

Late To The Party: Mental Health Professionals' Knowledge On Party Drugs And Harm Reduction Advice

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Aim:

The aims were to establish whether there was a deficit in mental health professionals' knowledge and understanding of party drugs and harm reduction, to give education on this subject, and to gain feedback on whether it is useful and/or important.

Background:

Knowledge of illegal substances has long revolved around addictions in psychiatry training and not of party drugs and harm reduction. Reasons for this could include it being a fairly taboo subject and it being an area where information and advice change frequently. However, drug related deaths are at their highest since records began in 1993 (1) and as our patients use them it is important that professionals are knowledgeable and can offer sound harm reduction advice.

Methods:

A questionnaire of 10 questions on party drugs and harm reduction was devised using resources from charities 'The Loop' and 'Talking Drugs'. These questions aimed to test general knowledge in this area that would be expected from professionals. The study was carried out using Mental Health professionals (MDT) in a busy South London Trust in November 2019 and March 2020. The questionnaires were given before and after teaching sessions on the subject. Feedback was then collected from the attendees on their experiences.

Questionnaire

Question 1

You see a 25 year old male patient who comes in with his friends to A+E. His symptoms include synaesthesia, euphoria, enhanced sensory awareness (touch and sound), with visual hallucinations. He said he took a substance 12 hours ago. What is the most likely culprit?

- Ketamine
- MDMA
- Cocaine
- 2-CB
- Mushrooms/Psilocybin
- LSD

Question 2

Which of these illnesses is most relevant to people who snort cocaine?

- HIV
- Hepatitis
- Syphilis
- Zika virus
- Skin Lesions

Question 3

Which of the following names are slang names for MDMA?

- Milly
- Mitty
- Mandy
- Molly

Question 4

At what level of MDMA content would it be reasonable to consider an ecstasy tablet "strong"?

- 50mg
- 100mg
- 200mg
- 400mg

Question 5

What is the approximate duration of LSD?

- 4 hours
- 12 hours
- 24 hours

Question 6

For which of the following recreational drugs is it safer to dose according to body weight?

- Ketamine
- MDMA
- Cocaine
- 2-CB
- LSD

Question 7

Which of these ketamine doses would be likely to render a new user completely unable to walk?

- 3mg
- 30mg
- 300mg

Question 8

Give 3 examples of harm reduction advice you would give for cocaine use:

- 1).....
- 2).....
- 3).....

Question 9

How much does the dosage of LSD vary with body weight?

- There is no correlation - the same dose will affect almost everyone in the same way
- There is little correlation - individual neurological differences and a person's mindset play a bigger role
- There is a strong correlation - someone who weighs twice as much will need twice as much LSD

Question 10

Ketamine is a stimulant drug

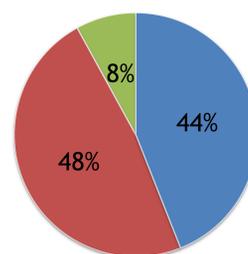
- True
- False

Example Teaching Slides

Results:

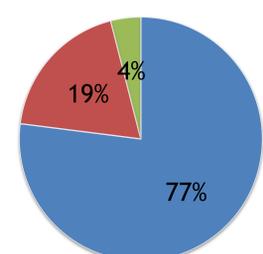
Question	% Correct Pre-teaching	% Correct Post-teaching
1	45	73
2	23	94
3	94	97
4	23	76
5	58	73
6	0	67
7	23	64
8	26	82
9	77	67
10	71	76

Pre-Teaching Session



- Correct
- Incorrect
- Don't Know

Post-Teaching Session



- Correct
- Incorrect
- Don't Know

Conclusion:

Party drugs and harm reduction knowledge is lacking in Mental Health professionals despite it being commonly seen in our patients. Tailored teaching sessions can help improve this and it seems most professionals would welcome it. In the future it may be useful to include this type of teaching as part of the official Psychiatry curriculum.

References:

1. Statistics on Drug Misuse: England, 2018 [PAS], NHS Digital
2. Special thanks to The Loop and Talking Drugs