Public Health England

Protecting and improving the nation's health

New psychoactive substances

A toolkit for substance misuse commissioners

November 2014

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Contents

Background

Introduction

Increasing numbers of new drugs are causing harm, have been linked to deaths, and are driving public and media concern. These drugs, known as new psychoactive substances (NPS), and often misleadingly referred to as 'legal highs', pose a challenge to government, local authorities healthcare services and the criminal justice system.

According to the European Monitoring Centre for Drug and Drug Addiction's (EMCDDA), the number of NPS detected in Europe is rising. However, available data on the actual use of these drugs is limited. Reported use of NPS remains lower than use of many traditional illicit drugs, and the use of mephedrone, the most common NPS, has significantly reduced.

Key fact

A Europe-wide early warning system detected 81 NPS in 2013, an increase from 74 in 2012, and 49 in 2011[3]

What are NPS?

The terms NPS, 'legal highs', 'designer drugs' and 'club drugs' are often used interchangeably and mean different things to different people. For example, some substances described as 'legal highs' may not actually be legal (and 'legal' can imply they are safe or regulated, when neither is true). In 2013-14, nearly a fifth (19%) of the substances found in the 'legal high' drug samples collected by the Home Office's forensic early warning system in 2013-14 were controlled drugs.[1]

Some NPS may have been legally available when first introduced but are now controlled under the Misuse of Drugs Act. These include mephedrone, 2-DPMP (sold as ivory wave) and some synthetic cannabinoids (often called spice). Some NPS are associated with club culture (such as mephedrone) but 'club drugs' also include long-established drugs such as ecstasy and MDMA, and methamphetamine.

The Home Office's expert panel's review of new psychoactive substances, published in October 2014, defines NPS as: "psychoactive drugs, newly available in the UK, which are not prohibited by the United Nations Drug Conventions but which may pose a public health threat comparable to that posed by substances listed in these conventions. The key features are that NPS are psychoactive, ie, they stimulate or depress the central nervous system, or cause a state of dependence; have a comparable level of potential harm to internationally controlled drugs; and are newly available, rather than newly invented."[2]

Prevalence

A variety of information sources about NPS prevalence are available, including The Crime Survey for England and Wales, Smoking Drinking and Drug Use and the Global Drug Survey.

It can take time for surveillance to catch up with new drugs and their patterns of use, so each local authority should also assess its own data sources and come to a view about local prevalence (see suggestions in the monitoring and information sharing section).

While the number of different NPS detected is increasing across Europe, it is important to keep things in perspective. We don't have a complete picture of NPS prevalence, but use of these drugs is lower than more established drugs such as cannabis, powder cocaine, and alcohol. However, reports do suggest that NPS use is higher in some subgroups, such as clubbers and men who have sex with men (MSM),[4] and is more prevalent in rural areas.[5]

Aim of this toolkit

This toolkit helps local authorities and NHS England to respond to NPS use and problems in their areas. It has been developed in response to a request from substance misuse treatment commissioners, and in consultation with commissioners and other relevant professionals in the sector.

Further useful information about NPS

- FRANK offers information on individual NPS
- 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 novel psychoactive substances and club drugs need a different response from UK treatment providers' published by the Royal College of Psychiatrists' Faculty of Addictions is another useful introduction to NPS use, harm and interventions
- whynotfindout.org: a website by the Angelus Foundation that provides teenagers with information to help them make informed decisions about NPS
- Global Drugs Survey: international drug use survey, which includes health advice

NPS review

The government commissioned an expert panel in December 2013 to review NPS. The review was published in October 2014 and contains recommendations for the existing system, the legislative response to NPS, interventions and treatment, prevention and sharing information. Alongside this review the government published its response, which outlined a series of actions that would be taken in response to the report's findings, and a Home Office review of the evidence on NPS that informed the expert panel review

Tackling NPS supply and use

The Home Office has published guidance that shows the options available to local authorities and other public bodies to tackle NPS and drug paraphernalia sold in retail outlets, including specialist 'head shops'. The guidance covers the offences these shops may be committing under the Misuse of Drugs Act 1971, the Intoxicating Substances (Supply) Act 1985, and consumer protection regulations. It helps police and trading standards officers deal with NPS suppliers who are suspected of committing offences. It also makes clear that tackling local retail outlets is best done as a partnership between a number of local bodies.

