

“It gave me a release from everything I used to think about and try to get away from”

Preliminary themes from **ATTUNE and **NPS** qualitative studies exploring pathways to illicit stimulant use**

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- **Aims and objectives**
 - **Methods and recruitment**
 - **Demographics**
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Methods and Recruitment

- Qualitative, semi-structured interviews
- Purposive and snowball sampling
- Used incentives
- Ethical Approval

Organisations

Sexual Exploitation Outreach service; MesMac; Trinity Youth; Changing Lives – men and women’s groups (Sunderland, Gateshead, East/West end Newcastle, Chester-le-street), The Foyer, George Street Social, Clinks, The Home Group, Northumbria Police, Byker Community Project, Tyneside Women’s Health, Gateshead health centre, Durham Police – probation, Darlington police – probation, ‘A Way out’ – Middlesbrough, Newcastle City Council, Crisis, PROPS - Byker, Lifeline, Fulfilling Lives, Oasis Aquila - Gateshead, Mental Health Concern, Gateshead Evolve, Gateshead Private Landlord Association, Gateshead Council, Byker Bridge Housing and Support, social media; JISCmail

Novel Psychoactive Substances

Spice, Spice Kick, Clockwork Orange, Sonic Blue, Ramshot, Zombie Mario Mind Trip, Royal Exodus, Red Exodus, Blue Exodus, Black Exodus, Mephedrone, Red Dragon, China White, Salvia, Pandora's Box, Pandora Unleashed, Pandora Reborn, Space Cadet, Blue Cheese, Hummers, Insane Joker, Bubble, Poppers, and Ching



Black Mamba



Gogaine



Pink Panthers



Sparklee

Demographics: NPS_N8

- **Fieldwork** - June-Sept 2016
 - **NPS Users**
 - N=25 semi-structured interviews conducted: n=9 female, n=16 male; 18-46 years old; n=8 infrequent user; n=12 current user; n=5 ex user; n=25 Caucasian; n=3 self-identified as LGBT



Amphetamine Type Stimulants

Sampling criteria - ATTUNE

- **Group 1: Dependent user**, with a current ICD-10 diagnosed dependency on one or more types of stimulants
- **Group 2: Remitted user**, who did develop a stimulant dependency in the past but remitted
- **Group 3: Frequent, non-dependent stimulant user**, with current and past frequent stimulant use without developing a stimulant dependency
- **Group 4: Formerly frequent ex-user**, who had an intensive stimulant use but stopped their consumption, without having developed a stimulant dependency
- **Group 5: Non-frequent stimulant user**, who did or do use stimulants on a non-frequent level
- **Group 6: Exposed non stimulant user**, who never used stimulants but did have the chance to use stimulants

Demographics: ATTUNE

- Feb 2017 – July 2017
- **Age range:** 18 – 62 years old, 32.21m
- **Gender:** n= 37 female; N=33 male
- **Age of first use of any substance:** 12.87 (m)
- **Self-reported arrests:** n=35+ participants
- **Using services:** n=35 no, n=30 yes, n=5 missing data
- **Substance use:** Alcohol, Cannabis, NPS, heroin, Amphetamine, Methamphetamine, whizz, LSD, MDMA, Crack cocaine, nicotine, NPS, Benzos, Valium, Ketamine
- **Method of ATS use:** bombing, snorting, swallowing, IV, speedballing

Preliminary Themes



A word cloud on a dark blue background with a light blue glow. The words are in various colors (green, orange, pink, purple) and sizes. The most prominent words are 'violent relationships', 'criminal activity', 'polysubstances use', 'performance', 'weight loss', 'job enhancement', 'mental health', 'cheaper', 'substance', 'treats', 'parental', 'small', 'anxiety', 'curiosity', 'university', 'pregnancy', 'energy', 'pleasure', 'belonging', 'trauma', 'feeling productive', 'experimentation', and 'deprivation'. Other smaller words include 'boredom', 'stigma', 'normalisation', 'multiple', 'alcohol', and 'post-natal depression'.

