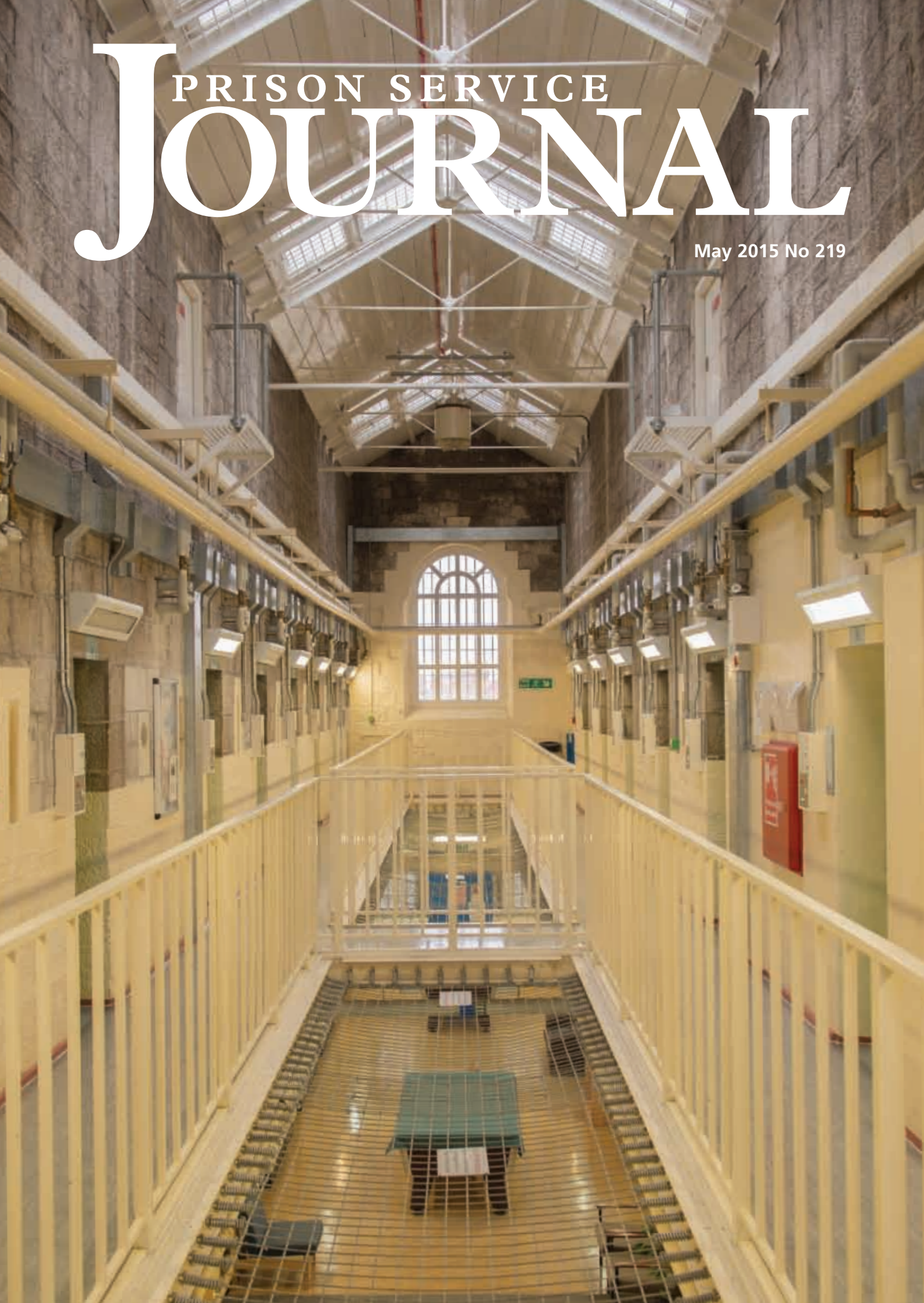

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Understanding novel psychoactive substances

Interview with Jan King, Chief Executive of The Angelus Foundation

Jan King *is Chief Executive of The Angelus Foundation and is interviewed by* ***Dr Jamie Bennett****, Governor of HMP Grendon & Springhill.*

Jan King is the Chief Executive of The Angelus Foundation, the leading organisation working to raise awareness and reduce the harms caused by novel psychoactive substances. The organisation was founded in 2009 by Maryon Stewart, the health practitioner, author and broadcaster. Her 21 year-old daughter Hester, a medical student and athlete, passed away after consuming a legal high (GBL) in April 2009.

