

EDINBURGH DRUG ACTION TEAM

As it happens

Drug and Alcohol Misuse
In
Edinburgh

May 2003

INTRODUCTION

Tackling drugs and alcohol misuse is a challenging task. The problems and the issues which they present are complex and they require us to continue to work together to find appropriate solutions.

Patterns of drug misuse can change frequently and rapidly, according to 'fashion', price and availability. Patterns of misuse also vary between age groups, geographical and social settings in the city. For these reasons, the 'drug problem' is a 'moving target'.

Over the last two years, the network of drug services in Edinburgh has expanded with additional investment from the Scottish Executive overseen by Edinburgh Drug Action Team (EDAT). New services have been developed to widen the opportunities for people with drug and alcohol-related problems and their families to seek help at an earlier stage. These services are located throughout the city; their models and modes of operation vary according to their objectives. The challenge for these agencies is to ensure that their services continue to be relevant and accessible to current and potential service users by adapting practice to accommodate new information about alcohol/drug misuse trends and research evidence. Improving communication between all agencies is important, as always, and could help with this task.

Edinburgh DAT has produced this Bulletin as part of its Communications Strategy in order to encourage frontline agencies to share information about what is happening 'in the field'. Our intention is to produce these short Bulletins periodically – around five times a years, so that practitioners and EDAT can get a clearer picture of the drug and alcohol 'scenes' across the city and a better understanding of the context in which services are being delivered.

This first Bulletin focuses mainly on 'drugs', although it does contain limited information about alcohol misuse. Future Bulletins will provide more specific information about the local alcohol problem and accompanying issues. This is just a starting point.

Our aim is to ensure that the information in the Bulletin stimulates discussion, helps to set the agenda for action, and leads to enhancing the effectiveness of the wider network of drug services in the city.

We look forward to working in partnership with you and to receiving your contributions to Bulletins.

Leslie J McEwan
Chair, Edinburgh Drug Action Team

CONTENTS OF THE BULLETIN

1. This Bulletin:-
 - . Aims to provide up to date information on current patterns of drug and alcohol misuse in the City, as reported by local agencies, given the pace of change in this field.
 - . Provides a research 'round-up' of ongoing and recently published relevant studies. In future it will include a section on research and information "news" from a variety of sources.
2. The majority of information in the Bulletin is what is often deemed 'soft' data in the sense that is not the product of systematic research or investigation but is based on the observation of practitioners working "on the ground".

CURRENT DRUG USE PATTERNS IN THE CITY

3. The feedback from frontline practitioners indicates that:-
 - . Heroin still appears to be the main drug of choice in terms of drug 'misuse'
 - . There is a slight increase in crack cocaine use
 - . In some instances, heroin and crack cocaine are being taken together intravenously ('snowball'), although this is not common
 - . Some dealers are selling lower quality heroin in an effort to introduce Crack Cocaine to the city.
 - . Agencies working with offenders report an increase in psychostimulant drug use in general (including ecstasy) and crack cocaine use amongst their clients. The use of this drug is reported as having moved on from recreational/weekend use to being the main drug of choice. Amongst this population, those who use drugs were also misusing alcohol
 - . A large number of the offender population report poly-drug use, involving the use both opiates and psychostimulants
 - . Sex industry workers are mainly injecting heroin. There is some (limited) evidence of crack cocaine use in this population. A large proportion (90%) of "street working women" are reported as drug dependent, with the majority (70%) reporting injecting drug use.

PATTERNS OF ALCOHOL MISUSE

4. The feedback from drugs agencies indicates that:-
 - . The main type of alcohol consumed by homeless people with drug problems appears to be cider and/or “superlager”. Some Vodka consumption is also reported.
 - . The impact of alcohol as a drug is “still very under-estimated” within the drug-misusing offender population, indicating that ‘alcohol issues’ are not usually taken into account or addressed
 - . Following their release, prisoners with an alcohol problem mainly go to live with a family member/partner/friend who have an alcohol addiction problem, returning to the same lifestyle. While in prison, these individuals often present aggressively with challenging behaviour and little motivation to change
 - . Within the sex-industry worker population alcohol is “very much in evidence”, although it is mainly used “recreationally”

AVAILABILITY, PURITY AND PRICE OF DRUGS

5. The feedback from drugs agencies indicates that:-
 - . Heroin is extremely easy to acquire in some parts of the city. However, some populations such as sex-industry workers experience great difficulty acquiring heroin
 - . Cocaine/crack appear to be more difficult to obtain. Cocaine is regularly cut with baking soda
 - . Methadone is relatively easy to acquire on the street, although not as easily available as heroin
 - . Valium is regarded as being easy to access and tends to be ‘pure’
 - . There have been occasions when street Valium, of ‘veterinary quality’, possibly sourced from Pakistan has been sold. This Valium is much stronger than most clients are accustomed to
 - . Only forty per cent of the heroin available is likely to be of ‘good’ quality

6. The price of drugs varies in different parts of the city. In one area, feedback on the 'price list' was as follows:-

- . Cocaine (one gram) cost £60
- . Crack Cocaine (one rock) cost £20
- . Heroin (.3/.3 gram) cost between £20 and £25
- . DF118's single tablets cost 50p each
- . Valium (per tablet) cost £1 per tablet
- . Methadone (50 ml) cost around £10

SERVICES – VIEWS FROM THE FIELD

7. This section focuses on practitioner/drugs agencies experience of providing services – demand for particular types of services by service users; perceived gaps and barriers.

