

Psychostimulants Harm Reduction Booklet



ANGUS

Health & Social Care
Partnership

What are psychostimulants?

Psychostimulants are any substance that can increase the activity of the mind and body. They are sometimes called “stimulants” or “uppers”.

Most commonly used legal stimulants	Most commonly used illegal stimulants
Caffeine	Amphetamines
Nicotine	Crack/Cocaine
	MDMA (ecstasy)
	Mephedrone

What do psychostimulants do?

Short-Term Effects:

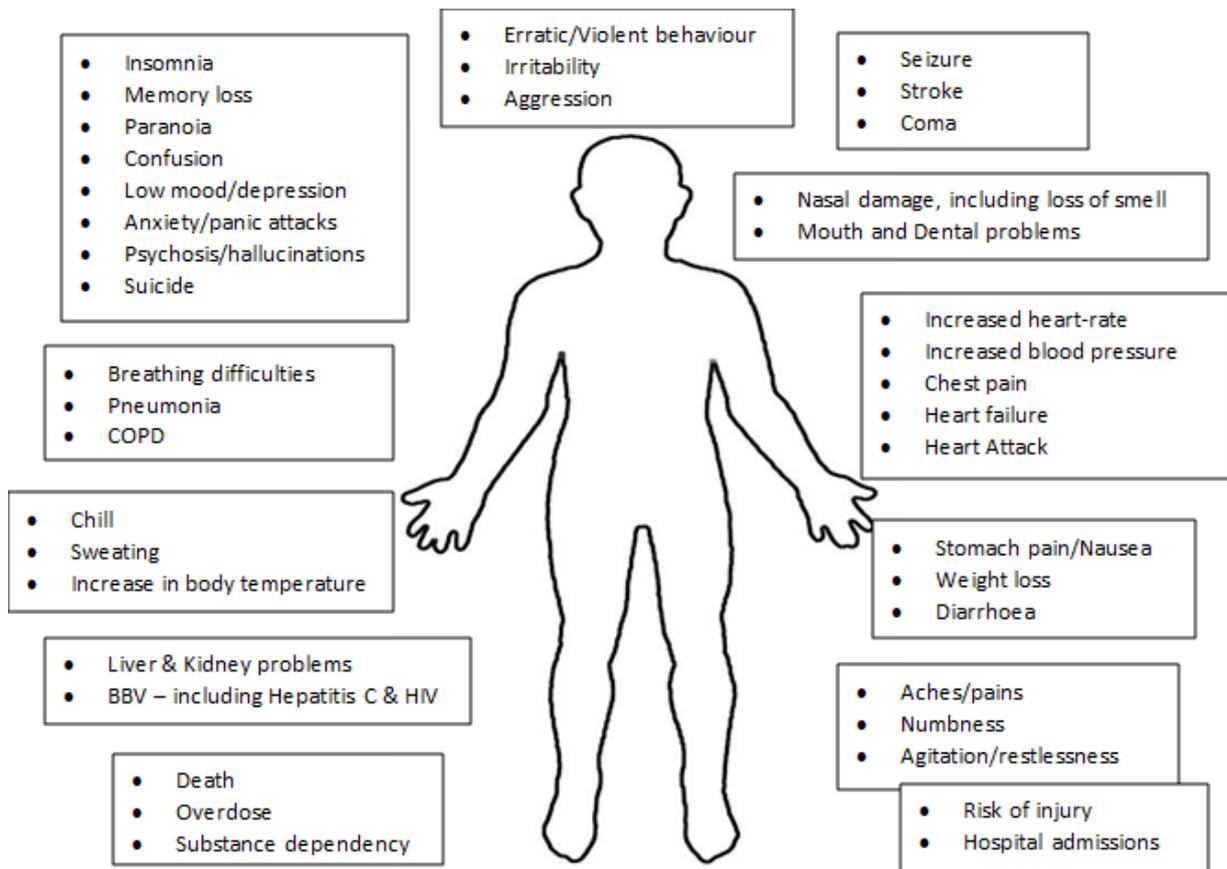
Psychostimulants increase alertness, attention, energy, blood pressure, heart rate, and breathing rate.^{1, 2, 3} They do this by causing the brain to release higher amounts of chemicals such as dopamine, serotonin, and noradrenaline into the body.^{4, 5} Too much dopamine, serotonin, and noradrenaline leads to the “high” reported by people who use psychostimulants. This causes people to experience increased energy and less of a need for food and sleep.² People report **short-term changes such as:**

