



**SDF**  
Scottish Drugs  
Forum

Informing  
Supporting  
Representing  
Leading

# Substance use trends, injecting and drug related deaths

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A national resource of expertise on drug issues

[www.sdf.org.uk](http://www.sdf.org.uk)

[www.scottishdrugservices.com](http://www.scottishdrugservices.com)

# Drug trends

- How would we know?
- What do you see?

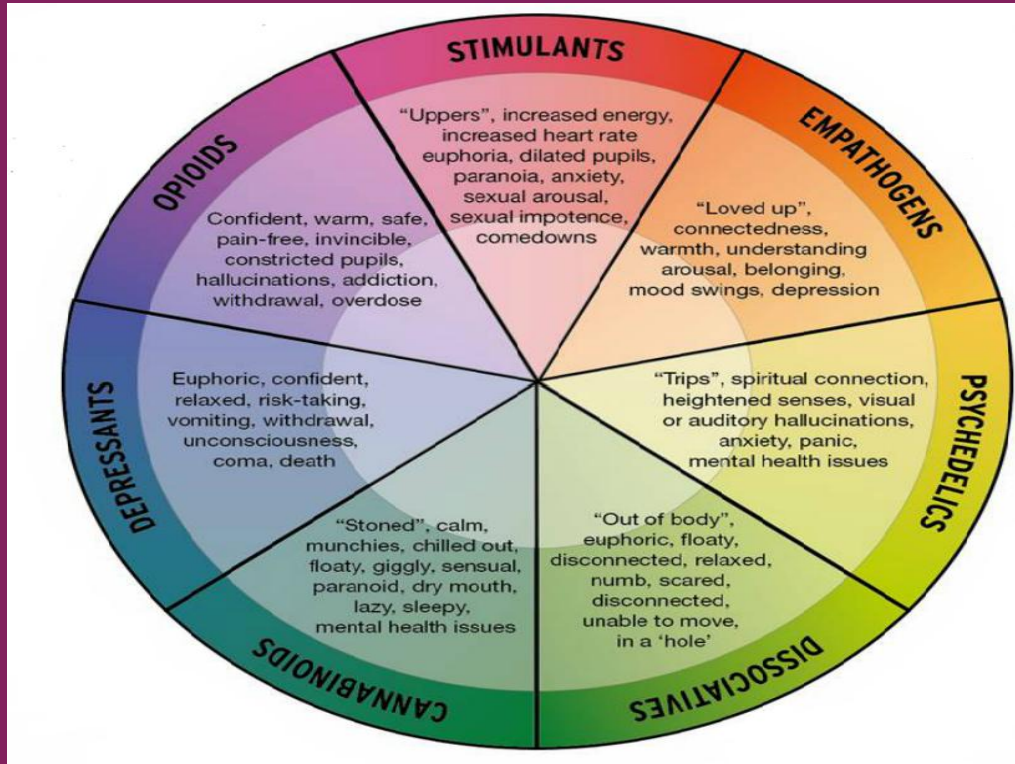
# 'Street' 'Valium'

	Diazepam	Phenazepam	Etizolam
Max Daily Dose (mg)	15	10	3
Onset (minutes)	20-30	60-75	30-60
Duration (hours)	1-1.5+	6-9	6-8
Half life (hours)	20-100	60+	8

# Other trends:

- Gabapentin
- New Psychoactive substances
- Changes in the 'street' scene

# Injecting Stimulants



## Stimulants:

- Amphetamine
- Cocaine
- Methamphetamine
- Mephedrone
- Mexedrone
- Methiopropamine (MPA)
- Ethylphenidate