Substance misuse commissioners may not be directly involved in tackling NPS supply, but many might be part of local partnerships that involve work with police and trading standards colleagues in support of a local strategy.

Key fact

The UK reported 11 substances for the first time to the EMCDDA in 2013, a fall from 13 in 2012, the same as 2011, and down from the 16 reported in 2010[6]

Key questions for commissioners

1. Is there a strategy for tackling local NPS supply and use, based on a good understanding of prevalence and usage patterns?
2. Is the strategy overseen by a partnership that includes all relevant partners such as local authority substance misuse commissioners, local drug treatment and prevention services, police, local authority licensing and trading standards teams, and community safety?
3. Is there a targeted local communications strategy for raising awareness of acute NPS harms, including campaigns linked to the night-time economy (eg, students, clubbers)?
4. Is the local partnership monitoring and taking relevant action on retail premises selling NPS and licensed premises where NPS are traded and used, and does this involve local trading standards and licensing teams, the police and other relevant partners?

Resources

Home Office guidance for local authorities on taking action against 'head shops' selling new psychoactive substances (NPS)

Prevention

Building resilience

Prevention approaches that target generic risk factors (eg, truanting, unstable home environments, offending) and build resilience and social capital (eg, good social networks, stable homes) have been shown to increase the likelihood of preventing people from using drugs and becoming dependent on them. 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 worth considering (see resources). Commissioners should take care to ensure that the resilience-building programmes used are evidence-based.

Key fact

Mephedrone use last year among adults (16 to 59-year olds) fell from 1.3% in 2010-11, to 0.5% in 2012-13 and remained stable at 0.6% in 2013-14[7]

Information, campaigns and prevention materials

Good education alongside accurate, relevant and accessible information should be an integral part of any strategy to reduce harm and the demand for drugs, including NPS. The government has already been involved in national campaigns to raise awareness of NPS risks and harm, and in providing relevant material. Local campaigns and materials should target people at high-risk of use, or those already using, and should include a clear strategy for targeted work with these groups. Social marketing should focus on FRANK as a source of trusted information and advice.

Key questions for commissioners

1. Is there an integrated, strategic approach to NPS (and wider drug) prevention across all local partners with an interest in the issue (eg, schools, youth and community services, local authority children and families, sexual health services, mental health services, police, etc)?
2. Does the approach take account of the location where the NPS are used (eg, rural vs urban) and who is using them (eg, young people, people in drug or alcohol treatment, older clubbers)?
3. Does the approach include prevention work aimed at people with a high-risk of use or those who are already using, such as young people with multiple vulnerabilities (eg, homeless, offenders, sexual exploitation), with the aim of strengthening their resilience and providing support?
4. Are evidence-based programmes and resources to build resilience considered as part of the local approach to prevention? (eg, Rise Above, troubled families programme, health visitors)?
5. Have multi-component programmes been considered, involving a combination of schools and parenting interventions, with support for individuals and for families?

6. Does the local prevention approach include ensuring young people have universal access to accurate, relevant and timely information about the health harm of NPS (eg, using resources such as FRANK?
7. Are schools and other educational institutions supported with resources to ensure that their drugs policies and education materials are in line with best practice and reflect NPS use?
8. Are prevention programmes evidenced-based and do they comply with relevant standards (eg, European Drug Prevention Quality Standards and ADEPIS)?

