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# New Psychoactive Substances

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# Outline

- Terminology
- Prevalence
- Risks
- New Controls
- Enforcement
- ASB legislation
- Home Office expert review and NPS Bill
- Neptune
- PHE and LGA guidance



# Terminology

**New Psychoactive Substances (e.g. methiopropamine)** - *Psychoactive drugs, newly available in the UK, which are not prohibited by the United Nations Drug Convention but which may pose a public health threat comparable to those posed by substances listed in these conventions*

**Legal highs (e.g. nitrous oxide)** - *Substances used like illegal drugs such as cocaine or cannabis, but not covered by current misuse of drugs laws. This means they are legal to possess or to use.*

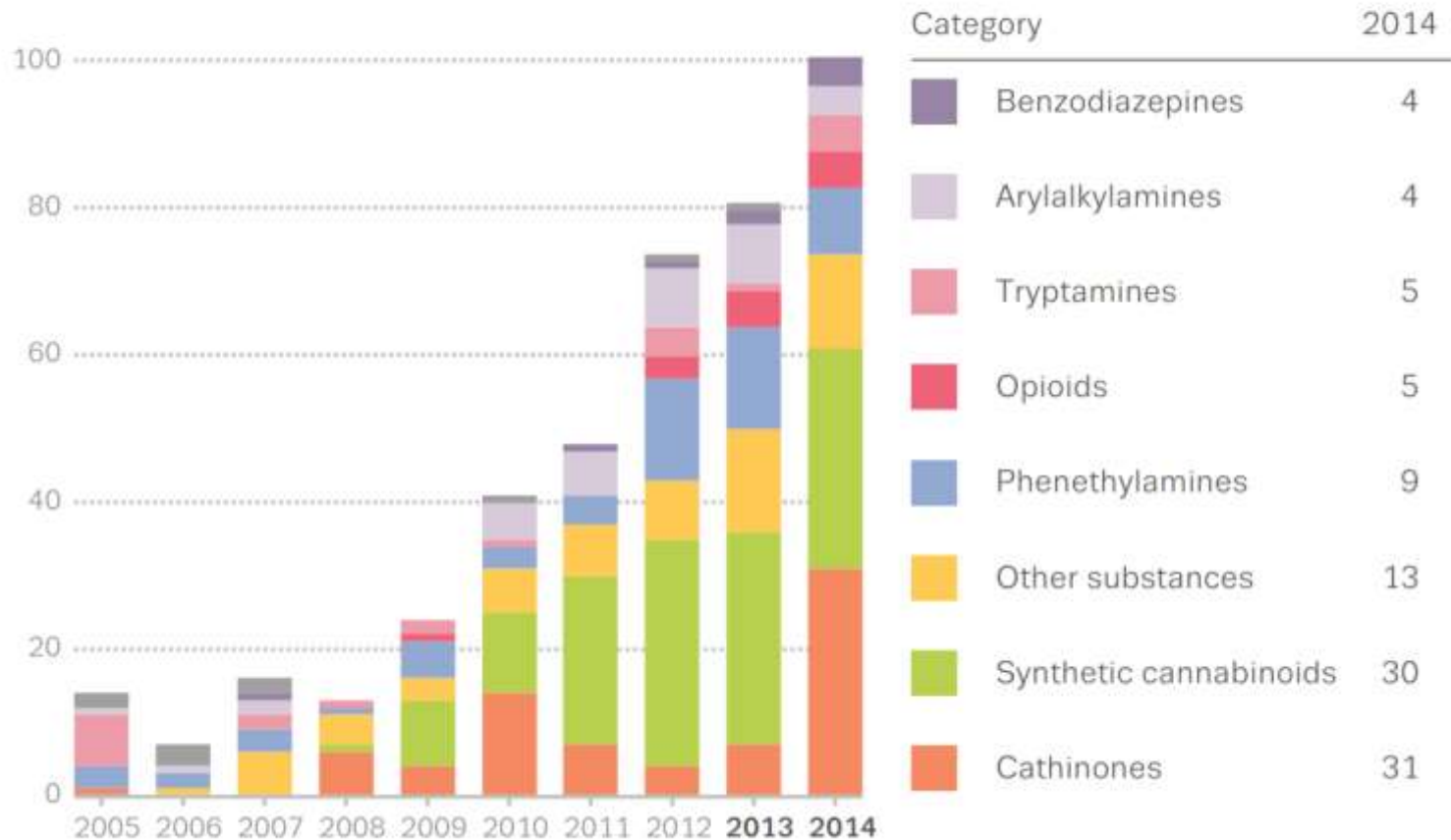
**Research chemicals (e.g. 5F-AKB-48)** - *Experimental chemicals that have been designed to produce effects that mimic other drugs such as amphetamines and cannabinoids*

