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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

**National Assembly for Wales
Health and Social Care Committee**

**Inquiry into new psychoactive
substances ("legal highs")**

**Evidence from Betsi Cadwaladr
University Health Board – LH 16**

National Assembly for Wales
Health and Social Care Committee
Inquiry into New and Emerging Psychoactive
Substances
Cardiff

Uned Ablett, Ysbyty Glan Clwyd, Bodelwyddan
Sir Dinbych LL18 5UJ

Ablett Unit, Glan Clwyd Hospital, Bodelwyddan
Denbighshire LL18 5UJ

Ein cyf / Our ref:

Eich cyf / Your ref:

☎:

Gofynnwch am / Ask for:

Ffacs / Fax:

E-bost / Email:

Dyddiad / Date: 16/10/14

Dear Sir/Madam

Please see response below in relation to the National Assembly for Wales Health and Social Care Committee Inquiry into New and Emerging Psychoactive Substances (NEPS). This response is collated on behalf of substance misuse clinicians working across tier 3 and tier 4 services in BCUHB and relates to the areas of the inquiry that interface with our service delivery currently.

As clinicians we experience patients in outpatients clinics who report to be using a variety of NEPS but these are often taken in conjunction with other opiates, cocaine or alcohol in dependant patients. We rarely see patients presenting with NEPs use in isolation but we accept that this may be because that group of users do not see tier 3 or 4 services as having a service to offer. Anecdotally we do get a picture of use in North Wales that does not appear to mirror the picture of use in some area in South Wales e.g. our tier 2 services are only seeing limited evidence of NEPs use and we aren't seeing an injecting profile in this group. The stimulant drug of choice in our patient population across North Wales continues to be crack cocaine and amphetamines.

We feel there is more work that needs to be done in relation to awareness raising of the risks these new substances pose to individuals. However given their chemical makeup is often unknown and long term studies are problematic it is difficult to accurately predict harm and risk, therefore we consider general harm reduction messages are likely to be most credible.

We feel the use of current legislation may not be the best way to tackle the growing market in relation to these substances as it appears once legislation is changed to address one substance new substances are produced which may be more harmful or toxic and the flow appears difficult to stem. Whilst we don't have detailed information we are aware of some innovative approaches in New Zealand in relation to control and we would urge the committee to consider this in more detail.



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We have ensured frontline BCUHB substance misuse staff have been able to attend the local meeting in Glyndwr University to feedback their direct local experience to the committee.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jill Timmins'.

Jill Timmins
Head of Programme
Substance Misuse Service

And

Dr Sue Ruben
FRCPsych
Consultant Psychiatrist
Substance Misuse Service

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