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**Association of Chief Police Officer of England,
Wales & Northern Ireland**

**GUIDANCE ON POLICING NEW PSYCHOACTIVE SUBSTANCES
(Formerly Legal Highs)**

Status: This Crime Business Area Guidance has been developed to provide information on the appearance and effects the drugs have and to recommend to Forces a consistent national approach to policing the possession and distribution of such substances as Class B and Class C drugs. It has been agreed by the Crime Business Area. It is disclosable under the FOIA 2000, has been registered and audited in line with ACPO requirements and is subject of Copyright.

Implementation

Date:

Review Date:

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SECTION 1 – PREFACE

1.1 Introduction

- 1.1.1 From 23rd December 2009, a group of substances, colloquially known as “New Psychoactive Substances” (formerly known as Legal Highs) were classified as Class B and Class C drugs under the Misuse of Drugs Act 1971. A number of these substances have been controlled via generic classification, which has enabled the Government, as far as possible, to “future proof” legislation and keep one step ahead of the illicit manufacturers.
- 1.1.2 From 16th April 2010, Mephedrone and other Cathinone derivatives joined this list of banned New Psychoactive Substances, controlled as Class B drugs under the Misuse of Drugs Act 1971.
- 1.1.3 This guidance document replaces the interim guidance dated December 2009. It has been developed to provide information on the appearance and effects the drugs have and to recommend to Forces a consistent national approach to policing the possession and distribution of such substances as Class B and Class C drugs.
- 1.1.3 The substances subject of these classifications are;
- Synthetic cannabinoids (“Spice” or other similar products) by means of a generic definition),
- 1-Benzylpiperazine (BZP) and a group of substituted piperazines by means of a generic definition,
- Gamma-Butyrolactone (GBL) and 1,4-Butanediol (1,4-BD), and,
- 4-methylmethcathinone (Mephedrone) and a range of other Cathinone derivatives by means of a generic definition.
- 1.1.4 In addition to these New Psychoactive Substances, a group of 15 anabolic steroids and 2 non-steroidal agents (growth promoters) as well as Oripavine (a drug precursor used in the manufacture of synthetic opioids) are also controlled as Class C drugs from 23 December 2009. Further details can be found in the Home Office Circular available at www.homeoffice.gov.uk

1.2 Synthetic Cannabinoids Class B

- 1.2.1 This group of man made chemicals mimic the psychoactive effects of tetrahydrocannabinol (THC), the active ingredient in cannabis. They can be sprayed on herbal smoking products commonly known as Spice and act on the body in a similar way to cannabis, but can be far more potent. Spice is a common brand name for a range of inert herbal mixes that are tobacco and cannabis-free, but are often sprayed with the synthetic cannabinoids. It should be noted that not all types of Spice contain these synthetic cannabinoids, but this can only be confirmed by forensic analysis.

1.2.2 **Appearance**

These substances will not necessarily be identifiable to the naked eye. Spice-type products have been generally packaged very professionally in small, often colourful sachets with labels describing the contents as incense or herbal smoking mixture and almost always stating: 'Not for human consumption'. Spice is often presented as a legal substitute for cannabis for recreational use.

1.2.3 **Method of Use**

These products are normally smoked.

1.2.4 **Effects and Side Effects**

The effects are similar to those of cannabis, although because of the synthetic nature of these substances, they have the potential to be more harmful than cannabis due to their method of manufacture and the fact that the compounds present and the quantity will be unknown to the user.

1.2.5 Some compounds may have a very long duration of action.

1.2.6 Some batches of the product might be more or less potent than others.

1.2.7 **Handling**

There are no risks for the manual handling of these substances.

1.2.8 **Street Names**

These herbal mixes are most commonly sold with the brand name Spice. Other names include Spice Silver, Spice Gold, Spice Diamond, Spice Arctic Synergy, Spice Tropical Synergy, Spice Egypt and Spice Yucatan Fire.

1.3 **1-Benzylpiperazine (BZP) and related Piperazines (such as mCPP, TFMPP and others)** **Class C**

1.3.1 BZP is a synthetic drug, which stimulates the central nervous system with similar, but less potent properties to amphetamine. It acts as a stimulant and produces euphoria and cardiovascular effects, which increases the heart rate and systolic blood pressure.

1.3.2 Seizures of BZP and other piperazines have steadily increased in the UK since early 2006 and are often found in combination with other illegal drugs such as MDMA (Ecstasy) and amphetamine. If mixed in this way, these piperazines can intensify the effects of these drugs.

