

**A community based study of Synthetic Cannabinoid use in Co.
Monaghan, Ireland**

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Marie Claire Van Hout
Evelyn Hearne**



FOREWORD

Over the past two years, Teach na Daoine Family Resource Centre has received many requests from concerned residents both within the area of Mullaghmatt/Cortolvin and from outside this catchment area for support in dealing with the physical, psychological and social effects of the use of “Herbal” products (Synthetic Cannabinoids).

In the last 12 months alone, our community has lost two of its young people as a direct result of “Herbal” use. In response to this, a series of public meetings and stakeholder consultations were held in late 2014 and out of that process Teach na Daoine commissioned this piece of research to investigate the extent of the problem.

It makes stark reading and outlines the challenges ahead for all within this community, and the County of Monaghan. It is very clear that there is a need for collaboration across a wide range of agencies if we are to affect change on this issue. Teach na Daoine will continue to work with Community, Voluntary and Statutory agencies locally to assist in the implementation of the recommendations contained within this report. We will also advocate for legislative change to address the legal status of these substances.

Teach na Daoine wishes to extend its thanks to the HSE, TUSLA Child and Family Agency, and Cavan Monaghan Drug Awareness for their engagement and support in compiling this report. We also wish to extend our thanks to Dr. Marie Claire Van Hout and Evelyn Hearne who compiled the report in a very short time frame.

Finally, we wish to extend our most sincere thanks to all of the participants who took part in this study. It is our hope that this research will provide valuable insights to assist in the formulation of local responses and will consequently make a positive contribution to the lives of young people, their families and our communities.

Go raibh mile maith agat,

Teach na Daoine Family Resource Centre

Executive Summary

Introduction

The use of psychoactive products containing one or more synthetic cannabinoids (SCBs) being sprayed onto a herbal substrate (dried plant material) remains a serious drug policy and public health concern. For the purposes of this report, these smoking mixtures are referred to as '*Herbal*' products, and contain SCBs and potentially other psychoactive additives.

"Herbal" products cannot be sold for human consumption so they are often sold as incense, potpourri or plant food to get around the law. Of concern is that an ever increasing number of diverse SCBs are available in "Herbal" products, both specified and non- specified in product contents listing. This diversification is designed for circumvention of legislative controls. One of the main challenges for legislators remains the chemical malleability of SCBs. Chemical formulae can be changed if a particular product is banned and a similar substance can be created which mimics the banned product.

Availability, internet retail, shiny packaging, advertising of a stronger 'high' than cannabis, affordability, a lack of clarity on legal status and difficulty in detection in standard urine toxicology tests have fuelled the rise of popularity and use of "Herbal" products. Users appear to be young adults and adolescents, with males appearing more than twice as likely to use "Herbal".

"Herbal" products are generally smoked in cigarette papers with tobacco or via a water pipe/bong or ingested orally as an infusion. Desired effects for users centre on a sense of elation and well-being, an altered perception of reality and empathy but the effects vary in onset and duration of action.

Negative consequences of use reported in this study and others include disturbances in neurological, cardiovascular and gastrointestinal function, cognitive impairment, and psychiatric consequences that may be permanent and/or potentially fatal. Over time all users in this study described a decrease in functioning characterised by a loss of appetite, breathlessness, cardiac conditions requiring medication, skin ablations, tooth decay, lethargy, apathy, tremors and insomnia, which were exacerbated when attempting to cut back on use, and resulted in general neglect of personal hygiene. Difficulties in eating were most common.

Development of dependence in the form of drug tolerance over time, persistence of drug craving, a continuous urge to consume despite adverse consequences, scarce attention to other interests or duties and clear withdrawal symptoms are well documented.

Because such limited knowledge around the exact chemical composition and toxicology of ingredients in "Herbal" products is available, concerns centre on the lack of research on pharmacology, toxicology and health consequences in humans, and appropriate medical approaches for treatment of acute intoxication.

Supportive and symptomatic treatments such as lorazepam, naltrexone or antipsychotics may be efficacious, however further research is required in order for these treatment approaches to

be widely adopted. To date, there are no specific antidotes for the consequences of 'Herbal' use which presents serious issues for those seeking help and for clinicians.

