Healthcare Improvement Scotland

Mental Health and Substance Use Protocol Programme: Clinical Network

Responding to stimulant use

Leading quality health and care for Scotland

NHS SCOTLAND

Welcome and introductions

Introduce yourself in the chat box!

Let us know your name and role

Dr Chanpreet Blayney
Clinical Lead for the Mental Health and Substance Use Programme at Healthcare Improvement Scotland; Consultant Psychiatrist, NHS Greater Glasgow and Clyde

Benjamin McElwee
Senior Improvement Advisor, Mental Health and Substance Use Programme; Healthcare Improvement Scotland

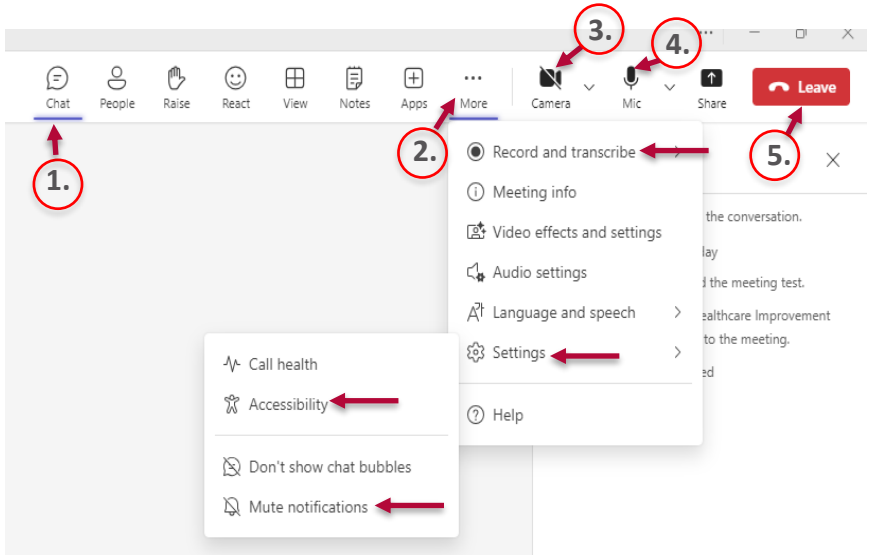
Troubleshooting

Any technical issues, please contact:

Amy Donaldson via MS Teams

or amy.donaldson3@nhs.scot

MS Teams Settings

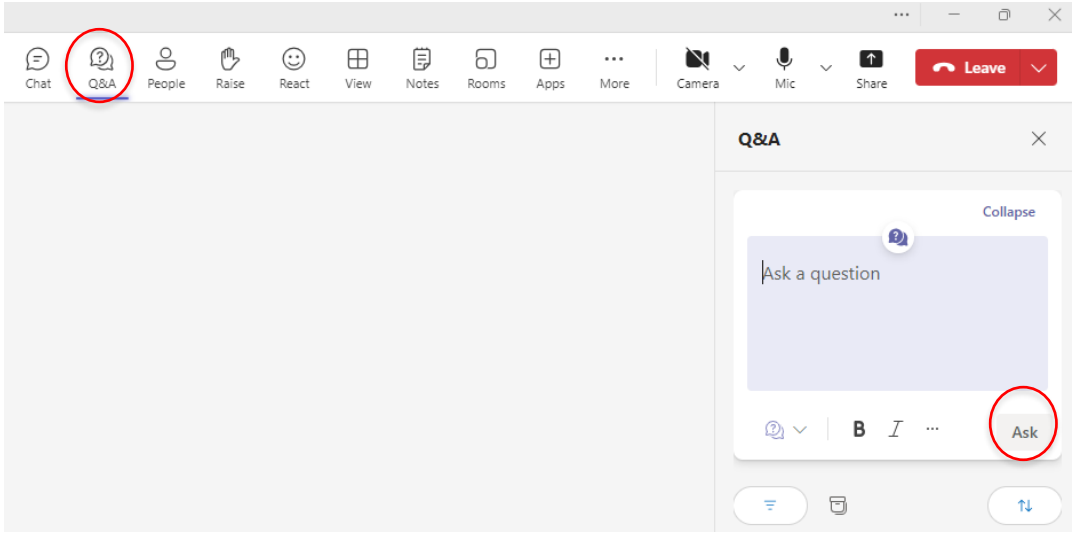


1. **How to open and close the chat panel** – use the chat panel to introduce yourself, raise any questions you may have for the speakers and also post comments.
2. **Under 'more' and then 'record and transcribe'** (highlighted with the arrow) you can access a live transcript of the meeting. By clicking **'settings' and 'accessibility'** (highlighted with the arrow) you can access some further accessibility features such as live captions and mute notifications including chat and lobby (highlighted with the arrow)
3. Your **camera** will be automatically switched **off** except during Q&A sessions
4. Your **microphone** will be automatically switched **off** except during Q&A sessions
5. How to **leave** the meeting

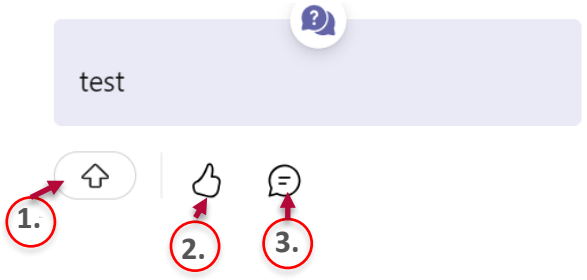
MS Teams Settings – Q&A function

Throughout the session, if you have any questions, please use the 'Q&A' function to post your questions and we will answer these during the panel discussion towards the end of the call.

