

‘Legal highs’

(NOVEL PSYCHOACTIVE SUBSTANCES)

This briefing paper is **part of a series** produced by the Drug Education Forum, for schools and others involved in drug education or informal drug prevention.

The Drug Education Forum

The Drug Education Forum was funded by the Department of Education between 1995 and 2012 to inform and improve drug education in England. The DEF has been a reference hub of best policy and practice, analysing complex data and providing expert analysis and commentary for smaller and non-specialist organisations, as well as national members.

The DEF contributed extensively to government consultations, and was involved in key developments in drug education. As a free expert resource for practitioners nationwide, it also had significant impact at local level.

This briefing paper is one in a series of six published in March 2012; author Claire James. The series comprises:

- The principles of good drug education
- Principles for supporting school drug education
- Beyond the lesson plan: Drug prevention and early intervention
- Engaging parents in drug education
- Learning from life skills programmes in drug education
- Legal highs

Further copies of these papers can be downloaded from www.drugeducationforum.com

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There are many legal drugs which people take in order to change the way they feel, think or behave, or fight illness or disease. Common examples include alcohol, tobacco, caffeine and over-the-counter and prescribed medicines. Learning about all such drugs is a core part of drug education in schools. However, the term ‘legal highs’ as used in the media does not refer to the examples above, but to a group of drugs more accurately called ‘novel psychoactive substances’. These are designed to imitate the effects of illegal drugs: either stimulants, cannabis or hallucinogens.

Myths about ‘legal highs’

They are legal – *They may not be.*

They are safe – *There is no reason to think so.*

Their use is common among young people – *Media hype might suggest otherwise, but most new drugs fail to make an impact.*



Many drugs that were previously sold as legal highs are now controlled under the Misuse of Drugs Act 1971, including mephedrone, naphyrone, BZP, GBL and synthetic cannabinoids (such as those found in Spice products). However, experience so far shows that as existing drugs are banned, new chemicals rapidly come onto the market to replace them.

The only novel drug that has so far been used on any significant scale is mephedrone. The 2010/11 British Crime Survey found 4.4% of 16 to 24 year olds had used it in the last year, a similar level of use as powder cocaine. It is not clear to what extent mephedrone displaced cocaine and ecstasy use and how far it attracted new users because of its perceived ‘legal’ status.

‘Legal highs’ within PSHE education

Whether the topic is ‘legal highs’, cocaine or alcohol, what helps young people is PSHE education that:

- is needs-led and age-appropriate, putting the pupil at the centre;
- is a two-way, interactive process of learning;
- enables pupils to explore their own and other people’s attitudes and values;
- challenges misperceptions about the prevalence and acceptability of drug use among peers; and
- develops pupils’ personal and social skills to manage risk, solve problems and communicate effectively.

Mephedrone

The vast majority of new drugs that appear on the street have a negligible market impact. Why was mephedrone different? The key seems to have been the success of crackdowns on ecstasy and cocaine supply coinciding with the appearance of a drug whose effects made it a plausible replacement for these. Between 1999 and 2009 the purity of cocaine seized by the police in England and Wales fell from over 60 per cent to 22 per cent, and about half of ecstasy pills seized in 2009 contained no MDMA, ecstasy’s active ingredient.³

Between 2009 and 2010 the use of mephedrone grew rapidly in the UK, becoming readily available at music festivals, head shops and on the internet, where users could purchase it conveniently and legally, and if they wished, make a profit by selling it to others. A stream of media stories about the dangers of the drug helped publicise it, and in April 2010, the government responded by categorising it as a Class B drug. Despite this it continues to hold a significant share of the drug market among young adults.⁴

Is it necessary to have detailed knowledge about these drugs to teach about them?

Research on what makes drug education effective has shown developing pupils’ skills and values to be more valuable than imparting detailed information. However drug education will generally also cover factual information about specific drugs – their effects, health risks, legal status and street names. On the topic of ‘legal highs’, this may seem particularly challenging because the situation on the ground can change so quickly.

However, teachers do not need to be ‘drug experts’: their role is to guide pupils towards suitable sources of information, getting the young people to do much of the research themselves. Some pupils may feel that they are better informed than teachers, for example about street names, but there is of course no guarantee that their information is correct. One potential source of confusion is the similarity of drug names such as mephedrone and methadone. When conflicting ‘facts’ come up in the classroom, pupils should be encouraged to think how they can find out which is correct. Useful resources are listed at the end of this briefing paper.

Schools may want to draw on external sources of advice and help, such as local drugs services, the local authority and the local public health team. However, the value of bringing external contributors into the classroom is often overestimated. Schools often wrongly believe these are bound to carry greater credibility, or that they have more facts at their fingertips than the teacher. Since teaching skills are more valuable than pure information-giving, as explained above, this may not be the case.

Schools should be careful to ensure visitors’ teaching expertise is sound and that their contribution is integrated into a teacher-led programme of drug education; focused on agreed learning outcomes; and consistent with the school’s values and approach to drug education. Another briefing paper in this series deals specifically with this issue. There are particular concerns with ex-users in drug education, since research suggests that their involvement can be counterproductive.¹

It is important to young people that teachers are a trusted source of information. This trust is developed by teachers:

- having basic knowledge on the subject (although this doesn’t need to be extensive);
- being able to trace back the facts they give to reliable sources;
- admitting when they don’t know something;
- listening to young people and engaging them in discussions relevant to their interests, concerns and fears; and
- avoiding ‘scare tactics’ which put too much emphasis on the dangers of drug-taking. If young people feel that these are being focused on unduly or (worse) exaggerated then this can damage the teacher’s credibility.



Where to start?