Resources

1. Programmes and tools

- PHE will be running a campaign called Rise Above for 11 to 16-year olds that focuses on reducing uptake of smoking, alcohol use, substance use, risky sexual practices, and builds their emotional resilience
- Mentor UK ADEPIS provides high-quality alcohol and drug education and prevention materials for schools, including information and advice on NPS
- Early Intervention Foundation guidebook: an online resource for commissioning and delivering effective early intervention
- Good Behaviour Game: 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

2. Quality standards

- UNODC International Standards on Drug Use Prevention global international standards summarise the available evidence and describe the interventions and policies that have resulted in positive outcomes
- ADEPIS quality standards for alcohol and drug education help schools and other drug education providers to assess their practice and deliver high-quality education. Three sets of standards cover different groups
- European drug prevention quality standards: produced by EMCDDA and Prevention Standards Partnership, this describes basic and expert-level quality standards for drug prevention

3. Other useful resources

- FRANK, the drug information service, provides details on NPS. Its messages concentrate on the risks (and legality) of taking substances when people don't know what they contain
- EMCDDA best practice portal: a resource for professionals, policymakers and researchers in the areas of drug-related prevention, treatment, harm reduction and social reintegration
- Global Drugs Survey: international drug use survey, which includes health advice

Further information, evidence and resources are set out in PHE's forthcoming paper on the evidence for drug and alcohol prevention

Monitoring and information sharing

Given the fast moving pace of the growing NPS market and changing patterns of drug use, it is vital that trends are monitored and information is shared. Information needs to be shared at national and local levels to help inform the commissioning and provision of NPS interventions.

Key fact

In 2013, 0.4% of school pupils said they had taken mephedrone in the last year (down from 0.7% in 2012)[8]

Local information sharing

Local authorities are responsible for determining the scale of NPS use and harm in their area. Doing this is the key to working out how to respond. Various local information sources are available to help with this:

- local NDTMS data reports from ndtms.net
- local formal and informal networks of clinicians
- data on local sub-populations that may be at risk from NPS (eg, men who have sex with men, vulnerable young people)
- data and reports from A&E departments on NPS-related admissions
- local police data and other intelligence on NPS-related incidents, including arrests, drug seizures and road traffic accidents
- drug-related death information from local coroners
- schools data on drug-related exclusions and other relevant incidents
- other monitoring, such as incidents at local festivals and events
- other relevant information, such as local surveys

Most local areas will have existing networks that should share NPS information. Those that do not will be supported by PHE centres to introduce an appropriate model. PHE centres are working with local authorities and police in responding to local issues, using national and local intelligence to the best effect.

National information sharing

A number of national systems monitor and share information about NPS. These include:

- early warning systems, such as the Drugs Early Warning System (DEWS), which makes specific requests for local NPS intelligence to feed back to central government
- intelligence gathering like the National Intelligence Network (NIN), which collects information on drug-related health harm, including NPS
- patient data systems such as NDTMS

More details on national information sources are in the resources section.

Key questions for commissioners

1. Do you understand what NPS are bought and used locally, how, where and who by? Does this understanding cover patterns of use, including with other substances, drug markets, and use by specific

sub-groups (eg, teenagers and young adults, older clubbers and men who have sex with men)?
2. Do you have existing local networks to find, assess and share information about NPS, and effective practice between local partners including emergency departments, sexual health services, mental health services, the police, local education authority, universities and coroners?
3. Do you collect and assess incident reports, prevalence and treatment information, and other relevant data, to build a local picture of need and to contribute to early warning systems?
4. Are your information-sharing arrangements in line with the Information Commissioner's Office code of practice?
5. Do you encourage treatment providers to collect NDTMS data on NPS, using the existing and new NPS-Other codes?