**Club drugs (e.g. MDMA)** - *Controlled drugs usually found on the dance or festival scene*



# Prevalence?

Number of new psychoactive substances notified for the first time to the EU Early Warning System, 2005–14 <sup>(5)</sup>





# Prevalence?

- UK purchases 4 x more NPS than any other European country (EMCDDA 2012)
- Crime Survey England and Wales – Last year use of NPS 0.9% 16-59 year olds, 2.8% 16-24 year olds.

*Last year use for illicit drugs 8.6% for 16-59 year olds*



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# What do we know locally?

## **NDTMS**

5 adults in treatment in 14/15

3 YP in 14/15

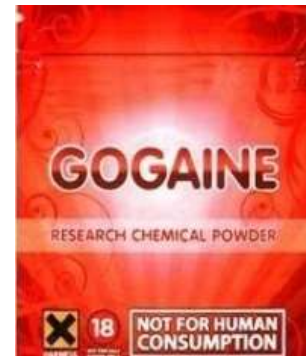
## **Hospital Admissions**

From routinely available statistics it is impossible to determine which admissions are NPS



# Types

Stimulants - *methyphenidate, methiopropamine* – mimic cocaine, MDMA, amphetamines



Depressants – *AH-7921, W-18, Etizolam* - mimic diazepam, morphine



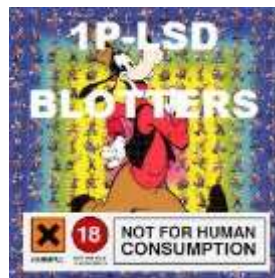


# Types

Cannabinoids – *naphthoylindoles, naphthylmethyloindoles; naphthoylpyrroles; naphthylmethyloindenes; phenylacetylindoles; cyclohexylphenols and indazoles* – **mimic cannabis**



Hallucinogens/Dissociatives – AMT, 25I-NBOMe, methoxetamine, nitrous oxide - **mimic ketamine, LSD**







# Risks

Carry all the risks of their traditional equivalents but some key points to note:

**Overdose** - risk increased due to unclear and variable potency  
- difference between active and harmful dose small in some cases

