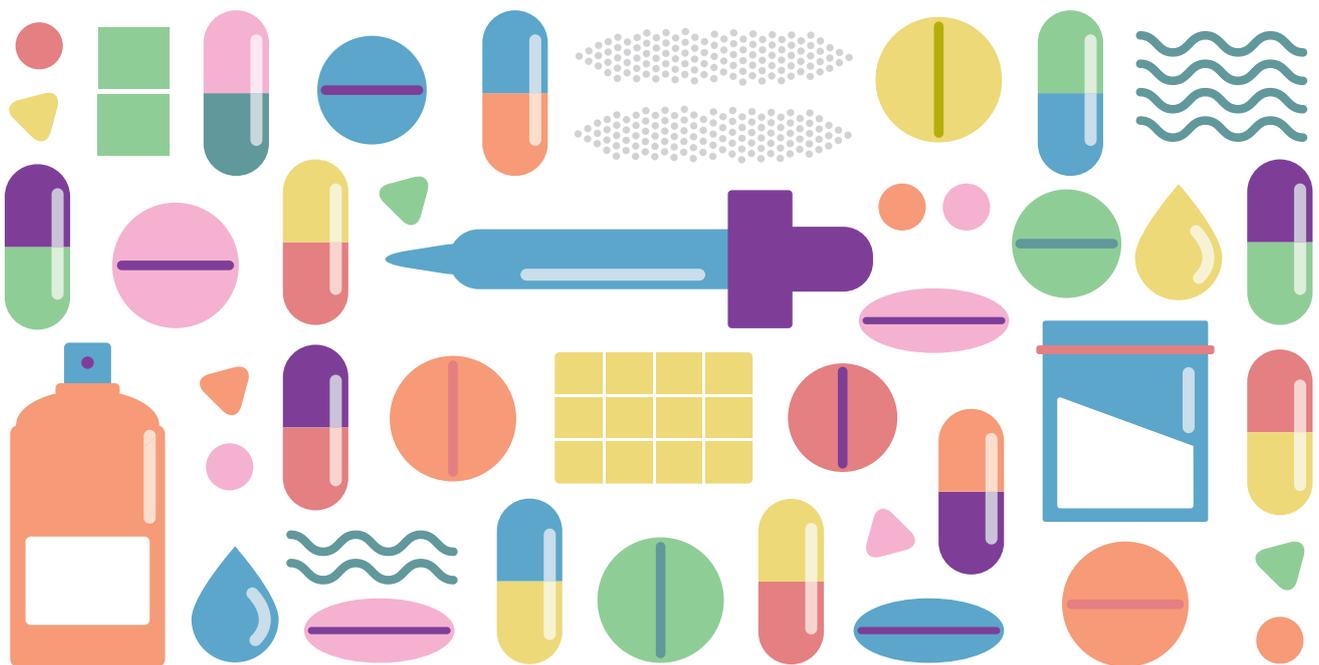




Home Office

New Psychoactive Substances (NPS)

Resource pack for informal educators
and practitioners



Home Office

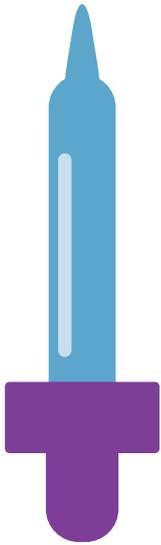
Foreword

The availability of New Psychoactive Substances (NPS) has posed a new and significant challenge over the last few years. The Government is determined to clamp down on the trade in NPS, or so called “legal highs”, as they are unhelpfully known. The scale of use of different NPS can change very quickly but our knowledge and understanding of this is improving, as is our understanding of the wide range of harms these drugs can cause. NPS can be assumed neither to be safe or legal. A number of NPS have caused paranoia, psychosis, seizures and deaths. Many have been untested or had only limited testing on humans, so not all the risks of taking them, alone or in combination with other substances, are yet known. We do know that many NPS can cause a very similar range of problems to the drugs which they mimic, including a risk of dependence developing with repeated use. Some appear to be more dangerous even than the traditional drugs they mimic. In addition all these risks are likely to be exacerbated by their use with other substances and alcohol.

Our recently published [response to the expert panel](#) on NPS sets out proactive work to tackle these new drugs over the last few years. We have already banned more than 500 NPS. We have led successive communications campaigns, that provide consistent and evidence-based messaging on the risks of NPS, provided guidance to schools and, via [FRANK](#), have provided information on the risks of taking “legal highs” to young people. We have also created a world-leading Forensic Early Warning System to identify NPS in the UK, supported law enforcement agencies on a concerted programme of action, led the international effort to tackle the availability of these new drugs and are developing new treatment guidelines for NPS.

We recognise that there is more to do to tackle NPS and our ambition to have a real impact on this emerging threat remains high. As informal educators and frontline practitioners you may find yourself supporting individuals who may take illicit drugs and / or NPS, or who may approach you for advice about them. Your work here is vital as you may be the first, or only, point of direct contact for those seeking this information, support and advice.

We recognise that there is no easy answer to this matter. The fact is that the situations you come across may vary greatly, making addressing NPS challenging. However you said you would like to have more information on the origins and descriptions of NPS and you wanted to hear from your peers on the approaches and tools they use in their work.



Therefore, a group of experienced practitioners from Mentor UK, DrugScope, local youth and drug treatment services and a Youth Offending Team have developed this resource pack, offering a range of informed approaches to assist you in tackling the issue of NPS. This pack has been specifically developed for those in roles such as key workers and practitioners in specialist and targeted services such as youth services, drug treatment services or youth offending teams.

As practitioners who work with young people, you will already have the necessary skills to help those using NPS to change their behaviours. This pack aims to communicate what we currently know about the use and effect of NPS, however much of the information and advice provided can be equally applicable to all drug taking behaviour. Equally any interaction with users about NPS should form part of a broader discussion about drug use in general.

A common goal in working with young people at risk from the choices they may make, is to build their emotional resilience and to provide them with the skills and confidence they need to reject pressures they face.

We hope this pack will support you in this important role by providing useful information, case studies and practical tools to help you challenge any drug taking behaviour of those you may come into contact with.

