PARTY DRUGS AND HIGH-RISK BEHAVIOUR IN WESTMINSTER

AN ASSESSMENT OF THE SOCIAL, HEALTH & FINANCIAL IMPACTS IN WESTMINSTER

Conducted by Cllr Ian Rowley with the support of the Adults Health and Community Protection Committee
Foreword

The Violence Against Sex Workers Task Group was a ground-breaking investigation which sought to prevent stark health inequalities emerging as a result of lack of multi-agency working in a very complex policy environment. However, the investigation focused on the violence facing those involved in sex work. During that investigation, a number of health and third-sector stakeholders considered that party drugs and novel psychoactive substances were of equally serious concern due to the social, financial and health impacts on users, residents and the health economy.

The consumers of these substances cross a much broader community than those involved in the sex work industry and this subsequent investigation sought to discover how to mitigate against the high-risk and high-cost consequences (see Appendix A and B) of some dangerous trends.

This report has been the result of these concerns and the hard work of a good number of people and organisations. I would firstly like to acknowledge the excellent contributions and hard work of Westminster City Council officers. I would like to commend in the highest terms the work of two officers, Mark Ewbank and Faye Minshall. Their efforts have been absolutely critical. I would also like to thank Ewan Jenkins and Gaynor Driscoll for their valuable support, insights, help and guidance. In addition I would like to thank Lydia Ellis for her help in research and interviews. The work we have carried out would have been impossible without the active support of some of the first rate organisations that deal with the problems of concern. In particular I would like to acknowledge to invaluable contributions made by Antidote and The Terrence Higgins Trust. Lee Brooker and Del Campbell of THT deserve special note. I would also like to thank CLASH, Imperial’s Working Men’s Project, Chelsea and Westminster Hospital and St Thomas’s Hospital for their help and support. Finally I would like to thank all our interviewees for their time and help.

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Party Drugs and Novel Psychoactive Substances

Introduction

On Monday 20th May 2013, the Westminster Sex Worker Task Group invited Dr Owen Bowden-Jones, Consultant Psychiatrist and Lead Clinician for Club Drug Clinic Addictions Directorate at Central and North West London NHS Foundation Trust to speak to Members about the service provided at the clinic for the residents of the Tri-Borough area. It was reported that the admissions to the clinic often did not necessarily stem from acute need but from a build up of years of drug abuse of non-‘traditional’ chemical compounds which had resulted in addiction and dependency.

The types of clients admitted at the Club Drugs Clinic were reported to be from two discrete groups of people. For example, Dr Bowden-Jones reported that 75% of clients came from a very specific group of ‘men who have sex with men’ (MSM) who were most often between 30 and 50, who were almost always high-functioning professionals with a long-term dependency (often up to 15 years) on drugs such as GHB / GBL, Crystal Methamphetamine, Ketamine and Mephedrone, in contrast to notionally ‘traditional’ addictive substances such as crack cocaine and heroin. The remaining 25% of admissions to the Club Drug Clinic came from the heterosexual community, of which a substantial proportion were young people who had developed dependencies on an overlapping range of drugs; which also included cocaine, ecstasy-type drugs and so-called ‘legal highs’. Concerns were also highlighted regarding the impact of the interaction of party drug use and alcohol consumption.

Concerns around party drug use and the MSM community in Westminster were first identified whilst developing the Violence against Sex Workers report (www.westminster.gov.uk/sexworkers). This issue was highlighted as a major concern

What are Party / Club Drugs?

‘Party’ or ‘Club’ drugs are a pharmacologically heterogeneous group of psychoactive drugs that are often abused by individuals. Once only referred to as ‘club drugs’, these substances are now consumed in a variety of places and for a number of purposes.

GHB / GBL, Ketamine, MDMA (ecstasy), mephedrone, powdered cocaine and crystal methamphetamine are some of the drugs included in this group, but this is not exhaustive, and an increasing number of substances are considered to be part of this group as behaviours change. Some of the newer substances are not illegal to consume or possess.
amongst a stakeholder working group in regards to the male sex work industry in particular. This was further corroborated by interviews with third sector organisations such as Imperial’s Praed Street Project, Terrence Higgins Trust (THT), the Club Drugs Clinic and CLASH. In addition to this, in the past year there has been a wealth of academic research directly linking excessive party drug use in parts of the MSM community to serious health and wellbeing consequences. It must be made clear that it is only a minority of this community who are partaking in serious substance misuse behaviours; however the health and wellbeing impact of these behaviours on these individuals has wide-ranging and often very serious consequences on themselves and those around them and consequent costs to the healthcare system. Furthermore, given the reports of the Club Drugs Clinic, it is clear that young people are increasingly taking a broad range of substances, both illegal and legal, which will have substantial negative impacts upon their mental, sexual and immediate health. When combined with alcohol consumption, the risks of serious harm are extremely high.

This report aims to cover the issues which have been raised as concerns for both populations reported to be using the Club Drugs Clinic. In terms of preventative health, it is important to ensure that pathways into long-term dependency and abuse are examined and addressed. Firstly through assessing the seriousness of the issues involved with usage of non-traditional drugs and MSM, this report aims to propose potential policy interventions which may prevent or minimise harm, with a focus on Westminster, given its centre as an entertainment district as well as hosting some of the major LGBT venues in the UK. Secondly, this investigation examines the usage of party drugs and legal highs amongst young people and the potential learning and interventions which could reduce the risk of serious harm.

The MSM Community: Party Drugs and Novel Psychoactive Substances

This section explores the nature of party drug use within some of the MSM community in Westminster and identifies the key health and wellbeing concerns associated with extensive abuse of party drugs. The party drugs most commonly associated with the MSM community are: **Crystal Methamphetamine, Mephedrone, Ketamine and GHB / GBL**. Although they are sometimes labelled as ‘club drugs’, it must be noted that they are taken in a number of different environments, with the higher risk use occurring at private parties in particular, **which is why this report references the drugs as ‘party drugs’**. The reasons for the association of these drugs with the MSM community are explored below; these drugs have serious health consequences on the individual user
and the families, friends and communities of the users, especially when used in conjunction with other drugs (‘polydrug use’) and alcohol.

Westminster’s stake in the health and wellbeing of MSM is extensive; Westminster has one of the highest LGBT populations in London, with the third highest percentage of the population identifying as LGBT. Westminster also has a thriving LGBT nightlife scene based in Soho which has a major role in the evening and night time economy of the West End and attracts LGBT visitors both nationally and internationally; this is further intensified by the proximity of Lambeth and Vauxhall, also known for a large LGBT scene. It is vital that the Council provides appropriate health services for MSM that reflect their specific needs as a significant sub-population in the Borough. The nature of Westminster’s LGBT scene demands we must understand MSM health and wellbeing in a much wider context than just the resident population. Further it presents both particular challenges but also opportunities within the context of Public Health.

Lambeth’s 2012 health needs assessment for MSM identified the population as more likely to use recreational drugs than the general ‘non-clubbing’ population. A study by Manchester’s Lesbian and Gay Foundation and the University of Central Lancashire in 2012 also found that LGBT in England and Wales were seven times more likely to take illegal drugs than the general population. The Club Drugs Clinic (CDC) has reported that a high proportion of their service users are MSM. For example, in March 2013, the CDC reported its clients were 23% heterosexual, 73% gay men and 4% bisexual men. This propensity for party drug use has serious implications for the health and wellbeing of a significant minority of MSM and it is vital the local authority reviews its service provision for this group in light of this trend of substance misuse.

**Party Drug context**

Party drug use has significantly increased in recent years. According to the admissions data presented in the Lambeth Health Needs Assessment for MSM, admissions for party drug use have increased at a much faster rate than other drugs; between 2001 and 2007, admissions for party drugs increased 65% compared to a 30% increase for non-party drugs. There are four party drugs which are most often connected to MSM, due

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4. Club Drugs Clinic @ Mortimer Market, March 2013 Review Central & North West London NHS Foundation Trust, p.4
to their perceived ability to prolong and enhance sex and enable the user to stay awake for days at a time: **Crystal Meth, Ketamine, GHB/GBL and Mephedrone.**

These four drugs can immediately impact the individual’s sexual and mental health and can have immediate acute medical implications as well as serious long term medical consequences. These drugs are also often taken together and this type of polydrug use is a significant problem, the CDC reported that most patients have two or more problem substances.\(^6\) Furthermore drug use is often supplemented with alcohol. Medically, it is not yet clear what the health impacts are (both short-term and long-term) of recreational polydrug use. A cocktail of party drugs allows individuals to stay awake for days on end and extensive use of these drugs can, at its most severe, lead to psychosis, organ failure, and even death.

At the time of publication, Crystal Meth and Mephedrone are Class A and GHB/GBL and Ketamine are Class C. Although these drugs are making a significant impact on health services, e.g. in 2010-11 GHB/GBL was the “most commonly used drug based on presentations to St Thomas’s Hospital and attendances at the Club Drugs clinic,” \(^7\) traditional pathways for drug treatment have not been updated to make way for this new trend of drugs. Traditional drug services often do not have the knowledge necessary to provide substance misuse treatment to the users of party drugs. This is mirrored in the reluctance of party drug users to seek support from the traditional drug clinics based on this belief in their lack of knowledge and an unwillingness to attend a clinic which treats traditional substance misuse issues such as heroin and crack cocaine. It has been reported, anecdotally by staff, that this reluctance may partly be the result of the particular socio-economic group that abuses these drugs. They are, in many cases, well-educated professionals who have often self-managed their drug use up to a point.

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\(^6\) [Club Drugs Clinic @ Mortimer Market, March 2013 Review Central & North West London NHS Foundation Trust, p.3](#)

\(^7\) [Candice Clark A Health Needs Assessment For Men Who Have Sex With Men (MSM) In Lambeth, 2012/2013](#)
**Crystal Meth (Methamphetamine)**

**Sexual Health**

- Lowers inhibitions, which can lead to an increased risk of contracting or passing on HIV, Hep C and other STIs. This risk is increased when the drug is injected.
- Links have been made between the drug's ability to increase sex drive and sexual assault.

**Mental Health**

- Severe psychoses have been reported e.g. paranoia, hallucinations, irrational hostile behaviour, repetitive stereotyped behaviour and social withdrawal.
- During withdrawal, depression, anxiety and suicidal thoughts are not uncommon.
- Out of character violent behaviour.

**Acute Medical Issues**

- Raises heart rate and blood pressure; increasing the risk of a heart attack.
- Overdose can cause a stroke, a seizure, lung, kidney and gastrointestinal damage, coma or death.

**Long Term Implications**

- Evidence of long-term use causing brain damage; including poor verbal memory and problem solving, poor concentration.
- Can lead to very strong psychological and physical dependence especially if injected or smoked.
- Lack of food or water when on a ‘run’ can lead to dehydration and malnutrition.

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8 Drugs A-Z, Talk to Frank & Club Drugs Clinic websites
**GHB & GBL**

**Sexual Health**

- As GHB and GBL can cause unconsciousness they have been linked to drug-assisted sexual assault.
- Lowers inhibitions, which can lead to an increased risk of contracting or passing on HIV, Hep C and other STIs. This risk is increased when the drug is injected.
- Can interact with HIV medication.

**Mental Health**

- Very severe withdraws including delirium, paranoia, hallucinations and even death with withdrawing.

**Acute Medical Issues**

- Can cause unconsciousness, coma and death.
- Very easy to accidentally overdose; a millilitre or so more can lead to a coma or death.

**Long Term Implications**

- Addictive and very severe withdrawals with delirium reported.
- Severe withdrawals can cause physical dependence leading to repeated dosing throughout the day and night.
- Brain impairment.
Mephedrone

*Mephedrone is a relatively new drug and there is very little evidence of its long term effects*

**Sexual Health**

- Lowers inhibitions, which can lead to an increased risk of contracting or passing on HIV, Hep C and other STIs. This risk is increased when the drug is injected.

**Mental Health**

- Psychosis.

**Long Term Implications**

- Heart problems, agitation.
- Reported deaths.

Ketamine

**Mental Health**

- Long-term psychological effects can include anxiety, panic attacks, depression, paranoia and delusions.

**Acute Medical Issues**

- Short-term physical effects can include loss of coordination, difficulty speaking and moving, loss of hearing and unable to see, numbness, nausea/vomiting racing heart and respiratory problems
- The purity of Ketamine is often questionable.

**Long Term Implications**

- Bladder/kidney related problems such as an increased need to urinate, passing blood and pain on urination due to scarring and shrinkage of the bladder. Also “k-pains” or “Ketamine cramps”.
- There can be an impact on brain function like memory and problem solving.
Health and Wellbeing Impacts for MSM Community: Mental and Sexual Health

The nature of the party drugs and the way they are being taken has lead to substantial concerns in regards to the sexual and mental health of this minority of the MSM community. This report seeks to gain clarity between the increase in drugs taken by MSM and the reported increase in HIV and acute sexually transmitted infections alongside substance misuse and the long term mental health consequences.

Many party drugs are perceived to enhance sex. Some, particularly Crystal Meth, may be injected. The CDC reported that 55% of their service users have injected and half of these have shared needles.9 MSM demonstrate particularly high rates of HIV infection as well as acute STIs such as syphilis, gonorrhoea, chlamydia, genital herpes and genital warts. Use of disinhibiting party drugs may be contributing to onward transmission of all these infections due to changes in perceptions of risk and the associated willingness to engage in higher risk behaviours. Sharing of intravenous drug use equipment is a major risk factor for the onward transmission of Hepatitis C and HIV. If sharing drug use equipment is coupled with unprotected sex between men, the risk of onward transmission, particularly of Hepatitis C and HIV is compounded. The prevalence of Hepatitis C infection amongst people in England currently injecting drugs is significantly higher in London than the rest of England.10 According to a recent report looking at presentations at Antidote, 99% of crystal meth users are using the drug solely to facilitate sex; 75% of mephedrone users are using the drug solely to facilitate sex; and 85% of GBL users report using the drug to facilitate sex.11

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9 Substance misuse and HIV risk in gay men in London – meeting at City Hall, LDAN News, May/June 2013
11 Sexualised drug use by MSM: background, current status and response, HIV Nursing, Spring 2013
In 2012, there were 1373 residents in Westminster diagnosed with HIV, the 6th highest rate in London. Other STI’s are also increasingly prevalent in the MSM community. For example, in 2010 there were 727 MSM diagnosed with syphilis in London; in 2012 this number was 1133. In London in 2012 MSM accounted for 81% of syphilis diagnoses and 57% of gonorrhoea diagnoses, which is becoming increasingly resistant to antibiotic treatment.

