

Novel stimulants and LGBT+ communities

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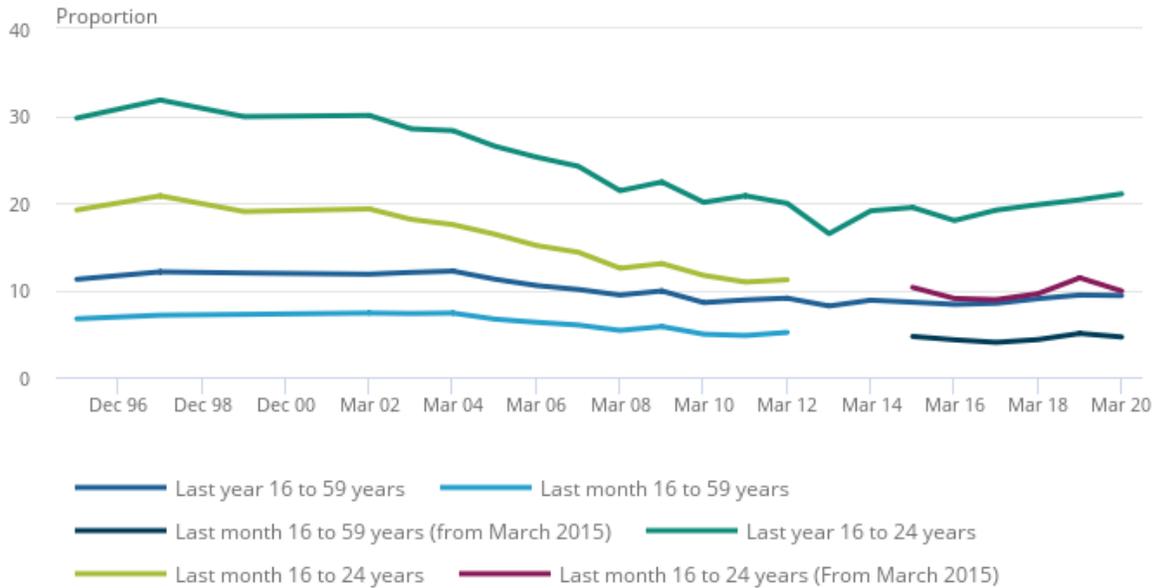
June 12th 2021

Drug use in the UK

Novel stimulants and LGBT+ communities. RCPsych Congress 2021

Figure 1: Use of any drug has not changed in the last year

Proportion of adults aged 16 to 59 years and 16 to 24 years reporting use of any drug in the last year and the last month, England and Wales, year ending December 1995 to year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

- YE Mar 2020: no annual change in NPS use
- 0.3% adults (<59); 1.3% 16-24 year olds
- Disproportionate use (71%) young adults
- Use halved from first data in 2015



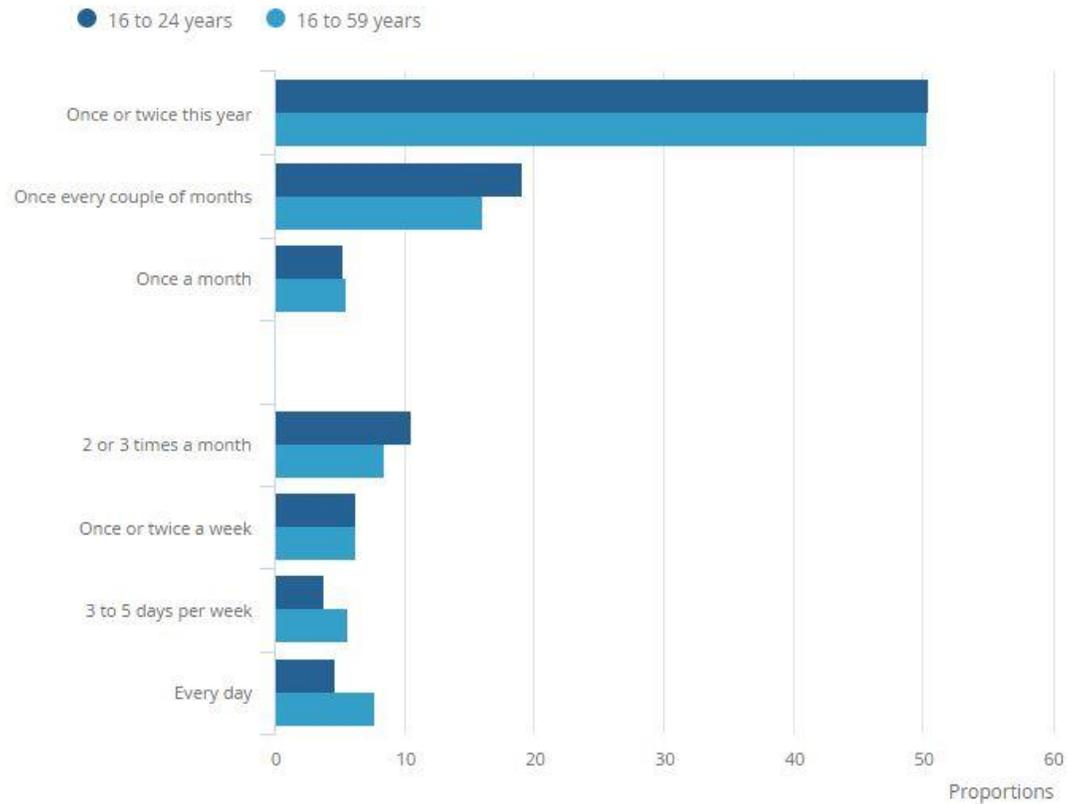
Percentage of people that have used in the last year



