



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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**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.

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