Select Q&A, type in your question and select 'Ask' to post.



1. **Use the 'vote' option if you would like to hear the answer of another attendee's question, to push it to the top of the list**
2. **Use the thumb option to react to other questions**
3. **Use the comment option to respond to other questions**



MS Teams Settings – recording

This session will be recorded

The link will be shared, so those who are unable to join us today can listen to the session.

During the panel discussion you will have the opportunity to turn your mic and camera on, please note the recording will be stopped and will NOT capture the camera or audio of attendees who speak during this

Agenda

Time	Topic	Lead
1pm	Welcome and introductions	Dr Chanpreet Blayney, Clinical Lead for the Mental Health and Substance Use Programme at Healthcare Improvement Scotland; Consultant Psychiatrist, NHS Greater Glasgow and Clyde
1.10pm	Drug Research Network Scotland: Treatments for stimulant use dependence – a rapid review for policy makers and practitioners	Dr Lisa Schölin, Research Fellow at College of Medicine and Veterinary Medicine at The University of Edinburgh Dr Andrew Williams, Senior Lecturer in the School of Health in Social Sciences at University of Edinburgh
1.30pm	Q&A/Discussion	All
1.50pm	Managing cocaine use with co-occurring opiate dependence in Glasgow Alcohol and Drug Recovery Service and the role of the cocaine toolkit	Dr Kate Browne, Senior Medical Officer, NHS Greater Glasgow and Clyde Alcohol and Drug Recovery Services
2.20pm	Q&A/Discussion	All
2.40pm	Closing remarks	

Healthcare Improvement Scotland

DRNS DRUGS RESEARCH NETWORK SCOTLAND

DRNS Treatments for stimulant use disorder – a rapid review for policy makers and practitioners

Dr Lisa Schölin and Dr Andrew James Williams, University of Edinburgh

Dr Jonathan Brett (not in attendance), University of Edinburgh/St Vincent's Hospital Sydney

NHS SCOTLAND

Leading quality health and care for Scotland

Presentation overview

- What is the Drugs Research Network for Scotland?
- Rationale for the rapid review
- Review methods
- Review findings – What works/doesn’t work
- Review findings – Challenges for research and practice
- Your questions for us
- Our questions for you

Drugs Research Network for Scotland

- Founded in 2017 and hosted at University of Stirling
- Aim to foster knowledge exchange between creators, contributors and users of research
- Hosting moved to University of Edinburgh in 2023

Drugs Research Network for Scotland

- Funding reduced with the transfer of hosting, reduced staff time and ability to fund any projects
- Core focus is knowledge exchange across the year:
  - 4 seminar events on diverse topics
  - 1 annual conference
  - Generation of 1 rapid review
- Keen to ensure we cover broader issues e.g. policing, medicinal use of drugs

Drugs Research Network for Scotland

- Event held in November 2023 to gather views on research priorities
- Guides our activities and events
- Four key areas:
  - **Harms and drug-related deaths** (e.g. surveillance and monitoring, integrating technology, stigma and social determinants)
  - **Treatment and recovery** (e.g. Buvidal, ACEs and trauma informed care)
  - **Legal changes** (policing strategies, legislation and harm reduction)
  - **Drugs as medicine** (e.g. psychedelics and cannabis in mental health care and pain management)

DRNS
DRUGS RESEARCH NETWORK SCOTLAND

Event Report

Priorities for Scottish Drugs Research

Background

Drug-related harms, including drug-related deaths, continue to affect people who use drugs, families, communities, and the wider society. There is an ongoing need to generate and use evidence to inform delivery of the *National Mission on Drug Deaths* and to keep people who use drugs safe. With recent policy developments, such as de facto decriminalisation of possession of drugs for personal use, and growing interest in the role of currently illegal substances as treatments for chronic health conditions there is a need to further focus future drugs research on areas that can have an impact on the Scottish population.

The Drugs Research Network for Scotland (DRNS) is funded by the Scottish Government to support the development of collaborative working and knowledge exchange in drugs research. DRNS held an online event on 17 November 2023 to gather views from those engaged with the network to discuss research priorities for Scottish drugs research. This report summarises identified priorities across four broad themes: i) harms and drug-related deaths, ii) treatment and recovery, iii) legal changes and iv) drugs as medicines. This document can serve as a reference for researchers to support the development of research proposals and grant applications aligned with current research priorities.

