Annual Report on the Home Office Forensic Early Warning System (FEWS)  
A system to identify New Psychoactive Substances (NPS) in the UK  

September 2015
1. Executive summary

The Home Office funded Forensic Early Warning System (FEWS) was set up in January 2011 in response to the emergence of new psychoactive substances (NPS), often referred to as so-called ‘legal highs’.

NPS are mainly synthetic drugs manufactured in a laboratory or factory (chiefly based overseas) to mimic the effects of already controlled drugs and are used primarily as recreational drugs in the UK, Europe and the rest of the world.

During 2014/15 FEWS:
• obtained and analysed 2,074 samples from several FEWS collection plans;
• provided support for the Advisory Council on the Misuse of Drugs’ (ACMD) ongoing monitoring of NPS;
• attended four UK festivals; and
• engaged with Border Force to improve their capability to detect and detain suspicious substances in fast parcels.

FEWS collected samples from the internet, headshops1, music festivals, the police and health clinics to identify NPS which are present in the UK or being offered for sale in the UK market. One of the aims of the collection plans is to collect information on NPS that are being seen in a cross-section of environments.

A total of 6,750 samples from the collection plans have been analysed under FEWS since inception. The results are summarised in Tables 1-4 (pages 8 and 9) and include NPS that are both controlled and not controlled under the Misuse of Drugs Act 1971.

Key findings

During 2014/15, out of 2,074 samples seen under FEWS, 1,345 were non-controlled2 NPS. Of these, 43 new NPS (the same as in 2013/14) have been identified under FEWS which have not been previously encountered in the UK or Europe, meaning that the total number of new samples identified through FEWS is now 35.

Products advertised as ‘legal’ alternatives to already controlled drugs are not always ‘legal’, 8% of NPS found in the NPS samples collected by FEWS in 2014/15 were controlled drugs. FEWS findings continue to affirm Government messaging that: just because a substance is termed ‘legal’ does not make it safe or ‘legal’.

Examples of NPS seen in the UK market in the past year include: 5F-AKB-48, 5F-PB22, (both synthetic cannabinoids) MPA, ethylphenidate (now controlled under a TCDO), 5-MeO-DALT and N-methyl-2AI.

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1 A headshop is a commercial retail outlet specialising in the sale or supply of NPS together with equipment, paraphernalia or literature related to the growing, production or consumption of cannabis other drugs. These outlets may also have online businesses, but those businesses solely based online would not fit within this definition.

2 This report refers to the control status of the substance when it was identified under the FEWS collection plan, aside from the chapter on Government action, which details the current status of control and Government action against substances.

3 5F-MN-18, 5F-NPB-18, BZ-2201, N-Cumyl-1,5F-pentylindazole-3-carboxamide.
Products marketed as ‘legal highs’ can also contain a number of different substances which increases the risk of harm to users. Of the samples analysed that contained NPS, 55% have been identified as mixtures of two or more substances. Several samples (e.g. Charly Sheen and Chalk) contained four substances. Products with the same brand name such as Clockwork Orange, Magic Crystals and Go Gaine, including those from the same suppliers, have also been observed to contain mixtures of different substances.

A low proportion of controlled drugs were detected in NPS samples collected from headshops (3%), the internet (3%) and prisons (8%). In contrast, a low proportion of NPS were seen at festivals (10%), and of those samples, 89% were controlled.

Concerns around the emergence and continued availability of NPS are not limited to the UK drugs market. The EMCDDA reported that 101 previously unseen NPS were identified across the EU in 2014, compared to 81 in 2013, 74 in 2012, 49 in 2011 and 41 in 2010. The UN Office on Drugs and Crime (UNODC) reported that 193 previously unseen NPS were identified at a global level in 2014, compared to 97 in 2013, 8 in 2012, 37 in 2011 and 40 in 2010. Data sharing means that previously unseen NPS identified in the UK will be recorded in the EMCDDA and UNODC data.
2. Background to FEWS

FEWS was set up in 2011 to identify NPS more promptly to help enable Her Majesty’s Government to take action before a harmful substance takes a foothold in the UK. The aim of FEWS is to build on national understanding and response by creating a system for NPS through:

- bringing together expertise from operational forensic laboratories, chemical standard suppliers and law enforcement agencies;
- developing a protocol for the analysis of samples, the results of which are reported to the Home Office and the ACMD; and
- developing a synergy with the UK-wide Drugs Early Warning System.

