Title: **Impact Assessment of controlling Naphyrone and other Naphthyprovalerone analogues under the Misuse of Drugs Act 1971** **Lead department or agency:** Home Office **Other departments or agencies:**	Impact Assessment (IA) **IA No:** HO0012 **Date: 09/07/2010** **Stage:** Final **Source intervention:** Domestic **Type of measure:** Primary legislation **Contact for enquiries:** Angela Scrutton (020) 7035 0458

Summary: Intervention and Options

What is the problem under consideration? Why is government intervention necessary?

The substances to be controlled – Naphyrone and other naphthylpyrovalerone analogues under the Misuse of Drugs Act 1971 are considered sufficiently harmful, following assessment and advice from the Advisory Council on the Misuse of Drugs, to warrant control measures relating to possession, supply, manufacture and import/exportation with associated criminal sanction. Government intervention is necessary to help protect the public from these substances.

What are the policy objectives and the intended effects?

To control substances considered "dangerous or otherwise harmful" in accordance with the terms of the 1971 Act. The intended effects are to deter use of these substances, particularly by young people, and reduce their availability via supplier "self-regulation" following implementation of control measures as well as enabling law enforcement agencies to undertake appropriate enforcement action, in particular activity to tackle production and supply.

What policy options have been considered? Please justify preferred option (further details in Evidence Base)

Option 1 : No change

Option 2 : Control under the Misuse of Drugs Act 1971 for naphyrone.

Option 3 : Control under the Misuse of Drugs Act 1971 for naphyrone and other naphthylpyrovalerone analogues via generic legislation.

Option 3 is the preferred option.

When will the policy be reviewed to establish its impact and the extent to which the policy objectives have been achieved?	It will be reviewed See para J below.
Are there arrangements in place that will allow a systematic collection of monitoring information for future policy review?	Yes

SELECT SIGNATORY Sign-off For final proposal stage Impact Assessments:

I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) the benefits justify the costs.

Signed by the responsible Minister:..... Date: 9th July 2010.....

Summary: Analysis and Evidence

Policy Option 3

Description:

Control under the Misuse of Drugs Act 1971 for naphyrone and other naphthylpyrovalerone analogues via generic legislation.

Price Base Year N/A	PV Base Year N/A	Time Period Years N/A	Net Benefit (Present Value (PV)) (£m)		
			Low: Optional	**High:** Optional	**Best Estimate: Unknown**

COSTS (£m)	Total Transition (Constant Price)	Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	Optional		Optional	**Optional**
High	Optional		Optional	**Optional**
Best Estimate	Unknown		Unknown	**Unknown**

Description and scale of key monetised costs by 'main affected groups'

It is not possible to monetise the costs of this option from existing data as there is very little data currently available on prevalence and use.

Other key non-monetised costs by 'main affected groups'

Potential costs fall to the police, the criminal justice system and suppliers of the drug. However, without baseline figures of prevalence, these cannot be quantified at this time. There are no known potential additional administrative costs to the healthcare sector in respect of the use of naphyrone and other naphthylpyrovalerone analogues as they have no legitimate use.

BENEFITS (£m)	Total Transition (Constant Price)	Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low	Optional		Optional	**Optional**
High	Optional		Optional	**Optional**
Best Estimate	Unknown		Unknown	**Unknown**

Description and scale of key monetised benefits by 'main affected groups'

It is not possible to monetise the costs of this option from existing data as there is very little data currently available on prevalence and use.

Other key non-monetised benefits by 'main affected groups'

Control measures bringing about the curtailment of availability of these substances will have benefits across government and society as a whole.

Key assumptions/sensitivities/risks | **Discount rate (%)** N/A

None

Impact on admin burden (AB) (£m):			Impact on policy cost savings (£m):	In scope
New AB: 0	**AB savings:** 0	**Net:** 0	**Policy cost savings:** 0	Yes

Enforcement, Implementation and Wider Impacts

What is the geographic coverage of the policy/option?			United Kingdom		
From what date will the policy be implemented?			Subject to Privy Council		
Which organisation(s) will enforce the policy?			Police, UK Border Agency, SOCA and CJS		
What is the annual change in enforcement cost (£m)?			Not Known		
Does enforcement comply with Hampton principles?			Yes		
Does implementation go beyond minimum EU requirements?			N/A		
What is the CO_2 equivalent change in greenhouse gas emissions? (Million tonnes CO_2 equivalent)			**Traded:** N/A	**Non-traded:** N/A	
Does the proposal have an impact on competition?			No		
What proportion (%) of Total PV costs/benefits is directly attributable to primary legislation, if applicable?			**Costs:** NK	**Benefits:** NK	
Annual cost (£m) per organisation (excl. Transition) (Constant Price)	**Micro** NK	**< 20** NK	**Small** NK	**Medium** NK	**Large** NK
Are any of these organisations exempt?	No	No	No	No	No

Specific Impact Tests: Checklist

Set out in the table below where information on any SITs undertaken as part of the analysis of the policy options can be found in the evidence base. For guidance on how to complete each test, double-click on the link for the guidance provided by the relevant department.

