New Psychoactive Substances ‘Legal Highs’
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Summary

New Psychoactive Substances introduction

- New Psychoactive Substances (NPSs) are psychoactive substances which are newly synthesised and/or newly available, designed to mimic the effects of ‘traditional’ illicit drugs and to be outside the scope of the Misuse of Drugs Act 1971. As they become brought under legal control, new ones have been manufactured often by slight changes in chemical composition.
- NPS use appears to be increasing nationally, while there has been a downward trend in the use of illicit drugs overall over the last decade.
- Patterns of use change; for example there is some evidence that the use of mephedrone increased until around 2012/13 and has fallen since then, while the use of nitrous oxide has increased in the last few years.
- The commonest routes of supply have been through head shops and online, but new legislation outlaws the distribution of NPSs in this country. The impact of this on NPS use has yet to be seen.

New Psychoactive Substances key points

- Users of NPSs tend to be people who also use other illicit drugs, and different groups of NPS users have been identified including participants in the night-time economy, men who have sex with men (MSM), some groups of young adults, ‘psychonauts’ who experiment with psychoactive drugs, and vulnerable young people living in socially disadvantaged environments.
- There is limited evidence on the effects of NPSs but because they often contain a mixture of substances, or unknown substances, health effects can be unpredictable and idiosyncratic.
- Currently NPS users comprise only a small proportion of users of substance misuse services, although many users may not regard NPSs as substances with which they need help.
- There are no specific interventions to reduce demand for or manage dependence on NPSs and approaches used for other substances also apply to NPSs. These include information giving and resilience building for young people (including in schools), and psychosocial interventions using a stepped care approach to manage dependence.

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1 Head shops are high street outlets which often sell paraphernalia related to the growing, production or consumption of cannabis and other drugs, alongside NPSs or ‘legal highs’.
• There is little information on NPS use in Suffolk. The proportion of substance misuse service users citing NPS use appears relatively low compared with other areas and the services in Suffolk do not perceive NPSs as a big problem.
• A survey of young people at New College, Ipswich found that almost a quarter had tried NPSs, and 11% reported using them frequently. Most of the respondents appeared to be aware that these drugs are no safer than illegal drugs and many said they would not use them even if recommended by a friend. However few appeared to be aware of local sources of information and advice about them.
• Anecdotal information suggests there may be particular concerns about substance misuse, including NPSs, in the Lowestoft area.
• There is evidence of a dramatic increase in use of synthetic cannabinoids (‘Spice’) in prisons over the last 5 years, including those in Suffolk.
• The Suffolk Recovery Forum has not encountered particular concerns about NPSs to date.

New Psychoactive Substances recommendations
• There should be a partnership approach to tackling all aspects of NPSs which is integrated into current substance misuse partnership arrangements. This should draw in a wide range of partners including various healthcare providers (both specialist substance misuse and non-specialist services), children’s and adults’ social care, teams working with those who are not in education, employment or training and Young Offenders, schools and colleges, youth services and various third sector organisations, the police, trading standards, and the criminal justice system including prisons and community rehabilitation. The Recovery Forum could develop into a partnership which takes a proactive approach to this work.
• There should be consideration of what further information is needed to develop a better understanding of current and potential users of NPSs in Suffolk including those in prison settings.
• Develop accurate, up-to-date information and advice about the harm of NPSs, identifying appropriate routes to reach particular target groups (such as users of the night-time economy, men who have sex with men (MSM) and those in the criminal justice system) as well as broader approaches for young people through schools and other settings
• Work with schools across Suffolk to support and develop Personal, Social and Health Education programmes which include information about NPSs as part of substance misuse awareness raising.
- Consider what steps substance misuse services need to take to ensure they are accessible and seen as appropriate for users of NPSs, particularly considering risk groups such as young people, prisoners, MSM, and those from socially deprived areas. Including development of outreach to target groups and environments where there is increased risk of NPS use such as clubs and festivals.

- Ensure that specialist services provide effective support for users of NPS. This should include; harm reduction where appropriate eg needle exchange for people who inject NPSs and interventions to reduce dependence for users of NPSs (who will often be multiple substance users). Any provision needs to underpinned by detailed information about these users, including demographic details, risk factors and interventions in order to determine and evaluate outcomes.

- Develop stronger links and pathways between specialist services and generic services such as sexual health, Accident and Emergency, paramedics and primary care. Ensuring that these workforces feel confident and competent to identify and deal with problems relating to NPSs (including acute reactions) and are able to provide information and to signpost people appropriately.

