



NOVEL PSYCHOACTIVE SUBSTANCES INSIGHT REPORT:
“The View from Young People”

NEW PSYCHOACTIVE SUBSTANCES – THE VIEW FROM YOUNG PEOPLE RESEARCH SUMMARY REPORT FEBRUARY 2017

INTRODUCTION

Addaction is a member of the Young People's Health Partnership. As part of our work through the partnership we have identified a need to improve the ability of health and social care services to understand and respond to young people's use of New Psychoactive Substances (NPS). We decided that the best way to improve this understanding was to seek young people's views on the help that they need and the way that it should be provided.

In autumn 2016 we conducted a research study to gather these views and develop learning points for service providers. More than 1,600 young people gave us their views and opinions during the project.

This summary report explains the main learning points from the research. The full report is available on Addaction's website.

RESEARCH METHODOLOGY

Addaction commissioned TONIC (www.tonic.org.uk), an organisation with extensive experience of researching young people's issues, to carry out the research.

We focused on reaching young people aged under-25 who live in England, in line with the remit of the Young People's Health Partnership. The research methods were:

- Online survey – 1,604 young people responded.
- Telephone interviews – 20 young people were interviewed.

KEY RESEARCH FINDINGS:

1. NPS USE

- Young people are continuing to use NPS, despite the change in classification, and many of them use a range of other illegal substances.
- Nitrous Oxide and synthetic cannabinoids were the most commonly reported NPS being used, but some young people said they use ecstasy imitations.
- 66% of the young people who completed the online survey had used NPS at some point in their life.
- Many young people reported that they took NPS to 'have fun' and said they enjoyed the effects of NPS.
- A number of young people said they used NPS as a method of coping with a difficult situation. These young people often used in isolation and this was less visible to their support networks
- Young people reported that there were significant adverse effects of NPS both in terms of physical health and emotional wellbeing, with 'delusions, hallucinations, panic or anxiety' reported as the most common effects that had been experienced.
- Bad experiences of NPS use often led the young person to stop their NPS use, but they did not seek help with stopping and instead went 'cold turkey'. They said this was because they didn't know about the support available or worried that they would be stigmatised for their NPS use.
- Young people who had stopped their NPS use reported that withdrawal symptoms could continue for a significant period of time.
- A substantial number of individuals stated that the reason that they started was not why they continued and described feeling 'addicted'.

2. HOW DO YOUNG PEOPLE ACCESS INFORMATION ABOUT USING NPS SAFELY?

- Some young people had researched NPS before using them, through watching documentaries or visiting websites that provide advice on dosing.
- Other young people got their information through word of mouth, from people they knew who previously used NPS.
- Young people clearly stated that they want credible and reliable information about NPS.

3. ENGAGING WITH SERVICES

- Young people overwhelmingly asserted that they would not approach a mainstream drug service for support for NPS use.
- This reluctance to attend a face-to-face service was attributed to: fears about the stigma associated with problematic NPS use; anxiety around confidentiality; and not wanting to be aligned with other drug users.
- Young people said they would prefer to access support anonymously, particularly in the first stage of their contact with a service, so they could build up a sense of trust. This anonymous support could happen through online chat or email facility or over the phone/text message.
- Social media was highlighted as an effective tool for advertising support services.
- Young people repeatedly stated that they wanted to receive support from someone with lived experience of drug misuse.
- Young people also told us that they want balanced information from keyworkers that recognises the pros and cons of NPS use and they want advice on how to use NPS safely rather than a judgemental 'just say no' approach.
- It was felt that both group work and one-to-one interventions could be useful in helping young people to change their NPS use and that this support should be provided as part of a holistic approach to their full range of needs, including general wellbeing, education and employment.
- The importance of diversionary activities was emphasised, particularly activities that **'concentrate on the people and not make it look to them like you're concentrating on the addiction'** (male, 22-23)

LEARNING FOR SERVICE PROVIDERS

The combination of group work, one-to-one interventions and diversionary activities will be familiar to many providers of young people's services and the research findings suggest that this work should continue to support young NPS users. However, the study results suggest that services need to do more to reach this group of young people and provide them with effective information and support.

The key learning points for Addaction and other agencies are:

- Use social media, internet and phone tools to reach young people, promote the help that is available and offer them anonymised support.
- Work to reduce the stigma that young people increasingly feel subject to because of their NPS use.
- Develop NPS harm reduction messages and ensure that these can be delivered in a credible way by a range of agencies as part of the support that they provide to young people. These messages should be incorporated into wider health and wellbeing support rather than activities that focus solely on the substance use.
- Consider how to reach young people as they are reaching a decision to stop their use and provide support to help them deal with any withdrawal symptoms.

CONTEXT: THE PROJECT BRIEF

Young people are reporting NPS use in surveys and media, but there is little representation in treatment services across England.¹

This project wanted to speak to young people with experience of using NPS. We wanted to capture their voice, understand their motivations for use, the types of problems experienced and what support would be effective for them.

The findings from the insight work are presented here and will be used to inform the wider sector and to develop Addaction's response to young NPS users.

TARGET GROUP:	Young people aged under 25, living in England
INTENDED AIMS AND OUTCOMES:	<ul style="list-style-type: none">i) To engage young people to generate insights into their use of NPS, capture their voice and experiences to inform the sectorii) To use the findings to develop a suitable model to inform, support and provide treatment

WHO DID WE HEAR FROM?

