

National Assembly for Wales

[Health and Social Care Committee](#)

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

Evidence from Drugstraining.com– LH 07

## **INQUIRY INTO NEW PSYCHOACTIVE SUBSTANCES ('legal highs')**

**Contributor: LIAM WATSON (MSc, BSc (hons), PGDip), Director of drugstraining.com**

### **Previous relevant experience:**

Member of the 'New Psychoactives' sub group of the APOSM before restructuring.

Previously worked in variety of roles in substance misuse field including development of substance misuse strategies for Public Health Department - Gwent NHS Trust.

Visiting Lecturer at the Department of Health and Social Care at the University of the West of England in Bristol.

Project Lead for nicotine addiction project at University of Wales College of Medicine. Produced the resource pack "Helping Patients Quit: Guidelines for GPs".

Presented on the theme of Online 'legal highs' at the Club Health Conference in Prague.

### **Current relevant experience:**

Drugstraining.com is an independent training agency established in 1999 providing training on a range of current drugs issues across the U.K. Since the explosion of Mephedrone use in 2009 we have provided training for a range of professional groups on the issue of New Psychoactive Substances (aka 'legal highs'). We produce the bi-monthly 'Drugs Now' e-zine which updates 8000 professionals working in the drugs field on current developments. Most of our work is in England but in Wales organisations we have provided NPS training for include:

**Youth Offending Services (Vale of Glamorgan, Cardiff, Bridgend, RCT, Wrexham, Carmarthenshire, Merthyr Tydfil),**

**Police Officers (South Wales Police, Dyfed Powys Police, North Wales Police),**

**DrugAid, Swansea Drugs Project, B@1 Young Persons Drugs Service, Kaleidoscope University staff (Cardiff, Cardiff Met. University),**

**Social Services Children's Teams (RCT, Pembrokeshire)**

**Housing Associations (Seren Group, YMCA, Cartefi Cymru, Wrexham Foyer)**

**Youth Services (Wrexham, Cardiff, Neath Port Talbot, Blaenau Gwent)**

**Wales Ambulance Service**

Through working with a wide range of organisations across the UK I have developed a comprehensive understanding of the key issues relating to information and service provision around New Psychoactive Substances ('legal highs')

Key points for consideration:

### **1. TERMINOLOGY**

The terms 'New Psychoactive Substances' and 'legal highs' covers such a wide range of substances that they become vague and almost meaningless for many professionals and their clients. Greater effort needs to be made to specify the different categories of NPS. Currently they tend to fall into four main categories:

- **Synthetic Cannabinoids:** Spice, Black Mamba, Pandoras Box, AM2201, STS135.
- **Stimulant – type drugs:** Ethylphenidate, MDAI, MPA, Dimethocaine, Mephedrone
- **Hallucinogenics:** 25i – NBOMe, Bromo Dragonfly, AMT, MXE, 5-Meo-Dalt
- **Opiate type drugs:** AH 792, Kratom, Krokodil (desomorphine)

I am regularly told by professionals working with young people that 'they are all using 'legal highs' but when I enquire about the *actual substance* they are not sure. There seems to be a sense amongst many professionals that 'legal highs' are all the same, whereas in reality they can range from fairly mild stimulants such as methiopropamine right thorough to very powerful opioids and long lasting benzodiazepines.

There is a real need for professionals to be educated about the diverse nature and *specific categories* of NPS otherwise they are clearly not in a position to educate, inform and assist their clients.

## 2. TARGETED EDUCATION FOR THE PUBLIC/USERS

**2.1** Following on from the above point I believe that for education campaigns around NPS to have any real impact they need to focus on the specific categories of substances and give specific information for that group of NPS. While I appreciate that there is still a need for the generic 'legal does not mean safe' message to filter out to the general public, there is also a real need for more specific and sophisticated information about the different properties/effects of NPS. For example, any educational messages or materials that seemed to imply that 'legal highs' such as Nitrous Oxide and Bromo Dragonfly were similar would be seen as users as lacking any credibility. In reality the only thing that many 'legal highs' have in common is that they are not currently controlled under the Misuse of Drugs Act.

**2.2** It is important that this information is presented in a format that is seen as credible and reliable. In my experience users of NPS come from very diverse backgrounds (see below) and any attempts to provide education and harm reduction advice will need to be appropriate to each population group. For example, I am aware from working with many universities that students are tending to get their 'drug education' about NPS from online 'psychonaut' drug forums (such as Bluelight and Erowid) and from watching videos of people experimenting with substances on video sharing websites such as Youtube. To reach this population group it would be appropriate to make use of similar types of digital/social media.