Produced, thanks to contributions from:

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- Michael Lawrence, NPS & On-Line Technologies Development Manager, [CRI](#)
- Harry Shapiro, Director of Communications and Information, [DrugScope](#)
- Becka Jarvis, Senior Youth Worker and Youth Team Manager, [Community First HEH](#)
- Georgia Ramsay-Smith, New Psychoactive Substance & Club Drug Outreach Worker, Brighton & Hove
- Pete Xeros, Jade Gora and Justin Laidler, Youth Offending Team for North Tyneside
- [Public Health England](#)

Introduction

Children and young people growing up in the 21st Century are exposed to risk. Risk and risk-taking are a natural part of the transition into adulthood. But what do we mean by risk? In young people's lives there are:

- **risk factors:** those circumstances whereby the best outcomes are compromised due to, among other things, poverty, deprivation, ill health and poor relationships.
- **risk behaviours:** potentially harmful behaviours such as smoking, alcohol and substance misuse and unsafe sex.
- **young people at risk:** this term is used to refer to those who are potentially vulnerable, such as subject to abuse or neglect or in care or custody.

New Psychoactive Substances (NPS) or so called “legal highs” present a danger because:

- they are easily accessible.
- they are constantly being adapted to avoid legislative control.
- they may not necessarily hold the same perceived threat to health and well-being as illegal drugs.
- some young people are unaware that just because they are advertised as legal, doesn't mean they are safe or legal - **by definition, this exposes young people to risk and participation in risky behaviours.**

It is important therefore that we are clear about how we respond to risk and the part it plays in the lives of (vulnerable) young people. Equally important is that, where possible, interventions are made using evidence-based practice. Young people have told us, for example, that they welcome personal development that enables them to navigate risk, to build their self-efficacy and life skills and to feel able to resist peer pressure without threatening friendships and meaningful relationships.



**Some of the young people I work with
know a lot about NPS – I need to
make sure I know my stuff too.**

All you need to know about NPS in 5 minutes

“Help! What are NPS?”

NPS are drugs that are designed to replicate the effects of illegal substances. People may refer to these drugs as “legal highs”, but many of the substances are now under the control of the Misuse of Drugs Act 1971. Some NPS products can also contain illegal substances even if advertised as a “legal high”. Therefore NPS is a more accurate term because the main intention of the manufacturers is to produce psychoactive substances that allow them – and users – to evade the law.

“They’re quite new aren’t they?”

NPS began to appear on the UK drug scene around 2008/09. Mephedrone is probably the most well known example.

“Where do they come from, who makes them and where are they sold?”

NPS are generally manufactured in China and, to a far lesser extent, India. The bulk importation of NPS is often done via mail and fast parcel services. The [Home Office evidence review on NPS in England 2014](#) found that NPS are then distributed to users through friends, dealers and headshops with only a minority of users buying directly from the web. The DrugScope Street Drug Trends Survey 2013 also found evidence that other retail outlets including garages, newsagents and takeaways were selling substances to their customers. New materials appear rapidly on the market and if popular can quickly dominate the NPS market, as was the case with mephedrone.

“There seem to be so many; I just don’t know how to keep up.”

Media attention is often given to announcements that significant numbers of ‘new drugs’ have been identified. A common misconception is that these new drugs are all as different from each other as ecstasy is from heroin. However, it is highly likely that any new drug identified will fit into one of the five categories described below. Whilst some substances may have a combination of effects (e.g. MDMA/Ecstasy is a psychedelic and a stimulant; and cannabis/synthetic cannabinoids are downers and psychedelics), there is

is virtually no NPS that you cannot easily fit into one of the following five groups. This is important because, once understood, it will help improve knowledge about what some of the effects and risks of a particular NPS might be:



- **Stimulant-type drugs:** these drugs have a significant stimulant/alerting effect on the brain and mimic substances such as amphetamine, cocaine and ecstasy. This category includes, BZP, mephedrone, MPDV, NRG-1, Benzo Fury, MDAI and ethylphenidate.



- **'Downers'/tranquilliser-type/sedative-type drugs (aka 'depressants') drugs:** these drugs have a significant inhibitory and relaxing effect on the brain and mimic various sedating, anti-anxiety and opioid-like drugs (and alcohol). The category includes, for example, new drugs from the benzodiazepine family (such as etizolam, pyrazolam and flubromazepam, Nitrous Oxide and new synthetic opioids).



- **Hallucinogenic drugs:** these drugs make users hallucinate, feel relaxed and happy or agitated and confused. These drugs mimic substances like LSD and include 25i-NBOMe, Bromo-Dragonfly and methoxetamine which is similar to ketamine.



- **Dissociative drugs:** a category of drugs which mimic substances such as PCP (Phencyclidine), ketamine and DXM, whose main effect is to cause a feeling of detachment, as if the mind and body have been separated, with some people feeling incapable of moving. They can also cause hallucinations and have both stimulant and depressant effects.



- **Synthetic cannabinoids:** these are synthetic drugs that are designed to mimic the action of the active chemical found in cannabis and are traded under such names as: Spice, Clockwork Orange, Black Mamba and Exodus Damnation. They are not derived from the cannabis plant. These could be included as downer-type drugs with psychedelic effects but given their current wide range and potency, they are described here as a separate group.

Further information on substances can be found on the national drugs information service www.talktofrank.com Some practitioners have told us that they also find the drugswheel helpful.

“How prevalent are NPS and who uses them?”

While the number of different NPS detected is increasing across Europe, it is important to keep things in perspective. We should not dismiss the positive impact of the current approach of targeted, consistent and evidence-based messaging on the risks of drugs (including NPS), is making on raising awareness of the risks of “legal highs”. Clinical responses via frontline services are also rapidly developing. Alongside this, there has been a long term downward trend in drug use in England and Wales and among 11 to 15 year olds, drug use has continued to fall since a peak in 2003.

Further information on substances can be found on the national drugs information service www.talktofrank.com Some practitioners have told us that they also find [the drugswheel](#) helpful.

An example of the shifting patterns of use is seen with mephedrone, which has been illegal since 2010, with use among 16 to 24 year olds falling at least once in the last year from a peak of 4.4% in 2010/11 to 1.9% in 2013/14¹. Mephedrone is the most prevalent of the NPS measured in the Crime Survey for England and Wales although it must be noted that the survey does not measure all NPS.

