2021 Monitoring Cycle. **Full Report**

GM TRENDS

Greater **M**anchester: **T**esting and **R**esearch on **E**mergent and **N**ew **D**rug**s**

Stimulants

Empathogens

Psychedelics

Dissociatives

Cannabinoids

Depressants

Opioids

Image & Performance Enhancing Drugs

GMCA GREATER MANCHESTER COMBINED AUTHORITY

Manchester Metropolitan University

Acknowledgements

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1. Executive Summary

1.1 Background, aims and methods

This is the first report of **GM TRENDS** (**G**reater **M**anchester**: T**esting and **R**esearch on **E**mergent and **N**ew **D**rugs**)**. *GM TRENDS* is designed to be an *emergent drug trends monitoring system* that aims to gather up-to-date information on changing and emerging substance use trends in Greater Manchester. Along with the other parts of a developing local response, *GM TRENDS* aims to provide Greater Manchester with the most comprehensive local drug intelligence function in the country.

GM TRENDS uses a multi-method approach utilising a number of research methods including: analysis of existing data sources; online surveys of professionals, adults and young *people who use drugs* (PWUD); interviews with professionals; interviews with *PWUD* with an insight into specific drug scenes; and detailed chemical analysis of seized and voluntary submitted drug samples. The full *GM TRENDS* report has individual sections on the 44 substances covered by the study with an extended focus on two particular trends that were highlighted by the initial stages of the research.

1.2 Summary of key drug trends

1.2.1 Alcohol use among adults

National data indicates that during the pandemic, there has been an increase in **alcohol** consumption among *heavy drinkers* and a corresponding rise in **alcohol** deaths. It was consistently reported to *GM TRENDS* that there has been a significant rise in **alcohol** referrals, mainly from people aged 40+ who were new to treatment services. They were often self-referrals or referred to services as a result of domestic violence incidents, hospital admissions or a mental health crisis. Typically drinking had gotten out of control as a result of spending more time at home during the pandemic and/or as a coping mechanism for stress related to money, health, and employment concerns. Alongside this increase in new **alcohol** referrals, there were also concerns that those adults known to services were relapsing during lockdown.

1.2.2 'Spice' (*synthetic cannabinoid*) use among homeless and street based communities

There were some reports of an increase in use due to increased availability and low (£5 for a snap bag) price compared to drugs such as **heroin**. Although it was available in some local areas, many people who use *'Spice'* came into Manchester City Centre to access it. Several *'Spice'* samples were tested for this study and found to contain the *synthetic cannabinoids* **MDMB-4en-PINACA** and/or **ADB-BUTINACA** in variable potencies. One sample from Stockport was found to contain a new *synthetic cannabinoid* called **ADB-HEXINACA** (ADB-HINACA). This was the first detection of this substance in the UK. *Synthetic cannabinoids* are produced in China, imported and added to inert plant material locally to make a *'Spice'* product. On July 1st 2021 a blanket ban came into force in China. The consequences on an already highly variable local *'Spice'* market is unpredictable, but needs monitoring over the coming year.

1.2.3 Heroin and fentanyl

There were reports of a reduction in **heroin** use owing to lockdown restriction, a lack of money, less availability and smaller deals of poor-quality **heroin**. Indeed, in a number of areas (for example, Bolton, Salford, Stockport), it was reported that street dealers referred to the **heroin** they were selling as *'bash'*, making little attempt to hide the fact it was of poor quality. During the course of the study we were able to test a number of samples of Greater Manchester *street* **heroin**. This substantiated the *PWUD* reports of poor quality, with samples at five percent purity or less in several areas including Bolton (4%), Manchester (5%) and Wigan (2%). This finding contradicts nationally available data on **heroin** purity, which may be a direct result of lockdown and/or an indication of the adulteration of street level bag deals. It was also reported that low quality **heroin** was a major factor in the increased use of prescription drugs (see). There is a risk with purity this low that lowered tolerance will lead to a spike in

overdose incidents if/when a higher potency product reappears and/or the **heroin** becomes adulterated with, or replaced by **fentanyl**. There was no **fentanyl** or any other synthetic *opiates* detected in the **heroin** samples, although it was reported on two occasions that **fentanyl** was available locally and was being offered to **heroin** users for sale. However, reports of **fentanyl** use are still rare.

1.2.4 Crack cocaine

Although there were a small number of reports of good quality ***crack* cocaine** borne out by several samples tested for this study; the quality of ***crack* cocaine** was regularly reported as poor and that the size of deals had diminished during lockdown. However, there were no reported shortages and the price remained stable at £10 a 'stone'. There were a number of reports of an increase in the number of young dealers selling ***crack* cocaine**. We received two reports from Stockport that **amphetamine** was being offered for as little as £40 an ounce, making it a cheap, more affordable alternative for some *PWUD*. The combined selling of **heroin** and ***crack* cocaine** is a well-established dealing practice and there were reports of more dealers selling this combination, leading to an increase in concurrent (or injected together as a *'speedball'*) use in Rochdale and Oldham. It was also reported that presentations of ***crack* cocaine** induced psychosis were on the increase in Stockport.

1.2.5 Drug use among students, clubbers and LGBTQ+

Restrictions to the night-time economy and social gatherings limited the use of **MDMA** and ***powdered* cocaine**, although for some, increased drinking in the home led to increased ***Powdered* cocaine** use. The small number of ***powdered* cocaine** samples tested for this study indicate that the purity is still at historically high levels. There were reports of an increase in ***powdered* cocaine** related hospitalisations. In Salford and Trafford some of those currently regularly using ***powdered* cocaine** had shifted to smoking ***crack* cocaine**. There was an increase in **ketamine** use, not just in young recreational drug users, but reports also came from adult treatment and prison staff.

***Crystal* methamphetamine** does not currently appear to be widely available outside of the *MSM/Chemsex* scene. However, it has been suggested that as a result of developments in the international production and supply chain, ***crystal* methamphetamine** could begin to make a more significant appearance in a number of UK drug scenes.

1.2.6 Drug use among young people

During lockdown, just over half of young people used less **alcohol**, while just over a quarter used more. There were some concerning reports of young people regularly drinking very large quantities of **alcohol**. There were some concerns raised regarding heavy use of strong **cannabis** and the impact on young people's mental health along with reports of increased referral via A & E. The use of **MDMA *pills*** and **MDMA *powder*** by young people reduced during lockdown. Although numbers are relatively small compared to **alcohol** and **cannabis**, we received several reports an increase in the use of ***powdered* cocaine** by young people; along with concerns around safeguarding, drug debt and exploitation. While numbers are low, the reporting of **LSD** and other hallucinogenic drugs in several areas needs monitoring.

The use of *benzodiazepines* amongst young people invariably involved drugs sold as *Xanax* (**Alprazolam***),* frequently used in combination with **alcohol**. Young people often believed prescription medications (even if fake) were safer than street drugs. Although only 4% of young people survey respondents had used *Xanax*, this had more than doubled during lockdown. Although the numbers using the **codeine**-based mixture ***'Lean'*** were low, these tended to be more complex safeguarding cases with CCE and drug debt concerns. Although our findings suggest that **nitrous oxide** use amongst young people is not as high as is often perceived, a number of substance use professionals raised concerns about the lack of understanding of what these substances are and the harm they can cause.

1.3 Drugs trends focus 1: Young People's use of non-traditional cannabis products

While **cannabis** and **alcohol** still dominate young people's substance use in Greater Manchester, some non-traditional **cannabis** products specifically marketed at younger age groups have emerged recently. These fall into three categories: **'THC'/'Cannabis' vapes**; **Edibles**; and **designer cannabis** (*'Cali Weed'*)

1.3.1 'THC'/'Cannabis' vapes

Incidents involving school pupils being hospitalised after vaping **'THC'** or **'cannabis *vape oil'*** in the Oldham, Rochdale and Bury area led to public warnings in 2019/20. As well as further reports from these areas there were also reports of use in Stockport, Bolton, Wigan and Trafford. Although sometimes sold from vape and 'pound' shops or by other pupils, these were most commonly sold via *Snapchat* for £10 for a 10ml plastic bottle. In addition to the reports of adverse effects, the **£10 price** raised suspicions as experienced users were paying £70/80. Vapes and liquids involved in several incidents in Bury, Rochdale and Trafford were analysed for this study and as was the case in the 2019/20, they contained a *synthetic cannabinoid* (*'Spice'*), with no **THC**, **CBD** or **nicotine** detected. The risks associated with vaping a *synthetic cannabinoid* is considerably greater than vaping **THC** or smoking any other form of **cannabis**, and is highly likely to lead to adverse physical and mental effects in school aged children. Although the number of incidents is small, it appears that the availability and use of these mis-sold vapes to school aged children is expanding across Greater Manchester.

1.3.2 Cannabis edibles

There has been an increase in the advertising, availability and use of **'cannabis *edibles*'** reported in several Greater Manchester areas. They are often marketed to young people on social media platforms such as *Snapchat*. The wide range of edible **cannabis** products include**;** *cookie dough*, *fudge*, *butter*, *chocolate brownies* and various sweets such as *'gummy bears'* and *'nerd rope'*. Some young people said they preferred to eat **cannabis** rather than smoke it or use it with tobacco. Others reported that due to lockdown and spending more time at home with parents, eating **cannabis** was less detectable. Although there were concerns raised, incidents of negative effects and hospitalisation were rare and we did not come across any examples where the *gummy bear* type edibles were mistaken for ordinary sweets and taken by very young children. There was some concern raised that, as with mis-sold vapes, these edibles may contain *synthetic cannabinoids*. Eleven different types of **cannabis *edible*** sweets were tested and all contained **THC**. Eight also contained another natural *cannabinoid*, **CBN**. None of the samples contained *synthetic cannabinoids*. Reports of young people becoming unwell after consuming these products could, therefore, be a result of inexperienced users, unaware that when eating **cannabis** the effects take longer to come on and last longer, and/or over dosing the amount they take.

1.3.3 Designer Cannabis (aka 'Cali Weed')

In addition to vapes and edibles, we also found evidence of a growing market for what we refer to here as **'*designer* cannabis'**. These products are typically marketed as high potency **THC** imports from North America. The most common generic name was *'Cali Weed'*, although there were a wide range of other brand names (e.g. *Star Dawg, Krush, Gelato*). As yet, none have been tested to confirm the reportedly high potency. These products come in metal tins or branded sealable bags and commanded premium prices. One 13-year old male from Rochdale spoke about *'Cali-Weed'* being priced at £80 for 3.5g (1/8th). However, labels and tins can be purchased online (***£1 for*** a ring pull tin), so dealers may be packaging local homegrown **cannabis** and making a considerable mark-up in price. Some young person's substance use workers and safeguarding professionals raised concerns that the high price that this ***designer* cannabis** demands may lead to drug debt and coercion in to criminal activity by organised crime groups. However, young people believed it was better quality and worth the expense, so the cultural capital these products appear to hold suggests that this is a trend that will continue.

1.4 Drug trend Focus 2: **Prescription Drugs (benzodiazepines and gabapentinoids)**

The non-prescribed use of *benzodiazepines* (most often **diazepam**) and *gabapentinoids* (**pregabalin** and **gabapentin**) have become increasingly popular with adult **heroin** and ***crack* cocaine** users. They are used to aid sleep after using **heroin** and/or ***crack* cocaine** and to enhance and (in the case of **pregabalin)** to reinforce the effects of **heroin** and/or **methadone**. They are also increasingly used alongside '*Spice*' to enhance effects and bring on a 'nod'. Despite rescheduling, there were reports of increased GP prescribing of **pregabalin**, which together with the poor quality **heroin**, low price and ease of availability had led to increased prescription drug use across Greater Manchester.

The standard price for a single **diazepam** tablet or **pregabalin** capsule was £1. These drugs were commonly reported to be purchased in bulk for around 40 to 50p per tablet/capsule from the Bury New Road area which has become the main source of prescription drugs for *PWUD* from across Greater Manchester. It is easily accessible by public transport from many areas of Greater Manchester. *PWUD* would often use their monthly benefit payments or chip in together and bulk buy for a group of *PWUD* and/or sell back in the area they lived for a profit. This along with diverted prescriptions had led to the growth of local markets in a number of areas of Greater Manchester. The close proximity to *HMP Manchester* (although a number of other prisons were mentioned) had also led to *PWUD* bulk buying prescription drugs on release.

The restrictions on trading during the past year due to lockdown had not affected availability from Bury New Road, but had instead led to the development of an established street market in the area. Whilst **diazepam** and **pregabalin**, were the main drugs sold, other prescription drugs such as **Tramadol**, **Zopiclone** and *Xanax* were also reportedly available. Although prescription drugs purchased from Bury New Road are widely perceived to be counterfeit, this does not appear to be deterring use. On the contrary, the purchasing of often £200 or more for less than 50p a tablet often led to binge use, taking 'handfuls' or a full blister strip in one go in combination with several other substances.

There has been a 60% increase in drug poisoning deaths in the last decade, most commonly involving *opioids* such as **heroin** and **methadone**. The use of *benzodiazepines* and *gabapentinoids* along with *opioids* or other depressant drugs greatly increases the risk of overdose and death. Although deaths involving *benzodiazepines* and **pregabalin** may be under reported, they are rare without the concurrent use of other drugs. Although *PWUD* consistently stated that these prescription drugs are the cause of overdose and deaths, the available evidence is less clear. Toxicological reports are often inconclusive and indeed, when deaths involving these substances were recounted by *PWUD*, a cocktail of substances are usually mentioned.

PHE issued a rare national alert in July 2020 related to fake drugs sold as 10mg **diazepam** after a number were found to contain a range of far more potent *benzodiazepines*. Several10mg **diazepam** tablets and 300mg **pregabalin** capsules were tested for this study. Although some contained the stated contents in the correct dose, others were found to contain no active ingredient or the stated content at lower doses. None were significantly over the stated dosage. However, tests on batches of tablets (visually indistinguishable from 10mg **diazepam)** seized in Bolton and Wigan were found to contain the more potent novel *benzodiazepine* **etizolam**. This is approximately 10 times more potent than **diazepam**, although the dose from the seized batches (>1mg) was roughly equivalent to 10mg **diazepam**. The change in the content of street *benzodiazepines* (sold as 10mg **diazepam)** in Scotland from **diazepam** to **etizolam** is thought to be in part responsible for the enormous rise in drug related deaths seen in that country, so the detection of **etizolam** is a major cause for concern for Greater Manchester.

2. GM TRENDS: Full Report

2.1 Background

In 2018 an *Emerging Drug Trends Monitoring System* (**EDTMS**)[1] for the city of Manchester was commissioned by *Manchester City Council's Community Safety Partnership Board and the Department of Public Health*. The system was named **MESUS** (**M**anchester **E**mergent **S**ubstance **U**se **S**urvey). *MESUS* was developed by Manchester Metropolitan University's *Substance Use and Addictive Behaviour's Research Group* (**SUAB**). *MESUS* was based on learning from emergent drug trend literature and modelled on elements of established systems in other countries [Appendix B] The first two monitoring cycles for *MESUS* were produced in 2019 and 2020, while the 2021 monitoring cycle ran concurrently with *GM TRENDS*.

In 2020 *Greater Manchester Combined Authority* (**GMCA**) commissioned *SUAB* to adapt and develop the *MESUS* model and research methods to monitor emerging substance use trends across the other nine local authority areas of Greater Manchester. This new Greater Manchester wide system has been named **GM TRENDS** (**G**reater **M**anchester**: T**esting and **R**esearch on **E**mergent and **N**ew **D**rugs**)**. This first *GM TRENDS* study does not specifically cover Manchester, although a number of professionals who took part work across geographical areas. It is planned that from 2022, *MESUS* and *GM TRENDS* will combine and become one *EDTMS* that covers all ten local authority areas of Greater Manchester. This document reports on the findings of the first *GM TRENDS* monitoring cycle; a reporting period during which both local and global drug markets were still affected by the COVID-19 pandemic.

2.1.1 Aim of GM TRENDS

GM TRENDS aims to gather up-to-date information on changing and emerging substance use trends in Greater Manchester. The findings inform *Greater Manchester Local Drugs Information System* [GM LDIS 2.2] and are used to provide recommendations to local authorities regarding the development and delivery of services for substance users. The identification of emerging trends helps to ensure that commissioners, service providers and local professionals who come into contact with *people who use drugs* (**PWUDs**) are best placed to understand their local needs and the services required. The identification of at-risk groups in our communities ensures appropriate needs assessment and support. This will include the development of appropriate harm reduction advice, staff training and awareness raising.

2.1.2 The need for GM TRENDS

Although a number of national organisations such as the *Advisory Council on the Misuse of Drugs* (**ACMD**), *Forensic Early Warning System* (**FEWS**), *National Crime Agency* (**NCA**), *Public Health England* (**PHE**) and *UK Focal Point for Drugs* may play a role in identifying emergent national trends, there is no formal *emerging drug trend monitoring system* (**EDTMS**) for England. The *GM LDIS* already acts to keep professionals informed and exchanges local trend information, but this role is limited as the *GM LDIS* has no capability to investigate emergent drug trends. Although ad-hoc research may be commissioned in response to local issues, there are no other local level systems to identify and systematically respond to new and emergent drug trends. *MESUS* and now *GM TRENDS* are currently the only *EDTMS* in England.

[1] An *Emerging Drug Trend Monitoring System* (**EDTMS**) is a drug monitoring system with a specified objective relating to the early identification of emerging drug trends. An *EDTMS* has been defined as typically providing a repeat 'situation analysis'; utilizing multiple methods and data sources; incorporating one or more sensitive or leading-edge indicator and concerned with rapid reporting of findings to the policy and practice fields (Mounteney, Fry, McKeganey, & Haugland, 2010).

2.2 A developing drug intelligence system for Greater Manchester

2.2.1 GM TRENDS

GM TRENDS is intended to be a Greater Manchester wide *EDTMS*. The ambition is that *GM TRENDS* along with the other parts of the developing Greater Manchester wide initiative described below, will provide Greater Manchester with the most comprehensive local drug intelligence function in the country.

2.2.2 Greater Manchester Local Drug Information System (GM LDIS).

In 2016 *PHE* published guidelines for local authorities based on a simple, relatively low-cost *Local Drug Information System* (**LDIS**) that was initially piloted in Salford (Public Health England, 2016). An *LDIS* now operates in each of the ten Greater Manchester local authority areas. *GM LDIS* has over 700 professionals operating as an online network and is facilitated by a Greater Manchester wide coordinator. Information on new, adulterated or problematic drugs or patterns of drug use seen in local or relevant surrounding areas is exchanged among members. Information from the *GM LDIS* in part informs the focus of the *GM TRENDS* investigations. The *GM LDIS* is also used to promote the online surveys and recruit the *Key Professional Informants* (**KPI**)[2].