In total we heard from 1604 young people through surveys online and in paper format (see Appendix B) In addition we spoke to 20 young people through more in-depth phone interviews.

The findings are organised and discussed thematically, in accordance with the interview schedule (see Appendix C), as directed by Addaction staff in the preparation of the project. Staff were asked to consider what areas were important to enquire about and this was closely adhered to in the project.

The insight report is therefore an aggregate reflection of qualitative phone interviews, open ended questions built in to the paper and online survey and quantitative data. There are some demographics which are important to note; Not all young people completing the survey had direct experience of using psychoactive substances.

Q5. Have you ever tried any new psychoactive substances or “legal highs”? Such as Spice, Nitrous Oxide, Black Mamba, Bath Salts etc

Answered: 1,385 Skipped: 89

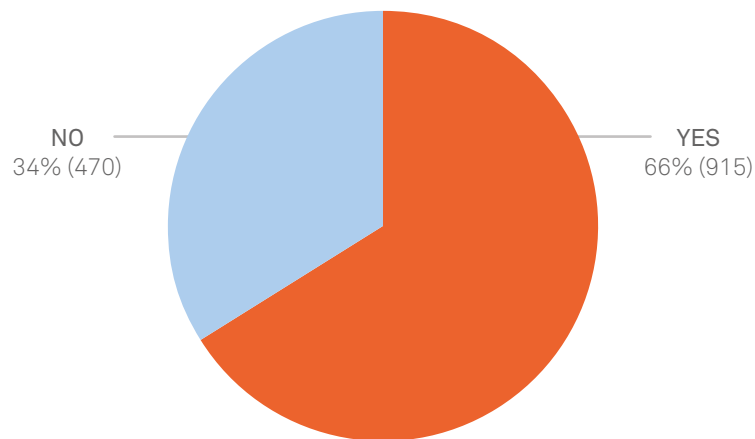


Figure 1: Percentage of people who had used NPS

In contrast, all those who opted in for the phone interview had used NPS at some point in their life. Many young people stated they felt it was important to participate in the interview because they wanted to share their experiences and prevent other young people from having negative episodes using NPS.

“I didn't even do this for the vouchers I just want to help people and see that more research is done”

(Male, 23)

Of the 20 people interviewed, 16 were male. Ages ranged from 14 to 23 with a median age of 18. For the survey, most respondents were between 16 and 17. They were also predominantly male (75%).

Q3. How old are you?

Answered: 1,386 Skipped: 88

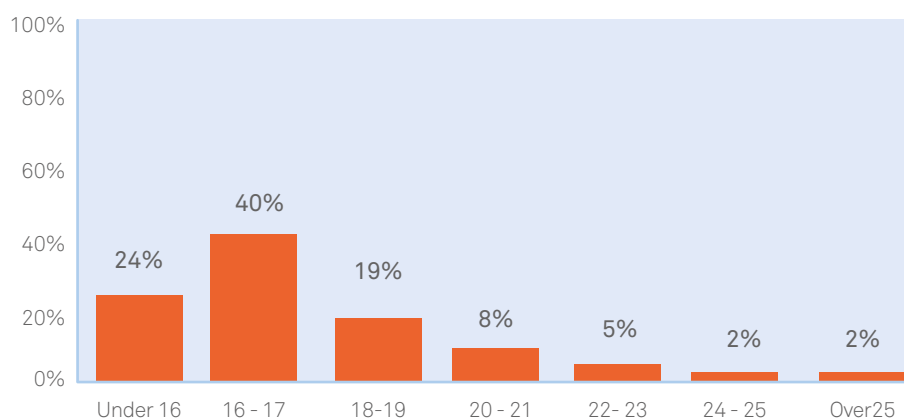


Figure 2: Age of respondents online

FINDINGS: USE OF NPS AND OTHER SUBSTANCES

Questions here included whether young people currently used, what they used and whether they used illicit substances as well. It also covered where and how people bought their substances, where they used them and whether the 'Psychoactive Substances Act' had affected their use.

Most young people that were interviewed no longer used psychoactive substances following a particularly bad experience. Those that were still using them were mainly using Nitrous Oxide (NOS). In addition, many young people were also using illegal substances, namely cannabis, MDMA, cocaine or ketamine.

Q11. Do you use other drugs as well?

