

National Assembly for Wales
Health and Social Care Committee

Inquiry into new psychoactive substances

March 2015

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Health and Social Care Committee

The Committee was established on 22 June 2011 with a remit to examine legislation and hold the Welsh Government to account by scrutinising expenditure, administration and policy matters encompassing: the physical, mental and public health of the people of Wales, including the social care system.

Current Committee membership:



David Rees (Chair)
Welsh Labour
Aberavon



Alun Davies
Welsh Labour
Blaenau Gwent



Janet Finch-Saunders
Welsh Conservatives
Aberconwy



John Griffiths
Welsh Labour
Newport East



Elin Jones
Plaid Cymru
Ceredigion



Darren Millar
Welsh Conservatives
Clwyd West



Lynne Neagle
Welsh Labour
Torfaen



Gwyn R Price
Welsh Labour
Islwyn



Lindsay Whittle
Plaid Cymru
South Wales East



Kirsty Williams
Welsh Liberal Democrats
Brecon and Radnorshire

The following Member was also a member of the Committee during this inquiry:



Leighton Andrews
Welsh Labour
Rhondda



Rebecca Evans
Welsh Labour
Mid and West Wales

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Chair's foreword

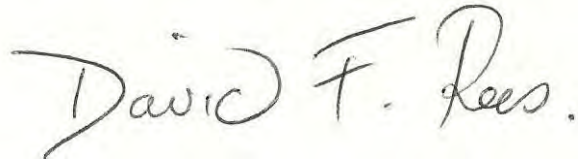
The growth of new psychoactive substances (“NPS”) in Wales and beyond has been well documented in recent years. Also known as “legal highs”, these substances have become widely available, and their impact on the population more noticeable, during the decade since their introduction to the market.

Although the health and social impacts of NPS are well known to Members due to experiences in their own constituencies and regions, robust evidence about the scale and impact of the use of NPS remains limited. As a consequence, the Committee decided to undertake an inquiry to establish a better understanding of the scale of the NPS problem in Wales and to shine a light on the practical steps that need to be taken to reduce the use of such substances among the Welsh population.

Three clear themes emerged in our inquiry. First, the term “legal highs” is deeply unhelpful. It creates the incorrect perception that these substances are safe to use. Our inquiry showed that this is far from true. Secondly, the current legislative landscape is complex. Matters relating to the misuse of drugs are not devolved to the Welsh Government; as such, cooperation and coordination between national and devolved governments is crucial. Thirdly, legislation alone will not fully address the problem of NPS use. Although consideration of a ban on the supply of NPS proposed by the Home Office’s expert panel on NPS is welcomed by the Committee, it is clear that the development of services in the field of health and education – both of which are devolved – are key to reducing the prevalence of NPS use and its impact in Wales and further afield.

During the course of our inquiry we spoke to a number of people directly affected by NPS use, either as users, service providers or as members of communities in which NPS have become prevalent. I would

like to note our thanks to all those who shared their experiences with us and helped shape the 14 recommendations we have made.

A handwritten signature in black ink that reads "David F. Rees." The signature is written in a cursive style with a small dot above the 'i' in David and a period at the end.

David Rees AM
Chair of the Health and Social Care Committee
March 2015

The Committee's recommendations

The Committee's recommendations to the Welsh Government are listed below, in the order that they appear in this Report. Please refer to the relevant pages of the report to see the supporting evidence and conclusions.

The Committee recommends:

Recommendation 1. That the Minister for Health and Social Services urgently commission a piece of work (in partnership with counterparts in the UK, Scottish and Northern Irish Governments if helpful) to establish the best method for measuring NPS use among the population on a regular basis so that its prevalence is better understood and services can be planned accordingly. This work should complement similar activity recommended by the Home Office's Expert Panel on NPS (recommendation 3.2) and should be completed by the end of the Fourth Assembly. (Page 28)

Recommendation 2. That the Minister for Health and Social Services ensure that the 2015 public awareness campaign:

- includes targeted information for young people;
- has a strong media and social media focus; and
- emphasises the message that "legal does not mean safe".

The public awareness campaign should refrain from using the term "legal highs" to describe NPS as its use gives the false impression that these substances are safe to use. Guidance to this effect should be shared with all partners working on the campaign, including the media. (Page 40)

Recommendation 3. That the Minister for Health and Social Services commission research to evaluate the impact of the 2015 public awareness campaign on the level of public awareness of NPS and their harms. The purpose of this research should be to assess the campaign's effectiveness and to identify where further work is required to raise awareness of NPS. (Page 40)

Recommendation 4. That the Welsh Ministers evaluate the implementation of the All Wales School Liaison Core Programme as a matter of urgency, and determine whether it is delivering value for money on the investment made and educating pupils about the harms of NPS. The conclusions of this evaluation should inform the implementation of Professor Gordon Donaldson’s recommendations on the review of the curriculum for Wales. (Page 44)

Recommendation 5. That the Welsh Ministers work with key stakeholders to identify further methods to improve drug education, particularly in relation to NPS, in schools, and to achieve a greater consistency in approach across Wales. The Welsh Ministers should provide guidance to ensure that all those providing drug education in schools are suitably trained and qualified to deliver it. (Page 44)

Recommendation 6. That the Welsh Ministers consider undertaking an awareness-raising campaign about NPS and their harms that is targeted specifically at parents. This campaign should focus on enabling parents to have open conversations about the risks associated with NPS use and to provide accurate information to their children to enable them to make informed choices. (Page 47)

Recommendation 7. That the Welsh Ministers work with specialists in the substance misuse field to develop relevant and appropriate literature about NPS for parents, and encourage all schools in Wales to provide this information to their pupils’ parents. (Page 47)

Recommendation 8. That the Welsh Ministers trial training opportunities for parents, such as Care for the Family’s “How to drug proof your kids” programme. The trials should be evaluated before a more comprehensive programme of training for parents is rolled-out. (Page 47)

Recommendation 9. That the Welsh Ministers roll out a national training programme on NPS for public-facing staff. This should be trialled in the first instance within NHS Wales. (Page 50)

Recommendation 10. That the Welsh Ministers work with health boards and other relevant public services to identify the steps that need to be taken to adapt substance misuse support services to meet the needs to NPS users and support early intervention. This work should include:

- considering a revision to the commissioning and performance management framework for support services; and
- increasing the provision of drop in services and co-location with other services. (Page 60)

Recommendation 11. That the Welsh Ministers work with the Home Office to develop a strategy that enables Welsh prisons to deal effectively with the anticipated increase in NPS use among prisoners within the Welsh prison estate. This strategy should include:

- an analysis of lessons learnt from experiences in English prisons; and
- details of the steps that will be taken to provide targeted information and training for prisoners and prison staff respectively. (Page 61)

Recommendation 12. That the Welsh Ministers set out their expectations for coordination between sectors, including health, social care, and local authorities, to tackle NPS use and its harms. This statement of expectation should be accompanied by a timetable for reviewing progress and performance. The Committee recommends that the Welsh Ministers work in partnership with UK Ministers to ensure that this coordinated approach includes the criminal justice sector. (Page 61)

Recommendation 13. The Committee welcomes the Home Office's expert panel's recommendation of a ban on the supply of NPS in the UK, similar to the approach introduced in Ireland. The Committee recommends that the Minister for Health and Social Services work closely with the UK Government elected after the next general election to ensure early action is taken to progress the expert panel's recommendation. In doing so, the Minister should be mindful of – and emphasise – the evidence submitted to this inquiry which suggests that:

- legislation alone will not solve the problems caused by NPS use in Wales; and
- awareness raising and education would have the greatest impact on reducing the use and associated harms of NPS. (Page 76)

Recommendation 14. That the Minister for Health and Social Services work in partnership with the UK Government, and other devolved administrations, to ensure that Welsh interests are reflected in all future negotiations on the European Commission's proposals relating to NPS. (Page 77)

1. Introduction

What are new psychoactive substances?

1. New psychoactive substances (“NPS”) are drugs that have been synthesised to mimic the effects of illegal drugs. These substances have been designed to evade drug laws, are widely available via the high street and the internet, and have the potential to pose serious risks to public health and safety.¹ The UK Government’s Advisory Council on the Misuse of Drugs advises that the short-term harms of NPS can include paranoia, psychosis and seizures, and that their long-term harms are often unknown.
2. NPS are sold as “legal highs”, often under a variety of brand names, at a relatively low cost to the purchaser when compared to illicit drugs, and at significant profit to the supplier. A large number of NPS have already been controlled under the Misuse of Drugs Act 1971 however, due to the rapid proliferation of their production and the widespread trade in NPS, the legislative framework – at a UK and international level – has struggled to keep up.
3. Between 2005 and 2012, more than 230 NPS were notified to the European Monitoring Centre for Drugs and Drug Addiction early warning system. Nevertheless, these NPS are often not vastly different from one another, with most fitting into one of the following three categories:
 - synthetic cannabinoids (these bear no relation to the cannabis plant except in that the chemicals act on the brain in a similar way to cannabis);
 - stimulant-type substances; and
 - hallucinogenic substances.²

The Committee’s inquiry

4. The Committee agreed on 4 June 2014 to undertake an inquiry into NPS. The Committee agreed to consider the following areas as part of the inquiry:

¹ UK Government, Home Office, [New psychoactive substances review: report of the expert panel](#), 30 October 2014, p3

² DrugScope [Business as usual: A status report on new psychoactive substances \(NPS\) and ‘club drugs’ in the UK](#), May 2014, p4

- how to raise awareness of the harms associated with the use of NPS among the public and those working in the relevant public services;
- the capacity of local services across Wales to raise awareness of – and deal with the impact of – the harms associated with NPS use;
- the effectiveness of data collection and reporting on the use of NPS in Wales and their effects;
- the possible legislative approaches to tackling the issue of NPS use, at both Welsh Government and UK Government level;
- how effectively a partnership approach to tackling the issue of NPS use in Wales is being coordinated, both within Wales and between the Welsh and UK Governments;
- international evidence on approaches taken to NPS in other countries.

5. The Committee is grateful to all those who contributed evidence to its inquiry. A list of those who gave oral evidence is provided in Annex A to this report; a list of all written submissions is provided in Annex B.

6. The Committee also conducted a survey to gather more detailed information about the general public’s awareness of NPS, their impact, and the services available to support those who have used them. The survey was conducted online and in hard copy between 21 July and 12 September 2014 and over one thousand responses were received. Further details about the survey are provided in Annex C to this report.

7. In addition to gathering formal evidence and conducting the survey, the Committee was eager to learn more about the experiences of those who use NPS, and those who are in close proximity to users, either by virtue of their role as service providers or as members of a community affected by their use. In order to capture experiences from across Wales, the Committee split into two groups, one travelling to north Wales and the other to south Wales. Members in north Wales visited the Life on the Streets (LOTS) project³ in Wrexham; counterparts

³ Police and the voluntary sector have collaborated to create LOTS to work with people who are: homeless, or at risk of becoming homeless; misusing substances (both legal and illegal); are aged between 16 – 25; or are on the local anti-social behaviour radar.

in south Wales visited Drugaid⁴ in Caerphilly and the Fixers initiative⁵ in Merthyr Tydfil. The Committee also hosted focus group events in Wrexham and Merthyr Tydfil in order to hear from representatives of charities, local government, the police, substance misuse teams and health professionals about their first-hand experience of dealing with NPS use and its impact.

8. The insight gained from these more informal methods of evidence gathering was invaluable and has helped the Committee frame its conclusions and recommendations with the service user, service provider, and the general public at the forefront of Members' minds. The Committee would like to note its thanks to all those who participated in this engagement activity, the details of which are also provided in Annex C.

9. To help keep those who contributed up to date with the inquiry as it progressed, the Committee made use of social media platforms, including Twitter,⁶ YouTube⁷ and Storify.⁸

10. Before embarking on its informal and formal evidence gathering, the Committee received a private briefing about NPS and their impact from Gwent Police. The Committee would like to thank the police force for its assistance.

The wider context

11. In December 2013, the Home Office appointed an expert panel to conduct a six-month review of available evidence on the UK's and other countries' approaches to the threat posed by NPS, and to advise the UK Government on ways to enhance the UK's response. The panel was tasked with looking at whether, and if so how, the legislative framework for responding to these new drugs could be enhanced beyond the current approach under the Misuse of Drugs Act 1971, as

⁴ Drugaid provides support, information and advocacy to those in South Wales who are vulnerable and marginalised as a result of their own, or someone else's, drug and/or alcohol misuse. It is funded from a number of sources including health boards, local government, Welsh Government, community safety partnerships, and youth offending teams.

⁵ Fixers is a UK-wide initiative funded by the Big Lottery Fund and was extended to Wales in 2013. The initiative allows young people from a diverse range of backgrounds to meet and to act on issues that are important to them, ranging from eating disorders to drugs.

⁶ The Committee tweets as [@SeneddHealth](#) and [@Seneddlechyd](#)

⁷ A playlist of relevant videos is available at [AssemblyCynulliad](#) on YouTube.com

⁸ A storify of the inquiry is available at [@AssemblyWales](#) on Storify.com

well as looking at how the health and education response needs to be developed. The panel's report and the UK Government's response to its recommendations were published on 30 October 2014.⁹

12. The problems posed by NPS are also recognised as a pan-European issue. In 2013 the European Commission presented draft proposals for their regulation at EU level.¹⁰ The Council of the European Union (representing Member State governments, including the UK Government) and the European Parliament must approve the two pieces of draft legislation under the "ordinary legislative" procedure for them to become law. The proposals are under consideration by both EU Institutions, and at the time of writing there is no clear indication of when agreement is likely to be reached in the legislative process or whether the UK Government can and/or will opt out of the proposals.

13. The Welsh Government's response to NPS sits within the context of its wider Substance Misuse Strategy, "Working Together to Reduce Harm 2008 – 2018". The Strategy is underpinned by the "Substance Misuse Delivery Plan 2013 – 15" which outlines the specific actions being taken to tackle NPS. Although matters relating to the health and education systems' response to NPS use and its harms are devolved, classification of drugs and the criminal justice system's response are matters reserved to the UK Government.