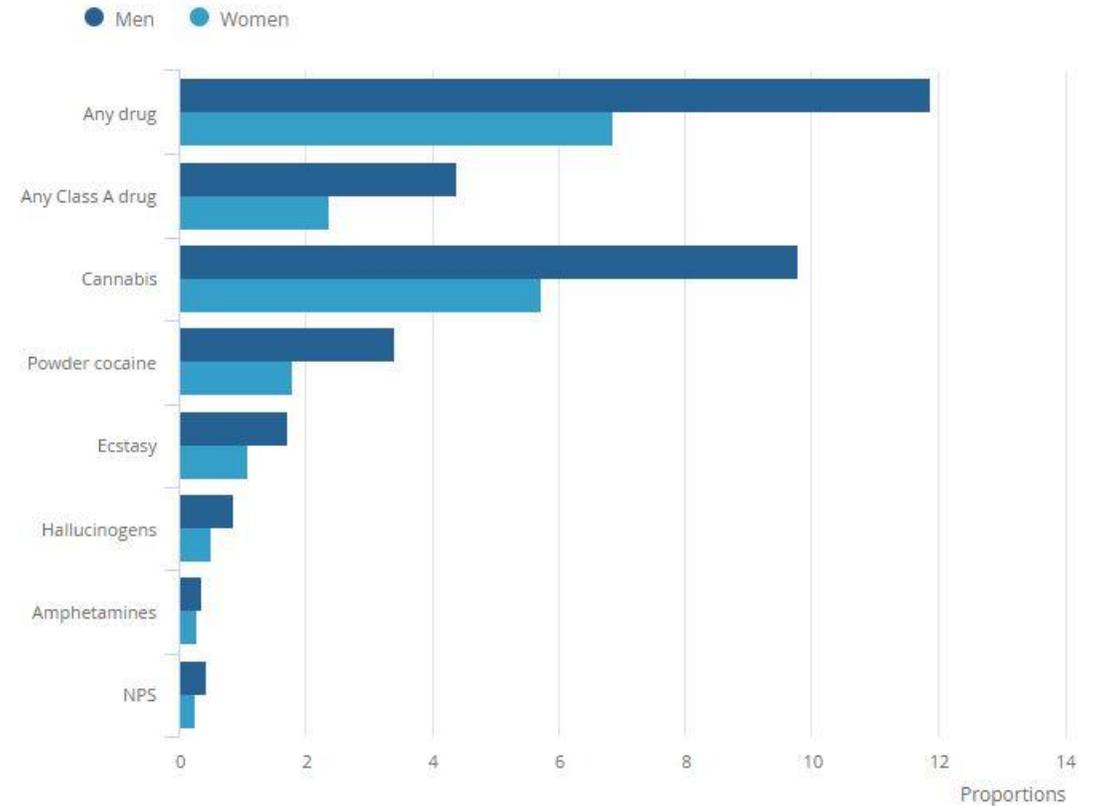
Source: Office for National Statistics - Crime Survey for England and Wales - Drug Misuse in England and Wales: year ending March 2020

- 2.4% adults, 8.7% 16-24 yo last year nitrous oxide
- Second most prevalent drug in young people
- NO use stable across past four years

Proportion of adults aged 16 to 59 years who had taken any drug in the last year by frequency of use, England and Wales, year ending March 2020



