



**A Whole City Response to the Use of Novel Psychoactive  
Substances (NPS) by Young People in Newcastle-upon-Tyne**

**Adele Irving, Chris Parker and Sarah Soppitt  
Department of Social Sciences and Languages, Northumbria University**

**August 2015**

## **Acknowledgements**

The research team would like to thank Vera Baird, Police and Crime Commissioner for Northumberland, for funding this research through the Newcastle Youth Offending partnership with the Department of Social Sciences at Northumbria University.

Thank you also Newcastle City Council and Newcastle YOT for their support with the design and execution of the research process.

Thank you to all of the stakeholders and young people who took the time to contribute to the study.

We hope that you find the research findings to be informative.

## Contents

<b>Executive Summary</b>	<b>3</b>
<b>Introduction</b>	<b>6</b>
Methodology	6
Literature Review	7
Novel Psychoactive Substances (NPS)	7
National Context of NPS	7
Demographics of NPS Users	7
UK Legislative Framework and Response	8
Good Practice Responses	8
<b>Research Findings</b>	<b>11</b>
The Prevalence of NPS	11
Young People’s Knowledge and Understanding of NPS	13
The Legal Status of NPS	13
Perceptions of NPS	14
The Consumption of NPS	14
Experiences of Using NPS	15
The Health Effects of NPS	16
The Social Impacts of NPS	18
Pro-Active Responses to NPS	21
Barriers to Tackling NPS Use by Young People	23
<b>Conclusion and Recommendations: A City-Wide Response to NPS</b>	<b>27</b>
<b>References</b>	<b>29</b>

## **Executive Summary**

### **The Prevalence of NPS**

- Since 2012, the use of NPS has been a growing trend in Newcastle, to the extent that almost all of the stakeholders interviewed now report NPS to be a major source of concern.
  - The proportion of young people accessing drug treatment services for NPS-related problems was reported by drug and alcohol stakeholders to have increased significantly during 2014/15.
  - Earlier in 2015, the Newcastle-based office of a national drugs agency reported a significantly higher ambulance call-out rate for NPS-related incidents than any other office.
  - The majority (53%) of NPS-related incidents recorded by Northumbria Police in 2014 took place in Newcastle.
- The growth of NPS use in the city appears to be particularly prevalent among young people aged 16-25. These young people are likely to: be male, have a range of support needs (e.g. living in the looked after and supported accommodation sectors) and already be engaged in substance misuse.

### **Young People's Knowledge and Understanding of NPS**

- There were mixed reports about young people's knowledge and understanding of NPS, although vulnerable young people in the city are thought to have greater knowledge of NPS.
- While the legal status of NPS may have initially been thought to infer safety, many young people's understanding of the harmful health effects of this is increasing, following experience, the observation of peers and informal education.
- The legal status of NPS is more commonly equated with risk of criminalisation, with vulnerable young people more likely to make decisions about their behaviour based on this rather than health.
- Negative perceptions and terminology about NPS are emerging among young people who are non-users, with parallels being drawn between NPS and illicit drug users.

### **The Consumption of NPS**

- The type of NPS most commonly used by young people is synthetic cannabinoids.
- NPS are being bought from head shops, local garages, newsagents, takeaway shops, street dealers and peers. Over 20 establishments are known to be selling NPS, with users travelling to Newcastle from other parts of the North East to access NPS. There was also much discussion of a growing black market around NPS. Few vulnerable young people are buying NPS online.
- The use of NPS appears opportunistic, with no clear patterns of use emerging. Stakeholders reported high levels of poly-use, with the nature of this being highly varied.
- Young people reported personal experience and the experiences of their peers as the biggest factors influencing their choice of NPS.
- While some young people are using NPS recreationally, the key reasons for use were reported to be comparable to illicit drugs (including peer pressure and to escape from their problems). The legal status, accessibility and low-cost of NPS are also significant factors influencing use.
- There is concern that the legal status of NPS is resulting in its 'normalisation' among young people, with dangerous consequences for their long-term health and pathways into other forms of substance misuse.
- Few young people report positive experiences of using NPS, due to the unpredictability of the effects, feelings of addiction and the potential severity of the withdrawal process. Most reported that the use of NPS is more problematic than the use of illicit substances. Continued use was often discussed in terms of the management of withdrawal symptoms.

### **The Impacts of NPS**

- The most common short-term health effects of NPS on young people were reported to include: low mood, depression, paranoia, temporary paralysis, hallucinations, seizures, black outs, stomach cramps, vomiting, sweating, weight loss, fatigue and breathing problems.
- Underpinning some of these effects are problems around dosing, with the potency of some NPS being significantly stronger than their illicit counterparts.
- NPS use has resulted in increased levels of anti-social behaviour among young people. This is taking the form of verbal abuse, aggression, violence, the development of small gangs, begging, shoplifting/theft, financial exploitation and damage to property. The management of this is proving challenging for organisations, particularly supported housing providers and emergency services. There is concern that the criminalisation of young people for NPS-related incidents will exacerbate safeguarding issues.
- Supported accommodation providers reported that other social impacts include relationship breakdown with families, homelessness, disengagement with ETE and services and the loss of benefits.

### **Pro-Active Responses to NPS**

- Organisations are being highly pro-active in their responses to NPS, particularly in terms of improving their knowledge around NPS through independent research, attending training, holding focus groups with service users, setting up internal working groups, developing training packages for staff within their organisation (and delivering this to other services) and trying to develop links other services. Northumbria Police – particularly the local authority commissioned drug intervention police officers – were praised for their accessibility and the support given to (supported accommodation and drug treatment) staff and service users around NPS.
- Several young people’s charities are supporting young people to develop peer-led resources around NPS.
- All young people identified as using NPS are given the option of a referral to a drug treatment service and are offered an appropriate psycho-social intervention.
- Addictions services cited a range of effective harm reduction, treatment options for young people using NPS. They also highlighted the importance of involving families in young people's treatment plans where possible.
- There was a high level of confusion and disagreement among stakeholders about whether pharmacological interventions can and should be offered to help young people stop using NPS. Several support services reported difficulties around young people being able to access this type of support.
- A NPS Task and Finish Group, involving statutory services, has been established to support the sharing of intelligence and partnership working around issues of supply and licensing. The group has tried to disseminate intelligence around this to adult-focused services and has built dissemination links to children and young people’ services.
- Both statutory and voluntary services have been trying to engage with retailers around the responsible selling of NPS. Some retailers have agreed not to sell NPS to vulnerable young people in the city, while one retailer has had their license revoked for irresponsible selling. However, irresponsible selling continues to take place.
- Both statutory and voluntary services have begun to undertake education working with schools, but more prevention focused work needs to be undertaken.

### **Barriers to Tackling NPS Use by Young People**

- Barriers hindering the effective management of NPS include: the legal status of NPS, access to regular NPS training, the confidence of practitioners to deal with NPS-related incidents, capacity limitations, the ways in which NPS are portrayed in the media and lack of complaints from consumers of NPS about the selling and consumption of products.
- Stakeholders welcomed the recent announcement to ban NPS nationally, feeling this will significantly reduce the number of young people tempted to try NPS. However, several warned about the possibility of the sale of NPS going increasingly ‘underground’. One young person was also highly concerned about

how young people with addictions will be supported through the withdrawal process if the selling of NPS is banned.

### **A City-Wide Response to NPS**

- On the whole, stakeholders suggested that the city's current response to NPS lacks coordination. As such, all were highly supportive of the idea of city-wide response to the use of NPS by young people.
- The primary recommendations to emerge from the research are:
  - The central co-ordination and dissemination of NPS-related intelligence and good practice responses.
  - Greater awareness-raising among voluntary services, in particular, about how statutory services can and are responding to NPS and how voluntary organisations can feed in intelligence to support their work.
  - The co-production of a city-wide strategic response to NPS, involving both stakeholders and young people.
  - The development of a strategic response which focuses on safeguarding (rather than criminalisation) and recognises the importance of regulatory, clinical *and* psychosocial responses to NPS.
  - The regular training of practitioners on NPS.
  - A greater focus on education on NPS for young people and their families; both preventative and reactionary.

