Service User Consultation

Non-Opiate Drug Use
January 2015

TD Consultancy

Contents

Acknowledgements

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I am grateful to Huseyin Djemil, Lee Scrafton and Marie-Claire Mickiewicz, from Buckinghamshire DAAT for their invaluable assistance and guidance.

Finally, I would like to thank all the respondents (managers, workers and users) who took part in this study without whom this project would not have been possible.

Project team

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1. Executive summary and key findings

This service user consultation was commissioned by Buckinghamshire Drug and Alcohol Action Team (DAAT) and conducted between September and December 2014. Its aim was to get a view of how drug and alcohol services in Buckinghamshire were meeting the needs of non-opiate users (including individuals who combined non-opiate drugs with alcohol) and to identify where gaps existed and where improvements may be necessary.

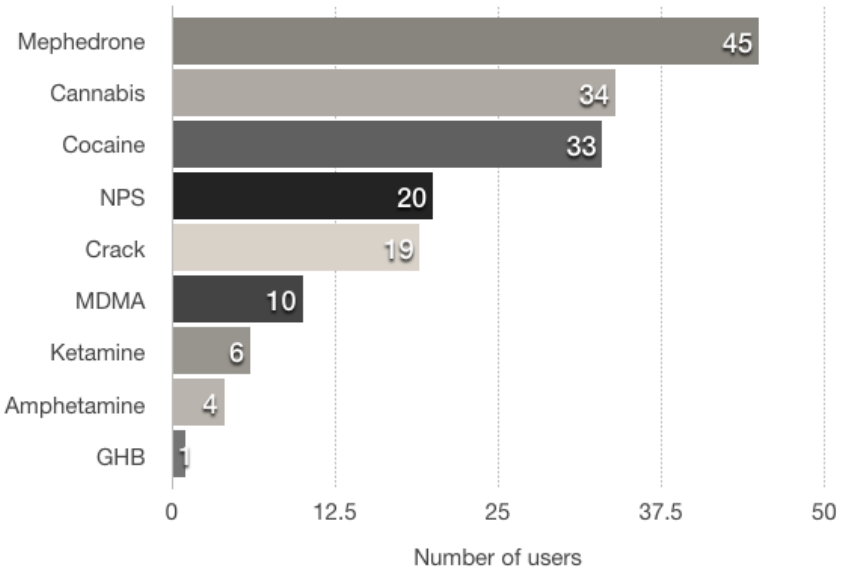
Non-opiate users were interviewed from the main adult drug and alcohol service providers in Aylesbury, High Wycombe, Buckingham, Chesham and Burnham. The majority of respondents participated in face-to-face interviews and agreed to be interviewed and for the information gathered to be anonymously included in the final report. They were also given the option to withdraw from the process at any time and were not obliged to answer all questions.

To achieve a more balanced perspective, users from outside services and professionals from other relevant agencies were also interviewed.

1.1 Service user consultation:

The service user consultation comprised a sample of 121 respondents in total, made up of managers, workers, users in services and users outside services.

1.1.1 Non-opiate drugs



1.1.2 Primary and secondary drugs

The majority of non-opiate users identified took stimulant drugs. Mephedrone was the most commonly used stimulant with nearly 54% of respondents having taken it. Cocaine was used by 39% of respondents, 23% took crack, 12% used MDMA (ecstasy) and 5% had taken amphetamine. This report found that mephedrone was associated with adult problematic drug use, had some of the highest risk behaviours, and was favoured by a growing number of young people in Buckinghamshire.

Most non-opiate users combined drugs. The main secondary drugs of choice were 64% alcohol, 40% cannabis and 28% heroin. Novel psychoactive substances (legal highs)) were taken by 24% of the sample. 85% of these users smoked synthetic cannabinoids and 15% took synthetic stimulants as secondary drugs of choice or when illegal ones were not available.

1.1.3 Age

Just over 39% of all respondents were in the age range 25-34 and nearly 33% were in the age range 35-44. The youngest non-opiate user was 14 and the eldest was 55 years old. Mephedrone, alcohol, cocaine, MDMA and cannabis were identified across all age groups. Legal highs were taken by adults and were not identified with users under the age of 18.

1.1.4 Drug of choice

Over 48% of users outside services in Aylesbury had changed their main drug of choice in the past year. Many had switched from alcohol, cannabis, crack and heroin to taking mephedrone. Many said this was to do with mephedrone's relative cheapness, strength and availability.

Only 15% of users outside services in High Wycombe had changed their drug of choice in the past year. Those that did had switched to novel psychoactive substances as secondary drugs of choice.

1.1.5 Patterns of use

Over 57% of non-opiate users snorted their drugs, 44% smoked, 42% took drugs orally and 29% injected. The majority of respondents were either binging or using daily. Only 4% of the sample classed themselves as taking drugs recreationally. Recreational users were not targeted in this report.

1.1.6 Injecting mephedrone

A cohort of mephedrone injectors were identified outside services in Aylesbury. Some of these individuals injected 20 to 50 times a day over a period of 3 days or more without food or sleep and were re-using needles and admitted to sharing. Many I.V. users who injecting drugs previously said mephedrone was more compulsive than crack or heroin. Some reported using 12 to 20 grams in a 24 hour period. Hepatitis C was identified in this group and there was a lack of injecting hygiene, with some users injecting in pitched tents.

There were reports that mephedrone was congealing and solidifying in the vein and evidence of increased vein damage with users exhibiting bruising, abscesses and lumps under the skin. Un-hygienic environments, high-frequency injections and possible contaminants in the drug have resulted in serious infections.

Many injectors in Aylesbury were not accessing needles from drug services and were picking them up from local pharmacies. There was a reported 5-fold increase in needles being dispensed at one of the local chemists and large stashes of un-used syringes found hidden in several locations in the community. There were also reports that the sharps bins and boxes were full in some public toilets and cleaners finding used needles outside the containers. Within frontline drug services 60-70% of needles were given out to steroid users.

