**EXECUTIVE SUMMARY OF RESEARCH INTO NPS: Exploring Local Usage & Knowledge Levels In Stoke-On-Trent**

Report Prepared for Public Health & the Safer City Partnership in Stoke-on-Trent

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**Aim of Research:** This research aimed to explore the use of NPS in Stoke-on-Trent and to consider what service provision is needed to support NPS users. The research has been developed in response to a request from the Safer City Partnership Commissioners from Public Health in Stoke-on-Trent. Public Health requested qualitative research on what the usage patterns are, and what the issues are for people using legal highs in order to develop suitable support services in the City that respond to the needs of users. It was also of interest, as to what the current knowledge base is around Legal Highs within Stoke-on-Trent.

**Literature Review:**

NPS (New Psychoactive Substances) is banned under the UK Psychoactive Substances Bill 2016. Our research was conducted the month before and after the Bill was ratified and implemented (The Psychoactive Substances Bill was implemented on May 26th 2016). Under the new Act the production, importation, exportation and supply of psychoactive substances for human consumption is banned, with a maximum prison sentence of seven years (UK Legislation, 2016). It is anticipated that criminalising NPS will reduce production, supply and usage levels. This in principle would enhance the health and well-being of the population.

Dangerous consequences of NPS include; abdominal pain, anxiety, sweating, nausea, renal failure, seizures and in fatal cases multi-organ failure (Baumeister, 2015). However, interview research from Fitchett & Smith (2002 cited in Bruneel et al 2014: p365) found that young users in Scotland were motivated by “an expectation of a pleasant, enjoyable experience” and would continue using irrespective of an “unsatisfactory experience”. Bruneel et al’s (2014;p371) own net-search research found when NPS usage resulted in ‘sickness and nausea’ combined with a ‘high’, users were satisfied with their purchases, but were dissatisfied if the product didn’t live up to online marketing. So it would seem that irrespective of health impact, users of NPS were still motivated to continue using. Although there seems to be a disregard for negative health consequences of using NPS, NPS users are interested in harm reduction information. Research concludes that NPS users are accessing harm reduction information from peers and were less convinced by professional advice (Soussan & Kjellgren, 2014).

The extent of NPS users and the demographics of NPS users in the UK is largely unknown. Current research indicates prevalence among the young, homeless, college students, clubbers and the prison population (Ministry of Justice, 2015; Johnson et al, 2011; O’Neil, 2014). Relevant questions on NPS usage have only recently been included in the Crime Survey for England and Wales. A Eurobarometer survey of 12,000 randomly selected young people conducted across Europe revealed an average of 4.8 percent of the population between 15-24 years of age had experimented with legal high substances (United Nations, 2013). Furthermore, in the UK alone the survey revealed a lifetime prevalence rate of 8.2 percent amongst those aged 15-24. An explanation for the high levels of young users is largely explained with reference to the club scene (Measham, 2011). The methods of availability of NPS and the perceived ‘legal status’ of the substances may have influence in determining the demographics of users.

Online drug markets and head shops have posed challenges to drug control policies, parents, law enforcements and health and drug prevention professionals (EMCDDA, 2015; Hillebrand, 2010). When head shops were closed down by the Local Authority in the Blackburn area, drug dealers facilitated ongoing supply, inclusive to vulnerable groups e.g. the young, homeless, unemployed, ex-offenders and those known to social services (Linnell et al, 2015). Linnell et al (2015) points out that drug dealers were more likely to tamper with the products, heightening associated health risks. So the ban could cause displacement, rather than elimination of usage. This put NPS users more at risk than when they purchased stock directly from a head shop.

Further concerns about blanket bans on NPS include the potential to make criminals out of large scores of young people who use drugs recreationally (Townsend, 2011). Becker’s (1965) classic sociological study on drug users evidences the negative impact of labelling, which can result in increased deviance and disengagement with society. Stevens et al (2015) states that banning all psychoactive substances could push users towards more harmful drugs. The previous criminalising of methadone in 2010 resulted in a 6 week turnaround of a replacement legal high (Johnson et al, 2013; p1112). So there are also issues about how the drug market will respond to the ban and what the impacts the ban will actually have.

