **9.49% (98)**



***“I am aware of the potential health risks associated with taking legal highs”***

Total number of responses: 1,032

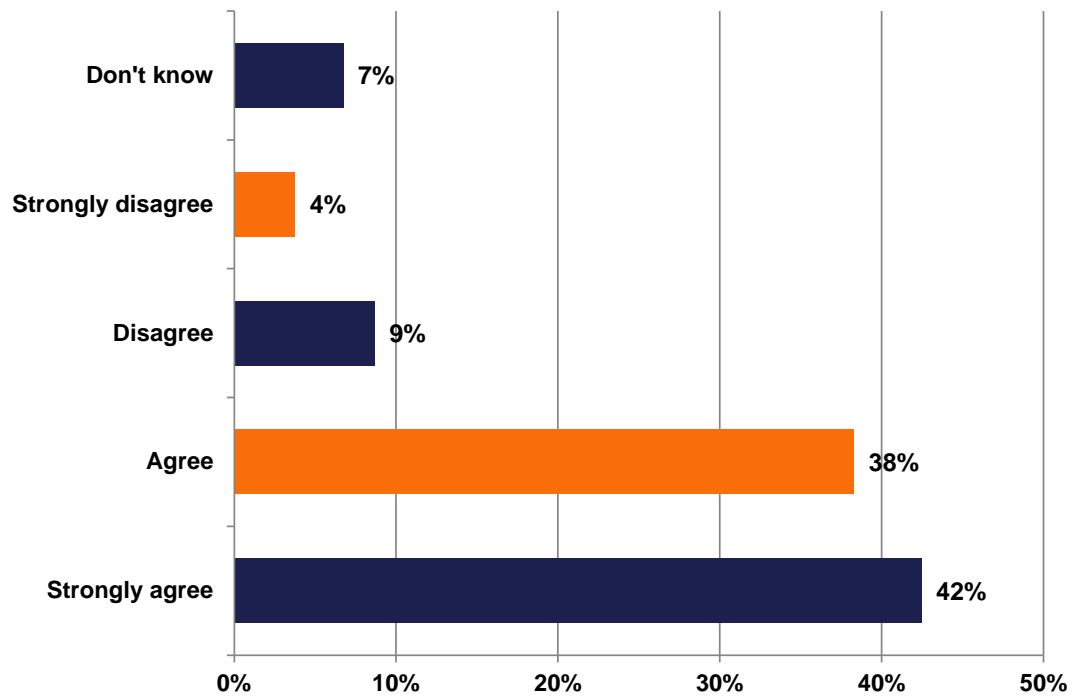
- Strongly agree: **44.8% (462)**
- Agree: **39.34% (406)**
- Disagree: **7.07% (73)**
- Strongly disagree: **3.68% (38)**
- Don't know: **5.14% (53)**



***“I am aware that legal highs may contain illegal substances”***

Total number of responses: 1,034

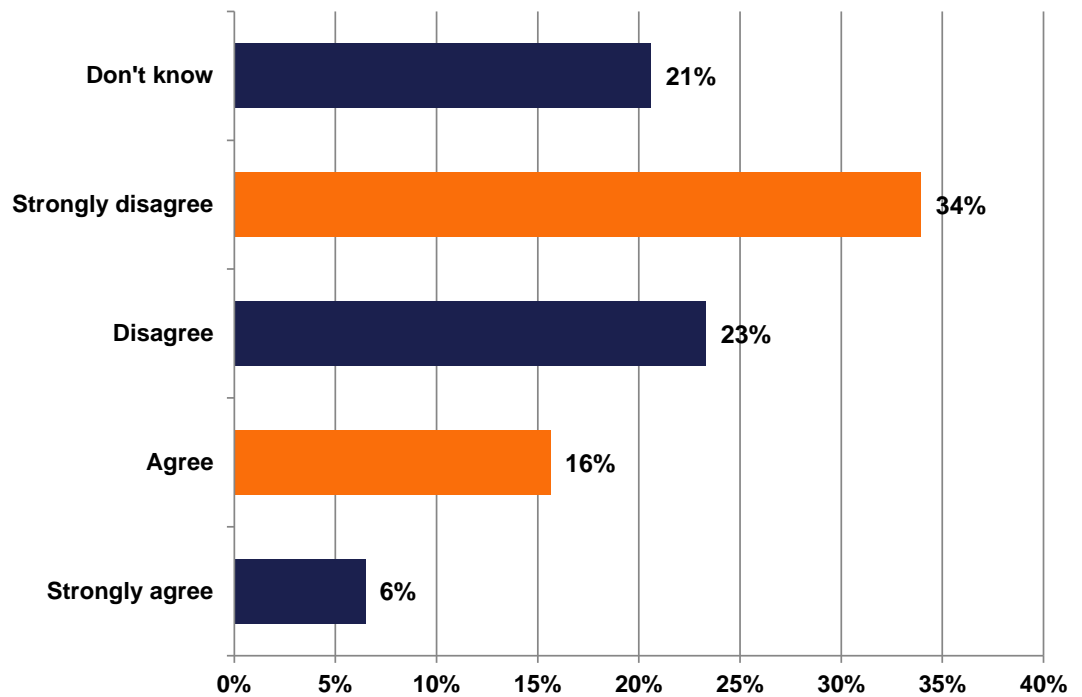
- Strongly agree: **42.5% (439)**
- Agree: **38.3% (396)**
- Disagree: **8.70% (90)**
- Strongly disagree: **3.77% (39)**
- Don't know: **6.77% (70)**



