



Talking with your children about

# **New Psychoactive Substances and Club Drugs**

A Handbook for Parents and Carers

A collaboration between Mentor UK and Adfam

# MENTOR

Mentor UK was founded in 1998 and is the UK's leading charity working to prevent the misuse of alcohol and drugs among children and young people. Mentor supports young people in their homes, schools and in the wider community, as well as providing resources, training and specialist support for educators, parents, carers and kinship carers. In October 2016 Mentor merged with Angelus, the only UK charity dedicated to raising awareness of new psychoactive substances (formerly known as 'legal highs').



# ADFAM

Adfam has existed since 1984 as an organisation which works to improve the lives of any family member affected by the drug or alcohol use of a loved one. Adfam carries out good practice projects, works on policy with government and other partners, runs training and develop toolkits and other resources. Adfam produces many publications for families on many aspects of drug and alcohol use. These are available online and are free for family members.



# CONTENTS

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**Introduction by Maryon Stewart**

**Part 1: What are club drugs and NPS?**

**Part 2: New Psychoactive Substances**

How did NPS become popular?

What else is in these drugs?

**Part 3: Know your drugs**

**Part 4: The law**

Drug legislation

Drug classifications

The Psychoactive Substances Act 2016

**Part 5: What you can do as a parent / carer**

**Part 6: Talking about drugs**

**Part 7: Talking about consequences**

**Part 8: Staying safe**

Talking about how to stay safe

Keeping your child healthy

Ways to stay safe

**Contact information**

# MARYON'S INTRODUCTION

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## Maryon Stewart, founder of Angelus

Angelus was created to raise awareness about psychoactive substances and club drugs, helping young people to make well-informed choices and parents to have helpful conversations with their children. In 2016, we merged with the drugs and alcohol prevention charity Mentor UK. We wrote this handbook with Adfam to help families understand how drugs have changed in recent years and how to stay safe from their harms.

If you have found out that your child is using drugs or are concerned they might be, then this booklet is for you. It's been written to help you to cope with the situation and help you think of positive ways to talk to and support your child. The issue of children and adolescents taking drugs adds an extra dimension of worry for parents, with many unsure of what exactly these substances are, what their effects are and what the legal situation is.

I founded the charity Angelus after Hester, my 21-year-old daughter, a gifted medical student at Sussex University, had passed away in 2009. She wasn't a drug taker and one night tried a substance called GBL.

If she had known the full risks, I know she would have not have tried it. I resolved to ensure that as many families as possible became properly informed about these new substances. It was then I set up Angelus in memory of Hester to raise awareness about the dangers of these substances.

We created the first dedicated online resource for young people at [wnfo.org.uk](http://wnfo.org.uk). Please encourage your children to look at the short education films and information there.

As parents, all we ever want to do is to keep our children safe from harm. It is true to say these new drugs are less well known than others. There is also an additional fear about their effects and the potential risk of addiction.

But I feel it is vital that all parents and carers should learn about their harms with the common goal of protecting our children's welfare.

*Maryon Stewart*

# **PART 1:**

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**What are club drugs and new  
psychoactive substances (NPS)?**

**DRUGS** are substances which are consumed to change the way the body works or to affect how people think, feel or behave. They do this by changing chemical interactions in the brain.

It is important to remember that most young people don't take drugs, don't binge drink or even smoke. That should be the starting point for all parents because it is easy to get the wrong impression through the media. Only 6% of 11 year olds said they had tried drugs at least once, compared with 24% of 15 year olds. Nevertheless, it is important your child learns about the risks around drug-taking because they may be in a situation where they are exposed to experimentation.

**CLUB DRUGS** is a term used to describe a range of substances associated with recreational drug use in the UK. They may be taken in a range of social environments – at pubs, clubs, raves, house parties and festivals. They are not generally drugs which lead to high levels of dependence.

Club drugs are often stimulants that are used to enhance a sensory experience, traditionally heightened through the use of drugs such as ecstasy. Ecstasy first became popular in the late 1980s and since then more substances have emerged which you may have heard of but may not know much about, such as Ketamine.

More recently there has been quite a substantial change with a whole new range of psychoactive substances coming on to the market and putting people in greater danger.

**NEW PSYCHOACTIVE SUBSTANCES**, once dubbed “legal highs”, are brain-altering compounds that are synthetically made in labs. NPS are deliberately manufactured to mimic the effects of traditional illegal drugs, such as amphetamines, ecstasy or cannabis. Research shows that they are usually much stronger than the drugs they aim to copy.

In May 2016, the law was changed and the Psychoactive Substances Act made the supply and sale of these drugs illegal in the UK. Possession is not an offence.

Just like club drugs, new psychoactive substances can be supplied through a friend, a regular dealer or someone in a club. They can still be bought online, though the change in legislation made it illegal for UK websites to sell NPS.



# PART 2:

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## New Psychoactive Substances

How did NPS become popular?

What else is in these drugs?

## **How did new psychoactive substances (NPS) become so popular?**

Drugs markets have always developed and mutated according to tastes, fashions, availability and the law. Producers and suppliers have been innovative, versatile and capable of adapting to demand and enforcement in order to protect their (often lucrative) income. “Legal highs” such as the stimulant Mephedrone (also known as M-Cat or meow meow) first became popular around 2008 when the purity of other drugs such as cocaine and ecstasy was falling. People found there were cheaper and more potent alternatives, which were also legal to buy and sell.

