



DR. PHILIP KLOER FRCP

**INTERIM EXECUTIVE DIRECTOR OF PRIMARY CARE, COMMUNITY, MENTAL
HEALTH SERVICES & CLINICAL STRATEGY**

Ein cyf/Our ref:

PK/kj/NAWH&SCCinqNPS071114

Corporate Offices, Ystwyth Building,
Hafan Derwen, St David's Park, Jobswell
Road, Carmarthen, SA31 3BB
Tel: [REDACTED]

Gofynnwch am/Please ask for:

Philip Kloer

Rhif Ffôn /Telephone:

[REDACTED]

Ffacs/Facsimile:

[REDACTED]

E-bost/E-mail:

[REDACTED]

**Swyddfeydd Corfforaethol, Adeilad
Ystwyth,** Hafan Derwen, Parc Dewi Sant
Heol Jobswell Caerfyrddin, SA31 3BB
Rhif Ffôn: [REDACTED]

7th November 2014

Dear Colleague,

**Re: National Assembly for Wales Health and Social Care Committee Inquiry into New
Psychoactive Substances**

Please find detailed below the Hywel Dda University Health Board response in regard to the above. I do apologise for the late response however we were keen to consult colleagues within the local substance misuse field and there was a key meeting that has taken place today where this was to be discussed.

1. To date there has been limited awareness raising regarding the use of NPS at a national level. There is certainly a need, however how to capture the key information succinctly is a challenge as there are a number of groups of NPS, and individual drugs/name of drugs that are regularly changing. There is also the issue that they are legal, and balancing the dilemma of providing key relevant information, with not raising concerns unnecessarily or further promoting how to access these substances. Locally the adult substance misuse services in Carmarthenshire have been undertaking presentations on the current drug scene including NPS, and how to access services to a wide range of Tier 1 services. The demand and level of interest has been considerable, so there is a certainly a need. Young person's services are also very active in this area with schools, colleges and other venues relevant to their client group. They have a greater balance in their role between treatment provision and the wider early intervention, education and prevention than adult services traditionally have had which may be an area to explore. The wider prevention and awareness strand relating to NPS is certainly an area that needs to be strengthened both locally and nationally.
2. Adult substance misuse services have traditionally been focussed on opiate users, where substitute opiate prescribing is a key engagement tool into treatment, and in stabilising drug use. This is not an option with those using NPS, which like other stimulants can lead to very chaotic lifestyles. Therefore accessing those service users is much more challenging. A more assertive outreach approach is an area that needs to be considered. The general approach to

harm reduction is much the same, however there are some enhanced areas of risk such as injecting, with much higher frequency of dosing (leading to greater physical harm), sharing of equipment and the associated BBV risks. This is evidenced in an increase in the rates of Hepatitis C in some areas within the Health Board. Getting key harm reduction messages out to this client group who are not engaged in services is a challenge, and the use of peers to undertake this is an approach that could be successfully utilised. The use of peers in delivering both user led recovery and accessing hard to reach groups is an area for further development.

3. The substance misuse national database from the 1st April 2014 includes some specific coding for some of the New Psychoactive Substances (NPS), which will assist in identifying the numbers of individuals presenting to services using these drugs, however it does not currently cover all of them as it is a vast arena. In addition WEDINOS has a place in supporting the more specific identification of the drugs being used, which are changing all the time. It is early in its implementation and its effectiveness will need to be reviewed in due course.
4. The current legislative approach to the issue of NPS is limited in its impact, and does not keep pace with the ever changing, readily available drugs on the internet. Sanctions on 'Head' shops that sell many of these substances within the law currently would be an effective and welcome measure. It may be appropriate to target those NPS that cause the greatest harm i.e. synthetic cannabinoids, rather trying to address them individually as they become available and of concern.
5. In regard to a partnership approach there isn't a lack of willingness to work together, and we have seen evidence of positive joint working locally in regard to NPS. There is however a lack of coherent strategic direction in addressing the specific issues that NPS present. The strands of the current Substance Misuse Strategy focus on the joined up themes in regard to tackling availability, treatment, prevention and education etc, and this is an approach that has worked well for alcohol and the traditional illicit drug used to date. The evidence base, the knowledge and experience and the ever changing picture re NPS represents means there is less firm ground currently. The influence of our police colleagues can be significant in tackling illicit drug use, and could be helpful in identifying local availability and impact on crime. Joint training for substance misuse services and their key partners was held when the profile of NPS initially was raised, and this was very helpful in informing staff and supporting joint working at a local level.

This is a key area within the substance misuse field, and the Health Board very much welcome the Inquiry that the Committee are undertaking, and are grateful to have had the opportunity to contribute.

Yours sincerely,



Dr. Philip Kloer
Interim Executive Director of Primary Care, Community, Mental Health Services & Clinical Strategy
Hywel Dda University Health Board