8. The feedback about services and their availability suggests that:-

- . Service users want more variety in, and easier access to residential rehabilitation. The existing services provide a limited number of places and have long waiting times for admission.
- . Long waiting times to access services are the main source of concern. Service users perceive the waiting times for the CDPS (Prescribing Service) as problematic and regard its expectation to keep appointments as too 'strict'
- . Service users find it difficult to gain access to Prescribing Services eg GP and CDPS. They also report that in prison, they do not receive an adequate level of a substitute prescription drug as part of a 'maintenance programme; they therefore acquire illegal drugs to 'top up' as a result
- . There is a perception that the access and referral criteria which some drugs agencies impose act as an unnecessary barrier. The way appointments are made (ie given too far in advance of the actual date and hence forgotten by service users) can often result in missed appointments
- . Post detoxification support is inadequate
- . Female sex-industry workers are increasingly seeking access to rehabilitation programmes and detoxification. This population are also experiencing difficulty in accessing Primary Health Care Services.

- Specific services for Crack Cocaine users, and services for women and men who experience sexual abuse were perceived as a gap in existing service provision
- There is increasing concern amongst both practitioners and service users about the 'desperate' lack of availability of citric acid, sterile water and filters for injecting drug users
- Service users experience difficulty in obtaining access to 'safe', drug-free temporary accommodation. Those seeking permanent accommodation find it difficult to move to areas where drugs are readily available
- In relation to services for people with alcohol problems, there is a lack of counselling and support provision. Services that exist, have long waiting lists

FOR YOUR INFORMATION

9. Selected studies at the centre for drug misuse research in Scotland are summarised in this section. These studies will have an impact on policy and practice.
 - Drug Outcome Research in Scotland (DORIS), by Neil McKeganey, Joanne Neale, Esther Saville from **Glasgow University's Centre for Drug Misuse Research (CMDR)**. The Study focuses on:-
 - 1) How effective are Scotland's drug misuse treatment services? ,
 - 2) How do we build on evidence of what works in the provision of drug misuse treatment across Scotland? The research will be the largest survey of the effectiveness of drug misuse treatment services ever carried out in Scotland. In total, 1007 drug users beginning a new episode of drug treatment have been recruited onto the study from services located in rural, urban and inner city areas of Scotland and provided by specialist drug agencies, the Scottish Prison Service and the primary care sector
 - Marina Barnard (Glasgow University, CDMR) has recently completed a two-year Scottish Executive funded research project considering the experience of growing up in drug dependent families from the perspectives of parents, children and practitioners. This data is currently being prepared for publication. She is now working on a 2 year Joseph Rowntree Trust funded project to look at the impact of sibling drug misuse on families seen from the perspectives of the individual with the drug problem, one of their younger siblings and parents as well as service providers.

- Fiona Macdonald (Glasgow University, CDMR) is currently conducting a qualitative study of pre-teen drug misuse. This project will identify, through a schools survey, the extent of illicit drug use amongst 10-12 year olds in Glasgow and Newcastle. It aims to explore reasons for drug use amongst this age group, the contexts of such use and associated behaviours. The study will investigate this age group's knowledge about and attitudes towards drugs in more general ways also. It will identify risk factors for precocious drug use initiation and the needs of pre-teens in terms of drugs education and services.
10. Two key research studies are being conducted by **Stirling University**. They include:-
- An evaluation of Pilot Drug Treatment and Testing Orders is the focus of research being undertaken by Gill Mclvor, Rowdy Yates & Susan Eley.
 - The Effectiveness of Community based Responses to Alcohol and Drug-related Issues: A literature review", by Rowdy Yates, Susan Morris and Rebekah Pratt. This project aims to provide the Greater Glasgow Health Board with a literature review of the community based responses to concerns over alcohol and drug issues in the United Kingdom. The review will seek to describe what initiatives have been attempted in the community (both community led and externally delivered to the community) and establish which initiatives were effective and which were ineffective in contributing to behavioural change and how the projects were adopted and maintained.
11. **Edinburgh University's Centre for Research on Families and Relationships has conducted a study on:**
- Support for the Families of Drug Users - A review of the literature, by Angus Bancroft, Amanda Carty, Sarah Cunningham-Burley, Kathryn Backett-Milburn. The researches carried out a literature search and review in order to establish what is known about the support needs of families of drug users

This review has been published by the Effective Interventions Unit and is available free of charge in hard copy or download from the ISD website.-
www.drugmisuse.isdscotland.org/

Research News

12. A series of research dissemination seminars will be organised by Edinburgh Drug Action Team for practitioners in drug and alcohol services and allied professionals in due course. Details to be announced.

Request for Contributions

13. Drug and Alcohol agencies in Edinburgh are requested to provide ongoing contributions to this bulletin. Any summary of local trends is only as good as the information contributed by frontline agencies. We would welcome information about action research being undertaken by agencies in Edinburgh.
14. You are invited to contribute to future editions of the Bulletin by submitting information to:-

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