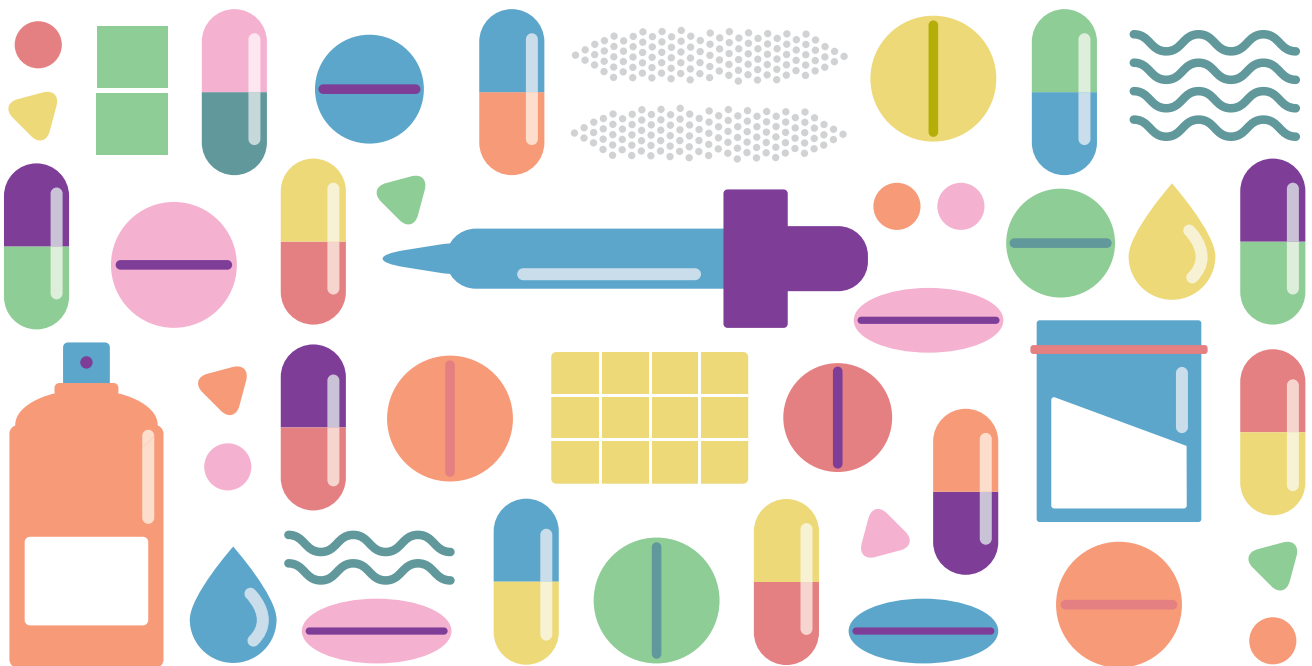




Home Office

# New Psychoactive Substances (NPS)

Resource pack for informal educators  
and practitioners



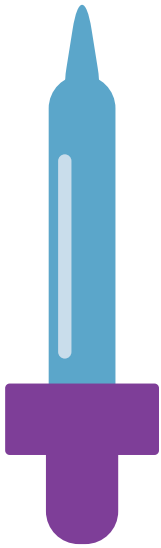
# Home Office Foreword

The availability of New Psychoactive Substances (NPS) has posed a 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 and has introduced the Psychoactive Substances Act 2016 to restrict the open retail of psychoactive substances by banning the sale, supply and importation of these drugs. 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. A number of NPS have been related to 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.

Government’s [response to the expert panel report](#) on the new psychoactive substances review (2014) sets out proactive work to tackle these drugs over the last few years. In addition to the introduction of the Psychoactive Substances Act 2016, we have already banned more than 500 NPS under the Misuse of Drugs Act 1971; 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 so called “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 supported development of new treatment guidelines.

We recognise that there is more to do to tackle NPS and our ambition to have a real impact on this threat remains high. As informal educators and frontline practitioners, you may find yourself supporting individuals who take NPS or who 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 use 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.

A group of experienced practitioners from Mentor UK, DrugScope<sup>1</sup>, local youth and drug treatment services and a Youth Offending Team developed this resource pack, offering a range of informed approaches to assist you in tackling the issues around NPS. This pack has been specifically developed for those in roles including key workers and practitioners in specialist and targeted services such as youth services and drug treatment.

