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
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

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
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
• Note these data are cross-sectional: causality?

• 40% 16-59 very/fairly easy to personally source <24h
Understanding NPS: types & the law

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Psychoactive Substances Act 2016

Type of Bill: Government Bill
Sponsors: Lord Bates, Home Office
          Theresa May, Home Office

Progress of the Bill

Bill started in the House of Lords

House of Lords: 1 2 C R 3

House of Commons: 1 2 C R 3

Royal Assent

Last events:
- Royal Assent (Hansard) 28 January, 2016
  28.01.2016
- 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
Novel psychoactive substances: acute and chronic use

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Exploring NPS use
A sensitive, non-judgmental approach is essential. Uses 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 principles and limits of confidentiality should be discussed.

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

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The lowdown on new highs

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
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)
• ↑ seratonin: 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
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
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

National Poisons Information Service (NPIS)
NPS stimulants & LGBT+ communities

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

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

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

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

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
  - Feedback: potential adverse outcomes, individualised to your patient; listen to responses
  - Responsibility: emphasise it’s up to them to decide if they wish to change
  - Advice: straight-forward advice on how use can be changed
  - Menu: list of therapeutic options; facilitate decision making
  - Empathy: a non-judgemental and warm clinical approach
  - Self-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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