

Novel Psychoactive Substance use amongst clients accessing Changing Lives services in Newcastle upon Tyne

Aim of the Research

This study was undertaken by Soundingboard Research & Consultancy and was commissioned by Changing Lives to gain a better understanding of the use of Novel Psychoactive Substances ('legal highs') amongst individuals accessing a number of its services. It did not seek to establish prevalence of use though interviewees found it very easy to find people with significant experience of using NPS.

Methodology

A small team of Peer Researchers was recruited from the Newcastle User and Carer Forum in Newcastle. All were in recovery from addiction and they were involved in the project throughout the process.

- Interviews were conducted with 24 users (and ex users) of NPS in Newcastle.
- 15 interviewees were male and 9 were female.
- Interviewees were aged between 19 and 57 years. The average age of interviewees was 33 years.
- The vast majority of interviewees described themselves as White British.
- All interviewees were accessing a Changing Lives service.

Key Findings and Recommendations

Level of Use:

- Half of the interviewees had started to use NPS within the last six months and two-thirds of interviewees had started using these substances within the last 12 months. This suggests that there has been a recent increase in NPS use amongst the client group in the last year.
- The main reasons for starting to use these substances were identified as curiosity and peer usage.

Substances Used

Interviewees used a range of substances. Exodus (red and blue) was by far the most widely used by over two-thirds of participants. Psyclone, Happy Joker, Pandora's Box and Clockwork Orange had also been used by a number of participants. Strength and potency was one of the key reasons for using NPS

with over a third of participants also continued to use NPS because of the effects of the substances – which many regarded as stronger and more potent than illegal substances they had used.

Effects

Many interviewees discussed how the effects of other illegal substances could be replicated through the use of NPS. A third of interviewees stated that their experiences of NPS had been similar to cannabis and a quarter stated that they were similar to heroin. Other participants discussed similarities to amphetamine, cocaine, ketamine, ecstasy, valium and other benzodiazepines - indeed many interviewees stated that it was possible to replicate any illegal drug with an NPS equivalent.

Reasons for Use

1. Convenient and easily accessible

Convenience and ease of access was discussed by a number of participants as one of the reasons why they used NPS. They are available at a variety of locations and outlets throughout Newcastle with many participants buying the substances from vendors that were convenient to where they lived or were located. Access appears to have increased even in the few months this study took to complete.

2. Legal

The 'legal' aspect of this substance use was also discussed by a quarter of participants as a rationale for use of NPS. It was evident that many participants had a history of using illegal substances; indeed, a number were continuing to use illegal drugs. A third of participants stated that one of their motives for using NPS was as a substitute for other substances – because NPS was 'legal', easily available and replaced other substances such as heroin, cocaine and alcohol.

3. Making a Change

It is evident that a number of participants started using NPS as a means of making a change in their life in relation to the use of other substances. It is vital that they are aware of the potential for 'legal highs' to impact on any positive changes they may be making in their life and on their 'recovery'. Some even saw the shift to NPS as something that would promote their recovery.

Patterns of NPS Use

The vast majority of interviewees had used NPS daily, with a number of participants stating that they used NPS 'constantly' and 'as much as possible'. Over half of interviewees discussed using NPS when waking up and continuing to

use during the day. Many of these interviewees discussed the habitual nature of their NPS use and a number discussed using NPS when waking due to 'withdrawal'.

It is evident that NPS use is embedded within the fabric of life for many of those interviewed. Its use for many participants, had become an important part of their daily routine and therefore limited their potential to be full and active citizens within their community.

Amongst the vast majority of participants, there had been a change in their use of NPS since they started using them, with over half of participants increasing the quantity of NPS that they were using. This was largely due to an increase in tolerance to the substances. This "addictiveness" is not something that has been widely considered or discussed in the debate around NPS and is a particularly worrying aspect of the findings of this study. Likewise people spoke of increasingly risky ways of using it to get a better hit, progressing from smoking it as a joint, to a pipe to a bucket and then to injecting.

A high number used NPS in combination with other substances which both compounds and complicates the effects and potential risk, particularly of overdose when taken with other depressant or sedative substances. Since a third of respondents took NPS on their own this potentially heightens overdose risk.