1.1.7 Safeguarding issues

The youngest injector identified was a 17 year old male who injected mephedrone frequently. There were suggestions by young adults and a perception by youth workers that the practice of injecting mephedrone may be happening with other under 18 year olds, some of whom were well educated and came from affluent backgrounds. There was also a concern among youth workers that young people were learning injecting practices from adults who were not taking heroin or connected to the crack and heroin market.

Possible safeguarding and sexual exploitation issues with young vulnerable girls taking mephedrone were a concern for community engagement workers and the police in Aylesbury. There was also a perception by some service providers that this was possibly taking place and needed looking into. Though a significant number of young vulnerable females using mephedrone were identified over the age of 18, this report did not find young people directly effected by child sexual exploitation.

1.1.8 Health and mental health

Weight loss was experience by 40% of all respondents, 20% reported stomach pains, 12% experienced kidney issues and 12% heart problems. Hepatitis C, increased vein and tissue damage accounted for 10% of the sample.

Over 25% of users who combined non-opiates with alcohol experienced liver problems. There was also an issue of alcohol being taken in combination with cocaine. This process can produce cocaethylene in the liver, a substance that is liver toxic.

Various psychiatric health issues were experienced as a result of taking non-opiate drugs. Just over 40% of all respondents said they had or were experiencing depression and 18% reported anxiety issues. Other psychiatric issues experienced were paranoia, aggression, psychosis and 6% of the sample said they self harmed. Over 56% of users outside services said their health and psychiatric issues were not being addressed.

1.1.9 Debt & housing

Rent arrears was the debt most experienced by respondents outside services. However, court fines, debt to family and friends, dealers and debts to other users were also significant.

The majority of users outside services identified themselves as homeless and expressed a need for adequate housing. There was a clear difference in Aylesbury between users in services (who tended to have some form of housing) and those who were outside services, who were rough sleeping, sofa surfing or living in tents.

2. Introduction

2.1 The subsequent report explores:

- *The current and developing non-opiate using trends within Buckinghamshire*
- *The current treatment uptake by non-opiate users and non-opiate users consuming alcohol*
- *The barriers, if any, preventing non-opiate users accessing services*
- *Recommendations for the DAAT and services to improve the engagement and retention of non-opiate users in services*

2.2 Respondent profiles:

Total Respondents 121

Managers	8
Workers	29
Users Inside Services	44
Users Outside Services	40
Total Service Users	84

2.3 Method:

- Short, structured, face-to-face interviews with managers, staff and users which included both quantitative and qualitative questions
- User consultation with the focus of attention placed upon users' current perceptions of services
- Visits to all service providers to examine sites and service, talk / listen to staff and management. Informal visits were carried out, and telephone and e-mail follow ups were also used

3. Service user consultation

The service user consultation comprised a sample of 121 respondents in total; 8 managers, 29 workers, 44 users in services, and 40 users outside services.

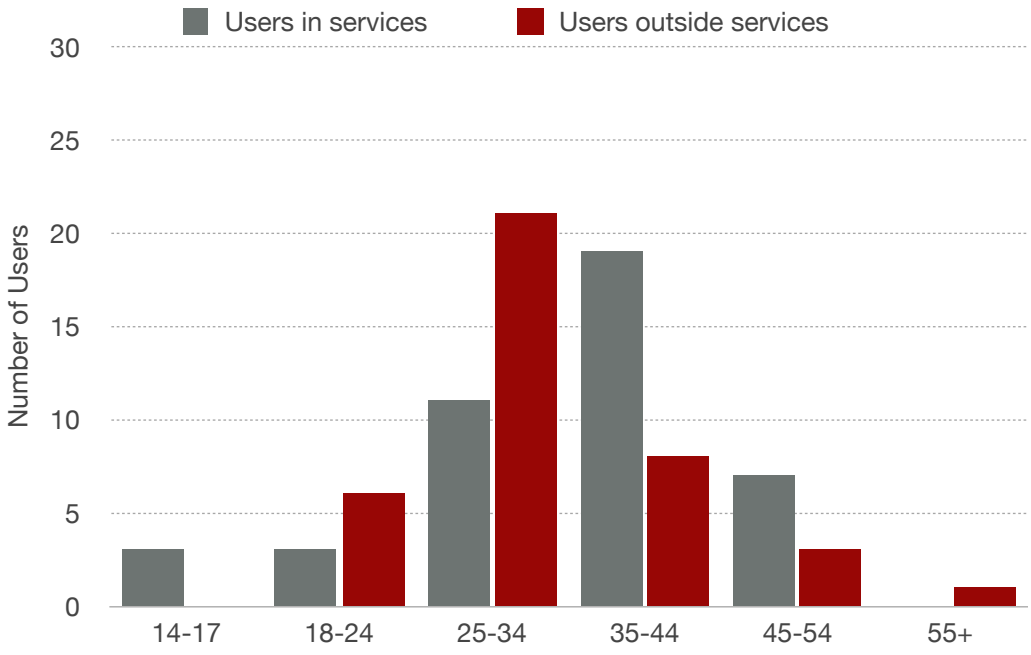
3.1 Sample:

Total number of users: 84

Users Inside Services	44
Users Outside Services	40

3.2 Age range:

82 respondents:



- *The youngest user identified was 14 years old who was inside services, the eldest was 55 years of age who was identified outside services*
- *Just over 39% of all respondents were in the age range 25-34 and nearly 33% were in the age range 35-44*
- *Mephedrone, alcohol, cocaine, MDMA and cannabis were identified across all age groups. Novel psychoactive substances (legal highs) were not identified with users under the age of 18*

3.3 Sex:

Outside services, 82% of respondents were male and 18% were female. In services, 63% of respondents were male and 37% were female.

