

Stimulant Users

Conclusions

Cocaine powder in Stockton use may still be in its 'honeymoon phase'. However, based on experience elsewhere in the country, we can safely predict that this won't last. Data suggests that problematic use of cocaine is increasing (Julia, I. 2006; Haase, C. et al., 2004; Miech, R.A. et al., 2005; Herrero, M et al., 2007) and since nationally heroin misuse appears to be declining (NTA, 2002a), this may increasingly make up a greater proportion of services caseload. There are clear warning signals in the responses from this sample that problems are building up. It might be worth directing the Stimulant Outreach Service to the two places that cocaine related problems will be found; the accident and emergency department of the local hospital and the police stations. It would be a fair hypothesis to suggest that people with cocaine problems will be found in accident and emergency departments in the early hours of Friday and Saturday nights (as victims of assault) and in the custody suites of the police stations in the early hours of Friday and Saturday nights (as the assailants). Over a number of weeks or months this may identify a number of 'frequent flyers' whose attendance at A & E and the police station are related to their cocaine (and alcohol) use. Those who said they were injecting amphetamine should be targets of the Harm Minimisation Service. Certainly the development of promotional campaigns to raise awareness of available support for cocaine users may support engagement.

As we have already discussed it is recognised that there may be two different approaches to interventions with this group and regardless of whether the individual ultimately wants to achieve abstinence or not, there is still a potential role for services to support people within a context of harm reduction and educational engagement. To engage successfully within the group of individuals this study has identified that there needs to be a level of trust developed between client and provider. It is our view that indigenous services need to be configured that would be rooted within the users' communities. Outreach within these communities is essential, rather than an expectation that a service user would have to attend an established drug service location, with its associated perceived stigma. Although there is limited research, particularly in this country, studies have shown that once contact has been made, immediate proactive engagement is most effective and most importantly, that this outreach must be supported by those in recovery (NTA, 2002b). Many individuals in the sample wanted to be 'listened to' by someone who understood, cared and ideally could empathise at the right or opportunistic time in their community setting, in order to support them.