The Use of Novel Psychoactive Substances by Homeless Young People in the North East

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Introduction

Background to the Project

The marked increase in both the supply of and demand for novel psychoactive substances (NPS) in recent years – a term which refers to an increasing number of ‘designer’, pharmaceutical and herbal drugs, often advertised and sold as ‘legal’ alternatives to illicit drugs – have created unprecedented social, cultural, legal and political challenges, as both advantaged and disadvantaged user groups have turned to these substances for reasons varying from recreation to desperation (Smith et al, 2013; Corazza et al, 2013). Research suggests that while their once-legal status initially conferred a perception of safety amongst users, experience and observation quickly dispelled this myth (Irving et al, 2015). NPS are typically understood to be extremely dangerous, causing life-threatening reactions, severe withdrawal symptoms, long-term health effects and even death in some cases (Irving et al, 2015; DrugWise, 2017). In 2015, 114 deaths associated with NPS were recorded (ONS, 2016), having increased from just 60 in 2013 (DrugWise, 2016). NPS has also been linked to a number of social harms, such as crime and antisocial behaviour and homelessness (Irving, 2015, DrugWise, 2016). There is limited official data to support this, however. Indeed, there is a lack of system-wide methods to record NPS-related incidents.

In May 2016, the UK government introduced the Psychoactive Substances Act (PSA), in the hope that this would cease – or at least significantly reduce – the supply and demand of NPS. The Act:

- makes it an offence to produce, supply, offer to supply, possess with intent to supply, possess on custodial premises, import or export psychoactive substances;
- includes provision for civil sanctions to enable the police and local authorities to adopt a graded response to the supply of psychoactive substances in appropriate cases; and
- provides powers to stop and search persons, vehicles and vessels, enter and search premises in accordance with a warrant, and to seize and destroy psychoactive substances (Gov.UK, 2017).

The effectiveness – or indeed unintended consequences – of the new legislative framework remaining open to speculation. This, in part, reflects a limited understanding of the characteristics, needs, motivations and attitudes of particularly disadvantaged NPS users, such as those from the homeless, vulnerable youth and offending populations. These populations are likely to hold important insights regarding the potential effectiveness of the ban and more broadly, the construction of a holistic response to NPS.

Such insights may be critical for the North East which has developed a reputation as a ‘hotspot’ for NPS-related activity, particularly among the vulnerable youth and homeless populations. Consistent with national research, local and regional studies into the use of NPS have found that NPS tend to attract a young and often vulnerable profile of drug user. The former legal status, perceptions of safety and the accessibility, low-cost and potency of NPS have all been found to be significant factors influencing use. Worrying, users have reported turning to NPS as a form of escape, with the end goal being unconsciousness, rather than simply ‘getting high’. Usage continues, despite widespread reports of highly unpredictable effects, feelings of addiction and the potential severity of the withdrawal process. The most common short-term health effects reported include: low mood, depression, paranoia, temporary paralysis, hallucinations, seizures, black outs, stomach cramps, vomiting, sweating, weight loss, fatigue and breathing problems.
More broadly, NPS use is said to have resulted in: increased levels of anti-social behaviour, relationship breakdown, disengagement with services and homelessness. Ambulance and police call-outs and A&E presentations linked to NPS reached a peak in January to February 2016 (Irving et al, 2015; Smith et al, 2017).

Since then, a range of measures have been implemented to try to more effectively tackle NPS, which have recognised the need for balance between enforcement and safeguarding to protect those at greatest risk. Key actions have included: the development of multi-agency strategies, increasing practitioner knowledge of NPS, the sharing of intelligence between agencies, the development of peer-led resources around NPS targeted at young people, offering users a mix of harm reduction, clinical treatment and psycho-social interventions, and partnership working around issues of supply and licensing. Across the region, stakeholders have welcomed the PSA 2016, feeling confident that this would significantly reduce the number of young people tempted to try and those using NPS. However, most emphasised that this would not constitute a panacea. Indeed, although demand for assistance from the emergency services has fallen rapidly since the peak, it nonetheless continues (see Irving et al, 2015; Smith et al, 2017).

**Overview of the Project**

Throughout May 2016 to January 2017, Youth Homeless North East (YHNE) ran a series of participatory workshops with young homeless people across the region, focused on the topic of NPS. The aims of the workshops were to:

- Develop a greater understanding of their knowledge and understanding of, as well as their motivations for and experiences of using, NPS;
- Explore the likely impacts of the legislative ban on the supply of and demand for NPS among vulnerable people; and
- Identify good practice responses to the use of NPS by vulnerable young people.