From the literature we were interested in gaining an understanding of what is currently happening in Stoke-on-Trent in order to inform drug service development. We wanted to know what knowledge levels were surrounding NPS, the effects and legal status, as well as what people knew about existing services on offer in the City to support harm reduction and abstinence in NPS usage. We also wanted to get a sense of the user group in Stoke-on-Trent and perceptions surrounding usage. This research also provided opportunity to consult with people living in Stoke-on-Trent about what drug support services for NPS users might be beneficial for the future.

**Methodology:**

We conducted five World Café research events with students over the age of 16 years and also service users within temporary hostel accommodation. Public Health provided us with links to temporary hostel accommodation services that they hoped would engage with this research. The college students participating in this research were recruited through the existing University and College connections. This provided us with an opportunity sample. The literature review indicated that students and the homeless population were among those who are considered to be more involved in using NPS, so we felt that this sample would give us some valuable insights into what was happening in Stoke-on-Trent. A total of 30 people took part in the World Café events, which was significantly less than we had hoped (we were aiming for between 60-100 participants). Despite our best efforts to advertise the research event at various hostel accommodation providers, on arrival we discovered that most hostel accommodation providers hadn’t found the time to communicate with residents about the world café event, and didn’t display material that would’ve made residents aware about our visit which considerably hampered our ability to get the full range of views we had hoped for. We also discovered that we had scheduled our world café events at times which coincided with some college students being on revision leave, which made it problematic for recruiting college students. Unfortunately, this issue could not be avoided as the timing of the research was determined by timescales associated with the research grant obtained to deliver the research project. It is recommended that follow up research is conducted in order to get a wider viewpoint on what is happening in Stoke-on-Trent in terms of legal highs. In particular, it is encouraged that careful attention is given to the issue of recruitment strategies that are employed in research that seeks to gather opinions from a variety of different social groups in order to successfully resolve some of the recruitment difficulties we encountered.

We opted to use World Café as our research approach because it is a “*conversational approach*” to data collection that fosters *“collective intelligence*” (Brown & Issacs, 2005;p3). Each World Café research event was set up so that there was a talk on NPS, followed by small group discussions facilitated by a table host who captured comments on tablecloths. We utilised table hosts from the research team to allow for any writing difficulties that participants might have had. Where possible we followed the principles of participants moving round to other tables to contribute to the wider discussions taking place. This was more complex when participant numbers were low.

To avoid the issue of “social relations” as described by Garner & Sercomb (2009;p81) impacting upon people sharing their views, a follow up self-report questionnaire was used. Questionnaires are useful tools in uncovering personal experiences and opinions (refer to Simmons in Gilbert, 2001;p86). Although, the questionnaire was self-completion, we offered the option of a scribe via the table host facilitators from the research team. This meant that any issues with regards to literacy levels continued to be addressed and confidentiality was offered. The questionnaires also offered us a confidential vehicle to ask participants directly about whether they had used NPS.

Ethical issues pertaining to research methodology included the vulnerability and age of participants. Gaining parental consent was not appropriate given that many of our participants had left the family home and the hostel accommodation and local authority were acting as guardians. The management and support staff at each hostel was therefore responsible to agree to a World Café event taking place on their premises and for recruiting research participants in order to address this issue. Informed consent was gained at the beginning of each event to ensure that participants were aware of their right not to participate and to withdraw at any time. This was particularly important in order to address any coercion that participants had experienced in coming to the research events by the College or Hostel Accommodation staff. Informed consent and the right to withdraw from research are common elements of ethical practice within research (Bell, 2010). Furthermore, those leading the research undertook an up-dated DBS check as a further safeguard to the research participants.

