

# New Psychoactive Substances (NPS)

## Briefing for homelessness services

### What are New Psychoactive Substances (NPS)?

New Psychoactive Substances (NPS) is the term for the emerging drug market and much debated phenomenon of new drugs.<sup>1</sup>

The effect, duration and appearance of the drug will vary but most NPS are chemicals produced in a lab and come in powder, pill, blotter or herbal form. A liquid version is available for use in e-cigarettes and vaporisers.<sup>2</sup>

Despite the hundreds of products and brand names in circulation, the most common types of NPS reported in homelessness services are synthetic cannabinoid receptor agonists (SCRAs) or synthetic cannabinoids. SCRAs are usually smoked and often mixed with tobacco in joints or pipes. They are made to look like herbal cannabis but tend to look artificial and may be dyed a bright colour. These varying compounds are commonly (and now incorrectly) known as 'legal highs' or by the street name 'Spice'.

NPS are not directly marketed as recreational drugs and are usually branded using misrepresentative labels such as herbal extracts, room incense, research chemicals or bath salts.

### Policy context

The Psychoactive Substances Act 2016 (PSA) came into force on 26<sup>th</sup> May 2016. It is a blanket ban on everything that has a psychoactive effect, targeting NPS that mimic the effect on your brain of 'traditionally' controlled drugs, like cannabis and cocaine. The Misuse of Drugs Act 1971 continues to apply to controlled drugs not covered by the PSA.

Under the PSA, possession of such substances remains legal (except in prisons). Their supply (including all shops), possession with intent to supply, import and export (including buying from the internet) have become criminal offences.

In order to prosecute, it will have to be proven that the substance is "qualitatively identical" to the substances banned under the Misuse of Drugs Act 1971. This means it has the same effects as illegal drugs as we normally think of them, such as cannabis, cocaine and LSD. For instance, the active ingredient in cannabis,

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<sup>1</sup> In 2015 alone, 98 new substances were detected for the first time via the EU Early Warning System on NPS, bringing the total number of new drugs monitored by the EMCDDA to 560

<sup>2</sup> Crew Annual Report 2015-2016 [www.mindaltering.co.uk/](http://www.mindaltering.co.uk/)

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THC, binds to the CB1 receptor, so new drugs which mimic that effect by binding with the same types of receptors would fall into this category.<sup>3</sup>

The testing system to prove if a substance is psychoactive is likely to pose difficulties for the police and in prosecutions.<sup>4</sup>

Considering there was already a black market in NPS before the ban came into place, prohibition might shift supply from shops to street dealers.

## Good practice

### First response

Acute symptoms from NPS use include seizures, vomiting, unconsciousness and psychosis.

Where acute symptoms occur, the following will help to minimise harm:

1. Maintain direct visual observation at all times
2. Treat as medical emergency rather than a public order offence or mental health episode
3. Call an ambulance rather than escorting in a police vehicle or a psychiatric unit

Early identification and admission to A&E will give access to treatment, which may include rapid sedation and cooling followed by emergency anaesthetic.

Where NPS results in aggressive behaviour, there should be a local policy clear to all staff and clients on how this will be dealt with, following any medical intervention. Services might find it useful to refer to the Reducing Evictions and Abandonment Toolkit<sup>5</sup> when considering their local response.

### Assessment and referrals

Client assessments should include questions about drug use, and drug use should be discussed in keywork sessions. Building good rapport and asking sensitive questions will help the client to feel comfortable and share personal information. Staff should be able to talk about the service's drugs policy and know their responsibilities under the Misuse of Drugs Act<sup>6</sup>. They need sufficient training to have the confidence and knowledge to offer support and signposting if someone discloses their drug use.

Where NPS use is identified, staff should offer information about what specialist support is available from local drug services and help to make a referral. Specialist support might include one-to-one or group work around relapse prevention, harm reduction and coping skills, psychotherapy and counselling, mutual aid groups and peer support. Drug misuse teams running outreach sessions at your service, as well your staff accompanying clients to first appointments, will help to boost engagement.

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<sup>3</sup> Ian Dunt, politics.co.uk, 'Very quietly, Home Office backs down on Psychoactive Substances Act' (May 2016)

<sup>4</sup> Matthew Scott, barristerblogger.com '[The Psychoactive Substances Act is a bad law and the Government doesn't even know what it means](#)' (May 2016)

<sup>5</sup> [www.homeless.org.uk/our-work/resources/reducing-evictions-and-abandonments-toolkit](http://www.homeless.org.uk/our-work/resources/reducing-evictions-and-abandonments-toolkit)

<sup>6</sup> Download a sample drugs policy here: [www.homeless.org.uk/our-work/resources/naloxone-in-homelessness-services/naloxone-resources-and-further-reading](http://www.homeless.org.uk/our-work/resources/naloxone-in-homelessness-services/naloxone-resources-and-further-reading)

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### **Cross-sector working**

A range of frontline services are involved in the response to NPS. Forming a close working relationship should help to reduce overall harm.

Service Managers should make contact with their counterparts in the police, ambulance and substance misuse service and work to achieve improved information sharing and understanding of client needs, as well multi-disciplinary case working for high use, high risk individuals.

Substance misuse services may be willing to come to team meetings and to run training sessions with staff and/or clients with advice on harm reduction.

### **Recording, monitoring and alerts**

Introducing a system of recording use and incidents amongst your clients will help your team to keep track of levels and trends. This data can be used to report to partner agencies, clients and funders as well as demonstrating the effectiveness of particular interventions or the impact of particular NPS.

Where you have severe incidents and suspect it is related to a particularly harmful strain of NPS, this information should be relayed back to clients and to other services. A local drug information system agreed between public health and local services will help ensure information is rapidly shared and alerts and warnings issued.

## Further reading

### **Crew information and NPS booklet**

[www.mycrew.org.uk/drugs-information](http://www.mycrew.org.uk/drugs-information)

[www.mindaltering.co.uk/](http://www.mindaltering.co.uk/)

### **DrugWatch: Information Sheet: Potent synthetic cannabinoid smoking mixtures**

<http://michaellinnell.org.uk/drugwatch.html>

### **Homeless Link**

[www.homeless.org.uk/connect/blogs/2016/may/09/legal-highs-are-you-ready-for-legislative-change](http://www.homeless.org.uk/connect/blogs/2016/may/09/legal-highs-are-you-ready-for-legislative-change)

### **KFX: Synthetic Cannabinoids Screening and Action Planning Toolkit**

[www.kfx.org.uk/resources.php](http://www.kfx.org.uk/resources.php)

### **Release – information on the legal highs and the Psychoactive Substances Act (2016)**

[www.release.org.uk/legal-highs-novel-psychoactive-substances-research-chemicals](http://www.release.org.uk/legal-highs-novel-psychoactive-substances-research-chemicals)

[www.release.org.uk/law/2016-psychoactive-substances-act](http://www.release.org.uk/law/2016-psychoactive-substances-act)



## **What we do**

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

## **Let's end homelessness together**

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