***“I am more likely to use a legal high than a banned substance i.e. Class A/B/C drugs such as cocaine, cannabis or ecstasy”***

Total number of responses: 1,016

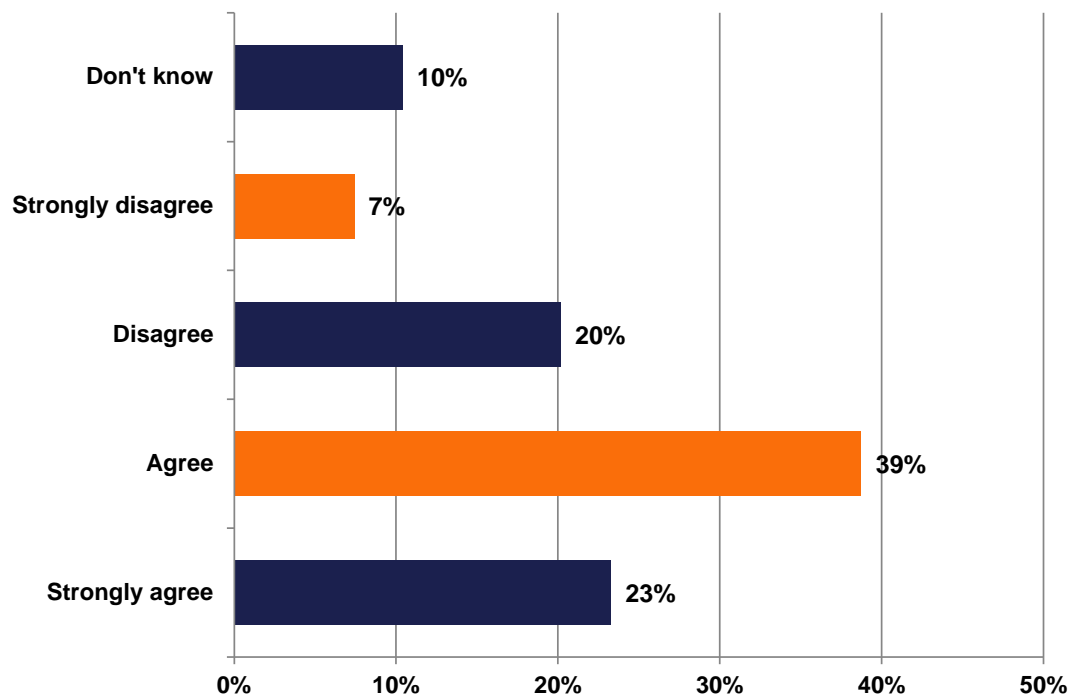
- Strongly agree: **6.49% (66)**
- Agree: **15.64% (159)**
- Disagree: **23.32% (237)**
- Strongly disagree: **33.95% (345)**
- Don't know: **10.4% (106)**



