

**Young people’s beliefs about new psychoactive substances known as ‘legal highs’**

**Volume 2: Bibliography & Appendices**

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# Appendix A in support of Chapter 2 (Background)

## Table A-1: Prevalence rates for use of NPS in the General population

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authors** | **Year** | **Co.** | **N** | **Population** | **Drugs** | **Age** | **Lifetime use**  | **Last year use** |
|  |  |  |  |  |  |  |  | Male | Female |  | Male | Female |
| NACDA | 2010/11 | NI | ≈7,000 | Household survey | NPS | 15-64 | 2.4 | 3.0 | 1.8 | 1.0 | 1.6 | 0.3 |
| NACDA | 2014/15 | NI | ≈7,000 | Household survey | NPS | 15-64 | 2.2 | 3.5 | 0.9 | 0.3 | 0.6 | 0.1 |
| CSEW | 2014/15 | UK | ≈35,000 | Household Survey  | Legal highs | 16-59 | 2.9 | 3.9 | 1.9 | 0.9 | 1.3 | 0.4 |
| CSEW | 2015/16 | UK | ≈35,000 | Household Survey  | Legal highs | 16-59 | 2.7 | 3.8 | 1.7 | 0.7 | 1.1 | 0.4 |
| CSEW | 2016/17 | UK | ≈35,000 | Household Survey  | Legal highs | 16-59 | 2.4 | 3.2 | 1.6 | 0.4 | 0.6 | 0.3 |
| CSEW | 2017/18 | UK | ≈35,000 | Household Survey  | Legal highs | 16-59 | 2.5 | 3.3 | 1.7 | 0.4 | 0.5 | 0.2 |

## Table A-2: Prevalence rates for use of NPS among young people

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authors** | **Year** | **Co.** | **N** | **Population** | **Drugs** | **Age** | **Lifetime use**  | **Last year use** |
|  |  |  |  |  |  |  |  | Male | Female |  | Male | Female |
| NACDA | 2010/11 | NI | < 2000 | Household survey | NPS | 15-24 | 2.3 |  |  |  |  |  |
| FEB | 2011 | UK | ≈500 | Household survey | Legal Highs | 15-24 | 10 |  |  |  |  |  |
| FEB | 2014 | UK | ≈500 | Household survey | Legal Highs | 15-24 | 10 |  |  |  |  |  |
| NACDA | 2014/15 | NI | < 2000 | Household survey | NPS | 15-24 | 2.5 | 4.6 | 0.8 | 0.8 | 1.5 | 0.0 |
| CSEW | 2014/15 | UK | ≈2,300 | Household Survey  | Legal highs | 16-24 | 6.1 | 8 | 4.1 | 2.8 | 4 | 1.5 |
| CSEW | 2015/16 | UK | ≈2,300 | Household Survey  | Legal highs | 16-24 | 6 | 8 | 3.9 | 2.6 | 3.6 | 1.6 |
| CSEW | 2016/17 | UK | ≈2,300 | Household Survey  | Legal highs | 16-24 | 4.2 | 5.3 | 3.1 | 1.2 | 1.6 | 0.9 |
| CSEW | 2017/18 | UK | ≈2,300 | Household Survey  | Legal highs | 16-24 | 4.7 | 6 | 3.3 | 1.2 | 1.5 | 0.8 |

## Table A-3: Studies of NPS use from which harms information was obtained

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref.** | **Authors** | **Year** | **Co.** | **N** | **Age** | **Population** | **Drugs** | **%** |
| 1 | Butler & Sheridan  | 2007 | NZ | 58 | 17-23 | Semi structured interviews with self-selecting BZP users  | Benzylpiperazine (BZP) | - |
| 2 | Newcombe | 2009 | UK | 12 | 18-50 | Interviews and focus groups with Mephedrone users and drug agency staff | Mephedrone  | - |
| 3 | Schifano et al. | 2009 | INT | ≈200 | - | Analysis of drug-related websites and user forums | Synthetic Cannabinoids | - |
| 4 | Measham et. al.  | 2010 | UK | 2 | 36-38 | Semi-structured interviews with mephedrone users  | Mephedrone | - |
| 5 | Sheridan & Butler  | 2010 | NZ | 58 | 17-23 | Semi structured interviews with self-selecting BZP users  | Benzylpiperazine (BZP) | - |
| 6 | Winstock et. al.  | 2010 | UK | 2,295 | 18-27 | Survey of self-nominating non-treatment drug users | Mephedrone | 41.3 |
| 7 | Carhart-Harris & Nutt | 2011 | UK | 1,506 | 10-73 | Online survey of mephedrone users | Mephedrone | - |
| 8 | Castellanos et. al. | 2011 | USA | 11 | Mean=17.3 | Analysis of patient records for synthetic cannabis users  | Synthetic cannabinoids | - |
| 9 | Corazza et. al.  | 2011 | INT | 203 | - | Analysis of drug-related websites and user forums | Bromo-Dragonfly | - |
| 10 | Every-Palmer  | 2011 | NZ | 15 | Mean=17.3 | Interviews with rehabilitation centre patients with history of Psychotic illness | Synthetic cannabinoids | 87 |
| 11 | Kelleher et al. (NACD) | 2011 | IRL | 329 | 16-58 | Online survey of non-treatment ‘legal high’ users | Legal highs | - |
| 12 | McElrath & Van Hout  | 2011 | NI &IRL | 45 | 18-51 | Semi-structured interviews with Mephedrone users | Mephedrone | - |
| 13 | Botescu | 2012 | ROM | 73 | Target age 10-24 | Interviews with health, social work, law and entertainment industry Professionals  | Legal Highs | - |
| 14 | Vandrey et. al. | 2012 | INT | 168 | 18+ | Online survey of users of synthetic cannabinoids | Synthetic cannabinoids | - |
| 15 | Van Hout & Brennan | 2012 | NI &IRL | 22 | 18-35 | Interviews with Pre-ban mephedrone users | Mephedrone | 45.5 |
| 16 | Barratt et al  | 2013 | AUS | 316 | 23-34 | Online survey of synthetic cannabinoid users | Synthetic Cannabinoids | - |
| 17 | Barnard et. al.  | 2014 | UK | Survey = 1,172Interview = 47 | Mean =32 | Web based survey and interviews with NPS users and service providers | Legal Highs | - |
| 18 | Bonar et. al. | 2014 | USA | 396 | Mean=34.8 | Survey of patients in treatment for substance abuse  | Synthetic cannabinoids | 38 |
| 19 | Corazza et .al. | 2014 | UK | 446 | 13-30 | Online survey of British students | Legal Highs | 31.4 |
| 20 | Van Hout  | 2014 | INT | 11 | - | Analysis of drug-related websites and user forums | 4-MEC | - |
| 21 | Besli et. al. | 2015 | TUR | 16 | Mean=15.4 | Analysis of patient records diagnosed with synthetic cannabinoid intoxication | Synthetic cannabinoids | - |
| 22 | National Assembly for Wales  | 2015 | WAL | -  | 16-25  | Focus groups of homeless and at risk of being homeless and young people from diverse backgrounds | Legal highs | - |

