

UK statement for CND intersessional on new challenges – 27 October 2016

Chair

New psychoactive substances are a global problem. By December 2015 there had been 643 unique substances reported across 101 countries, and there is growing evidence of their public health harms.

Member States agreed a series of ambitious, concrete recommendations in the Special Session Outcome Document. Our focus must now turn to implementing these commitments.

The United Kingdom is working with partners to adapt the international system to meet this challenge, including by establishing the International Action Group on New Psychoactive Substances. This informal group is a forum for sharing national best practice and for coordinating and driving the international response.

The next meeting of the group will be held here in the Vienna International Centre on 29 November. Any delegations wishing to participate are welcome to contact the UK Mission for details.

Today I would like to focus on two elements of the UK's domestic response to this challenge: the Psychoactive Substances Act 2016 and our plans for an enhanced national new psychoactive substance intelligence system.

Chair,

The Outcome Document recommends that Member States develop and share information on legislative response to NPS.

The Psychoactive Substances Act 2016 is the UK's main legislative response to the problem of new psychoactive substances.

It introduces a 'blanket ban' on all psychoactive substances. This was the approach recommended by a panel of independent experts the UK established to consider how to enhance its response.

The Act builds on and complements the response established under the UK's primary drugs legislation, the Misuse of Drugs Act 1971, under which over 500 new psychoactive substances are currently controlled.

There are a range of offences under the Act which reflect those in the Misuse of Drugs Act.

However, there is no possession offence in the Act. The Act is targeted at those who are supplying these substances.

Law enforcement has a range of options for dealing with offenders, depending on the circumstances of the case

For example, police officers and courts can issue 'notices' and 'orders' to people and premises as first and second warnings if they are suspected of committing an offence under the Act.

The UK conducted an evaluation of the initial results of the Act in August, three months after it came into force.

The initial results are:

- Hundreds of retailers either closed down or no longer selling NPS;
- Nearly 200 arrests of individuals suspected of selling NPS; and
- The removal of UK-based websites selling NPS.

The UK will conduct a full evaluation 30 months from when the Act came into force.

This will be available in late 2018, and we will be happy to share these with the Commission when they are available.

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The Outcome Document also recommends that Member States develop systems to monitor trends and health harms of new psychoactive substances.

The NPS Intelligence System will enhance data collection on NPS in the UK, in particular on health harms

The UK has a number of existing drugs intelligence networks. This includes the Forensic Early Warning System, which helps the UK to identify new NPS on the market.

But two challenges remain:

- A. There are limited options for frontline health workers to report the health harms of NPS; and
- B. Data on NPS are not always collected in one place.

The NPS Intelligence System seeks to address these issues.

For example, the new system will involve online forms for health workers to submit the information available when they are dealing with an NPS-related health problem.

This information will then be sent to a central point of contact at the Medicines Agency for processing.

To address the challenge of NPS data not always being collected in one place, the UK is setting up a network of leading clinicians and experts. This network will analyse the data coming from the new online health harm reporting system and other existing drugs intelligence systems.

The network will identify patterns and harms, and agree appropriate clinical responses.

The results of this analysis will be fed back to the frontline to inform responses to NPS-related health problems. This will include information for health workers published online and alerts distributed to health networks.

A pilot of this system will launch later this year and will run for a year, after which it will be evaluated.

We will keep the CND informed on the progress of this system, and on the implementation of the Psychoactive Substances Act.

Thank you for your attention.