2.2.3 Greater Manchester Drug Alert Panel

The Greater Manchester wide *Drug Alert Panel* is a small online multi-disciplinary panel which responds to incidents of new, potent and adulterated drugs and aims to provide a consistent approach to process, grade and communicate appropriate information for both professionals, people who use drugs and the wider public (Public Health England, 2016). The *Drug Alert Panel* links into the current national *PHE* alert mechanism that operates with a complimentary approach[3]. Drug related incidents involving new, potent or adulterated drugs may be isolated occurrences or short-lived outbreaks or they may be indicative of an emerging trend. The *Drug Alert Panel* is designed to respond to incidents, but information from incidents are used to inform professionals on the *GM LDIS* and if appropriate may also inform the focus of a *GM TRENDS* emergent trend investigation.

2.3.4 MANDRAKE

MANDRAKE (**MAN**chester **DR**ug **A**nalysis & **K**nowledge **E**xchange) was established as a joint initiative between *Greater Manchester Police* (**GMP**) and *Manchester Metropolitan University* (Greater Manchester Police, 2018). *MANDRAKE* works with the *Drug Alert Panel* and is able to rapidly test available samples for public health purposes when incidents occur. *MANDRAKE* testing also forms part of the multi-method approach of the *GM TRENDS* model.

[2.] A number of emergent drug trend monitoring systems particularly those that cover a single city, such as the Bergen EWS in Norway (Mounteney & Leirvåg, 2004) use variations of the key informant/panel method (Korf & Nabben, 2000) of investigation as part of a multi-method approach to spotting emerging drug trends.

[3.] It is unknown at present how the national alert functions performed by PHE will be affected when the organisation is replaced with the newly created UK Health Security Agency (UKHSA) and Office for Health Promotion.

3. Methodology

3.1 The multi-method approach

GM TRENDS is an *Emergent Trends Monitoring System* (**EDTMS**) designed to monitor emerging drug trends that encompasses a wide range of licit and illicit drugs and drug scenes; in particular those identified as vulnerable to heavy end problematic drug use and other groups that have been shown to be associated with higher than average levels of substance use. *GM TRENDS* uses a multi-method approach using a number of research methods that have been successfully employed in equivalent *EDTMS* in other countries and that are within the capabilities and resources available. *GM TRENDS* is designed to be flexible in its approach and open to future adaption and learning.

3.2 Methods used in this study

The research for *GM TRENDS* took place between September 2020 and June 2021. *GM TRENDS* has used the following methods to produce the trend information in this report:

3.2.1 Key Drug Indicators (KDI)

The *European Monitoring Centre for Drugs and Drug Addiction* (**EMCDDA**) uses five *Key Drug indicators* (**KDI**)[4] to describe the drug situation in Europe. Although the UK is no longer a member of the EU, national reporting for the *UK Focal Point on Drugs* still uses these five same KDI. The five KDI are:

- General Population Surveys
- High-Risk Drug Use
- Treatment Demand Indicators
- Drug-Related Deaths and Mortality
- Drug-Related Infectious Diseases

It has been argued that a local *EDTMS* should where possible use local indicators and sources of information as local patterns and variations in drug consumption may differ considerably from national trends (van de Mheen H. C., 2006). However, local area breakdowns for all of the *KDIs* are unavailable and/or are not collected. National and where they are available local *KDIs* together with supplementary indicators and secondary sources, such as information from the *GM LDIS* and other relevant local intelligence collected throughout the year have been used to inform this study. There are varying time lags between the reporting periods of different *KDI*, so many available sources cover a pre-lockdown period and/or have been delayed as a result of the pandemic. A number of secondary sources of information collected during the pandemic have been used to build a more robust picture of the current situation in Greater Manchester.

3.2.2 Online survey of professionals

Respondents for the online survey of professionals were recruited through the *GM LDIS* and a number of other local information online networks. The survey ran from 16th November 2020 to 31st January 2021. The survey asked three questions about 44 drugs grouped into 11 drug classes (i.e. *cannabinoids, stimulants*). The survey asked participants to click one of three boxes for each drug: *No use by client group; No change in last year;* or *change in last year*. If respondents had seen changes they were asked to provide details and comment. Data from the online survey was used to direct the *Key Professional Informant* interviews.

In total 144 Greater Manchester professionals completed the online survey. These spanned a wide range of professions including adult and young person substance use and homeless services; needle exchange harm reduction workers; pharmacists; drug and alcohol social workers; substance use and homeless outreach workers; homeless day centre staff; supported accommodation and temporary housing managers; dual diagnosis liaison services; secure units; inpatient units; hospital A & E nurses and consultants; youth justice; national probation service; police; prison staff; sexual health service professionals; children and families teams; medical practice; health and social care; and a number of third sector organisations working with the homeless, sex workers and the LGBTQ community.

4. Drug Indicators is a term used to describe any data source with objective measures that can define the drug use situation in a country, region or individual facility (Griffiths P. V., 1999).

3.2.3 Key Professional Informant interviews

The online survey and was used to recruit *Key Professional Informants*, with some direct recruitment to cover specific drug scenes. Initial interviews were conducted between January to July 2021. In total 63 semi-structured interviews were conducted with *Key Professional Informants*. In light of the ongoing pandemic, the research team conducted interviews via phone and video conferencing apps. Those face-to-face interviews that did take place were conducted in a *'COVID safe'* manor. Interviews lasted between 30 minutes to 1 hour. Interviews were recorded and transcribed. *Key Professional Informants* were questioned in detail about their insight into one or more Greater Manchester drug scenes.

3.2.4 Online survey of people who use drugs

Participants to the *online survey of people who use drugs* (**PWUD**) were recruited through promotion by local authorities, stakeholders – key respondents and through media and social media. The survey took place between November 2020 and January 2021. In keeping with the online survey of professionals, participants were asked three questions about 44 drugs and if they had seen changes, they were asked to provide details and comment. In total 170 *PWUD* completed the online survey. These spanned an age range from 18 to 55.

3.2.5 Interviews with people who use drugs

The two areas of focus that emerged from the online surveys and *Key Professional Informant* interviews were: Young People's use of non-traditional **cannabis** products; and Adult use of 'prescription drugs' (*benzodiazepines* and **pregabalin)**. To supplement the online and *Key Professional Informant interviews*, a total of 33 *PWUD* (15 young people and 18 adults) with an insight into these areas of focus were interviewed. Interviews took place by phone or where face-to-face they were conducted in a *'COVID safe'* manor. *PWUD* were questioned in detail about the drug scenes they were involved with, with interviews lasting from 22 minutes to 1 hour 15 minutes. Interviews were recorded and transcribed.

3.2.6 Online survey of young people

An online survey of young people who were in contact with substance use services ran from 24th April 2020 to 29th January 2021. Participants were recruited through staff from Greater Manchester (and a small number from Lancashire) services for young substance users. Survey respondents were questioned about 14 main substances and asked about other substances they had used. In total 560 respondents completed the survey, spanning an age range from 10 to 25 (average 16 years 10 months).

3.2.7 Drug sample analysis.

MANDRAKE conducted 91 tests on samples during the *GM TRENDS* study period, with further tests ongoing as part of a continuous rolling programme. Samples underwent qualitative and quantitative analysis using industry standard methods[5] and in accordance with *MANDRAKE*'s Home Office Licence. The drugs analysed were mainly non-evidential drugs seized by *GMP* during the reporting period and gathered from police stations around Greater Manchester. In addition a protocol was developed that allowed Greater Manchester professionals to hand in samples for analysis under a process developed with *GMP* [Appendix A]. The drugs selected for analysis reflected both the *GM TRENDS* drugs focus for this study and in response to incidents under investigation by the *Drug Alert Panel*. As *GM TRENDS* develops it will be possible to track year by year changes to content, purity and adulteration of the local drug markets. During the period, none of samples met the agreed criteria to warrant a public alert but targeted harm reduction information and briefings were issued to professionals through the LDIS on a number of occasions.

3.2.8 Data analysis.

Transcribed interviews were uploaded to *NVivo* – a software package for qualitative data analysis – and analysed thematically in order to identify emergent trends and other relevant concerns. Extended answers from the online surveys were analysed in a similar fashion and allowed for the identification of key issues (e.g. consumption, price, supply, etc.) relating to various substances. The analysis of the findings gathered by *GM TRENDS* was triangulated with *MANDRAKE* drug sample analysis, *key drug indicators* and other relevant research to corroborate the main themes and emergent trends in this report.

[5.] The samples for this study were analysed by *MANDRAKE* using FT-IR [Fourier-transform infrared spectroscopy], GC-MS [Gas chromatography - Mass spectrometry] and NMR [Nuclear Magnetic Resonance] using external standards. The protocols were validated in accordance with ICH guidelines – which are the required standards for analytical testing procedures used by UNODC, EMCDDA and the European Medicines Agency.

4. **Greater** Manchester, deprivation and drugs

Greater Manchester is a *metropolitan county* and *combined authority* area in the North West region of England and is made up of ten *metropolitan boroughs*. In 2019 the combined population of Greater Manchester was 2,835,686, the third largest *metropolitan county* in England after London and the West Midlands (ONS (1), 2020). See Table 1.

Deprivation at a local level is measured using 39 separate indicators to give an overall *deprivation score*, with a higher score indicating a worse level of deprivation. Although areas of deprivation exist within the South East of England, it is the region with the lowest (best) deprivation score of 15.5; while the North West is the region with the highest (worst) score (28.1). Manchester ranks as one of the most deprived local authority areas in England, while in Greater Manchester; Rochdale, Salford, Oldham, Tameside and Bolton are all ranked in the worst deprived quintile (Ministry of Housing, Communities & Local Government (a), 2019). See Table 1.

Life expectancy for both men and women is lower than the England average in eight out of ten of Greater Manchester's local authority areas. Only Stockport and Trafford have life expectancies higher than the England average for women and men. Life expectancy at birth is lower in Greater Manchester's more deprived areas, while child poverty rates are higher than the national average (Institute of Health Equality (a), 2020).

According to a recent report commissioned by *Greater Manchester Health and Social Care Partnership*, Greater Manchester had a 25% higher COVID-19 death rate than England as a whole in the 13 months to March 2021. This high death rate contributed to a decline in life expectancy in the North West region, which the author Sir Michael Marmot described as *"jaw-dropping"* (Institute of Health Equity (b), 2021).

Although regional patterns of drug consumption vary, the prevalence of **heroin**, ***crack*** **cocaine** and cigarette smoking are heavily linked to measures of deprivation (Black, 2020; ONS (13), 2018). The rate of deaths of **heroin** users in treatment is over six times higher in the most deprived areas compared to the least and ten times higher for **heroin** users aged in their mid 40s (PHE (7), 2019). The most deprived areas also have higher rates of **alcohol** dependency and **alcohol** specific deaths (PHE (29), 2016; ONS (15), 2021). Admission rates for drug related *mental and behavioural disorders* are around six times higher, and for *poisoning by drug misuse,* around five times higher in the

most deprived areas compared to the least (NHS Digital (4), 2019). Although the reasons are not fully understood, even when levels of **alcohol** consumption are similar, disadvantaged social groups have greater **alcohol**-attributable harms compared with individuals from advantaged areas (Katikireddi, Whitley, Lewsey, Gray, & Leyland, 2017). GPs also prescribe more *opiates* for pain relief and both *benzodiazepines* and *'z-drugs'* for anxiety in the areas of highest deprivation (Teng-Chou, Li-Chia, Miriam, & Roger, 2019; Soyombo, et al., 2019).

As Dame Carol Black states in her 2021 independent review of drugs,

> *"... entrenched drug use and premature deaths occur disproportionately more in deprived areas and the north of the country. It is highly likely that the pandemic has widened inequalities and that any recession would further drive trends in drug use and deaths in the wrong direction. So, the problem is almost certainly worse than when we reported in Part 1 and a major barrier to 'levelling up'."* (Black, 2021)

Table 1: Population estimate and deprivation score for Greater Manchester

Area	Population	Deprivation Score
England	56,286,961	21.7
North West	7,341196	28.1
Greater Manchester	2,835,686	30.0
Manchester	552,858	40.0
Rochdale	222,412	34.4
Salford	258,834	34.2
Oldham	237,110	33.2
Tameside	226,493	31.4
Bolton	287,550	30.7
Wigan	328,662	25.7
Bury	190,990	23.7
Stockport	293,423	20.8
Trafford	237,345	16.1

Population: Source (ONS (1), 2020)
Deprivation score colour code: Quintiles of worst to best LA areas in England:
Worst **Best**
Source: (Ministry of Housing, Communities & Local Government (a), 2019).

5. **Key** drug indicators

5.1 Drug indicators: **General population surveys**

5.1.1 Adult surveys

According to the *CSEW* (Crime Survey for England and Wales), in the year up to March 2020 (pre-lockdown) there were no significant changes in overall prevalence of the most popular drugs. In the year to March 2020; 1 in 11 of all adults (aged 16-59) and 1 in 5 young adults (aged 16-24) reported *past year* drug use; although recent research has suggested the *CSEW* under reports drug prevalence by up to 20% (Charles, Heron, Hickman, Brown, & Hines, 2021). The *CSEW* questioned older adults (aged 60-74) for the first time; with 1 in 100 reporting *past year* drug use (ONS (3), 2020).

Long-term trends show significant decreases in drug use between 1995 and 2013, but significant increases since then. Between 2013 to March 2020 the proportion reporting *past year* drug use increased by 15% in adults and by 28% in young adults. This rise was mainly driven by increases in *class A* drug use and in particular the use of ***powder* cocaine** (ONS (3), 2020). Local authority-level prevalence data is not available, however regional data shows the North West (9.1%) reports slightly lower levels of overall use of the most popular drugs among adults in the last year than for England (9.4%), but a higher proportion (3.6%) using class A drugs [3.4% England] (ONS (3), 2020).

5.1.2 Young people surveys

National statistics for pupils (mainly aged 11 to 15) show that after large increases between 2014 and 2016 (14.6% to 24.3%); *lifetime prevalence* of drug use in 2018 (23.7%) was similar to 2016, as was *past year* (17%), and *past month* drug use (9%). The rate of drug use increases dramatically with age; 9% of 11-year-olds reported *ever having taken drugs* compared to 38% of 15-year-olds (NHS Digital (1), 2019). Local authority-level prevalence data for school age pupils is not available.

5.2 Drug indicators: **High-risk drug use indicators**

There were an estimated 313,971 *Opiate and/or Crack Cocaine Users* (**OCUs**)[6] in England between 2016/17 (the latest estimate), a rate of 8.85 per 1,000 population (PHE (1), 2019). Estimates have risen continuously since 2010/11 (298,752). As stated above, local authority rates of *OCU* are heavily linked to deprivation measures (PHE (2), 2019). The estimates for Greater Manchester are provided in Table 2 below.

Table 2: Estimates for the number and rate per 1,000 population of OCU (opiate and or crack cocaine users) in Greater Manchester 2016/17 (latest estimate).

Area	Nº OCU	OCU rate per 1,000	Difference 2014/15 to 2016/17
England	313,971	8.85	+13,188
North West	49,871	10.81	+1,057
Bolton	2,240	12.49	-508
Bury	1,185	9.99	+17
Manchester	4,150	10.70	-164
Oldham	1,401	9.61	-261
Rochdale	1,900	13.76	+70
Salford	2,040	12.37	+641*
Stockport	1,383	7.68	-135
Tameside	1,509	10.60	+113
Trafford	857	5.81	-1
Wigan	1,974	9.57	-181

*The increase in the number of OCU in Salford is statistically significant.
Source (PHE (2), 2019)

[6] The *High-risk Drug Use* (HRDU) indicator was revised at an international level to focus on a wider range of recurrent harmful drug use; however, national monitoring only provides prevalence estimates of *OCUs*.

5.3 Drug indicators: **Treatment demand indicators**

5.3.1 Adults in treatment in England

In the year 2019/2020 (up to March 2020 pre-lockdown) there 270,705 adults *in treatment* for drug and **alcohol** problems in England, which was little change compared to 2018/19. Over half those *in treatment* (52%) were for problems with *opiates*[7]. Nearly 1 in 3 *opiate users* have been in treatment for over five years continuously and nearly 1 in 6 for over 10 years (Black C. , 2020). There were 132,124 adults *entering treatment for the first time* during 2019/2020. This number has stabilised after falling steadily since 2013/2014. Although there was a 1% fall in the numbers *in treatment* for **alcohol**, there was another rise in those in treatment for problems with ***crack* cocaine**; both ***crack*** with *opiates* (24,363 to 25,043) and ***crack*** without *opiates* (4,535 to 4,651). There was also a 7% rise in those with ***powder* cocaine** problems (from 20,084 to 21,396) (PHE (3), 2020). For Greater Manchester figures, Table 3.

Table 3: Number of adult clients in treatment for alcohol and drug problems in Greater Manchester. March 2021.

Area	All adults in treatment	Opiate users	Non opiate users	Alcohol users
England	271,322	141,320	55,822	74,180
Bolton	2,020	1,262	277	481
Bury	859	441	163	255
Manchester	3,712	2,204	763	745
Oldham	1,350	664	348	338
Rochdale	1,611	802	375	434
Salford	1,942	784	515	643
Stockport	1,753	699	440	614
Tameside	1,959	907	506	546
Trafford	965	378	221	366
Wigan	2,147	943	498	706

Source (NDTMS, 2021)

5.3.1.1. Treatment completion rates

Of those in treatment, 47% were discharged as *'treatment completed'*. *Opiate* users had the lowest rate of completing treatment (24%) while the **alcohol** only group had the highest rate (59%). Around a third (36%) of people left treatment without completing it, while 13% left either due to unsuccessful transfers between services or the person declining further treatment. The proportion of *opiate* users in England who are *not in treatment* has continued to rise from 40.8% in 2014-2015 to 46.7% in 2019-2020 (PHE (3), 2020). According to the *Black Review* (part 2), the proportion of *opiate* users completing treatment each year is nearly half what it was 8 years ago (Black C. , 2021).

5.3.1.2 Mental health needs of those entering treatment for drug and alcohol problems

In 2019/20, 59% of adults starting treatment said they had a mental health treatment need. This is an increase on the previous year (53%) and continued a sharp rise seen in recent years. Over half of new starters in all substance groups needed mental health treatment. This need ranged from 54% in the *opiate* group to nearly two-thirds (65%) of the *non-opiates* and **alcohol** group (PHE (3), 2020).