## **Introduction**

In recent years, Novel Psychoactive Substances (NPS) (otherwise known as ‘legal highs’) have posed an increasingly significant problem for practitioners and policy makers due to their widespread availability, largely unknown chemical composition and negative effects on health and wellbeing. Young people (aged 10-25) seem to be at particular risk of using NPS and experiencing the associated harms. As such, the Department of Social Sciences and Languages at Northumbria University were commissioned by the Police and Crime Commissioner for Northumbria – via the Department’s partnership with Newcastle Youth Offending Team – to undertake a scoping exercise into young people’s use of NPS in Newcastle-upon-Tyne. Specifically, the research looked at:

- The prevalence of NPS use among young people
- The types of NPS consumed by young people
- Young people knowledge of and attitudes towards NPS
- The consumption of NPS by young people
- The impacts of NPS for the health and wellbeing of young people
- Good practice responses to NPS

The aim of the research is to support the development of a ‘whole city’ response to the use of NPS by young people.

This report begins by outlining the research methodology, before discussing the relevant literature and legislative context around NPS in the UK. It then moves on to outlining the key findings of the study, before offering conclusions and recommendations regarding the design of a wholesale response to NPS.

## **Methodology**

The research utilised a mixed method approach, involving the collection and analysis of both qualitative and quantitative data. The research process involved:

- A literature review, incorporating national policy documents, academic and grey literature from both within and beyond the UK, websites and local documentation (including strategies, actions plans and resource materials).
- A survey, distributed in hard copy to young people aged 15-25, via gatekeepers from a range of partner agencies. The survey covered a range of topics around young people’s knowledge and experiences of using NPS. In total, 23 surveys were completed.
- This survey was supplemented by three focus groups and several interviews with 16 young people, in total. The young people interviewed were a mix of those who had no experience of using NPS, who had tried NPS and who had an addiction to NPS.
- 16 semi-structured interviews were undertaken with stakeholders from a range of sectors, including: police, youth offending team, drugs and alcohol, housing, homelessness, public health, trading standards and young people’s charities. These and other stakeholders also provided relevant local and regional data around young people and NPS.

## **Literature Review**

Due to recent and rapid rise of NPS, it is perhaps unsurprising that the literature on these drugs is relatively small. Much of the relevant literature focuses on defining the problem of NPS and exploring legislative responses. This literature generally consists of governmental reports of a national and European level (ACMD, 2014; EMCDDA, 2015), as well as reports by relevant organisations (YouthRise, 2013; DrugScope, 2015; RCP 2014). Academic literature has mainly focused on the chemical composition of NPS, as well as the sale of these drugs on the internet (Brandt et al. 2010; Schmidt et al. 2011). Other studies have demonstrated the reoccurring short-term impacts of NPS use and looked at localised responses (CDMR, 2014; Newcombe 2011). However, there is a lack of comprehensive evidence on the demographics of NPS users and the long-term impacts. In particular, the long-term mental and physical health impacts and any associated social impacts are largely unknown (ACMD, 2014).

### **Novel Psychoactive Substances (NPS)**

Novel Psychoactive Substances ('legal highs') have been categorised as encompassing research chemicals, food supplements, designer drugs and medicines (EMCDDA, 2015). These drugs have come to public attention since 2009 as substances designed to mimic the effects of controlled drugs, while also being outside the remit of the Misuse of Drugs Act 1971. To avoid regulation under the Medicines Act 1968, manufacturers and suppliers also market NPS as 'not for human consumption', selling them as research chemicals and plant foods (RPS, 2014).

As a result of their design, the main categories of NPS are representative of illicit drugs. These are stimulant type drugs, hallucinogenic, opiates and synthetic cannabinoids. Other studies have emphasised that synthetic cannabinoids are the most common type used in the UK (ACMD, 2015; CDMR, 2015), traded under names such as Clockwork Orange, Black Mamba and Exodus Damnation (DrugScope, 2015).

### **National Context of NPS**

The UK has significant levels of NPS usage in comparison with other countries. The 2014 Global Drugs Survey identified the UK as having the second highest use of NPS (legal highs, research chemicals and synthetic cannabis) across all 18 countries surveyed, second only to the USA. In addition, the survey found that when electronic THC products are removed, the UK, along with New Zealand has the highest prevalence of synthetic cannabinoid use of all countries surveyed. The high prevalence of usage in the UK is further emphasised by Townsend (2011) who notes that the UK has the largest market for NPS in Europe.

NPS use can have serious and harmful impacts on physical and mental health including paranoia, psychosis, seizures and deaths. The number of deaths attributed to NPS-related poisoning are relatively low when compared with those of illicit drugs such as heroin/morphine/methadone and cocaine. However, the increase in NPS-related deaths is of increasing concern, rising by over 50% in two years from 29 in 2011 to 60 in 2013. The rapid rise may be associated to an increase in variety, potency, profile and availability since 2009 (Winstock and Ramsey 2010). On a regional level, data is not available on deaths by drug type. However, the North East has the highest overall number of deaths by drug related poisonings.

The National Drug Treatment Monitoring System (NDTMS) collects data from all specialist drug and alcohol treatment providers and this also includes substance of use – primary, secondary and tertiary. Developments have included collecting information on NPS and it is envisaged that forthcoming datasets will provide further evidence of use.

### **Demographics of NPS Users**

There is a general paucity of demographic data on NPS users, as until recently their use has not been significant enough for inclusion in large scale surveys (DrugScope, 2015). However, a number of reports have



identified young people are particularly likely to take NPS (ACMD, 2014). Indeed, the UK was found to have a prevalence of 'legal high' use among 15 – 24 year olds of approximately 10%, compared with a European average of 8% (TNS Social and Political, 2014).

In their survey of drug professionals in 17 towns across the UK, DrugLink identified particular groups at increased risk of NPS use. They support the idea that there is a continued rise in NPS use by a varied population. There was also a more rapid rise in the use of synthetic cannabinoids by opiate users, street homeless, socially excluded teenagers and people in prison (DrugScope, 2014).

Due to the generally high prevalence of NPS use noted among young people, there is evidence to suggest that socially excluded young people in Newcastle may be amongst the most at risk groups in society of using NPS and experiencing the associated harms.

### **UK Legislative Framework and Response**

In the Queen's speech (May 2015), the UK government announced that all psychoactive substances will be made illegal to sell but will not include a personal possession offence. Alcohol, tobacco, caffeine, food and medical products would be exempt from the bill, as would already controlled psychoactive substances which will continue to be regulated by the Misuse of Drugs Act 1971.

The UK's adopted approach to legislation is an example of a full regulatory approach such as that adopted in New Zealand (see ACMD 2014: 39 for details of the approach and a case study of New Zealand's approach). Other regulatory approaches were considered by the Home Office's expert panel (details of these approaches and case studies of countries which have implemented them can be found in ACMD, 2014: 22 – 43).

The bill has resulted from growing social and political pressure which has emphasised the impacts on user's health, associated social issues (such as offending) and the ineffectiveness of the current legislative framework. Perhaps most notably, the All-Party Parliamentary Group for Drug Policy Reform (2013) recommended the temporary class drug orders should be extended from 12 months to an indefinite duration. This would allow sufficient time for a full risk assessment to be carried out. The European Monitoring Centre for Drugs and Drug Addiction also favours generic bans that would cover entire groups of synthetic compounds, therefore avoiding the need to ban individual substance

Until the Psychoactive Substances Bill is passed, NPS will continue to be regulated through the current temporary class drug orders (TCDOs). Temporary class drug orders (TCDOs) were introduced in 2011 to supplement existing drug controls and are specifically designed to enable fast legislative response. By September 2015, two such orders covering 15 NPS had been made. All 15 NPS have subsequently gone on to be permanently controlled (ACMD, 2014). The 12-month banning power under the temporary class order for all novel psychoactive substances means that immediate action can be taken while the Advisory Council on the Misuse of Drugs assesses the harms they pose to the public.

### **Good Practice Responses**

Although a legislative response is an important part of tackling the use of NPS among young people, the continued prevalence of illegal drug use demonstrates that legislation alone will not prevent all young people from using NPS. Therefore it is relevant and useful to explore some examples of good practice in response to NPS.