Harms and drug-related deaths

- **Diversity of drug using groups** – Broader approaches of drug use and populations beyond single substances and demographic groups. Focus on the diverse subgroups at risk, such as aging high-risk heroin users, the emerging younger population of people who use drugs, women, and people experiencing homelessness. A holistic research framework to fulfil the National Mission's emphasis on improving quality of life.
- **Additional vulnerabilities** – A research framework that considers the lifecycle frailty, homelessness, and the potential brain implications following a near-fatal overdose.
- **Surveillance and monitoring** – Dynamic surveillance that recognises the changing landscape of drug use including new drugs (e.g. benzodiazepines and nitazines) in the supply and patterns of use. Data collection methods should include qualitative research involving lived and living experiences to understand the challenges faced within drug use and treatments.
- **Integrating technology** – The integration of technology such as AI and data-driven approaches. Technology as research priority emerged as it could hold potential in shaping

https://drns.ac.uk/wp-content/uploads/2024/01/Priorities-for-Scottish-Drugs-Research-Event-Report.pdf

Rationale for rapid review

- Treatment theme and consultation with network partners
- Cocaine an increasing issue in both drug-related death data and surveillance data (the ASSIST study)
- Aimed to be complementary to Public Health Scotland's work

Global and national statistics

- Global amphetamine-type drug use estimated to be **0.7% with 11%** dependent and cocaine use **0.4% with 16%** dependent (Farrell et al. 2019)
- Global concerns of increased stimulant use and harms due to changes in global markets (Stoneberg et al. 2018)
- Cocaine use among people who inject drugs in Scotland increased from 9% to 60% (2010 vs 2022-23) (PHS, 2023)
- Increased involvement of cocaine (from 7% to 41%) and amphetamines (from 0.6% to 7%) in deaths Scotland (2010 vs 2023) (PHS, 2024)

Focus of the review

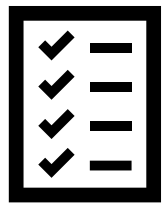
- On backdrop of increasing use and involvement in drug-related deaths of particularly cocaine, need for exploring treatment evidence
- Aim of the report was to summarise systematic review evidence of effective treatment options
- Noting emerging areas where evidence is still limited

Review methods

- Focus on summarising the evidence for policy makers and practitioners
- Systematic reviews had been published recently

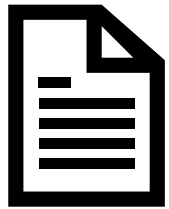
- Rapid review of systematic reviews of randomised controlled trials
- Not primary research

- Initial group of 3 reviews
- Searching research databases identified another 9



Review findings

- All included reviews published in the last 8 years
- Reviewing evidence up to September 2023
- 10 Systematic reviews and 3 Reviews of Reviews
- Ranged from reviewing 8 RCTs through to 157 RCTs and 29 reviews
- 561 to 15,824 participants (likely to be more)
- 6 single substance reviews (mostly cocaine)



Review findings

Consistent evidence of benefit

- Contingency management

Consistent evidence of no benefit

- Acupuncture
- Antipsychotics
- Dopamine agonists
- Other anticonvulsants
- Other antidepressants

Insufficient or inconsistent evidence of benefit

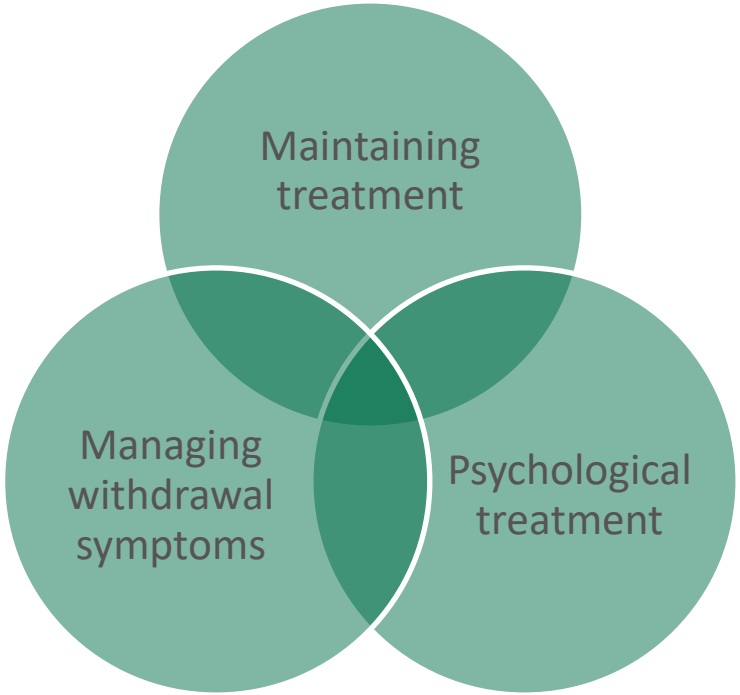
- 12-step facilitation
- Acceptance and Commitment therapy (ACT)
- Cognitive Behavioural Therapy (CBT)
- CRF1 antagonists
- Disulfiram
- Mirtazapine and bupropion
- Matrix model
- Motivational interviewing
- N-acetylcysteine
- Opioid agonist therapy
- Oxytocin
- Psychostimulant therapy
- Psychodynamic therapy
- Riluzole

Contingency management?

- Rewarding patients for a specific and measurable desired behaviour
  - Negative urine drug test
- Evidence is from the US, reward value ranges from around £1.13 to £92 per day
- Reduces treatment drop out

- Effective at keeping patients in treatment, but what treatment?

What is treatment for stimulant use



No replacement for the substance

What about broader social support/context?

Treating the cause of the addiction?