The Internet was also an important driver in the growth of the legal highs market. Some substances could be bought online and delivered through the post. Young people were also able to read reviews about the effects of these largely untested substances. Over time they became aware of some the downsides from taking new drugs; for example, mephedrone can cause bad moods and depression the next day. This is a feature of all stimulants, but particularly Mephedrone.

## **What motivates use?**

In 2014, an expert panel who reviewed NPS drug trends reported there were four main reasons why people found themselves drawn towards these substances: they were legal, available, potent and cheap. Unlike illicit drugs, the panel found that the main motivator was legality, so for this reason the Psychoactive Substance Act (which became law in May 2016) was seen as an instrument that would cut supply and deter use.

It was very easy for young people to become confused by the legal status when considering the harms of these substances. Every other product they can buy on the high street has been tested and given some mark of guarantee as a safe product. Young people were deliberately deceived into thinking the same would apply to legal highs; however, in some cases these were very harmful. Many organisations adopted the warning ‘legal does not mean safe’ to prevent people from thinking they were largely harmless.



## What else is in these drugs?

Often ‘traditional’ illegal drugs and new psychoactive substances are mixed with inert bulking agents to increase profit margins for dealers, or mild stimulants to add to or mimic the effect of a drug.

## What are the common bulking agents?

A bulking agent will usually dilute the potency of the drug. For example, cocaine has been known to be mixed with benzocaine, a relatively mild medicinal numbing agent.

Ecstasy may be ‘cut’ with caffeine, lactose, mannitol or sorbitol. Sometimes sugar type substances are also used such as dextrose and sucrose. Many drugs may also contain traces of paracetamol. Reports that drugs are routinely ‘cut’ with rat poison, crushed glass or brick dust are a myth.

## Contaminants detected at UK festivals

In recent years, it has been hard to get permission to test drugs at festivals, as organisers often don’t wish their event to be associated with drug use. The Loop is a non-profit organisation offering free drug testing and counselling – they act as an ‘early warning system’ to identify significantly dangerous chemicals.

In 2016 and 2017, The Loop carried out front-of-house drug testing at festivals, revealing drugs which had been mis-sold or contained additional contaminants. In 2016, around a quarter of people who had their drugs tested at Secret Garden Party decided to throw them out, indicating this approach has some value in reducing harm.

In 2016, Professor Fiona Measham, co-founder of Loop, said to the Guardian at Secret Garden Party: **“Forensic testing can help people make informed choices, raising awareness of particularly dangerous substances in circulation and reducing the chance of drug-related problems occurring.”**



*Photo by Lauren Frayer for NPR*

A photograph of a nightclub scene with people dancing under purple and blue lights. The image is used as a background for the text overlay.

## CASE STUDY: Mephedrone

In 2007/8, a white powdered stimulant called mephedrone (M-Cat) became a popular new drug on the club scene and at universities. It was easy to purchase online and could be delivered through the post. It became suddenly popular as a 99% pure, cheap, potent substitute for other party drugs.

No other drug in recent history has become so popular so fast. In 2010, a law fast-tracked through Parliament made mephedrone a Class B drug. The ban on mephedrone changed how it was regarded – perhaps it made it clear to some people that it was a ‘proper’ drug and potentially as dangerous as amphetamine or cocaine.

A great deal of the media coverage at the time was exaggerated, with stories of extreme, bizarre and dangerous behaviour that had allegedly taken place after the consumption of mephedrone.

Despite the publicity, there was no obvious decline in its popularity and prevalence, even though the price doubled from £10 to £20 post-ban. But its emergence signalled a change to the market in drugs with a sudden influx of new untested psychoactive drugs.

Demand for mephedrone has since reduced. The 2010/11 Crime Survey for England and Wales reported that 4.4% of 16-24 year olds had taken the drug in the previous year – this had declined to 1.9% by 2014. The reduction in consumption is also may be at least partly attributable to a growing understanding between users of the bad ‘comedown’ the following day, which can cause a depressed state.

# PART 3:

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## Know your drugs

Ecstasy

Ketamine

Mephedrone

Nitrous oxide








GBL

Synthetic cannabinoids

Other psychedelics

# Know your drugs

Know your drug categories to understand the effects of different drugs on the individual, how long before they start to work, how long they last, what you feel like the next day etc.

<b>ECSTASY</b> (MDMA, X, MOLLY)	<b>KETAMINE</b> (KET, SPECIAL K)	<b>MEPHEDRONE</b> (MCAT, MEOW MEOW)	<b>NITROUS OXIDE</b> (LAUGHING GAS, NOS)	<b>GBL</b>	<b>SYNTHETIC CANNABINOIDS</b> (SPICE, MAMBA)	<b>2C PSYCHEDELICS</b> (2CB, 2CT-7, 2CI, 2CE)
						
<p>Ecstasy is a stimulant drug that increases energy but also can give feelings of euphoria.</p>	<p>Ketamine is a dissociative drug that distorts perception.</p>	<p>Mephedrone is a stimulant drug that increases the heart-rate. It is shown to cause feelings of depression the next day.</p>	<p>Nitrous oxide is a dissociative gas that alters consciousness.</p>	<p>Gamma-Butyrolactone (GBL) is a liquid acting as a depressant that slows down activity in the central nervous system.</p>	<p>Synthetic cannabinoids are much more potent than cannabis itself. The effects are immediate and very strong.</p>	<p>These are drugs whose main effect is causing hallucinations. They are long-lasting, perhaps 8-10 hours.</p>

# ECSTASY / MDMA

## WHAT IS IT?

Ecstasy is an amphetamine-type stimulant; its chemical name is methylenedioxymethamphetamine or MDMA. It gives a strong feeling of energy, contentment and intimacy with others and is called an empathogen. It comes in pill form or as white crystals, and sometimes as a grainy, white powder. The pills come in various colours, often in the shape of different logos, e.g. Superman, love hearts or other recognisable brands. This makes the batch identifiable and known to the drug-taker, although the same shape or stamp does not necessarily mean the contents of the pill are consistent.