Please note this checklist is not intended to list each and every statutory consideration that departments should take into account when deciding which policy option to follow. It is the responsibility of departments to make sure that their duties are complied with.

Does your policy option/proposal have an impact on…?	**Impact**	**Page ref within IA**
Statutory equality duties[1] Statutory Equality Duties Impact Test guidance	No	13
Economic impacts		
Competition Competition Assessment Impact Test guidance	No	
Small firms Small Firms Impact Test guidance	Yes	13
Environmental impacts		
Greenhouse gas assessment Greenhouse Gas Assessment Impact Test guidance	No	
Wider environmental issues Wider Environmental Issues Impact Test guidance	No	
Social impacts		
Health and well-being Health and Well-being Impact Test guidance	Yes	13
Human rights Human Rights Impact Test guidance	No	
Justice Justice Impact Test guidance	Yes	7
Rural proofing Rural Proofing Impact Test guidance	No	
Sustainability Sustainable Development Impact Test guidance	No	

[1] Race, disability and gender Impact assessments are statutory requirements for relevant policies. Equality statutory requirements will be expanded 2011, once the Equality Bill comes into force. Statutory equality duties part of the Equality Bill apply to GB only. The Toolkit provides advice on statutory equality duties for public authorities with a remit in Northern Ireland.

Evidence Base (for summary sheets) – Notes

Use this space to set out the relevant references, evidence, analysis and detailed narrative from which you have generated your policy options or proposal. Please fill in **References** section.

References

Include the links to relevant legislation and publications, such as public impact assessment of earlier stages (e.g. Consultation, Final, Implementation).

No.	Legislation or publication
1	http://www.homeoffice.gov.uk/publications/drugs/acmd1/naphyrone-report
2	
3	
4	

+ Add another row

Evidence Base

Ensure that the information in this section provides clear evidence of the information provided in the summary pages of this form (recommended maximum of 30 pages). Complete the **Annual profile of monetised costs and benefits** (transition and recurring) below over the life of the policy (use the spreadsheet attached if the period is longer than 10 years).

The spreadsheet also contains an emission changes table that you will need to fill in if your measure has an impact on greenhouse gas emissions.

Annual profile of monetised costs and benefits* - (£m) constant prices

	Y_0	Y_1	Y_2	Y_3	Y_4	Y_5	Y_6	Y_7	Y_8	Y_9
Transition costs										
Annual recurring cost										
Total annual costs										
Transition benefits										
Annual recurring benefits										
Total annual benefits										

* For non-monetised benefits please see summary pages and main evidence base section

Microsoft Office
Excel Worksheet

Evidence Base (for summary sheets)

A. Strategic Overview

A.1 Background

In March 2009 the Advisory Council on Misuse of Drugs (ACMD) was commissioned by the Government to look at the harms and availability of so called 'legal highs'. The ACMD undertook a full assessment of cathinone derivatives, reviewing their status through the examination of their use, pharmacology, physical and societal harms. Their advice led to mephedrone and other cathinone derivatives via generic definition being brought under the control of the Misuse of Drugs Act (MDA) 1971 as Class B drugs on 16 April 2010.

Naphyrone has close structural resemblance to the cathinones such as mephedrone and methylenedioxy-pyrovalerone (MDPV). Naphyrone, however, remains outside the cathinone derivative generic definition referred to above. Since April 2010, websites that had previously offered sales of mephedrone have switched to products purported to be naphyrone and other alternatives, often branded as "NRG1".

On 7 July 2010 the ACMD provided further advice to Government on the additional cathinone derivatives which contain mono- or fused- polycyclic ring systems (including naphthylpyrovalerone, also known as 'naphyrone' (referred to below as "naphthylpyrovalerone analogues") as part of their continuing work on 'legal highs'. It recommended that these substances are classified in Part 2 of Schedule 2 of the Misuse of Drugs Act 1971 as Class B drugs.