More broadly, it was hoped that the workshops would increase the knowledge and understanding of the participants about the nature, legislative framework surrounding and dangers of using NPS; and that the project insights would enable young people to develop peer-led information resources and better equip the homelessness sector to manage the use of NPS by service users.
Methodology

In total, eight participatory workshops were undertaken by YHNE, involving 49 homeless young people. Some support workers were also present at the sessions.

Of the young people engaged with, all were between the ages of 16 to 24 years old. 29 (59%) participants were male and 18 (37%) were female. The gender of two participants was not recorded. The large majority were living in supported accommodation.

The workshops typically lasted between 60 to 90 minutes and discussions centred around the following topics: the prevalence of NPS use among participants and their peers; motivations for use; the accessibility of NPS; patterns of use; the health and social impacts of using NPS; attitudes towards the legislative ban on NPS; and good practice responses to the management of NPS within accommodation and support services.

In all cases, participants were given information sheets about the project, which included assurances around anonymity and confidentiality, and all consented to their participation in the research on this basis.

The workshop discussions were recorded using Dictaphones and notes were taken. The recordings were later transcribed – only some was transcribed verbatim. The transcription and notes were passed on to the Department of Social Sciences at Northumbria University for analysis and writing up.
Research Findings

The Prevalence of NPS Use

Of 49 participants, 13 (27%) reported being active users of NPS, 15 (31%) reported being former users of NPS and 17 (35%) reported that their lives were being affected by NPS in some way at the point of engagement. It is possible, however, that the number of active users at the time was higher. Indeed, the workshop facilitators detected a reluctance among some participants to answer this question and some expressed concern about the implications of discussing the topic in respect of their tenancy agreements and possible repercussions from peers. Nonetheless, the above figures indicate that almost all the participants had first-hand experience of NPS, either as users or observers and it continues to impact on many of their lives.

While the use of NPS by homeless young people, more generally, was still said to be high, the young people engage with seemed to imply that a shift may be taking place, with young people slowly turning away from NPS. The extent to which this is a reality is unknown as there are no official current figures to support this. On the one hand, NPS-related are reportedly increasing (ONS, 2016). One the other, however, anecdotal discussions with a range of relevant organisations, as well as previous regional research (see Irving et al, 2015), suggests that the use of NPS is, to some extent, stigmatised. Some young people referring to NPS as a ‘dirty’ drug – this is an informal term for drugs that may bind to many different receptors in the body and so tend to have a wide range of effects and possibly adverse drug reactions – and reported that there is more kudos among young people from being able to afford traditional drugs, than their cheaper counterparts. Furthermore, some workshop participants reported that they and had peers had reverted to using illicit drugs, such as cannabis, following negative experiences of using NPS and call-outs to the emergency services for NPS-related incidents have reportedly decreased.

Motivations for Use

Supporting the findings of previous studies, participants agreed that the former legal status of NPS was a key driver of use for some young people, with the limited risk of criminalisation and initial perception of safety being key reasons for initial uptake, and continued use. At the point of engagement, however, most participants were very clear that there is no association between legality and safety and that NPS are potentially significantly more detrimental to health and wellbeing than traditional drugs, such as cannabis. Just two participants reported being sceptical about the true dangers of NPS and questioned the difference between NPS and alcohol.

Here, one commented:
‘Why not be stricter on alcohol?...I don’t understand. Look at all of the anti-social behaviour on a Saturday night out in Newcastle from alcohol. Legal’s are horrible but they are no worse than booze’.

Media reports were said to have played an instrumental role in raising awareness among the participants about the dangers of NPS (as well as peer observation). Most were aware that due to the ever-changing ingredients used to produce NPS, users could never be certain about the chemicals which they would be consuming and the possible effects of use.

Challenging life circumstances, however, appeared to be the over-riding risk factors underpinning usage. Similar to pathways into illicit drugs, when asked why they had used NPS, participants talked about ‘wanting to escape’ from and ‘feeling hopeless’ in the face of difficulties such as homelessness, poor mental health, unemployment, limited financial resources and the perception of limited future prospects. Some of the specific comments of participants here included:
‘I did it to remove myself from situations’.
‘I didn’t want to talk to anyone about my mental health as I felt daft saying I had a problem, so I just used more legals’.
‘I know it’s bad and it’s not safe or whatever, but when you’ve got nowt, you need an escape. That’s what I used it for’.
‘It’s a manky drug, but people get off their heads on it, takes you to a different place’.