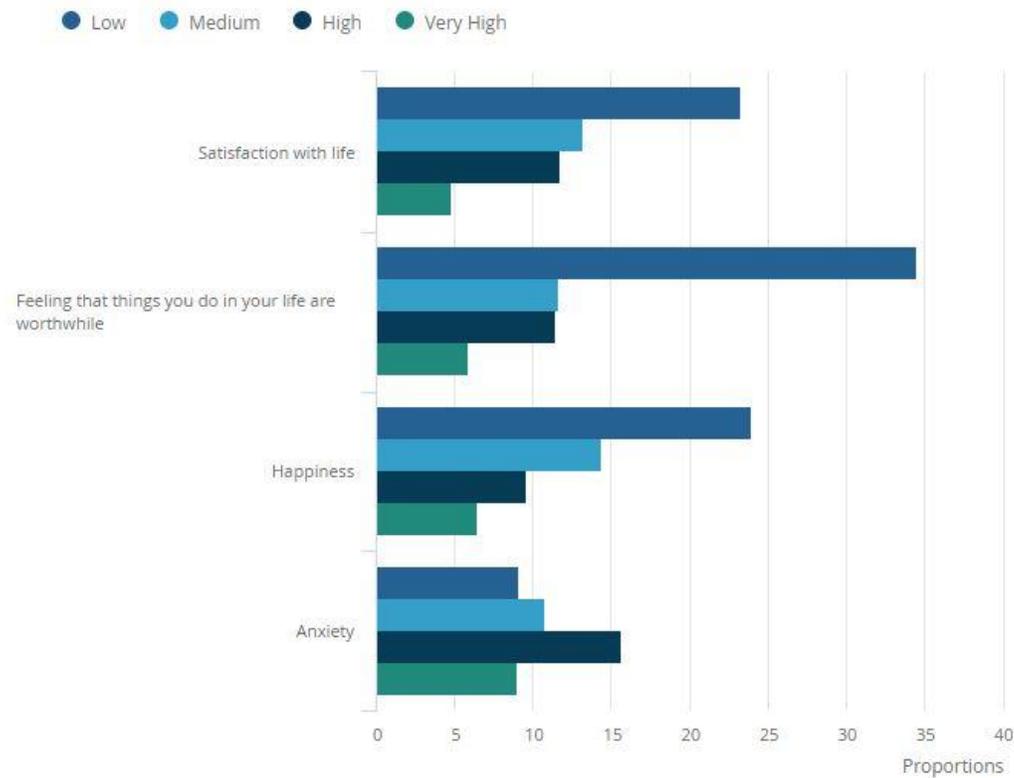
Proportion of adults aged 16 to 59 years who reported using a drug in the last year by sex, England and Wales, year ending March 2020



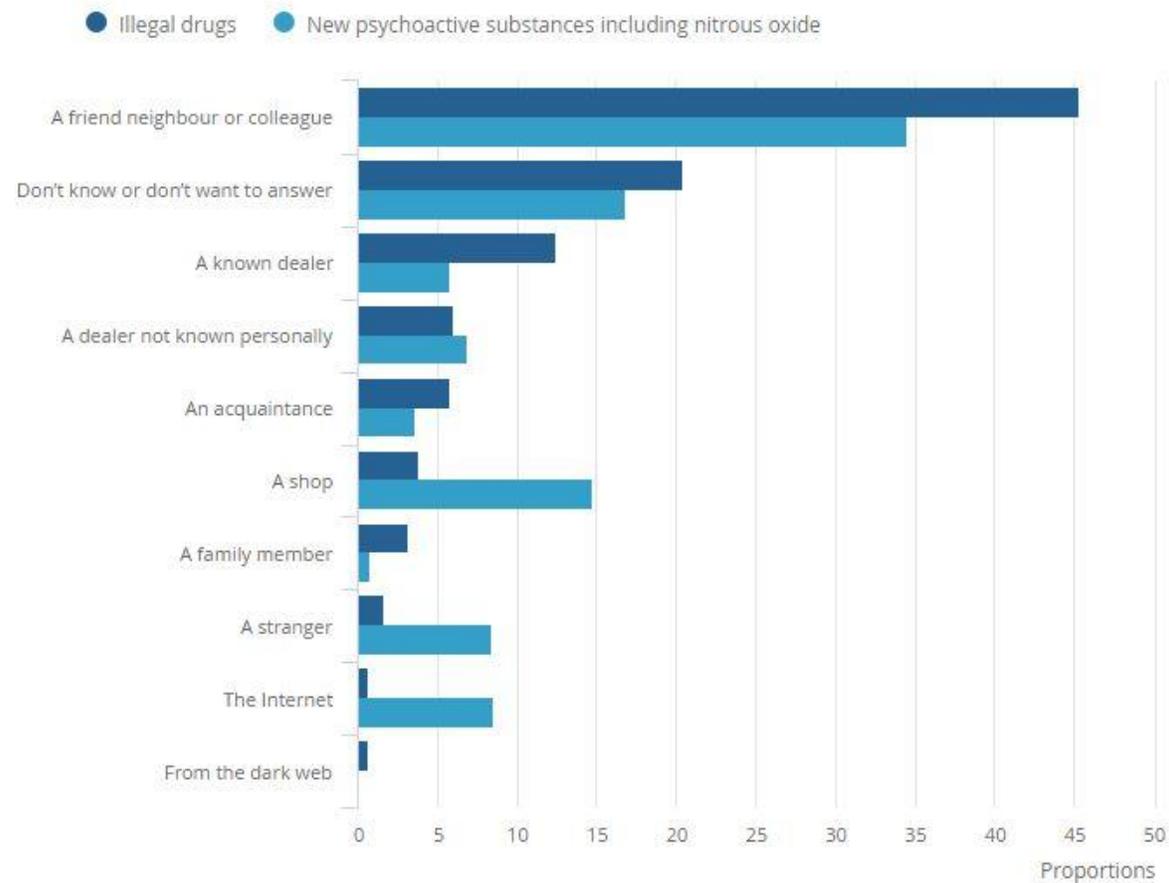
- Most who consume drugs do so infrequently
- Males typically about twice as likely as females
- Full time students highest incidence (19.7%)
- Single (17.7%) > married/civil partnership (3.2%)

- Frequency proportionate to nightclub visits (pre-covid)
- 42.5% of those visited at least x4 in past month
- Cocaine (x12), ecstasy, cannabis
- 26.3% of those visited pub x9 in past month

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by personal well-being, England and Wales, year ending March 2020



Proportion of adults aged 16 to 59 years reporting use of an illegal drug or new psychoactive substances (including nitrous oxide) by immediate source, England and Wales, year ending March 2020



- Note these data are cross-sectional: causality?