The first step should be an assessment of pupils' knowledge and understanding. For Key Stages 1 and 2, the 'draw and write' approach (sometimes nicknamed 'Jugs and Herrings') can be illuminating. The same approach can also be used with older pupils, or alternatively, exercises such as quizzes, graffiti sheets or carefully worded questionnaires. Feedback from pairs, small groups and class discussions can be used to inform planning. See the resources section of this briefing paper for more needs assessment tools.

This needs assessment then helps the teacher ensure that sessions in which pupils develop their skills and explore their attitudes and values are relevant and appropriate. Teachers will have to use their judgement about whether covering new drugs or 'legal highs' in any detail is appropriate. There is a wider issue about the relationship between legality and harm which is often worth exploring, including the place of drugs such as alcohol in society.

Strengthening social skills

This is probably the most important aspect of drug education. It enables young people to identify and avoid situations that put their health or safety at risk, and manage social encounters involving drugs. It also helps increase their confidence and sense of self-worth, addressing some of the risk and protective factors that research shows influence young people's decisions around drug use.

Approaches that are interactive and facilitative are most effective, such as discussing possible scenarios, perhaps drawn from literature, while role play can be valuable. More detail on these is available from another briefing paper in this series "Life skills in drug education".

Challenging misconceptions 1: "These drugs are legal"

Medicines legislation exists to ensure that new chemicals can only be sold for human consumption once they have been clinically demonstrated to be safe. Suppliers of designer drugs avoid prosecution under this legislation by using descriptions such as 'bath salts', 'plant food' or 'research chemicals'.

Research has shown that products claiming to be 'legal highs' may in fact contain illegal drugs. For example, chemical analysis of 17 samples claiming to be the (then) legal drug naphyrone (NRG-1) found that only one contained naphyrone and most were in fact drugs which had been recently banned, carrying a new label.²

Where a new drug is causing concern, the Home Secretary now has the power to invoke a temporary class drug order (an instant ban) lasting up to 12 months. Supply of drugs under these orders is illegal. Possession is not an offence, but the drugs may be seized and disposed of.

Challenging misconceptions 2: "If something is legal that means it's safer and OK to use."

These chemicals have not gone through any tests to ensure they are safe for human consumption: that is why they are generally marketed as 'plant food' or 'bath salts'. When a new drug comes on the market, no one is sure what the health risks are, but they are often similar to illegal drugs whose chemical structure is closely related. For example, some drugs similar to amphetamines can cause anxiety and paranoia, palpitations, and over-stimulation of the heart and nervous system which can lead to seizures. The chances of unpleasant side effects or serious health risks are increased if used with alcohol or other drugs.

The brand name or label is not necessarily a reliable guide to what chemical(s) a product contains, so users may not know what they are taking. This can make it difficult to judge a 'safe' dose. If an overdose occurs, hospitals may find it difficult to find out what drug has been taken and how to treat the patient.

Marketing: Not what it says on the tin...

Since it is illegal to sell medicines which have not been properly tested, to avoid prosecution substances are often labelled as plant food, bath salts or research chemicals. They may carry warnings "Not for human consumption". The disclaimers on websites may be extensive, for example:

"Products are for laboratory use only... not to be used for any other purposes... You agree to defend, indemnify, and hold harmless [company] from and against any claims, actions or demands... any purchase shall be done at your own risk."



Challenging misconceptions 3: “Lots of people my age are taking these drugs.”

As with any other behaviour, people’s decisions about substance use are influenced by what they believe is normal and accepted amongst their peer group. Research shows that young people consistently tend to overestimate both the prevalence of drug use and how acceptable others their age perceive it to be. This matters because perceptions of social norms can shape behaviour.

Including a normative element in drug education is an effective way to challenge any such misconceptions. One way of doing this is by carrying out a school project. The first step is to conduct a survey in which pupils are asked about their own views and behaviour, and their beliefs about the views and behaviour of others in their year group. Assuring confidentiality and anonymity for participants is critical to the credibility of the results. Then key statistics are chosen, focusing on the positive behaviour of the majority. Survey results might include findings such as: “95% of students have never taken this drug”; “75% say they would make sure their friends get home safely if they had drunk too much”; “85% believe it’s stupid to take drugs if you don’t know what they are.” These can be used as part of lessons and in information campaigns.

Even without doing a project such as this, an understanding of the power of social norms can inform drug education. For example, national or local data showing prevalence rates can be used. Avoid echoing messages in the media that over-hype drug use among young people, since these can reinforce the idea that ‘everyone’s doing it.’ Where pupils share their opinions in class discussions or small groups, this in itself can challenge their ideas about how acceptable drug-taking is to others.

Resources

Legal highs

This briefing paper does not attempt to provide a glossary of these drugs. For up to date information, we recommend you use the following resources:

- The Frank website: www.talktofrank.com
- DrugScope: www.drugscope.org.uk/resources/drugsearch

For more detailed information:

- The Advisory Council on the Misuse of Drugs (2011) Consideration of the Novel Psychoactive Substances (‘Legal Highs’). Home Office: bit.ly/ts9YL6
- ACMD reports on specific drugs: bit.ly/A6jeJd
- The latest information on which drugs are subject to temporary class drug orders is available from the Home Office website: bit.ly/v2keB3

General drug education

- Other briefing papers in this series cover general principles of drug education, working with external visitors, engaging parents, life skills in drug education, and wider school policies around drugs. These are all available from the Drug Education Forum website: www.drugeducationforum.com
- Adrian King (2004) Advice for Teachers on Delivering Drug Education. Drug Education Forum www.drugeducationforum.com
- Department for Education and Skills (2004) Drugs: Guidance for Schools. Department for Education and Skills: bit.ly/yqPUdI

This guidance has now been superseded by the 2012 DfE and ACPO Drug Advice to Schools, but the 2004 guidance gives a good overview of drugs education which is not covered in the current advice.

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