- 14,560 MSM were diagnosed with acute STIs in 2012 in London
- 21% of London residents diagnosed with an acute STI in 2012 were from the MSM cohort, but MSM represent 5.5% of the London population.
- 1 in 11 of MSM in London are living with HIV
- 1 in 4 of MSM diagnosed with HIV acquired the condition recently
- 22% of MSM newly diagnosed with HIV at a clinic in 2010 were, at the same time, diagnosed with an acute STI

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12 Diagnosed HIV prevalence in Local Authorities1,2 (LAs) in England by PHE Centre 2012, Public Health England 2012
13 Number of new STI diagnoses in London PHE Centre, 2009 – 2012 Table 2a (ii), Public Health England 2012
14 Ibid.
15 Ibid.
16 Ibid.
17 Sexually transmitted infections in men who have sex with men in the UK: 2011 report, Health Protection Agency 2011
18 Ibid.
Further to this, a number of charities have also reported a trend away from condom use amongst the ‘at-risk’ MSM community as HIV antiretroviral treatment is seen to extend life to almost the same as those HIV negative. However, Public Health England has reported an increase in HIV diagnoses in London’s MSM community. There were 1298 new diagnoses of HIV among ‘men who have sex with men’ in 2011 in London; in 2012 the number has increased by 12% to 1451. In 2012, 51% of new HIV diagnoses were among men who have sex with men.

In addition to this, an estimated 18% of MSM living with HIV in the UK are undiagnosed and unaware of their infection. In London, over the last decade, there has been a 35% rise in people acquiring HIV through sex between men. This relaxation in terms of safeguarding against HIV and STIs via the use of prophylactics is having a direct effect on the increase in diagnoses in the UK. Thus the nature of party drug use amongst a minority of MSM predisposes them to risky behaviour which may result in significant health consequences. It is also worth noting that the impact of these behaviours is not isolated to the drug users – they can often affect unwitting partners; one service reported that 40% of its MSM users were in relationships.

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19 Ibid.
20 New HIV diagnoses by year, country and Public Health England Centre of first diagnosis among HIV infected men who have sex with men Table 2, Public Health England 2012
22 Ibid.
24 Substance misuse and HIV risk in gay men in London – meeting at City Hall, LDAN News, May/June 2013
Figure 1.3 New HIV and AIDS diagnoses and deaths among men who have sex with men – United Kingdom, 1981-2010

The average lifetime cost of drug treatment for HIV is calculated to be between £280,000 and £360,000\textsuperscript{25}, which when translated into the 1900 new infections of HIV in 2012 implies a future cost to the London healthcare system of between £\textbf{532} and £\textbf{684} million.

**Site-specific concerns relating to Party Drugs**

Party drugs are taken in a variety of different premises in Westminster despite the ‘club drug’ misnomer namesake implying a focus on nightclubs. The most high risk behaviours associated with these drugs occur, unsurprisingly, in private locations which provide opportunities to combine substance misuse and risky sexual behaviours.

The bars and clubs in Soho and the West End are frequented typically at the beginning of the evening, mainly due to the restrictions on opening hours in the borough. 30% of the London LGBT community had visited venues in Soho recently, with the figure being 49% for Westminster residents, with this evidence suggesting that Westminster is an important destination for the LGBT community.\textsuperscript{26} Individuals begin their night at a bar

\textsuperscript{25} Health Protection Agency 2012

\textsuperscript{26} Investigating the needs and experiences of LGBT people in Westminster Galop.org.uk (2009)– a report commissioned by Westminster City Council
or club and then move on to Lambeth/Vauxhall for the rest of the night, potentially returning to a sauna or ‘chillout’ in Westminster in the early hours. Arguably due to Westminster’s restricted opening hours, the borough does not tend to see the more extreme drug taking and resultant behaviours witnessed in Lambeth and Vauxhall clubs. Some of these clubs provide medical rooms for individuals who have become ill from substance misuse. The extent to which clubbers in Vauxhall end up at St Thomas’ Hospital has led the hospital to impose a levy on the nightclubs in the area.27 These pragmatic approaches to drug use within clubs highlight the sheer scale of the problem.

Private locations are the scene of some of the more extreme drug taking in Westminster. There are two saunas in Westminster with one catering to older clientele and the other to a younger group. Some MSM use saunas to find sexual partners, however charities have highlighted cases of individuals waking up in saunas with no recollection of what has happened to them.28 Cases such as this inspired THT and Galop to put together a Staying Safe in the Sauna leaflet which has been distributed to all sauna venues. The set up of saunas can enable drug use; particularly the private cabins where illicit behaviour can occur in private whether or not there is an explicit ‘no drugs policy’. These have been identified by sauna owners as a weakness in the set up of the premises. The saunas in Westminster, similar to the bars and clubs, have strict drug policies but have admitted this they are not easy to enforce. However, they do have a list of individuals who are known drug dealers who are barred from entering the sauna. In other boroughs there have been a number of drug-related deaths in saunas in recent years; in response to these cases, the saunas have trained staff who are able to identify individuals dealing and using party drugs. THT have also highlighted they have been funded by Chariots to offer a harm minimisation service to talk to sauna users with addiction issues or concerns about sexual health. They also provide a full sexual health screening service three times a week in partnership with St Barts Hospital at Chariots in Shoreditch.

Private ‘chillouts’, parties in private homes which often combine drug and alcohol use with sex, occur regularly in Westminster. These parties, along with saunas and other public sex environments have been identified by third sector organisations as being the most common environments for drug taking.29 Often these parties are organised online, there is a significant social media element to party drug use with MSM. Websites such

27 Ivan Massaw, The Gay Scene is Obsessed with Destructive Drugs and Sex Leading to HIV, Pink News, 28th June 2013  
28 Interview with Central London Action on Sexual Health (CLASH), 30th July 2013  
29 ‘Substance misuse and HIV risk in gay men in London – meeting at City Hall’, LDAN News, May/June 2013
as Gaydar and smartphone apps such as Grindr are used as everything from a means of communication between friends to contact for sex and paid sex. A common language is often used on these sites, for example those searching for drugs and sex often advertise ‘P&P’ or ‘Party and Play’ on their profiles. Anecdotal evidence from former male escorts has shown that it is not uncommon for escorts to be invited for a fee (or men will exchange sex for drugs as payment), becoming virtual ‘pop-up brothels’.30 There is evidence some of these parties are advertised as ‘bareback’ parties, meaning no condoms will be used. These parties are sometimes referred to as ‘bug parties’ and are advertised as HIV Positive parties for individuals who have already been diagnosed as HIV Positive. There are a number of websites devoted to bareback parties; and recently an app has been created by the developers of ‘barebackrt.com’, specifically for this purpose, whether or not you are HIV Positive.

However, it is important to note that a number of organisations have recognised the power of social media within the MSM community and are exploiting its ability to reach millions of MSM within one click.

**Case Study – Gaydar**

Gaydar profiles include a number of different headings which the member uses to describe themselves and these appear in searches on the site. These headings are supposed to give an immediate description of the member; it is significant that these headings include ‘drug use’ and ‘safe sex’. Gaydar also has a large ‘commercial section’ which lists escorts amongst a couple other services; Central London lists 299 profiles. The charts below detail the proportion of male escorts on the site who state their drug use and whether they practice safe sex.31

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30 Interviews with service users, THT 16th July 2013
31 Central London Commercial Profiles, Gaydar 1st December, 2013
Although we cannot make any assumptions about how truthful individuals are in their profiles; we can surmise some details from how individuals wish to be perceived online. Perhaps unsurprisingly, the majority of male escorts on Gaydar stated they practiced safe sex – something which potentially could deter clientele. However it is worth noting that 14% chose not make a response under this heading – some of whom perhaps may offer unprotected sex but do not wish to advertise this online.
The drug use response is much less clear cut; Only 43% selected ‘Never’ under drug use while 42% wrote nothing and 15% wrote ‘socially’. This tells us drug use is both common and not something which an escort necessarily feels he needs to inform his clients of.

Although Gaydar does have a large role in advertising escorting services; it has been effectively used by organisations that support the MSM community. For example, whenever an individual from the UK signs up to Gaydar they receive both an email from 56 Dean St offering HIV free confidential testing and also a pop-up screen appears from GMFA offering a Sexual Health Message Service which supports MSM who have been diagnosed with an STI (Diagram 1). Similarly, many of the community profiles on the site include outreach organisations and charities.
The distribution channels of party drug use appear to be relatively varied with the majority of drugs obtained through friends and online. Although there is currently little research into the distribution networks, some THT service users have indicated that many drugs are also obtained through drug dealers within the West End and Soho. Young men are used as runners and will sell to clients at pre-arranged points on the streets. SWiSH service users have indicated, as have a number of male sex workers we have interviewed, that there are a number of well known dealers or ‘faces’ that operate in Soho, supplying drugs to MSM venues. There are between five and seven main suppliers in the area who were using young men to sell to clients at pre-arranged deliveries on the street. We have tried to obtain more concrete intelligence on the supply chain but have been unable to obtain more than confirming anecdotal evidence. In addition, as there is a lack of criminality by consumers and dealers in terms of
violence and antisocial behaviour, the supply chains are not the focus of police activity and as a consequence there is a lack of police intelligence.

**Sex work and drug dependency**

Our research for Westminster City Council’s recent Violence Against Sex Worker’s Report highlighted drug use as the second most significant concern after violence for sex workers. We have found this has certainly been the case for male sex workers in Westminster.\textsuperscript{32} We performed a significant number of interviews with service users at Terrence Higgins Trust who were former male escorts and party drug users who provided valuable insight into the role of party drugs within the male sex worker industry.

The service users highlighted a number of major concerns, focusing on the inherent connection between the sex industry and party drug use. Firstly, most of men we interviewed highlighted Crystal Meth as a "huge problem". This was due to its inherent connection with sex; its ability to prolong wakefulness, reduce inhibitions and heighten sexual desire had made it attractive to both escorts and their clientele.

**Case Study: Crystal Meth**

"A" was a crystal meth user for several years. "A" explained he started taking substances such as meth so he could have sex; however he soon began to have sex so he could take crystal meth. "A" highlighted that it becomes impossible to separate sex from drugs, "people don’t know how to have sex without drugs". It is a problem of “epidemic proportions”.

The intravenous drug use within the male sex industry was also highlighted. Sexual behaviour and attitudes towards drugs have become so intertwined that the actual act of injecting drugs has been sexualised. For example, there have been accounts of individuals injecting drugs into genitalia, nipples and other parts of the body. Intravenous drug use has become fetishised. This fetishisation is most clear in the sex industry where male escorts are expected to provide drugs as part of the service. Party drugs can allow sex workers to work for longer hours and provide a perceived better experience for the client. THT highlighted a pattern of male escorts pressured by clients as well as the difficult economic conditions of an industry with an excess supply

\textsuperscript{32} We have taken a standard definition of male sex work from SWiSH, and this includes male escorts, part-time escorts and men who exchange sex for drugs as payment.
of workers. Sex workers will take more risks in this environment; providing “unrushed” services rather than paying by the hour and sometimes using Viagra as well as party drugs. Sex whilst under the influence of drugs has been commodified in a whole new way – it is what some clientele now want – the premium service.

**Case Study: Role of drugs in sex industry**

*B* was a sex worker and drug user in London for several years. *B* noticed a change in what the clients wanted from sex workers. Clients would often try to hand over drugs in exchange for sexual services rather than money. Often sex workers are expected to provide drugs as part of their services. *B* noted cases where men who identified as straight would have sex with gay men in order to obtain drugs.

Another concern was the sexual violence performed by and to people under the influence of party drugs. GHB/GBL has been highlighted as a substance of particular concern. The nature of the drug means it is very easy to overdose on and enter a ‘G coma’. Third sector organisations have highlighted instances of sexual assault whilst people have been under the influence of GHB/GBL. On the other end of the scale, Crystal Meth has been highlighted as the cause of sexual assault whilst the assailant was in a drug-induced psychotic episode.

A number of the service users wished to stress that many individuals who exchange sex for drugs do not identify themselves as providing an escort service – rather an exchange of favours. Other MSM may provide escort services periodically. This fluidity of the male sex worker industry arguably accounts for how much the industry has come to rely on party drugs. With so much crossover between MSM who sell sex and do not – trends such as party drugs can easily fix themselves within the industry.

All the service users we interviewed knew people who had died as a result of party drug abuse. In total they knew approximately 43 people who had died either directly or indirectly as a result of party drug use. They also highlighted that men often just ‘disappear’ off the scene. This was partially attributed to how parts of the MSM community still exist outside mainstream society; a man can go to a chillout for three days and have no contact with the outside world. There is a sense of being trapped in limbo. In addition to this, there was a concern that young men entering the scene are particularly vulnerable to party drugs as they deal with their sexual identity. These

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33 THT Interview, 16th July 2013
interviews and the experiences of the third sector charities that we engaged with highlighted the following issues as reasons for MSM substance misuse:

1. pressure to be accepted
2. loss of contact with family; potentially related to sexuality
3. new to London
4. fears of homophobia and internalised shame
5. social isolation

THT monitored a cohort of service users at THT who were all young sex workers. Over a period of eight years, eight have died as a result of overdoses, suicide, HIV or HIV-related causes and three “disappeared”.

Potential Interventions
This report has the aim of bringing together what we know about addressing the issues raised in regard to party drugs and the following key recommendations have been identified that will aim to address the needs of those individuals and groups who participate in risky drug taking and as a result practice risky sexual behaviours that impair their health and well being. To progress the implementation of the following recommendations a group of key stakeholders could be brought together to define a detailed action plan.

Recommendations

1. Training

1A Front-line staff in all substance misuse services should all be trained appropriately to recognise party drug misuse in the MSM group, to understand party drug dynamics and usage patterns (including polydrug use and in conjunction with alcohol), in order to be able to make referrals to the Club Drugs Clinic.

1B Officers should ensure that there are awareness training programmes available to specialist providers, GPs and educators on the impact of party drugs on those seeking help. It is recommended that there should also be a wider programme of training for all stakeholders (including Met Police LGBT liaison; sexual health clinics; A&E staff; substance misuse providers etc.) that addresses the gaps in knowledge and to understand trends and patterns of use as well as the impact of particular combinations of
substances on health, behaviours and the particular risks associated with the MSM community.

2. Commissioning and Service Delivery

2A In first instance, joint commissioning of sexual health and substance misuse services are vital due to the inherent links between the sexual health of MSM and substance misuse issues (including both non-traditional drugs and alcohol). Officers should identify opportunities for joint commissioning services that address the needs of people who use party drugs and participate in risky behaviours that impact on health and wellbeing. Further to this, one cannot understate the importance of mental health services, which need to tackle not just acute issues but people self-managing their drug usage. As such, mental health providers need to understand the concerns raised here and, more importantly, the services currently on offer.