## Table A-4. Number of deaths in England and Wales for selected substances

 **2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017**

Drug misuse 1809 2004 1976 1903 1737 1636 1957 2248 2479 2596 2503

Heroin/morphine 829 897 880 791 596 579 765 952 1201 1209 1164

Cocaine 196 235 202 144 112 139 169 247 320 371 432

NPS 9 25 26 22 31 55 63 82 114 123 61

Amphetamine 97 99 76 56 62 97 120 151 157 161 150

MDMA/Ecstasy 47 44 27 8 13 31 43 50 57 63 56

Cannabis 12 19 22 11 7 14 11 28 21 24 29

Source: ONS (2017)

# Appendix B In support of Chapter 6 (Study 1)

## Study 1 Focus Group Documents

**PARTICIPANT INFORMATION SHEET**

**The University of Sheffield**Department of PsychologyHead of Department Professor P. OvertonPsychology BuildingWestern BankSheffieldS10 2TP

Tel: 0114 222 6520 **Date:**

**Research Project Title:** Young people’s beliefs about ‘Legal Highs’.

**Researcher:** Emily Gagnon, Postgraduate Researcher, University of Sheffield.

**Invitation to take part in a research project**You are invited to take part in research investigating young people’s beliefs about ‘Legal Highs’ (also known as Novel Psychoactive Substances, or NPS). It is up to you to decide whether or not to take part. Before making this choice please read the following information carefully. If there is anything that is unclear or if you would like more information, please contact the researcher (contact details are at the end of this sheet).

**What is the project’s purpose?**We want to understand why young people use or abstain from using Legal Highs. It is hoped that the project could provide useful information to inform community, healthcare and education services as well as young people themselves.

**Do I have to take part?**Participation in the research is voluntary. You do not have to take part take part and choosing not to will not affect membership of your community group in any way. If you decide to take part, you will be given this information sheet to keep and asked to sign a consent form. After signing the consent form, you are still free to withdraw from the study at any time without explanation. We will not use any information we have collected from you if you ask us not to.

**What will happen to me if I take part?**There will be a series of focus groups (two or three sessions). The focus groups will each be an hour long and will be held at your usual community group venue during the normal meeting hours of your group. You will be asked about why you believe issues around Legal Highs are important to tackle and what you believe motivates young people to use, or not use, Legal Highs. You will be expected to take part in a group discussion in response to the questions asked. You have the right to omit or refuse to answer or respond to any question that is asked of you. Before taking part in the discussions you will be asked to complete a consent form and a questionnaire covering general background information.

**Will my information be kept confidential?**All focus group members will sign the consent form to show agreement that they will not discuss any personal or sensitive information revealed during the session with anyone outside the room. If you do not want to share your response to a questions within the group setting you can ask to have a short one-to-one session with the researcher in a private room. All the information we collect about you will be kept strictly confidential. You will remain anonymous and no identifying information will be linked to you or your comments and you will not be identifiable in any reports or publications. I will not have access to any of your personal or medical records. Your name will not be recorded on the questionnaires and **no personal information will be disclosed to other parties** (this includes the police, your GP, parents, guardian and other services or professionals). The only exception to these terms would be if you reveal any information that indicates you pose a danger to yourself or plan to seriously harm another person. In such circumstances a member of the Sheffield Futures Young Peoples Inclusion team will be immediately notified of the risk.

**Will I be recorded, and how will the recordings be stored?**The sessions will be recorded but you can ask for your comments to be removed at any time up until the results of the study are published. All audio recordings will be stored on password protected computers and will be seen only by researchers at the University of Sheffield. No one else will be allowed access without your written permission.

**What are the possible disadvantages of taking part?**Taking part in this study should not harm you in any way. It could be that you feel distressed or uncomfortable talking about drug related issues. You will be provided with information about drug use and where to go for more information. If you need any further support dealing with issues brought up by the discussion you will be directed to an appropriately trained professional. If you have any concerns about the research project, please contact the project supervisors Professor Paul Norman or Dr Jilly Martin (contact details are at the end of this sheet).

**What are the possible benefits of taking part?**It is hoped that this work will contribute to our knowledge of young people’s use of Legal Highs and be a positive experience for you.

**Can I see the results of the research project?**If you want to be sent a summary of the findings when the study has been completed please add your email address to the list provided for this purpose. Your email address will not be linked to your data, passed on to any other parties or used for any other purpose.

**Who has ethically reviewed the project?**This study was approved by the Department of Psychology Research Ethics Committee, University of Sheffield.

**Contacts**If you have further questions regarding this study, please feel free to contact the researcher:

Emily Gagnon: ecgagnon1@sheffield.ac.uk or the research projects supervisors:

Professor Paul Norman or Dr Jilly Martin
Department of Psychology
University of Sheffield
Western Bank
Sheffield
S10 2TN

Tel: 0114 222 6505 Tel: 0114 222 6513

Email: p.norman@sheffield.ac.uk Email: jilly.martin@sheffield.ac.uk

Please keep a copy of this information sheet and a signed consent form for your records.

**WHAT ARE LEGAL HIGHS?**

**Legal Highs**Legal highs are the common name for Novel Psychoactive Substances. These are chemical substances that are sold legally but produce the same, or similar effects, to illegal drugs such as cannabis, cocaine, ecstasy and heroin. They are psychoactive which means they have mood-altering properties and can act as stimulants, sedatives, hallucinogens and psychedelics.

**The risks of legal highs**Although Legal Highs are sold as legal substances, this does not mean that they have been tested or approved for people to use. Hundreds of substances are sold as Legal Highs with new chemicals arriving on the market every week. The large number of drugs and speed they change means there is not enough research about them to know how strong they are, the risks of taking them, or what happens when they are used with other substances or alcohol. To find out more about the latest news on legal highs, go to the FRANK website: http://www.talktofrank.com/latest.

**When and where to get medical help**If anyone has a serious negative reaction soon after taking a legal high or experiences problems that do not ease with fresh air and water, they should get medical help immediately at the nearest Hospital by going to the accident and emergency (A&E) department. If health problems continue for a while after taking the drugs, they should go to their GP. For further advice to help decide whether to go to a GP, call the FRANK drugs helpline on 0300 123 6600 or NHS 111.

**PARTICIPANT CONSENT FORM**

**The University of Sheffield**Department of PsychologyHead of Department Professor P. OvertonPsychology BuildingWestern BankSheffieldS10 2TPTel: 0114 222 6520

**Young people’s beliefs about ‘Legal Highs’**

A series of focus groups investigating young people’s beliefs about the use, and non-use, of Legal Highs.