¹ Health and Social Care Information Centre; [Smoking, drinking and drug use among young people in England](#)

Some reports do suggest that NPS is more prevalent in rural areas and within some subgroups, for example, clubbers and men who have sex with men. Although small in comparison to the number of those referred to treatment services for use of illegal drugs, there are anecdotal reports from experts and specialist organisations, such as DrugScope, that the use of NPS among groups of vulnerable young people is increasingly becoming a cause for concern. Some of the most frequently cited reasons for using NPS include: their relative availability, price, purity and consistency, and the capacity to purchase online.

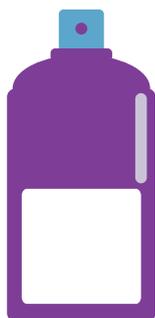
Understanding of national prevalence of NPS use is patchy, which is why it is important that local commissioners and providers develop an understanding of prevalence and the broader social context of NPS use among their local population. This information will be key in determining how you respond to the need presented in your local area. Public Health England has recently released a [toolkit for substance misuse commissioners](#) that guides them in monitoring and sharing both local and national information. You can speak to your local PHE centre team, whose contact details can be found on the [PHE's website](#), if you are interested in discussing the toolkit in more depth.

In response to increased media about NPS, it is vital to remember that as with illegal drugs, the vast majority of young people do not use these substances, nor do they intend to do so in the future. Also evident is that there is no such thing as an 'identikit' user amongst that minority of young people who do use NPS. This is why the work that substance misuse and young people's commissioners will undertake (as referenced above) is so important for building an understanding of the local profile of need.

“Do we know why young people use NPS?”

As is the case with alcohol and a variety of illegal drugs, curiosity is one of the reasons that young people might be tempted to use NPS. Of course, for some people, we can't ignore that the enjoyment of the effects of NPS products will be a key motivation for use. They can offer escapism, relaxation, shared social experiences and adventure. The extent to which a young person feels resilient or marginalised will impact greatly on their perception of how attractive these effects are. Added to this, for some young people, the misguided perception that these drugs are legal can add to their attraction.

Perhaps exacerbated by local and national news coverage around these substances, young people are now much more aware of this market than they were before the rise of mephedrone. Practitioners are getting more questions about the nature and effects of certain NPS from young people.



Different people will of course be drawn to different NPS products due to a preference for different desired effects. If you think about the five categories of NPS talked about earlier, we could assume that those who may have been tempted by an illegal drug such as ecstasy may take, what they think to be the “legal” and safe equivalent.

Compared to cannabis, many synthetic cannabinoids tend to produce their effect at lower dosages and may be seen as more cost-effective than cannabis. This is another factor that

Interventions and approaches

When discussing NPS or other drugs with young people, it is best to avoid talking about them in isolation. They should be discussed as part of a wider package of skills development and support that can equip young people for a safe transition into adulthood.

Advice and information

The perception of “legal” equating to “safe” seems thankfully to be shifting but we should not take this for granted. It is essential that young people get up-to-date and accurate information about these substances but broader support is needed too. Friendly and confidential drugs advice is available on [FRANK](#). However it is important to understand that with NPS, up-to-date and accurate information may not always be available because of their novel and evolving nature. [The One New Drug a Week²](#) report notes that as NPS become more established, other associated harm may take time to emerge, particularly in relation to the newer substances where it is too early to predict the negative effects of their use. It is therefore important to ensure young people are aware of the risk of not knowing exactly what short and long term impacts their NPS use may have.

Prevention

The ability to make informed choices is important but this must be reinforced by general work on resilience, assertiveness and confident decision-making. The tools and approaches employed when working with young people about the use of any drug are entirely relevant to so called “legal highs”.

PHE has now launched its [Rise Above](#) campaign for 11 to 16 year olds to prepare them for this transition into adulthood. Through content and activities the campaign will help young people to build resilience, prevent them from engaging in risky health behaviours and delay the uptake of more adult behaviours.

Prevention approaches that target generic risk factors (for example, truanting, unstable home environments, offending) and build resilience and social capital (for example, good social networks, stable homes) have been shown to increase the likelihood of preventing people from developing harmful drug using behaviour.

² Faculty of Addictions Psychiatry, Royal College of Psychiatrists. One new drug a week: Why new psychoactive substances and club drugs need a different response from UK treatment providers. Faculty report, 2014.

These approaches build resilience by:

- supporting people;
- giving them opportunities for alternative healthier life-choices; and
- improving their skills, decision making and social capital.

Resilience building, more so than specific drugs prevention activity, has the best evidence for helping people to avoid drugs and drug problems. However, programmes focused on building skills and attitudes to health are also worth considering.

NPS interventions and treatment

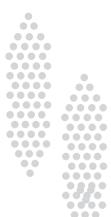
Treatment data on NPS is currently limited, but what is available shows that demand for NPS treatment is low compared to many other traditional illicit drugs, though it is increasing over recent years. It also shows that NPS and club drug users respond well to treatment and that successful completion is comparatively high.

Drug services need to ensure staff are competent to treat and provide harm reduction for specific health problems. They also need to make themselves accessible to new groups of NPS users, which may include developing new pathways into treatment (for example by delivering brief intervention and referral services in sexual health clinics or young people's centres, or offering late night drop-ins).

Drug treatment services can largely adapt current approaches to working with users of traditional drugs rather than inventing new ones. The key is to focus more on individuals and their symptoms than the specific drugs they are taking. This means key-workers can work in a personalised way with the issues people are presenting to them. Drug workers need to know the main NPS groups, their physical and psychological effects and what interventions are most effective at treating people using NPS.

In most cases, treatment involves motivational interventions to help people consider the health risks and other costs of using NPS, to help them reduce harm, make behavioural changes, moderate or stop their drug use, and to prevent relapse. Treatment may also need to include health and wellbeing support, psychosocial therapy and complementary therapies such as acupuncture.

Project NEPTUNE is an independent clinical expert group that has developed guidelines on treating acute NPS problems. When they are published later in 2015, the guidelines will give detailed information on NPS and club drugs, their effects, treatment approaches, aftercare and harm reduction. It will be the key guidance for A&E, drug treatment and other services that deal with people who have NPS problems.



NEPTUNE 2 is a two and a half year funded programme which will develop training packages and modules aimed at a wide range of health professionals in a variety of settings such as A&E, sexual health clinics and lung specialists. Packages will incorporate guidance on screening, clinical management and brief interventions for NPS. The first products will be published in Spring/Summer 2015, and the entire programme of work will be independently evaluated.

