

Written evidence submitted by Crew

1. Introduction

Crew is a sexual health and drugs charity, established in 1992 in response to the rapid expansion of recreational drug use. Since then, we have worked to provide credible, up-to-date information on the drugs that people are taking so they can make informed decisions about their own health. This is achieved using our stepped care approach, which provides support and education (including harm reduction) in collaboration with volunteers, service users and professionals.

We specialise in psychostimulant drugs and have provided information and advice regarding NPS for many years. This document outlines our response to the new psychoactive substance inquiry.

2. Executive summary

- Many organisations working to reduce drug harm are **under-resourced and underfunded**, which exacerbates the impact of drug use to society.
- **Better education** is essential so citizens are well informed and can assess risk. The information provided by the Government has been minimal, leaving those who take NPS to guess for themselves.
- **Exemptions to the bill** must be clearly listed and justification given for each decision.
- The **least harmful substances** should be exempt.
- If the bill does pass, a UK wide **NPS amnesty** should be held to reduce redistribution.
- This ban will not stop drug use and enforcement agencies must be aware of the impact such a ban will have on **distribution networks**.
- **Stop normalising** the consumption and underestimating the harms of alcohol and tobacco.
- Without considering the bigger picture this policy is counterproductive and ineffective. Other **related legislation needs to be reformed**.

3. Points to note

- Most drug use is recreational.
- Criminalising people who take drugs increases harm. Although possession will not be illegal this bill blurs the line and people may move to controlled substances.
- Most deaths related to drug use are associated with the polydrug use of illegal substances or substances exempt by the ban (alcohol and tobacco).
- No regulations were applied to the sale of NPS and as a result we have seen the prolific growth of vendors. No regulations (such as: having products out of sight, or in plain packaging, or to limit purchasing hours or to prevent sale to minors) were applied as the Government didn't want to be seen as 'condoning drug use'. As a result, the only restriction is that vendors are unable to provide information (such as dose, effect or duration). This facade is dangerous and a lack of action has cost lives.

4. Questions posed by the inquiry

a) Which groups will be particularly affected by a ban on psychoactive substances?

Everyone who takes, sells and works with people who use psychoactive substances will be affected. As a front line service we are likely to face increased pressure as people experience withdrawal, relapse back to other drugs or buy unlabelled products with a greater variation in content than NPS (Crew finds that many NPS are relatively pure and consistently labelled in terms of ingredients).

User Groups	
<i>Most drug use is recreational and not recorded; however, pockets of problematic NPS use have appeared in a range of settings including (but not limited to) those shown below.</i>	
Injecting Population	Prison Population
Homeless Population	Children and Young People
Cannabinoid Users	Young People at Risk
Hostel/B+B Population	ChemSex Participants
Sex Workers	<i>(Impact extends to family and friends of people who use drugs)</i>
Potential effects for people who take NPS	
<p>People may stop using NPS</p> <p>Those who return to opioids, from non-opioid NPS, will have a reduced tolerance and therefore increased overdose risk.</p> <p>They could use alternative substances e.g.</p> <ul style="list-style-type: none"> · Alcohol · Other controlled drugs – exposure to crime · Stimulants – potential for increased appetite and rise in amphetamine and cocaine use · Homemade drugs - increase in physical harm · Medicines <p>Withdrawal from many NPS can be painful and prolonged. For example withdrawal symptoms from synthetic cannabinoids can include shaking, vomiting, paranoia, insomnia and seizures.</p> <p>Many substances controlled under the Misuse of Drugs Act are sold in unlabelled, plain packaging. Legal NPS generally list the ingredients on the packet.</p> <p>There are no substitute prescription therapies for NPS and no approved course of clinical treatment. This means many services are not able to fully meet the needs of the client.</p> <p>Mental health problems may be exacerbated especially in people who are using to self-medicate.</p> <p>Increased exposure to sexual exploitation by requirement to use illegal dealer networks.</p> <p>Head shops are generally self-regulating with a handful of chemicals on sale. The internet</p>	

provides access to more drugs and an increased choice will increase the array of drugs used. Driving drug use underground increases stigma and people are less likely to seek help (in both an emergency situation and for problematic use).

Services

Accident and Emergency	Homeless Services	Police
GPs	Housing Associations	Catering
Harm Reduction Teams	Prisons	Education
Recovery Centres	Pharmacies	

Potential effects to services

Increase in opiate overdose – services need to increase supply and training of naloxone.

Increase in number of cases of withdrawal – difficult to manage.

Sudden diversification of drug market mean workers will no longer be up to date and confident with trends. Retraining may be required.

The theft of certain substances is likely to increase e.g. nitrous oxide from hospitals and food caterers, psychoactive drugs from pharmacies.

Use of substances in prison is likely to continue due to potency and lack of testing.

Increased pressure from patients on GPs and prescribing services to issue psychoactive drugs such as diazepam, gabapentin and pregabalin.

It is impossible to regulate and monitor an illegal market.

