

NEW

PSYCHOACTIVE

DRUGS

V1.8 01/16



Service availability

Drop-in: Monday - Wednesday: 1pm - 5pm, Thursday: 3pm - 7pm, Friday - Saturday: 1pm - 5pm, Sunday: Closed

Telephone information and support: Monday - Friday: 10am - 5pm

Online information and chatroom support: www.mycrew.org.uk



crew mind altering

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Telephone | 0131 220 3404

Email | admin@crew2000.org.uk

Main | www.crew2000.org.uk

Enterprise | www.mindaltering.co.uk

Info and support | www.mycrew.org.uk

Facebook | www.facebook.com/Crew2000

Twitter | www.twitter.com/Crew_2000

Instagram | www.instagram.com/Crew_2000



This booklet has been designed to expand worker knowledge and confidence in the area of NPS. It is most useful when discussed as part of Crew's NPS training.

Crew was established in 1992, in response to the rapid expansion of recreational drug use. We provide up-to-date information on the drugs that people are taking so they can make informed decisions about their own health. This is achieved using a stepped care approach and through collaboration with volunteers, service users and professionals.

Crew neither condemns nor condones drug use, but we believe there are ways to reduce harm to health.

As a national agency, **Crew is at the forefront of emerging drug trends** and we engage at all levels including service development, practice and policy. Our services include:

- **Support line:** non-judgmental drug and sexual health information and support.
- **Drop-in:** drug and sexual health information, condoms (NHS c:card service) and DJ workshops.
- **Outreach services:** we provide welfare at large events, such as clubs and festivals to educate revellers on partying safely. We also specialise in crisis intervention.
- **Drug counselling and recovery development work:** for those using psychostimulants (over 16) we offer one-to-one counselling sessions and services supporting people's recovery journey, including SMART recovery groups and acupuncture.
- **Volunteer development:** we have over 50 volunteers from all walks of life that keep the organisation running. If you would like to join us please contact Crew for an application pack.
- **Training:** Crew delivers both free training through Alcohol and Drug Partnerships and paid bespoke training to meet your needs.





New Psychoactive Substances (NPS) are drugs that can have mind altering properties but are not always controlled by drug laws.

LEGAL HIGHS

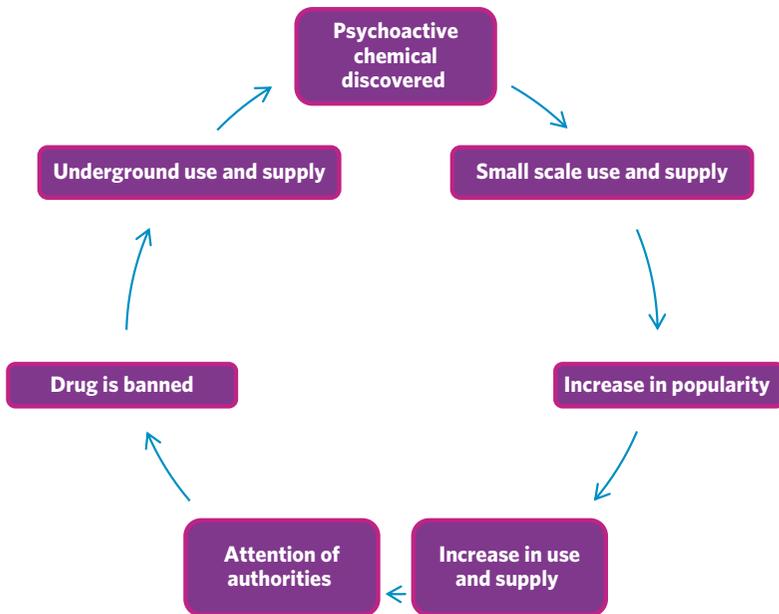
The effect, duration and appearance of the drug will vary but most NPS are chemicals produced in a lab and come in powder, pill or herbal form.

NPS are also known as legal highs, novel/new drugs, and legals and are usually branded with names which are misrepresentative. Examples include herbal extracts, room incense, novelty collectors' items and research chemicals. In the recent past NPS were often sold under names, such as 'plant food' or 'bathsalts' but this is less common as products are not dual purpose and mis-selling them is in violation of trading standards legislation.

The term legal high might incorrectly imply that these substances are safe. Legal doesn't mean safe. Many people find the term legal high misleading but it is difficult not to use, especially when working with people who take them.

A cycle of new drugs

Most drugs follow a cycle of supply and prohibition.



When one drug is banned another one can take its place and we are left knowing even less about the short and long term effects of the new drug. This can increase harm and makes treatment very difficult.

Why do people take NPS?

[Value for money – Some new drugs are cheaper than the illegal equivalent [average prices 17th December 2015].

Synthetic cannabinoids (1 g)
£6.00-£12.00



Cannabis (1 g of grass)
£10.00-£15.00

Research stimulants (1 g)

£10.00-£20.00



Amphetamines (1 g)
£10.00-£30.00
Cocaine (1 g)
£40.00-£100.00
MDMA powder (1 g)
£30.00-£50.00
Ketamine (1 g)
£40.00-£50.00

'Party pills' (1 pill or capsule)
£5.00-£10.00



MDMA pill (ecstasy)
£10.00

[Less chance of detection – in treatment, in prisons, in the work place – Those subject to mandatory drug testing will see the appeal of consuming a drug that doesn't show up on a test. The detection technology is expensive and test standards, allowing the identification of these chemicals, are rare meaning people can sometimes consume NPS without it showing in test results.