Further information and resources

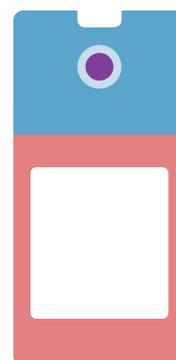
Here is some further useful information about NPS and links to some resources that you may find helpful.

More details on NPS and their effects:

- The national drugs information and advice service [FRANK](#)
- The Drugs Wheel content provides information on the categorisation of substances and also their effects:
- **Substances:** <http://www.thedrugswheel.com/>
- **Effects:** http://www.thedrugswheel.com/downloads/TheDrugsWheelEffects_1_6.pdf
- NPS factsheets from [DrugWatch](#) UK, cover different substances in detail, including composition, dosage and effects.
- The [Angelus Foundation](#) provides information and advice on “legal highs” as it aims to educate, encourage and assist individuals to be more knowledgeable about the risks to their health and wellbeing of using “legal highs” and other NPS. It has a variety of videos which can be shown to clients and has a section for the parents and carers of the substance misuser.

NPS usage

- The Home Office evidence review on NPS in England '[NPS in England: a review of the evidence](#)'
- DrugScope's '[Business as usual](#)' report provides a useful introduction and background to NPS and 'club drug' use in the UK.
- '[One new drug a week](#): why new psychoactive substances and club drugs need a different response from UK treatment providers' published by the Royal College of Psychiatrists' Faculty of Addictions is a useful introduction to NPS use, harm and interventions.
- [The Global Drugs Survey](#) is an international drug use survey which includes health advice.



Programmes and tools

- PHE's [Rise Above](#) campaign for 11 to 16-year olds to prepare them for this transition into adulthood. Through content and activities, it helps young people to build resilience, prevent them from engaging in risky health behaviours and delay the uptake of more adult behaviours.
- Mentor UK [ADEPIS](#) provides the most current and up to date information and resources about alcohol and drugs for working with young people in schools and non-formal settings. The [RisKit programme](#) in particular has been found to significantly reduce alcohol use and reductions in illicit drug (mostly cannabis) use were also seen.
- The [Early Intervention Foundation guidebook](#) is an online resource for commissioning and delivering effective early intervention.
- The [Good Behaviour Game](#) is an evidence-based approach to classroom management, shown to have dramatic benefits on children's behaviour in school, and long-term positive effects on their life chances.
- [Re-Solv](#) provide support and advice for those affected by volatile substance abuse. There are a range of resources on the Re-Solv website including leaflets, school material and activity packs for practitioners.

Quality standards

- [ADEPIS quality standards for alcohol and drug education](#) help schools and other drug education providers to assess their practice and deliver high-quality evidence-based education.
- [European drug prevention quality standards](#) are produced by European Monitoring Centre for Drugs and Drug Addiction and Prevention Standards Partnership and describes basic and expert-level quality standards for drug prevention.

Additional resources

- The [New psychoactive substances review](#): report of the expert panel (2014) looks into the effectiveness and issues of the UK's current legislative and operational response to NPS and the ongoing challenges.
- The Home Office [Response to expert panel report on the new psychoactive substances review \(2014\)](#) responds to the recommendations and advice made by the expert panel reviewing the UK's response to NPS.
- Updates on UK drug policy and delivery can be found on the [Home Office website](#). Latest reports and evidence on NPS from the [Advisory Council for the Misuse of Drugs](#) can also be found on their website.

Case studies

There are already some resources and practical tools out there to help you in your interactions with young people when discussing the risks and consequences of drugs.

The case studies below describe some of these and how they are used and relied on in group or one-to-one sessions with young people. Not every tool will work for every group or young person and particularly different age groups so you will need to apply your expert knowledge of the situation/age/person to decide which resource or tool is best to use.

Becka Jarvis is a Senior Youth Worker and Youth Team Manager of Youthfirst, the youth wing of CVS, Community First Havant and East Hampshire.

As the focus of Youthfirst's work is to provide quality local youth work, with a special emphasis on working with the most vulnerable young people in our communities, my role is very varied. I develop and deliver a wide range of different kinds of youth work, from a Not in Education or Training (NEET) project run out of the local jobcentre, through Anger Management and Anxiety Management provision for young people, to Youth Clubs for local teenagers.

As such, a lot of my work touches on substance education and substance use issues. We have an emphasis on positive activities and preventative help and support, often around risky sexual behaviours and experimentation with drugs and alcohol. We also do work with NEETs and pre-NEETs, often on a one-to-one basis, many of whom have issues with substance misuse alongside other difficulties.

The specific risks are many: current legality giving an appearance of safety; local 'Head Shops' making it seem as though these substances are cheap, harmless and consequence free; lack of clear knowledge about contents and provenance of substances; unknown short-term effects of largely untested chemicals; unknown long term effects of cheap 'new' highs; developing a tendency to look for a 'legal' way to escape life's difficulties rather than engaging with them and learning skills to cope; withdrawal from ordinary life



such as school/college; damaging significant relationships due to behaviour whilst under the influence or coming down, and so on.

My favourite tools, and the ones that work best, are those that in some way capture curiosity and spur young people to investigate things for themselves – based on the premise that what we discover for ourselves, through interest, teaches us much more profoundly than what other people teach ‘at’ us.

Some of my favourites include the games below, which I give in skeleton form so they are flexible enough to be fleshed out in many ways and can be adapted to suit individuals, groups or locations:

- **Pass the parcel:** a recurrent favourite game that can be used to get discussion on a topic started as it can help highlight the highs and lows of drugs. It can be adapted in many ways and is useful for conversations on drugs education. In each layer of the parcel for each gift usually sweets or other treats, include written examples or pictures of ‘things you might get at a house party at a mate’s house’, ‘things you might get at a festival’, or even ‘things you might get at the local Head Shop’. “Things” here include both physical things such as drinks, pills, powders, bongs etc or experiences such as ‘a trip in an ambulance and a yelling at by parents’ ‘a big debt to pay off’, ‘puking in front of everyone’ or ‘a great kiss’. Remember to ensure you are including balanced statements so that the group are being made aware of all the risks and consequences in order to support them in making informed choices. There should always be a mixture of consequences. You are aiming to help young people learn to weigh up options and make informed decisions, which they can explain.
- **Angels or demons on your shoulder:** This is a scenario game where you need a group of young people to sit in a circle which enables everyone to take three different roles during the game, without any gaps. The first decider is dealt a ‘situation’ card that can be on any topic such as ‘your best friend offers you a pill at a party’. The person to the left has to play the angel who explains why they should think twice and refuse it. The person playing the demon on the right hand side will then try and persuade them into it. The decider then has to decide what they’d do and explain their reasons to the group. What you’re after is young people learning to weigh up options and make informed decisions, which they can explain. You will need to ensure that the discussion remains balanced so that the “decider” is able to make an informed decision on the behaviours they are considering.