***“I would know where to look if I wanted to access support, information and advice about legal highs”***

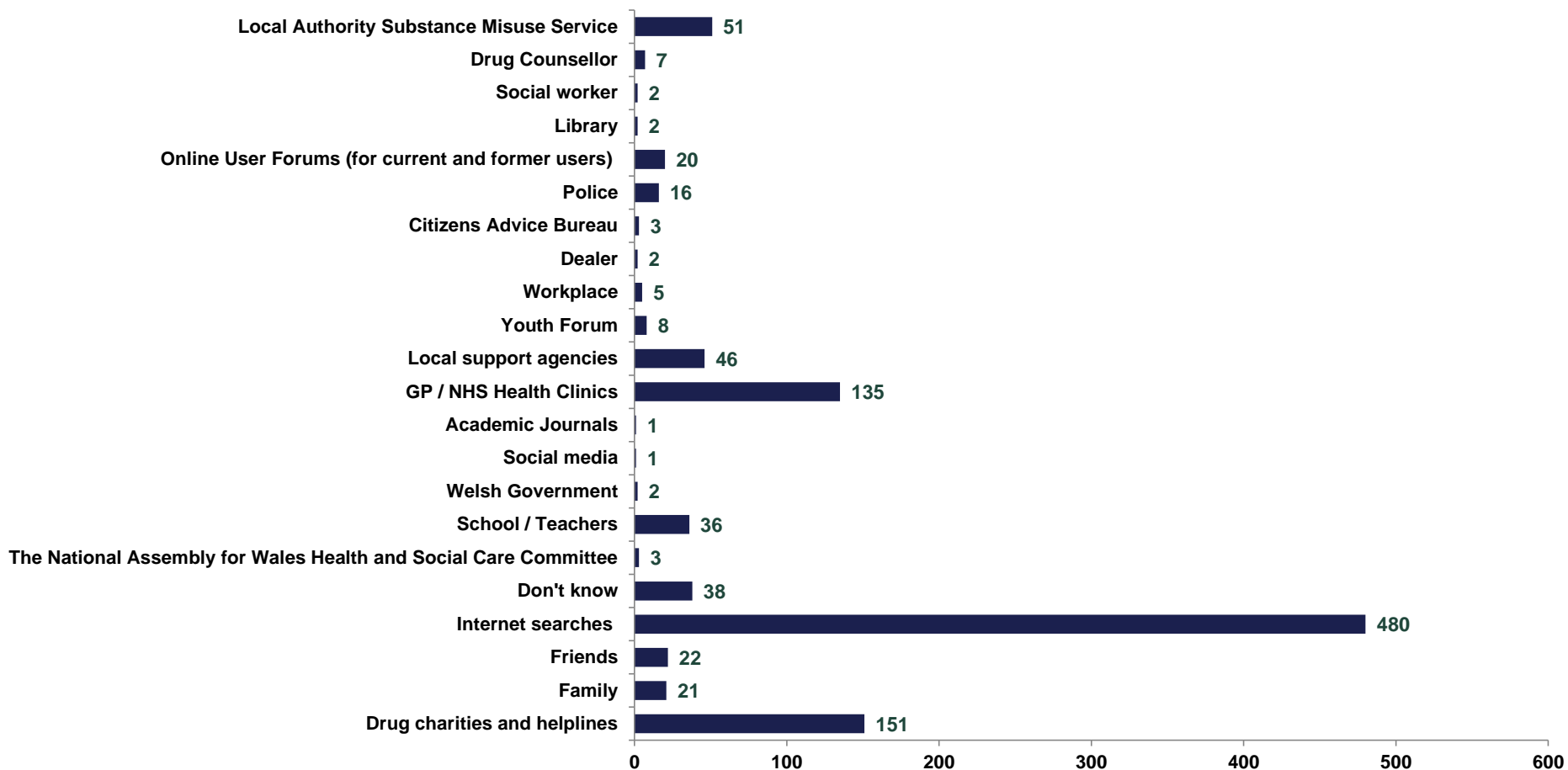
Total number of responses: 1,022

- Strongly agree: **23.28% (238)**
- Agree: **38.74% (396)**
- Disagree: **20.15% (206)**
- Strongly disagree: **7.43% (76)**
- Don't know: **10.4% (106)**





**Question 6 – If you wanted to get support, information and advice about legal highs for yourself, a friend or a family member, where would you go to access this information?**

