Public Health Devon

Devon County Council

Drugs Education and Response: Overview

Purpose

These drug briefings are designed to support schools and others working with young people to

- recognise and respond to individual pupils at risk of drug harms; and
- deliver universal and targeted drugs education

They are not intended as resources for use directly with young people, rather as information sources for educators. They have been designed to complement the PSHE Association drug and alcohol resources to inform a comprehensive RSHE offer.

Audience

Anybody working with secondary-aged young people either in schools or wider health, education of young person settings including those delivering formal and informal drugs education.

Opportunities To Discuss Drugs Within the Curriculum

- **Drug Education:** Understanding different types of drugs, their effects, and risks.
- **Health and Wellbeing:** Discussing the impact of substance abuse on physical and mental health. Alternative positive coping and self-care techniques.
- **Safety and Prevention:** Developing global risk assessment and decision-making skills, including personal safety and strategies to increase safety/reduce risk of harm. The risk associated with the sale of drugs online, including counterfeit medicines. Resisting pressure from peers or others. Teaching pupils how to recognise and respond to drug-related emergencies, including the use of naloxone to reverse opioid overdoses.
- **Legal and Ethical Issues:** Exploring the legal consequences of drug misuse and the importance of making informed choices.

In line with RSHE guidance, drugs education is best delivered as part of a **whole school approach** to health, wellbeing and positive relationships, supported by the school environment and policies.

Speaking to young people about drugs

- You do not have to be a drug expert to speak to young people about drugs and related harms.
- Avoid judgement when speaking about this topic
- Avoid using stigmatising language
- Be supportive
- Ask open questions
- Abstinence shouldn't be the focus of the conversation – harm reduction should.

- Know where to signpost young people for support or to find out more:
  Y-Smart is the Devon Drug and Alcohol Service for under 18s. They provide support and advice to young people, parents, caregivers, families and professionals.
  www.y-smart.org.uk
  www.talktofrank.com

How to respond if you suspect a young person is using drugs:

- ### Consider Safeguarding
  Follow your school's safeguarding policies and processes regarding the disclosure or suspicion that a young person is using, at risk of using drugs or is exposed to illicit drug use.

- ### Refer the young person to Y-Smart
  Y-Smart provides support to young people around Drug and Alcohol throughout Devon (excluding Plymouth and Torbay). They aim to provide high quality, accessible targeted prevention and treatment services specifically to young people across the county. They provide support for young people around their substance misuse and for support for young people affected by parental substance misuse. For more information visit:
  https://www.y-smart.org.uk/
  to make a referral:
  y-smart@devon.gov.uk
  Phone 01392 385637
  Make a referral - Y-SMART

- ### Speak to the young person and provide harm minimisation advise

The best advice is, wherever possible, to avoid using illicit drugs and other non-prescribed substances completely. However, if a young person is using drugs, it is critical they know how to minimise the risk of harm. Key messages are:

- **Never take drugs alone**; you need someone who can get you help quickly if you need it. **Start low go slow**. Use small amounts and spread out the time between use so you feel the full effects before taking more. This includes Alcohol.
- **Avoid mixing drugs**, including with alcohol. Mixing substances always increases the risk of overdose and other unwanted effects because the substances interact with each other. Remember this risk is even greater because you are taking an unknown substance which may be contaminated.
- **Stay hydrated**, drink water but do not drink more than one pint an hour.
- If you (or someone with you) has any problems after taking any drugs, it's important to **get help FAST**. Call 999 or go straight to A&E. Don't hesitate to get help and be honest with any first responders about what you or they have taken.
- If you are worried about yourself or a friend, **there is support available** to you.

Links to Drug Briefings

- Devon Local Drug Information System: LDIS

Public Health Devon

Devon County Council

- Drug Adulterants
- Synthetic Opioids

Devon Local Drug Information System (LDIS)

The Local Drug Information system (LDIS), coordinated by Devon Public Health, enables individuals and organisations to report harmful **new, potent or contaminated drugs** causing harm, or with the potential to cause harm in the Devon County Council Area.
Its purpose is to share timely, consistent, validated information to prevent or reduce drug-related harm across all age groups (including young people).
Information reported to LDIS is assessed and may lead to formal alerts, harm reduction messaging or service improvements.