#### ***Information sharing and joined up working***

Hampshire's response to NPS use among young people emphasised the importance of relevant professionals working together to ensure holistic and joined up delivery, guided by a safeguarding agenda (DrugScope 2015: 18). Salford have gone as far as implementing a local early warning system (EWS) for NPS. The EWS was established in 2013 by Salford Drug and Alcohol Action Team and Lifeline. The system shares information about outbreaks of NPS and adulterated drugs by utilising UK Drug Watch; an informal professional information network (PIN) set up in November 2010 (Linnell, 2013). Although European (EMCDDA 2007) and national (Home Office, 2013) early warning systems were already in place, this system was designed to focus on localised outbreaks of NPS or adulterated drug use. The system has one significant cost in the form of a coordinator who develops and manages the local forum, made up of professionals from a wide range of appropriate sectors. Information about NPS use and adulterated use is inputted and shared through the coordinator. The network can also identify knowledge gaps of professionals across the sector. If knowledge gaps are widespread, appropriate training can be identified.

### ***Education and prevention***

Most responses to NPS use have emphasised the need for advice and prevention, particularly among young people. The government's 'Talk to FRANK' website now includes balanced and reliable information on NPS targeted at young people, as do other websites set up by Drug Scope and CRI ([strangemolecules.org.uk](http://strangemolecules.org.uk)). The government has also released a resource pack for informal educators and practitioners around NPS. The national drug treatment and harm reduction charity, Lifeline, has also developed promotional and educational resources (postcards, posters, books, comics and videos) specifically designed to counter the advertising used to sell NPS and discourage drug use more generally. These resources replicate the packaging of NPS, whilst providing clear and accessible information on NPS.

Mentor-ADEPIS (the Alcohol and Drug Education and Prevention Information Service) has also created briefing papers, guidance and presentations and is building up an online collection of shared resources from other organisations on NPS.

Each of these information sources focus more on prevention, relevant for the majority of recreational and potential users. However, it has also been suggested that focused harm reduction advice (CDMR, 2014, DrugScope, 2015) is necessary for committed and persistent users to prevent issues of overdose associated with the variable potency of NPS.

Rather than rely on written communication, some charities such as Lifeworks and CRI have opened 'Legal High Drop In Centres'. These centres provide advice to both current users and young people who have not taken NPS.

### ***Increasing Knowledge Among Stakeholders***

Each of these approaches exemplify good practice in providing preventative and harm reduction advice to young people. However, it is important to note that they must be underpinned by an increased level of knowledge among those providing advice and support to young people. In the NPS needs assessment for Buckinghamshire County Council, CDMR (2014) recommend that alongside general advice about NPS, it is important to increase knowledge of which drugs are being used locally, by whom and with what effect. One way of developing this knowledge is through investment in drug testing equipment to determine the chemical composition of drugs. Although this equipment is expensive, costs could be spread across local authority areas in a particular region (CDMR, 2014). If implemented in parallel with an early warning system through a professional information network, this information can be supplemented by information provided on effects and user demographics by services who interact with these young people.

### ***Treatment for problematic users***

For many, NPS use is infrequent and recreational. However, for some, NPS use can become frequent, in some cases resulting in addiction (CDMR, 2014; DrugScope, 2015). For these individuals treatment is

required. There are a number of pieces of guidance for practitioners working with individuals who use NPS (RCP, 2014; NTA, 2014). The most comprehensively produced guidance on treatment for NPS users is emerging from Project Neptune.

### ***Project Neptune***

Project Neptune emerged from the London Club Drug Clinic and is funded by the Health Foundation. The project initially consisted of an expert panel who identified knowledge gaps and developed guidance for clinical practice. The guidance is currently being tested in 5 settings: emergency rooms, sexual health clinics, GP surgeries, mental health and drug services.

The project's guidance suggests that treatment for NPS use should focus on the same philosophies and treatment practices as illicit drugs. Specifically, treatment on high intensity NPS use should focus on psychosocial interventions, encompassing mutual aid (such as SMART groups) and structured models of intervention (such as CBT and motivational interviewing).

Project Neptune guidance also promotes the use of pharmacological and psychological interventions and non-clinical settings. These innovative environments enable users to engage with support without requirements for attendance to a drug treatment service or engagement in a residential treatment model.

## Research Findings

### The Prevalence of NPS

It was not possible to assess the prevalence of NPS use in Newcastle within the financial and time constraints of the study. However, the use of NPS appears to have been a rapidly growing trend in Newcastle since approximately 2012, to the extent that both the statutory and voluntary organisations interviewed now report this to be a major source of concern. Stakeholder comments included:

*'We know that professionals are seeing this as a really serious epidemic...'*

*'We realise that there is a major issue around NPS in Newcastle'*

*'We've been working around this subject matter for a couple of years'*

*'We have seen an increase in prevalence around NPS and it's quite often young people'*

Stakeholders reported that NPS is a regular focus of discussion at various of the city's operational groups focused on tackling multiple exclusion, for example.

Various national and local data sets released over recent years support the above assertion, including ONS figures on drug-related deaths, NDTMS figures on the number of people in drug treatment for NPS, Northumbria Police data on NPS-related incidents, the city council's annual needs assessment and the city's annual 'What's hot, what's not' survey.

The proportion of young people accessing drug treatment services for NPS-related problems was reported by drug and alcohol stakeholders to have increased significantly during 2014/15. Northumbria Police provided figures on the number of recorded NPS-related incidents by locality since 2012. The figures indicate a rapid increase in incidents year on year across the force area, but also that the number of incidents recorded in Newcastle is typically significantly higher than in other areas. In 2014, 53% of NPS-related incidents took place in Newcastle.

	<b>2012</b>	<b>2013</b>	<b>2014</b>
Sunderland	19	47	141
South Tyneside	2	15	30
Gateshead	3	23	35
North Tyneside	13	125	154
Newcastle	2	145	419
Northumberland	5	36	13
<b>Total</b>	<b>54</b>	<b>391</b>	<b>792<sup>1</sup></b>

The growth of NPS use seems to be particularly prevalent among young people/young adults aged 16-25 years old. Young people's services reported high levels of concern about the number of service users engaging in NPS use generally, while adult focused services reported that NPS use tends to most common among those aged 18-25. Of 23 responses to a survey with young people, 18 (79%) had observed that the use of NPS by young people has increased over the past 12 months.

While there were some reports around the use of NPS by young people living in more affluent parts of the city and the student population, it was suggested that numbers are low (although likely to be under-reported). Indeed, the general health survey carried out in schools each year indicates low levels of substance misuse among the general population. NPS usage, not surprisingly, however, appears to be most

<sup>1</sup> One reason for the high number of incidents in Newcastle could be the high number of establishments selling NPS, compared to in smaller or more rural areas.

common among the city's more vulnerable population of young people. Stakeholders reported that all of the vulnerable young people they engage with are aware of the existence of NPS, with particularly high levels of use reported among those living in the looked after sector and supported accommodation. Comments included:

*'All of the young people I speak are aware of the term legal highs, more so than NPS, and a stereotype of an NPS user has been created and I think when that happens, that shows that it's quite prevalent'*

*'It would surprise me if a young person didn't know what they are now...it wouldn't have surprised me three years ago'*

*'There are certain cohorts who are using them more readily and these are generally more vulnerable groups....living in children's homes'*

*'The type of referrals we get where NPS seems to have become a problem is through the CAF team and children's services so it's when the young person may be seen as having increased vulnerability and the impacts are such that the statutory services have become involved'*

Interviews and consultation carried out with young people across various agencies suggest that the legality, accessibility and low-cost of NPS combined have encouraged a higher number of young people to try NPS than would have been tempted to try illicit drugs. However, it is thought that the majority of young people using NPS were already engaging with some forms of substance misuse (particularly cannabis), with NPS being an addition to this. Indeed, one young person interviewed said:

*'I was using cannabis. I moved on to legal highs as it gave you a better high and you would have to use less to get the high, so it was cheaper'*

Services reported that NPS use seems to be significantly more common among males than females. Figures provided by Northumbria Police indicated that of 405 NPS-related incidents recorded during 2014, where the gender of the offender was known, 79% (321) involved males and 21% (84) involved females.

