New Psychoactive Substances (NPS)
Multi-agency Briefing Paper – (version #6 Mar 2017)

Introduction
This briefing is designed as a quick reference guide for information around New Psychoactive Substances (NPS) for various professionals.

Contents:
- Definition & Common NPS Brand Names / Chemical Lists
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ADP References / Information links:
Aberdeen City ADP (E Bulletin, Partner Links, Service Information):
[http://aberdeencityadp.org.uk/]  

To subscribe direct contact:
nhsg.aberdeencityadp@nhs.net  

Or to find out about the ADP’s Drug Trend Monitoring Group activity contact:
fraser.hoggan@nhs.net
### Definition

NPS is a generic description that is given to a group of substances that are designed to mimic the effects of controlled drugs although the contents and chemical composition of these substances can vary. Historically, new psychoactive substances were often referred to as ‘designer drugs’ and ‘new synthetic drugs’ although today ‘legal highs’ and ‘new drugs’ are the terms used more often.

The UK Advisory Council on the Misuse of Drugs (ACMD) currently defines NPS as:

“psychoactive drugs which are not prohibited by the United Nations Single Convention on Narcotic Drugs or by the Misuse of Drugs Act 1971, and which people are seeking for intoxicant use”.

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Advisory Council on the Misuse of Drugs (ACMD);  

Latest Reports & Correspondence:  
[https://www.gov.uk/government/latest?departments%5B%5D=advisory-council-on-the-misuse-of-drugs](https://www.gov.uk/government/latest?departments%5B%5D=advisory-council-on-the-misuse-of-drugs)

Scottish Government: NPS Expert Review Group Findings:  
[http://www.gov.scot/Publications/2015/02/3802](http://www.gov.scot/Publications/2015/02/3802)

Scottish Government: NPS Evidence Review Paper:  
**Common NPS (LEGAL HIGH) Brand Names**

The following chemicals have been listed as an ingredient in these NPS brand names. These may change over time and should only be used as guidance. Without confirmatory testing there is no way to tell what is in your drug.

<table>
<thead>
<tr>
<th>Stimulant: 3-FPM (3F-phenmetrazine)</th>
<th>Psychedelic: Bk-2-CB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gogaine, Ching, Magic Crystals,</td>
<td>Doves Ultra, B2 powder (mixed with 3-FPM)</td>
</tr>
<tr>
<td>White Breeze, Air</td>
<td></td>
</tr>
</tbody>
</table>

**Stimulant: MPA (Methiopropamine)**

Bliss Ultra, Blow, Bubblez, Bullet, Chang, Charles, Charly Sheen (and/or MDAI), China White, Columbian Gold, Columbiana, Crystal Clear, Crystal, Doves Original Formula 4, Doves Original, Dust till Dawn, Exotic Strong, Focus, Go Gaine, Gogo Dust, Happy Me (Euphor-e), Ivory Dove, Jumping Beans, Mind Melt, Pablo, Pink, Pink Panthers (and/or MDAI, 5-IAI, 2-IAI), , Poke, Pulse, Quicksilver, Red Rhino, Rush, SCHNIF, Snow Blind, Snow White, Snow, Spangled, Sparkle, SparkleE, Synthacaine, Walter White, WhiteMM

**Synthetic Cannabinoids: various (primarily 5F-AKB48, 5F-PB22)**


Legislative Update (2016)
After almost a year of debate since its initial proposal, the Psychoactive Substances Bill reached Royal Assent on the 28th of January 2016, and will become law on the 26th of May 2016.

It is essential that all staff at drug services, services supporting people who use unbanned NPS, and people who use drugs should be aware of the law and what this new Act potentially means for them.

So what is the Act?
The Act will make it an offence to produce, supply or offer to supply any psychoactive substance if the substance is likely to be used for its psychoactive effects, regardless of its potential for harm. The only exemption from the Act are those substances already controlled by the Misuse of Drugs Act; nicotine, alcohol, caffeine and medicinal products.