5.3.1.3 Adults in treatment in Greater Manchester

According to a *GMCA review*, between 2010 to 2019, the overall numbers *in treatment* in Greater Manchester fell from 22,270 to 17,680. However, there were marked differences between local authority areas, with four of them accounting for 97% of the fall. During this period, the numbers *in treatment* for **alcohol** *only* had fallen from 7,085 to 5,070; with again four local authority areas accounting for 99% of this fall. All Greater Manchester local authority areas have experienced a fall in the number of *opiate* users *in treatment* over the last 10 years, from 11,715 to 8,870 (2,845 people). The biggest fall in any one area was 38% which was also the biggest numerical fall (1,230 people).

[7] *Opiates* are specifically; drugs derived from the opium poppy (*morphine, codeine* and *thebaine);* while *opioids* are synthetic or semi synthetic drugs. *Opioid* is traditionally used as a collective term to describe both drugs derived from the opium poppy and synthetic drugs. However, the terms are sometimes used imprecisely in different reporting mechanisms. Use in this report reflects source description/definition.

The number of over 50s in treatment has increased by 68%, while the number of adults aged under 30 in treatment has fallen 53% (GMCA, 2021).

The number discharged as *'treatment completed'* in Greater Manchester rose by 385 between 2010 and 2019. Since the numbers in treatment have fallen this represents a 22% increase, however, the picture is complex: for example one local authority area has had no improvement in *opiate 'treatment completed'* but 129% improvement in **alcohol** *'treatment completed'*; other areas had increases in *'treatment completed'* but increases in the percentage of people dropping out of treatment; while some areas with the highest percentage increase in *'treatment completed'* also had the highest percentage increases in drug related deaths (GMCA, 2021). In 2019, for those entering **alcohol** and drug treatment in Greater Manchester, all but one local authority area had a higher percentage of identified mental health treatment need than that for England (GMCA, 2021).

The *Black Review* (part 1); asserts that cuts to funding in treatment and other support services has led to an increase in un-met treatment need (Black C. , 2020). The proportion of *OCU* not in treatment in all Greater Manchester areas is similar to benchmark comparable areas and little changed in the last recorded year, although there are marked differences in waiting times to enter treatment and successful completion outcomes between local authority areas. According to the *GMCA review*, the 'gap' between estimated need for **alcohol** treatment and actual numbers in treatment services is so large that even a massively expanded treatment system would struggle to help all of those people estimated to be in need (GMCA, 2021).

5.3.2 Young people in treatment

In the 2019/20 reporting period, there were 14,291 young people (under 18) in treatment in England; a 3% reduction on 2018/19 and a 42% reduction on the peak of 2008/09 (24,053). However, cases were often reported as more complex, with for instance another rise in reported mental health problems from 32% to 37% while trends show a decreasing age range with a larger proportion of those under 15. The main drugs used were **cannabis** (89%),

Table 4: Estimates of OCU not in treatment, waiting times to enter treatment and treatment success.

Area	1. N° of OCU not in treatment 2018/19	2. Proportion of OCU not in treatment 2018/19	3. Proportion waiting more than 3 weeks 2019/20	4. Successful completion ratio 2018
England	158,909	52.1	1.4	1.00
Greater Manchester	9,430	50.4	-	-
Bolton	1,176	47.0	0.0	0.71
Bury	639	54.6	3.7	1.25
Manchester	2,234	52.4	1.2	1.13
Oldham	869	53.8	0.8	0.75
Rochdale	939	53.3	0.4	0.88
Salford	767	47.8	0.0	1.62
Stockport	690	49.3	0.4	1.00
Tameside	617	40.9	0.3	0.85
Trafford	480	56.8	0.6	1.48
Wigan	1,019	49.9	1.0	1.09

1. The number and proportion of OCU not in treatment 2018/19. 2. The proportion of OCU not in treatment 2019/20. 3. The proportion of OCU waiting more than 3 weeks to start treatment. 2018/19. **4.** The ratio of successful completion of drug treatment. 2018. **Colour code:** Better. Similar. **Worse** than similar benchmark areas. *Source (PHE (4), 2020)*

Source (PHE (4), 2020)

alcohol (42%), **MDMA** (13%) [a 9% decrease on 2018/19], and **cocaine** (10%). There was a slight decrease in the number of young people seeking help for **heroin** (51), less than 1% of all young people in treatment. There was an 18% decrease in those reporting a problem with *benzodiazepines*; but this was still more than double the number for 2016/2017 (PHE (31), 2021).

Table 5: Number of young people in treatment in Greater Manchester 2009/10 and 2019/2020.

Area	No of young people in treatment 2009/10	No of Young people in treatment 2019/20
England	24,165	14,291
Bolton	180	120
Bury	180	100
Manchester	275	185
Oldham	135	55
Rochdale	255	150
Salford	145	100
Stockport	95	105
Tameside	120	75
Trafford	90	55
Wigan	165	130

Source (NDTMS (3), 2021)

5.3.3 Drug treatment in prisons

There were 52,891 adults in **alcohol** and drug treatment in prisons and secure settings in England during 2019/20. Although 91% were men, there were 4,811 women in treatment in prison which is more than double the proportion for men. Of those *in treatment*, 50% said they had a problem with *opiates*; 78% of whom also had a problem with ***crack* cocaine**. Adults in treatment for *opiates* had the lowest rate of successful treatment completion (12%); the rate was between 40% and 41% for other substances. There were 1,186 young people receiving treatment for drug and **alcohol** problems in secure settings (2019/2020); **cannabis** was still the most common problematic substance for young people (93%) (PHE (32), 2021).

5.4 Drug indicators: **Drug related deaths**

There were 4,561 deaths related to *drug poisoning* registered in England and Wales in 2020; the highest number since records began in 1993, and 3.8% higher than in 2019 (4,393). The rate has increased every year since 2012 and by over 60% in the last decade. Of the 4,561 registered *drug poisoning* deaths, 2,996 were related to *drug misuse*, an increase from 2019 (2,833). In 2020, 2,165 drug misuse deaths involved males and 831 females. The highest rate of drug misuse deaths was found in those aged 45 to 49 years, closely followed by those aged 40 to 44 years (ONS (19), 2021). The *Black Review* (part 2) estimates the annual cost of drug related deaths at **£6.3 billion** a year (Black, 2021).

Death rates vary considerably by and within regions. The rate for *deaths related to drug misuse for* England is 5.0 per 100,000 population (2018-2020); the North East region has the highest rate (9.9) followed by the North West (7.1). London has the lowest regional rate (3.5). North West regional statistics include drug-related poisoning from *'Any opiate'* which increased from 736 to 771; and deaths from *'Any benzodiazepine'* which increased from 77 to 78, the highest on record for the region (ONS (19), 2021). See Table 6 for Greater Manchester drug related deaths.

5.4.1 Drug related deaths and mortality during treatment

While research has demonstrated *Opiate Substitution Treatment* (OST) is a protective factor against premature mortality; deaths during treatment have doubled since 2009/10. During the 2019/2020 reporting period (pre-lockdown), 2,929 people died while in contact with treatment services. This is a similar to the previous year but there was a 6% rise in deaths of *opiate* users in treatment (from 1,897 to 2,010), while all other groups saw decreases (PHE (3), 2020). About 60% of deaths of *opiate* users in treatment are thought to be from causes other than drugs, such as *liver disease, COPD* etc, which according to the *Black Review* (part 1) makes the total estimated number of *drug misuse-related deaths* in England and

Table 6: Greater Manchester deaths related to drug misuse

Area	1. Deaths related to drug misuse 2020	2. Deaths related to drug misuse 2019	3. Rate per 100,000 population 2018-20	4. Rate per 100,000 population 2001-03	5. Deaths in treatment 2016/17 -2018/19: mortality ratio
England & Wales	2,996	2,883	5.0 (England)	3.0	1.00
North West	514	494	7.1	3.7	-
Bolton	19	29	7.7	4.6	1.18
Bury	5	12	7.3	3.1	1.23
Manchester	42	41	9.0	5.1	1.04
Oldham	4	19	5.4	3.3	1.61
Rochdale	15	10	7.1	3.7	1.11
Salford	20	18	7.6	4.1	0.90
Stockport	20	16	5.6	3.3	0.68
Tameside	27	18	8.8	3.4	0.68
Trafford	11	11	4.5	2.3	0.74
Wigan	17	22	6.4	3.1	1.22

1. Number of deaths related to drug misuse registered in 2020. **2.** Number of deaths related to drug misuse registered 2019. **3.** Rate of deaths related to drug misuse per 100,000 and 2018 to 2020. **4.** Rate of deaths related to drug misuse per 100,000 and 2001 to 2003: *Source 1-4 (ONS (19), 2021)* **5**. Deaths in treatment mortality ratio 2016/17 to 2018/19: *Source 5 (PHE (3), 2020)*
Colour code: Better. Similar. **Worse** than similar benchmark areas.

Wales closer to 5,000 a year (Black C. , 2020; Lewer, 2019). The mortality ratio of *deaths in drug treatment in* Greater Manchester, with the exception of Oldham, is similar to other benchmark areas. Provisional *National Drug Treatment Monitoring Service* (NDTMS) data from April to September 2020 suggests a further rise in deaths in treatment for both *opiates* and **alcohol** service users (PHE (8), 2020).

5.4.2 Drug related deaths among homeless populations

There were an estimated 778 deaths among homeless people in England and Wales registered in 2019 (pre-lockdown); an increase of 7.2% from 2018. Although this was not a statistically significant rise, it was highest number since recording started in 2013. The majority of deaths were among men (88.3% men, mean age 45.9); 289 deaths (37.1%) related to drug poisoning which was a slight decrease from 2018, but 52% higher than 2017. Although often poly-drug deaths; 136 deaths related to *opiates* (99 **heroin**, 37 **methadone**); 38 **cocaine** and 22 *benzodiazepines*. There were 76 deaths related to **alcohol**. Suicides increased by 30.2% to 112 (ONS (6), 2020).

According to The *Dying Homeless Project* the offer of hotel accommodation during the pandemic was successful at preventing deaths from COVID-19, but deaths still rose by 37%. They recorded 976 deaths across England, Scotland, Wales, and Northern Ireland in 2020 – a 37% increase in the numbers reported in the 2019 study: 36% were related to drug and **alcohol** use; 15% died from suicide and less than 3% directly from COVID-19 (Museum of Homelessness, 2021).

In 2019, there were 126 North West deaths among homeless populations; double the number since they begin recording in 2013. There were 50 deaths in Greater Manchester. Manchester had the highest number of deaths (28) for any local authority area in England and Wales. There were 6 deaths in Bolton, 6 in Salford, 4 in Rochdale, 3 in Oldham and 3 in Wigan; none were recorded in other areas of Greater Manchester (ONS (6), 2020).

5.4.3 Drug related deaths in prison custody

The *Office for National Statistics* (ONS) have for the first time produced a set of figures using an experimental methodology to estimate drug related deaths in prison custody. Of the 1,830 deaths in prison custody between 2008 to 2016; 88 were *drug-related deaths*. The risk of male prisoners dying from drug-related causes was similar to that of the general male population; whereas 462 of the identified deaths in prison custody were suicides, a rate 3.7 times higher than that for the general population for males (ONS (9), 2019).

5.5 Drug indicators: **Hospital admissions**[8]

In the 2019/20 reporting period (up to March 2020); there were 7,027 hospital admissions in England with a primary diagnosis of *'drug related mental and behavioural disorders';* a 5% decrease from the previous year. There were 99,782 admissions with a primary or secondary diagnosis of drug related mental and behavioural disorders, an increase of 3% on 2018/19. In 2019/20; there was a 3% rise in hospital admissions for *'poisoning by drug misuse'* (18,053) (NHS Digital (8), 2021). During the lockdown period there appears to have been a decrease in hospital admissions for *drug poisoning* (PHE (26), 2020; EMCDDA (e), 2020). See Table 7 for Greater Manchester hospital admissions.

5.6 Drug indicators: **Drug-related infectious diseases**

5.6.1 HIV

Only 2% of people diagnosed with HIV in the UK in 2018 contracted HIV via injecting drug use (Terrance Higgins Trust, 2018). According to the *Unlinked Anonymous Monitoring* (**UAM**) Survey of HIV and viral hepatitis among *people who inject drugs* (**PWID**); HIV prevalence remained stable at 0.82% in 2019 with 100% of people aware of their HIV-positive status (PHE (10), 2020). HIV prevalence among North West *PWID* has decreased from higher than the rate for England in 2010 to considerably lower at 0.28% in 2019 (PHE (10), 2020).

Table 7: NHS hospital finished admission episodes

	1. Primary or secondary diagnosis of drug related mental and behavioural disorders 2019/20		**2. Primary diagnosis of poisoning by drug misuse 2019/20**	
Area	No of admissions	Rate per 100,000 population	No of admissions	Rate per 100,000 population
England	99,782	181	16,994	31
North West	18,990	268	3,315	46
Bolton	620	226	105	38
Bury	300	163	70	37
Manchester	1,635	317	190	37
Oldham	450	198	105	44
Rochdale	415	191	80	36
Salford	690	263	140	54
Stockport	520	188	90	31
Tameside	675	308	110	49
Trafford	310	137	70	30
Wigan	1,335	420	200	61

1. Number and rate per 100,000 population of admissions with primary or secondary diagnosis of drug related mental and behavioural disorder 2019/20. **2.** Number and rate per 100,000 population of admissions with a primary diagnosis of poisoning by drug misuse 2019/20: *Source 1-2 (NHS Digital (8), 2021).*

[8] Trends in hospital admissions can be influenced by changes in local recording practices and data collection.

5.6.2 Hepatitis B

According to the *UAM*, Hepatitis B (*HBV*) prevalence has decreased from 19% in 2008 to 6.9% in 2019. The North West rate has also decreased, but at 12%, is higher than the average for England. *HBV* vaccine uptake has decreased in under 25-year-olds from 76% in 2011 (when vaccine uptake was highest) to 57% in 2019, and in those aged 25-34 years from 79% in 2011 to 66% in 2019. For all age groups the uptake of *HBV* vaccination for the North West (70%) is similar to England (71%) (PHE (10), 2020).

5.6.3 Hepatitis C

PHE have suggested the target for a reduction in Hepatitis C (*HCV*) related mortality of 65% by 2030 looks achievable in England (PHE (11), 2020). However, although there are significant reductions in the prevalence of chronic infection among *PWID* from 58% in 2011 to 42% in 2019, there is little evidence of any fall in the number of new infections among *PWID*; and only 30% of *UAM* participants were aware of their chronic *HCV* infection. The North West has a higher proportion of *PWID* who have *ever been infected with HCV* (61%); compared to the proportion for England (55%) (PHE (10), 2020).

5.6.4 Bacterial Infection

According to *UAM*, there was an increase in the proportion who reported being homeless (a known risk factor in bacterial infections) during the last year from 28% in 2010 to 42% in 2019. After increases reported since 2014, symptoms of an infection at an injection site decreased from 54% reported in 2018 to 38% of *UAM* participants who had injected in the last year (2019). The level of needle and syringe (direct) sharing reported by *UAM* participants who had injected during the preceding four weeks was 20% in 2019, similar to levels seen in 2010 (21%) and an increase from 14% in 2012 when reported sharing levels were lowest. In 2019, 36% reported injecting into their groin in the last month; this has remained relatively stable since 2010. The North West has higher rates of direct sharing (23%) and groin injecting (43%) than the level reported for England (PHE (10), 2020).

5.6.5 Drug-related infectious disease during lockdown

The operation of needle exchange provision (*NSP*) was forced to change as a result of the pandemic; resulting in coverage for those injecting psychoactive drugs declining from 14 to 7 needles per-week. It is not clear how much of this was due to a decline in injecting, but is thought to indicate an increase in equipment sharing, reuse and risk during the initial lockdown period; although at present the impact of this decline in coverage on drug-related infectious disease is unknown (Whitfield, Reed, Webster, & Hope, 2020). In response to the lockdown, treatment services were providing postal service schemes for delivering injection equipment (Exchange Supplies, 2021).

5.7 Other indicators

5.7.1 Drug offences

After a long-term decline there has been an increase in the last two years up to March 2020 (pre lockdown) with around 175,000 drug offences; a 13% rise from 2018/19. The percentage of people receiving a caution dropped while the percentage sentenced to immediate custody has risen[1] (UK Parliament, 2020). During lockdown, recorded drug offences increased by 16% to 198,780 (year ending September 2020). According to the *ONS*, this increase was driven mainly by an increase in April to June 2020 reflecting proactive police activity in crime hotspots. Increases were seen in offences involving trafficking (18%) and possession of drugs (15%). The largest regional percentage-change increases in recorded drug offences were seen in the South East (25%), Yorkshire and The Humber (21%) and the North West (20%). As lockdown restrictions eased in the summer of 2020 and proactive policing reduced, there were 16% fewer drug offences recorded in July to September 2020 compared with the previous quarter and similar to the same period in 2019 (ONS (16), 2021).

[9.] Figures up to March 2020 for Greater Manchester were not included in these national figures owing to problems with the GMP IT system.

5.7.2 Homelessness

One-fifth of adults starting treatment in 2019/2020 reported a housing problem, increasing to one-third of people in treatment for *opiates* (PHE (3), 2020). According to the *UAM*, the proportion of *PWID* who reported being homeless in the last year increased from 28% to 42% (PHE (10), 2020). According to the initial findings from the *Rough Sleeping Questionnaire*; 60% of respondents had a support need related to drug or **alcohol** misuse; drug misuse (49%), **alcohol** misuse (23%). The majority had a current or historical support need related to drug misuse (61%) or **alcohol** misuse (40%) (Ministry of Housing, Communities & Local Government (b), 2020). *St Mungo's*, a homeless charity, estimated that 12,000 rough sleepers are without access to drug treatment (St Mungo's, 2020).

5.7.3 Looked After Children

In the 2019/2020 reporting period, 1,920, (3%) of children looked after for at least 12 months in England were identified as having a substance misuse problem; down slightly from 4% in the previous two year reporting period (ONS (7), 2020). See Table 8 for Greater Manchester data.

Table 8: Looked After Children identified as having a substance misuse problem in Greater Manchester.

Area	Number	% of all Looked After Children
England	1,920	3%
Bolton	10	2%
Bury	9	3%
Manchester	71	7%
Oldham	15	4%
Rochdale	9	2%
Salford	24	5%
Stockport	26	10%
Tameside	26	5%
Trafford	0	0%
Wigan	23	7%

Source (ONS (7), 2020)

5.7.4 Parental Substance Misuse

According to the Children's Commissioner for England's data on childhood vulnerability, there were 478,000 children living with a parent with problem **alcohol** or drug use in 2019/2020, a rate of 40 per 1,000 (PHE (34), 2021). See Table 9 below for Greater Manchester data.

Table 9: The proportions of all drug and alcohol treatment clients in each of the family categories, for Greater Manchester and England. (2019-2020).