Resources

- DrugWatch's local drug early warning system model
- NDTMS annual report 2012-13 (2013-14 reports published autumn 2014)
- NIN briefings are on the PHE alcohol and drugs site (the NIN tab)
- Data sharing code of practice: Information Commissioner's Office, 2011
- FEWS (Home Office system to identify new substances) annual reports

Responses to acute NPS problems

The dependence-forming potential of many NPS is still largely unknown, and the number of people attending specialist drug treatment services is relatively small. If users need help, it will more likely be because they have acute NPS-related problems (eg, agitation, palpitations, seizures)[9] and they will probably first present at A&E departments. They may also present to primary care or mental health services.

Creating or building on local clinical networks may generate opportunities for information-sharing or training between drug treatment and acute healthcare services. Areas with good networks will be able to respond more effectively to acute NPS problems. An example of networks working well was when clinicians had to quickly develop protocols to manage GHB and GBL withdrawal, and identify and treat 'ketamine bladder'.

Key questions for commissioners

1. Are local clinical networks in place, with sufficient expertise, to support information sharing and learning, and the development of clinical protocols?
2. Are all services that are likely to see NPS users with acute health problems (mainly emergency departments and primary care) able to identify the relevant problems and to treat and refer appropriately?
3. Are there pathways from emergency services and primary care to specialist drug treatment services so that patients presenting with NPS-related problems can access the drug treatment they need?
4. Are specialist drug treatment services able to identify and respond to acute NPS-related problems and are they able to refer to emergency care or to other health services to provide treatment for conditions related to NPS use (eg, sexual health issues, GHB/GHL detoxification)?

Resources

- Project NEPTUNE will provide guidance for A&E and other services that deal with acute NPS problems – due to be published in 2015

Key fact

A 2013 survey of clubbers shows the most-taken drugs were more established ones, such as cannabis, cocaine and MDMA. The most widely taken drug that could be NPS were 'mystery white powders', which 10.9% of respondents reported. Mephedrone was reported by 7.9%[10]

NPS interventions and treatment

Treatment data on NPS is currently limited, but what is available shows that NPS demand is low compared to many other traditional illicit drugs, though it has increased 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 be competent treat and provide harm reduction for specific health problems. They also need to make themselves accessible to new groups of NPS users, and to develop pathways into treatment.

Drug treatment services can largely adapt current approaches to existing drugs rather than invent new ones. The key is to focus more on individuals and their symptoms than the specific drugs they are taking. This means they 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, how to reduce harm, and what interventions are most effective at treating people with NPS problems.

The main NPS groups are:
- predominantly sedative drugs
- predominantly stimulant drugs
- hallucinogens and psychedelic drugs
- synthetic cannabinoids
- dissociative drugs

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 and other psychosocial therapy not specifically about drug misuse.

Project NEPTUNE will give detailed information on NPS and club drugs, their effects, treatment approaches, aftercare and harm reduction. This is an independent clinical expert group that has developed guidelines on treating acute NPS problems. When they are published 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.

Key questions for commissioners

1. Does the joint strategic needs assessment consider NPS prevalence, use and problems and does this inform local strategies and plans?

Key fact

People entering drug treatment for mephedrone problems increased from 839 in 2010-11 to 1,630 in 2012-13[11]

2. Is the need for services to respond appropriately to NPS reflected in service specifications and performance monitoring?
3. Can treatment services deliver effective interventions, including psychosocial and harm reduction interventions, to NPS users around the five main groups of NPS (see page 12)?
4. Are the assessment and care-planning tools used by local treatment services suitable for working with NPS users?
5. Have treatment agencies considered how they can promote and make themselves accessible to NPS users who may not consider themselves 'drug users' and are unlikely to engage with treatment and support services (eg, working from locations and at times convenient for NPS users)?
6. Do treatment services have referral pathways from emergency departments and primary care services for people who need treatment?
7. Do treatment services have referral pathways to other health services to provide help and treatment for medical conditions related to NPS use (eg, sexually transmitted infections, detoxification for GHB and GHL users)?