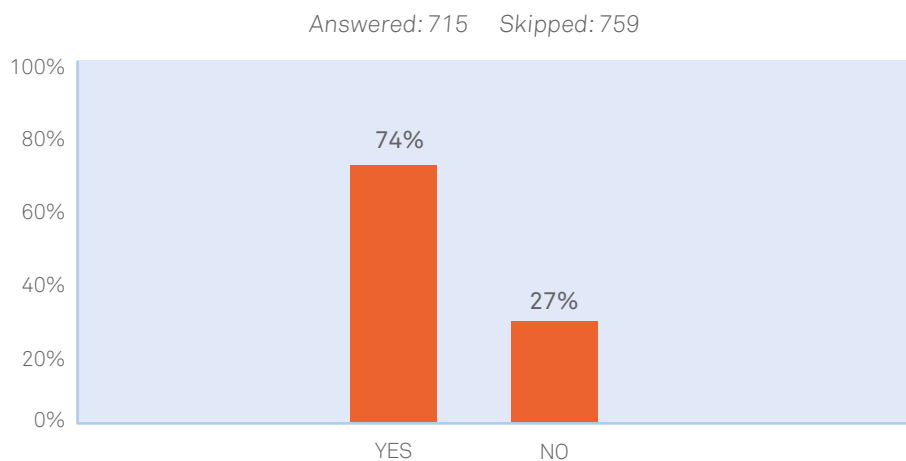


Figure 3: Use of NPS and other illicit substances

No-one that was interviewed had never used substances nor was anyone abstinent from all drugs at the time of interview. 66% of those responding to the survey had used NPS. Most of this group had been using them for less than 6 months and most people reported to use them rarely or occasionally building a picture of infrequent, short-term use. This was interesting as it meant they had been using since the Psychoactive Substances ban had come in. Young people used the comment box on the survey to assert, like those on the phone interviews, that they had used in the past but now did not following a bad experience. There were a small number that stated they were currently (8%) or historically using NPS daily.

Q6. How long have you been using "legal highs"?

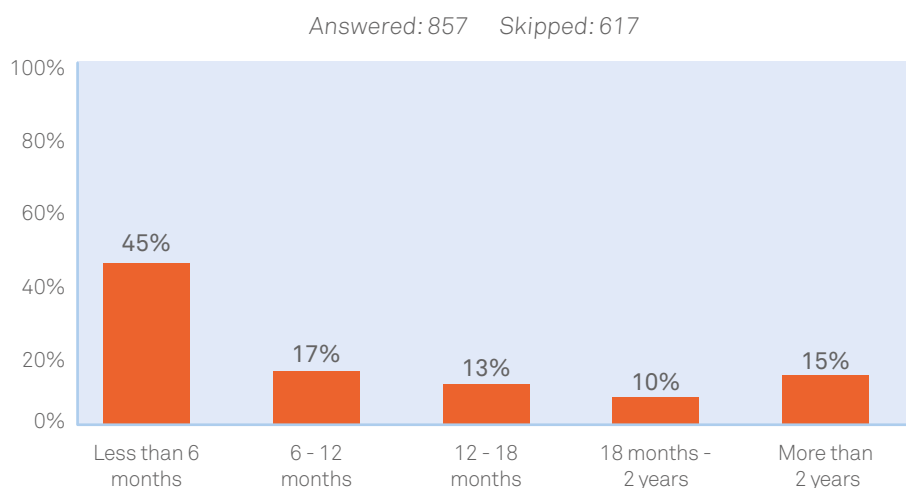


Figure 4: Length of time respondents had been using NPS

Q7. How often do you use “legal highs”?

Answered: 773 Skipped: 701

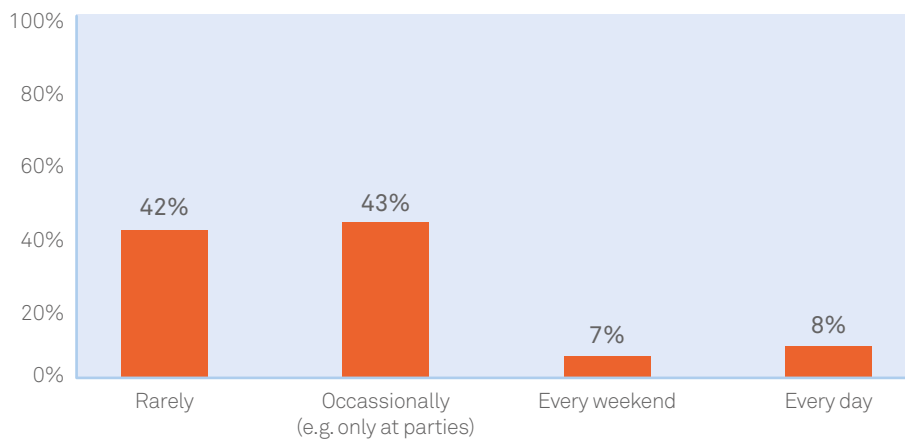


Figure 5: Frequency of NPS use

Most young people across the sample as a whole said they had obtained NPS from their friends, online or directly from a dealer. Obtaining from friends was the most popular answer on the survey. Drilling down into the data, if someone had been using NPS for over 6 months they were more likely to obtain them ‘online’ – suggesting they initiated purchasing and actively sought them rather than simply using them if friends were in possession.

Q8. Where do you usually get your “legal highs” from?

Answered: 827 Skipped: 647



Figure 6: Sourcing NPS

NOS and synthetic cannabinoids were the most commonly disclosed NPS substances being used but others did disclose using Ecstasy imitations.

Young people stated that the new ‘Psychoactive Substances Act’ had not really deterred them from using NPS but it had made it harder and more expensive to obtain. Some young people described a displacement effect where they had gone back to using illegal substances such as cannabis as there was now no difference in the price or availability, which was the initial appeal of NPS. Young people stated if they had to contact a mainstream dealer, they ‘may as well obtain more traditional drugs’.

Most young people reported using NPS to ‘have fun’.

Q10. Why do you use “legal highs”?