Area	Parent living with children	Other child contact - living with children	Parent not living with children	Not a parent and not in contact with children
England	18%	6%	30%	46%
Bolton	18%	4%	36%	42%
Bury	17%	7%	34%	42%
Manchester	11%	5%	29%	55%
Oldham	20%	6%	32%	41%
Rochdale	17%	7%	32%	43%
Salford	16%	3%	34%	47%
Stockport	20%	10%	22%	44%
Tameside	21%	8%	30%	41%
Trafford	19%	4%	30%	47%
Wigan	20%	5%	32%	43%

Source (NDTMS (2), 2021)

5.7.5 Prevalence during lockdown

A number of multi-national online surveys and trend reports concerning *people who use drugs* (PWUD) were conducted during lockdown (EMCDDA (b), 2020; NEWnet & TEDI, 2020; Winstock, et al., 2020). *Crew* conducted an online Scottish survey (CREW (a), 2020; CREW (b), 2020), while *Release* in collaboration with *PHE* conducted a national online survey (Release (d), 2021). National intelligence was also available through *PHE* intelligence briefings, largely based on anecdotal local reports (PHE (13), 2020).

The narrative that has emerged from online surveys conducted during the initial lockdown

period has been fairly consistent: some *PWUD*, used more drugs, more often; but for most *PWUD*, their drug use stayed broadly the same or the quantity and frequency of use decreased. The reduction in use was often explained by a lack of social opportunity to take drugs; a decrease in availability or reduced access to a source of supply and a loss of income and financial uncertainty. There was generally a decrease in stimulant drugs associated with clubs and festivals, quite simply because the clubs were shut and there were no festivals to go to. The *Crew* survey reported that as lockdown wore on, more respondents reported taking larger quantities of drugs, more frequently as a result of a decrease in potency. This with an increase in price led to an increase in spending on drugs (CREW (b), 2020).

The *Release* (interim) national online survey of 2,621 respondents between April and Dec 2020, reported that most people did not have any difficulty obtaining drugs and the quality and price was largely unchanged during the initial lockdown period, but this became slightly more difficult as the lockdown eased, most probably because dealers were thought to have had about three months initial supply. As you would expect from an online drugs survey the vast majority were younger (over half under 24 - 81% under 34), the vast majority of whom were predominantly **cannabis** users (70%) (Release (d), 2021).

5.7.6 Drug markets during lockdown

At the start of the lockdown some commentators predicted there would be a significant drop in drug availability (Dietz, 2020; Global Initative on Organised Crime, 2020); drug users were urged to stockpile (INPUD, 2020) and it was feared a **heroin** drought would occur and that potent *synthetic opioids* would fill the vacuum (Society for the Study of Addiction, 2020)[10]. However, international supplies of **heroin** continued with little evidence of substitution with potent *synthetic opioids* and little disruption to bulk movement of **cocaine** (Sergi, 2020; EMCDDA and Europol, 2020). The wholesale prices of **amphetamine** and **MDMA** increased in several countries; but decreased in the Netherlands, thought indicative of attempts to increase sales as there was less demand (EMCDDA (b), 2020; EMCDDA and Europol, 2020). A drop in large volume sales of **cannabis** on dark web markets was thought to indicate face-to-face selling would be harder; but there was an increase in smaller direct *Dark web* sales, mostly a result of British people buying **cannabis** directly from Dutch suppliers (EMCDDA (a), 2020).

During the initial lockdown period, street-based drug dealing became more visible and arrests for drug supply are thought to have increased in London (Sky News, 2020) as did *stop-and-search* for drugs (Release (c), 2020). It was reported that: some dealers dressed as delivery drivers; shifted to contactless payment (Daly, Drug Dealers Are Dressing Up as Delivery Drivers, Joggers and Nurses to Sell Heroin During Lockdown, 2020); imposed minimum orders or used delivery drones (The Economist, 2020); and that the already growing trend of supply via social media increased further (CREW (b), 2020).

5.7.7 Mental health and wellbeing during lockdown

Multiple population measures revealed deteriorations in the mental health and wellbeing of the general population as a whole during lockdown, often although not always followed by a period of recovery as restrictions eased. One large scale longitudinal study found that the proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 20.8% in 2019 to 29.5% in April 2020, and then fell back down to 20.8% by September 2020 (Daly & Robinson, 2021).

The 560 young PWUD surveyed for the GM TRENDS online survey of young people were asked how much they agreed or disagreed a series of questions about how they felt during lockdown. Worrying high levels of respondents said they felt Anxious (30.8%), Stressed (41.5%), Depressed (23.4%) and Suicidal (9%). This response was higher for girls/young women and particularly pronounced in the older (19-21) age group - Anxious (66%), Stressed (79.1%), Depressed (52.3%) and Suicidal (22.7%).

[10] During the 2010 heroin drought, scarce and/or low quality heroin was supplemented with a wider range of other substances (Harris & Rhodes, 2014); the knock-on effect of loss of opioid tolerance contributing to the rise in drug related deaths once higher quality heroin had returned (PHE (17), 2017).

6. **Findings:** Individual substances

Table 10 Classification and legal status of main drugs covered in this report

Name of drug	Classification	Legal Controls
Alcohol	Depressant	LR
Nicotine	Stimulant	LR
Cannabis	Cannabinoid	MDA Class B
CBD	Cannabinoid	LR (Can be MDA Class B)
SCRA (Synthetic Cannabinoids)	Cannabinoid	MDA Class B
Heroin	Opioid	MDA Class A
Naloxone	Opioid	PO (can be supplied by drug services)
Fentanyl(s)	Opioid	MDA Class A
Methadone	Opioid	MDA Class A
Buprenorphine	Opioid	MDA Class C
Tramadol	Opioid	MDA Class C
Codeine/Dihydrocodeine	Opioid	MDA Class B or OTC in weaker preparations
Promethazine	Other drugs	OTC in preparations
Oxycodone	Opioid	MDA Class A
Morphine	Opioid	MDA Class A
GHB (GHBRS)	Depressant	MDA Class C (soon class B)
Gabapentinoids	Depressant	MDA Class C
Benzodiazepines	Depressant	MDA Class C
Zopiclone/Zolpidem	Depressant	MDA Class C
Volatile substances (VSA)	Depressant	PSA
Ketamine	Dissociative	MDA Class B
Nitrous Oxide	Dissociative	PSA (under review)
Salvia	Dissociative	PSA
Cocaine hydrochloride	Stimulant	MDA Class A
Crack Cocaine	Stimulant	MDA Class A
Amphetamines	Stimulant	MDA Class B
Crystal methamphetamine	Stimulant	MDA Class A
MDMA (Ecstasy)	Empathogen	MDA Class A
MCAT (mephedrone)	Empathogen	MDA Class B
LSD	Psychedelic	MDA Class A
Magic mushrooms (psilocybin)	Psychedelic	MDA Class A
2C-B and similar drugs	Psychedelic	MDA Class A
Anabolic Steroids	PIEDS	MDA Class C (it's complicated)
Viagra	PIEDS	PO and OTC
Botox	PIEDS	PO (its complicated)
Melanotan (I and II)	PIEDS	Unlicensed
Cognitive enhancers	PIEDS	(mostly) PSA
Alkyl nitrites	Other drugs	(It's complicated)

Main sources: Classification (Adley/DrugWatch, 2021). *Legal Controls* (Home Office (i), 2019)
Key: LR = *Legally regulated.* **MDA** = *Misuse of Drugs Act*. **PSA** = *Psychoactive Substances Act*.
PO = *Prescription Only*. **OTC** = *Over The Counter* medicines. **PIEDS** = *Performance and Image Enhancing Drugs*

6.1 Alcohol

6.1.1 Drug indicators: Alcohol

After long-term decreases, the proportion of 11 to 15-year-old pupils who reported drinking in 2018 was largely unchanged (NHS Digital (1), 2019). With the exception of men increasing slightly in 2018, the proportion of adults drinking in the *past week* has followed a declining trend since 2005 (House of Commons Library, 2020). In 2019/20, hospital admissions attributable to **alcohol** were 6% higher (358,000 people) than 2017/18; 19% higher than 2008/09 (NHS Digital (5), 2020). A recent study suggested that this national increase in hospital admissions may be fuelled by local authority funding cuts to specialist **alcohol** treatment (Roberts, Hotopf, & Drummond, 2020). During the pandemic the rate of unplanned hospital admissions per 100,000 population for alcoholic liver disease increased by 3.2% (2019/2020), though the rate of total **alcohol**-specific admissions decreased by 3.2% (PHE (37), 2021). Pre lockdown, **Alcohol** *specific* hospital admission and **alcohol** *specific* mortality rates in Greater Manchester were nearly all higher than the national rate (PHE (12), 2021). See Table 11.

6.1.1.1 Drug Indicators: Alcohol deaths

Alcohol deaths have two separate measures, **alcohol** *specific* deaths, such as death from liver disease related to drinking and a wider measure of **alcohol** *related* deaths. In 2019 there were 7,565 deaths registered in the UK from alcohol *specific* causes, the second highest since the data time series began in 2001 (ONS (15), 2021). Provisional data for England and Wales show there were 7,423 deaths (13.0 per 100,000 people) from **alcohol** *specific* causes registered in 2020, a 19.6% increase compared with 2019 (6,209 deaths; 11.0 per 100,000 people) and the highest annual total in the time-series [beginning in 2001] (ONS (17), 2021). According to *PHE*, deaths from mental and behavioural

Table 11: Alcohol hospital admissions in Greater Manchester

	1. Admission episodes for alcohol-specific conditions 2019/20		2. Alcohol specific admissions Under 18 2017/18-2019/20	3. Alcohol specific mortality 2017/19	
Area	Number of episodes	Rate per 100,000 population	Rate per 100,000	Number	Rate per 100,000
England	347,761	644	30.7	17,357	10.9
North West	62,895	891	43.6	3,058	14.6
Bolton	1,890	701	41.8	152	19.0
Bury	1,165	637	34.7	71	12.9
Manchester	4,095	1,066	41.0	188	17.3
Oldham	1,790	835	30.9	102	15.9
Rochdale	1,525	737	38.0	88	14.5
Salford	3,625	1,613	44.2	88	13.8
Stockport	2,230	770	39.6	138	15.7
Tameside	1,915	871	33.2	116	17.5
Trafford	1,665	737	47.6	84	12.4
Wigan	2,840	871	60.9	168	17.3

1. Hospital finished admission episodes and rate per 100,000 population for alcohol specific conditions. 2019-2020. **2.** Admission episodes for alcohol-specific conditions - Under 18s. 2017/18 – 2019/20. **3.** Alcohol related mortality. 2017/19: Source 1-3 (PHE (12), 2021). **Colour code:** Better. Similar. Worse than similar benchmark areas.

disorders due to **alcohol** increased by 10.8% between 2019 and 2020 (compared to a 1.1% increase between 2018 and 2019), deaths from **alcohol** poisoning increased by 15.4% between 2019 and 2020 compared to a decrease of 4.5% between 2018 and 2019 (PHE (37), 2021).

The figures for deaths per 100,000 population in the regions (pre-pandemic) largely reflects deprivation measures for those regions. Pre lockdown, the North West (18.2) was second only to the North East (21.1) compared to the rate for England (13.6), London (10.6) and the East of England which has the lowest rate (9.6) (ONS (17), 2021). During the pandemic the increase in deaths, mirrored the concentration in the most deprived areas seen pre-lockdown (PHE (37), 2021).

6.1.1.2 Drug indicators: Alcohol dependency and treatment

There were 74,618 people in specialist treatment in England for **alcohol** *only* during 2019/20. This makes up 28% of the total treatment population, but was a 1% decline from the previous year and continues a downward trend from a peak of 91,651 in 2013/2014. Of people starting treatment in 2019/20, 59% said they had a problem with **alcohol** and 65% of these (50,957) said it was their only problem substance. This **alcohol** *only* group had the highest successful 'treatment completion' rate of any group (59%) (PHE (3), 2020).

As with *opiates* and ***crack*** **cocaine**, the higher prevalence rates of **alcohol** dependency are concentrated in the north of England. Almost half the people in treatment for **alcohol** *only* (45%) were living in areas ranked in the 30% most deprived areas. There were an estimated 586,797 adults with **alcohol** dependency in need of specialist treatment in 2017/2018 (the most recent estimate), an estimated 82% of adults in need of specialist treatment for **alcohol** are not receiving it (PHE (3), 2020). Of the 14,291 young people in treatment, 42% said they had problems with **alcohol** (PHE (31), 2021). See Table 12.

Table 12: Alcohol dependency and treatment in Greater Manchester

Area	1. Estimates of adults with alcohol dependency in need of treatment 2018-19		2. Nº in specialist treatment 2017-18	3. Successful completion of treatment 2019
	Number	Rate per 100 population		
England	602,391	1.37	-	37.8%
Bolton	3,501	1.61	498	44.6%
Bury	2,204	1.5	317	33.2%
Manchester	8,671	2.04	792	37.7%
Oldham	3,052	1.73	352	30.7%
Rochdale	3,110	1.86	520	25.1%
Salford	4,450	2.25	730	50.8%
Stockport	3,167	1.39	518	48.1%
Tameside	3,125	1.79	373	33.2%
Trafford	2,138	1.19	317	42.4.2%
Wigan	4,379	1.70	893	39.6%

1. Estimates of the number and rate per 100 population of adults in England with an alcohol dependency potentially in need of specialist treatment. 2018-19. **2.** Number in treatment at specialist alcohol misuse services. 2017/18. **3.** Proportion of successful completion of alcohol treatment. 2018: Source 1-3 (PHE (12), 2021), (PHE (33), 2021).
Colour code: Better. Similar. **Worse** than similar benchmark areas.

6.1.1.3 Drug indictors: Alcohol consumption lockdown

Most online general population surveys conducted in the first months of the 2020 lockdown reported that between a fifth and a third of people were *'drinking more'* but a similar number reported *'drinking less'* (Institute of Alcohol Studies, 2020; PHE (14), 2020; Garnett, et al., 2021). However, while there may be little difference to overall consumption; the *heavy drinkers* (50 + units a week), particularly in the 45 to 64 year age group were drinking more (PHE (19), 2020). According to recent PHE analysis, between March 2020 and March 2021, there was a 58.6% increase in the proportion of respondents drinking at increasing risk and higher risk levels (PHE (37), 2021). One large online survey found that the majority (91.5%) of young adults who were drinking heavily at the start of lockdown had cut down a year later, but just 1 in 3 adults (ages 30-59 and 60+) had done so (Fancourt, Bu, Wan Mak, Elise, & Steptoe, 2021).

6.1.2 Findings: Alcohol

A small number (6%) of respondents to the professional survey reported a decrease in **alcohol** use. This was often attributed to difficulties in accessing **alcohol** during lockdown.

"Greater difficulty in accessing [alcohol], less opportunity and in others a chance to use the situation to work toward sobriety." (Clinical Psychologist, Manchester and Oldham)

In the young person survey, reduced access to **alcohol** was also cited as the main explanation for reductions in **alcoho**l use, alongside limited opportunity due to spending more time under parental supervision in the home. However, one of the most consistent findings to emerge from professional survey respondents across all Greater Manchester areas was the increased use of **alcohol** during the past year. Over half (52%) of respondents who completed the professional survey reported an increase in **alcohol** use among the people they engage with. This was the highest percentage increase reported of the 44 substances covered in the survey. Over half (54%) of those reporting an increase in **alcohol** use worked in three Greater Manchester areas - Manchester (25%), Wigan (15%) and Trafford (14%).

The following comments from the professional survey illustrate some of the frequently reported reasons for this trend.

"Loss of routine, earlier start times, working from home, increasing use across middle classes who don't recognise it as problematic. Mood and sleep problems particularly." (Psychiatric Nurse, Manchester)

"Due to boredom and a lack of routine, people have struggled. Especially with COVID. Feeling of isolation and the lack of support." (Case Manager at CRC, Tameside)

"Young people are not able to access other substances due to limited drug supply from overseas whereas alcohol is easier to get hold off." (Young Person Substance Misuse Worker, Rochdale)

"...With COVID-19 lockdown, there's been decreased social contact/drinking in pubs and increased drinking at home, sometimes leading to higher alcohol intake as there is less social scrutiny perhaps. There seems to be a general trend for self-medication amongst our clients, as anxiety levels have increased along with social pressures." (IAPT High Intensity Therapist, Manchester)

It was commonly noted in the professional survey responses from those working across all Greater Manchester areas that there had been a significant rise in **alcohol** referrals to services. These were often reported to be self-referrals from people new to treatment services.

"More people are self-referring due to increase of alcohol use from social drinking to problematic since the initial COVID lockdown in March 2020." (Adult Assessment Practitioner, Bolton)

The typical scenarios provided by treatment professionals we interviewed were of clients realising that their drinking has become out of control since spending more time in the home as a result of either working at home,

being furloughed, or made redundant. This led to drinking more often, including through the day. Another common scenario discussed by professionals was increased drinking as a coping mechanism for stress related to money, health, and employment concerns.

There was an equal distribution of responses to the adult *PWUD* survey in relation to their **alcohol** usage during the lockdown: a third (33%) said it had increased, a further third reported it had decreased and the remaining third reported no change. Socialising with friends and family at home or online and boredom were often cited as reasons for increased **alcohol** use.

> *"When I was living at home it was easily available and since I wasn't going out I had extra disposable income, so it ended up being a consistent way to enjoy an evening with family or on a Zoom hangout."* (26, Male, Manchester)

> *"In the first lockdown when the weather was good for three weeks, I drank every day, mainly because there was nothing else to do to pass the time other than sit in the garden and drink. The fact that all four of my housemates were in with me meant that we all encouraged each other to drink every day."* (22, Female, Manchester)

Key Professional Informants discussed how young people were drinking more, which was likely because they were finding it easier to access **alcohol** than other substances during lockdown.

> *"I don't think that's any coincidence with COVID and A&E alcohol referrals we received. I think there's a direct link . . . it went from having three or four referrals a month from A&E to your eight, nines and tens a month, so they were coming in quite fast. I believe there's a link there in terms of substances being hard to get hold of so young people then decide to use alcohol, which is more freely available, isn't it? There was never an issue [during lockdown] with getting hold of alcohol."* (Young Person's Substance Use Service, Team Leader, Bury)

Almost half (48%) of the 560 respondents in the young person's survey who were engaged with substance use services said they had previously used **alcohol**, before the lockdown. This number dropped slightly when participants were asked if they had used **alcohol** *during* lockdown, but it remained at nearly half (45%). The Greater Manchester areas making up the higher numbers of young **alcohol** users were Rochdale (18%), Bury (16%), Trafford (15%) and Salford (14%). While half (51%) of those who answered said they were using less, over a quarter (27%) of participants said they were using more. Concerns regarding high levels of **alcohol** consumption amongst some young people were raised in a couple of *Key Professional Informant* interviews.

