


Cocaine users: a special population? The evidence for policy and practice

SSA Conference 2005


Luke Mitcheson, South London
and Maudsley NHS Trust



Why might cocaine users be a special population?

- Different drug?
 - Different people using it?
 - Different needs?
 - Different treatments?
- 

Different drug?

- Stimulant drug
 - Binge pattern of use
 - Crises, “crash” and come down
 - Periods of stability
 - Generally used as part of a poly-substance profile
 - Used in different ways
 - Smokers
 - Snorters
 - Injectors
- 
- The background of the slide features several sets of concentric circles in a lighter shade of blue, resembling ripples in water. These circles are scattered across the lower half of the slide, with one set in the bottom left, one in the bottom center, and a larger, more prominent set in the bottom right.

Different people using it?

- Increased UK cocaine use in past 10 years
 - 6-8% of people in their 20s have used cocaine powder
 - 1% of 16-24 year olds have used crack
- British Crime Survey
 - Cocaine users most likely to be white
 - Crack used in similar proportions across ethnicities
 - Cocaine more likely to be used in affluent urban areas (ACORN categories)



Different people? Treatment data

- UK Treatment data:
 - 24% of clients seen in a treatment context are using cocaine
 - 7% it is their primary problem
 - Increasing quicker than heroin use (doubled since 1993)
- Wide regional variations in primary users in contact with agencies:
 - Over half - 57 per cent - of seizures of crack cocaine in England and Wales take place in London.
 - Between 1995/6 and 2000/1 the number of crack cocaine users in London treatment services increased by 159 per cent.
 - Londoners who seek drug treatment are over four times more likely to be crack users than others in treatment in the South East.

Comparison between opioid and cocaine dependent patients

- Cocaine dependent patients
 - had more problems with alcohol
 - spent more money on drugs
 - used more with other drugs
 - had more family and social problems
 - had more psychiatric problems

- Opioid dependent patients
 - More likely to inject cocaine

Different people? Treatment perspectives


- Not a heterogeneous population
 - Crack Injectors (plus heroin)
 - Crack smokers
 - Cocaine snorters (plus alcohol)
- But similar associated social, psychological and physical problems to all substance dependent populations
- And some within differences to note too:
 - Amongst some BME communities, crack use (smoking) is disproportionate and higher relative to other drug use

Different needs?

- Criminality
- Social deprivation
- Co-morbid psychological problems
- Severe mental health problems
- Harm Reduction Interventions
- Physical health problems (inc STIs)
- Crisis contacts
- Access for BME populations

But.. none unique to cocaine users

Different treatment?

- Pharmacotherapy
 - Specific psychosocial interventions
 - Standard treatment
 - DATOS
 - NTORS
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Cochrane Review of Pharmacotherapy for Cocaine Dependence

➤ Trials

- Antidepressants - desipramine
- Carbamazepine
- Dopamine Agonists
- Miscellaneous Treatments