Research overview: Legislative and Community Context

In the Republic of Ireland, the primary legislation controlling drugs are the [Misuse of Drugs Act 1977](#) and the [Misuse of Drugs Act, 1984](#). These are further amended by the [Criminal Justice Act 1999](#), the [Criminal Justice Act 2006](#) and the [Criminal Justice Act 2007](#). The [Misuse of Drugs Regulations 1988 \(SI 328 of 1988\)](#) (as amended) lists the various substances to which existing legislation applies and has two primary purposes which establishes a system of control over certain drugs to protect the public from dangerous or potentially dangerous and harmful substances and also to facilitate safe use of certain controlled drug substances which, although harmful if misused, have medical and therapeutic value.

Under this legislation, unless expressly permitted to do so, it is illegal to possess, supply, manufacture, import or export a controlled substance. Controlled substances are substances which affect the central nervous system by producing a mind altering effect (for example stimulation, depression, hallucinations), and which are either known to be or have the potential to be dangerous or harmful to human health, including their liability for misuse or causing social harm. Many of these substances have abuse and addiction potential, both physically and psychologically.

The control of substances under the Misuse of Drugs Act occurs in cooperation, engagement and compliance with international coordinating frameworks such as the United Nations conventions which provide the international legal framework for addressing the illicit drugs phenomenon. These conventions aim to protect the health of people from inappropriate use of controlled drugs and to ensure that the use of controlled drugs is restricted to medical and scientific purposes. Substances are scheduled in accordance with Ireland's obligations under these international conventions. Ireland has extended the scope of control to include a wider range of substances in the [Criminal Justice \(Psychoactive Substances\) Act 2010](#) which applies to substances not specifically proscribed under the Misuse of Drugs Acts, but which have psychoactive effects by making it an offence to sell, import, export or advertise such psychoactive substances. This Act aims to prevent misuse of harmful psychoactive substances. Many head shop products became illegal in Ireland on 23 August 2010 when the new Criminal Justice (Psychoactive Substances) Act 2010 was passed.

The Misuse of Drugs (Amendment) Act 2015, an emergency piece of legislation, was enacted following a Court of Criminal Appeal ruling that legislation banning the possession of more than 100 drugs (including certain psychoactive substances) was unconstitutional. The 2015 Act provides that each statutory instrument set out in Schedule 2 of the Act will have statutory effect as if it were an Act of the Oireachtas. This legislative amendment provides that substances which were controlled before the court judgment by means of Government order be added to the Schedule of the 1977 Act, protecting the legal framework in Ireland by re-controlling substances assessed as meriting such control.

Studies on designer psychoactive drugs in the Republic of Ireland to date have largely centred on the pre and post legislative detection of psychoactive substance, and use of the popular synthetic cathinone drug mephedrone. This study is the first of its kind in Ireland.

“Herbal” use has emerged as a major concern for residents and families in the Mullaghmatt area following the deaths of a number of young people as a result of their use. Teach na nDaoine Family Resource Centre (FRC) funded by TUSLA Child and Family Agency commissioned this research study to obtain clarity on the issue and to assist with the formulation of a response.

Research Methods

Aims and Objectives

The aims and objectives of the study were to gain an understanding of individual and collective experiences of “Herbal” product use; pathways to misuse or dependence; how dependence is reinforced and maintained; recommendations for improved targeting of community drug campaigns and harm reduction and, finally, recommendations for future service development and drug monitoring in the area.

Design

Eight stakeholders and one parent were interviewed and represented the perspectives of family, drug and community support, mental health, addiction, primary care and council services and law enforcement.

A community focus group consisting of 10 participants representing parents, members of the community, youth and community workers was facilitated.

Three male (aged 17-38 years) and three female (20-42 years) users of ‘herbal’ were interviewed. Five dependent (and current) users of “Herbal” and one dependent (and currently abstinent) user (female) took part in in-depth interviews. User participants completed the Severity of Dependence Screener (SDS) (Gossop et al., 1995) which is a 5-item questionnaire, with scores of over 7 indicating dependence.

Analysis

The in depth interviews and focus group captured illustrative data pertaining to choices and decision making to use “Herbal” products, experience of sporadic and continued use, reinforcers for use, perceptions of risk and abuse potential, harm reduction practices, use of other drugs or medicines, adverse health and social consequences, favoured route of administration, and perspectives on treatment referral, uptake and outcomes. The data was analysed using thematic analysis which located and identified recurrent explicit themes of experiences of “Herbal”.