The Advisory Council on the Misuse of Drugs (ACMD) report on [Prevention of drug and alcohol dependence](#) highlighted the importance of embedding universal drug prevention actions in wider strategies that aim to support healthy development and wellbeing, alongside building resilience in young people to provide them with the skills and confidence they need to cope with the pressures they face.

**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 effects 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.**

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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<sup>1</sup> Drugscope closed on 31 March 2015

# 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.

**NPS or so called “legal highs” present a danger because:**

- they are, or have been, easily accessible.
- they may not necessarily hold the same perceived threat to health and well-being as other, ‘traditional’, illegal drugs.
- some young people incorrectly think NPS are safer because of their perception that they used to be legal or that they come in branded packaging. **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 (potentially 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.

# 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 other illegal substances. People may refer to these drugs as “legal highs”, but all psychoactive substances are now either under the control of the Misuse of Drugs Act 1971 or subject to the Psychoactive Substances Act 2016 (PS Act).

The PS Act makes it an offence to produce, supply or import any psychoactive substance for human consumption. The new legislation only covers substances that are not controlled already and it excludes food, caffeine, alcohol, tobacco and medicinal products.

The PS Act does not make it illegal simply to possess psychoactive substances apart from in custodial settings, but it does make it illegal to import them (such as buying from abroad online) and to supply them, including among friends.

## “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 2015/16 Crime Survey for England and Wales (CSEW) found that young people (aged 16 to 24) typically obtained NPS from a friend, neighbour or colleague (36%), a shop (27%) or a known dealer (13%) while only six per cent of younger people bought NPS on the internet. 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. It is now illegal for these retail outlets to sell NPS and it will also be an offence to import them for consumption.

## “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. 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 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, MDPV, NRG-1, Benzo Fury, MDAI and ethylphenidate.  

- **'Downers'/tranquilliser-type/sedative-type drugs (aka 'depressants'):** 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, new drugs from the benzodiazepine family (such as etizolam, pyrazolam and flubromazepam and nitrous oxide).  

- **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 and 1p-LSD.  

- **Dissociative drugs:** a category of drugs which mimic substances such as PCP (phencyclidine) ketamine and methoxetamine 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 following drugs information services:

**England:** FRANK [www.talktofrank.com](http://www.talktofrank.com)

**Scotland:** Know the Score <http://knowthescore.info/>

**Wales:** Dan 24/7 <http://www.dan247.org.uk/>

## “How prevalent are NPS and who uses them?”

While the number of different NPS detected has increased across Europe in recent years, it is important to keep things in perspective. We should not dismiss the positive impact 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 so called “legal highs”. Clinical responses via frontline services are also rapidly developing. To restrict the supply of psychoactive substances, the PS Act has been passed to close down their open sale.

Questions on the use of any NPS were first added to the CSEW in 2014/15. Latest statistics for 2015/16 show that:

- 2.6% of young people (aged 16-24) reported using NPS in the last year;
- Young men are more likely to report use of NPS than young women (3.6% compared with 1.6%);
- Herbal smoking mixtures were the most commonly used NPS (52%), powders, crystals, tablets (22%) and other substances (22%) were less commonly used. And liquids were least common (3%); and,
- The majority of last year NPS users had also used another drug in the last year (85.2% of 16-24 year olds and 84.9% of 16-59s).

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 the numbers of people in treatment for NPS is small in comparison to the number of those referred to treatment services for use of more ‘traditional’ drugs, there are anecdotal reports from experts and specialist organisations, 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. It is important that local commissioners and providers develop an understanding of prevalence and the broader social context of NPS use amongst their local population. This information will be key in determining the response to the need presented in your local area. Public Health England (PHE) has 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 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 more ‘traditional’ 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 referred to 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 ‘traditional’ 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.

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 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 ‘traditional’ drugs, such as ecstasy, may take what they think to be the “legal” and safe equivalent.



# Interventions & approaches

## Advice and information

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 information and advice is available from [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 Week<sup>2</sup> report notes that as NPS become more established, other associated harms 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 drug 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 NPS. Prevention approaches that target generic risk factors (for example, truanting, unstable home environments, offending) may 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.

