



How can specialist treatment services support our work?

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Speakers





**Change
Grow
Live**

The Place

Nottingham

Nottingham City's service for young people aged under 25 who use or are impacted by drugs or alcohol



Who are we?



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A drug and alcohol support service for **under 25's**.

We offer **free, confidential and non-judgmental** advice and information.

Our support is **person centred**, and **tailored** to meet the needs of the young person we are working with.



Types of intervention



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We offer:



1-to-1 work



Group work



Peer led interventions



Harm reduction



Eco therapy



Anonymous contact



If someone is reluctant to be referred

Not everyone wants to be referred into a drug service, for a **variety of reasons**.

Whatever the reason, we aim to **support them** to either access structured treatment or receive some potentially lifesaving harm reduction advice.



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Things we can do if someone doesn't want to be referred



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You **don't have to refer** - we can generate the referral



Our service **won't create more work for you**



We work from a **holistic approach**, drug/alcohol use is only part of the problem



92% of people attend a second session after meeting with us

We can offer **harm reduction advice** to make their usage safer



Party Safer



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A **free and confidential service** in
Nottingham City Centre for **18-25-**
year-olds who **use drugs or**
alcohol



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We can provide



Harm reduction **advice, resources and information.**



One-to-one structured **interventions and ongoing support.**



Outreach work and information stalls at relevant events and venues.



Training about drugs, drug use and current trends.



Referral and signposting to other specialist services.



A **safe space** to help you relax and chat about drug and alcohol use.

Get in touch

@CGLThePlace

Change Grow Live - The Place
4 Russell Place
Nottingham
NG1 5HJ

Recreational drugs and alcohol are usually taken to **enhance experiences or improve life** in some way.

Tolerances can build up and **usage can get out of hand**, it's easy to drift into **faking more regularly than you intended** in the beginning.

In an illegal market you can **never fully trust** that you are taking what you think you purchased.

If you are thinking of trying or already using, then come and chat to us for up-to-date **advice and information on reducing the risks and staying safe.**



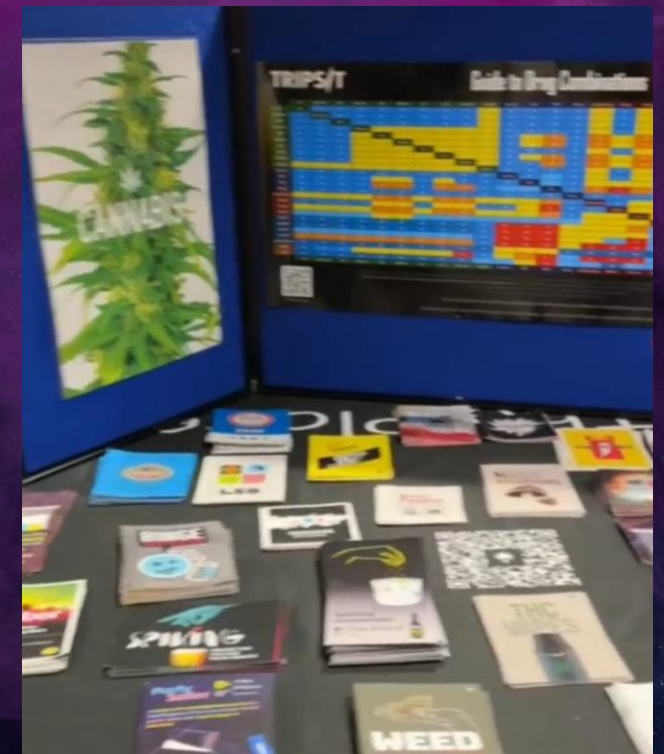
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Neurodiverse drug usage in Nottingham

By Neurojunkies

1

INTRODUCTION

- This presentation focuses on neurodiverse people and drug use in Nottingham.
- It explores patterns of use, sources of drugs, and motivations for use.
- It considers whether individuals are concerned about their drug use.
- Key findings and recommendations will be discussed.