- 40% 16-59 very/fairly easy to personally source <24h

Cannabis



Adults (15-64)

Last year use

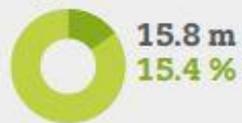


Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year



Cocaine



Adults (15-64)

Last year use



Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year



MDMA



Adults (15-64)

Last year use



Lifetime use

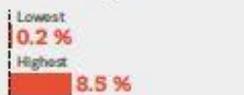


Young adults (15-34)

Last year use



National estimates of use in last year



Amphetamines



Adults (15-64)

Last year use



Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year



New psychoactive substances

46 first reported in 2020



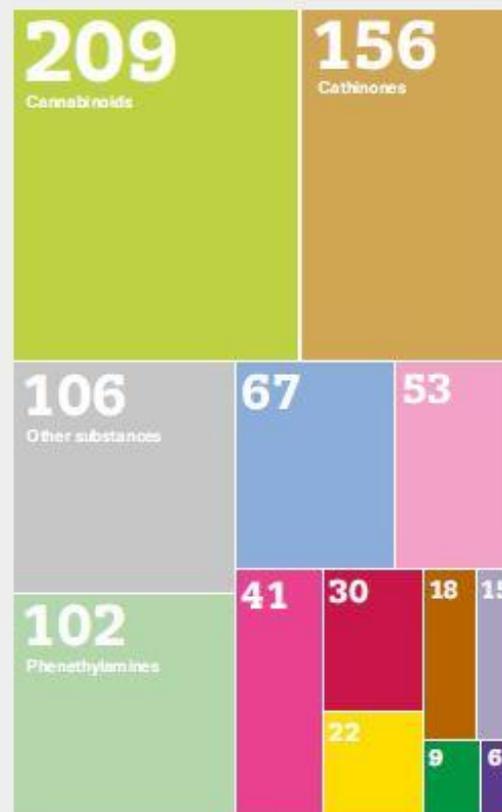
830 being monitored



400 on the market each year

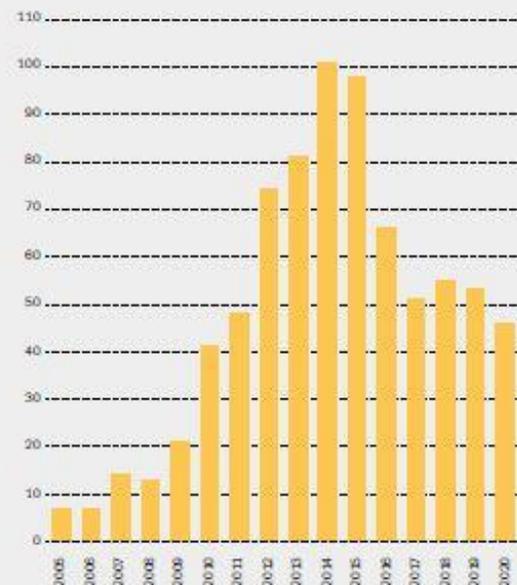


Number of substances monitored by the EU Early Warning System by category

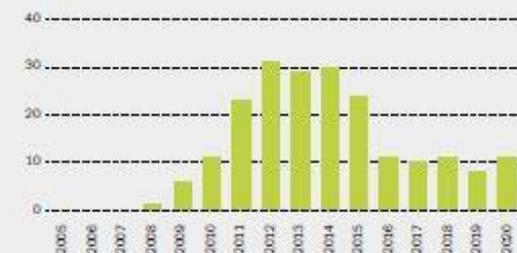


First-time detections of new substances detected – selected categories

All substances



Cannabinoids



Opioids



Legend for substances monitored by the EU Early Warning System:

- Cannabinoids
- Cathinones
- Other substances
- Phenethylamines
- Opioids
- Tryptamines
- Arylalkylamines
- Benzodiazepines
- Arycyclohexylamines
- Piperazines
- Plants and extracts
- Piperidines and pyrrolidines
- Aminodanones

Other opioids, Fentanyl derivatives, continued on next page →

National estimates of last year use of new psychoactive substances

Among all adults (15-64) in the European Union

Young adults (15-34)

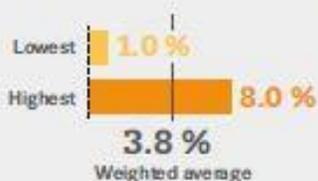


All adults (15-64)