Key to tackling newly emerging drugs is the prompt identification of substances when they appear on the UK market. An important FEWS objective is to enable UK forensic service providers (FSPs) to identify NPS quicker and more effectively so as to inform the ACMD’s considerations and the Government’s wider response through UK health and other warning systems. FEWS results are also fed into the UK-wide Drugs Early Warning System to inform the Government’s efforts to tackle the threat posed by NPS.

The increased development and availability of NPS is changing the face of the drug scene and its ‘marketplace’ with greater access via the internet for both their purchase and the sharing of information in forums and blogs. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reports that “both the variety and the quantity of new psychoactive substances on Europe’s market are still increasing.”

The EMCDDA noted that, “The Internet has also been an important driver for the development of the market for new psychoactive substances, both directly, through online stores, and indirectly, by allowing producers easy access to research and pharmaceutical data, and by providing potential consumers with a forum for information exchange.”

In 2014-2015 the EMCDDA and EUROPOL risk assessed eight NPS – 5-IT, 4-methylamphetamine, AH-7921, 25-I NBOMe, methoxetamine, MDPV, 4,4’-DMAR and MT-45. Of these, 4-methylamphetamine, methoxetamine and MDPV had previously been controlled under the Misuse of Drugs Act 1971, but the risk reports on the remaining NPS enhanced data collected through FEWS. All NPS risk assessed at a European level have been controlled in the UK following advice from the ACMD.

In 2014-2015 the World Health Organisation reviewed 22 NPS and four medicines, and following a decision at the 2015 UN Commission on Narcotic Drugs the international community controlled ten NPS – Mephedrone, AH-7921, 25-B NBOMe, 25-C NBOMe, 25-I NBOMe, BZP, JWH-018, AM 2201, MDPV and Methylone - under the 1961 or 1971 UN drug conventions. All NPS controlled at an international level are already controlled in the UK following advice from the ACMD.

This report describes activities undertaken under FEWS, and provides analysis of results of samples tested under FEWS in 2014/15.

4 An alignment of drugs early warning systems across health and law enforcement bodies at the local, national and international levels to ensure the ACMD has access to joined-up, evidenced and timely UK wide information to support the delivery of advice on drug harms and drug control.

5 http://www.emcdda.europa.eu/attachements.cfm/att_229598_EN_TDAN14001ENN.pdf

6 http://www.emcdda.europa.eu/attachements.cfm/att_229598_EN_TDAN14001ENN.pdf
The report also highlights: key learning points from the results; key messages on the harms and risks associated with the use of NPS; Government action against NPS; and details of FEWS activity planned for 2015/16.

The 2011/12, 2012/13 and 2013/2014 FEWS annual reports are available at:


3. Analysis and findings

FEWS identified four new NPS in 2014/15, same as the previous year (2013/14). However, the number of new NPS identified has fallen from 2012/13 (10 substances identified) and 2011/12 (17 substances identified). It should be noted that FEWS also identified additional substances; however these had been identified and reported at EU level by commercial forensic service providers beforehand, and are therefore not reported as FEWS identifications. New substances identified in the UK are reported to the EMCDDA through submissions to the UK Focal Point. 7 substances were reported by the UK for the first time to the EMCDDA in 2014, down from 11 in 2013, 13 in 2012, 11 in 2011, and 16 in 2010).

Overall, 8% (109) of NPS found in the NPS samples collected by FEWS in 2014/15 were controlled drugs. This is a lower proportion than 2013/14 (19%).

Collection plans

This section describes the different collection plans that FEWS has undertaken. These collection plans vary each year, and are often targeted at different elements of the NPS market depending on ongoing priorities. This makes it difficult to directly compare data from different collection plans, or from different years.

The proportion of controlled NPS detected in NPS samples varied considerably by collection plan, with the lowest proportion seen in samples from headshops and the internet (2% in each) and the highest in samples from festivals (89%).

Festivals collection plan

The Home Office Centre for Applied Science and Technology (CAST) attended four UK festivals with an on-site laboratory. Samples were analysed on-site, although those which could not be analysed at the festival, as well as all subsequent samples collected from amnesty bins or seized by the Police, were sent to CAST for analysis.

The collection operation at each festival varied and this was reflected in the number of samples collected and analysed by CAST. CAST did not identify any previously unseen NPS at any of the four festivals attended. In total, 683 samples were analysed; of these, 90% were found to contain controlled drugs, of which MDMA (49%) and cocaine (28%) were the most commonly encountered. Of the controlled samples, 10% were identified as controlled NPS. 1% of the samples analysed contained non-controlled NPS (namely MPA and 5F-PB22) while the remaining 8% were non-controlled non-psychoactive substances.