A number of young people engaged with through interview suggested that some young people are simply using them recreationally with friends: *'It's that typical house party environment, there's drinks about, it's getting passed about more'*. Similarly, during a consultation with young people led by a young people's charity, the key reasons for use were reported to be curiosity and peer pressure, but also a means of escaping their problems. These reports were corroborated by the results of the young people's survey. Stakeholders reported that the reasons for which their young service users are using NPS are comparable to other drugs, with the overarching reason being to make them 'feel good about themselves' when experiencing problems of low self-esteem and other social issues:

*'Whether its drug education in private schools or pupil referral units, we've got the same people, just in different situations. It's where there are less options to feel good in society, less options to hang out with people of a similar age and interests to you and opportunities to get engaged in positive activities'*

*'One person was very stressed with the pressure to achieve. She was very stressed and using NPS to give herself some happy time. Another, male, under achiever, being viewed as a problem child was using as well...they present themselves in two completely different ways but they have the same motivations'*

*'That's what I'm seeing now, people are using legal highs to get through the day, the boredom, no money, nothing to do...it happened with heroin in the 80s, it's the same picture, just a different substance'*

## Young People's Knowledge and Understanding of NPS

### *The Legal Status of NPS*

Stakeholders and young people themselves reported that, for many vulnerable young people, the legal status of NPS was initially thought to infer safety and influenced their decision to try NPS:

*'People are baffled by the term legal highs...that's why they've started using NPS'*

*'Because it's legal, people thought it was safer than illegal drugs'*

*'They thought legal meant it was safe to use...they thought of it like trying a cigarette. They thought it was going to be a light drug, quick high that didn't do much for them'*

*'The perception for some is that it's safer [than illicit drugs]...there is almost a notion that because it's legal, it's not dangerous. Although that is becoming less so...we have young people who will challenge that and we will challenge that perception ourselves'*

Their knowledge and understanding of the impacts of NPS, however, is thought to be increasing over time, through experience of use, observation of the impacts on their peers and informal education. Indeed, of 23 young people who completed the survey, 43% said they had 'a lot' of knowledge about this and 22% said they had 'some' knowledge.<sup>2</sup> However, there is still a sense among stakeholders that some young people are not giving serious consideration to the possible long-term effects of NPS to their health and wellbeing. One stakeholder said: *'I really don't think young people have a clue about how much they are hurting themselves'*.

It was most commonly felt that young people equate the legal status of NPS with risk of criminalisation and that this is a significant factor affecting the number of young people who are prepared to try and use NPS. Indeed, the majority of stakeholders commented on the confidence of young people to openly use NPS in the community and within services because of this:

*'They aren't embarrassed to be doing it out on the street with the public passing...you wouldn't get that as much with other substances'*

*'I think they know they aren't safe but they are more confident in doing it because they are legal'*

*'With traditional illicit substances, there is the issue of criminality too...young people don't necessarily want to take those steps if they are going to get into trouble with the police, but that barrier is now gone with the legal term as well'*

Similarly, one young person said:

*'That's another aspect about it that I love...I could sit in front of a police officer, roll a joint and smoke it in their face, which I did do quite a few times really...it was one think that they couldn't come at me for...'*

When asked what they understood by the legal status of NPS via the survey, 64% (14) of young people said they thought it meant NPS are legal to buy and 50% (11) said they thought it meant NPS do not contain illegal substances (substances controlled under the Misuse of Drugs Act 1971); just one (6%) young person said they thought it meant they are safe for human consumption.

Concerning is that it was speculated that vulnerable young people are more likely to make decisions about their behaviour based on the risk of criminality rather than health:

---

<sup>2</sup> Just 13% said they had 'a little' knowledge and 22% said they had no knowledge at all.

*'They are likely to be concerned with how much the law is going to mess with them on it. They tend to make their safety decisions based on other criteria'*

*'Life gets complicated when engaged with police, so if there is a way of getting drugs without the risk of getting involved with the police, it makes sense that young people will take them'*

This suggests that while the future ban of NPS should reduce usage, more work needs to be done with young people with a focus on harm reduction.

### **Perceptions of NPS**

Several organisations and young people reported the emergence of increasingly negative perceptions and derogatory terminology about NPS among young people who are non-users. Supported accommodation providers also discussed the emergence of tension between users and non-users of NPS within their services:

*'If you want to talk about people about legal highs, just go to the hippy green...that's a congregating spot for smeg heads...it's not the most appealing word...it does cause a lot of clashes [between people who live here]...the problem with the drug is that the majority turn into a\*\*h\*\*\*\*'*

*'If you talk to young people who aren't taking legal highs, there is a judgement there...they are smeg heads, smeggers...there is a notion that you are stepping into a negative world, although some still have the naivety to think it's not that bad'*

*'Some have the association of it as being 'dirt weed' or 'dirty cannabis'. I've heard of people referring to NPS users in the same way as they refer to smack heads and crack heads...those terminologies are now coming out and I think that's due to the lack of knowledge around dosage, leading to people getting addicted to them and others seeing the fallout from the addiction'*

*'At one point when we were a bit more inclusive and had over half of the young people using legal highs, there was a real separation with the non-users...they would call them smeg heads...'*

Some young people who are users of NPS are said to hold similar views to the general population of young people about illicit drugs, but do not regard themselves as drug users. NPS users were reported to have responded to comments from non-users with statements such as *'I'm not on smack, I'm not a bag head'*.

### **The Consumption of NPS**

Stakeholders and the results of the young people's survey suggested that the type of NPS most commonly used by young people is synthetic cannabinoids. Data provided by Northumbria Police indicated that the NPS most frequently linked to police call-outs are: Exodus, Clockwork Orange, Viper, Psy-Clone and Happy Joker.

NPS are being bought from head shops, local garages, newsagents, takeaway shops, street dealers and peers. Over 20 establishments are known to be selling NPS. Practitioners working in addictions services outside of Newcastle reported that service users are known to travel to Newcastle to purchase NPS. A typical comment here was: *'I think it is getting more underground now. You'll get lads coming to the windows and shouting of people'*. There were frequent reports of the selling and buying of NPS going increasingly 'underground', with dealers buying NPS in bulk and selling individual 'joints' on to young people. There was only one report of young people purchasing NPS online.

Accessibility and the low cost of NPS were said to be key factors underpinning use. The accessibility and cost of NPS does not require young people to have the same level of income, technology or mobility often required to access illicit substances:

*'The problem with legal highs is it's so readily available, all of the peers are using it so they use it...'*

*'A lot of staff say it's availability. It's very easy to access. They're cheaper and they work faster'*

*'The gateway is completely open now in that young people can walk into head shops and get that stuff...'*

*'The confidence of a NPS user that they aren't going to get busted is massive...they aren't bothered if the police empty their pockets. I have graffiti artists more worried about being busted with markers, than people with NPS'*

The use of NPS was generally reported to be opportunistic, with no clear patterns of use, although the young people who responded to the survey typically reported using them at night. 14 of 21 (67%) reported using them with peers or acquaintances, while 7 (33%) said they use them alone.

When asked what influences the type of NPS they use, the most common factors identified were:

<b>Factors</b>	<b>Frequency identified by young people</b>
Personal experiences with different brands	7
Friends experiences with different brands	7
Information on Internet forums	2
Type of effect (upper, downer etc.)	6
Price	4
I just buy/use whatever is available	3
Packaging	2

Stakeholders reported high levels of poly-use, although the nature of this is highly varied. Some young people are using NPS recreationally with alcohol, while others are using NPS and illicit drugs interchangeably. There were reports of young people swapping the use of drugs or alcohol for NPS, but some have since switched back. However, of ten young people who answered the survey question, 6 (60%) reported that their alcohol consumption has decreased since they began using NPS. Data from the National Treatment Agency for Substance Misuse (NTA) suggests that there has been a small drift away from controlled substances towards NPS in recent years, but despite this, cannabis and alcohol remain the most frequent substances being used by young people.