2B There should also be an increasing range of opportunities for reconfiguring current resources to address this emerging trend of party drug use.

2C There should be a goal to sustain the current investment in the Club Drug Clinic and advocate for central funding to develop this unique service further. It is essential that the contract re-let for substance misuse services relating to party drugs goes ahead with at least the same amount of resource as before. The services of the Club Drugs Clinic have proven themselves an asset to Tri-Borough support for the MSM cohort, with increasing take up over time. However, in the future there should also be a distinct focus of preventative outreach and effort placed upon education interventions with younger MSM in order to capture the MSM group who regularly present at an older age for services.

2D It is recommended that proposals for new service initiatives that increase accessibility to those in greatest need of targeted provision including MSM and younger adults. Intervention and targeting of the young MSM cohort needs to increase the number and frequency of testing for HIV and acute STIs, at the point of testing drug use needs to be investigated and assessed. If appropriate the individuals need to be channelled through the
relevant pathway to appropriate services. It is recommended that officers should develop proposals for distinct outreach provision and interventions with younger MSM who may be engaged in both high-risk party drug (and polydrug) use, in combination with alcohol and high-risk sexual activity.

2E It is considered important to develop assessment screening tools to enable providers to better identify people in need of specialist interventions

2F It is recommended that officers develop innovative models of harm reduction with key stakeholders including Public Health England. It is recommended that Public Health explore, ideally with the explicit support of Public Health England, innovative harm minimisation schemes that would be appropriate for the nature of Westminster as part of the Treatment as Prevention (TasP) agenda.

2G It is important for officers to consider negotiating an increase in the number and frequency of testing for HIV and acute STIs across a wider range of services.

2H It is recommended that officers ensure that operations in relation to this issue are most geared to 19 to 30 age group where there appears to be the highest need and greatest risks

2I HIV Prevention services for the Tri-Borough area are due to be re-let in 14/15, officers should ensure that the service review outcome reflects the needs identified within this report.

2J Officers should explore ways to reduce risk of harm at private parties, for example supporting a pilot to try and get ‘harm reduction’ boxes into the private party circuit. These would contain safer sex and safer drug use information as well as resources such as condoms.
3. **Communication**

3A  It is essential that we engage robustly with the commissioning of London-wide HIV prevention work which will have a communications strand to ensure that future prevention campaigns and messages address issues identified here.

3B  It would be useful to set up a collaborative multi-agency partnership with Lambeth to locally address any issues that are not covered by the London wide work.

3C  It is strongly recommended that there should be a communication and marketing strategy using a number tools including app-based systems as a way to facilitate myth-busting, awareness raising and prevention. Working with online businesses such as Gaydar and Grindr must play an important role in any engagement. Public Health should consider how it can influence a London-wide approach by working with neighbouring boroughs, in particular Lambeth. A London-wide online awareness campaign targeting those at risk should be developed, and build on the successful examples of Dean Street and Antidote to exploit the ease of access these sites provide to the minority of the MSM cohort who engage in high-risk activity. A campaign which counteracts the perceptions of party drugs as *improving sexual ability* would be particularly powerful and challenge the major misconception of the effects of these drugs. Any campaign should look to some of the successful examples developed in the USA; in particular those aimed at Crystal Meth use.

3D  Information sharing protocols need to be developed between key stakeholders to address the need to target specific groups and communities affected by party drug use and risky sexual behaviours, with the consent of service users. Partnership working in regards to data gathering and sharing between the council, voluntary organisations, the police and the NHS (especially the acute providers in Westminster and Lambeth) is essential to allow for a build up of evidence of the growing impact of party drugs on the sexual, physical and mental health of the MSM community. It is also important that these services are able to identify at-risk individuals to facilitate the most effective interventions.
4. **Evidence Building**

4A An **LGBT Joint Strategic Needs Assessment** should be commissioned to update the 2009 needs assessment and give better empirical evidence as to the scale and nature of these issues, amongst others, as the relate to Westminster residents. The JSNA should consider people using the scene in Soho in order for a better understanding of where men come from to socialise in the West End as well as the ‘pass through’ on the way to Vauxhall. This data should be verifiable in order to assess the growing impact of party drugs on the sexual, physical and mental health of the MSM community and other cohorts affected by party drugs.

4B Officers should also establish systems to identify those at-risk individuals to facilitate the most effective interventions.

5. **External Recommendations**

5A It is recommended the Westminster Metropolitan Police Service LGBT liaison officer is trained effectively to ensure he / she is aware of the latest developments in regards to party drugs and the particular risks associated with the MSM community.

5B There is a need for an examination of our Clinical Commissioning Groups A&E data to look at emergency attendances at local hospitals that are associated with substance misuse and this should inform a review of the referral pathways for council services, the third sector, the police and the NHS. Currently services rely on individual brokered relationships rather than a structured system of referral.

5C It is recommended that a scheme which shares photos of known drug dealers between nightlife locations and the police would be a welcome policy in tackling active dealing and distribution. Venues should look at sharing intelligence and profiles of known dealers to improve front-desk entry policy. There could be a role for licensing in ensuring public health and safety on these premises, and premises management should be made familiar with the issues raised in this report.
Young People: Party Drugs and Novel Psychoactive Substances

With regard to young people and their relationship with party drugs and novel psychoactive substances it is difficult to access the same level of data and intelligence as one can find for the MSM cohort. Where relating to MSM drug usage there are a number of organisations who can provide detailed case-based evidence and intelligence on current behaviour patterns and their evaluation (such as THT, Antidote and CLASH) this is not the case for young people.

To develop a picture of what is going on with young people, in relation to party drugs and novel psychoactive substances, we are required to piece together information from disparate data and research sources. However, the following section of the report assesses different types of substance misuse amongst a range of groups considered to be ‘young people’ who make up the other 25% of admissions to services such as the Club Drugs Clinic run by the Central and North West London NHS Foundation Trust. Specifically, this study focuses upon the more hidden non-traditional drugs (excluding crack cocaine, heroin and cannabinoid drugs), and thus includes powdered cocaine, ecstasy / MDMA / PSA, mephedrone, Ketamine, GHB/ GBL, crystal methamphetamine and any other pills, powders or drugs smoked (which include novel chemical compounds; so-called ‘legal highs’).

The most telling figure from the most recent Crime Survey for England and Wales (CWEW, 2012 to 2013 survey) is that almost 40% of 16 to 24 year olds reported having taken “any drug” in their lifetime. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, Ketamine, heroin, methadone, amphetamines, crystal methamphetamine, cannabis, tranquillisers, anabolic steroids, amyl nitrite, any other pills, powders or drugs smoked. Estimates, from the 2012 to 2013 CSEW, suggest that 564,000 16 to 24 year olds have taken cocaine in its powdered or crack varieties in their lifetimes, closely followed by 524,000 thought to have taken ecstasy. The least used drug types were opiates, at 33,000. This data inherently excludes the recent developments around ‘legal highs’ - substances with stimulant or mood-altering properties whose sale or use is not currently banned by current legislation regarding the misuse of drugs.

34 36.7%
The CSEW states:

“It is not possible to estimate numbers of drug users together for different drug types as users may have taken more than one type of drug. Thus it is not possible to establish what different combinations of drugs are being taken by young people. The harms of drugs used in combination by young people are of particular concern, especially given that data refers to primary drugs.”

Having started this report through an assessment of the usage of psychoactive substances amongst the MSM cohort, there was an important message from clinicians that young people were also at risk from the use of similar drugs. There was also deep concern with regards to party drug and legal high use, potentially polydrug consumption, in conjunction with alcohol consumption. Whilst Soho contains a popular LGBT nightlife scene, Westminster more broadly is popular for the wider heterosexual community, attracting visitors from outside London and abroad. Therefore, it is important to assess whether drugs popular among the MSM community, the “big four” of which were defined by a sexual health charity as crystal methamphetamine, Ketamine, GHB/ GBL and mephedrone, were more widely spread in other cohorts, alongside the use of other illegal drugs, legal highs as well as polydrug use. Anecdotal evidence presented to us by health professionals suggested that the pattern in novel recreational drug use, whilst often starting within the MSM nightlife, spreads to young people before becoming popular in the mainstream.

The category of “young people” is very broad, encompassing both secondary-school aged children and, for the purposes of this study, those who are of legal age, and likely, to attend nightclubs. This latter group is most likely to come into contact with legal and illegal substances, being legally able to visit venues, such as nightclubs, where drugs might be present, or to come into contact with drugs at parties, for example, at university, where the independence of living away from home and adult supervision experienced by most people provides opportunities for drug and alcohol use at parties in student accommodation. Drug use is not limited to those aged over 18, however, but younger school-aged children are less likely to have contact with drugs than older ones. The evidence for this is in hospital admissions statistics for drug poisoning, along with the client cohorts of organisations aiding those with drugs problems, information for both of which will be referred to later in this report.
The Home Office Crime Survey for England and Wales (CSEW) defines a young person as aged 16 to 24, but comparative data often uses different age ranges so this research takes account of these differences (e.g. ONS data gives “under 20” and “20 to 29” in its drugs analysis and there are particular patterns, which follow in this report, which show that behaviour is statistically different between 16 - 19 and 20 – 24 year olds). It is therefore likely that the number of young people in the age cohort ‘20 – 24’ who have taken ‘any drug’ in their lifetime will exceed the 40% figure given by CSEW for the age group ‘16 – 24’ by a wide margin. It is also important to note that whilst a very large percentage of young people will have taken a drug in their lifetime, only a very small number become chronic ‘problem users’. These few users will suffer a large impact themselves, alongside their family and wider society as well as having an impact upon healthcare and criminal justice systems.

There is a lot of evidence of problematic drug use; the Club Drugs Clinic of Central and North West London NHS Foundation Trust reports that the highest proportion of its service users are aged 31 to 35, with the next highest proportion being aged 26 to 30. This section of the report attempts to establish what may be happening in the lead up to being admitted for drug support, before people reach crisis points and self-refer for treatment. The report aims to establish whether a minority of persistent drug users arrive at long-time, costly health problems, or whether such a scenario is more widespread. Therefore, this report examines any potential patterns in drug use among young people.

**Background to drug use in the United Kingdom and London**

It is important to establish how many people have used illegal drugs and so-called “legal highs” in the UK, in addition to London compared with other regions. This provides context in assessing the situation in Westminster. It is useful to examine the national outlook as local data is skewed as clients are either self-referred having reached a critical situation or they are referred by others, for example, young clients at the South Westminster Drugs and Alcohol Service (SWDAS), aged 13 to 17, may be referred to the Club Drugs Clinic by Children's Services and the Youth Offending team. The following graphs are compiled from data arising in the Office for National Statistics (ONS) report, *Deaths related to drug poisoning in England and Wales, 2012*. Data from 2008 to 2012 shows a very positive trend of decline in the rate of mortality related to drug-taking for four years consistently.
Figure 1.4: Age-specific mortality rates for deaths related to drug misuse, male, England and Wales, for deaths registered between 2002 and 2012
Figure 1.5: Age-specific mortality rates for deaths related to drug misuse, female, England and Wales, for deaths registered between 2002 and 2012

From the graphs above, it is clear that drug deaths for under 20s are consistently lower than for those aged 20 to 29 year-on-year. The higher number deaths among those aged 20 and over, in comparison, is perhaps owing to the widening of access to drugs that young people experience on reaching maturity, with access to venues where drugs may be obtained, for example, nightclubs, and also with some residing at university from the age of 18 or over, experiencing a level of independence.

Drug deaths among males under 20 have declined year-on-year since 2008, whereas drug deaths rose between 2009 and 2011 for females under 20 prior to a decline between 2011 and 2012. Looking at the national number of drug-related deaths across all ages, 2012, 2,597 deaths attributed to poisoning caused by both legal and illegal drugs were registered. Over two-thirds of such deaths were among males, consistent with figures from previous years showing lower drug-caused deaths among women than men. The highest mortality rates were in the 30 to 39 age group for both men and women, followed by the 40 to 49 age group, again, for each of sex. This pattern in mortality may be partly explained in long-term use over many years and long-term illnesses associated with drug dependency.
52% of all drug deaths from both legal and illegal substances for 2012 were caused by opiates, such as heroin and morphine, according to the ONS report. These more traditional drugs are not the focus of our study. The decline in the mortality rate is almost certainly linked to the decline in use of opiates and crack cocaine. Despite this very positive development of falling consumption and falling mortality, there are changes in the patterns of use, including a rise in new types of drugs, legal highs and increasing polydrug use (more than one drug taken at one time). For example, in 2012 there were 73 new psychoactive substances produced in the European Union area, where as in 2009 24 new psychoactive substances were produced; this increase represents an increase of 200%. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Annual Report 2012 notes that today's drug market appears to more fluid and dynamic, and less structured around plant-based substances, noting that 'most new psychoactive substances appearing on the European illicit drugs market are reported to be synthesised outside Europe, with China and, to a lesser extent, India being identified as the primary source countries'.

As such, there is concern about the patterns of behaviour and consumption. Polydrug use will also be extremely changeable in its pattern and structure with many different combinations of both illegal drugs and 'legal highs'. There is also the issue of the impact of combining this type of polydrug use with other substances such as alcohol.

The socio-economic groups using ‘party drugs’ or legal highs are very clearly different from those who use crack or heroin. This ‘party drug’ group contains students and those in regular employment and with relatively highly educated backgrounds. This group are likely to be earning above average incomes and have stable accommodation. Users from this group are also not likely to be involved in crime to fund their habits, as with traditional opiate addictions. As the report ‘Club Drugs: Emerging Trends’ highlighted, there is little evidence that these types of drugs are replacing crack and heroin use; rather usage of party drugs is a new dynamic in substance misuse. The report also points out that, to date, there are only a small number of people in treatment with chronic ‘party drug’ problems. However, it is claimed that there should be serious concerns about longer-term trends and the impact of polydrug use, given the constant experimentation with new substances and the changing patterns of consumption.

36 EMCDDA Annual Report 2012
Clinicians warn that the long-term implications of this type of substance misuse include serious mental and physical harm for long-term users, and a significant risk of an increase in problem users given widespread ‘polydrug use’, which may be combined with alcohol consumption. There is also the issue that whilst there currently appears to be a small number of problem users, there are a large number of people who have used, or are using, these drugs. One would expect there to be a small number of problem users but there would be concerns if this number increased substantially, especially given the high cost and impact on services. There may well be a significant probability that this could happen. It is important that there is a better understanding of the process of the transition between the occasional use of party drugs and psychoactive substances (a significant number of young people) and becoming an individual with chronic problems or ‘serious but self-managed’ problems.