What is a good outcome?

- Abstinence
- Reduction in use
- Management of withdrawal symptoms
- Harm reduction
- Management of co-morbidities
- Retention in treatment
- …

Adverse events?

How should these be measured in practice and research?

Challenges

- Diversity
  - Who uses stimulants
  - What they use and how often

Studies exclude:

- People with co-morbidities such as stimulant induced psychosis
- People using more than one substance

Women are underrepresented within studies

Challenges

- Treatment for one stimulant might not be effective for another
- Range of outcomes studied
- Retaining participants in trials
- Barriers to treatment (social and financial)

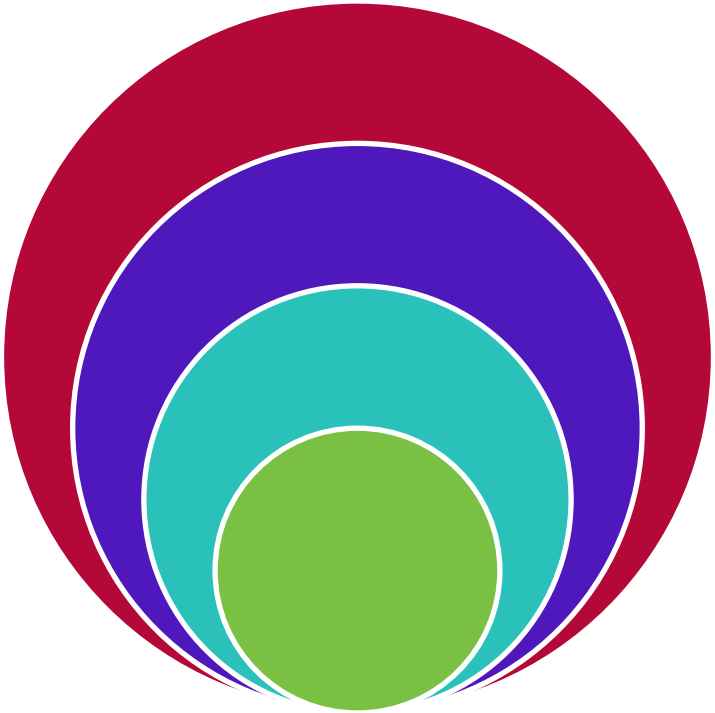
Individual barriers to treatment

Systematic reviews have identified:

- Belief that treatment is not needed
- Wanting to withdraw without help
- Embarrassment and stigma

Women

- Trauma
- Intimate partner violence
- Fear of children being taken into care



Watch this space

Emerging treatments awaiting RCT

- Psychedelic-assisted psychotherapy
- Ketamine-assisted psychotherapy
- Exercise therapy
- Repetitive transcranial magnetic stimulation (rTMS)
- Residential rehabilitation
- Others…

The US Food and Drug Administration (FDA) has recently published updated guidance on how to conduct trials of treatments for stimulant use disorder, including preferred outcome measures

https://www.fda.gov/regulatory-information/search-fda-guidance-documents/stimulant-use-disorders-developing-drugs-treatment

Questions

- What questions do you have for us?

Our questions to you?

- What is a good outcome?
- What treatment approaches help reach that outcome?

Keep in touch

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Email: admin@drns.ac.uk, lscholi2@ed.ac.uk, v1jbret2@exseed.ed.ac.uk, andrew.j.williams@ed.ac.uk

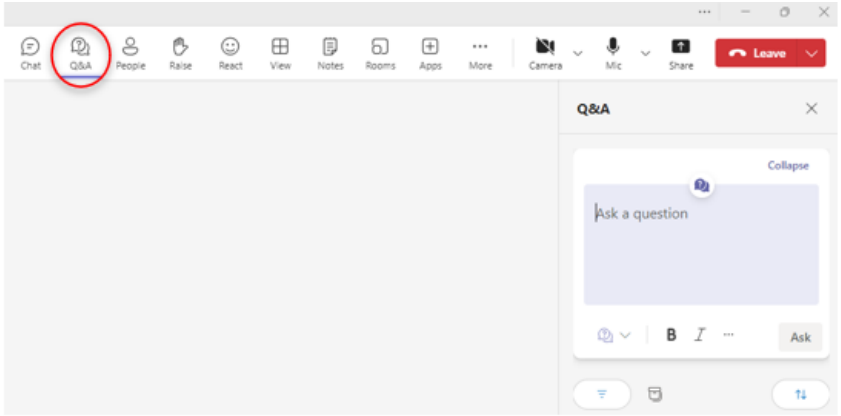
Web: https://drns.ac.uk/

The Drugs Research Network for Scotland is funded by the Scottish Government and DRNS is grateful for the funding to produce the review.

Panel discussion

Please use the ‘Q&A’ function to post any questions you may have.

Select Q&A, type in your question and select ‘Ask’ to post.