Answered: 723 Skipped: 751

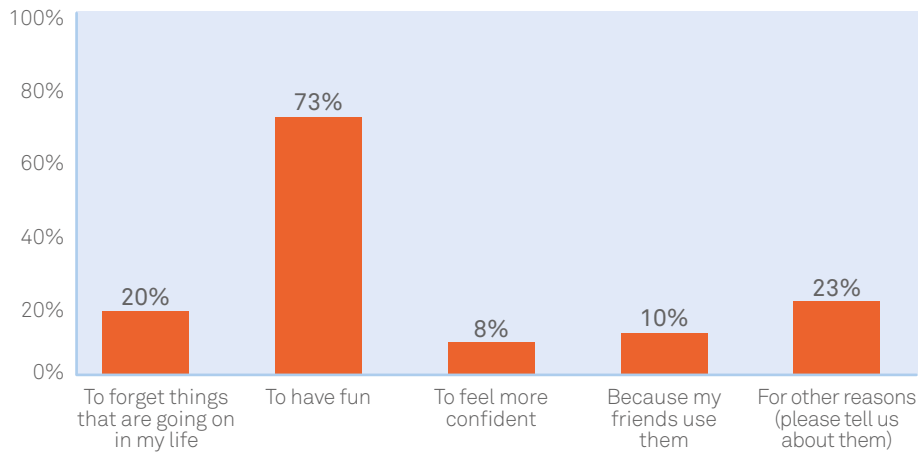


Figure 7: Reasons for Use

Some young people online reported that they had mistakenly taken NPS thinking it was cannabis or another illegal substance. Other people reported they were cheaper than illegal substances or they wanted to ‘forget things’. Several young people during phone interviews stated they started using in relation to a specific incident as a method of coping. A significant number of individuals reported that the reason they started was not why they continued and described feeling ‘addicted’.

“It started out as fun with my friends then turned to an addiction”

(Male, 24-25)

The majority of young people online reported to using NPS at home or at a friend’s house. This was replicated in phone interviews but many people interviewed were at university and they also used them before they went out to the student union. Using at home was seen to be a form of harm reduction.

Q14. Where do you use “legal highs”?

Answered: 673 Skipped: 891

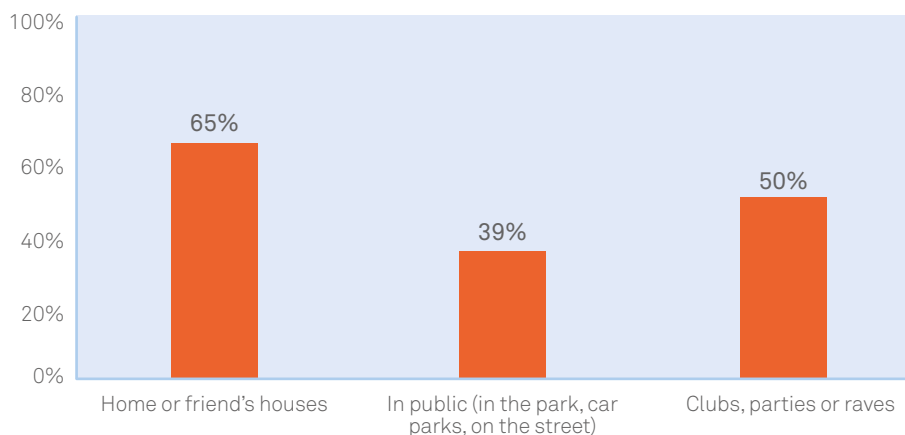


Figure 8: Place of Use

This section also considered whether NPS had a stigma attached to them and all phone interviewees confirmed that NPS, now more than ever and especially spice was aligned with ‘dirty’ drug use, possibly because of the association with prison. The only exception to this was NOS. Young people reflected on the role stigma played in keeping them isolated in their using and preventing them from accessing help and support.

“Using legal highs is seen as the trampy way to get high – worse than using illegal drugs”

(Male, 16)

EFFECTS OF NPS

This section of the interview schedule inquired about positive and negative effects of NPS, whether people had experienced difficulty in stopping their use, any withdrawals or noticed any long-term changes in themselves since they started or desisted using.

Q12. Do you enjoy the effects of “legal highs”?

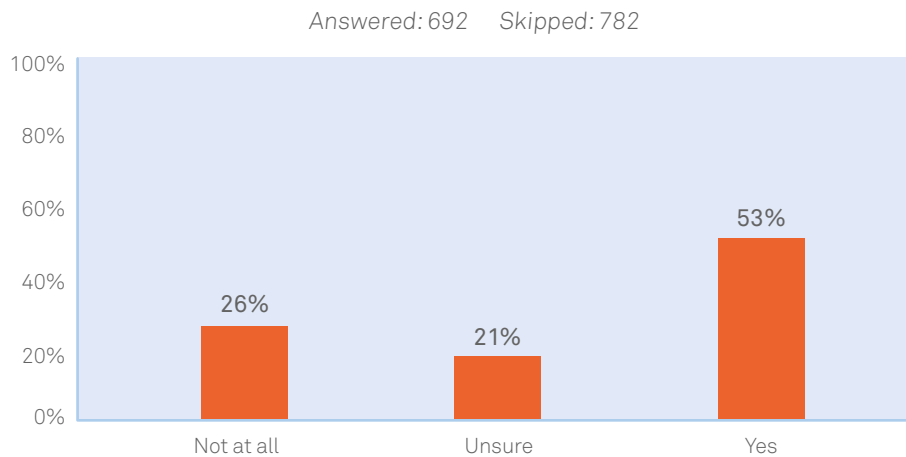


Figure 9: The Effects of NPS

Interestingly, young people answering the survey were more likely to report they enjoyed the effects of NPS than those engaging in phone interviews. Those partaking in phone interviews were overwhelmingly negative about the impact and side effects of NPS and this had fuelled their desire to engage in the interview. The picture seems to be that those completing the survey were more likely to be in active use and therefore still enjoying NPS.