Pleasant effects	Unpleasant effects
More confidence	“Comedown” or “crash”
Happiness	Strong craving to use more
Alertness	Tired but unable to sleep
Focus	Anxiety
Higher sex drive	Anger or irritability
Sociability	Agitation
	Paranoia
	Low mood

Psychostimulants change the brain’s reward system to seek out more of the drug to continue or repeat the “high” or pleasurable effect.⁴ As a psychostimulant wears off, the amount of dopamine, serotonin, and noradrenaline tries to return to “normal” levels. The effects of this are often called a “comedown” or “crash” and can include the unpleasant

effects listed above.² Over time, people’s tolerance levels change leading to higher amounts of the psychostimulant being required for a similar pleasurable effect.⁶ **Urges and cravings** increase someone’s motivation to use, moving it from a like, to a want, to a need.⁷ When someone begins to need a psychostimulant to function, it is very likely they have become physically and psychologically dependent.

Longer-Term Effects:^{3, 8}



Social Effects:¹

- Unemployment
- Relationship breakdown including friendships
- Family breakdown including the potential removal of children
- Loss of driving licence
- Criminal record
- Debt
- Homelessness
- Isolation
- Trauma



Exercise 1: Have you been affected by any of the long-term changes outlined above? Please discuss with your worker and tick the ones relevant to you.

What are psychostimulants?

There are many risks that come with psychostimulant use.² Any amount of psychostimulant taken in any way has risks. The main risks of psychostimulant use are linked to the drugs themselves, how they are taken, and how people behave after taking them.

Psychostimulant Components

It is very hard to know what exactly is in psychostimulants and mixing psychostimulants with other drugs is risky. Illegally bought psychostimulants are regularly mixed with other substances.⁹ So, you cannot be certain what is in them. Many of the “mixing agents” are very harmful to human health. Common substances that are found in samples of psychostimulants include:⁹

- Baking soda
- Rat poison
- Caffeine
- Laxatives
- Pesticides
- Laundry detergent
- Creatine
- Fentanyl
- Drugs used by vets to treat dogs
- Pain relief drugs (anaesthetics)

Poly-substance Use

Cocaine and Alcohol

Mixing cocaine and alcohol increases the risk of death.

In Tayside, from 2017 to 2018, there were 26 drug deaths where cocaine was involved. Drug-related deaths have also been increasing nationally.¹⁸

Cocaine and alcohol mixed together is especially risky as it creates a substance called “cocaethylene”.¹⁰ Cocaethylene is more damaging to the heart and liver than cocaine or alcohol used alone. Cocaethylene also takes longer to leave the body than cocaine or alcohol does alone. This means that Cocaethylene has more time to do more damage to the body than cocaine or alcohol alone. Some people think that mixing cocaine and alcohol can “sober them up”. This is not true.

Cocaine + Alcohol → Cocaethylene



Exercise 2: Have you considered how much you drink when using stimulants? Please discuss this with your worker. They can help you think about how you might reduce or control your alcohol intake.

Cocaine and Opioids

Mixing cocaine with opioids, such as heroin, increases the risk of death.

Of the 26 deaths associated with cocaine use from 2017 to 2018, 92.3% were associated with concurrent opioid use.¹⁸

Psychostimulants and opioids have almost opposite effects on the body. Mixing psychostimulants and opioids causes the body huge stress.¹¹ The heart, lungs, and brain are especially affected. The mixture of psychostimulants and opioids makes an overdose more likely than either substance on their own. When cocaine and heroin are mixed, the mixture is often called “speedball”.



Exercise 3: Are you receiving treatment for opiate use? Please discuss with your worker who can help you to think about the various treatment options to help you abstain from opiate use.

