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Novel Psychoactive Substance (NPS) Injecting in Scotland: in depth study of injecting practices, risk behaviours, health implications and service utilisation

Researchers

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Aim

This study sought to provide a deep understanding about Novel Psychoactive Substance (NPS) injecting amongst people who inject drugs (PWID) in Scotland. It examined pathways to injecting, potential harms, risk behaviours, and use of services/gaps in service provision.

Project Outline/Methodology

Qualitative study using depth interviews. Recruitment was conducted in injecting equipment provision (IEP) services in 3 health board areas in Scotland. Inclusion criteria was injecting NPS at least once in the 6 months before interview and aged 18 years or over. Purposive sampling and snowball sampling were used to recruit those in treatment and those not in treatment, respectively. Target sample size was up to 60 (depending on data saturation). Interviews were conducted in private using a semi-structured interview schedule, audio recorded and transcribed verbatim. Data analysis focussed on the context in which NPS injecting happens to understand risk taking and harms. Participants were given a £25 shopping voucher to compensate them for their time.

Key Results

46 interviews were undertaken (36 males) before data saturation was reached. Thirty one interviewees were recruited using purposive sampling and 15 via snowball sampling (Feb-June 2018). Age range was 21-55 years; mean age, 36 years. Main NPS drugs injected were synthetic stimulants and little was known about their content or effects. Participants reported injecting NPS less frequently than in the past and a diminished NPS 'scene'. The effects of NPS were learned by observing others and by experimentation. Key motivations to inject NPS were curiosity, pleasure, recommendations from friends and managing withdrawals from opiates including when methadone treatment was withdrawn. The main pathway into injecting NPS was via drug using

friends, families and peers. In contrast to injecting opiates, participants referred to the speed at which addiction to NPS occurred. The harms caused by NPS injecting were myriad, extreme and a major driver to reduce injecting. Participants reported taking more risks when injecting stimulant NPS than when injecting opiates. This related to the strength of the substances and the context in which injecting took place: often in groups and outdoors. These contexts appeared to lead to greater risk of sharing equipment and hence to BBV transmission, as compared to injecting opiates. Some participants attributed acquisition of hepatitis C directly to injecting NPS. Overdose experiences, physical and mental, were also frequently mentioned by participants. Thoughts of suicide and suicide attempts were mentioned by a number of participants in relation to NPS injecting.

Drug services were largely perceived to be directed at opiates and unaware that NPS injecting was still ongoing amongst PWID. Suggestions were made to extend service provision to NPS and to provide additional services such as mental health support, family support and safer injecting facilities.

What does this study add to the field?

This study adds to the field by explaining the macro and meso levels contexts around NPS injecting and risk taking behaviours and in particular in highlighting additional risks for synthetic stimulant injectors.

Implications for Practice or Policy

Services need to be aware that NPS injecting is ongoing and that NPS injecting operates in a context which elevates the chances of sharing injecting equipment and incurring extreme harms. Messages relating to dosage of NPS, and harm reduction need to be targeted at those who inject NPS. Mental health support is also a priority for this group.

Where to next?

The study PI is in discussions with academic colleagues in England to develop and test an intervention.

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