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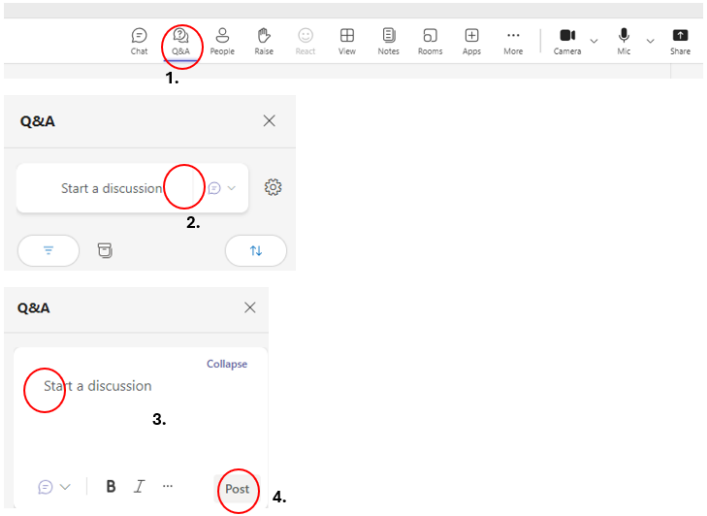
2. **Use the thumb option to react to other questions**
3. **Use the comment option to respond to other questions**

Panel discussion

Using the Q&A function, you can start a discussion to describe your experiences, think about the questions below but also include any other experiences that you think may be relevant.



1. Select the Q&A function
2. Select ‘start a discussion’
3. Use the text box to write anything you would like to share
4. Select ‘post’ to submit

Panel Discussion

- What are your experiences of treating people with stimulant use and co-occurring mental health challenges?
- What is a good outcome?
- What treatment approaches help reach that outcome?

Healthcare Improvement Scotland

Managing cocaine use with concomitant opiate dependence in Glasgow Alcohol and Drug Recovery Service and the role of the cocaine toolkit

Dr Katie Browne, Senior Medical Officer, Glasgow Alcohol and Drug Recovery Service (GADRS)

NHS SCOTLAND

Prevalence of Cocaine Use

- Cocaine is implicated in more than a third of drug related deaths in Scotland
- Individuals and services are reporting increasing poly-drug use involving cocaine
- Cocaine has become the primary drug of injection for the majority of people who prepare and inject drugs in Glasgow City
- Many of these individuals are linked in with services and receiving OST
- Presentation is often different from those using depressant drugs alone
- Harm reduction and treatment options vary from traditional interventions used with people using opiates alone

Stimulant SLWG

Develop a resource to support staff, strengthen knowledge and understanding, and provide tools to support people using cocaine

- Dr Katie Browne (Senior Medical Officer, GADRS)
- Dr Beate Beck-Schwahn (Consultant Psychiatrist, ADRS)
- Dr Peter Brennan (Principal Clinical Psychologist, ADRS)
- John Campbell (IEP Improvement Manager, ADRS)
- Dr Anna Fletcher (Consultant Addiction Psychiatrist, ADRS)
- Stephanie Hartley (Cognitive Behavioural Therapist, ADRS)
- Amanda King (Research & Care Governance Assistant, ADRS)
- Katy MacLeod (Peer Research & Inclusion Programme Manager, SDF)
- Karen Rowell (Advanced Pharmacist Independent Prescriber, GADRS)

Cocaine Toolkit Street Terms Quiz

1. Which of these terms are used to refer to powder cocaine?

a) Gear, b) Coke, c) Charlie, d) Chino, e) Ching, f) Snow

2. The most commonly sold weight of powder cocaine is 1 gram. Fill in the sentence below to complete the commonly used street term for this quantity of cocaine- ‘Eggs and ?’

3. A line of cocaine snorted can be referred to as (select all that apply)-

a) Line, b) Patsy, c) Patsy Cline

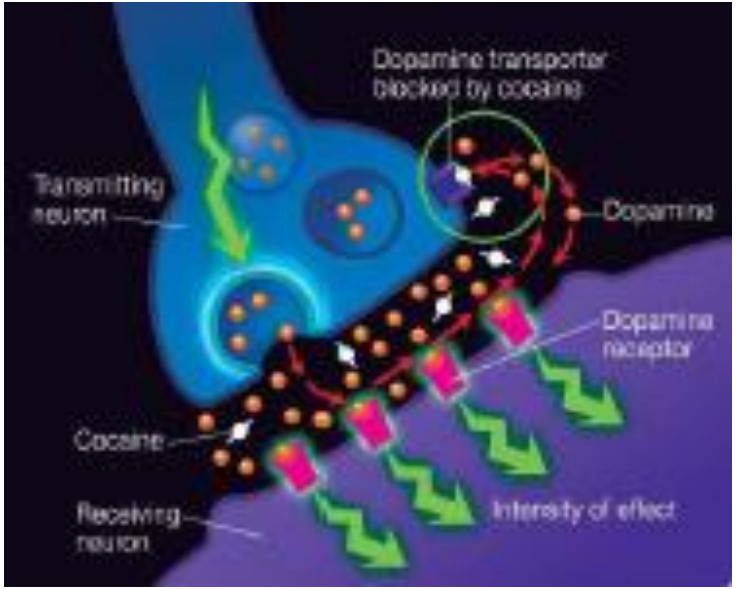
4. A small mound of powder cocaine which is snorted without a straw is called?

a)Bump, b) Key, c) Spoon

5. Complete the sentence-

Poor quality cocaine, approximately £30 per grams is often referred to as ?