1.3.3 **Appearance**

It can come as a pill, an off-white powder or a slightly yellow liquid. The pills come in various colours - pink, white, off-white, purple, orange, tan and mottled orange-brown. They often bear imprints including housefly, crown, heart, butterfly, smiley face or bull's head logos.

1.3.4 Anecdotal evidence suggests that BZP is frequently mis-sold as MDMA as the appearance of illicit MDMA and BZP tablets are very similar.

1.3.5 **Method of Use**

Oral administration is the primary method of taking BZP. Other routes of administration include smoking and snorting, either in powder, tablet or capsule form.

1.3.6 **Effects and Side Effects**

BZP typically causes euphoria and the effects can last for 6-8 hours depending on the dose taken, but side effects can include nausea, vomiting, colic, diarrhoea, allergic reactions, fever, Stevens-Johnson syndrome (a skin condition that causes the outer layer of the skin (epidermis) to separate from the layers of skin below (dermis)) and angioedema (swelling of the skin). There is also an association with an increased occurrence of seizures.

1.3.7 **Handling**

There are no risks for the manual handling of these substances.

1.3.8 **Street Names**

In the UK, these pills were marketed as "legal highs" or were often sold as illicit MDMA. Abroad, they are marketed as "herbal highs", "dance pills" and "party pills". In the US they have been advertised as "dietary supplements".

1.3.9 BZP is also marketed under various names such as, BZP, Pep, Pep Love, Pep Twisted, Pep Stoned, A2, legal E, legal X Frenzy, Nemesis, ESP, Cosmic Kelly, Charlie, The Good Stuff, Exodux, Frenzy, Rapture, Charge, Blast and Euphoria.

1.4 **Gamma-Butyrolactone (GBL) and 1,4-Butanediol (1,4-BD)** **Class C**

1.4.1 GBL is closely related to the illegal drug GHB (often referred to as a "date rape drug"). Both are dangerous drugs with sedative and anaesthetic effects. GBL and 1,4-BD convert to GHB shortly after entering the body. GBL is widely used in industry and in a number of retail products. It is now illegal to possess or supply GBL where it is intended for human consumption.

1.4.2 Due to their widespread legitimate uses (e.g. in nail polish, paints or industrial solvents) it is lawful to import, export, supply, offer to supply or possess either GBL or 1,4-BD except where a person does so knowing or believing that they will be used for the purpose of human consumption.

1.4.3 **Appearance**

GBL is a colourless, oily liquid with a weak odour. It is a common solvent used in paint strippers and stain removers. It tastes slightly salty.

1.4.4 **Method of Use**

Being similar to GHB, it is normally taken orally.

1.4.5 **Effects and Side Effects**

The effects start between 10 minutes and one hour and can last up to seven hours or so. GBL, like GHB, produces a feeling of euphoria and can reduce inhibitions and make the user feel sleepy. It can cause nausea, reduced heart rate, drowsiness, coma, hypothermia, seizures, unconsciousness and death. GBL is particularly dangerous when used with alcohol and other depressant or sedative substances, including recreational drugs.

1.4.6 **Handling**

There are no risks for the manual handling of these substances.

1.4.7 **Street Names**

GBL, G, Liquid Ecstasy, Liquid E and Coma in a Bottle (these terms can also apply to GHB).

1.5 **Mephedrone (4-methylmethcathinone (4-MMC)) and related Cathinones Class B**

1.5.1 Cathinone derivatives (including Mephedrone) are a group of naturally occurring stimulants that are found in the khat plant. However, Cathinone derivatives seized in the UK have been found to be synthetic in origin. Like Cathinone these derivatives are stimulants with similar effects to amphetamine (Class B).

1.5.2 Mephedrone has been widely available on the internet and in Head Shops (commercial premises that specialise in drug paraphernalia and legal highs). Commercially available products have been described as Plant Feeder, Bath Salts, Research Chemicals or Not for Human Consumption. This type of marketing has been employed in an attempt to circumvent medicines and consumer protection laws and regulations.

1.5.3 Cathinone (Class C), Methcathinone (Class B), Diethylpropion (Class C) and Provalerone (Class C) are already controlled under the Misuse of Drugs Act 1971.

1.5.4 **Appearance**

Mephedrone is usually found as a powder and is white or off white with a slight yellow colour. It is also distinctive by its unpleasant odour, which can be described as vanilla and bleach or stale urine. Mephedrone is also available in capsule and tablet form under a number of different brands.