Online NPS analysis collection plan

One of the FEWS forensic partners undertook an online test purchasing exercise directed at synthetic cannabinoids. The aim of the collection plan was to look at the variety of synthetic cannabinoids on the online market and identify any new substances that were being sold. Synthetic cannabinoids continue to be readily available through the internet. There were twenty three different synthetic cannabinoids, including four which had not been previously seen. The results from the collection plan showed that the availability of synthetic cannabinoids in liquid form appears to be increasing.

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7 Percentages have been rounded to the nearest whole number, and may not sum to 100.
Headshop analysis collection plan

The headshop collection plan was aimed at finding out what substances were being sold in high street headshops and whether or not they were controlled. The collection plan also looked at the difference in composition in branded products within and between headshops. A total of 325 samples from four different counties were analysed. Of the samples analysed, four different controlled substances were identified namely AM 2201, 5-EAPB, methylphenidate and N-methyltryptamine. Six non-controlled synthetic cannabinoids were encountered, namely AKB-48, 5F-AKB-48, 5F-PB22, BB-22, AB-FUBINACA and STS-135. The substances were mainly encountered as mixtures. Ethylphenidate, MPA, 2-AI, N-methyl-2-AI, BK-2CB, 5-MeO-DALT and AMT - non-controlled NPS were also encountered in form of powder, tablet and capsules. Ethylphenidate was found in combination with MPA on a number of occasions. It was also found as a mixture with 2-AI, N-methyl-2AI while MPA was found in combination with 5-EAPB and 5-MeO-DALT on two separate occasions.

A selection of samples with the same label seized from different locations was identified as having different or a combination of different compounds.

Prisons drug analysis collection plan

CAST collected samples from prisons from the South West and North West of England in 2014/15. The aim was to find out which NPS were being used in prisons and whether or not they were controlled. The majority of the substances recorded were not controlled and were mixtures of more than one different compound. The most commonly identified drugs from this data were 5F-AKB-48 and 5F-PB22, which are both synthetic cannabinoids.

Health clinics collection plan

CAST collaborated with a health clinic in England to facilitate the extended analysis of urine samples from patients who used their drug treatment services.

A small number of samples were submitted with only one NPS, 5F-AKB-48, detected.

Reference standards

CAST sent questionnaires to the forensic service providers within the FEWS NPS network as part of the review into the provision of reference standards through FEWS; this will inform future planning.

Twenty four (24) new chemical reference standards were purchased under FEWS during 2014/15 to aid identification of new substances and enable enforcement partners carry out their duties. This brings the total number of chemical reference standards developed, or purchased, under FEWS, since inception, to 88.

FEWS continues to maintain a library of chemical identification data, managed by the FEWS project team, to which NPS spectra are added. This, together with the chemical reference standards, allows the forensic scientists to rapidly identify substances when they occur in casework.

8 Certified drug reference standards which generate a reference spectrum against which an evidential sample can be compared for identification. Drug reference standards are needed to identify substances in order to establish that an offence has been committed under UK laws in relation to a controlled substance.
Comparison to previous years

The figure and tables below enable comparison of 2014/15 results with results since 2011. Although the year to year figures can give some indication of trend, as mentioned previously, the nature of the collection plans as well as changes to legislation means direct comparisons are problematic. It should be noted that in some cases more than one substance was identified in each sample, making the total of the number of substances identified different to the number of samples collected. Some samples contained cutting agents such as caffeine, lidocaine and benzocaine and these are not accounted for in the table.

Figure 1: Chemical groups of newly identified NPS 2011/12 to 2014/15

![Chemical groups of newly identified NPS 2011/12 to 2014/15]

Table 1: Chemical groups of newly identified NPS 2011/12 to 2014/15.

<table>
<thead>
<tr>
<th>Chemical group</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/2015</th>
<th>Total number of substances identified through FEWS since 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synthetic Cannabinoids</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Phenethylamines</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Cathinones</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Tryptamines</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>11</td>
</tr>
</tbody>
</table>
**Table 2:** The number of NPS, controlled and non-controlled, encountered for the first time in the UK through the different collection plans\(^9\) between 2011/12\(^10\) to 2014/15.