Findings

'Herbal' products as an Emerging Trend

- Awareness of the current issue was characterized by rising reports of drug use within the community and displacement away from alcohol use.
- Difficulties estimating prevalence and profiles of users stemmed from widespread availability within local communities and other sourcing routes i.e. internet, cross-border drug tourism, and the hidden nature of use in private homes.
- Clustering or pockets of "Herbal" use appeared related to availability and social networks of users, contained among individuals living in more marginalized and deprived areas, and filtering into more mainstream communities.

Profile of users

- All user participants scored over 7 in the Severity of Dependence (SDS) indicating all users interviewed were dependent on "Herbal".
- All user participants were unemployed.
- Three user participants were educated to Junior cert level, two were educated to Primary level, and one educated to Leaving cert level.
- All user participants were single. Three had children.

Legal status and availability of 'Herbal'

- A lack of clarity regarding legal status was observed by stakeholders and community members as confounding efforts to control use. Existing legislation around psychoactive properties in SCB's were observed to create significant law enforcement difficulties.
- User participants described cross border travel, so called *drug tourism*, where they could easily purchase "Herbal" products sold as incense in joke shops.
- User comments centred on the initial affordable price, between 15 to 20 Euro per 1 gram bag. User participants described spending between 60 and 200 Euro per week on "Herbal" products for personal use, with amounts spent increasing over time in response to compulsive use.

Awareness of harm and Consumption of 'Herbal'

- User awareness around the dangers of smoking "Herbal" products was low, and relied on personal experience (often too late), peer user networks, and project staff dissemination.
- All users described exclusive use of "Herbal" and did not consume any other illicit drugs or alcohol. Users reported an incompatibility of "Herbal" products with alcohol. Alcohol consumption was generally low as a result.

Trajectories of use, dependence and withdrawal

- Users described how the perceived effect changes over time, from pleasure to tolerance, and experiences of unpleasant withdrawals. Users became aware of the fast progression toward regular and dependent use when it was too late.
- Acute physical withdrawal symptoms were reported to include chest pains, chest pressure, tachycardia and palpitations, lower extremity pain and spasms, nausea, sweating and vomiting.

- Stakeholders reported psychological symptoms such as anxiety, agitation, anger, paranoia, self-harm, psychosis, and suicidal thoughts during withdrawal periods. These were corroborated by users and parents interviewed.

Negative consequences of use

- Over time all users described a decrease in functioning characterised by a loss of appetite, breathlessness, cardiac conditions requiring medication, skin ablations, tooth decay, lethargy, apathy, tremors and insomnia, which were exacerbated when attempting to cut back on use, and resulted in general neglect of personal hygiene. Difficulties in eating were most common.
- Users also expressed concern about cognitive impairment, ability to concentrate and short term memory loss. Stakeholders were aware of this impairment.

Intentions to Stop and Help-seeking Attempts

- All user participants described intentions to stop using, and how unpleasant physical and mental withdrawal symptoms inhibited achieving abstinence. The fear of stopping use was also grounded in youth psychotic behaviours, suicidal ideation and suicide attempts when in withdrawal.
- Efforts to cease use and successfully self-detoxify are hampered by widespread availability. Users commented that if they were incarcerated, they would be able to stop using. Users also reported previous unsuccessful attempts of using other substances i.e. alcohol and cannabis to assist with withdrawals.

Stakeholder and Community Experiences and Observations

- Services and community members appeared aware of current demands for crisis help-seeking behaviours and expressed concern about long term impacts on services and associated impacts on the community.
- During the last 12 months, mental health, psychiatry and community service uptake by SCB users in crisis has reportedly increased.
- Frustrations were expressed regarding the perceived “dis-ownership of addiction and drug related issues” and the lack of a formulated health service response.
- Concerns were expressed regarding the uptake of users in crisis into mental health services, because psychotic symptoms are deemed secondary to drug misuse and not due to an underlying mental health disorder, compounding difficulties in securing treatment for the young person.