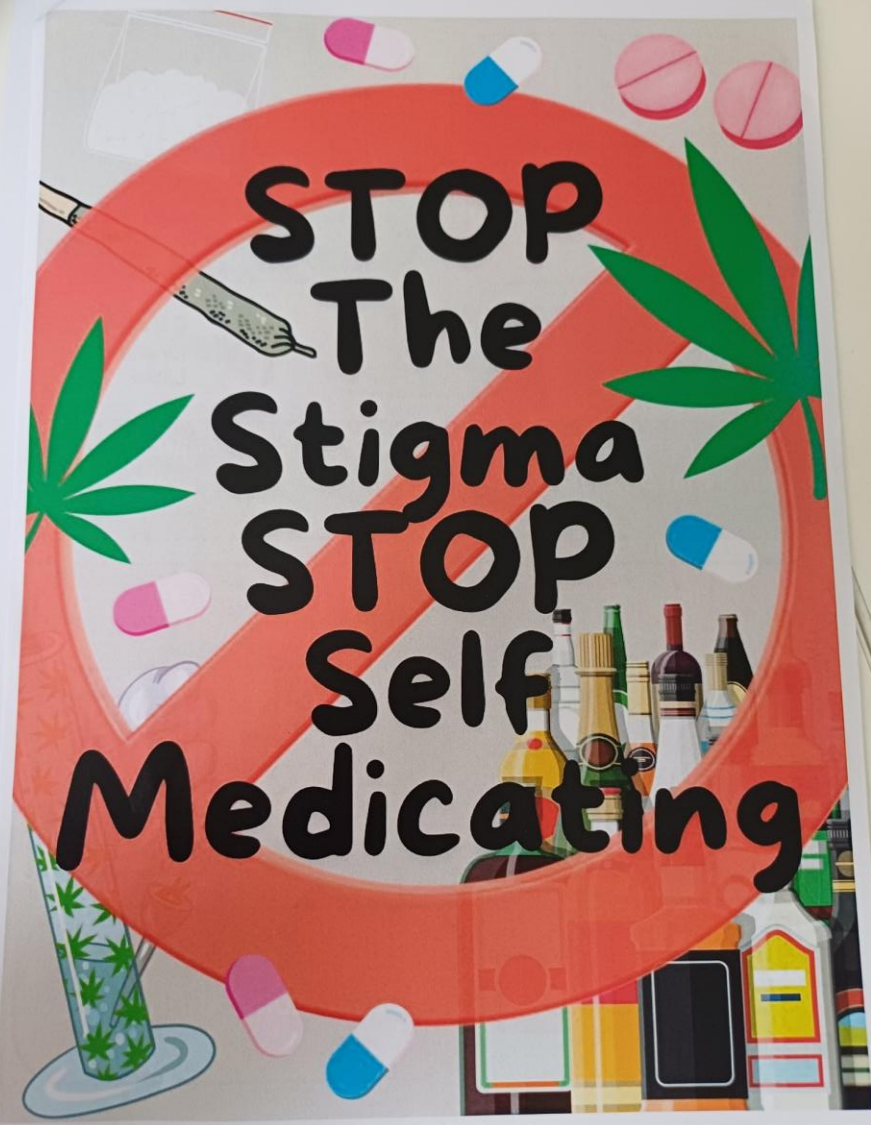


IMAGE: (MURPHY,2021)

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Currently in the UK there is an estimated 2.5 million neurodivergent adults who have not been diagnosed.

Neurodivergent describes people whose brains develop or work differently. They will have different strengths and struggles from people whose brains develop or work more typically.

Autism, ADHD, Dyslexia, Dyspraxia, Dyscalculia, Tourette's Syndrome, and OCD



In partnership with change grow live in our research we found that 58% of neurodiverse people used drugs to self medicate.

Self medication is largely used to manage symptom, reduce anxiety or to cope with sensory overload.