Most of the information collection and interviews for this needs assessment were carried out before the Psychoactive Substances Bill was published on 29th May 2015.

**What are New Psychoactive substances?**

New Psychoactive Substances (NPSs) are substances which:

- are newly synthesised and/or newly available;
- are psychoactive and designed to mimic the effects of ‘traditional’ illicit drugs;
- may cause a threat to public health and/or the health of individuals;
- are designed to be outside the scope of the Misuse of Drugs Act 1971 (although many are now controlled under the Act), and not covered by the UN Drug Conventions;
- have become more widespread in use in the UK in the last 6-7 years.

‘New’ NPSs are constantly being manufactured, so there is no definitive list of substances, but their actions fall into 4 main categories, similar to the drugs they are designed to mimic; stimulant, hallucinogenic, depressant, or synthetic cannabinoids.

Figure 1 gives examples of NPS by their effect. Although sometimes referred to as ‘legal highs’ many have been controlled under the Misuse of Drugs Act 1971 and many more are
covered by Temporary Class Drug Orders which apply to specific compounds. The Psychoactive Substances Bill published on 29th May 2015 will make it illegal to produce, distribute, sell or supply (although not to possess) ‘any substance intended for human consumption that is capable of producing a psychoactive effect’ (tobacco, alcohol and caffeine will be excluded). This effectively covers all NPSs which are available now or might be manufactured in the future.

**Figure 1: The main types of NPS and examples of each type**

<table>
<thead>
<tr>
<th>Type of NPS according to their effect</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primarily stimulant effects</td>
<td>Mephedrone (meow meow), Benzo Fury, MDAI, ethylphenidate, NRG-1, BZP</td>
</tr>
<tr>
<td>Primarily hallucinogenic effects</td>
<td>Salvia, Amanita, methoxetamine, Bromo-dragonfly</td>
</tr>
<tr>
<td>Primarily depressant effects</td>
<td>GHB/GBL, nitrous oxide</td>
</tr>
<tr>
<td>Synthetic cannabinoids</td>
<td>Spice, Clockwork Orange, Black Mamba, Exodus Damnation</td>
</tr>
</tbody>
</table>

Source: NEPTUNE 2015, Drugscope 2015

NPSs are often manufactured in laboratories overseas and the number of substances available has grown rapidly since around 2008, with new ones produced quickly to replace those that are placed under legal control. The majority of products analysed are found to contain a mixture of substances, often including controlled drugs. They are often sold packaged and marketed as ‘plant food’, ‘bath salts’, ‘research chemicals’, ‘incense’ or ‘herbal highs’ and are typically labelled as ‘not for human consumption’. The main sources of NPSs in the UK to date have been head shops (high street outlets which often sell paraphernalia related to cannabis and other drugs), other non-specialist retailers, and the internet, although relatively small numbers of users source them online, particularly among young people. NPS users commonly use the internet for sharing information about new compounds and the effects of drugs.

**Why are New Psychoactive Substances an important Public Health problem?**

A number of characteristics of NPSs increase the likelihood of harms arising from their use including uncertainty about their contents, impurity, adulterants and contaminants and poor quality. There is little knowledge about their short- and long-term effects, which are made
more unpredictable by often being used in combination with other substances. There is evidence that injecting some NPSs is becoming more common, particularly mephedrone. They are currently easily available and relatively cheap compared to other drugs or alcohol.

Physical problems related to overdose have included overstimulation, confusion, hallucinations, cardiac arrhythmias and loss of control of body temperature, and mental health problems have been linked with longer term use. Office for National Statistics data on drug poisoning deaths reported 60 deaths in 2013 where NPSs were mentioned, but this is a very small proportion of the total deaths due to drug poisoning (60/2955 in 2013). The figures for NPSs had increased sharply since 2011 though it is not clear how much of the increase was due unclear definitions. Table 2 shows the NPS associated deaths in England and Wales between 2009-2013. There was a clear increase in the number of these deaths linked with cathinones, including mephedrone.