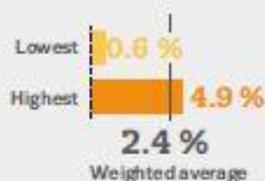


Among school children (15-16) in 22 EU countries

ESPAD 2015



ESPAD 2019



Understanding NPS: types & the law

Novel stimulants and LGBT+ communities. RCPsych Congress 2021

- [Bills & Legislation](#)
- [Bills before Parliament 2015-16](#)
- [Public Bills](#)
- ↓ Psychoactive Substances Act 2016**

[Bill stages](#)

[Bill documents](#)

[Commons Public Bill Committee 2015-16](#)

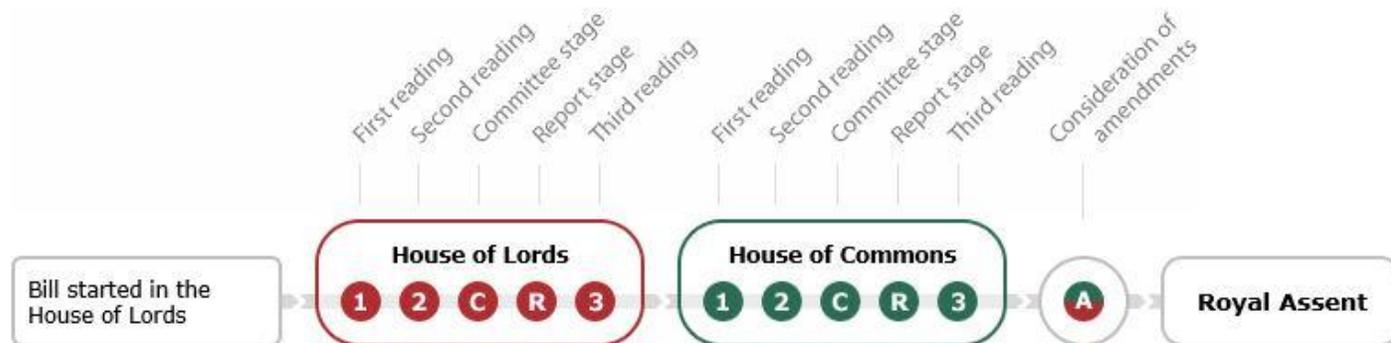
Psychoactive Substances Act 2016

Type of Bill: Government Bill

Sponsors: Lord Bates
Home Office

Theresa May
Home Office

Progress of the Bill



Last events

- [RA Royal Assent \(Hansard\) 28 January, 2016 | 28.01.2016](#)
- [RA Royal Assent \(Minutes of Proceedings\) 28 January, 2016 | 28.01.2016](#)

A hypothetical: my four friends



Two major differences: i) 00's/class – wide range of effects;
ii) *method* of consumption





thebmj

APPEAL: AID GLOBAL EYE CARE

The seduction of PCSK9 inhibitors p 136

Setting an alarm on death clocks p 143

Research on distress and cancer p 147

Challenging inpatients' families p 152

1 CPD hour in the education section

PRACTICE POINTER

Novel psychoactive substances: acute and chronic use

Derek K Tracy,^{1, 2} David M Wood,^{3, 4} David Baumeister⁵

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0.5 HOURS

Exploring NPS use

A sensitive, non-judgmental approach is essential. Boxes 1 and 2 cover specific issues relevant to emergency and longer term presentations. Patients may be concerned about being criticised for using drugs, and they might be uncertain of, but worried about, the potential harms and available services for those using NPS. Individuals can also be fearful of legal consequences of disclosure, and the principle and limits of confidentiality should be discussed. Adopt an empathic line of questioning, such as "I can

CLINICAL UPDATE

Novel psychoactive substances: types, mechanisms of action, and effects

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This is an edited version; the full version is on bmj.com

thebmj.com

Read more about drug policy, including *The BMJ's* stance at bmj.com/war-on-drugs

In 2016 the Psychoactive Substances Bill banned trading but not possession of all current and future novel psychoactive substances (NPS), sometimes incorrectly called "legal highs," in an attempt to overcome rapid proliferation of these compounds. Over 560 substances are currently monitored by the European Monitoring Centre for Drugs and Drug Addiction, with 100 new agents identified in 2015 alone. Stimulants and synthetic cannabinoids account for the vast majority and are the types most commonly clinically encountered.¹ Online purchases are increasing according to the 2016 Global Drug Survey,² potentially in response to legislative changes, as is overall NPS use: lifetime consumption was reported by 8% of younger individuals in 2015, up from 5% in 2011, with figures relatively similar between sexes and different countries.³

Professionals report feeling less confident about managing NPS compared with established recreational drugs.⁴



0.5 HOURS



NPS Stimulants

- ‘Traditional’ drugs: **amphetamines**, cocaine, **MDMA** (ecstasy); all increase 5HT, DA +/- NA
- **↑DA: reward & addictive behaviour**, mania-like syndrome with euphoria, talkativeness, disinhibition, agitation, ↑ psychomotor activity (, psychosis)
- **↑ serotonin: entactogenic**, elated mood, ↑ self-confidence, extroversion, psychedelic experiences
- The higher the **5HT** ratio, the more like **MDMA**; **↑DA** more like **amphetamines**
- More **dopaminergic** have greater addictive potential & risk of psychosis
- **↑ impulsivity and risk taking behaviour**
- NPS names often end in “one”, e.g. mephedrone
- Wide variation in form of availability