Do you consider yourself neurodiverse?
Is your drug use concerning you?
To get non-judgemental advice,
SCAN HERE



FIND OUT MORE HERE FOR OFFICIAL DIAGNOSIS HELP



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**EXPLORING THE USE OF DRUGS FOR
STUDENTS IN NOTTINGHAM IN THE
NIGHTTIME ECONOMY**

Megan Cole, Charlotte Streeting, Ella Kiely, Harrison Penn, Kitty Cole, Keira Banning


Are you a student aged
18-25 struggling with
drugs or know someone
who is struggling?



Visit here for
more
information!



Change, Grow, Live
offer personalised
non-judgemental
support and advice.

 changegrowlive  changegrowlive  changegrowlive

(Change Grow Live
2026)



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Exploring drug and alcohol use trends in the Nottingham nightlife

Anna Broadley, Abi Flecher, Nathan Allen, Adrianna
Davis, Lidia Samaan

(NTU)



NTU

Key findings :

- LGBTQ+ people show higher rates of drug and alcohol use ...
- largely due to mental health, discrimination, socialisation issues, and sexual enhancements.
- High drug usage can be a mix of positive and negative outcomes for these individuals.
- The most common substances used were alcohol, nicotine, and cannabis.
- Aligns with Niel's 2004 survey showing cannabis, amphetamines, cocaine, and popper = most used drugs.
- In both surveys = sample of LGBTQ+ respondents was small, but both studies show clear structural patterns rather than random variation.
- Substance use in the LGBTQ+ community reflects mental health and socialisation struggles, highlighting the need for tailored, inclusive support.

Exploring the LGBTQ+ Drug Use in the Night-time Economy in Nottingham

PC Pride

NTU

Context

The issues I have identified from the scenario are:

- o Many students avoid drug and alcohol services due to stigma and fear of judgement
- o Students often underestimate risks or believe services are only for "serious" users
- o Digital misinformation and peer norms reduce trust and awareness in support services

➔ Key problem: Students are not accessing harm reduction information/support when they need it

Behavioural diagnosis

Psychological capability ➔ Misunderstanding and limited knowledge of what services offer

Social Opportunity ➔ Peer norms normalise risky drug and alcohol use, fear of being labelled or judged by friends/peer

What does success look like?

Behaviour change ➔ more students accessing HealthyNTU services, increased engagement with harm reduction content

Indicators of success:

- o Rise in website visits
- o Attendance at events and workshops
- o Positive student attitudes towards harm reduction

Recommendation

The recommendation is ➔ A multi-level harm reduction campaign combining digital media marketing and peer influence

This is informed by:

- o Stigma theory (Goffman, 1963) – how fear of negative judgement discourages students from seeking help
- o Theory of Planned Behaviour – behaviour is influenced by: Attitudes, Subjective norms and Perceived Behavioural control

Which helped identify the issue because:

- o These theories highlight that students' reluctance to access drug and alcohol support is driven not only by lack of information, but by social stigma, normative pressures, and low perceived behavioural control.
- o Together, they explain how attitudes, social expectations, and emotional barriers interact to reduce engagement with harm reduction services.

Context

The regularity of peer pressure influencing university students to engage in drug use is far too common, particularly in social settings such as parties and nightclubs. Many students report feeling that drug use is a social norm at university, and some may feel if they don't participate that it might lead to social exclusion (Borsari & Carey, 2001).

Behavioural diagnosis

Automatic motivation: driven by the fear of missing out (FOMO), common in university students. Repeated exposure to drugs normalises the behaviour and reduced perceived risk, reinforcing automatic engagement without deliberate consideration of consequences.

What does success look like?

Behaviour change: A reduction in students engaging in drug use due to peer pressure, and an increase in students feeling confident to decline drugs without feeling ashamed.

Measurement: Increased self-reported confidence among students to refuse drugs, reduced perception of drug normalisation and increased peer support for non-use and alternative social behaviours/events.

Recommendation & Theory

To implement a peer-led social norms intervention that challenges misconceptions about drug use prevalence and promotes refusal as a socially acceptable behaviour.