14. To build on the important themes arising in this report, the Committee has decided to undertake a further inquiry during 2015 into alcohol and substance misuse in Wales.¹¹

⁹ Home Office, [New psychoactive substances review: report of the expert panel](#) and [Response to expert panel report on the new psychoactive substances review](#), 30 October 2014

¹⁰ [Proposal for a Regulation of the European Parliament and of the Council on new psychoactive substances, COM\(2013\) 619 final](#)

¹¹ National Assembly for Wales, Health and Social Care Committee, [Inquiry into alcohol and substance misuse](#)

2. Assessing the scale of the problem

15. Office of National Statistics figures published in September 2014 showed that there were 60 deaths involving NPS in England and Wales during 2013 out of a total of 2,955 drug-poisoning deaths.¹² Its most recent statistical bulletin on deaths related to drug poisoning noted:

“The number of deaths involving NPS are low compared with the number of deaths from heroin/morphine, methadone and cocaine poisoning. However, over the past few years there has been an increasing trend in NPS deaths with sharp increases between 2011 and 2012 (29 to 52 deaths). The number of deaths involving NPS rose again in 2013 by 15% to 60 deaths. This increase is not as steep as previously seen, although it is too early to say whether the rise is stabilising.”¹³

16. In its evidence, Public Health Wales noted:

“NPS, or new psychoactive substances, are a growing issue. Certainly we have seen a substantial escalation in use since around 2009–10, particularly in Wales with synthetic cannabinoid use and stimulant use. So, we believe that that does represent a substantial public health harm and a growing harm.”¹⁴

17. It was clear from the formal evidence provided to the Committee, and from the informal visits and focus groups conducted, that although the use of NPS appears to be widespread and increasing, there is a lack of official data available to provide an accurate picture of the scale and impact of the problem.¹⁵ It was suggested that the prevalence of NPS use and the harms they cause might be under reported due to this lack of data.¹⁶

¹² Office for National Statistics, [Statistical bulletin: Deaths Related to Drug Poisoning in England and Wales, 2013](#), 3 September 2014

¹³ Ibid

¹⁴ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 67\]](#), 6 November 2014

¹⁵ Ibid, consultation responses [LH22 Gwent Police and Crime Commissioner](#) and [LH04 Turning Point](#)

¹⁶ Ibid, consultation response [LH17 Public Health Wales](#)

Lack of data

18. Systems for collecting information within the health, criminal justice (including prisons, police and probation) and education systems about the use and harms of NPS were described as “poor and inconsistent”.¹⁷ Aneurin Bevan University Health Board noted:

“The full scale and impact of the use of NPS is not fully understood. There is no universal surveillance system in Emergency Departments in Wales which captures this information on a routine basis. There is also no standard [...] coding definition which can be used to log diagnosis due to the number of different sorts of NPS. It is reasonable to suggest that numbers recorded of those affected is likely to represent just the ‘tip of the iceberg’.”¹⁸

19. As well as attributing the variable data collection to the lack of a systematic process for gathering relevant information, witnesses noted that the inconsistency of ingredients within NPS meant that users and health professionals often did not know what substance had caused an adverse reaction to be able to record it accurately. Dr Jonathan Whelan, Assistant Medical Director of the Welsh Ambulance Services NHS Trust, explained that patients can react very differently to the same NPS, making recognition of the substance a lot harder for clinicians:

“it is very difficult to really identify it, I think, unless people say to us, ‘I have taken x’, we really do not have a way of identifying it quite commonly.”¹⁹

20. Evidence from the Welsh Heads of Trading Standards claimed:

“there are many gaps in intelligence as health care professionals, youth and substance misuse workers see the effects on a regular basis but fail to report their concerns. Similarly the Police may deal with antisocial behaviour under the influence but fail to report the root cause, be it misuse of alcohol, drugs or legal highs.”²⁰

¹⁷ National Assembly for Wales, Health and Social Care Committee, consultation response [LH06 Welsh Heads of Trading Standards](#)

¹⁸ Ibid, consultation response [LH15 Aneurin Bevan University Health Board](#)

¹⁹ Ibid, [RoP \[para 211\]](#), 6 November 2014

²⁰ Ibid, consultation response [LH06 Welsh Heads of Trading Standards](#)

21. The Royal College of Psychiatrists in Wales,²¹ Caerphilly County Borough Council,²² and Aneurin Bevan University Health Board²³ referred to the fact that, even if processes for capturing data by those public services dealing with NPS users were improved, the majority of NPS users do not access services and are therefore unaccounted for in the official statistics. Dr Quentin Sandifer of Public Health Wales told the Committee:

“the challenge for all of us is that the majority of NPS users in fact do not have contact with specialist treatment and related services, so even where we might have systems for capturing information about this group of people, there will be a much larger group outside of that who are not known to us, who are not necessarily making the contacts where we could identify. So, it is a real challenge in identifying the scale of the use and the associated harms.”²⁴

22. Turning Point – a charity delivering over 50 substance misuse services across England and Wales – explained the impact of this lack of data:

“The current data collection systems in Wales limit the ability to capture effective data about NPS use and the impact they are having on the substance misuse treatment system. This limits the ability of both services and commissioners identifying local needs and putting in place services that are designed to meet those needs.”²⁵

Prevalence of new psychoactive substances

23. Notwithstanding the limitations of the available NPS data, the evidence that the Committee received demonstrated that use of NPS has increased in Wales, and beyond, in recent years.²⁶ Those who participated in the Committee’s focus groups discussions attested to

²¹ National Assembly for Wales, Health and Social Care Committee, consultation response [LH10 Royal College of Psychiatrists in Wales](#)

²² Ibid, [RoP \[para 344\]](#), 6 November 2014

²³ Ibid, [RoP \[para 194\]](#), 6 November 2014

²⁴ Ibid, [RoP \[para 87\]](#), 6 November 2014

²⁵ Ibid, consultation response [LH04 Turning Point](#)

²⁶ Ibid, consultation responses [LH03 The British Psychological Society](#), [LH04 Turning Point](#), [LH11 Angelus Foundation](#), [LH17 Public Health Wales](#)

this, noting that the popularity and use of NPS has increased in their areas.²⁷

24. The scale of NPS use as compared with wider alcohol and substance misuse was discussed in evidence received. Nicola John, Director of Public Health at Cwm Taf University Health Board, noted:

“overwhelmingly, in recent years, the problems that present to our services are largely to do with alcohol. For about 80% of our service users, alcohol is the main problem and, for a lot of them, their only drug of abuse. So, whereas this is a growing problem, it is small in comparison with the problems that alcohol gives us.”²⁸

25. Harry Shapiro of DrugScope noted that cannabis and alcohol remained the top two substances causing young people to access support services. Nevertheless, he also noted that, when outreach workers went out into the community:

“they found quite a different story of young people getting into difficulties with NPS, but not really imagining that there was anywhere that they could go to get any help, advice, or even necessarily feeling that they needed it, of course, because there is always a large element of denial.”²⁹

26. Figures provided by Turning Point indicated that whilst the numbers of NPS referrals are relatively low compared to people being referred for traditional illicit drugs, a significant increase in people accessing services for NPS has been seen.³⁰

27. It was emphasised during the course of this inquiry that the increasing prevalence of NPS use was not unique to Wales.³¹ The Home Office’s NPS expert panel recently reported that NPS are a global issue,³² and the United Nations Office on Drugs and Crime’s World Drug Report 2014 noted:

²⁷ National Assembly for Wales, Health and Social Care Committee, [Note of focus group discussions, 2 October 2014](#) para 3 and [Note of visits in north and south Wales, 2 October 2014](#) para 21

²⁸ Ibid, [RoP \[para 217\]](#), 6 November 2014

²⁹ Ibid, [RoP \[para 43\]](#), 6 November 2014

³⁰ Ibid, consultation response [LH04 Turning Point](#)

³¹ Ibid, [RoP \[para 10\]](#), 6 November 2014

³² UK Government, Home Office, [New psychoactive substances review: report of the expert panel](#), 30 October 2014, p7

“New psychoactive substances are now found in most of Europe and North America, as well as Oceania, Asia and South America and in a number of African countries. The use of new psychoactive substances is thus emerging as a truly global phenomenon.”³³

Availability

28. The Committee was told that NPS could be bought easily online, on the high street in “head shops”, from street dealers or from friends.³⁴ Public Health Wales explained:

“In terms of availability, unlike historic markets, where it is perhaps more subterfuge and about knowing people who have substances, ready access to branded products under the banner title of new psychoactive substances is far-reaching. As you mentioned, we know that you can buy them in tattoo parlours, open market stalls, and head shops, among other outlets. So, in terms of accessibility, they are most definitely not hard to find.”³⁵

29. Those who participated in the Committee’s visits and focus groups cited the easy availability of NPS and their low prices as reasons for their increasing popularity. The Fixers group said that NPS were “easy to get hold of” and that they used to be sold on a stall at Merthyr market. Although it was noted that the stall has now closed, it was explained that people travel to Cardiff and Pontypridd instead.³⁶ Participants in north Wales made similar points, adding that the fact that many NPS are sold legally means that accessing them is “easier than the rigmarole of getting illicit drugs”.³⁷

30. Gary Phillips, Detective Chief Inspector within TARIAN (the Southern Wales Regional Organised Crime Unit), told the Committee that the supply routes into Wales for NPS are predominantly via cities such as London, Bristol and Liverpool into Newport and Cardiff. He noted that usage in south Wales was higher than in north Wales, but

³³ United Nations Office on Drugs and Crime, [World Drug Report 2014](#), June 2014, p52

³⁴ National Assembly for Wales, Health and Social Care Committee, consultation response [LH15 Aneurin Bevan University Health Board](#)

³⁵ Ibid, [RoP \[para 71\]](#), 6 November 2014

³⁶ Ibid, [Note of visits in north and south Wales, 2 October 2014](#), para 28

³⁷ Ibid, [Note of visits in north and south Wales, 2 October 2014](#), para 6

that it was “a matter of time” before NPS reached those areas in the same volume.³⁸

Users

31. There was a general consensus that NPS are used for two purposes: as recreational drugs, and as supplements to the use of controlled drugs. SANDS Cymru (formerly known as Swansea Drugs Project) described recreational users as including “individuals who were not really involved in the substance misuse scene, but were looking for something that was not breaking the law” and young people who were wishing to experiment.³⁹ Public Health Wales described the use of NPS by problematic substance misusers:

“Among historic amphetamine stimulant users and cocaine users, we have seen the inclusion of other stimulants, not the move away from. So, this is about adding more drugs to the field rather than moving away, particularly with heroin.”⁴⁰

32. As a consequence, it was clear from the evidence received that NPS use is not unique to one population group alone. Nevertheless, participants in the Committee’s focus groups emphasised that very little is known about the profile (e.g. age, location, gender and economic status) of those using NPS,⁴¹ and many witnesses alluded to “hidden populations” of users throughout the course of the inquiry.⁴²

33. While DrugScope noted that NPS use was higher in areas of social deprivation, the Angelus Foundation said that rural areas are more vulnerable to NPS because of the poorer supply lines of cannabis and ecstasy to those areas.⁴³

34. In terms of age, TARIAN representatives told the Committee that 18 to 24 year olds use NPS predominantly.⁴⁴ Some evidence to the

³⁸ National Assembly for Wales, Health and Social Care Committee, [RoP \[paras 4 and 6\]](#), 12 November 2014

³⁹ Ibid, [RoP \[paras 188 and 189\]](#), 6 November 2014

⁴⁰ Ibid, [RoP \[para 156\]](#), 6 November 2014

⁴¹ Ibid, [Note of focus group discussions, 2 October 2014](#), para 22

⁴² Ibid, consultation responses [LH07 Drugstraining.com](#) and [RoP \[para 159\]](#), 6 November 2014

⁴³ Ibid, [RoP \[paras 10 and 11\]](#), 6 November 2014

⁴⁴ Ibid, [RoP \[para 23\]](#), 12 November 2014

inquiry suggested that children as young as 11 were taking NPS⁴⁵ and that teachers and school managers had growing concerns about children and young people being able to access them.⁴⁶ However the LOTS group in Wrexham warned against assuming that use of NPS is unique to the younger population, noting that, in their experience, many older people are also using NPS.⁴⁷

35. The Angelus Foundation explained that festival audiences were particularly vulnerable to experimentation with NPS, as were university students. It gave details of a recent freshers’ survey (conducted in September 2014), which had shown that 61 per cent of respondents had noted that their friends had taken NPS, 36 per cent of respondents had been offered them, and 19 per cent of respondents had tried them.⁴⁸ A number of witnesses also referred to a population of NPS users within the gay community.⁴⁹

36. Of those who responded to the Committee’s survey, almost one in six had tried NPS (16 per cent). The results suggested that NPS use is more prevalent among men than women, with 61 per cent of those answering ‘yes’ identifying themselves as male. In terms of age group, 17 to 24 year olds were the most likely to have used NPS, with 21 per cent answering yes to the same question. 25 to 44 year olds were close behind at 19 per cent.⁵⁰

37. Public Health Wales⁵¹ summarised what it described as the “three definable” groups of NPS users:

Group 1: Recreational and club/party goers	
Who	Mainly adolescents and young adults.
Pattern of use	Tend to binge use on weekends/at festivals/in clubs, often using a number of substances over a number of days.
Outcome	At risk of acute toxicity. May be more vulnerable to high strength NPS as they may not have developed tolerance to substances.

⁴⁵ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 272\]](#), 6 November 2014 and [Note of visits in north and south Wales](#), 2 October 2014, para 27

⁴⁶ *Ibid*, [RoP \[para 268\]](#), 6 November 2014

⁴⁷ *Ibid*, [Note of visits in north and south Wales](#), 2 October 2014, para 10

⁴⁸ *Ibid*, consultation response [LH11 Angelus Foundation](#)

⁴⁹ *Ibid*, consultation responses [LH07 Drugstraining.com](#) and [LH17 Public Health Wales](#)

⁵⁰ *Ibid*, [Summary of survey results](#), October 2014

⁵¹ *Ibid*, consultation response [LH17 Public Health Wales](#)

	May be vulnerable to other harms related to intoxication including risky sex and transmission of sexually transmitted infections.
Group 2: “Psychonauts”	
Who	Individuals who actively experiment with mind altering chemicals and are keen to try entirely new substances.
Pattern of use	Take substances, often to exact measurements, and keep records of their experiences.
Outcome	Increase in vulnerability of user due to lack of inhibition, unexpected effects, and duration of effects. Highly active on the internet and social media. Engage with online forum discussions regarding specific dose-related experiences.
Group 3: Poly-drug users	
Who	Individuals with a history of taking drugs including controlled substances such as heroin, cocaine, amphetamine and cannabis.
Pattern of use	Add NPS to the repertoire of drugs they use.
Outcome	Increase in vulnerability of user due to lack of inhibition, unexpected effects, and duration of effects. Evidence of public health impacts such as increases in sexually transmitted diseases and blood borne virus transmission, either via sexual intercourse or injection of NPS.

Prisons

38. A clear theme that emerged in evidence related to the increasing prevalence of NPS use in prisons.⁵² The LOTS group that the Committee visited in Wrexham described prisons as being “awash” with NPS, with some members noting that their personal use had begun during their time in custody.⁵³ Paul Roberts, one of Her Majesty’s Inspectorate of Prisons’ (“HMI Prisons”) three specialist substance use inspectors, confirmed that there was evidence to suggest that individuals are leaving prison with a substance misuse problem having entered

⁵² National Assembly for Wales, Health and Social Care Committee, [RoP \[para 6 and 60\]](#), 6 November 2014, [Note of focus group discussions](#), 2 October 2014, para 40, [Note of visits in north and south Wales](#), 2 October 2014, para 11, and consultation responses [LH02 National Offender Management Service](#) and [LH18 Her Majesty’s Inspectorate of Prisons](#)

⁵³ Ibid, [Note of visits in north and south Wales](#), 2 October 2014, para 11

without one. He attributed this trend to the stress, boredom and sleeplessness experienced by prisoners.⁵⁴

39. DrugScope and the Angelus Foundation noted that use of synthetic cannabinoids was becoming particularly problematic in prisons and youth offenders' institutes.⁵⁵ This was confirmed by HMI Prisons, who acknowledged that although use of synthetic cannabinoids is less prevalent in Welsh prisons than in English prisons at the moment, "it is on its way".⁵⁶

The Welsh Minister's view

40. The Minister for Health and Social Services recognised that there is no single source of data collection relating to the use and impact of NPS in Wales, or in the UK more generally. However, he noted that the Welsh Government has either put in place or given support to a series of data-collection mechanisms to capture information about NPS in the wider context of substance misuse, including the Welsh National Database for Substance Misuse (WNDSM), the Harm Reduction Database and the Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS) project.⁵⁷

41. The Minister acknowledged that although each of these tools allows the Welsh Government and other partners to build a picture of NPS use throughout each region, a number of the tools have limitations that could lead to the under-reporting of the prevalence of NPS. To help fill this gap, the Minister noted that the Welsh Government has commissioned Public Health Wales to undertake a prevalence estimate of problematic drug use – to include NPS – for the ten year period 2011-12 – 2020-21, and that work on this is expected to commence in 2015.⁵⁸

⁵⁴ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 127\]](#), 12 November 2014

⁵⁵ Ibid, [RoP \[para 6 and 60\]](#), 6 November 2014

⁵⁶ Ibid, [RoP \[para 110\]](#), 12 November 2014

⁵⁷ Ibid, [HSC\(4\)-29-14 Paper 2 Evidence from the Minister for Health and Social Services](#), 26 November 2014

⁵⁸ Ibid

42. In relation to the wider question of the prevalence of NPS use in Wales, the Minister acknowledged the increased availability and use of NPS in Wales.⁵⁹ He warned, however, that:

“[tackling NPS use] is a bit of a tightrope, I think, and you do not want to fall off on one side of it or the other [...] We are sure that there is greater use of these substances; we see it in some of the figures that we have. On the other hand, it is important not to overbalance into thinking that this is some major new phenomenon, because, actually, the figures that we have—and the views of the expert panel’s report for the Home Office reflect this—say that it continues, on the whole, to be relatively low use with relatively low harms occurring from it. So, it is about trying to get the balance between recognising it, because it is a real phenomenon and a growing phenomenon, without exaggerating the significance that it has in the substance misuse field.”⁶⁰