Data from the Crime Survey for England and Wales 2012/2013 has been used to produce the following figures. As with the ONS data, this data refers to illicit drug use and mostly excludes legal highs.

Figure 1.3 – Proportion of 16 – 24 year olds reporting use of drugs, ever, in their lifetime
Excluding cannabis, as can be seen from the chart, cocaine and ecstasy use among 16 to 24 year olds accounts for the majority of non-cannabinoid drug use among drugs used by this age cohort. It should be noted that several drugs have been excluded from the charts which were recorded with their proportions in the Crime Survey, as they were not considered to be associated with the specific theme of this study.

The Crime Survey for England and Wales data is somewhat problematic as certain drugs that are of interest to this study are not recorded, such as GHB / GBL. Furthermore, drugs are for the most part only included if they are illegal. The only legal highs featured in the survey are glues and amyl nitrate; this is problematic in not featuring a range of legal highs, without which it is not possible to establish the patterns in use among young people. The other problematic area of CSEW data arises in trying to establish trends in long-term drug use. As mentioned previously, almost entirely illegal drugs feature on the survey, which began in 1996 as the British Crime Survey. This has meant that drugs were not included prior to being made illegal and it is difficult to establish patterns in more recent drug use. For example, mephedrone was only included for the first time as a response for drug taking in the last year for the CSEW 2012 to 2013. Crystal methamphetamine was introduced to the survey 2008 to 2009, whereas Ketamine was introduced to the 2006 to 2007 survey.

Given that data for certain drugs has only been recorded in the last few years, it is difficult to ascertain whether certain patterns in drug use are recent phenomena or indeed whether they reflect longer-term patterns for which we lack statistics. As the South Westminster Drug and Alcohol service have reported to this study, drugs that become problematic are made illegal and are subsequently added to the crime survey. The effect of illegality may reduce supply and impact demand: users may seek cheaper, more readily available legal alternatives. It would be helpful if drugs currently under classification and categorisation, such as legal highs, were to be added to the Home Office’s Crime Survey for England and Wales: whilst ‘legal highs’ may not seem appropriate to a crime survey, given that no crime is being committed in selling or consuming these, it would be useful to assess a wider variety of substance misuse for the purposes of recreation in the future.

Analysing data for reported drug use year-on-year (figures below), it is interesting to note that the pattern of drugs reported as taken in one’s lifetime is broadly similar to that of drugs taken within the last year. Ketamine use appears to form a curve graphically, with reported use increasing since first being recorded in the survey before declining in declared use more recently. Amphetamine use in one’s lifetime is higher
than that reported in the last year. Hallucinogen use in the last year is lower than that reported for one’s lifetime. Otherwise, patterns in drug use are broadly similar for 16 to 24 year olds for both reports of use in the last year and in one’s lifetime. It is not possible to say how many people reporting drug use in the last year have continued to take a drug and how many were isolated incidents, likewise with lifetime drug use it cannot be known which data relates to sustained drug habits and isolated use.

Figure 1.4 – Proportion of 16 – 24 year olds reporting use of drugs, ever, in their lifetime – over time
In general, though not necessarily specific to ‘party drugs’, it has traditionally been thought that those who take drugs are more likely to have precarious living arrangements, for example, having been unable to maintain a job and pay rent on-time owing to effects of drugs that one is addicted to, therefore, in surveying households, those who are rough sleeping, in hostels and young offenders, may be missing from data. The prevalence of certain drugs may be much more widespread. Whilst trends in young people’s drug use in recent years can be noted from the CSEW, it is important to bear in mind that respondents to the Crime Survey of England and Wales who have opted to report their drug-taking, may not be reflective of actual frequency.

**Developing distribution networks**

The distribution networks associated with party drugs are very different from those of traditional opiates and crack cocaine. Firstly, ‘legal highs’ can be purchased legally online, from contacts or from ‘head shops’. Illegal substances can often be purchased from friends and low-level contacts and dealers. In terms of wholesale distribution, one of the difficulties of tracking party drug usage relates to the illegal, but often completely hidden, supply networks, which are becoming increasingly advanced and often ahead of modern policing methods. Described as the ‘eBay for drugs’, *Silk Road* is a
contemporary internet-based black market for a wide variety of illegal goods and services. Not a traditional website, Silk Road operates as an end-to-end encrypted hidden (tor) service where the site and its users are routed randomly through multiple servers around the world, making tracking or eavesdropping extremely difficult, if not impossible. Similar to a number of other illegal and legitimate web-based services, Silk Road uses Bitcoin as payment for transactions. Bitcoin is a digital currency introduced in 2009 that operates on a decentralised basis without the involvement of any central authority. Generated by ‘miners’, stored in ‘digital wallets’ and secured through transaction encryption, Bitcoins have gained favour due to low transaction fees, the anonymity they provide, recent jumps in their average value (although this is highly variable), and that it can be exchanged to back to traditional currencies.

A recent assessment found that 70% of products on sale were drugs that are considered illegal in most jurisdictions, of this there were 340 varieties identified. However, while Silk Road is by far the most prominent, it is only one of many such services in operation. In October 2013, the US Federal Bureau of Investigation (FBI) shut down the service following the arrest of its founder and chief operator. However, the service was
restored the following month by former administrators. The FBI criminal complaint lodged following the arrest identified that since its founding in 2011 until July 2013 Silk Road had facilitated over 1.2 million transactions equivalent to $1.2 billion (USD) in revenue (conducted by 146,946 buyers and 3,877 vendors). New psychoactive substances are often produced overseas, particularly in India and China. Ketamine, for example, is often trafficked into the UK from India via mail and parcel services. Furthermore there is often a deliberate mislabelling of substances by European wholesale suppliers.

The patterns of use mean that the consumers of these drugs do not commit crime to get cash to purchase these types of drugs. In these cases, the online services, wholesale channels and distribution on the ground, do not have the violent criminal gangs involved that are associated with opiate and crack dissemination. The same also holds for the handling of cash related to these drugs. Cash from sales of legal highs involves no criminality and the dynamics of transactions are clearly different for illegal substances. There appears to be much less socially disruptive criminality and violence associated with party drugs and legal highs, across the whole chain from consumer to producer.

**Students**

As a specific group of young people, there are trends associated with those attending universities across the UK. To further gain an understanding of national trends in party drug use by young people, the results of an annual drugs survey by a student newspaper are important in indicating the prevalence of party drug use within in this cohort. The survey gathered responses from over 5000 students at 21 universities in the second term of the 2012 to 2013 academic year. Imperial College and University College London were the only two London universities surveyed. It is unclear how many students responded from each university and whether numbers surveyed where proportional to an institution’s population. Results may be skewed by larger numbers responding from some universities compared to others.
This survey shows that MDMA (ecstasy) is more commonly used than cocaine, in contrast to the pattern of use among 16 to 24 year olds derived from the Crime Survey for England and Wales (CWEW). Ketamine was the least popular of drugs of the set under consideration by the CSEW among 16 to 24 year old respondents. There is clearly disparity in national statistics on patterns of young people’s drug use. However, this could be explained by the concentrations of students living a similar student lifestyle, which may foster drug taking, compared to all respondents from the 16 to 24 age cohort within the Crime Survey for England and Wales.

In order to attempt to establish the situation of drug taking in Westminster among young people, a number of higher education institutions in the city were surveyed for this report with regard to their drugs policies, knowledge of past or existing drug usage patterns among students and efforts to advertise any drugs support services available to students. The questionnaire initially sent to higher education institutions for completion is as follows:
1. Do you have any promotional awareness campaigns ongoing or have there been any in the past?
2. What support is available for those who may seek advice about drugs problems?
3. How are support services promoted?
4. What would be the typical course of action if a student were found to be in possession of, using or dealing illegal drugs?
5. Have you noted any particular pattern in drugs taken by students, not limited to those who seek support for their habit (such as which drugs are most popular among students at the moment or any changes in the amount or type of drugs)?

The questionnaire was devised and sent out to three of the largest institutions in Westminster: Imperial College London, King’s College London and the London School of Economics and Political Science. King’s and the LSE’s responses are provided below.

**London School of Economics**

*We promote mental health and wellbeing generally, rather than having specific drug/alcohol promotions, though have provided some workshops in the past which look at drug and alcohol issues. There is support available to any student via the counselling service.*

*We can also sign-post students to more specialised services if their issues require it. We have input from Mental Health Advisors within our team who have close links to NHS and statutory services. There is also an NHS Medical Practice on campus, St. Philips Medical Centre. Promotion is more focused on the wider support available within the Counselling and Well-being Services rather than specifically related to drugs. The services are promoted at new student orientation presentations, orientation guide, street fairs, emails to students, leaflets/posters around campus, creating links across the School to encourage staff to refer at risk students for support. The issue of ‘study drugs’, e.g. Adderall or Ritalin, was discussed a few years ago, but it was unclear how extensive usage really was among students.*
King's College London

We did some promotional awareness at our Health Fair and we invited Turning Point and the Club Drugs Clinic but they weren’t able to come that day. We would very much like them to be involved in future events at King’s that we organise. We would be very interested to work with the Health & Wellbeing Board and Westminster City Council staff. All of our residence staff hold a training day around drug & alcohol awareness.

Students and staff can approach the College’s Counselling Service or the Health Centre for help with drug problems and be referred on as necessary. We have leaflets about the Club Drugs Clinic in the Health Centre. Also, the Health Centre’s web pages have a page on drugs (including party drugs) and links to other services that can help. We are also looking into having an interactive map on our drugs page that will enable patients to click on the borough they live in to see what services are available to them.

If a student was found in possession of or using drugs within our residences or on our premises, they would go through the Colleges internal disciplinary procedures. If they are caught dealing this would be a matter for the police.

We have started monitoring drug use on registration of new patients to the Health Centre. Of the 698 new patients registered to date since 1st April 2013, only 2 have admitted to drug use. One was cannabis, the other cannabis, cocaine, legal highs & MDMA. [Elsewhere] we usually hear about [drug usage] through A&E reports or when patients present with an emotional or mental health crisis.

Whilst counselling seems to be available and advertised, with referrals to more specialist services where necessary, the difference between expressed usage of drugs via university assessment is high and university figures do not match the high levels seen in universities more broadly. As above, KCL reports a rate of usage of drugs at 0.29% relating to new students, whilst the Tab student survey showed that at comparable universities, 68% of Imperial students admitted to taking drugs, compared to 82% at University College London. It would be difficult to recommend that universities in Westminster should endeavour to collect data on students’ drug use, as the pattern shown in this small sample would imply a great disparity in results of drug use among young people compared with other sources. Due to the nature of the data collector, it may always result in underreported usage. It is clear that reports of 0.29%
drug usage may not be reflective of student usage. This is probably owing to students not wishing to reveal any illegal activity, such as substance misuse, to authorities such as university staff. It may equally be due to the fact new students were being surveyed.

However references to service signposting shows a clear effort by universities to intervene, as the view was expressed by substance misuse commissioners was that a failing in drugs services provision was that some organisations ‘contained’ their service users and would not admit any limited ability to provide them with support and refer them on to a more appropriate service. Thus, whilst there is no deficiency in universities not offering their own specialist drugs support, if they are aware of appropriate channels, demonstrated by King’s’ s knowledge of the Club Drugs Clinic, there would be positive routes of referral available.

However, it was also stated that drugs policies were drafted as early as 2002. Thirteen drugs have been added to the Misuse of Drugs Act 1971 since 2002, including mephedrone, GHB, GBL, Ketamine, methamphetamine and “magic mushrooms”. It could be considered more pressing that higher educational institutions cultivate an active interest in which drugs are being used by young people and which legal substances are newly classified as illegal, so as to design support services around drugs which are more prevalent than others in terms of usage by students. Given that patterns in drug behaviour fluctuate, a recommendation to higher educational institutes could be that they should commit to reviewing and, as necessary, updating their drug policies more frequently.

**Drug usage associated with nightclubs**

Practitioners at St. Thomas's hospital referenced the Global Drugs Survey as an accurate assessment of a community which regularly took illegal and psychoactive substances. Compiled by Mixmag, a dance magazine, the survey included a sample of a population comprised of people in their late twenties and early thirties, as opposed to younger people as assessed thus far (16 – 24, 20 – 29). The survey compared respondents in the UK to those in the U.S. The survey gives a perspective on drug taking behaviour nationally but does not break down at a regional level, so this does not represent a London perspective. Lifetime use and use in the last year were both recorded for the survey, this year’s edition of which was published in April 2013.
Excluding alcohol, the most frequently used drug in one’s lifetime was cannabis, of all varieties. Whilst cannabinoids are not a focus of this study, it is most interesting to note that a greater proportion of respondents, 79.0%, reported having tried MDMA in their lifetimes than those who had ever used tobacco, at 77.5%. Cocaine and ketamine followed the next highly reported drugs used in one’s lifetime, which were followed by specific types of cannabis and MDMA, followed by magic mushrooms.

Reported drug use in the last year presented a different pattern (figure below), with tobacco use marginally outweighing MDMA use. A greater number of people reported cannabis and MDMA use of all types than energy drink consumption. MDMA pills and cocaine were less widely used than energy drinks, whereas crystallised MDMA was more widely used than energy drinks.
It should be noted that some drugs whose lifetime usage was recorded in the survey do not feature in the drugs recorded as tried in the last year. Interestingly, the pattern in drug use is different for that used ‘in the last year’ compared to that used ‘in one’s lifetime’. It should be noted here that respondents from the Mixmag survey are readers of a specific magazine of a slightly older cohort, typically late twenties to early thirties. It is not possible to know whether this is indicative of long-term patterns in drug use or whether most proportions are representative of trying a drug on one occasion. This survey related to a self-selecting group of people responding as readers of the magazine. Whilst drug usage of 18 to 24 year olds cannot be assessed from this sample, it could be a useful indicator of subsequent drug usage following adolescence and young adulthood.
Short-term implications of drug usage (acute admissions)

Toxicology admissions to hospital

To gain an understanding of the impact of party drugs on hospitals, against other drugs, toxin exposures recorded in the admissions to St. Thomas’s Hospital are examined below. The following figure is from the Guy’s and St Thomas’ NHS Foundation Trust Clinical Toxicology Service 2011 Annual Report.