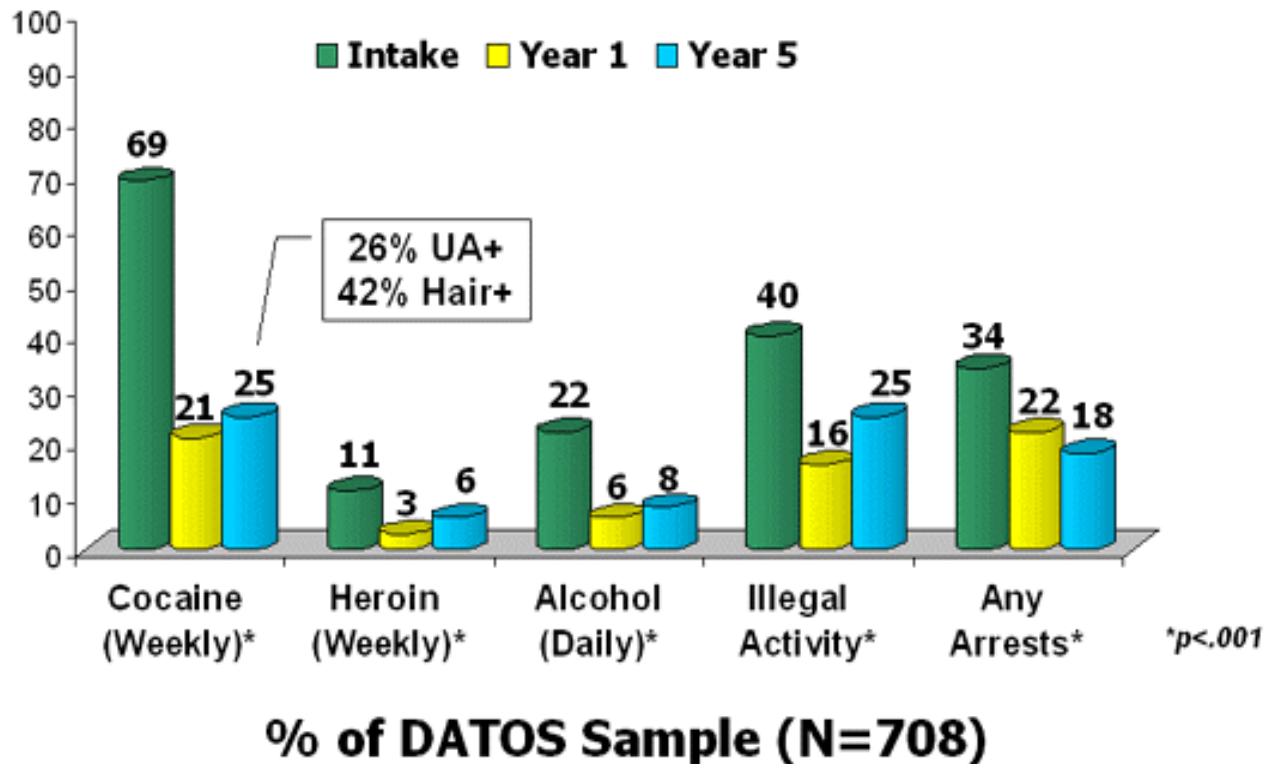
➤ Outcomes

- Overall no evidence for benefit
- Studies limited by very high dropout rates and poor treatment compliance

Psychosocial interventions for Cocaine dependence

- Broad range of psychological interventions
 - Interventions based on learning theory
 - Social learning and cognitive approaches
 - Interpersonal psychotherapy and 12 step counselling
- Cochrane Review:
 - Contingency Contracting (positive) shows specific effect

Figure 1.
5-Year Outcomes for Cocaine Sample
Changes from Before to After Treatment




Simpson, Joe, & Broome (2002, *Arch Gen Psychiatry* 59, 538-544.)

NTORS Crack use changes over 4 to 5 years

- One third used crack at intake and at 4-5 years
- 10% reported injecting crack
- Intake crack use more than halved at FU
- A quarter of non users at intake had initiated crack use at FU

Different treatment conclusions

- Main treatment option is varied forms of psychosocial treatment
 - Non specific effects
 - Outcome studies report substantial reductions in crack and cocaine use among some users
 - Effective treatment needs engagement and long term retention
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Evidence that treatment can be effective *generally*

➤ Content

- Psychological treatments
 - Training, structured, supervised
- Utility of ancillary services
 - Medical services
 - Childcare
 - Transportation

➤ Process

- Client / counsellor relationship
- Flexible and responsive services

Service user perspectives

- 50% of sample felt services inappropriate and inadequate
- Lack of staff knowledge about crack
- Staff failing to identify crack use as problematic
- Focus on heroin to exclusion of crack
- Wanted services that provide practical support (housing, education, employment)

A case for specific services?

