In June 2016, the Drug Policy Alliance organized an event co-hosted by the New School for Social Research and the John Jay College of Criminal Justice, titled New Strategies for New Psychoactive Substances. The emergence of novel psychoactive substances (NPS) -- ranging from synthetic cannabinoids such as “K2,” to synthetic opioids such as fentanyl, to traditional plants such as kratom -- pose a number of challenges for policymakers, media covering their emergence, medical and social service providers, and people who use these substances. Unfortunately, current media and policy responses to NPS have been largely fueled by misinformation rather than facts. The summit was aimed at sharing what is currently known about NPS, identifying areas for future research, discussing strategies for intervening when use becomes harmful and for new forms of drug regulation, and exploring how messaging and media about NPS can become more constructive.

Over a day and a half, more than 30 scholars, activists, service providers, and people who use drugs spoke on five panels to discuss these topics before an audience of about 100 people. A full program of the event can be found here: [http://www.drugpolicy.org/sites/default/files/documents/Psychoactive_NPS_Program.pdf](http://www.drugpolicy.org/sites/default/files/documents/Psychoactive_NPS_Program.pdf), and videos of the sessions are here: [https://www.youtube.com/playlist?list=PLf6y9tNpg8wMugyNNxppsE_GPxBzXHM69](https://www.youtube.com/playlist?list=PLf6y9tNpg8wMugyNNxppsE_GPxBzXHM69).

A central impetus for the summit was to generate solutions for how we can deal more effectively with emerging substances in ways that enhance public health without relying on criminalization. We asked presenters and the 100 or so participants to generate a series of recommendations for researchers, policymakers, medical and social service providers, and media. Below are the main findings and the recommendations for different audiences that emerged from the Summit.

**Key Findings**

1. People use NPS for a multitude of reasons, but common motives stem from the need to avoid a positive drug test (since NPS are generally undetectable), the low prices of NPS, their widespread availability, and the desire to self-medicate, cope with everyday struggles and/or experience pleasure. There is reason to believe that the vast majority of people use K2 and other NPS without serious adverse effects; however, we currently lack sufficient data on prevalence and the effects of these substances to definitively understand the risks associated with use.

2. The media hysteria surrounding NPS is largely overblown. For example, when New York City saw spikes in emergency room visits due to K2, mainstream media outlets reported that “zombies” using K2 were ravaging the city streets, unable to be tamed. This predominant narrative was predicated on a few extreme cases and did not reflect the reality that the vast majority of people using K2 did not end up in emergency rooms or have aberrant behavior. While quality and regulatory control of NPS is lacking, most adverse effects are not consequential.

3. Criminalization under a prohibitionist structure incentivizes the use of drugs that cannot be detected by drug tests, and additional bans of new substances foster the proliferation of dozens of still newer, and often more dangerous, NPS. As soon as the state bans one drug, a new one emerges with a slightly different chemical composition. Because NPS are constantly changing, people cannot know which exact drugs they are taking, how the drugs will physically or emotionally affect them, or how they will interact with medications and other substances. The criminalization of drugs also limits the ability to share real-time information about bad batches of drugs and how to more safely use drugs.
4. The most effective for reducing the harms associated with NPS are harm reduction and treatment programs, which connect people to services—especially housing and employment—while also reducing the harms associated with drug use. They allow the person who uses drugs to determine what type of intervention, if any at all, might work best for their specific circumstance. Treatment outcomes are enhanced if people are able to select their own treatment goals and work collaboratively with service providers to better understand the complex personal, social, and situational factors associated with drug use.

5. The history of U.S. drug policy has consistently shown that drug scares are embedded in racial anxieties and center on the vilification of an underclass (e.g., anti-opiate laws motivated by anxieties towards Chinese immigrants, demonization of “negro cocaine fiends” in the early 20th century). The racialized, hyperbolic, and dehumanizing roots of drug scares deflect attention from the social and structural problems that exacerbate the harms associated with drug use.

6. People who use drugs are often left out of decision-making processes regarding policy formulation and implementation. Including people directly impacted by policy changes in policy discussions can strengthen the development of strategies that truly meet their needs, take into account on-the-ground realities, and avoid missteps.

7. There are significant gaps in research about NPS. Due to a lack of rapid response and qualitative research, much of the research on NPS does not reflect the experiences of people who use drugs or the on-the-ground reality of why and how people are using NPS and their effects (both positive and negative). Little is known about the substances themselves, their effects, the epidemiology of their use, or interventions and policies to reduce their harms.

**Recommendations for the research community**

*Work to shift the broader research paradigm and methods*

- Lobby for rapid research grants that can respond quickly to changing trends and new emerging substances.
- Utilize community-based participatory research (CBPR) so that research on NPS can reflect community concerns and be more responsive to emerging crises, new drugs, etc… Through CBPR, community groups and researchers form partnerships, and community members define the problem and work as equal partners with researchers to develop solutions. CBPR has proven effective in HIV/AIDS and health disparities research in developing more accurate measurement instruments, improving research quality, guiding studies that have more immediate policy relevance, and leading to strategies and interventions that are tailored to community needs.

