“WHAT’S THE CRACK?”

EXPERIENCE OF MAT STANDARDS IMPLEMENTATION FOR PEOPLE WHO USE COCAINE/CRACK IN FOUR SCOTTISH HEALTH BOARDS

Louise Horn
Research & Peer Engagement Team

SCOTTISH DRUGS FORUM

ACKNOWLEDGMENTS

A HUGE THANK YOU TO OUR PEER RESEARCHERS: GARY, JAQ, NICKI, ALLY, DENISE, CRAIG, ALEX, VIKKI, GEANIE, MORRIN, AND BRIAN

CO-AUTHORS AND RESEARCHERS: SAM, KATY, HANNAH AND NICOLA

COLLEAGUES ACROSS SDF FOR SUPPORT AND CONTRIBUTION

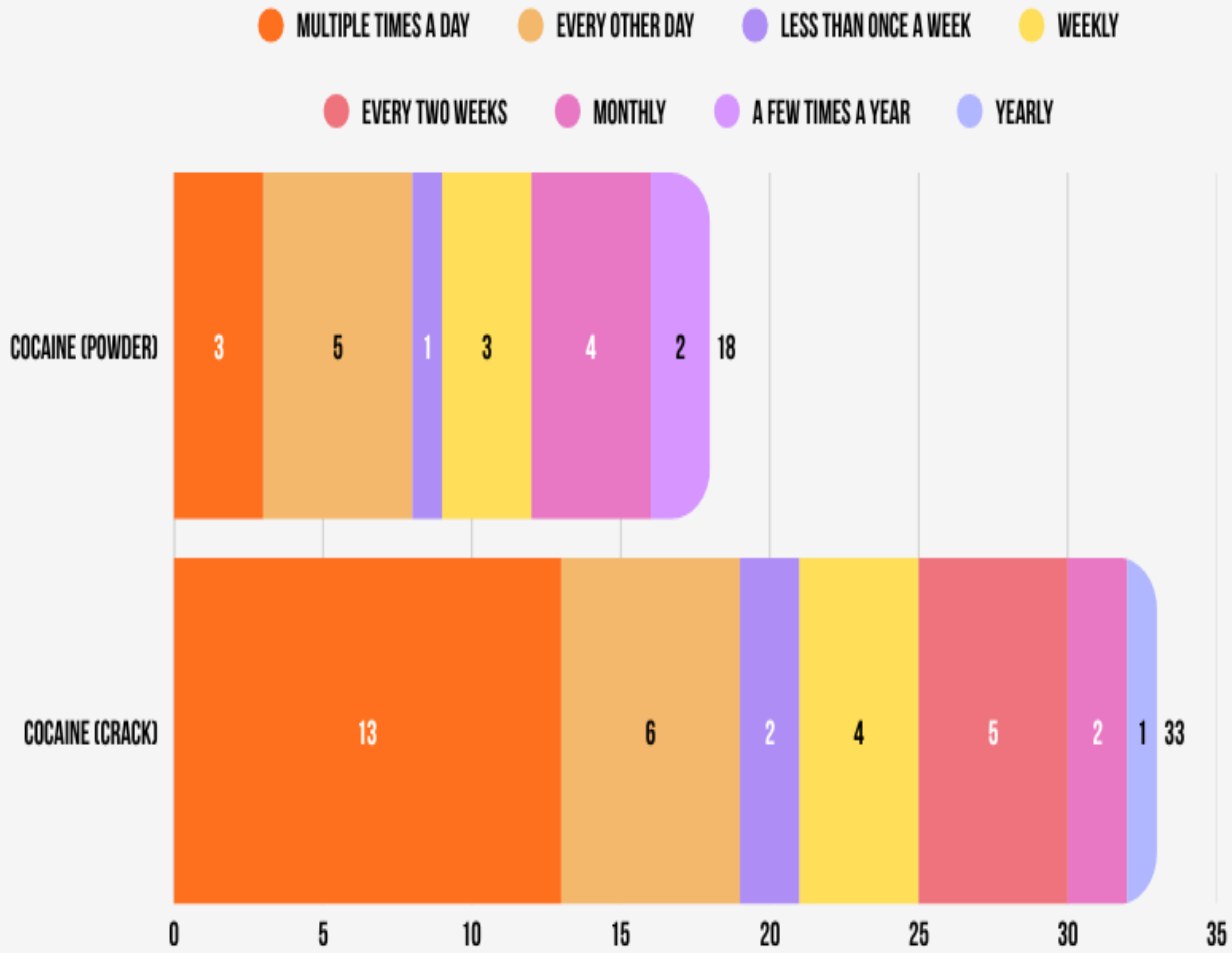
OUR FUNDERS - SCOTTISH GOVERNMENT

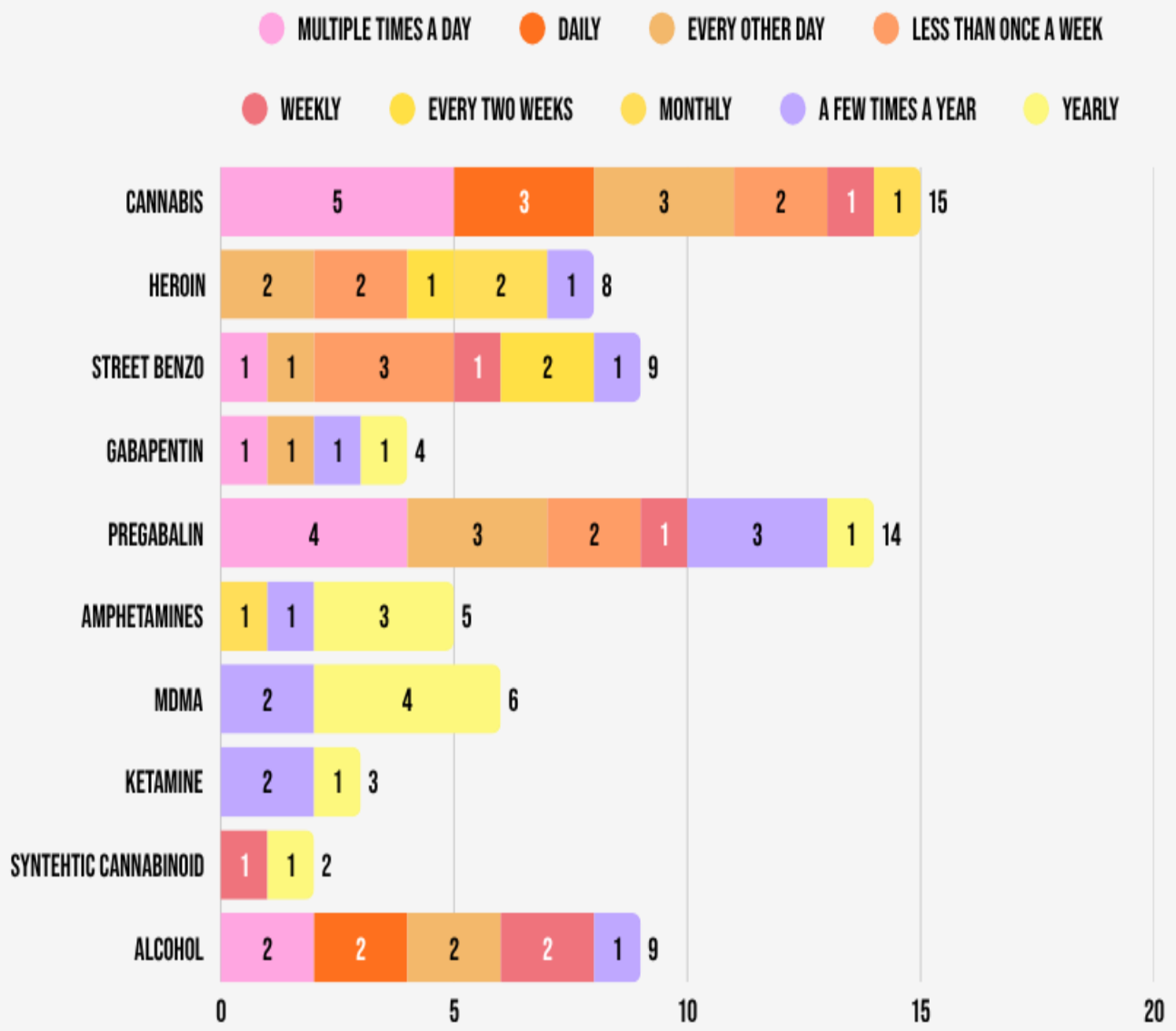
EVALUATION METHODS AND DEMOGRAPHICS

- 68 participants total – 34 people who used cocaine/ crack and 34 staff
- 9 focus groups
- 4 health board areas – Fife, Highland, Tayside, Glasgow
- 11 peer researchers involved

SCOTTISH DRUGS FORUM

SUBSTANCE USE





The majority used once a week or more (n=26), gapapentinoids were most commonly used (n=18)

SCOTTISH DRUGS FORUM

“We are a Monday to Friday service. Well, you know, maybe it doesn't work, and maybe we just don't know how to put into practice, or maybe we don't have the structure in place in order to put that into practice.”