Based on these 26 deaths alone it appears that drug deaths associated with cocaine use are:¹⁸

- **More common in males**
- **Affect a slightly younger age group**
- **Less likely to have been in contact with drug use services at their time of death.**

In Tayside between December 2016 and September 2019, there were 117 non fatal overdoses (NFOD) that were associated with cocaine use. Of these, 34 were in Angus, 64 in Dundee, and 19 in Perth & Kinross.

How are psychostimulants taken and what are the risks of taking them this way?¹

Snorting	Rubbing Gums	Smoking	Injecting	Up your bum (shelving, plugging, banking, or bumping)
Damage to the inside of the nose and the skin around the nose	Gum decay	Damage to the mouth, throat, and lungs	Greater risk of overdose	Damage to the skin and other tissues around your bum.
Nosebleeds	Mouth sores, ulcers	Breathing issues and shortness of breath	Damage to veins and skin	Bleeding from and around your bum
Poor sense of smell		Chest pain	Much more risk of infections	Sensitivity in and around your bum
Pain when swallowing		Sores, cuts, and blisters on lips and in the mouth	More risk of blood borne viruses (such as Hepatitis C)	
Runny or blocked nose		More risk of blood borne viruses (such as Hepatitis C)		
More risk of infections				
More risk of blood borne viruses (such as Hepatitis C)				



Exercise 4: What methods have you used? Please discuss with your worker and tick the ones relevant to you.

Have you been affected by any of the risks outlined above? Please discuss with your worker who can support you to seek appropriate care.

Why do people use psychostimulants?

People use psychostimulants for some of the following reasons:^{12, 13, 14, 15}

1. For more pleasure
 - a. For fun or to celebrate
 - b. For more happiness or joy
 - c. For more energy
 - d. For more confidence
2. Reduce emotional, physical, and psychological pain*
 - a. As relief from unwanted emotions, thoughts, memories, and feelings in their body
 - b. To help manage conditions such as ADHD or depression.
 - c. To help manage stress and tiredness due to work and/or other demands.
 - d. To reduce withdrawals and/or cravings from substances
 - e. To help manage conflict
 - f. To manage the loss of an old substance dependency

*These reasons are also known as triggers or high risk situations (HRS) for substance use.



Exercise 5: Why do you think you use(d) psychostimulants?

Please discuss with worker and note them down below.

E.g. I use psychostimulants to help me manage stress from my life and work and to have fun with friends...



What do typical patterns of psychostimulant usage look like?

Patterns of psychostimulant use vary according to the substance used and the individual. Lots of things can affect why someone uses and how often they use. Common factors affecting patterns of use include money, stress, friends, work, and cravings.^{16, 17} How and when a psychostimulant is taken can also affect patterns of use.¹⁸

Certain psychostimulants, like cocaine, are often used in a “binge” pattern.¹⁹ During a binge, people will take cocaine many times over one long session. Sometimes these sessions last multiple days. Someone going through a cocaine binge will often only stop once they are physically exhausted or have run out of ways to get more cocaine. A binge is often followed by a period of time where little or no cocaine is used.

People who inject crack cocaine often use cocaine more often and in larger amounts than people who take cocaine in other ways.¹⁸



Exercise 6: What are your patterns of psychostimulant use? Please discuss with worker and note them down below. *

E.g. I start taking psychostimulants on a Friday night and use them right through until Monday morning when I have to go to work (binge over weekends)...



* If you are unsure of your pattern of psychostimulant use, a good way to become more aware is to keep a diary of your use (see an example on the next page). The diary can include day, time, and dose(s). In the notes section you may wish to include your reasoning for use

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
09:00 – 17:00	<i>E.g. Snorted two lines of cocaine at 15:00.</i>						
17:00 – 22:00				<i>E.g. Smoked one rock of crack at 21:00.</i>			
22:00 – 09:00						<i>E.g. Took an ecstasy pill at 23:00 at a party.</i>	

Notes: Situation, reason for use, cost, etc...

E.g. Felt tired and stressed at work on Monday so snorted two lines to pick me up...

How can you reduce the harms of using psychostimulants?

There are many harm reduction methods available to those who use psychostimulants. The best harm reduction methods to use will depend on **which** drug is being taken and **how** it is being taken.¹ Different ways of using psychostimulants have different consequences and risks.