Play then moves to the right, with the aim that everyone gets to experience giving both good and bad advice and having to consider opinions and make a decision. You just have to make sure you have as many scenario cards as you have players, and you don’t put more than 10 in a circle or you’ll be there for hours. You get lots and lots of great discussions this way, and a lot of reflection on what advice young people give to each other in drug-use situations.

- **Hierarchies:** This is where a series of actions/motives/things are written on individual cards and a young person has to decide to place these cards on a spectrum. This is often done with a set of possible interactions between two people in some kind of dating/relationship scenario, where things such as ‘holding someone’s hand’, ‘having a baby with someone’, or ‘meeting your parents’

are ranked in order of how important someone thinks they are, or how fast they think these should happen in a relationship, or which order (if at all) these things should happen in a relationship.

This can easily be converted to various kinds of drugs education, for example getting a young person to rank the reasons why young people take drugs or what risks and consequences are likely to be the most effective at persuading young people not to take drugs. A lot of discussion happens as a young person moves the cards, maybe discards some, or writes new ones to add to the mix, before coming to a final list.

- **Drugs box or facsimile games:** I also use the more sophisticated drugs box, where you have 25 or so small glass bottles with fake drugs in them and labelled only with numbers. You could also mock something similar up with small bags of flour, crushed sugar, bicarbonate of soda etc. You just have to make sure, if you have a bag that can be opened, that whatever is in it is utterly harmless.

You can pick several with similar looking substances and ask young people a series of questions about them, such as ‘which of these could you use as a battlefield anaesthetic?’ ‘Which would kill you if I let you eat this much?’, ‘Which would get you two years in prison and which 10?’ allowing them to think about the evaluation of unknown substances and their potential risks. These kinds of resources again are very flexible and you can easily adapt them to individuals, groups or locations.



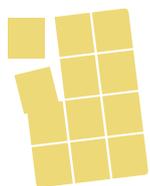
Much of my approach to supporting NPS users uses skills learned from short solution-focused intervention and motivational interviewing training, along with those from Cognitive Behaviour Therapy (CBT). These enable me to keep the focus on the real issues, help the young person understand their motivations and discuss how to fulfil their needs in a more positive manner. With the user, I also do a fact finding session on their NPS of choice and why it is a poor option for self-medication.

Georgia Ramsay-Smith is New Psychoactive Substance & Club Drug Outreach Worker in Brighton and Hove.

My role was designed in response to the emerging trends and increasing levels of NPS use and the associated risks in Brighton and Hove, with the key target of reducing A&E related admissions and re-admissions, engaging individuals on an assertive outreach basis, and sharing information with other services throughout the city.

I was employed by Crime Reduction Initiatives (CRI), but also had an 'honorary contract' with Brighton & Sussex University Hospitals NHS Trust so that I could carry out follow up phone calls / letters to individuals that had presented at the Emergency Department and mentioned the use of an NPS or Club Drug. I received various responses from the follow up calls such as "ending up in A&E has been a wake up call for me, I'm not ever using drugs again", "I don't do drugs, my drink was spiked", to "yes, I need some help, my drug use is out of control". Some of the individuals that I supported into treatment through this pathway had over 100 previous A&E admissions yet had never been in substance misuse treatment before.

As the role was completely new, I've had to decide what and who to prioritise. I targeted University Students, Sixth Form Colleges, hostels, homeless drop-in centres, Young People's Centres, Mental Health Services, and of course A&E. I set up satellite 'drop-ins' within the Universities, Colleges and hostels but found these weren't well attended, however, if I attended an event such as Fresher's Fair or Health & Wellbeing Days, plenty of people were keen to engage in meaningful conversations about NPS.



Initially the focus of the role was to advertise the service, to let the city know that there was a specialised service for people that want information, support, or advice around NPS. This was done by creating posters and leaflets which were distributed throughout the city (focusing on Primary Care & Educational settings), by promotion through a Twitter account ([@ClubDrugs_CRI](#)) and Think Drink Drugs website (www.thinkdrinkdrugs.co.uk), sending out referral forms to services and promotion on various other websites such as CRI, Student Union Websites and Facebook profiles such as The Young People's Centre.

There is no 'typical NPS user', they span across all ages, some are new to drug use, many had moved away from illegal drugs and onto legal ones to avoid criminal activity or presuming that as they were legal and sold on the high street it meant that they had been tested and were deemed safe. The main reasons people were accessing treatment was due to becoming dependant on the substance and/or experiencing physical/psychological problems.

In my experience, the main reason for NPS use in the younger population is due to boredom or friendship groups and the difficulty of leaving a friendship group. In this case, suggesting other activities for young people and helping them build resilience is absolutely important. The main reason for adult's use of NPS appear to be due to stress at work, using it to relax, or moving away from illegal drugs. In this situation, the focus would be around how to handle stress, looking at coping mechanisms, goal setting, referral to counselling services and advising about the dangers and risks associated with NPS.

The main risks associated with NPS are how new they are and thus not knowing the long term effects on physical or psychological health. Other risks are that you can never be sure what is in the packet. “Legal highs” can easily be mislabelled, mispackaged, and mis-sold as a different substance which the end user is unaware of. Some new users don’t know what or where “legal highs” come from. The main risk is the risk people are taking knowing next to nothing about a suspicious white powder but they are happy to sniff it.

It is also challenging having to constantly keep up to date with new drugs and changes in policies etc. Therefore part of the job is research, and this is as important as engaging clients. The best source of information is the user themselves and it empowers them to provide you with their knowledge and experiences. Stay in the know, listen to the news, follow similar services on Twitter and Facebook. At the same time, try not to be flustered when someone mentions a drug which you have never heard of – treat the service user as the expert and learn from them.

I’d also recommend that practitioners don’t assume the user will come to you and take services into the community on an outreach basis. There is a lot of stigma around drug treatment and users of NPS won’t necessarily know there is a service out there for them, so promote it far and wide.