<table>
<thead>
<tr>
<th>Sample Collection Source</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/2014</th>
<th>2014/2015</th>
<th>Total number of NPS since identified 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Controlled</td>
<td>Non-controlled</td>
<td>Controlled</td>
<td>Non-controlled</td>
<td>Controlled</td>
</tr>
<tr>
<td>Internet</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Headshops</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Festivals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Police non-casework</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Border Force samples</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

**Table 3:** The number of times controlled and non controlled drugs, including NPS, encountered by FEWS were reported through each of the collection\(^5\) plans in 2014/15.

<table>
<thead>
<tr>
<th>Collection Source</th>
<th>No. of samples</th>
<th>Controlled Drugs (Traditional)</th>
<th>New Psychoactive Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Class A</td>
<td>Class B</td>
</tr>
<tr>
<td>Internet</td>
<td>85</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Head Shops</td>
<td>325</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Festivals</td>
<td>683</td>
<td>525</td>
<td>30</td>
</tr>
<tr>
<td>Police Collection Plan</td>
<td>76</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Prisons</td>
<td>893</td>
<td>26</td>
<td>123</td>
</tr>
</tbody>
</table>

**Table 4:** The total number of times controlled and non controlled drugs, including NPS have been reported through each of the collection plans\(^9\) since the beginning of FEWS (2011-2015).

<table>
<thead>
<tr>
<th>Collection Source</th>
<th>No. of samples</th>
<th>Controlled Drugs (Traditional)</th>
<th>New Psychoactive Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Class A</td>
<td>Class B</td>
</tr>
<tr>
<td>Internet</td>
<td>473</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Head Shops</td>
<td>829</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Festivals</td>
<td>3271</td>
<td>1741</td>
<td>556</td>
</tr>
<tr>
<td>Police Collection Plan</td>
<td>1162</td>
<td>272</td>
<td>44</td>
</tr>
<tr>
<td>Border Force Samples</td>
<td>110</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

\(^9\) Findings from the health clinic collection plan are not presented in the tables due to the low number of samples submitted.

\(^10\) Figures from previous years have been revised and may not match those that have been previously published.
4. Action taken by Government to tackle NPS

The Government’s aim is to deliver its commitments under the 2010 Drug Strategy, ‘Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life’, the Government continues to take a balanced approach across three key themes: reducing the demand for drugs; restricting the supply of drugs and supporting individuals to recover from dependence. This includes ensuring that statutory services are able to provide treatment effectively and support recovery from NPS misuse, encouraging individuals to take personal responsibility, and promoting the choice not to take unknown, potentially harmful, psychoactive substances. The Government’s New Psychoactive Substances Action Plan, published as an annex to the 2012 Drug Strategy Annual Review, sets out the Government’s ambition and makes clear its determination to take effective action against NPS.²

FEWS forms part of the Government’s wider action to tackle the issue of NPS, which includes the Psychoactive Substances Bill, the UK-wide Drugs Early Warning System, the NPS Expert Panel Review, and the introduction of Temporary Class Drug Orders (TCDO) under the Misuse of Drugs Act 1971 (the 1971 Act).³

Alongside the Government’s comprehensive domestic response we are delivering targeted international action to develop a sustainable international scheduling system focused on the most prevalent, persistent and harmful NPS and action to enhance international law enforcement cooperation.

Legislation

So far the Government has controlled over 500 NPS, including through group or generic definitions, as well as some substances that have not been seen in the UK, following assessment of their harms under the 1971 Act. Hence, some of the drugs advertised for sale as NPS are already controlled or ‘illegal’ under the 1971 Act.

NPS are coming onto the market at an alarming rate: 101 new substances were identified in the European Union in 2014 which continues the upward trend. Banning a substance under the 1971 Act can be both time consuming and repetitive. The substance’s harms have to be assessed by the ACMD, which can be difficult given that there is very little evidence on NPS. This means that there is often a gap between a drug coming onto the market and control under the 1971 Act. Furthermore, many NPS have harms similar to the controlled drugs they have been manufactured to mimic.

The Government appointed an Expert Panel Review in January 2014 to review the existing legislative approach and identify how domestic legislation could be strengthened to tackle NPS use. The Expert Panel reviewed the main options for a different approach and examined legislative models in a number of other jurisdictions. The Expert Panel concluded that a general prohibition on the distribution of non-controlled NPS, as operated in the Republic of Ireland, would best address the key elements of the guiding principles set out for the review, taking into account the opportunities and risks in the particular UK context. The Expert Panel Review’s report was published on 30 October 2014. The Government’s response to the NPS Expert Panel Review covers the current enforcement approach and possible enhancements to UK legislation along the lines of the Expert Panel’s recommendations.

