



Prescription for disaster

Is the increase in methadone prescribing fuelling the rise in cocaine use in Scotland, asks **Neil McKeganey**

FOR the last ten years experts have been predicting an epidemic of cocaine and crack use in Scotland. Until now that epidemic has not happened, but the signs are that this may be changing. According to the latest figures from the Scottish Executive, 7% of drug users coming forward for treatment have used cocaine in the last month. That represents a 300% increase in the last five years. The true figure though may be even higher, with recent research from the University of Glasgow suggesting that as many as a quarter of addicts coming forward for treatment have used cocaine in the last three months. The Glasgow research found that over 90% of the cocaine and crack users coming forward for treatment were also using heroin in a cocktail known as speedballing. The fact that most of the cocaine users are also using heroin suggests that cocaine has not yet got the foothold in Scotland that it has in many urban areas of England like Liverpool and Manchester. Why are we now seeing a dramatic increase in the use of cocaine in Scotland? One answer may lie in how we have been responding to the problem of heroin use.

LESS STREET HEROIN

Over the last few years in Scotland, methadone has been increasingly used to stabilise heroin users.

Although nobody knows the exact number of addicts prescribed methadone in Scotland today, the total could be as high as a quarter of the overall 58,000 heroin users thought to be living in the country. Although many users will be topping up their prescribed methadone with street purchased heroin, the sheer number of those on methadone in Scotland means that there must have been a dramatic reduction in the amount of heroin now being bought. Indeed some researchers have suggested that after only a few months on methadone, users reduce their intake of heroin by as much as 75%.

DEALER RESPONSE

While such achievements will be welcomed by many people concerned for drug users welfare, such a substantial reduction in individual heroin sales will come as very bad news for the heroin dealers, who are literally watching their market being swallowed up by health service methadone. If you are a drug dealer faced with a dramatic reduction in your market as a result of the widespread use of methadone there are two things you can do. First, you can try and identify a new market for your product, or second, you can diversify your product line. We may be seeing the second of these things happening now in the increase

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in cocaine use in Scotland. This recent rapid increase may be a by-product of the success of the methadone programme.

The indications that this may be occurring are evident in the recent research from Glasgow University, which has shown that not only are most of the cocaine users coming forward for treatment also using heroin but around one third of them are using methadone too. If this is the case then it is a further indication of the bitter truth that, when tackling the drugs problem, even when you do the right thing it can have dramatic adverse consequences. Many workers, especially in Scotland, will recall the decision by drug companies to produce the drug Temazepam as a gel filled capsule rather than the tablet that addicts were dissolving and injecting. What sounded like a good idea in practice turned into a medical nightmare as addicts simply heated up the gel and injected the warm mixture. As the mixture cooled it reverted to gel form, blocked vital arteries and led to a spate of emergency amputations.

Scottish heroin dealers may have linked up with groups south of the border to provide cocaine to offset the successes of the methadone programme. If this is the case then we may be in a transition period in Scotland, with those very same dealers now looking to extend the market for their cocaine beyond the primary heroin users they are selling to at the

moment. If this does happen cocaine may come to occupy the prime position as the drug which health services can't compete with.

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MORE METHADONE?

This is something that we need to avoid if at all possible. At the moment very few of our drug treatment services are experienced in treating cocaine addiction. This makes getting people off cocaine and crack much more difficult than getting them off heroin. But does all of this mean that we should look again at providing methadone to clients? Where they can benefit from methadone it should continue to be provided. However, drug users who are topping up their methadone with street purchased cocaine need to be targeted by services, because in a short time they may become the bridge to the much wider use of cocaine in Scotland.

At the moment the provision of cocaine must be occurring with close co-operation between major dealers in Scotland and England. The links between these two are likely to be fragile at best and are likely to break down as outright competition for the lucrative cocaine market in Scotland starts to heat up. Recently within Glasgow there were five murders in a single weekend, of individuals thought to be associated with the drug trade in the city. These murders may be the start of a bitter drug war in Glasgow about new gangs, new deals and new drugs. ■

news cannabis round up

Suicide threat

A Scottish MS sufferer has threatened to kill herself if she loses her fight against charges of possessing and supplying cannabis, says *The Scotsman*. Biz Ivof, 56, has said she will take an overdose of paracetamol and champagne if she is found guilty, and has had a cardboard coffin delivered to her house in readiness. The Legalise Cannabis Alliance has described Mrs Ivof's case as "a gross misuse of an unjust law".

MS drug on the way?

Cannabis-based drug Sativex may be approved for sale by the end of this year. GW Pharmaceuticals, who have gone into partnership with German company Bayer to market the drug, say that Sativex could then go on sale very quickly afterwards. Sativex is aimed at Multiple Sclerosis sufferers and may also alleviate cancer-related pain. GW has been granted



the license to market the drug in the UK, with Bayer having an option to move into other territories including Canada and Australia.

Just a coffee, then

Plans to ban smoking in coffee shops may deal a blow to Holland's reputation as a cannabis smoker's

haven, reports Reuters. The legislation aims to protect all employees from passive smoking and will affect around 800 coffee shops. Coffee shop owners have greeted the move with dismay. "The whole point of going to a coffee shop is to smoke," said Arjan Roskam, chairman of the Union for Cannabis Retailers. Customers will apparently

Fields of gold

Moroccan farmers will grow enough cannabis this year to cover an area the size of Oxfordshire, according to *The Guardian*. These figures are three times those recognised by the Moroccan government. The EU has expressed concerns over the extent of northern Morocco's economic reliance on cannabis production, but was recently forced to pull out of a £750,000 programme meant to convince farmers to grow avocados and grapes instead after the programme proved "impractical".