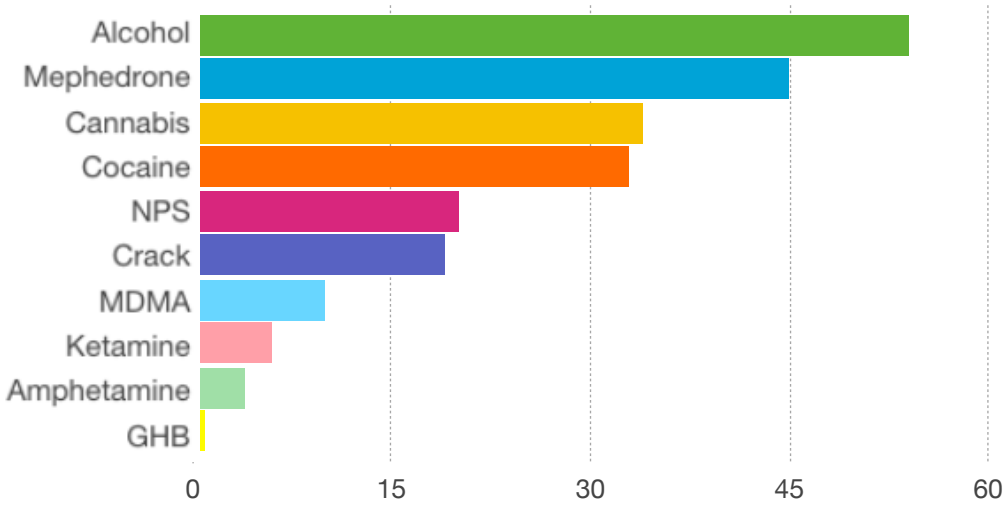
3.4 Ethnicity (as self described):

Overall, 82% of non-opiate users identified themselves as White UK with 18% of the sample from BME communities.

3.5 Non-opiate use:

3.5.1 What non-opiate drugs are you using including alcohol?

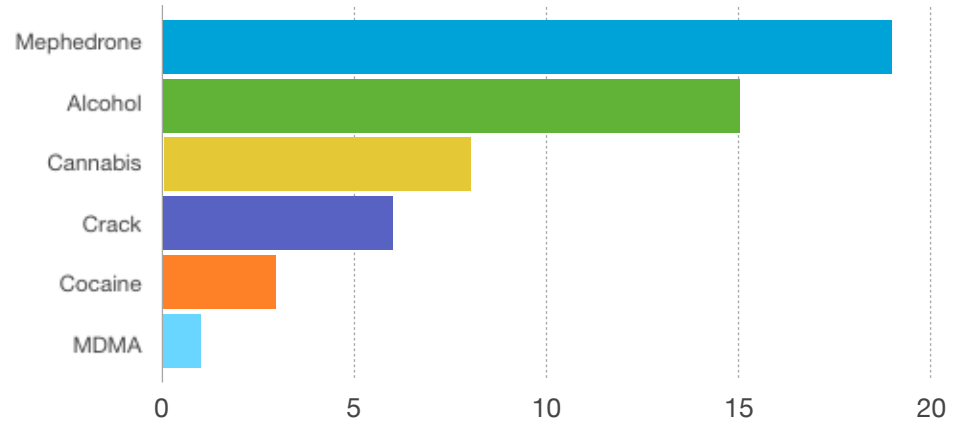
84 respondents:



- *Excluding ketamine the majority of non-opiate users were taking stimulants. Mephedrone was the most used stimulant drug accounting for nearly 54% of the sample*
- *Cocaine was taken by 39% of respondents and was the second most commonly used stimulant followed by 23% who used crack, 12% MDMA and less than 5% amphetamine*
- *Most non-opiate users combined drugs. Secondary drugs of choice were 64% alcohol, 40% cannabis and 28% heroin, and to a lesser extent Methadone and GHB*
- *Novel psychoactive substances (NPS) were taken by 24% of the sample. 85% of these users smoked synthetic cannabinoids and 15% took synthetic stimulants as secondary drugs of choice or when illegal ones were not available*
- *Only 7% of the sample reported taking ketamine*

3.5.2 Users outside services Aylesbury

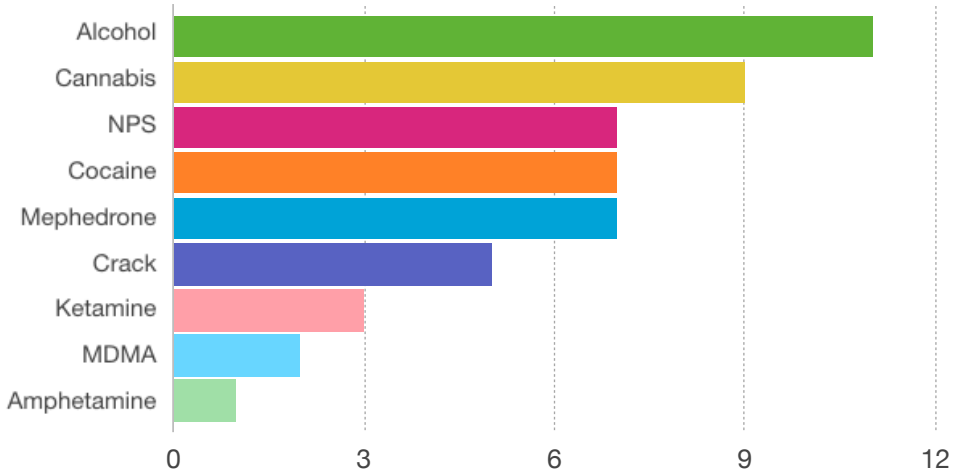
24 respondents:



- *Mephedrone was taken by over 79% of users outside services in Aylesbury*
- *Crack was used by 15% of respondents, 7% used cocaine and 4% MDMA*
- *Secondary drugs of choice were 62% alcohol, 33% cannabis and 30% heroin*