There are concerns that the legal status of NPS and accessibility combined are resulting in the normalisation of NPS use and that this is particularly dangerous for the health of young people with limited knowledge of NPS and could trigger a pathway into other forms of substance misuse:

*'The normalisation without appropriate education skews the user's knowledge on what to do*

*'If selling it beside monster munch in the garage...then concerns about the gateway into harder types of substance misuse'*

*'One boy who is addicted is using it on the hour, every hour. He doesn't recognise it as an issue as he buys it at the paper shop'*

### **Experiences of Using NPS**

Consultation with stakeholders and young people suggested that very few users of NPS report positive experiences of this over time. 85% of young people who responded to the survey reported having a negative experience with NPS and 7 of 8 (88%) reported that they wanted to stop using NPS. While there was some discussion about the supposed 'benefits' of NPS compared to illicit drugs – such as the speed and strength of the 'high' compared to illegal drugs – discussion of the negative features of NPS were more common. These included: the unpredictability of the effects of NPS, feelings of addiction and the potential severity of the withdrawal process:



*'I have met very few young people who have had positive responses to NPS and those who do, are ignoring the negative health co sequences that they are finding'*

*'No one wants to be taking it but it's hard to come off mate'*

One young people's service ran a consultation session with service users earlier in the year and asked them what words they would associate with NPS. Responses included: *'ruins people's lives', 'dangerous', 'ticking bomb', 'homelessness', 'having no money', 'damage', 'unknown', controls behaviour, risk. When asked what messages they would like to give to young people about NPS, responses included: 'It can ruin your life', 'Plan to use safely (be with others)', 'Be careful who you trust', 'Don't be daft', 'Don't even try because if you can handle it, you'll do it again' and 'Don't do it, as once you start you'll not be able to stop, you'll never get the and buzz as you do the first time'.*

The research team asked young people a similar question. Their responses were as follows: *'Stay away from them', 'Worse than illegal drugs', 'It is not the answer, they become the problem even after the original problems are resolved', 'Don't take them', 'The truth - you get addicted', 'They can kill you', 'Don't even try because if you can handle, it you'll do it again', I took legal highs and it took over my life for 2 years. I would do anything for it. DO NOT take it, it will ruin your life and you will look and feel like a smackhead', 'I've smoked legal highs for a year and it destroyed my life' and 'I know personally its worse than heroin'.*

### **The Health Effects of NPS**

The data collection process revealed a wide range of health effects of NPS. Both stakeholders and young people suggested that NPS are more dangerous than illicit drugs due to their unpredictable composition, strength and effects. These thoughts have been echoed by people accessing adult addictions services in the city. General comments included:

*'They were in a real mess for a short length of time and then fine...'*

*'[With illicit drugs], people don't find their rock bottom for a few years but with NPS, people are just getting stripped emotionally, physically, spiritually, extremely quickly, getting real heightened addictions.....it's the potency'*

*'The effect is devastating...the states you see them in...'*

*'The rate of decline in people using NPS...it's fast, it's furious, there's no respite from it...'*

The short-term health effects were reported to include: low mood, depression, paranoia, temporary paralysis, hallucinations, seizures, black outs, stomach cramps, vomiting, sweating, weight loss, fatigue, coughing/choking and breathing problems. Through the survey, young people reported seeing the following effects of NPS among their peers:

<b>Health Effects</b>	<b>Number of responses</b>
Paranoia	14
Become unconscious/fainted	12
Weight loss	12
Tiredness	11
Depression	10
Seizure	8
Anxiety	8
Heart problems	5
Falling into a coma	2

The recollections of stakeholders about this included:

*'Straight after they use them, they'll be like a zombie, slurred speech, can't move, so some can't get up off the bed, sofa, they look under the influence, get the red eyes'*

*'They seem to be really out of it...and It is really upsetting to see them like that. It's like they are a totally different person, they can't speak, they can't move'*

*'He's always complaining of chest complaints, coughing his guts up'*

*'The most noticeable one when they are smoking it is the impact on their chest, so horrific bad coughs, coughin so much that they are vomiting...it seems to me, there's a real difference between someone using the illegal equivalent like cannabis or skunk, for instance'*

*'Another lad that I know, their stomach was bloating out when they went into acute withdrawal...their stomach would balloon. That was one of the things that was keeping him using as he was saying, if I don't use for a couple off days, my stomach is completely bloated'*

*'Paranoia is too light a word....I remember being in [the service] with [a young person], I said I'm just going to nip out for a minute and I looked back and what I saw in his eyes, complete terror...I said are you ok and he said no, I'm not'*

*'I wouldn't eat when not using them so I lost weight'*

*'I saw a friend try to rip their own throat out on 'hippy green''*

*'I saw a friend have a fit in the street, choking on their own saliva'*

*'People are dying off it!'*

The majority (70%) of young people who completed the survey reported being concerned about the effect of NPS on their health and wellbeing<sup>3</sup>. Recalling observations of their peers using NPS, young people said:

*'We've seen some states in here...someone literally collapsed to the floor...he was a completely dead weight...no pulse, nothing...we had to get the paramedics out, then he just came out of it straight away and he was fine the next minute...but I felt for a pulse, staff felt for a pulse and there was nothing there...its horrific, an absolutely awful drug'*

*'The smoking stuff is bad enough but the legal high sniff is another thing...my little brother got dared to take a packet of it, never touched drugs in his life, his friend gave him a full packet of china white, he put the whole thing in his mouth and he ended up in intensive care in hospital, very nearly dead, the doctors had a conversation with my mam saying he's going to go into cardiac arrest and we won't be able to do anything as his heart is going to explode into his chest....it was a stupid mistake'*

Talking about their own experience, one young person said:

*'I had three off a joint, was wiped straight out, the police got me and took me to hospital, nearly had a cardiac arrest...walked out and went and got another joint...that's how addictive it is, you nearly die and then you go and get some more... It made me lose a lot of weight...I would go out on a morning, 7am outside [head shop] waiting for the shop to open, get a bag, then smoke that all day and not eat...I felt myself getting weaker and weaker...it wasn't good'*

There was a lack of understanding and consensus among stakeholders about whether NPS are addictive. Most reported that some of the young people that they are working with have developed addictions to NPS.

---

<sup>3</sup> This figure may have been higher but some respondents who were former users of NPS ticked 'no' because they no longer use them.

However, continued use was often discussed in terms of the avoidance or management of withdrawal symptoms, as opposed to an addiction to the chemicals contained in NPS. There was a clear and overwhelming consensus amongst the young people interviewed that NPS are addictive. Young people said:

*'It has a better buzz, which makes it more addictive'*

*'You keep trying to recreate the memory of the high and it just escalates from there, it becomes a habit...you never get the same high as the first time...I see people on the street proper dying off it and I wish I could get like that but I cannot...cos of my tolerance level...'*

Despite one stakeholder suggesting that there is little evidence about the rapid and severe withdrawal symptoms associated with NPS, all of the practitioners interviewed commented on the severity of the withdrawal effects which some young people experience following NPS use:

*'The come down with legal highs...I've never seen anything like it...they get so aggressive, angry because they are so desperate for some [more]...'*

*'I work with people with established addictions....they've done a number of detoxes where they've done really harsh withdrawals and they're saying that the withdrawal from NPS is worse than anything they've had in the past'*

*'Vomiting, shaking. At the time, I was taking it with a pinch of salt, but the more we have become exposed to it, the more we see those symptoms'*

Underpinning some of these effects are problems around dosing. All interviewees reported that the potency of some NPS are significantly stronger than an equivalent dose of their illicit counterparts and that the potency of NPS often varies from batch to batch and even within the same batch. Even adult service users with experience of managing their dosing of illicit drugs have reported struggling to do the same with NPS. Commenting on the issue of dosage, stakeholders stated:

*'They've no idea of what quantities to use'*

*'They might have one that's really similar to cannabis but they've dosed themselves to ten times the amount you would with a regular joint'*

*'I think part of the problem is educating young people about what they are taking and how to use it safely...the issue is dosing....it can be, I dunno, how many times stronger than skunk.'*

### **The Social Impacts of NPS**

All stakeholders interviewed reported high levels of anti-social behaviour among young people when under the influence of and undergoing withdrawal from NPS. Stakeholders reported that young people will act highly out of character while under the influence and will have very little recollection of this once the NPS has worn off:

*'Their behaviours can be erratic and later you want a small sorry about it and they don't and it's because they seem to have no recollection of the last couple of hours...they don't believe what you tell them about their behaviour'*

*'I think they would be really shocked if they could see themselves as we see them'*

*'Some can be so pleasant when they are not under the influence, but when they come off it, their attitude completely changes, they can become aggressive, arrogant. When we've explained to some of the up about what they were like coming off them, they are really shocked at themselves, they can't believe they were that rude'*

Anti-social behaviour is taking the form of verbal abuse, aggression, violence, the development of small gangs, begging, shoplifting/theft, financial exploitation and damage to property:

*'There are groups coming into the project who are increasingly taking and getting access to legal highs...what emerged from that is having to deal with lots of issues coming out of that... We had to deal with young people becoming ill, robbing others and becoming a gang around that'*