![Figure 1.8 – Ten most common drug / toxin exposures for overall poisoned patient populations](image)

<table>
<thead>
<tr>
<th>Drug / Toxin</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rank</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(%) total</td>
</tr>
<tr>
<td>Paracetamol</td>
<td>1</td>
<td>335 (8.7)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2</td>
<td>241 (6.2)</td>
</tr>
<tr>
<td>Gamma-hydroxybutyrate</td>
<td>3</td>
<td>219 (5.7)</td>
</tr>
<tr>
<td>Unknown toxin</td>
<td>4</td>
<td>160 (4.1)</td>
</tr>
<tr>
<td>Gamma-butyrolactone</td>
<td>5</td>
<td>142 (3.7)</td>
</tr>
<tr>
<td>MDMA / Ecstasy</td>
<td>6</td>
<td>136 (3.5)</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>7</td>
<td>110 (2.8)</td>
</tr>
<tr>
<td>Heroin</td>
<td>8</td>
<td>90 (2.4)</td>
</tr>
<tr>
<td>Diazepam</td>
<td>9</td>
<td>90 (2.4)</td>
</tr>
<tr>
<td>Ketamine</td>
<td>10</td>
<td>76 (2.0)</td>
</tr>
</tbody>
</table>
5.7% GHB and 3.7% GBL admissions are higher than that of MDMA. These two former drugs are of interest given anecdotal reports received of increasing usage. It may be the case, however, that admissions are not indicative of actual drug taking; those who require medical treatment are admitted to emergency departments but certain drugs which are more potent than others may disproportionately result in a patient requiring treatment. Thus, Ketamine presentations, for example, may be lower than numbers of people taking the drug as harm is caused with long-term usage, for example, the hardening of the bladder, whereas other drugs, such as GHB and GBL, can be lethal in a single dose to even a user who is careful in his or her drug usage.

Figure 1.9 – Drug / toxin exposure in 2010 and 2011 (extracted, reduced table)

The party drugs which featured in this initial section of the exposures list were cocaine, GHB, GBL, MDMA, Ketamine, mephedrone, crystal methamphetamine and ecstasy. Methamphetamine, a party drug, in its non-crystalline form was registered for just two exposures. Among the more traditional drugs which are excluded from the party drug category, it is interesting to note how infrequently these appeared in comparison to the party drugs: LSD was registered in just three exposure cases, in line with hair dye and sulphuric acid poisoning. “Speed” was registered in twelve cases, in line with nurofen, an over-the-counter drug for reducing fever and pain. There were 56 cannabis and 13 marijuana exposures.
It is most interesting to note that the fifth most commonly recorded toxin for both 2010 and 2011 was an “unknown toxin”. This would indicate lack of knowledge of the current situation on party drugs. A combination of drugs in an individual (polydrug usage) renders it difficult to discern a principle drug. Furthermore, evidence presented to us by toxicologists at St. Thomas’s Hospital would indicate that, even when a drug is registered upon a patient’s arrival at the emergency department, the registering of a single drug is problematic as there may be contributing factors that are not taken into account. For example, ecstasy may be the cause of heart attack registered but this may have been aggravated by excessive alcohol consumption or combined use with other stimulants.

The UK has the largest market for so-called "legal highs" in the European Union, according to the United Nations Office on Drugs and Crime (UNODC). A total of 670,000 Britons aged 15-24 have experimented with the substances at least once, it says in its 2013 World Drug Report.

*Pooled urine analysis – the inherent risks in unknown drug compounds*

An organisation, TICTAC Communications, collects legal and illegal drugs at St. George’s, University of London in order to compile a database that is used by both health and crime professionals. The driver for assessing whether change is needed is that there are consequences when vulnerable young people are exposed to a succession of compounds that have never been tested for safety. For example, in a recent study by St George’s, University of London, based on a sample of urinals in Westminster, there were a number of different drugs and compounds (including metabolites indicating consumption) detected in a single pooled urine collection. The data below comes from Wardour Street in Westminster in March 2012.
The organisation at St George’s, University of London concludes that compounds used as drugs are never made by pharmaceutical industry and it is not possible to perform formal toxicity studies. All they report that they can do is to observe the effects on a vulnerable population that experiment on themselves. The organisation continues to systematically monitor emergence of new compounds through the analysis of urine / blood from clinical presentations in acute settings.

Similarly, in 2013, St Thomas’ clinicians ran a study across Westminster for the detection of novel psychoactive substances (NPS). Pooled urine samples were collected from portable stand-alone four-person urinals across the City and were analysed using full-scan accurate-mass high-resolution liquid chromatography coupled to tandem mass spectrometry. Data were processed against compound databases containing >1700 drug compounds and metabolites. The researchers found seven established recreational drugs (3,4-methylenedioxymethamphetamine, cocaine, cannabis, Ketamine, 3,4-methylenedioxo-N-methylamphetamine, methamphetamine and amphetamine) and six potential novel psychoactive substances [hordenine (all 12 urinals), cathine (11), methylhexaneamine (9), 4-methylmethcathinone (6), methiopropamine and metabolites (2) and methoxetamine and metabolites (1)] were detected. Methylhexaneamine, methiopropamine and hordenine are currently uncontrolled in the UK, whereas methoxetamine is currently subject to a Temporary
Class Drug Order. Metabolites of the anabolic steroid nandrolone were found in two urinals and trenbolone metabolites and clenbuterol in one urinal.

**Medium-to-long term implications of drug usage**

*Mental Health*

The number of NHS hospital admissions where there was a primary diagnosis of drug-related mental health and behavioural disorder across England and Wales in 2011 / 2012 was 6173. **Of which 25% were people under the age of 24.** In London, specifically, 1043 males and 389 females were admitted with a drug-related mental health illness, 39 of which were resident in Westminster. These numbers increase exponentially when including counts as a secondary diagnosis, where 10,000 diagnoses included drug-related mental disorders, 7,884 in London and 251 in Westminster.

There are a number of negative health outcomes for regular users of drugs such as MDMA. Some of the symptoms of taking MDMA / ecstasy can include feeling anxious or getting panic attacks, and developing confused episodes, paranoia or even psychosis. With regular or large doses, Ketamine can also make existing mental health problems worse, and can cause feelings of confusion, panic attacks and depression. Whilst people may consider that only cannabis and cannabinoid use leads to long-term mental health issues, a wide range of party drugs and novel psychoactive substances can alter states of mind to an alarming effect. A story submitted to the Talk to Frank website illustrates a young person’s experience of mental health deterioration as a result of taking MDMA:

**Case Study – story shared on ‘Talk to Frank’ website**

I'm a 16 year old male and since July to October I had done more Mandy than you could imagine. From the first time I was given some by someone who is now a close friend I met at a festival back in July I have been mad for it. Was just the most different and wild experience as I bombed a half gram at 5am and it didn't hit me for three hours I got a bit worried. I went out the tent couldn’t handle it so had to go back in the tent I lay down. All of a sudden the heat had become unbearable - sweat from everywhere - no track of time. I just wanted to sleep so I could hear everything going on around me. Outside the tent I could not see but my eyes were open and everything that I could hear made a frozen picture right before my eyes although every time that happens I can never remember what I see. What makes it mad is the
feeling of everything change right in front of you and there is no second thought. I usually get it if I'm outside walking in the dark by the road and the street lights kind of put me in a stare and I trip and think "where the f*** are we?". Then my eyes will start to shake and I'll look again and I know exactly where we are and it's a well known place and I crave for that feeling. It had started to become to at least 5 times a week as I just left school and it was my last summer holiday to be with all my friends. Every day was a party so until that had come to an end it just seemed like constantly.

Even though that was all well and good at the time I didn't realise about the stuff I am going through now this is just 4 months since I first ever done it I've cut down to the weekends for about 1 month but have done it sometimes in the weekdays .The thing is my memory is so bad I can hardly tell you about what I've done while I've been on it, I didn't realise I only wasn't feeling bad effects because I was doing it so much, my breathing has changed, my heart pumps different and my blood feels like it's changed. I get stomach cramps and unexplainable like flash in my head that makes my hands and feet twitch and it kind of hurts. I find it hard to speak loudly I mumble a bit and have aches in my back / spine / chest / neck and the worst part is I keep finding things everywhere in my house, mate's houses that I just completely forgot about. My head feels like I got concentration problems. I wake up in the morning sometimes and feel completely brain dead and like I've forgot everything. I sometimes don't feel happy, and ask myself ultimate questions but the fact some would say it can't be answered.

**Sexual Health**

The main acute STIs with an impact upon young people are syphilis, gonorrhoea, chlamydia, herpes and genital warts. Young people are disproportionately impacted by STIs. In London 15-24 year olds account for 36% of all Londoners diagnoses with an acute STI but reference only 13% of the general population. Chelsea and Westminster NHS Foundation Trust report that there is almost certainly a strong link between the increase in acute STIs in young people and usage of party drugs and legal highs.

Whereas in the case of MSM, where testing for HIV and acute STIs at clinics such as Dean Street and Mortimer Market contains questions about drug usage, this is not necessarily the case when testing for HIV and STIs amongst younger people. Figures of STIs affecting young people in London are presented below, and potentially present a worrying picture for service commissioners.
The Context of Westminster

The South Westminster Drugs and Alcohol Service assist both young people and adults with substance misuse. Turning Point\textsuperscript{37} has provided the following data show their

\textsuperscript{37} Turning Point / the Hungerford Project are names applying to the whole organisation. The tables on client drug use indicate that SWDAS is the name applying to those working with adults. There is also a North Westminster Drugs and Alcohol Service working with adults. The Young People’s Team at Turning Point/ Hungerford is based at SWDAS but works with minors from both north and south of Westminster.
clients' drug-taking behaviour, whether or not they take party drugs. The data was not broken down into separate drugs. It is clear that the proportion of under 18s taking party drugs is low, at 1.89% excluding cocaine and 3.77% including the drug. What can be seen from these figures is the substantial rise in party drug use by the time a young person becomes an adult: aged 18 to 24 shows party drug use at 14.29% excluding cocaine and 25.00% including cocaine.

It is important to state that this is a small sample of clients, at 509, and that young people are generally referred from existing services, such as the Youth Offending Team or Family Services, the numbers would be unrepresentative of wider drug-taking behaviour. Those who have been judged to have problematic drug use are referred for treatment. Young people are unlikely to self-refer for a drug problem that they may not consider to be problematic, or that they judge to be manageable. In the older age groups, the number of clients is higher and this correlates with the higher proportion of party drug users. Interestingly, for 25 to 34 year olds, party drug use is 20.75% if cocaine is included but only 6.60% excluding party drugs. This compares with the 13 to 17 group: 1.89% party drug use excluding cocaine and 3.77% including. It is important to assess what is happening prior to reaching the ages within the 20s and 30s for cocaine use to rise significantly.

The evidence is that a some young people will have used party drugs at some point, but just as many people drink alcohol and few end up alcoholics one would expect a minority to end up as chronic problem users. Given the widespread party drug use, one would expect that there would be a significant increase in the risk of there being more problem chronic users in the future. For the same reasons one would expect there to be a significant increase in the risk of there being a more users with mental and physical problems they self manage in the future.
Case study 1: "Judy" is a 21 years old arts graduate from London. She spoke of her drugs experiences at university.

"Nearly everyone came into contact with party drugs and legal highs, and we all knew where we could get them, usually from other students who were always in the know and would always get stuff if you needed it and would also know about new things. We took them mostly to de stress and chill out in clubs. We tried different things. We also went to house parties where we would drink and take drugs like cocaine, MDNA, Ketamine and other new stuff. We would drink as well, just generally chill out and try mixes of things. I took cocaine and MDNA and drank as well at the house parties for a time. I just stopped, cocaine made me sick and I had a few really bad incidents with MDNA, just cried and cried. I would say about half my class did [party drugs] and went to house parties. I knew a few who seemed to get depressed and down or you would see them a bit high during the day. They just seemed to manage. I am now really anti-drugs."

Case study 2: “Alice” is a former drug addict who is now employed within Westminster to help young people with drugs problems.

Alice’s friend died of GHB use last year. Alice thought her friend might not have used the drug if she had been better educated on drugs’ effects, adding that she, herself, had not heard of GHB until her friend’s death and Alice was a frequent drug user. In her view, young people are not very well informed on drugs. Alice said that she did not know about the club drugs clinic until last year: as one has to be in an existing service, such as the Youth Offending Team, in order to be referred. She said that very few young people came to the clinic voluntarily. Drugs problems among young people were said to relate to family and emotional issues.

Alice said that part of the club scene is binging with recreational drugs every weekend. Ketamine is more accepted among young people to a certain extent, while MDMA taken in a drink is common. Cannabis is also viewed as acceptable among young people. With increasingly numbers of young people using combinations of hard drugs with cannabis or synthetic cannabinoids. It was said that there is no bad feeling at turning down an offered drug. One is not pressured to take drugs but they are offered. It was said that one tends not to wish to be left out and so in the sense of desiring to be included, peer pressure may influence a young person’s decision to take drugs. Alice said that if a person turned down
drugs, they would probably not be offered again.

It was said that the message on drugs matters but so did delivery: hearing the effects of drugs from a young person is important. Personal, Social and Health Education in schools was described as unhelpful. Those who taught on the harms of drugs in the lessons were said to have no knowledge of the drugs. Students were more receptive to people closest in their age. Alice reported that legal highs were of less interest to young people, with the implication being that illegal drugs, by their very nature, were attractive.

In relation to young people taking drugs that begin circulation in the MSM cohort and cross over into more widespread usage, crystal meth was said not to have crossed over. When asked whether party drugs were viewed as increasing risky sexual behaviour among young people, it was said that alcohol was most responsible for increased risky sexual behaviour, although being under the influence of any substance was acknowledged as having potential to cause recklessness. Alice added that it was difficult to have sex under the influence of certain drugs, such as ecstasy, as they can prevent erection, but adding that G (GHB/GBL) was related to date rape.

Case study 3: modern professionals in large organisations.

Vanessa works as a director in the securities division in London in one of the world’s largest global investment banking operations. Vanessa is in her mid 30s. She pointed out that it seemed to be common knowledge that many people working in investment banking in their mid 20s to early 30s have used illegal party drugs including powder cocaine, polydrug use also seemed to be common. Some seemed to develop some more serious issues which they self managed. Some people seemed, at times, ‘on edge’ with mood issues. People suspected that drug use could be behind this.