Submitting a Report

To report information to the Devon LDIS please complete an LDIS form which can be accessed via the following link: https://devon.cc/drugintel or QR Code:

If you are not able to access the form please call: 01392 385263 or email: publichealth-mailbox@devon.gov.uk

Please provide as much detail as possible. The form does not ask for any personal information about individuals who may have taken or sold substances.

Criteria for submitting reports

Please use the LDIS form to report any intelligence you have relating to:

- New or novel substance causing acute medical, social or emotional harm, or death. Substances where people report uncommon side effects not normally associated with that substance. To find out more about different types of drugs and there effects visit: **www.talktofrank.com**
- Substances that appear to have a spike in purity or strength of their active ingredient/s (resulting in increased intensity or duration of effects).
- Substances that appear branded to mislead the user as to the ingredients
- Contaminated substances or substances adulterated with dangerous agents
- An emerging trend of mixing substances or ingesting them in a way that increases hazard to health.

You can submit a report to the LDIS at any time, however the LDIS is only staffed Monday to Friday 9-5pm. Any reports received outside of these times (or on Bank Holidays) will be reviewed the next working day. In the event of a major incident occurring out of hours, the Police can trigger an LDIS response.

The LDIS form is not linked to any emergency service

In an emergency call 999

- If you (or someone with you) has any problems after taking any drugs, it's important to get help FAST. Call 999 or go straight to A&E.

- Don't hesitate to get help and be honest with any first responders about what you've taken.
- For support or advice about accessing treatment please contact:
  Y-Smart provides support to young people around Drug and Alcohol throughout Devon (excluding Plymouth and Torbay). For more information visit:
  www.y-smart.org.uk to make a referral: y-smart@devon.gov.uk **Phone** 01392 385637
  Together drug & alcohol service (Age 18+): 0800 233 5444 (Mon – Fri 9am -5pm)
  Together adult drug and alcohol referral form - Waythrough

What to do if your school receives an LDIS Alert:

If an incident is directly linked to your school, a multi-agency team meeting will be called with the school leadership, Police, Public Health and other partners to share information and collectively determine the response.

If an incident has not occurred in your school but the information is relevant to share (for example because the hazard relates to a substance known to be taken by young people) than a drug alert will be issued by Public Health.

To ensure trust in our messaging amongst the groups we want to listen, it is important that information circulated via the LDIS is factual and reports only what is known.

We also need to consider the knowledge/ experience of the population groups the message is aimed at and use this to inform appropriate use of language and level of detail.

Circulating information before it has been verified and an alert issued via the LDIS can lead to misinformation and further harm.

Standard elements of an LDIS alert will include:

- Description of why the alert is being issued,
- Description the substance involved and its effects,
- Harm reduction messaging,
- Any actions we need partners to take,
- Contact details of support services.

Actions: The actions schools may be asked to take will be dependent upon the scenario but may include:

- Sharing the LDIS report with young people and their Parents/Carers- The LDIS will include recommended information to share.
- Sharing harm reduction advice with pupils and focusing RHSE lessons on drug and alcohol education.
- Sharing information with young people about Y-Smart (young persons' drug and alcohol service) and other national and local support agencies.
- Working with partner agencies such as the Police to enable testing of suspected illicit substances that are found in possession of young people.

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Synthetic Opioid Drug Briefing

Purpose

To build staff knowledge about synthetic opioids and support schools and others working with young people to

- deliver universal and targeted drugs education; and
- recognise and respond to individual pupils at risk of drug harms.

This briefing is not intended as a resource for use directly with young people, rather as a source of information for educators. They have been designed to complement the PSHE Association drug and alcohol resources to inform a comprehensive RSHE offer. This briefing focuses specifically on synthetic opioids and should be read alongside the accompanying Adulteration Briefing which provides a broader overview of drug adulterants and the associated risks

Audience

Anybody working with secondary-aged young people either in schools or wider health, education of young person settings including those delivering formal and informal drugs education.