By signing below, you are agreeing that:

(1) you have read and understood the Participant Information Sheet,
(2) questions about your participation in this study have been answered satisfactorily,
(3) you are aware of the potential risks (if any), and
(4) you are taking part in this research study voluntarily (without coercion).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person obtaining consent (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person obtaining consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Community Group Manager (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Community Group Manager

Date:

**BACKGROUND INFORMATION QUESTIONNAIRE**

**☐** Male **☐** Female

Age in years

First half of your postcode (e.g. S10 2TP = S10)

*Please tick the words that describe you best:*

**☐** Student **☐** Unemployed **☐** In full-time employment

**☐** In training **☐** Other **☐** In part-time employment

**Have you ever taken any of the following?**

*Please tick the boxes that describe you best:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Not sure** | **Prefer not to say** |
| **Illegal drugs** |  |  |  |  |
| **Legal Highs** |  |  |  |  |
| **Recreational drugs of unknown status** |  |  |  |  |

**Do you personally know people who have taken any of the following?***Please tick the boxes that describe you best:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Not sure** | **Prefer not to say** |
| **Illegal drugs** |  |  |  |  |
| **Legal Highs** |  |  |  |  |
| **Recreational drugs of unknown status** |  |  |  |  |

**FOCUS GROUP QUESTIONS**

**Session 1:**

**General context:**

Why is the issue of Legal Highs important to you/young people?

Prompt: Why is it an important issue to look at? What is it about Legal Highs that makes it an important issue to tackle? Why is it more important than other things?

**Reasons for taking Legal Highs [Advantages and disadvantages]:**

What are the main reasons for why young people take Legal Highs?

Prompt: Why do they do it?

What are the advantages or positive things about taking Legal Highs?

Prompt: What’s good about it? What would be enjoyable about it? Why?

What are the disadvantages or negative things about taking Legal Highs?

Prompt: What’s bad about it? What would be unenjoyable about it? Why?

**Reasons for taking Legal Highs [Control factors]:**

What are things that make it more likely that young people take Legal Highs?

Prompts: What would make it easier/more likely to happen? Why?

What are things that make it less likely that young people take Legal Highs?

Prompts: What would make it more difficult/less likely to happen? Why?

**Reasons for taking Legal Highs [Social factors]:**

Who would approve of young people (or a young person) taking Legal Highs?

Prompts: Who would think it is a good idea? Why?

Who would disapprove of young people (or a young person) taking Legal Highs?

Prompts: Who would think it is a bad idea? Why?

What is your view of the typical young person who takes Legal Highs?

Prompts: How would you describe them? Who are they/what are they like?

Is it a positive or negative view?

**End of Session:**

Any final comments or issues we haven’t covered??

**Session 2:**

**Reasons for not taking Legal Highs [Advantages and disadvantages]:**

What are the main reasons for young people deciding not to take Legal Highs?

Prompt: Why do/would they do decide not to?

What are the advantages or positive things about not taking Legal Highs?

Prompt: What’s good about it? What would be enjoyable about it? Why?

What are the disadvantages or negative things about not taking Legal Highs?

Prompt: What’s bad about it? What would be unenjoyable about it? Why?

**Reasons for not taking Legal Highs [Control factors]:**

What are things that make it more likely that young people decide not to take Legal Highs?

Prompts: What would make it easier/more likely to happen? Why?

What are things that make it less likely that young people not to take Legal Highs?

Prompts: What would make it more difficult/less likely to happen? Why?

**Reasons for not taking Legal Highs [Social factors]:**

Who would approve of young people (or a young person) not taking Legal Highs?

Prompts: Who would think it is a good idea? Why?

Who would disapprove of young people (or a young person) not taking Legal Highs?

Prompts: Who would think it is a bad idea? Why?

What is your view of the typical young person who does not take Legal Highs?

Prompts: How would you describe them? Who are they/what are they like?

Is it a positive or negative view?

**End of Session:**

Any final comments or issues we haven’t covered?

## Table B-1. Study 1: Young people’s expressed reasons for taking legal highs (NPS)

|  |  |
| --- | --- |
| **Global theme** *Organising theme*  | Basic theme |
| **Accessibility** |  |
|  | *Sold in shops* | Sold in shops/ newsagents/ corner shop; shops target underage kids; easy for kids to use shops; shops near schools; buy online / on the internet / on ebay; sent in post; shops profit from them; shops get away with it |
|  | *Easy to get* | Easy/ easier to get; easily available; easy to access; easier option; kids know where to go; easier than going to dealer; you can just pick them up; no age limit |
|  | *Cheap* | Legal highs are cheap/ cheaper; low cost; only cost x amount; people can have a cheaper night out; save money; making them more expensive would help; because of the price; get them on tab |
|  | *Sold by dealers* | Dealers sell them; dealers approve of them; dealers make money from them; you can get them on the black market |