**Figure 2: Number of drug-related deaths where selected substances were mentioned on the death certificate, England and Wales, deaths registered between 2009–2013**

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPS total (including cathinones/mephedrone)</td>
<td>26</td>
<td>22</td>
<td>29</td>
<td>52</td>
<td>60</td>
</tr>
<tr>
<td>Cathinones (including mephedrone)</td>
<td>0</td>
<td>6</td>
<td>6</td>
<td>18</td>
<td>26</td>
</tr>
<tr>
<td>Mephedrone</td>
<td>0</td>
<td>6</td>
<td>5</td>
<td>12</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: ONS

There is no evidence that NPSs are currently significant drivers of social harms. Within prisons NPSs are a part of the pattern of substance misuse which also includes ‘traditional’ illegal drugs and prescription drugs. There has been a dramatic increase in prison seizures of Spice (synthetic cannabinoids) since 2010. Figure 3 shows the number of seizures of Spice between 2010-14. Although the presence of Spice in prisons is evident there is no evidence on the extent of their use in this setting because they are not tested for as part of Mandatory Drug Tests.
What is known about New Psychoactive Substance use in the UK and more widely?
NPSs are predominantly used by those who also use other illicit drugs such as club drugs, either as a substitute or alongside other substances. Convenience, availability and lower prices are thought to be bigger drivers for NPS use than legal status alone, although legal status might influence new users. There is good evidence that some NPS users are prepared to take an ‘unknown white powder’ with no idea about its contents (Home Office 2014c).

A number of subgroups among whom NPS use is relatively high have been identified, including clubbers and other participants in the night-time economy, men who have sex with men, some groups of young adults, ‘psychonauts’ who experiment with psychoactive drugs, and vulnerable young people living in socially disadvantaged environments (Home Office 2014d).

NPSs are the primary drug of use among only a very small proportion of adults seeking treatment from substance misuse services, although around 5% cite use of any club drug. Among young people in treatment use of mephedrone or club drugs is more common than among adults, and the commonest age for NPS use was 15. Reported mephedrone use increased up to 2012/13 in both adults and young people using services, but not significantly in 2013/14. Many NPS users do not recognise themselves as drug users and would not consider seeking help from services, and many who do come into contact with services who are using multiple substances would not consider they needed help with NPSs.
The Crime Survey for England and Wales (CSEW) found that by far the commonest ‘legal high’ used was nitrous oxide, taken by 7.6% of 16-24 year olds and 2.3% of all 16-59 year olds in 2013/14. Use of both salvia and nitrous oxide had increased since the previous year, while reported mephedrone use fell significantly between 2010/11 and 2012/13. The vast majority of NPS users also used other illicit drugs. The CSEW also found a long-term downward trend in overall rates of illegal drug use over the last decade, although rates in 2013/14 were higher than in 2012/13. In 2013/14, 8.8% of 16-59 year olds (and 18.9% of 16-24 year olds) had taken any illicit drug (excluding mephedrone) in the last year.

An online survey looking at use of ‘legal highs’ in the UK included responses from 468 people who had ever taken ‘legal highs’, half of whom had used them first between the ages of 18 and 21, and a third when they were younger than that. There was a small proportion of very frequent users and many reporting only occasional use. Use with other substances (including alcohol) was common. Many users reported unpleasant physical symptoms associated with ‘legal high’ use and the majority considered that there were likely to be associated health risks. Most said they would go to a friend for help if they had a health problem due to taking a ‘legal high’, and only 40-50% said they would seek help from NHS health services; a greater number said they would look on the internet for help.

Intentions to use ‘legal highs’ again were influenced more by perceptions of safety, cheapness and easy availability, and views of friends, than by scientific information or news reports about their effects. Among people who had never used ‘legal highs’, the majority said they never would.

Two international surveys gathering information about NPSs included respondents from the UK. Among respondents to the Global Drug Survey in November/December 2013 (who tended to be young adults, about 50% regular clubgoers), 12% of the UK sample (n=7,326) and 7% of the international sample reported using ‘legal highs, research chemicals or synthetic cannabis’. Of the total UK sample, 11% admitted to taking ‘mystery white powders’ with no idea what they contained, and this increased to a fifth among those aged 18-25. The Eurobarometer survey of 15-24 year olds in the EU in June 2014 found that 10% of the UK sample had ever used NPSs, 2% in the last 20 days and 4% in the last 2-12 months. The proportion of the whole EU sample who had ever used NPSs increased from 5% in 2011 to 8% in 2014.
The European Early Warning System run by EMCDDA reported that over the past five years there has been an 'unprecedented' increase in the number, type and availability of NPSs in Europe. In 2014 it reported 101 newly identified NPSs, compared with 14 in 2008. The single largest group was synthetic cannabinoids.

What is the local picture?
The only data on substance misuse service users’ experience of using NPSs are those available from the National Drug Treatment Monitoring System (NDTMS). There were increases between 2012/13 and 2013/14 in the number of users of all types of NPSs accessing services nationally, but the number of NPS users in Suffolk services appear relatively low compared to the East of England and nationally. The largest group were mephedrone users who comprised about 1% of service users in Suffolk. There is also evidence that NPS users accessing the services in Suffolk tend to be older than in other areas.