- Shift away from research that focuses exclusively on harms of drugs to research that also considers the benefits of drug usage, non-problematic use, and the multiple psychosocial reasons why people use drugs.
- Evaluate and help create models that promote the safe integration of drugs in society via regulatory processes (e.g., models based on experiences with tobacco, alcohol, food, etc…). Given that the criminalization of NPS has failed to stem their development and use, policymakers desperately need new models for how to regulate these substances in ways that mitigate their harms and protect the public’s health. Both empirical and conceptual work on applying other regulatory models to NPS could help bridge this gap.
- Prioritize qualitative data in addition to quantitative data, recognizing that qualitative data can shed light on how and why people use NPS as well as help collect information from people who use drugs about the substances themselves and their effects. Ethnographic research, in particular, is needed to understand the range of reasons for why people chose NPS over other substances, exactly how they are using them (e.g., modes of ingestion, in combination with other substances, with or without peers and partners), and what factors impact their choices to use or not use NPS (e.g., availability of other drugs, price, social environment, living circumstances, mental health needs).
- Work to resolve the methodological problems surrounding what we call different NPS in surveys by labeling drug categories in a way that is easily understood by the layperson and is consistent from survey to survey. Lack of clarity about what NPS are and what they are called significantly impedes research; coming to consensus on instrument design would allow for more comparisons between studies.

*Fund and investigate new research items and questions*

- **About the substances themselves (pharmacological research):**
  - Collect and analyze data on NPS focusing on the different harms, benefits, and overall neurological and physiological effects of different NPS and how to more safely use them. Researchers could collect sample for analysis by working in cooperation with law enforcement and public health officials (following the WEDINOS model) as well as with harm reduction advocates and people who use drugs (via CBPR projects described above).
  - Conduct studies to help determine which substances are less risky than others and why.
  - Collect and analyze data on the interaction of NPS, other illicit substances, and pharmaceutical medications.
  - Fund and conduct more research on therapeutic effects of NPS.
  - Fund, develop, and maintain a real-time database of novel and emerging psychoactive substances and their effects that is accessible to policymakers, service providers, and the general public (see the WEDINOS model).

- **About usage (epidemiological and ethnographic research):**
  - Collect and analyze data on prevalence rates of NPS usage. Epidemiological research that surveys a broad population is needed to better understand how widespread the use of NPS is as well as their adverse effects. In addition to more stand-alone studies of at-risk populations, better integration of NPS questions into large, population-based surveys, such as the Youth Risk Behavior Survey and the National Household Survey on Drug Use, is needed.
  - Support studies to better understand who uses NPS (e.g., demographics, co-occurring mental or physical illness, regional variations).
  - Conduct qualitative studies on experiences of people who use drugs (both those who have been hospitalized and those who have not) and elucidate the variety of reasons for why people use NPS (e.g., to avoid positive drug test, for pleasure, to get high, for symptom management and therapeutic use).
  - Study the use of synthetic cannabinoids and other NPS (e.g., kratom) among heroin users to manage withdrawal or as an addiction treatment.
  - Study risk factors associated with use long-term use of NPS. Both cross-sectional and longitudinal cohort studies are needed to explore the potential adverse impacts of prolonged NPS use.

- **About programmatic and policy interventions:**
  - Support more research on effective treatment and harm reduction interventions to help people with problematic NPS use. Such interventions are new and have not been evaluated in this context.
  - Study the harms/ benefits of current policies, including data on harms caused by criminalization and prohibition of NPS and research on the relationship between abstinence requirements in treatment, housing, employment, and the criminal justice system and NPS use (versus marijuana and other drug use).
  - Fund and conduct more research on racial disparities in use of and access to harm reduction services (psychotherapy in particular).

*Engage researchers more fully in advocacy and policy change*

- Help researchers meet with policymakers and community advocates to discuss what is known about NPS as well as the need for more research funding.
- Hold public forums to discuss research results with community members (e.g., faith groups, law enforcement, community groups, policymakers, etc).

**Recommendations for policymakers**

**Implement evidence-based legislation**
- Use research to inform the drafting legislation and, when necessary, engage researchers directly.
- Draft legislation in partnership with people who use drugs, grounding policies in their lived experiences and needs as well as the latest research and science.
- Ensure that educational campaigns are evidence-based and avoid fear-mongering and promoting stereotypes about people who use drugs.

**Implement a public health approach to drug policy**
- Formulate policies that contextualize drug use and recognize the need to address underlying social determinants of health, such as employment and housing.
- Expand and fund harm reduction initiatives across the continuum of care, redirecting funding from abstinence-only treatment programs towards ones that embrace a harm reduction perspective as necessary.
- Expand drug checking initiatives so that public health personnel and people who use drugs know the chemical composition of NPS (see WEDINOS surveillance system as a model).