**Mental health** – evidence of psychosis associated with stimulants and synthetic cannabis

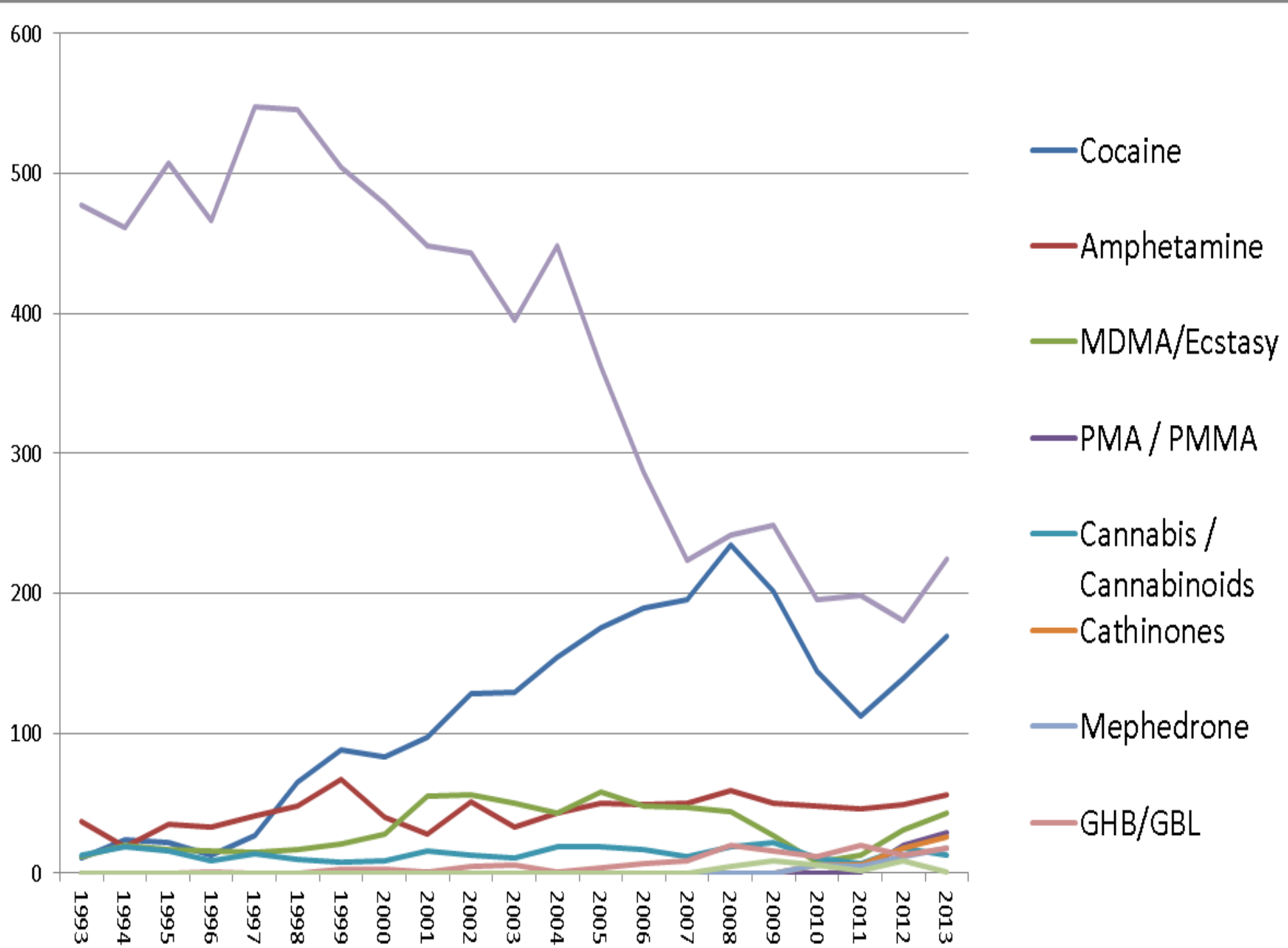
**Dependence** – Synthetic cannabis may have more dependence potential than cannabis. Opioids have high dependence potential  
- withdrawal associated with a variety of NPS including synthetic cannabis and mephedrone

**Asphyxiation** – Associated with risky use of nitrous oxide

**Injecting** – Safer injecting advice for NPS can be different to opiates so there is a potentially ill-informed user cohort

**Cost and availability** – Ease of access and low cost potentially increase risk

**Secondary selling** – Increases risk of contamination, mixing of substances etc.





# Who uses/who is at most risk

Not 100% clear but anecdotal frontline reports, our 'educated' guesses, some surveys suggest these (not exclusive) groups:

1. Under 18 and transitional (18-24 year olds) risk taking teen / young adult 'dabblers'.
2. Older cohort of heavy drug using and risk taking MSM (mostly London / SE based). High rates of injecting and very high risk sexual behaviours in a small numbers of MSM
3. 'Traditional' OCUs who are beginning to supplement their use with NPS.
4. Cohort of people in their 30s purchasing from head shops
5. Homeless/hostel housed individuals
6. Looked after young people
7. Prison inmates