“I had a good time on them when I did take them”

(Male, 18)

“They were class – I was pretty out of it”

(Male, 17)

“Sense of euphoria. you feel really good. the music is a lot more vibrant. you feel a lot warmer. loving and caring towards people. makes you forget things as well. day to day street. my granddad passed away I wanted to forget this”

(Male, 20)

However, young people on both the survey and phone interviews were also able to report significant adverse effects of NPS. These covered a broad range of symptoms including both mental and physical implications. Largely young people reported that this was a catalyst to them deciding to stop using.

“After annihilation 2. I was smoking everyday and regularly seeing withdrawal symptoms that are similar to crack cocaine and heroin (in my uneducated opinion) I would shake and sweat and crave more. which is what made me stop”

(Male, 22 - 23)

“I started coughing up blood on voodoo and passed out on Spice”

(Male, 16)

**“I only smoked them inside prison and would never smoke them again!
Seriously when u have seen 5 people die around you in less than
3 months you know its and issue”**

(Male, 24 - 25)

Young people on the survey were given a list of side effects and most commonly selected ‘delusions, hallucinations, panic or anxiety’ as those they had experienced. Young people also reported stopping after seeing other people’s use.

“I had a friend that hung himself because of legal highs. I had stopped before that but I would never go near it again. he had panic attacks – my friend became homeless and thought he had people after him. he had false mental worries.”

(Male, 23)

Importantly, young people reported ‘not always knowing’ about the dangers or risks associated with NPS before taking them and were therefore unprepared for the negative impact. Several young people reported having to call an ambulance for their symptoms. Young people stated that not using the right dose was the main contributor to negative effects but that NPS were also so strong it was hard to know the appropriate amount to use.

“I was on my own in the house and the reason I had bought the legal high was because I couldn’t get any cannabis – I rolled it about the same size as I would with cannabis. I got about half way through. dropped the joint and started tripping. I felt like a puppet. I had fishing hooks all over my body and I felt like someone was ripping my face off. it was really extreme. I tried dealing with it on my own. I knew what was going on. I couldn’t deal with it on my own. I ran into the house and said to my fiancé. she didn’t know I was doing it. she couldn’t help. she was scared and called the ambulance and eventually they helped me at home. I would never ever touch the stuff again – I don’t see how it’s taken this long for that stuff to become illegal it’s potent and extreme and people have no idea”

(Male, 23)

Young people also stated that the negative effects extended beyond the time of use, into the next day or even when they were not using.

“The next day the come downs were absolutely horrible. you'd be up all night. get in at 6 or 7am couldn't sleep. restless. hollow. empty. can't eat. 48 hours. you're so tired you drop completely. the people around you are judging you - you've probably done stupid things too”

(Male, 20)

Following recognition of the side effects of NPS, young people described their experiences of stopping their use. Of these young people, they reported they did not seek support for this and instead went 'cold turkey'. This was attributed to not knowing there was help available, not feeling they needed help but also the level of stigma they feared being directed at them after admitting they had an issue with NPS.

“It is a massive struggle to come off of legal highs - it took me about 3 months - I didn't ask for help because I was embarrassed - I was embarrassed - it's classed as the trampy way to get high”

(Male, 16)

Young people on the survey who had not tried to quit asserted they felt in control of their use and 'were not addicted'.

“I could stop using all drugs and legal highs anytime. There is no personal dependency on them. they are for recreational use. Used responsibly. anyone should be able to stop using them anytime”

(Male, 16-17)

“I'm not addicted I could stop anytime I like however I enjoy it so I haven't”

(Male, 16-17)

Whilst this may have been true, young people on the phone interviews highlighted they didn't realise they had a problem until they tried to stop and experienced withdrawals. Even those who had gone 'cold turkey' described an extended period of symptoms which they felt unprepared for.

“It took me a month to get over it - it felt like a month come down - a full month to forget about it and get it out of my system. I felt extremely paranoid”

(Male, 23)

One young person described these as so intolerable he began using again:

“I've tried multiple times but I can't do it the withdrawal symptoms are life threatening”

(Male, 18)

HARM REDUCTION

This part of the interview and survey considered how young people kept themselves safe in their using, how or where they accessed information about NPS and whether they knew how to support others around them.

When asked if they thought NPS were safer or more dangerous than other drugs, the majority of respondents said that NPS were 'more dangerous'. This was less pronounced in females and more pronounced in those who had been using NPS for less than 6 months.

Q17. Do you think “legal highs” are safer than other drugs?