1.5.5 **Method of Use**

When in powder form, it is usually snorted or swallowed wrapped in paper. Wrapping the powder in paper and swallowing it is known as "bombing". Capsules and tablets are swallowed. Less commonly, the powder is smoked or injected.

1.5.6 **Effects and Side Effects**

The effects of Mephedrone and the other Cathinone derivatives are often described as being a mix between Amphetamines (Speed), Ecstasy and Cocaine. Effects include a feeling of euphoria, empathy, stimulation, decreased hostility/insecurity and mood enhancement. The effects usually peak between 45 and 60 minutes and the comedown takes a further 60 minutes on average. Negative effects include anxiety and paranoia, over-stimulation of the heart, dangerous increases in body temperature, fits and seizures. Mephedrone has also been linked to a number of deaths. The risks increase if the Mephedrone (or other Cathinone derivatives) is combined with alcohol or other drugs.

1.5.7 **Handling**

There are no risks for the manual handling of these substances.

1.5.8 **Street Names**

Meow Meow (or Miaow Miaow), MCAT, 4MMC, Drone, Bubbles, Bounce, Plant Food.

SECTION 2 - GUIDANCE, ADVICE AND PROCEDURES

- 2.1.1 The Police Service of England and Wales continues to work relentlessly to reduce the harm caused by illegal drugs. The Service will take account of new issues and tackle them in a way that is proportionate and consistent. Part of that approach is to ensure that policies and tactics are adapted to respond to new and emerging trends in offending behaviour.
- 2.1.2 This document is intended to give the police forces of England and Wales a framework for a consistent national approach to the enforcement of the new offences that result from the classification of "new psychoactive substances".
- 2.1.3 Each of the substances listed in Part 1 of this document are controlled as Class C drugs under the Misuse of Drugs 1971, with the exception of the synthetic cannabinoids and Cathinone derivatives (including Mephedrone), which are Class B drugs.

2.2 Identification and Enforcement

- 2.2.1 Irrespective of whether or not the substances that are subject to this classification are found with labelling and/or packaging, these substances will NOT be physically or visually identifiable to the naked eye.
- 2.2.2 Powers of arrest on reasonable suspicion will be available to a Constable in the same way as they are available for all other offences.
- 2.2.3 It is recognised that when seized, however large or small the quantities of these substances are, forensic analysis will be necessary in order that the substance is correctly identified and the required standard of evidence is obtained. It will, however be at the discretion of local forces to decide on the extent of forensic analysis necessary.
- 2.2.4 Substances seized on suspicion of being any of the drugs listed in this document should be submitted to forensic service providers for identification in the usual way.
- 2.2.5 At this moment in time there are commercially available field testing kits for some, but not all, of the substances listed in this document. It should be borne in mind that field testing kits only provide an indication of the presence of a certain substance. Forensic analysis will always be necessary in order to provide formal identification to the evidential standard required.
- 2.2.6 Enforcement should therefore be mainly focussed towards the organised crime groups and individuals who seek to supply and distribute these substances.
- 2.2.7 Positive action against "simple possession" cannot be ignored. The Public Confidence Target requires police and local authorities to address issues of concern in relation to anti-social behaviour and crime. The authorities are also expected to take account of priorities identified by local communities. There is good evidence to show that the use of illegal drugs is a matter of public concern and that public confidence in the police can be undermined by a lack of enforcement activity.
- 2.2.8 The nature and extent of local enforcement activity must, therefore, be determined by local Police Commanders and reflect the needs of their

particular community. The overarching strategy is that enforcement efforts should be focussed on those who deal in illegal drugs. Those who are found in possession for personal use need to be dealt with in a proportionate and appropriate manner. The emphasis should be on strong inter-agency activity to encourage diversion away from drugs in order to reduce harm.

2.3 **Possession with Intent to Supply**

As with other controlled drugs, an officer must have reasonable grounds to suspect possession with intent to supply. This could come from observed behaviour (dealing), responses to questioning or could be inferred where the person has a large amount of a substance suspected of being a controlled drug, cash in their possession that requires further investigation or has equipment on them associated with drug dealing, for example small weighing scales. When dealing with Head Shops and businesses, consider the possibility of business records providing valuable evidence.

2.4 **Small Quantities**

Officers must continue to use judgement and experience to assess whether the amount possessed appears reasonable for personal possession only.