# Recent Controls or recommendations

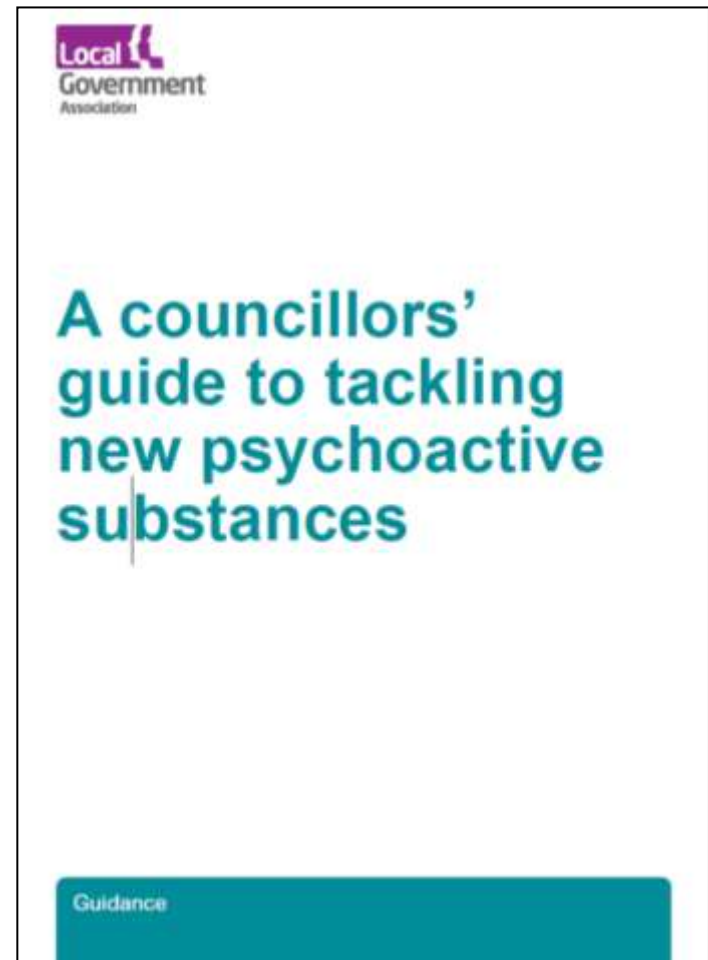
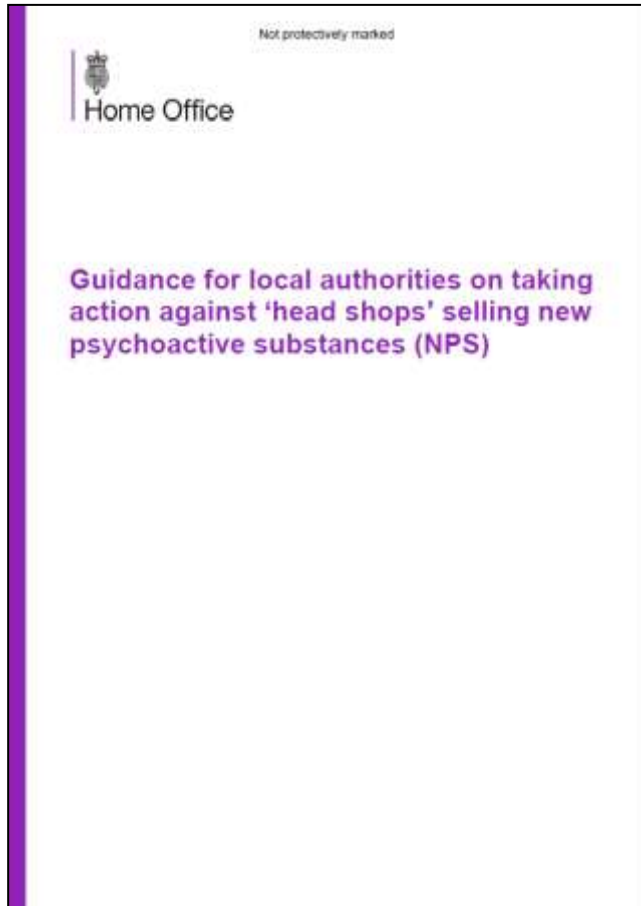
- AH-7921, MT-45 (opioids),
- 4,4'-DMAR (stimulant),
- ALD-52, AL-LAD, ETH-LAD, PRO-LAD, LSZ, AMT, 5-MeO-DALT (hallucinogens)
- TCDO April 2015 3,4-Dichloromethylphenidate (3,4-DCMP) Ethylphenidate Isopropylphenidate (IPP or IPPD) Methylnaphthidate (HDMP-28) Propylphenidate
- ACMD offer recommendations on Nitrous Oxide – don't control through MDA, use existing legislation for under 18s and consider work with retailers