43. With regard to NPS use among the prison population specifically, Welsh Government officials acknowledged that substance misuse is a “huge issue” in all Welsh prisons.⁶¹ They noted, however, that strong links exist and work on substance misuse is on-going between Welsh Government and criminal justice agencies, including the National Offender Management Service and prisons, as healthcare provision in Welsh prisons is a devolved matter.⁶²

The Home Office’s view

44. Officials from the Home Office told the Committee that the network of early-warning systems in existence across Europe meant that data about the emergence of NPS is good.⁶³ They also referred to the existence of reliable data in relation to the use of certain specific NPS, and deaths caused by them. Nevertheless, the officials acknowledged that there are “some real gaps” in the information available.⁶⁴

⁵⁹ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 105\]](#), 26 November 2014

⁶⁰ Ibid, [RoP \[para 105\]](#), 26 November 2014

⁶¹ Ibid, [RoP \[para 166\]](#), 26 November 2014

⁶² Ibid, [RoP \[paras 165 and 166\]](#), 26 November 2014

⁶³ Ibid, [RoP \[para 49\]](#), 15 January 2015

⁶⁴ Ibid, [RoP \[para 50\]](#), 15 January 2015

45. It was noted that the Home Office is seeking to address the lack of evidence by:

- revising the questions in the crime survey for England and Wales 2014-15 to improve understanding of the prevalence of NPS across the general population;
- working with Public Health England to collect data about NPS from criminal justice, further education and nightclub settings;
- working with the National Institute for Health Research in England, which is giving provisional consideration to funding two studies on NPS; and
- drawing the attention of UK Research Councils to the expert panel's recommendations and the evidence gaps that need to be filled in relation to NPS.⁶⁵

46. Home Office officials noted that UK Government departments, including the Ministry of Justice and the National Offender Management Service, recognised that use of NPS in prisons is a problem. They described monitoring activity that has begun recently to establish a better understanding of the scale of the use of NPS, illicit drugs and prescription medicines in custody in 10 prisons in north-west England.⁶⁶

The Committee's view

47. The Committee notes the conclusion of the Home Office's expert panel on NPS, as quoted by the Minister for Health and Social Services, that:

“use of new psychoactive substances is generally low compared to illicit drugs – they are both less used and associated with less harm than illicit drugs.”⁶⁷

48. The Committee is concerned, however, that it remains difficult to assess the true scale of the NPS use and its impact in Wales due to a number of factors, including:

- the lack of available data;

⁶⁵ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 51\]](#), 15 January 2015

⁶⁶ Ibid, [RoP \[para 58\]](#), 15 January 2015

⁶⁷ Ibid, [RoP \[para 148\]](#), 26 November 2014

- the lack of presentation to support services by many NPS users (this is explored in more detail in chapter 5); and
- the difficulties associated with identifying NPS use by front-line staff.

49. The Committee believes that the lack of data available about NPS use means that the scale of the problem in Wales is likely to be underreported. As a consequence, the Committee welcomes the recently commissioned Public Health Wales prevalence study of problematic drug use, noting that it has not yet begun but plans to cover a 10-year period from 2011. The Committee is concerned, however, that the inclusion of NPS within this prevalence study will be a challenge given the lack of existing data on NPS use.

50. The Committee agrees with a number of the witnesses who gave evidence to this inquiry that without a clear picture of the scale of the problem in Wales, it is extremely difficult to plan and deliver appropriate services for NPS users. The Committee acknowledges that these issues are not unique to Wales and that the other home nations face the same challenges.

51. The Committee welcomes the work that the Home Office has begun to establish a better understanding of the scale of the NPS problem among the general and prison populations. The Committee believes that the information being collected about prevalence of NPS use within the prison estate should be shared with the Welsh Government in order to ensure that decisions about devolved elements of service provision, such as prison healthcare, are well informed.

Recommendation 1: The Committee recommends that the Minister for Health and Social Services urgently commission a piece of work (in partnership with counterparts in the UK, Scottish and Northern Irish Governments if helpful) to establish the best method for measuring NPS use among the population on a regular basis so that its prevalence is better understood and services can be planned accordingly. This work should complement similar activity recommended by the Home Office's Expert Panel on NPS (recommendation 3.2) and should be completed by the end of the Fourth Assembly.

3. Awareness of new psychoactive substances

52. There was a general consensus in evidence submitted to this inquiry that more needs to be done to raise awareness of – and educate people about – the harms associated with NPS use. The Royal College of Psychiatrists summed up the views of many witnesses when it said that raising awareness about the harms associated with NPS is “a crucial first step in improving the management” of the upward trend in NPS use.⁶⁸

Terminology

53. The evidence received by the Committee suggested that the use of the term “legal highs” to describe NPS is unhelpful and gives the wrong impression that NPS are safe to consume.⁶⁹ A number of submissions received by the Committee emphasised the need to promote the message that legal does not mean safe⁷⁰ and that more specific and sophisticated information about the different properties and effects of NPS is required.⁷¹

54. Service users and providers who took part in the Committee’s focus group discussions suggested that the use of the term “legal highs” should be avoided, particularly among relevant professionals, to help overcome some of the misconceptions that people have about the safety of these substances.⁷² This point was reiterated by Public Health Wales’ evidence, which stated that the preferred term should be “new psychoactive substances”.⁷³

Awareness of harms caused by new psychoactive substances

55. One of the clear themes emerging from the Committee’s focus group discussions in Wrexham and Merthyr Tydfil was that awareness of NPS and their risks is very low.⁷⁴ It was noted throughout the inquiry that insufficient awareness of the harms associated with NPS exists not only among users, but also among their family members, the general

⁶⁸ National Assembly for Wales, Health and Social Care Committee, consultation response [LH10 Royal College of Psychiatrists in Wales](#)

⁶⁹ Ibid, [RoP \[paras 32 and 354\]](#), 6 November 2014, [LH06 Welsh Heads of Trading Standards](#), [LH15 Aneurin Bevan University Health Board](#) and [LH17 Public Health Wales](#), and [Note of visits in north and south Wales](#), 2 October 2014, para 8

⁷⁰ Ibid, consultation response [LH11 Angelus Foundation](#)

⁷¹ Ibid, consultation response [LH07 Drugstraining.com](#)

⁷² Ibid, [Note of focus group discussions](#), 2 October 2014, para 12

⁷³ Ibid, consultation response [LH17 Public Health Wales](#)

⁷⁴ Ibid, [Note of focus group discussions](#), 2 October 2014, para 5

public, and relevant public service staff, and that information needs to be targeted at these groups in order to raise awareness of the harms associated with NPS use.⁷⁵

56. It was emphasised in the focus groups and in formal evidence that:

- people rarely know what NPS contain;⁷⁶
- neither the short term nor long term effects of NPS use are well understood;⁷⁷
- users are not always aware that NPS can be more potent and more dangerous than controlled drugs;⁷⁸ and
- teachers, health and social care professionals, those working within the criminal justice system, and youth workers are not always sufficiently informed to be able to recognise that NPS have been used or to know what to do if they suspect they have been used.⁷⁹

57. The final report of the Home Office's Expert Panel on NPS noted:

“There is a general lack of comprehensive evidence on the toxicity, abuse liability and risks associated with long-term use of NPS. Additionally, there is likely to be underreporting of health harms due to the lack of recording mechanisms for NPS-specific harms and many professionals in the health, treatment and prevention fields lacking awareness of the range of NPS in use. This is compounded by the fast pace of development of NPS, which makes it difficult to stay informed of all the available substances. Evidence on social harms associated with NPS use is even more limited.”⁸⁰

⁷⁵ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 20\]](#), 6 November 2014 and consultation response [LH15 Aneurin Bevan University Health Board](#),

⁷⁶ Ibid, consultation response [LH14 Abertawe Bro Morgannwg University Health Board](#)

⁷⁷ Ibid, [RoP \[para 76\]](#), 6 November 2014

⁷⁸ Ibid, [Note of focus group discussions](#), 2 October 2014, para 5

⁷⁹ Ibid

⁸⁰ UK Government, Home Office, [New psychoactive substances review: report of the expert panel](#), 30 October 2014, p11

Health harms

58. Professor Philip Routledge, Chair of the WEDINOS Programme Board, noted that the health harms associated with NPS are relatively poorly understood:

“Because they are novel, emerging compounds, we really do not have any feel for the toxicity spectrum and the safety pattern. We do know, however, that there is evidence of dependence on some of these agents and also risks from sudden withdrawal of the agents. The long-term effects have not really been elucidated.”⁸¹

59. The UK Government’s statutory independent drug advisers – the Advisory Council on the Misuse of Drugs (ACMD) – advise that the short-term harms of NPS can include paranoia, psychosis and seizures.⁸² According to the ex-users and those working closely with current users who participated in the Committee’s visits, the effects of NPS use can be as severe as those experienced by users of class A drugs such as heroin, and they can be equally addictive. They told the Committee that some class A drug users are using NPS because they are cheaper than – but as strong as – many controlled drugs. They also noted that other class A drug users “would not touch legal highs with a bargepole” as they did not know what they contained and were frightened by their effects.⁸³

60. Public Health Wales, health board representatives, and those working with substance misusers explained that significant public health harms have emerged as a consequence of NPS use.⁸⁴ These were reported as including:

- an increase in blood borne viruses such as hepatitis C due to injecting NPS; and

⁸¹ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 76\]](#), 6 November 2014

⁸² UK Government, Home Office, [New psychoactive substances review: report of the expert panel](#), 30 October 2014, p3

⁸³ National Assembly for Wales, Health and Social Care Committee, [Note of visits in north and south Wales](#), 2 October 2014, para 9

⁸⁴ Ibid, [RoP \[para 82, 91, and 92\]](#), 6 November 2014 and consultation responses [LH04 Turning Point](#), [LH13 DrugScope](#), [LH15 Aneurin Bevan University Health Board](#), [LH17 Public Health Wales](#) and [LH20 Hywel Dda University Health Board](#)

- an increase in sexually transmitted infections such as syphilis and HIV as a consequence of risky sexual behaviour stimulated by NPS use.⁸⁵

61. Some witnesses also suggested that as well as being addictive in themselves, NPS can act as a “gateway” to the use of controlled drugs such as heroin, cannabis, amphetamine and cocaine. SANDS Cymru explained:

“what this [NPS use] is opening up is access to those class A, B, C type drugs, because people are experimenting with these substances [NPS] thinking that there is an element of safety and then, once they get that experience of enjoying it, going forth and experimenting with those illicit kind of street drugs.”⁸⁶

62. This was reiterated by Dr Julia Lewis, Consultant Addiction Psychiatrist and Clinical Lead for Addiction at Aneurin Bevan University Health Board, who told the Committee:

“over the last few months, we have seen three individuals around the age of 16 or 17 coming through as injecting heroin users. That is very unusual [...] When we have looked back into it, they have gone from injecting mephedrone to injecting heroin. They have broken down the taboo of injecting [...] So, instead of going through the normal natural history of heroin use, which is to smoke for a while and then possibly progress to injecting, they are going straight to injecting heroin, which is concerning.”⁸⁷

63. Many contributors to this inquiry noted their concerns about the impact of NPS use on individuals’ mental as well as physical health.⁸⁸ It was noted that the mental health impacts of NPS are poorly understood, and it was acknowledged that more work needs to be done to better understand the consequences of NPS use on

⁸⁵ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 82, 91, and 92\]](#), 6 November 2014 and consultation responses [LH04 Turning Point](#), [LH13 DrugScope](#), [LH15 Aneurin Bevan University Health Board](#), [LH17 Public Health Wales](#) and [LH20 Hywel Dda University Health Board](#)

⁸⁶ Ibid, [RoP \[para 235\]](#), 6 November 2014

⁸⁷ Ibid, [RoP \[para 238\]](#), 6 November 2014

⁸⁸ Ibid, consultation response [LH03 The British Psychological Society](#), [RoP \[para 61\]](#), 12 November 2014, and [Note of visits in north and south Wales](#), 2 October 2014, para 13

psychological health, including any role it may play in suicidal behaviour.⁸⁹

64. When the Committee visited DAN 24/7 – Wales’ drug and alcohol helpline – staff noted that while callers had previously been naïve about the harms caused by NPS, the impact of NPS on individuals’ health was beginning to “filter through” into users’ consciousness.⁹⁰

Social harms

65. The behavioural impact of NPS use was raised by many of those who contributed to this inquiry. Community safety representatives and the police cited anti-social behaviour, including violent and sexual crime, as consequences of NPS use.⁹¹

66. Andrea Lewis, Councillor for the City and County of Swansea, illustrated the impact of the anti-social behaviour experienced in her community as a consequence of NPS use among younger people:

“there have been a lot of break-ups of families because of this, with children going into their own supported living. We have had difficulties with it causing an impact on the traders in the local area because people who feel vulnerable and elderly have been reluctant to come to satellite towns where these traders are trading, so it has had an impact on the trade. So, this is a real issue within our communities.”⁹²

67. Ex-users and those working with users emphasised during the Committee’s visits that they were aware of many cases in which individuals had turned to crime in order to buy NPS or as a consequence of consuming them.⁹³ They also noted that, for some, consumption of NPS had resulted in unemployment, poverty and homelessness.⁹⁴

⁸⁹ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 78\]](#), 6 November 2014

⁹⁰ Ibid, [Note of visits in north and south Wales](#), 2 October 2014, para 19

⁹¹ Ibid, consultation responses [LH05 The Police Federation of England and Wales](#) and [LH17 Public Health Wales](#), [RoP \[paras 252, 254, 257\]](#), 6 November 2014, and [RoP \[para 49\]](#), 12 November 2014

⁹² Ibid, [RoP \[para 257\]](#), 6 November 2014

⁹³ Ibid, [Note of visits in north and south Wales](#), 2 October 2014, para 12

⁹⁴ Ibid, para 13

Awareness-raising services

68. The main awareness-raising services funded by Welsh Government of relevance to NPS are the Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS) project, and the Wales Drug and Alcohol Helpline, known as Dan 24/7.

WEDINOS

69. The WEDINOS project was established in autumn 2013 in response to changes in drug use trends. The project is funded by the Welsh Government and delivered in partnership by Public Health Wales, Cardiff and Vale Toxicology Laboratory and Cardiff University. Its purpose is to provide a framework for the collection and testing of samples of NPS and combinations of drugs, along with information regarding the symptoms users experienced. All relevant information is available on an open website with the aim of facilitating the dissemination of pragmatic, evidence-based harm reduction information for those using NPS or considering use.⁹⁵

70. The majority of evidence received praised WEDINOS as a valuable public information resource.⁹⁶ However, Aneurin Bevan University Health Board noted that the service has the potential to be abused and that concerns have been raised that the service supports NPS sellers and manufacturers by providing them with analytical information about their products.⁹⁷ The Royal College of Psychiatrists in Wales noted that it would like WEDINOS to provide more public health information and signpost to other credible sources of information.⁹⁸

71. Public Health Wales stated in oral evidence that it has arrangements in place to deal with potential abuse of the service, noting that it has refused to test 11.5 per cent of samples received where staff believed them to be illegitimate. It emphasised that there is a public benefit to the provision of impartial and pragmatic information to individuals through a public medium such as the WEDINOS website because:

⁹⁵ National Assembly for Wales, Health and Social Care Committee, consultation response [LH17 Public Health Wales](#)

⁹⁶ Ibid, [RoP \[paras 65 to 69\]](#), 12 November 2014 and consultation responses [LH02 National Offender Management Service](#), [LH03 The British Psychological Society](#), [LH09 UKChemicalResearch](#), and [LH15 Aneurin Bevan University Health Board](#)

⁹⁷ Ibid, consultation response [LH15 Aneurin Bevan University Health Board](#)

⁹⁸ Ibid, consultation response [LH10 Royal College of Psychiatrists in Wales](#)

“without the WEDINOS project and prior to it, the only information available to someone considering using such a drug was from the person providing it to them.”⁹⁹

DAN 24/7

72. DAN 24/7 is a 24 hour, 7 day a week bilingual substance misuse telephone helpline, hosted by Betsi Cadwaladr University Health Board and funded by the Welsh Government. It provides a single point of contact for anyone in Wales wanting further information and/or help relating to drugs and alcohol. The helpline assists individual users, their families, carers and support workers within the field to access appropriate local and regional services.