3.5.3 Users outside services Wycombe

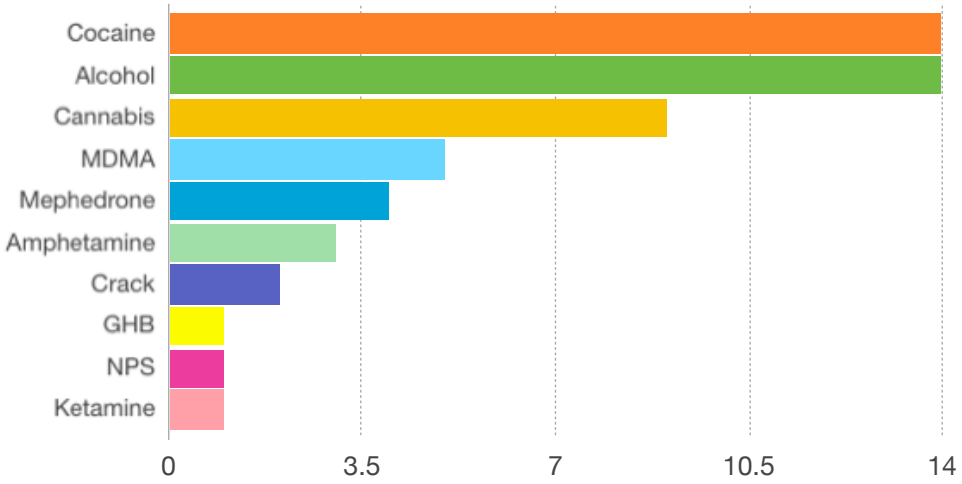
16 respondents:



- *The main stimulants identified in Wycombe with users outside services were 35% cocaine, 35% mephedrone, 31% crack, 12% MDMA and 6% amphetamine*
- *Ketamine was used by 18% of respondents*
- *Secondary drugs of choice were 70% alcohol, 56% cannabis, 33% NPS and 9% heroin*

3.5.4 Users inside services Aylesbury

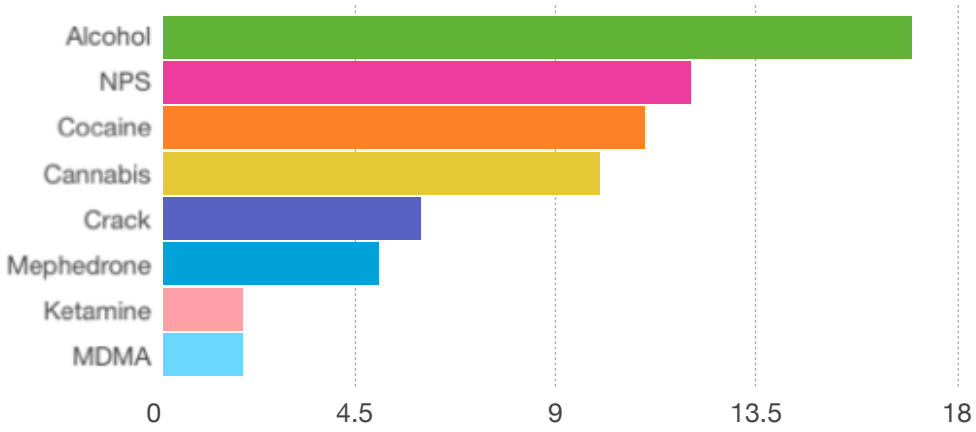
18 respondents:



- *Over 77% of users inside services in Aylesbury had taken cocaine and 11% had used crack*
- *27% had tried MDMA and 22% had taken mephedrone*
- *Amphetamine was used by 16% of respondents and former use of GHB, NPS and ketamine was low*
- *Secondary drugs of choice were 77% alcohol, 50% cannabis and 16% heroin*

3.5.5 Users inside services Wycombe

22 respondents:



- *Cocaine accounted for 50% of users inside service in Wycombe. 27% used crack and 23% used mephedrone*
- *Former use of ketamine and MDMA was low*
- *Secondary drugs of choice were 77% alcohol, 54% NPS, 45% cannabis and 27% heroin*

3.5.6 Non-opiate use analysis

There were significant differences between Aylesbury and Wycombe when it came to drug use outside services. There was more mephedrone use and injecting behaviour in Aylesbury than Wycombe. Novel psychoactive substances were popular in Wycombe but not Aylesbury. There were reports that mephedrone was on the increase with young people in Aylesbury, however, in Wycombe young adults tended to use cocaine.

Primary and secondary drugs of choice were difficult to ascertain at times, as some users favoured more than one drug. With users outside services In Aylesbury there was more heroin used in combination with mephedrone but a restricted range of non-opiate drugs being used overall. In Wycombe, users outside services combined a wider range of drugs, particularly NPS (legal highs). This was possibly due to the 'head shop' selling novel psychoactive substances in the area. A few respondents had experienced adverse reactions to some of the substances sold from the shop, especially vulnerable users who were in supported accommodation in close proximity.

There was a general perception among users and staff that mephedrone was increasing in Wycombe. Mephedrone use was higher outside services in Wycombe than inside, but this did not demonstrate an increase in numbers. What was significant was the amount of people in Wycombe, inside and outside services, who had taken cocaine and alcohol.

Mephedrone users, especially injectors, were not well represented inside drug services in Aylesbury. There were slightly better rates of engagement for mephedrone users in Wycombe. Individuals who took cocaine and novel psychoactive substances generally had better rates of engagement, especially cocaine users in Aylesbury.

3.5.6.1 Buckingham, Chesham and Burnham

In Buckingham there were reports that mephedrone was being taken by young people and this had become a visible problem in the park. Only a small group of adult crack and heroin users were evident in Buckingham as a whole, and there did not appear to be any overlap between adults and young people taking drugs, though this would need further investigation.

Young people reported the use of ketamine, MDMA and mephedrone in Chesham and Burnham, though anecdotally the use of ketamine had come down generally in Buckinghamshire and only 7% of respondents said they were taking it within this report.

3.6 Has your drug of choice changed in the past year?

Over 48% of users outside services in Aylesbury had changed their main drug of choice in the past year. Many had switched from alcohol, cannabis, crack and heroin to taking mephedrone. Many said this was to do with mephedrone's relative cheapness, strength and availability.