Professionals in Suffolk substance misuse services did not consider NPSs to be a large problem locally, although a number commented on particular concerns in Lowestoft, with mephedrone reported to be in common use both with young people and adults. Research carried out by University Campus Suffolk (UCS) with young people in Lowestoft reported that drug use is very common in the area and that drugs are easy to get hold of (though NPSs were not referred to specifically). The young people perceived a strong association between drug use, homelessness, unemployment and crime.

Staff in the three Suffolk prisons reported that synthetic cannabinoids (‘Spice’) were by far the commonest NPSs used, that use has risen dramatically in recent years and that they had seen some severe and idiosyncratic reactions to Spice. In a survey the Rehabilitation for Addicted Prisoners Trust (RAPt) carried out with their service users, 60% said they had used Spice and 54% that they would be able to get hold of it if they wanted. Staff reported anecdotally a link between NPS availability and more violence and discipline problems in the prison.

Little information was available from other services contacted across Suffolk. Sexual health services reported very little awareness of ‘chemsex’ among MSM using their services, and thought it likely that anyone seeking chemsex would go outside Suffolk. Mental health services were not aware of seeing patients with mental health problems linked to NPSs, and information was not available from Accident and Emergency.
A head shop in Ipswich was closed down earlier in 2015 due to the efforts of local trading standards and police, who also reported that other retailers have been visited and agreed to stop supplying. Other head shops are known to operate in neighbouring counties thought to be sources of supply for people in Suffolk.

An online survey was developed to try and gather views from local young people. There were 99 responses from young people at Ipswich college, most of whom were aged 16-18, although it is not possible to say how representative they are of young people in Ipswich as a whole. Almost a quarter said they had ever taken a ‘legal high’, and 11% were frequent users. Over two-thirds said they would not try one if offered it by a friend but 45% said they knew where to get ‘legal highs’, the internet, head shops or friends being the commonest sources. The majority said they did not feel very well informed about ‘legal highs’ but most did not think that ‘legal highs’ are safer than illegal drugs. Many appeared to be unaware of local potential sources of information about ‘legal highs’, and the majority would look on the internet (including FRANK) or media for more information if they wanted it.
What is the evidence base for interventions? What is best practice?

There are no specific approaches to reducing demand for NPSs compared to other substances, so generic approaches to providing information, reducing risk and building resilience apply to NPSs as to other substances and risky behaviours. A range of resources and guidance is available for educators and practitioners to support work in these areas, and schools are seen as a particularly important setting. There is likely to be a training need for many of those working with young people and other potential users who currently feel insufficiently informed about NPSs, including those in substance misuse services. A local integrated strategy for drug prevention should include action to tackle the use of NPSs.

A variety of approaches has been required to date to tackle the supply of NPSs, including preventing the activities of local retailers such as head shops through the use of Product Safety Regulations. The Psychoactive Substances Bill published on 29th May 2015 will outlaw the distribution of all NPSs but local control measures and monitoring will still be needed. The PHE toolkit for substance misuse commissioners advises that there should be a partnership and local strategy to tackle NPS supply and use.

There are no specific pharmaceutical interventions for the management of NPS use, so drug treatment services can largely adapt current approaches to working with users of traditional drugs, focusing on psychosocial interventions following a stepped care model. The NEPTUNE project has recently produced guidance on the management of acute and chronic ill-effects and harm reduction for club drugs including a number of NPSs. A recent review by the Royal College of Psychiatrists argues for significant changes in the approach of services in the UK to deal with problems due to NPS use, including increasing accessibility of services for NPS users, training for staff, better links and clear pathways between non-specialist and substance misuse services, and better data recording.

Harm reduction approaches, although not a key part of current drugs policy, are also relevant to NPSs, particularly in relation to potential harms associated with injecting, reducing the risk of overdose and acute toxicity, and reducing risky sexual behaviour.

The above approaches are equally applicable to prisons and PHE, the National Offender Management Service and NHS England have identified the need to explore best practice in addressing the harms of NPSs within the prison setting as one of their current joint development priorities.
Working in partnership is critical for all these elements to be tackled successfully and many agencies need to be engaged in this work including various healthcare providers (both specialist substance misuse and non-specialist services), children’s and adults’ social care, teams working with Young Offenders and those who are not in education, employment or training, schools and colleges, youth services and various third sector organisations, the police, trading standards, and the criminal justice system including prisons and community rehabilitation.