**Summary of Main Findings:**

User & Knowledge Levels of Participants:

Most participants were unaware of pending legislation changes prior to 26th May 2016 e.g. “Not aware of ban this month, People may still use - lack of knowledge around the law, People assume they are legal”. So there were concerns over the lack of information about the legality change and how people might be criminalised as a result of lack of knowledge. However, after the legislation came to fruition some of our participants knew about it e.g. “I knew the law had changed and a friend’s boss (a pimp) told us. It won’t stop people if they can get it. It’s probably harder to get hold of”. So word of mouth seems to be an effective way to communicate key messages. A student also talked about being informed by a friend’s older relative. The majority of our participants hadn’t used NPS and all of the student participants stated that they had not used legal highs. Students reported that they didn’t know people who used legal highs or had about “10-20%” of their peer group using them. Whereas, within the hostel accommodation participants reported knowing up to “85%” of peers who were using NPS and some of the participants reported via questionnaire that they had used NPS themselves, ranging from infrequent usage to a couple of participants stating that they used NPS daily. However, the majority of our participants from hostel accommodation stated that they hadn’t used NPS. Students didn’t seem to know as much about NPS as the hostel accommodation participants.

Reported Health & Social Effects of NPS:

Those that had used NPS reported harsh physical, social, criminal and withdrawal effects. Impacts to health and well-being included fatality. One participant stated “a friend died” from taking “mamba”, she was aged “32” and was “left for dead”. Someone else commented that they had taken a “cherry bomb” and this caused “fitting” and struggles with “standing up”. A common comment was about legal highs hindering movement e.g. “Made me feel paralysed, and had ran out of breath”. In terms of after effects a further participant reported that they had “depression day after suffered cos you haven’t taken it” and “withdrawal”. In terms of withdrawal symptoms, another participant stated that NPS was “Addictive/rattle when you can have it e.g. sick, tummy cramps, sweats, worse than dying”.

A number of participants reported that NPS users were engaged in crime. “Loads of begging”, “shop lifting”, “dealing” and “fighting” were associated crimes that were stated by hostel accommodation participants. One person confessed that they had been done for “breach of the peace” by police after taking “monkey dust” and “arguing with a garden gnome 9pm-3am”. It was also felt that there were connections between taking NPS and “domestic violence, criminal damage, assault, murder, debt, theft and debt from buying the drugs” as well as “knife and gun violence”.

Conversely, participants also reported being victims of crime whilst taking NPS. One participant disclosed how they had become a victim of a serious crime whilst talking mamba, which resulted in them not being able to “move” and then they were “gang raped”. This has had impact upon being moved around to other hostel accommodation and the development of mental health problems. Those that weren’t taking NPS from hostel accommodation stated that “they all know someone who has been attacked” and assaulted by mamba users. There seems to be links between taking NPS and involvement in crime, from petty crime to fund drugs, through to more serious violent and sexual crime, which was suggested to be as a result of using the drugs.

Whilst the students in our study reported that they hadn’t used legal highs they did report that they were concerned about how the new legislation banning NPS might increase crime. They were of the opinion that crime “will get worse with new legislation and create more criminality”.

Those who had friends/family who used NPS reported concerns about the effects of NPS. One hostel accommodation participant commented that “some people put off by first bad experience but still some use despite anal failure”. People said that they were put off when they saw the negative impact NPS had on others e.g. “friends and family turning into a smack head is a put off”. However, one person said that a friend had “collapsed” and had a “fit” but others observing this. still took NPS but it “put me off due to fit”. One participant from hostel accommodation stated “they [legal highs] are like some kind of tranquiliser. Who wants that? Not me”. Others commented that they were put off from using NPS due to “knowing the side effects”, the “stigma around users” e.g. “Chavs do drugs”, “Seeing the effects of somebody else – pictures… friends and family”, the “Chance of death”, ”medical stories of what has happened to users”, the “possibility of being arrested and criminal record”, “scary information” and noting that “some people kicked out of accommodation” for using. It is apparent from these findings that information on the effects from using NPS does have influence on people’s decisions as to whether they try the drugs in the first place. One of the biggest influencers was seeing someone else suffer negative consequences as a result of using NPS.