The Theory & Intervention:

Social Norms Theory (Berkowitz, 2003): Behaviour shaped by perception of what is common or accepted in social groups. **Social Norms Intervention (Nolan et al., 2021):** Aims to alter perception of drugs and perceived social expectation to conform.

Beneficial because... it helps identify the issue by demonstrating how misperceived social expectation drives drug use, rather than lack of knowledge. By reshaping social cues and peer responses, the intervention targets automatic motivation and reduces pressure to conform.

Ethical considerations... Avoiding stigma or coercive information, allowing sensitivity to promote student informed decisions, and ensuring accurate and evidence-based information is shared.

Individual Differences Considerations... Interventions should consider students differ in experiences therefore, this approach may not apply to all students.



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Facts about hangovers + comedowns



A comedown **can last a few days** depending on how long you've been using substances and the amount taken.



Using more of a substance **doesn't get rid** of the comedown, it just delays it, and can often **make the eventual comedown worse**



The only way to guarantee you won't have a comedown or a hangover is to not use drugs to begin with, but there are **ways that you can minimise them...**

What goes up must come down



Contact us if you want to talk, ask questions, or need support:

T: 0115 948 4314
E: ThePlace@cgl.org.uk
@ @CGLThePlace



Coping with hangovers + comedowns



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Ketamine + cocaine

 This is a popular drug combination, but it is much **safer to avoid using these together** to reduce the risk


 Using these drugs together puts a **strain on your heart** by increasing your blood pressure

 If you're going to combine them, **know your tolerance** to each and **don't overdo it**.


 **Avoid using alcohol** on top as this can increase the risk

Ketamine + alcohol

 This is a popular combination, but the **risks are not fully understood**

 Combining the two greatly increases the risk of passing out, vomiting, an overwhelming state of confusion, and can put you in a vulnerable state.

 It is often described as an **unpleasant experience**

 When taking one, your tolerance for the other will reduce - try to avoid using them together or use considerably less than normal

Contact us if you want to talk, ask questions, or need support:

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 @CGLThePlace

Our referral form:



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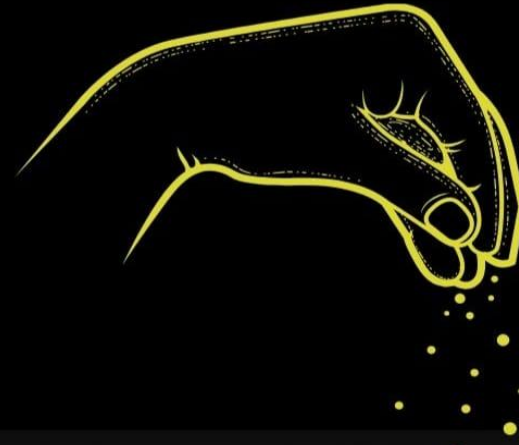
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Spiking awareness



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If you want to know more...



ThePlace@cgl.org.uk



0115 948 4314



[@CGLThePlace](https://www.instagram.com/CGLThePlace)



ChangeGrowLive.org/The-Place-Nottingham



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1625 Outreach

Harm Reduction Service



**Derbyshire
Police and Crime
Commissioner**



DERBYSHIRE
County Council



Derby City Council



Sheffield
City Council



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1625 Outreach

Harm Reduction Service

1625 Outreach help reduce **drug and alcohol-related harm** to **young people and young adults** across **Derby & Derbyshire & Sheffield**.

WE AIM TO

support **young people & young adults** to be...



AWARE

risks, trends, surroundings,
impact, support.

SAFE

harm reduction, peer,
safeguarding, personal safety.

WELL

physically, emotionally, autonomy,
informed.

OUR FOCUS

EDUCATION

schools, colleges, universities,
alternative, apprenticeships, etc.

FESTIVALS, EVENTS & NTE

music festivals, community lead
events, bars, clubs, etc.

OUTREACH

parks, estates, recreation areas,
community venues, etc.