Other	Potential Effect
Sellers/providers of: Chinese medicine Aromatherapy Nootropics Supplements Herbal remedies Chemicals companies Laboratories Research companies Food companies Local authorities Government	<p>Businesses will close if their main aim is to sell products which cause a psychoactive effect. Whilst the open sale of drugs (and all products for human consumption) should be regulated, a blanket ban on everything psychoactive has the potential to impact on public health as people will be unable to buy products which also enhance wellbeing.</p> <p>Scientific research will be hindered as it will restrict access to any chemical which has a psychoactive effect (this encompasses almost all of them). How do we produce new technologies and pharmaceuticals without access to chemicals? If labs are exempt how do we prove this and how much of a burden will it be to the company? Likewise, although ‘food stuffs’ are exempt how do we create new foods if we eliminate access to these chemicals?</p> <p>If head shops close councils will lose revenue and have an increase in empty properties (there are over 20 in Edinburgh alone).</p>

<p>Other countries</p>	<p>The Government revenue will also drop as 20% VAT is charged on the sale of each NPS in a shop (and on a UK-based website). This money will now be controlled by criminals. The Government must also endure reputational damage by a) allowing such a situation with NPS to develop in the first place and by b) even considering a ban with such great scope and contrary to scientific evidence. This impact may be reduced depending on the final scope of the bill (which is still to be decided).</p> <p>If we blanket ban all substances the manufactures will push their sales to other countries and as a result these countries may see a surge in NPS. This is evidenced by the increased number of products sent to the UK from New Zealand after a ban there. We have a responsibility to consider this on an international level.</p>
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b) What steps can the Government take to educate these groups about the dangers?

Does this mean the dangers of banning all psychoactive substances? Whether or not a ban is enacted, appropriate education using a harm reduction approach is essential for all young people and at risk groups. Training is also required for all staff working with people who use drugs. The lack of resources and funding provided by the Government to prevent and reduce drug harm has exacerbated the situation and **significant investment must be made.**

The impact of alcohol and tobacco is far greater and bills like this, which ban everything but, continue to normalise their use and associated harms.

c) How will the Government explain the change in the legal status of these substances?

1. Clarify the exact scope of the ban
2. Provide extensive details of the scientific evidence which supports both the blanket ban and exemptions, with reference to both the effect on the health of the individual and on society
3. Advertise such a change using TV advertising
4. Give all media outlets a concise statement clearly outlining the new laws and their impact to help produce a uniformed response
5. Use social media and online campaigns to signpost to appropriate information and services
6. Issue professional alerts to all relevant staff, nationally and internationally, through email and postal campaigns. These should include information on:
 - a. An outline of the ban and where more info can be found
 - b. Harm reduction techniques
 - c. Managing withdrawal
 - d. A change in tolerance to other drugs
 - e. Substitute prescribing therapies
 - f. The use of stimulants and
 - g. The use of cannabinoids
7. Fund existing organisations to spread updates and offer advice and services to reduce harm

d) What specialist treatment do users of psychoactive substances require?

- One to one counselling
- Group work sessions: SMART (Self-MANaged Recovery Training)
- Mindfulness groups
- Evidence-based complementary therapies such as ear acupuncture
- Prescription therapies that effectively help reduce symptoms of withdrawal. This must be used cautiously.

The above must be combined with risk minimisation education on the substances they are using, satisfactory living conditions, income and social support.

e) What can be done to counter a shift to using controlled drugs once there is a ban?

Very little. History will repeat itself and NPS use will be driven underground into a market of less pure, more variable and more expensive drugs controlled by crime. Dealer networks are required to expand and establish territory to sweep up potential customers lost by the closure of head shops. An increase in illegal drug sales will increase the issues associated with organised crime.

A UK wide **NPS amnesty** should be held to minimise stocks of NPS and reduce redistribution. This should have been done before bans on all previous NPS. Following a Temporary Class Drug Order in April 2015, ethylphenidate was sold in unmarked packaging through illegal networks.

NPS businesses will develop and diversify in order to circumvent the ban therefore enforcement agencies should consider areas of exploitation.

There is a risk that online retailers and head shops will sell on, or move their business overseas and will post back orders to customers in the UK. To impact the online market partnership working with customs and postal services is essential.

f) Do the enforcement agencies have the necessary powers and resources to effectively enforce the proposed new laws?

No enforcement agencies do not have the necessary resources to combat current issues related to drug use and introducing additional legislation will stretch these resources further. This will be compounded by more budget cuts.

Yes they have the necessary power, perhaps too much power. Even before this bill was proposed trading standards had powers of entry and investigation for head shops, as they do for any other shops. These products are in breach of General Product Safety Regulations but success in using this to interrupt supply is not evident.

Clarification is also required for what measures the police will take if they find someone in possession of a suspected psychoactive substance. For example, methiopropamine will be legal to possess. If the police search someone with a personal quantity of a 'mystery white powder' will they arrest the person on 'suspicion of a controlled substance'? This is a traumatic experience for someone, especially if they are not breaking the law.

The bill (as it stands) bans everything psychoactive but few can be prosecuted. Despite having power there will be problems in providing evidence due to the difficulty in a) defining psychoactive and b) proving psychoactivity.

All laws and subsequent powers must be implemented without prejudice.

5. Conclusion

We agree measures must be taken to reduce harm caused by NPS and we must take control of the sale of 'legal highs' as no drug should be sold as freely. However, the current situation is a consequence of existing drug legislation, based on prohibition, and it has been exacerbated by an insufficient response from the Government who have failed to stem the proliferation of substances, failed to stop their sale and failed to educate people on their harms. Funding has been cut for many services faced with dealing with the impact of NPS and the situation was greatly underestimated. Because it does not address the wider impacts and drivers of drug use, does not consider a regulated market and does not address the issue of updating the Medicines Act and the Misuse of Drugs Act, this bill will fail to reduce the harm caused by new psychoactive drugs.

Crew

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