> *"There was no real changes to what we see in alcohol numbers in the last year, but we are starting to see an increase in younger (18-25) people drinking huge amounts that you only used to see in over 30s. Last year we saw a 15-year-old who was physically dependent on alcohol, who had been drinking two 70ml bottles of vodka a day. I guess it is more people drinking to deal with problems. We had a 20-year-old who died from alcohol overdose and a 19-year-old who had cirrhosis of the liver, so they must have been drinking heavily form a very early age."* (Young Person's Specialist Nurse North East GM Region)

The reported increases in **alcohol** use in the professional survey was supported and expanded upon during the *Key Professional Informant* interview phase of the research. Professionals working in adult substance use and mental health services linked the lockdowns with an increase in **alcohol** referrals.

> *"I think we've noticed an increase in referrals for people with alcohol problems since lockdown, people whose drinking has perhaps increased or become more problematical through lockdown. I think that in terms of people accessing the service, we've had a lot more alcohol referrals. [. . .] I think it's people who are coming through requesting just brief interventions. It's people who over the last six or eight months have had alcohol use that's gone up, and often as a result of, anecdotally, maybe not being at work anymore, being*

at home all the time, you know, a glass of wine each night becomes a bottle sort of thing." (Specialist Substance Use Psychologist, Tameside)

"We're getting more referrals through from hospitals of people presenting in crisis and it may be associated with mental health, people are struggling in terms of isolation and things like that and they have been drinking more or it may be the case that people have always drank quite a lot but have been able to function and work, but then it may have become more prevalent because of the pandemic and people being furloughed or people losing employment, or because of isolation they're drinking that bit more." (Substance Use Outreach Worker, Bury)

Interviewer: Have referrals increased in relation to any particular substances? "Alcohol. More people are staying in. You know, it is more socially acceptable. And the people are using it for medication, as that stress relief. You know, their anxiety medication. But then, you know, people's alcohol [use] it progresses until it becomes a problem. People, you know, if they're furloughed or even working from home a lot, people get itchy feet, itchy fingers, but they can't go anywhere and do anything. I've always heard, you know, when you say, 'Why do you think you drink so much?' 'Oh, boredom.' I'm hearing it more." (Adult Outreach, Bolton)

As we illustrate below, adult treatment staff across all Greater Manchester areas reported trends of typically older (40 plus) drinkers with no previous treatment engagement either self-referring or coming through other referral routes such as police responding to domestic violence incidents, hospital admissions or presenting in mental health crisis.

"I mean no two ways about it, what we've got is a cohort of early retired, early redundant people who, if you like, and it could be COVID, it could be their age or redundancy but there was once some external structure and discipline in their life called a job. Quite a lot of these people are recently divorced or recently widowed as well. So there was once things in their life and although they drank too much and they drank too often and they'd done it for many, many years, it just was kept together by the fact they got up every bloody morning at 6 o'clock and went to work, they had a missus that looked at them a bit naughty over the table if they were drinking too much and in the absence of those things, plus the knocks of life, your brother died when you were 40, you did this, one of your kids died, whatever. [. . .] When there's suddenly an absence of some of these external disciplines and that could be COVID or it could be just you've been made redundant, all of a sudden that harmful drinking becomes really a handful or that pattern of historical drinking becomes really quite problematic. We have some really horrible, tragic cases where they are desperately embarrassed, ashamed, feel awkward being in treatment and there is this cohort of people who are in their early 60s, sometimes older than that who are in a right mess. But I think you can probably apply that sort of rule to COVID if you like." (Substance Worker, Salford)

Alongside an increase in new **alcohol** referrals, there were also concerns that those known to services were relapsing during lockdown.

". . . those who are heavy drinkers have issues with alcohol anyway seem to have been slipping/relapsing during lockdown." (Complex Safeguarding Manager, Oldham)

Those working with street-based substance users who are accommodated raised concerns that typical support networks they have from drinking or taking drugs in public or with others have diminished due to lockdown restrictions, placing them in more vulnerable situations.

"There's possibly been an increase in people drinking alone. We've found quite often, particularly the street homeless service users that they will use together, and they'll be two, three, four, five people all using the same substances at the same time, all together, which in some respects gives an element of… there's a safety element there because you're with other people. I think for those drinking, they're sat at home alone, drinking and I think the potential increase in that is because of the isolation that was brought about by the pandemic." (Homeless Charity, Service Manager, Stockport)

The reported increased use of **alcohol**, and poor mental health that has been linked to the impact of the pandemic led some *Key Professional Informants* to highlight the need for more focus on **alcohol** use within adult substance use services.

"People aren't aware of what the issues are around alcohol and increased drinking and binge drinking and they won't see it as a problem and before you know it, dependency has got a grip of people and then all the other things come into it around deteriorations around mental health and physical health. I think that fall out [of COVID] could be quite big. I think alcohol has always, dare I say, has always come secondary in substance misuse services because of the real focus on opiate replacements and things like that. [. . .] and I think alcohol has become secondary whereas, really, it should be alongside it if not primary because of things like this. That may change in the future given what potential fallout could be over these next few years. Hopefully I'm wrong, but I think alcohol always needs to be prioritised because of links between that and mental health and it's a legal substance and their ability to use it as a coping mechanism to try and mask things. The deaths from alcohol and the use of secondary substances to it is massive. I think we're seeing a lot more overdoses and complications and hospital presentations through increased alcohol use." (Substance Use Outreach Worker, Bury)

6.2 Nicotine

6.2.1 Drug indicators: Cigarette smoking

The use of cigarettes is falling; estimates show 1.4 billion less cigarettes were smoked between 2011 and 2018 in England (Jackson, Beard, & Kujawski, 2019). Smoking rates are now the lowest ever recorded. In 2018, 16% of 11 to 15-year-old pupils had *ever smoked cigarettes*; down from 19% in 2016 and from 49% in 1996; only 2% were *regular smokers*; down from 13% in 1996. Schoolchildren are now far more likely to report ever taking illicit drugs (23.7%) than smoking cigarettes (16%) (NHS Digital (1), 2019). Smoking rates across Greater Manchester vary considerably and as with **heroin** and ***crack* cocaine** use, smoking prevalence is closely associated with measures of deprivation. Drug users are four times more likely to smoke than the general population (PHE (3), 2020) and smoking may kill more dependent drinkers and drug users than **alcohol** and/or drugs (Alcohol Change UK, 2020). See Table 13 for smoking prevalence, morbidity and mortality in Greater Manchester.

Table 13: Smoking prevalence, morbidity and mortality in Greater Manchester

Area	1. Smoking prevalence 18+ (2019)	2. Smoking attributed hospital admissions per 100,000 population (2018-19)	3. Smoking attributed mortality per 100,000 population (2017-19)
England	13.9%	1,612	202.2
North West	14.5%	1,804	247.5
Bolton	15.9%	1,612	257.8
Bury	12.8%	1,804	240.3
Manchester	18.0%	2,694	388.5
Oldham	17.9%	2,068	292.4
Rochdale	15.2%	2,081	303.0
Salford	19.1%	2,397	335.2
Stockport	13.4%	1,590	213.7
Tameside	18.2%	2,067	351.0
Trafford	9.1%	1,539	187.8
Wigan	17.0%	1,767	266.0

1. Estimates of smoking prevalence among adults aged 18+. 2019. **2.** Smoking attributable hospital admissions rate per 100,000 population. 2016-18. **3.** Smoking attributable mortality rate per 100,000 population. 2017/19[11]: Source 1-3 (PHE (18), 2021). **Colour code:** Better. Similar. **Worse** than similar benchmark areas.

6.2.1.1 Drug indicators: Nicotine; during lockdown

As people were confined to their homes during the initial lockdown period, it was reported that smoking-related fires in London rose by 20%

[11] From July 2021 the rate of smoking attributed mortality began to be calculated in a different way effectively reducing rates by around 15% (PHE (35), 2021).

(London Evening Standard, 2020). Despite fears ex-smokers would relapse (Patwardhan, 2020), according to ASH a million people quit smoking during the initial lockdown period (ASH, 2020). PHE reported that smoking prevalence declined for females from 16% in 2018 to 11% during the initial lockdown; but there was little change for males; while prevalence decreased from 24% to 11% in those aged 16 to 24. Among those still smoking, 46.8% reported smoking about the same; 22.1% smoking less and 25.8% smoking more (PHE (19), 2020). Recent estimates up to March 2021 show a further large fall in women smoking over the last year from 9.5% to under 6% (NHS Digital (10), 2021). According to a UCL study, the number of 18 to 34-year-olds in England who classed themselves as smokers increased by a quarter (21.5% to 26.8%) during lockdown, which according to researchers equated to an extra 652,000 young adults smoking (Jackson, Beard, Angus, Field, & Brown, 2021).

Market research company Mintel reported that over half (51%) of existing smokers were 'stress-smoking' more and 30% smoking more regularly since the beginning of the pandemic and a further 10% of all smokers had started smoking again after quitting (Mintel, 2021). The UCL online study reported that after the first year of the pandemic, more than 1 in 3 (39.0%) adult smokers were smoking more per day than they were a year ago. However, the vast majority of non-and ex-smokers (98.5%) had not taken up smoking over the year (Fancourt, Bu, Wan Mak, Elise, & Steptoe, 2021).

6.2.1.2 Drug indicators: E-cigarettes

Although 1 in 4 pupils have experimented with *e-cigarettes*, according to *PHE* there is no evidence they are acting as a route into cigarette smoking; regular e-cigarette use is largely confined to the 2% of pupils who are regular cigarette smokers (NHS Digital (1), 2019). During lockdown, 10.2% of cigarette smokers reported starting to use an e-cigarette (PHE (19), 2020). According to *Mintel*, 42% of e-cigarette users were vaping more regularly during the pandemic (Mintel, 2021).

6.2.2 Findings: Nicotine

The majority (55%) of professional survey respondents reported no change in relation to **nicotine** use. However, fifteen percent highlighted an increase amongst the people they work with. Almost two-fifths of those reporting an increase worked in Manchester (38%) and a further quarter in Wigan (24%). In some cases, this was linked to COVID and lockdown restrictions.

> *"Frustrations have been higher than usual, thus increasing the need for tobacco use."* (Ward Manager, Rehab and Recovery, Bury)

A fifth (21%) of respondents in the *PWUD* survey reported an increase in their **nicotine** use. Over two-thirds of those resided in Manchester (67%) and an additional fourteen percent in Salford. Some survey comments linked this to feeling more anxious or stressed due to COVID.

> *"More stressed 'cos of COVID so smoke more."* (20, Female, Manchester)

Conversely, a sixth (16%) of *PWUD* survey respondent noted a decrease in their **nicotine** use. For some, this was directly linked to the lockdown restrictions and going out and socialising less.

> *"Social smoker when out drinking and not really going out so not smoking."* (Male, 48, Trafford)

A small number (6%) of professional survey respondents reported an increase in vaping and e-cigarettes amongst the people they worked with. These reports were typically from those working in the homeless and supported accommodation sector where vapes have been distributed.

> *"[Nicotine] usage down due to vapes being handed out free of charge."* (Supported Housing Service Manager, Rochdale)

6.3 Cannabis

6.3.1 Drug Indicators: Cannabis

After a long-term decline there has been a recent upward trend in **cannabis** use by young adults (aged 16-24); *past year use* rose from 16.7% (2017/18) to 18.7% (2019/20) (ONS (8), 2020). Among pupils (aged 11-15); 8.1% had used in the *last year,* up slightly from 7.9% (2016). Use increases dramatically with age; for example, in 2018, 0.5% of 11-year-olds had *ever used*; increasing to 22.5% of those aged 15 (NHS Digital (1), 2019). There has also been a reported rise in **cannabis** use in prisons, thought to be a result of the inclusion of *synthetic cannabinoids* (SCRA) in *Mandatory Drug Testing* (MDT) in 2016; in the 12 months ending March 2020, 56% of all positive samples (excluding *SCRAs*) indicated the presence of **cannabis** compared with 38% in the 12 months ending March 2016 (Ministry of Justice, 2020).

Cannabis remains the most common substance that young people in treatment identify as a problem (89%); at similar proportions to the last three years (PHE (31), 2021)**;** 67% of new treatment presentations aged 18-19 and 20% of all adults in treatment identify **cannabis** as a problem, a slight increase on the previous year (PHE (3), 2020). During 2019/20, 94% of all Class B seizures involved **cannabis**; 84% of those involved ***herbal cannabis*** (an increase of 22%). The quantity of ***herbal*** **cannabis** seized increased by 68%, while the quantity of **cannabis *resin*** decreased by 81% (Home Office (b), 2020). There were 36 mentions of **cannabis** on death certificates related to drug poisoning in 2020 [7 without other drugs involved] (ONS (19), 2021).

6.3.1.1 Cannabis potency

Herbal **cannabis** potency has increased in recent years, with much higher **THC** and lower **CBD** content (Freeman, Groshkova, Cunningham, Sedefov, & Griffiths, 2018; Potter, Hammond, Tuffnell, Walker, & Di Forti, 2018). According to the latest European Drug Report, new production methods in Morocco have led to increases in the potency of **Cannabis *resin***, with a **THC** content on average between 20% and 28%, almost twice that of ***herbal*** **cannabis**. However, this new super potent **cannabis *resin*** does not yet appear to be making major inroads into the UK **cannabis** markets (EMCDDA (i), 2021). Although there has been the odd UK report in the last few years, a number of European drug-checking services reported the detection of **cannabis** products (mostly low-THC products) containing *synthetic cannabinoids* (SCRA). The number of detections, although low, appeared to be increasing, particularly during the second half of 2020 (EMCDDA (m), 2021)

6.3.1.2 Drug indicators: Cannabis use during lockdown

Initial reports of **cannabis** shortages were thought to be due to stockpiling at the start of lockdown (EMCDDA (b), 2020; EMCDDA (a), 2020; Hamilton & Stevens, 2020). Online surveys generally reported that although most **cannabis** users used less, a minority reported a slight or significant increase in use, mainly as they had more time on their hands or were bored. **Cannabis** was generally less effected by the lockdown than other drugs (NEWnet & TEDI, 2020; Winstock, et al., 2020). Findings from *wastewater analyses* appear to confirm this observation, with levels of *cannabis metabolites* in wastewater remaining stable in two European cities compared with similar periods in 2019 (EMCDDA (b), 2020).

6.3.2 Findings: Cannabis

Almost all the professional survey respondents (96%) stated that they worked with people who use **cannabis**. A third (36%) of these noted an increase in use, with these respondent's primarily working in the Manchester (31%), Oldham (24%), Salford (20%), Bury (20%) and Rochdale (18%) areas. Self-medication was discussed as one explanation for this increase.

> *"There appears to be a larger number of people using cannabis to self-medicate and manage conditions such as insomnia and poor mental health."* (Senior Recovery Worker, Oldham)

Boredom was also discussed as a contributing factor in relation to increased use during lockdown.

"We've had a few people I could say to you it has increased quite a lot. And they go on saying it's because of boredom and they haven't got anything to do." (Substance Use Worker, Wigan and Leigh)

A small percentage (8%) noted a decrease in **cannabis** use. This was linked to initial problems in accessing **cannabis** at the start of lockdown. Often this related to young people and their access to **cannabis** dealers.

"Initially there had been a decrease in use, at the beginning of the lockdown due to dealers not coming out, but this appears to have returned to normal." (Young Persons Substance Misuse Worker, Trafford)

However, as this young person's substance use worker notes, the street market for **cannabis** soon returned to normal after the initial lockdown period in the spring of 2020.

"The thing that got me is in the first lockdown they weren't leaving the house as much because it was obvious there were people on the streets. So the cannabis use did reduce because they weren't able to leave the house and go and get it. Whereas the second lockdown absolutely nothing has changed. They've just carried on, just cracked on with it and back to what they were using pre-lockdown. So it's not been taken as serious on the second lockdown. I do lots of outreach and stuff as well and walk the streets and it's back to everybody you know is back on the streets." (Young Person's Substance Use Worker, Wigan)

Almost a third (32%) of the *PWUD* survey participants said they had increased their **cannabis** use during lockdown with a sixth (14%) stating that their use had decreased. Those who noted an increase in use primarily resided in Manchester (67%) and Salford (13%).

6.3.2.1 Findings: Young People and cannabis use

Cannabis was the mostly commonly used substance reported in the young person survey. Nine out of 10 (87%) of the 560 young people who completed the survey disclosed that they used cannabis *before* lockdown. They primarily resided in Rochdale (21%), Bury (17%), Salford (16%), Oldham (15%) and Trafford (12%). This figure fell to seven out of 10 (71%) *during* lockdown.

Of these, two-fifths (42%) stated they were using less **cannabis** during the lockdown. However, almost a third (30%) reported that they were using more. The reported frequency of use ranged from nearly a third (29%) using **cannabis** once a day; over a quarter (28%) using twice a day; a fifth (20%) three times a day; one in 12 (8%) four times a day and one in six (16%) five times or more a day. Of those using five times or more a day, 25% lived in Rochdale and 17% in Bury.

There were some concerns raised regarding heavy use of strong **cannabis** and the impact on young people's mental health from young person's substance use workers in several Greater Manchester areas.

"Cannabis is used across the board, but it is mainly the younger ones who tend to be heavy users. Lots of them appear to be dependent and it commonly exacerbates mental health issues that are common among the cohort we work with. But not really any major changes as this has been a growing issue for some years. Nearly all smoke weed." (Complex Safeguarding Manager, Oldham)

Key Professional Informants in several areas reported increases in young people being referred via A & E or presenting with **cannabis** related mental health issues in the past year.

"In terms of over Wigan and Leigh, there has been a rise in young people accessing A&E just for mental health and they had been using cannabis but it wasn't directly attributed to the cannabis." (Young Person's Substance Use Service, Team Leader, Wigan and Leigh)

"There were 32 [cannabis A&E referrals] last year. You think, 'Gosh okay. How much weed have you got to smoke before it means that you end up in A&E?'" (Young Person's Substance Use A&E Liaison, Stockport)

"We are having quite a few cannabis users come through being referred from the mental health team. That's always happened. But I would say there has been a slight increase in those numbers." (Adult Outreach, Bolton)

6.3.2.2 Findings: Cannabis market information

Based on reports from the young person's survey, the local **cannabis** market appears to be operating the same as usual. The access, price and quality has remained stable. Some reported that during the first lockdown restrictions in spring 2020, some dealers were less accessible, and some would only deliver for a minimum spend or bulk purchases. Over three-quarters (82%) of young people noted no change in the supply of **cannabis**. Even though the majority (88%) of young people stated that there was no change in price, ten percent stated that **cannabis** was more expensive over the last year. This was most commonly reported in the Rochdale (19%) and Oldham (16%) areas.