violent relationships criminal activity
polysubstances use performance
weight loss job enhancement
than mental health cheaper
substance treats parental
small boredom stigma anxiety pressure
normalisation multiple alcohol
curiosity university
use pregnancy energy
Pleasure belonging
trauma feeling productive
experimentation deprivation
post-natal depression

Risk Factors - initiation (UK)



	Individual	social	environmental
Group 1	<p>Curiosity Desire for positive effects – alert, empathy</p> <p>Mental health</p>	<p>Social networks link to dealers friends consume</p>	<p>Availability in prison Parties and clubs Fairly cheap</p>
Group 2	<p>Curiosity Pleasure seeking energy</p> <p>Mental Health</p>	<p>Social networks linked to dealers Participating for pleasure and inclusion in subculture Moving into more unstable housing</p>	<p>parties and clubs</p>
Group 3	<p>Curiosity and Pleasure</p>	<p>Friends Feelings of social/peer pressure</p>	<p>Influences of others around you where you're living Low cost and ease of access Common culture in certain contexts</p>
Group 4	<p>Curiosity Not concerned with priorities or consequences Wanting to be accepted</p>	<p>Being in a large group where use was rife Next step on from alcohol use Older friends/associates</p>	<p>Free drugs from people Popular/fashionable at the time</p>
Group 5	<p>Curiosity</p>	<p>Socializing Friends in school using</p>	<p>Low availability Moderate attitudes to substances</p>
Group 6	<p>Risk averse Health conscious Fearful of authority Cautious of unknown effects</p>	<p>Strong peer group, socially acceptable not to take them Family influence - strong authority See negative effects on others, responsible for care Priorities – school, work, family</p>	<p>Fearful of criminalization Avoid drug-taking spaces (clubs, parties)</p>

Curiosity and pleasure

“**Just curiosity, isn't it, just starting out?** It was nice for a while. Drugs are not nice, so it just really started from there. It's been progressive. I never really let up. I never really stopped after that.” (ATS 3, Group 2, male, 36-40yrs)

“I came to uni and I heard other people taking this, that, I was sitting thinking, “I **wonder what that does** to you.” So in the first year I think probably after Christmas, from Christmas and that whole summer I was probably using Class A drugs about three times a week”. (ATS18, Group 1, male, 21-25yrs)

‘cocaine doesn’t do as much to me as a bubble would. People don’t understand it because **cocaine is supposed to be really good**, but I don’t think it is good at all [...] cocaine buzz is more of a mellow buzz, but **bubble like MCAT will make we want to dance for ages**’
NPSUR16, female

- Effects
- Belonging
- Dislocation
- Boundary-making

Mental health

“give me a **release from everything** I used to think about and try to get away from. So that was one of the main reasons why I like amphetamines.
(ATS999, Group 1, male, 36-40yrs)

“I fell pregnant, I was about three months since I had the baby, **I was struggling to do everything**. There were arguments, I was getting up during the night to feed him and stuff like that. Then his dad came in one day and he had something and I just took it and I ended up on it from that. That **first time I took it** when I had him, **I realised I could do everything**, and still sort him out.” (ATS5, female, group 2, 26-30yrs)

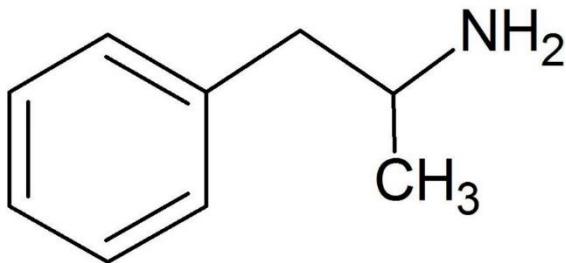
- Escapism
- Work pressure
- Monotony
- Post-natal depression
- Low mood
- Poverty