The aim of the Angelus Foundation is to educate, encourage and assist individuals to be more knowledgeable about the risks to their health and wellbeing of using 'legal highs' and other new psychoactive substances, so they may be more responsible for the choices they make, and lead more wholesome and safer lives. The Foundation has an Advisory Board that brings together expertise from chemical, medical and behavioural sciences, as well as having considerable knowledge and experience in the areas of enforcement and misuse of substances.

Further information is available from their website: http://www.angelusfoundation.com/

This interview took place in February 2015.

JB: What are novel psychoactive substances?

JK: They are substances that are not regulated and are not captured by the current law relating to drugs and medicines. They don't have a status. They are marketed as something that is fun and novel, whilst also being safe. There are a wide variety trying to mimic the effects of illegal drugs including stimulants, depressants, psychedelics and particularly cannabis, which recently has become the dominant one that is used.

JB: What is known about the prevalence of the use of these substances?

JK: It varies from area to area and from demographic group to group. There was a United Nations report in 2013, which estimated that 670,000 people aged 16-25 in the UK had tried one. We completed a quick and dirty survey at some Fresher events at Universities, so with people around 19 years of age, and around one in five had taken one. It's difficult to say exactly what the extent of use is. It is only recently that drug treatment data bases have been recording this for people in treatment.

JB: What is the size of the market economically? Where and by whom are these products produced? What approaches are taken to marketing them?

JK: Nobody knows as there hasn't been a detailed study of the size of the market. Recently I was at a conference where one speaker estimated that the market was worth around £2 billion. If it is that is very high, but it is difficult to say whether this is accurate.

They are mainly produced in China and are then exported in bulk and then packaged either in the UK or in other parts of Europe before being distributed. It is a big operation that replicates other businesses with costs around labour and production.

They are marketed in shops, on-line and in various outlets. There was a survey by Drugscope last year which showed them being sold in kebab shops, chip shops, a whole range of places. They are made to look attractive so they are in brightly coloured packets with interesting names which keep changing. 'Charley Sheen' and 'Bubble Gum' were names I came across recently. They are marketed through social media and websites and they use typical supermarket approaches such as bulk discounts, suggestions for Christmas gifts and loyalty cards.

JB: What role does the consumer take in shaping this developing market?

JK: Without the demand there wouldn't be a market. When mephedrone became popular, that spurred on the production of substances to mimic it. So there is an element of what people want. There has also been an influence from the illicit market when illicit drugs are of lower quality and more expensive then people turn to NPS. A few years ago the purity of MDMA and cocaine were lower and that was when the use of NPS increased. There is a dynamic based on what else is around. The price of NPS has been stable at

about £10 a gram or £25 for a three gram packet. That hasn't change suggesting that there is a consistent level of supply.

JB: What is known about who are using these substances?

JK: There is not a detailed survey but we know that they are often targeted at young people. A number of young people will use them, but not always, and the demographics do shift. What we see is that more vulnerable people use them, such as homeless young people and prisoners. It feels that their use is becoming more problematic and more dangerous in terms of what they might be mixing it with and the situations they are being used in. There are other changes over time, for example mephedrone was popular in dance culture when it was a non-illegal drug but MDMA has re-emerged as the number clubbing drug.

JB: What approaches are taken to regulate NPS and are these effective?

JK: There has been regulation over recent years. For example GBL has been banned as has mephedrone. What has been used is the Misuse of Drugs Act, putting them into other categories. The difficulty there is the time it takes to implement that, whilst all the time new substances are coming onto the market. It has had an impact on availability, but then new substitute substances are produced which we don't know anything about. The Home Office NPS review has proposed new legislation to impose a blanket ban with some exemptions such as alcohol and tobacco. However, we are concerned that there will still be ways around the law as some of the substances are used for other purposes.

The media use the term 'legal highs' which is a great bit of marketing for the people selling them. It perpetuates the sense of them being harmless.

JB: What are the potential harms for individuals from using NPS including physical and mental health?