What will happen to the existing laws?
The Act doesn’t replace the Misuse of Drugs Act (1971) so laws around existing illegal (controlled) drugs will remain the same. Temporary Class Drug Orders (TCDOs), which are rapidly implemented temporary bans, can still be applied and the Human Medicines Regulations (2012) will remain the same.

The Intoxicating Substances Supply Act (1985) will be scrapped, which made it an offence to sell volatile substances (e.g. glues, gases) to under 18s if it was believed they would be inhaled to cause intoxication.

At present a substance causing concern must be reviewed by the Advisory Council on the Misuse of Drugs (ACMD) to assess any potential harm. The ACMD then advise the government on a course of action. The government do not have to take this advice, but are bound to consult with the ACMD first. The ACMD will still have a role and a ‘new’ or emerging psychoactive substance can still be brought under the Misuse of Drugs Act, but this Act was introduced without fully consulting the ACMD and will fundamentally change drug legislation.

Is it a criminal offence to possess a banned psychoactive substance?
Possession of a psychoactive substance will not be an offence, except in a ‘custodial institution’ (prison, young offender centre, removal centre etc.).
Possession with intent to supply, importing or exporting a psychoactive substance will all become offences.

**What happens if a person is stopped and searched by the Police and they have a substance in their possession?**

Police have powers to stop and search individuals and premises. However, *possession of psychoactive substances will not be an offence*. Which substances are actually psychoactive is far from legally clear at present.

Currently the Association of Chief Police Officers (ACPO) guidance states that a ‘legal high’ should be treated like a controlled drug until proven otherwise. There will presumably be further ACPO guidance issued in relation to the new Act.

**Is it illegal to buy or import banned substances using a foreign website?**

The importing of a psychoactive substance would include buying a psychoactive substance from a non-UK based website, which may lead to individuals being prosecuted. It is important that users understand this - especially if this is the means by which they currently buy substances.

**What will happen to outlets which currently sell the substances?**

The Act is intended to act against shops and websites supplying ‘legal highs’. If the experience of similar legislation introduced in Ireland is repeated, the visible outlets or ‘head shops’ that sell the to-be-banned substances will most likely disappear. The Act is also quite specific in that the onus is on the sellers and producers of a substance to ensure it is not ‘likely’ to be consumed for its psychoactive effects.

It has been suggested previously by the ACMD that the Act will push the supply of these substances underground into the hands of criminals, which will inevitably lead to unknowns in purity, strengths and chemical makeup, which can all present potential harms.

**What are the penalties that can be imposed under the Act?**

The penalties that can be imposed under the Psychoactive Substances Act are laid out below.
<table>
<thead>
<tr>
<th>Offence</th>
<th>Summary</th>
<th>Indictment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possession</td>
<td>Not an offence</td>
<td>Not an offence</td>
</tr>
<tr>
<td>Possession in a custodial institution</td>
<td>Up to 12 months and/or a fine</td>
<td>Up to 2 years and/or a fine</td>
</tr>
<tr>
<td>Possession with intent to supply</td>
<td>Up to 12 months and/or a fine</td>
<td>Up to 7 years and/or a fine</td>
</tr>
<tr>
<td>Supply/offer to supply</td>
<td>Up to 12 months and/or a fine</td>
<td>Up to 7 years and/or a fine</td>
</tr>
<tr>
<td>Production</td>
<td>Up to 12 months and/or a fine</td>
<td>Up to 7 years and/or a fine</td>
</tr>
<tr>
<td>Importation/exportation</td>
<td>Up to 12 months and/or a fine</td>
<td>Up to 7 years and/or a fine</td>
</tr>
<tr>
<td>Failure to comply with a Prohibition notice</td>
<td>Up to 12 months and/or a fine</td>
<td>Up to 2 years and/or a fine</td>
</tr>
</tbody>
</table>

Offences under the Psychoactive Substances Act would be considered ‘aggravated’ if they involved supply to under-18s, were near a school or a children’s home (Local authority children’s homes etc).