Consistent with the known or reported harms of the cathinones and traditional amphetamines, the predicted harmful effects of naphyrone include adverse effects on the heart and blood vessels, hyperthermia, dependence liability, and psychiatric effects including psychosis and anxiety. In extreme cases amphetamine-like drugs can cause death due to cardiovascular collapse or heat shock. In respect of social harms, the ACMD found no evidence of links to ASB or acquisitive crime but do suggest that criminal gangs are linked with naphyrone as there were with mephedrone.

Currently, very little safety or toxicity data are available for naphyrone, but its high potency by comparison with previous cathinones or MDMA (ecstasy) suggests that its use is likely to be associated with a higher risk of accidental overdose. The potency of naphyrone is such that users only require a dose of approximately 25mg to have an effect, by comparison with the 5-10 times higher doses associated with MDMA or mephedrone. The risk of overdose is therefore much higher.

The Government has accepted the ACMD's assessment that the harms and misuse of naphyrone and other naphthylpyrovalerone analogues are commensurate to Class B drugs controlled by the 1971 Act. This is the middle category of control under the 1971 Act. The maximum penalties for offences relating to a Class B drug set by the legislative framework are - on indictment, for possession, five years imprisonment and for supply, production or trafficking, fourteen years imprisonment and/or an unlimited fine; the maximum penalties on summary conviction for possession are three months imprisonment and/or a fine of £2,500 and for supply, production or trafficking, are six months imprisonment and/or a £5,000 fine.

There is no population or household survey data collection for naphyrone and other naphthylpyrovalerone analogues. It purports to be predominantly sold over the internet. Such websites variously describe naphyrone as "*The replacement for mephedrone*" and "*A brand new designer research chemical ....far stronger than cocaine, amphetamine, MDMA ....*" . However, the ACMD's Report highlighted research based on limited test purchasing that in many cases internet businesses that purport to be selling naphyrone, in some cases through the brand name "NRG1", were in fact selling a range of drugs already controlled under the Misuse of Drugs Act 1971. Whilst the ACMD advise that the prevalence of naphyrone use is unknown, these findings suggests that prevalence is currently relatively low and makes up only a small percentage of the total compounds found in marketed "legal highs".

Notwithstanding the potential harms of these naphthylpyrovalerone analogues it is apparent that naphyrone is available in the UK and being sold without any apparent effective regulation. "Legal

highs" websites often exhibit a disclaimer that the compounds they sell 'are not for human consumption' or are "plant food", "pond cleaner" or "bath salts". This is a marketing technique used in their attempts to circumvent medicines and consumer protection legislation.

It is understood that naphyrone has no known medical use (human or veterinary). The ACMD are unaware of any medical or industrial uses of the compounds covered by the generic scope advised.

A.2 Groups Affected

The ban on naphyrone and other naphthylpyrovalerone analogues will affect drug users, including young persons who experiment with 'legal highs', the police, the criminal justice system and suppliers/importers of the drug.

B. Rationale

The case for intervention through control measures under the 1971 Act can be examined in relation to potential harms and misuse of the drug.

- Use of naphyrone and other naphthylpyrovalerone analogues is associated with a range of physical and psychological harms and hazards. There are risks associated with the use of any stimulant substance. Whilst the data is limited, expert clinical consideration is that naphyrone users are likely to suffer a range of adverse reactions on the heart and blood vessels, hyperthermia, dependence liability, and psychiatric effects including psychosis and anxiety. In extreme cases amphetamine-like drugs can cause death due to cardiovascular collapse or heat shock. Naphyrone is also likely to be associated with a higher risk of accidental overdose due to its high potency.

- To restrict the availability of naphyrone and other naphthylpyrovalerone analogues to deter their use. Control measures will send a clear message to users, including young people, that these drugs are potentially harmful.

C. Objectives

The measure to control naphyrone and other naphthylpyrovalerone analogues under the Misuse of Drugs Act 1971 (and the Misuse of Drugs Regulations 2001 as amended) is to support the overarching aim of UK drugs laws - to protect individuals and society from the harmful effects of dangerous or otherwise harmful drugs. Naphyrone and other naphthylpyrovalerone analogues have been shown to be substances of misuse.

D. Options

Three options have been considered in respect of naphyrone and other naphthylpyrovalerone analogues.

Option 1: is to make no changes (do nothing).