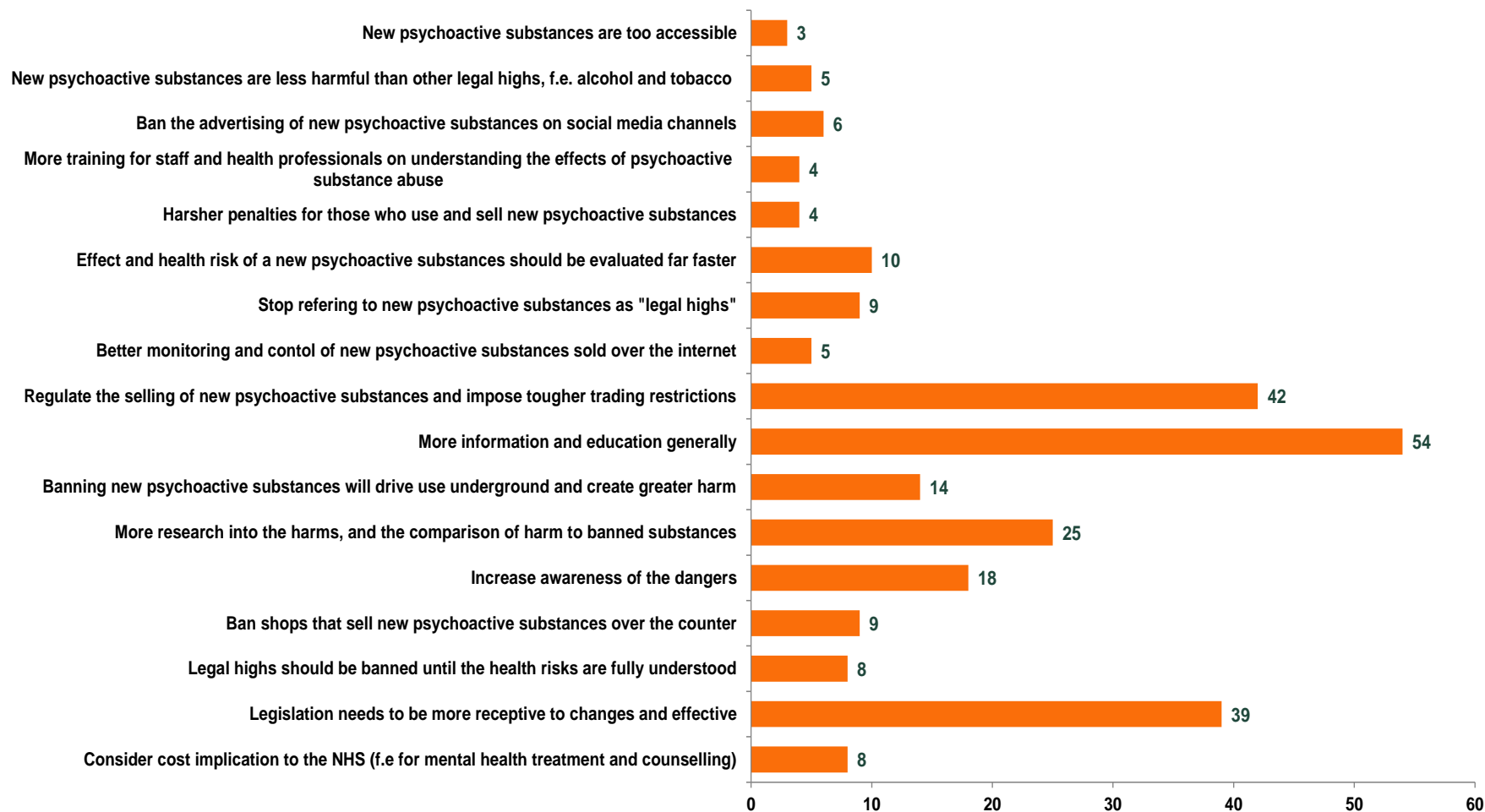


## Question 6 – Comments

- 480 respondents explained that they would use the internet and search engines to find more information;
- 151 individuals stated that they would contact veritable drug charities and helplines such as Talk to Frank and Dan 24/7;
- 135 people would speak to their GP or attend a health clinic for advice on legal highs;
- 51 respondents explained that they would get in touch with their local authority substance misuse service;
- 46 individuals stated they would get in touch with their local drug support agency, f.e CAIS;
- 38 people wouldn't know where to get more support, information and advice about legal highs, or how to access them;
- 36 respondents explained that they would find further information in School and through their teachers;
- 22 people would seek advice from their friends;
- 21 respondents would seek advice from their family members;
- 20 individuals stated that they would access online forums used by current and former legal high users to access support, f.e. [bluelight.org](http://bluelight.org)
- 16 people would contact their local police force;
- 8 respondents explained that they'd find this information through their local Youth Forums;
- 7 individuals would seek advice from a drug counsellor;
- 5 people stated that they would speak with a colleague or an occupational nurse at their workplace;
- 3 respondents would contact the Health and Social Care Committee in the first instance for further advice;
- 3 individuals stated that they would contact their local Citizens Advice Bureau;
- 2 people said they would contact the Welsh Government;

- 2 respondents explained that they would speak with their drug dealer;
- 2 individuals would look for support at their local library;
- 2 people stated that they would contact a social worker;
- 1 individual felt they would find support and information through academic journals;
- 1 respondent would use social media to get more support.