Impact of NPS Use

Many interviewees had experienced the negative impact from their 'legal high' use and these encompassed a number of key areas of life:

- Debt and money issues were discussed by a third of participants as an issue linked to their NPS use. Amongst participants over a third were spending between £50 and £100 a week and another third were spending between £100 and £200. As a very rough guideline, we estimate that when this group of 24 individuals were all using NPS they were collectively spending approximately £3,000 per week (an average of over £100 per person per week), which is over £150,000 a year.
- Offending, primarily linked to the need to fund 'legal high' use and behaviour following NPS use was discussed as a key issue by a quarter of participants.

- A third of participants discussed the negative impact on their relationships with families and friends.
- A quarter of participants had also experienced physical and mental health problems in relation to their NPS use. Physical issues were linked to loss of appetite, 'passing out', palpitations, lethargy, vomiting and other symptoms that were linked to 'withdrawal'. Mental health issues experienced by participants included anxiety, paranoia and agitation. One participant stated that they had experienced a 'breakdown' linked to their NPS use.
- Nearly a fifth of interviewees suggested that NPS use had impacted on their recovery.
- Three interviewees stated that their use of NPS had led them episodes of homelessness.

Recommendations

1. Drug Education and Awareness

There is clearly a lot of ignorance around the legal status of these substances and what this means about their safety or otherwise. A lot of people seemed to believe that they were safe because there was no restriction on their purchase - though whether this was genuine ignorance, wishful thinking or a convenient conclusion is hard to say. This could potentially lead to more of the Changing Lives client group using NPS in the future, due to the social networks that exist within the services. It is evident that switching from illegal substances to NPS does not eliminate some of the consequences of illegal drug use such as harm to health and impact on relationships, housing, offending and debt/money issues. Work needs to be done to educate people about NPS and wherever possible to use this term rather than "legal high".

2. Training for Workers

Some users of NPS complained that their workers did not understand NPS or that there were no specific services to deal with NPS. Similarly there have been a number of cases where drug workers say that they feel de-skilled and unable to work with people who are having problems with NPS. Factual training about the effects and nature of NPS is useful but what is most important is to help staff to recognise that it is just another substance and that key skills in working with addiction are transferable. Behavioural problems arising from use need to be

dealt with as any such behaviour – police for aggression, paramedics for overdose, etc. and help to address problems approached in the way that use of any other substances would be.

3. Harm Reduction

Consideration should also be given to advice on harm reduction including 'safer injecting' and Blood Borne Viruses as there was at least one report of an individual injecting NPS and a clear ladder of increasingly risky means of use. Taking NPS alongside other substances including alcohol substances has led to a number of problems including overdoses and some deaths so again there is an urgent need for better education about risk and dangers.

4. Recovery

The fact that a number of people thought that using NPS would "assist" their recovery is a worrying indication that recovery has become a nebulous word which means whatever people want it to mean. There appears to be a belief that "legitimizing" substance use is recovery, when at best legitimacy is a consequence of recovery. This lack of understanding is hardly surprising given the dominance of substitute prescribing within drug treatment in the last two decades. The idea that one can still "get high" and be in recovery suggests that a person's underlying addictive behaviour and reasons behind it have not really been addressed. It is vital that workers in addiction services and treatment discuss the potential negative impact of using NPS with people in recovery and how using NPS feeds back into damaging patterns of behaviour and can derail an individual's recovery.

5. Organisational Policy

It is vital that Changing Lives has a clear policy regarding NPS and that all staff are aware of, and are confident when applying the policy. This needs to link into other aspects of conduct including licence agreements, activities on premises including selling on or sharing with others, etc. Staff need to be consistent and confident when using the policy.

6. Service Provision

It is vital that all drug and alcohol services, probation, health professional, housing services, etc. are aware of and have an understanding of NPS and can offer appropriate and informed advice and support. It is also vital that there is an agreed local and co-ordinated response to NPS use, including appropriate terminology.

7. Peer Support

There is perhaps an opportunity to develop a peer support group within the locality for users of NPS. Peer Researchers have since raised the issue of NPS within the Newcastle User and Carer Forum and this may provide a springboard for the further development of groups to support these members of the community.

8. Information for Retailers

It is important for vendors to gain an understanding of the consequences for these individuals and the community and that a local approach is established to educate and raise awareness with these outlets regarding the damage caused through the use of NPS within their community. This may link into a broader Communications Strategy.

For a copy of the full research report contact communications@changing-lives.org.uk