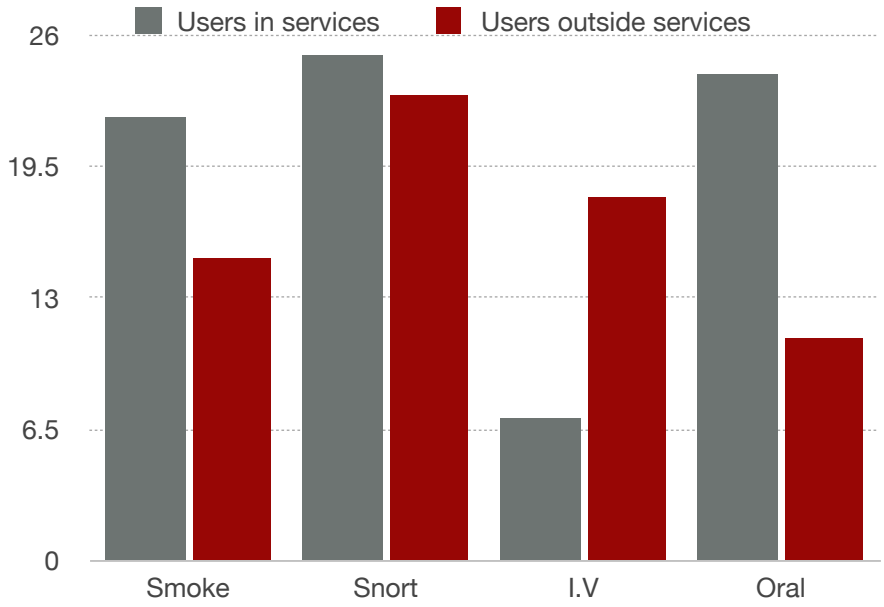
Only 15% of users outside services in Wycombe had changed their drug of choice in the past year. Those that did had switched to novel psychoactive substances as secondary drugs of choice.

Nearly 18% of clients inside Aylesbury and Wycombe services said they had changed their drug of choice in the past year. There was not enough data from Buckingham, Chesham or Burnham to ascertain drug of choice and whether this had recently changed.

3.7 Routes and patterns of use:

How do you use these drugs?

84 respondents:



- *Over 57% of non-opiate users snorted their drugs, 44% smoked, 42% used orally and 29% injected*
- *In most cases more than one route of administration was favoured, as users tended to combine their drugs*

3.7.1 Snorting and smoking

Respondents tended to snort mephedrone, cocaine or ketamine, though a few mephedrone users said they had switched to 'bombing' the drug, (taking it orally wrapped within a cigarette paper) because it was damaging the inside of their nose.

There were indications that some young adults were snorting mephedrone and ketamine in combination, but were not aware that they were doing so. This was mentioned by youth workers who were hearing reports from clients that mephedrone was making them hallucinate or feeling disassociated from their surroundings.

Crack, cannabis and synthetic cannabinoids were smoked. Synthetic cannabinoids were often cited in Wycombe as being cheaper, more potent but generally shorter acting compared to natural cannabis. These products were normally referred to as 'Spice', which is now an illegal drug but has also become a blanket term for any synthetic cannabinoid.

3.7.2 Injecting

Injecting was very high in Aylesbury with users outside services, accounting for 21% of all routes of administration favoured. Not all of those injecting mephedrone had taken drugs intravenously before with some starting to inject the drug after snorting it over several months. The youngest injector identified was 17 years old, who moved onto mephedrone from smoking cannabis. He began injecting mephedrone after a period of snorting it over several months; his reasons for I.V. use was because it afforded a greater rush. Some of these young adults had no criminal backgrounds, were well educated and had supportive families and professionals working with them.

A small but significant percentage of mephedrone users in Aylesbury reported injecting 20 to 50 times a day over a period of 3 days or more and were re-using and sharing needles. Many I.V. users who were injecting drugs previously said mephedrone was more compulsive than crack or heroin. Some reported taking 12 to 20 grams in a 24 hour period.

Many injectors in Aylesbury were not accessing needles from drug services and were picking them up from local pharmacies. There was also a reported 5-fold increase in needles being dispensed at one of the local chemists and large stashes of un-used syringes were found hidden in several locations in the community. There were reports that the sharps bins and boxes were always full in public toilets and cleaners were finding used needles outside the containers. Within frontline drug services 60-70% of needles were given out to steroid users.

Some users were taking mephedrone alongside heroin in a similar way to a crack and heroin ‘speedball’. Respondents who injected mephedrone and heroin simultaneously injected on average 8 to 15 times a day. These users would have traditionally ‘speedballed’ crack and heroin but had now replaced the crack with mephedrone, a short acting drug like crack but much cheaper.

Though injecting was high with users outsider services in Aylesbury, this was not the case in Wycombe or other surrounding areas where snorting, smoking and taking drugs orally were the most common routes of administration.