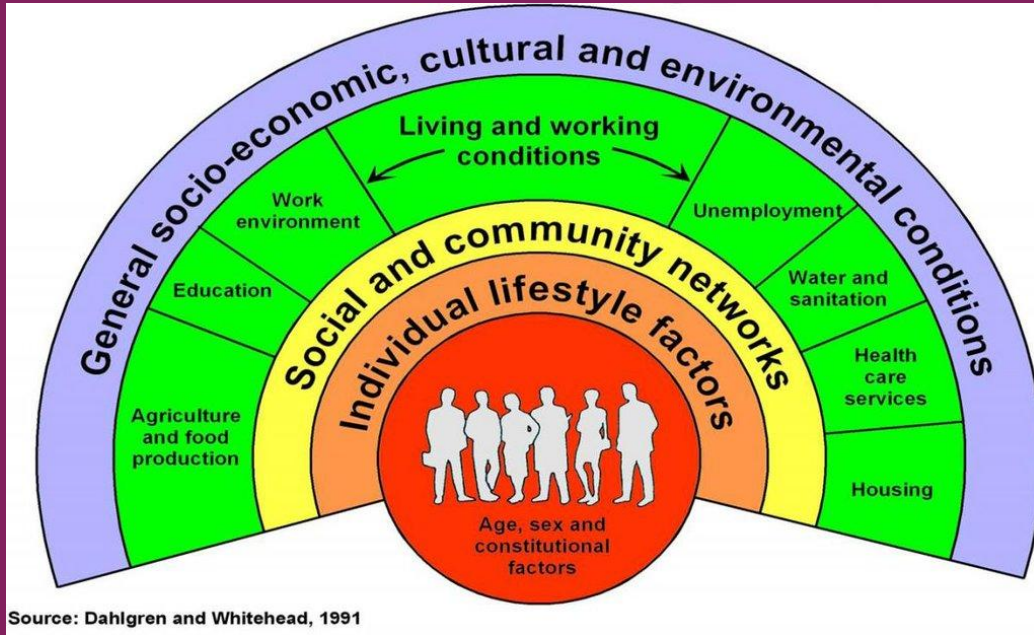
# Injecting patterns

- Frequent injecting
- Bingeing
- High risk injecting – sharing, reusing, not filtering

# Harms associated with injecting stimulants

- Burning sensation
- Irritation to injecting site
- Skin erosion
- Large holes at overused injecting sites
- Abscesses
- Blocked veins
- Blood clots

# Health



Source: Dahlgren and Whitehead, 1991

Source:  
<https://twitter.com/theking sfund/status/529609033721053185>



**Clostridium  
Novyi**

**Clostridium  
Botulinum**

**Group A  
Streptococcus**

**Bacillus  
Anthraxis**

**Staphylococcus  
Aureus**

**HIV**

2000

2009

2014

2015

2016

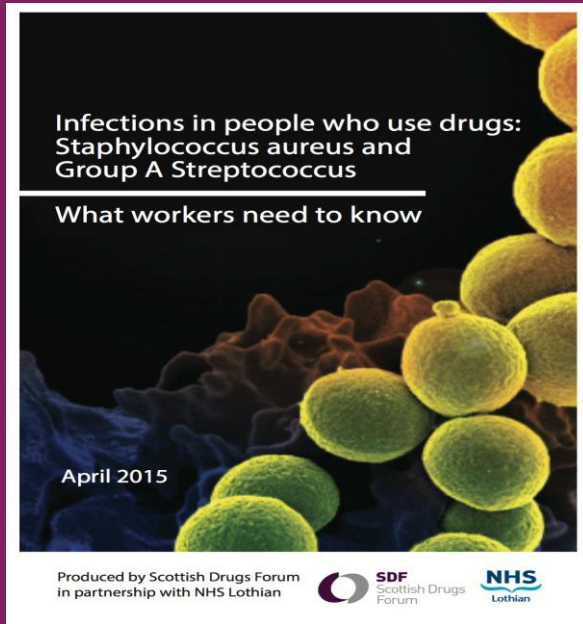
2017

**Scottish Outbreak Time Line**

# Case study: NHS Lothian Group A Streptococcus/ Staphylococcus Aureus

- Part of bodies own bacterial flora
- Found in nose, skin, anal and genital areas (GAS – throat)
- Most of time do not cause problems
- Infection when bacteria gets through a cut or break in the skin

# Case study: NHS Lothian



- Problem with NPS injecting since early 2014.
- Bacterial infection outbreak Sept 2014 – Oct 2015
- Injecting NPS