Substance use professionals working with young people also reported a stable **cannabis** market after some initial changes in the first lockdown.

"… going back to March to that June period, what I noticed in the case work was around young people reporting that it was harder to buy cannabis, for example, originally, so what they started to do was buy in bulk . . . and then when young people couldn't get hold of cannabis they started to experiment in other substances." (Young Person's Substance Use Service, Team Leader, Bury)

". . . at the start of COVID and throughout the summer, it did feel as though I heard reports around cannabis being… basically, drug dealers making more money out of young people, inflating prices and things like that and buying in bulk and, I guess, exploiting young people who are buying cannabis but I'm not hearing reports that young people are spending more on cannabis than they used to, it feels that there is a degree of normality in the drug market, if you like." (Young Person's Substance Use Service, Team Leader, Bury)

"I know we've had reports of increase in prices around cannabis around one of the lockdowns. . . . increase in price as it was more difficult to get hold off. This all just seemed to be during the first lockdown when the schools and colleges and everywhere were shut. More recently in this lockdown I haven't really observed any particular difference in terms of price or quantity that you're getting, quality that you're getting, nothing that stands out that I can think of." (Young Person's Substance Use Worker, Bury and Rochdale)

The vast majority (86%) of young people surveyed reported no change in the quality of **cannabis** they had been buying over the past year. However, a third (33%) stated the strength had increased. Young people living in the Rochdale (33%) and Bury (27%) areas reported increased strength more than other areas. Reported changes in the **cannabis** market and quality during the lockdown, typically related to imported *hash* and *resin* and came from older adult respondents:

"Hash is very hard to come by and price has increased to £10 a gram for good quality." (Male, 48, Trafford)

"Some of the purity of herbal has got stronger but resin has lowered purity with a lot of crap in it." (Male, 47, Manchester)

6.3.2.3 Findings: Non-traditional cannabis use

Where the traditional **cannabis** market was stable, the research has uncovered an increased availability, use and concerns related to what we refer to here as 'non-traditional **cannabis** products'. This includes three different trends: vape cartridges sold as **THC *vapes***; a range of **cannabis *edible*** products including *sweets, cookie dough, fudge and cookies*; and what is most commonly referred to as *'Cali-weed'* - reportedly high grade **cannabis** imported from North America and typically sold in round metal tins for premium prices. The non-traditional **cannabis** products are discussed in detail in ***Trend Focus*** (7).

6.4 CBD (Cannabidiol)

6.4.1 Drug indicators: CBD market information

The latest industry estimates of the UK **CBD**[11] market report the 1.3 million users spend £300 million per year, mostly on tinctures/oils or capsules brought online (Centre for Medicinal Cannabis, 2019). Although reports come via industry sources; it is widely claimed that **CBD** sales increased during lockdown (The Daily Star, 2020; Alphagreen, 2020).

6.4.2 Findings: CBD

A fifth (21%) of professional survey respondents noted an increase in use of **CBD** products. There were also police reports of more seizures of **CBD** products. In line with reports of increased use of products sold as **THC** vapes, there were a small number of reports of increased use of **CBD** vape products, including concerns regarding content. These came from the Wigan area.

> *"More people vaping CBD liquid also ordering online and their CBD shows up in a drug test."* (Recovery Worker, Wigan)

One in 10 (11%) of respondents in the *PWUD* survey reported an increase in the use of **CBD** products. It was typically stated that **CBD** products were used to relieve stress and anxiety, as well as improve concentration.

> *"[CBD] relieves anxiety caused by lockdown."* (Male, 31, Manchester)

> *"Taking CBD Paste and Vape for stress and concentration."* (Male, 34, Manchester)

Another stated reason for use by *PWUD* was to help reduce **cannabis** use.

> *"Used a lot more due to decrease in cannabis use, personally relaxes me without the negative effects I experience with THC."* (Male, 29, Manchester)

> *"I have used more than I normally would. Sourced some CBD products when cannabis use was high to control usage and stress."* (Male, 42, Trafford)

There were no reports of changes related to the use of **CBD** products in the interviews with *Key Professional Informants* or in the young person's survey.

6.5 SCRA (Synthetic Cannabinoid Receptor Agonists). AKA 'Spice'

6.5.1 Drug indicators: SCRA

Since the advent of the *Psychoactive Drugs Act* (PSA) in 2016, ***SCRA***[13] users have been almost exclusively confined to the homeless and prison populations (Ralphs R. a., 2017; Gray, Ralphs, & Williams, 2020; Home Office (c), 2018). As widely foreseen, the *PSA* resulted in increased harms and deaths in vulnerable user groups (Ralphs, Gray, & Sutcliffe, 2021).

There were 1,201 *SCRA* users in adult treatment in 2019/20; most (829) of them were using *SCRA* alongside *opiates* (PHE (3), 2020). In 2019/20 a total of 2,055 doses of *SCRA* (*'Spice'*) were seized by police forces, a 5% decrease from the previous year, but that had been 405% more than in 2017/18 [437 doses] (Home Office (b), 2020). There were 53 deaths associated with *SCRA* in 2020, a slight fall from 56 in 2019 (ONS (19), 2021). The *Prisons and Probation Ombudsman* estimate there were 79 *SCRA* deaths in custodial settings between 2013-16, however, most were suicides and these estimates were not based on the *ONS* definitions (Prisons and Probation Ombudsman, 2018).

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[12] There is growing body of evidence as to the beneficial effects of CBD (cannabidiol). A number of studies have shown positive effects on everything from mental health and schizophrenia (McGuire, et al., 2018; Bhattacharyya, Wilson, Appiah-Kusi, & al, 2018) to treating Cannabis Use Disorder (Freeman, Hindocha, Baio, Shaban, & al, 2020). Although there is a thriving and legitimate world-wide market in a bewildering array of CBD products, the UK laws and regulations around CBD production and supply are complex; CBD is now classed a novel food (Food Standards Agency, 2020); a medicine (MHRA, 2016) and when contained in cannabis or with products containing any amount of THC as a controlled drug (Home Office (g), 2020).

[13] *Synthetic Cannabinoid Receptor Agonists* (SCRA) are a large group of synthetic drugs that have an effect on cannabinoid receptors. 'Spice' (Mamba) are nicknames for mixtures of inert plants that are coated with SCRAs.

6.5.2 Chinese ban on SCRA

It is thought that *SCRA* are almost all exclusively produced and imported to the UK from China where they are made into *'Spice'* products locally. For a number of years the Chinese government have been introducing legislation outlawing the production of an ever increasing list of *SCRA*; which rather like the cat and mouse game played between the UK government and *'legal high'* industry before the advent of the *PSA*, simply led to the production of another *SCRA* or tweaking chemical formulars to comply with the law. On July 1st 2021 a blanket ban on the production of *'all synthetic cannabinoids'* (and 18 other individual substances mostly of the *cathinone, dissociative*, and *benzodiazepine* groups) came into force in China (High Alert, 2021; Greater Manchester LDIS, 2020-21). There are numerous possible outcomes to this ban and the effect on Greater Manchester drug markets for the cohort of *'Spice'* users is unpredictable, but will need to be closely monitored over the next year.

6.5.3 Findings: SCRA

Of the 112 professional survey respondents who work with clients who use *SCRA*, nearly a third (30%) stated there was an increase in use. However, ten percent of them noted a decrease in use. There were no significant changes reported in the survey for *PWUD*. The vast majority (97%) of survey respondents said they had never used *SCRA*. Of the three percent who had used, there was an equal split between those who reported an increase in use, decrease in use or use had remained stable. There was no reported intentional use in the young person survey but as we discuss in the young person trend focus (7.2), *MANDRAKE* testing has found *SCRA* in vapes sold to young people as **THC** vapes. *SCRA* were most discussed in the professional survey and in *Key Professional Informants* interviews in relation to use amongst homeless and street-based populations.

> *"It tends to be… well, certainly from my opinion, it tends to be mainly the homeless that are using it."* (Substance Use Practitioner, Salford and Trafford)

> *"I think it's been steady growth, if I'm honest with you. . . . it did seem to drop . . . or at least using in the town centres. But now, it's sort of creeping back up again."* (Substance Use Worker, Wigan and Leigh)

> *"Yeah, it's quite a big thing in Bolton at the moment, Spice."* (Male PWUD, Bolton)

> *"I think that there was a period where there was a shortage of Spice in Manchester. [. . .] But then it kind of came back on the market again and, you know, returned to the issue of Spice being a big problem".* (Supported Housing, Clinical Psychologist, Rochdale and Manchester)

> *"I was redeployed on the outset of the first wave of COVID-19 to working with the homeless, everyone professional who I worked with cited Spice use had increased dramatically and the potency of the Spice has gone up, causing a substantial amount of users to require emergency medical services".* (Team Leader, Substance Use Treatment Service, Wigan)

6.5.3.1 Findings: SCRA market information

The reported increases in use were often thought to be due to increased availability and the cheap price of *'Spice'* compared to other drugs such as **heroin**. We received reports from regular users of *'Spice'* that these drugs were easily accessible from Oldham. While one *PWUD* we interviewed reported that it was being made locally in Bolton.

> *"There's a guy I know who makes it in Bolton. He makes Spice himself in Bolton. He gets his chemical and he just mixes it up with that marshmallow stuff they call it?" Interviewer: Yeah, marshmallow plant. "Some crystal or something from China. They order it on the internet."* (Male PWUD, Bolton)

Although it was reported that it was available in local areas, many *PWUD* we spoke to in other Greater Manchester areas reported coming into Manchester City Centre to access it.

> *"There was none in Bolton for a while, but you could still get it from Manchester but its back in Bolton now big time."* (Male PWUD, Bolton)

A couple of *PWUD* discussed buying in large quantities from Manchester city centre.

> *"It's everywhere, I can get it here if I want but I will also come into Manchester. I buy it by the ounce in Manchester, if I run out I might get a five or ten bag round here."* (Male PWUD, Bury)

It's widespread availability together with its low cost compared to other drugs were often stated as reasons for its continued popularity.

> *"Spice seems to be the easy one to get for everybody to back up on if they're struggling and that's our one that causes a lot of issues."* (Complex Safeguarding Manager, Oldham)

> *"They can get Spice stupidly cheap and the ones that have built up tolerances in prison are smoking in Manchester and that because they're smoking that stuff, that's not as strong here. Smoking tons and tons and tons of it."* (Project Worker, Homeless Service, Stockport)

> *"The use of synthetics appears to have increased and there seems to be a correlation between this and a lack or reduction of the availability of other drugs."* (Senior Recovery Worker, Oldham)

> *"There has been [an] increase in the Stockport area due to this being a cheaper high and also readily available. People seem to have replaced this for [heroin]."* (Group Facilitator, Recovery Project, Stockport)

While it is a cheap affordable drug commonly sold at £5 for a snap bag (of approximately 0.5 to 1g), it was widely reported across several Greater Manchester areas that *'Spice'* was readily available for £40 an ounce (28 grams).

> *"Five, ten-pound bags. Sometimes people will buy it in bulk as well. So, when they get paid, they'll go and buy it in bulk with the intention that it will last them until next pay day."* (Substance Use Worker, Wigan and Leigh)

> *"I'll buy it by the ounce, £40. That will last me two days, depending on how strong it is."* (Male PWUD, Bolton)

> *Interviewer: What's the Spice like, how much are you paying for that? "£40 for an ounce, it's cheap, very cheap, it's pure poison though". Interviewer: Is it strong? "Yes, horrible shit, it's killing my throat now, I'm in a bad way because of it, it's the Spice that's done that. [. . .] I'm coughing blood up and everything".* (Male PWUD, Stockport)

Another Stockport user stated he paid £20 for half an ounce.

> *"About £20 a day, £10-£20 a day it costs me, I can survive on ten but £20 a day, you're comfy." Interview: Do you buy in bulk? "Yes, I try to, I get half an ounce for 20 quid."* (Male PWUD, Stockport)

6.5.3.2 Findings: SCRA content

It was common for users to raise concerns about the content of these substances with everyone who used it reporting variable quality and effects.

> *"I don't have a fucking clue what's in it." Interviewer: Really? What's the strength like? "It varies. . . . I don't call them 'dealers', I call them 'boxers'. So, you can get from that box, it could be shit. Get the next one and it might be power. Say, for example, it's depending how strong it is. You get a fiver in the morning, that could maybe last you all day because you could have a couple of drags on it and blow your socks off. Tuesday, Wednesday and you get it, and you think it's shit. So, you get more. So, it makes you go out and get more and more and more."* (Male PWUD, Oldham)

> *Interviewer: Are there different batches of Spice? "Yes, loads of different ones. Different strengths, different fucking buzzes, different highs, it's weird."* (Male PWUD, Stockport)

> *Interviewer: What is the Spice like, strength-wise? "You can't really tell, it varies. I could be smoking one now and I'll have a full-blown conversation with you, and I'll pass it to the next man, and he'll have a couple of drags and he'll be on the floor. I'll have a full-blown convo; it just affects people differently."* (Male PWUD, Stockport)

Interviewer: So, what do you think of the Spice at the moment? "It's up and down. I've been to Manchester and got some before and I've only had a little bit of it in Manchester, it's knocked me cleanout. I've come to Bolton and got some and I can smoke bags and bags of it and it's not doing nothing to me." (Male PWUD, Bolton)

In addition, there were a couple of *PWUD* who suggested that **heroin** is being added to get users 'addicted' to the substance.

"I am aware there are batches that are bad and do not use these e.g. smell strongly of acetone. Sometimes I have been using but had withdrawals from the previous batch, meaning that the strength must be different, or I am convinced they put heroin in it, sometimes to get you addicted." (Female, 22, Trafford)

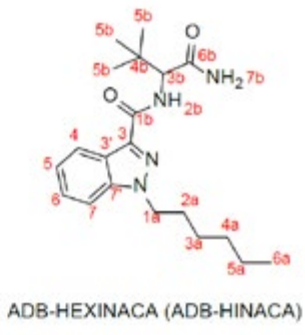
A warning was issued on 23rd July 2020 after a spike in incidents in one day involving *SCRA* (*'Spice'*) smoking in Manchester City Centre and, as was increasingly reported during lockdown, the concurrent use of *benzodiazepines* [Appendix C]. Spikes in *SCRA* overdoses have occurred in Greater Manchester when either the concentration of the *SCRA* in the vegetable matter (*'Spice'* mix) have increased (around 1-2% has been considered the 'norm' for potent 'Spice'); and/or a new *SCRA* has been used in the *'Spice mix'* as there does not appear to be a cross tolerance between some *SCRA*.

The reports in our findings in relation to variable content and subsequent effects together with concerns that other substances such as **heroin** may be added to the plant matter, highlight the need for regular localised testing, especially as/ when the Chinese ban has an effect on the local market.

Several suspected *'Spice'* samples were tested for this study. Three samples contained **MDMB-4en-PINACA** and/or **ADB-BUTINACA** in variable concentrations; both of these *SCRA* have been in local circulation for some time. However, one sample from Stockport was confirmed to contain a previously unreported *SCRA*, **ADB-HEXINACA** (aka. ADB-HINACA). This is the first report of this substance in the UK[14] (Gilbert, et al., 2021).

Table 14: Results of tests of vegetable matter expected to contain SCRA

Location	Description/stated or suspected content	Actual content	Concentration w/w
Bolton	*Suspected 'Spice'*	**MDMB-4en-PINACA** *and* **ADB-BUTINACA**	**MDMB-4en-PINACA** 0.4% *and* **ADB-BUTINACA** 0.3%
Stockport	*Suspected 'Spice'*	**ADB-BUTINACA**	0.50%
Stockport	*Suspected 'Spice'*	**MDMB-4en-PINACA**	4.20%
Stockport	*Suspected 'Spice'*	**THC**	-
Stockport	*Suspected 'Spice'*	**ADB -HEXINACA**	0.8%
Wigan	*Suspected 'Spice'/cannabis*	**THC**	-



The sample of 'Spice' containing the first report in the UK of ADB -HEXINACA.

[14] These results were reported to UK Focal Point and UNDOC through there early warning system.

6.6 Heroin

6.6.1 Drug indicators: heroin

In 2018, 0.4% of pupils aged 11-15 reported **heroin** use in the *last year,* up from 0.3% (2016) (NHS Digital (1), 2019). *CSEW* estimates that 22,000 adults used *opiates* and 12,000 used **heroin** in the past year (year ending March 2020). However, general population surveys are not a good way of estimating populations confined to specific cohorts, particularly **heroin**, **crack** and *SCRA* users who are concentrated in homeless and prison populations and therefore not covered by the surveys. The *National Drug Monitoring System* (NDTMS) uses a complex method to estimate that there were 261,294 *opiate users*[15] in England (2016/17), a rate of 7.37 per 1,000 population (PHE (1), 2019); The North West has a higher rate than for England (8.96), but estimates vary within Greater Manchester from 4.72 in Trafford to 10.62 in Rochdale (PHE (2), 2019). See Table 15 for the estimated rates of *opiate* users in Greater Manchester.

Table 15: Estimated number and rate per 1,000 population for opiate users in Greater Manchester 2016/17 (latest estimate).

Area	Nº Opiate users	Opiate use rate per 1,000 population
England	261,294	5.10
North West	41,333	9.75
Bolton	1,900	10.59
Bury	792	6.68
Manchester	3,449	8.90
Oldham	1,116	7.99
Rochdale	1,466	10.62
Salford	1,284	7.78
Stockport	1,148	6.37
Tameside	1,240	8.71
Trafford	696	4.72
Wigan	1,643	7.97

Source (PHE (2), 2019).

During 2019/2020 the number of people in treatment for *opiate* use was similar to the previous year (going up slightly from 139,845 to 140,599). Over half (52%) the adults in treatment were there for problems with *opiates*, and this remains the largest substance group. Among adult *opiate* users in treatment; 43% report never injecting; 34% were previous injectors and 23% are current injectors (PHE (3), 2020). There were just 51 young people in treatment for **heroin**, less than 1% of those in treatment and a 95% reduction since its peak in 2005 to 2006 (984) (PHE (31), 2021).

The long-term upward trend in drug related deaths has been primarily driven by *opiate* deaths which make up the largest proportion of *drug-related deaths* and have more than doubled since 2012. In 2020, 2,263 *drug poisoning* deaths involved *opiates*; 4.8% higher than in 2019 (2,160 deaths) and 48.2% higher than in 2010 (1,527 deaths). *Opiates* were involved in just under half (49.6%) of drug poisonings registered in 2020. **Heroin** and **morphine** (often indistinguishable post-mortem) continued to be the most frequently mentioned *opiates* with 1,337 drug poisoning deaths in 2020 (ONS (19), 2021). In 2018, *opioids* were mentioned or implicated in around 80% of deaths registered in each of the countries of the UK, with the highest proportion in Scotland (86%) (UK Focal Point on Drugs (a), 2020). Most **heroin** deaths are polydrug deaths involving one or more drugs and among people over 40 with long-term poor physical and mental health (ONS (19), 2021).