3.8 What patterns of use do you have?

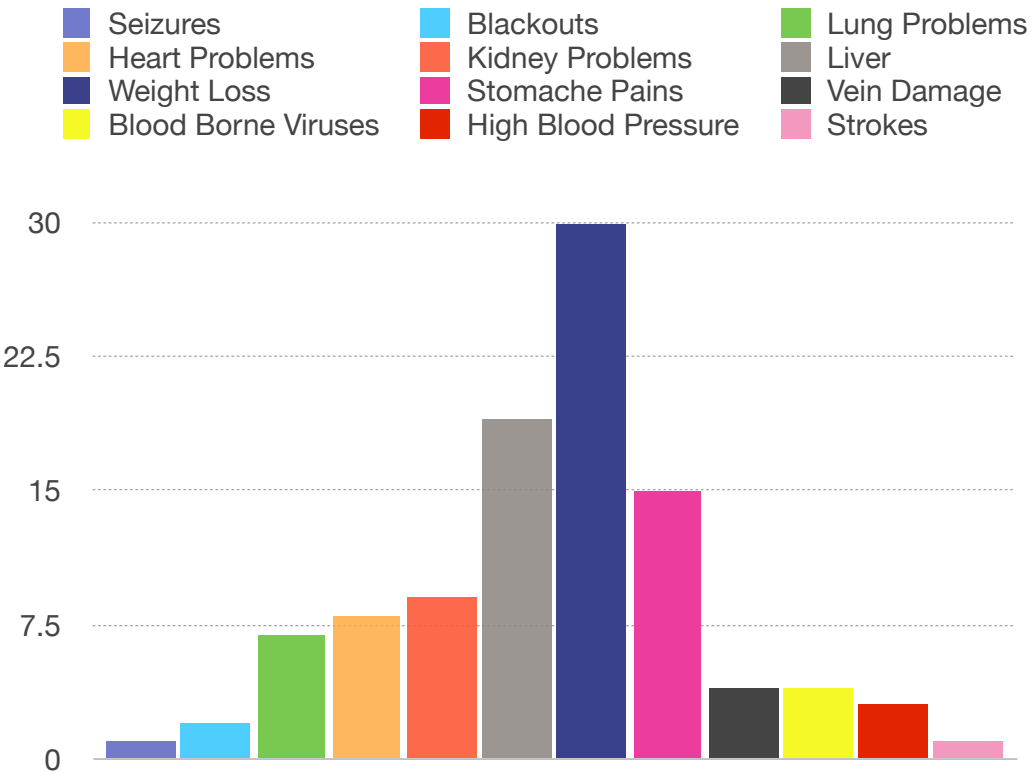
Almost 57% of non-opiate users binged, with just over 32% of the sample using drugs daily. Recreational users were not targeted and accounted for 4% of the sample.

Respondents were generally binging on stimulants and taking alcohol, cannabis and synthetic cannabinoids daily. Many mephedrone users were binging sometimes up to 3 to 5 days without food or sleep.

3.9 Physical health:

What physical health issues, if any, do you have related to non-opiate use?

74 respondents:



- *Weight loss was experience by 40% of respondents*
- *Over 25% experienced liver problems and 20% reported stomach pains*
- *Other health issues experienced were 12% kidney problems, 12% heart problems and 9% lung problems*
- *Hepatitis C, increased vein and tissue damage accounted for 10% of the sample*

3.9.1 Physical health analysis

Many respondents experienced more than one physical health issue with 40% having lost weight, some severely and in a relatively short period of time.

In Aylesbury and Wycombe liver problems were high among users in and outside services, and this may be attributed to alcohol. Users were also combining alcohol with cocaine. This process produces cocaethylene in the liver which is liver toxic.

Lung damage could be associated with smoking crack though it was difficult to ascertain this. Many users smoked tobacco, cannabis and other drugs that could cause harm to the lungs.

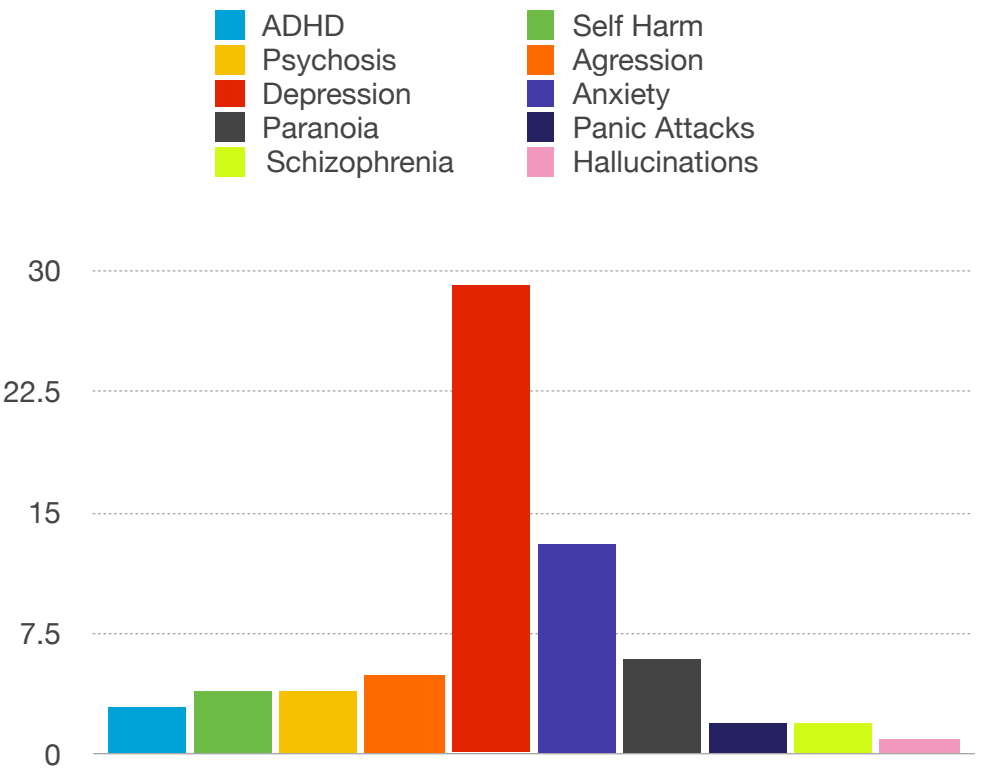
Stomach pains were significant, this could be attributed to a range of drugs though there were a few ketamine users who said they had, or were, experiencing stomach problems, possible ‘K cramps’. Ketamine is known to damage the bladder and lower urinary tract.

Mephedrone should be water soluble, and no heat or acid is needed, however, users reported that the drug was congealing and solidifying in the vein. Users frequently exhibited bruising, serious infections, abscesses and lumps under the skin. Mephedrone also causes constriction of blood vessels (vasoconstriction) which can make it harder to find veins, and slow down healing at injecting sites. BBVs such as Hep C were reported. Some respondents stated that they were re-using the same needle or sharing.

3.10 Psychiatric health:

What psychiatric health issues, if any, have you experienced as a result of non-opiate use?