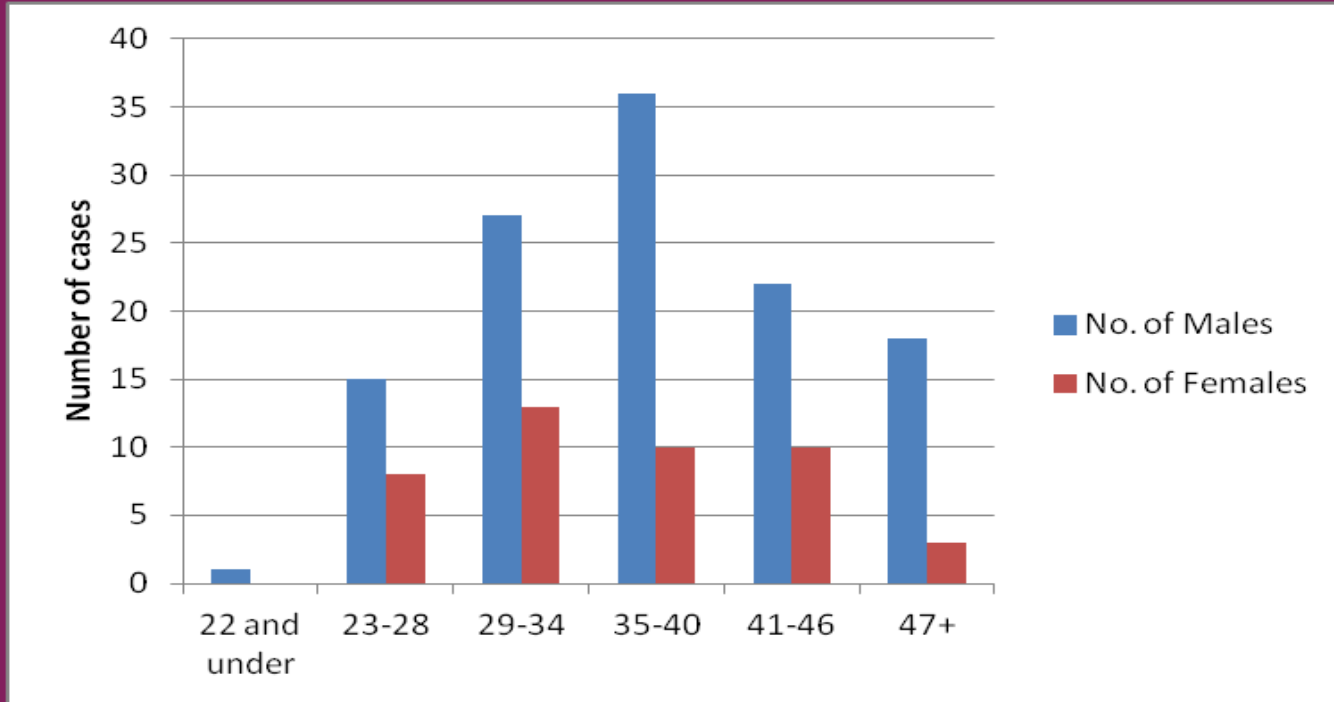


# Case study: NHS Lothian - cases

**Table 1.** Cases by infection (Epidemic curve figure. 5)

Infection	Number of Cases	Percentage of all cases (%)
<b>Total number of cases strep and/or staph</b>	<b>201</b>	<b>93.9</b>
Streptococcus <u>pyogenes</u> Group A	27	13.4
Staphylococcus aureus	99	49.8
Streptococcus <u>pyogenes</u> Group A and Staphylococcus aureus	75	36.8
<b>Number of cases with Other soft tissue infection</b>	<b>10</b>	<b>4.7</b>
<b>No growth but clinical signs of infection</b>	<b>3</b>	<b>1.4</b>
<b>Total</b>	<b>214</b>	<b>100</b>