Opportunities To Discuss Synthetic Opioids Within the Curriculum

- **Drug Education:** Understanding different types of drugs, their effects, and risks.
- **Health and Wellbeing:** Discussing the impact of substance abuse on physical and mental health. Alternative positive coping and self-care techniques
- **Safety and Prevention:** Developing global risk assessment and decision-making skills, including personal safety and strategies to increase safety/reduce risk of harm. The risk associated with the sale of drugs online, including counterfeit medicines. Resisting pressure from peers or others. Teaching pupils how to recognise and respond to drug-related emergencies, including the use of naloxone to reverse opioid overdoses.
- **Legal and Ethical Issues:** Exploring the legal consequences of drug misuse and the importance of making informed choices.

What are Opiates and Synthetic Opioids?

Opioids:

Examples: Heroin, Morphine, Oxycodone, Codeine
An opioid is a broad term used to describe a type of drug that acts on the opioid receptors in the brain and nervous system to relieve pain. These receptors also influence mood, breathing and digestion.

Opioids can be:

- **Naturally derived** (knowns as **Opiates**) - e.g. morphine, codeine and heroin
- **Semi or fully synthetically produced –** e.g fentanyl, methadone and nitazenes.

Opiates have been used for millenia for both medicinal and recreational purposes. Opiates and opioids may be prescribed by medical professionals for pain management and low levels can be contained within medications that can be bought over the counter. They are also produced and sold illicitly. They come in various forms including tablets, powders and fluids. Because opioids act on the brain's respiratory centres they can **depress breathing.** in overdose situations this can be fatal - e.g *by stopping the brain signalling the lungs to breathe*. Opioids are also **highly addictive** and can lead to rapid **physical dependence.**

More Information: www.talktofrank.co.uk

Synthetic Opioids:

Examples: Fentanyl, Nitazenes
Synthetic opioids are substances first synthesised in laboratories in the 20th Century for medical purposes. Whilst some synthetic opioids are still used medically, they are also produced illegally and distributed via the illicit drugs market.

Synthetic Opioids target the same receptors in the brain as natural opiates but are **significantly more potent.** This means that much smaller amounts are need to produce the same effects. For example a pencil tip size dose of Fentanyl can be lethal. This extreme potency makes it **easy to overdose**, especially when users are unaware of the presence of synthetic opioids in a drug. This table shows the relative potency of various synthetic opioids compared to Heroin.

Substance	Relative Potency of Heroin
Heroin	1
Fentanyl	50
Metonitazine	50
Protonitazine	100
Isotonitazine	250
Etonitazine	500

Why are we concerned?

In England and Wales in 2023 5,448 lives were lost as a result of drug poisoning. Opiates were the most common type of drug linked to these deaths.

Whilst opiate use among young people (aged 17 and under) in England and Wales is very low (only 1% of those accessing drug and alcohol treatment between April 2023 and March 2024 did so for opiates), there is growing concern about **unintended** exposure.

Overall, illicit opiate use in England and Wales is declining. However a wider range of drugs are now being **adulterated with synthetic opioids**, often without the knowledge of the user or even the dealer. This means that young people **experimenting with drugs typically not associated with opioids** may unknowingly be exposed to these **highly potent and potentially lethal compounds**.

This unintentional exposure **significantly increases the risk of severe adverse reactions** including overdose. The danger is compounded by the fact that most young people have little to **no tolerance to opioids,** making even small amounts life-threatening. Even those with prior opioid and some physiological tolerance remain at risk due to the extreme potency of synthetic opioids. For professionals working with young people it is critical to understand:

- **The risk from synthetic opioids is not limited to known opioid users**
- **Any illicit drug could be adulterated with synthetic opioids**
- **Lack of awareness and low physiological tolerance to opioids dramatically increases the risk of harm**
- **Raising awareness, promoting harm reduction strategies, and encouraging open conversations about the unpredictability of illicit substances are essential steps in protecting young people from these emerging threats.**

The following substances are known to have been adulterated with a synthetic opioid

Diazepam (Benzodiazepines)
Oxycodone
Heroin
Spice/ synthetic cannabinoids
Ketamine

Government Response to the risk of synthetic opioids

The national drug strategy From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK highlights the UK is now Europe's largest heroin market and a target for international drug trafficking gangs. This issue is compounded by the growing sophistication of organised crime gangs and County Lines, the increased use of the online drugs trade to source substances via social media and the dark web, and the emergence of synthetic drugs.