71 respondents:



- *Over 40% of respondents said they had, or were, experiencing depression*
- *18% reported anxiety issues and 8% suffered paranoia*
- *7% experienced aggression, 6% psychosis, 4% ADHD,*
- *3% had schizophrenia and 6% reported self harming*

3.10.1 Psychiatric health analysis

Many respondents experienced more than one psychiatric health issue with a small percentage having a clinical diagnosis such as schizophrenia.

Over 40% of respondents said they had, or were, experiencing depression. Some users said they had bouts of severe depression, were paranoid, had outbursts of aggression and suffered anxiety and panic attacks.

Users inside and outside services in Wycombe cited that smoking synthetic cannabinoids could make them feel paranoid and at times psychotic as some brands could be stronger and more hallucinogenic than others.

Stimulant users expressed depression and low moods when coming down from the drugs. This was also mentioned by mephedrone users who found it difficult to cope with the comedown. Long-term use of mephedrone like other stimulants such as cocaine, amphetamine, and methamphetamine may possibly lead to depression, mood swings, suicidal ideation and lethargy. Over 6% of the sample said they self harmed.

Are these health / psychiatric issues being looked for / asked about in drug services, custody suites, GP surgeries etc?

Health and psychiatric issues were not being looked for or asked about for over 56% of users outside services. Users outside services in Aylesbury were less likely to have their issues addressed than users in other geographic areas in Buckinghamshire.

With users inside services, 73% said their health and psychiatric issues had been looked for or asked about in drug services, custody suites, GP surgeries etc.

3.11 Debt:

What type of debts have you experienced as a result of drug use?

Rent arrears was the debt most experienced by respondents outside services, especially users from Aylesbury. However, court fines, debt to family and friends, dealers and debts to other users were also significant.

3.12 Accommodation:

What type of accommodation problems have you experienced from your drug use?

Homelessness was an issue faced by a third of the sample. Overall, there was a significant difference between clients inside services (who had some form of adequate housing whether supported or independent) and users outside services, who were mainly homeless. There was a shortage of adequate supported housing in Aylesbury compared to Wycombe. Most users outside services in Aylesbury were either rough sleeping, sofa surfing or living in tents.

4. Key recommendations

All recommendations are in order of priority in each category and will focus on improving the engagement and retention of non-opiate users into treatment.

4.1 Key strategic

4.1.1 Partnership approach

A transparent, strategic partnership approach is needed to address the problems associated with non-opiate use, particularly mephedrone use in Buckinghamshire.

4.1.2 Non-opiate strategy

A coherent, co-ordinated, non-opiate strategy needs to be developed that involves all stakeholders. This should include the DAAT, key drug and related agencies within the report, police, probation, housing, community engagement, psychiatric and health services, service users and other relevant partners and agencies.

4.1.3 Steering group

To set up a steering group representative of non-opiate users, drug services and partner agencies. Nominees from core services to lead with service user input to ensure the recommendations are implemented, monitored and working towards the effective engagement and retention of non-opiate users across all intervention and treatment domains.

4.2 Key operational

4.2.1 Targeted outreach team

A Buckinghamshire-wide targeted, outreach team providing crisis intervention, harm reduction and needle exchange should be considered. This could be assembled from existing drug service providers and volunteers and work alongside the Thames Valley Police, community engagement team, A & E and neighbourhood action groups, who have a wealth of knowledge to identify hotspots and risk.

4.2.2 Night shelter / supported accommodation

The majority of users outside services in Aylesbury were homeless. Ideally, a night shelter is needed or some form of adequate accommodation so services can be offered at a time when individuals are more willing to engage. This could also safeguard female users and help prevent sexual offences, sex work and the spread of injecting behaviour.

4.2.3 BBV's, infection control, needle exchange and disposal

Further screening and medical support is necessary for the prevention, detection and treatment of infections and spread of BBVs among users injecting mephedrone. Needle exchange policies need to be reviewed and monitored in response to high injection rates and safe needle disposal needs to be re-visited to accommodate the high needle usage.

4.3 Services and partner agencies

4.3.1 Non-opiate strategy, ownership & development

It is recommended that a coherent non-opiate strategy is formulated outlining what is available for non-opiate users in Buckinghamshire and ensuring that working with non-opiate users is a priority. This will require willingness on the part of service providers to buy into this strategy and to include services to non-opiate users in any future business plans.

A strategy will ensure individual workers and projects are clear on which services to refer on to, what referrals they receive and for clearer lines of communication between agencies in general. Due to the high use of stimulant drugs within the report the framework could be based on a stimulant strategy that encompasses other non-opiate drugs and alcohol.

It is recommended that each existing service in Buckinghamshire focus on developing aspects of its agency that are relevant to attracting and engaging non-opiate users. That within each “mainstream” service thought is given over to the nature and quality of its service provision to non-opiate drugs.

4.3.2 Drug workforce competencies

Workers and managers who have received knowledge based legal highs training should discuss and disseminate ways of working within team meetings and supervision to ensure that services continue to work with those using novel psychoactive substances. Workers need to focus more on effective approaches that are mephedrone specific (harm minimisation, crisis intervention, specific treatment tools and psychosocial interventions) that will ease the accessibility of users into treatment.

4.3.3 User forum

Champions or non-opiate leads to be nominated from each service and to develop a cohesive user forum to help take recommendations forward.

4.3.4 Groups

There were no specific groups on mephedrone or legal highs. However, before setting up any groups it is important to bear in mind that there is a difference between facilitating a group where the majority of clients want to stop and facilitating one where the majority don’t want to stop. How often these groups are held will depend on the number of clients coming through, and will need to be monitored

4.3.5 Out of hours

Drug services should look to provide / continue to provide out-of-hours services. However, what needs to be considered is who this is for, is it for people who are studying or in full-time employment, or is it for problematic users who are homeless?

4.3.6 Advertising

On many posters advertised to clients, such as in GP surgeries or hospital waiting rooms, the phone numbers were too small. They should be large so users can take the numbers at a distance without having to go up to the posters and exposing themselves to other people in the room. It must be noted that many clients had heard about services through "word of mouth", if someone was getting a good service they would tell others about it. "Word of mouth" reputation can be one of the most effective forms of advertising.

