

Stimulant Use Amongst Heroin Users in Glasgow

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Glasgow Drug Crisis Centre

Presentation Outline



- GDCC Services
- Current Drug Trends
- Emergence of IV Cocaine
- 2017 IV Cocaine Survey
- 2018 IV Cocaine Survey
- Current Position
- Unanswered Questions

Glasgow Drug Crisis Centre Services



- Opened September 1993
- City-Wide service
- 24/7 Injecting Equipment Provision
- 24/7 Assessment and advice
- Extended Opiate Replacement Therapy Clinic
- 12 bed Residential Service
- PIED's Clinic – every Tuesday 6pm-10pm
- Complimentary therapist, yoga class, acupuncture, self help groups.
- ***Coming Soon*** – Mobile IEP van

Current Drug Trends



- Poly drug use – heroin, cocaine, benzo's, alcohol
- Heroin – IV and smoking, more foil provided
- IV cocaine, snort cocaine
- Snowballing
- Benzos – cheap, readily available
- Gabapentin and Pregablin
- Some Xanax use
- Occasional crack cocaine
- MSM – MDMA, ketamine and methamphetamine
- IPED's

Emerging Trend – IV Cocaine



2015/16





Injecting Cocaine - questionnaire findings.



IV cocaine questionnaire conducted in September 2017: 18 individuals over 1 month who self reported IV cocaine use

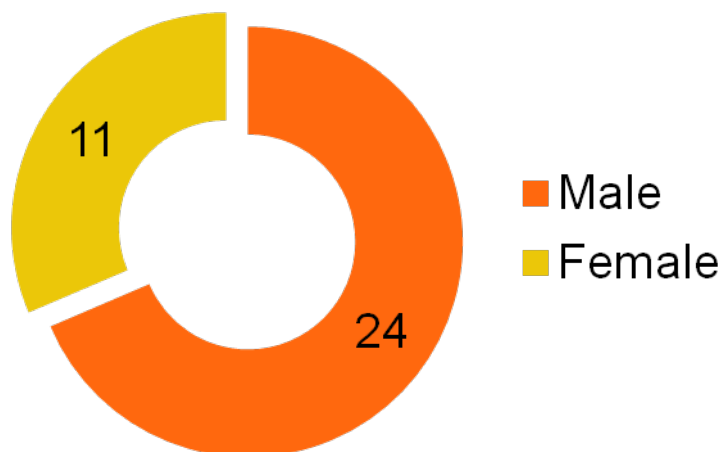
Self reports indicated:

- Long term heroin users
- High doses of methadone for long periods of time
- Using heroin, but effects poor
- More frequent injecting
- Behaviour manic, resulting in more risks with injecting
- Less frequent heroin use
- No longer needing treatment as not using heroin?