*Are there any psychoactive substances that are exempt?*

Nicotine, alcohol and caffeine will be exempt from being classed as psychoactive substances. Medicinal products as defined by the Human Medicines Regulations (2012) and drugs already controlled by the Misuse of Drugs Act (1971) will also be exempt. Further exemptions can be made by the Secretary of State after consultation with the ACMD.

*How will the law change according to poppers?*

‘Poppers’ (alkyl nitriles such as isopropyl nitrite) are now exempt when the Act becomes law.
What will happen to nitrous oxide gas?

Nitrous oxide (when used as a propellant for whipped cream) would be exempt as a food preparation, but would be considered a psychoactive substance if it was sold with the likelihood of being used recreationally for a psychoactive effect. This is pretty much the situation at the moment however the onus will be on the supplier to ensure the product was not intended for this purpose. *Specific guidance for retailers is listed below.*

*Key Legislative Publications:*


Prevalence
The Scottish Government has published a new report looking at the use and trends of new psychoactive substances (NPS) amongst vulnerable groups living in Scotland.

The research, undertaken by Scottish Drugs Forum and The University of Glasgow, is the first of its kind in Scotland, and aimed to determine use across a range of people including people who inject drugs, mental health service users, vulnerable young people, people affected by homelessness and men who have sex with men.

The report, gathered information from people who worked in services and also people who used NPS. Part of this research was undertaken by SDF’s Peer Research Volunteers, people who have had their own history of substance use or who were otherwise peers of the target group.

The research covered motives for using NPS drugs, harms as a result of use, treatment experience, information needs and the impact of the Psychoactive Substances Act’s introduction in June 2016.

Understanding the patterns of use, motives and harms of New Psychoactive Substances in Scotland (Nov 2016):

At this time current evidence would suggest that use of NPS amongst the general adult population in Scotland is relatively low when compared with use of illicit drugs.

Scottish Crime & Justice Survey:

Other information sources available include the annually published ‘Global Drug Survey’ which collates independent research amongst the drug using population to inform support, information and education and services based upon geographical data.

Global Drug Survey:
http://www.globaldrugsurvey.com/
https://www.globaldrugsurvey.com/past-findings/the-global-drug-survey-
The 2014 ‘Legal High’ UK Online Survey Findings (published July 2016):

In Aberdeen City, ADP quick analysis (Red/Amber/Green ‘RAG’) techniques have revealed that like other areas in Scotland, NPS use and in particular the associated harmful behaviours tend to manifest in our more vulnerable and least resilient populations.

Latest ADP RAG Analysis and Drug Trend Monitoring Group information available from:
nhsg.aberdeencityadp@nhs.net

The ‘City Voice’ (Aberdeen citizen population survey) suggests that awareness of use and the problems associated with NPS do feature in the general population. Age ranges of potential use suggest that this is not an issue that relates to young people only. NPS use touches all age groups. It is recognised that there is a potentially ‘hidden’ population of recreational users who do not come to the attention of services or authorities.

City Voice 32 & 35 Reports:

The Scottish Schools Adolescence & Lifestyle Substance Use Survey (SALSUS) show that the overall trend in terms of drug use continues to be downward over the last decade, despite the arrival of NPS products. In tandem with the adult population alcohol and cannabis are the most used substances. However it should be noted that the survey does not include those individuals not attending or excluded from school.

SALSUS 2013 Aberdeen City Summary:
SALSUS 2015 National Overview:
Reporting updates on identifying new psychoactive substance availability in the UK are undertaken annually by the Home Office:


The EMCDDA NPS ‘Health Settings Wheel’ provides a useful overview of patterns of use across various key populations and matched to a variety of settings (referenced in full within the following report): [http://www.emcdda.europa.eu/publications/ad-hoc/nps-responses](http://www.emcdda.europa.eu/publications/ad-hoc/nps-responses)
Wider Context
The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) provide useful information in relation to the wider context of supply and use of NPS within the European Union. Publications include information relating to the number, type and general availability of NPS utilising the EU Early Warning notification system, as well as providing various risk assessments of various substances when required.