4.4 Health / mental health

4.4.1 Liver problems

Liver problems were one of the major health issues with non-opiate users and this may possibly be due to alcohol. There was also an issue of alcohol being combined with cocaine. This process produces cocaethylene in the liver, a substance that is liver toxic. More information needs to be available for clients on this aspect of combination use and support on managing or abstaining from alcohol should be provided.

4.4.2 Dual diagnosis

Dual diagnosis work needs developing in relation to non-opiate users, some of whom were experiencing severe depression, psychotic episodes and self harming. Care pathways need improving between drug and alcohol services on the one hand, and mental health services on the other. Non-statutory agencies should look at how they can best support the work of the psychiatric services in relation to providing community based, specific support to this complex group of users.

4.5 Mephedrone injectors

4.5.1 BBVs, infection control and needle disposal

Some individuals were using 12 to 20 grams of mephedrone in a 24 hour period, reported injection rates of 20 to 50 times a day and were re-using needles and admitted to sharing. Hepatitis C was identified in this group and there was a lack of injecting hygiene with some users

injecting in pitched tents. There was evidence of increased vein damage, with users exhibiting bruising, serious infections, abscesses and lumps under the skin. Further screening and medical support is necessary for the prevention, detection and treatment of serious infections and the spread of BBVs among users injecting mephedrone.

Many mephedrone injectors in Aylesbury were not accessing needles from drug services and were picking them up from local pharmacies. There were reports that sharps bins and boxes were always full and discarded needles found. Safe needle disposal needs to be re-visited to accommodate the high needle usage as the sharps bins and boxes were intended for heroin use.

4.5.2 Adulterated mephedrone

Some users reported that mephedrone was not dissolving properly and was solidifying in their veins when they injected it. Mephedrone should dissolve easily in water and many injectors thought the drug had been adulterated. Aylesbury Police were looking into the cost of conducting a forensic analysis on the drug to find out if it had been adulterated. This information should be readily available to drug and related health services to try and reduce dangers among users. It will also help foster partnership work between drug and health services and the Thames Valley Police.

4.6 Targeted outreach and harm minimisation

4.6.1 Targeted outreach

Many non-opiate users outside services were in crisis, had no fixed abode and could not abide to office based appointments. There is a need for targeted outreach which could work alongside the Thames Valley Police, community engagement team, A & E and neighbourhood action groups, who have a wealth of knowledge to identify hotspots and risk.

Successful targeted outreach does not always have to be tied to a drug or satellite service, there are many instances where outreach services have addressed drugs use through the “back door” such as youth offending or tenancy support.

Whichever way the outreach service is delivered and/or targeted it must be very carefully managed and enhance the existing routes into treatment. Outreach workers need to be out of the building and have more of a focus on clients who may not be using heroin as a primary drug of choice. A further bonus of delivering outreach services is that there is a structured mechanism that will allow for using patterns, changing trends and shifting health concerns to be quickly identified. Well delivered outreach services can enhance the treatment

experience for individuals and will allow the drug treatment sector to develop meaningful relationships with other hidden communities.

4.6.2 Harm Minimisation

There is a need for more harm minimisation work with non-opiate users. Although existing information books and leaflets can be a useful tool and inserting information in needle exchange packs may be helpful, it is better that harm minimisation techniques are discussed in person with the client. This will allow for a rapport to be developed. It is important that the client experiences some benefit from the harm minimisations strategy (i.e. improved sleeping, improved physical health, greater trust in services and themselves, a reduction in risk taking behaviour).

5. Conclusion

In this report mephedrone was making an impact in Buckinghamshire more so than cocaine, crack, MDMA, amphetamine, ketamine and legal highs. Unlike many of the legal highs that have come and gone, mephedrone had 'street' value, and was becoming entrenched in established drug using communities. The Thames Valley Police stated that the drug was gaining more activity across the Thames Valley and was becoming increasingly linked to opportunistic crime. This report also identified a significant number of users outside services who had switched to using the drug within the past year.

This change in the local drug market should be considered by service providers in relation to the following areas:

- Increase in numbers of mephedrone users
- Increase I.V. mephedrone and heroin amongst users
- Potential increase of mephedrone injection
- Increase in physical / mental health problems
- Increased need for crisis intervention work

Anecdotal reports suggested that injecting started to escalate in Aylesbury from a handful of homeless heroin users who were distributed tents and began camping out in the local area. A drug-using community started to form near the canal and at that time mephedrone use had increased in the town. Reports stated that some users started to inject prolifically here. This coincided with a spike in shoplifting and anti-social behaviour in the town centre.

However, the increased rates of I.V. use in Aylesbury can not be solely down to mephedrone, as this culture existed before its availability in the area. Mephedrone might possibly be amplifying the practice.

When providing interventions to this target group there is no neat medical model or substitute prescribing regime readily available, as the users themselves are also often aware of. For many users the window of opportunity to engage seems small, this is a result of the nature of the drug, lack of obvious detox symptoms and the cyclical patterns of use. This means that the emphasis and skills in engaging and retaining mephedrone users draw on different resources, knowledge and competencies.

Though this has always been the case with cocaine or crack, mephedrone seems to pose further challenges, it lacks the stigma that cocaine or crack have and is cheaper so can be used in greater quantity.

Within treatment the emphasis normally for stimulant users is on psycho-social and psycho-educational models of intervention and this has proven

very effective within Buckinghamshire, particularly with cocaine users. Pre-existing information on specific triggers and cravings, euphoric recall, etc. can all be tailored to meet the needs of mephedrone users. This may have a positive impact on retention rates.

However, the interventions carried out by young peoples services, such as informal assessment, targeted outreach and harm reduction work, may be of some benefit in engaging people who take mephedrone and non-opiate drugs in general. These components have been effective with adult crack users in reducing physical and psychiatric complications, crime, transmission of BBV's and harm to communities. If deployed effectively these interventions can enhance the existing routes into treatment and engage non-opiate users at an earlier stage.

6. Contact details

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