This option is not acceptable to Government nor was it supported by ACMD advice. The UK Government would not be acting to protect the public from the serious harms associated with the use of these substances if this option is adopted.

Option 2: Control naphyrone only under the Misuse of Drugs Act 1971 as a Class B drug (and Schedule 1 to the Misuse of Drugs Regulations 2001 (as amended))

This option is not acceptable to Government nor was it supported by ACMD advice. It does not reflect the UK Government's approach to synthetic drugs where it looks to control the family of compounds (e.g. cannabinoids and MDMA). Failing to introduce generic controls on other

naphthylpyrovalerone analogues is likely to see those controlled quickly replaced by non-controlled but similarly harmful analogues.

<u>Option 3</u> Control naphyrone and other naphthylpyrovalerone analogues by means of a generic definition under the Misuse of Drugs Act as Class B drugs (and Schedule 1 to the Misuse of Drugs Regulations 2001 (as amended))

This option is proposed to Parliament as the Government's preferred option and is supported by the ACMD's advice. The use of generic legislation in controlling these substances provides the strongest controls of naphthylpyrovalerone analogues, including naphyrone, which may be available now or are yet to be developed.

E. Appraisal (Costs and Benefits)

<u>Option 2</u> – Control naphyrone only

Policy Costs
The sale and supply of naphyrone is currently lawful under the MDA. Naphyrone and other naphthylpyrovalerone analogues are not known to have any legitimate use or purpose.

Costs in respect of option 2 are as follows;

- *To law enforcement and CJS in respect of enforcement against the illicit market – ongoing.*

Any real costs associated with Option 2 cannot be predicted. However, whilst the scale of the availability of naphyrone unknown, it is suggested that prevalence is currently relatively low and makes up only a small percentage of the total compounds found in marketed "legal highs".

The impact of these proposed controls on the police and consequently the CJS will be subsumed into the enforcement response to new psychoactive substances that have been controlled previously under the Misuse of Drugs Act 1971, including mephedrone and other cathinone derivatives as Class B drugs. The Association of Chief Police Officers will update the current policing 'legal highs' practitioner advice on the enforcement approach, including training and forensic issues. It is also envisaged that enforcement activity will be directed towards supplier and manufacturers of these substances.

- *Business Impact.*

Naphyrone is assessed not to have any legitimate purpose. The current prevalence of these drugs is unknown. However, the ACMD highlighted research that the internet businesses that purport to be selling naphyrone, in some cases through the brand name "NRG1" were in fact selling a range of drugs already controlled under the Misuse of Drugs Act 1971. These businesses also employ marketing techniques in their attempts to circumvent medicines and consumer protection legislation. Given these findings and the relative small numbers of businesses considered to be involved, the impact will be negligible.

Administrative Burdens

Administrative burdens associated with this option relate to Police and UK Border Agency enforcement activity, and the burdens on CJS resulting from prosecutions. The police and other law enforcement agencies will prioritise resources towards tackling crime, including drugs crime with a focus on those offences which cause the most harm. It is not envisaged that associated administrative burdens will exceed those currently experienced as a result of drug enforcement activity. Suppliers and users are expected to self regulate after the ban minimising any subsequent impact.

TOTAL COSTS
Not Quantifiable

Policy Benefits
The overarching benefit of this proposal is that controls should help reduce the supply and use and thus limiting potential harm to individual misuser's health, with associated costs of treatment and care. The potency of naphyrone is such that users only require a dose of approximately 25mg to have an effect, by comparison with the 5-10 times higher doses associated with MDMA or mephedrone. The risk of overdose is therefore much higher. Prevalence is considered to be low. Control will help ensure that naphyrone does not get a foothold in the UK. It will also aid detection and monitoring of the manufacturing and trafficking of this substance.

Control of naphyrone under the 1971 Act sends a clear message to users, including young people who may be considering using, as well as to those selling the drug. Young people in particular may often equate legal with "safe" and do not always understand that these drugs carry real risks. Control will re-enforce our educational messages about the harms of these drugs. There are also potential additional but difficult to measure benefits, for example, improvements in health of a person may enhance an individual's ability to work, career progression and day to day social activities.

Whilst there is no current direct evidence that naphyrone causes any *significant* social harms such as acquisitive crime and anti-social behaviour, controlling the substances under drugs legislation may have some further social benefit in protecting the public.

Administrative Savings
None.

TOTAL BENEFITS
Not Quantifiable

<u>Option 3</u> – Control naphyrone and related cathinone derivatives

Policy Costs
Same as option 2.