- Debate played out before (alcohol vs heroin)
- Same (appetitive) behaviour – different issues?
- Attention to process of engagement and retention seem crucial
 - Institutional flexibility
 - Outreach and in-reach

Pros and cons of specific services

➤ Pros

- Expertise
- Identity
- Flexible culture / practice

➤ Cons

- Not meeting needs of cocaine users in opiate treatment
- Expertise not disseminated

Lambeth – a case example

CRACKOUT
ending crack houses in Lambeth

CRACK HOUSES OUT

Another local crack house was raided by the police this week as part of joint police and council action against drugs dealers in Lambeth.

If you know anything which can help us tackle drugs please call **Crimestoppers** on **0800 555 111** or contact your local police or housing office.

For more information about the campaign to tackle crack cocaine in Lambeth please call the **CrackOUT Information Line** on **08000 373424** or visit www.lambeth.gov.uk/crackout

The Metropolitan Police is a trading name of the Metropolitan Police Authority

 **Metropolitan POLICE**

 **Lambeth**

Brixton Police

Week 19th - 25th APRIL 04

22 People arrested for buying drugs at this location

4 Dealers arrested, the operation continues

Operation Refresh working in partnership in community, transport ocu. and local authority for a safer Brixton



Working for a safer London



A yellow billboard for TomTom GO navigation devices. On the left, a white line-art hand is shown pointing at a TomTom GO device. The device screen displays a map with a red location marker. To the right of the device, the text 'tomtom GO' is written in black, with a red leaf-like logo above the 'O'. Below this, the text 'Point yourself in the right direction.' is written in black. Underneath that, 'TOCRACK' is written in a red, hand-drawn font. Below 'TOCRACK', the website 'www.tomtom.com' is printed in black. At the bottom right, 'CITY' is written in a red, hand-drawn font with an arrow pointing to the right. The billboard is mounted on a brick wall. Below the billboard, a black sign with the word 'HALDEN' in white capital letters is visible. To the right of the billboard is a white brick archway with a green-painted arch and a small window.


tomtom GO

Point yourself in
the right direction.