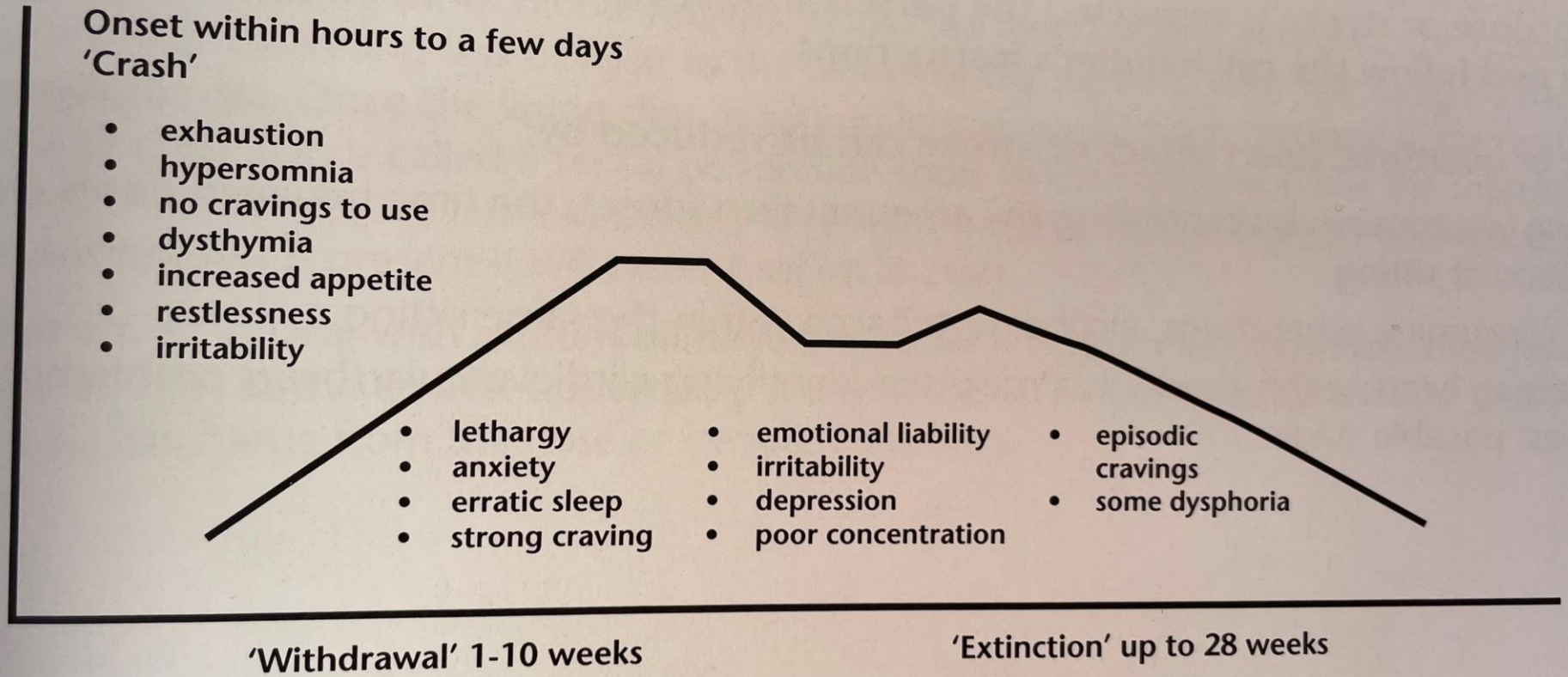
Cocaine Overview



Cocaine Overview

- Powder Cocaine (gear, coke, charlie, chico, ching, snow) is the most common form of cocaine to be sold
- The most commonly sold weight of powder cocaine is 1 gram (G, gram, eggs and ham)
- Crack cocaine is a base form of cocaine that can be easily produced using water and baking soda
- Suppliers often add bulking agents to increase profit
- A rock costs £10-20 depending on weight and purity
- Glasgow has a well established cocaine market selling small £10 bags for injection, poor quality ‘council’ approx £30 per gram, medium quality ‘50-50’ approx £50 per gram and high quality ‘prop/proper’ at £80 per gram
- Freebase is produced by freeing the cocaine base using ammonia
- It is almost 100 % pure and not commonly sold at street level

Cocaine and Psychological Dependence



Mechanics of Cocaine Administration – Snort, Smoke and Inject

- Snort risks
  - Septum perforation
  - BBVs and other infections
- Smoke risks (crack/freebase)
  - Asthma, COPD, pneumonia, respiratory failure, ammonia from freebase damage ‘crack lung’
  - BBVs and other infections
  - Makeshift pipes- drinks cans, plastic bottles, glass miniatures, metal scouring pads, recycling with nail varnish remover causing toxic fumes and particle inhalation
  - Burns, cuts
- Injecting risks
  - BBVs and other infections from sharing needles and other paraphernalia (spoons, filters, water)
  - Frequent injections causing vein collapse, anaesthetic effect causing missed hits and damage, rhabdomyolysis ‘muscle popping’, circulatory problems