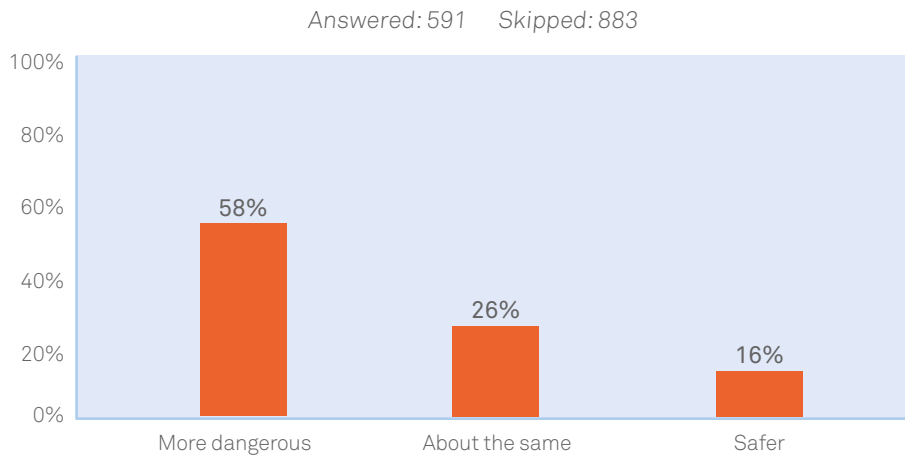


Figure 10: Perception of Danger of NPS

Despite this, it was most common for young people to assert they had not done any research and assumed the substance was safe because of where and how it was being retailed and marketed.

“I did not research it because it’s legal I thought it was safer”

(Male, 15)

“We didn’t do our research and wished we had – we need information about where to take it and how – to stop the dangers around it – we are always going to take it – but tell me how to take it in the safest way possible”

(Male, 17)

This lack of research may have then contributed to a bad experience and fed in to the feedback that NPS were ‘more dangerous’ than other drugs.

As previously mentioned, young people stated they mainly used at home or at friends houses. This was described as a harm reduction method as people felt safe in familiar spaces. One girl described how difficult it was to support her friend when she had a bad ‘trip’ and they were away from home.

“I smoked exodus and then my friend was hallucinating. it was so hard to stay in my head and help her at the same time and get her home safely”

(Female, 18)

A handful of young people taking part in the phone interviews stated they had done extensive online research before taking NPS; watching documentaries or visiting specific sites which detail dosing levels for each substance (e.g. www.erowid.org). Young people stated they wanted credible, reliable information as this was more likely to make them pay attention.

**“We need decent bits of information” – written by experienced users e.g.
smoking weed after MCAT will not help you. smoking MCAT makes you smell like cat piss”**

(Male, 21)

**“There’s a programme and that shows how bad it is. that makes me pay attention –
it’s real life. no bull shit – so documenting is a very good way to show people how it
really is- and they need to be local. every area should have one made”**

(Male, 17)

Other methods of harm reduction came from ‘word of mouth’ – knowing someone who had used a specific NPS before and enquiring about the safest method to take it or from personal experience.

**“I would know what to do on a bad trip – I’ve had one. I would sit them down.
reassure them. no trashy lights. take away their drugs – I learn from festivals”**

(Male, 16)

FRIENDS AND FAMILY

This topic was pursued through the interview process only. It considered the extent that young people’s friendship groups had changed or been affected by NPS use, whether their friends or family knew about their use and how, if at all, they had been involved in their support or expressed concern about their use.

Young people were unlikely to describe that their family knew about their NPS or other drug use. Where this was known, they stated that they had had a ‘chat’ with their family about moderation but no formal support mechanism was offered. Often NPS use was described as being hidden from family.

**“They have had talks with me but they are likely to
only be involved when it gets to a problem”**

(Male, 18)

**“They found a bag of voodoo in my room and sat down and spoke to me for an hour but
I didn’t listen – it was only when I was worried about my health that I decided to stop”**

(Male, 17)

One young person described how his Aunt was involved in harm reduction.

**“I know to take them in halves – my Auntie tells me – she goes to festivals and she
tells me how to take things safely “**

(Male, 16)

With regards to friends, several young people disclosed that their friendship group had changed to align with their NPS use, others stated they socialised in mixed groups where some people used and others did not. There was a lack of unanimity in this theme.

Those at university described often using with friends whereas as those who disclosed using as a coping mechanism for a specific reason tended to use in isolation and this was much less visible to their support networks.

One young person described how his friend had died from an aneurism that they believe was related to NPS use. He was involved in his support and attended drug counselling sessions with him. He particularly valued having the opportunity to be part of this process. It broke down stigma towards his friend and gave his friend a source of support outside of the sessions.

“Peer support is essential – sessions/services need to offer the chance to bring a friend/family – who can support outside of services”

(Male, 23)

SUPPORT AND INTERVENTIONS

This part of the project gave young people the opportunity to be creative about interventions or support provisions. It enquired as to whether young people would access support through mainstream drug services, what was important to include in any offer, who should offer it and whether groups or 1:1 activities were preferable.

Q19. Do you think young people who use “legal highs” would come to a drug or alcohol service for help?

Answered: 982 Skipped: 482

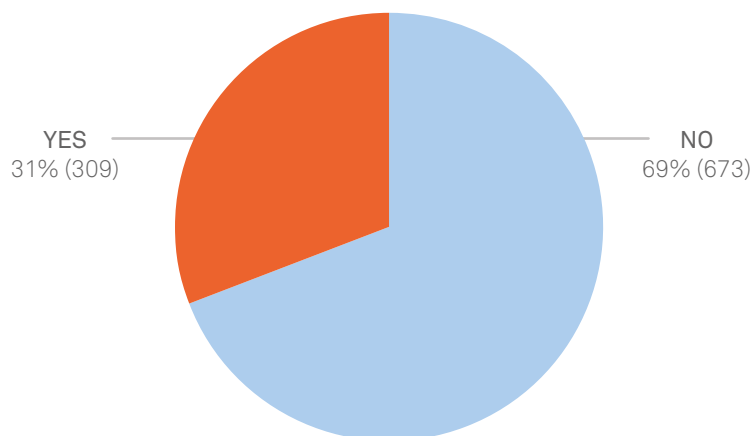


Figure 11: Accessing Support

Young people overwhelmingly asserted that they would not access a ‘main stream’ drug service for support for NPS use. This was, in part, because of the stigma associated with problematic NPS use. Entering a service face to face was said to exaggerate this anxiety around confidentiality and being aligned with other drug users.