Group	Substance
Cathinones	Mephedrone
	4-Fluoromephedrone
	PMPE
	PMPE
	N-MPE
	4-Fluoromephedrone
	Peperonyl mephedrone
	Ethylmephedrone
	3-Fluoromephedrone
	Bupropion
	Peperonyl mephedrone
	N-MPE
	Mephedrone
	Ca
	Flu
	Me
	Bu

2-Methylamino-1-p-tolylpropan-1-one
Not for human consumption.
For technical use only.

Batch: 02
Purity: 98+%
Sample: 1g

Xn, R22

CC(=O)C(NC)C1=CC=C(C=C1)C

Drugs and harm: general principles

- Most people who consume drugs are not harmed by them
- Some people are; it varies depending upon:
 - The drug itself: opioids >> psychedelics
 - How it's consumed: i.v. >> oral
 - The person consuming it: individual variations, including psychosocial vulnerabilities
- (Some illicit drugs are potentially therapeutic: MDMA, cannabis, LSD, psilocybin, ketamine...)

- Some high risk factors for NPS consumers:
 - High risk use of opioids, stimulants, cannabis who switch to, or incorporate NPS into polydrug patterns
 - Injection of NPS
 - Individuals entering treatment for NPS-related problems
 - Marginalised & vulnerable populations, including street homeless, prisoners, serious mental illness

	Telephone enquiries	Number 2019/20	% change from 2018/19	TOXBASE accesses	Number 2019/20	% change from 2018/19
1	Cocaine (inc crack)	244	-15.0	Cocaine (inc crack)	14,101	3.4
2	Cannabis	156	-4.9	MDMA (inc ecstasy)	10,398	9.0
3	MDMA (inc ecstasy)	105	-29.4	Cannabis	5,472	9.7
4	Heroin	88	-24.8	Methylphenidate**	5,152	16.8
5	Drug of misuse NK*	64	-36.0	Heroin	5,126	-1.2
6	Diazepam	60	-29.4	Ketamine	4,126	14.9
7	Methadone	59	15.7	SCRA	2,753	-17.3
8	Poppers	44	29.5	Amphetamine	2,447	-33.2
9	Amphetamine	42	-22.2	GHB	2,418	13.1
10	Pregabalin	40	-42.0	Methamphetamine	2,314	62.4

* Drug of misuse NK refers to calls where the clinician knows that the person has taken a drug of misuse but not which one/s.

**May include enquiries relating to therapeutic use

• NPS stimulants can cause:

- Agitation, paranoia, hallucinations, psychosis
- Myoclonus, headaches, hyperthermia
- Hypertension, tachycardia, cardiac arrest
- Nausea, vomiting
- IV use association with local & sexual infections, clotting
- Direct toxicity can cause death, esp polydrug/alcohol
- Impulsive, risk taking behaviour; exposure to danger
- Bidirectional association with depression, anxiety
- Social harms, incl homelessness, loss of employment

Telephone enquiries	2015/16	2016/17	2017/18	2018/19	2019/20
New psychoactive substances					
Mephedrone	55	14	13	10	4
SCRA	108	52	59	47	27
Branded products	276	74	36	31	16
Traditional drugs					
Cocaine	172	163	256	287	244
Heroin	124	68	96	117	88
MDMA	131	140	164	153	105
Cannabis	109	116	135	164	156
Methamphetamine	8	17	26	25	18
Ketamine	33	34	35	47	37
Total telephone enquiries (drugs of misuse)	1,613	1,210	1,245	1,220	1,112
TOXBASE online accesses	2015/16	2016/17	2017/18	2018/19	2019/20
New psychoactive substances					
Mephedrone	4,385	1,454	785	562	425
SCRA	5,542	3,343	3,532	3,330	2,753
Branded products	8,009	2,025	1,689	2,045	1,990
Traditional drugs					
Cocaine	9,492	11,499	11,971	13,364	14,101
Heroin	5,626	5,201	4,810	5,189	5,126
MDMA	10,128	10,281	10,057	9,542	10,398
Cannabis	4,319	3,887	4,328	4,987	5,472
Methamphetamine	1,131	1,137	1,141	1,541	2,314
Ketamine	1,918	2,148	3,067	4,012	4,126
Total TOXBASE online accesses (drugs of misuse)	67,228	64,015	63,373	66,287	68,195
Total TOXBASE app accesses (drugs of misuse)	n/a	6,297	8,808	9,818	12,205

NPS stimulants & LGBT+ communities

Novel stimulants and LGBT+ communities. RCPsych Congress 2021

Club Drug Use Among Lesbian, Gay, Bisexual and Trans (LGBT) People

Dima Abdulrahim, Christopher Whiteley, Monty Moncrieff and
Owen Bowden-Jones

<http://neptune-clinical-guidance.co.uk/drug-use-and-lgbt-people/>

- Differential epidemiology
- Differential risk and harm patterns
- Specific interventions