[Availability – Packets are branded in colourful and exciting ways and vendors use loyalty schemes and discounted prices to encourage sales. Drugs can be purchased online and in shops, which are generally known as 'head shops' that also sell drug paraphernalia. Additionally, in Scotland NPS can be found in other shops such as newsagents and e-cigarette shops. There are no regulations on having products out of sight, or in plain packaging, or to limit purchasing hours or to prevent sale to minors as packets are labelled 'not for human consumption' or 'not approved for human consumption'. Like traditional drugs, NPS can often be purchased from street dealers after they become illegal.

[Quality – Reduced quality and purity of traditional drugs may have fuelled the expansion of the NPS market. People may think new drugs are of better quality, partly as they are less likely to be 'cut'; this is not always true as manufacturers (often laboratories in Europe, China or India) may not use appropriate quality and regulatory methods.

[Prefer effect - People take drugs for a number of reasons and they usually have a preferred effect in mind. NPS can cause a range of different effects including euphoria, relaxation, increased confidence, empathy (connection with others) and altered perceptions. The overall effect of a drug depends on a number of factors including the type of drug, how the person is feeling, where they take the drug, what dose is taken (some packets can contain more than 50 doses!) and if they are mixing with other substances (including alcohol).

[Think they are safer - A common misconception is that these drugs are safer because they are legal. This is not true – these drugs are not legal because they are safe; they are legal because of a loophole. To stay within the law those who sell the substances are unable to provide information (such as expected dose, effect or duration) without breaking the law and generally NPS are stronger and more potent than traditional drugs.

[Legal status - Many psychoactive drugs were created (or marketed, if already existed) to bypass drug laws either by modifying the molecular structures of existing drugs or by developing new drugs with similar effects to illegal ones. Some NPS are not classified by existing legislation but may be subject to control in the future. A change in legal status does not always stop use and if a desirable drug (e.g. mephedrone) is made illegal it can be driven underground with the consequence that it generally becomes more expensive, less pure and more difficult to control. The following legislation relates to the use of drugs in the UK:

Misuse of Drugs Act (1971)

This act was designed to make new provisions regarding dangerous or harmful drugs and includes laws surrounding licensing, production, supply and possession. Some new drugs are not controlled as their chemical structure is not covered by this legislation.

Temporary Class Drug Orders (TCDO)

In 2011, Temporary Class Drug Orders were introduced for new drugs that cause concern. They can be implemented quickly and can last for a period of up to 12 months while a decision is made whether to permanently control them. Possession for personal use during this time is not illegal but anyone caught importing, producing or supplying will be subject to penalties of up to 14 years imprisonment and a fine.

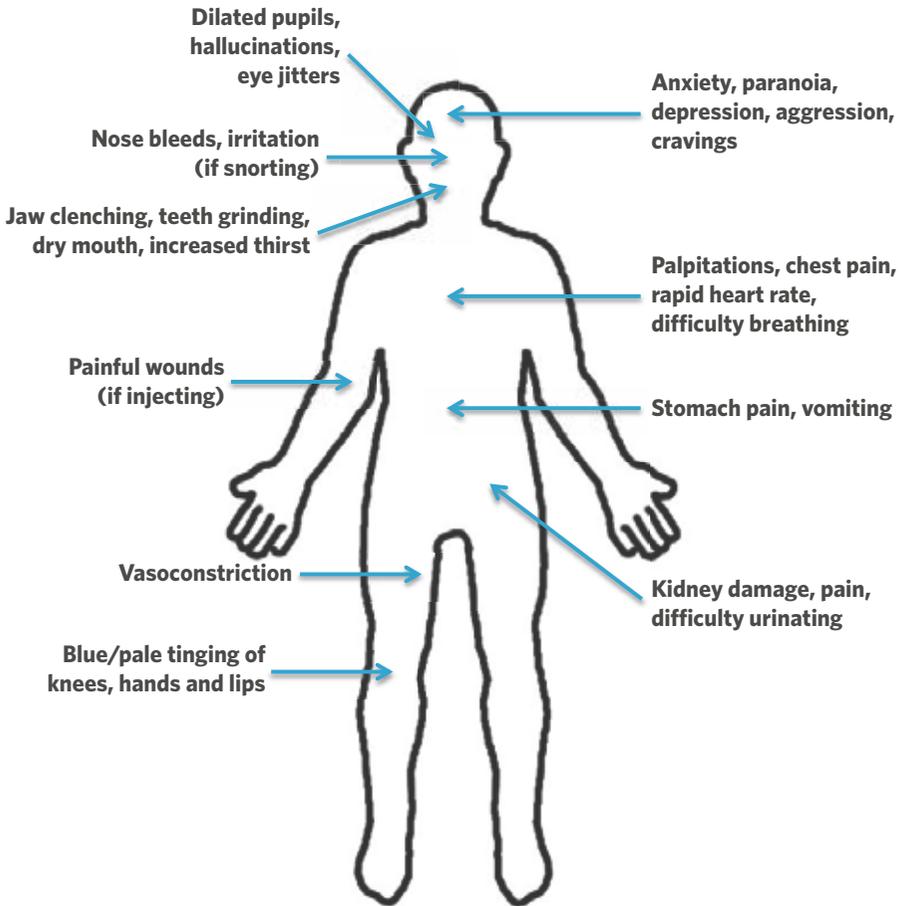
Other relevant legislation

There are no bespoke laws for NPS but there are many laws that can potentially be used to stem the supply of new drugs such as:

- Intoxicating Substances (Supply) Act 1985 (England, Wales and NI only)
- Consumer Protection Legislation
- General Product Safety Regulations 2005

The UK Government plans to introduce a Psychoactive Substances Bill. This bill will create a blanket ban with the aim of prohibiting and disrupting the sale and supply of NPS. Once introduced, production, importation/exportation and dealing will become an offence, with penalties of up to seven years in jail. Possession (for personal use) will not be a criminal offence

Unwanted effects



Crew's service users have reported that both synthetic cannabinoids and stimulant NPS have caused episodes of drug induced psychosis.

