DRUGS & DRUG USE: CURRENT TRENDS AMONGST MARGINALISED COMMUNITIES

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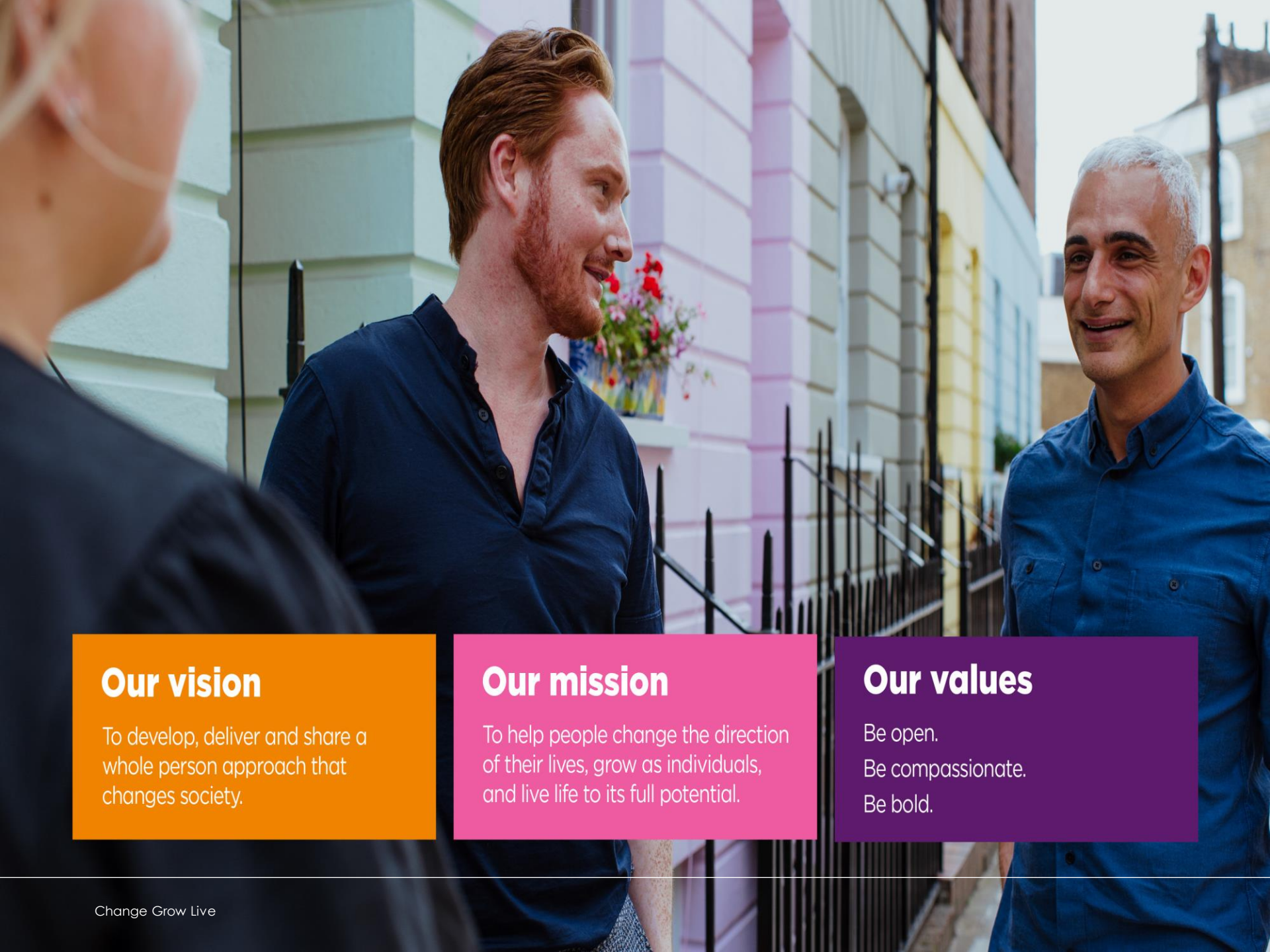
Change Grow Live

Believe in people



Our vision

To develop, deliver and share a whole person approach that changes society.

Our mission

To help people change the direction of their lives, grow as individuals, and live life to its full potential.

Our values

Be open.

Be compassionate.

Be bold.