**What is in place in Suffolk at present?**
A large number of services could potentially have an impact on reducing levels of NPS use, reducing the risk of associated harm, and supporting people to help them stop using NPSs. It was not possible to identify what is currently in place in schools across Suffolk with respect to drug education but it is planned to implement a project called Risk Avert with Year 7s in schools later in the year, aiming to tackle risk-taking behaviours. A number of voluntary sector services work with young people but none had identified particular concerns about NPSs. The Matthew project provide drug and alcohol education and outreach in Suffolk for young people aged under 25, and training around drugs and alcohol is provided to many different professional and other groups across Suffolk by specialist workers with extensive knowledge of NPSs.

Police and Trading Standards have been working to reduce NPS supply in Suffolk for around three to four years and action has been taken against several outlets which were known to be supplying NPSs. Prison services take a number of approaches to reducing supply into prisons including intelligence-based searches, and additional netting was installed at HMP Highpoint to try and reduce the possibility of drugs being thrown in over the fence.

Since April 2015 the main substance misuse services in Suffolk have been commissioned from Turning Point under a single specification for an integrated service which includes NPSs in the scope of services provided. No data on service provision or activity in Suffolk were available apart from that obtained from NDTMS. Services are open to self-referral or professional referral, and psychosocial interventions are provided for people with problems with NPSs as required, but staff recognised that service users might not realise that they provide help with NPSs alongside other drugs, and that staff might need more training in this area. A Tier 2 service (formerly the Westminster Drugs Project) works mainly with people referred from Criminal Justice, aimed at crime reduction alongside promoting recovery.
Services within prisons in Suffolk are provided by RAPt (the Rehabilitation for Addicted Prisoners Trust). They provide information and health promotion to inmates, and one-to-one and group work for those with problems with alcohol, drugs or both.

The Suffolk Recovery Forum is now the main partnership group for work on substance misuse in Suffolk. Three Recovery Networking Forums between them cover the whole of Suffolk, engage a large number of partner organisations and individuals, and feed into the Recovery Forum. However concerns about NPS have not really come on the agenda of the Forums to date as they have tended to deal with more ‘traditional’ substance misuse.

**What can be concluded about health needs?**
The main health needs associated with NPSs relate to:

- The provision of accurate, up-to-date information and advice about the harm of NPSs
- Generic approaches to support young people in building resilience and decision-making skills and reducing risky behaviours
- Ensuring services are accessible and seen as appropriate for users of NPSs
- Providing effective interventions to reduce dependence
- Ensuring services are targeted at particular risk groups including young people, prisoners, MSM, and those from socially deprived areas

It is difficult to say to what extent current services in Suffolk meet these needs. While there has been some work to inform and advise young people about NPSs, this has been focused on certain groups such as those at Ipswich college, and it was not possible to identify what approaches are taken to drugs education and developing resilience in schools across Suffolk. There appears to have been limited experience with NPS users in Suffolk substance misuse services to date, and uptake of services by NPS users in Suffolk appears to be lower than in other areas. It is not known to what extent this reflects differences in need, or whether services are not currently seen as accessible or appropriate by users of NPSs in Suffolk.
References
Public Health England (2015b) Young people’s Statistics from the National Drug Treatment Monitoring System (NDTMS) 2013-14
Royal College of Psychiatrists (2014). One new drug a week. Royal College of Psychiatrists Faculty of Addictions Psychiatry (FR/AP/02)
Appendix A: Suffolk online survey on ‘legal highs’ – questionnaire and detailed findings, NPS Legal background, NPS Development and Distribution, NPS Health Harms

‘Legal High’ Questionnaire
The Matthew Project and Public Health at Suffolk council would like to find out what young people think about ‘New/Novel Psychoactive substances’. You may have heard these referred to as ‘Legal Highs’.

To help us get a better understanding of the impact ‘Legal Highs’ might be having in Suffolk, we would like you to complete our online survey. Your answers will be anonymous, which means nobody will know what you have said.

The survey should take no more than 15 minutes to fill in. Please be as honest as you can, without talking to your friends.