Friends_family

“the first time I took it I was just kind of drunk at a festival and there **wasn't really much of a thought process**. It was kind of like a tiny bit of social pressure” ATS33, Group 3, male, 21-25yrs)

“I was with a friend in the women's refuge, and that's why I took it because she took one. **I didn't know anybody** else in there” (ATS07, Group 2, female, 26-30yrs)

“I stopped using it because my current boyfriend doesn't smoke it. He takes whizz and cocaine. So, I just kind of like got into that—like, not into the routine, it's was just like **everybody else is doing it**” ATS16, Group 1, female, 21-25yrs)



- New networks
- Maintaining
- Transience and belonging
- Care system

Exposed non-user of ATS

‘I’d been out with friends before who’d done, I don’t know what whizz is. Maybe it’s speed, but we used to call it whizz at school. So I knew I’d been. I’d go out and people had taken it. I never saw them take it - that was the first time I saw them, and I just found it **incredibly scary**. [...] I couldn’t even imagine holding one, never mind putting it in my body. I **knew I would never do drugs**, I knew that for certain. [...] Whereas drugs, it was always the **unknown to me**. So I just wouldn’t have done it. I just don’t like the feeling of **not being in control**’ (ATS49, female, 31-35yrs, group 6)

Protective Factors

- Fear of effects
- Retaining control
- Risk averse
- Deterred by authority
- Structure
- Non-using peers

Risk Factors - Continuation/Increase (UK)



	Individual	social	environmental
Group 1	<ul style="list-style-type: none"> • Functioning usage • Trying to manage low mood and mental health issues (post natal), weight loss • Undertake mundane domestic tasks quickly 	<ul style="list-style-type: none"> • Part of subculture – friends are dealers and users • Normalized 	<ul style="list-style-type: none"> • Accessibility • Going to clubs, parties, festivals, friends houses • cheap • Escalated criminal activity
Group 2	<ul style="list-style-type: none"> • Wanting to feel more alert • Enjoyed positive effects 	<ul style="list-style-type: none"> • School Exclusion – managing boredom • Belonging to social network • Normalized 	<ul style="list-style-type: none"> • Availability • Low drug cost • Space and place • Dealing to fund usage
Group 3	<ul style="list-style-type: none"> • Spending less on alcohol • Comedown better than hangover • Needing a higher dose to illicit the same effect 	<ul style="list-style-type: none"> • Remaining as part of a social group • Having regular nights of usage 	<ul style="list-style-type: none"> • Making contacts who have access to supply • No concern about legal status or health effects
Group 4	<ul style="list-style-type: none"> • Positive physical and psychological effects from using • Your identity is built on that lifestyle • Addictive personality 	<ul style="list-style-type: none"> • Going off the rails due to life events • Influence of certain individuals • Friendships become more based on drugs 	<ul style="list-style-type: none"> • Sense of acceptability of stimulants • Ease of access • Trying what was available
Group 5	<ul style="list-style-type: none"> • Pleasure seeking only • Feel in control 	<ul style="list-style-type: none"> • Regular structure and routine (school, work) so drug use infrequent, not likely to increase 	<ul style="list-style-type: none"> • Not easy to access outside of scene space

Normalised and Functional

“It’s **just fun**. I wouldn’t say it’s the reason you do it but it’s like one of the nice secondary benefits. It does bring everyone together, because you do kind of get euphoric and just start, like, hugging everyone and stuff, which is fairly nice. “ (ATS33, Group 3, male, 21-25yrs)

“You don’t want to eat, if you eat you’ll be sick so **it’s a good diet thing** (ATS16, female, group 1, 21-25yrs)

“I was doing **work in the house**, tidy up. Yes, it was a high and it was nice.” (ATS15, female, Group 1, 46-50yrs)

- Ecstasy Vs Speed
- Manageable use

Acquisitive Crime

‘Just with whatever money I had. If I didn’t have any money, Joseph would go **out pinching**. He was out on the pinch, on the grab, every night; if he wasn’t putting car windows out, he was **burgling** people’s sheds. There was this one place he used to go up to at the [X] and they have loads, must be a posh house...’ (ATS5, female, group 2, 26-30yrs)