|  |  |
| --- | --- |
| **Legal status** |  |
|  | *Because they are legal* | Legal status encourages use; because they are legal; they’re legal; because they are called legal; legal means ok/ fine/ alright to use; if they were illegal people won’t use them; people use them because they don’t want to do illegal drugs; they’re not drugs because they are legal;  |
|  | *Legal status doesn't matter* | Legal status irrelevant/ doesn’t matter; people don’t care about legal status; people will use them anyway; making them illegal won’t stop people using them; legal/illegal it’s the same |
| **Authority** |  |
|  | *Won't get into trouble* | Won’t get caught; won’t get in trouble; won’t get bollocked; won’t get done by coppers / the law; won’t get a criminal record; no consequences with authorities; there’s no come back from taking them; can take them places and not get kicked out |
|  | *Rebel / do what you want* | To rebel; being rebellious; doing something taboo; reacting against strict parents / authorities; telling young people not to take them will more likely to take them; don’t tell people not to take them; if you tell them not to do it they’ll want to try it; don’t just say drugs are bad;  |
|  | *Parent's approve of use*  | Parents approve of use; parents don’t mind drugs; parents can’t say anything if they are legal; parents think legal is ok; some parents are liberal; drug using parents encourage use  |
|  | *Government approves* | Government profits from sales of legal highs; Government wants the tax money; products are approved by Government  |
| **Pleasant / unpleasant effects** |
|  | *Get high*  | Get high; for the buzz; don’t want to miss out on the high  |
|  | *People enjoy it* | Enjoy; have fun; for a laugh; excitement; don’t want to miss out on having fun |
| **Social reasons**  |  |
|  | *Friends approval*  | Friends approve; friends want others to do it; to impress friends; show off; look cool; peer pressure; teasing |
|  | *Normal / acceptable to use* | Everyone does it; it’s acceptable; it’s normal; it’s a social norm; ingrained in society; friends all do it; follow a trend  |
| **Identity** |  |
|  | *Users are from good backgrounds*  | Students take legal highs; A\*/ top set students most likely to use them; good kids do them; people from good backgrounds are more likely to take them; wealthy / well off people take them; rich kids can afford them; study groups use them; nerds take them; medical students take them |
|  | *Non-users are straight* | Non-users are prim/ proper/ boffins / scared; won’t touch anything but water; won’t have a drink |
|  | *Anyone can be a user*  | No typical user; anyone might use them; no stereotypes; you can’t describe a user; they can be from any background |
| **Curiosity** |  |
|  | *Curiosity* | Curiosity; just have to try them; must experience it for themselves; curious personality |
|  | *Awareness encourages use* | Talking about legal highs encourages people to use them; makes people curious; raising awareness/ education could encourage use |
|  | *Appealing marketing* | Enticing; attractive packaging or names; sold like sweets; eye catching; colourful; look like condom packets  |
| **Safety / risk perception**  |  |
|  | *Lack of awareness / education*  | Lack of risk awareness; lack of education; don’t know about risks; issue too new; too recent; low media profile; issue not addressed by authorities; swept under the carpet; people don’t realise; they don’t know anything about them; need more awareness; people aren’t educated about them; it’s not taught in school; people need to be educated; education isn’t good enough; we didn’t have lessons at school |
|  | *Safe to use* | Safe to use; not bad for you; won’t hurt you; legal means safe |
|  | *Risk denial / try another* | Young people feel invincible; don’t think bad things will happen to them; don’t care about their health or mental health; if they have a bad reaction to one, they just try another; people know the risks but do it anyway |
| **Coping** |  |
|  | *Coping / escapism* | To get away from or escape normal life or problems; people use because of stress; to relieve stress / boredom / loneliness; as a coping mechanism; to forget |
|  | *Tough life / vulnerable* | Vulnerable people more likely to use them; people with mental health issues more susceptible; user’s lives must be hard; users are screwed up; users are struggling / in a bad place; users lives have lack of structure / unsupported / lacking support system |
|  | *Addiction* | People use because they are addicted; legal highs are addictive; craving; addictive personality |
| **Substitution** |  |
|  | *Traditional drugs hard to get* | Illicit drugs hard to get; don’t know dealers; no connections  |
|  | *Don't want to do illicit drugs* | People use them because they don’t want to use illicit drugs;  |
|  | *Safer than traditional drugs* | Legal highs are safer than illicit drugs |
|  | *Better high than illicit* | Better effects; preferred to traditional, classic or illicit drugs |
|  | *Cheaper than illicit drugs* | Legal highs are cheaper than illicit drugs |
|  |  |  |

## Table B-2. Study 1: Young people’s expressed reasons for not taking legal highs (NPS)

|  |  |
| --- | --- |
| **Global theme** *Organising theme*  | Basic theme |
| **Safety / risk perception** |  |
|  | *Risk aware / educated*  | Teach consequences; let people be informed; raise awareness; educate people on the risks; education is important; see bad things in the news, papers, videos, documentaries |
|  | *Lack of regulation / Dangerous ingredients* | Sellers get away with dangerous ingredients; ingredients are mislabelled; when they are banned the chemicals change; get stronger; more dangerous; banning legal highs drives production of more; banned chemicals replaced; ingredients are dangerous; bad chemicals; inconsistent; mixed; poisonous |
|  | *Risks unknown* | No research; no treatment; risks not known; the unknowns are off putting; don’t know what will happen; what’s in them |
|  | *Dangerous / deadly* | Legal highs can kill; people can die; have died; stay alive by not taking them; very scary/ sacred |
|  | *Make you lose control* | Strong drugs; very strong; too strong; users lose control; are out of their minds; off their tits; unable to function; in a state; panic attacks; psychiatric care; screws people up |
|  | *Harmful* | They make you ill; sick; cause seizures; are bad for your health; nose bleeds |
| **Substitution**  |  |
|  | *Legal highs more dangerous* | Legal highs are more dangerous/worse than illicit drugs; illicit drugs are safer |
|  | *Illicit drugs more exciting* | Illicit status makes taking drugs more exciting/ enjoyable |
| **Pleasant/unpleasant effects**  |  |
|  | *Unpleasant effects* | Awful; horrible; unpleasant; not nice; smells bad; don’t understand why people want to get high; looks unenjoyable |
|  | *Bad experience* | You can have a bad trip; bad experience; seeing other people’s bad experiences; friend’s bad trip |
|  | *Illicit drugs more exciting* | Illicit status makes taking drugs more exciting/ enjoyable |
| **Authority**  |  |
|  | *Free to choose not to* | If I don’t want to take them I won’t regardless  |
|  | *Parents disapproval* | Parents disapprove of use; carers disapprove of use; approve of non-use; brought up against drugs |
|  | *Authority figures disapprove* | People in authority disapprove; the government disapproves; youth workers, teachers, doctors, psychologists disapprove of use |
| **Social reasons** |  |
|  | *Peer approval* | Friends/peers approve of non-use |
|  | *Unacceptable* | People look down on them; socially unacceptable  |
| **Identity** |  |
|  | *Non-users are clued up* | Non-users are clued up; wise; bright  |
|  | *Homeless people* | Users are homeless people; street drinkers; trampy  |
|  | *Underage kids* | Users are underage kids; the younger generation; 12-year olds |
| **Accessibility** |  |
|  | *Save money* | Save money by not using them; won’t be wasting money |

# Appendix C In support of Chapter 7 (Study 2)

## Study 2 Focus Group Documents

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**PARTICIPANT CONSENT FORM**

**The University of Sheffield**

Department of Psychology

Head of Department Professor G. Waller

Floor D

Cathedral Court
1 Vicar Lane

Sheffield

S1 2LT

**Young people’s beliefs about former ‘legal highs’ or novel psychoactive substances.**

A focus group investigating young people’s beliefs about the use, and non-use, of novel psychoactive substances formally known as ‘legal highs’.

By signing below, you are agreeing that:

(1) you have read and understood the Participant Information Sheet,

(2) questions about your participation in this study have been answered to your satisfaction,

(3) you are aware of the risks you might face when taking part, and

(4) you are taking part in this research study voluntarily (without being pressured by anyone).

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of community group manager (if young person is under 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Researcher: EMILY GAGNON

****  **The University of Sheffield**

Department of Psychology

HoD Professor G. Waller

Cathedral Court, Floor D
1 Vicar Lane

Sheffield
S1 2LT

**Participant information sheet** Tel: 0114 222 6520

**Research Project Title:** Young people’s beliefs about ‘legal highs’ (novel psychoactive substances).

**Researcher:** Emily Gagnon, Postgraduate Researcher, University of Sheffield.

**Invitation to take part in a research project**

You are invited to take part in a research project. Before choosing to take part, it is important to understand why the research is being done and what it will involve. Please read this information carefully and discuss it with others if you wish. If there is anything that is unclear or if you would like more information, please ask the researcher. Take time to decide whether or not you wish to take part. Thank you for reading this.

**What is the project’s purpose?**

We want to understand why young people use or do not use novel psychoactive substances. The project aims to provide useful information for communities, healthcare and education as well as young people themselves.