Some synthetic cannabinoids (page 16) are very strong and Crew's service users have reported feeling depressed, suicidal and detached from reality when taking this type of drug. The craving to take more can be strong leading to higher doses and more frequent use which exacerbates problems.

Stimulant NPS can increase energy and confidence. They also decrease appetite and may lead to lack of sleep, weight loss and bad skin. Repeated high doses of stimulants, combined with little rest, increase the chance of experiencing stimulant psychosis which is characterised by hallucinations, delusions and thought disorders.

Don't forget the comedown!



A comedown is the process your body goes through when recovering from the effects of drugs, like a hangover is to alcohol. If you or anyone you know has that sinking feeling after a night out the following information may help.

1 - Starting to comedown

Try to resist taking more drugs

If you are worried or anxious
speak to friends you feel safe with

If dehydrated, sip water or an
isotonic drink

2 - Trying to get to sleep

You may be irritable and bad
tempered so do something
that will relax you

Take a shower and drink some
hot sweet decaffeinated tea
or herbal tea

3 - The next day

If you feel low, chill out with
a friend

Eat healthy balanced meals;
if you're not hungry try to
eat fruit - especially bananas

Take multi-vitamins

4 - The next week

Your emotions could be
up and down

Try not to compensate
by redosing

Try ear acupuncture at Crew!

COMEDOWNS



What's in the packet?

Most branded legal high packets list the main ingredients using the full chemical name. The table below lists the most common chemicals as well as the shortened chemical name for simplicity.

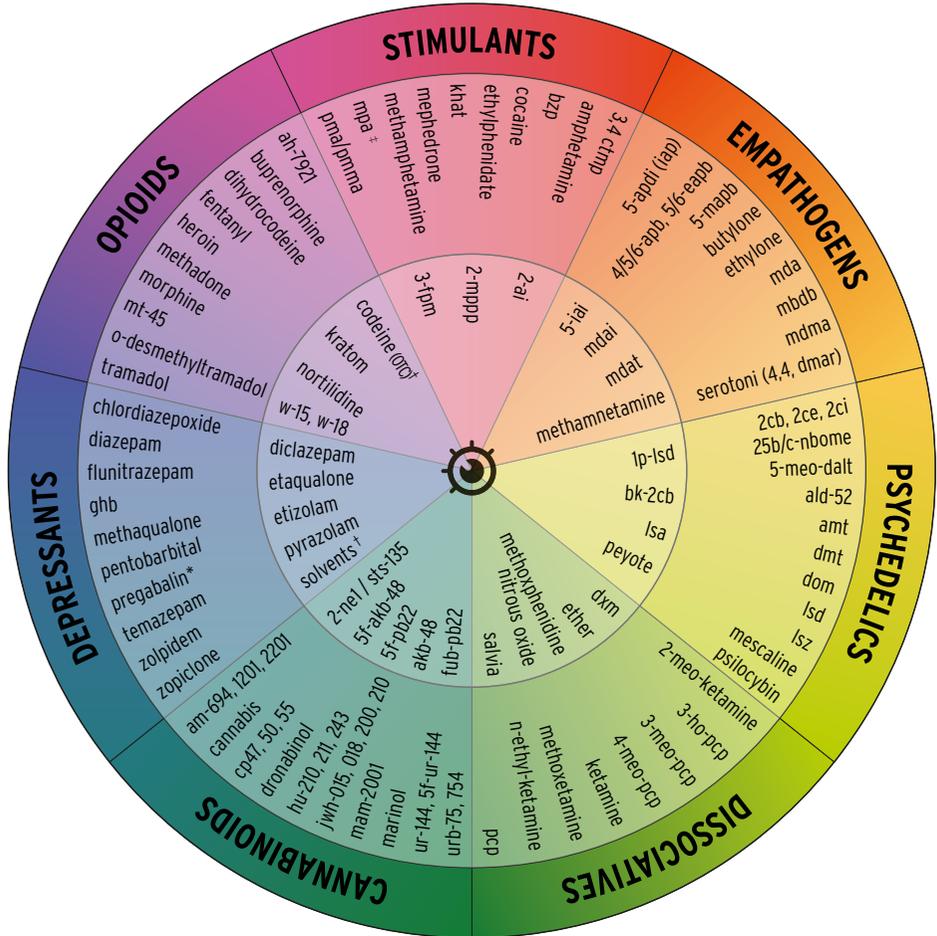
| Full chemical name | Shortened chemical name |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Cutting agents | |
| 2-(diethylamino)- <i>N</i> -(2,6-dimethylphenyl)acetamide | Lidocaine |
| Ethyl 4-aminobenzoate | Benzocaine |
| Calcium hydrogen phosphate dihydrate | Dicalcium Phosphate |
| Magnesium octadecanoate | Magnesium Stearate |
| Microcrystalline cellulose | Refined wood pulp (does not dissolve) |
| Stimulants | |
| 1-(thiophen-2-yl)-2-methylaminopropane | Methiopropamine (MPA) (under TCDO since 27NOV15) |
| 2,3-dihydro-1H-inden-2-amine | 2-Aminoindane (2-AI) |
| 3-methoxy-2-(methylamino)-1-(4-methylphenyl)propan-1-one | Mexedrone |
| 2-(3-fluorophenyl)-3-methylmorpholine | 3-Fluorophenmetrazine (3-FPM) |
| Empathogens | |
| 5-iodo-2,3-dihydro-1H-inden-2-amine | 5-Iodo-2-aminoindane (5-IAI) |
| 6,7-dihydro-5 <i>H</i> -cyclopenta[<i>f</i>][1,3]benzodioxol-6-amine | 5,6-Methylenedioxy-2-aminoindane (MDAI) |
| 5,6,7,8-tetrahydrobenzo[<i>f</i>][1,3]benzodioxol-7-amine | 6,7-Methylenedioxy-2-aminotetralin (MDAT) |
| <i>N</i> -methyl-6,7-dihydro-5 <i>H</i> -cyclopenta[<i>f</i>][1,3]benzodioxol-6-amine | 5,6-Methylenedioxy- <i>N</i> -methyl-2-aminoindane (MDMAI) |
| Psychedelics | |
| 5-(2-Aminopropyl)indole | 5-IT |
| 2-Amino-1-(4-bromo-2,5-dimethoxyphenyl)ethan-1-one | Bk-2-CB |
| <i>N,N</i> -diethyl-7-methyl-4-propanoyl-6,6a,8,9-tetrahydroindolo[4,3- <i>fg</i>]quinoline-9-carboxamide | 1P-LSD |