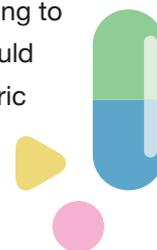
There are a number of tools that I use regularly and with younger people or in drop-in centres I find interactive tools work well. This may be a True/False quiz, a questionnaire, guessing the name of a drug from a picture or using the [Outcomes Star \(TM\)](#) to identify support needs and goals, agree priorities and measure progress against goals. Some of these are featured in this resource pack in the appendix and all aim to use materials that stimulate conversations.

Below, a young person that I’ve worked with talks about their experiences with NPS

“I am bi-polar and after yet another spell in Millview Hospital, my mental health worker took me to 11 St George’s Place to see their specialist “legal highs” worker. I have self-medicated for years with all sorts of drugs but things went really wrong for me when I discovered “Poke”. I had started buying it nearly a year ago and at first it was just an occasional treat but as time went on I was using it every day for days on end. I was smoking it in a pipe like crack.

Whilst I was on “Poke”, I felt great. It made me really creative and I would sit for hours and write things down, or clean my flat from top to bottom. When I tried to stop, I had the worst come-downs I have ever experienced. I was unable to leave my flat for days as the anxiety would be unbearable. The head shop was giving me credit so I was also getting into debt with them.

Georgia gave me lots of information about poke and I got very frightened about what I was doing to myself. I ended up in A&E loads of times because I thought I was having a heart attack or I would get really psychotic and put myself at risk. Georgia worked alongside my Community Psychiatric Nurse (CPN) and also my worker from the Recovery Support Service. We have weekly meetings and I feel really supported by all my workers.



Georgia suggested rehab but I thought they wouldn't take me because I was only using poke. I was assessed for funding to go to a dual diagnosis unit and was really lucky as I have been told I have got funding. I am so pleased. We are going to visit some rehabs to see which one I like. I still use poke sometimes at the moment but it has really reduced. I can finally see a light at the end of the tunnel because I really thought I was going to end up dead.”

Pete Xeros, Jade Gora & Justin Laidler are part of the youth offending team for North Tyneside

We work with all young people aged 10 to 18 year olds with a focus on those who have offended, and who have come into contact with the youth justice system. We hold a generic case load, meaning we work with young people who have committed their first offence right up to those leaving custody.

Our key responsibilities are:

- to reduce reoffending and the number of young people entering the formal youth justice system (first time entrants), and;
- to minimise the number of young people going into custody.

All of the work we do is directed by legislation and the Youth Justice Board's National Standards. The young people we work with come from a wide range of backgrounds. While the problems they experience are very specific to their own circumstances, common themes include: poor school attendance, substance and alcohol misuse, emotional difficulties, family problems, negative peers, speech, language and communication difficulties, whilst some are just struggling with adolescence and growing up. As varied as their needs can be, sometimes it's just about having a solid relationship with an adult and making sure we are reviewing our involvement throughout.

As part of our role we educate young people on how NPS work and the health and social implications of use. However, in order to be successful it is crucial that the young person is open and willing to quit. Simply trying to get someone to stop is not going to work; it is about replacing their use with something of value in their lives, if not their family then through training and employment or something which outweighs their use of NPS. We work very closely with all other services to achieve these positive results.

Appendix 1:

Additional resources

- **Guess the drug quiz**, recommended by Georgia Ramsay-Smith, New Psychoactive Substance & Club Drug Outreach Worker in Brighton and Hove.
- **“Legal highs” myth-busting quiz**, recommended by Georgia Ramsay-Smith, New Psychoactive Substance & Club Drug Outreach Worker in Brighton and Hove.
- **“Legal highs” analysis map**, recommended by Georgia Ramsay-Smith, New Psychoactive Substance & Club Drug Outreach Worker in Brighton and Hove.
- **“Legal highs” impact evaluation tool**, recommended by Georgia Ramsay-Smith, New Psychoactive Substance & Club Drug Outreach Worker in Brighton and Hove

3. Mephedrone which is a cathinone

What cathinones are: The chemical 'cathinone' is a naturally occurring stimulant drug found in the plant, Khat.

Cathinones are the family of related chemicals, including cathinone and many synthetically produced chemicals, like mephedrone, methylone (M1) and MDPV. Cathinones are 'cousins' of the amphetamine family of drugs, which includes amphetamine itself (speed) and MDMA (ecstasy), and which have similar effects. Cathinones used to be sold online and in headshops as so called "legal highs".

Legal status:

- Cathinones are classified as Class B drugs which means that it's illegal to have for yourself, give away or sell.
- Possession can get you up to five years in prison and/or an unlimited fine.
- Supplying someone else, even your friends, can get you 14 years in jail and/or an unlimited fine.

Category: B

4. GHB / GBL

What GHB and GBL are: GHB / GBL are depressants.

GHB (gammahydroxybutrate) and GBL (gammabutyrolactone) are closely related, dangerous drugs with similar sedative and anaesthetic effects.

GBL is converted to GHB shortly after entering the body. Both produce a feeling of euphoria and can reduce inhibitions and cause sleepiness.

But both can kill and are particularly dangerous when used with alcohol and other depressant or sedative substances.

Legal status:

- GHB and GBL are both Class C drugs - but GBL is available for legitimate use in industry, but if someone supplies or possesses them knowing or believing that they will be swallowed and ingested, they are committing an offence.
- Possession can get you up to two years in prison and/or an unlimited fine.
- Supplying someone else, even your friends, can get you 14 years in jail and/or an unlimited fine

Category: C

5. Spice, which is a brand of synthetic cannabinoid

What synthetic cannabinoids are: Synthetic cannabinoids are chemicals that are made to act like the active part of cannabis, a substance called tetrahydrocannabinol (THC). As synthetic cannabinoids act like cannabis the effects - good and bad - are likely to be very similar to cannabis. Some users will feel happy and relaxed, may get the giggles, feel hunger pangs and become very talkative. Others may feel ill or paranoid.



Synthetic cannabinoids are usually sold in 'herbal' smoking mixtures. Sometimes these smoking mixtures have been found not to contain any synthetic cannabinoids at all!