DIGITAL +

social media, marketing,
resources, etc.



WORKING IN PARTNERSHIP

FURTHER & HIGHER EDUCATION

- Derby, Chesterfield & Sheffield College.
- Derby and Sheffield Universities.
- Student workshops & engagement.
- Policy development & support.
- Events & Campaigns.
- Drop-in's and referral pathways.
- Embedded worker model
- Student Placements

STUDENT UNIONS & CO-PRODUCTION

- Working collaboratively with SU's & students to inform service development, including event engagement & NTE support.



KEY STRATEGIES

A PRESENCE ON CAMPUS

- Universal: Summer safety events, christmas carousel
- Targeted: 1-1 accessible support through an embedded worker

CO-PRODUCED LITERATURE

- Ketamine screening tool

TRAINING OPPORTUNITIES

- Responding to disclosures, general drug and alcohol awareness, current trends)

DIGITAL CAMPAIGNS & WEBPAGE/SOCIAL MEDIA/DIGITAL PARTNERSHIPS

- e.g. Op lester police collaboration



FAQs

I've heard lots about Fentanyl in the USA. Are these the same as Nitazenes?

- No, but they are similar and carry similar risks.

I don't take heroin, why do I need to know about Nitazenes?

- They are showing up in non-opiate drugs now, as well as opiates. This means that if you're not familiar with opiates, you're less likely to be prepared and more likely to experience adverse effects.

What can I do to be safer?

- Stick to familiar suppliers of drugs, get Naloxone and testing strips, and don't use drugs alone.

What should I do if I get a positive result?

- Don't take that drug and tell others who may use the same dealer not to take them either. You can also anonymously report the positive test using the link on the leaflet.

Useful Contacts

1625 Outreach

For non-judgemental, fact-based information and support surrounding drug and alcohol use and associated risks, get in touch with us at:

✉ 1625Outreach@cgl.org.uk

📷 1625_Outreach

Likewise

For information, advice and help with making informed choices around alcohol and drugs, contact Likewise at:

✉ info@likewiseshfield.org.uk

☎ 0114 308 7000

To anonymously report your test results, scan this QR code



What's in your drugs?