| Dissociatives | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| (4)-1-[1-(2-methoxyphenyl)-2-phenylethyl]piperidine | Methoxphenidine (MXP) |
| <i>Salvia divinorum</i> | Salvia |
| (4bS,8aR,9S)-3-Methoxy-11-methyl-6,7,8,8a,9,10-hexahydro-5H-9,4b-(epiminoethano)phenanthrene | Dextromethorphan (DXM) |
| (4)-1-(1,2-Diphenylethyl)piperidine | Diphenidine |
| Cannabinoids | |
| N-Adamantyl-1-fluoropentylindole-3-Carboxamide, 1-(5-Fluoropentyl)-N-tricyclo[3.3.1.1 ^{3,7}]dec-1-yl-1H-indole-3-carboxamide (5F-APICA) | STS - 135 |
| 1-Pentyl-N-tricyclo[3.3.1.1 ^{3,7}]dec-1-yl-1H-indazole-3-carboxamide | AKB48 |
| N-(Adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide (5F-APINACA) | 5F-AKB48 |
| N-cumyl-1-(5-fluoropentyl)-indazole-3-carboxamide | 5F-AKB48 (cumyl analogue) |
| Quinolin-8-yl 1-pentyl-1H-indole-3-carboxylate (QUPIC) | PB22 |
| Quinolin-8-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate (5F-QUPIC) | 5F-PB22 |
| 1-(Cyclohexylmethyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester (QUCHIC) | BB22 |
| (2s)-methyl-2-(1-(cyclohexylmethyl)-1 h-indol-3-ylcarbonylamino)-3 3-dimethylbutanoate | MDMB-CHMINACA |
| Depressants | |
| 7-(2-Chlorophenyl)-4-ethyl-13-methyl-3-thia-1,8,11,12-tetraazatricyclo[8.3.0.0 ^{2,6}] trideca-2(6),4,7,10,12-pentaene | Etizolam |
| 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-1,4-benzodiazepin-2-one | Diclazepam |
| 3-(2-ethylphenyl)-2-methyl-quinazolin-4-one | Etaqualone |
| 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine | Pyrazolam |

Once we know the shortened chemical name we can cross reference this with the Drugs Wheel to categorise the drug based on effect. Workers are then encouraged to treat service users based on category of drug rather than specific substance. This is to simplify treatment, increase worker confidence and also because many clients are poly drug users.

The Drugs Wheel

A guide to some commonly-used recreational psychoactive substances in the UK.
 [Version 1.2.6, 09.12.15]



Outer ring: Controlled or regulated in the UK.
Inner Ring: Legal in the UK.
 † Regulations apply to the sale of these substances.
 * Prescription only medicine



MY CREW is a non-judgemental online space where you can find information, advice and support. There is a packed drugs A-Z, self-assessment tool (to check how risky your use of any substance is) and a chatroom to access support from trained volunteers.

The list below is an overview of the most commonly used new drugs seen at Crew. The list is not exhaustive and information can only be considered current on the date of issue. For more up to date information or to find out what's in your packet visit www.mycrew.org.uk

[Ethylphenidate]

Ethylphenidate (eth-il-fen-i-date) was found in branded packets such as Burst. It was one of the most commonly found substances in research chemical powders but it is now covered by a TCDO (see below).