2.5 **Fixed Penalty Notices for Disorder (PND)**

Please note that fixed penalty notices for disorder CANNOT be issued for any offences involving these substances. Cannabis warnings CANNOT be given either.

2.6 **Driving Motor Vehicles**

Driving a motor vehicle whilst impaired through drink or drugs is an offence under the Road Traffic Act 1988. It is a serious offence and providing there is sufficient evidence of impairment, it should be dealt with in the same way as those who drive whilst impaired through alcohol.

2.7 **Alternative Legislation**

2.7.1 Head shops may be found to be selling products that are not controlled under the Misuse of Drugs Act 1971. In those circumstances there is legislation enforced by Trading Standards that could provide opportunities for prosecution if offences are disclosed. Whilst not an exhaustive list, possible alternatives include:

- Consumer Protection from Unfair Trading Regulations 2008 (CPR's),
- The Consumer Protection Act 1987, which includes The Cosmetic Products (Safety) Regulations 2006, The Dangerous Substances and Preparations (Safety) Regulations 2008 and Chemicals (Hazard Information and Packaging for Supply) Regulations,
- The Fertilisers Regulations 1991, and,
- The General (Product) Safety Regulations 2005.

2.7.2 The Medicines and Healthcare Regulatory Agency (MHRA) is responsible for administering and enforcing medicine legislation.

2.7.3 Liaison with, and advice from local Trading Standards/MHRA and the Crown Prosecution Service is recommended prior to any action being taken.

SECTION 3 – OPERATIONAL TACTICS

- 3.1 There are no specific new operational tactics for the policing of New Psychoactive Substances.
- 3.2 The policing of head shops should be a joint approach between the police, local authorities and other agencies. Below are two suggested letters, which can be transposed onto Force letter-headed paper, for local teams or Force drugs coordinators to deliver to head shops, as part of joint visits between police and local authorities. Attendance at the head shops (rather than simply posting) will provide an opportunity to gather intelligence about what products are being sold as well as acting as a reminder to proprietors that the police and local authorities maintain an interest in their activities.

INSERT FORCE HEADER HERE

To whom it may concern,

A number of substances have been sold over recent months as “legal highs”.

This letter is to inform you officially that a number of those substances are now controlled drugs under the Misuse of Drugs Act 1971.

The substances are;

- GBL (Gamma-Butyrolactone) and its like chemical 1,4-Butanediol (1,4-BD) when sold for human consumption,
- Synthetic Cannabinoids (often found in ‘Spice’ or similar products),
- BZP (Benzylpiperazine) and other related piperazines (such as mCPP and TFMPP), and,
- Mephedrone and other Cathinone derivatives.

Further details can be found at <http://drugs.homeoffice.gov.uk/>

Your shop may, or may not have been selling these substances. As of 23rd December 2009, any sale of synthetic cannabinoids, BZP and related piperazines is a criminal offence. This also includes possessing such substances with intent to supply them, being concerned in their supply, or offering to supply them. The sale of GBL and 1,4-BD for human consumption is also a criminal offence. As of 16th April 2010, Mephedrone and other Cathinone derivatives are also controlled drugs under the Misuse of Drugs Act 1971. There is an expectation that you should be aware of the contents of the products that you are selling and ignorance of the law is no defence.

If you have any stocks of these substances (or products that you suspect may contain them) you should take the opportunity to hand them to the officer serving you with this notice.

In the meantime, may I urge you to review the measures you have put in place to ensure that you comply with the law.

SECTION 4 – LEARNING REQUIREMENT

- 4.1 There are no new learning requirements for the policing of New Psychoactive Substances. Information about the drugs detailing appearance, method of use, side effects, handling and street names can be found in section 1.

SECTION 5 – APPENDICE A

SECTION C - ACPO EQUALITY IMPACT ASSESSMENT TEMPLATE (DIVERSITY AUDIT) AS AGREED WITH THE CRE

C1. Identify all aims of the guidance/advice

| |
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| C.1.1 Identify the aims and projected outcomes of the guidance/advice: |
| The aim of this guidance is to provide information on the appearance and effects the drugs have and to recommend to Forces a consistent national approach to policing the possession and distribution of New Psychoactive Substances (formerly Legal Highs). |
| C.1.2 Which individuals and organisations are likely to have an interest in or likely to be affected by the proposal? |
| The Police Forces of England and Wales |