To help combat the risk posed by synthetic drugs and to crack down on drug dealing gangs, the UK Government is working to break the supply of drugs, ensure people have access to high quality treatment and recovery services and work with communities to bring about a generational shift in the demand for drugs. A step towards this was the introduction of legislation in 2024 banning 22 dangerous drugs and expanding the definition of a Nitazene as well as amending access to Naloxone (see below)

Naloxone

Naloxone is a life-saving emergency medicine that can **temporarily reverse effects of an opioid overdose**, helping to restore normal breathing and buying enough time to receive emergency medical care. It can be administered either as nasal spray or injection, depending on the situation and age group[1]. Although Naloxone is a prescription-only medicine, it can be legally supplied without a prescription by drug services, police, probation and clinicians and other authorised providers. It is made available to:

- People who use drugs,
- Their family/peers/friends,
- Organisations working with at risk groups

[1] See Supplying take home naloxone without a prescription - GOV.UK

- Any individual working in an environment where this is a risk of someone overdosing.

In an emergency any one can use any available Naloxone to save a life

Training must be completed to be supplied with the Naloxone. Together Drug and Alcohol Service (WayThrough) offer Naloxone training to workforces who engage with at people at risk of exposure and overdose from opioids . Together Drug & Alcohol Service can be contacted at 0800 233 5444 (Mon – Fri 9am-5pm).

Glossary:

Tolerance: Tolerance refers to the body's adaptation to repeated drug use, where **higher doses are needed to achieve the same effect**. In the context of opioids, individuals who use these drugs regularly may develop tolerance to their effects, including respiratory depression – tolerance is short lived and reduced or lost tolerance, for example after a period abstinence, can dramatically increase overdose risk – e.g a person may take a dose similar to what they used previously, unaware that their body can no longer process it safely. This is a common factor in fatal overdoses.

Benzodiazepines: Also known as "benzos" are a class of depressant drug that is prescribed for treatment of anxiety, insomnia and seizures. Examples are Diazepam (Valium), Alprazolam (Xanax).

Xylazines: Also known as "tranq" is a non-opioid sedative or tranquilizer used by vets. It is often found alongside the use of both opiates and synthetic opioids and has been linked to a number of deaths,

Naloxone: Naloxone is an emergency medicine that can be administered by nasal spray or injection and helps to reverse the effects of an opioid overdose.

Synthetic Cannabinoids are lab made drugs designed to mimic the effects of cannabis but are more harmful. They are often referred to as **Spice, Black Mamba or K2**. They can come in many forms but are usually smoked or inhaled through a vape.

Illicit Drugs Market: The illegal drug trade is thought to be worth £9.4 billion a year and involves the same of illicit drugs such as Heroin and Crack, but also the illegal trade in fake prescription medication such as Valium or Xanex.

County Lines: Refers to the transportation of drugs across geographic areas, often by vulnerable people or young people. They are usually run by gangs via mobile phones and this is what the term county line refers to.

Organised Crime Group: Refers to a group of three or more people who work together with the aim of carrying out illegal activity in a planned, structured and coordinated way.

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Drug Adulteration Briefing

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- deliver universal and targeted drugs education; and
- recognise and respond to individual pupils at risk of drug harms.

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Audience

Anybody working with secondary-aged young people either in schools or wider health, education of young person settings including those delivering formal and informal drugs education.

Opportunities To Discuss Drug Adulteration Within the Curriculum

- **Drug Education:** Understanding different types of drugs, their effects, and risks.
- **Health and Wellbeing:** Discussing the impact of substance abuse on physical and mental health. Alternative positive coping and self-care techniques
- **Safety and Prevention:** Developing global risk assessment and decision-making skills, including personal safety and strategies to increase safety/reduce risk of harm. The risk associated with the sale of drugs online, including counterfeit medicines. Resisting pressure from peers or others. Teaching pupils how to recognise and respond to drug-related emergencies, including the use of naloxone to reverse opioid overdoses[6].
- **Legal and Ethical Issues:** Exploring the legal consequences of drug misuse and the importance of making informed choices.

In line with RSHE guidance, drugs education is best delivered as part of a **whole school approach** to health, wellbeing and positive relationships, supported by the school environment and policies.