It is important that you are very cautious if you are (1) using a drug for the first time or (2) you have not used a drug for a long time. Your body will not be able to handle the dose or doses that it used to. If you are finding it difficult to avoid using, make sure to:

- Start with a very small amount and see how you feel. Not all psychostimulants have the same purity and strength, so it can be hard to judge the dose. Try and stick to small lines to avoid taking too much.
- Take a much smaller dose than you used to.
- Avoid mixing substances, including alcohol.
- Don't use or share banknotes to snort psychostimulants. They can be dirty and can spread blood-borne viruses. If you are using a straw or a tube, don't share it with other people. If you can, use a clean surface for cutting up lines.
- Do not share equipment that can spread blood-borne viruses (such as needles) and use unopened sterile needles and water.
- Make sure you drink enough water. Drinking water keeps you hydrated and makes you less likely to mix cocaine and alcohol.
- Be with someone you trust who is sober.
- Stay in a safe place.
- **Know the signs of an overdose:**
 - Your heart going too fast,
 - A very high temperature,
 - Feeling sick and vomiting,
 - Chest pains,
 - Seizures, or
 - Panic and anxiety.
- Seek support to reduce substance use and become abstinent.

If you think you or someone else is having an overdose, call 999 straight away

You can get advice on how to reduce the risks that come with drug use from “harm reduction services”. Harm reduction services can provide information, advice, clean equipment, support, condoms, and more. Please refer to the **resources** page at that back of this booklet for a list of harm reduction services in Angus. Your worker can also signpost you to services that are not listed.



Exercise 7: Can you think of any other ways to reduce harm when you are using psychostimulants? Please discuss with worker and note them down below.

*E.g. I will wash my hands and use sterile water (from the pharmacy) when I prepare my crack.
I will not share my pipe when smoking...*



What treatments are there for psychostimulant dependence?

Treatments for psychostimulants focus on helping people to feel motivated and ready to change their drug-use behaviours. Current treatments also help people to cope with challenges of substance use and triggers for use (such as cravings and stress).

Common treatments include drug counselling, cognitive behavioural therapy (CBT), relapse prevention, and helping people to engage in activities that they enjoy.^{20, 21} Many of these treatments are delivered by social workers, nurses, and support workers. Treatments can be indirectly supported by psychologists via your worker or directly through one-to-one or group work.

Medications to help treat psychostimulant dependence are currently limited.²¹ Past attempts to find effective medications have not been very successful. Researchers are investigating other medications to see if they can find options to be used in the future.

If you would like to move toward making changes to your psychostimulant use, please discuss your current feelings on psychostimulant use with your worker and they can help you set recovery goals.