People in Stoke-on-Trent are getting information about NPS from a range of sources inclusive of the media, dealers, users, friends and social media such as Facebook. Whilst medical practitioners are seen by some as knowing “…more as they know how to help and treat people afterwards” it was strongly felt by a number of participants that people are “more likely to believe your friends about their knowledge than professionals”.

Perceptions of NPS Users:

Whilst it was acknowledged that lots of different people in Stoke-on-Trent use NPS e.g. “Could be anybody”. A stereotypical user was perceived by non-users as “chavs”. Students speculated that those using NPS were “unemployed, young people, students – like to express themselves, poor people – need to be thrilled as life is not fulfilling”. Whereas, the hostel accommodation participants were more of the opinion that those using NPS were “anyone that knows about it would have a go. People on the streets, a lot of them do it”. One group of participants agreed that people using NPS “act like crazy crack heads”.

Views on Legislation Change & the Impact Upon NPS Usage & Supply:

Most felt the legislation changes would not deter drug usage e.g. “can’t see that any change will stop them. The legality didn’t affect their drug use. People make more money from selling the product illegally”. It was thought that people were mostly getting directly from dealers and/or using other substances and that “it might die down a little but it won’t go away”. Those that knew NPS users stated that “there were three shops in Hanley but now people jump on the train to London, Manchester, and Birmingham to get it”. There was also reports that “…They [Head Shops] have spent too much money to lose all that money now. They are still doing it behind closed doors” and another commented “the people who sell it [Head Shops] entice you to buy it and sell it. The shops are still selling it”. A small group of participants commented that regarding the legislation change “it wouldn’t influence me” to not use NPS.

Thoughts on Drug Support Services for NPS Users:

Few people knew about existing drug services in Stoke-on-Trent. One participant commented “not sure where to get the information from on legal highs”. Another reported that they “only know of three, [*comment illegible*], Lifeline and Recovery. Lifeline and Recovery were crap. I still talk to a support worker, they helped me with the drink. They do need more support networks. Up until recently I didn’t know these existed”. Generally it was felt by those in hostel accommodation that there was “not very much info” on services. However, one hostel accommodation participant told us that “LH leaflets were used as roaches for the mamba”. When participants had accessed medical and support services they reported that they felt that what they shared was “in one ear out of the other”. In terms of harm reduction support it was thought that the “Medical (profession) not so credible – Listen to users who have tried it”. Most felt that harm reduction information was best from ex-users or drug workers e.g. “people who have used, or are still using have credibility. Followed by drugs workers over medics”.

Students felt that there needed to be “more positive support – skills, root of the cause, re-defining self-image, self-control and respect, hearing other people’s experiences but in the right place”. One hostel accommodation participant highlighted that “aromatherapy, detox, and alternative therapy” as well as “crystals” and understanding of “colours” and how they “can influence mood” could help some NPS users. Another participant suggested “therapy talking about childhood is helpful in rehab to explore why you drink etc. this could work”. Although, others felt that “rehab only works if you want it to”. Furthermore, it was felt that you’ve “got to get away from associates/find new people to hang out with to stay clean” and others commented on how hard it was to change drug usage patterns in hostel accommodation when others try to persuade you to continue. It was felt that there is “no proper support for LH users” and that some participants felt let down by hostel accommodation staff because “they knew what’s going on but don’t do anything about it”. Another participant stated that “Hostels don’t do anything about it – they just put signs up. More should be done in the actual hostels to help with drink and drugs”. Someone else said that “no one cares in a hostel. Staff don’t care because they get paid” and that staff were “lazy” and there was “not enough money to help”. Access to support services was a challenge for the hostel using population in terms of attending appointments at external agency premises.