'E' first became a widely used drug in the late 1980s with the emergence of raves and 'acid house' music. It is often mixed by dealers with other substances such as caffeine, ephedrine and basic amphetamine (speed). Some pills sold as 'E' have been found to contain no traces of MDMA. Pills sell on average for about £4 or £5.

A 'normal' dose of ecstasy would be about 100mg but there is no way of assessing its strength outside a laboratory. Strong ecstasy pills have been identified that contain 200mg or more of MDMA – there is additional risk at that strength so it may not be a safe dose. There is a low risk of addiction to ecstasy.

## EFFECTS

It takes approximately 20-40 minutes before the first effects are felt. People feel a rush of euphoria which grows before peaking after a couple of hours. The effects last about 5-6 hours. It increases the heart rate, blood pressure and body temperature. Coming down can make people feel very restless and low. Like many stimulants, there is prolonged loss of appetite.

## RISK FACTORS

Ecstasy should not be mixed with alcohol as stimulant drugs dehydrate the body so water is needed. Many people think this means they should over-hydrate by drinking more than usual – this can also be dangerous. People on ecstasy may be at risk of over-heating and more so if they are in a hot, cramped environment and are dancing. It is perhaps under-estimated how dangerous overheating can be. It is the main cause of ecstasy deaths.

## THE LAW

Ecstasy pills are a Class A drug controlled under the Misuse of Drugs Act (1971) making it a criminal offence to distribute, supply and possess.



# KETAMINE

## WHAT IS IT?

Ketamine is a white, grainy powder that has anaesthetic and hallucinogenic properties. It makes people feel apart from their own body and so it is called a dissociative drug. It is usually snorted or swallowed ('bombed' wrapped into a Rizla paper). It is often imported from Indian pharmacies. Usually Ketamine costs about £20 a gram. The media invariably call it a 'horse tranquilizer' - it is used by vets and doctors for pain relief. Also known as: K, or Special K.

## EFFECTS

Snorting Ketamine is the fastest way to get its full effects, which appear within 5-10 minutes and last for about an hour. It makes people feel detached from their body and their surroundings. Ketamine is an effective pain blocker. It also makes movement uncoordinated, reduces spatial awareness and affects perception of time.

In large quantities or combined with other drugs it can be a hallucinogen. These sensations can be extremely unpleasant for inexperienced drug users especially if the individual slips into a 'K-hole' – an altered state of consciousness whereby the body is unable to move but the mind is still active so people will hallucinate. The experience can be disorientating and cause memory loss and anxiety in some people.

## RISK FACTORS

Ketamine is able to block physical pain very effectively. It is quite common to feel some bumps and bruises the next day. Few people who take it become heavy users of Ketamine. That level of consumption would have a bad effect on the memory, which can be very disruptive to study or work. Over time, Ketamine can become addictive.

Daily users start to suffer severe stomach cramps. Over time they risk permanently damaging their bladder by developing a medical condition called 'Ketamine-induced ulcerative cystitis'. Severe cases of Ketamine-cystitis require the surgical removal of the bladder. The link to bladder damage was only discovered in recent years.

## THE LAW

Ketamine was once a Class C drug under the Misuse of Drugs Act but, after growing public concern over excessive Ketamine use and bladder damage, it was reclassified as Class B.



# MEPHEDRONE

## WHAT IS IT?

Mephedrone is a white, flaky, powdered stimulant from a family of drugs known as cathinones. It is an amphetamine-like substance and was effectively the first high profile 'legal high'. Prolonged use will lead to addiction, which can be acute. Also known as: M-Cat, Drone, Bubble. It is a lower cost product compared to other illicit drugs and is usually sold at around £10-20 a gram.

## EFFECTS

The Mephedrone user feels an intense, rushing high. M-Cat causes rapid heartbeat but also gives a strong sense of well-being. It lasts for an hour or more, making people feel alert, exhilarated and very talkative. People can feel quite depressed the next day.

Mephedrone can cause a deep feeling of agitation, heart palpitations, skin rashes, insomnia, vomiting and headaches.

The Mephedrone high lasts for a short period of time with people needing regular top ups. After a while they will plateau; the nature of the buzz can make people want more as they try to feel the first initial 'high' that they experienced.

## RISK FACTORS

Stimulants have an intense 'come-up' due to large amounts of serotonin released so this means the 'come-down' is often worse, leaving people feeling lethargic, depressed and agitated. In some extreme and isolated cases individuals have committed suicide after taking Mephedrone, making people who have depression or a mental health problem more vulnerable when drug-taking. Taking alcohol and M-Cat can also lead to aggressive behaviour.

Reports on Mephedrone state that people are prone to binge on the drug with a significant number of people becoming dependent.

## THE LAW

Mephedrone, as a Class B drug, is illegal to supply or possess.