A guide to Nitazenes

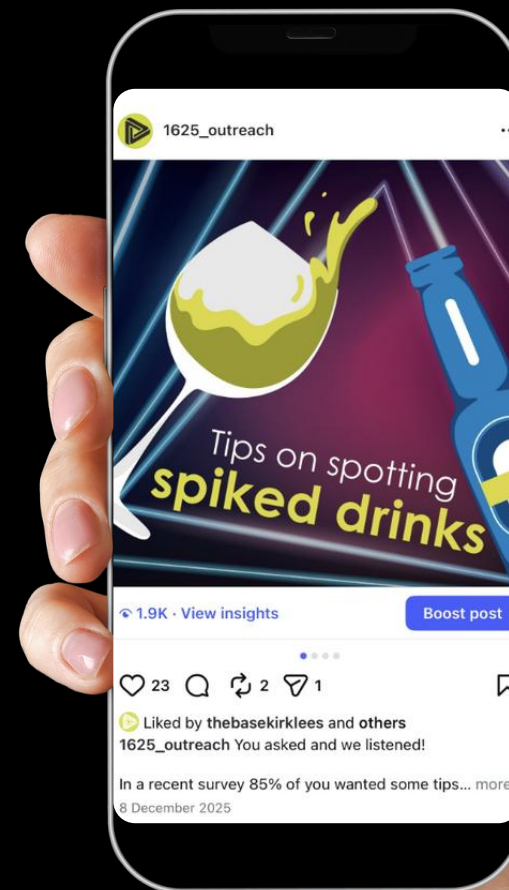
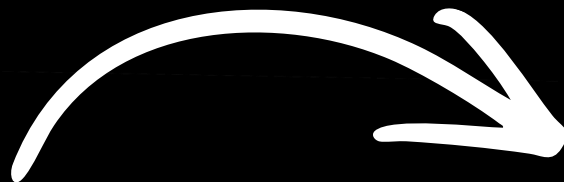
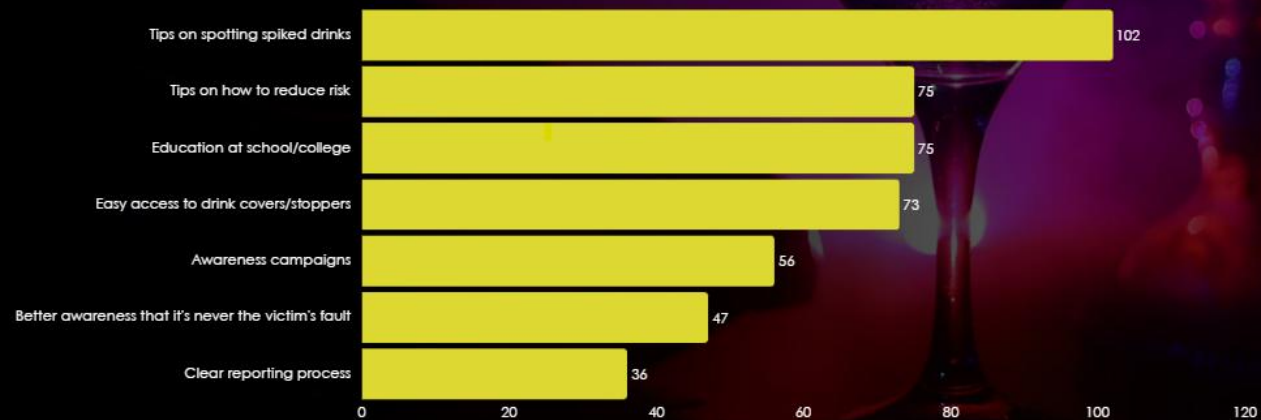


1625 Outreach



Anti-spiking

What would you find helpful to prevent/deal with spiking?



**WHAT MIGHT
THE BARRIERS
BE?**



WHAT ARE THE BARRIERS

CONFLICTING PRIORITIES

- Treatment priorities.
- Education provision priorities.
- Curriculum conflicts.
- Finances.

HARM REDUCTION VS ZERO TOLLERANCE

How do we balance reducing harm with things like the law, professional image/accountability.

SUPPORTIVE VS PUNATIVE

How do we offer assistance and support that is meaningful (non-tokenistic) whilst maintaining boundaries on campus?

ANXIETY

How do we collaboratively reassure each other, and work in a way that reduces worry across agencies (e.g. MOU).



WHAT CAN WE DO?

TREATMENT SERVICES

Establish who provides services locally. What pathways exist for YP/YA, can these be developed together? Find similarities in needs (e.g. harm to hope).

BEING PRAGMATIC

Consider what policy compromises can be made to better support students (e.g. harm reduction, safeguarding).

INVOLVE STUDENTS

Work with SU's & students directly to develop pathways, help providers understand more about need (e.g. SSDP).

OTHER SUPPORTERS

Draw on support from agencies (e.g. SOS & UUK) to support with brokering pathways & partnerships.