Ethylphenidate is a stimulant (upper) drug closely related to methylphenidate (brand name Ritalin). Effects include increased energy and rapid heart rate as well as increased sociability and sex drive. People taking it can experience restlessness, panic attacks, insomnia, pain and an urge to re-dose.

It comes in a white crystalline powder which is usually snorted or swallowed in a cigarette paper (bombed). An average dose for snorting will give around 25 lines from a gram (this dose should not be taken as a recommendation). Snorting can cause damage to the nasal passages and often causes effects to come on quicker than swallowing. Snorting can cause a more intense experience although effects tend to last longer when the drug is swallowed.

Legal Information: Ethylphenidate is under a Temporary Class Drug Order as of 10APR15. This can last for a period of up to 12 months while a decision is made whether to permanently control it. Possession for personal use during this time is not illegal but anyone caught importing, producing or supplying will be subject to penalties of up to 14 years imprisonment and a fine.



[Etizolam]

Etizolam (et-iz-o-lam) is a very strong benzodiazepine (downer) drug which has a sedative effect and can cause long periods of sleep and drowsiness. It also slows down your heart rate and breathing. People taking it can feel calm and relaxed with reduced feelings of anxiety as well as experiencing short term memory loss, reduced mental alertness and double vision.

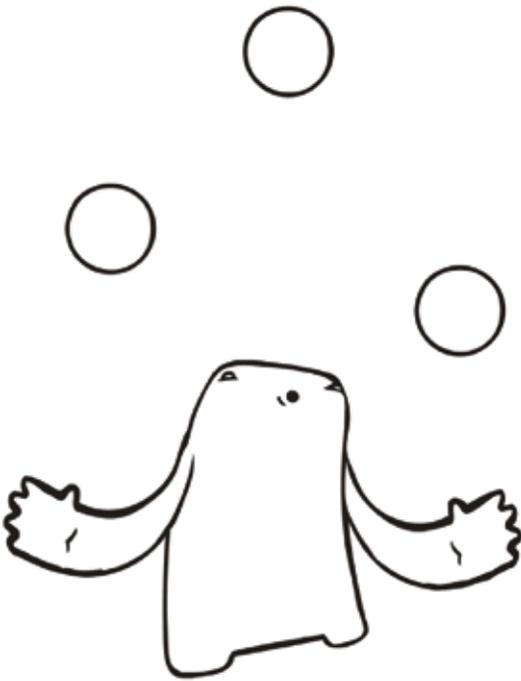
It usually comes in 1 mg (blue) or 2 mg (pink) 'pellet like' pills which are usually swallowed or left to dissolve in the mouth and doses as little as 0.5 mg can have the desired effect (this dose should not be taken as a recommendation).

Legal Information: Currently legal in the UK. There are currently no plans to place etizolam under a Temporary Class Drug Order.

[MDAI]

MDAI first became available online in 2009 as a legal alternative to MDMA. 'Sparkle' and 'Sparkle Gold' are examples of branded packaging claiming to contain MDAI. Some users report MDMA-like effects.

MDAI is similar to MDMA but less potent and with less stimulant effects and therefore MDAI is commonly found mixed with stimulant NPS in branded packets. It can make you feel a rush through your body and head, often experienced as a tingling sensation and it also increases your heart rate and blood pressure. People taking it can experience a mild high, relaxation and increased enjoyment of music as well as stomach cramps, short term memory loss and problems sleeping.



It comes in a white or tan/brown powder with a crystalline look, or in capsule form. The powder is often wrapped in cigarette paper and swallowed (bombed), 'dabbed' by finger, or diluted in orange juice which is said to minimise the bad taste. An average dose for swallowing will give around 10 bombs from a gram (this dose should not be taken as a recommendation).

Legal Information: Currently legal in the UK. There are currently no plans to place MDAI under a Temporary Class Drug Order.

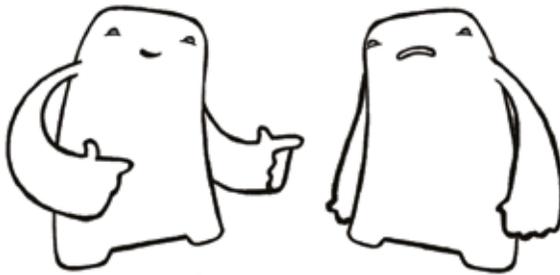
[Mephedrone]

Mephedrone (mef-i-drone) also known as Drone, M-CAT, Magic and Meph, appeared on the market in 2007 and rapidly became the fourth most popular drug in the UK.

Mephedrone is a stimulant (upper) drug similar to MDMA, amphetamine and cocaine which can give you a rush and make you feel high. It also increases your heart rate and breathing. People taking it can experience a feeling of 'coming up', alertness and an intense connection with music as well as cravings to re-dose, intense sweating with an odour and insomnia.

It comes in a fine or crystalline white powder and is usually snorted or swallowed either in a cigarette paper (bombed), in a capsule/pill or diluted in juice. An average dose for snorting will give around 16 lines from a gram and for swallowing around 8 bombs from a gram (these doses should not be taken as recommendations).

Legal Information: Class B drug. Penalties for possession are up to five years in prison and/or an unlimited fine. Supply holds penalties of up to 14 years in prison and/or an unlimited fine.



[MPA (Methiopropamine)]

Methiopropamine (meth-eye-o-prop-a-mein), also known as MPA, is found in many branded products such as China White. It appeared on the NPS market in 2010 and has grown in popularity since.

