

APPENDIX A – New Psychoactive Substances

Report submitted by:

Bridget O'Dwyer Senior Commissioning Manager - Substance Misuse Service -
Barnet & Harrow Joint Public Health Service

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The Psychoactive Substances Act came into force on 26.5.16 which bans new psychoactive substances (NPS) also known as 'legal highs'. NPS mimic the effects of traditional controlled drugs such as cannabis, cocaine, amphetamine and MDMA (ecstasy). For example; synthetic cannabis is cheaper and quicker to grow as it takes 3 months to cultivate marijuana and only 4 hours to produce the synthetic type. However, it is also becoming increasingly clear that 'NPS' are far from harmless and the chemicals in these substances can be incredibly dangerous - possible side effects are reduced inhibitions, drowsiness, excited or paranoid states, seizures, coma and even death. Using NPS with alcohol or other drugs can also increase risk.

The use of NPS is found among all races and social groups and there is about 2:1 male/female ratio for regular users. Currently the known main users of NPS are:

- Clubbers (Mainly young adults and students)
- Psychonauts (all ages – main interest is hallucinogens)
- Poly-drug users (ex cocaine/speed and heroin users)
- Main age range of 16-45yrs, peak age rang of 20-29yrs
- Gay men use (& initiate use) more than heterosexuals (chemsex)

Although national treatment data on NPS is currently limited, what is available shows that NPS and club drug users respond well to treatment and that successful completion of treatment is comparatively high.

Nationally, Cannabis remains the drug for which young people are most likely to seek help and this is currently reflected in Barnet's Young People's Drug and Alcohol Service's (YPDAS) data returns. However there is a challenge as the number of individuals citing use of NPS nationally has been increasing and this is not currently reflected in Barnet YPDAS (or Barnet's Adult Substance Misuse Service) data. It can be difficult to ascertain the scale of the NPS problem as an individual may not actually be aware they are taking a NPS as it could be added or mixed with the traditional controlled drug they are using. Also if an individual requires help following the use of a NPS, the chances are it will be because they have developed an acute NPS-related problem (i.e. agitation, palpitations, and seizures) and they will probably first present at an A&E Department. The use of NPS can also cause problems in the event of treating a symptom as it may not be known what synthetic substance the individual has taken and therefore what antidote is required.

Barnet YPDAS have deliver educational and preventative programmes to young people's services i.e. schools and social care and a teaching session has recently

been delivered to Barnet A&E in the event of a young person attending with alcohol or drug use.

On 1st September 2016, Barnet 's new YPDAS commenced and is delivered by WDP with the focus:

- Identify and educate
- Prevent and deter
- Treat

The new Service has a designated Education Lead who is developing a Barnet Schools Network and will oversee training on a wide range of areas including: substance misuse and safeguarding, NPS, assessing substance use risk in young people and overdose response training for parents & carers. There is also an on-line Education Portal for teachers and other professionals.

A priority of the new Barnet YPDAS is to ensure young people are seen where they feel more comfortable and a number of satellite sites have already been agreed across Barnet agencies i.e. Leaving Care Team, Libraries, Youth Offending Service. There is also on-going discussion with CAMHS to develop joint working alongside their Outreach Service.

Please see below details of the launch of the new Barnet YPDAS:

Date: 5th December 2016

Time: 14.00 – 16.30

Venue: Hendon Town Hall, The Burroughs, Hendon, London NW4 4AX