12 The Misuse of Drugs Act 1971 (“the 1971 Act”) controls drugs that are “dangerous or otherwise harmful” primarily under a three-tier system of classification (A, B and C) which provides a framework within which criminal penalties are set with reference to the harm a drug has or is capable of having when misused and the type of illegal activity undertaken in regard to that drug.
The Psychoactive Substances Bill, introduced in Parliament on 28 May 2015, will create a blanket ban on the supply of psychoactive substances. Given the serious risks and unpredictable effects of these substances, the Government’s view is that it is unacceptable that these drugs are readily available and openly sold in our communities. The Bill will proceed through Parliament over the next few months with anticipated Royal Assent by the end of the year and commencement next spring.

For NPS with harms that warrant a possession offence or higher penalties, the temporary and permanent controls provided by the 1971 Act will continue to be necessary, and the ACMD will continue to assess the harms of individual NPS as required and advise their control under the 1971 Act where appropriate.

The Government has taken action and controlled several NPS. In 2014/15, FEWS results supported the temporary and permanent control of several compounds under the 1971 Act. FEWS results supported ACMD advice to: control AH-7921, MT-45 and 4,4’-DMAR as Class A drugs; extend the tryptamine generic definition under the 1971 Act to capture additional tryptamine compounds, including AMT and 5-MeO-DALT; control LSD-related compounds; and place seven NPS related to methylphenidate (a Class B drug) under a TCDO following the ACMD’s recommendation based on evidence of harms requiring immediate action.

On 7 January 2015, the following compounds (or class of compound) became Class A drugs: the synthetic opioid AH-7921; the LSD-related compounds commonly known as ALD-52, AL-LAD, ETH-LAD, PRO-LAD and LSZ; and the compounds captured by the extended definition of tryptamines, including compounds commonly known as AMT and 5-MeO-DALT. The NPS known as MT-45 (a synthetic opioid) and 4,4’-DMAR (a stimulant) were permanently controlled due to their serious harm potential including deaths. They are both Class A as of 11 March 2015. In April 2015, the Government accepted the ACMD’s recommendation to place under a TCDO five compounds related to methylphenidate: ethylphenidate, 3,4-dichloromethylphenidate (‘3,4-DCMP’), methylphenidate (‘HDMP-28’), isopropylphenidate (‘IPP’ or ‘IPPD’) and propylphenidate. A further TCDO was introduced to cover 4-Methylmethylphenidate and Ethylmethylphenidate alongside the original five substances.

**Prevention, treatment and information sharing**

The Government takes a broad approach to prevention, in line with international evidence and recent evidence provided by the ACMD combining universal action with targeted action for those most at risk or already misusing drugs. This includes investing in a range of evidence-based programmes, which have a positive impact on young people and adults, giving them the confidence, resilience and risk management skills to resist drug use. For example Public Health England have launched a new online resilience building resource, ‘Rise Above’, aimed at 11- to 16-year-olds, to help develop skills to make positive choices for their health, including avoiding drug misuse; and developed the role of Public Health England to support local areas: sharing evidence to support commissioning and the delivery of effective public health prevention activities. We recognise that effective drugs education plays a critical role in helping to ensure that young people are equipped with the information they need to make informed, healthy decisions and to keep themselves safe. In addition to drugs education being part of national curriculum science at key stage 2 and key stage 3, the Government has also invested in resources to support schools. For example, Mentor UK runs the Alcohol and Drug Education and Prevention Information Service (ADEPIS) which provides practical advice and tools based on the best international evidence, including briefing sheets for teachers.
Effective intervention and treatment is at the heart of the 2010 Drug Strategy and is essential in supporting individuals to overcome their drug misuse. We have focused our efforts on empowering local areas to provide services that meet the needs of the local population and develop a holistic approach that goes beyond the treatment system to include other essential factors to support recovery such as housing and employment. High quality treatment is fundamental to helping people recover from their dependency. We have a well-embedded and comprehensive drug treatment system and within this there are a range of services responding to the challenges and harms posed by NPS.