- Legal status:**
- A large number of synthetic cannabinoids and any mixtures that contain these synthetic cannabinoids, including Black Mamba and Annihilation, are Class B drugs and are illegal to have, give away or sell. Some products have been found to contain synthetic cannabinoids that are currently legal to possess, but as you can't be sure what's in any smoking mixture, when you purchase one you always run the risk that you may be in possession of a Class B drug.
 - Possession of products containing controlled synthetic cannabinoids can get you up to five years in jail and/or an unlimited fine.
 - Supplying someone else, including your friends, can get you fourteen years in jail and/or an unlimited fine.

Category: May appear legal, but could contain numerous illegal substances of various classifications. There's no way for you to know.

6. PMA or PMMA

What PMA is: PMA is a stimulant. PMA and PMMA are closely related drugs similar to MDMA (the chemical in ecstasy) and can make you feel alert, alive and full of energy. Their similarity means that PMA and PMMA are sometimes sold as ecstasy. However, PMA and PMMA are more poisonous and can kill at lower doses than MDMA. Also like MDMA, it can cause a fatal rise in body temperature. The effects of PMA and PMMA also take longer than MDMA to begin to be felt – so some users have overdosed by mistakenly taking pill after pill thinking nothing is happening, which can also be fatal.

In recent years there have been a number of deaths and hospitalisations that have been linked to PMA and/or PMMA. It appears that those affected thought they were taking ecstasy pills containing MDMA and did not know that the pills

substance there. 19.2% of NPS samples collected by the Forensic Early Warning System in 2013-14 contained controlled drugs.

So you might think you're on the right side of the law but, as well as risking your health, you could still be taking something illegal because you have no idea what it is you are taking.

Myth four: "Legal highs" can kill you

True or false? **TRUE**

Whether it's through a direct effect, such as raising the body's temperature or stopping breathing, or by making you more likely to have an accident, any drug that affects how the body and mind work can kill. "Legal highs" can be especially problematic because some are effective at very low doses, which make it very easy to overdose. There is no way of telling how your body will respond to a substance. Plus mixing "legal highs" with medication, illegal drugs or alcohol can increase the risk.

Myth five: You can safely mix "legal highs" with alcohol

True or false? **FALSE**

Alcohol is a depressant, this means it slows down the central nervous system which controls the heart and breathing rate. So combining alcohol with any drug including "legal highs" isn't a good idea and can seriously upset your body. For example, mixing alcohol with another depressant drug could stop you breathing altogether.

Myth six: Legal drugs come from a less dodgy source

True or false? **TRUE TO AN EXTENT**

Most "legal highs" are made in China and sent legally into this country. However, this doesn't make the "legal high" industry candidates for outstanding citizen awards. They're still rather shady business people with an interest in profit, not well-being. After all, they're determinedly tweaking chemical formulas to dodge laws and mass-producing substances for human consumption without conducting any medical tests. So it's naive to assume the "legal high" industry is a squeaky clean one.

Myth seven: "Legal highs" are cheaper than illegal drugs

True or false? **MOSTLY TRUE**

The pricing of drugs works just like any other business. It's all to do with supply and demand. Supplying illegal drugs can be tricky and involves risky manoeuvres, dodging police raids and getting people to stuff things in themselves. All this pushes the price up.

Notes

Name:

Date:

“Legal highs” analysis map

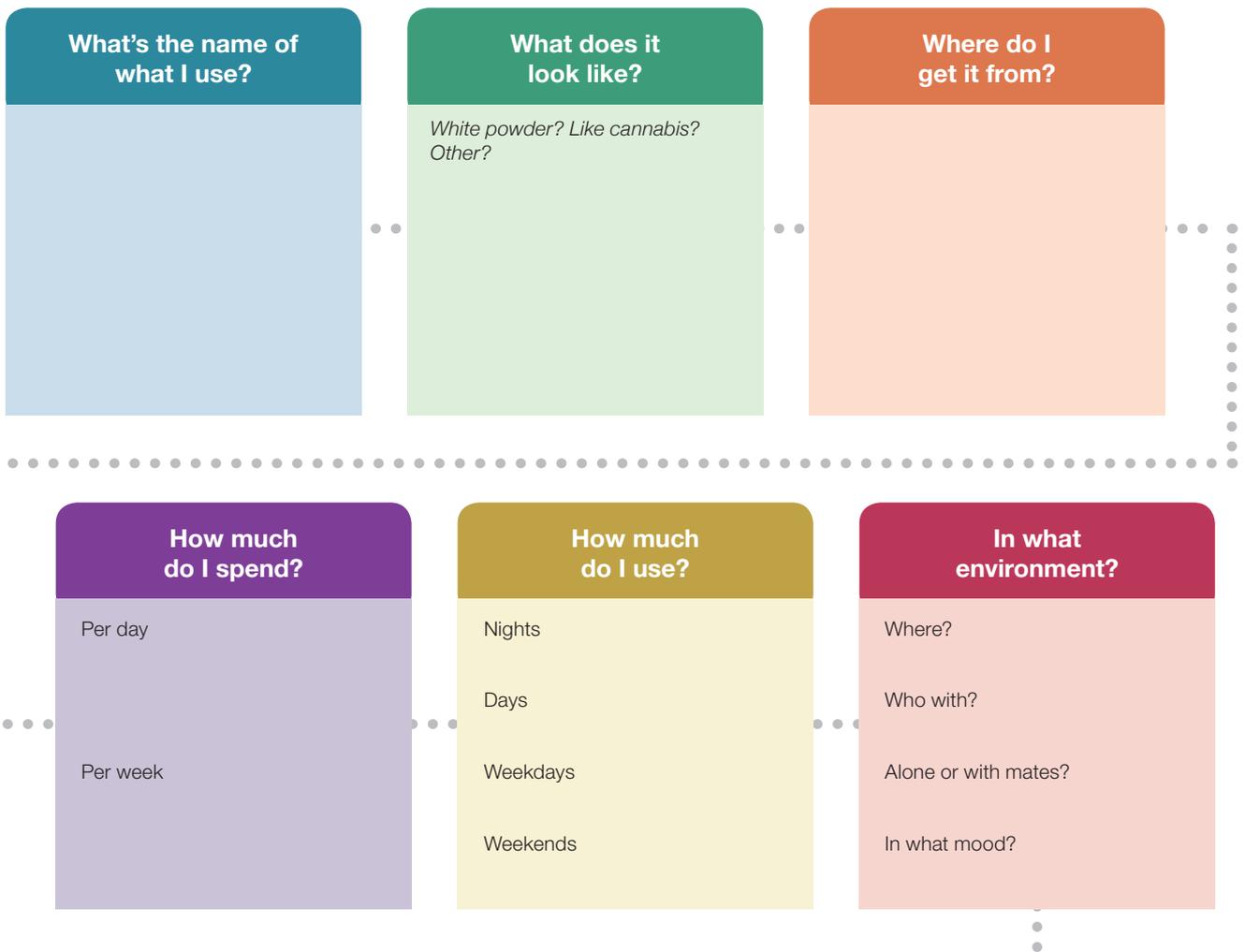
What are they?