Reducing Harm for People who Snort, Smoke or Inject

- Snort harm reduction
  - Timing, alternating, sterile surface and straw length, line size, consistency, dousing
- Smoke harm reduction
  - Rinse freebase rocks, purpose made (long enough) glass or steel pipes, appropriate flame reach, pipe gauze, individual use, expelling smoke from lungs, avoid tobacco
- Injecting harm reduction
  - New, single use injecting equipment, hygiene, raising veins, smallest size needle possible, rotate sites, avoid intramuscular/subcutaneous injection

Physiological and Psychological Harms

- It is easy to consume a life threatening amount of cocaine
- Overdoses can occur during binges
- Central nervous system overstimulation
  - Blood pressure, heart rate, breathing rate and body temperature climb
- Disinhibition and sexual risks
- Interaction between cocaine and alcohol is complex
  - When consumed together the body produces a third chemical coca ethylene
- Increased risk with sedative medications due to masking respiratory depression and risk of overdose

Physical Health Monitoring and OST

- Commencement of OST can lead to reduced cocaine use- do not delay OST
- ECG is a useful tool but delaying treatment may increase rather than reduce risk
- Reduced risk of QT prolongation and respiratory depression with buprenorphine but choice is individual
- Higher treatment range OST doses associated with reduced cocaine use- optimise dose
- Review prescribed medications due to increased risks from QT interval prolonging medications
- Revisit and review risk regularly

Responding to Mental Health Crisis

- Difficult to differentiate mental illness and temporary drug-affected behaviour
- Crisis assessment rather than full metal health assessment
- Common symptoms:
  - Extreme anxiety, paranoia, hallucinations, persecutory beliefs, delusional thoughts, self harm, suicidal ideation, aggression (usually a fear response)
- Majority resolve when substance(s) wear off and sleep has been prioritised
- Acute behavioural disturbance, excited delirium and serotonin syndromes are medical emergencies
  - Extreme overheating (hot to touch, sweating), muscle rigidity, jerking, hyperreflexia, excessive strength, insensitivity to pain, high level of physical activity and energy without tiring

Responding to Mental Health Crisis

- De-escalation in the acute setting-
  - Establish safety and trust, clear and supportive communication, verbal reassurance, grounding techniques
- Chronic use or heavy binges may cause more persistent symptoms-
  - Paranoid ideation associated with anxiety and panic
  - Depression and suicidal thoughts
  - Psychotic disorder with paranoid delusions and hallucinations (auditory or tactile ‘cocaine bugs’)
  - Delusional parasitosis ‘Ekbom Syndrome’

An Overview of Psychosocial Interventions

- Motivational enhancement:
  - Stablishing a supportive, caring therapeutic relationship
  - Finding topics that motivate interest (motivational hooks)
  - Enabling conversations which explore and discuss substance use
  - Explore the pros and cons of behaviour change
  - Strategies for supporting positive change
- Developing control over impulsive behaviour:
  - Identifying and managing triggers
  - Coping with cravings
  - Seemingly irrelevant decisions and high risk situations
- Goal setting and relapse prevention

Conducting an Assessment with People Using Cocaine

A new assessment tool which includes:

- Range of drugs used and patterns of use
- Types of cocaine used and pattern of use
- Settings and hygiene
- Dependence symptoms, side effects, polysubstance use to manage side effects
- Physical and mental health
- Sexual health and BBVs
- Detailed exploration of injecting and smoking habits

DEVELOPING AN INTERVENTION TOOL KIT FOR PEOPLE EXPERIENCING HARM FROM COCAINE

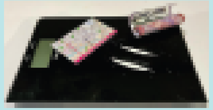
[illegible]
[1] Greater Glasgow and Clyde Alcohol and Drug Recovery Service (ADRS) [illegible]

Background

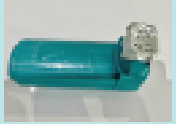
Cocaine was implicated in more than a third of drug related deaths in Scotland in 2020[1] and both services and individuals[2] are reporting increasing poly-drug use involving cocaine. In Glasgow in September 2021, 88 people, 37% of all new referrals for drug treatment, reported problematic cocaine use[3]. Data[4] from a city-centre harm reduction intervention (HRI)[5] demonstrated that in the twelve months from April 2021, the number of people injecting cocaine, 877 people (73%), has now overtaken those injecting heroin, 813 (68%).

Cocaine use is a risk factor for Hepatitis C transmission and has been identified as one of the drivers of the HIV outbreak in Glasgow.

An effective substitution treatment has not yet been identified and HRI and psycho-social interventions (PSI) remain the cornerstone of treatment. Staff engagement and formal ADRS Training Needs Analysis, established a need to strengthen knowledge of cocaine related harms and develop a structure for intervention delivery. Such a resource is not currently available in Scotland.



Typical lines of cocaine ready for snorting



A makeshift crack pipe made from a salbutamol inhaler

Methods

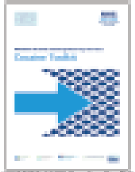
A group of experts from a range of disciplines came together to share existing resources available from both within the UK and internationally. It was quickly apparent that a new resource was required for staff working with people using cocaine.

These experts contributed sections of new information to a toolkit document covering wide ranging aspects of cocaine treatment including street drug terms and costs, blood-borne virus (BBV) transmission risks, physical and mental health implications, crisis interventions, HRI and PSI.