Please follow the link to the survey, which needs to be completed by the 22nd May:
https://www.surveymonkey.com/r/X3DV93D

Services for young people wanting help and support for drug (inc Legal Highs) and alcohol issues

The Matthew Project
Drug and Alcohol Service for children, young people and their families across Norfolk; for those using substances themselves or affected by someone else’s substance misuse. The Matthew Project also provides drug and alcohol education, outreach and specialist services throughout Norfolk and Suffolk for young people under 25.
For more information about The Matthew Project visit [www.matthewproject.org](http://www.matthewproject.org)

Turning Point

Drug and Alcohol service for children, young people and their families and adults across Suffolk.
For more information visit: [www.turning-point.co.uk](http://www.turning-point.co.uk)
24/7 Single Point of Contact: 0300 1230872

1. Please tell us your gender

☐ Male
☐ Female

2. Please tell us your age

☐ 15 and under
☐ 16-18
☐ 19-20
☐ 21-24
☐ 25 and over

3. Have you or your friends taken ‘Legal Highs’?

☐ Yes - You
☐ Yes - Friend
☐ No
☐ If yes, can you tell us which legal highs have been used by you or your friends? Please list all in the box below

4. If you have used 'Legal Highs', how often do you use them?

☐ Tried them once
☐ Once a month
☐ 2-3 times a month
Once a week
☐ 2-3 times a week
☐ Everyday
☐ I haven't tried them

5. Would you know where to get ‘Legal Highs’?
☐ Yes
☐ No
☐ (Optional) If Yes, where would you get them if you wanted to?

6. If one of your friends offered you a ‘Legal High’, how likely would you be to try it?
☐ Very unlikely
☐ Fairly unlikely
☐ Neither likely nor unlikely
☐ Fairly likely
☐ Very likely

7. How well informed are you about ‘Legal Highs’?
☐ Not at all
☐ A little
☐ Fairly well
☐ Very well

8. If you wanted to find out more about 'Legal Highs', where would you go for information?
☐ Friend
☐ Sibling(s)
☐ Parent/Guardian
☐ Teacher
9. Please look at the following statement and say how much you agree or disagree with it: ‘Legal Highs are safer than Illegal drugs’. Please choose one.

- Disagree strongly
- Disagree a little
- Neither agree nor disagree
- Agree a little
- Agree strongly

10. We are also interested in getting together a small group who would be able to discuss some questions about 'Legal Highs/ NPS' with us. If you would be interested in taking part in this, please provide your name and email address below. We will only use this to contact you about the group and will not pass on your contact details to anyone else.
Detailed findings of Suffolk online survey on legal highs

The survey was made available on the intranet at Ipswich college in the 2 weeks ending 22 May 2015.

There were a total of 99 respondents, 71 male (M) and 28 female (F). The questions, and the number of respondents to each (n) are shown on the charts.

The survey was also offered to a number of other settings including Lowestoft college, West Suffolk college, UCS, the YOS, the Prince’s Trusts, and youth services Just 42, Level-2 and CYDS. However as there were a total of less than 10 responses across all the other settings these findings have not been presented.
**Which ‘legal highs’ have been taken by you or your friends? (n=27)**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Hawaiian Baby Woodrose</th>
<th>Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glue</td>
<td>Snowblind</td>
<td>Fly Agaric</td>
</tr>
<tr>
<td>Snowblind</td>
<td>Bamboozie</td>
<td>Magic Truffles</td>
</tr>
<tr>
<td>Bamboozie</td>
<td>Salvia</td>
<td>Black Mamba</td>
</tr>
<tr>
<td>Salvia</td>
<td>Nos</td>
<td>Pink Champagne</td>
</tr>
<tr>
<td>Nos</td>
<td>Yopo</td>
<td>Groo-v-e</td>
</tr>
<tr>
<td>Yopo</td>
<td>Mimosa Hostilis</td>
<td>High Beams</td>
</tr>
</tbody>
</table>

**If you have used 'legal highs', how often do you use them? (n=95)**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I haven’t tried them</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>Tried them once</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>Once a month</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>2-3 times a month</td>
<td>1%</td>
<td>99%</td>
</tr>
<tr>
<td>Once a week</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>2-3 times a week</td>
<td>1%</td>
<td>99%</td>
</tr>
<tr>
<td>Every day</td>
<td>11%</td>
<td>89%</td>
</tr>
</tbody>
</table>

**Would you know where to get 'legal highs'?**

<table>
<thead>
<tr>
<th>Know Where</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>No</td>
<td>55%</td>
<td>45%</td>
</tr>
</tbody>
</table>
This needs assessment was prepared in July 2015 by the Public Health Action Support Team on behalf of Suffolk County Council.

### Where would you get ‘legal highs’ if you wanted to? (n=19)

<table>
<thead>
<tr>
<th>Source</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Online</td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
</tr>
<tr>
<td>People</td>
<td></td>
</tr>
<tr>
<td>Purple shop</td>
<td></td>
</tr>
<tr>
<td>Head shops</td>
<td></td>
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<tr>
<td>Smoking shops</td>
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### If one of your friends offered you a ‘legal high’, how likely would you be to try it?