**2.3** Research shows us that the best way to ensure that the targeted information is seen as credible, reliable and relevant is to involve the target group themselves in its development from the start. For example, any work targeting the use of NPS in the Gay clubbing community will need to involve people from that community in its development to ensure the appropriate needs are being met and that the information is in a format that would appear credible.

## 3. NPS USERS: DIVERSE POPULATION GROUPS WITH DIFFERENT NEEDS

**3.1 YOUNG PEOPLE:** For obvious reasons the media tend to focus on the use of 'legal highs' by teenagers. It may be that the death of a young person from taking a drug is seen as more tragic

and therefore more newsworthy. It may also be that, in terms of nuisance and anti-social behaviour, young people taking drugs is more visible and therefore attracts the attention of the police and other public services. There is a clear need to target young people who may be *thinking* of using NPS to clarify that these substances are certainly not safe, mild versions of illegal drugs as some believe. There are some key themes that need to be emphasised in the education of young people which are elaborated later in section 4.

**3.2 ADULT PROFESSIONALS:** For many adults (often in professional careers) the availability of 'legal' drugs which they can access online conveniently, anonymously and with no risk of prosecution has proved very tempting. The most recent Global Drug Survey found that in the U.K 25% of respondents had bought drugs online in the last year. For many the reason they were buying these drugs online was the same as for any other consumer product – cost, convenience, ease of access and good seller ratings. This ease of access to often powerful substances may be leading to many people developing a 'hidden' dependency on these substances - as has happened in Wales with Mephedrone. These adult professionals may not fit the stereotypical media image of a 'legal high' user, and they may not come to the attention of the police or social services, but there does appear to be a growing population group who are accessing NPS online. With such ease of access the regular, heavy use of some NPS may lead to both physical and mental health problems for users. There is also the real risk of serious drug addiction with some NPS such as the new synthetic opiates.

**3.3 'PSYCHONAUTS':** the psychonaut community is made up of people who have a profound belief that human beings can greatly benefit from experimenting with mind altering substances, particularly in terms of accessing 'hidden' areas of human consciousness. In relation to NPS many in the online psychonaut community are the first to experiment with newly developed compounds. The experience will then be shared (often in great detail) with their online community via the web forums. As they are often experimenting with virtually unknown new compounds the risk of overdose and 'bad trips' is very real. However, many in the community believe that by sharing their first hand, personal experiences others can benefit in terms of understanding dosage and reducing potential negative side effects. To develop accurate harm reduction information on specific new substances, professionals may need to use the information given and discussed on the online drug forums.

**3.4 GAY COMMUNITY:** a survey in the current edition of Gay Times shows that 75% of gay men between the ages of 17 – 75 have used illegal drugs recreationally. The figure is far higher than for the general population. There is growing concern regarding the use of stimulant NPS on the gay clubbing scene and in particular the use of stimulants such as Mephedrone as part of the so called 'chemsex' scene. The injecting of stimulants is a particular concern with regard to both the physical and mental health consequences for users. There is also a clear link between the use of these substances and decisions to have unprotected sex with strangers. It may be that a specific education and harm reduction campaign is required for those from the gay community around the dangers of NPS.

**3.5 PRISONERS:** through my recent work with RAPT (Rehabilitation of Addicted Prisoners Trust) in London and the north of England, I have been made aware of the huge problems being caused inside prisons by prisoners smoking 'Spice'. 'Spice' is the generic term used in our prisons for the new synthetic cannabinoids. One counsellor for RAPT told me that 80% of prisoners in his prison were smoking 'Spice' and that it was causing considerable problems in relation to both the health and behaviour of prisoners. As the powerful chemicals mimic THC but do not contain THC many prisoners are attracted by the fact that they can smoke the drug and not get sanctioned for failing the Mandatory Drugs Test. Additionally because the chemicals do not smell like cannabis prisoners can smoke the drug without being bothered by the prison officers. There may also be an issue with the use of other NPS being used in prison because they are not detectable with current drug testing procedures which only identify the main illegal drugs. There is undoubtedly a need for education, training and information for both prisoners and those working in the prison sector.