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Awarded to The Argus Appeal
The Queen's Award for Voluntary Service
Wednesday, November 8, 2017

OUR LUCKY WINNERS
PAGE 3

ALBION IN ACTION
BACK PAGE

CITY IN CRISIS

- Food bank demand up 62%
- One in 69 people homeless
- Charity boss warns of tragedy

TURN TO PAGE 2

In what ways do you think

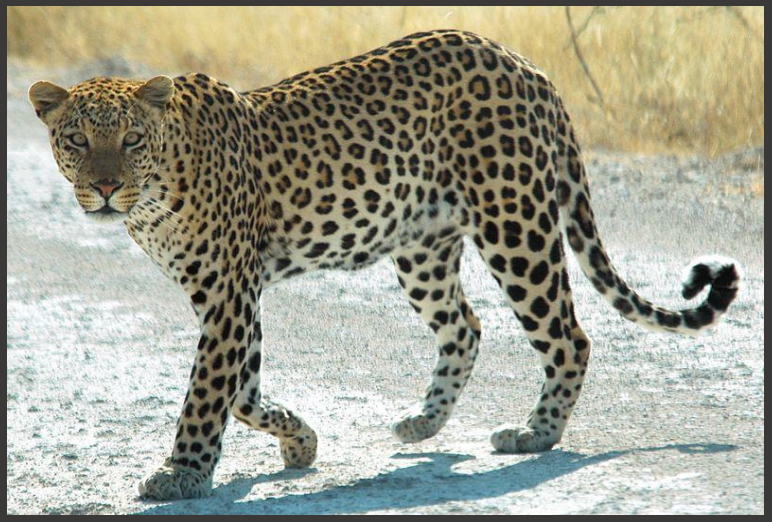
STIGMA & SHAME

impact the client group you come into contact or work with?

How might this be played out behaviourally?

What might be the **positive** aspects of the ‘addict’ identity?

Alongside this stigma & the resulting names and labels, the culture in which we live also communicates some very powerful anti-change messages:



What is Harm Reduction?

Harm reduction is a set of practical strategies and ideas aimed at **reducing** negative consequences associated with drug use. **Harm Reduction** is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm Reduction Coalition

Harm Reduction Coalition: core beliefs

Accepts that, for better and or worse, licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviours from chaotic patterns of use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.

Establishes a quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing associated harm.

Harm Reduction Coalition: core beliefs (continued):

Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

Does not attempt to minimize or ignore the sometimes very real and tragic risks and dangers associated with licit and illicit drug use.

Harm reduction

Active engagement accompanied by a tolerant, open-minded approach during contact will help reduce the physical, social and psychological consequences of drug use

The average cost of providing injecting equipment is about £200 per year, with the cost of treating someone infected with hepatitis C at £10,000 and the cost of treatment for HIV at £10,000 to £42,000 a year for life

The cornerstones of an effective harm reduction response to drug use are:

- Needle and syringe provision;

- Opiate Substitution Therapy (OST) – mainly methadone and buprenorphine maintenance;

- Testing and treatment for hepatitis C and HIV;

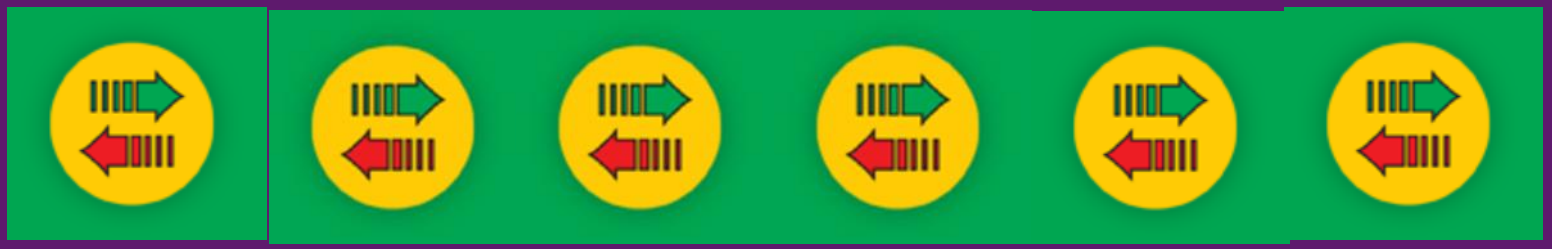
- Prevention of overdose death and reversal of overdose with naloxone

- Challenging and reframing internalised shame and stigma

- Sharing information and enhancing knowledge via alcohol & drug awareness raising initiatives

- Recognition that the war against (some) people who use (some) drugs is the major driver of drug related harm

Needle Exchange services & BBV prevention



1. It is hard to over-state the significance of the needle and syringe exchange schemes: free needle and syringe provision has prevented an HIV epidemic amongst people who inject drugs in the UK.