**Do I have to take part?**

It is up to you to decide whether or not to take part. If you decide to take part, you will be given this information sheet to keep (and be asked to sign a consent form) and you can still withdraw at any time without any negative consequences. You do not have to give a reason. We will not use something you have said if you ask us not to. After the session it will no longer be possible to withdraw your responses, as all data will be anonymous.

**What will happen to me if I take part?**

There will be a focus group lasting up to an hour at your usual community group session. You will be asked about what you think motivates young people to use, or not use, former legal highs and which motives might be in conflict. You will be expected to take part in a group discussion in response to the questions asked. You do not have to answer any question if you do not want to. Before the group discussion you will be asked to complete a consent form and a short questionnaire asking for some background information.

**Will my information be kept confidential?**

Everyone taking part will sign a consent form agreeing not to discuss any personal or sensitive information revealed during the session with anyone outside the room. All the information we collect about you will anonymous and kept strictly confidential. No identifying information will be linked to you or your comments and you will not be identifiable in any reports or publications. The information you give us will only be shared with other authorised researchers and made available to approved users of a secure data archive. We will not have access to any of your personal or medical records. **No personal information will be disclosed to other people** (this includes the police, your GP, parents, guardian and other services or professionals). The only exception would be if you say that you might seriously harm yourself or another person. If this happens a member of your community group management team will be immediately told about the risk.

**Will I be recorded, and how will the recordings be stored?**

The sessions will be recorded. The audio recordings of your discussion made during this research will be used only for analysis and for illustration in conference presentations and lectures. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings. All audio recordings will be stored on password protected computers and will be accessed only by researchers at the University of Sheffield.

**What are the possible disadvantages of taking part?**

Taking part in this study should not harm you in any way. It could be that you feel distressed or uncomfortable talking about drug related issues. You will be provided with information about drug use and where to go for more information. If you need any further support dealing with issues brought up by the discussion you will be directed to an appropriately trained professional. If you have any concerns about the research project, please contact the project supervisor Professor Paul Norman (contact details are at the end of this sheet).

**What are the possible benefits of taking part?**

It is hoped that this work will contribute to our knowledge of young people’s use of novel psychoactive substances and be a positive experience for you.

**Can I see the results of the research project?**

If you want to be sent a summary of the findings when the study has been completed please add your email address to the list provided for this purpose. Your email address will not be linked to your data, passed on to any other parties or used for any other purpose.

**Who has ethically reviewed the project?**

This study was approved by the Department of Psychology Research Ethics Committee, University of Sheffield.

**Contacts**

If you have further questions regarding this study, please feel free to contact the researcher:

Emily Gagnon: ecgagnon1@sheffield.ac.uk

Or the research projects supervisor:

Professor Paul Norman

Department of Psychology

University of Sheffield

Floor D

Cathedral Court
1 Vicar Lane

Sheffield

S1 2LT

Tel: 0114 222 6505 Tel: 0114 222 6513

Email: p.norman@sheffield.ac.uk

Please keep a copy of this information sheet.

**WHAT ARE NOVEL PSYCHOACTIVE SUBSTANCES?**

**Novel psychoactive substances or former ‘legal highs’**

Legal highs are the common name for Novel Psychoactive Substances. These are chemical substances that until recently could be sold legally. They produce the same, or similar effects, to traditional illegal drugs such as cannabis, cocaine, ecstasy and heroin. They are psychoactive which means they have mood-altering properties and can act as stimulants, sedatives, hallucinogens and psychedelics. Since May 2016 they have been banned, which means it is now illegal to sell them, but apart from a few exceptions it is not illegal to possess them for personal use.

**The risks of NPS**

There are hundreds of NPS, and new chemicals being created every week. This makes it very difficult for them to be tested for safety. However, reports of people hospitalised after taking NPS indicate that the harms of NPS are more severe than cannabis, cocaine or ecstasy. To find out more about the latest news on NPS, go to the FRANK website: http://www.talktofrank.com/latest.

**When and where to get medical help**

If anyone has a bad reaction soon after taking drugs or experiences problems that do not get better with fresh air and water, they should get medical help immediately at the nearest Hospital by going to the Accident and Emergency (A&E) department. If health problems continue for a while after taking the drugs, they should go to their GP. For further advice to help decide whether to go to a GP, call the FRANK drugs helpline on 0300 123 6600 or NHS 111.

**Appendix 3 BACKGROUND INFORMATION QUESTIONNAIRE**

 Age in years

 Which gender do you most identify with?

 Which ethnicity do you most identify with?

 First half of your postcode (e.g. S10 2TP = S10)

*Please tick the words that describe you best:*

**☐** Student **☐** Unemployed **☐** In full-time employment

**☐** In training **☐** Other **☐** In part-time employment

**Before today, had you heard about legal highs?** (or any of the other terms used for them in the information sheet)

 **☐** Yes **☐** No **☐** Not sure

**Before today, were you aware that legal highs are now banned?**

**☐** Yes **☐** No **☐** Not sure

The following questions are about drugs taken with the aim of experiencing their psychoactive (mood altering) effects. This does not include drugs taken for medical reasons.

**Have you ever taken any of the following?** *Please tick the boxes that describe you best:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Not sure** | **Prefer not to say** |
| Any drug you believed to be illegal at the time (not including ‘legal highs’ after the ban) |  |  |  |  |
| Any ‘legal highs’ before the ban (May 2016)  |  |  |  |  |
| Any ‘legal highs’ after the ban (May 2016)  |  |  |  |  |

|  |
| --- |
| Any additional comments: |

**Do you personally know people who have taken any of the following?** *Please tick the boxes that best fit:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Not sure** | **Prefer not to say** |
| Any illegal drug (not including ‘legal highs’ after the ban) |  |  |  |  |
| Any ‘legal high’ before the ban (May 2016) |  |  |  |  |
| Any ‘legal high’ after the ban (May 2016) |  |  |  |  |

|  |
| --- |
| Any additional comments: |

**FOCUS GROUP QUESTIONS**

**General context and changes since the ban in May 2016:**

1. Why is the issue of former ‘legal highs’ important to you/young people?

Why is it an important issue to tackle?

1. Do you think the ban has affected the way young people think about former ‘legal highs’?

Do they understand what it means? Has it changed their attitudes or behaviour?

1. Do you think the ban has changed which drugs young people take?

Which drugs are most popular? Which drugs cause the most concern?

1. Since the ban do you think more, or less, young people are taking NPS?
2. Do you think the ban has affected the way young people think about NPS?

How have perceptions changed? Why might attitudes have changed?

**Reasons for taking NPS [advantages and disadvantages]:**

1. What are the main reasons that young people take NPS?

Why do they do it?

1. Can you think of any other positive things about taking NPS?

What’s good about it? What would be enjoyable about it? Why?

1. And what about the negative things about taking NPS?

What’s bad about it? What would be unenjoyable about it? Why?