### 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.

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<sup>2</sup> Faculty of Addictions Psychiatry, Royal College of Psychiatrists. One new drug a week: Why Psychoactive Substances and club drugs need a different response from UK treatment providers. Faculty report, 2014.



We also know that programmes that solely focus on scare tactics and knowledge-only approaches are ineffective at changing behaviours and can increase drug misuse, so it is vital local areas are following effective, evidence-based approaches.

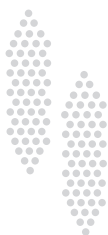
## **NPS interventions and treatment**

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, although 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 information for specific health problems. They may 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, psychological therapy and complementary therapies such as acupuncture.

Project NEPTUNE is an independent clinical expert group that has developed guidelines on treating NPS and club drug problems. Published in early 2015, the guidelines give detailed information on NPS and club drugs, their effects, treatment approaches, aftercare and harm reduction. They will be key 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 2016, and the entire programme of work will be independently evaluated.

# Further information and resources

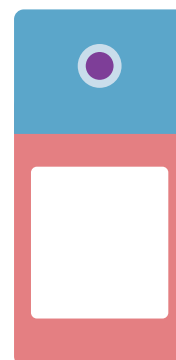
Here is some further useful information about NPS and links to some resources that you may find helpful.

## 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](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 NPS as it aims to educate, encourage and assist individuals to be more knowledgeable about the risks to their health and wellbeing of using so called “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 [PS in England: a review of the evidence](#).
- [DrugWise NPS Come of Age report](#) provides a useful introduction and background to NPS and ‘club drug’ use in the UK.
- [One new drug a week](#): why NPS and club drugs need a 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 a platform for sharing information and resources aimed at schools and practitioners working in drug and alcohol prevention. ADEPIS is a leading source of evidence-based information and tools for alcohol and drug education and prevention for schools. 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 the 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, including details of the Psychoactive Substances Act 2016, 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.

# Key Facts on so-called “legal highs”

## The Law on so called “Legal Highs” has changed

So-called “legal highs” (psychoactive substances) are substances which seek to mimic the effects of drugs such as cocaine and ecstasy, but are not currently controlled as class A, B, or C drugs.

It is now illegal to supply any so-called “legal highs” for human consumption. This includes selling them or giving them away for free (even to friends) when they are going to be taken for their psychoactive effects.

Importing them from abroad will also be a crime.

Police will take action where they find people committing these offences. Punishments range from a prohibition notice, which is a formal warning, to 7 years in prison.

Police and other agencies also have new powers. They will be able to stop and search people they think are supplying and they will seize and destroy so-called “legal highs” where they find them.

Drugs that are already illegal, such as cocaine, ecstasy, heroin and a number of so-called legal highs that have already been controlled as class A, B or C drugs, are not affected by these changes to the law. It is a crime to have these drugs in your possession at all. Police will keep taking action when they find these substances as before.

## What are the risks of so called “Legal Highs”?

A psychoactive substance is defined in the new law as a drug which is capable of affecting a person’s mental functioning or emotional state, but is not currently controlled as a class A, B or C drug.

In fact, for many so-called ‘legal highs’, there has been little or no useful research into the short or long-term risks from human consumption. Psychoactive substances have widely different strength.

# 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 the Youth Team Manager and Senior Youth Worker of Youthfirst, the youth wing of CVS, Community First covering East Hants, Winchester and Havant.**

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, 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 misuse 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: local 'head shops' which previously made 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, bongos 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 to 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.

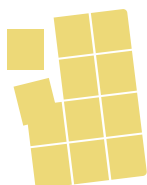
## Georgia Ramsay-Smith is a Health Promotion & Training Team Leader in Brighton and Hove.

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 a 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 poster and leaflets which were distributed throughout the city (focusing on primary care and educational settings), by promotion through a Twitter account (@ClubDrugs\_ CRI) and Think Drink Drugs website ([www.thinkdrinkdrugs.co.uk](http://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'. Users span across all ages, some are new to drug use and many move away from more traditional drugs to avoid criminal activity. 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 important. The main reasons for adult use of NPS appear to be due to stress at work, using it to relax, or moving away from more traditional 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. So called “legal highs” can easily be mislabelled, mispackaged, and mis-sold as different substance which the end user is unaware of. Some new users don’t know what or where so called “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.”

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## **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 or 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.

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