Responses and a Way forward

- An integrated, all-inclusive approach, characterized by community empowerment and inter-agency collaboration were viewed as important steps forward. Stakeholder comments centred on the need for enhanced awareness of the issue, including GP practices, and expedited pathways toward treatment and counselling.
- Users and community members expressed a desire for the provision of residential detoxification in the region with sufficient length of step down care.
 - Enhanced support with trained drug counsellors, clear service pathways and the need for youth specific and expedited routes to treatment when the young person indicates a desire to stop are required.

Recommendations

The following key policy and practice recommendations were generated;

Policy

1. Based on current research findings of the harmful nature of “Herbal” products, request clarification from the Minister with responsibility for Drugs on current Legal Status with a view to disseminating locally to facilitate arrests and prosecutions under recently amended Misuse of Drugs Act 1977-2015. Advocate for a further review of legislation on harmful psychoactive substances if required.
2. Review current cross-border policing approaches to address “Cross Border Drug Tourism” in the area.
3. Review Mental Health policies regarding addiction and access criteria to services when psychotic symptoms are deemed ‘secondary to substance misuse’.

Trend Surveillance, Early Warning and Law Enforcement

4. Establish an expert group and an early warning system regarding Novel Psychoactive Substances, locally, nationally and at an EU level to reduce delays in amendments to legislation if/when required.
5. Increase localised monitoring and surveillance of user trends, as it relates to existing products, new products, dealer networks and internet sourcing.
6. Continue to develop CCTV surveillance in local areas to include the monitoring of cameras in local Garda Station.

Education and Prevention

7. Consult with Primary and Secondary schools locally to establish what supports are required to deliver SPHE and/or drug education programs to include Novel Psychoactive Substances, synthetic cannabinoid’s and/or emerging trends.
8. Design and implement harm reduction activity presenting information on products, contents, dangers of use, overdose prevention and management, and detoxification referral for users, and for families in high risk communities. Incorporate Traveller specific elements.

Training

9. Conduct training needs analysis for front line staff (i.e. TUSLA, Primary Care, GP, Gardai etc.) to establish current levels of drugs education, brief intervention skills, ASIST/SafeTalk and referral pathways to identify gaps in existing knowledge and skills.
10. Consult with agencies (i.e. Monaghan ETB, NE-RDATF) to deliver Community Addiction courses that work to reduce stigma associated with addiction.
11. Consult with agencies regarding addiction specific training and employment initiatives i.e. DSP Drug specific C.E. Schemes.

Clinical Responses

12. Review current protocol surrounding pharmacological intervention for withdrawal symptoms associated with SCB presentations to ensure evidence based responses.
13. Develop interagency shared care planning for crisis presentations at Accident and Emergency and health services, with expedited access, adequate follow-up and supports on discharge.

Youth Specific Responses

14. Provide additional resources to develop youth specific addiction responses, including age appropriate in-patient detoxification and step-down facilities, adolescent counselling service and assertive outreach worker to identify and deliver early intervention initiatives.
15. Increase local sports partnership activity in areas where youth leisure boredom is high.

Conclusion

This research highlights the concerning rapid development of tolerance, habit forming regular use and experience of acute withdrawal symptoms in users and related negative impact on families and communities.

The study whilst localised and small-scale, highlights the need for further development of clinical awareness and appropriate responses, alongside expedited inter-agency service pathways for drug counselling, crisis support, medical treatment and detoxification intervention for young users and their families. Users seeking help and patients on admittance need to be monitored for withdrawal and symptoms rapidly managed.

Community efforts, via Teach na Daoine Family Resource Centre, to provide family support and education, schools education, harm reduction and information on available care pathways are vital in the early identification of trends in use, misuse and dependence, and for the support of individuals requiring help. However more resources, expertise and cooperation are required for positive outcomes to be realised.

'It's quite visible it's in everybody's face, and there seems to be a perception that there's nothing that the criminal justice system can do about it.' (Stakeholder participant)

One participant described the use of car *'blaring loud music like the ice-cream man'* as indicating presence of dealers in the estate. Others described cross border travel (so called *'drug tourism'*) where users could purchase "Herbal" sold as incense in *'joke shops'*.