There were 8,742 seizures of **heroin** in the year ending March 2020 (24% of all Class A seizures), a 4% increase on the previous year (Home Office (b), 2020). Although **heroin** was still available during the lockdown, there was undoubtedly less use reported due to less availability and less money to buy it. When unavailable, **heroin** was most often substituted with **alcohol** or *benzodiazepines* (EMCDDA (b), 2020).

[15] '*Opiate user*' refers almost exclusively to users of **heroin** (and other drugs), who may also use synthetic or semi synthetic *opioid* medication such as **methadone** or **buprenorphine.**

6.6.1.1 Drug Indicators: Heroin purity

According to the European Drug report, the average purity of **heroin** at retail level across Europe varied from 11 % to 51 % in 2019, with half the countries reporting an average purity between 18% and 31% (EMCDDA (i), 2021). According to national data in the latest UK Focal Point report, average purity of 'street' **heroin** was back to levels before the 2010/11 heroin drought, (46%) in England and Wales in 2018 (UK Focal Point on Drugs (b), 2020). Although they do not state the actual purity levels, in 2020, according to the *National Crime Agency,* **heroin** purity in the UK reached a 10-year high and wholesale prices remained stable (NCA (a), 2020). However, these high purity levels were not reflected in either *MANDRAKE* tests (8.4.1.1) or in the *GM TRENDS* findings. According to PHE national intelligence briefing in July 2021, although purity varied, there were signs that **heroin** purity may be returning to pre-lockdown levels (PHE (36), 2021).

6.6.1.2 Drug Indicators: Heroin adulterated with fentanyl(s) and other synthetic opioids

In 2018, research conducted in nine regions for the presence of *fentanyl(s)* in **heroin** found positives in 3% of samples (between 2% and 15%); but there is some uncertainty if this is accidental or deliberate adulteration (Bijral, Hayhurst, Bird, & Millar, 2018). An updated 2020 *Advisory Council on the Misuse of Drugs* (**ACMD**) report states that the threat of *fentanyl(s)* added to **heroin** is still sporadic (ACMD (c), 2020). During the lockdown, it was reported that there was there was little international or national evidence of *fentanyl(s)* or other *synthetic opioids* used to adulterate **heroin** (EMCDDA and Europol, 2020; PHE (20), 2020).

There were unconfirmed reports in the summer of 2021 of overdose in the West Midlands being linked to **heroin** adulterated with the *synthetic opioid* **isotonitazene** (PHE (36), 2021)**.** A *National Patient Safety Alert* was issued by PHE in August 2021 after a spike in overdose and deaths in the South of England; thought in part to be caused by the **heroin** supply being adulterated with **isotonitazene** (PHE (38), 2021). However, there have been no confirmed reports of this occurring in the North of England and there were no credible reports of **heroin** adulterated with *fentanyl(s)* received by the *GM LDIS* over the last year (Greater Manchester LDIS, 2021).

6.6.2 Findings: heroin

Just under three quarters (71%) of professional survey respondents worked with **heroin** users. Of those, most reported no change in use with equal numbers (14%) reporting increases or decrease in use. In the young person's survey, only two of the 560 respondents reported using **heroin** in the past year. In the adult survey of *PWUD* only six people reported past year use of **heroin**.

Key Professional Informants reporting a reduction in use amongst *PWUD* they worked with noted that lockdown restriction had played a part.

> *"Many of my patients have reduced their heroin use as a result of trying to stick to the lockdown rules. This seems to have been amongst people who were [relatively] stable already. I think chaotic individuals have continued to be chaotic. New patients continue to present to services."* (Consultant Addiction Psychiatrist, Bolton, Bolton, Bury and Stockport)

Although it is widely perceived that heroin users are an ageing population, we received one report from a *Key Professional Informant* of a small but noticeable increase in young heroin users in Stockport.

> *"Younger people. I would say there's one, two, three, four people under the age of 25 . . . I think people who I've worked with here have been heroin and crack cocaine users for a long time, but then my concern is there's younger people now who are using them."* (Project Worker, Homelessness Charity, Stockport)

6.6.3 Findings: Heroin and crack markets

Several professional survey respondents commented on changes to the **heroin** market throughout the lockdown. This included reports from some areas of less availability or smaller

deals. However, on the whole, the market for **heroin** appears stable and prices are still typically £10 for a bag of **heroin**. There is still easy access to these drugs with *PWUD* and outreach workers reporting a high volume of daily text messages sent from dealers to *PWUD's* mobile phones. In fact, there were reports from several Greater Manchester areas from both *Key Professional Informants* and *PWUD* of an increase in the number of younger drug dealers. This was most commonly reported in Stockport, Salford and Trafford.

> *"Throughout the pandemic, there didn't seem to be any issues around getting hold of crack or heroin. There wasn't any drought, if you like. I also think there's an increase in drug dealers, there seems to be more variety in people dealing drugs, whereas five or ten years ago there was just one person that everybody seemed to buy from, I think there's now a variety of people dealing. You can go to a number of different people, a number of different phone numbers and score off them. Interviewer: Have you seen an increase in the past 12 months? I think more people have popped up than ever before. Most of what I know is from the service users and what they say, or from what you see . . . There's certainly more different cars, different faces when you do see them."* (Homeless Charity, Service Manager, Stockport)

It was also reported by *PWUD* that the drugs they sold were more likely to be poor quality. These young dealers often referred to **heroin** they sold as *'bash'*, a reference to the fact it was mixed with adulterants and poor quality. There was a consistent discussion of poor-quality **heroin** from *Key Professional Informants* and PWUD across Greater Manchester. See *MANDRAKE* test results in adult trend focus (Table 18).

6.7 Naloxone

According to a 2019 report, during 2016/17, the provision of *take-home* **naloxone** (THN) varied enormously across areas of Greater Manchester, from a number of areas not providing any *THN* through to Salford that had one of the highest levels of coverage in the country. The updated 2017/18 version of the report noted considerable improvements but still wide variations (Release (a), 2019). According to the recent *GMCA* review, there has been a *'huge increase'* in the recorded number of *THN* kits issued across Greater Manchester, although the data is not currently in the public domain (GMCA, 2021). According to the *Unlinked Anonymous Monitoring* (UAM) survey of *people who inject drugs* (PWID); **naloxone** carriage was reported by two-thirds (65%) of respondents, an increase from 54% on 2017; Over half (56%) of those who carried **naloxone** reported having it administered during an overdose incident; up from 45% in 2013 (PHE (27), 2019).

6.8 Fentanyl(s)

6.8.1 Drug indicators: fentanyl(s)

There is no current evidence of UK illicit production of street *fentanyl(s)*[16]. Almost 100% of *fentanyl(s)* arrives in the UK via postal services in small amounts from China, either directly or via EU countries (ACMD (c), 2020). There were 27 seizures of **fentanyl** and five seizures of *fentanyl analogues* in the year ending March 2020 (Home Office (b), 2020). Deaths related to **fentanyl** (57) were lower in 2020 than the previous year (59) and there were only two deaths related to *fentanyl analogues*, falling from 31 in 2017 and 2018, while deaths related to *novel opioids* fell from 13 (2018) to one in 2019 and 2020 (ONS (19), 2021). As outlined above, the adulteration of street **heroin** with *fentanyl(s)* currently appears to be rare. The adulteration of street **heroin** with *fentanyl(s)* is also discussed in the adult trends section (8.4.1.1).

6.8.2 Findings: Fentanyl(s)

Three-fifths (61%) of professional survey respondents stated they work with people who use **fentanyl**. Almost one in 10 (9%) of these noted an increase in reports of use and availability.

> *"We seem to be receiving more alerts regarding the availability of Fentanyl."* (Senior Recovery Work, Oldham)

[16] 'Fentanyls' refers to fentanyl and the growing range of fentanyl analogues.

No young people reported using **fentanyl** and only one of the respondents in the adult *PWUD* survey reported having ever used **fentanyl**. However, during the interviews with *PWUD* it was reported on several occasions that **fentanyl** was available locally and was being offered to **heroin** users for sale. One report came from Bolton and another from two **heroin** users in Stockport who reported travelling into Manchester city centre to buy **heroin** and crack and being offered **fentanyl** from the dealer. Two *PWUD* from Tameside also stated that **fentanyl** was available.

> *"There is fentanyl knocking around yes." . . . Interviewer: So how is it sold? "It is in tablet form or in a phial. A small phial for £15. I think it's five ml."* (Male PWUD, Tameside)

> *"What's that tablet that people can put on foil and like it's only a small amount, and it's dead strong, and it can kill people and stuff. A lot of people are doing." Interviewer: I don't know, is it fentanyl. "Yeah, that's it. That's the one." Interviewer: Are people selling that then? "I don't know what... I've never been able to get hold of it, and I wouldn't anyway, but I have heard, you know, that if you get one of these tablets, and you have the smallest amount, it twists you up." Interviewer: If it's a kind of fentanyl, they're supposed to be about 50 times stronger than heroin. "Yeah, it's definitely that then that we're on about. But yeah, that's a tablet that is apparently smoking, it's meant to get you well wrecked, and it's loads times stronger than heroin."* (Female PWUD, Tameside)

However, none of these *PWUD* had purchased **fentanyl** and to date, no substances purchased as **fentanyl** have been tested by *MANDRAKE*. Therefore, at the time of writing, these are unconfirmed reports of local availability.

6.9 Prescribed opioids

6.9.1 Drug indicators: Prescribed opioids

PHE have estimated that 5.6 million people (12.8% of the population) were prescribed an *opioid* during 2017-18 (PHE (21), 2019). More *opiates* are prescribed for pain in the areas of highest deprivation (Teng-Chou, Li-Chia, Miriam, & Roger, 2019). However, trends may change significantly as recent *National Institute of Clinical evidence* (NICE) guidance states that *opioids* should not be offered to manage chronic primary pain (NICE, 2021).

It is estimated that in 2018/19, 6.9% adults aged 16 to 59 had taken a *non-prescribed prescription-only painkiller* for medical reasons in the last year and 0.2% for the feeling or experience it gave them [similar to 2016/17] (Home Office (a), 2019). Of those adults aged 16 to 59 who had taken an illicit drug in the last year; 10.7% had also taken *painkillers for medical reasons* (Home Office (a), 2019).

The use of prescribed opioids did not feature as an emerging trend or substance of concern in any of the interviews with *Key Professional Informants* or *PWUD*. It was not reported in the adult *PWUD* survey or in the survey of young people in contact with young person's treatment services.

6.10 Methadone and buprenorphine

6.10.1 Drug indicators: Opiate Substitute Treatment (OST)

Of the 140,599 people in treatment with *opiate* problems in 2019/20; 94% received a pharmacological intervention (PHE (3), 2020). However, treatment services had to rapidly alter prescribing and dispensing practice during lockdown (Change Grow Live, 2020); longer prescriptions (of up to two weeks) and the suspension of *supervised consumption* were introduced with the acknowledged risk that this could increase diversion and abuse of *OST* medication (PHE (28), 2020; ACMD (b), 2020). It was recommended that those entering treatment during lockdown should usually be offered **buprenorphine** as it presented less risk of exacerbating breathing impairment if they became ill with COVID-19 (PHE (30), 2020).

Although there were some reports of *OST* prescriptions being sold or stolen and of people consuming a weeks' supply in one go; a *Make Every Adult Matter* (MEAM) report stated that in general it was felt the positives of increased flexibility and autonomy outweighed the negatives involved in this change of prescribing practice (MEAM, 2020).

6.10.2 Drug indicators: Methadone and buprenorphine

There was a 5% increase in the number of seizures of **methadone** (427) and a 45% increase in the quantity seized (43,993 doses) (Home Office (b), 2020). There were 516 deaths related to drug poisoning linked to **methadone** in 2020, an increase from 407 in 2019 (ONS (19), 2021). Provisional data during lockdown suggests a substantial increase in (generally non-fatal) **methadone** overdoses, although it is uncertain if this was among people in treatment or a result of diverted supplies (PHE (8), 2020). There were 43 drug poisoning deaths in England and Wales related to **buprenorphine** in 2019, an increase (30) on the previous years (ONS (19), 2021).

6.10.3 Findings: Methadone and buprenorphine

There was no reported use in either the young person or adult *PWUD* surveys. Almost three quarters (73%) of professional survey respondents stated they work with clients who use **methadone** or **buprenorphine**. Though two-fifths (43%) reported no change in use, almost one in five (18%) reported an increase in use. Almost a third (32%) of these came from professionals working in Wigan. Increases in use were typically linked to changes in prescribing as a result of lockdown and an increase in the number of people now on take ho me *OST* medication, leading to more diverted medications in circulation.

> *"Obviously, the relaxation in dispense has resulted in more illicit methadone and Subutex use."* (Consultant Addiction Psychiatrist, Bolton, Bury and Stockport)

> *"As supervised consumption and the number of dispenses had reduced during the pandemic so the availability and use of non-prescribed Buprenorphine appears to have increased."* (Senior Recovery Worker, Oldham)

> *"With more take home of prescribed opiate replacement therapy, anecdotally patients are accessing illicit methadone and buprenorphine more readily."* (Consultant Addiction Psychiatrist, Salford and Trafford)

During the study a number of poorly pressed (obviously illicit) large and small white and small orange tablets were tested by *MANDRAKE* from seized samples. These were found to contain between 0.20mg to 0.54mg of **buprenorphine**.

6.11 Tramadol

6.11.1 Drug indicators: Tramadol

There were 203 poisoning deaths for **tramadol** in 2020, similar to 2019 [201] (ONS (19), 2021).

Findings: Tramadol
The use of **tramadol** was not reported in the adult *PWUD* survey or in the survey of young people in contact with young person's treatment services. Almost three quarters (73%) of professional survey respondents worked with clients who use **tramadol**. A relatively small percentage (12%) noted an increase. In a couple of cases, it was noted that **tramadol** was being used when previous substances of choice were difficult to access.

> *"One young person used their parents' tramadol in the first lock down as they wasn't able to obtain cannabis."* (Operations Director, Rochdale)

One professional respondent noted how their prescribed use can lead to dependency.

> *"People tend be using these more and more for legitimate pain but then needing [methadone] prescriptions to bring them off."* (Recovery Project, Group Facilitator, Stockport)

However, **tramadol** use did not feature as an emerging trend or substance of concern in any of the interviews with *Key Professional Informants* or *PWUD*.

6.12 Codeine/Dihydrocodeine (including 'Lean')

6.12.1 Drug indicators: Codeine/Dihydrocodeine

There was an increase in young people seeking help with **codeine** (142), more than three times the number in 2016/2017 (PHE (31), 2021). In 2020, deaths related to poisoning from **codeine** (212) was higher than the previous year (167).

Deaths have been on an upward trend for some time and have more than double since 2012 (73). Deaths from poisoning related to **dihydrocodeine** (96) have remained relatively stable (ONS (19), 2021).

6.12.2 Findings: Codeine/Dihydrocodeine

Four-fifths (80%) of professional survey respondents stated that they work with people who use **codeine/dihydrocodeine**. Of those, a sixth (17%) noted an increase in use (20/115, 17%). Half (50%) of these respondents worked in Manchester.

The increased availability of these drugs via online websites was often noted.

> *"There has been has a steady increase in patients dependent on prescribed or internet-bought opiates. These patients often have a chronic history of trauma requiring access to intensive psychological therapy."* (Consultant Addiction Psychiatrist, Salford and Trafford)

Eleven respondents in the *PWUD* survey reported an increase in their **codeine/dihydrocodeine** usage. The stated reasons for use varied, spanning continued use to aid sleep after being prescribed; self-detox for **cocaine** use and to alleviate boredom induced by lockdown.

> *"Codeine, I was prescribed this when I was in hospital and still had some left over, take a couple now and then when I can't sleep."* (Female, 21, Manchester)

> *"Used it for detox - substitute for cocaine."* (Male, 46, Manchester)

> *"Dihydrocodeine prescribed to other people – I used to use infrequently when I was younger, have done so a couple of times this year out of boredom - snorting crushed pills rather than swallowing them."* (Male, 24, Trafford)

6.12.3 Findings: 'Lean'[17]

Although several young person's substance use managers and workers noted that young people were using the **codeine**-based mixture ***'Lean'***, they also added that the numbers were small. This is consistent with the young person's survey findings, with only 2% of young people stating that they had used **codeine**. However, this represented an increase from 1% of young people who reported using **codeine** prior to lockdown.

All reports related to *'Lean'* came from professional survey respondents and *Key Professional Informants* who work with young people.

> *"We've seen people talk more about Lean - we've seen a small amount of experimental use."* (Integrated Health Service Operational Manager, Oldham)

> *"Small number of clients reporting use of codeine 'Lean' cough medicine mixed with Sprite".* (Young Person's Substance Use Service, Advocacy Worker and Team Leader, Bury and Rochdale)

> *"Lots of young people report using 'Lean', especially at illegal parties… The price of this also seems to have decreased from £80 a bottle to £60 suggesting it is more widely available to young people."* (Early Help Practitioner - Complex Safeguarding, Manchester)

> *"I was with a case worker yesterday and Lean was on the radar for at least three or four young people as being used, so that's obviously a worry. That's still there and very current for young people in Bury." (*Young Person's Substance Service Team Leader, Bury)

> *"In terms of, like, trends, . . . I've had a couple of Lean referrals come in and it's from Salford in particular."* (Young Person's Substance Use Service Operations Manager, Salford and Trafford)

Despite these reports of '*Lean'* being used in several Greater Manchester areas, the young person's survey findings suggest that it is not widely used (2%). Nevertheless, there were reports from several young people's substance

[17] **Lean**, also known as *Purple Drank, Barre, Sizzurp* or *Syrup*, refers to a drink that is made from over the counter (OTC) medications and used for psychoactive effect. It typically contains **codeine** and **promethazine**.

use workers that although numbers tend to be low, the young people they work with who report the use of '*Lean*' have a tendency to be more complex safeguarding cases with concerns regarding CCE and drug debt.

> *"There was a young man who was stabbed at the end of May last year and he was prescribed Codeine on discharge, and then that codeine, his use developed into Lean and then he was using Lean for a couple of months. Unfortunately, he has been stabbed again about two months ago."* (Young Person's Complex Safeguarding Team, Bury)

We also received reports of concerns regarding the content of *'Lean'*. One report from Stockport was of a young male reporting he was using a **THC** version of *'Lean'*.