**Discussion of Main Findings:**

Observed adverse effects can deter non-users from using NPS. However, those that knew NPS users inferred that adverse effects were not deterring usage and that some were addicted and could not stop using. The findings from this project, support existing research that implies that adverse effects of NPS are not deterring users from continuing usage (Bruneel et al, 2014). Furthermore, it was felt that changes to legislation were insufficient to deter usage in Stoke-on-Trent and that head shops were still supplying NPS, as well as dealers travelling further afield to bring supplies into the City. This indicates that the change in legislation is causing some level of ‘displacement’, rather than cessation, which concurs with concerns raised by Linnell et al (2015) and also Stevens et al (2015).

In our research there were more users and known users in the hostel accommodation community, than with college students. It was interesting how little the local college students knew about NPS (or were willing to tell us about their knowledge of NPS). None of the student participants reported using NPS which potentially challenges existing research that young people and college students are more likely to be using NPS (refer to Ministry of Justice, 2015; Johnson et al, 2011 & O’Neil, 2014). This deserves closer investigation with follow up research that potentially employs additional different research methods that generate trust with young people. Both groups of participants indicated that the most vulnerable in the City were using NPS which supports O’Neil’s (2014) study. However, the full extent of user-ship is not known and findings cannot be generalised to the whole population of Stoke-on-Trent due to the non-representative nature of our sample in this study.

There were clear associations between NPS drug usage and criminal activity in the City. Criminal activity ranged from petty crime such as shop lifting and begging through to serious violent crime of assault and rape. This is concerning and requires further investigation. There is little existing academic literature on the links between NPS and crime, so further research is essential in light of the levels of violence disclosed by participants. There is a clear need to safeguard vulnerable groups, especially those in hostel accommodation. It is apparent from some of the participants that there is question over how supportive hostel staff are and of their ability to intervene when they notice issues. Further investigation is also required into the support levels on offer to those in hostel accommodation. The negative feedback that we received concerning hostel staff was only associated to one of the hostels that were involved in this study. Evaluating the effectiveness of hostel intervention and services was not within the remit of this particular study, however, we felt it important to raise the concerns regarding this in our report as it has impact upon tackling substance misuse and victimisation.

In terms of exploring what drug support services are useful for NPS users, it was thought that medical staff are not best placed to offer support regarding harm reduction information and there was a clear preference for peer approaches, followed by drug workers. This concurs with existing findings from research (Soussan & Kjellgren, 2014). Furthermore, most of our research participants were unaware of current service provision. This suggests that there needs to be more information shared about current services. Leaflets aren’t always the most effective communicators of service provision and have been used as roaches to “mamba spliffs”. Word of mouth seems to be an effective way to get messages to the drug using community based on how people had found out about the legislation changes. Additionally, there needs to be some consideration as to where drug user support services are based. Those in hostel accommodation reported that there were issues for them, in accessing existing drug services and that having a drugs worker providing drop-in support at the hostel accommodation would be more effective.

There is some evidence of existing user groups being ‘labelled’. Users were regarded as “Chavs” and also likened to “crazed crackheads”. Stigmatising NPS users is apparent from our findings. Although, the stigma has put some people off from using NPS, there is question as to whether this further ostracises users and leads them into further criminal activity (Becker, 1965; Townsend, 2011). Convicting someone for “breaching the peace” when “arguing with a gnome” in the early hours of the morning also indicates some levels of criminalisation. However, the full details of this particular case aren’t known. What is important is that there is greater consideration to how the new legislation is implemented to ensure that detrimental effects of creating ‘outsiders’ through labelling doesn’t occur.

**Key Recommendations to Public Health:**

1) Better communication to general population on legal changes & existing drug support services.

2) Consider the development of ‘outreach’ drug services into hostel accommodation.

3) Consideration of peer approaches to drug support for NPS.

4) Consideration in the application of new legislation in order to avoid demonising young people & the most vulnerable (e.g. homeless people).

5) Further research in what is happening in Stoke-on-Trent regarding NPS with greater numbers of the population and once legislation changes are more established in practice.

6) Better support and protection for the hostel community to reduce experienced violence.

7) Research into the standards and practice of hostel accommodation staff.

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