She suspects that the use of legal highs and illegal drugs can be stress related, with people self medicating with polydrug use. She was shocked about how apparently wide spread this activity is amongst very highly paid professionals. She also knows of the mixing of alcohol with party drugs. Vanessa says that many people in the industry knows that this type of thing is going on, but it s not talked about openly, and then mostly outside the office.
Case study 4: students at University

Anthony studies at a University in London. He works in bars and clubs at weekends. He has seen the use of cannabis as being extremely widespread, a significant minority are into other drugs at university to varying degrees. He reports that the pattern of drug consumption amongst students seems to vary with the scene and the crowd that people surround themselves with. Anthony is heavily involved with indie rock, and so was keen to make clear that his experiences are around that scene and the places he had worked. He has seen a significant minority use drugs, and usually people take party drugs that give them a really strong "upper" so they can party all night or all weekend. Most of the students take the drugs before they get to the clubs, MDNA and powdered cocaine were identified as the most frequent. The party drugs were often taken at someone's flat before heading to the clubs.

In many cases these people would also drink alcohol at the clubs, so club drugs and alcohol were being mixed. People took the drugs before clubbing so as to reduce the risk of being caught with them. In many cases people in Anthony's scene claimed to have done research online on the club drugs they were taking and were confident in understanding the party drug impacts.

Potential interventions

Outlined below are this report’s key recommendations to improve the health and wellbeing of young people in Westminster in regards to substance misuse. This report aims to both gather together examples of best practice as well as highlighting possible further solutions.

1. Training

1A The City Council’s Children’s Services department should ensure that awareness raising and harm reduction training programmes are made available across those services addressing the needs of young people to ensure that this group are better informed about the changing patterns on substance misuse identified in this report

1B It is also recommended that the Council shares learning and develops best practice from the specialist targeted work with party drug issues.
1C Frontline staff dealing with substance misuse and young people should be trained appropriately to recognise party drug use in the younger person’s cohort, in order to understand usage patterns and make appropriate referrals to the Club Drugs Clinic.

1D Officers should promote awareness training programmes available to service providers and educational institutions on the dynamics and impact of party drug use by young people.

1E The Tri-Borough Public Health service should take the lead on intelligence in relation to trends in party drug use by younger people and ensure that this information is disseminated to relevant partners.

2. Commissioning and service delivery

2A Officers should encourage and support joint commissioning between drug, sexual and mental health services in relation to party drugs and young people. There needs to be a more systematic focus on the link between acute sexually transmitted infections and the use of party drugs and novel psychoactive substances by young people, especially in conjunction with use of alcohol. When general sexual health testing takes place, clinicians should ask about usage of drugs, whilst ensuring that the widest possible definition of ‘substance misuse’ is used (i.e. legal highs, polydrug and alcohol misuse).

2B Where resources are constrained, there must be focused efforts on the cohort most at risk and where relevant, a gender-specific services should be developed if there are identified gaps in addressing specific behaviour patterns identified.

2C Venues should be targeted where there are known problems and risks to young people working with key stakeholders (including licensing and Police) to address problems arising from persistent ‘high-risk’ venues.

2D There could be a reconfiguration of specialist substance misuse provision to young people to involve key stakeholders including CAMHS, LGBT and sexual health service. It is recommended that there are clear referral pathways for service users.
2E The City Council, the Clinical Commissioning Group and providers should initiate a campaign to encourage people to come forward to use services, as many of those identified in this research self-manage their problems with substance misuse. Further to this, the campaign should extend to **General Practitioners** who can then refer those people to relevant services.

2F In relation to the 15 to 18 year age group within Westminster, there needs to be a concerted effort in warning of risks of substance misuse, including the wide range of party drugs and novel psychoactive substances which can cause serious unintended consequences.

2G There should be the objective to sustain the current investment in the Club Drug Clinic. It is essential that the relet for substance misuse services relating to party drugs goes ahead with at least the same amount of resources. There should also be a focus on preventative outreach, and concerted efforts placed on education providers.

2H It is recommended that any new service initiatives proposed should focus on the age cohort most at risk; 19 – 30 year olds.

2I Services also need to be structured to ensure access and provision is attractive and suitable for younger people. An objective should be to increase referrals in the 19 – 30 year old bracket.

2J Officers should review the services offered by the groups working with the MSM cohort, to develop models of best practice for services offered to young people.

3. **Communications**

3A Officers should develop a systematic approach to communicate the links between acute sexually transmitted infections and the use of party drugs by young people, especially in conjunction with use of alcohol.
4. **Evidence Building (Young People)**

4A Officers should develop appropriate screening tools for young people in settings where sexual health testing takes place enabling including questions on the use of drugs, whilst ensuring that the widest possible definition of ‘substance misuse’ is used (i.e. legal highs, polydrug and alcohol misuse).

4B There needs to be close and structured partnership working between Westminster City Council, substance misuse, mental health and sexual health services and key universities and colleges in Westminster in terms of dealing with party drugs, including signposting and providing guidance to pathways to services and education. It is essential that services keep university and college institutions abreast of patterns of behaviour and the City Council could play an enabling role in this key activity.

4C A Joint Strategic Needs Assessment around young people’s use of party drugs should be commissioned to give better empirical evidence as to the scale and nature of these issues, amongst others, as relates to young people in Westminster. There is a need for better intelligence and understanding of how young people become chronic users of party drugs and how those who self-manage drug use can develop dependence.

4D Officers should also establish systems to identify those most at risk individuals, in order to facilitate cost effective intervention.

5. **External Recommendations**

5A It is recommended that Westminster Metropolitan Police are signposted to training to ensure they are aware of the latest developments in relation to changing usage patterns amongst young people.

5B Clinical Commissioning Groups should provide A&E data on attendances at local acute providers to Local Authority Commissioners.

5C It is recommended that a scheme which shares photos of known drug dealers between nightlife locations and the police would be a welcome policy in tackling active dealing and distribution. Venues should look at
sharing intelligence and profiles of known dealers to improve front-desk entry policy. There could be a role for licensing in ensuring public health and safety on these premises, and premises management should be made familiar with the issues raised in this report.

5D Partnership working should be established between officers and higher educational institutes, as key links in addressing the issue of party drugs amongst young people.
Appendix A: Indicative clinical costs of common health consequences of party drug use in Westminster

In 2012, the conservative indicative acute, clinical costs of common health consequences of party drug use in Westminster were estimated to be £654k, where clinical coding allows for a connection between substance misuse of types of drugs and an admission. Where there are no such clinical coding can provide a direct link, such as HIV and STIs, where an unknown proportion of diagnoses could be associated with party drug use, the upper possible limit has been provided. These costs exclude social and economic costs as a result of these conditions.

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>£4,816 (initial acute cost) + £25,50036</td>
<td>Direct Clinical + 3 month aftercare</td>
<td>4</td>
<td>£121,264</td>
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<tr>
<td>Myocardial infarction (Heart Attack)</td>
<td>£11,78037,40</td>
<td>Direct Clinical (per heart attack + aftercare)</td>
<td>5</td>
<td>£58,900</td>
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<tr>
<td>Schizophrenia</td>
<td>£16,50041</td>
<td>Direct Clinical (per year)</td>
<td>19</td>
<td>£313,500</td>
</tr>
<tr>
<td>Depression</td>
<td>£1,35542</td>
<td>Direct Clinical</td>
<td>5</td>
<td>£6,775</td>
</tr>
<tr>
<td>Hepatitis C Emergency admission for drug poisoning</td>
<td>£66,00043</td>
<td>Lifetime Cost</td>
<td>1</td>
<td>£66,000</td>
</tr>
<tr>
<td>Club Drugs Clinic</td>
<td>£4,688</td>
<td>Direct Clinical (per year)</td>
<td>19</td>
<td>£12,597</td>
</tr>
<tr>
<td>HIV</td>
<td>£280,000 to £360,00045 (using midpoint)</td>
<td>Lifetime cost</td>
<td>846</td>
<td>£2,560,000</td>
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<tr>
<td>Syphilis</td>
<td>£6,947</td>
<td>General (Including non-recreational drug)</td>
<td>9748</td>
<td>£6,693</td>
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<td>Gonorrhoea</td>
<td>£6,949</td>
<td>One-time cost (Including non-recreational drug)</td>
<td>54510</td>
<td>£37,605</td>
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<tr>
<td>Accident and Emergency</td>
<td>£13,951</td>
<td>(Category 2 treatment)</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
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</table>

£654,036 to £3,258,334

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37 Based on OECD indication of the UK average of 8 days for myocardial infarction.
38 Increase in HIV rate in Westminster between 2010 and 2012 was 33 (assumption of 16 per year)
44 National AIDS Trust
45 Increase in HIV rate in Westminster between 2010 and 2012 was 33 (assumption of 16 per year)
46 Department of Health (2014) General Practice tariff with no complications (2013 - 2014) plus wholesale price for medications
47 Department of Health (2014) General Practice tariff with no complications (2013 - 2014) plus wholesale price for medications
48 Department of Health (2014) General Practice tariff with no complications (2013 - 2014) plus wholesale price for medications
49 Department of Health (2014) General Practice tariff with no complications (2013 - 2014) plus wholesale price for medications
50 Department of Health (2014) General Practice tariff with no complications (2013 - 2014) plus wholesale price for medications
Anabolic Steroids (Roids, Juice)

Anabolic steroids are similar to the male hormone testosterone and they can improve endurance and performance and stimulate muscle growth.

1. Allow people to train harder and longer.
2. Help recover from strenuous exercise faster.
3. Build muscle mass, when taken along with a strenuous exercise regime.
4. Anabolic steroids can make some users feel paranoid, irritable, aggressive or even violent, and it can induce mood swings.
5. They can sometimes cause unwanted changes in appearance like acne or shrunken testicles.

Anabolic steroids are available as tablets or as a liquid for injection.

1. If you're young, anabolic steroids can mess up how your body develops, stopping you from growing properly.
2. If you're male, regular use can lead to erection problems, growing of breasts, becoming sterile, loss of hair and development of acne. It can also make your testicles shrink.
3. Anabolic steroids can damage your veins and cause ulcers and gangrene, particularly with dirty needles or poor injecting technique. Sharing needles, syringes and other injecting equipment.
4. Steroids can also give you high blood pressure and increase your risk of illness and death due to liver failure, stroke or heart attack.
5. Injecting any drug, even steroids, can damage your veins and cause ulcers and gangrene, particularly with dirty needles or poor injecting technique. Sharing needles, syringes and other injecting equipment. It can also make your testicles shrink.

Anabolic Steroids

- Effects
  - Users tend to swallow several pills at a time, or snort them. Other ways of taking drugs, such as by injection, appear to be less common.
  - Users may cause headaches, nausea and vomiting.
  - Panic attacks and even an acute psychosis has been reported.
  - At high doses, more serious confused, agitated or even delirious states have been reported.
  - There is a risk of re-estimating the heart and circulation.
  - Evidence from other drugs like ecstasy and LSD suggest that regular use may leave people tired, low and anxious when they stop using these types of drugs regularly or at high doses.
  - It's not yet known if they cause any long term damage but there have been numerous hospitalisations associated with use of these types of drugs, and a case reported of associated neurological damage and one case of a fatal overdose.
  - Mixing 2C drugs with alcohol may have serious consequences – mixing any stimulant drugs and alcohol can substantially increase their risks.
  - They are not the type of drugs on which people are likely to become physically dependent.
  - However, both tolerance and psychological dependence have been reported in stimulant drugs.

- Medical Implications
  - 1. It can cause mood swings and feelings of anxiety, aggression and paranoia.
  - 2. It can be toxic to the brain, causing overstimulation of the nervous system, with agitation and hallucinations, or causing fits.
  - 3. It can cause overstimulation of the heart; and there are reports of altered blood pressure.
  - 4. Potentially dangerous rises in body temperature have been noted and there may be a risk of kidney failure.
  - 5. There is little direct information about 2-DPMP and related compounds. But as it is similar to amphetamines, it is very likely that regular use can be a state of psychological and physical dependence.

- Legal Penalties
  - For a 2C drug to be illegal it must fulfil the criteria set out by the generic definition for the benzylethenylamine family of drugs. 2C, 2CE, 2CB and 2C-T-7 meet this generic definition and are Class A drugs which means that it's illegal to have for yourself, give away or sell.

- Legal Penalties
  - Possession: Up to 7 years in prison, an unlimited fine or both
  - Supplying & Production: Up to life in prison, an unlimited fine or both

Amphetamines

- Description
  - Amphetamines include amphetamine sulphate, Dextroamphetamine and dectamphetamine and are closely related to the particularly harmful drug - methamphetamine, has recently been reported.

- Effects
  - Users feel very up, alert and energised, but can also make them agitated and aggressive.
  - Mmakes people feel wide awake, excited and chatty.
  - Chest pains, anxiety, insomnia, severe agitation, hallucinations and paranoia.

- Medical Implications
  - 1. It can cause mood swings and feelings of anxiety, aggression and paranoia.
  - 2. It can be toxic to the brain, causing overstimulation of the nervous system, with agitation and hallucinations, or causing fits.
  - 3. It can cause overstimulation of the heart; and there are reports of altered blood pressure.
  - 4. Potentially dangerous rises in body temperature have been noted and there may be a risk of kidney failure.
  - 5. There is little direct information about 2-DPMP and related compounds. But as it is similar to amphetamines, it is very likely that regular use can be a state of psychological and physical dependence.

- Legal Penalties
  - Possession: Up to 5 years in prison, an unlimited fine or both
  - Supplying & Production: Up to 14 years in prison, an unlimited fine or both

2-DPMP (Vanilla Sky, Purple Wave, Ivory Wave, Diphencyclohexylpyrrolidin e, Dooopydrolph, D2PM)

- Description
  - 2-DPMP is a powerful stimulant that has been found in the product `Ivy Wave`. It was taken as a ‘legal high’ until 2012 and has amphetamine-like stimulant effects similar to speed. 2-DPMP effects can be both powerful and long-lasting, with effects that can last as long as 5-7 days - some users have had to go to hospital for help.

- Effects
  - Users have been hospitalised associated with use of these types of drugs, and a case reported of associated neurological damage and one case of a fatal overdose.

- Medical Implications
  - 1. It can cause mood swings and feelings of anxiety, aggression and paranoia.
  - 2. It can be toxic to the brain, causing overstimulation of the nervous system, with agitation and hallucinations, or causing fits.
  - 3. It can cause overstimulation of the heart; and there are reports of altered blood pressure.
  - 4. Potentially dangerous rises in body temperature have been noted and there may be a risk of kidney failure.

- Legal Penalties
  - Possession: Up to 5 years in prison, an unlimited fine or both
  - Supplying & Production: Up to 14 years in prison, an unlimited fine or both

Anabolic Steroids

- Description
  - Drugs of the 2C family, such as 2Cl, 2C-T-7, 2C and 2Cl have both psychosedelic/hallucinogenic and stimulant effects. Their effects are a cross between ecstasy and LSD.