# NITROUS OXIDE / LAUGHING GAS

## WHAT IS IT?

Nitrous oxide (also known as Nos) is a gas that is commercially used in whipped cream dispensers and sometimes is recreationally used by people who inhale the gas (N<sub>2</sub>O) from a balloon for a short high. This has quickly become a popular drug with young people, mainly teenagers. It is now the second most popular drug after cannabis. The average cost is £6 for 24 canisters if purchased online or it can be bought on the street at up to £5 a balloon. The media frequently refer to nitrous oxide as 'hippy crack', which is an erroneous term.

## EFFECTS

Nitrous oxide is a dissociative drug that disconnects body and mind for a short high. It gives a euphoric feeling of being 'knocked out' for 30-90 seconds. It makes most people laugh in a very short time. It effects bodily co-ordination, makes people very dizzy and can cause a very temporary paralysis.



## RISK FACTORS

Compared to other psychoactive substances laughing gas is 'low risk.' The incidence of excessive consumption or any issue of dependency has only occurred in isolated cases. People increase the risk of hurting themselves if they take nitrous oxide standing as opposed to sitting down as it makes people feel light headed.

When combined with alcohol this drug can be riskier, with people putting themselves at an increased risk of vomiting and asphyxiation.

## THE LAW

Nitrous oxide is banned under the Psychoactive Substance Act as it has 'psychoactive properties.' It is challenging to police as it is widely used for commercial use so the difficulty lies in determining a person's true intention.

Possession is not an offence, but it is illegal to supply, sell and distribute, with offenders facing criminal prosecution.



# GBL (GAMMA-BUTYROLACTONE)

## WHAT IS IT?

GBL is a liquid club drug with sedative properties - it falls in the drug category 'depressant' as it slows the heart rate down. GBL is manufactured for industrial purposes and can be found online, sold as 'wheel cleaner.' This drug is a popular substance on the gay scene and is known as 'liquid ecstasy'. A 100ml bottle (about 50 doses) will cost around £40. Also known as 'G'.

## EFFECTS

GBL takes up to 45 minutes to work. It may make people feel euphoric, uninhibited and eventually sleepy. Effects usually last for three to six hours.



## RISK FACTORS

Even a small dose of 0.5 ml can have a powerful sedative effect. A moderate to high dose (1 to 3 ml) mixed with alcohol can, in an experienced and unsuspecting person, be extremely dangerous, leading to unconsciousness and even death.

Measuring a dose accurately can make it difficult for people to know how much they are taking. People try to minimise harm by measuring a dose in a pipette or dealers may sell small soy sauce bottles filled with GBL (pictured left).

GBL is addictive, and daily use will lead to dependency, which can be severe. GBL withdrawals last several days, and should always be managed with medical assistance.

## THE LAW

GBL is a Class C drug, so it is illegal to supply or possess.

# SYNTHETIC CANNABINOIDS / SCRA<sub>s</sub>

## WHAT IS IT?

Synthetic cannabinoid receptor agonists (SCRAs) are psychoactive substances that mimic the effects of the active ingredient in cannabis, THC. In truth, they have nothing to do with the cannabis plant. They are chemical highs and are usually overpoweringly strong. These substances often come in powder form, which are dissolved and sprayed on plant material to form a smoking mixture that mimics the appearance of cannabis. This is smoked in a joint, pipe or bong to give an intense high.

When they were legal, there were hundreds of synthetic cannabinoid brands, including Spice, Annihilation and Black Mamba, costing around £10 a gram (some were even cheaper). They are now illegal to sell so the price of synthetic cannabis, also known as Spice, Mamba or Herbal, has increased slightly.

## EFFECTS

It is an extremely powerful drug to smoke and the high is intense and trippy. It may only take one or two 'tokes' to get the full effect and almost immediately people are unable to converse very easily. The peak of the high may fade after 30 minutes to an hour. There have been some reports of vomiting and headaches. Some may lose control over their limbs, feel dizzy, or become paranoid and there is a risk of panic attack.

## RISK FACTORS

According to the respected Global Drug Survey, those smoking cannabinoids are 30 times more likely to visit Accident & Emergency Departments than regular cannabis smokers, with people suffering from panic attacks, paranoia, or psychotic episodes.

Addiction or overdose are common features associated with Spice. Powerful psychoactive drugs like these will worsen any existing mental health problems.

## THE LAW

Most synthetic cannabinoids are banned for supply, sale or importation under the Misuse of Drugs Act as Class B drugs, meaning that possession is an offence.



# 2C PSYCHEDELICS

## WHAT ARE THEY?

2C drugs are a group of new psychoactive drugs that fall into the psychedelic category; they mimic the effects of other illegal psychedelics such as LSD. Depending on location, the price of 2C drugs will vary and they are usually between £5-10 a pill. They are more popular at festivals than clubs.

## EFFECTS

These substances give powerful hallucinations for an extended period (8-12 hours). All psychedelic drugs should be avoided if a person has mental health issues or is suffering from depression.

There is a wide range of 2C drugs, some stronger than others. They all tend to increase the heart-rate and audio-visual effects will increase. People experience hallucinations, a sense of euphoria and an increased spiritual wellbeing.

## RISK FACTORS

These drugs are not suitable for inexperienced drug-takers who will often find the effects and duration unpleasant and perhaps disturbing.

The dangers of taking 2C drugs are increased when combined with other substances, particularly alcohol. The variety of the 2C family means that some are more dangerous than others, particularly 2C-I-NBOMe, which has caused fatalities when taken in large doses.

## THE LAW

Like LSD, these drugs are scheduled under the Misuse of Drugs Act as Class A drugs.