Where do they come from?

Are they safe?

How fun are they?

What’s the base?

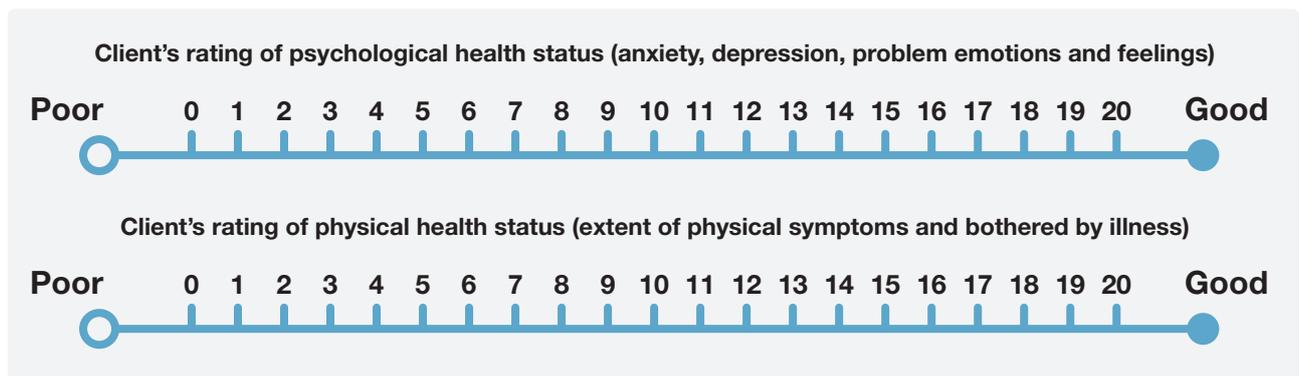
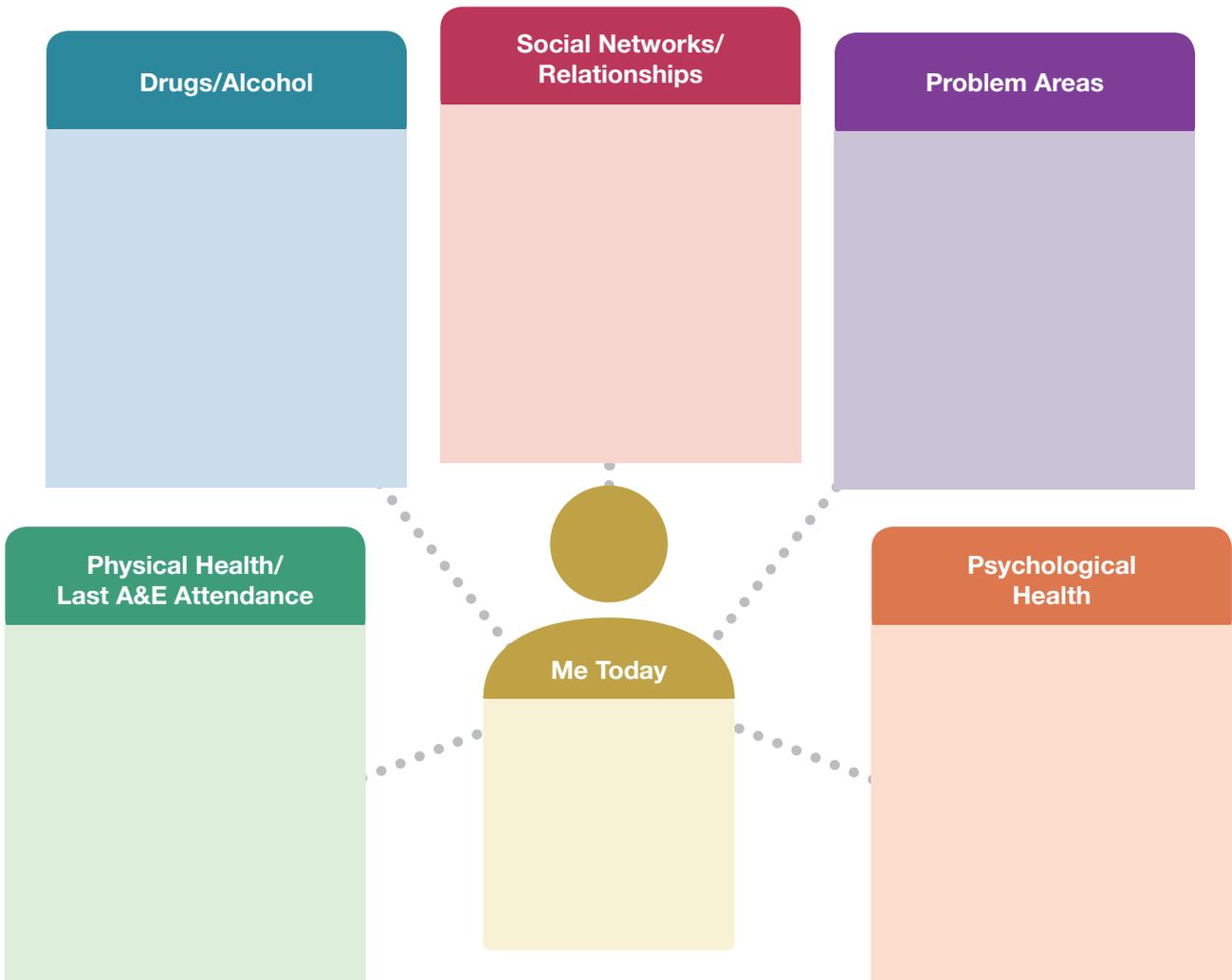


What does the package look like?
Can I draw it?

Name:

Date:

“Legal highs” impact evaluation sheet



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Title: New Psychoactive Substances (NPS) Resource Pack for
informal educators and practitioners