Similarly the United Nations Office on Drugs & Crime (UNODC) utilise an early warning advisory (EWA) system and support information provision on around worldwide trends and background information relating to NPS included within the Annually produced Global Drug Reports.

EMCDDA NPS Updates (2015-16):
http://www.emcdda.europa.eu/activities/action-on-new-drugs
http://www.emcdda.europa.eu/start/2016/drug-markets#pane1/1
http://www.emcdda.europa.eu/topics/pods/health-responses-to-nps

Summary Poster:

UNODC NPS:
https://www.unodc.org/LSS/Home/NPS
and:
Information Support
There is a vast amount of information available (including online sources) regarding NPS. These also include the many websites that sell NPS products as well as established ‘user’ forums where experience on using NPS is shared anonymously amongst peers. Being able to access credible and up to date information is crucial.

General information available for parents and young people can be accessed via ‘Know the Score’ (Scotland) or from ‘Talk to Frank’ (England).

Know the Score Legal Highs (Scotland): [http://knowthescore.info/drugs-a-z/legal-highs](http://knowthescore.info/drugs-a-z/legal-highs)

More detailed information about specific products is available from CREW 2000, a drug harm reduction agency based in Edinburgh commissioned by the Scottish Government to develop and support awareness and harm reduction interventions for NPS.

NPS Booklet “Psychoactive Drugs” (December 2016 update)
Drug Information A-Z: [http://www.mycrew.org.uk/drugs-information](http://www.mycrew.org.uk/drugs-information)

The ‘My CREW’ website and phone app provides detailed interactive advice and support utilising the latest information available on NPS use offering individuals the opportunity to log, track and minimise harm from NPS use.


The European-Wide, Monitoring, Analysis and Knowledge Dissemination on Novel / Emerging Psychoactives (MADNESS) Project contains a number of factsheets and other information relevant to a range of interested parties.

Other sources of harm reduction information and support are available online. The ‘Drugs Meter’ approach allows for personalised recording of use and provides detailed feedback and tailored harm reduction information to individuals.

**Drugs Meter:**
https://www.drugsmeter.com/

The Global Drug Survey’s ‘Highway Code’ provides information on safer use based on established self-reported user information profiles gathered via the survey process.

**Highway Code:**
http://www.globaldrugsurvey.com/brand/the-highway-code/

Other specialist support is available via the Scottish Drugs Forum and its National Quality Development programme – funded by the Scottish Government to provide quality development support to *vulnerable young people’s* and specialist addiction services around NPS. Support can include:

- Training and capacity building
- Referral pathway mapping
- Service consultation and review
- Review of Internal Systems e.g. paperwork, assessment procedures, drug policy etc.

The ADP Support Team holds membership of SDF and should be the first contact point.

**Scottish Drugs Forum:**
http://www.sdf.org.uk/drug-service-quality/p/

Scottish Drugs Forum – Injecting NPS Advice
**Education (Key Messages)**

Education around NPS has been seen as a vital component in supporting prevention and intervention initiatives to date. However many practitioners, even those with experience in substance misuse report that their own knowledge (perceived gaps) around NPS has hindered their ability in turn to educate their client or patient groups effectively. The sheer complexity of NPS brand names, the ever changing and evolving chemical structures and frequent changes to the legal status of substances (via Temporary Class Drug Orders) have resulted in some confusion and a lack of confidence in dealing with NPS issues.

Some useful tools have been developed in order to both support and supplement understanding of NPS. The ‘Drugs Wheel’ provides a substance classification framework that helps to simplify the quantity and seeming diversity of substances that make up NPS products. The model includes reference and comparison to ‘traditional’ illicit or controlled substances and allows practitioners to categorise substance use in a more general but still meaningful way. Understanding NPS by their psychoactive ‘effects’ rather than complex chemical structure and avoiding the confusion involved in focusing on ‘brand’ names (often interchangeable and not always accurate) has proven very useful.

The Drugs Wheel can be used as both a training tool and an interactive game or activity that can be undertaken as an educational activity.