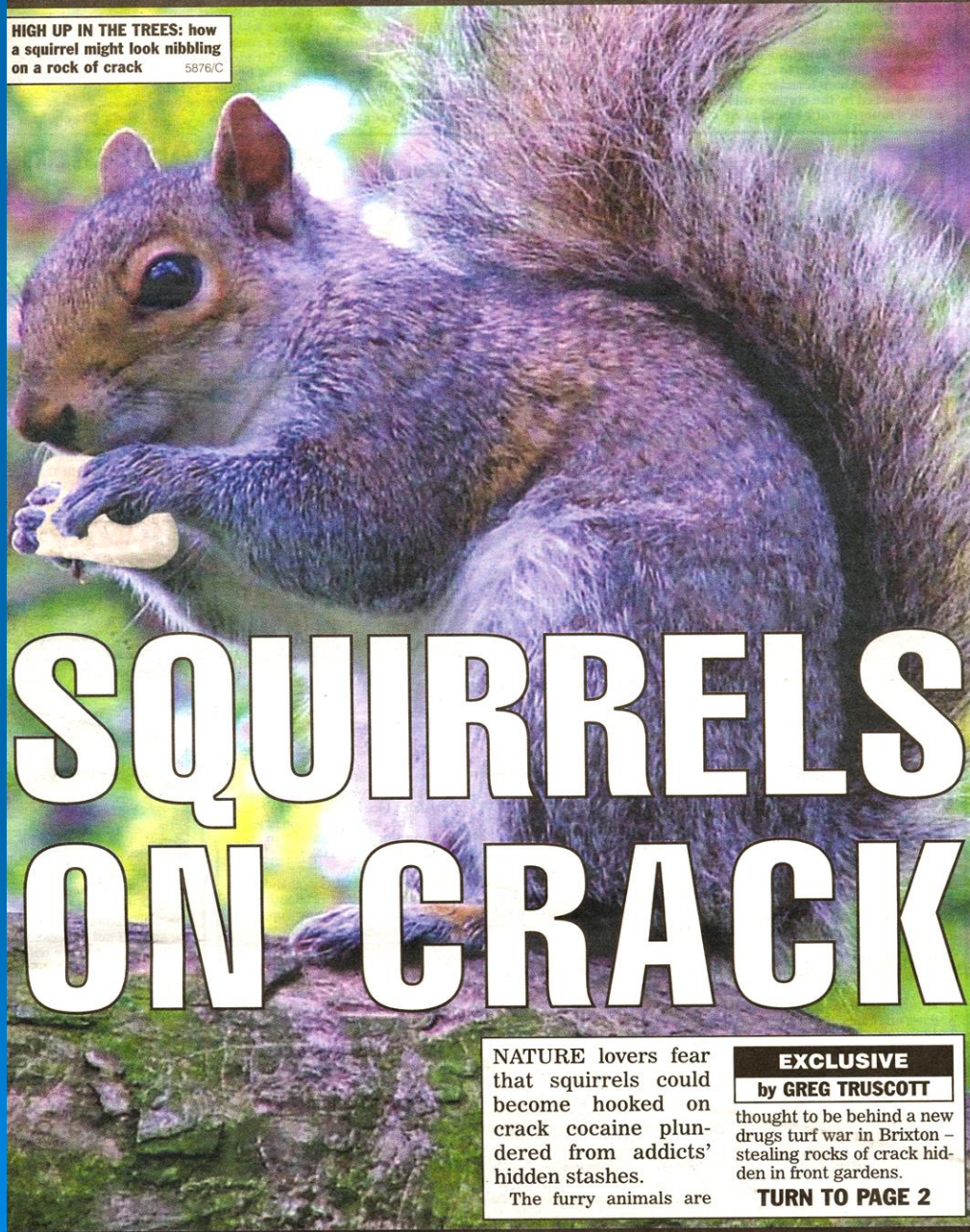
TOCRACK

www.tomtom.com

CITY →

HALDEN

HIGH UP IN THE TREES: how a squirrel might look nibbling on a rock of crack 5876°C



SQUIRRELS ON CRACK

NATURE lovers fear that squirrels could become hooked on crack cocaine plundered from addicts' hidden stashes.

The furry animals are

EXCLUSIVE

by **GREG TRUSCOTT**

thought to be behind a new drugs turf war in Brixton - stealing rocks of crack hidden in front gardens.