*'What we are left to deal with is the behaviours, it's generates a lot of anti-social behaviour, if they are under the influence, they are out of control. We don't come to work to be abused'*

*'Once they are in it, we've seen the young people having to steal with meet their need'*

*'They become aware very quickly when different peoples benefit days are'*

*'Before NPS became popular, I used to say I knew every person who was homeless or begging in the city, but since NPS, I've noticed a massive increase in young people begging, hanging around the city, smoking legal highs'*

*'You are getting these young vulnerable people putting themselves at risk of sexual exploitation....they are being approached for sex for legal highs'*

*'What we've heard from the kids on the street is that if they are getting stuff on credit...if you don't pay it by a certain time, it doubles and they are getting pressured by these dealers to make money and pay it...they are getting manipulated and ripped off'*

*'One lad was shop lifting every day to fund his habit. You'll find a lot of them get into debt. You'll be aware of a lot of issues around begging and organised begging and owing people money'*

*'Theres been an increase in thefts [from supported accommodation] - wii, microwave, laptop from the office...to take to cash converters to get money'*

*'The amount of damage which we have seen over the last 2 years linked to legal highs, holes in doors, holes in walls, smashed TV's...we've got a young man who got evicted who damaged a lot of, priority. He's managed to get himself fit but the mood swings when he was coming off were horrendous'*

There was a sense that NPS is hindering the young people's ability to engage effectively with organisations and address their support needs:

*'I've been taking people to the job centre, thinking 'I need to turn around here as he's in a mess' but also thinking, 'I need to get him to the job centre', so what do I do?'*

*'It's causing a big issue in all areas in terms of engagement - so they tend to engage less because they have one focus which is legal highs - can't engage cos they are under the influence, our move on rates have gone down massively as young people are so entrenched in legal highs, their budgeting, they just aren't ready to get their own tenancies'*

This has resulted in some young people falling out of education, training or employment and losing their benefits. Relationship breakdown with family and peers were also reported social impacts.

When asked about the social impacts of NPS observed among their peers, the young people's survey revealed loss of motivation to do things, offending behaviour, homelessness, debt and violence/aggression to be the most common social impacts.

Social Impact	Number of responses
---------------	---------------------

Loss of motivation to do things	13
Offending behaviour	13
Homelessness	11
Debt	11
Violence/ Aggression	11
Disengagement with training / employment	9
Missed appointments with services	9
Financial exploitation of people / bullying	8
Disengagement with support services	8
Eviction from accommodation	7
Loss of friends	7
Relationship breakdown with family/guardians	6
Relationship breakdown with partner	4
Missed school	3
Been excluded/suspended from school	3

NPS usage has had a significant effect on organisations, in terms of the management of anti-social behaviour. One young people's charity reported that they typically ask young people to temporarily leave the premises if under the influence of NPS. Another reported that while they are unable to offer any interventions to young people under the influence, they will ensure that the young people are supported to return to their accommodation safely and do not pose a risk to themselves or others. Supported accommodation providers reported asking young people to retire to their rooms until the effects of NPS wear off. In one project, NPS is prohibited from the project in the young people's tenancy agreements. Room checks are undertaken, any NPS found is discarded and service users are given advice about the effects of NPS. One homelessness service reported that at one point last year, more than half of the young people staying in their project were taking NPS and this was very difficult to manage. Since then, they have only been accepting young people who are not taking NPS at the point of entry in order to try to establish more control over the project. As a last resort, other responses have included evicting young people from projects and taking out injunctions against them so that they are unable to return to the property. Newcastle City Council confirmed that while evictions from supported accommodation in the city have reduced by 24% over the past year as a result of the council working closely with providers and urging them to respond to problems of anti-social behaviour in different ways (unless there are instances of violence), there has been an increase in the number of young people being evicted from supported accommodation linked to NPS use. Several young people have also been evicted from social housing tenancies. There is concern that evictions from housing could serve to exacerbate young people's use of NPS and vulnerabilities, with a subsequent further impact on services.

NPS use has also had an impact on the emergency services. In Newcastle, between January and December 2014, over 1100 hours of police time was spent dealing with NPS-related incidents. These incidents were broken down into the following categories.

Type of Incident	Number of Incidents
Missing from home linked to NPS use	95
Incidents involving people in care settings/supported accommodation	68
Incidents involving ambulance and/or hospital	165
Incidents involving under 18s	169
Incidents involving mental health settings	19

Supported accommodation providers reported that increases in ambulance call outs have been linked to overdoses, severe stomach pains and fitting by young people. One addictions service reported that all

incidents which require an ambulance call-out must be reported to national head office. Earlier in the year, the Newcastle office reported a significantly higher number of incidents than elsewhere in the country, with the majority linked to NPS overdoses:

*'Since NPS hit, the number of incidents of overdoses that we're having has grown drastically and we've got a lot of clients who are poly drug users but it's seems to be NPS that's the straw that's broke the camel's back'*

The young people interviewed, particularly those living in supported accommodation, similarly reported a high number of call-outs to properties for NPS-related incidents:

*'There are so many people through this drug that have been taken into hospital...people smoke cannabis quite often but you don't hear of them going to hospital'*

### **Pro-Active Responses to NPS**

Organisations have typically been very pro-active in their responses to NPS, particularly in terms of improving their knowledge around NPS. This has been achieved through independent research (linking in with national online forums and good practice guidance, for example), attending training on NPS, holding focus groups with service users to try to learn more about motivations for and patterns of usage, setting up internal working groups about NPS in order to share information with colleagues, developing training packages for staff within their organisation (and delivering this to other services) and trying to develop links other services locally – notably, the police and young people's charities – to share knowledge and good practice. Two services, in particular, reported excellent working relationships with the police and praised the accessibility of the police and support given by them to both staff and service users around NPS. Several also praised the willingness of partner agencies to undertake outreach within their services and speak to cohorts of young people about NPS and related issues.

Organisations did not report having written policies on NPS in place, although several are in development.

Several young people's charities are supporting young people to develop peer-led resources around NPS, including a website, peer education course and information leaflets/posters. At one service, the development of the resources is being led by a 16 year old young man. He began developing these in response to a negative experience using a synthetic cannabinoid and observing the impacts of NPS on his peers. The young person is reportedly extremely articulate and well-read on the subject of NPS. Another service has undertaken several consultation exercises with young people about NPS and what an education resource on NPS for young people might look like. The aim is to develop a resource which can start to be delivered in schools and young people's services from October 2015.

Most services reported that all young people identified as using NPS are given the option of a referral to a drug treatment service, but that most young people do not accept this offer. So, despite Newcastle having the highest number of people accessing treatment for NPS, the figure is unlikely to accurately reflect the number of young people who could benefit from support. The stakeholders interviewed who specialise in addiction were most confident about their knowledge about effective harm reduction approaches for NPS. They cited a range of treatment approaches such as motivational interviewing, cognitive behaviour therapy and social behaviour network therapy, which they consider to be effective responses to NPS. They also highlighted the importance of involving families in young people's treatment plans, where possible.

There was a high level of confusion and disagreement among stakeholders, however, about whether pharmacological interventions can and should be offered to help young people through the withdrawal process. While one addictions stakeholder stated, *'There is no reason why someone couldn't be supported by pharmacology'*, another said, *'On the basis of the current evidence, there is very limited evidence to support pharmacological interventions'*. Several voluntary organisations reported difficulties around young people being able to access pharmacological support from healthcare services:

*'Clients are going to [addictions service] and they aren't getting pharmacological interventions...there is a need for pharmacological interventions there. You've got all these people who are experienced drug users who are used to drugs, coming off drugs and they're struggling, so if you have young people with no experience of it, how are they meant to cope?'*

*'Thinking of one guy who was taking NPS daily, multiple times a day, and he was using them because when he was waking up, feeling really sick...so he was taking them to get over the physical side effects. Yet there was a real reluctance to give him something to stop him from feeling sick'*

One young person also reported a negative experience of support with their NPS addiction while in custody:

*'the police, they torture ya...they had me locked up for 4 days, curled up in a ball...I kept saying I need some legal highs now, and the police just stood there and laughed, so you are rattling for your legal, well we'll just have to keep you in for a few more hours...my belly's turning man, I need legal high man...you'll have to wait for a social worker'*

An effective approach to support discussed by a range of services has been discussion about the reasons why young people are using NPS on a case-by-case basis and trying to offer them an appropriate psycho-social intervention, which might address the reasons for their usage:

*'It can't just be a chemical answer. When addiction comes, it's not the substance that's actually the problem. Address their issues and this can make coming off the substances easier'*

*'It's about using stuff outside of the treatment agency and making sure they are kept within mainstream community settings and not just kept in silos. It's about gyms, sports, all of the other feel good aspect...what else can compete with substances'*

*'It should be regarded as a form of expression and we need to look at why they are using...once you have found that out, you can provide options to them that are far more enticing than NPS'*

*'We've been taking it on a case by case basis, asking what they know about it, trying to fill in the gaps where we can and being very clear about what we don't know about it. We are trying to see where the NPS fits in that person's life in order to try to offer a swap in terms of a positive activity, through a model of harm reduction, in order to feel more satisfied so they aren't filling it with an option that appears very unhealthy'*

*'There's only going to be a certain number of reasons...I haven't met anyone who thinks that taking NPS is going to get them a job or be respected by the wider community but curiosity still takes them there, and if someone is that curious enough, it shows that their mind is still active enough to want to know, so show them something worth knowing'*

By offering them these types of opportunity, a number of service users have been successfully supported to stop using NPS over the past 12 months. One stakeholder said:

*'Last summer, we had a group who were all taking it, and decided they wanted to come it and the only way they could do it was to keep themselves busy so we kept finding things for them to do like cleaning outside, cleaning the kitchens, they went fishing one day...'*

Stakeholders stressed the importance of trying to empower young people to engage in meaningful activity, but noted that capacity constraints and funding cuts to services has made it more difficult to offer young people positive opportunities.

In early 2014, a Task and Finish Group around NPS, involving statutory services in the city, was established. The group has proven to be an effective vehicle for the sharing of intelligence between members, particularly in relation to supply and licensing issues. Both they and several voluntary services have been

trying to engage and work with retailers around the responsible selling of NPS, via letters and visits. In a number of cases, retailers have agreed not to sell NPS to vulnerable young people. The police explained: *'There is some partnership working - we have neighbourhood teams going into shops and saying this individual is really ill and he's causing lots of problems and the shops are saying we won't sell to him, so it's not as clear cut as a them and us situation. There is the will to try to sort some of this out. But it comes down to individual cases'*. One retailer was reportedly giving out a harm reduction leaflet with NPS sales until they were advised that they were breaking the law by doing this. Other harm reduction approaches used by retailers include asking young people for ID and advising them on which NPS to try if they are new users. When one retailer was challenged on the untested nature of NPS by a drugs practitioner, they said they tested them by taking them over a one month period. The police has also worked in partnership with regulatory services to have the license of a hot food premises which was selling NPS revoked, based on public health objectives.

The Task and Finish group has tried to disseminate some of its intelligence to adult-focused services, but due to capacity issues, it has proven difficult to disseminate this information to all services in the city. One member of the group commented: *'I do agree that there is a gap in terms of information and communication'*. Indeed, when asked about their knowledge of the city's response to NPS, stakeholders – particularly those working in young people's services – reported:

*'We have tried to have conversations and get links to things [other organisations] are doing...there isn't that dialogue across the city though, I know about things because we stumbled upon them'*

*'I feel the response at the minute is a bit piecemeal. I think things do happen but I'm not sure it's completely coordinated'*

*'I feel like people aren't very aware of what to do next or where to go'*

The group is currently working, however, to build dissemination links with all children and young people's services.

Newcastle City Council has updated the city's schools drug protocol and delivered sessions within secondary schools on the steps to be taken if pupils are found to be engaging with NPS, and also the city's Drug management Protocol for supported accommodation providers to include responding to incidents of NPS.

### **Barriers to Tackling NPS Use by Young People**

Stakeholders reported a number of challenges to the effective management of NPS in the city.

The legal status of NPS represents the primary challenge. Police stakeholders reported that because NPS is legal, they must try to manage NPS by drawing on related legislation, but this has its shortfalls:

*'The difficulty is the legislative framework which, at the moment, isn't keeping up with the changes. I think it needs national legislation'*

*'The difficulty is you are trying to make use of legislation that was drafted for other things. You are trying to bend it and shape it for a different set of circumstances as best you can. What we've got isn't fit for purpose really'*

Meanwhile, some homelessness and support services reported that they feel unable to tackle the use of NPS by young people as effectively as illicit substances:

*'It's not illegal. We struggle with this as we cannot enforce the same rules around it as other substances'*

*'With cannabis, we can challenge it, but with legal highs, we are completely on the back foot'*



Stakeholders welcomed the recent announcement in the Queen's Speech to ban NPS. They feel that this will significantly reduce the number of young people tempted to try NPS because of their legal status and the ban will make NPS harder to access:

*'I see a great deal of point in the idea of a blanket ban if it's done in the right way'*

*'The advantage you would get is a deterrent effect on a certain group, you'll have other people that are drug users and people who limit themselves to legal highs where whether they are legal or illegal, they would buy them'*

However, they warned against complacency. Several mentioned the possibility of the sale of NPS going further 'underground' and the growth of a bigger black market:

*'I think a blanket ban would cut it down and reduce the amount of people beginning to start using it....but I do think it would make it go underground for those who are current users'*

*'I think there will be a divergence to other substances and I think there will be other ways of people getting their highs and that could nitrous oxide'*

The young people interviewed similarly agreed that the sale of NPS should be banned and will discourage some young people from using it:

*'The shops that are openly selling legal highs should be closed'*

*'I think the banning would stop a lot of people...say 6 people who are smoking, three people get it from a shop, three people get it from elsewhere...the three who get it from the shop are going to stop smoking'*

However, one young person who is addicted to NPS was highly concerned about how young people with addictions will be supported with this if the selling of NPS is banned. Several young people also agreed that it is likely that some young people will still find ways of purchasing NPS:

*'you know what I think is f\*\*cking bad though mate, they're trying to ban it now but they are leaving everyone on a cluck, they are leaving everyone rattling...they've got nowt to give wa...the withdrawal is worse than heroin'*

*'there's that many young'uns on it now...what, to watch a load just hit the floor and die on you because that what will happen'*

*'before they ban legal high, they need to bring out something to stop you rattling'*

*'I get it everywhere...if the shops shut down, won't stop me from using'*

*'Jack, he's so addicted to it, I'm sure he would find somewhere to go'*

Stakeholders spoke highly about the quality of the training courses which they have attended on NPS. Following several staff training sessions taking place within their organisation, one stakeholder said: 'I'm very confident within adult services that if they had information, they would know where to send it and if not, they would bring it to my attention'. One practitioner delivering training regionally reported: "Once we get the training done, people get a good understanding and they finally realise that they are the same as the illicit drugs that they are used to dealing with...". However, not all of those interviewed had completed NPS training, including those with specific roles around substance misuse. One service also reported to have had trouble accessing NPS training. Furthermore, while stakeholders in young people's services reported

becoming more confident about their knowledge of NPS and their ability to respond over time, in the main, they still feel that they do not a satisfactory level of knowledge about NPS. Feedback included:

*'No-one is confident in dealing with this, I'm not an expert. The level of knowledge I have about NPS is completely substandard compared to alcohol or any of the drugs that we're used to dealing with'*

*'People are learning on the hoof...'*

*'I came here in October with a lot of confidence around drug use and qualifications in it and I was shocked...It gave me quite a surprise, it's been a real learning curve'*

*'They are smoking the legal high cannabis and I was like, that's not even close to the effects that normal cannabis would be...'*

*'I think staff still feel that they are learning. They are very confident and competent around traditional drugs, but still need to develop that confidence around NPS'*

*'There are a lot of uncertainties amongst families and professionals about how to deal with it. There are more people saying we know they are taking something but we don't know what they are taking'*

*'In terms of professionals, the evidence doesn't seem to be there about the best way to help people'*

One addictions specialist interviewed was keen to stress that there are no new techniques to the management of NPS, compared to other substances. Practitioners need to be supported to understand that organisational responses to NPS should be similar to other types of drugs and practitioners should be applying their knowledge and skills of illicit drugs to NPS.

Another challenge is the short-term nature of the effects which NPS can have on young people and the difficulty of testing and identifying which substances young people have been taking. This makes it difficult to prove that young people have been taking NPS and to develop an appropriate harm reduction plan.