People with lived and living experience contributed to draft development through facilitated group discussions. Furthermore a draft of the toolkit was piloted with a group of people with living experience of cocaine use and their feedback was incorporated into the final document.

Results

The toolkit offers information on assessing cocaine use and its impact, including an overview of the Scottish market, forms of cocaine used, costs and street terms, along with the potential harms experienced by those using cocaine.



NHSGGC ADRS Cocaine Toolkit

The document presents a new assessment tool for frontline staff to use, along with critical harm reduction advice for people at risk of harm from cocaine use. It has information on physical health implications and advice for the management of those prescribed opioid substitution treatment (OST) or using opiates such as heroin. It highlights the mental health effects of cocaine use and treatment interventions, and there is a detailed section on PSI with worksheets to support staff in practice.

The document will be hosted on the NHSGGC website for staff to access.

A selection of [illegible] kits

A public injecting site close to Glasgow City Centre

Next Steps

A local ADRS Workforce Development Group is developing an implementation plan which will include a model for delivery, staff training, embedding learning into staff induction and a plan to incorporate learning into continuing professional development.

A small ADRS staff group has been identified to carry out a test of training to further inform wider service implementation.

The ultimate aims are to improve access to a range of interventions and treatments for people who inject drugs, improve person centred care by increasing access to and choice of treatment, support an appropriately trained workforce to deliver safe, effective and efficient care at the time the service user requires it, and improve flexibility and adaptability of services to meet current and future health care needs.

Disclosures:
The authors declare no conflicts of interest.

References:
1. Drug Related Deaths in Scotland in 2020. National Records of Scotland. 30th July 2021. https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/20/drug-related-deaths-20-pub.pdf
2. [illegible] Public Health Scotland. [illegible]
3. Glasgow ADRS [illegible] September 2021. Unpublished.
4. Data source: [illegible]
5. [illegible]

A Special Thanks To-

The peer volunteers and people with lived and living experience who contributed to the development of the toolkit through facilitated group discussions and pilot of the draft document

Next Steps

- A paper copy was made available to all GADRS staff in addition to digital access
- NHSGGC Alcohol and Drug Recovery Services - Cocaine Toolkit - NHSGGC
- Staff survey was completed in 2024 showing that of the 66 respondents, 67% were aware of the toolkit and 26% had used it
- ADRS Workforce Development Group is developing a Cocaine Toolkit staff training session

Cocaine Toolkit Street Terms Quiz- Answers

1. Which of these terms are used to refer to powder cocaine? All of the below

a) Gear, b) Coke, c) Charlie, d) Chino, e) Ching, f) Snow

2. The most commonly sold weight of powder cocaine is 1 gram. Fill in the sentence below to complete the commonly used street term for this quantity of cocaine- 'Eggs and ham'

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a)Bump, b) Key, c) Spoon

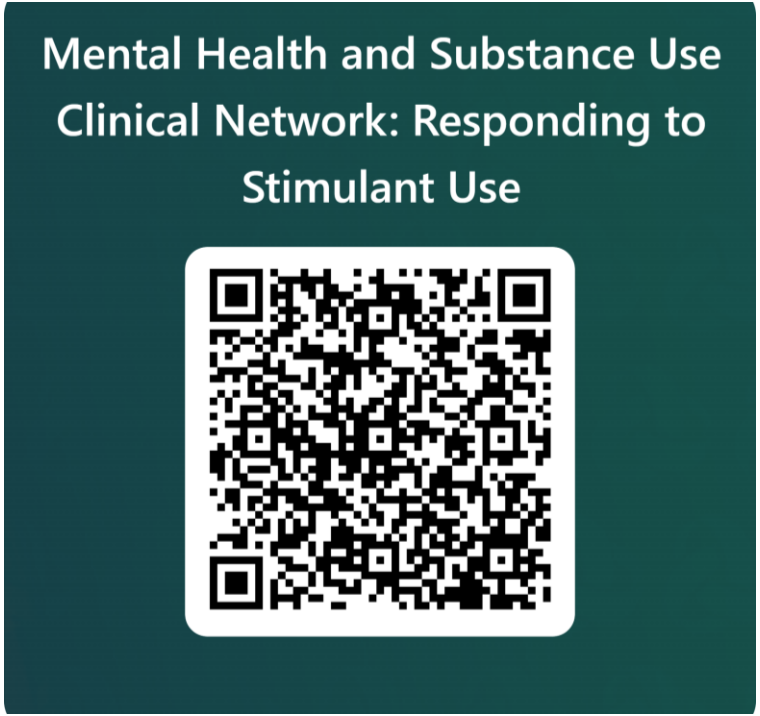
5. Complete the sentence-

Poor quality cocaine, approximately £30 per grams is often referred to as 'council'

Open Discussion and Q&A

Feedback

Use the link in the chat box or scan the QR code



Next Steps

Mental Health and Substance Use Distribution list

Mental Health and Substance Use - Distribution list consent form

Use the link in the chat box to sign up to our distribution list to ensure you receive all communication around future mental health and substance use events, including how to register

Keep in touch

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Find out more: https://ihub.scot/improvement-programmes/mental-health-portfolio/mental-health-and-substance-use-programme/