The Drugs Wheel:
http://www.thedrugswheel.com/

The Drugs Wheel Game (Downloadable Version)
http://www.thedrugswheel.com/?page=downloads_game

The Drugs Wheel Resources:
http://www.thedrugswheel.com/?page=resources

Overall, it is useful to look at NPS in terms of the context of use as many are designed to specifically mimic the effects of well established controlled/illicit substances.

The Home Office has provided a useful resource pack for informal education around NPS that utilises case studies and simple activities to help guide practitioners. The pack provides a useful overview and summary of NPS terminology.
The Scottish Government published review “What Works in Drug Education and Prevention” (December 2016) aims to review and explore the evidence of effectiveness of different types of drug prevention and education for children and young people, principally that which is delivered in schools. There is a need for clarity around ‘what works’ and what does not, to inform approaches taken towards drug prevention and education for young people in Scotland:


Aberdeen City ADP is working on updating guidance for meeting the substance misuse outcomes contained within the Scottish Education Curriculum for Excellence framework.

The guidance offers the best evidence for substance misuse education (including quality and credibility) providing age-appropriate activity examples, case studies, links and resources. Copy below is a consultation draft. The latest version should be completed later in 2017.


A useful summary of key NPS Messages to include within learning scenarios:

- Legal does not = safe (which may still need reinforcing after the Psychoactive Substances Act 2016 comes into force in terms of there being no charges for the possession of certain non-scheduled substances)
- Many new drugs have effects that are designed to mimic – but these can
often be unpredictable

- Users often do not have access to reliable dosage information
- Many NPS are often reportedly consumed with a range of other substances (including alcohol) which adds complexity to effects as well as adding cumulative risk
- Emerging physical and mental wellbeing harms and negative impacts from the use of NPS are becoming more evident via toxicity and other reporting mechanisms
- That said, detailed information and a quality of evidence on both short-term and long-term effects on health and wellbeing is not yet available

- The user can never assume that what they consume is what it purports to be. Many substances have been shown to contain a mix of active ingredients or indeed no active ingredient
- Packaging and source is no guarantee of ‘quality’ (or inferred safety)
- Police can confiscate any psychoactive substance with a view to subsequent testing

PHE: Summary of Health Harms of Drugs:

It is increasingly important to ensure ‘mainstream’ education and information regarding NPS that is in line and proportionate with other illicit/controlled substances.

From a prevention point of view there are no significant differences required in terms of the overall approach required.
Intervention Guidance
Although there are no validated screening tools for identifying and assessing NPS use, useful and widely recommended tools from the basis of assessment are available from the KFX Drug Consultancy website.

KFX Drug Consultancy:
http://www.kfx.org.uk/resources.php

Aberdeen City Council has developed a procedure; “Substance Use in Children’s Services” which provides useful guidance in dealing with young people’s substance use within services. Part of the guidance relates to the use of the ‘Substance Use Monitoring Tool’ (SUMT) which allows for ongoing day-to-day monitoring and recording of substance use. This is designed to assist with gathering relevant information by way of recognition of patterns of substance use/behaviours.

Similarly, Aberdeen City Council has developed a substance misuse incidents policy and procedure for young people within an education (schools) context.

ACC Substance Use in Children’s Services:
[Available via Aberdeen City Council Intranet]

ACC Policy & Procedure for Managing Substance Misuse Incidents involving Children & Young People

It is also important to consider appropriate emergency responses when dealing with potential NPS intoxication. The following are guidelines on when to call the emergency services provided by the European Drug Emergencies Network based around emergencies in recreational (drug use) settings, but could be considered similarly useful within a range of other settings where someone using NPS becomes unwell:

