AT A GLANCE...

Experiences of MAT Standards Implementation for People Who Use Cocaine and Crack

COCAINE USE IN SCOTLAND IS CHANGING – SUPPORT NEEDS TO CHANGE TOO

Cocaine was the most common 'primary' drug reported by people starting specialist drug treatment in Scotland in 2024/25.

Our new SDF report explores how patterns of cocaine use are changing, experiences of accessing and providing support, gaps in provision and how things could improve.

We spoke to people using cocaine and staff working in services that support people who use cocaine and other drugs (collectively referred to as participants here).

Read our report: Experiences of MAT Standards Implementation for People Who Use Cocaine and Crack: *sdf.org.uk/wp-content/uploads/2026/08/Experiences-of-MAT-standards-implementation-for-people-who-use-cocaine-and-crack-SDF-August-2026.pdf*

WHAT PARTICIPANTS SAID ABOUT TRENDS AND IMPACTS

- Smoking was the most common way people used cocaine; a smaller number reported snorting or injecting.
- Polysubstance use (using more than one substance – this can include alcohol) was widespread.
- The cocaine market had changed, with increased availability but reduced quality, which participants linked to increased use.
- Cocaine use was linked to physical health impacts, including cardiovascular and respiratory problems, poor sleep and appetite fluctuations.
- Cocaine could make people feel good temporarily, but sustained use largely exacerbated mental health issues, such as anxiety, paranoia and in some cases crisis presentations.

> *"Unless you're going for help with opiates, you're no getting any help and support."*
>
> *– Person using cocaine*

> *"Unfortunately, it is still illegal for us to provide any provisions for cocaine users such as pipes. I believe we're at a similar stage as what we were 15 years ago, where we weren't allowed to give it foil, but we eventually could."*
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> *– Staff Member*

WHAT PARTICIPANTS SAID ABOUT MOTIVATIONS AND SUPPORT

- People used cocaine for varied reasons, including to cope with trauma, mental health and neurodivergence, and due to social influences and financial triggers such as payday.
- People who used cocaine were motivated to reduce harm and used strategies like information sharing among peers, but staff faced barriers to providing cocaine-specific equipment and support.
- Staff identified psychosocial interventions as the key treatment for cocaine use, but major barriers such as capacity and training affected consistency in provision.
- Services were seen to be designed around opioid treatment, and people largely felt there wasn't anything on offer for cocaine use. Overall, the MAT standards were not being applied consistently to support for cocaine.

HOW SCOTLAND SHOULD RESPOND

1. **Develop cocaine- specific support and treatment pathways.** This could include offering Cocaine Clinics within existing services.
2. **Expand harm reduction provision.** Safer inhalation equipment must be made available in Scotland.
3. **Improve access to psychosocial support.** Services should consider having dedicated staff who have capacity for the reflective practice and supervisory requirements to deliver interventions effectively.
4. **Involve people with living and lived experience** in service design, information development, peer-led harm reduction and the delivery of support.
5. **Prioritise information development and dissemination.** This should include sharing the results of drug checking and drug alerts in settings such as supported accommodation, hostels, emergency departments, frontline services, police stations and job centres.
6. **Standardise workforce training and guidance** on cocaine use, physical and mental health risks, interactions with MAT, harm reduction, trauma informed care and neuro-affirming practice.