1. What about times when young people decide not take NPS?

What are the main reasons they might decide not to?

1. Are there any other positive things about not taking NPS?

What would be good about it? What would be enjoyable about it? Why?

1. Can you think of any other negative things about not taking NPS?

What would be bad about it? What would be unenjoyable about it? Why?

**Reasons for smoking synthetic cannabis [control factors]:**

1. What things do you think make it more likely that young people would take NPS?
What would make it easier? Why?
2. And what things might make it less likely that young people take NPS?

What would make it more difficult? Why?

**Reasons for smoking synthetic cannabis [Social factors]:**

1. Who might approve of young people taking NPS?

Who would think it is a good idea? Why?

1. And who might disapprove of young people taking NPS?

Who would think it is a bad idea? Why?

1. What is your view of the typical young person who takes NPS?

How would you describe them? Who are they/what are they like? Is it a positive or negative view?

1. What is your view of the typical young person who does not take NPS?
2. How would you describe them? Who are they/what are they like? Is it a positive or negative view?
3. Any final comments or issues we haven’t covered?

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# Appendix D In support of Chapter 8 (Study 3)

## Study 3 Focus Group Documents

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 **Consent Form**

**Motivational conflict in decisions about use of novel psychoactive substances**

|  |  |
| --- | --- |
| ***Please tick to show you have read and understood what you are agreeing to*** |  |
| I have read the project information sheet and the project has been fully explained to me. |  |
| I have been given the chance to ask questions about the project.  |  |
| I agree to take part in the project by filling in a short questionnaire and taking part in a recorded group discussion.  |  |
| I understand that taking part is voluntary and I can leave the study any time before the session ends.  |  |
| I agree not to discuss any personal or sensitive information said during the session with anyone outside the room. |  |
| I understand that my name will not be connected with my data and nothing personal about me will be shared with people outside the project. |  |
| I understand and agree that what I say may be quoted in materials created by the researchers and I understand that I will not be named in these materials. |  |
| I understand and agree that other researchers will only have access to an anonymous version of this data. |  |
| I give permission for the information that I provide to be stored in the UK Data Service system,so it can be used for future research and learning. |  |
| I agree to give the copyright I have for any materials created as part of this project to The University of Sheffield. |  |
| Name of participant [printed] | Signature | Date |
| Name of Researcher [printed] |  Signature | Date |

 **Project contact details for further information:**

Lead researcher: Emily Gagnon: (ecgagnon1@sheffield.ac.uk) Department of Psychology
Project supervisors: Professor Paul Norman (p.norman@sheffield.ac.uk) University of Sheffield
 Dr Fuschia Sirois (f.sirois@sheffield.ac.uk) Cathedral Court, Floor D
 Dr Jilly Martin (jilly.martin@sheffield.ac.uk) 1 Vicar Lane
Head of Department: Glen Waller (g.waller@sheffield.ac.uk) Sheffield
 S12LT

**PARTICIPANT INFORMATION SHEET**

**Do I have to take part?**

No. It is your choice to take part of you want to. If you do, you will be asked to sign the consent form. You can withdraw at any time. You do not have to give a reason. We will not use something you have said if you ask us not to. If you want to leave before the end, we will use what you have already said unless you ask us not to. But please remember that after the session you won’t be able to withdraw your responses, as all data will be anonymous.

**What will happen to me if I take part?**

You will be asked to complete a short confidential questionnaire asking for some background information. Then the researcher will ask the group some questions and there will be a group discussion. You do not have to answer any question if you do not want to.

**Will my information be kept confidential?**

Everyone taking part will sign a consent form agreeing not to discuss any personal or sensitive information shared during the session with anyone outside the room. All information collected will be anonymous and kept strictly confidential. Nothing will connect you to your questionnaire or what you say in the group discussion, and you will not be identified in anything we write or publish. The only exception to confidentially would be if you say you might seriously harm yourself or another person. If this happens a member of your group management team will be immediately informed.

**What are the possible disadvantages of taking part?**Taking part in this study should not harm you in any way. If you feel distressed or want more information about anything we have discussed, please let the researcher or a member of staff know.
 **What are the possible benefits of taking part?**
You will receive a £10 gift voucher as a thank you for taking part.  **Will I be recorded, and how will the recordings be stored?**The group discussion will be recorded. Recordings will be stored securely on a University computer. Recordings will only be used for analysis and will be destroyed once they have been written as text.

**What will happen to the data collected, and the results of the research project?**All data will be stored in a safe place at the University of Sheffield and the original data documents destroyed when the project is finished. The anonymous data from the project may be shared with other researchers in a secure data archive which only approved researchers are allowed to use.

**Who has ethically reviewed the project?**This project has been ethically approved by the University of Sheffield Psychology Department.

**What if something goes wrong and I wish to complain about the research?**If you want to make a complaint please talk to your group facilitator or contact the project supervisor Professor Paul Norman. If you are still not happy, please contact the Head of Department.

**Project contact details for further information:**

**Department of Psychology**
University of Sheffield
Cathedral Court, Floor D
1 Vicar Lane
Sheffield
S1 2LT

**Department of Psychology**
University of Sheffield
Cathedral Court, Floor D
1 Vicar Lane

Sheffield
S1 2LT

Lead researcher: Emily Gagnon: (ecgagnon1@sheffield.ac.uk)
Project supervisors: Professor Paul Norman (p.norman@sheffield.ac.uk)
 Dr Fuschia Sirois (f.sirois@sheffield.ac.uk)
 Dr Jilly Martin (jilly.martin@sheffield.ac.uk)
Head of Department: Glen Waller (g.waller@sheffield.ac.uk)

**WHAT ARE NOVEL PSYCHOACTIVE SUBSTANCES?**

**Novel psychoactive substances or former ‘legal highs’**

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**When and where to get medical help**

If anyone has a bad reaction soon after taking drugs or experiences problems that do not get better with fresh air and water, they should get medical help immediately at the nearest Hospital by going to the Accident and Emergency (A&E) department. If health problems continue for a while after taking the drugs, they should go to their GP. For further advice to help decide whether to go to a GP, call the FRANK drugs helpline on 0300 123 6600 or NHS 111.

**COMMUNITY GROUP MANAGER INFORMATION SHEET**

**Motivational conflict in young people's decisions about novel psychoactive substances**

**Information sheet for session introduction**This information will make up part of the introduction to the session, delivered verbally by the researcher prior to young people being given time to read their participant information sheet.

**Invitation to take part in a research project**

You are invited to take part in a research project. Before choosing to take part, it is important to understand why the research is being done and what it will involve. There will be time to ask questions about the project before you make your decision, if anything is unclear or if you would like more information, please ask the researcher.

**What is the project’s purpose?**

We want to understand the conflicting motives, or dilemmas, young people face when they consider using and not using former legal highs (novel psychoactive substances). The project aims to provide useful information for healthcare and education professionals as well as young people themselves.