The Government accepted recommendations made in the Report by the Expert Panel to strengthen the treatment response and ensure we have the expertise and a confident workforce to deal with the harms presented. We are making good progress on our commitments and have already:

- published a toolkit, supported with regional events, to help local areas to prevent and respond to the use of NPS. The toolkit gives a broad overview of the challenges and provides commissioners with resources and advice to inform a suitable local response;
- developed Project NEPTUNE (a multi-disciplinary group of experts, funded by the Health Foundation) has developed the first set of evidenced-based clinical guidelines to treat NPS. This is aimed at clinicians working in a range of frontline settings, such as hospitals, sexual health services, primary care and drug treatment services;
- established a clinical network as a reference group to look at the feasibility of sharing intelligence on NPS and drug-related adverse reactions and harms;
- developed a NPS resource pack for informal educators and frontline practitioners to use to prevent drug taking amongst young people; aimed at those who influence our target audience, for example drug treatment workers or youth workers. The pack equips frontline workers with facts, information and resources to challenge drug taking amongst young people;
- issued the annual Ministerial letter to festival organisers was sent out to 47 festivals to ensure that drug misuse issues, including NPS, remain at the forefront of considerations for summer festival organisers.

Further action to enhance our approach and respond to the recommendations made by the Expert Panel Review continues and includes Project NEPTUNE moving into Phase II to develop on-line learning and clinical tools, as well as exploring how the guidance might be adapted for staff working in non-medical settings. PHE is taking forward work on supporting effective brief interventions for NPS use, screening tools and enhancing how we share information, in addition to reviewing and developing its drug alerts and early warning systems to ensure they are more effective and reach the right audiences.

FEWS has provided information about new drugs such as ethylphenidate for both the FRANK website and the FRANK helpline. More information on the range of the FRANK service can be found at www.talktofrank.com.

Following on from the Government’s response to the Expert Panel Review, the Home Office developed a NPS Resource Pack for informal educators and frontline practitioners to use to prevent drug taking amongst young people. The pack was created alongside drug treatment partners.

A further resource is Public Health England’s toolkit for substance misuse commissioners which helps local authorities and NHS England to respond to NPS use and problems in their areas.
Enforcement

Following the NPS Expert Panel’s Report, the Home Office has encouraged local authorities and police forces to consider all available avenues to address the supply of these substances in our communities, producing guidance on this subject. This includes using provisions in the Intoxicating Substances Supply Act 1985 which makes it an offence to supply a minor with a substance that may be inhaled (includes smoking) for the purpose of intoxication. These, and other powers, have enabled local authorities to take legal action against head shops, seize stocks and stop the consumption of these dangerous substances.

The police and local authorities have new powers under the Anti-Social Behaviour, Crime and Policing Act 2014 to issue Community Protection Notices and Public Space Protection Orders to target problem behaviour. Full details of how these powers can be used are contained in statutory guidance for the police, local councils and others.
5. Looking Forward

The availability of NPS in the UK, across the EU and all over the world continues to be of major concern to the Government. The Government’s response to the threat from NPS has to be effective in order to protect the public from the harms posed by these drugs. FEWS is a valuable tool which enables the Government to monitor NPS in the UK so it will continue to be developed as part of the Government’s Drug Strategy. It also informs the Government’s independent experts, the ACMD, and their advice to Government on new substances, including where necessary advice on subjecting substances to temporary control.

The Government will build the capability in the UK to meet the demand for the new forensic requirement in the Psychoactive Substances Bill, working with the Forensic Regulator’s office to ensure that the high standard of quality that forensic evidence meets is maintained. CAST continues to identify and build capability in the UK to meet the demand for this new forensic requirement of determining psychoactivity. FEWS will clearly play a vital role continuing to enable forensic providers to more easily identify psychoactive substances coming onto the UK market by provision of chemical reference standards.

FEWS will continue to enable forensic providers to more easily identify NPS coming onto the UK market by provision of reference standards and maintaining an NPS community. In conjunction with CAST, the Home Office have developed a package of activities for 2015/16. FEWS will continue to identify and monitor NPS through collection plans, with a particular focus on maintaining the UK’s capability to identify new substances, obtaining drug reference standards for identification of new substances, and maximising the benefits from FEWS findings by merging with other relevant data such as toxicology and pathology. FEWS will also continue to develop and maintain national and international collaborations to encourage the sharing of information and data on NPS. The collection plans will include a survey of products bought from the internet and headshops as well as prisons. FEWS will offer significant support on the forensic capability requirement under the Psychoactive Substances Bill.

FEWS will also continue to build on the good working relationship it has with the EMCDDA, other European partners and the United Nations Office on Drugs and Crime to share best practice and scientific data on NPS.