- **Very unlikely (58%)**
- **Fairly unlikely (11%)**
- **Neither likely nor unlikely (14%)**
- **Fairly likely (5%)**
- **Very likely (12%)**

*Graph showing the distribution by gender (F = Female, M = Male)*

### How well informed are you about 'legal highs'? (n=97)

- **Not at all (22%)**
- **A little (36%)**
- **Fairly well (24%)**
- **Very well (18%)**

*Graph showing the distribution by gender (F = Female, M = Male)*
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NPS Legal background

The Misuse of Drugs Act 1971 identifies three classes of controlled drugs, and some newer substances that have achieved widespread use such as mephedrone, GHB/GBL, and ketamine, are now controlled under the Act. Despite this, mephedrone and GHB/GBL are still widely considered to be NPSs, and are included as such in this report.

In 2011 the Government added a provision for Temporary Class Drug Orders (TCDOs) under the Misuse of Drugs Act 1971, under which the importation, exportation, production and supply (but not possession alone) of specified drugs can be prohibited (Home Office, 2011). A large number of NPSs have been covered by TCDOs (eg. synthetic cannabinoids, many ketamine analogues, methylphenidate and related substances). However it has been
found hard to keep pace with the constantly changing range of NPSs available through such controls which are based on specific chemical structures.

Different countries have taken different approaches to controlling NPSs. In addition to extending existing drugs legislation, the UK and some other countries have used consumer safety or medicines legislation that requires the correct labelling of substances with respect to their contents and expected use, to prevent the sale of NPSs which may be packaged with various labels such as ‘plant food’ or ‘bath salts’. Some countries such as Ireland, Romania and Portugal have introduced new laws to manage unauthorised distribution of all psychoactive substances. This effectively bans all NPSs without the requirement to identify individual substances or modes of action separately (EMCDDA, 2015a). New Zealand has aimed to reduce risk through an Act in 2013 which placed regulations on the manufacture and sale of NPSs, requiring producers to demonstrate that they are of ‘low risk’ to consumers before they are allowed to be sold, and that they are correctly labelled with active ingredients and health warnings. The impact of these different approaches has not been systematically evaluated. There is some evidence that NPS use has fallen in Ireland following the ban, although it still remains higher than other EU countries (see ‘What is known about NPS use in the UK and more widely?’) (European Commission, 2014).

The UK Government has been considering alternative approaches, based on the recommendations of the Expert Panel, and its Psychoactive Substances Bill was published on 29th May 2015. This will make it illegal to produce, distribute, sell or supply psychoactive substances in Britain. It does not make possession alone a criminal offence (Home Office, 2015a).

The definition of psychoactive substances used in the Bill covers ‘any substance intended for human consumption that is capable of producing a psychoactive effect’. As this includes substances such as tobacco, alcohol and caffeine, the Bill also includes exemptions for legitimate substances. It remains to be seen how this legislation will work in practice. Some commentators consider that it will push trade underground, and will have no effect on improving the safety of substances manufactured.
Development of New Psychoactive Substances

Various reports suggest that NPSs started appearing around the mid-2000s, and the number of substances available has grown rapidly since around 2008. Most of these NPSs are thought to be manufactured in China or India, or in clandestine laboratories in Europe. New substances are produced very quickly to replace those that are placed under legal control, and manufacturers may try to circumvent the law by developing compounds slightly different from those banned.

Some products contain a mixture of substances and analyses have shown that they may include illegal substances; for example, in 2013–14 19.2% of NPS samples collected by the Home Office’s Forensic Early Warning System (FEWS) contained controlled drugs. Approximately 91% of the samples analysed that contained NPSs were identified as mixtures of either 2 or 3 different active components. Products with the same brand name were also found to contain mixtures of different components (Home Office, 2014b; NEPTUNE, 2015).

The number of NPSs identified globally more than doubled between 2009-2013 (UNODC, 2014) and the most recent European data found that over 450 NPSs are currently being monitored by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and 101 new NPSs were identified in 2014, most commonly cannabinoids and cathinones (mephedrone-like substances) (EMCDDA, 2015b). There are now many more NPSs than there are drugs controlled internationally by UN Conventions (234 substances).

Distribution and use of New Psychoactive Substances

The main sources of NPSs in the UK currently are ‘head shops’, other non-specialist retailers, and the internet. Head shops are high street outlets which often sell paraphernalia related to the growing, production or consumption of cannabis and other drugs, alongside NPSs or ‘legal highs’. There is also evidence that non-specialist retailers such as corner shops and petrol stations may be selling NPSs.