Motivation and Recovery Goals

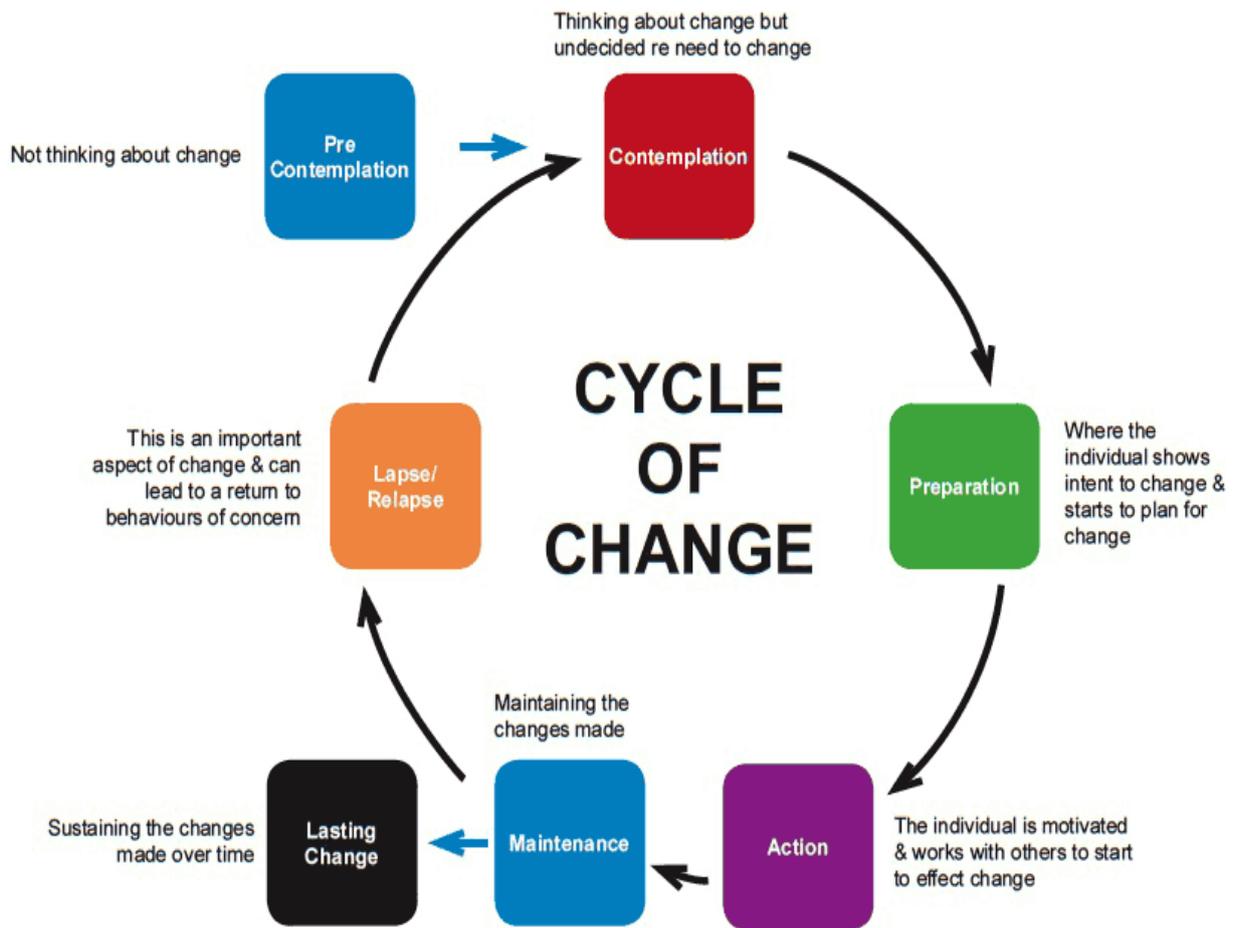
Motivation can sometimes be referred to as a “drive” and it can guide and support you to change behaviours towards a goal. A key thing to help our motivation is to think about how much we want to make a change, how much we think we can change, and how important it is for us to make the change.

Motivation goes up and down and can be affected by a number of things. The things that affect motivation can often be placed into four categories:

1. Thoughts
2. Feelings
3. Behaviours
4. Situations

During any recovery journey, motivation can go up and down. Changes in our motivation can affect how and why we try to change any behaviour, including substance use.

The cycle of change is a model that shows the stages people can go through when they are trying to change behaviour.²² The cycle of change takes into account someone’s motivation and can be used to help work out where they are on their recovery journey. The model is represented as a cycle because it recognises that recovery is an ongoing process and that **lapses (single episode of psychostimulant use), relapses (return to regular psychostimulant use), and other events (e.g loss, stress, social event, conflict)** can change how people think and feel about behaviour change. People don’t always follow the arrows round. Sometime people jump from one box to another. For example, they might go from lapse to preparation by taking steps to become abstinent again.



**Exercise 8: Where do you think you are on the Cycle of Change?
Please discuss with your worker and note down below.**

E.g. I feel motivated to change and I need some help so I can plan how to change. I think I am at the Preparation stage...



Reduce psychostimulant use or stop completely?



Exercise 9: Now you know where you are in terms of motivation, please discuss your recovery goal(s) with your worker and fill out the table below.