73. The Angelus Foundation praised DAN 24/7 for its social media presence and for reaching out to young people, noting that similar services in other countries could learn from its approach.¹⁰⁰ Nevertheless, during the Committee’s visit to the DAN 24/7 headquarters in Wrexham, staff noted that they have struggled to raise awareness of its existence and that many partners and public service providers still refer to “Talk to Frank” which is now an England-only service, replaced in Wales by DAN 24/7.¹⁰¹

74. Aneurin Bevan University Health Board noted that the DAN 24/7 website is useful, but that messages need “post marketing surveillance to ensure that they remain relevant and hit the mark”.¹⁰² During the Committee’s visit, DAN 24/7 noted that although feedback is sought about their service, no formal mechanisms are in place to evaluate the service’s impact.¹⁰³

Targeted information

75. The importance of targeting different audiences with tailored information about NPS in order to raise awareness of their harms was

⁹⁹ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 20\]](#), 6 November 2014

¹⁰⁰ Ibid, [RoP \[para 16\]](#), 6 November 2014

¹⁰¹ Ibid, [Note of visits in north and south Wales](#), 2 October 2014, para 18

¹⁰² Ibid, consultation response [LH15 Aneurin Bevan University Health Board](#)

¹⁰³ Ibid, [Note of visits in north and south Wales](#), 2 October 2014, para 17

raised by a number of those who gave evidence to the inquiry.¹⁰⁴ Public Health Wales explained:

“There is no single way to raise awareness for people who use NPS or who work with people using NPS. This is because there are different types of NPS users. To communicate effectively we need to understand the attitudes, knowledge and behaviours of people using NPS.”¹⁰⁵

76. Participants in the Committee’s focus group discussions emphasised the need to ensure that information about NPS is timely, relevant and sector- or age-appropriate. Some participants argued that messages being disseminated about NPS lack cohesion, and suggested a role for the Welsh Government to lead on the development of an authoritative and consistent suite of information.¹⁰⁶ This was reiterated by Hywel Dda University Health Board’s evidence, which stated that there is a lack of coherent strategic direction in addressing the issues that NPS present and that there has been limited awareness-raising at a national level to date.¹⁰⁷

77. It was suggested that work should be undertaken with the media – from which 57 per cent of the Committee’s survey respondents reported learning about NPS¹⁰⁸ – to improve the prominence and quality of information about these substances.¹⁰⁹ Participants in the focus groups discussions and other witnesses also emphasised the need to utilise social media, particularly to target younger people who take – or are at risk of taking – NPS.¹¹⁰ DrugScope noted that the core group to target with information is the “casual and curious” aged 15 to 17 who are thinking about experimenting with NPS.¹¹¹ This was reiterated by Aneurin Bevan University Health Board, which called for a national social marketing campaign targeted at young people.¹¹² Organisations such as the Angelus Foundation and the Police Federation of England and Wales emphasised the need to provide

¹⁰⁴ National Assembly for Wales, Health and Social Care Committee, consultation responses [LH11 Angelus Foundation](#), [LH15 Aneurin Bevan University Health Board](#), [LH17 Public Health Wales](#) and [RoP \[para 20\]](#), 6 November 2014

¹⁰⁵ Ibid, consultation response [LH17 Public Health Wales](#)

¹⁰⁶ Ibid, [Note of focus group discussions](#), 2 October 2014, para 11

¹⁰⁷ Ibid, consultation response [LH20 Hywel Dda University Health Board](#)

¹⁰⁸ Ibid, [Summary of survey results](#), October 2014

¹⁰⁹ Ibid, [Note of focus group discussions](#), 2 October 2014, para 9

¹¹⁰ Ibid, consultation responses [LH07 Drugstraining.com](#) and [LH17 Public Health Wales](#)

¹¹¹ Ibid, [RoP \[para 21\]](#), 6 November 2014

¹¹² Ibid, consultation response [LH15 Aneurin Bevan University Health Board](#)

information about NPS in places such as nightclubs, freshers' fairs, and festivals.¹¹³

78. In addition to developing more tailored information for different groups within the general public, it was noted that targeted information is needed for those who are already using NPS, whether on their own or in combination with other substances. Public Health Wales noted that "peer reports of adverse effects and word of mouth appear to be more effective in initiating behavioural change than clinical information"; as such, it emphasised the importance of making information available:

- in places where NPS are used to ensure their safer use;
- via social and traditional media;
- via social marketing methods; and
- by promoting services such as WEDINOS, which provides objective analysis and profiling of substances.¹¹⁴

79. The importance of undertaking outreach work about NPS in communities was also emphasised by witnesses.¹¹⁵ Aneurin Bevan University Health Board noted:

"Raising awareness of NPS amongst the public is paramount, with education being delivered at a local/community level, allowing campaigns to be tailored to meet the needs of specific groups."¹¹⁶

80. The potential impact of community-led work was illustrated by a project undertaken in Blaenau Gwent to develop an education resource in response to an increase in mephedrone use in the area. The project drew on the views of young people in the local community and professionals working in the area, to develop a resource for schools to inform young people about the harms associated with NPS use.¹¹⁷

¹¹³ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 89\]](#), 12 November 2014 and consultation response [LH11 Angelus Foundation](#)

¹¹⁴ Ibid, consultation response [LH17 Public Health Wales](#)

¹¹⁵ Ibid, [RoP \[paras 43, 141 and 142\]](#), 6 November 2014

¹¹⁶ Ibid, consultation response [LH15 Aneurin Bevan University Health Board](#)

¹¹⁷ Ibid, additional information submitted to the inquiry following 6 November oral evidence session, [LH AI 05 PACE \(Partners and Communities Engaging\)](#)

The Welsh Minister's view

81. The Minister's evidence to the Committee emphasised that a key action in the Welsh Government's Substance Misuse Delivery Plan 2013 – 2015 is to raise awareness of NPS. The Minister listed a range of actions underway to raise awareness of NPS, including a national awareness campaign about NPS in conjunction with the national helpline DAN 24/7, Real Radio, the Welsh Rugby Union and Oakwood Leisure Park.¹¹⁸

82. The Welsh Government's annual report on substance misuse for 2014 notes that continuing to provide consistent education, prevention and harm reduction messages on the emerging trends of NPS remains a priority.¹¹⁹ The Minister noted that a further awareness raising campaign on NPS would take place in early 2015.¹²⁰

83. Although the Minister acknowledged the importance of raising awareness of NPS and their harms, and agreed with the proposition that public information needed to be tailored according to the audience at which it is aimed, he warned of the need to deliver messages in a measured way in order to avoid glamourising the issue and encouraging experimentation unintentionally:

“if you go about this the wrong way, what you do is put ideas into the heads of young and impressionable people at a time in their lives when experimentation and risk taking is just part of what is going on. With all the best intentions, you can think that what you are doing is putting people off and giving them all the reasons why they should not be doing something, but what you end up doing is introducing them to ideas and possibilities that they may otherwise never have heard of.”¹²¹

84. In relation to the role of WEDINOS, the Minister stated:

“I do not have any difficulty myself in coming down on the side of the need for WEDINOS to be a public-facing site. That is its

¹¹⁸ National Assembly for Wales, Health and Social Care Committee, [HSC\(4\)-29-14 Paper 2 Evidence from the Minister for Health and Social Services](#), 26 November 2014

¹¹⁹ Welsh Government, [Substance Misuse Strategy Annual Report 2014](#), October 2014, p37

¹²⁰ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 101\]](#), 26 November 2014

¹²¹ Ibid, [RoP \[paras 122 to 124\]](#), 26 November 2014

purpose. Its purpose is in harm reduction and, therefore, it needs to be able to get the information that it is then able to supply to those people who need it in that way. On the issue of action to make sure that the site is not vulnerable to being used for purposes for which it was not intended, that is an ongoing piece of work. I think Public Health Wales is very alert to it. WEDINOS is not, at the moment, taking any steroid substances; this is, in part, while it is looking at whether there is anything else it can do to safeguard the way that it provides information.”¹²²

The Home Office’s view

85. The importance of improving awareness of NPS and their harms through better public education was emphasised by Home Office officials.¹²³ They noted that young people in particular often mistake the open availability of NPS as a signal of their safety.¹²⁴

86. The Home Office acknowledged that many of the functions relevant to drugs strategy are transferred to the Welsh Ministers, particularly those relating to public health and education, and recognised the importance of joint working between Governments in this regard.¹²⁵ In relation to improving awareness among the prison population in particular, it was noted that the National Offender Management Service is working with health services in England and Wales to improve understanding among prisoners, visitors and staff of the risks associated with NPS use.¹²⁶

The Committee’s view

87. It is clear from the evidence received during the course of this inquiry that further work is required to raise awareness of the harms associated with NPS use. The Committee believes that one of the most important steps in achieving higher levels of awareness of the harms is to refrain from using the term “legal highs” to describe them. Evidence submitted to the inquiry was clear that the term is misleading and gives the false impression that NPS are safer to use than illegal substances.

¹²² National Assembly for Wales, Health and Social Care Committee, [RoP \[paras 142 and 143\]](#), 26 November 2014

¹²³ Ibid, [RoP \[para 22\]](#), 15 January 2015

¹²⁴ Ibid, [RoP \[para 19\]](#), 15 January 2015

¹²⁵ Ibid, [RoP \[para 23\]](#), 15 January 2015

¹²⁶ Ibid, [RoP \[para 58\]](#), 15 January 2015

88. In addition to this, evidence suggested that further work is needed to target information more effectively so that relevant audiences hear clear and consistent messages about the harms associated with NPS use. The Committee believes that a range of communication methods needs to be adopted in order to raise awareness of NPS and their harms among the general public, users, potential users and professionals. This should include social and traditional media, peer-to-peer support, and providing information in places where it can be easily accessed by those most likely to use NPS or require information about NPS.

89. The Committee welcomes the Welsh Government's intention to undertake an awareness-raising campaign in early 2015 and urges the Minister to consider the findings of this report before finalising the approach to the campaign. The Committee also welcomes the arrangements that have been put in place to address reported abuses of the WEDINOS service.

Recommendation 2: The Committee recommends that the Minister for Health and Social Services ensure that the 2015 public awareness campaign:

- includes targeted information for young people;
- has a strong media and social media focus; and
- emphasises the message that “legal does not mean safe”.

The public awareness campaign should refrain from using the term “legal highs” to describe NPS as its use gives the false impression that these substances are safe to use. Guidance to this effect should be shared with all partners working on the campaign, including the media.

Recommendation 3: The Committee recommends that the Minister for Health and Social Services commission research to evaluate the impact of the 2015 public awareness campaign on the level of public awareness of NPS and their harms. The purpose of this research should be to assess the campaign's effectiveness and to identify where further work is required to raise awareness of NPS.

4. Education

90. The importance of providing information about NPS and their harms at an early age, through school, was emphasised by witnesses and by those who participated in the Committee’s focus group discussions.¹²⁷ Others also called for the development of initiatives outside the classroom to raise awareness of NPS and their harms, in order to improve understanding of the risks associated with NPS use among those outside full-time education, including adult users, parents of younger users, and professionals working with users.¹²⁸

Schools

91. The importance of providing information about NPS use and its harms in schools was raised in written and oral evidence. The Angelus Foundation called for better drugs education (to include NPS) in schools, recommending that a minimum of one hour per term should be allocated for it as part of the delivery of personal and social education (“PSE”).¹²⁹ The Foundation also argued that resources needed to be targeted at education with a focus on harm reduction, and that a central depository of resources and information on NPS needed to be created.¹³⁰

92. It was noted that substance misuse was already included as part of the school curriculum, but that the curriculum in this subject area was “very woolly” and in need of more consistent interpretation and enforcement across schools in Wales.¹³¹ Local authority representatives explained:

“we have some schools that are really good at doing personal and social education and bringing in outside agencies to deal with issues and to teach young people about substances, but we have schools that lie in ignorance—‘It’s not happening

¹²⁷ National Assembly for Wales, Health and Social Care Committee, consultation response [LH11 Angelus Foundation](#) and [Note of focus group discussions, 2 October 2014](#), para 8

¹²⁸ Ibid, [Note of focus group discussions](#), 2 October 2014, para 9

¹²⁹ Ibid, [RoP \[para 37\]](#), 6 November 2014

¹³⁰ Ibid, consultation response [LH11 Angelus Foundation](#)

¹³¹ Ibid, [RoP \[paras 298 and 305\]](#), 6 November 2014

here’—or do far too little too late [...] it is very sporadic and I should imagine that that is the case throughout Wales.”¹³²

93. In addition to improving the approach to the delivery of the substance misuse curriculum in Wales, Abertawe Bro Morgannwg University Health Board suggested that the substance misuse component of the “Healthy Schools Programme”¹³³ needed to be reviewed and refreshed.¹³⁴ A number of witnesses also emphasised the need to ensure that school programmes and the curriculum enable pupils to make informed choices about risk taking. Aneurin Bevan University Health Board’s written evidence reflected the same message as that conveyed by the Angelus Foundation and Abertawe Bro Morgannwg University Health Board:

“Prevention and education based interventions should focus on increasing individuals’ self-efficacy and to promote/empower the choice not to take unknown, potentially harmful substances. It is important that we focus not only on substance misuse itself, but also on the root causes of the behaviour, helping people to develop necessary skills and values and building resilience in relation to risk taking behaviours.”¹³⁵

94. The Committee heard that teachers delivering PSE in schools were often not properly trained in, or knowledgeable about, drugs messaging, leaving them lacking in confidence to deliver this information to pupils.¹³⁶ Kathryn Peters of Caerphilly County Borough Council explained that this, combined with the weaknesses reported in the current curriculum and healthy schools programme, had led to an “information gap” and had forced the development of a community-led project in her area to fill the reported “vacuum”:

“there was recognition among the community that there was nothing there—there was nothing available both for educators and parents [...] a product was developed, which met the PSE curriculum [...] No guidance [on NPS] was available nationally for teachers and nothing was available that could be picked up

¹³² National Assembly for Wales, Health and Social Care Committee, [RoP \[para 296\]](#), 6 November 2014

¹³³ Information about the Healthy Schools Programme in Wales can be found here <http://wales.gov.uk/topics/health/improvement/schools/schemes/?lang=en>

¹³⁴ National Assembly for Wales, Health and Social Care Committee, consultation response [LH14 Abertawe Bro Morgannwg University Health Board](#)

¹³⁵ Ibid, consultation response [LH15 Aneurin Bevan University Health Board](#)

¹³⁶ Ibid, [RoP \[paras 297 and 320\]](#), 6 November 2014

off the shelf to give them the necessary skills and tools to be able to respond.”¹³⁷

The Welsh Minister’s view

95. The description of an information vacuum and a lack of guidance in relation to substance misuse education in schools did not tally with evidence provided by the Minister for Health and Social Services. Both the Minister and police representatives referred to the “All Wales School Liaison Core Programme” in their evidence, a joint Welsh Government and Police and Crime Commissioner initiative worth £3 million a year in which trained police officers provide substance misuse education in primary and secondary schools, and through which information packs on NPS have been developed for pupils, teachers and parents.¹³⁸ The Minister noted his surprise in relation to some of the evidence received about the variable provision of information to school pupils about substance misuse – he stated that the All Wales School Liaison Core Programme, which was recently updated to cover NPS, is delivered “in 99% of schools across Wales”.¹³⁹

96. In response to questions about the information provided to school pupils on substance misuse as part of the curriculum, the Minister noted:

“for every social ill and issue there is, there are people who want to make a case for saying that it should be dealt with in schools and dealt with through the PSE curriculum. The pressure on the curriculum to be able to cover everything that could be covered is very significant indeed.”¹⁴⁰

The Committee’s view

97. The Committee is concerned that, despite the Welsh Government’s significant investment in the All Wales School Liaison Core Programme, levels of awareness of its existence appear to be

¹³⁷ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 300\]](#), 6 November 2014

¹³⁸ Ibid, [\[RoP paras 12 and 16\]](#), 12 November 2014, consultation response [LH01 South Wales Police](#) and [HSC\(4\)-29-14 Paper 2 Evidence from the Minister for Health and Social Services](#), 26 November 2014; more information about the Programme can be found here <http://www.schoolbeat.org/en/parents/know-the-programme/national-events/what-is-the-all-wales-school-liaison-core-programme/>

¹³⁹ Ibid, [\[RoP para 133\]](#), 26 November 2014

¹⁴⁰ Ibid, [\[RoP para 131\]](#), 26 November 2014

low, with witnesses rarely referring to it. Furthermore, although the Minister's official noted that guidance on substance misuse had been issued to schools in July 2013,¹⁴¹ evidence to this inquiry suggested that further work is needed to raise awareness of it. Evidence received also suggests that the quality of drug education is variable across Wales, many teachers lack the necessary training to deliver suitable information to pupils, and national guidance and improvement is needed. The Committee notes that Professor Gordon Donaldson's report on his independent review of curriculum and assessment arrangements in Wales – *Successful Futures* – was published on 25 February 2015 and included reference to the importance of substance misuse education for young people.¹⁴²

Recommendation 4: The Committee recommends that the Welsh Ministers evaluate the implementation of the All Wales School Liaison Core Programme as a matter of urgency, and determine whether it is delivering value for money on the investment made and educating pupils about the harms of NPS. The conclusions of this evaluation should inform the implementation of Professor Gordon Donaldson's recommendations on the review of the curriculum for Wales.