- Effects
  - 1. An energy buzz with possible feelings of alertness, of being alive and in being in tune with surroundings - like ecstasy, particularly when taken at lower doses.
  - 2. Users can feel really aware of colours, sounds and smells or experience distorted senses.
  - 3. Hallucinations.
  - 4. The body feels hypersensitive and you may become sexually aroused.
  - 5. The effects have been reported usually to last from two to four hours but sometimes for some hours longer.

- Medical Implications
  - 1. It may cause hallucinations, nausea and vomiting.
  - 2. Panic attacks and even an acute psychosis has been reported.
  - 3. At high doses, more serious confused, agitated or even delirious states have been reported.
  - 4. It's not yet known if they cause any long term damage but there have been numerous hospitalisations associated with use of these types of drugs, and a case reported of associated neurological damage and one case of a fatal overdose.
  - 5. Mixing 2C drugs with alcohol may have serious consequences – mixing any stimulant drugs and alcohol can substantially increase their risks.
  - 6. They are not the type of drugs on which people are likely to become physically dependent.
  - However, both tolerance and psychological dependence have been reported in stimulant drugs.

- Legal Penalties
  - For a 2C drug to be illegal it must fulfil the criteria set out by the generic definition for the benzylethenylamine family of drugs. 2C, 2CE, 2CB and 2C-T-7 meet this generic definition and are Class A drugs which means that it's illegal to have for yourself, give away or sell.

- Legal Penalties
  - Possession: Up to 7 years in prison, an unlimited fine or both
  - Supplying & Production: Up to life in prison, an unlimited fine or both

Sulph, Phet, Paste, Dexies, Amphetamines

- Description
  - Dexedrine, and Amphetamines include effects and risks to 2 DPMP is a powerful stimulant like DPMP effects can be both powerful and long-lasting, with effects that can last as long as 5-7 days - some users have had to go to hospital for help.

- Effects
  - The related compounds D2PM and diphenylmethylpyrrolidine are also stimulants, with similar effects and risks to 2-DPMP.

- Medical Implications
  - 1. It can cause mood swings and feelings of anxiety, aggression and paranoia.
  - 2. It can be toxic to the brain, causing overstimulation of the nervous system, with agitation and hallucinations, or causing fits.
  - 3. It can cause overstimulation of the heart; and there are reports of altered blood pressure.
  - 4. Potentially dangerous rises in body temperature have been noted and there may be a risk of kidney failure.
  - 5. There is little direct information about 2-DPMP and related compounds. But as it is similar to amphetamines, it is very likely that regular use can be a state of psychological and physical dependence.
**APF (White Poo, Benzo Fury, 6-APB, 6-AP, 5-AP, 5-APB)**

<table>
<thead>
<tr>
<th>Temporary Class Order (Illegal for 12 months from 10 June 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 5-APB and/or 6-APB are stimulants commonly found in the product 'Benzo Fury'.</td>
</tr>
<tr>
<td>2. Like other APB compounds, 5-APB and 6-APB are marketed as 'legal highs' and may act like amphetamines and ecstasy. APB is similar to APB compounds, with similar effects but have slightly different chemical structures.</td>
</tr>
<tr>
<td>Scientific testing of products sold online as 'Benzo Fury' has found that while some contain either 5-APB or 6-APB as active substances, others contain entirely different active substances.</td>
</tr>
<tr>
<td>6-APB/5-APB is chemically similar to amphetamines (like speed) and to ecstasy, so it's reasonable to assume that they have similar effects to those drugs.</td>
</tr>
<tr>
<td>1. Feeling very up, alert, lucky and energised.</td>
</tr>
<tr>
<td>2. Being 'in tune' with their surroundings and/or with music and colours feeling more intense.</td>
</tr>
<tr>
<td>3. Temporary feelings of love and affection for the people they're with and for the strangers around them.</td>
</tr>
<tr>
<td>4. Physical effects such as dilated pupils, tingling feelings, tightening of the jaw muscles, raised body temperature and the heart beating faster.</td>
</tr>
<tr>
<td>6-APB/5-APB when sold as 'Benzo Fury' can be swallowed or snorted in lines. The powder version can also be rolled up in a cigarette paper and swallowed ('bombed').</td>
</tr>
<tr>
<td>6-APB/5-APB is chemically similar to amphetamines (like speed) and to ecstasy, and so it's reasonable to assume its similar risks to those drugs. Hence, people using 6-APB/5-APB may experience:</td>
</tr>
<tr>
<td>1. Anxiety, panic attacks, confused states, agitation or aggression, paranoid feelings and even psychosis.</td>
</tr>
<tr>
<td>2. A 'bombed' feeling that may last a number of days – with feelings of lethargy and depressed mood.</td>
</tr>
<tr>
<td>3. It is likely that addiction is a risk with regular use.</td>
</tr>
</tbody>
</table>

**Possession:** If the police suspects that you have a 'legal high' which contains a temporary class drug, they can confiscate the substance and seize it. |

**Supplying & Production:** Up to 14 years in prison, an unlimited fine or both |

**Cocaine (White, Work, Tooz, Stones, Snow, Rocks, Percy, Pabbs, Freebase, Crack, Coke, Charlie, Chang, CJ), A**

<table>
<thead>
<tr>
<th>Powder cocaine (also called coke), freebase and crack are all forms of cocaine.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Very similar effects to amphetamines, but it is usually stronger and doesn't last as long. 2. Raises the body's temperature. 3. Makes the heart beat faster. 4. Reduces feelings of hunger.</td>
</tr>
<tr>
<td>Smoked, injected or smoked.</td>
</tr>
<tr>
<td>1. High-dose can raise the body's temperature, cause convulsions and heart failure. Risk of overdosing increases if cocaine is mixed with other drugs or alcohol. 2. Over time, snorting cocaine will seriously damage the cartilage in your nose. 3. Cocaine is highly risky for anybody with high blood pressure or a heart condition. Even perfectly healthy, young people can have a fit or heart attack after taking too much. 4. Using cocaine a lot makes people feel depressed and run down. It can lead to serious problems with anxiety, paranoia and panic attacks. 5. Cocaine can bring previous mental health problems to the surface. If a relative has had mental health problems, there might be an increased risk for you. 6. Taking cocaine when you're pregnant can damage your baby. It may cause miscarriage, premature labour and low birth weight. 7. Regularly smoking crack can cause breathing problems and pains in the chest. 8. Injecting drugs can damage veins and cause ulcers and gangrene. Sharing needles or other injecting equipment can spread HIV and hepatitis infections. 9. 'Speedballing', injecting a mixture of cocaine and heroin, can have fatal results. 10. Cocaine is highly addictive.</td>
</tr>
</tbody>
</table>

**Possession:** Up to 7 years in prison, an unlimited fine or both/Supplying & Production: Up to life in prison, an unlimited fine or both |

**Ecstasy (ATC, Rocky's, Pills, Mitsubishi, MDMA, Mandy, E, Dolphins, Crystal, Cowies, Brownies), A**

<table>
<thead>
<tr>
<th>Ecstasy or MDMA was linked to dance music culture in the late 80's and early 90.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ecstasy makes people feel 'in tune' with their surroundings, and can make music and colours more intense.</td>
</tr>
<tr>
<td>2. Users often have temporary feelings of love and affection for the people they're with and for the strangers around them.</td>
</tr>
<tr>
<td>3. Short-term effects of use can include anxiety, panic attacks, confused episodes, paranoia and even psychosis.</td>
</tr>
<tr>
<td>4. Physical side effects can include dilated pupils, a tingling feeling, tightening of the jaw muscles, raised body temperature and the heart beating faster.</td>
</tr>
<tr>
<td>Ecstasy pills are usually swallowed – although some people do crush them up and smoke or snort them.</td>
</tr>
<tr>
<td>1. The comedown from ecstasy can make people feel lethargic and depressed.</td>
</tr>
<tr>
<td>2. Evidence suggests long-term users can suffer memory problems and may develop depression and anxiety.</td>
</tr>
<tr>
<td>3. Using Ecstasy has been linked to liver, kidney and heart problems. Some users report getting colds and sore throats more often, which may be partly caused by staying awake for 24 hours, which can itself affect your immune system.</td>
</tr>
<tr>
<td>4. Anyone with a heart condition, blood pressure problems, epilepsy or asthma can have a very dangerous reaction to the drug.</td>
</tr>
<tr>
<td>5. Ecstasy affects the body's temperature control. Dancing for long periods in a hot atmosphere, like a club, increases the chances of overheating and dehydration.</td>
</tr>
<tr>
<td>6. Drinking too much can also be dangerous. Ecstasy can cause the body to release a hormone which stops it making urine.</td>
</tr>
<tr>
<td>7. A big problem with Ecstasy pills is that they're rarely pure.</td>
</tr>
<tr>
<td>8. It is possible to develop a tolerance and psychological dependence on Ecstasy.</td>
</tr>
</tbody>
</table>

**Possession:** Up to 7 years in prison, an unlimited fine or both/Supplying & Production: Up to life in prison, an unlimited fine or both |

**Gamma Hydroxybutyrate (GHB) & Gamma Butyric acid (GBL) (Liquid Ecstasy, GBL, GHB, 4-BO, 1)**

<table>
<thead>
<tr>
<th>GBL is converted to GHB shortly after entering the body. GHB has a medical use in the treatment of narcolepsy, while GBL has a legitimate use as a stain remover, rust remover, alloy cleaner, superglue remover and as a paint stripper.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feelings of euphoria, reduced inhibitions and dizziness.</td>
</tr>
<tr>
<td>2. The effects start after about 10 minutes to an hour and can last for up to seven hours or so.</td>
</tr>
<tr>
<td>When they are sold as drugs they are usually sold as an odourless, colourless, oily liquid in small bottles or capsules.</td>
</tr>
<tr>
<td>1. Both GHB and GBL can cause unconsciousness, coma and death. Even experienced users are at risk of death.</td>
</tr>
<tr>
<td>2. Because GHB and GBL can cause unconsciousness they've been linked to drug-assisted sexual assault.</td>
</tr>
<tr>
<td>3. When mixed badly, it can really burn the mouth.</td>
</tr>
<tr>
<td>4. GBL/GHB are particularly dangerous when used with alcohol.</td>
</tr>
<tr>
<td>5. Addictive and very severe withdrawals with delirium have been reported.</td>
</tr>
</tbody>
</table>

**Possession:** Up to 2 years in prison, an unlimited fine or both/Supplying & Production: Up to 14 years in prison, an unlimited fine or both |

**Ketamine (Vitamin K, Super K, Special K, K, Green, Donkey Dust)**

<table>
<thead>
<tr>
<th>A powerful general anaesthetic that's used for operations on humans and animals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It can make people feel very chilled out and relaxed, giving a feeling of floating away, as if mind and body have been separated.</td>
</tr>
<tr>
<td>2. It can make you physically incapable of moving. You can feel completely detached from your body and surroundings, which has been compared to having a near-death experience, sometimes called 'entering the k-hole'.</td>
</tr>
<tr>
<td>3. Ketamine can cause hallucinations lasting up to an hour, with after-effects that may be left for some hours.</td>
</tr>
<tr>
<td>Ketamine can be injected, smoked or snorted.</td>
</tr>
<tr>
<td>1. Because you don't feel pain properly when you're on ketamine, you can injure yourself badly and not know you've done it.</td>
</tr>
<tr>
<td>2. High doses, especially when taken with other substances like alcohol, benzodiazepines or opiates, can dangerously affect the way you breathe and how your heart works, and can lead to unconsciousness and death.</td>
</tr>
<tr>
<td>3. Ketamine can also be very dangerous when mixed with ecstasy or amphetamines, when it can cause high blood pressure.</td>
</tr>
<tr>
<td>4. Ketamine causes very serious bladder problems, with severe pain and difficulty passing urine.</td>
</tr>
<tr>
<td>5. Abdominal pain or 'K cramps' have been reported by many long-term users.</td>
</tr>
<tr>
<td>6. Injecting ketamine can damage the veins and can cause serious problems such as abscesses and blood clots.</td>
</tr>
<tr>
<td>7. Sharing injecting equipment, including needles and syringes, risks infection with hepatitis C and B viruses and HIV.</td>
</tr>
<tr>
<td>8. With regular or large doses, ketamine can make existing mental health problems worse, and can cause feelings of confusion, panic attacks and depression.</td>
</tr>
<tr>
<td>9. Psychologically addictive and tolerance can be built.</td>
</tr>
</tbody>
</table>

**Possession:** Up to 2 years in prison, an unlimited fine or both/Supplying & Production: Up to 14 years in prison, an unlimited fine or both
Mescaline ( Peyote, Buttons, Peyote )

A

Mescaline is a psychedelic or hallucinogenic drug whose use leads to altered perceptions. It comes from button-shaped 'seeds' found in the Peyote cactus and also from some other members of the Cactaceae plant family and from Fabaceae bean family.

1. An altered state of consciousness – with altered thinking and changes in time perception – which is often described as happy, positive, enjoyable and relaxing.
2. Feeling like you are in a dream-like state and being agitated.
3. Prominent changes in visual perceptions with intense visual distortions and possibly hallucinations. Less common are auditory hallucinations.

Peyote buttons are most often chewed but they can also be mixed with water and swallowed. Sometimes mescaline is made into a powder and put into capsules and swallowed.

1. Some people experience moderate to severe vomiting and/or headaches.
2. It can make you dizzy, anxious, increase your heart beat and give you diarrhoea and nausea.
3. People have been known to harm themselves while under the effects of hallucinogens, so if you panic, or don’t feel safe and comfortable with the people you’re with, the experience of a mescaline trip can be confusing or sometimes very scary.
4. Mescaline is not physically addictive but like other hallucinogenic drugs you can become tolerant to their effects.

Possession:Up to 7 years in prison, an unlimited fine or both
Supplying & Production: Up to life in prison, an unlimited fine or both

Methodamphetamine ( Yaba, Tina, and Cristino Meth, Ice, Glass, Crystal Meth, Crack )

A

It’s part of the amphetamine family of drugs. Methodamphetamine has stronger effects that last longer than the classical speed, amphetamine sulphate.

1. Methamphetamine makes users feel very up, alert and energised as well as agitation, paranoid, confused and aggressive. 2. Increased levels of activity and feelings of arousal. 3. Reduced appetite. 4. Smoking the pure, crystalline form of methamphetamine, Crystal Meth, produces a very intense 'high' similar to that produced by crack cocaine but with much longer lasting – a period of between 4 and 12 hours when you’re not really in control.

Depending on its form, methamphetamine can be swallowed, snorted or injected, and unlike amphetamine, it can also be smoked.

