

**19 June 2015**

## **Novel Psychoactive Substances**

---

### **Report of Anna Lynch, Director of Public Health, County Durham**

---

#### **Purpose**

1. The purpose of this report is to provide the Safer and Stronger Communities Overview and Scrutiny Committee with an update on the use of legal highs otherwise known as new (or novel) psychoactive substances (NPS).

#### **Introduction**

2. Nationally since around 2008, there has been a growing interest in, and availability of, a new generation of drugs called NPS.
3. The arrival of NPS has been something of a 'game-changer' in that traditional models of drug supply have been joined by the internet as a new supply route. Many NPS are also available in high street retail outlets without legal restraint. However, following on from the recommendations of the Home Office NPS Review Panel and recent local court judgements, the high street sale and distribution of NPS will become increasingly difficult.<sup>1</sup>

#### **Legal Issues**

4. The Advisory Council on the Misuse of Drugs (ACMD) defines NPS as "psychoactive drugs which are not prohibited by the United Nations Single Convention on Narcotic Drugs or by the Misuse of Drugs Act 1971 and which people in the UK are seeking for intoxicant use".<sup>2</sup>
5. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has sharpened the definition slightly to include those substances not included in the UN Convention on Psychotropic Substances, but from an international perspective this still leaves a number of substances which are controlled in the UK, but outside of the international control mechanisms. This explains why in some international reports, drugs such as ketamine and GHB/GBL can be classed as NPS.<sup>3</sup>

---

<sup>1</sup> Drugscope, NPS not for human consumption, 2015

<sup>2</sup> ACMD, Consideration of the novel psychoactive substances ('legal highs') October 2011

<sup>3</sup> EMCDDA, Responding to new psychoactive substances, Drugs in Focus briefing 2011

6. However, the biggest challenge facing the UK has been to determine the most effective legislative framework for controlling the supply and distribution.
7. The arrival of mephedrone was a game-changer; for the first time, a drug that was being widely used and heavily publicised, remained legal for around 12-18 months before it was controlled. But, following its classification as a Class B drug in 2010, a now familiar cycle was initiated of new (legal) products appearing almost immediately after one was banned. The mechanisms to bring a substance under legislative control were just not nimble enough. The government then introduced a system of Temporary Class Banning Orders (TCDO) which penalises supply, but not possession and lasts a year to allow for ACMD deliberations.
8. Trading Standards Legislation is usually used against those trying to defraud customers. In this case, the customer is not being defrauded and is actually colluding with the retailer. Packaging may claim 'not for human consumption', they both know what the product is going to be used for. The 'not for human consumption' label is an attempt to sidestep the Human Medicines Regulations 2012 (into which the Medicines Act is now subsumed) and general product safety rules and regulations. The only way to get round this legal loophole without legislative change is through case law which has started to happen recently.



9. Cases brought to trial in Kent and Belfast in 2014 obtained forfeiture orders under General Product Safety Regulations (GPSR) as the prosecution was able to prove that the products were unsafe if used in the way that was intended (consumed) - you don't go into a head shop to buy plant food or bath salts.<sup>1</sup>
10. In May 2015 the Queens Speech highlighted new legislation in relation to NPS. A new bill will be included during the current Parliament to control NPS.

## Psychoactive Substances Bill

11. This Bill will introduce a blanket ban on the sale of psychoactive substances, or 'legal highs' by making it an offence to produce, supply, offer, possess with intent, import or export psychoactive substances. A psychoactive substance will be any substance intended for human consumption that is capable of producing a psychoactive effect, with alcohol, tobacco, caffeine, food and medical products excluded from the scope of the offence. It will include prohibition notices and prohibition orders to enable the police and councils to adopt a proportionate response to the supply of psychoactive substances.

## What are NPS?

12. NPS can be sub-divided roughly into the following categories:

- **Synthetic cannabinoid receptor agonists (SCRAs):** traded under such names as Clockwork Orange, Black Mamba and Exodus Damnation. These bear no relation to the cannabis plant except in that the chemicals which are blended into the plant matter, act on the brain in a similar way to cannabis.
- **Stimulant-type drugs:** e.g., BZP, mephedrone, MPDV, NRG-1, Benzo Fury, MDAI, ethylphenidate. The effects of these drugs replicate across the range, those encountered with amphetamine and MDMA.
- **Hallucinogenic:** e.g., 25i-NBOMe, Bromo-Dragonfly and the more ketamine-like methoxyetamine.
- **Opiates:** There are some opiate type NPS in Europe such as kratom, but no evidence of a significant UK presence, although there was a recent reported UK death caused by a synthetic morphine product called AH-79217. O-desmethyl tramadol, an opioid analgesic (and the main active metabolite of tramadol) has been offered for sale, but now controlled. W 15 7 and W 19 both potent  $\mu$ -opioid agonists have also been seen.

13. There are currently over 450 NPS being monitored by the European Monitoring Centre for Drugs and Drug Addiction.<sup>4</sup>

## Patterns of Use

14. While NPS are readily available online, only a minority of NPS users acquire their drugs through online sources.<sup>5</sup> Instead, NPS users reported purchasing from friends, dealers and headshops.<sup>6</sup>

---

<sup>4</sup> European Monitoring Centre for Drugs and Drug Addiction, New psychoactive substances in Europe: An update from the EU Early Warning System, March 2015

<sup>5</sup> European Commission (2014) Flash Eurobarometer 401: Young People And Drugs Available: [http://ec.europa.eu/public\\_opinion/archives/flash\\_arch\\_404\\_391\\_en.htm](http://ec.europa.eu/public_opinion/archives/flash_arch_404_391_en.htm)

<sup>6</sup> The Home Office, New Psychoactive Substances in England: A review of the evidence, October 2014