It is also vital to remember that many of the young people accessing homelessness services have experienced a range of childhood traumas, which may also explain their pathways into substance misuse. While the workshop participants did not link childhood trauma to the use of NPS, multiple talked about growing up in local authority care, domestic violence within the family home and experiences of bereavement at a young age.

The Accessibility of NPS

Despite the PSA 2016 having come into effect, most of the participants reported that NPS are still largely accessible. A typical comment here was:

‘You can still get it. It’s never gone away, maybe from the surface but you can still get it’.

Several ‘head shops’ were reported to have ‘bulk purchased’ supplies of NPS prior to the ban coming into effect, meaning that they still had supplies of NPS to sell (albeit more covertly) at the point of engagement. Other shops were said to still be buying new supplies of NPS online, highlighting that NPS can still be imported. There were also reports of NPS being sold by mobile suppliers, selling NPS from car boots and in some cases, using ‘runners’ to provide a doorstep delivery service. Particularly concerning were reports that the ‘runners’ used were often vulnerable young people and active users of NPS, who were typically paid in the form of further NPS. Critically, descriptions of the sellers and cars involved were given in the workshops, but participants refused to disclose the names of head shops that continued to sell NPS. Finally, one participant alleged that NPS were available to buy in a local comprehensive school at the time and another reported seeing NPS available to buy via a status on Facebook.

Of those who had ‘bulk bought’ NPS online from other countries for themselves and their peers, participants stated that they had never conceived of this in terms of importing and selling drugs and were shocked and unnerved at this suggestion.

The Consumption of NPS

Interestingly, several of participants considered themselves to be or have been sophisticated users of NPS. They explained that they would spend time researching which NPS to purchase via websites and interacting with other users on Internet forums. They were keen to obtain information about the ingredients used in different brands of NPS and the psycho-active and potentially adverse effects of different brands.

One participant, for example, commented:

‘I would research the chemicals before I bought them…I would look at the chemical formula of the real drug and would then search for the closest match. I felt this was a safer way to buy them…I would also go on websites that review the legal high, so I could check how people were reacting and hadn’t had any bad experiences with them’.

Participants singled out ‘The trip report’ and ‘Reddi’ as commonly used and useful websites for advice and reviews on NPS. Using this knowledge, participants talked about their quest to create custom-designed or hybrid NPS; combining various brands of NPS in a bid to achieve multiple desired effects.
While the participants’ efforts to use NPS as ‘safely’ and ‘responsibly’ as possible are to be commended, their illusion of control over their use of NPS and perceptions that NPS can be used safely (to some extent) are of concern. Important to note here is the addictive qualities of NPS. While the extent to which NPS are addictive is somewhat open to debate, several participants reported NPS to be addictive, making it more difficult for them to move away from usage. Here, one participant talked about the value of receiving counselling as part of their efforts to move away from NPS.

Unlike studies with adult users of NPS, product marketing – such as the packaging designs and colours – were also said to influence purchasing decisions. Yet, some participants reported being unaware of the ‘not fit for human consumption’ statement on the packaging.

Concerningly, several brands of NPS were reported to offer loyalty and reward schemes, with free supplies of NPS being redeemable in exchange for empty packets. Several participants reported knowing of young people who had taken up these schemes, while support staff at the workshops reported finding stockpiles of empty packaging in service users’ rooms.

Poly-drug use was prevalent, with most reporting that they and their peers had consumed NPS in conjunction with alcohol and traditional drugs. This was particularly true of cannabis, but cocaine was also mentioned in one case. There was no discussion about the perceived benefits and negative effects of combining various forms of substance simultaneously.

The Health and Social Impacts of NPS

Similar to other regional reports which have discussed young people’s experiences of using NPS (Irving et al, 2015), there was limited feedback from participants about the positive aspects of using NPS. In fact, just one participant reported ‘feeling good’ under the influence. Rather, the bulk of discussion focused on the adverse physical and psychological reactions which most had experienced during and following using NPS.