1. Increased heart rate and blood pressure, raising the risk of heart attack – the higher the dose, the greater these effects. 2. Lowered inhibitions, which can lead to users taking risks that they wouldn't normally take, such as having unsafe sex. 3. The effects of methamphetamine can last a very long time and can be followed by a severe come-down. 4. Severe psychoses caused by methamphetamine have been reported in countries where there is widespread use of the drug. 5. There’s evidence that long-term use can damage the brain, although this gradually gets better if the user stays off the drug for a long time. In cases of overdose – stroke, and lung, kidney and gastrointestinal damage can develop, and coma and death can occur. 7. Some people, methamphetamine use can lead to very strong psychological and physical dependence, especially if it is injected or smoked.

Possession:Up to 7 years in prison, an unlimited fine or both
Supplying & Production: Up to 14 years in prison, an unlimited fine or both

Methotamine (Boleroopy, Rhino Ket, MKE, Morey, MKET, Mexy, Mexy)

B

Although there is very little evidence about its short and long term effects, we do know that it is chemically related to ‘dissociative anaesthetics’ like ketamine and PCP, and has similar effects. From anecdotal reports, MKE appears to be much stronger than ketamine,

1. MKE makes people feel very chilled out, relaxed and euphoric. Some users have said that they feel 'elevated' when taking MKE. Others have reported being agitated.
2. MKE can produce a ‘dissociative state’. 3. Other dissociative effects can develop, even a severe form of dissociation like catatonia. 4. MKE can cause hallucinations. 5. MKE can also cause involuntary eye movement, loss of balance and poor coordination, unsteadiness on your feet and shivered speech. These effects are not seen when people use ketamine.

Reportedly, because of its strength, only small pinches of MKE are snorted. Some people prefer to dissolve it in water or place it under their tongue, where it’s dissolved. It can also be swallowed or injected.

1. Being in a dissociative state at the same time as hallucinating, make it more likely that you will take risks that you normally wouldn’t.
2. Because of its strength it’s reportedly easier to take too much and overdose on MKE.
3. MKE is marketed as a replacement for ketamine, but without ketamine's harmful effect on the bladder. However, there is no evidence to support this.
4. It appears that MKE can cause tachycardia and increases blood pressure. Both of which might lead to range of problems including heart attacks or strokes.
5. Injecting MKE can damage the veins and can cause serious problems such as abscesses and blood clots. Sharing injecting equipment, including needles and syringes, risks infection with hepatitis C and B viruses and HIV.
6. Because they are chemically related it is likely that mixing MXE with alcohol will have a similar effect to mixing ketamine with alcohol. Mixing ketamine with alcohol can dangerously affect the way you breathe and how your heart works, and can lead to unconsciousness, which can be even more dangerous if vomit is inhaled. If high doses are taken, it can cause death.
7. There’s no direct evidence on whether you can become physically or psychologically dependent on MKE, but we do know that you can become dependent on ketamine.

Possession:Up to 5 years in prison, an unlimited fine or both
Supplying & Production: Up to 14 years in prison, an unlimited fine or both

Naphyrone (Have, NRGC, NRG-1, Energie-1, Energy-1)

B

Naphyrone is a stimulant drug closely related to the cathinone family which includes mephedrone. Naphyrone does not have a long history of use, so there is little evidence of its long term effects or on the risks from using.

1. Naphyrone does not have a long history of use, so there is little evidence of its short and long term effects. As naphyrone is related to the cathinones it can be assumed that it is likely to share the same effects as other cathinones, such as euphoria, talkativeness, alertness and feelings of empathy.

Naphyrone is usually snorted like powder cocaine or swallowed in wraps of paper.

1. It can cause feelings of anxiety and paranoia.
2. It can overstimulate the heart and circulatory system, causing damage such as high blood pressure and possibly heart attacks.
3. It can over-stretch the nervous system, which can lead to fits.
4. Other risks include reduced inhibitions leading to risky behaviours, such as unprotected sex.
5. Mixing naphyrone with alcohol can have serious consequences.

Possession: up to 5 years in prison, an unlimited fine or both
Supplying & Production: Up to 14 years in prison, an unlimited fine or both

Nitrous Oxide (Whoopie, Laughing Gas, Hippie Crack, Chargers)

N/A

Nitrous oxide is a volatile substance which is a gas at room temperature. It belongs to the group of drugs which kills pain.

1. Feelings of euphoria, relaxation and calmness. 2. Dizziness, difficulty in thinking straight and fits of laughter.
3. Sound distortions or even hallucinations.
4. In some people, a headache can be an unwanted immediate effect.

Nitrous oxide is most commonly inhaled through the mouth.

1. Unconsciousness or death from lack of oxygen.
2. Severe vitamin B deficiency can develop with heavy, regular use of nitrous oxide. This can cause serious nerve damage, which leads to tingling and numbness in the fingers, toes and other extremities, and even to difficulties with walking, and to pains in the affected areas.
3. If it is injected or smoked.

Possession: Up to 7 years in prison, an unlimited fine or both
Supplying & Production: Up to 7 years in prison, an unlimited fine or both


C

Piperazines are a broad class of chemicals which mimic the effects of ecstasy. They were produced as a legal alternative to ecstasy (though have since been classified as Class C drugs) and have been found as a cutting agent in some ecstasy pills. The best known piperazines are RSP (2-butylnaphthylpiperazine, 2-butylnaphthylpiperazine, QBZP and MBZP).

The stimulant effects of piperazines are similar to MDMA (ecstasy) but do last for dose they are not as potent. Effects can last for 6 – 8 hours and include:
- Feelings of euphoria, of being alert, alive and full of energy.
- Decreased appetite and sleeplessness.

Pills, powder and liquid

1. Users often suffer a hangover-like reaction that can last for up to 24 hours.
2. Agitation, vomiting, stomach pain, fits, irregular heart rhythms, diarrhoea, allergic reactions and fever have been reported.
3. As stimulant drugs they are particularly risky if taken by someone with high blood pressure or a heart condition.
4. Healthy young people can have a fit or heart attack
5. Base users suffer from ‘serotonin syndrome’. It can cause high blood pressure and may be fatal.
6. Mixing piperazines with alcohol can be particularly dangerous.
7. Early studies suggest that you can become dependent. It is very similar to amphetamine use.

Possession: Up to 2 years in prison, an unlimited fine or both
Supplying & Production: Up to 14 years in prison, an unlimited fine or both
**PMA** (Red Mitsubishi, PMMA, Pink McDonalds, Pink Ecstasy, Mitsubishi Turbo, Killer, Dr Death, Double Stacked, Chicken Yellow, Chicken Fever)

| A | MA is similar to MDMA. Its similarity means that PMA is actually sometimes sold as ecstasy: it is also known as para-methoxymethamphetamine, or para-methoxymethylamphetamine. PMA is much stronger than MDMA. 1. Giving people an energy buzz that makes them feel alert and alive. 2. Feeling in tune with surroundings. 3. Sounds, images are more intense. 4. Feelings of great love for friends and strangers Tablets swallowed 1. It’s as little as a quarter of a tablet (86mg) is enough to significantly increase blood pressure, body temperature and pulse rates. 2. Anyone with a heart condition, blood pressure problems, epilepsy or asthma can have a very dangerous reaction to the drug. 3. Anyone using too much can get paranoid and depressed. 4. PMA can cause muscle spasms and lots of people feel very sick after taking it. 5. PMA affects the body’s temperature control and is stronger than ecstasy, so the risk of overheating may be greater. 6. Drinking too much water can also be even dangerous or even fatal as PMA can cause the body to release a hormone which suppresses the production of urine. 7. The long term risks associated with PMA have yet to be studied but many are likely to be similar to ecstasy. 8. It’s possible to build up a tolerance and a psychological dependence may also develop. Possession up to 7 years in prison, an unlimited fine or both. Supplying Production: Up to 1 year in prison, an unlimited fine or both.

**Poppers** (NY, Thrust, Rock Hard, Bam, Liquid Gold, RX, Amyl)

| N/A | Poppers are usually found in the form of a liquid chemical (a nitrite) sold in a small bottle. Commonly, the chemical is alkyl nitrite (butyl nitrite and amyl nitrite) but also used have been used "Nitrates dilate the blood vessels and allow more blood to get to the heart. 1. They give a head rush high that lasts a couple of minutes. 2. They have been reported to have short-term effects on sexual experience, specifically that they may make an orgasm feel like it lasts longer; may make an erection feel stronger (although some men have trouble getting an erection after sniffing poppers); and may make it easier for some people to have an anal sex by helping to relax anal sphincter muscles. Poppers are usually sniffed from the bottle. Some people prefer to dip a cigarette into the popper bottle and inhale rather than sniff straight from the bottle. 1. They can cause your blood pressure to drop to a dangerous level. So, you shouldn’t take them if you have problems with your blood pressure, are on any blood pressure medication, or if you are taking Viagra. 2. You can die due to injury to red blood cells and reduced oxygen supply to vital organs. 3. You may lose consciousness and could die through choking on your vomit. Using poppers with alcohol can increase this risk. 4. Poppers are linked with risky sexual behaviour and may lead to catching a sexually transmitted disease. 5. They can burn your skin on contact and can kill you if you swallow them. 6. They’re highly flammable. 7. They can cause nausea, headache, and disorientation. 8. Fatal ‘sudden sniffing death syndrome’ has been reported due to development of an abnormal heart rhythm when taking poppers. 9. Poppers aren’t physically or psychologically addictive. Possession: Up to 7 years in prison, an unlimited fine or both. Selling poppers can also be an offence.

**Salvia** (Mexican Mint, Holy Sage, Eclipse)

| N/A | Salvia divinorum is a Mexican plant, with leaves that contain psychoactive chemicals that produce hallucinations when chewed or when sniffed and smoked. Sold on the internet and in "headshops" as "herbal ecstasy". 1. Although salvia has been around for hundreds of years, there has been very little research carried out into its effects. Depending on dosage, experiences can vary from the fairly mild to full blown with psychedelic hallucinations. 2. It can provide enjoyable hallucinations. 3. At higher doses users have reported experiencing dramatic time distortions, vivid imagery and scary hallucinations. Chewed or smoked 1. There is some concern that salvia could trigger psychotic episodes particularly in young people, but there is no specific history of mental health problems. 2. Throat and lung irritation, headaches and mild irritability have been reported after using salvia. 3. Most physical harms resulting from using salvia occur as a result of people injuring themselves when they are under the influence of salvia, rather than salvia directly causing harm. Letting this go against the law to possess products containing salvia and selling, supplying or advertising it for human consumption is illegal and sellers can be prosecuted under medicines legislation. For this reason most sellers will clearly state that their products are not for human consumption. Possession: up to 5 years in prison, an unlimited fine or both. Supplying Production: up to 14 years in prison, an unlimited fine or both.

**Synthetic Cannabinoids** (Tig High Hawaiian Haze, Spice, Mary Joy, Erase, Devil’s Weed, Clockwork Orange, Bombay Blue Extreme, Blue Cheese, Black Mamba, Annihilation, Amsterdam Gold)

| B | Synthetic cannabinoids are chemicals that mimic the effects of the main active compound in cannabis, tetrahydrocannabinol (THC). These synthetic cannabinoids are usually sold in ‘herbal’ smoking mixtures, normally sprayed on to the plant material. 1. Synthetic cannabinoids mimic the effects of THC, the active ingredient in cannabis. They may be stronger than typical cannabis and because these substances are so new, they may have completely unknown effects. 2. Some will feel happy and relaxed, and may get the giggles, feel hungry pangs and become very talkative. Others get more dry-eyed. 3. Mood and perception can change and concentration and co-ordination may become difficult. 4. Some will have quite bad reactions. Paranoia, panic attacks and forgetfulness are all associated with using cannabis. They can be mixed with tobacco or without and smoked. 1. Regular use of products containing synthetic cannabinoids may increase the risk of later developing psychotic illnesses including schizophrenia. 2. Experts are concerned that synthetic cannabinoids have the potential to be more harmful than cannabis because of the high strength of these compounds compared to cannabis and because of the range of different chemicals being produced. 3. The effects of some of the synthetic cannabinoids may be longer lasting than cannabis and because of the lack of information about what is in the smoking mixtures it may be difficult to predict the strength of different products. 4. Anecdotal reports about the synthetic cannabinoid AM2201 suggest that it can cause an increased heart rate, panic attacks and convulsions. It is likely that other synthetic cannabinoids will have similar adverse effects. 5. From anecdotal and official reports, the most common risks from using synthetic cannabinoids are an increase in heart rate, feeling on edge or restless, feeling tried or drowsy, feeling sick, being sick and hallucinations (seeing and/or hearing things that aren’t there). 6. It is likely that dependence on synthetic cannabinoids is a real risk for users. Possession: up to 5 years in prison, an unlimited fine or both.

**Synthetic Cathinones** (Mephedrone, Methcathinone, White Magic, Miaow, Meph, Moose Moose, MC, M-CAT, Dreno, Charge, Bubble, Bounce, 4-MMC)

| B | Mephedrone is a powerful stimulant and is part of the cathinone family, a group of drugs that are closely related to the amphetamines. There is very little evidence about mephedrone and what long-term effects it has, but there have been reports of people hospitalised due to the short-term effects. 1. It can make you feel alert, confident, talkative and euphoric – and some people will temporarily feel strong affection to those around them. 2. Mephedrone can make users feel sick, paranoid and anxious, and it can cause vomiting and headaches. 3. It risks overstimulating and damaging your heart and your circulation. 4. It also risks overstimulating your nervous system, which may cause hallucinations, feelings of agitation and even fits. 5. It can reduce your appetite. 6. Other effects that people have reported include heart palpitations, insomnia, loss of short-term memory, vertigo (a form of dizziness), grinding of teeth, sweating and uncomfortable changes in body temperature. Mephedrone is usually snorted like cocaine or is wrapped in paper and swallowed. It can also be found as capsules and pills and can be smoked. In rare cases mephedrone has been injected. 1. Users have reported blue or cold fingers – this is probably because mephedrone affects the heart and the circulation. 2. Some users have also had severe nosebleeds after snorting mephedrone. 3. Overheating has been a severe cause of deaths when other amphetamine-type drugs, such as ecstasy, have been used along with mephedrone. 4. Injecting mephedrone, and sharing injecting equipment including needles and syringes, runs the risk of the person injecting catching or spreading a virus, such as HIV or hepatitis C. There is also the risk that veins may be damaged and that something nasty will develop, such as an abscess or a clot or even gangrene. 5. Reports say that mephedrone use can lead to a strong psychological dependence on the drug Possession: up to 5 years in prison, an unlimited fine or both. Selling & Production: Up to 14 years in prison, an unlimited fine or both.