What is my recovery goal?	<i>E.g. I want to stop using crack cocaine and remain abstinent...</i>
How will I know that I have achieved my goal?	<i>E.g. I will not use crack and will have other ways to manage my stress...</i>
When would I like to achieve this goal?	<i>E.g. I would like to stop using over one year...</i>
What might stop me from achieving my goal?	<i>E.g. Stressful situations and peer pressure to use might stop me...</i>
What would help me to achieve my goal?	<i>E.g. Support from family and AIDARS will help me to achieve my goal...</i>

Here are some tips to help you reduce or stop:

- 1. Look out for any ‘triggers’ that make you want to use psychostimulants. It might be when you drink or when you’re with certain people, for example.
- 2. If you can figure out your triggers, you can start to make a plan. You might want to cut some triggers out completely or avoid combinations that give you cravings. Changing your habits or breaking off contact with certain friends can be difficult, but it often helps in the long term.
- 3. **If you usually use psychostimulants after drinking, cutting down on alcohol will help to reduce risk of harm.** Some people don't use cocaine while they're sober but are more likely to take risks while they're drinking. Your worker can also help you to reduce drinking.
- 4. Take a limited amount of cash out with you and leave your bank card at home. This means you’re less likely to spend money on psychostimulants. Ask your friends to help you stick to your money limit.
- 5. Work out how much money you spend on psychostimulants a month. The cost might shock you. Make a list of all the other things you could do with that money.

Resources

Type of Harm Reduction	Name	Address	Phone number
<ul style="list-style-type: none"> • Motivational and enhancement therapy • In-patient and community detox for alcohol, opiates, and opiate replacement therapy • Recovery care planning and self-directed support • Overdose awareness (including Naloxone dispensing) • Harm reduction • Blood Borne Virus (BBV) testing and support • Relapse prevention in groups and one-to-one, supported by medication if required • 1:1 Psychological interventions 	Angus Integrated Drug and Alcohol Recovery Service (AIDARS)	AIDARS Gowanlea 12-14 Seaton Road Arbroath DD11 5DX	01241 822502
<ul style="list-style-type: none"> • One-to-one support • Mutual aid (including SMART and SMART Families) • Recovery activities and group • Harm reduction advice • Overdose prevention and Naloxone distribution • BBV testing and treatment • Sexual health information and screening 	Hillcrest Futures (Angus Recovery Service)	29B Canmore Street Forfar DD8 3HT	01307 460101
<ul style="list-style-type: none"> • Citric acid • Sterile spoons • Filters • Needles/syringes packs • Needles/syringe selection system • Specific Image and Performance Enhancing Drugs kits • Pre-injection swabs • Condoms and Lubricants • Wound clinics • Facility for the return of used equipment • Distribution of equipment to friends, family and carers • One-to-One counselling • Motivational Interview • Naloxone prescription • Mental health referrals • Overdose awareness training • BBV testing • HIV & Hepatitis Counselling • Specialist Workers 	Cairn Centre, Dundee	The Cairn Centre 12 Rattray Street Dundee DD1 1NA	01382 204248

Type of Harm Reduction	Name	Address	Phone number
<ul style="list-style-type: none"> • Adult counselling • Support groups for adults • Support in Recovery (with Hillcrest Futures) 	Tayside Council on Alcohol	22-24 Catherine Street Arbroath DD11 1RL	01241 872989
<ul style="list-style-type: none"> • Citric acid • Sterile spoons • Filters, Needles/syringes packs • Needles/syringe selection system • Pre-injection swabs • Water for injecting • Specific Image and Performance Enhancing Drugs kits • Foil • Sterilising tablets • Magnetic mats • Condoms and Lubricants 	Well Pharmacy, High Street Arbroath	112 High Street Arbroath DD11 1HN	01241 870962
	Well Pharmacy, Fisheracre Arbroath	9 Fisheracre Arbroath DD11 1LE	01241 872068
	Davidsons Pharmacy, Forfar	98 East High Street Forfar DD8 2ET	01307 462775
	Davidsons Pharmacy, Brechin	41 High Street Brechin DD9 6EZ	01356 622023
	Boots, Kirriemuir High Street	10 High Street Kirriemuir DD8 4EY	01575 572815
	Lloyds Pharmacy, Montrose	48 High Street Montrose DD10 8JF	01674 672401

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