Epidemiology

- UK & international data show relatively higher drug consumption in LGBT+ and MSM populations
- **Previous CSEW typically showed up to x3 more likely to have consumed: but beware of ‘averages’**
- **Dangers of i) assuming a homogeneity in LGBT+ drug consumption; ii) reinforcing prejudice**
- Drug consumption varies w geography, gender, age, ethnicity, education status, well-being....
- Clearly many levels of intersectionality, which are often poorly studied
- Disproportionately impacted by psychosocial ‘confounders’ adversely impacting well-being & health
- More data on gay men & MSM; research bias towards specific areas such as HIV infection & chemsex?
- **The Crime Survey England Wales has ‘dropped’ sexual orientation & ethnicity**
- **A real lack of data on lesbian and bisexual women**

Stimulant risks and harms seen more in LGBT+ communities

- Stimulants intensify sensuality, desire; ↓ inhibitions/↑ impulsivity; ↓ fatigue
- Chemsex can be part of this for some (methamphetamine, mephedrone, GBH/GBL primary agents)
- Association with higher-risk sexual activity and sexually transmitted infections
- Association with IVDA ('slamming') & needle-sharing, though a minority, as elsewhere
- Qualitative research shows painful emotional/stressful events associated w chemsex: q unmet MH needs
- Nature of stimulants makes injection more frequent than opioids
- Other issues of IVDA include local infections, DVTs, PEs, endocarditis
- Some modest evidence of risks of 'date rape' or 'facilitating' non-consensual sexual encounters
- Does not appear to reduce adherence to antiretroviral meds for most, but might impact effectiveness
- (GHB/GBL notable interactions, incl GI absorption & hepatic pharmacokinetics)
- Mobile apps facilitate use/risk, account for urban centres greater prevalence (London x2 UK av IVDA)

Next steps

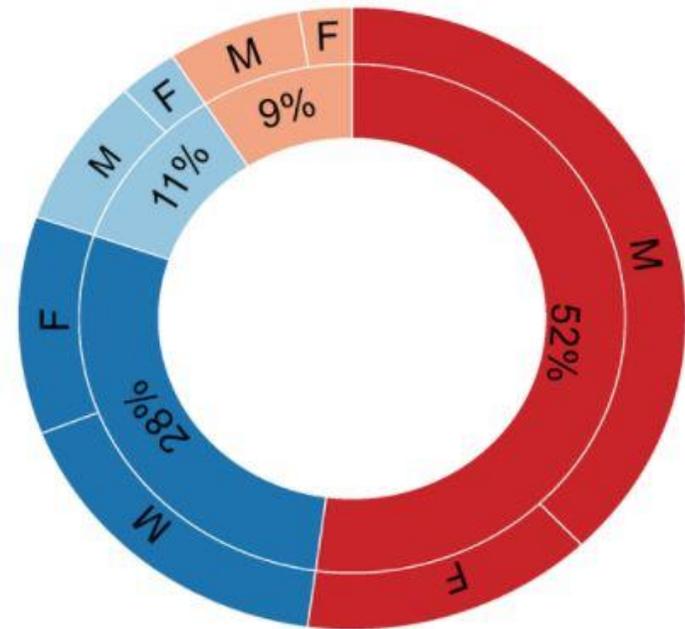
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Whose 'problem' is this?