Methiopropamine is a stimulant (upper) drug which can make you feel alert and more energetic. It also increases your heart rate and breathing. People taking it can experience a mild high, sexual arousal and loss of appetite as well as difficulty urinating (peeing), chest pain, breathing problems and an urge to re-dose.

It comes in a fine white powder which is usually snorted or swallowed in a cigarette paper (bombed). An average dose for snorting will give around 50 lines from a gram and for swallowing around 25 bombs from a gram (these doses should not be taken as recommendations).

Legal Information: MPA is under a Temporary Class Drug Order as of 27NOV15. This can last for a period of up to 12 months while a decision is made whether to permanently control it. Possession for personal use during this time is not illegal but anyone caught importing, producing or supplying will be subject to penalties of up to 14 years imprisonment and a fine.

[Methoxiphendine (MXP)]

Methoxphenidine (MXP) is a dissociative which can have a slight psychedelic effect that is somewhat similar to the illegal drug ketamine. MXP is usually snorted or swallowed (bombed). Snorting will mean the effects will come on more quickly than if swallowed (perhaps within 2-5 minutes). It is not recommended to inject MXP. The effects of the drug are dose dependant but include: feelings of euphoria, dissociation, time distortion, giggles, dizziness, loss of balance and numbed feeling or sensation.

The anaesthetic qualities of MXP can make users more prone to injury and falls. Tolerance to MXP builds up quickly and those taking it regularly are likely to increase their dosage. Taking a 1-2 week break from use can reset tolerance. Since MXP has not widely been used for very long the toxic dose is not yet known and those who have switched from taking ketamine (or similar drugs) are recommended to start with a much smaller dose than they are used to.

Legal Information: Currently legal in the UK. There are currently no plans to place MXP under a Temporary Class Drug Order.

[Nitrous Oxide]

Nitrous oxide is a chemical commonly known as laughing gas or NOS. It was frequently used as a pain killer by dentists but can now most commonly be found in some food products (to keep them fresh) and is also sold in steel canisters or balloons and is usually inhaled.

Nitrous oxide is a colourless gas. Some people say that it has a slightly sweet smell and taste.

Because nitrous oxide is a pressurised gas in the canister, there is a risk of harm if you inhale nitrous oxide straight from the canister. This method can lead to sudden death due to a lack of oxygen and is one reason why nitrous oxide is sold to people in balloons.

It is a dissociative drug which means it slows down your brain and your body's responses. The effects of nitrous oxide vary depending on how much has been inhaled but they include: feelings of euphoria, relaxation and calmness as well as dizziness, difficulty in thinking straight, altered hearing and fits of giggles/laughter. In higher doses it can also cause numb face/hands/feet and headaches as well as nausea and vomiting.

Once inhaled the effects will normally on within 15-30 seconds and the effects from a single breath of nitrous oxide will last between one and five minutes. Most people recommend one and five minutes between each dose allowing you to breathe normal air and restore oxygen levels.

Legal Information: Nitrous oxide is not illegal to possess. In England and Wales it is illegal to sell nitrous oxide to those under 18 for the purpose of inhalation.



[Synthetic Cannabinoids]

Synthetic cannabinoids (sin-thet-ic can-a-bin-oids) contain chemicals such as 5F-AKB48 and PB-22. These chemicals target the THC receptors in the brain and are often sprayed onto dried plant material. These are then packaged and sold by brand names such as Clockwork Orange, Voodoo and Psyclone.

Synthetic cannabinoids can make you feel calm and relaxed. People taking them can experience a high, enhanced sensations and a feeling of heaviness as well as nausea, anxiety, paranoia, panic attacks and feeling withdrawn. People have also reported a strong urge to re-dose, difficulty sleeping, intense withdrawal symptoms and an increase in mental health issues when using these substances.

They come in a variety of herbal blends and occasionally as a white powder or oil. They are usually smoked with tobacco or other herbs in a joint or a bong. The dose varies depending on the contents and they are often much stronger and more harmful than cannabis..

Legal Information: Many synthetic cannabinoids are now illegal to possess and/or supply although newer ones may be legal. Illegal cannabinoids are Class B drugs; penalties for possession are up to five years in prison and/or an unlimited fine. Supply holds penalties of up to 14 years in prison and/or an unlimited fine.

**Not found the substance you want to find out more about here in this booklet?
Visit www.mycrew.org.uk**



The dose

Don't underestimate new drugs. They can be stronger than illegal drugs.

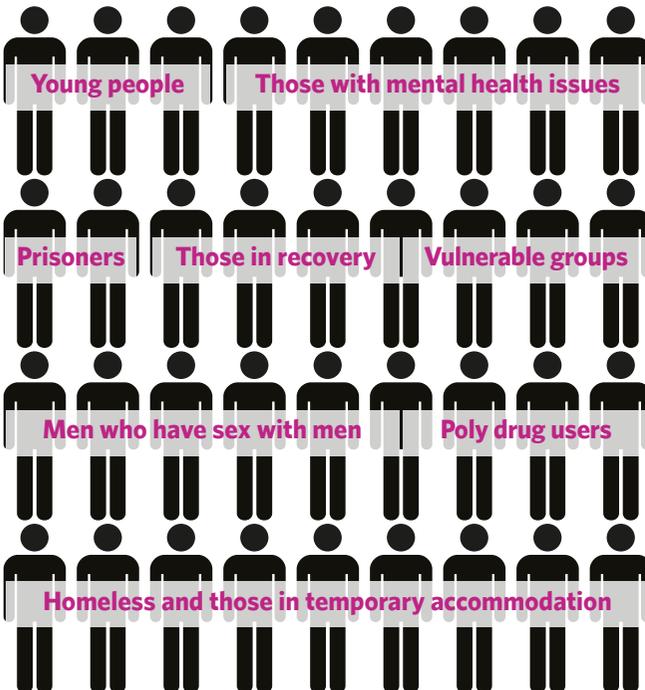
A high dose increases risk. In a recent workshop Crew asked participants to measure out what dose of a mock legal high they would take, if they had no previous experience using the drug. On average participants weighed out 500 mg. This was many times greater than the amount required to gain the preferred effect. Some NPS are active at doses of less than 10 mg! Where possible, try to weigh drugs rather than 'eyeballing' a dose and be aware new drugs may active in lower dosages than we are used to.