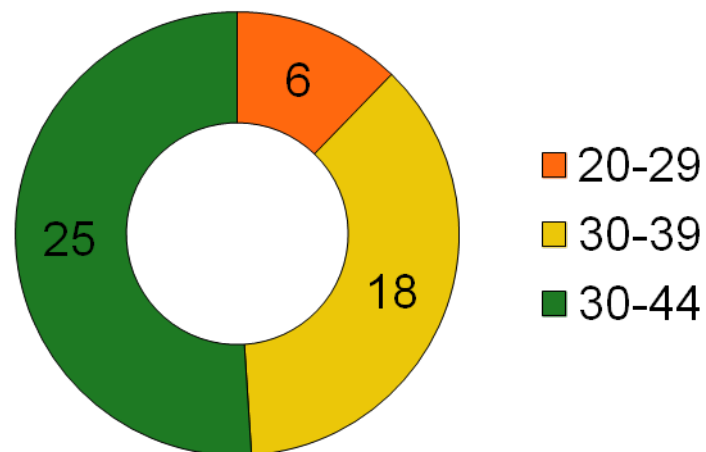
May-July 2018 Survey Demographics



Gender



Age range

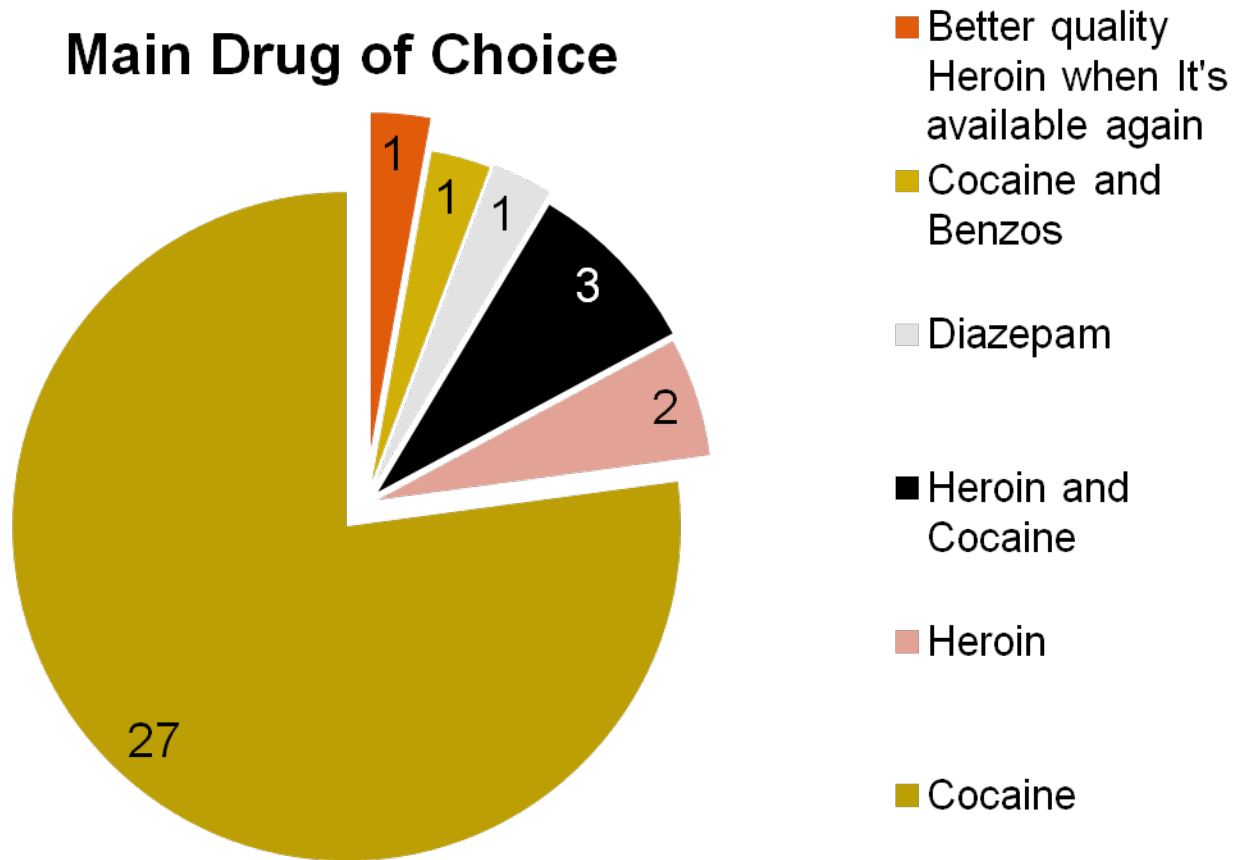


- 35 questionnaires in total
- Majority of people were heroin users previously with cocaine now their preference.
- 22 on ORT, 11 stopped (3 had never been on), 2 NA