# PART 4:

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## The law

Drug legislation

Drug classifications

The Psychoactive Substances Act 2016

# Drug legislation

Drug laws can be very confusing, particularly when there are different pieces of legislation affecting different substances working alongside each other. Parents don't need to understand all the complexities of each Act, but it is helpful to learn the basics of the law:

**THE MISUSE OF DRUGS ACT (1971)** is the main legislation governing drug laws. Illegal drugs are scheduled as a Class A, B or C. The intention is for the classification to broadly reflect the potential harms caused by any drug. The penalties for supply or possession of Class A drugs (cocaine, heroin, ecstasy) are higher than Class B (mephedrone, cannabis) and Class C (GBL, Valium).

The Misuse of Drugs Act includes a criminal offence to possess illicit substances. **This has been excluded from the Psychoactive Substance Act as these are brand new substances or mixtures where the harms are mostly unknown.** For cannabis possession, a police officer can also issue a street warning or Fixed Penalty Notice.

## **THE PSYCHOACTIVE SUBSTANCES ACT (2016)**

does not have a classification system. Substances are banned for being psychoactive under a blanket ban.

Legal substances such as food, alcohol, tobacco, caffeine and medicinal products are exempted.

Both pieces of legislation include offences for supply. For relatively small amounts, a 'caution' may be offered which still amounts to a criminal record.

## Drug classifications

The UK classification system aims to tackle drug misuse by categorising drugs according to their harms so that the public understand the potential health implications of that drug.

The three classes (outlined right) determine the level of penalty applied for possession and/or supply.

Over the course of 45 years, drug use has changed drastically, and so has the strength of drugs with potency generally increasing.



### Class A drugs:

Heroin (diamorphine), cocaine (including crack), MDMA, LSD, magic mushrooms, crystal meth, methadone, fentanyl

**Maximum penalty for possession:** Up to 7 years

**Maximum penalty for supply:** Up to 14 years

### Class B drugs:

Cannabis, several synthetic cannabinoids, ketamine, ethylphenidate, speed (amphetamine), mephedrone

**Maximum penalty for possession:** Up to 5 years

**Maximum penalty for supply:** Up to 14 years

### Class C drugs:

GHB, diazepam, steroids, benzylpiperazines (BZP)

**Maximum penalty for possession:** Up to 2 years

**Maximum penalty for supply:** Up to 14 years

# The Psychoactive Substances Act

New psychoactive substances were, until May 2016, freely available to buy from high street headshops and from various websites as so-called 'legal highs'. The packets were brightly coloured with brand names such as Pink Panther, Charley Sheen or Annihilation. They were often called 'research chemicals' and included 'warnings' stating they were not for human consumption. They were marketed aggressively at young people.

The Crime Survey for England and Wales for 2015/16 reported 244,000 adults had taken NPS that year, with the highest prevalence among those aged 16-24 (162,000 people). In 2016/17, that figure dropped to 147,000 adults (77,000 aged 16-24).

Clubbers and festival-goers tended to buy stimulant powders and psychedelics.

These shops also sold highly potent smoking mixtures, which were manufactured to appear like cannabis. These mixtures are very often overwhelmingly powerful, too strong for most people. They are also very addictive and linked to anti-social behaviour and public order offences. People have been known to overdose or have psychotic reactions to synthetic cannabis.



The Psychoactive Substances Act came into force in May 2016 and had the effect of almost entirely closing the trade from headshops in the UK. The law has so far been successful in eliminating the 'visible sale' of new psychoactive substances. Problematic use among vulnerable groups remains but the risk of dangerous experimentation has been reduced.

## What you need to know:

- The new law banned the sale and supply of all psychoactive substances often called 'research chemicals.' It exempts tobacco, alcohol, caffeine, medicines and some food products.
- It is now a criminal offence to produce, sell or supply 'psychoactive substances.' It is also unlawful to buy from a foreign website as that would equate to importation, even if the substance is bought for personal use.
- Unlike the Misuse of Drugs Act (1971), the Psychoactive Substances Act does not make it a criminal offence to possess these substances.
- There is a 'no limit drug threshold' on psychoactive substances or any other drugs in fact, so it is up to a police officer to determine if a person is supplying NPS based on the quantity found and other factors, for example, how the substance is packaged.

## Why the new law?

The usual timeframe for making a new substance illegal through Parliament is 9-12 months. This was workable when there were only one or two new substances emerging per year which are harmful to public health. But soon there were dozens of these 'legal highs' circulating, so the Government had to find a different legal answer. They first used Temporary Class Drug Orders (TCDO) that banned individual new substances making it illegal to supply (not possess) but it was not a lasting solution. An expert panel was established and they concluded a blanket ban was the best option available.

## What's the impact?

The legislation has had an immediate impact on the high street and Internet retail of NPS. There is very little supply through these outlets anymore; however, it is unrealistic to expect the NPS market to be completely eradicated. There are still plenty of potentially dangerous substances in circulation and young people and their parents need to be aware of what the substances are, as well as their effects and potential harms.

These legal changes only apply to UK law, so extra vigilance is recommended if your child is abroad for school trips or travel.

## National Crime Survey figures (from 2016/17)

**1.2%** young adults aged 16-24 took a new psychoactive substance in the past year.

**56%** fewer young men aged 16-24 took NPS in the last year (from 3.6% to 1.6%)

**74%** of young adults aged 16-24 who took NPS had also used another illicit substance in the past year.



# **PART 5:**

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**What you can do as  
a parent or carer**

## What can I do?

As children enter their teens, parents recognise the need to adapt the way they speak to them and show respect for their growing independence. Many of the challenges faced by parents who want to talk about drugs stem from difficulties in communication. Talking with your children regularly about what's going on in their – and your – lives makes it easier to talk honestly and openly about drugs and alcohol without it becoming a big deal.