**End drug prohibition and criminalization** (which can encourage binge and unsafe use as well as the proliferation of new, often more dangerous, substances)
- Consider successful models of drug regulation (e.g., New Zealand’s proposed regulation of NPS through the Psychoactive Substances Act of 2013).
- Limit or end drug testing, especially for social services, shelter and housing, criminal justice systems, and drug treatment.
- Support the legislation to legalize marijuana for adult use and to decriminalize other substances.

**Support and fund necessary research** (see research recommendations above)

**Promote reparative justice measures to address persistent racial disparities and harms done to communities of color by drug policies**
- Acknowledge the harm that has been done to communities of color and poor communities through the drug war when drafting legislation.
- Ensure that communities of color and poor communities have equitable access to services, interventions, and funding.

**Recommendations for the media**

**Report more accurately and responsibly on NPS**
- Interrogate conventional wisdom about drug use, addiction, and people who use drugs when drafting stories.
  - Examine evidence and listen to experiences of people who use drugs, instead of relying on a few extreme cases of drug misuse.
  - Report on the phenomenon of drug scares and their role in obscuring and/or perpetuating systemic social problems.
  - Expose dishonest and misinformed policies that further the drug war and the marginalization of poor communities and communities of color.
- Ensure that reporting is based on the best possible and most current research about NPS by conducting literature reviews and talking to experts.
- Identify and interview experts to quote about NPS, such as pharmacologists and public health researchers specifically studying NPS (versus relaying exclusively on law enforcement and politicians as sources).
- Discontinue use of sensationalist and dehumanizing rhetoric that increases stigmatization of people who use drugs (e.g., avoid words like “junkie,” “addict,” “zombie,” and “fiend”).
- Write about people who use drugs as rational choice-makers offering context and information about motivations for drug use.
- Be thoughtful about using images of people who use drugs in ways that do not perpetuate stereotypes (e.g. DPA’s Realistic Marijuana User Stock Images).
- Partner with people who use drugs and harm reduction agencies to interview or co-author pieces.
- Hire journalists of color to write about the drug war and the impact of bad policies on communities of color.
- Establish relations with and pitch articles to public interest-oriented outlets (e.g. ProPublica, The Intercept).

**Recommendations for harm reduction, social service, medical and treatment providers**

**Improve the quality and efficacy of services for people who use NPS as well their family members and loved ones**
- Increase the accuracy, availability, and accessibility of training and information (both online and in-person) on how to respond to NPS.
- Shed stigmatizing assumptions, treat people who use drugs as rational choice-makers, and recognize the variety of reasons for why people use NPS.
- Eliminate abstinence-only, coercive, and punitive treatment.
- Incorporate harm reduction principles into responses to NPS, such as:
  - Focus on voluntary treatment and services;
  - Respect and affirm the humanity of those who seek help;
  - Individualize treatment and trust the experiences and needs of the individual, focusing on both immediate and long-term harm reduction;
  - Educate people on how to use drugs safely; and
  - Connect harm reduction to services like housing and meaningful employment.
- Create and release information on how to safely use NPS to the public and to people who use drugs.
- Gather and disseminate information on first response and harm reduction programs dealing with NPS (e.g., BOOM!Health, DanceSafe, WEDINOS in Wales, LEAD, NYHRE, housing first models).
- Partner with law enforcement to encourage them to adopt harm reduction practices in dealing with people using NPS.

**Recommendations for people who use drugs**

**Engage in efforts to change the media and policies surrounding NPS**
- Tell your stories providing a larger context that can help destigmatize and reveal the humanity of drug users.
- Engage with the media to fight against false narratives by writing op-eds, submitting letters to the editor, and calling out bad journalism through the comments sections on social media.
- Join groups like VOCAL NY, NYHRE and participate in grassroots organizing, policy advocacy, and peer education.
- Increase availability of and access to accurate information on drug use and how to respond to adverse events (see, for example, DPA’s ‘Safer Partying’ booklets or HRC’s brochure on NPS Use).
- Work with policymakers to demand more drug checking (including field testing by users), decriminalization and regulation of drugs, supervised injection facilities, and safe consumption rooms.
- Work with service providers, researchers, and public health officials to provide feedback on NPS, treatment, and services needed.
Work to keep yourself and others safe when using NPS
  - When beginning new drug use, test the drug, go slowly, and stay hydrated.

**Additional resources:**

Videos of *New Strategies for New Psychoactive Substances* Panels:
https://www.youtube.com/playlist?list=PLf6v9tNpg8wMuBYNNyppsF_GPxBzXHM69

http://beckleyfoundation.org/event/roadmaps-to-regulation-new-psychoactive-substances/

DPA NPS Fact Sheet:

DPA Synthetic Cannabinoids Fact Sheet:
http://www.drugpolicy.org/resource/synthetic-cannabinoids

DPA Synthetic Cathinones Fact Sheet: http://www.drugpolicy.org/resource/synthetic-cathinones


https://www.gov.uk/government/publications/drugs-international-comparators