Recommendation 5: The Committee recommends that the Welsh Ministers work with key stakeholders to identify further methods to improve drug education, particularly in relation to NPS, in schools, and to achieve a greater consistency in approach across Wales. The Welsh Ministers should provide guidance to ensure that all those providing drug education in schools are suitably trained and qualified to deliver it.

Parents

98. The need to educate parents about NPS was a key theme that emerged in evidence, with witnesses referring to the fact that the level of knowledge of NPS among the younger generation was superior to that of older generations.¹⁴³ Health board representatives stated that,

¹⁴¹ National Assembly for Wales, Health and Social Care Committee, [\[RoP para 135\]](#), 26 November 2014

¹⁴² Welsh Government, [Successful Futures - Independent Review of Curriculum and Assessment Arrangements in Wales](#), 25 February 2015, pp 44-45

¹⁴³ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 14\]](#), 6 November 2014

in general, parents are not aware of NPS and their harms,¹⁴⁴ and that programmes such as Care for the Family’s “How to drug proof your kids” training days for parents should be promoted and expanded.¹⁴⁵

99. The Angelus Foundation’s evidence to the Committee highlighted the fact that a 2012 survey conducted by “Talk to Frank”¹⁴⁶ showed that 86 per cent of parents had no knowledge of – or had not heard about – NPS or “legal highs”. The Angelus Foundation described this as a “deeply concerning level of ignorance”, particularly given that its research shows that the majority of 11 to 15 year olds (56 per cent) rely on their parents for information on drugs.¹⁴⁷

100. Joanne Davies of Abertawe Bro Morgannwg University Health Board explained that as the public focus tended to be on illegal drugs and alcohol, parents have not been raising the issue of NPS with their children.¹⁴⁸ Efforts to engage parents in addressing the use of NPS were described by the Angelus Foundation as being “a long way short of sufficient”; it argued that more needs to be done to support parents to have informed conversations about NPS with their children in the same way as they would for alcohol and safe sex.¹⁴⁹

101. The importance of engaging parents in addressing NPS use among the younger generation was summarised by Harry Shapiro of DrugScope:

“the role of parents in this is underplayed, in the sense that people imagine, ‘Oh, nobody takes any notice of their parents’, but when they do surveys of young people they find that the general social and emotional values that are inculcated within families do have an impact on young people. Yes, of course, there is peer pressure and all of that that goes on outside the household, but what goes on, in a sense behind closed doors, is very valuable.”¹⁵⁰

¹⁴⁴ National Assembly for Wales, Health and Social Care Committee, [RoP \[paras 202 and 203\]](#), 6 November 2014

¹⁴⁵ *Ibid*, consultation response [LH15 Aneurin Bevan University Health Board](#)

¹⁴⁶ *Talk to Frank* provides a confidential drugs information and helpline service in England. Prior to the creation of Dan 24/, Frank provided services in Wales.

¹⁴⁷ National Assembly for Wales, Health and Social Care Committee, consultation response [LH11 Angelus Foundation](#)

¹⁴⁸ *Ibid*, [RoP \[para 202\]](#), 6 November 2014

¹⁴⁹ *Ibid*, [RoP \[para 14\]](#), 6 November 2014

¹⁵⁰ *Ibid*, [RoP \[para 23\]](#), 6 November 2014

102. Dr Julia Lewis, Consultant Addiction Therapist and Clinical Lead for Addiction at Aneurin Bevan University Health Board, supported the argument that investing resource in parental education provides good value for money. She noted that educating parents delivers “more bang for your buck” in terms of influencing teenagers’ behaviour than educational approaches that target teenagers directly.¹⁵¹

103. As well as highlighting the benefits associated with educating parents about the harms associated with NPS use, evidence submitted to the inquiry also identified some of the challenges. The Angelus Foundation emphasised that parental influence diminishes rapidly after the age of 15, with directly targeted information proving more effective in the later teens.¹⁵² DrugScope also noted that difficulties arise when seeking to engage parents in awareness-raising activities, as they may fear the stigma of their child being perceived as having a drug problem.¹⁵³ It was noted that more targeted, less conspicuous approaches could be a solution to this problem, with information provided in environments, such as the GP surgery, where parents may be more receptive.¹⁵⁴

The Welsh Minister’s view

104. The Minister expressed his interest in this element of the inquiry and noted:

“this is one of those areas where I think the committee’s report and the work that the committee has done is especially helpful, because it is not an area where anyone feels that they have a set of pre-prepared policies that you know you can apply in the area [...] If the question is whether we could do more, and whether we should be thinking sharper about how we can help parents to be well prepared in this area, I am sure that the answer is ‘yes’.”¹⁵⁵

The Committee’s view

105. The evidence submitted to this inquiry is clear: parents lack awareness of NPS. The Committee believes that this should be rectified

¹⁵¹ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 197\]](#), 6 November 2014

¹⁵² Ibid, [RoP \[para 25\]](#), 6 November 2014

¹⁵³ Ibid, [RoP \[para 20\]](#), 6 November 2014

¹⁵⁴ Ibid, [RoP \[para 20\]](#), 6 November 2014

¹⁵⁵ Ibid, [\[RoP para 137\]](#), 26 November 2014

as a matter of priority in order to enable parents to support their children to make informed decisions about the risks associated with NPS use.

Recommendation 6: The Committee recommends that the Welsh Ministers consider undertaking an awareness-raising campaign about NPS and their harms that is targeted specifically at parents. This campaign should focus on enabling parents to have open conversations about the risks associated with NPS use and to provide accurate information to their children to enable them to make informed choices.

Recommendation 7: The Committee recommends that the Welsh Ministers work with specialists in the substance misuse field to develop relevant and appropriate literature about NPS for parents, and encourage all schools in Wales to provide this information to their pupils' parents.

Recommendations 8: The Committee recommends that the Welsh Ministers trial training opportunities for parents, such as Care for the Family's "How to drug proof your kids" programme. The trials should be evaluated before a more comprehensive programme of training for parents is rolled-out.

Professionals

106. Evidence received, including from the Committee's focus group discussions, indicated that teachers, youth workers, health and social care professionals, and those working in the criminal justice system, are often insufficiently trained or equipped to:

- raise awareness of NPS;
- recognise that NPS have been used; and/or
- know how to react appropriately to an individual who has taken NPS.¹⁵⁶

¹⁵⁶ National Assembly for Wales, Health and Social Care Committee, consultation responses [LH05 The Police Federation of England and Wales](#), [LH07 Drugstraining.com](#), [LH10 Royal College of Psychiatrists in Wales](#), [LH14 Abertawe Bro Morgannwg University Health Board](#), [LH15 Aneurin Bevan University Health Board](#), [LH17 Public Health Wales](#) and [LH21 Gwent Police and Crime Commissioner, Note of focus group discussions](#), 2 October 2014, paras 8 and 10

107. Abertawe Bro Morgannwg University Health Board noted a “marked lack of awareness” of NPS among professionals,¹⁵⁷ and Aneurin Bevan University Health Board discussed the need for further training on NPS for social workers, GPs, practice nurses and A&E staff among others. Aneurin Bevan noted that police-supported training is due to be offered to these professions in its area shortly.¹⁵⁸ DrugScope stated that GP training is only very peripheral on substance misuse, and that:

“professionals at all levels are not particularly well-informed about drug issues, and least of all are they probably well-informed about NPS.”¹⁵⁹

108. Referring to the results of the Committee’s survey, which stated that 21 per cent of respondents had learnt about NPS through school, participants in the Committee’s focus group discussions suggested that significant work was needed to ensure that teachers are given appropriate training. Focus group participants, many of whom were front-line workers themselves, emphasised the need to include training on NPS as part of their continuous professional development.¹⁶⁰

109. In relation to criminal justice, it was suggested that further work was needed to train police officers,¹⁶¹ probation staff, and the prison workforce, about NPS and their harms.¹⁶² Paul Roberts, representing HMI Prisons, noted that NPS training for prison staff is:

“incredibly variable, and a lot of it would depend on the extent to which the in-prison drugs team is aware and the time and resources staff have to then pass on that information to the rest of the prison staff team. Taking staff out of daily duties and putting them in classrooms to give them training is an increasing problem for prison governors [...] Probation, I would say, is probably even further behind, in terms of the ability to release staff for training.”¹⁶³

¹⁵⁷ National Assembly for Wales, Health and Social Care Committee, consultation response [LH14 Abertawe Bro Morgannwg University Health Board](#)

¹⁵⁸ Ibid, consultation response [LH15 Aneurin Bevan University Health Board](#),

¹⁵⁹ Ibid, [RoP \[para 48\]](#), 6 November 2014

¹⁶⁰ Ibid, [Note of focus group discussions, 2 October 2014](#), paras 8 and 10

¹⁶¹ Ibid, consultation response [LH07 Drugstraining.com](#)

¹⁶² Ibid, [RoP \[paras 138 and 139\]](#), 12 November 2014

¹⁶³ Ibid, [RoP \[paras 138 and 139\]](#), 12 November 2014

The Welsh Minister's view

110. The Minister stated that the Welsh Government has taken a number of steps in recent years to ensure that the substance misuse workforce is equipped to respond to the threat posed by NPS. These steps have included:

- the development of a training programme for substance misuse professionals to increase their awareness of: NPS and their harms; current NPS trends, including information about new substances entering the market and their composition; and how best to work with clients using these substances;
- the development of a range of nationally developed leaflets, posters and workbooks to assist those working with individuals who are using NPS;
- supporting a national conference in March 2013, attended by professionals and service users, which focused on the use of NPS and sought to raise the profile of NPS and their risks within substance misuse community; and
- supporting the police, financially and operationally, to tackle organised crime groups and to raise awareness among police, fire, ambulance, local authority and prison staff of the risks associated with NPS.¹⁶⁴

111. The Minister acknowledged the importance of ensuring that front-line staff are equipped adequately to have informed conversations with those using – or contemplating using – NPS, particularly young people:

“You need to have conversations that are properly informed and non-alarmist, but honest about the risk that someone will be taking if they were to move from being a contemplator to an active user. That is a skilled thing, and you have to prepare that wide range of professional workers who might have an opportunity to have that sort of conversation with a young person, to be able to have it in the right way. Do it wrong, even

¹⁶⁴National Assembly for Wales, Health and Social Care Committee, [HSC\(4\)-29-14 Paper 2 Evidence from the Minister for Health and Social Services](#), 26 November 2014

with the best of intentions, and you might end up making things worse, not better.”¹⁶⁵

The Committee’s view

112. The Committee notes the steps taken to date to raise the awareness of NPS among the wide range of front-line staff who may encounter their use during the course of their work. However, the Committee is concerned that the evidence submitted to this inquiry paints a general picture of low awareness of NPS, their risks, and their detection, among professionals who have to deal with the consequences of their use.

113. The Committee concludes that further training is required for professionals across a range of fields including education, health, social care and criminal justice, to improve the identification of NPS use and referral to support. The Committee believes that training should be given as a matter of priority to health service staff as they are the most likely to come into contact with NPS users in emergency situations.

Recommendation 9: The Committee recommends that the Welsh Ministers roll out a national training programme on NPS for public-facing staff. This should be trialled in the first instance within NHS Wales.

¹⁶⁵ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 124\]](#), 26 November 2014

5. Public service capacity

114. The capacity of public services to raise awareness of the harms associated with NPS use and to deal with its impact effectively was explored during the course of this inquiry. While some witnesses highlighted the effect of resource constraints on services' capacity to meet the challenges posed by NPS use,¹⁶⁶ others emphasised that it was the nature of the services offered as opposed to their capacity that needed to be addressed.¹⁶⁷

115. It was also noted that:

- the relatively low level of awareness of NPS among public service professionals, explored in more detail in the previous chapter, influenced public services' ability to provide effective and high-quality support;¹⁶⁸ and
- the lack of information on patterns of NPS use and prevalence, discussed in chapter 2, hampers the ability of services to plan and respond.¹⁶⁹

Health

116. Mixed views were expressed about the capacity of health services in Wales to address the challenges posed by NPS use. DrugScope and the Royal College of Psychiatrists in Wales noted their concerns about the general capacity of substance misuse services to deliver support for the emerging population of NPS users while maintaining existing provision for those with dependencies on substances such as opiates, alcohol, and over-the-counter and prescription medicines.¹⁷⁰

117. In contrast, both Public Health Wales and Turning Point stated that substance misuse services could cope with current referral

¹⁶⁶ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 328\]](#), 6 November 2014, [RoP \[paras 48 and 91\]](#), 12 November 2014, and consultation responses [LH06 Welsh Heads of Trading Standards](#) and [Welsh Local Government Association](#)

¹⁶⁷ Ibid, consultation response [LH17 Public Health Wales](#), and [HSC\(4\)-29-14 Paper 2 Evidence from the Minister for Health and Social Services](#), 26 November 2014

¹⁶⁸ Ibid, [Note of focus group discussions](#), 2 October 2014 para 16

¹⁶⁹ Ibid, consultation response [LH15 Aneurin Bevan University Health Board](#) and [Note of focus group discussions](#), 2 October 2014, para 21

¹⁷⁰ Ibid, [RoP \[para 51\]](#), 6 November 2014 and consultation response [LH10 Royal College of Psychiatrists in Wales](#)

rates.¹⁷¹ Turning Point noted, however, that capacity currently exists because the number of NPS referrals for substance misuse is low. It warned of the difficulties associated with predicting the future impact of NPS on services' capacity given the limited availability of data about the prevalence of NPS use.¹⁷²

118. Participants in the Committee's focus group discussions noted that the availability of services to deal with NPS use in Wales was varied, with rural areas tending to lack capacity when compared with urban areas. Participants also argued that a lack of awareness of, and training in relation to, NPS among relevant professionals impacted on the capacity and quality of services. It was suggested that this was most visible among front-line emergency services such as the police and accident and emergency staff, both of which were said to be struggling to identify NPS users and refer them to relevant services.¹⁷³

Adapting substance misuse services

119. According to Public Health Wales, the primary issue faced by substance misuse services in Wales is not one of capacity but one of ensuring that a range of services are offered locally for substance misusers.¹⁷⁴ A strong theme that emerged in evidence was the need for substance misuse services, traditionally focused on opiate users, to adapt to meet the needs of NPS users more effectively.