## Talk about it!

To be able to talk to your child in an informed and calm way about club drugs and new psychoactive substances, you must be informed yourself. Seek out reliable sources of information and don't believe everything you see or read in the media where harms and effects are often exaggerated.

If you talk to young people about drugs in a totally negative way, they may think you are using 'scare tactics' or don't understand how drugs really work. This immediately makes your advice less convincing. It is better to make them consider risk in a more practical way such as how you can measure risk and what actions would add to that risk.

It's important to stress that the contents and effects of drugs can be inconsistent and that they can contain a mixture of untested substances. Just as medicines can affect people differently, so can drugs – and the danger isn't always just related to dose or potency. The same tablet, even at moderate doses, can leave one person unharmed and another in the hospital. Also, you should challenge any suggestion that new psychoactive substances are safe just because they were 'legal' for so long.

Encourage children to read the safety information sheets on any medicines they take, such as paracetamol – ask them questions on how much they are advised to take and open a discussion on how important it is to be aware of how much they consume, as anything can be unsafe at too high a dose (even water!) They will also learn that certain drugs cannot be taken together, which can help lead to a discussion with them about how important it is not to mix substances, particularly with alcohol.

Surprising though it may seem, younger teenagers often look to their parents as a source of information on all kinds of topics, including drugs. Research indicates that two-thirds 11-15 year olds believe their parents to be a good source of information on drugs (Smoking, Drinking and Drug use among young people in England survey, 2011).

## Be more of an expert

To find out more, go to the information websites below:

The website [whynotfindout.org](http://whynotfindout.org) is for young people containing short films, information and FAQs about various drugs, particularly psychoactive substances and club drugs.

Adfam provides information for families affected by drugs and alcohol: [www.adfam.org.uk](http://www.adfam.org.uk)

For advice on talking to your child about drugs, including alcohol, visit Mentor's website – [www.mentoruk.org.uk/info-and-advice/parents-and-carers/](http://www.mentoruk.org.uk/info-and-advice/parents-and-carers/)

FRANK is a reliable Government resource providing information on drugs and the law: [www.talktofrank.com](http://www.talktofrank.com)

If you live in Wales, visit Dan 24/7, an alcohol and drug helpline: [dan247.org.uk](http://dan247.org.uk)

If you live in Scotland, Crew 2000 can offer information and advice: [www.crew2000.org.uk](http://www.crew2000.org.uk)

## Adfam survey: What do parents know about it?

Adfam conducted an online survey of 173 young people in partnership with Serve Legal. It contained findings which may influence how and when you talk to your child about psychoactive and illicit substances:

- Most respondents (nearly 60%) would be **very unlikely** to ask their parents about drugs.
- Only a very small percentage (7%) would be **very or moderately likely** to ask their parents.
- Less than half of respondents thought that their parents would be even moderately knowledgeable, understanding, confident or calm if they were asked about drugs.
- 50% of respondents would welcome hearing about the health effects of these drugs from their parents.
- The most commonly cited source where young people obtained information on the topic was peers at school, college or university.

### Help is at hand

If you are concerned that your child or teenager's use of psychoactive substances or club drugs is in danger of becoming problematic, then it is better to ask for help rather than waiting until things get out of control. There are drug treatment facilities throughout the UK – talk to your local authority for information on services in your area, or visit [www.talktofrank.com](http://www.talktofrank.com) for a directory.

## **'LEGAL HIGHS': case studies**

“When things did all come out in the open, David\* said that he’d lied because he didn’t want to get into trouble and because he was raging at me for wanting to know ‘his business’. He **didn’t understand that I was worried about ‘legal highs’**. He just felt that I wanted to feel in control of his every move.”

**- Mary, 44, Leeds**

“Billy was a talented 19-year-old music student. He began taking ‘legal highs’ with friends during the summer of 2012 and while his parents were on holiday he spent all his savings on these substances. By the time they returned, he was frightened and felt that he was losing control. Fortunately, he was able to talk to his mum, who then approached Angelus for help. Billy was referred to the Club Drug Clinic at the Chelsea and Westminster Hospital. Within a few weeks of expert help, Billy felt that he could continue with his studies and no longer had the desire to take legal highs as he realised the adverse effect they had on his mental wellbeing.”

**- Case study from the Club Drug Clinic**

*\*all names have been changed.*



# PART 6:

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Talking about drugs

## Consider this when talking about drugs:

Horror stories about psychoactive substance use are rarely helpful and can be counter-productive. If someone has used and enjoyed them, or knows someone who has done so without coming to any harm, they will not ring true. If you tell your child who is taking drugs it will kill them but they know someone who has taken them, is still alive and had a good time, they aren't going to believe you or you run the risk of undermining everything else you say.

If you feel your child is in with the 'wrong crowd', rather than trying to steer them away from their friends, it is more constructive to be honest about your fears and concerns. Perhaps you can suggest other activities for them and their friends to get involved in. **Be prepared to back up your views.** Do you see smoking, drinking or taking an aspirin for a headache in the same way as you see using drugs such as mephedrone, ecstasy and ketamine? If not, how is it different? Can you explain why?