- Unconsciousness — if the patient does not respond to vocal commands, requires painful stimulus (e.g. pressure across the fingernails) to respond, or does not respond at all
- Significant agitation (e.g. pacing around the room) or aggression, not settling within 15 minutes
• Seizures (e.g. a convulsion similar to an epileptic fit)
• Breathing difficulties, such as fast breathing rate, not settling within 5 minutes
• Heart rate over 140 beats per minute, not settling within 5 minutes
• Temperature over 38.5°C, not settling after about 5 minutes of rest or, if no thermometer is available, if very flushed and feels very hot
• Blood pressure: Systolic (‘upper pressure’) over 180mmHg, or Diastolic (‘lower pressure’) over 110mmHg on 2 repeated blood pressure measurements

If there are any other concerns (e.g. severe headache, chest pain)


Chill Welfare (Festival & Music Event Harm Reduction Social Enterprise), information available at: http://chillwelfare.org.uk/
Clinical Guidance

Project NEPTUNE is a UK funded expert network convened to provide clinical guidance on the clinical management of Acute and Chronic Harms of Club Drugs and NPS. The published guidance documents are a response to the current gap in knowledge and experience in the management of these drugs across the UK and are not a replacement for other guidelines and principles which do not relate specifically to NPS.

The guidance takes the view that “substance use or intoxication is not in itself an indication for treatment” and outlines that any contact with a health professional where NPS use is identified can be an opportunity to offer advice on safety, and potentially, change.

A model of brief information and advice is recommended, not dissimilar to that related to alcohol interventions (“patterns of NPS use show a close parallel to recognised patterns of alcohol use”).

The reports make a series of recommendations based upon a stepped care model for intervention ranging from ‘low’ to ‘high’ intensity. The intensity of the intervention should be directly related to the severity of the substance misuse problem, than to the severity of the health and other consequences of substance use.

An unobtrusive model is based upon allowing access to more intensive interventions as required. Importantly although in “non-drug treatment settings where NPS use, or problematic use, has been identified, the offer of brief advice and information may be useful – all non-drug treatment services should offer referral to drug treatment services”.

The documents sets out by substance category detailed information and guidance in relation to toxicity, management of acute harms and chronic use. It should be noted that the guidance is time limited (end of 2017) and will be subject to ongoing review.

A suite of e-learning material is being developed along with clinical tools (care
bundles and algorithms to provide a structure to improving processes of care.

Project NEPTUNE, Clinical Guidance Paper:  
http://neptune-clinical-guidance.co.uk/

Project NEPTUNE, Club Drug Use Among LGBT Populations:  

Project NEPTUNE: Harms of Synthetic Cannabis Receptor Agonists (SCRAs) and their Management:  

Furthermore; the EMCDDA report *Health Responses to New Psychoactive Substances* (2016) concludes that:

Limited experience and evidence in responding to/managing NPS-related chronic use and the diagnosis and prognosis of acute somatic harms due to NPS can at times make it difficult to distinguish between occasional problematic use and a more entrenched drug problem. It is important to acknowledge that the problematic use is not necessarily defined by the NPS in itself but rather by the intensity of use, and that there is a risk of labelling singular adverse events as an entrenched and persistent drug problem. Thus, acute healthcare management and brief interventions may be sufficient for experimental or occasional users experiencing an acute adverse event. [...] Long-term problematic use on the other hand, requires proper clinical assessment and care, as with any other problematic drug use and/or drug dependence.

*Thus the approaches identified and recommended in this report are largely based upon existing responses to drug use.* These approaches have been adapted to ensure they reflect: unique user group needs; structural and cultural and social contexts of use; new opportunities for engaging with user groups and service delivery; and the need to develop specific cultural competencies among people delivering such services. [...] The adaptation of these interventions to respond to NPS must proceed with caution and within a robust evaluative framework (p21).  
NHS Grampian Substance Alert Protocol

A Grampian wide Substance Misuse Alert Cascade Protocol has been put in place and aims to support all agencies that work with substance using clients to manage risk information and be confident that appropriate messages will reach those that need to know. The system will become a repository for pieces of intelligence that might gain relevance with accumulation. The Protocol has recently been reviewed and has been updated in 2017 (in line with Public Health England guidance on best practice).

