

## December Data/Info

**Source: NDTMS annual stats (2015-16): Adults (hyperlink in box below)**

288,843 over 18s in contact with structured treatment:

- 3% (8655) report using NPS & club drugs, composed of 0.9% NPS; 0.8% Ecstasy; 1%; Mephedrone; 0.3%; Ketamine; GHB 0.2%; methamphetamine 0.2% (clients may cite more than one drug)
- Increase in reported NPS use against drop in overall numbers in treatment
- Cannabinoids account for largest proportion of NPS use
- Just over 25% NPS users used NPS in conjunction with opiates. Of these, high proportions reported housing problems (50%); and/or were referred to treatment through prison or probation (41%)

**Source: Home Office festivals analysis**

800 drug samples from amnesty bins and police seizures:

- 3% contained NPS
- Mainly cathinones
- No evidence of synthetic cannabinoids
- 3 compound substances: traditional drugs mixed with NPS

Pooled samples (male urinals)

- 21 NPS identified, 8 of which also found in amnesty bins
- 2 new: dimethylethcathinone and N-ethyl-hexedrone

**Source: Home Office FEWS**

Analysis of seized drugs:  
20 prisons; 400 samples:

- 67% drugs were NPS
- 99% NPS were synthetic cannabinoids (304 herbal; 4 paper)

**Source: NDTMS annual stats (2015-16): Young People (hyperlink in box below)**

17,077 under 18s in contact with specialist substance misuse services:

- 21% (3609) report using NPS & club drugs, composed of 6% NPS; 9% ecstasy; 5% mephedrone; 1% ketamine (<5 individuals reported GHB use and 9 reported methamphetamine use)
- Increase in NPS use for 2<sup>nd</sup> year against a downward trend in overall numbers
- 19% increase in reported NPS use this year – but numbers are small and changes in reporting may account for some of the increase

**Source: Imperial College post-mortem toxicology**

Biological samples from ~ 2500 cases per year. Both mephedrone and GHB associated with high number of deaths

- Mephedrone: 3 distinct categories of user identified: IV heroin users; recreational users; MSM (see ref to Lancet article in box below)
- GHB: users tend to be older (mean age 39 years; age range 22-67 years); 57% have history of other drug use; 33% HIV+

**Source: Drug alerts/warnings**

Nothing sufficiently widespread or evidenced to lead to a national warning or alert (and nothing specific to NPS) but local reports of:

- Continuing hospitalisations from high-dose ecstasy
- A death caused by Rauwolfia root bark sold as Iboga
- Continuing levamisole adulteration in cocaine
- Possible contaminated GHB
- (Temporary?) blindness caused by a drug sold as tramadol
- Large-scale diversion of pharmaceutical benzodiazepines
- Also continuing predictions (but no signs) of the arrival of highly-potent fentanyl

## Links and References

**Reports**

[CSEW](#)  
[FEWS annual report](#)  
[Drug-related deaths](#)  
[NDTMS Adults](#)  
[NDTMS Young People](#)  
[WEDINOS](#)  
[European drug report 2016](#)

**Useful links**

[www.toxbase.org](http://www.toxbase.org) Online database of the National Poisons Information Service. Access restricted to registered users, such as general practitioners and hospital departments.  
[www.neptune-clinical-guidance.co.uk](http://www.neptune-clinical-guidance.co.uk) Developed to improve clinical practice in the management of harms resulting from the use of club drugs and novel psychoactive substances.  
<http://www.davidstuart.org/care-plan> Recently released, useful tool in light of above findings re mephedrone and GHB.  
[Summary of Lancet article](#) (April 2016) by Imperial College Toxicology Unit Mephedrone use is increasing in London. Hockenhull J, Murphy KG, Paterson S. The Lancet. 2016 Apr 23;387(10029):1719-20.

See over for summary of key points and advice on management

## Summary of data presented and discussed at the December 2016 meeting of PHE's NPS clinical network\*

### From the data

- The numbers of adults and young people presenting to drug treatment who use NPS (excluding “club drugs”) are increasing, against a backdrop of other drug use decreasing
- Club drugs: adults using GHB and methamphetamine increasing, others decreasing; young people using ecstasy increasing, ketamine and mephedrone decreasing.
- Majority of drug seizures in prison are now synthetic cannabinoids
- Majority of NPS identified at festivals are cathinones
- Both mephedrone and GHB are associated with a disproportionate number (compared to use) of drug related deaths

### Summary

- Level of NPS use is still relatively low compared with opiates, cocaine, cannabis.
- Setting (prison, festival) and subgroup (age, sexual activity, other drug use) may influence drug of choice, and “riskiness” of use

### Advice

- It is important to treat acute presentations based on symptoms, as chemical makeup can vary so much between brands and NPS names. NPIS TOXBASE is the most useful resource in these situations.
- TOXBASE doesn't link to brand names, unless there is good evidence that a brand name is a particular drug with a specific formulation, but this is unusual.
- To support individuals with longer term issues, frontline specialist drug treatment staff can use transferable skills in dealing with broader categories such as cannabinoids, stimulants, dissociatives etc. Background information from the patient is important, and can contain important issues for clinicians to consider when assessing patients.
- Drug treatment specialist services, A&E departments and mental health services should be prepared to treat people experiencing acute withdrawals, as well as longer term social problems such as housing issues.
- People who use NPS may have taken more than one illicit drug, or may have taken NPS in conjunction with other medication. Knowing all the substances the patient has taken is also important, because of the possibility of interactions with other substances.
- Mental health clinicians need to consider discussing NPS use with their patients, and the possible impact that NPS use may have on their mental health.

\* PHE has convened an NPS clinical network to look at NPS data and information from RIDR and other existing drugs intelligence systems, to identify harms, patterns of use, and agree appropriate clinical responses. The network brings together clinicians, other front-line experts and policy makers from across government.

With the launch of the RIDR web-form we hope to provide more specialist NPS advice as we receive more information about the adverse reactions being seen by front-line workers in a variety of health settings. We need your help to report any adverse reactions observed in your patients through RIDR to provide more information on both the immediate and longer term harms in order to improve clinical knowledge on how best to treat patients.

**Please send any questions or feedback on this dashboard to: [RIDR@phe.gov.uk](mailto:RIDR@phe.gov.uk)**