**3.6 THOSE SUBJECT TO DRUG TESTING:** whether it is in the workplace, in prison, as part of a Social Services parenting order or with the new roadside 'drugalyser' for 'drug driving', increasing numbers of people are now (or will be) subject to some form of drug testing procedure. As the current devices only test for the five main categories of illegal drugs many people seem attracted to NPS 'legal highs' as they know they can use them without fear of being detected. When the new 'drug driving' law comes in to action in March 2015 I anticipate a large number of cannabis users switching to NPS. The THC in cannabis can stay in the system for days or even weeks after the user has smoked cannabis. This is because the THC sticks to the fatty elements in the blood. With the 'zero tolerance' law for drug driving it means that regular cannabis users effectively face the risk of a driving ban each time they get behind the wheel.

## **4. KEY EDUCATIONAL/HARM REDUCTION THEMES**

**4.1 DOSAGE:** with so many diverse chemicals appearing on the marketplace in such a short period of time it's not surprising that confusion over dosage has led to severe negative outcomes for some users. With the packaging stating 'Not for Human Consumption' and Head Shops being banned by law from giving dosage advice, users often have to guess what an average or 'safe' dose might be. With the synthetic cannabinoids many users made the mistake of thinking that they would need to use the same amount as they would with cannabis – not understanding that the chemical can be up to 40 times the potency of THC. Via experienced users on the online drug forums the 'common sense' understanding is now that users only need to use 'one pinch' or 'the size of a match head' to get the desired effects. It is particularly important that drug workers and any other professional working directly with users understand the importance of dosage information around NPS and are able to accurately inform their client group.

**4.2 LEGAL ISSUES:** information from testing laboratories indicate that many of the substances sold as 'legal highs' actually contain a Controlled Drug. Education around NPS needs to emphasise that those buying these products may actually be breaking the law.

**4.3 VARIABLE CONTENT OF NPS:** laboratory testing of NPS has consistently shown that the name on the packaging is not a reliable indicator of the actual content. Many 'research chemical' products have been found to contain a wide variety of chemicals. Brand names such as GoGain and Sparkle are meaningless in terms of indicating what the *actual* content of the NPS might be.

**4.4 NPS HAVE NO RESEARCH HISTORY:** it's important to emphasise to those considering using NPS that many of the substances have not undergone any significant scientific or medical research. For the majority of the new chemicals very little is known about their potential toxicity or effects on long term health.

**4.5 GENERAL SAFETY ADVICE:** it is particularly important with the unknown nature of many NPS that those using them are given advice on staying safe. Tips such as 'Don't use alone', 'Start with a tiny amount', 'Don't redose for at least an hour' and 'Seek help immediately if you or a friend feel ill' are important messages given the often unpredictable nature of NPS.

## **5. IMPLICATIONS FOR SERVICE PROVISION**

**5.1 CHALLENGES FOR DRUG TREATMENT SERVICES:** many of those working in adult drugs services are used to working with users of 'traditional' illegal drugs but NPS users present a series of new challenges. Firstly, how do we get those from such diverse backgrounds to access 'traditional' substance misuse services which are often seen by NPS users as being for those addicted to heroin, crack and alcohol? Secondly, there is currently no clear guidance on treatment

options for those using NPS as there are for 'traditional' illegal drugs. Thirdly, due to the lack of research into the effects of NPS substance misuse workers are unable to give accurate information and advice on issues such as toxicity and contraindications. Fourthly, the often random 'pick n mix' culture of poly drug use by those using NPS makes assessment and harm reduction advice even more difficult.

It may be that specific services along the lines of 'Club Drug' services in London (and using similar techniques to reach users) could be trialed in Wales. These services could be 'stand alone' services or run as an arm of an existing substance misuse service.

**5.2 TRAINING FOR OTHER PROFESSIONALS:** there is also a requirement for additional training for other professionals outside of drugs services. It appears that many users of NPS are being treated in either adolescent or adult mental health services rather than in drugs services. It is important that those working in the mental health field have a better understanding of the role that NPS might be playing in the mental health status of clients. Similarly, medical professionals in areas such as A & E, General Practice and the Ambulance Service, undoubtedly require an improved knowledge and understanding around the use of NPS.

There is also an expressed need from Police Officers to receive additional training on the new drug trends in Wales. They are often the first to come across someone who is intoxicated through the use of NPS and would benefit from having a clearer understanding of the nature and wide ranging effects of these new drugs.

If you would like to contact me to discuss any of the points raised then please email [REDACTED] or via telephone on [REDACTED].

Liam Watson

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