Over recent years there has been a rise in the volume of information circulating relating to specific, heightened or new risk associated with both the use and misuse of illegal or non prescribed drugs or substances. These risks also now include NPS as well as misuse of prescription drugs and the contamination of any substance with infectious or other agents.

This system is intended to be a two way process. Considered messages will be circulated as indicated by circumstances in Grampian and will include advice on necessary action(s) as agreed by local advisors.

Information that clinicians/workers think might be useful to other colleagues working with substance users can also be submitted to the mailbox.

Aberdeen City ADP serves as the link between NHS Grampian and non NHS services for the purposes of wider information dissemination however anyone can send information directly to the account which also acts a contact mailbox for any further information:

nhsg.substancemisusealert@nhs.net

For non-alert type information (e.g. lower priority) regarding trends, patterns or general issues relating to NPS use in the City information can be notified to the City ADP NPS Forum via:

nhsg.aberdeencityadp@nhs.net
Local Service Access
Aberdeen City ADP has commissioned direct access local service provision which is intended to also respond to issues arising from misuse of NPS for all age ranges.

This Direct Access service can be accessed in various ways and is available across the week with a 7 day service:

- Helpline: (01224) 594700 available (10.30am to 7pm Mon-Fri) and (2pm to 5pm Sat & Sun)
- Text: 07927 192706
- Email: helpline@drugsaction.co.uk
- Drop-in (Hadden Street): Mon-Fri (9.30am – 1pm and 1pm to 5pm) Sat & Sun (1pm – 2pm)

The ADA service is also formally a part of locally integrated services (provided in conjunction with both NHS Grampian and Aberdeen City Council)

For up to date service information and timings please visit: http://www.drugsaction.co.uk/

Information Sessions are also available check with the provider (to book on sessions please see Eventbrite booking system): https://www.eventbrite.co.uk/d/united-kingdom--aberdeen/events/
Workforce Development
Local training and signposting to wider opportunities for the City workforce is available at:


The ADP takes a ‘tiered’ approach to workforce development needs, and this applies also to NPS. To find out more about these opportunities or to receive the workforce prospectus, e-bulletin or other information please email to:

nhsg.aberdeencityadp@nhs.net or adp@acvo.org.uk

Scottish Drugs Forum Workforce development Programme (E-Learning):
“New Drugs, New Trends: a Workers Toolkit for NPS/Legal Highs”

Project NEPTUNE E-Learning in collaboration with the Royal College of Psychiatrists, NEPTUNE is currently developing e-learning tools:

Module 1: An introduction to club drugs and NPS
Module 2: Acute Harms & Management
Module 3: Chronic Harms & Management

For latest updates please visit:
http://neptune-clinical-guidance.co.uk/e-learning/
Further Reading & Information

Some suggestions provided for further reading based on recently published information.

UNODC; *The Challenge of New Psychoactive Substances* (2013):

Home Office; *NPS in England, a review of the evidence* (2014):


Drugscope; *Business as Usual? A status report on NPS and club drugs in the UK* (2014):

Royal College of Psychiatrists; *One New Drug a Week* (2014):

http://www.swansea.ac.uk/media/The%20Rise%20and%20Challenge%20of%20Dark%20Net%20Drug%20Markets.pdf


UNODC Global Smart (Synthetic Cannabinoids) 2015:

Scottish Government: *Results of a questionnaire on the definition of NPS, proposals to establish a forensic centre for excellence, and improving data collection and information sharing* (2016):

EMCDDA; *The Internet & Drug Markets* (2016):

EMCDDA; *Drugnet Europe 94* (April 2016):

Drugwise; *NPS Come of Age: a UK overview* (May 2016):

CREW; *NPS at CREW: Annual Report 2015-2016*:

Beckley Foundation; *Roadmaps to Regulation: New Psychoactive Substances (NPS)* (2016):

EMCDDA; *European Drug Report* (2016):

EMCDDA; *Health Responses to New Psychoactive Substances* (2016):

EMCDDA; *Legal Approaches to Controlling New Psychoactive Substances* (2016):

EMCDDA; *New Psychoactive Substances in Europe: legislation and prosecution*