**Do you have to take part?**

It is up to you to decide whether or not to take part. If you decide to take part, you will be given an information sheet to read and keep and be asked to sign a consent form. Even after signing the form you can still withdraw at any time and do not have to give a reason. If you wish to have any comments removed, you can ask for a comment to be ignored after it has been said, for example ‘please take what I just said out of the project’, or you can talk to the group facilitator or researcher at the end of the session who will make a note of the comment, so it can be taken out of the project. But, please note that after the session it will no longer be possible to withdraw your responses, as all data will be anonymous.

**What if you do not want to take part?**

You are not expected to take part as part of the community group activities and an alternative activity has been organised by your group facilitator. Not taking part does not affect your right to community group membership in any way.

**What will happen if you take part?**

You will be asked to complete a short questionnaire asking for some background information. A private space is available for filling in the questionnaire. I will then ask the group some questions and we will have a group discussion. You do not have to answer any question if you do not want to.

**Will you get the gift voucher if you don’t say anything?**
I do hope you feel comfortable joining in with the discussion, but if you find you do not want to answer any of the questions that is fine. You will receive a £10 gift voucher as a thank you for taking part, however much or little you say.

**Will your information be kept confidential?**

Everyone taking part will agree not to discuss any personal or sensitive information revealed during the session with anyone outside the room. All the information we collect about you will be anonymous and kept strictly confidential. No identifying information will be linked to you or your comments and you will not be identifiable in any reports or publications. If you want to know more about how it is kept confidential please ask. We will not have access to any of your personal or medical records. No personal information will be disclosed to other people (this includes the police, your GP, parents, guardian and other services or professionals). The only exception would be if you say that you might seriously harm yourself or another person. If this happens a member of your community group management team will be immediately informed. **Will you be recorded, and how will the recordings be stored?**The sessions will be recorded. The audio recordings will be stored securely and used only for analysis, they will be destroyed once they have been turned into text documents. No one outside the project will be allowed access to the original recordings.

**What will happen to the data collected, and the results of the research project?**All data will be stored in a safe place and the original data documents destroyed when the project is finished. The anonymous data from the project may be shared with other researchers in a secure research data archive which only approved researchers are allowed to use.

**What if you feel uncomfortable or want to leave?**If you feel distressed or want more information about anything we have discussed, please let the researcher or a member of staff know. If you want to leave the discussion before the end, that is fine. Please move away quietly and let your group facilitator know you no longer want to take part. If leave before the end, we will use what you have already said in the project unless you ask us not to.

**What if something goes wrong and you wish to complain about the research?**
You can talk to your group facilitator about making a complaint or you can contact the University to complain. Information on how to make a complaint is on the information sheet.

 **What next?**

Please read the information sheet carefully before discussing it with others if you wish. Take time to decide whether or not you wish to take part. Please keep your information sheet in case you think of something else you want to know later.

**All responses are confidential and anonymous**

 Age in years

 Which gender do you most identify with?

 Which ethnicity do you most identify with?

 First half of your postcode (e.g. S10 2TP = S10)

*Please tick the words that describe you best:*

**☐** Student **☐** Unemployed **☐** In full-time employment

**☐** In training **☐** Other **☐** In part-time employment

**Before today, had you heard about legal highs?** (or any of the other terms used for them in the information sheet)

 **☐** Yes **☐** No **☐** Not sure

**Before today, were you aware that legal highs are now banned?**

**☐** Yes **☐** No **☐** Not sure

The following questions are about drugs taken with the aim of experiencing their psychoactive (mood altering) effects. This does not include drugs taken for medical reasons.

**Have you ever taken any of the following?** *Please tick the boxes that describe you best:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Not sure** | **Prefer not to say** |
| Any drug you believed to be illegal at the time (not including ‘legal highs’ after the ban) |  |  |  |  |
| Any ‘legal highs’ before the ban (May 2016)  |  |  |  |  |
| Any ‘legal highs’ after the ban (May 2016)  |  |  |  |  |

|  |
| --- |
| Any additional comments: |

**Do you personally know people who have taken any of the following?** *Please tick the boxes that best fit:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Not sure** | **Prefer not to say** |
| Any illegal drug (not including ‘legal highs’ after the ban) |  |  |  |  |
| Any ‘legal high’ before the ban (May 2016) |  |  |  |  |
| Any ‘legal high’ after the ban (May 2016) |  |  |  |  |

|  |
| --- |
| Any additional comments: |

**FOCUS GROUP QUESTIONS**In this group discussion I would like to ask you about the pressures young people experience when they consider taking former legal highs, what are now called novel psychoactive substances or NPS. I am interested in their motives, that is, what makes young people want to take NPS, and what makes them want to not take them. If someone wants to take an NPS, but there are also reasons why they don’t want to, the choice might not be easy, and they might experience conflict. It is this sort of conflict I would like to talk about today. Please imagine what it might be like for you or a friend if you were given an NPS, or, if it’s easier, try to imagine what a typical young person might experience.

 **Control questions:**

1. Do young people experience conflict when they think about using NPS?
 Do they feel conflicted in what they want?
2. Do young people experience conflict when they think about not using NPS?
 Do they feel conflicted in what they want?

**Using NPS:**

1. What are the main conflicts young people face when they think about using NPS?
 Which of the things they want might be in conflict?
2. What are the most challenging conflicts for young people thinking about NPS use?

 Which conflicts are most difficult?

1. What is most important to young people thinking about NPS use?

 What matters most? What do they want most?

1. Which motives or reasons are most likely to encourage NPS use?
2. Which motives, or reasons, are most likely to prevent NPS use?

 **Not using NPS:**

1. What are the main conflicts young people face when thinking about not using NPS?
 Which motives are most in conflict? Do they want things that conflict?
2. What are the most challenging conflicts for young people thinking about not using NPS?

 Which conflicts are most difficult?

1. What is most important to young people thinking about not using NPS?

 What matters most? What do they want most?

1. Which motives, or reasons, are most likely to encourage NPS use?
2. Which motives, or reasons, are most likely to prevent NPS use?

 **Alternative approaches**

1. How can young people be helped to deal differently with the things that make them want to take NPS?
2. How can young people be helped to deal differently with the things that make it harder for them to not use NPS?
3. Any final comments or issues we haven’t covered?