Administrative Burdens
Same as option 2

TOTAL COSTS
Not quantifiable.

Policy Benefits
Same as option 2. In addition, option 3 includes generic legislation in controlling like substances, other naphthylpyrovalerone analogues that may be available now or are yet to be developed.

Administrative Savings
None.

TOTAL BENEFITS
Not quantifiable.

F. Risks

<u>Option 2</u> – Control naphyrone only

There is a risk that an illegal market could be created for naphyrone once the ban is implemented. In addition, this option fails to deal with future development of other naphthylpyrovalerone analogues which could become available in the UK if manufactures sought to exploit gaps in legislation.

<u>Option 3</u> – Control naphyrone and other naphthylpyrovalerone analogues

There is a risk that an illegal market could be created for these substances once the ban is implemented.

G. Enforcement

Enforcement of the proposed legislation will be undertaken by the Police Service, the UK Border Agency (UKBA), the Serious Organised Crime Agency (SOCA), and other relevant Agencies responsible for enforcing criminal legislation in the UK. Police enforcement will form part of their wider approach to tackling controlled drugs. UKBA will enforce import controls by seizing suspected substances at the ports, also as part of their wider import control role. It is proposed that SOCA will tackle websites dealing in these drugs with a view to cross border approach to shutting these sites down. The enforcement approach will not differ from currently used approaches and will be compliant with the Hampton code.

H. Summary and Recommendations

Option 3 is proposed to Parliament as the Government's preferred option and is supported by the ACMD's advice. The use of generic legislation in controlling these substances provides the strongest controls of naphthylpyrovalerone analogues, including naphyrone, which may be available now or are yet to be developed.

I. Implementation

Subject to Parliamentary approval, the Government plans to implement the Misuse of Drugs Act (Amendment No. 2) Order 2010 on the second day after the Order is made by the Privy Council.

J. Monitoring and Evaluation

The Government is considering options for a new evaluation framework and the monitoring of the effectiveness of these controls will form part of that work. Information for the purposes of evaluation will be gathered from Criminal Justice and national surveys (such as the British Crime Survey) in each UK country to evaluate effects on use and enforcement; further consideration and advice from the ACMD.

K. Feedback

See para J above.

Annexes

Annex 1 should be used to set out the Post Implementation Review Plan as detailed below. Further annexes may be added to provide further information about non-monetary costs and benefits from Specific Impact Tests, if relevant to an overall understanding of policy options.

Annex 1: Post Implementation Review (PIR) Plan

A PIR should be undertaken, usually three to five years after implementation of the policy, but exceptionally a longer period may be more appropriate. A PIR should examine the extent to which the implemented regulations have achieved their objectives, assess their actual costs and benefits and identify whether they are having any unintended consequences. Please set out the PIR Plan as detailed below. If there is no plan to do a PIR please provide reasons below.

Basis of the review: [The basis of the review could be statutory (forming part of the legislation), it could be to review existing policy or there could be a political commitment to review];
Review objective: [Is it intended as a proportionate check that regulation is operating as expected to tackle the problem of concern?; or as a wider exploration of the policy approach taken?; or as a link from policy objective to outcome?]
Review approach and rationale: [e.g. describe here the review approach (in-depth evaluation, scope review of monitoring data, scan of stakeholder views, etc.) and the rationale that made choosing such an approach]
Baseline: [The current (baseline) position against which the change introduced by the legislation can be measured]
Success criteria: [Criteria showing achievement of the policy objectives as set out in the final impact assessment; criteria for modifying or replacing the policy if it does not achieve its objectives]
Monitoring information arrangements: [Provide further details of the planned/existing arrangements in place that will allow a systematic collection systematic collection of monitoring information for future policy review]
Reasons for not planning a PIR: [If there is no plan to do a PIR please provide reasons here] See para J above. The Government is considering options for a new evaluation framework and the monitoring of the effectiveness of these controls will form part of that work.

Annex 2. Specific Impact Tests

Statutory Equality Duties

Equality Impact Assessment

EIA attached separately as Annex 3

Economic Impacts

Small Firms Impact Test

Naphyrone is assessed not to have any legitimate purpose. The current prevalence of these drugs is unknown. However, the ACMD highlighted research that the internet businesses that purport to be selling naphyrone, in some cases through the brand name “NRG1” were in fact selling a range of drugs already controlled under the Misuse of Drugs Act 1971. These businesses also employ marketing techniques in their attempts to circumvent medicines and consumer protection legislation. Given these findings and the relative small numbers of businesses considered to be involved, the impact will be negligible.