To combat this, many young people said they would prefer to first access support anonymously either via an online chat or email facility or over the phone/text message. The issue of trust and anonymity was of great importance in allowing young people to feel comfortable before they met a key-worker in person.

**“No one is going to go in somewhere with other drug people – in town –
I would want it to be private”**

(Male, 17)

**“I would go to a drop in and get support face to face but the anonymity of going
online is really good – not everyone wants people to know theyre struggling”**

(Male, 19)

Some young people asserted they would want a service or support offer that meant they would not have to come into contact with other, ‘harder’ drug users. This was not unanimous across the sample and other young people felt NPS were just like any other substance in terms of recovery.

“I dont want to go to somewhere for crack addicts”

(Male, 16)

Young people in interview and in the survey repeatedly stated they would want to receive support from someone with lived experience of drug misuse. Having someone who was credible and relatable seemed paramount, over and above the content of any session or intervention. This sentiment was extended to prevention methods which should be delivered by or include someone who has experience of NPS.

**“Shock people – before and after photos – my mate who hung himself he was a top
lad and then he went to living in squats with heroin users. not washing. losing their
teeth. Get people to go into school. people who have been there – so they know in
advance – get it in to their heads when theyre younger”**

(Male, 23)

In terms of the content of intervention or support sessions, young people were keen to iterate that any approach that adopted a ‘lecture style’ or authoritarian approach would not be well received.

**“Many young people. I feel as one myself. are to an extent tired of the older and
uninformed talking to us about a subject we are generally well versed in using
the same ‘dont do it’ rhetoric of the past 50 years”**

(Male, 18)

Young people stated they would value a balanced view of NPS use from key-workers or professionals, that recognised why people would use as much as why it would be dangerous to do so, and difficult to stop. Young people wanted a safe space (even if this was online) where they would not feel judged and could safely disclose their use.

“The session was supportive and not judgemental – this was so important – they never made him feel ‘crack head’”

(Male, 23)

“Other young people to make it easier to relate to. Young people who have potentially been addicted to drugs and who have recovered could inspire others to do the same. Anyone who looks down on the young people or who is judgmental would not be suitable”

(Male, 15)

“These people are humans. They're habit causes society to retract their humanity. This causes them to delve deeper into their dark habit. The only way a person can be truly healed, is to be understood. Those on drugs have issues no-one can know or understand, apart from others on drugs. This is why they congregate. We must understand them, and treat them like humans. Pity and judgement is unhealthy”

(Male 24-25)

Harm reduction information and an acknowledgement that young people are probably going to experiment at some time was welcomed. Young people wanted support around how to do so safely, not a message that they ‘should not use drugs’.

“Providing information on how to take drugs safely, how much to take, where you can get your drug's tested for purity and contaminants, where to purchase personal testing kits to know what your taking and to keep you, your friends and family safe, any potential side effects and dangers to long term mental and physical health. Teaching that because drugs are legal doesn't mean that they're safe, exactly goes the same with Alcohol, Nicotine and Caffeine. Once we take a harm reduction approach instead of a prosecution approach, we can limit drug harms and deaths. The leading cause of drug overdoses is due to inexperienced drug users, taking pills that they have no idea how strong they are, or what they are”

(Male, 16-17)

“They must not be told not to do them. When a young person is told not to do something, a curiosity is implemented into their mind, and makes them wish to do what they have been told to abstain from. Instead they should be told of the dangers of these substances. They should be told how to do them safely, if they do choose to do so”

(Male, 17-18)

Q21. If Addaction were to start a project for young people using “leagl highs”, what would be important to do?

Answered: 791 Skipped: 683

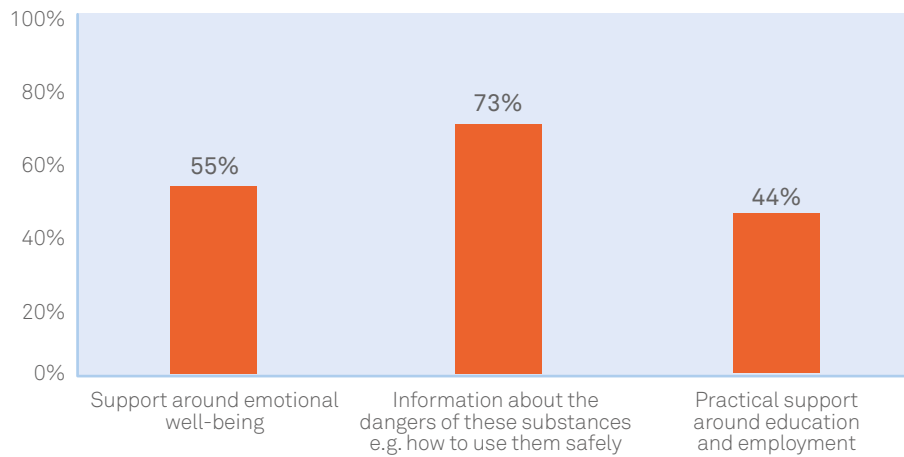


Figure 12: Content of Support

Young people also discussed how they wanted sessions to feel purposeful as well as ‘tailor made’ to align with their personal interests. There was recognition that support should be holistic around general well-being, employment and education and not strictly focused on substance misuse.

