CRACK COCAINE USE AMONGST HEROIN USERS IN LOTHIAN: AN EMERGING TRENDS?

CARMEN MCSHANE
TURNINGPOINT SCOTLAND
CRACK COCAINE - WHAT ARE WE HEARING?

Reporting higher usage of crack cocaine amongst injecting heroin users

Appear to be replacing the use of injecting of NPS in parts of Lothian area with users reporting dual use of heroin and crack.

Most smoking crack a few users report using

Majority continuing to use heroin but reporting a reduced strength lately

Over half report a history of non fatal overdose

Majority reporting one or more diagnosed physical health conditions, include respiratory, hepatitis etc.

Majority reporting one or more diagnosed mental health conditions, most common depression and anxiety

Remains high level of problematic poly drug use can include Methadone Alcohol Benzos and Xanax

Both men and women using crack most common route pipes

Groups bulk buying together to share
WHAT HARMS ARE WE SEEING?

- 161 drug related deaths in Lothian 2017, 134 in 2016. Cocaine was present in 55.72%, 72% increase on 16 in 2016.
- Crack 0.4 g selling for 25 pounds or 2 for 35 pounds.
- Introduction of £10 pound rocks specific to an estate in North East Edinburgh. Unclear weight and purity?
- Reporting higher usage of crack amongst homeless population in some hostels and bed and breakfasts. Buy £10 deals.
- One report that heroin and crack are purchased separately, where appears to be co-operation between crack and heroin street level dealers Unique to this one area.
- Majority are able to buy crack and heroin from same source/dealer.
- Increase in drug related violence in areas where reports of higher crack usage.
- Cuckooing. Three examples in last few months in two different areas in North East. Matches areas recent police seizures of heroin and crack cocaine in the last year.
- Occasional combining use for a “treat”
- In North East Sept 2018 police removed “heroin valued at £50,000 and crack £7,800 as well as three figure sum of cash”
WHAT DO WE KNOW ABOUT REDUCING HARM?

- Smoking crack very low risk of contracting BBV’s (other than sexual transmission)
- Injecting crack is more dangerous promote smoking
- There tends to be more frequent injecting, increases skin and vein damage more likely to run out of injecting equipment (heroin)
- Increase in chance you will share or reuse injecting equipment
- The local anaesthetic effect means you won’t feel the increased damage that digging around causes
- Cocaine actually damages surrounding body tissue
- Interferes with healing process by causing the blood vessels to narrow reducing the blood flow
- If you share injecting equipment at high risk of contracting BBV
The less risky way of using crack is to smoke.

Those combining crack and heroin use of personalised pipes more intense hit

Chasing is not as intense but lasts longer and lower risk of overdose

Potential lung damage from smoking, high risk those have respiratory COPD or heart conditions. Chasing is not as intense but lasts longer and lower risk of overdose
WHAT ARE WE DOING?

- Targeted Enquiry at IEP about trends survey around crack use is demand issue pipes at IEP
- Gathering and analysis of anecdotal information from frontline staff
- Making better use of Lothian data and reports NEO and development of public health data dashboard
- Crack Cocaine Refresher training for third sector longer serving staff and part of core induction training for new staff
- In reach to pharmacies
- Non-fatal overdoses home visits by staff lived experience and peer volunteers—expand to include mobile needle exchange
- Explore Peer 2 Peer outreach THN
- Share learning from tests of change quality improvement across services

Test of change East Lothian NHS Lothian Harm reduction Team and MELD—Assertive Outreach home IEP delivery in Musselburgh.

(James Shanley@nhslothian.scot.nhs.uk)
CLOSING....

Assertive outreach, we need a non-judgmental, reach out, rapid response to reduce harm and engage these individuals in their local homes and communities.

Every life matters. In over 60% of the 161 drug-related deaths in Lothian, the deceased lived alone and in most cases died alone...

The majority were also not in treatment at time of death.

“For harm reduction to be its most effective, the drugs worker needs to be as much part of the drug scene as the drugs” anonymous frontline drug worker and harm reductionist.