The legislation applies to small business. The harm that can be done through misuse and diversion of these drugs is such that we will expect all businesses to comply with the Order.

Social Impacts

Health and Well-being

Naphyrone and other naphthylpyrovalerone analogues are associated with a range of physical and psychological harms and hazards. The potency of naphyrone is such that users only require a dose of approximately 25mg to have an effect, by comparison with the 5-10 times higher doses associated with MDMA or mephedrone. The risk of overdose is therefore much higher. Control of naphyrone and and other naphthylpyrovalerone analogues under the 1971 Act sends a clear message to users, including young people who may be considering using, as well as to those selling the drug. Young people in particular may often equate legal with “safe” and do not always understand that these drugs carry real risks. Control will re-enforce our educational messages about the harms of these drugs.

There are also potential additional but difficult to measure benefits, for example, improvements in health of a person may enhance an individual’s ability to work, career progression and day to day social activities.

EQUALITY IMPACT ASSESSMENT

Group: Crime and Policing Group

Directorate: Drugs, Alcohol and Partnerships Directorate

Unit: Drug Strategy Unit

PRELIMINARY SCREENING

Date of Screening	9/072010
Name of Policy Writer	Angela Scrutton
Director General	**Stephen Rimmer**

Name of Policy		This is a **new** policy
	x	This is a **change** to an existing policy
		This is an **existing** policy

Policy Aims, Objectives & Projected Outcomes
To control additional cathinone derivatives which contain mono- or fused-polycyclic ring systems (including naphthylpyrovalerone, also known as 'naphyrone' (referred to below as “naphthylpyrovalerone analogues”). These are considered “dangerous or otherwise harmful” in accordance with the terms of the Misuse of Drugs Act 1971. They are structurally similar to cathinones such as mephedrone and methylenedioxy-pyrovalerone (MDPV) which are already classified under the 1971 Act as Class B drugs. The intended objectives are to deter use of naphyrone and naphthylpyrovalerone analogues, particularly by young people, and to reduce their availability via supplier “self-regulation” following implementation of control measures as well as enabling law enforcement agencies to undertake appropriate enforcement action, in particular activity to tackle production and supply.

Will the policy have an impact on national or local people/staff?	YES
Are particular communities or groups likely to have different needs, experiences and/or attitudes in relation to the policy	YES
Are there any aspects of the policy that could contribute to equality or inequality?	Unknown
Could the aims of the policy be in conflict with equal opportunity, elimination of discrimination, promotion of good relations?	NO
If this is an amendment of an existing policy, was the original policy impact assessed?	N/A

If your answer to any of these questions is **YES**, go on to the full EIA.

If you have answered **NO** to all of these questions then please attach the following statement to all future submissions and within your regulatory impact assessment and ensure it is signed off by senior management.

“This policy was screened for impact on equalities on [insert date]. The following evidence [Evidence] has been considered. No full equality impact assessment is required. “

Remember that all policies that are likely to have a significant impact on individuals and the public as a whole are likely to require a full EIA.

FULL IMPACT ASSESSMENT

STATISTICS & RESEARCH

What relevant quantitative & qualitative data do you have in relation to this policy?

Equality Target Areas	**How does the data identify potential or known positive impacts?** **How does the data identify any potential or known adverse impacts?**
Race (consider e.g. nationalities, Gypsies, Travellers, languages)	None at present. To our knowledge, no data is available on race in relation to the use of these substances. It is not anticipated that the change in policy will have any disproportionate impact on race.
Disability (consider social access and physical access)	None at present. To our knowledge, no data is available on disability in relation to the use of these substances. It is not anticipated that the change in policy will have any disproportionate impact on disability.
Gender	None at present. It is not anticipated that the change in policy will have any disproportionate impact on gender.
Gender Identity	None at present. To our knowledge, no data is available on gender identity in relation to the use of these substances. It is not anticipated that the change in policy will have any disproportionate impact on gender identity.
Religion and Belief	None at present. To our knowledge, no data is available on religion and belief in relation to the use of these substances. It is not anticipated that the change in policy will have any disproportionate impact on religion and belief.
Sexual Orientation	None at present. To our knowledge, no data is available on sexual orientation in relation to the use of these substances. It is not anticipated that the change in policy will have any disproportionate impact on sexual orientation.
Age	The 'legal highs' market appears to be targeted at young people, through sales on the internet, at festivals and in 'head shops'. This would suggest that young people are the largest consumers of these substances.

