

# CRACK COCAINE USE AMONGST HEROIN USERS IN LOTHIAN AN EMERGING TREND?

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# 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.

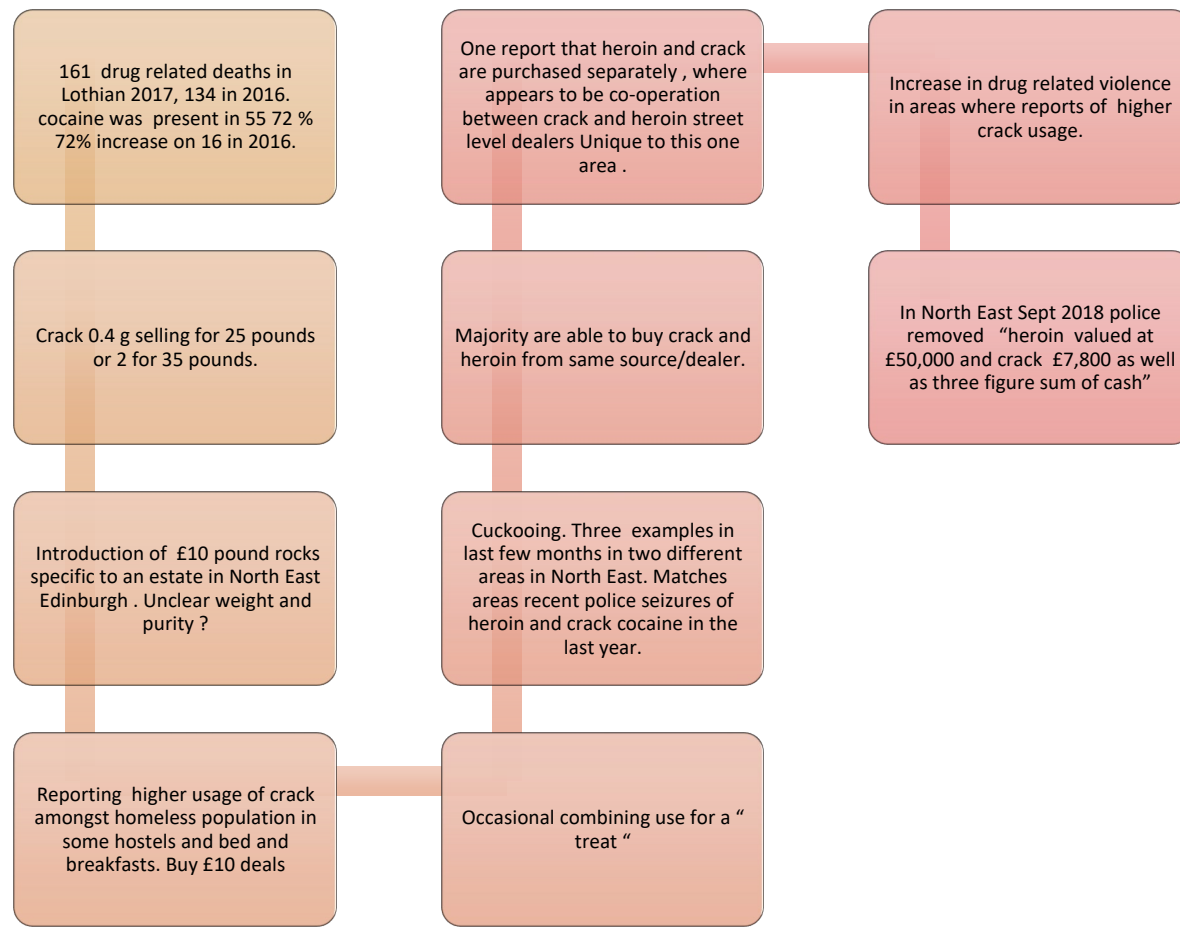
Majority reporting one or more diagnosed mental health conditions, most common depression and anxiety

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?



# WHAT DO WE KNOW ABOUT REDUCIN G 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.

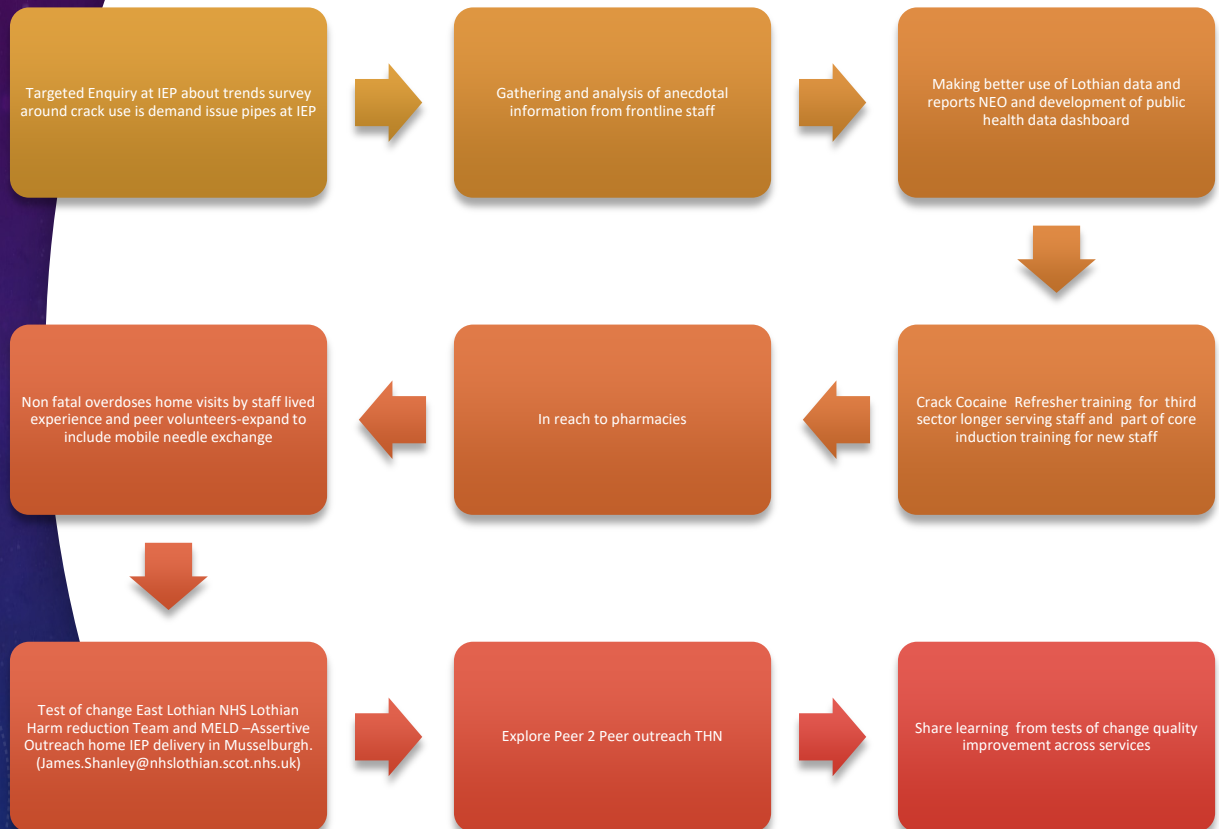
Chasing is not as intense but lasts longer and lower risk of overdose

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

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

# PIPES VERSUS FOIL

# WHAT ARE WE DOING?



# CLOSING....

Assertive outreach , we need a no judgement ,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"