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# Enforcement





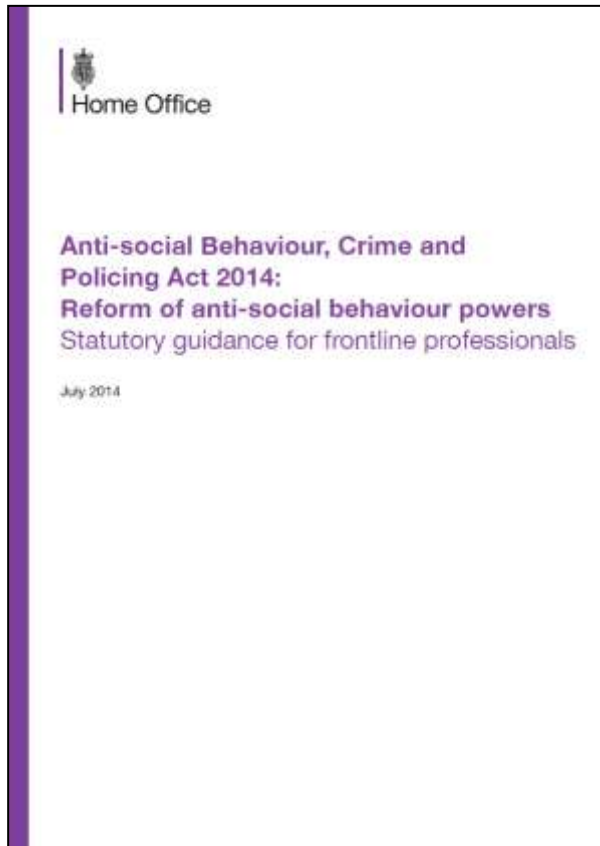
# Enforcement

- Consumer Protection from Unfair Trading Regulations 2008
- General Product (Safety) Regulations 2005
- Chemicals (Hazard Information and Packaging for Supply) Regulations 2009
- Enterprise Act 2002
- Local Government Acts 1972 and 2000
- Intoxicating Substances Supply Act 1985
- Misuse of Drugs Act 1971 (Temporary Class Drug Order)



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# ASB Legislation



- Community Protection Notice - To stop a person aged 16 or over, business or organisation committing anti-social behaviour which spoils the community's quality of life.
- Public spaces protection order - Designed to stop individuals or groups committing anti-social behaviour in a public space



# Home Office Expert Panel

- Extend the period for a TCDO to 24 months
- A bespoke approach to policing synthetic cannabinoids - control based on receptor activity?
- General prohibition on sale and distribution of psychoactive substances (possession not a crime)
- Research into prevalence, harms, patterns of use, effective prevention & treatment
- Increased prevention
- Improved data sharing across agencies at a national and local level
- Workforce development – BIs, treatment and acute response





# NPS Bill

Drugs currently controlled by naming them or a grouping of them (by chemical structure) in the schedule of MDA after ACMD consideration against individuals and societal harm.

*Psychoactive substance” means any substance which—*

*(a) is capable of producing a psychoactive effect in a person who consumes it,  
and*

*(b) is not an exempted substance.*

*(2) For the purposes of this Act a substance produces a psychoactive effect in a person if, by stimulating or depressing the person’s central nervous system, it affects the person’s mental functioning or emotional state;*

Makes production, supply, possession with intent to supply and import/export offences - Penalty is imprisonment for a term not exceeding 12 months and/or a fine

Exemptions - Controlled drugs, medicinal products, alcohol, tobacco and nicotine, caffeine, food



# NPS Bill

## Potential Benefits

- Likely to lead to reduction in explicit vendors
- Population level use might reduce
- Reduced use in certain high risk groups.
- No possession offence
- Simpler local enforcement

## Potential Issues

- Enforcement will need to look beyond explicit vendors
- Reduced use may not result in reduced harm which may be concentrated in certain groups
- Market and subsequent behaviours becomes more risky
- Internet pre-dominates supply more than is currently the case

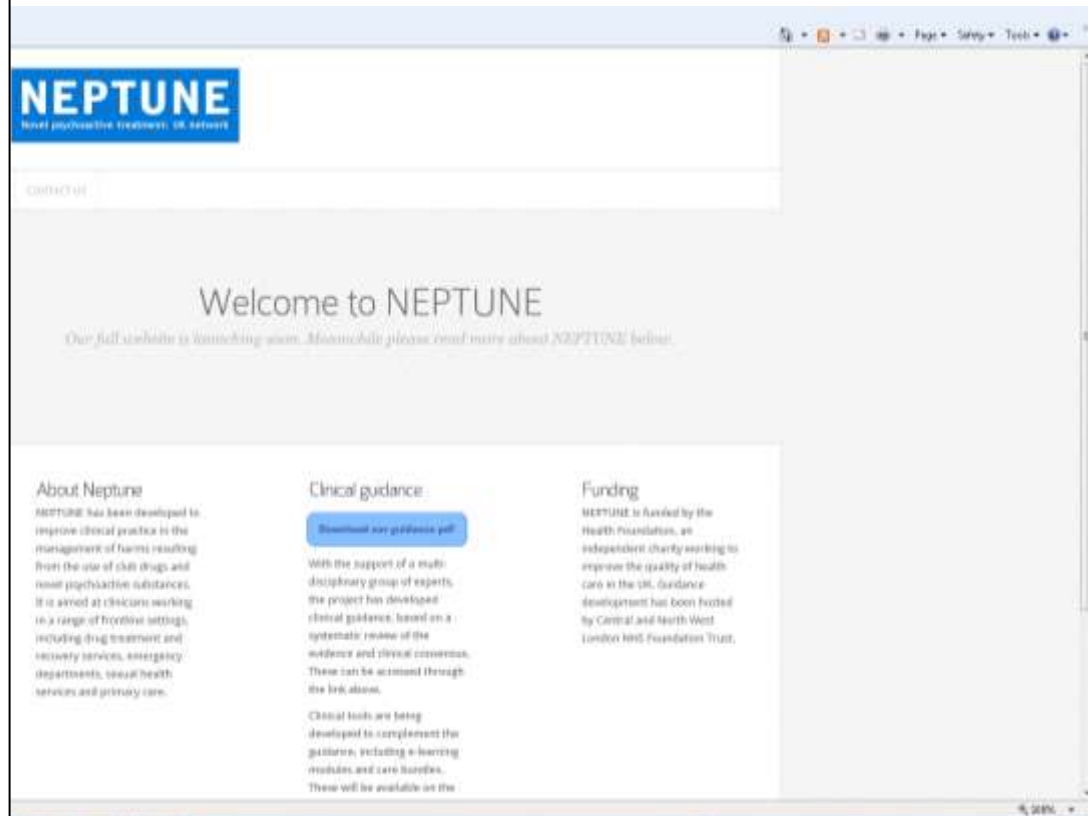
<http://www.cph.org.uk/blog/the-new-psychoactive-substances-bill-a-quick-introduction/>