# Case study: NHS Lothian – gender and age distribution



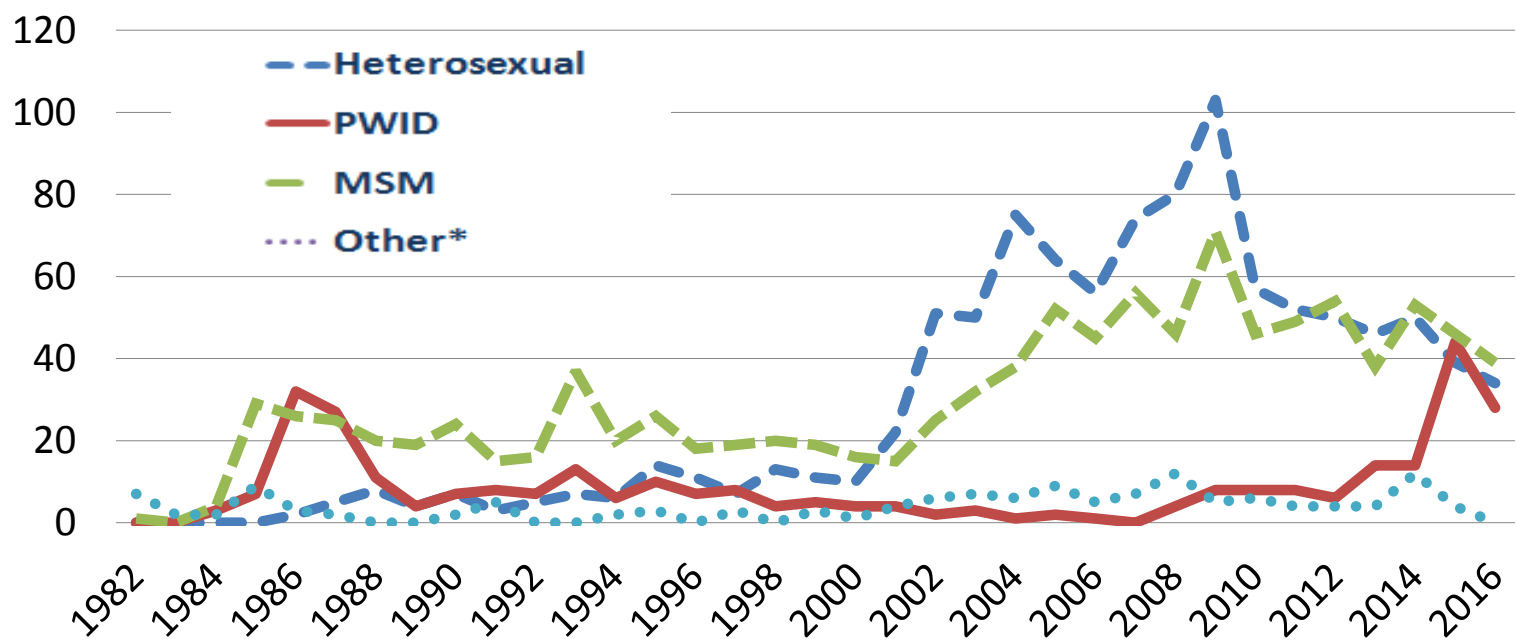
# Case study: NHS GGC

- Ongoing outbreak of HIV since 2015
- At risk group: highly chaotic, vulnerable and often homeless people who inject psychoactive drugs, mainly heroin.
- Public injecting, casual sharing of injecting equipment and paraphernalia