120. Evidence submitted to the Committee suggested that the number of NPS users accessing treatment services was not high, even though NPS use is increasing.¹⁷⁵ A number of witnesses attributed this to services' tendency to focus on "traditional" substances such as heroin.¹⁷⁶ Aneurin Bevan University Health Board explained:

“many recreational NPS users would not consider themselves ‘substance misusers’ and would certainly not approach

¹⁷¹ National Assembly for Wales, Health and Social Care Committee, consultation responses [LH04 Turning Point](#) and [LH17 Public Health Wales](#)

¹⁷² Ibid, consultation response [LH04 Turning Point](#)

¹⁷³ Ibid, [Note of focus group discussions](#), 2 October 2014, paras 14 and 16

¹⁷⁴ Ibid, consultation response [LH17 Public Health Wales](#)

¹⁷⁵ Ibid, consultation responses [LH15 Aneurin Bevan University Health Board](#) and [LH17 Public Health Wales](#)

¹⁷⁶ Ibid, consultation responses [LH15 Aneurin Bevan University Health Board](#), [LH17 Public Health Wales](#), [LH20 Hywel Dda University Health Board](#) and [RoP \[para 222\]](#), 6 November 2014

traditional services that they may see as associated with users of ‘hard drugs’.¹⁷⁷

121. Participants in the Committee’s focus group discussions explained that there was often stigma attached to visiting substance misuse services, as they tended to be associated with heroin addicts. They felt that drug support services should be integrated with other support services, where possible, to reduce this feeling of stigma.¹⁷⁸ It was suggested that co-locating substance misuse services with other healthcare services could address this issue and result in better engagement from NPS users.¹⁷⁹

122. In addition to integrating health and substance misuse services to encourage greater engagement by users, a number of other possible changes to services were suggested. These included:

- adopting a community outreach approach to service provision in order to reach those users who do not engage with more traditional support services;¹⁸⁰
- providing early intervention, with a “harm reduction” focus;¹⁸¹
- providing “drop in clinics”, or satellite services within general practices, for those who wish to discuss health issues, including matters relating to NPS.¹⁸² Some focus group participants suggested that consideration should be given to adopting an approach trialled in England, where “club clinics” have been located NPS “hotspots” in nightclubs, allowing users to access support more easily;¹⁸³
- working with youth services to provide support to younger NPS users;¹⁸⁴ and
- extending service opening hours, to ensure that they are sufficiently flexible to react to a culture of 24/7 substance misuse.¹⁸⁵

¹⁷⁷ National Assembly for Wales, Health and Social Care Committee, consultation response [LH15 Aneurin Bevan University Health Board](#)

¹⁷⁸ Ibid, [Note of focus group discussions](#), 2 October 2014 para 43

¹⁷⁹ Ibid, [RoP \[para 231\]](#), 6 November 2014

¹⁸⁰ Ibid, [RoP \[para 43\]](#), 6 November 2014 and consultation response [LH20 Hywel Dda University Health Board](#)

¹⁸¹ Ibid, [RoP \[para 223\]](#), 6 November 2014

¹⁸² Ibid, consultation responses [LH04 Turning Point](#) and [LH15 Aneurin Bevan University Health Board](#)

¹⁸³ Ibid, [Note of focus group discussions](#), 2 October 2014 para 38

¹⁸⁴ Ibid, [RoP \[para 43\]](#), 6 November 2014

123. Police and health board representatives also advocated the development of user-led and peer-to-peer techniques within services that seek to raise awareness of NPS and support users.¹⁸⁶ There was general support for this suggestion however DrugScope warned that, although ex-users provide a wealth of experience and empathy, it is important that they are trained properly before embarking on a support or awareness-raising role:

“it is absolutely crucial that people, who often want to give something back to the services that have helped them and who have a great deal to offer, are also properly trained and have proper experience [...] services also need to have good representation from clinical and primary care staff as well—NHS staff, consultant psychiatrists and so on. [...] it is important in any drug treatment service to have a balance between those people who have gone through a long and rigorous professional training process and people who have a lot to offer through their experience but who also need to be properly trained as well.”¹⁸⁷

124. Health board representatives emphasised that a revised commissioning and performance management framework would need to be considered to support the changes suggested to substance misuse services:

“the way that services are commissioned—very traditionally as opiate prescribing services—will need to change in order to be flexible enough to deal with [NPS use], and maybe we even need to think of the way in which we performance manage services, because it may be that our current performance management framework suits the very prescribed treatment of an opiate user moving through a series of stages but would not suit people who might need to dip in and out and have more of a harm-reduction approach.”¹⁸⁸

¹⁸⁵ National Assembly for Wales, Health and Social Care Committee, [Note of focus group discussions, 2 October 2014](#), para 20

¹⁸⁶ Ibid, [RoP \[para 12\]](#), 12 November 2014 and consultation response [LH20 Hywel Dda University Health Board](#)

¹⁸⁷ Ibid, [RoP \[para 56\]](#), 6 November 2014

¹⁸⁸ Ibid, [RoP \[para 213\]](#), 6 November 2014

Local government

125. Written evidence submitted by the Welsh Local Government Association focused on the role of trading standards officers. It stated that cuts of 30 per cent to trading standards teams has resulted in their services being reactive rather than proactive in nature.¹⁸⁹ This was reiterated by the Welsh Heads of Trading Standards' written evidence which said:

“With ever reducing budgets across government agencies and in particular local authority Trading Standards Services, the capacity of services to deal with the impact of NPS's and raise awareness is depleting [...] there is no capacity to deal with the mater in a comprehensive manner.”¹⁹⁰

126. Participants in the Committee's focus group discussions also highlighted the need to adequately resource trading standards teams.¹⁹¹

127. Giving oral evidence, Angela Cronin, Bridgend Youth Service's Development Worker for Health and Wellbeing, referred to limited capacity within youth services as a result of budget constraints:

“I am one of three [...] and when we have 16 schools all asking for the same thing, it is very difficult to get around all of the schools. With the cutbacks coming as well, I don't know whether I will still have a job by April, so these are challenges that would need to be addressed.”¹⁹²

Criminal justice

128. Police representatives emphasised the impact of resource constraints on the ability of officers to tackle matters relating to the supply of NPS and their impact. The Police Federation of England and Wales stated that, since 2010, there has been a reduction of 800 police officers in Wales. It was noted that this has forced the police to

¹⁸⁹ National Assembly for Wales, Health and Social Care Committee, consultation response [LH08 Welsh Local Government Association](#)

¹⁹⁰ Ibid, consultation response [LH06 Welsh Heads of Trading Standards](#)

¹⁹¹ Ibid, [Note of focus group discussions](#), 2 October 2014, para 31

¹⁹² Ibid, [RoP \[para 328\]](#), 6 November 2014

prioritise activity, meaning that information or intelligence they receive relating to NPS or illegal substances might not always lead to action.¹⁹³

129. Evidence received from HMI Prisons also referred to the impact of capacity constraints within the prison service. Paul Roberts, representing HMI Prisons, explained:

“The big struggle for prison governors really is that, in the current climate of reduced staff numbers, you cannot search prison cells as often as you would like to, you cannot search the visitors as often as you would like to, and you cannot do all those other things that create an environment within which drugs cannot easily be procured.”¹⁹⁴

130. The Angelus Foundation noted:

“When you have reduced prison officer numbers, it does not take a genius to work out that it [NPS use] is going to be a big security issue.”¹⁹⁵

131. Paul Roberts went on to note that staffing shortages in the prison and probation services also act as a barrier to ensuring that those working in both fields are trained adequately about NPS and their harms:

“I know that HMP Swansea was shipping staff to English prisons on detached duty to try to fill gaps, to shift staff around the prison system where there are shortages. So, given those necessities, the idea of taking people out of daily work to do suitable training is really difficult [...] We are constantly seeing that the probation officers who work in prisons in the resettlement teams are under a huge burden of stress, with many, many cases running into backlog, and pre-release planning not happening properly. So, in terms of taking them out of the workplace and training them, it is almost impossible.”¹⁹⁶

¹⁹³ National Assembly for Wales, Health and Social Care Committee, [RoP \[paras 48 and 91\]](#), 12 November 2014

¹⁹⁴ Ibid, [RoP \[para 126\]](#), 12 November 2014

¹⁹⁵ Ibid, [RoP \[para 60\]](#), 6 November 2014

¹⁹⁶ Ibid, [RoP \[para 138 and 139\]](#), 12 November 2014

“Whole prison” approach to substance misuse

132. HMI Prisons called for a strategically coordinated, “whole prison” approach to tackling the new threats posed by NPS use to the custodial system. Its written evidence described a “whole prison” approach as one in which there is a clear strategy that recognises the principle that drugs have the potential to affect nearly every aspect of prison life. It explained that the approach would need to include the following core elements:

- supply reduction: stopping drugs getting into prison;
- demand reduction: treatment for drug users and a focus on increasing prisoners’ general wellbeing so that they do not turn to NPS and other substances during their sentence; and
- harm reduction: up-to-date, accurate and effective drugs awareness and education that equips staff and prisoners to deal with situations relating to NPS use and make informed choices about their own behaviour.¹⁹⁷

Coordination across services

133. Participants in the Committee’s focus group discussions noted that greater coordination of services and joint working is required to improve the quality and efficacy of local services’ work in relation to NPS. While it was emphasised that pockets of good practice exist, and that information sharing is improving between agencies (for example between some police forces and charities), some participants thought that public services, in some cases, were either reluctant to work together or found it too difficult to do so.¹⁹⁸

134. While examples of collaborative work, for example the work of local Substance Misuse Area Planning Boards and the South Wales NPS steering group, were cited,¹⁹⁹ some witnesses described the approach taken by public authorities as “fractured” and in need of greater coordination and sharing of resource and expertise.²⁰⁰ Evidence

¹⁹⁷ National Assembly for Wales, Health and Social Care Committee, consultation response [LH18 Her Majesty's Inspectorate of Prisons](#)

¹⁹⁸ Ibid, [Note of focus group discussions, 2 October 2014](#), para 20

¹⁹⁹ Ibid, [RoP \[paras 301 and 339\]](#), 6 November 2014 and consultation response [LH01 South Wales Police](#)

²⁰⁰ Ibid, [RoP \[paras 316, 318, 319, and 324\]](#), 6 November 2014 and consultation responses [LH03 The British Psychological Society](#) and [LH06 Welsh Heads of Trading Standards](#)

provided by the Police Federation of England and Wales summarised the consensus among witnesses:

“to combat the increase of usage of NPS requires a multi-agency approach from not only the police, but trading standards, local authority, education and health boards.”²⁰¹

135. The Royal College of Psychiatrists in Wales noted that the varied nature of NPS cases means that it is crucial that links between non-specialist and specialist health services are improved. It suggested that this could be achieved by increasing the liaison role of addiction specialists within the various healthcare services a NPS user may access.²⁰²

136. It was noted by the Association of Chief Trading Standards Officers and focus group participants that the lack of an evidence base and robust data about the prevalence of NPS use is a barrier to services’ ability to plan a coordinated response.²⁰³

The Welsh Minister’s view

137. The Minister acknowledged in his evidence that the majority of NPS users will not present to specialist treatment services as currently configured.²⁰⁴ He noted:

“The emergence of these NPS, combined with a gradual decrease in substances such as heroin over a period of time, has presented substance misuse agencies with a challenge to adapt to the changing needs of drug users. The Welsh Government’s view is that the key issue for front line agencies is about the range of services provided and not necessarily capacity.”²⁰⁵

138. The Minister went on to emphasise that support services must remain agile so that they can respond to rapidly changing substance trends and accommodate the demands of new and emerging patterns of drug use. Nevertheless, he also emphasised the importance of

²⁰¹ National Assembly for Wales, Health and Social Care Committee, consultation response [LH05 The Police Federation of England and Wales](#)

²⁰² Ibid, consultation response [LH10 Royal College of Psychiatrists in Wales](#)

²⁰³ Ibid, [RoP \[para 324\]](#), 6 November 2014 and [Note of focus group discussions](#), 2 October 2014, para 21

²⁰⁴ Ibid, [HSC\(4\)-29-14 Paper 2 Evidence from the Minister for Health and Social Services](#), 26 November 2014

²⁰⁵ Ibid

ensuring that core support services available for opiate, cannabis and alcohol users are not “derailed” or “distorted” by the latest drug trend, which may or may not endure.²⁰⁶

139. With regard to the coordination of services, the Minister noted that there are good links between the police and health service at a strategic level, but that more could be done at an operational level. He acknowledged that work is needed to ensure on-going liaison between health, police, youth and housing services:

“I think that we have the right structures in Wales through the area panels. I think that we have some good liaison at local level. I am quite sure that it does not work in the way that we would like it to everywhere and that it is a topic that you just have to keep working away at. You have to keep, all the time, trying to make sure that you animate the local fora that are there to get the people you need to be sharing information, thinking of new ways of responding to problems as they see them on the ground. I am sure that there is always more that could be done to make that more effective.”²⁰⁷

The Home Office’s view

140. When asked about the capacity of non-devolved public services such as the prison service, trading standards and others, to deal with the impact of NPS, Home Office officials acknowledged that the “toolkit” at the disposal of those services was “incomplete”, “unsustainable” and not designed for the purpose of tackling NPS.²⁰⁸ Officials emphasised, however, that proposals to modify the legislative framework in order to address NPS more effectively (discussed in more detail in the next chapter) could help release capacity within services by removing the resource-intensive work of enforcing a patchwork of legislation that is not designed for the purpose of tackling NPS.²⁰⁹

141. Home Office officials noted that Ireland has adopted a proactive programme of engagement to explain its NPS legislation and its implications, and to make it clear that failure to comply with those orders is a criminal offence. They explained that this has led to

²⁰⁶ National Assembly for Wales, Health and Social Care Committee, [RoP \[paras 149 and 151\]](#), 26 November 2014

²⁰⁷ Ibid, [RoP \[para 158\]](#), 26 November 2014

²⁰⁸ Ibid, [RoP \[para 74\]](#), 15 January 2015

²⁰⁹ Ibid, [RoP \[para 76\]](#), 15 January 2015

significant patterns of compliance, with almost all “head shops” and Irish domain-name websites selling NPS closing. They noted that many had closed as a consequence of proactive compliance on the part of suppliers, rather than as a result of enforcement activity.²¹⁰

The Committee’s view

142. In the current economic climate it is clear that additional resource to increase the capacity of local services to deal with the emerging use of NPS will be limited at best. Nevertheless, evidence received from public service representatives about the impact of capacity constraints on their ability to handle the health and social impacts of NPS use is a matter of concern to the Committee. The evidence suggesting that NPS use is both under-reported and increasing in prevalence heightens this concern.

143. A strong case has been made for substance misuse support services to adapt to meet the needs of NPS users and support early intervention. The Committee agrees with the Minister that core services for opiate, cannabis and alcohol misuse need to remain in place, however it believes that the suggested methods for making services more accessible and engaging for NPS users could benefit the wider spectrum of substances users.

Recommendation 10: The Committee recommends that the Welsh Ministers work with health boards and other relevant public services to identify the steps that need to be taken to adapt substance misuse support services to meet the needs to NPS users and support early intervention. This work should include:

- considering a revision to the commissioning and performance management framework for support services; and**
- increasing the provision of drop in services and co-location with other services.**

144. The Committee endorses HMI Prisons’ view that a “whole prison” approach is required to address substance misuse in Welsh prisons adequately. The Committee was concerned at the evidence provided to this inquiry about the prevalence of substance misuse, including NPS, in the prison population. It was particularly concerned to hear

²¹⁰ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 76\]](#), 15 January 2015

anecdotal suggestions that prisons had acted as a gateway to NPS use by some of those users and former users visited during the course of the inquiry. This theme will be considered in further detail as part of the Committee's inquiry into alcohol and substance misuse.

Recommendation 11: The Committee recommends that the Welsh Ministers work with the Home Office to develop a strategy that enables Welsh prisons to deal effectively with the anticipated increase in NPS use among prisoners within the Welsh prison estate. This strategy should include:

- an analysis of lessons learnt from experiences in English prisons; and**
- details of the steps that will be taken to provide targeted information and training for prisoners and prison staff respectively.**

145. Although pockets of good practice in relation to coordination across public services were cited during the course of the inquiry, the Committee believes that more could be done to improve joint working and the sharing of good practice and expertise. The resource constraints facing local services serves only strengthen the need for local services to cooperate and collaborate.

Recommendation 12: The Committee recommends that the Welsh Ministers set out their expectations for coordination between sectors, including health, social care, and local authorities, to tackle NPS use and its harms. This statement of expectation should be accompanied by a timetable for reviewing progress and performance. The Committee recommends that the Welsh Ministers work in partnership with UK Ministers to ensure that this coordinated approach includes the criminal justice sector.