'What the people realised was a lot of these so called dealers that I would know of, young people I would know, are addicts themselves, they're selling to keep their own habit going. They're as much a victim to me, they're all victims.' (Community Participant)

'It shouldn't be legal man, it should be illegal. It shouldn't be allowed it is terrible, its killing us all.' (User participant)

'Herbal is a curse. I wish I could never see it or smoked it or smelled it or anything. It's a curse on everybody in this town to be honest. Even me own friends like they smoke it they sell it too, they say it's a curse.' (User participant)

'I imagine there are times when I hear voices in my head telling me to do these things, telling me suicidal thoughts, like take an overdose or walk out in front of a lorry, it comes. But when I smoke the herbal it seems to keep that voice down a bit, dies the voice down a bit, it seems to kill the voice.' (User participant)

'You feel like a heart attack, that you are just gonna die all of a sudden....When my father tries to wake me up he cant. I'm in a very very deep sleep like.' (User participant)

'If there was a dinner put out here in front of me now, I'd just look at it and take one forkful and say get that away from me, or puke. It is just that serious. Haven't had a dinner in three or four weeks. I can't eat like me stomach is that bad. I just puke all the time. It's rotten.' (User participant)

'Diarrhoea, can't sleep, walking the floors, waking every half hour. Wanting a smoke like. Like it took me a good eight weeks to just get my sleep back to normal like and it took me I'd say a good four weeks when I was in the prison, for me to be "me", if you get me.' (User participant)

'I just hate it, dirty curse. So hard to get off it, so hard to do anything. I dunno what I am gonna do. I don't know how I'm gonna get off it, or how I'm gonna do it. The only way I can think of getting offit is just one way. There's only one way of getting off herbal and that's taking yourself out of this life.' (User participant)

'I don't wanna hurt meself, but it's gonna come that far. It's gonna happen. I don't wanna die, I'm only 25 I'm too young to die. But the way it's all coming in around me, it just takes a lot out of you. Some mornings I just wake up feeling so down, you just wouldn't care if you walked out in front of a lorry, it'd make you feel good.' (User participant)

'The problem is bigger than here, this is something that needs statutory intervention because we can sit here, we can do this, we can do that, we need a higher power, I suppose political representatives that can go there in the Dail and place some kind of bill or some kind of legislation that will either come up with the idea of allowing certain drugs to be legal, that will allow for regulations to happen so they can be used freely and socially acceptable like alcohol, or else a ban on these legal highs that we have there. (Community Participant)

We'll never know what the long term effects are going to be but the community really feels they've been let down, by all the government agencies, nobody is doing anything. (Community Participant)

'There's also child protection issues, very young children and their parents are taking this stuff, they're exposed to this stuff, and they're walking around picking it up off the street. Sometimes parents and children are fighting over it. Fighting over who needs it the most. [Response from their focus group participant] Like one of the children at the centre one time, the guards said to report all these things and the child said "how do you expect me to report my mommy and daddy." (Community Participants)

'There's a lot of frustration and they're frustrated with us and with all the services. I think because we can't necessarily stop someone or break this compulsive pattern of use, that's been a real source of frustration.' (Stakeholder participant)

'There's a dis-ownership of addiction and drug related issues by mental health services, so that's challenging.' (Stakeholder participant)

*"They desperately, desperately need help. No more than anybody else with a mental illness, a physical illness, desperate. And there's nowhere to go. Parents are trying to get them somewhere, there's nowhere to take them absolutely nowhere'. (Community Participant)
They need to be somewhere for a week where they don't have kids going "Take a bag, take a bag", you know. "One bag won't kill ya" and they having 6 or 7 bags in their system as it is. (Community Participant)*

'What's more important is that it's an immediate response. An emergency response. Its on-going support. First to recognise it's an emergency – we need this help, we're crying out for it. We need the funding, we need the will to do this, we want them admit there is a crisis, there is a crisis in this area, need the funding, need the medical expertise, we don't know what like if we try to detox young people or children, we could be doing them serious harm we could be doing it wrong, we don't know. There's a lot of people talk about community detox "it's too dangerous for that. It's too strong stuff" all we can do is the best, experts medically qualified people first of all to look after their physical and mental health and hope it'll not kill them getting off this stuff.. (Community Participant)

Ideally you should have dedicated stabilisation units for this kind of thing, particularly geared towards younger people. But in the meantime like where else but psychiatry. (Stakeholder participant)

