Questions for schools

1. What will be the implications of the Psychoactive Substances Bill?
2. What should we need to know as a school?

In the light of the recent policy developments of legislation against Novel Psychoactive Substances (NPS), this briefing paper intends to update teachers and practitioners willing to include these substances in their alcohol and drug education programme about potential changes of approach to NPS regulation in the UK. More background information about ‘Legal Highs’ and Novel Psychoactive Substances are available on Mentor ADEPIS website.

The Psychoactive Substances Bill

The ‘substance by substance’ approach has seen more than 500 new legal highs – many of them synthetic chemical compounds designed to mimic the effects of traditional illicit drugs such as cannabis and ecstasy – banned in Britain. As a consequence, the Home Office Bill, announced and outlined in the Queen’s speech on 27th May 2015, would ban trade in “any substance intended for human consumption that is capable of producing a psychoactive effect” with exception of legitimate substances (see the paragraph below for further details). The ban will be on the supply side, production, distribution and sale of these substances. Sellers will face a maximum seven-year prison sentence while there is no personal possession offence, unless personal possession is with intent to supply. The main purpose of creating a blanket ban on all psychoactive substances is to protect young people from exposure to so-called legal highs, as well as to avoid driving the psychoactive substance market and to not hinder any legitimate use of psychoactive substances such as in healthcare, research or industry. The bill was introduced in the House of Lords on 28th May; it has now passed its House of Lords stages and has had its Second Reading in the House of Commons on 19th October 2015.

What might change from April 2016?

In April 2016 the bill will become law and will be enforced by the relevant national agencies throughout the country. The primary aim of the new legislation will be to draw a line under this group of drugs designed to bypass the control of illegal drugs. Enforcement measures will include:

- making it an offence to produce, supply, offer to supply, possess with intent to supply, import or export psychoactive substances; that is, any substance intended
for human consumption that is capable of producing a psychoactive effect;

- including provision for civil sanctions – prohibition notices, premises notices, prohibition orders and premises orders (breach of the two orders will be a criminal offence) – to enable the police and local authorities to adopt a graded response to the supply of NPS in appropriate cases;

- providing powers to stop and search persons, vehicles and vessels, enter and search premises in accordance with a warrant, and to seize and destroy psychoactive substances.

As a blanket ban might be counterproductive the new legislation will also:

- exclude legitimate substances, such as food, alcohol, tobacco, nicotine, caffeine and medical products, from the scope of the offence, as well as controlled drugs, which will continue to be regulated by the Misuse of Drugs Act 1971;

- exempt specific persons from certain offences under the bill, such as healthcare professionals, who may have a legitimate need to use NPS in their work.

Need for a call to action?

Key stakeholders and, broadly, the entire community working with young people should take this opportunity to implement a new and more comprehensive strategy with regards to approaches helping them make informed decisions and drastically limit the use of NPS. Despite the legislation seeks to restrict NPS production and reduce the number of users, it is important to note that some groups of people will continue to want to use their substance of choice. In fact, banning the supply of substances certainly makes them more difficult to access, however it does not prevent use and potential harm consequences. This is raising concerns with regards to some substances that will remain diffuse on the illegal market and have high demand amongst vulnerable groups of young people. Although the Bill would surely give more enforcement powers to agencies to tackle sale and supply of NPS, it is common opinion that legislative controls in the Bill on their own will not be sufficient to arrest the growing use of NPS.  

Early prevention and interventions play an important role. Data from the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) show that the key period of drug experimentation for young people is between the ages of 11 and 15. In the UK, a child is 15 times more likely to have tried drugs at the age of 15 than they are at 11. If alcohol and drug education and prevention are left to key stages 3 and 4, the risk is that schools nationwide will start talking about drugs related risks only once pupils have already taken them. Hence, key interventions in terms of communication and awareness to improve alcohol and drug education amongst schools must also be implemented through universal prevention, where information, values and context are critical to deliver quality drug education. This is the reason why alcohol and drug education should be part of a comprehensive personal and social education. Also, it is important that alcohol and drug education starts early, an age-appropriate alcohol and drug education should be a foundation subject at every key stage. Certainly universal prevention will not suffice to meet the variety of needs and experiences of all children and young people. For this reason, we also recommend two essential forms of targeted early intervention, which may be very effective when dealing with NPS:

**Selective prevention:** These types of interventions are normally chosen to address the needs of young people who are perceived to be vulnerable to substance misuse. Participants are selected according to their profile, e.g. special groups for children of substance abusing parents or families who live in high crime or deprived neighbourhoods and programmes aimed at children with school performance or behavioural problems.

**Indicated prevention:** Indicated prevention approaches are used for young people who are showing early signs of substance use and/or problematic behaviours associated with substance use. This approach would be appropriate to
intervene with young people who may or may not be using NPS but who exhibit risk factors such as school failure, interpersonal social problems, delinquency, and other antisocial behaviours, which may increase their chances of developing a drug misuse problem. An example of indicated prevention intervention would be a substance misuse programme for secondary school students who are experiencing a number of problem behaviours, such as failing academic grades or early signs of NPS use.

Where to start?

From the perspective of teachers and education practitioners, the key message is that whether NPS are legal or illegal, the risks and harms posed by these drugs remain very high and should be treated exactly like other psychoactive substances. In terms of education and prevention, the bill will surely make the life easier to teachers and educators in general, by dispelling the myth that Novel Psychoactive Substances are not harmful but also clarifying the ambiguity and confusion about the terminology faced by young people when referring to these substances. The bill will in fact create an opportunity for teachers to ensure the name ‘Legal Highs’ is finally dispelled and becomes out of date. In this sense, focusing on life skills education, rather than substance-specific effects, is crucial to ensure effective preventative outcomes. Teachers should be mindful not to deliver individual sessions on NPS, but focus on those essential developmental skills that have proven to be effective in building young people’s resilience in relation to risky behaviours and substance misuse.

References:

About ADEPIS

The Alcohol and Drug Education and Prevention Information Service is run by Mentor, the drug and alcohol prevention charity and is funded by Public Health England, Home Office, and Department for Education.

Mentor

More resources and advice are available from mentor-adepis.org. For further information, contact:

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