JK: There is the potential of dying in the worst case scenario. We have seen the number of deaths attributed to NPS increasing, although because coroners do not always know about it, this is not always recorded. Another issue we have picked up on is that some people who are using NPS, it has such an impact on their mental health that they take their own lives. Some families have spoken to us about that.

Some of the physical effects come from the acute toxicity of the substances, which can cause all kinds of problems. It can lead to raised or irregular heart beat, vomiting, collapsing. Stimulants cause elevated body temperature which can be dangerous. Synthetic cannabinoids have more of a risk of dependence than natural cannabis. There is a range of issues. This is exacerbated because of the uncertainty of dosage. It's always a risk choosing what to take and how to take it.

JB: What are the potential social harms, including links with crime and social marginalisation?

JK: I mentioned homeless people earlier. We have picked up on some homeless people being used to test out substances. That has an impact. There are clearly issues about anti-social behaviour. Belfast tried to stop availability as part of General Product Safety Regulations and Lincoln are looking to ban NPS from specified areas, similar to alcohol exclusion zones. That is a local approach. In terms of crime there is not a lot of evidence, but we have heard from some people who, as with illicit drugs, will steal to fund their addiction.

JB: How would you describe the current media and public discourse on NPS? What are the potential effects of this?

JK: The media use the term 'legal highs' which is a great bit of marketing for the people selling them. It perpetuates the sense of them being of low harm. It also does not differentiate one from the other, like it's an amorphous mass. There is also the danger of exaggerating. There is a risk that people may overreact causing more anxiety and problems in families. Where we come from is trying to educate, give accurate information and develop the skills to deal with issues. Our approach is to make sure there is good information out there and we deal with this evolving problem in a sensible and systematic way.

JB: What is the most effective approach to providing information and advice to those using or at risk of using NPS?

JK: We have tried a number of approaches along the way, but what we have found is that it is important to engage with the people most likely to be affected, that approaches are as peer-led as they can be, and that they are tailored to different audiences, age groups and experiences. For example, something aimed at a 13 year old doesn't work for students, there needs to be a different angle to it.

People who haven't used are concerned that they are being duped, being sold something that isn't what it seems to be. That message gets across to them. So do straightforward stories of people who have used, or people who have lost someone that is close to them. They have an impact.

For those that have used, we try to focus more on harm minimisation approaches and stories from those who have used, sharing their experiences. That can put people off, or at least help them to be clearer about how they might use and so minimise the harm.

JB: Have specific treatment interventions been developed for working with those misusing NPS?

JK: No and there is no substitute, so no medical detox. The approaches we are aware of are psycho-social interventions such as group work and one-to-one therapy. The Club Drug Clinic in London has developed some successful approaches, particularly with gay men, based on harm minimisation, looking at why people use in the first place and how they might use more safely.

JB: Prisons have historically developed drug strategies including testing and detection, which is problematic in such a diverse and rapidly changing environment. Are there approaches that could be developed in this area or are alternative strategies required?

JK: We are on the outside, but what we are picking up from prisons is that there is a wholesale change in how NPS are used in some prisons and it is causing all kinds of issues. The initial approach was to be more punitive. Of course there are security, discipline and health issues, but our approach would be to have staff and prisoners involved in developing strategies that protect everyone. We would focus on good information, training for staff, education, tools that work for people. We would also suggest information for visitors and families because they may well be bringing substances in or being put under pressure to do so, thinking they are safe or that they are not illegal. On the testing side there is some technology around for tests, but it is hard for it to catch up and it is always going to be limited. It won't necessarily solve the problems that NPS are creating. The other issue is that clinical services, which are geared up for illicit drugs, need to be geared up as well for working with NPS.

JB: How do you see the future panning out? Is this a temporary fad that is likely to fade or does the emergence of NPS raise fundamental questions about substance misuse and its governance?

JK: It is hard to say how things will go, particularly with the proposed blanket ban. It is not likely that things will go back to how they were five years ago before NPS emerged. Some of those substances are out there, there are dependencies to some of them and also there are suppliers that will be looking for ways to keep this lucrative market going and to protect it. At Angelus we see that the drug landscape is constantly changing and you can't turn the clock back. Through our work we want people to understand and be aware of the changing drugs landscape, understand why it changes and what they can do about it to stay safe.