Be prepared to acknowledge that using psychoactive substances and club drugs is often motivated by pleasure and that their use can lead to enjoyable experiences with friends as well as negative ones. **Think about your own behaviour and example.** Knowing the potential dangers of alcohol doesn't stop most of us drinking, and sometimes

even overdoing it. Young people often learn from example, so be prepared to talk about your own behaviour and discuss what you do to make sure it doesn't get out of hand.

**If you have taken illegal drugs,** think about telling your children about your experiences, how you avoided dangers and, if it led to problems, why and how you stopped. You could talk about the risks you took and how you feel now. Was it worth it? Would you do it again? Is there anything you know now you wish you'd known then?

This will encourage a more open and in-depth discussion. If you or your friends currently use psychoactive substances or other illegal drugs, think about how best to approach this with your children. Even if you are discreet, there are potential negative consequences involved in breaking the law and unexpected health problems, which are important areas for discussion.

**Offer your children advice on staying safe** with drugs (including alcohol): encourage them to always look out for one another; drink plenty of water; practice safe sex; and avoid risky situations like busy roads, heights and water when their judgment is impaired.

For more advice on how to encourage open, honest discussions with your child, visit Mentor's website: <http://mentoruk.org.uk/info-and-advice/parents-and-carers/>

## Talking with your child about 'legal highs' (NPS)

The involvement and support of parents and families can make a big difference to someone's health and how they deal with drug-taking. Most parents would probably agree their child should not only learn about the subject of club drugs and new psychoactive substances from only ill-informed hearsay, drug users, media and movies. Parents can take more responsibility for their children's welfare by learning about the subject and discussing it honestly like they would alcohol or sexual relationships.

Find a time when your child is relaxed and not rushing off somewhere – during or after a family meal, perhaps. It's okay to let your child know that you are concerned about what you have recently learnt about new psychoactive substances. Try to encourage an open dialogue so that your child feels comfortable. **Remember to let them talk.** Don't expect the conversation to last very long; it may only be 30 seconds but that can be enough to get a discussion going which you can return to some other time.

We hope the following suggestions will help you get started.

### Start by saying:

"I saw something in the paper recently about lots of new substances. I was wondering if you know anything about it. Apparently, there are dozens of new substances around. Some people call them 'legal highs' even though the law on them has changed. Have you heard much about them?"

or:

"I thought it was worth looking at a couple of websites and found out the short-term side effects can be very harmful, especially to mental health. And it seems no one knows what the long-term health effects are, although some can be highly addictive. What do you think?"

If your child starts to open up at this point, let them talk. You don't need to continue the conversation seeking to find out if they have experimented. Perhaps you could discuss it in the context of making sure their friends don't make a bad choice with these substances.

## Go on to say:

“I realise that young people are not going to stop experimenting, and I know you might feel pressured to take something if it’s offered to you by a friend. But I am worried they don’t know what these drugs contain or that they can have serious effects. Just because something is (or was) legal doesn’t mean it’s safe. Have you ever discussed this at school or with friends?”

Let them answer and tell you what they know. Try not to appear shocked or angry. Stay calm and let them talk frankly.

## Continue along the following lines:

“I also discovered that the content of these substances often varies and they’re often mixtures. What do you think about the risks?”

Again, give your child time to answer and continue trying to find out what they know and think. If they ask you something to which you don’t know the answer to simply say, “That’s a good question, I hadn’t thought of that”, or tell them you don’t know the answer but will try to find out for them.

## Continue:

“I think it is important to think about how you measure risk in all aspects of life. It’s about staying safe. When it comes to substances like alcohol it may be a bit easier to know how long it starts to work, how long it lasts, what are the main effects. With these drugs, it looks much more difficult.”

Ask them about how people can add to risk, such as taking a substance in the wrong environment, taking it alone, with other drugs and alcohol and not getting help if there is a problem.

With each question, give your child time to answer again so that you have an open and frank discussion. The conversation should now be focusing on how to stay safe rather making judgments about drug-taking.

### Don't assume anything ...

Finding rolling papers, plastic baggies or nitrous oxide cannisters among your child’s things may give you cause for concern, but don’t automatically assume these items are proof of drug-taking. Use it as an opportunity to start a conversation with your child – ask questions without interrogating them, and listen to what they say without judgment or anger.

*Images from Amazon, Vice, Brixton Buzz.*





# **PART 7:**

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**Talking about consequences**

If your child is taking drugs, it is important to make them aware of the consequences they may face:

## Health implications

Psychoactive substances and club drugs can be extremely dangerous. This does not mean that every time they are taken, they pose a direct threat but your child should be aware of their potential harm. There have been a number of deaths linked to NPS from overheating or heart problems. Accidents can happen when taken with other drugs and/or alcohol. Mixing substances which have very different effects can cause unpredictable reactions.

With such little evidence on the long-term health effects of psychoactive substances, it is vital you stress their potential risks. We simply don't know enough to say for sure that limited use will not lead to problems further down the line.

Talk about the short and long-term health risks associated with drug use. From a young person's point of view, the negative consequences of using illegal drugs may appear to be few in the short term.

That's why it's important to focus not just on the possible immediate dangers involved in drug use, but also on the potential consequences of long-term use.

## Education and work implications

Emphasise the link between psychoactive substances and illicit drugs on people's mental health. Some people who have used them, especially when young, have gone on to develop health problems, such as depression or psychosis. Drugs can offer bouts of elation and happiness for people who are miserable. But in the longer term, it may become even harder for them to find happiness without the help of drugs, which can lead to dependency.