6. Legislative approaches and enforcement

146. There was a general consensus in the evidence received that current legislative approaches are unclear, inadequate and too inflexible to address the changing nature of – and market for – NPS.²¹¹ It was noted that the recent work on NPS commissioned by the Home Office, and the UK Government’s response to it, illustrated the weaknesses of the current legislative and enforcement landscape in relation to NPS in the UK. The on-going and wide-ranging debate about the efficacy of criminalising substances – including NPS – also arose in evidence, as did examples of how other countries have sought to address the increase in the prevalence of NPS. A number of participants also emphasised the importance of not relying on legislative levers alone to tackle the use of NPS.²¹²

Keeping pace with changes to new psychoactive substances

147. A key theme that emerged during the inquiry was the difficulty faced by the legal framework when trying to keep up to speed with changes to the composition of NPS available on the market. In written evidence, the Police Federation of England and Wales stated:

“...the alteration of NPS compounds (i.e. their actual chemical make-up) can be rapid, as those engaged in ‘organised crime’ need to evade detection. Albeit The Misuse of Drugs Act 1971 has been amended to allow Temporary Class Drug Orders to be made - and that this goes some way to alleviate the issue, in reality it does not (with the exception of the possession offence) keep up-to-speed or in-step with the ‘changing science’ of NPS production.”²¹³

148. Witnesses, including the British Psychological Society and Welsh Heads of Trading Standards, referred to the ability of manufacturers to remain one step ahead of the law by reformulating substances so that they are not classified illegal.²¹⁴ A number of focus group participants

²¹¹ National Assembly for Wales, Health and Social Care Committee, consultation responses [LH17 Public Health Wales](#) and [LH06 Welsh Heads of Trading Standards](#)

²¹² Ibid, [Note of focus group discussions](#), 2 October 2014, para 28

²¹³ Ibid, consultation response [LH05 Police Federation of England and Wales](#)

²¹⁴ Ibid, consultation responses [LH03 The British Psychological Society](#) and [LH06 Welsh Heads of Trading Standards](#)

echoed the view that the legislative framework was failing to keep up with changing trends in the use and supply of these substances.²¹⁵

Criminalisation and the efficacy of a ban

149. The Committee heard a broad spectrum of views on the criminalisation of NPS, ranging from those in favour of an open debate on the potential decriminalisation of all illegal substances²¹⁶ to those who called for an outright ban on the use of NPS.²¹⁷ Others argued for the introduction of a ban on the supply of NPS, rather than on their use.²¹⁸

Ban on the supply of NPS

150. Evidence received in support of an outright ban on the sale of NPS cited the fact that the current ‘substance to substance’ ban is ineffective and poses significant enforcement challenges. Wales Heads of Trading Standards stated that under current arrangements, manufacturers remain one-step ahead, reformulating products to circumvent the law. Its evidence went on to argue that an outright ban on the sale of NPS would help to convey the message to the public that NPS are neither legal nor safe, and would prevent circumvention by product reformulation.²¹⁹

151. DrugScope, police representatives and representatives from local government supported the suggestion that high street retail outlets, including so-called “head shops”, should be banned from supplying NPS.²²⁰ DrugScope noted that they believed this would help discourage casual and curious purchases in particular.²²¹

152. However, a number of witnesses expressed concerns about banning the supply of NPS. The British Psychological Society stated:

²¹⁵ National Assembly for Wales, Health and Social Care Committee, [Note of focus group discussions](#), 2 October 2014, para 28

²¹⁶ Ibid, consultation response [LH14 Abertawe Bro Morgannwg University Health Board](#)

²¹⁷ Ibid, consultation response [LH06 Welsh Heads of Trading Standards](#)

²¹⁸ Ibid, consultation response [LH11 Angelus Foundation](#)

²¹⁹ Ibid, consultation response [LH06 Welsh Heads of Trading Standards](#)

²²⁰ Ibid, [RoP \[paras 62 and 283\]](#), 6 November 2014 and [RoP \[para 78\]](#), 12 November 2014

²²¹ Ibid, [RoP \[para 62\]](#), 6 November 2014

“there are risks associated with a complete ban in that users will be driven away from the more visible sellers into an illegal market.”²²²

153. Dr Julia Lewis, Consultant Addiction Psychiatrist and Clinical Lead for Addiction at Aneurin Bevan University Health Board, noted:

“If you make them [NPS] illegal, people will still try to get hold of them, and it will go to the illegal dealers. The illegal dealers will then have more on offer that they will want to entice people into using. That would be a concern.”²²³

154. These concerns were echoed in written evidence by Abertawe Bro Morgannwg University Health Board who stated that “the response of making new and emerging substances illegal will lead to further and continued attempts to circumvent the prohibition”.²²⁴ Participants in the focus groups also raised concerns that, like in the case of mephedrone, a ban on NPS may drive their sale and use underground, doing little to address the challenge of reaching those who need help and support to stop using.²²⁵ UKChemicalResearch suggested that such a ban could encourage the bulk buying of NPS, leading to higher dosage and more frequent use.²²⁶

155. DrugScope and police and local government representatives noted that banning the high-street supply of NPS could lead to users purchasing NPS online, or directly from street dealers and/or friends.²²⁷ Written evidence from TARIAN noted that available data suggests that, at ‘user level’, most consumers purchase NPS through friends or traditional ‘dealing’ networks.²²⁸

156. Responding to questions regarding the efficacy of a similar ban in relation to mephedrone in 2010, Detective Chief Inspector Gary Phillips stated that:

²²² National Assembly for Wales, Health and Social Care Committee, consultation response [LH03 British Psychological Society](#)

²²³ Ibid, [RoP \[para 242\]](#), 6 November 2014, [RoP \[para 57\]](#), 12 November 2014 and consultation response [LH13 DrugScope](#)

²²⁴ Ibid, consultation response [LH14 Abertawe Bro Morgannwg University Health Board](#)

²²⁵ Ibid, [Note of focus group discussions, 2 October 2014](#), para 30

²²⁶ Ibid, consultation response [LH09 UKChemicalResearch](#)

²²⁷ Ibid, [RoP \[para 267\]](#), 6 November 2014

²²⁸ Ibid, consultation response [LH19 TARIAN \(the Southern Wales Regional Organised Crime Unit\)](#)

“Intelligence suggest that it [mephedrone use] is still there and everything suggests that it is still happening, so I do not think that [criminalisation] has taken away its use, to be honest.”²²⁹

157. Participants in the south Wales focus group attested to this, noting that the recent criminalisation of mephedrone had had little effect on end-user demand in their area as the substance was highly entrenched. They noted that the main effect of the drug’s classification had been to drive its sale underground and to raise the cost of acquiring it.²³⁰

Criminalisation of NPS use

158. Little evidence in support of criminalising the use of NPS emerged during the course of the inquiry. Participants in the Committee’s focus group discussions argued it would be futile to ban their use, as it would create a criminal class overnight that would stretch police capacity beyond its limits.²³¹ SANDS told the Committee that the criminal records and/or custodial sentences that would arise as a result of criminalising NPS could limit users’ future prospects and recovery.²³²

159. In relation to the availability of NPS in prisons, HMI Prisons noted that criminalisation of NPS would have little effect in terms of being a deterrent as illegal drugs get in to prison at the moment. It was noted, however, that classifying NPS as illegal would strengthen prison authorities’ ability to adjudicate against any prisoner found to be using NPS.²³³

Focusing on harm reduction

160. Public Health Wales summarised the views of a number of witnesses²³⁴ who emphasised the importance of not relying on legislative levers alone to address the issue of NPS use:

²²⁹ National Assembly for Wales, Health and Social Care Committee, [RoP \[para. 59\]](#), 12 November 2014

²³⁰ Ibid, [Note of focus group discussions](#), 2 October 2014, para 29

²³¹ Ibid, [Note of focus group discussions](#), 2 October 2014, para 28

²³² Ibid, [RoP \[para 240\]](#), 6 November 2014

²³³ Ibid, [RoP \[paras 146 and 148\]](#), 12 November 2014

²³⁴ Ibid, [LH 14 Abertawe Bro Morgannwg University Health Board; Note of focus group discussions](#), 2 October 2014, para 28

“a harm reduction and health-centred approach is likely to be more effective than one based on criminal justice [...]The most effective approaches, from a public health perspective, are those that adopt a less punitive and more pragmatic approach, supporting those who are using or considering use of NPS. The emphasis needs to be on the provision of accurate, timely and credible information, proactive engagement through relevant media, psychosocial interventions and low threshold early engagement with specialist substance misuse services.”²³⁵

Home Office review

161. On 30 October 2014 the Home Office released three publications specifically relating to NPS.²³⁶ The evidence received as part of the Home Office reviews discussed a number of international approaches, in particular the cases of New Zealand and Ireland, but also Romania and the USA. The expert panel’s report examined these international approaches and concluded that the Irish model would work best in the UK.²³⁷

162. In its response to the expert panel’s review, the Home Office announced in October 2014 that it would look at the feasibility of introducing a UK-wide ban on the sale of NPS, targeting high street “head shops” and UK domain websites.²³⁸ The approach suggested by the panel is similar to the blanket ban on supply introduced in Ireland, and would provide enforcement agencies with the necessary powers to close down any UK-based retailers (including online retailers) of NPS.

163. The expert panel’s report noted that they had examined the Irish model and, while there has not yet been a formal evaluation of the impact of the legislation, the numbers of clients attending drug treatment services in respect of problematic NPS use has declined since the introduction of the Irish ban under the Criminal Justice (Psychoactive Substances) Act 2010. With regard to “head shops”, it

²³⁵ National Assembly for Wales, Health and Social Care Committee, consultation response [LH17 Public Health Wales](#)

²³⁶ Home Office, [New psychoactive substances review: report of the expert panel](#), October 2014; Home Office, [New psychoactive substances in England: a review of the evidence](#), October 2014; and Home Office, [Response to expert panel report on the new psychoactive substances review](#), October 2014

²³⁷ Ibid, [New psychoactive substances review: report of the expert panel](#), October 2014

²³⁸ Ibid, [Response to expert panel report on the new psychoactive substances review](#), October 2014

was noted that the head shop trade in Ireland has virtually disappeared since the introduction of the Act; it was also noted that, in March 2014, Irish domain web pages selling NPS were not evident.

164. Nevertheless, the report also noted that research remains on-going and that drug support workers have expressed concern about the ban on the supply of NPS leading to displacement to heroin and prescription drugs, as well as the development of an illegal street market in NPS.²³⁹

Developments at EU level

165. In addition to the proposals currently being considered by the UK Government, the Committee sought evidence from the European Commission (EC) about the current EU-level proposals to regulate NPS.²⁴⁰ The EC proposals comprise:

- a Regulation proposed under the EU's competence over internal market functions;²⁴¹ and
- a Directive proposed under the EU's competence on rules concerning the definition of criminal offences and sanctions in the area of illicit drug trafficking.²⁴²

166. The proposed Regulation aims to secure licit uses of NPS while also protecting consumers from harmful substances, through action at EU level to restrict the movement and availability of these substances. The accompanying proposal for a Directive would provide that the current EU criminal law relating to illicit drug trafficking would also apply to NPS.

167. If the proposed Regulation and proposed Directive became binding on the UK as a Member State, EU law would govern NPS in the UK. However, the UK has a derogation in the field of justice and home affairs, which enables it to opt out of certain EU laws. The UK Government announced on 13 January 2014 that it would opt out of

²³⁹ Home Office, [New psychoactive substances review: report of the expert panel](#), October 2014

²⁴⁰ National Assembly for Wales, Health and Social Care Committee, consultation response [LH AI 02 European Commission](#)

²⁴¹ [Proposal for a Regulation of the European Parliament and of the Council on new psychoactive substances, COM\(2013\) 619 final](#)

²⁴² [Proposal for a Directive of the European Parliament and of the Council amending Council Framework Decision 2004/757/JHA of 25 October 2004 laying down the minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking, as regards the definition of drug, COM\(2013\) 618 final](#)

the proposed Regulation and the proposed Directive.²⁴³ Nevertheless, in a letter dated 3 June 2014 the UK Government stated:

“It is too early to speculate what our approach to the Regulation will be upon adoption, as it is clear that the draft Regulation is likely to be subject to significant changes during the negotiation process. We will take a final view about our position in relation to the Regulation once it has been approved.”²⁴⁴

168. However, in its evidence, the European Commission stated that “EU instruments based on Article 114 are applicable in all EU Member States, the Treaty does not foresee possibilities to opt out from their adoption and implementation”.²⁴⁵ As such, in the view of the European Commission, the UK would not be able to opt-out from the proposed Regulation but would not be bound by or subject to the application of the Directive.²⁴⁶

169. The difference of opinion between the UK Government and the EC regarding opting out is down to a difference of opinion on the correct legal basis of the proposed Regulation.²⁴⁷ The UK Government believes the correct legal basis is justice and home affairs (under which the UK can opt out), while the EC believes the correct legal basis is the common market (under which the UK cannot opt out).

170. The Committee understands that negotiations on the proposed Regulations and the proposed Directive are currently on-going. The European Parliament adopted its position in first reading on both proposals in April 2014. However, the Council of the European Union, which brings together the Member State governments, has not yet reached a common position on the draft proposals.²⁴⁸ In its evidence, the Irish Government stated:

²⁴³ UK Government, Norman Baker (The Minister for Crime Prevention), [Cabinet written statement to the House of Commons](#), 13 January 2014

²⁴⁴ UK Government, Norman Baker (The Minister for Crime and Prevention), [Letter to the House of Commons European Scrutiny Committee](#), 3 June 2014

²⁴⁵ National Assembly for Wales, Health and Social Care Committee, consultation response [LH AI 02 European Commission](#)

²⁴⁶ Ibid, consultation response [LH AI 02 European Commission](#)

²⁴⁷ Ibid, [RoP \[para 90\]](#), 15 January 2015

²⁴⁸ Both dossiers can be tracked on the European Parliament’s legislative observatory: [Draft Regulation](#) and [Draft Directive](#)

“Ireland’s key concern, shared by other Member States, is to be able to maintain our national competence to control substances where public health issues demand it.”²⁴⁹

International experiences

171. In both written and oral evidence, a number of witnesses made reference to the example of Ireland and the steps taken by the Irish Government to regulate NPS through the Criminal Justice (Psychoactive Substances) Act 2010. Evidence received from the Irish Government explained that the Act:

“makes it an offence to sell, import, export or advertise unregulated psychoactive substances and works in tandem with the ongoing controlling, as appropriate, of identified harmful substances under the [Irish] Misuse of Drugs legislation.”²⁵⁰

172. A number of witnesses expressed support for the Irish approach to regulating NPS.²⁵¹ Councillor Andrea Lewis, City and County of Swansea, stated:

“it seems to me that the Ireland model is the most successful, with the banning of new psychoactive substances or of emerging psychoactive substances. That would force the regulation of these products so that then they need to meet a regulatory requirement to become legal.”²⁵²

173. During oral evidence, Detective Inspector Richie Jones, representing the Police Federation of England and Wales, also supported the Irish approach, noting:

“legislation that would make it necessary for the supplier to show that it [a substance] is not harmful and that it is legal would be better than what we are currently doing, which is simply playing catch-up.”²⁵³

²⁴⁹ National Assembly for Wales, Health and Social Care Committee, consultation response [LH AI 06 Government of Ireland](#)

²⁵⁰ Ibid, response [LH AI 06 Government of Ireland](#)

²⁵¹ Ibid, consultation response [LH 05 Police Federation of England and Wales](#)

²⁵² Ibid, [RoP \[para 283\]](#), 6 November 2014

²⁵³ Ibid, [RoP \[para. 51\]](#), 12 November 2014

Enforcement

174. The Police Federation of England and Wales stated in its written evidence that police and local authorities lack powers to act decisively to tackle NPS use effectively. It stated:

“We cannot continue on such an ad hoc basis with no messages being conveyed concisely to the public (or sellers) about the illegality of such drugs.”²⁵⁴

175. The Welsh Heads of Trading Standards highlighted the problems with using trading standards legislation to tackle the issue of NPS, noting:

“ultimately, trying to shoe horn selling of NPSs into existing Police or Trading Standards legislation is not satisfactory [...] bespoke legislation is needed to address the problem.”²⁵⁵

176. Richard Webb of the Association of Chief Trading Standards Officers echoed this, stating:

“Every piece of legislation that we are trying to apply has a lot of challenges, which is why it leads to inconsistent and unclear enforcement, and I think that that needs to be recognised [...] The onus at the moment is very much on the enforcement body to prove that the product either is unsafe or is incorrectly labelled, or is not being sold correctly, which is quite a high burden for us.”²⁵⁶