**Question 7 – Do you have any other thoughts or points that you would like the Committee to consider as part of its inquiry into legal highs?**



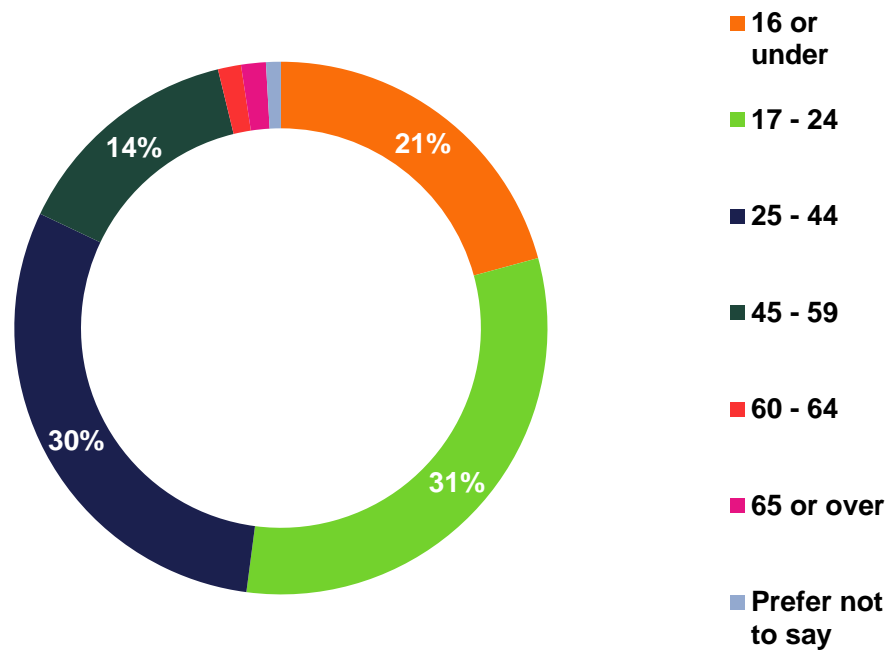
## Comments

- 54 respondents stated that more information should be made available to the general public, as well as better education for people of all ages;
- 42 people felt that banning new psychoactive substances would be futile, and instead, Government should attempt to regulate the “legal high” market and impose tougher trading restrictions on shops that sell them;
- 39 respondents argued that the law should be reformed in order to close the “legal” loopholes. Manufacturers of new psychoactive substances are always one step ahead and the law needs to be receptive to this;
- 25 people felt that more research should be undertaken into the health risks of taking “legal” substances, and compare the harms of taking both legal and illegal substances;
- 18 respondents argued for increased awareness of the dangers of taking new psychoactive substances;
- 14 people felt that banning new psychoactive substances outright would only serve to drive the market underground, thereby allowing criminals to profit;
- 10 respondents argued that new psychoactive substances and their effects should be tested and evaluated faster;
- 9 people felt that shops that sell new psychoactive substances over the counter should be closed and banned;
- 8 respondents argued that new psychoactive substances should be banned until the health risks are fully understood;
- 8 people felt that consideration should be given to the cost implication on the NHS who ultimately treat new psychoactive substance misusers;
- 6 respondents argued for a ban on advertising new psychoactive substances on social media channels (f.e. Facebook and Twitter);
- 5 people felt that there needs to be better monitoring and control of substances sold over the internet;
- 5 respondents argued that new psychoactive substances pose no greater health, and perhaps a lesser threat, than alcohol and tobacco;
- 4 people felt that there should be harsher penalties for those who are caught using or selling new psychoactive substances;
- 4 respondents requested more training for professionals on understanding new psychoactive substance abuse;
- 3 people felt that new psychoactive substances are too accessible.