2. In countries with no provision, typically 30-50% of people who have injected drugs have HIV, but in most of the UK the figure is less than 1%! . Over the years, this has prevented many thousands of sexually transmitted infections in the wider community, saved many lives, and the NHS millions of pounds.

3. Pharmacies offer an easy access, long hours NSP service, often open when other services are not available, although a lack of privacy can be an issue.

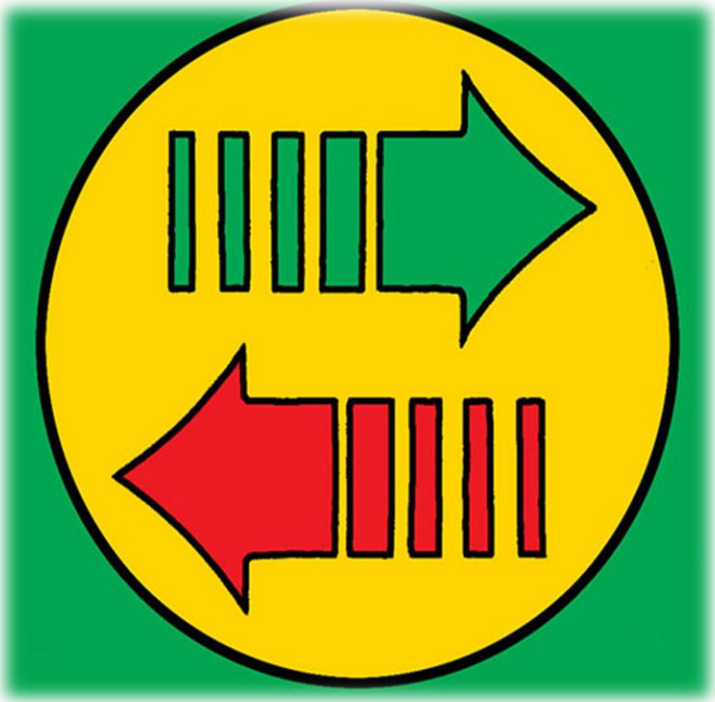
4. Since the pandemic, there is a postal needle and syringe delivery schemes set up by Exchange Supplies called NSPdirect

ALWAYS USE NEW

Why provide a Needle Exchange service?

Change Grow Live

In the UK, Needle Exchanges were set up in the 1980s in response to the sharp increase in the spread of Blood Bourne Viruses (BBVs) – Hepatitis B, Hepatitis C and HIV amongst injecting drug users. This initiative resulted following research that identified blood to blood contact as the main route of contracting BBV's and that drug injectors were deemed at high risk of contamination and spreading of these viruses through the sharing and reusing of injecting equipment. By providing injecting equipment, this approach has been proven to be one of the most effective ways in reducing the spread of BBVs'.



Satellite Needle Exchange provision - all 13:00 to 16:30

Mon: Glenwood Lodge (open access)
Wed: William Collier
Thurs: New Steine Mews & No Second Night Out (Smart Seaview)
Fri: Phase One & Brighton Hotel

Please consider:

What barriers might stop the people you work with engaging with a harm minimisation philosophy or approach?

What does minimising harm mean for people living in hostels or who are part of the street community?

How can harm reduction help these specific communities?

How might a harm minimisation approach be made more meaningful and relevant?

DRUGS & DRUG USE:

CURRENT & EMERGING TRENDS

SYNTHETIC CANNABINOIDS (K2/SPICE)

What are your experiences supporting people using SCRAs (spice)?

Why do you think it is popular with some people?

SYNTHETIC CANNABINOIDS (K2/SPICE)

UNPREDICTABLE DANGER

K2 /SPICE IS **NOT** MARIJUANA

It's often called *synthetic marijuana* or *fake weed* because some of its chemicals are like those in marijuana. The effects can be unpredictable and in some cases, severe or even life-threatening.

Shredded, dried plant material

+

Man-made chemicals

=

A "natural" drug?
Not even close.