On average one gram of synthetic cannabinoids (sprayed onto herbal material) will give 20-30 doses while a gram of MDAI will give around 20 lines. While these should not be taken as recommendations it highlights the strength of some NPS in comparison to traditional drugs.

Do your research and dose low!

The strength and type of NPS may vary from packet to packet so users can never be certain of what they are taking and what the effects may be.

Who takes NPS?



People from all strata of society have the potential to consume NPS and we must avoid stereotypes.

Most drug use is recreational and not recorded; however, pockets of problematic NPS use have appeared in a range of settings including (but not limited to) those shown on the left. If you or anyone you know is experiencing problematic drug use, the following sections detail ways in which to reduce harm and provide support.

Overdose and emergencies

If someone takes too much of a drug they may overdose and you may need to get the casualty medical help as quickly as possible.

Signs to look out for

- [Unconsciousness
- [Seizures/fitting
- [Hyperthermia (overheating)
- [Severe nausea and vomiting
- [Rapid heart rate/chest pains
- [Hallucinations

Serotonin toxicity

Some drugs, such as MDMA, have serotonergic properties, meaning they effect the levels of the neurotransmitter serotonin. Too much serotonin can cause serotonin syndrome which can be potentially life threatening.

Main symptoms

Rigid, jerky, twitchy unusual movements, often involving the legs shaking; fully dilated pupils; overheating; shivering; racing heart; the person appearing agitated and confused. If in doubt, ring for an ambulance.

It is important if they have rigid, jerky movements, not to hold people down because of the risk of muscle tissue breaking down (rhabdomyolysis). As with people who have been using volatile substances (solvents) it can also be risky to startle or frighten people as this can lead to heart failure [UK Drug Watch, Overdose and Emergencies Sheet, 2014].

| Do | Don't |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">[Shout for help[Call 999[Be honest with medical staff[Stay with the casualty[If unconscious put in the recovery position (or on their side)[If they stop breathing perform CPR (chest compressions)[If opiate related (e.g. casualty has taken heroin or is on a methadone prescription) administer Naloxone (http://www.naloxone.org.uk) | <ul style="list-style-type: none">[Leave them[Inflict excessive pain to wake them[Give them stimulants or any other drug[Put them in a cold bath/shower[Walk them about |

Drug induced psychosis

If you are required to deal with a psychosis situation ensure you have minimised danger. Your safety is the priority and it is essential in this situation you get another person's help.

- **Do not attempt to restrain the person. This can increase strain on the heart.**
- **Establish a safe environment and support them.**
- **Ask about their own resources for managing anxiety i.e. what have they done before?**
- **Use relaxation techniques e.g. breathing, muscle relaxation, use of quiet music etc.**
- **Try to maintain calmness (further stress can exacerbate or prolong symptoms).**

If symptoms start to reduce you can provide additional support by:

- **Helping with sleep management (e.g. encourage them not to force sleep, ensure comfortable environment, engage in relaxing exercises, avoid stimulants inc. caffeine).**
- **Encouraging engagement in alternative therapies (Reiki, acupuncture, massage) and regular support until symptoms subside.**

Withdrawal

When someone stops taking drugs, or takes a reduced amount, they may experience withdrawal. Withdrawal symptoms can include seizures, sickness and diarrhoea, headaches, pains and hallucinations.

To reduce harm try a tapered reduction in substance use, rather than going 'cold turkey' and to help the body recover we would recommend a healthy diet, light exercise and lots of rest.

If symptoms become too much seek medical help and **in an emergency call 999.**

Skills and techniques

Once initial interventions are over and the client is safe we can look at how to best support them in their recovery. The quality of the relationship is more important than your knowledge of particular drugs and the client should feel supported to find the best way forward for them. The following tips can help with this:

- **Ask the client why they are using NPS and what is good about it.**
- **Set small goals based on the client's strengths and skills.**
- **Track patterns of use and identify strategies for managing triggers.**
- **Manage cravings. Try natural highs such as light exercise and meditation.**
- **Work with the client's motivation for change; good side and less good side of drug use.**
- **Use scaling questions e.g. "on a scale of 1-10, with 10 being happy and 1 being not happy, how do you feel about your current drug use?" If the client answered 5, for example, you would then ask, "what would you have to do to move towards 6?"**
- **Use miracle questions e.g. "if you could wake up tomorrow and one thing would be different, what would it be?"**