### Question 8 – What is your age?

Total number of responses: 997

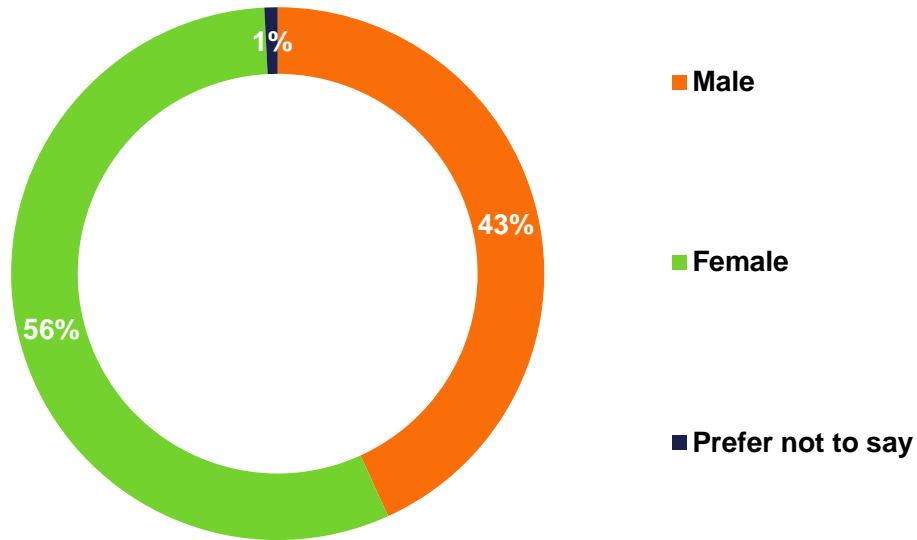
- 16 or under: **20.8% (207)**
- 17 – 24: **31.3% (312)**
- 25 – 44: **30% (299)**
- 45 – 59: **14.14% (141)**
- 60 – 64: **1.40% (14)**
- 65 or over: **1.50% (15)**
- Prefer not to say: **0.90% (9)**



### Question 9 – What is your gender?

Total number of responses: 993

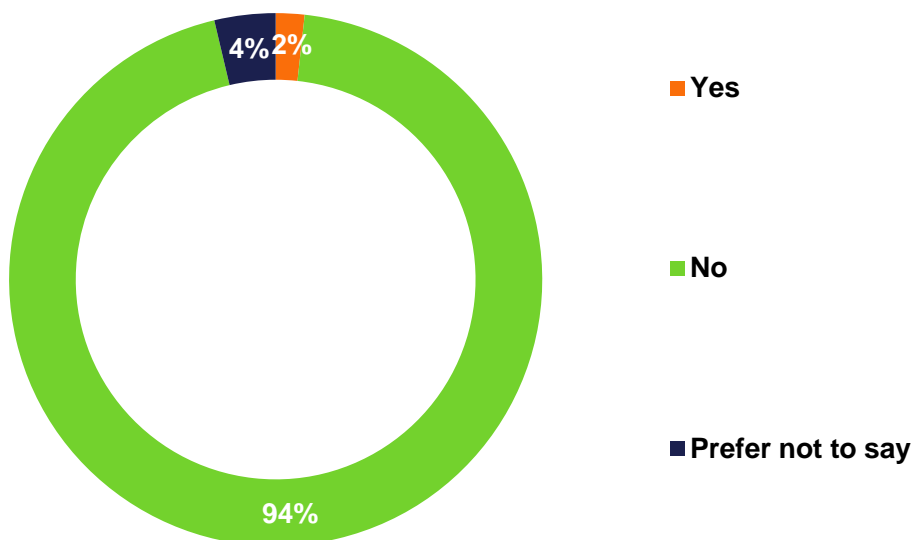
- Male: **43.20% (429)**
- Female: **56.00% (556)**
- Prefer not to say: **0.80% (18)**



