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PERSONALLY SPEAKING

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‘Stigma stops monkey dust users getting help’

LOCALLY and nationally, there have been a lot of news reports on ‘Monkey dust’ in Stoke-on-Trent.

An article in *The Sentinel* at the start of the year said, ‘The city has become known as the UK capital of monkey dust.’

Last year, myself and researchers from Staffordshire University and Expert Citizens C.I.C. did some research where we talked to different people to find out more about people’s experiences around the use of ‘monkey dust’ drugs locally.

Stoke-on-Trent City Council asked for this because they wanted to know more about its impact and ideas for what might help.

We spoke to almost 40 people, including people with lived experience of taking the drugs referred to as ‘monkey dust’, community members and a range of professionals.

First off, it is clear that ‘monkey dust’, and the people who use it, have received very negative attention in the media.

As researchers, we wanted to dig a bit deeper to understand the issue and in sharing our research, we hope we can remove some of the stigma surrounding ‘monkey dust’.

This is important because the stigma can stop people from getting the help and support they need and can prevent them from actually coming forward for help in the first place.

So, what is ‘monkey dust’? There is a lot we still don’t know about the chemical composition of the drugs, adding to the complexity of the issue.

What we do know is the Government has asked the Advisory Council on Misuse of Drugs (ACMD) to do an independent assessment of harm reduction measures, classification and whether specific drugs referred to as ‘monkey dust’ are more harmful than others and need a different approach. So, the investigation will consider at a lot more than just reclassification.

‘Monkey dust’ is used to describe a range of ‘synthetic cathinones’ which fall under the wider label of New Psychoactive Substances (NPS) – synthetic here means made in a lab.

It has a stimulant effect, and in our research we heard about people staying awake for days, forgetting to eat, go to appointments and to take other prescribed medications.

Most, but not everyone, talked about ‘monkey dust’ as having a negative effect on mental health.

Throughout our research, people talked about how any behaviour perceived to be ‘erratic’ is assumed to be ‘monkey dust’ related. However, people emphasised that ‘monkey dust’ use does not always lead to people behaving in the way that has been reported in the media.

Some talked about people they knew running off and hiding.

In focus groups carried out with two community groups, people explained that what they were talking about was ‘assumed’ to be ‘monkey dust’ use but they could not be certain.

And for one area in particular, drug use generally was having a hugely negative impact on their community.

We heard about different colours and strengths of ‘monkey dust’ - yellow, white, grey, and orangey/brown.

Some of the people who have used it talked about knowing what type suited them more.

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They also highlighted that it's impossible to know what else it might have been mixed with (e.g., one person talked about a type perceived to be 'laced with' heroin). People's patterns of use - how often they would take it, and how much they would take - varied.

Members of the community we spoke to wanted to know more about what they should do to help and asked for more fact-based public health messages about what 'monkey dust' looks like so they can have a better understanding.

As a researcher interested in addressing health and social inequalities, focusing on reclassifying 'monkey dust' doesn't actually get to the heart of the issue – we want to better understand why people are turning to drugs like 'monkey dust'.

Our research found that people used 'monkey dust' for much of the same reasons any of us use substances (including alcohol), to "switch off", "to numb the pain" or as a cheap "quick fix".

It was talked about as "another fad", like Spice and Black Mamba before it. Whilst reclassification of synthetic cathinones might make it harder to get hold of those types of drugs specifically, people will still need help with the underlying reasons for using the drugs.

We heard it was very hard for someone to get support during a mental health crisis when they may have, or are perceived to have taken some sort of substance.

In the absence of other support during those times, we heard that it often led to the situation escalating and the police or ambulances being called – and those vital services are already stretched.

One of the community members in this research summed it up really well in saying: "I don't think we can ever solve the drugs problem without helping everyone at least have a reasonable life".

My hope for 2024 is that it becomes easier for people to access support for mental health and use of substances at the same time.

A lot is happening in Stoke-on-Trent to try and improve the situation for all concerned. Colleagues working in forensics at Staffordshire University are testing samples believed to be 'monkey dust' to find out what is in those substances.

Stoke-on-Trent City Council are leading a steering group on synthetic cathinones, which brings together partners from across the city to try and work together to improve the situation for all concerned.

There has also been more investment in the support available locally for people who use NPS, including those referred to as 'monkey dust', which is fantastic to hear.

One of the most important things to come out of our research is the need to tackle the stigma and assumptions that surround 'monkey dust' use. That stigma impacts on people, our communities and the city as a whole.

We need robust evidence to help make good decisions and policies, and I look forward to hearing the recommendations from the ACMD in due course.

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STIGMA: Samples of 'monkey dust' which were analysed by Staffordshire University.