TURN TO PAGE 2

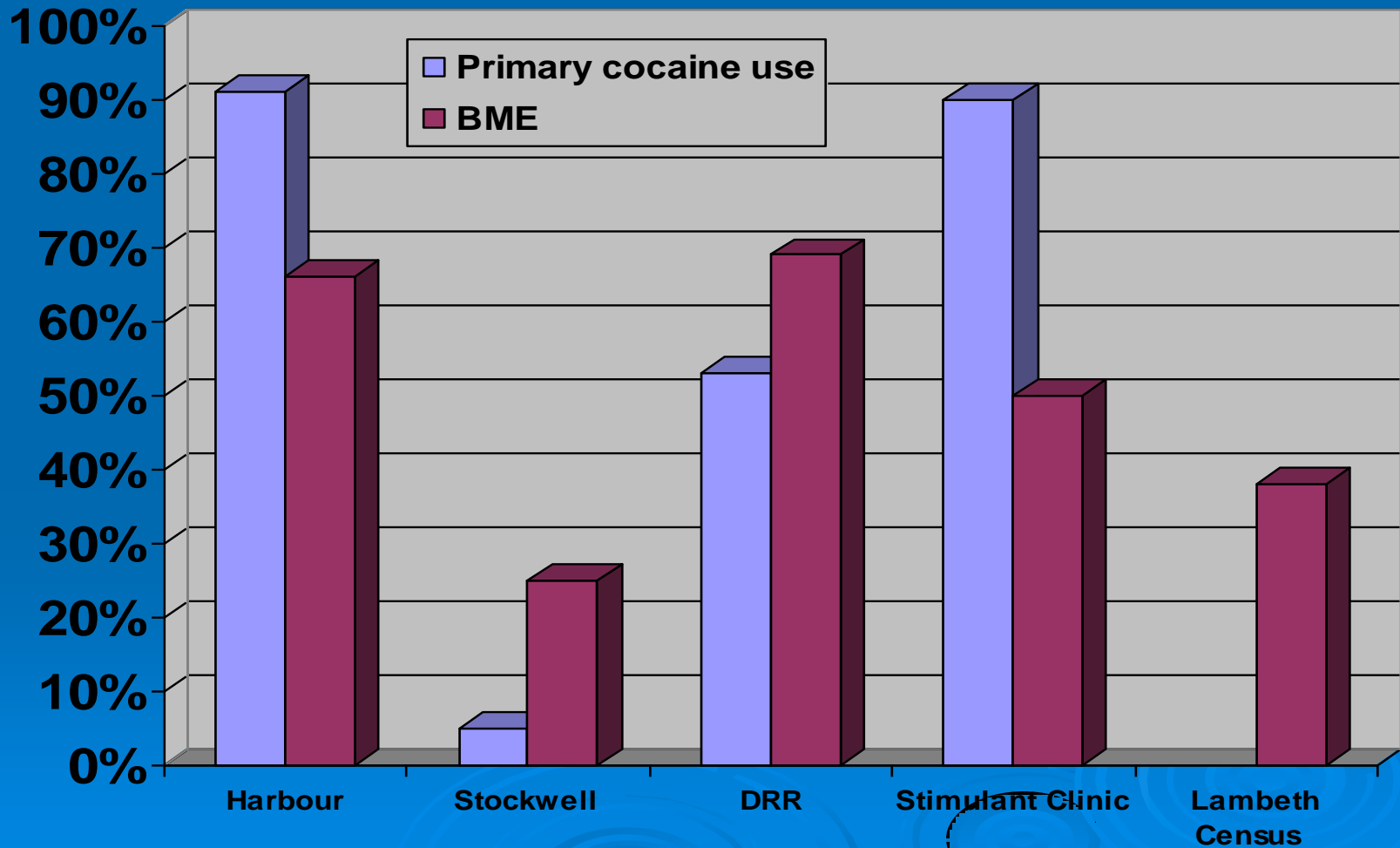
South London
Press

October 2005

Do specific services see different clients? – a local audit of four services in the borough of Lambeth

- Lambeth Harbour: set up to work with crack smokers
- Stockwell Project: Poly-substance users with opiate dependency
- Stimulant Clinic (retrospective data): A clinic within a large drug treatment unit
- Lambeth DRR

Lambeth Service comparison primary drug / ethnicity



Lambeth Harbour

- Tier 2 drop-in as a venue for engaging clients
- Proactive case management addressing range of psychosocial needs
- BME engagement
- Mental health liaison
- Tier 3 easily accessible from tier 2
- Structured psychosocial interventions CBT and MI

Example of intervention with poly-substance users

- Pilot single session MI targeting methadone treatment population
- Staff randomised to deliver intervention
 - General effect - heroin use reduction
 - Specific effect - two rocks reduction (£40) per using episode
- Illustrates the potential and general impact of MI

A model of best practice— addressing the needs of cocaine users across all treatment services

- Range of services depending on local need – who and where are the cocaine users in the health and social care system?
- Attention to different presentations across services or within services
- Flexible, low threshold access
- Proactive case management
- Workforce skilled and supported to deliver good psychosocial treatments

Future research

- UK specific
- Primary cocaine users treatment outcomes
 - Comparison of different forms of services (stand-alone vs. integrated) / different treatments
- Reducing cocaine use in opiate treatment populations

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