Harm reduction

General

1. Research the substance before trying it
2. Plan how you are getting home before you start your night
3. Don't use drugs alone and preferably with a 'straight/sober' friend
4. Tell someone what you have taken
5. Try not to accept/buy drugs from people you don't know
6. Avoid mixing with other drugs, including alcohol
7. If using for the first time or using a new batch/packet take a test dose first
8. Use scales to measure dose
9. Start by taking small amounts – this might be half a pill, one small line, a single skin joint
10. Pace yourself and wait at least two hours before taking any more
11. Keep hydrated, drink small sips of water (about one pint per hour)
12. If experiencing issues with jaw clenching chew gum or soft sweets
13. Take regular breaks when dancing
14. Use safe sex practices
15. If you start to feel unwell, get medical assistance, be honest about what has been taken
16. If the effects are too extreme try to relax and take small sips of flat sugary juice
17. If the person taking drugs is sleeping or unconscious place them in the recovery position (on their side)
18. If you are looking to cut down your use do so gradually to reduce withdrawal symptoms
19. Try to have a few drink/drug free days a week to allow your body to recover
20. Get regular health check-ups and tests for blood borne viruses (e.g. hepatitis B, hepatitis C, HIV)

In addition the following harm reduction advice can be used when using certain routes of administration:

Smoking

21. If using rolling papers use as little paper as possible
22. Use low strength tobacco
23. Use a non-printed, long roach
24. Avoid holding smoke in your lungs as this can damage tissue without giving a better 'hit'
25. Use glass or metal pipes where possible as these give off less fumes than wood and plastic
26. If smoking from foil use clean foil each time. This is available from needle exchanges



Snorting

Snorting often causes effects to come on quicker than swallowing and it can be a more intense experience. Effects tend to last longer when the drug is swallowed.

27. Grind substances before snorting (some new drugs are harsher and more crystalline than traditional drugs)
28. Use a straw as a 'tooter/snorter' rather than money and throw away after use
29. Position the 'tooter/snorter' as high up the nostril as possible
30. Don't share your 'tooter/snorter' with anyone else (this could spread viruses)
31. Alternate nostrils
32. Rinse out your nose with water afterwards. Some powders, like ketamine, clump in the nose and drip down the throat. Where possible spit this out as it won't improve your experience but may cause more harm

Injecting

This route of administration poses the highest risk.

33. Only use clean needles and supplies. Free, clean needles are available from needle exchanges services. Alternatively they can be bought online
34. Follow good hygiene practice and wash injection sites (before and after)
35. Always filter your drugs
36. Use a fresh needle if you fail to find a vein first time; needles become blunt after one use
37. Never share equipment (inc. needles, filters, containers, spoons and water)
38. Do not use citric acid or heat to dissolve NPS if it is not needed. This is unnecessary and it may cause greater harm to injection sites
39. Use the smallest needle you can without it becoming blocked
40. Rotate injection sites
41. Dispose of needles responsibly. These can be returned to a needle exchange
42. Seek medical assistance if site becomes painful, tender or hot, or there is swelling for more than a few days





Support services and recovery development work

If the client would like help with their drug use a number of services are available.

Crew defines recovery as anyone wishing to reduce, stabilise or cease drug use.

If someone wishes to use Crew's support services they can self-refer by calling 0131 220 3404 or visiting our drop-in.



- [One-to-one drug counselling
- [Auricular (ear) acupuncture
- [Support groups
- [Cognitive based therapies

Other treatment (Not available from Crew)

- [Massage
- [Reiki
- [Residential treatment
- [Fellowships and self help
- [Prescription: most new drugs do not have a current prescriptive therapy (such as methadone for heroin use), but many drugs can be given that may help to alleviate symptoms of withdrawal such as insomnia and paranoia. These drugs include: benzodiazepines, anti-anxiety medications, beta blockers, anti-psychotics and sleep medication.

Sources of help

Crew | Drug information, advice and support | www.crew2000.org.uk | www.mindaltering.co.uk | 0131 220 3404

MY CREW Online Support | Out of hours chat room for information and support, up to date drugs info and 'check it out' tool to find out how risky your drug use is www.mycrew.org.uk

Log, track and plan
your use with the
new **MY CREW** app



Available for android phones
from Google Play store.

For more information contact
mycrew@crew2000.org.uk



Know the Score | <http://knowthescore.info/> | 0800 587 5879

Scottish Drug Services Directory | <http://www.scottishdrugservices.com>

Narcotics Anonymous | <http://www.ukna.org/> | 0300 999 1212

Scottish Drugs Forum | <http://www.sdf.org.uk> | 0141 221 1175 | 0131 221 1556

Scottish Families Affected by Drugs | <http://sfad.org.uk/> | 0808 010 1011

Lothians & Edinburgh Abstinence Programme (LEAP) | 0131 446 4400

Angelus Foundation | <http://www.angelusfoundation.com/> | 0203 700 7185

The Drugs Wheel | Model for substance awareness | <http://www.thedrugswheel.com/>

Choices for Life | <http://choicesforlifeonline.org/>

Mental Health Services | <http://www.wellscotland.info/about/partners/useful-contacts>

Drugs Meter | <https://www.drugsmeter.com/>



Hard copies are available for a suggested donation of £1 per booklet and can be obtained by emailing admin@crew2000.org.uk

Help Crew reduce drug harm:

**To donate,
text "Crew12 £1"
(or £2, £5 or £10)
to 70070 or visit
www.justgiving.com/crew2000**



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