### Do you identify as transgender?

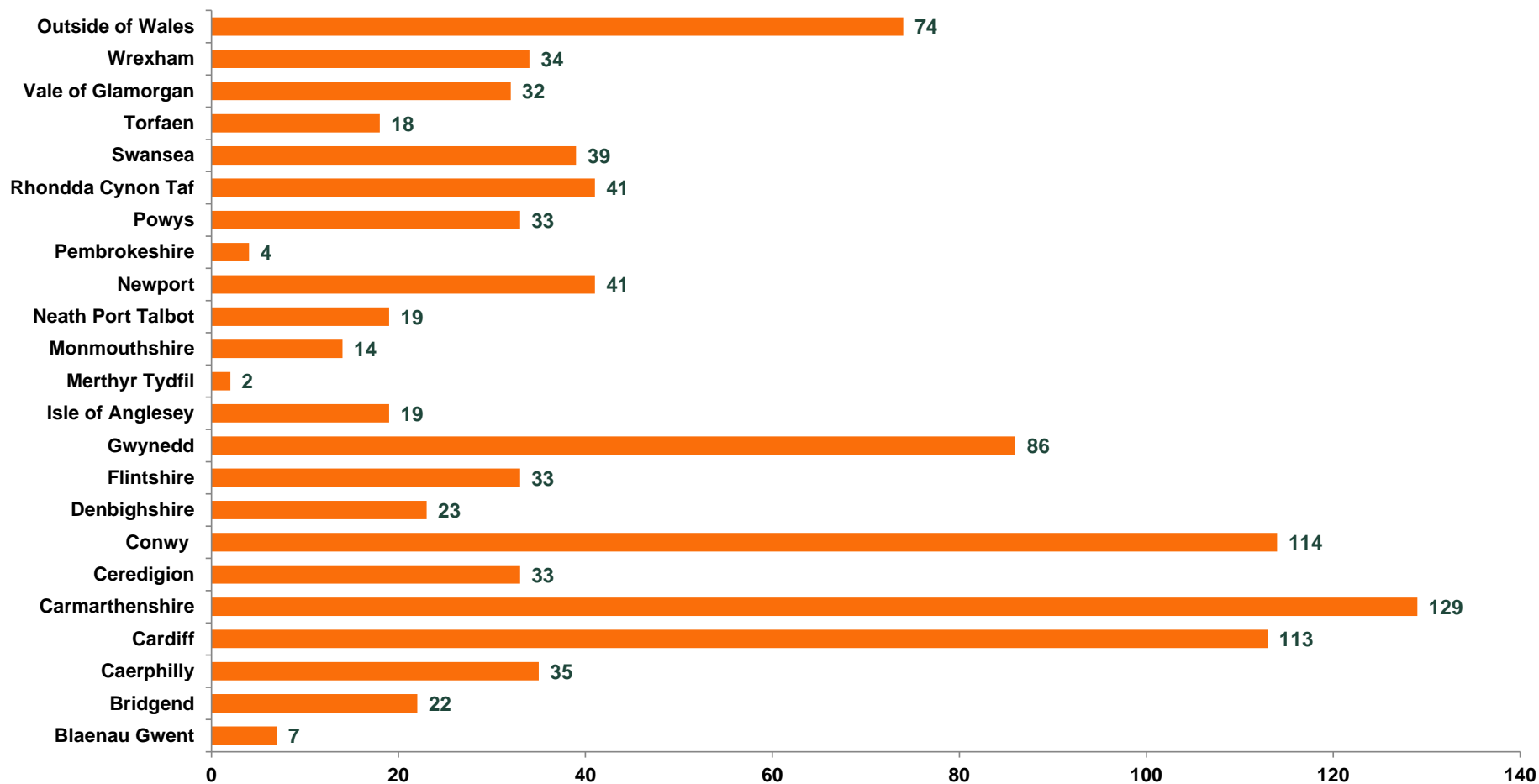
Total number of responses: 973

- Yes: **1.74% (17)**
- No: **94.55% (920)**
- Prefer not to say: **3.7% (36)**



**Question 10 – In which local authority area do you live? If you live outside of Wales, please write your local authority area below.**

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Llywodraeth Cymru  
Welsh Government

Mark Drakeford AC / AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

Eich cyf/Your ref  
Ein cyf/Our ref LF/MD/1051/14  
David Rees AM  
Chair  
Health and Social Care Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

24 October 2014

## Factual briefing on the Public Health White Paper

Thank you for your letter of 9<sup>th</sup> October following the factual briefing on the Public Health White Paper provided by officials on 8<sup>th</sup> October.

The Committee has asked for my view on whether the National Assembly has legislative competence to implement a minimum unit price for alcohol in Wales and whether discussions have been held on this issue with the UK Government.

In my view, the National Assembly for Wales has the competence to legislate on a wide range of public health measures, including the proposals for minimum unit pricing of alcohol, pursuant to Schedule 7 to the Government of Wales Act 2006. Given this position, I confirm that neither I nor my officials have held any discussions with the UK Government other than to confirm the Welsh Government's intention to introduce minimum unit pricing for alcohol contained in the Public Health White Paper, '*Listening to you; your health matters*'.

We are, of course, also continuing to closely monitor the progress and associated implications of the Scottish Government's minimum unit pricing legislation currently being considered by the Court of Justice of the European Union.