# Neptune

Novel Psychoactive Treatment UK Network  
**NEPTUNE**

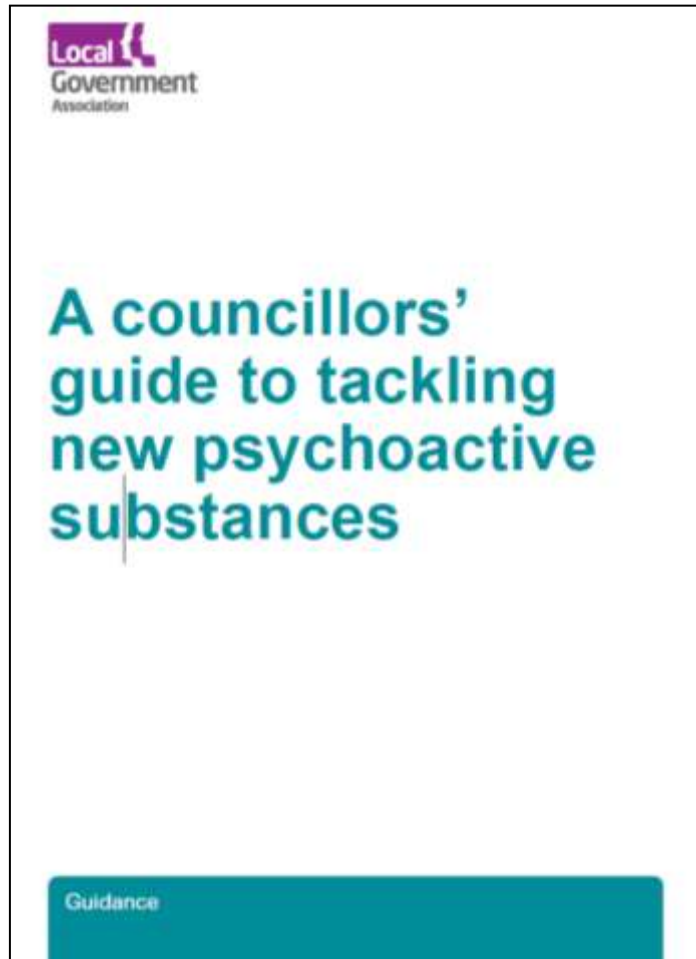
## Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances





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# LGA and PHE Guidance





# PHE Toolkit

## Overarching principles

Action based on understanding of local need

Local need communicated appropriately to partners

Multi-agency co-ordinated plan

### Supply

Multi-agency enforcement  
action based on intelligence

Targeted communication to at  
risk groups

### Prevention

Integrated prevention approach  
focused on evidence base

Targeted prevention with risk  
groups e.g. looked after children

Robust school policies



# Toolkit continued

## Information gathering

Networks of clinicians

Hostels and homelessness services

Children's homes

Police incidents

A&E admissions

Coroners

School incidents

Surveys

## Treatment

Up-skill acute and primary care staff

Clear pathways between acute, primary, secondary, mental and sexual health

Existing treatment approaches are likely to be appropriate

Are treatment services marketed appropriately?





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# Thank You

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