	The change in policy will protect the young people currently using these substances or intending to do so from the harms caused by these substances. It is not anticipated that the change in policy will have any significant adverse impact on this group of users.

What research have you considered commissioning to fill any data gaps?
The gathering of quantitative data on use amongst the population is needed to inform this area. The British Crime Survey has responded to the availability of emerging drugs by adding new questions on Spice, BZP, khat, GBL/GHB and mephedrone into the survey. Consideration will be made about the inclusion of further questions into the survey as necessary to inform our understanding of future drug trends. The Cross-Government Research Programme on drugs will consider options for further social research into naphyrone. The Drug Strategy Equality Forum leads on delivery of our equality commitments, which includes a review of ongoing equality research needs.

Who are the stakeholders, community groups, staff or customers for this policy area?
• Drug users, their children, their families and all members of communities impacted by illegal drug use. • Practitioners working in drug treatment services. • Advisory Council on the Misuse of Drugs (ACMD). • The National Treatment Agency for Substance Misuse (NTA). • Primary Care Trusts (PCTs). • Inter-agency drug action teams and local partnerships, including Drug Action Teams (DATs), Drug and Alcohol Action Teams (DAATs) and Crime and Disorder Reduction Partnerships (CDRPs). • Enforcement agencies and all parts of the Criminal Justice System**.** • Educational institutions. • Local Authorities. • The Home Office. • Department of Health. • Department for Education. • Ministry of Justice. • Department for Work and Pensions. • Department for Communities and Local Government. • Other UK governments – Wales, Scotland and Northern Ireland. • Charity and voluntary groups.

What are the overall trends and patterns in this qualitative & quantitative data?
As this substance is not controlled to date under the Misuse of Drugs Act 1971, there is no robust available evidence to evaluate the overall trends and patterns. Whilst the Advisory Council on the Misuse of Drugs advise that the prevalence of naphyrone use is unknown, findings also suggests that prevalence is currently relatively low and makes up only a small percentage of the total compounds found in marketed “legal highs”. The ACMD advise that Google trends data on ‘NRG-1’ searches indicates a spike in searches in the latter half of April 2010 (following mephedrone classification on 16 April 2010).

Please list the specific equality issues that may need to be addressed through consultation (and further research)?
The key research issue is prevalence of use; once this has been established through gathering of quantitative data it can be established whether any further research is needed.

GATHERING EVIDENCE THROUGH COMMUNITY ENGAGEMENT

INTERNAL STAKEHOLDER ENGAGEMENT: Consulting & involving Other Government Departments, Staff, Agencies & NDPBs

Does this policy affect the experiences of staff? How? What are their concerns?	
Staff	Bringing these substances under the control of the Misuse of Drugs Act 1971 could affect staff in treatment services, in enforcement agencies, in education and children's services, staff throughout the criminal justice system and those concerned with benefits and needs assessment and provision.
Staff Networks & Associations	----------
Trade Unions	----------

How have you consulted, engaged and involved internal stakeholders in considering the impact of this proposal on other public policies and services?
The control measures to be introduced are in line with ACMD advice, following consultation with them. The ACMD did not raise any concerns about adverse impact on equality.

What positive and adverse impacts were identified by your internal consultees? Did they provide any examples?
No positive or adverse impacts have been identified.

EXTERNAL CONSULTATION & INVOLVEMENT

How did your engagement exercise highlight positive and negative impacts on different communities? – In light of the urgent need to act to protect public health, no public consultation has been carried out prior to the laying of this Order. In providing its advice, the ACMD consulted a range of experts in this field and concluded that the drugs subject to this Order have no legitimate use.	
Voluntary Organisations	•
Race	•
Faith	•
Disability Rights	•
Gender	•
Gender Identity	•
Sexual Orientation	•
Age	•

ASSESSMENT & ANALYSIS

Does the EIA show a potential for differential impact on any group(s) if this proposal is introduced? If Yes, state briefly whether impact is adverse or positive and in what equality areas.
EIA highlights the absence of robust data and refers to the potential for greater positive impact on young people.

What were the main findings of the engagement exercise and what weight should they carry?
N/A

Does this policy have the potential to cause unlawful direct or indirect discrimination? Does this policy have the potential to exclude certain group of people from obtaining services, or limit their participation in any aspect of public life?
Bringing these substances under control of the Misuse of Drugs Act 1971 will not cause unlawful discrimination. The Parliamentary Under-Secretary of State for the Home Department, James Brokenshire, has made the following statement regarding Human Rights: "In my view the provisions of the Misuse of Drugs Act 1971 (Amendment No 2) Order 2010 are compatible with the Convention rights."