Concerns were raised about the ways in which NPS are portrayed in the media and the nature of NPS packaging and marketing. Websites selling and publicity material for NPS do not highlight the dangers of using NPS in the same way that cigarette packaging does, for example. Furthermore, while there are some negative news stories in the media about NPS, stakeholders reported feeling that these appear in media sources which young people are unlikely to access and that some young people may simply see these stories as sensationalist and so do not take them seriously. Comments here included:

*'The media will highlight some of the bad news stories but it also alerts them to the fact that these substances are there and they'll probably know someone who has used them and been ok'*

*'It's there but perhaps it's seen as sensationalist...There are no adverts which scare people about legal highs, like cigarettes and drinking'*

Indeed, most young people engaged through interview with said they had not received accessible information about the dangers of NPS and when asked to rate the quality of the information on NPS which they had received, 4 (19%) survey respondents said this was good, 11 (53%) said this was poor and 6 (29%) said this was very poor.

A key challenge highlighted by the police is resource limitations; that they do not have sufficient resources in order to deal with all of the drugs-related intelligence which they receive. Incidents, therefore, must be assessed and prioritised based on levels of risk and harm. It is not always possible to follow up on all NPS-related intelligence if the situation is assessed to be of little risk to young people or the community compared to other ongoing situations.

Finally, regulatory services reported that a key barrier to tackling NPS is that they are often unable to take action following negative reports about NPS because they do not receive complaints from customers:

*'We don't get complaints from people who have bought them. So, it's more about the preventative side and warning people of the dangers of using NPS'*

For example, there has been frequent discussion in the city about NPS being sold on takeaways. Regulatory services could have taken action against any premises doing this, but the service has not received complaints about this – possibly linked to fear of criminalisation or consumers simply not knowing what action can(not) be taken by the local authority.

## **Conclusion and Recommendations: A City-Wide Response to NPS**

This report provides clear evidence of the problematic use of NPS by vulnerable young people living in Newcastle. The prevalence of NPS use has grown over recent years to the extent that a co-ordinated, whole city response to NPS would appear to be highly beneficial to the effective tackling of issues linked to NPS going forward. Indeed, all of the stakeholders interviewed were highly supportive of the type of development. However, some questioned whether the strategic response should be limited to a focus on young people and Newcastle. Some suggested, for example, that it would be beneficial for Northumbria Police to look at this as a force-wide issue and that it would be useful to have a strategic response to NPS in the city which focused on the adult population also.

The overarching picture emerging from this report is that significant efforts are being taken by organisations and young people to tackle problems relating to NPS and as knowledge and understanding among stakeholders and young people increases, good progress is starting to be made around the management of NPS in the city. However, more work needs to be done.

The key recommendations to emerge from the project are outlined below. These reflect the thoughts of both the stakeholders and young people engaged with through the research.

- The central co-ordination and dissemination of NPS-related intelligence and good practice responses. This should ideally be led by the local authority (specifically, public health). Furthermore, almost all stakeholders interviewed said they would welcome the opportunity to meet with statutory and voluntary services on a regular basis to discuss issues around and responses to NPS in the city.
- Greater awareness-raising among voluntary services, in particular, about how statutory services can and are responding to NPS and how voluntary organisations can feed in intelligence to support their work. A typical comment from voluntary sector stakeholders here was, *'I think there's not enough information out there [how to feed in intelligence], so that's the sort of thing we need to be talking to each other about'*.
- The co-production of a city-wide strategic response to NPS, which involves both stakeholders *and* young people. Some young people in the city are likely to have excellent first-hand knowledge and understanding of issues relating to NPS, creative ideas about possible responses and will be able to advise on how to implement these responses in a young people-friendly way.
- The development of a strategic response which:
  - focus on issues of safeguarding, rather than the criminalisation of young people. Efforts should be made to make young people less vulnerable, rather than more vulnerable through criminalisation and punitive responses to NPS-related behaviours;
  - recognises the importance of regulatory, clinical *and* psychosocial responses to the use of NPS by young people. It is also important to consider how all partner agencies can feed into these types of responses, the level of resource input needed to manage issues relating to NPS and any changes to the commissioning of services linked to this;
  - further explores and builds on the emerging evidence base around drug-related deaths, for example.
- The regular training of practitioners on NPS. A range of organisations are currently developing and offering training courses of NPS, but not all practitioners in the city have accessed these. Furthermore, the development of multiple training courses by services in the city is not necessarily an efficient use of resources. It would be useful for services to co-ordinate training efforts. In particular, stakeholders suggested that they would like more guidance on treatment pathways and if and how responses to NPS

should differ to those used for other types of substance misuse. One stakeholder questioned, *'There must be some more specific answers around legal highs rather than taking a general drug or alcohol approach?'* Several also suggested that they would like more discussion about specific types of NPS and the different impacts of these, rather than talking about NPS in the main.

- There should be greater focus on education on NPS for young people and their families. While information on NPS is available – particularly online – many vulnerable young people in the city (and their families) are not thought to be accessing this. Some stakeholders reported that not all of the resources available reflect the messages or present these in a way to young people that stakeholders consider appropriate. Education resources should be prevention focused for those yet to engage with NPS, but also harm reduction focused for those who are engaging with NPS. Stakeholders suggested the need to be creative in approaches to engagement with young people and suggested that peer-led resources and social media campaigns may prove effective.

## References

ACMD (2014) New Psychoactive Substances Review: Report of the Expert Panel. Home Office. London. - <https://www.gov.uk/government/publications/new-psychoactive-substances-review-report-of-the-expert-panel>

Brandt, S. D., Sumnall, H. R., Measham, F., & Cole, J. (2010). Analyses of second-generation 'legal highs' in the UK: Initial findings. *Drug Testing and Analysis*, 2(8), 377-382

CDMR (2014) The Use and Responses to 'Legal Highs'/Novel Psychoactive Substances: A Needs Assessment for Buckinghamshire County Council. Buckinghamshire County Council

Changing Lives (September 2014) Novel Psychoactive Substance use amongst clients accessing Changing Lives services in Newcastle - <http://www.changing-lives.org.uk/resources/#sthash.wl8GgpkW.dpuf>

DrugScope (2014) 'Down a Stony Road Drug Trends Survey'. DrugScope. Available at : <http://www.drugscope.org.uk/Documents/PDF/Publications/DownAStonyRoadDrugTrendsSurvey2014.pdf>

DrugScope (2015) Not for human consumption: An updated and amended status report on new psychoactive substances (NPS) and 'club drugs' in the UK. DrugScope

EMCDDA (2007) Early Warning System on New Psychoactive Substances - [http://www.emcdda.europa.eu/attachements.cfm/att\\_52451\\_EN\\_EWSguidelines2.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_52451_EN_EWSguidelines2.pdf)

Home Office (2013) Annual Report on the Home Office Forensic Early Warning System (FEWS) A system to identify New Psychoactive Substances in the UK - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/225737/FEWS\\_Annual\\_Report\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/225737/FEWS_Annual_Report_WEB.pdf)

Home Office (2015) Guidance for local authorities in taking action against 'head shops' selling new psychoactive substances - working with local partners. - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/410961/Guidance\\_for\\_local\\_authorities\\_on\\_taking\\_action\\_against\\_10.03\\_15.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410961/Guidance_for_local_authorities_on_taking_action_against_10.03_15.pdf)

Linnell M (2013) A Local Drug Early Warning System [Salford pilot]. Salford DAAT/ Linnell Publications <http://www.nta.nhs.uk/uploads/salfordewsmodelever10.pdf>

NTA (2014) Public Health guidance for substance misuse practitioners. Available at: <http://www.nta.nhs.uk/uploads/nps-a-toolkit-for-substance-misuse-commissioners.pdf>

Schmidt, M. M., Sharma, A., Schifano, F., & Feinmann, C. (2011). "Legal highs" on the net—Evaluation of UK-based Websites, products and product information. *Forensic science international*, 206(1), 92-97

Townsend M (2010) New drug set to replace banned mephedrone as a 'legal high'. <http://www.guardian.co.uk/society/2010/apr/18/drug-replace-ban-mephedrone> , accessed 05/05/2015

TNS Political and Social (2014) Flash Eurobarometer 401: Young People and Drugs. European Commission

Winstock AR, Ramsey JD (2010) Legal highs and the challenges for policy makers. *Addiction* 105:1685–1687