May-July 2018 Survey



Main Drug of Choice

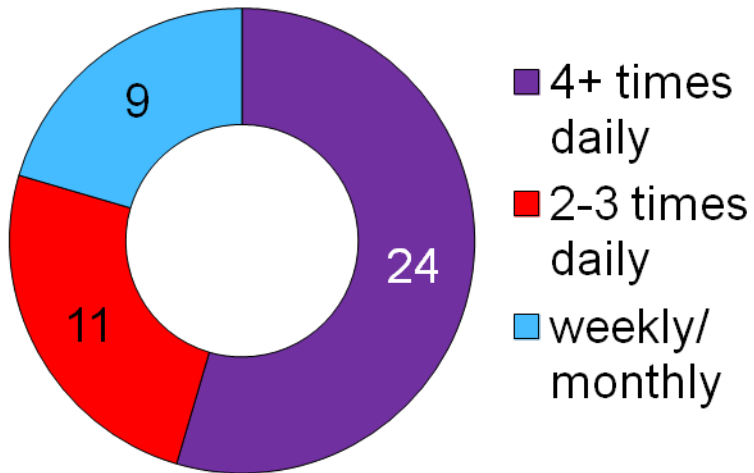


- 12 also IV heroin separately (not snowball)

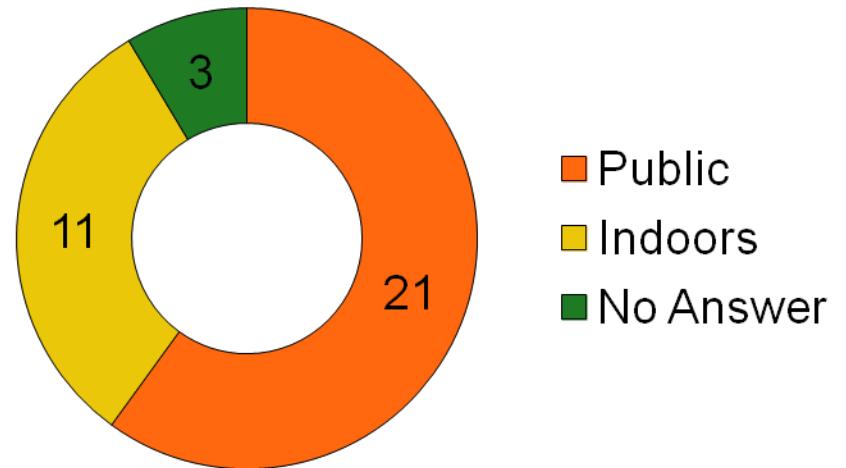
May-July 2018 Survey



How often?



And where?



May-July 2018 Survey Benefits of IV Cocaine



'Constant supply'

'Get up and
go/confidence'

'gives a better high
with my prescribed
methadone'

'15 minutes total
contentment'

May-July 2018 Survey Drawbacks of IV Cocaine



more chaos and manic when
using as my head is gone and
need to get it into me'

'Can't stop using it'

'being wired and can be overwhelming'

May-July 2018 Survey

Why move to IV Cocaine?



‘When first injecting heroin I got a rush, every time after that I chased that rush and could never get it. The rush never changes, 5 years later I still get what I’m paying and looking for’.

No effect from heroin with my methadone

Poor quality of heroin/cocaine better quality

THE RUSH

Learning so far



- IV cocaine is now established in public injecting group
- IV cocaine moving to other heroin using groups
- Approximately 20% of GDCC admissions
- Cocaine cheaper and more available than before
- Cocaine and heroin purchased from same dealer
- Some younger public injectors following trend
- Injecting practise complications

Remaining Questions? Heroin Use



- Are individuals who still use heroin, smoking and/or injecting?
- Is less heroin being used?
- Is heroin used more in snow balling alongside IV cocaine?

Remaining Questions?



- Did this trend contribute to rise HIV?
- Are services aware of the change?
- What treatment options can we provide?
- If services = ORT, will individuals stop accessing them?
- How do we reach individuals and deliver safe harm reduction messages?
- Are individuals aware of the risks?
- Will this trend be adopted by younger users/non heroin users?

Thank you

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