**FOCUS GROUP SORTING TASK/ PROMPTS**

These were the key motives for taking and not taking NPS identified in previous focus groups. These may be used as prompts during the group discussion if needed. If there is time following the open-ended questions the group will be asked to identify which of the motives are in conflict, and which motives have most influence on young people’s intentions and behaviour.

|  |  |  |
| --- | --- | --- |
| **Motivation/Reason** | **Taking NPS** | **Not taking NPS** |
| To stay safe | **✓** |  |
| To avoid harm | **✓** | **✓** |
| To gain pleasure | **✓** |  |
| To avoid unpleasant effects | **✓** | **✓** |
| To cope with negative feelings | **✓** |  |
| To belong / fit in | **✓** |  |
| To gain people’s approval / respect | **✓** | **✓** |
| To avoid people’s disapproval / rejection | **✓** | **✓** |
| To maintain a positive self-image | **✓** | **✓** |
| To avoid a bad self-image | **✓** | **✓** |
| To rebel / defy control  | **✓** |  |
| To avoid getting in trouble | **✓** | **✓** |

**AMMENDED FOCUS GROUP QUESTIONS**In this group discussion I would like to ask you about the pressures young people experience when they consider taking former legal highs, what are now called novel psychoactive substances or NPS. I am interested in their motives, that is, what makes young people want to take NPS, and what makes them want to not take them. If someone wants to take an NPS, but there are also reasons why they don’t want to, the choice might not be easy, and they might experience conflict. It is this sort of conflict I would like to talk about today. Please imagine what it might be like for you or a friend if you were given an NPS, or, if it’s easier, try to imagine what a typical young person might experience.

 **Control questions:**

1. What motivates young people to take Legal Highs?

What are the reasons they do it?

1. What motivates young people not to take Legal Highs?

What are the reasons they don’t do it?

**Conflict:**

1. Do you think there might be conflict between any of these motivations?

Do they feel conflicted in what they want?

 **Priority:**

1. What do you think is most important to young people taking Legal Highs?

What motivations are most important to them?

1. What do you think is most important to young people who don’t take Legal Highs?

What motivations are most important to them?

 **Acceptability**

1. What do you think is the best way to help support young people to not take Legal Highs?

What do you think is a good idea? Why

What would be the best way to do that?

Are there any other ways you can think of?

1. What do you think would not work?

What motivations are most important to them?

1. Any final comments or issues we haven’t covered?

## Table D-1. Study 3: Young people’s expressed reasons for taking legal highs (NPS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Theme** |  | **Belief code**  | **FGs** | **Refs**  |
| **N** |  |  |
| **Accessibility**  | **34** | Sold by dealers  | 2 | 15 |
|  |  | Cheap | 3 | 11 |
|  |  | Easy to get | 2 | 7 |
|  |  | Sold in shops | 1 | 1 |
| **N** |  |  |
|  |  |  |
| **Risk perception** | **19** | Risk denial / try another | 3 | 10 |
|  |  | Safe to use | 2 | 6 |
|  |  | Lack of awareness / education | 3 | 3 |
| **N** |  |  |
|  |  |  |
| **Authority** | **17** | Rebellion / do what you want | 3 | 12 |
|  |  | Parents approve of use | 1 | 5 |
|  |  | Government approves of use✝ | 0 | 0 |
|  |  | Won’t get into trouble✝ | 0 | 0 |
| **N** |  |  |
| **N** |  |  |
| **Curiosity** | **16** | Curiosity | 2 | 11 |
|  |  | Appealing marketing | 2 | 3 |
|  |  | Awareness encourages use | 2 | 2 |
| **N** |  |  |
| **N** |  |  |
| **Coping** | **27** | Coping / escapism | 3 | 11 |
|  |  | Tough life / vulnerable | 3 | 4 |
|  |  | Addiction | 2 | 12 |
| **N** |  |  |
| **N** |  |  |
| **Social influences** | **12** | Friends approval / peer pressure | 3 | 10 |
|  |  | Normal / acceptable to use | 1 | 2 |
| **N** |  |  |
| **N** |  |  |
| **Legal status** | **13** | Because they are legal  | 2 | 6 |
|  |  | Unaware of ban | 2 | 5 |
|  |  | Illicit status is enticing  | 1 | 2 |
|  |  | Legal status doesn’t matter✝ | 0 | 0 |
| **N** |  |  |
| **N** |  |  |

## Table D-1. Study 3: Young people’s expressed reasons for taking legal highs (NPS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Theme** |  | **Belief code**  | **FGs** | **Refs**  |
| **Drug effects** | **10** | For the high | 3 | 5 |
|  |  | Enjoyable / fun | 2 | 5 |
|  |  |  |
| **N** |  |  |
| **Identity** | **6** | Recreational users | 2 | 6 |
|  | Non-users are straight✝ | 0 | 0 |
|  | Anyone could be a user✝ | 0 | 0 |
|  | Users are from good backgrounds✝  | 0 | 0 |
| **N** |  |  |
| **N** |  |  |
| **Substitution** | **3** | More addictive than traditional\*  | 1 | 2 |
|  |  | Cheaper than traditional drugs | 1 | 1 |
|  |  | Safer than traditional drugs✝ | 0 | 0 |
|  |  | Traditional drugs hard to get✝ | 0 | 0 |
|  |  | Better than traditional drugs✝ | 0 | 0 |
|  |  | Don’t want to do illicit drugs✝  | 0 | 0 |
|  |  |  |

## Table D-2. Themes and constituent beliefs assessed as discouraging use of NPS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Theme** |  | **Statements/beliefs** | **FGs** | **Refs**  |
| **N** |  |  |
| **Risk perception**  | **73** | Bad ingredients | 3 | 27 |
|  |  | Media awareness / education | 3 | 24 |
|  |  | Harmful / deadly | 3 | 19 |
|  |  | Lack of regulation  | 2 | 3 |
| **N** |  |  |
| **N** |  |  |
| **Identity**  | **51** | Users are homeless people | 3 | 36 |
|  |  | Rich kids use better drugs | 2 | 6 |
|  |  | Users are underage kids | 1 | 2 |
|  |  | Non-users are clued up✝ | 0 | 0 |
|  |  |  |
| **N** |  |  |
| **Drug effects** | **9** | Bad trip | 2 | 5 |
|  |  | Unpleasant effects | 3 | 4 |
| **N** |  |  |
| **N** |  |  |
| **Substitution** | **4** | More dangerous than traditional | 1 | 3 |
|  |  | People can afford better drugs | 1 | 1 |
|  |  | Traditional drugs easier to get✝ | 0 | 0 |
| **N** |  |  |
| **N** |  |  |
| **Accessibility**  | **3** | Hard to get | 2 | 2 |
|  |  | Waste of money | 1 | 1 |
| **N** |  |  |
| **N** |  |  |
| **Legal status** | **3** | Because they are illicit | 2 | 3 |
| **N** |  |  |
| **N** |  |  |
| **Authority** | **2** | Parents disapprove of use | 1 | 2 |
|  |  | Authority figures disapprove✝ | 0 | 0 |
|  |  | Don’t want to get into trouble✝ | 0 | 0 |
|  |  | Give people an informed choice✝ | 0 | 0 |
| **N** |  |  |
| **N** |  |  |
| **Social influences**  | **0** | Socially unacceptable  | 0 | 0 |
|  |  | Friends disapprove of use✝ | 0 | 0 |
| **N** |  |  |

\* Novel coding category ✝ Coding category absent

# Appendix E: Additional in support of the literature review.

## Bibliography E-1. Additional scholarly articles for the literature review.

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