Synthetic cannabinoids

There are currently over 180 variations of SCRAs (Synthetic Cannabinoid Receptor Agonists)

Synthetic cannabinoids

People who use SCRAs are concentrated in custodial settings and amongst prison populations, the street community, hostel residents, people in drug treatment, or on probation orders (with monitoring closely linked to use of SCRAs due to the relative difficulty of detecting them).

SCRAs (SYNTHETIC CANNANINOID RECEPTOR AGONISTS): A Brief History

Originally synthesised in Germany for research purposes in 2008 ; initially infused in 'plant materials' and now increasingly on paper.

There have been 3 generations of SCRAs since SPICE was added to 1971 Misuse of Drugs Act in 2009.

1st Gen = 10-20% stronger than THC (2008-10)

2nd Gen = 100-200% stronger than THC (2010-2016/7)

3rd Gen = 500% stronger than THC (2017-?)

SCRAs are **NOT** "synthetic cannabis"

Prior to 2016, SCRAs were found to have "consistency of content" (5F-AMB) – but since the Psychoactive Substances Act was passed in 2016, which closed down 'head shops' and online vendors, there's been an increase in "incidents requiring an emergency response" and "up to 200 different strains being sold", including ADB-Hexinaca, 5F-ADB, 5F-MDMB-Pinaca, 5F-3,5-AB-PFUPPYCA, with more aggressive dealing and targeting of users

SCRAs: £40 per ounce; Herbal cannabis (Skunk): £220-280 per ounce

Why use?

Heroin users seeking cheaper alternative

Harder to detect

Less likely to be confiscated

Changes relationship to time ("Kills time")

Puts the user on the 'Oblivion Express'

Dissociative states ('zombied')

Delivery via joints, makeshift pipes and (more recently) via vaping/e cigarettes (standard dose = 1 CM2 piece of paper).

AD-FUBINACA sold as Cannabis oil or liquid THC for vaping

No evidence of SCRAs being mixed with heroin or crack; risk of 'passive ingestion' via smoke (joints or vapes) unknown at present; transdermal (skin to skin) administration unconfirmed, although if mixed with alcohol this may be possible?

DRUG RELATED HARMS/RISKS are impacted by:

Change in mode of use

Mixture of compounds

Change to compounds

Poly drug use

Changes in supply

Variation in concentration of compounds both between batches and across a single sheet of paper = *"an increase in vulnerable states of (un)consciousness"*

Analysis: 187.3mg, 19.5mg, 8.8mg variations between SCRA samples.

Harms include cardiovascular & kidney damage, seizures, injury arising from being in vulnerable states as result of intoxication

In late April/early May 2021 China announced that it was to ban all SCRAs in July 2021.

Risks can be reduced by 'start low, go slow' advice for new batches, ensuring use takes place in a safe(r) environment, by ANTICIPATING TRENDS & changes; communicating with users and enquiring about their current experiences

THE NEW BENZOS ON THE BLOCK

THE NEW BENZOS ON THE BLOCK

Benzodiazepines: also known as Bars, Benzos, Blues, Chill Pills, Downers, Nerve Pills, Planks, Tranks, and Zannies

Xanax is a short-acting benzodiazepine which is used for the treatment of anxiety disorders specifically panic disorder and generalized anxiety disorder (GAD) in the US. It has also been shown to be helpful in the treatment of nausea from chemotherapy.

Flubromazolam is a triazolobenzodiazepine (TBZD), which is a benzodiazepine (BZD) derivatives. It is reputed to be highly potent, and concerns have been raised that it may pose comparatively higher risks than other designer benzodiazepines due to their ability to produce strong sedation and amnesia at oral doses of as little as 0.5 mg. Life-threatening adverse reactions have been observed at doses of only 3 mg of the drug.

Etizolam is a thienodiazepine, a benzodiazepine analogue, which means it is slightly different to Xanax but is also a depressant drug, with a range of sedative effects.

The main difference between these two drugs is availability. Etizolam is only available in Japan and a few other countries. It is not used clinically in the UK but is widely available via drug vending sites.

Xanax is commonly prescribed in the United States, and there has been an exponential increase in its use in the last 10-15 years. The widespread availability of what is claimed to be Xanax on the streets of Brighton is in fact more likely to be **Flubromazolam.**

The symptoms of benzodiazepine dependency may include:

Anxiety
Insomnia
Irritability
Nervousness
Sweating
Hand tremors
Heart palpitations

Table 1

Half-life of commonly prescribed benzodiazepines

Medication	Half-life (hours)
Alprazolam	6 to 12
Chlordiazepoxide	5 to 30
Clonazepam	18 to 50
Diazepam	20 to 100
Lorazepam	10 to 20
Oxazepam	4 to 15
Temazepam	8 to 22
Triazolam	2

Source: Reference 3

Any sudden cessation of use after an extended period of taking benzos carries similar risks to a dependent drinker suddenly stopping, so communicating clear harm minimisation messages to people using them is essential.