Typical physical reactions were reported to include: becoming unconscious, heart palpitations, slowed movements (often described as ‘zombie’ like), seizures, rapid chest pain, shortness of breath, weight loss, fatigue and a changed complexion. Meanwhile, common psychological responses were reported to include: mood swings, anxiety, depression, paranoia, erratic and sometimes violent behaviour, memory loss and psychotic episodes, such as hallucinations.

Talking about the adverse impacts of using NPS on their already-fragile mental health, two participants commented:

‘It caused my mental health to go down. I already had problems, but this made it worse. I would be class for 3 or 4 days on them and then I would just drop and couldn’t leave my bed for 3 days at a time’.

‘My head was screwed from legals. I started getting really bad mental health and it wasn’t until I stopped using legal highs that I realised that it was the drugs making me poorly’.

Several participants alluded to somewhat traumatic instances of ambulance and police call-outs for NPS-related incidents, particularly within their supported accommodation projects. On this matter, support worker reported that the response time from the emergency services for NPS-related incidents had slowed and believed this to be the result of the emergency services perceiving NPS-related call-outs to be ‘a waste of resources’.
However, staff emphasised that they are now sufficiently experienced with NPS-related incidents that they only call for assistance when they perceive young people to be having particularly severe reactions and that the response of emergency services has made them reluctant to call even when symptoms appear serious.

There was also concern among support workers about NPS are leaving users extremely vulnerable to dangers such as violence and exploitation, when under the influence, due to the physical and psychological effects of NPS. Particularly worrying side effects here are temporarily being unable to move or speak, paranoia and losing all sense of danger. Support workers talked about finding young people unconscious outside of their hostels – sometimes covered in their own faeces and vomit – while one participant reported jumping out of a window and shattering their pelvis when under the influence. Here, the young person reflected, ‘it made me realise they were dangerous and I needed to stop’. Another recalled an incident whereby a young person attempted to strangle themselves. When their peers tried to stop them from doing this, they interpreted this as being attacked and so ran to staff for assistance, before turning violent towards them.

What is, as yet, unknown are the long-term health effects of using NPS. But, it is likely that the effects could be serious. One participant reported being left with permanent bowel damage as a result of using NPS. In one workshop, the participants discussed the case of a peer who has been in a psychiatric hospital unit for several months, having developed a false reality after prolonged NPS use. This notion of a prolonged psychotic episode has been termed ‘the Clockwork Orange’ effect by organisations. Whether this young person will fully recover from this is unknown. What's more, several of the participants reported having lost partners or friends or being aware of peers who had died as a result of using NPS.

Beyond this, a range of social impacts of using NPS were reported. These included: a sense of apathy towards personal care, relationship breakdown and disengagement with services. For example, one participant explained that they no longer associate with a group of former friends because of their continued use of NPS. Another stated that a relationship with a partner had ended due to their partner’s refusal to stop using NPS. Under the influence, they were said to act in a threatening and violent manner, resulting in the police having been called on multiple occasions.

The participants also supported reports of a link between NPS and organised street begging, with so-called ‘gangs’ encouraging vulnerable and/or homeless young people to beg on the streets, with any money gained being exchanged for NPS, or being coerced into selling drugs. There were also reports of increases in the threat of and actual violence being carried out by these gangs. In one case, a participant who was formerly street homeless reported being threatened with a knife by a gang looking for NPS among their belongings when sleeping rough.

**The Effectiveness of the PSA 2016**

There were highly mixed opinions among the participants about the likely effectiveness of the PSA 2016. Broadly speaking, however, the participants were optimistic that the ban would reduce the use of NPS by young people, but did not believe that it would cease their use of NPS entirely. A typical comment here was:

‘If people try hard enough, they will still be able to get it. It will be harder to get and will put some people off but if you really want some you’ll be able to get some’. 
Indeed, just one participant reported that the ban had influenced their decision to stop using NPS.

In questioning the effectiveness of the ban, many of the participants pointed out the ongoing accessibility of NPS. At the point of engagement, several described the ability to access NPS as ‘easy’. Talking about their experiences of living in supported accommodation, one said: ‘Places like this (hostels), you are able to get anything like that quickly, someone always knows someone or is pally with someone in the know’.

When asked why the ban may not be effective, several alluded to the likely ongoing need of vulnerable young people to find a means of escapism, which was identified earlier as a key driver for use. Equally, they believed that the ban would be unlikely to deter sellers of NPS because of the scale of the profits to be made from it.