Mark Drakeford AC / AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

HSC(4)-26-14

**Paper to note 5**

**Health and Social Care Committee**

**Factual briefing on the Public Health White Paper  
Additional information from the Chief Medical Officer**

Follow up to Oral Evidence 8 October 2014: Dr. Ruth Hussey, Chief Medical Officer

Regarding the Committee's specific query about the statistical information referenced at para. 120, the exact figures from CHETS2 (Exposure to second hand smoke and e-cigarette use among 10-11 year old children in Wales) are that 6% had tried an e-cigarette; while 2% had tried a normal tobacco cigarette. The following is the direct quote from the report:

"Overall, 6% reported having used an e-cigarette at least once; three times as many as had tried smoking tobacco (2%). Hence, most children who reported that they had used an e-cigarette had never smoked a tobacco cigarette."

## Y Pwyllgor Deisebau Petitions Committee

Cynulliad  
Cenedlaethol  
Cymru  
National  
Assembly for  
Wales



David Rees AM  
Chair of the Health and Social Care  
Committee  
Welsh Government  
Tŷ Hywel  
Cardiff Bay  
CF99 1NA

Bae Caerdydd / Cardiff Bay  
Caerdydd / Cardiff  
CF99 1NA

Our ref: P-04-568

October 2014

Dear *David*

The Petitions Committee is currently considering the following petition submitted by ABMU Victim Support Group:

### **Petition: P-04-568 Public Inquiry into ABMU Health Board**

*We call upon the National Assembly for Wales to urge the Welsh Government to hold a full public inquiry in order to investigate the serious concerns raised about standards of care and complaints handling within ABMU Health Board that have caused so much avoidable harm and suffering for patients and bereaved relatives at hospitals administered by the Board and its predecessor bodies and, where necessary, to hold the Chief Executive and the Management Team to account.*

Further information relating to the Committee's consideration of the petition can be found via the following link:

<http://www.senedd.assemblywales.org/ielssueDetails.aspx?Ild=10122&Opt=3>

At our meeting on 23 September the Committee considered the attached correspondence from Minister for Health and Social Services and the petitioners.

Bae Caerdydd / Cardiff Bay  
Caerdydd / Cardiff  
CF99 1NA

Ffôn / Tel: 029 2089 8242  
E-bost / Email: [Petition@wales.gov.uk](mailto:Petition@wales.gov.uk)

While it would not be the full public enquiry the petitioners are seeking, the Committee agreed to ask whether your Committee has any current plans to carry out an investigation into or scrutiny of the issues raised by the petition? If not, would this be something that your Committee would consider adding to its forward work programme?

Please forward your response to the Committee Clerking Team at [Petition@Wales.gov.uk](mailto:Petition@Wales.gov.uk).

I look forward to receiving your response.

Yours sincerely

A handwritten signature in black ink that reads "William Powell". The signature is written in a cursive style with a large initial 'W'.

**William Powell AC / AM**  
Cadeirydd / Chair

Enclosures:

- Correspondence from the Minister for Health and Social Services dated 25 July; and
- [Correspondence from petitioners.](#)

Mark Drakeford AC / AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-04-568  
Ein cyf/Our ref MD/02705/14

William Powell AM  
Assembly Member for Mid & West Wales  
Chair Petitions committee

Ty Hywel  
Cardiff Bay  
Cardiff  
CF99 1NA

committeebusiness@Wales.gsi.gov.uk

25 July 2014

*Dear William,*

Thank you for your letter on behalf of the Petitions Committee regarding Petition P-04-568 - Public Enquiry into Abertawe Bro Morgannwg University Health Board.

The 'Trusted to Care' report findings did not make easy reading and I gave an unreserved apology to those individuals and their families whose care had fallen short of what they might expect from the Welsh NHS. I have made clear I expected immediate improvements to patient care at both hospitals concerned.

The Welsh Government is determined that nothing of this sort will be tolerated in these two hospitals, in this health board, or indeed anywhere else in Wales in the future. This is why we ordered a series of actions to ensure that the standards that we demand of our health service are being delivered and to reassure patients.

This included instigating a programme of unannounced spot checks in all district general hospitals across Wales to test standards of care and reassure patients. These unannounced spot checks are now well underway and being carried out by a team of senior individuals who will report directly to me. I updated Assembly Members on progress before the summer recess. I am also, over the Summer, seeking feedback on the Evans Report on complaints handling in the NHS in Wales.

*Best wishes,  
Mark.*

**Mark Drakeford AC / AM**  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

English Enquiry Line 0845 010 3300  
Llinell Ymholiadau Cymraeg 0845 010 4400  
Correspondence: Mark.Drakeford@wales.gsi.gov.uk

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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