Harm reduction messaging:

Avoid mixing benzos with alcohol, prescription medication and other drugs, especially other depressants such as alcohol, diazepam and gabapentin, and opiates or opioids such as heroin and methadone. All of these drugs can depress breathing resulting in an increase risk of a potentially fatal overdose when mixed.

Encourage people to call 999 and ask for an ambulance if they see the signs of an overdose: confusion, unconsciousness (won't wake with a shout or a shake), severe nausea and vomiting, fitting, difficulty breathing, snoring/raspy breathing, blue/pale tingeing of knees, hands and lips, slow or erratic pulse (heartbeat), pale, cold and clammy skin.

Advise people to avoid taking benzos alone and to stay with friends in case the person experiences negative effects.

Remind people to sleep on their side to avoid choking in their sleep if they throw up.

Raise awareness of how strength can vary, even between pills from the same batch/packet if unlicensed/not prescribed, or pills which look the same. Ideally start with a small test dose with any new batch, and wait at least 1-2 hours before re-dosing.

Reiterate how easy it is to build a tolerance to benzodiazepines.

Withdrawal symptoms can happen even after short periods of use, so encourage people to avoid taking them every day and to take regular breaks from use.

Avoid taking other drugs or more benzodiazepines to deal with withdrawal symptoms.

If symptoms become distressing seek medical help and in an emergency call 999.

https://www.benzo.org.uk/manual/

CHANGE GROW LIVE BRIGHTON & HOVE RECOVERY SERVICE

RICHMOND HOUSE
RICHMOND ROAD,
BN2 3RL

Find us

This is the address of our service.

Richmond House
Richmond Road
Brighton BN2 3RL

Change Grow Live

How can we get treatment and support to those who are most vulnerable but can't/won't get themselves to CGL, for example due to homelessness, severe dependence, disability, dual diagnosis - in other words, what support is there for people who are right at the margins?

1. **Change Grow Live** have a dedicated team of two workers who cover various supported accommodation projects in the city and who provide in-reach into those hostels.

2. We also have the PHE **RSDATG** (Rough Sleepers Drug and Alcohol Team Grant) who provide needle exchange to Glenwood Lodge, New Steine Mews, William Collier and Phase One. These needle exchange are only open to residents with the exception of Glenwood Lodge, which is open to the public and which is available on Monday afternoons.

3. The **RSDATG** team and the **Hostel Outreach Team** both receive referrals and then go and assess clients in the community, either at their homes or in community locations, supporting clients to attend the main service if their treatment need means that they need a prescribing appointment or a nurse alcohol triage to determine the most appropriate detox arrangements for the client.

4. The **Hostel In-Reach Team** can only work with clients in the hostels that they provide an in-reach service to but the **RSDATG team** can work with anyone who is at risk of homelessness, rough sleeping, is in supported housing, housing first etc.

5. To support clients to attend appointments at the main service we will use bus passes, taxis and support from other agencies to ensure clients can attend their appointments as easily as possible. The bus passes and taxis are discretionary and are provided on a needs basis because we have a limited budget.

6. The RSDATG team are receiving referrals from **SOS team** and **No Second Night Out Project** and will also have referrals flagged to us from the main service if someone is at risk of homelessness or homeless but not a verified rough sleeper.

7. In terms of working with those with co-existing conditions including dual-diagnosis, physical health disabilities, we will do the best we can as a service to reduce the barriers to all of our clients so that they can successfully access treatment and achieve their treatment goals.

We have three **complex needs navigators** who support clients in emergency accommodation, rough sleepers, those at risk of homelessness (which can be interpreted on a case by case basis) to access substance misuse support.

The team have also provided face to face training in Naloxone use to security staff working in hotels and other Covid accommodation to help reduce risks of overdose.

All of the outreach staff offer:

- BBV testing
- Naloxone
- Harm min advice

Change Grow Live


KEEP YOUR COINS,
I WANT
CHANGE

Any questions?

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CHANGE GROW LIVE Recovery Service

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