Injecting

“I can still remember the **intensity** of it. To be honest with you, it was powerful but it wasn't something I could honestly say inside it was amazing. It was a bit too intense. It was intense and it was lovely. It was **a beautiful, horrible, disgusting moment**. Does that make sense? That was my experience with a lot of stimulants is that it's beautiful but it's horrible at the same time.” (ATS 3, Group 2, male, 36-40yrs)

Factors around Decrease, Abstinence (UK)



	Individual	social	environmental
Group 1	<p>Health concerns Conscious effort to acquire hobbies, change lifestyle (manage boredom & low self esteem) Seek help for mental health issues</p>	<p>Social service involvement – lose children Intervention from parents/family Change social networks Find employment Leave/acquire new romantic partner Return to school</p>	<p>Sent to prison Drug treatment Avoid spaces of drug use</p>
Group 2	<p>Drug effect harder to achieve Health concerns Declining mental health pregnancy</p>	<p>Acquire responsibilities Become new parents Intervention from family/friends Move house Acquire employment</p>	<p>Use of drug service Have been in prison/arrested</p>
Group 3	<ul style="list-style-type: none"> ▪ Feeling negative physical and psychological effects ▪ Less pronounced positive effects 	<ul style="list-style-type: none"> ▪ Reduced socialising with certain friends ▪ Not wanting to use alone 	<ul style="list-style-type: none"> ▪ Drugs available becoming stronger ▪ Criminal justice involvement
Group 4	<ul style="list-style-type: none"> ▪ Disliking the comedown ▪ Bad experiences ▪ Maturing 	<ul style="list-style-type: none"> ▪ Impact on 'normal' functioning ▪ Relationships/parenthood 	<ul style="list-style-type: none"> ▪ Not using when the drugs not available ▪ Criminal justice involvement ▪ Influence of media ▪ Fashion fads
Group 5	<p>Grow older – maturity Pregnancy</p>	<p>New priorities Friends no longer do it Acquire more responsibilities</p>	<p>Drugs not easily available Fearful of criminalization</p>

Critical Moment

“For me it was 25, which I'm really grateful for that I hit that rock bottom and I realised I'd had enough because I did. **I was suicidal.** I wanted to die. I didn't want to live and **I hated myself, all that self-loathing and stuff and self-hatred.** I thought everybody hated me. The way I felt, I thought that's the way everyone else felt. It was just a lie, it was just my head. As we know the head makes things worse than what they are. So yes, **getting clean was amazing.** I've been clean since” (ATS 3, Group 2, male, 36-40yrs)



Lifestyle changes

“he’s noticed that all I’m doing is changing that. It’s like, I **go out walking** now with the dog and I’ll go shopping and I’ll **stay in** the house and **tidy** all the house to **keep my mind off** the [drugs] instead of having to go—cause he knows **I want a job**. So, he kind of feels shitty about it, so he’ll go to the pub and then just drown his sorrows into a pint. Even though I’ve told him hundreds of times I’m not going to leave you” (ATS16, female, group 1, 21-25yrs)

“I’ve done **a peer mentoring course** in Newcastle, and that was to mentor people who were on drugs, who would come and they had to go to appointments or police stations, on surveillance, stuff like that.”
(ATS4, female, 26-30yrs, Group 4)

- Whole-view approach
- Fitness
- Community
- Valued self
- Treatment

Strengths and limitations



Strengths

- Diverse sample
- Large qualitative dataset
- Range of social and economic contexts

Weaknesses

- Lacks ethnic diversity
- Retrospective snapshot in time
- Hard to reach populations

Discussion

- Protective factors for non users vs. Risk Factors for initiation
- Factors contributing to increase in use of ATS (inc. NPS)
- Factors contributing to decrease of use of /abstinence from ATS:



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