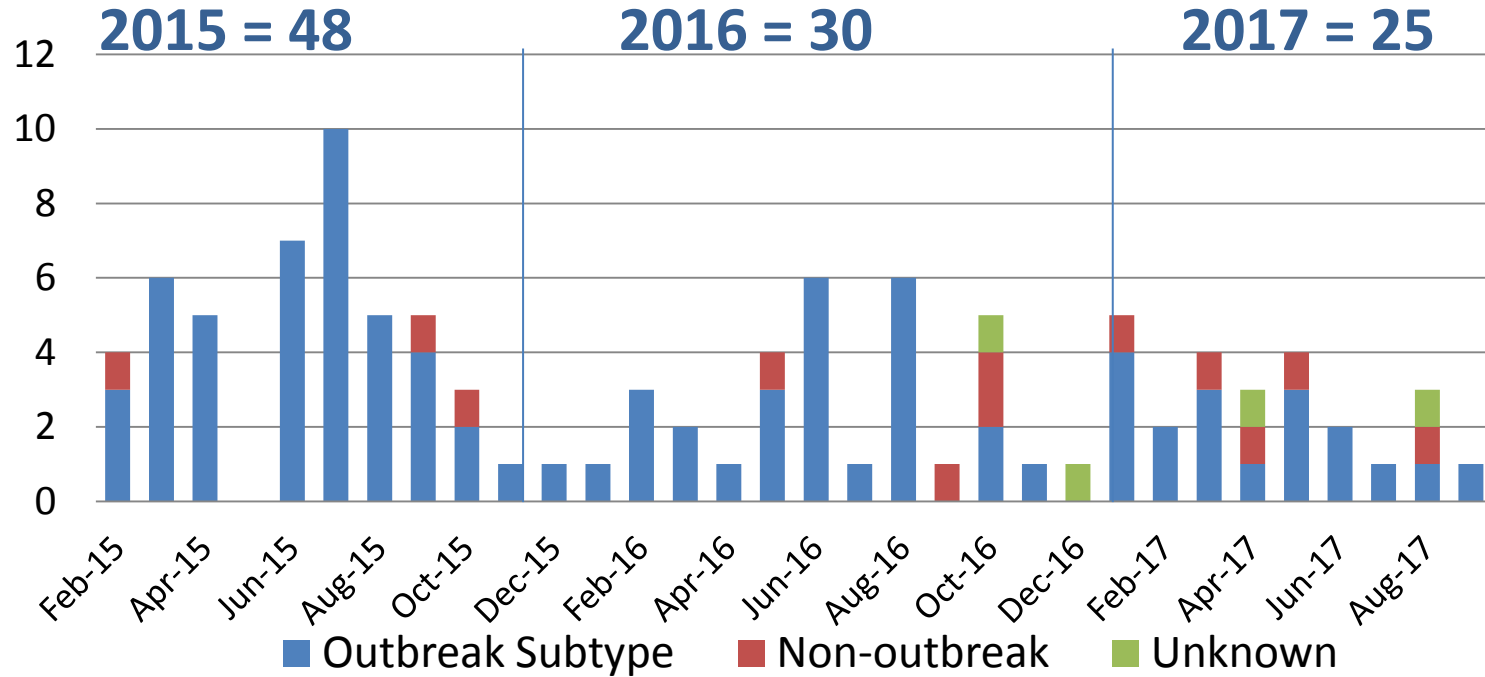


# HIV in People who Inject Drugs in NHS GGC

NHS GGC: New HIV Reports by Risk Group



## New Cases of HIV In PWID by Month and Sub-type





# Glasgow cohort:



# Key risk factors:



# Things to consider:

- Injecting practice
- Older drug users
- Poly drug use and increasing reports of stimulant drug use
- Homelessness
- Welfare reform
- Poor housing
- Poverty

# Drug related deaths:

- Latest statistics
- Causes
- Responses - including treatment and why treatment 'works'

# Responding to homelessness

# What is Housing First?



Source:  
Turning Point  
Scotland

Aim: To reduce re-occurring homelessness

# What makes Housing First, Housing First?

## Underlying Principles

No requirement for housing readiness

Independent accommodation in scattered site housing

Harm reduction approach

Provision of permanent housing and holistic support

Respect for service user choice re: apartment, levels of engagement, location and times of support

24/7 support from multidisciplinary team

Targets most vulnerable – those that have difficulty coping with traditional services, resistant to service engagement

# Target Group

Source: Report on Homelessness,  
February 2019

Housing Options  
Model did not

Tradition  
with the

## Housing First: target group

Originally, chronically homeless people with severe mental health problems

Subsequently, homeless people with 'complex needs', i.e. co-occurring mental health and alcohol and/or drug problems

Also recently (to lesser extent) 'lower / less complex needs' groups, e.g. families



# Outcomes

The existing evidence would therefore strongly support **scaling up** the Housing First model up as the default option for homeless adults with complex needs in Scotland,

- **Housing retention:** generally **80-90%** still accommodated after 2 years
- **Health:** clinical outcomes more mixed but positive on balance
- **Criminal and anti-social behaviour:** decreased involvement; stakeholder anxieties re: ASB rarely borne out
- **Financial wellbeing and social support:** typically improve, but clients often still 'poor' and/or lonely

# References and Thanks

- Mark Adley - The Drugs Wheel [www.drugswheel.com](http://www.drugswheel.com)
- Public Health England – Shooting Up Report 2017
- Katy MacLeod Scottish Drugs Forum
- **Best practice portal: Harm reduction interventions for stimulant injectors** <http://www.emcdda.europa.eu/best-practice/harm-reduction/stimulant-injectors>

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**Find drug services in your area:**

[www.scottishdrugservices.com](http://www.scottishdrugservices.com)

**Hepatitis Scotland**

[www.hepatitisscotland.org.uk](http://www.hepatitisscotland.org.uk)

**Take Home Naloxone**

[www.naloxone.org.uk](http://www.naloxone.org.uk)

[www.scottishdrugservices.com](http://www.scottishdrugservices.com)

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