## Forward thinking

If your child appears not to care about school or work, talking to them about the negative consequences of giving up may not make that much difference. However, talking to them about their aspirations and the kind of life they want may have a bigger impact. Getting them to think about this may help to give them the necessary incentive to continue studying or to stay in their job.

## Legal implications: drug possession & testing

Schools have the power to search students and confiscate items even if they are legal to possess. Headteachers are likely to exclude anyone found with a bag of powder, pills or smoking matter as being in the possession of drugs.

Some employers – including the armed forces, transport companies and some banks – have a policy of random drug testing for all employees. Cannabis users are particularly at risk of testing positive for drugs, as THC (the psychoactive compound of cannabis) can stay in the body for several days; for heavy users, it may be detectable for up to 3 months after use.

Supplying a friend with drugs can be viewed as dealing and could result in having a criminal record. This can limit a person's chances of getting or keeping a job and may even prevent them from traveling to countries like the USA and Australia.

## Police action

A police officer cannot always tell what a drug is simply by looking at it. Any young person who is found carrying suspected drugs in the form of powders, crystals, pills or smoking matter will probably be arrested, even if they are psychoactive substances that are legal to possess, as the items seized will need to go for testing to determine whether the person is prosecuted under the Misuse of Drugs Act.

Police must ask the parent or other responsible adult to come to the police station if a child under 17 is caught in possession of a drug. Anyone caught in possession of any drug will be arrested and taken to a police station. They will have to give a DNA sample (swab from inside of the mouth) and be photographed. If they admit possession, there is a good chance they will receive a **youth caution**.

A youth caution can only be given if you accept that you have committed the offence, and it still forms part of a criminal record.

For more information, visit Release's website:

[www.release.org.uk/drugs-legal-advice](http://www.release.org.uk/drugs-legal-advice)

A close-up photograph of a person's hands in metal handcuffs. The person is wearing a grey ribbed sweater. The background is dark and out of focus. The handcuffs are silver and connected by a chain. The person's hands are clenched into fists.

## POLICE ACTION: What it means

### If your child is under 18:

If caught in possession of any drug, they will be arrested and taken to a police station. They will have to give a DNA sample (swab from inside of the mouth) and photographed.

If the drug they possess comes under the Misuse of Drugs Act 1971 and they admit possession, there is a chance they will receive a **youth caution**. However, that is a decision for the police and being taken to court for the offence is much less likely but also possible. If the substance does not come under the Misuse of Drugs Act there is no offence of possession.

Under 18s must have a parent or other responsible adult with them while being interviewed by the police.

### If your child is 18 or over:

They may be given a caution or, as above, may be taken to court for the offence of possession, if the drug is controlled under the Misuse of Drugs Act. This is not the same in law as receiving a warning. A caution means accepting the offence and getting a criminal record. For cannabis, they may instead get a street warning or a fixed penalty notice, which does not form a criminal record.

# PART 8:

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## Staying safe

Talking about how to stay safe

Keeping your child healthy

Ways to stay safe

# Talking about how to stay safe

Here are six useful tips for talking about club drugs and new psychoactive substances with your child:

## 1. Speak to other parents

If you know your child's friends' parents consider discussing the subject of NPS and club drugs so that they are informed too.

## 2. Make time to talk

Choose your time carefully and make sure you both have enough time for a relaxed conversation. Make a plan for how you want to start.

## 3. Listen carefully

Ask open questions, listen to the answers and don't interrupt your child when they are talking. Let them know that you value their opinion.

## 4. Be willing to learn

Don't assume you know it all – your child may be able to teach you a thing or two about drugs if approached sensitively.

## 5. Be a good role model

If he/she sees you indulging or drinking to excess it may make them think it's okay to follow your lead. They may also say you are being hypocritical.

## 6. Make boundaries

Set guidelines for your child as to how you expect them to behave. And make sure you enforce them so that they know where you draw the line.

# Keeping your child healthy

Time spent eating, talking and doing things together is important for creating strong family ties and helping your child build their resilience to a range of risky behaviours, including drug use.

## GIVE THEM SPACE

Encourage your child to do things on their own if they want to. Arm them with the knowledge they need and trust that they will stay safe.

## GET THEM MOVING

Encourage them to do some sort of regular exercise for perhaps an hour every day. Explain how activity boosts levels of serotonin, the brain's natural 'happy hormone'.

## TALK ABOUT DIET

Never stop stressing the importance of a good diet for health. Getting their five a day, eating regularly, not skipping breakfast, keeping sugar and fast foods to a minimum will give them energy and help them stay strong.

## EAT AS A FAMILY

Countless studies show that eating together as a family as much as possible provides stability as well as a forum for discussion and chat.

## SEND THEM TO BED

Teenagers may not be renowned for early nights but a good night's sleep will give them more energy as well as a better chance of coping positively with the more negative aspects of life.

## Ways to stay safe

The consequences of drug use will always be unknown to some degree, although there are ways to minimise the harms against the damage of unknown adulterants or super strength drugs. Here are two campaigns shown to reduce harm:



### CRUSH / DAB / WAIT

The Loop encourage drug-takers to dab MDMA crystals using a finger to measure a small dose then wait for an hour before the next re-dose. This enables people to feel the effects and consider if the batch is potentially high strength.



### DON'T BE DAFT, START WITH HALF

The Global Drug Survey have offered this advice to people around ecstasy: “start with a half”, to test the strength, before perhaps taking the next dose an hour later. Ecstasy is often taken by a few friends together. The GDS also recommends one of the group takes no drugs at all so they will be alert to any problems and can get help if needed.



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