IMPORTANCE OF AN SLA AS AN EMBEDDED WORKER

ACCESS TO SYSTEMS

- CPOMS
- Internal reporting systems
- Teams
- Emails

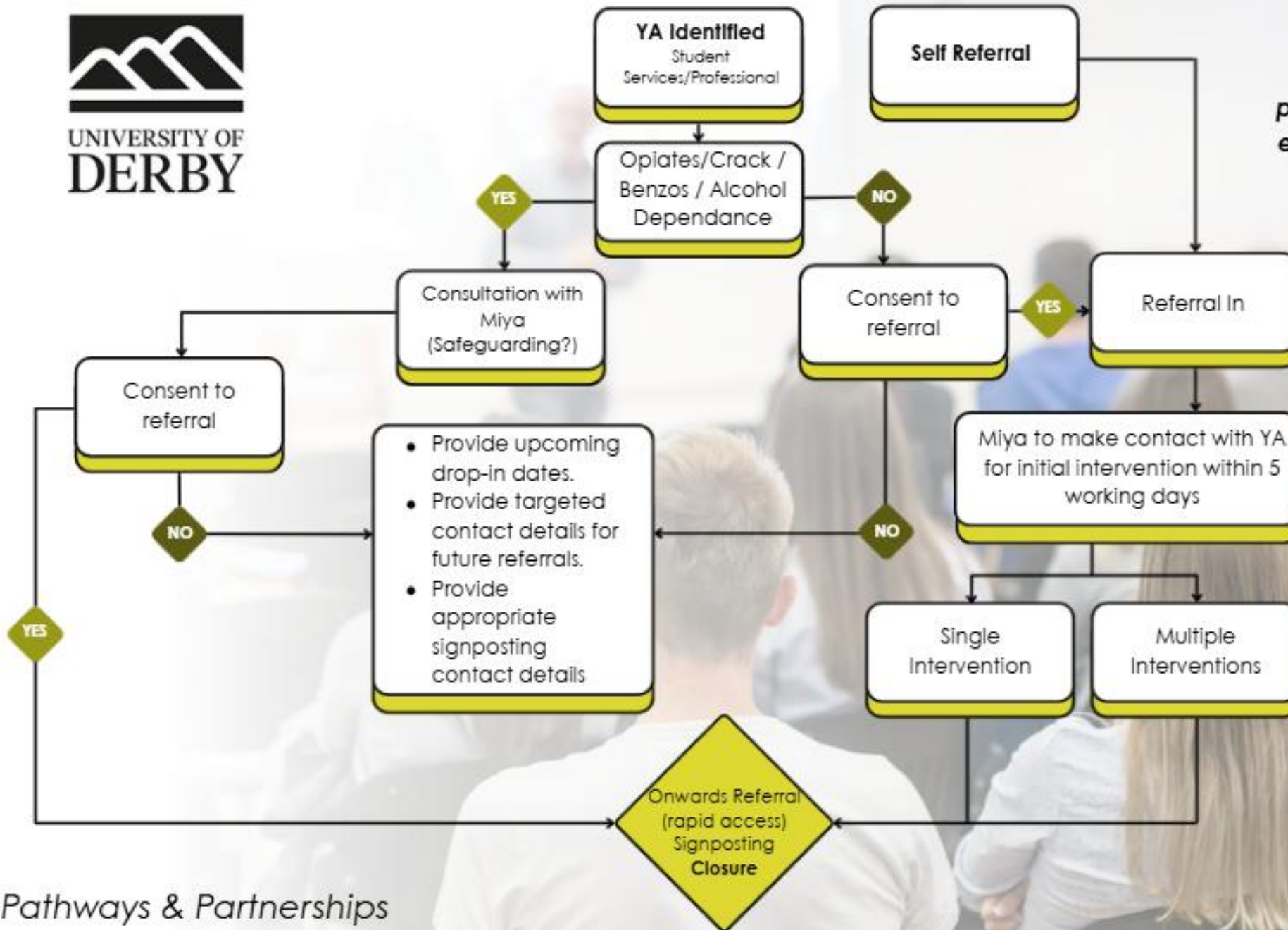
SUPPORT FROM THE PARTNER AGENCY

- Confidence in delivery
- Management support

MUTUALLY BENEFICIAL

- Reports
- Legaly binding
- Defined pathways





Example of pre-existing SLA pathway/student journey with UoD, easily adaptable to reflect service enhancement

CASE STUDY

1. How does having an embedded worker on campus reduce barriers to support?

1. How might Tom's situation have escalated if support had not been easily accessible?

1. How did the familiar university environment support Tom's engagement?

1. What examples of effective partnership working can you identify in Tom's journey?

Any questions?
~~~~~



Thank you

Change Grow Live Team

ThePlace@cgl.org.uk