177. Councillor Andrea Lewis of City and County of Swansea also highlighted the difficulties faced by the police and trading standards authorities with regards to enforcement within the current legislative framework:

“I would have to personally give credit to our trading standards department and the police, who have been working collaboratively, but they are restricted: within the legislation, they can only deal with the packaging and things like that. They

²⁵⁴ National Assembly for Wales, Health and Social Care Committee, consultation response [LH05 The Police Federation of England and Wales](#)

²⁵⁵ Ibid, response [LH06 Welsh Heads of Trading Standards](#)

²⁵⁶ Ibid, [RoP \[para. 285\]](#), 6 November 2014

are restricted with regard to the actual product and what is in the product.”²⁵⁷

178. The Welsh Local Government Association acknowledged that the consequence of this is that enforcement “currently falls behind the curve of preventing dangerous new products entering the market place”.²⁵⁸ It was noted, however, that future legislation in relation to NPS may still pose enforcement challenges, particularly given the vast, and potentially hidden, nature of online sales,²⁵⁹ and the evidence discussed in chapter 5 about the capacity constraints faced by police and trading standards.²⁶⁰

Enforcement in prisons

179. HMI Prisons noted:

“under the current legislative framework, prisoners find NPS an attractive alternative to more traditional drugs for a number of reasons related to the lack of detectability and reduced risks of penalties.”²⁶¹

180. Evidence received from the National Offender Management Service (NOMS) suggested that the increase in misuse of NPS such as synthetic cannabinoids may have been caused, at least in part, by:

- the demand for cannabis coupled with effective measures against it such as drug tests and dogs; and
- an absence of such measures to counter the use of NPS.²⁶²

181. Furthermore, NOMS stated that the ability to mandatorily drug test (MDT) prisoners is constrained to testing them only for drugs controlled under the Misuse of Drugs Act 1971. It noted that although an amendment to the Criminal Justice and Courts Bill to overcome this

²⁵⁷ National Assembly for Wales, Health and Social Care Committee, [RoP \[para. 274\]](#), 6 November 2014

²⁵⁸ Ibid, consultation response [LH 08 WLGA](#)

²⁵⁹ Ibid, [RoP \[para 77\]](#), 12 November 2014

²⁶⁰ Ibid, [RoP \[paras 48 and 91\]](#), 12 November 2014 and consultation response [LH06 Welsh Heads of Trading Standards](#)

²⁶¹ Ibid, consultation response [LH 18 HM Inspectorate of Prisons](#)

²⁶² Ibid, consultation response [LH 02 National Offender Management Service](#)

is currently being sought, prisons are legally prevented from MDT testing for non-controlled synthetic cannabinoids currently.²⁶³

182. Since this evidence was provided to the Committee, the Criminal Justice and Courts Bill has received Royal Assent. Section 16 of the Criminal Justice and Courts Act 2015 Act amends the Prison Act 1952 by expanding the definition of drug that a prisoner can be tested for to include a drug that is not controlled under the Misuse of Drugs Act 1971, provided it is specified by the Secretary of State in prison rules. It is a matter for the UK Government to decide when the amendment will come into force; at the time of this report's publication, section 16 was not yet in force.

183. HMI Prisons explained that even if all NPS were classified illegal, the current absence of a usable test for NPS would render the classification academic.²⁶⁴ It was argued that the difficulty detecting NPS use and enforcing disciplinary action as a consequence attracts many prisoners to them. This was reiterated by the ex-users visited by the Committee during the course of the inquiry, who noted that some individuals are consciously switching to NPS instead of classified drugs in order to avoid punishment or breaching rehabilitation requirements on release.²⁶⁵

184. NOMS noted that it was seeking, via secondary legislation, to include non-controlled drugs – including NPS and medication – into “List B” under the Prisons Act 1952. It noted that this would make it a criminal offence to convey them into a prison,²⁶⁶ however, given the capacity constraints facing the prison service highlighted in chapter 5, enforcing any such change to legislation may be a challenge.

The Welsh Minister's view

185. In terms of legislative responses to the issue of NPS, the Minister for Health and Social Services stated in written evidence that legislation and classification of drugs is a matter reserved to the UK Government, and noted that the Welsh Government has not sought further powers in this area.²⁶⁷ Furthermore, the Minister stated that he

²⁶³ National Assembly for Wales, Health and Social Care Committee, consultation response [LH 02 National Offender Management Service](#)

²⁶⁴ Ibid, [RoP \[para 151\]](#), 12 November 2014

²⁶⁵ Ibid, [Note of visits in north and south Wales](#), 2 October 2014, para 11

²⁶⁶ Ibid, consultation response [LH02 National Offender Management Service](#)

²⁶⁷ Ibid, [HSC\(4\)-29-14 Paper 2 Evidence from the Minister for Health and Social Services](#), 26 November 2014

believed there is merit in having a UK-wide approach to the classification of drugs.²⁶⁸

186. In oral evidence, the Minister cited international examples, such as Ireland, where substances are identified as legal, and if they are not on the list of legal substances, they are classified as illegal. This stands in contrast to the current approach in the United Kingdom whereby all substances are legal unless classified as illegal under the Misuse of Drugs Act 1971.²⁶⁹ The Minister said:

“We all have to recognise that there is no single change in the law that simply eliminates the problem. I attended, on behalf of the Welsh Government, the British-Irish Council back in June, where this was a major agenda item. The council was held in Dublin, so it was hosted by the Irish Minister responsible for this law. I think that they are positive about it, but they recognise that if you make things illegal, you shift some of the activity into other parts of the system. So, on street trading, there is a major problem in Ireland with prescription drugs—the misuse of prescription drugs. They are positive about what they have done and they think that it has helped a lot. It does not mean that there is no problem of new psychoactive substances in Ireland. It is just on a different part of the spectrum.”²⁷⁰

187. The Minister went on to note:

“It was absolutely common between all of the different Ministers that a criminalisation approach to new psychoactive substances was not the answer. To criminalise the users would be a step that would not get you to where you wanted to be. The focus has to be on supply and how you deal with the way in which the supply enters the market.”²⁷¹

188. On licensing and enforcement the Minister noted that in the Welsh Government’s Public Health White Paper it has been advocating the transfer of competence to the National Assembly for Wales to allow

²⁶⁸ National Assembly for Wales, Health and Social Care Committee, [HSC\(4\)-29-14 Paper 2 Evidence from the Minister for Health and Social Services](#), 26 November 2014

²⁶⁹ Ibid, [RoP \[para 112\]](#), 26 November 2014

²⁷⁰ Ibid, [RoP \[para 113\]](#), 26 November 2014

²⁷¹ Ibid, [RoP \[para 162\]](#), 26 November 2014

the consideration of public health to be one of the statutory licensing objectives under the Licensing Act 2003. He noted that this would allow, for example, more scope for health data to be used in licensing decision-making. He also stated that it would enable consideration to be given to how public health implications should influence licensing decisions.²⁷²

The Home Office's view

189. Home Office officials confirmed to the Committee that work is underway to develop appropriate legislation to enforce a ban on the supply of NPS. Officials emphasised that although the UK Government's approach is based on the Irish model, consideration is being given to the strength and weaknesses of that system in order to ensure that the legislation is robust, proportionate, enforceable and sustainable.²⁷³

190. Officials acknowledged the risks associated with the proposed ban on supply, including those relating to definitions, legal challenge, and potential unintended consequences such as diversion to other substances, online sales and the involvement of organised crime.²⁷⁴ Dan Greaves, Head of the Home Office's Drug and Alcohol Unit, also acknowledged that a legislative approach alone would be insufficient in tackling NPS use:

“if you take the blanket ban in isolation as your response to NPS, that would have limited effect [...] a balanced approach [is needed], which is not just about supply reduction, but complementing that with proactive tailored prevention work and focused work with the treatment workforce.”²⁷⁵

191. Home Office officials confirmed that discussions about the ban on the supply of NPS had taken place between UK Government and Welsh Government officials, and that ministerial discussions had been held via the British-Irish Council. Officials noted that more active engagement with the Welsh Government on the ban would begin once a clearer understanding of the proposed legislative approach is

²⁷² National Assembly for Wales, Health and Social Care Committee, [HSC\(4\)-29-14 Paper 2 Evidence from the Minister for Health and Social Services](#), 26 November 2014

²⁷³ Ibid, [RoP \[paras 38-39\]](#), 15 January 2015

²⁷⁴ Ibid, [RoP \[para 36\]](#), 15 January 2015

²⁷⁵ Ibid, [RoP \[para 43\]](#), 15 January 2015

established. When asked about the timescales for the introduction of a ban on supply, Home Officials confirmed that legislation would not be introduced before the 2015 UK general election, and that progress in the next parliament would depend on the priorities of the administration.

192. On the issue of European legislation, officials noted that Home Office Ministers have expressed their concerns publicly that the European Commission's proposed Regulation is a "backward step".²⁷⁶ They explained that, in the UK Government's view, the measure could "undermine the UK's well-developed drugs system and, in fact, fetter our ability to implement pre-emptive controls on substances we think propose a risk to public health".²⁷⁷

193. Officials noted that the UK Government would continue to engage closely with the European negotiations and seek to influence the proposal.²⁷⁸

The Committee's view

194. The Committee's inquiry has highlighted the fact that the current legislative framework regulating NPS is inadequate and too inflexible. The bulk of evidence suggests that those involved in the sale and manufacture of NPS are constantly one step ahead of the legislative controls that are currently in place in the UK.

195. The Committee received a breadth of evidence on the issue of a ban, and comparisons with other international examples, most notably Ireland. The Committee believes that options for revising the legislative framework that governs the regulation of NPS should be explored and welcomes the Home Office's expert panel's recommendation that a ban on NPS sales should be considered. The Committee believes that this legislative agenda should be taken forward with pace by the administration elected in the 2015 UK general election, and that a more structured relationship between the Home Office and the Welsh Government is needed to ensure that Welsh interests are reflected in the legislation. The Committee notes that, since taking evidence on this inquiry, the Irish Government has introduced emergency legislation following a decision by the Court of

²⁷⁶ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 87\]](#), 15 January 2015

²⁷⁷ Ibid, [RoP \[para 89\]](#), 15 January 2015

²⁷⁸ Ibid, [RoP \[para 89\]](#), 15 January 2015

Appeal regarding a challenge to the Misuse of Drugs Act 1977.²⁷⁹ The Committee urges the UK Government to consider the issues that have arisen in this case in order to inform the development of any future UK legislation in the field.

196. The Committee emphasises, however, that it also heard that legislation alone is unlikely to solve the problem in its entirety. A continued effort to tackle the problem of street and online sales in particular will be required, even if a legislative ban on the supply of NPS is introduced. Similarly, the capacity challenges identified by a number of relevant public services will also need to be addressed. Finally, the Committee agrees with Public Health Wales and the Minister that criminalising the use of NPS would not be beneficial, and that efforts should focus on harm reduction, support for users, and increasing awareness of NPS.

Recommendation 13: The Committee welcomes the Home Office’s expert panel’s recommendation of a ban on the supply of NPS in the UK, similar to the approach introduced in Ireland. The Committee recommends that the Minister for Health and Social Services work closely with the UK Government elected after the next general election to ensure early action is taken to progress the expert panel’s recommendation. In doing so, the Minister should be mindful of – and emphasise – the evidence submitted to this inquiry which suggests that:

- legislation alone will not solve the problems caused by NPS use in Wales, although it is likely to reduce significantly the sale of NPS in high-street shops; and**
- awareness raising and education would have the greatest impact on reducing the use and associated harms of NPS.**

197. On the issue of the proposed European Directive and Regulations, the Committee notes the continuing uncertainty regarding the likely outcome of negotiations, and the potential impact of the proposals on Wales. In addition to seeking to influence the UK Government’s position as a Member State, the Committee will share its views on NPS with other relevant EU institutions, such as the European Parliament.

²⁷⁹ Irish Government, Department of Health, [Government introduces emergency legislation following Court of Appeal judgment](#), 10 March 2015

Recommendation 14: The Committee recommends that the Minister for Health and Social Services work in partnership with the UK Government, and other devolved administrations, to ensure that Welsh interests are reflected in all future negotiations on the European Commission's proposals relating to NPS.

Annex A – Witnesses

The following witnesses provided oral evidence to the Committee on the dates noted below. [Transcripts of all oral evidence sessions](#) can be viewed on the Committee’s website.

Before collecting its oral evidence for this inquiry, the Committee received a private briefing from Gwent Police on 24 September 2014.

24 September 2014

Detective Chief Inspector Roger Fortey	Gwent Police
Inspector Catherine Hawke	Gwent Police
Sergeant Jennie Tinsley	Gwent Police

Public oral evidence sessions

6 November 2014

Jeremy Sare	Angelus Foundation
Harry Shapiro	DrugScope
Professor Philip Routledge	Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS)
Josephine Smith	Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS)
Dr Quentin Sandifer	Public Health Wales
Joanne Davies	Abertawe Bro Morgannwg University Health Board
Jamie Harris	SANDS Cymru
Nicola John	Cwm Taf University Health Board
Dr Julia Lewis	Aneurin Bevan University Health Board
Dr Jonathan Whelan	Welsh Ambulance Service NHS Trust
Kathryn Peters	Caerphilly County Borough Council
Councillor Andrea Lewis	Swansea Council
Angela Cronin	Bridgend Youth Service
Richard Webb	Oxfordshire County Council
Jackie Garland	Caerphilly County Borough Council

12 November 2014

Detective Chief Inspector Gary Phillips	TARIAN, the Southern Wales Regional Organised Crime Unit
Detective Inspector Richie Jones	Police Federation of England & Wales
Paul Roberts	Her Majesty's Inspectorate of Prisons

26 November 2014

Mark Drakeford AM	Minister for Health and Social Services
Tracey Breheny	Deputy Director of Substance Misuse, Welsh Government
Dr Sarah Watkins	Head of Mental Health & Vulnerable Groups Division/Senior Medical Officer, Welsh Government

15 January 2015

Dan Greaves	Head of Drugs & Alcohol Unit, Home Office
Angela Scrutton	Head of Drug Legislation, Home Office

Annex B – Written evidence

The following people and organisations provided written evidence to the Committee. All [consultation responses](#) and additional written information can be viewed in full on the Committee’s website.

Organisation	Reference
South Wales Police	LH 01
National Offender Management Service	LH 02
The British Psychological Society	LH 03
Turning Point	LH 04
The Police Federation of England and Wales	LH 05
Trading Standards Wales	LH 06
Drugstraining.com	LH 07
Welsh Local Government Association (WLGA)	LH 08
UK Chemical Research	LH 09
Royal College of Psychiatrists in Wales	LH 10
Angelus Foundation	LH 11
North Wales Police	LH 12
DrugScope	LH 13
Abertawe Bro Morgannwg University Health Board	LH 14
Aneurin Bevan University Health Board	LH 15
Betsi Cadwaladr University Health Board	LH 16
Public Health Wales	LH 17
Her Majesty’s Inspectorate of Prisons	LH 18
TARIAN ROCU (the Southern Wales Regional Organised Crime Unit)	LH 19
Hywel Dda University Health Board	LH 20
Welsh Ambulance Services NHS Trust	LH 21
Gwent Police and Crime Commissioner	LH 22

Additional written information was received from the following organisations:

Organisation	Reference
TICTAC	LH AI 01
European Commission	LH AI 02
Association of Chief Trading Standards Officers	LH AI 03
Welsh Government	LH AI 04
PACE (Partners and Communities Engaging)	LH AI 05
Government of Ireland	LH AI 06
Public Health Wales	LH AI 07

Annex C – Engagement activity

To inform the inquiry, the Committee visited Caerphilly, Merthyr Tydfil and Wrexham to speak with service users and providers. The Committee also hosted two focus groups to ensure that those with direct experience of the impact of NPS use were able to share their views. To establish a better understanding of the prevalence of NPS use in Wales and the level of public awareness about NPS, the Committee conducted a public survey during summer 2014.

Notes of the Committee’s activity have been published, and may be accessed via the links below.

Date	Engagement activity
July – September 2014	Survey – Summary note – Summary video
2 October 2014	Visits
2 October 2014	Focus groups