

## 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.