“I’ll be dead honest, I gave up on the system of help some time ago. They just pass by you and you get passed around workers and you’re going over story after story and soon it’s just in your head...You’re just a number here.”

SCOTTISH DRUGS FORUM

RECOMMENDATION 1: DEVELOP COCAINE SPECIFIC SUPPORT AND TREATMENT PATHWAYS

Clear pathways to:

- Physical health
- Mental health (including neurodivergence)
- Advocacy and Third Sector

Tailored treatment and support:

- Low threshold access
- Drop in
- Out of hours
- Prescribing

"If we can start offering the equipment, we can get them into the service and then start to have these other conversations and work together."

"They have given tester kits and things. I can then hand that to my worker and they can send them away to check. You know that is really helpful."

SCOTTISH DRUGS FORUM

RECOMMENDATION 2: EXPAND HARM REDUCTION PROVISION

Provision of:

- Harm reduction equipment
- Education
- Naloxone

Urgent need to:

- Address legislative barriers for providing equipment such as inhalation devices
- Increase access to drug checking across Scotland

*"I mean, this is the first time ever there has been a f****** crack, cocaine bloody meeting. Do you know what I mean? There is nothing out there for this kinda thing."*

"Teaching basic coping strategies like breathing distraction techniques, 54321, that kind of stuff for the anxiety, like basic coping strategies and really going through even things like decider skills, safety and stabilization, that kind of work to get enable them to get into more social situations"

SCOTTISH DRUGS FORUM

RECOMMENDATION 3: IMPROVE ACCESS TO PSYCHOSOCIAL SUPPORT

Services should increase:

- Range of evidenced based psychosocial interventions
- Psychoeducation
- Person centred and neuro-affirming delivery

Services should be resourced to:

- Have adequate staff time and capacity
- Offer dedicated interventions staff
- Promote existing support available

“For the crack and cocaine, there isn’t help. For me I smoke it, but I have injected before. Thing is, I’m not being cheeky, but I probably know more about injecting it than someone in the services does”.

“Having people with lived experience is important. I'm not dismissing the value of having the people with the academic and the medical and the clinical knowledge. But unfortunately, sometimes it's just as soon as a person realizes, well, you've never even sat in a room. You've never even seen anybody smoking a pipe, like, why am I going to come back here and talk to you?”

SCOTTISH DRUGS FORUM

RECOMMENDATION 4: INVOLVE PEOPLE WITH LIVING AND LIVED EXPERIENCE

Meaningful involvement via:

- Co-production of drug information and alerts
- Peer-led harm reduction, group facilitation
- Mutual aid

Meaningful consultation:

- Informing service development
- Involving the range of people who use cocaine

“Flyers or leaflets are good aye, but they need to be readable for people. They need to be useful. If places had the budget - they should be going round to hostels and leaving them and talking to people because they need it.”

“We have got a massive cohort of people who aren’t reaching or accessing services.”

SCOTTISH DRUGS FORUM

RECOMMENDATION 5: PRIORITISE INFORMATION DEVELOPMENT AND DISSEMINATION

Information should be:

- Accurate and up to date
- Supported by signposting
- Informed by drug checking results and local intelligence

Dissemination should target:

- Settings where people who use cocaine attend regularly
- Local organisations and multi-agency meetings

"It shouldn't need to rely on 'oh this worker is best for this area'... across the field we should all be getting adequate training, sharing knowledge and staying abreast of what is going on out there, to properly respond and support cocaine use."

"They need to be speaking to somebody who's at least got a fair understanding and education and things like the cyclic change and avoiding strategies, coping mechanisms, all this kind of stuff."

SCOTTISH DRUGS FORUM

RECOMMENDATION 6: STANDARDISE WORKFORCE TRAINING AND GUIDANCE

Regular training and guidance on:

- Physical and mental health risks and harm reduction
- Trauma-informed and neuro-affirming health care
- Health screening

Implement good practice:

- National implementation of Cocaine Toolkit
- Supported by training

"CHANGE REQUIRES ACTION, AND ACTION REQUIRES COURAGE."

- BRENE BROWN

SCOTTISH DRUGS FORUM