15. Estimating the prevalence of use of new psychoactive substances is often a challenge, especially through general population surveys. One insight is provided by the 2014 Flash Eurobarometer, a survey of just over 13 000 young adults aged 15–24 in the EU Member States, which asked about the use of new psychoactive substances. It found that 8 % of respondents had used a new psychoactive substance at least once, with 3 % using them in the last year. The highest levels of use in the last year were in Ireland (9 %), Spain, France (both 8 %), and Slovenia (7 %), with the lowest reported by Malta and Cyprus (0 %). Most respondents who had used new substances in the last year either bought them from, or were given them by, a friend (68 %). Just over a quarter (27 %) bought them from a drug dealer, while 10 % purchased them from a specialised shop and 3 % bought them on the Internet (multiple answers were possible).<sup>4</sup>
16. However, existing data is self-reported by those with a higher level of drug use than the general population, e.g. those attending festivals and clubs. Secondly, once a substance is banned, it can easily appear repackaged as a different (and allegedly legal) product. In essence, it is unlikely that most NPS users can be certain what it is they have taken – although this is not an unusual state of affairs on the illicit drug market.<sup>1</sup>

### **Harmful Effects of NPS**

17. The key harms associated with NPS use include:<sup>1</sup>
- Overdose, temporary psychotic states and unpredictable behaviours;
  - Attendance at A&E and some hospital admissions;
  - Sudden increase in body temperature, heart rate, coma and risk to internal organs;
  - Hallucination and vomiting;
  - Confusion leading to aggression and violence;
  - Intense comedown that can cause users to feel suicidal.
- Use was also associated with longer term health issues:
- Increase in mental health issues including psychosis, paranoia, anxiety, ‘psychiatric complications’;
  - Depression;
  - Physical and psychological dependency happening quite rapidly after a relatively short intense period of use (weeks).

### **NPS Data for County Durham**

18. The data for County Durham is limited and the information in this section must be read with caution. The Drug Strategy partnership is currently working on the reporting systems and prospective data collection for NPS.
19. Durham Constabulary data shows that between January 2014 and January 2015, there were 67 reported episodes of NPS use. Fourteen of these cases were from Darlington and three were Force Wide which could include Darlington. Four were out of the Force Area. Crook had the highest number with ten reported cases. The commonest substance reported was herbal cannabis.

20. The drug and alcohol data reporting system (POPPIE) does not currently have a specific field to capture information on NPS use. Therefore any data must be regarded with caution. Between June 2013 and May 2015 there are 36 clients where NPS was reported to have been used. In 16 cases NPS was reported as the main drug of choice, most of which were stimulants, two hallucinogenic and three cannabinoids. The client ages ranged between 18 and 52 years.
21. The County Durham Substance Misuse Related Death Group led by Public Health had no reported deaths caused by NPS use during 2014-15. However there was one reported adult suicide where NPS was related but not the cause of death.
22. The lesbian, gay, bisexual and trans community (LGB&T) service in County Durham have reported that “a noticeable percentage of young people are taking legal highs especially bubble (methadone): “Young people are experiencing loss of appetite, low moods, anger, selling personal things and weight loss”. The service reports that users believe it is safe to take and are confident that they ‘know’ the drug. The street value per gram is £15-20.
23. The Durham Drug Strategy action plan aims to work with partners to enhance the knowledge and evidence on NPS. This is difficult as intelligence is mainly self-reported. The partnership is currently seeking to collect data from a range of sources including the drug and alcohol service, sexual health services, probation service, suicide data, police reporting, and environmental health and consumer protection intelligence.

## **The Challenges**

24. There are currently no known shops (known as head shops) selling NPS in County Durham although there is believed to be a market in Newcastle, Sunderland and Darlington. The growth of the market in NPS via internet sales will continue to pose a range of challenges for public health and drug policy. The major drivers of many of these are the speed at which they appear, their open sale, and that there is little or no information on their effects and harms.
25. Local information on NPS must be collected to enable people to take personal responsibility for their decisions.
26. The Drug Strategy partnership will make full use of the legislative framework and strengthen the enforcement response to NPS.
27. The Home Office report the following gaps in the evidence for NPS:<sup>6</sup>
  - the prevalence of use of NPS, and a total measure of NPS use;
  - the use of NPS among subgroups other than NTE participants;
  - the long-term health harms of NPS use;
  - acute health harms of NPS use;
  - the extent to which NPS use drives social harms;
  - the impact and effectiveness of legislation;
  - the motivations for the use of NPS other than mephedrone;
  - the exact factors and mechanisms that affect displacement and supplementation; the extent to which individuals within social groups purchase online and then distribute within their social group.

## **Recommendations**

28. The Safer and Stronger Communities Overview and Scrutiny Committee are asked to:

- (i) Note the contents of this report;
- (ii) Note the Drug Strategy Partnership (multiagency) is collating local information on NPS and this is included in the action plan.

---

**Contact:** Lynn Wilson, Consultant in Public Health  
**Tel:** 03000 267 680 **E-mail:** [lynn.wilson2@durham.gov.uk](mailto:lynn.wilson2@durham.gov.uk)

---

---

## **Appendix 1: Implications**

---

### **Finance**

No implications.

### **Staffing**

No implications.

### **Risk**

No implications.

### **Equality and Diversity / Public Sector Equality Duty**

No implications.

### **Accommodation**

No implications.

### **Crime and Disorder**

NPS action is included in the County Durham Drug Strategy action plan.

### **Human Rights**

No implications.

### **Consultation**

No implications.

### **Procurement**

No implications.

### **Disability Issues**

No implications.

### **Legal Implications**

New legislation proposed in the Queens speech to Parliament on 27 May 2015.