C2. Consider the evidence

| | |
|---|--|
| C.2.1 What relevant quantitative data has been considered? | |
| Age | N/A – guidance produced in response to new legislation |
| Disability | |
| Gender | |
| Race | |
| Religion / Belief | |
| Sexual Orientation | |
| C.2.2 What relevant qualitative information has been considered? | |
| Age | N/A – guidance produced in response to new legislation |
| Disability | |
| Gender | |
| Race | |
| Religion / Belief | |
| Sexual Orientation | |
| C.2.3 What gaps in data/information were identified? | |
| Age | N/A – guidance produced in response to new legislation |
| Disability | |
| Gender | |
| Race | |
| Religion / Belief | |
| Sexual Orientation | |
| C.2.4 What consideration has been given to commissioning research? | |
| Age | N/A – guidance produced in response to new legislation |
| Disability | |
| Gender | |
| Race | |
| Religion / Belief | |
| Sexual Orientation | |

C3. Assess likely impact

| | |
|--|--|
| C.3.1 From the analysis of data and information has any potential for differential/adverse impact been identified? | |
| Age | N/A – guidance produced in response to new legislation |
| Disability | |
| Gender | |
| Race | |
| Religion / Belief | |
| Sexual Orientation | |
| C.3.2 If yes explain any intentional impact: | |
| Age | N/A – guidance produced in response to new legislation |
| Disability | |
| Gender | |
| Race | |
| Religion / Belief | |
| Sexual Orientation | |
| C.3.3 If yes explain what impact was discovered which you feel is justifiable in order to achieve the overall proposal aims. Please provide examples: | |
| Age | N/A – guidance produced in response to new legislation |
| Disability | |
| Gender | |
| Race | |
| Religion / Belief | |
| Sexual Orientation | |
| C.3.4 Are there any other factors that might help to explain differential /adverse impact? | |
| Age | N/A – guidance produced in response to new legislation |
| Disability | |
| Gender | |
| Race | |
| Religion / Belief | |
| Sexual Orientation | |

C4. Consider alternatives

| |
|--|
| C.4.1 Summarise what changes have been made to the proposal to remove or reduce the potential for differential/adverse impact: |
| N/A – guidance produced in response to new legislation |
| C.4.2 Summarise changes to the proposal to remove or reduce the potential for differential/adverse impact that were considered but not implemented and explain why this was the case: |
| N/A – guidance produced in response to new legislation |
| C.4.3 If potential for differential/adverse impact remains explain why implementation is justifiable in order to meet the wider proposal aims: |
| N/A – guidance produced in response to new legislation |

C5. Consult formally

| | |
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| C.5.1 Has the proposal been subject to consultation? If no, please state why not. If yes, state which individuals and organisations were consulted and what form the consultation took: | |
| Members of the ACPO Drugs Portfolio Standing Working Group were invited to provide feedback to the interim guidance | |
| Age | |
| Disability | |
| Gender | |
| Race | |
| Religion / Belief | |
| Sexual Orientation | |
| C.5.2 What was the outcome of the consultation? | |
| Age | |
| Disability | |
| Gender | |
| Race | |
| Religion / Belief | |
| Sexual Orientation | |
| C.5.3 Has the proposal been reviewed and/or amended in light of the outcomes of consultation? | |
| The guidance document has been amended slightly in response to one piece of feedback | |
| C.5.4 Have the results of the consultation been fed back to the consultees? | |
| Yes | |

C6. Decide whether to adopt the proposal

| |
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| C.6.1 Provide a statement outlining the findings of the impact assessment process. If the proposal has been identified as having a possibility to adversely impact upon diverse communities, the statement should include justification for the implementation: |
| This guidance document has been developed to recommend a consistent national approach to policing New Psychoactive Substances (formerly Legal Highs). There should be no impact, adverse or otherwise, on communities |

C7. Make Monitoring Arrangements

| |
|--|
| C.7.1 What consideration has been given to piloting the proposal? |
| This guidance has been provided in response to a change in legislation. There is no need to pilot the proposal |
| C.7.2 What monitoring will be implemented at a national level by the proposal owning agency and/or other national agency? |
| The ACPO lead for New Psychoactive Substances (formerly Legal Highs) is available to receive feedback from practitioners. If forces experience "gaps" in the guidance there is an opportunity to amend/revise the guidance |
| C.7.3 Is this proposal intended to be implemented by local agencies that have a statutory duty to impact assess policies? If so, what monitoring requirements are you placing on that agency? |
| No |

C8. Publish Assessment Results

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| C.8.1 What form will the publication of the impact assessment take? |
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| The impact assessment will be attached to the guidance document as an appendix. |
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