Some speculated that the continued use of NPS will depend on the impact of the ban on the price of NPS: specifically, that widespread use will continue if the price remains low, but will decline if the ban drives up prices. Linked to this, some speculated that if the price of NPS increases, so too may levels of acquisitive crime as young people turn to crime to fund their habit.

Finally, one participant expressed concern that criminalising NPS will attract more vulnerable young people to try NPS, because of the status and excitement associated with engaging in a risky, illegal activity.

Tackling the Use of NPS

When asked for their thoughts on how best to tackle NPS, the thoughts of the participants broadly reflected the strategic approach which is currently being adopted: a multi-agency, multi-pronged approach. Here, however, participants stressed the importance of:

- Young people having access to clinical treatment and support to tackle the effects of withdrawal and addiction;
- A large social media campaign (via Facebook and YouTube) is launched, highlighting the adverse effects of NPS;
- More prevention/education work around NPS is delivered in schools; and
- Tougher sentences are given to the manufacturers and suppliers of NPS, especially those who sell NPS to young people.

In addition to this, however, they also suggested the creation of a class-based grading system for different brands of NPS, similar to that which exists for, traditional, illicit drugs. To some extent, though, it could be argued that this implies a misunderstanding about NPS products as a whole. Many professionals would argue that no NPS brands are safe because all contain chemical substances which are not safe for human consumption.
Conclusion

This report has sought to update and build upon previous research into the use of NPS by vulnerable young people in the North East, particularly in light of the implementation of the PSA 2016. By both young people and stakeholders across the region, the new legislative framework is a welcome development, and all are optimistic that the ban will reduce the accessibility and normalisation of NPS for most of the population.

As identified strongly in this report, however, the legislative ban will not be a panacea for the challenges presented by the NPS phenomenon. Despite the new legislative landscape, NPS continues to be a relatively widely used substance by vulnerable young people in the region. Problems appear to still be particularly acute among homeless young people living in supported accommodation. For these young people, the benefits of NPS in terms of helping them to cope with their pathways into and experiences of homelessness, as well as their (perceived) limited outlooks, outweigh the health effects and social harms associated with using NPS.

Many clear messages emerge from the research in terms of preventing and reducing the use of NPS by young people in the region.

- The research findings stress the importance of targeting educational information about NPS to young people who are experiencing common risk factors associated with homelessness, as well as those who are currently homeless and living in supported accommodation.

- They also highlight the importance of education around NPS in respect of the health and social impacts and critically, that NPS are marked on packaging as 'not fit for human consumption', NPS are potentially more detrimental to health and wellbeing than traditional illicit drugs, that NPS can and is increasingly resulting in death and that the long-term effects are as yet unknown, but case studies about long-term effects are now emerging.

- In reducing the use of NPS, it may also be effective to help young people to understand the criminal implications of bulk purchasing NPS online and selling this on to their peers. The revelation that this is a criminal activity may be more of a deterrent to some young people than research has suggested.

- The findings highlight the important role played by social media in shaping young people's perceptions and understanding of NPS. It seems critical, therefore, that in addition to prevention and education work in schools, supported accommodation projects and youth-specific charities, for example, that educational messages about NPS continue to be promoted via social media campaigns.

- Continued efforts to tackle both the individual and structural causes of youth homelessness will also be critical – although this is difficult in a context of spending cuts and limited resources. It is important that statutory and voluntary agencies offer emotional support to young people experiencing family problems and if they should fall victim to homelessness, that sufficient practical and emotional support is available to help young people feel optimistic about their futures and to have both self-esteem and high aspirations.

- For young people who continue to use NPS, it is important that localities continue to have a multi-faceted response to NPS, with care and support being the primary goals in respect of users. Counselling, as well as clinical interventions, have been highlighted as essential and effective.
• At the forefront of the service user interface, the role played by supported accommodation providers in tackling NPS seems likely to be crucial. In addition to education and support, it is important that within projects, mechanisms are put in place to manage the supply of NPS coming into hostels through doorstep/dealers and online purchases and young people are unable to collect empty packets of NPS to redeem free supplies of NPS.

• More work needs to be done by enforcement agencies in terms of stopping the supply of NPS, which continues to be bought from head shops, the Internet and mobile sellers. Working with young people to gather intelligence on this matter, which can then be given to statutory agencies, is likely to be critical.

Over the coming months, YHNE will be working with the research participants to translate some of these messages into an action plan and develop practical resources for services and young people.

We look forward to working with organisations in this endeavour also.
References