How does the policy promote equality of opportunity?
Control will help to deter use, improving an individual's health and should therefore enhance an individual's ability to work, career progression and day to day social activities.

How does your policy promote good relations? How does this policy make it possible for different groups to work together, build bridges between parallel communities, or remove barriers that isolate groups and individuals from engaging in civic society more generally?
The Government's decision to classify these substances under the Misuse of Drugs Act 1971, subject to parliamentary approval, is necessary to help protect the public from these substances.

How can the policy be revised, or additional measures taken, in order for the policy to achieve its aims without risking any adverse impact?
See Action Plan.

Are there any concerns from data gathering, consultation and analysis that have not been taken on board?
No.

ENSURING ACCESS TO INFORMATION

How can you ensure that information used for this EIA is readily available in the future? (N.B. You will need to include this in your action plan)
• The full report on the equality impact assessment will be made available for those reviewing the policy at different stages.

How will you ensure your stakeholders continue to be involved/ engaged in shaping the development/ delivery of this policy? (N.B. You will need to include this in your action plan)
• There is continual liaison with both internal and external stakeholders. This engagement will continue.

How will you monitor this policy to ensure that the policy delivers the equality commitments required? (N.B. You will need to include this in your action plan)
• The Government is considering options for a new evaluation framework and the monitoring of the effectiveness of these controls will form part of that work. • National survey statistics on 'legal highs' and Criminal Justice statistics will be monitored to evaluate use and enforcement

Now submit your EIA and related evidence for clearance.

ACTION PLAN

Recommendations	Responsibility	Actions required	Success Indicators	Target Date	What progress has been made?
Data Collection	Home Office Scottish Government DHSSPS (Ireland)	Monitor through national survey and Criminal Justice System statistics	Up-to-date data and routine data on drugs usage available	Ongoing	
Publication Arrangements	Home Office Drug Strategy Unit	Publish summary of EIA along with final strategy	EIA on Home Office website	July 2010	
Monitoring & Review Arrangements	Local partnerships, commissioners and service providers	Local providers to establish monitoring systems across diversity strands	Improved baseline and continuing data	Ongoing	
Monitoring & Review Arrangements	Home Office Drug Strategy Unit	Engage with Drug Strategy Equality Forum Panel to raise new drugs controls as an issue for Equality toolkit	New drug controls discussed at both forums and covered within the toolkit	July 2010	
Equality	Home Office Drug Strategy Unit	Engage with the Drug Strategy Forum to raise awareness of new controlled drugs	Drug Strategy Forum raises awareness of new controlled drugs	Winter 2010	

Research	Home Office Drug Strategy Unit	Ensure new drugs controls are considered as part of wider equality research plans of Drug Strategy Equality Forum and Cross-Government Research Programme on Drugs	New drugs controls are considered as part of the forum and programme	July 2010	
Consideration by Cross Government Research Programme on Drugs (CGRPD)	Home Office (RAU)	Consideration of future prevalence data by the CGRPD Strategic Board	Appropriate research issues identified	2011/2012	
Research	ACMD	Continuing consideration of so called “legal highs” with overarching advice on a number of areas including public health issues/messages, analytical challenges and availability.	Improved understanding of drug harms	Ongoing	

THE EQUALITY IMPACT ASSESSMENT REPORT

Background:

On 12 July 2010, the Government announced its intention to control aphthylpyrovalerone analogues including naphyrone – under the Misuse of Drugs Act 1971. This decision reflects the fact that this substance is considered sufficiently harmful, following assessment and advice from the Advisory Council on the Misuse of Drugs, to warrant control measures relating to possession, supply, manufacture and import/exportation with associated criminal sanction. Government intervention is necessary to help protect the public from these substances.

The Government is reducing supply and demand through enforcement action at home and abroad, prevention and early intervention, through directing drug users into treatment and recovery support to overcome their addiction.

Methodology:

The Equality Impact Assessment was informed by the advice from the Advisory Council on the Misuse of Drugs' report on naphthylpyrovalerone analogues and related compounds.

Consultation & Involvement:

None besides ACMD advice – the Government needed to act quickly to control this substance

Assessment & analysis

None at this time.

Recommendations

See Action Plan.