What is an adulterant

An adulterant is a substance intentionally added to a drug- often by suppliers - to increase its weight, enhance its effects, or mimic another substance. This practice is commonly referred to as 'cutting'.

Adulterants may also be introduced unintentionally through contamination during production. Adulterants can affect the drugs quality, safety and effectiveness and may lead to serious health consequences. Examples include:

- Adulterants that increase weight. Common bulking agents include glass, talc, cellulose and sugar.
- Adulterants due to contamination during the production process, this can include dangerous bacteria and heavy metals such as lead.
- Some adulterants are added to change the drug's effect or potency – often to mimic a more expensive substance at a lower cost. A very dangerous example is the addition of synthetic drugs(see overleaf); which can dramatically increase health risks by intensifying the drug's potency or causing harmful interactions with other taken substances.
- Adulterants added to aid in the administration of the drug, such as adding caffeine to heroin and cocaine to facilitate smoking.

Why are we worried?

Illicit drugs carry inherent risk. They are produced in **unregulated** environments with quality dependent on the producer's skill, intent (e.g. profit making) and available resources. This typically means a lack of **quality assurance** or **safet**y standards, **unknown ingredients** and **high variability in the potency** of the supply.

When adulterants are added – either intentionally or through contamination - uncertainty about the drug's content and effects increase further. This **unpredictability raises the risk** of overdose and long-term harm.

We are seeing the impact of drug adulterants in England; The ONS reports that in 2023, 5448 deaths related to drug poisoning were registered in England, this is an 11% increase on the previous year and the highest level since records began in 1993.

Synthetic adulterants.

Adulteration with **synthetic drugs** is particularly concerning. Whilst some synthetic drugs are taken intentionally, they are often added **without the knowledge** of the dealer or the user. This significantly increases risk because people **are not aware** of what they are consuming. Further, if their body has not been exposed to that drug before **low 'tolerance'** increases the risk of severe reactions, including overdose.

Synthetic drugs of concern

Synthetic Opioids

Examples: Fentanyl, Nitazenes
Found in: Evidence of synthetic opioid adulteration in a wide range of substances including heroin and the illicit supply of prescribed medications such as Benzodiazepine and Oxycodone.

What are they: Synthetic opioids are substances first synthesised in laboratories in the 20th Century for medical purposes. Synthetic Opioids act on the same targets in the brain as natural opiates such as heroin, to produce pain relief and other effects, however they are much stronger than natural opiates resulting in a higher risk of overdose.
Whilst some synthetic opioids are used medically and can be prescribed, they are also produced illegally and distributed via the illicit drugs market.
For more information please see the Synthetic Opioid briefing.

Synthetic Cannabinoids

Examples (street names): Spice, Black Mamba, K2
Found in: often sold as organic matter for smoking but also evidence found in vapes used by young people (see below)
What are they: Synthetic cannabinoids are substances that have been engineered by scientists. The molecules attach to the same receptors in the brain as natural cannabinoids such as THC and CBD. Synthetic cannabinoids are much stronger than natural cannabinoids. Effects can include losing consciousness, poor coordination, tingly feeling in limbs, mood changes, hallucinations and paranoia, panic attacks and forgetfulness.

Vapes:

Vapes can be used to inhale illicit substances. A 2024 study by the University of Bath which tested hundreds of vapes across 38 schools in England found that 1 in 6 contained synthetic cannabinoids and roughly 1 in 100 contained THC (the active component of cannabis). These vapes may be purchased by young people who believe they are buying THC or nicotine and then are unintentionally exposed to a synthetic cannabinoid leading to greater harmful effects.

As time goes on more reports are emerging of vapes being adulterated with synthetic cannabinoids (i.e. Spice) leading to young people experiencing adverse effects and requiring hospital care.

In Devon, data from the pupil wellbeing survey in 2024, which sampled 5,500 pupils, showed by secondary school, on average 20% of pupils have tried vaping, and rates are highest in year 10 at 32%. The most regular vape users were in year 10, with 9% of year 10 boys and 15% of year 10 girls reporting they vape 'sometimes' and 4% year 10 boys and 8% year 10 girls reporting to vape every day. The main reasons students reported vaping was for stress relief and enjoying the flavours.