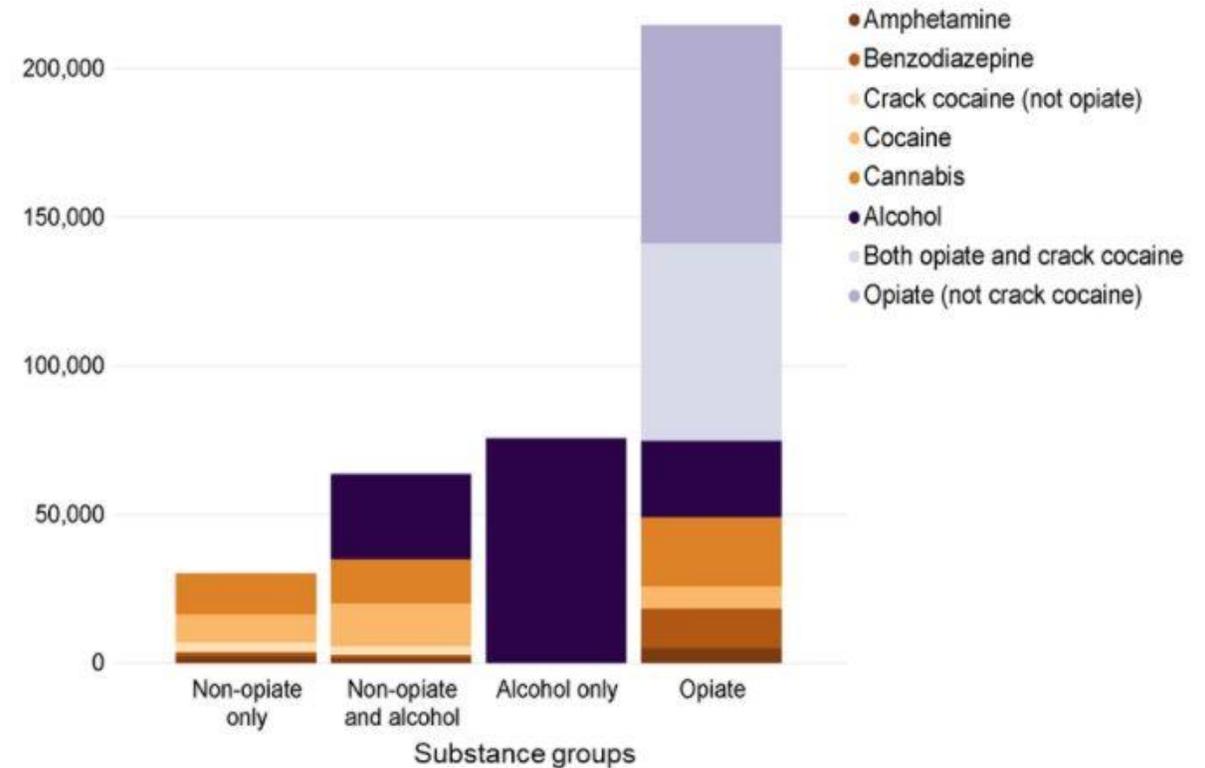
- It's yours. If you work with people.
- Drug services? Absolutely, but they're being cut (again)
- Specialist services within drug services? Occurs inconsistently; focus tends to be on gay men, MSM
- PHE has an action plan on promoting health & well-being, but what is implemented where you are?
- A need for better basic competency in knowledge about different drug use & harms, incl NPS
- A need for a better cultural competency in factors that impact drug consumption: your local communities
- Understanding local barriers to service access: a need for co-design
- An ability and *desire* to support through education, treatment and community resources; a need to link with other healthcare services such as sexual health – an integrated, not siloed, approach
- Need better research on lesbian and bisexual women, and understanding other intersectional issues such as drug use in ethnic minority LGBT+ individuals
- Need better targeted interventions in specific settings: e.g. schools, prisons
- **A need to fight stigma & discrimination, & stereotyping/sensationalising LGBT+ communities & drugs**

Getting treatment, getting lost in the numbers?

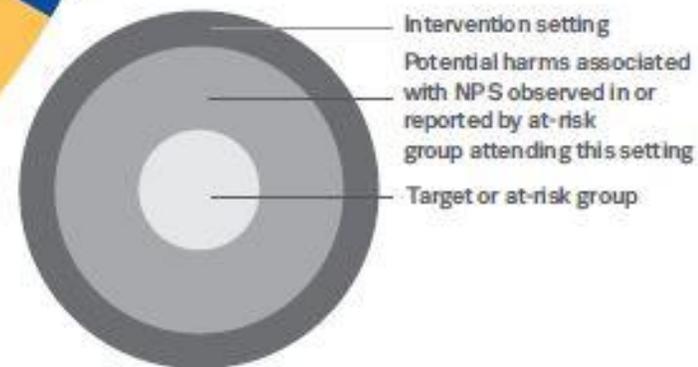
● Non-opiate only ● Non-opiate and alcohol ● Alcohol only ● Opiate



Substance Group	Male	Female	Total
Opiate	101,810 73%	38,035 27%	139,845
Non-opiate only	17,388 72%	6,865 28%	24,253
Non-opiate and alcohol	20,828 73%	7,770 27%	28,598
Alcohol only	45,210 60%	30,345 40%	75,555
Total	185,236 69%	83,015 31%	268,251



PHE National Drug Treatment Monitoring System (NDTMS) data 2019-20



Assessment: sucking eggs, how to

- Non-judgemental sympathetic approach
 - **Drug class(es)**: stimulant, cannabinoid, hallucinogen, depressant
 - **Method(s) of use**: oral ingestion (“bombing”), nasal insufflation, i.v., p.r.
 - **Consumption pattern**: quantity, frequency, concomitant prescribed/OTC meds, alcohol
 - **Acute & chronic harms**: physical/psychological sequelae, impulsive behaviour (incl sexual health), mental health & social functioning, vulnerability/exploitation self/others
 - FRAMES motivational interviewing model
 - **F**eedback: potential adverse outcomes, individualised to your patient; listen to responses
 - **R**esponsibility: emphasise it’s up to them to decide if they wish to change
 - **A**dvice: straight-forward advice on how use can be changed
 - **M**enu: list of therapeutic options; facilitate decision making
 - **E**mpathy: a non-judgemental and warm clinical approach
 - **S**elf-efficacy: project optimism that they can change their life if they wish
-

Leading research and topical debate in all branches of psychiatry

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Impact Factor	7.850
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Annual Altmetric mentions	42,148
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Median time from submission to first decision	6 days (45.5 if sent to review)
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