Resources

- NPS factsheets from DrugWatch UK
- PHE's JSNA support pack helps local areas with their joint strategic needs assessments and joint health and wellbeing strategies, which address public health issues relating to alcohol, drug and tobacco use. This year's pack includes specific guidance on NPS
- Project NEPTUNE's guidelines will be the key resource for services providing treatment to people who have NPS problems

Competence in working with NPS users

Drug services need to understand and meet the needs of NPS users and their different social and cultural groups. It's important that frontline staff get accurate information evidence and training in working with NPS users.

Services should focus on core competences, such as developing effective working alliances and collaborative personalised care packages, and providing advice and treatment that fits the main NPS groups. For instance, if someone is using predominantly stimulant NPS, the treatment approach will be similar to that for cocaine problems; if it is a synthetic cannabinoid, the approach will be similar to that for cannabis. Treatment staff have most of the competences they need to treat NPS problems, and may only need some training on NPS or greater cultural competence (ie, understanding how cultural issues influence patterns of drug use and the problems associated with that use) in working with NPS users, including sub-groups such as men who have sex with men.

PHE will work with stakeholders including the Substance Misuse Skills Consortium and other professional bodies to understand and promote the competences, including cultural, needed to work with people who use NPS. PHE will also develop guidelines and resources to support identification and brief advice-type approaches that staff in any non-drug specialist setting can use to respond to any drug use (including NPS).

Key fact

60 deaths involved NPS in 2013, up from 52 in 2012[12]

Key questions for commissioners

1. Is there a workforce strategy for your local treatment system that includes NPS? Will this strategy be revisited to be in line with Project NEPTUNE guidance when it is published?
2. Are staff working in local services competent to work with the five main NPS groups (see page 12)?
3. Does the local treatment system have staff who are, or train staff to be, culturally competent to work with specific groups of NPS users?

Resources

- Drugs and alcohol national occupational standards (DANOS). Available from Skills for Health
- The Substance Misuse Skills Consortium, is an independent, sector-led initiative to maximise the ability of the workforce, and to help more drug and alcohol misusers recover. The website includes the Skills Hub, with its library of resources based on a skills framework developed by the consortium
- Project NEPTUNE will cover the competences for NPS interventions
- 'Psychoactive challenge', an article from Drink and Drug News is a useful guide for staff who want to improve their competence in NPS

NPS in prisons and the children and young people's secure estate

Emerging evidence suggest NPS are being used in adult prisons and the children and young people's secure estate (C&YPSE) – there have been cases of people needing emergency treatment as a result of NPS use. The wide range of NPS, their relative cheapness and high potency makes them attractive to prisoners, and most NPS currently evade urine testing.

NHS England commissioners of prison healthcare services should promote core drug working competences to ensure providers are confident in dealing with individual users and providing advice and treatment that fits the main NPS groups. Similarly, prison drug treatment services should focus on providing personalised and responsive care and adapt current approaches for existing drugs rather than invent new ones.

Key fact

Since 2010, over 350 NPS have been controlled under the Misuse of Drugs Act[13]

Key questions for commissioners

These are directed at health and justice commissioners based in NHS England area teams who are responsible for prison healthcare services, although other staff working in prisons may find the principles of interest.

1. Are treatment services in the local prisons and C&YPSE able to identify the extent of NPS use and problems?
2. Are prison healthcare staff trained and supported in recognising and managing the individual effects of NPS or combined with other drugs or prescribed medication? Do service specifications include the need for this kind of training and support?
3. Is there a clear threshold for calling for an ambulance and/or sending an affected prisoner to hospital?
4. Are there suitable interventions in the local secure estate to support and treat people who have developed NPS problems?
5. Are harm reduction advice and appropriate psychosocial interventions available to those who use NPS in custody or come into custody with problematic NPS use?
6. Are awareness and training sessions delivered to inmates about NPS, including safer use, NPS interaction with prescribed medication and other illicit drugs, and what they should do in emergencies?

Resources

- Prison healthcare commissioners should find the resources previously outlined in this toolkit useful

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