“It felt too informal not enough goals or structures”

(Female, 22)

“We need people who will take an interest in me personally not just a course to fit everyone. something tailored to my needs – tackle other problems. family job issues – not the drugs necessarily. if you have a happy life you aren’t smoking this stuff – a service needs to tackle a whole a range of issues – need to solve the root cause. the whole picture”

(Male, 18)

“If people are on the streets – not sure how we can treat people really. their life is worthless to them”

(Male, 16)

Q23. If Addaction were to start an initiative for young people using “legal highs”, what do you think would be a good way of doing this?

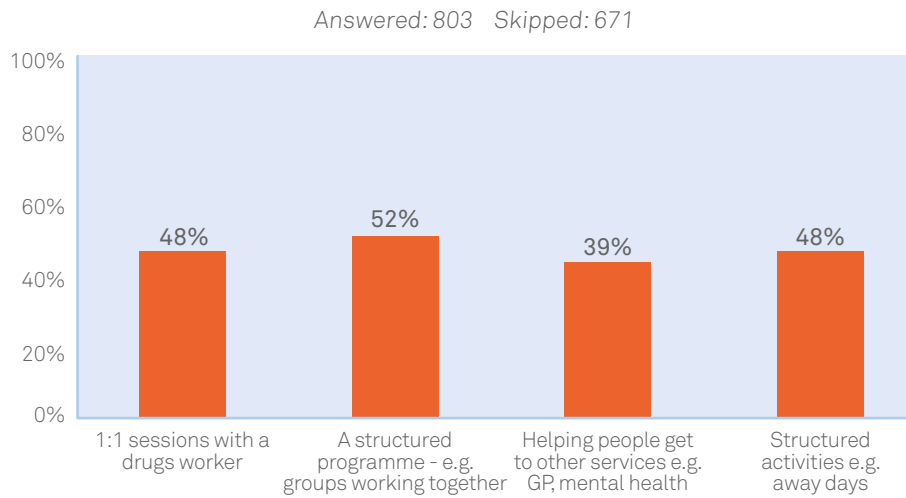


Figure 13: Structure of Support

There was no clear preference for how support should be structured. Young people could see benefit in both 1:1 and group-work sessions.

“1:1 is just as important as group work – I can tell that person anything I need to. I don’t have to worry about being embarrassed but group work I can hear other people’s experiences and connect with them through shared experiences – to see why they are using and how it effects them”

(Male, 17)

However, in the comments box online and during phone interviews, young people highlighted the importance of activities away from talking about drugs. This aligned with their desire not to be lectured but to receive credible, balanced information, in a safe space and connect with other young people.

“Structured activities and away days that do not focus on legal highs is also very important. people don’t want to attend a group meeting every week to focus on legal highs. it gets repetitive and begins to feel like a chore. Away days provides a way for the group to interact with each other in a way that doesn’t constantly involve their own issues or legal highs and allows them to build relations with others and become a more tight knit group which is important when the sessions are group driven.”

(Male, 16-17)

“Have group focus days but the day after go out bowling or something.. concentrate on the people and not make it look to them like you’re concentrating on the addiction”

(Male, 22-23)

“Make them think back to the things that made them happy before they found these mental distractions. This is what helped me the most, when I took a two month break. I regained old friends, took up old hobbies, made new ones. Most importantly of all do not patronize them”

Young people also highlighted the need for support to feel informal in the sense it was not mandated and they had the autonomy and choice to attend and engage.

“It is important to keep it as informal as possible for young people. The structured programme mentioned in the options above is a good idea as long as informality is maintained”

“Don't push too hard as being too keen would turn me away... don't tell them they're a problem and create a more kind of youth club, or a place to go if they don't feel safe”

Social media was highlighted as the best place to advertise support services as well as harm reduction information. Some young people in phone interviews felt it would be a good idea to have a discrete 'help' button on some of the blogging sites and forums they were using.

“Advertise on social media, that's our main platform, or bill boards – but with good graphics – definitely nothing cheesy – we want to be taken seriously and also, not too much in your face”

(Male, 19)

CONCLUSIVE REMARKS

In summary, this project was able to access over 1600 young people and, as a result, the insight report has highlighted the key feedback given by young people about NPS use across England. Young people were very clear about the ways in which they would access information, help and support which indicates that services need to be responsive and current in order to maximise their input. The executive summary includes critical findings from young people, which should be considered in any service offer.

Young People's Health Partnership

The Young People's Health Partnership (YPHP) is a seven-strong consortium of organisations working with the Department of Health, Public Health England and NHS England as strategic partners to raise the profile of the health agenda across the voluntary sector.

We work to:

- influence and shape the health system to understand young people's needs for age-appropriate services equip the voluntary youth sector to work in partnership with the healthsystem
- support young people to exercise empowered and active voices in the healthcare system
- The partnership includes Addaction, Ambition, Association for Young People's Health, Brook, CLIC Sargent, StreetGames and Youth Access.

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