On the internet, openly accessible websites are likely to be selling non-controlled NPSs, while sites on the ‘darkweb’ (which are not openly available and can only be accessed with anonymising software) may be selling illicit NPSs, although evidence suggests that their main focus is traditional illicit drugs (Home Office, 2014c). The extent to which NPSs are purchased in bulk over the internet for onward distribution is not known.
The 2014 European Eurobarometer survey asked about NPS use in a sample of over 13,000 15-24 year olds in EU member states (European Commission, 2014). They found that 10% of the UK sample (n=501) had ever used NPSs, and of those who had used them in the last 12 months (n=27) 58% had got them from a friend, 39% from dealers, 18% from a shop and only 6% from the internet. Although this was a small sample, this is in line with other evidence quoted in the Home Office evidence review that relatively small numbers of users source NPSs online, particularly among young people (Home Office, 2014c). The Global Drug Survey found that 22% of respondents from the UK reported ever buying any drugs on the internet, but this included many other drugs besides NPSs. However, the proportion using the internet was the highest of any country, and compared to an average of 11% for the whole sample which included European countries, Australia, New Zealand and USA (Global Drug Survey, 2014a).

NPS users commonly use the internet for sharing information about newer compounds and feeding back information about the effects of drugs, with many sites, blogs and discussion fora where such information is shared.

NPSs are often sold packaged and marketed as ‘plant food’, ‘bath salts’, ‘research chemicals’, ‘incense’ or ‘herbal highs’ and are typically labelled as ‘not for human consumption’ in an attempt to get round legal restrictions on products for human use. Lack of information about the contents is clearly not a deterrent for a significant number of users who are known to take substances when they have no idea what they consist of; for example, the Global Drug Survey found that 15% of all respondents and a fifth of those aged between 18 and 25 years had in the past 12 months used an ‘unknown white powder’ (Global Drug Survey, 2014a).

A number of different types of NPSs have been identified. The EMCDDA divides the market into the following categories (EMCDDA, 2015c):

**Legal highs** marketed in bright and attractive packaging. Sold openly in head/smart shops and online. Aimed at recreational users.

**Research chemicals** sold under the guise of being used for scientific research. Aimed at ‘psychonauts’ who explore the effects of psychoactive substances. Sold openly online.

**Food supplements** sold under the guise of being food or dietary supplements. Aimed at people wanting to enhance their body and mind. Sold openly in fitness shops and online.
Designer drugs passed off as drugs such as MDMA and heroin. Produced in clandestine labs by organised crime. Sold on illicit drug market by drug dealers. Medicines that are diverted from patients or illegally imported into Europe. Sold on illicit drug market by drug dealers.

NPS Health harms

The relatively short time that NPSs have been available means that most evidence relates to short-term harms, with little information about longer-term effects. Even the short-term evidence is limited as little is known about toxicity for which medical advice is not sought or which does not lead to death. Within adult drug treatment services, those seeking treatment for NPS use comprise only a small proportion of the total treatment population, and the outcomes of treatment are generally positive (Home Office, 2014c).

While it is assumed that most of the NPSs being offered for sale have harms similar to the controlled drugs they have been manufactured to mimic, it is recognised that further research is needed to establish the full harms associated with these new drugs (Home Office, 2014b). The Scottish Drugs Forum identified the following as typical physical problems related to overdose of NPSs, based on information from drug services (Scottish Drugs Forum, 2013a):

- Overstimulation
- Confusion – paranoia, anxiety (sometimes provoked by physical symptoms)
- Hallucination - possibly visual and/or auditory
- Cardiac arrhythmia
- Loss of control of body temperature

They also identified longer term health problems related to use of NPSs (Scottish Drugs Forums, 2013b):

- 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.

Other research has identified a range of unpleasant physical effects reported as a consequence of using NPS, including nausea, heart palpitations, headaches, anxiety, feeling
paranoid, hallucinations and agitation (eg. see Figure 10). Presentations can be idiosyncratic and atypical and professionals need to be aware of the possibility of NPS use in young people presenting with bizarre or unexpected behaviour (Winstock et al, 2012).

Through their surveys of injecting drug users, Public Health England (PHE) have identified concerns about increases in injecting of mephedrone and about risky injecting behaviour among this group. They identify injecting of mephedrone as a recent practice among people who have previously injected other drugs, and among people who have switched from snorting mephedrone (Public Health England, 2014a). They found that in 2013, 8% (164 out of 2,077) of injecting drug users surveyed reported that they had injected mephedrone at some point during the preceding year. Among those who had injected mephedrone, 32% reported having injected drugs with a needle or syringe that had previously been used by someone else, compared to 16% of those injecting other drugs.