At the time of writing, *MANDRAKE* had only been able to access and test one bottle of *'Lean'*, a mixture labelled as *'Purple Slurp* - **promethazine/codeine'**. This was found to contain no **codeine** and no **promethazine** (used in US cough syrups used as the base of *'Lean'*), but did contain **diphenhydramine** (*benadryl*) – an *antihistamine*.

(Photo of the sample of 'Purple Slurp' tested by MANDRAKE)

6.13 Other opioids

6.13.1 Drug indicators: Other opioids

In 2019 there was a further increase in the number of poisoning deaths related to **oxycodone** (102) which have risen steadily from zero deaths in 2000 (ONS (19), 2021). There was a 20% decrease in the number of seizures of **morphine** from 204 in 2018/19 to 163 in 2019/20 (Home Office (b), 2020).

6.13.2 Findings: Other opioids

There were no significant changes reported and no young people reported the use of other *opioids*. Almost all *PWUD* survey respondents (97%) had not used other *opioids* in the last year. Of those who had used any other *opioids*, only two *PWUD* reported an increase in their use; both resided in Manchester. The stated *opioids* used were **oxycodone** and **opium** and use was reported as occasional.

> *"I used OxyNorm (Oxycodone) for pain a few times."* (Female, 38, Manchester)

> *"I get opium occasionally. It is better than street heroin and lasts longer in the body."* (Male, 48, Manchester)

Four respondents in the professional respondent survey stated they had heard about the use of **Kratom**[18] for the first time this year.

> *"I heard of Kratom being used by a client for the first time this year. This was only one client. I had never heard of it before then."* (Consultant Psychiatrist, Early Intervention in Psychosis Service, Manchester)

There were no reports of availability or use of **Kratom** from any of the *PWUD* who took part in the surveys or interviews. We received reports of one incident where a 21-year-old female from Bolton had taken what she believed to be *Percocet*[19] that was purchased by a friend online. After taking it, she later became unconscious, an ambulance was called, and she was hospitalised. She reported that doctors told her that **fentanyl** was found in her blood tests.

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[18] **Kratom** (*Mitragyna speciosa*) is a tropical plant from Southeast Asia. The main psychoactive substances responsible for effects are thought to be mitragynine and 7-hydroxymitragynine. It is thought to work on opioid receptors. It has been used as a recreational drug and widely claimed to be used as a medicine notably in withdrawal from opiates.

[19] *Percocet* in tablet form are not available from the NHS but in US contain a mixture of **Oxycodone** (an opioid) and **Acetaminophen** (**paracetamol** in the UK). An alert was issued in the London area in December 2018 after a significant quantity of fake *'Percocet* branded tablets' were seized by the Metropolitan Police and found to contain contained **fentanyl** (Greater Manchester LDIS, 2021).

6.14 GHBRS (Gamma-hydroxybutyrate and related substances) aka G

6.14.1 Drug indicators: GHBRS

Gamma-hydroxybutyrate (**GHB**) *and related substances* (now known as **GHBRS**)[20] prevalence has not been measured in *CSEW* since the 2011/12 survey. The quantity of **GHB** seized fell by 85% from 0.7kg in 2019 to 0.11kg in year ending March 2020 (Home Office (b), 2020). A European study found the largest number of drug related hospital presentations at one London hospital (214) were for **GHB/GBL**, while the same study found a York hospital had just 1 case (EMCDDA (d), 2020). This was probably indicative of the size of the *LGBTQ* scene in the area, as *GHBRS* are predominantly (although not exclusive) used within the *LGBTQ* scene. There were 28 deaths associated with **GHB** in 2020, similar to previous years (ONS (19), 2021), although according to the ACMD this is probably an underestimate as *GHBRS* are eliminated from the body very rapidly, and they have recommend testing for the presence of *GHBRS* in unexplained deaths[21] (ACMD (d), 2020).

6.14.2 Findings: GHBRS

Only one person in the adult PWUD survey reported using **GHB** and they stated that their use had decreased in the past year. None of the respondents in the young person survey reported **GHB** use. Three-fifths (60%) of professional survey respondents stated they work with people who use **GHB**. A small number (eight) noted an increase in use. These respondents were all working in Manchester and Salford.

> *"Many clients are mentioning increased dose, recommencing after a lapse, often stating effects and impact of COVID-19, loss, loneliness as attributable reasons for taking GHB."* (MHP, IAPTs, Manchester)

While the *chemsex* scene has been traditionally associated with Manchester for a number of years, it was stated by the two *Key Professional Informants* working closely with *men who have sex with men* (**MSM**) that people are involved in the Manchester scene from across Greater Manchester. In particular, *MSM* living in Salford together with the Salford area having an emergent *chemsex* scene of its own.

> *"I would say that the chemsex scene does seem to be shifting. We tend to get quite a lot of patients coming from the Salford area. There seems to be quite a few people connected to events that are happening in pockets of Salford. That seems to be where we're getting a lot of people at the moment. [. . .] There's quite a large scene in Salford, I think. . . . We're not talking about sort of, like hundreds of people. But I think in the last quarter, we had about 50 referrals into the clinic."* (Sexual Health Clinic Nurse)

The two *Key Professional Informants* felt that a better understanding of the scale of the *chemsex* scene and use of substances associated with this scene such as *GHBRS* is needed across the Greater Manchester region.

> *"I operate clinics in North Manchester, and I get people from Salford, accessing those clinics, I operate at [Manchester] Centre and again I get people from Salford. . . . I've had some from the far reaches of Rochdale and also Haywood and they come into the city centre to hook up with others. My aim is to start going out to the sub-clinics as well, in Urmston, Stockport and Tameside, to be able to offer a service and develop relationships with the staff there and offer a service there and get a clearer picture of what's going on in those areas as well."* (Chemsex Substance Use Worker)

Although a number of substances are associated with this scene, specific concern was raised about the apparent increased use

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[20] **GBL** and **1,4-BD** are sold as or used in place of **GHB**. Both **GBL** and **1,4-BD** convert to **GHB** in the body, so it is not always possible to distinguish between them in prevalence studies, body fluids and post-mortem.

[21] In January 2020, in light of the nationally publicised 'Reynhard Singha' Manchester rape convictions (BBC (b), 2020) and previous to that the 'Steven Port' murders in London (BBC (c), 2016); the Home Secretary asked the ACMD to 'urgently' review the classification of **GHB** and related substances such as **GBL** and **1,4-BD** (now known as GHBRS) from class C schedule 2 (Home Office (e), 2020). Although pointing out the lack of evidence for the effectiveness of this approach, the ACMD have recommended moving GHBRS from class C to B (ACMD (d), 2020) which has been accepted by the Home Secretary and will come before parliament shortly (Home Office (h), 2021).

of *GHBRS* and related harms. *Key Professional Informants working with this cohort* recounted examples of *GHBRS* users spending lengthy periods of time in intensive care units as a result of overdose.

> *"I sometimes get asked to attend the intensive care unit for someone who's had a heavy G overdose and has been put into a medically induced coma and they might be in that for a couple of weeks and then they're slowly brought out of it, and I'm asked to be there at that point to offer a service or just be a point of contact for people. I've done that on two occasions over the last three months."* (Chemsex Substance Use Worker)

The risk of fatal overdose was also discussed as a concern amongst *chemsex* professionals.

> *"We've not had any fatalities yet, that have made it to hospital [but] there are people who've died in the community before they've made it to hospital."* (Sexual Health Clinic Nurse)

It was noted that for some heavy end users, overdose is common, but they do not necessarily seek medical support, which suggests that although increased numbers of 'G' overdose has been reported, the extent of *GHBRS* overdose is under-reported.

> *"I think there's a proportion of people that I work with, that will regularly overdose but not necessarily present and they're the hardcore G users that are using it daily and dependent. They will be taking between three and five ml every two or three hours and I guess at that point, they are overdosing but not recognising the need to seek medical care or attention. Then there's the other cohort that are using at weekends, there are some presentations, the information I get is some presentations at A&E, but I don't necessarily hear a lot about them with the people that I work with."* (Chemsex Substance Use Worker)

In addition to the risk of overdosing, it was noted how the use of *GHBRS* can lead to *MSM* being put in vulnerable situations with reports of people blacking out and losing recollection of what has happened to them being common. A particular concern that was highlighted by *chemsex* professionals was the increased risk of sexual assault. However, it was noted that while sexual assault is a prevalent in this scene, with 'G' invariably involved, there is significant under-reporting by *MSM*. In addition to the concerns raised regarding overdose and vulnerability to sexual assault, a range of other physical and mental health harms were discussed in relation to the use of *GHBRS*.

6.14.3 Findings: GHBRS Market Information

Although these substances can be purchased online as industrial cleaners, it was noted that most people access them from dealers along with other drugs. It was stated that the strength varies, and this may partially explain the apparent increase in overdoses. For example, although the generic term *GHBRS* is used when discussing both **GBL** and **GHB**; **GBL** quickly metabolises in the body to **GHB**. **GBL** is thought to be two to three times stronger that **GHB**. Therefore, taking a typical reported dose of 1.5ml of what a person believes is **GHB** but is actually **GBL** can be the equivalent of taking 4.5ml which would result in an overdose.

> *"G, so either GBL or GHB. It's usually GBL from what I can gather but I can't confirm that solidly. I've not seen it but from what people are talking about, how they receive it, where it comes from, and stuff, it sounds like it's GBL. There is a couple of people that are randomly getting GHB which is significant because one's twice as strong."* (Chemsex Substance Use Worker)

Conversely, weaker *GHBRS* was also discussed to be in local circulation with rumours that some dealers are watering down the content, therefore if somebody is used to taking a watered down version then takes an undiluted batch at the same dosage amount as usual, overdose is a strong possibility.

6.14.4 Findings: GHBRS Support gaps

It was suggested that there needs to be more awareness in relation to the risk of overdose and in particular, how *GHBRS* interacts with **alcohol** and more support in the community, including an education response by GPs. We suggest that the concerns raised in relation to high levels of often unreported sexual assault necessitates further investigation and partnership working to establish the scale and improved pathways for police reporting.

6.15 Gabapentinoids (Pregabalin and Gabapentin)

6.15.1 Drug indicators: gabapentinoids

Gabapentinoids are not specifically recorded in adult or young people's treatment data nor included in national prevalence estimates. Both **pregabalin** and **gabapentin** became *class C schedule 3 controlled drugs* on 1st April 2019, so have not yet been included in published seizure figures. **Pregabalin** deaths increased from 244 (2019) to 344 (2020); while **gabapentin** deaths increased from 89 (2019) to 118 (2020) (ONS (19), 2021). However, it is thought the number of deaths involving *gabapentinoids* is significantly under reported (Nahar, Murphy, & Paterson, 2019). For more information see ***adult trend*** report (8).

6.15.2 Findings: Gabapentinoids

These substances were not reported in the young person's survey and use was reported by only three percent of the respondents in the adult *PWUD* survey. There use appears largely concentrated in the homeless and street-based communities and they appear to be increasingly popular with **heroin** and ***crack* cocaine** users. The reasons for this increased use amongst **heroin** users are explained below by a **heroin** user who completed the *PWUD* survey.

> *"Mainly because it helps take the edge of heroin withdrawal and helps sleep. Good addition to heroin as it makes the heroin last longer. Slows body process down so the pain stays in a bit longer. Pregabs with gear is popular especially at night."* (Male, 47, Manchester)

Over three-quarters (77%) of professional survey respondents stated they work with people who use *gabapentinoids*. Almost a third (32%) stated there was an increase in use. Of these, a third (31%) worked with users in Manchester and over a quarter (26%) in Bolton. Other areas which noted an increase were: Trafford (20%), Wigan (20%), Oldham (17%) and Stockport (17%).

Despite revised scheduling of these substances in April 2019 and the issuing of strong recommendations regarding prescribing by the *Department of Health and Social Care* to limit repeat prescriptions, these drugs appear to be in abundant supply. This included several reports in the *Professional Respondent* survey of increased prescribing, together with easy access via online source or illicit sales through shops.

> *"More and more service users seem to be prescribed gabapentin or pregabalin by their GPs for various health issues ranging from anxiety to nerve pain."* (Assessment Practitioner, Bolton)

> *"Anecdotal info is that use of such medications is increasing, and self-reporting in medical appointments. Increase availability of these types of drugs available on black market - dark web - often counterfeit, but strength is similar or higher potency."* (Substance Use Service, Head of Services, Manchester, Stockport and Tameside)

> *"These are easy to buy over the counter in illegal shops and clients are moving more towards these drugs than street drugs."* (Group Facilitator, Recovery Project, Stockport)

Interviews with *Key Professional Informants* further supported the professional survey responses with reports of increased availability and use of **pregabalin** from across Greater Manchester.

> *"They're definitely using more benzos and pregabalins as well, gabapentin's, especially pregabalin. [. . .] I think it might be something to do with GPs prescribing it a lot easier and a lot more."* (Substance Use Worker, Wigan and Leigh)

> *"The interesting one, the prescription drug of choice is pregabalin. There's a lot trying to get pregabalin. That seems to be a really common one. [. . .] a big black market for that. [. . .] your opiates, crack [users], slightly older generation as well."* (Complex Safeguarding Manager, Oldham)

> *"I think obviously my remit is around people who have heroin dependency, most of my clientele I deal with, the service users are people who are dependent opioid users [. . .]*

The biggest issue we've got at the moment and have been for the last year and it seems to be getting worse is pregabalin. Pregabalin is huge, either people who are prescribed pregabalin from the GP and we don't quite know what they're doing with it or people are buying it on the illicit market or from people who are prescribed." (Clinical Psychologist, Tameside)

"We've had a few referrals from GPs or people that are on gabapentin scripts, they feel the need to reduce it and come off it and access treatment. We might get referrals but in terms of actually coming into treatment, it's few and far between. Most of them just don't want to engage, make that initial contact. [. . .] that has increased especially in the last six months we're hearing more people taking them type of drugs, pregabalin." (Substance Use Service, Team Leader, Oldham and Rochdale)

"I think there seems to be a massive increase in using pregabalin which hasn't been stopped at all by it being made a controlled drug. I also think that some people who are still getting it from their GP are selling it. I've got people that I know are on regular prescriptions of pregabs from their GP and I suspect are not using it themselves because they're still using other drugs. And I think if they were taking the pregabalins with the other drugs, you'd see the effect. So I think some of them are using the pregabs as currency." (NHS Nurse, Homeless Charity, Stockport)

The increased availability, use and harms associated with these substances are discussed further in the adult trend focus (8.3).

6.16 Benzodiazepines and Z-drugs

6.16.1 Drug indictors: Benzodiazepines and Z-drugs

Benzodiazepines (usually sold as 10mg **diazepam***), Gabapentinoids* and *'Z-drugs'* are often seen as interchangeable options among the cohort of entrenched street users. Strictly speaking, so-called *'Z-drugs' (**zopiclone** and **zolpidem**)*[22] are not *benzodiazepines,* but they act in a similar way; have similar long-term usage problems; and are recorded in some national statistics under the more general *'tranquiliser'* heading.

Benzodiazepine prevalence varies considerably across the UK and has traditionally been highest in Northern Ireland (in particular) and Scotland. After a fall the previous year, estimates for England & Wales for 2019/20 show an increase in prevalence with an estimated 167,000 adults (16-59 year-olds) using *tranquillisers* (*benzodiazepines* and *z-drugs*) in the last year. The proportion of 16-24-year-olds using *tranquillisers* also increased, with an estimate of 50,000 using in the past year (ONS (3), 2020). In 2018, among pupils aged 11-15; 0.6% reported *tranquilliser* use in the *last year,* an increase from 0.5% in 2016 (NHS Digital (1), 2019).

The total quantity of *benzodiazepines* seized in 2019/20 increased by 51% from the previous year (Home Office (b), 2020); 39% of Class C drug seizures involved *benzodiazepines*.

There were 4,083 people entering treatment 2019/20 reporting *benzodiazepines* as a problematic substance; over half (2,406) of them were *opiate* users (PHE (3), 2020). However, these figures are almost certainly under-estimates because use of secondary drugs such as *benzodiazepines*, are often under-reported (EMCDDA (f), 2018). The number of young people in treatment reporting *benzodiazepine*s as a problem decreased by 18% (from 489 to 397), but still more than double 2016/17 numbers (PHE (9), 2019).

In 2020 deaths related to drug poisoning are available for '*Any benzodiazepine'* (476) which has increased from 399 the previous year; this is only broken down as **diazepam** (304), which also increased (from 243) and **temazepam** (16) which has increased from 14, while *benzodiazepine analogues* deaths increased from 26 to 63 (ONS (19), 2021). In 2020, *Z-drugs* deaths from poisoning (146) remained similar to the record number of deaths in 2018 (143). However, deaths associated with *Z-drugs* have risen seven-fold since 1999, when there were just 20 deaths (ONS (19), 2021).

22. Another Z-drug - zaleplon is no longer available on prescription in the UK

6.16.1.1 Drug indictors: Drugs sold as Xanax (alprazolam)

PHE has examined UK police seizures data for drugs that were submitted for forensic analysis, which showed that the number of **alprazolam**[23] seizures was far greater in 2017 than in previous years, increasing from fewer than ten seizures in 2016 to over 800 in 2017 (PHE (24), 2018). A BBC report based on estimates obtained from the ONS claimed there had been at least 204 deaths from pills sold as *Xanax* between 2015 and 2017; 30 deaths in England and Wales; 43 in Northern Ireland and 126 in Scotland (BBC (a), 2019). The 2019 Manchester Trend Study (MESUS) reported that drugs sold as *Xanax* had become normalised among some cohorts of young drug users (Manchester Metropolitan University and Manchester City Council (b), 2019).

6.16.2 Drug indicators: **Benzodiazepines: during lockdown**

The *Global Drug Survey* reported that in the UK, the frequency of *benzodiazepine* use stayed the same for most people during lockdown (43.9% of UK respondents); increasing for 30% and decreasing for 27.2% (Winstock, et al., 2020). The *EMCDDA* reported increased use among some groups; in part it was felt to combat the anxiety experienced in response to the pandemic and the resulting lockdown measures (EMCDDA (b), 2020). There were numerous reports from around the country, backed up with forensic evidence and by police seizures, of significant increases in availability, use and harm associated with *'street' benzodiazepines;* particularly among entrenched adult drug users in hostels and sleeping rough (PHE (13), 2020). After reports of an increase in *benzodiazepine* and *gabapentinoids* incidents; the *Greater Manchester Drug Alert Panel* issued a warning for Manchester on 3rd July 2020 (Appendix D). PHE subsequently issued a rare national alert in July 2020 (Greater Manchester LDIS, 2020-21).

6.16.3 Findings: **Benzodiazepines**

A large number (89%) of professional survey respondents stated that they work with people who use *benzodiazepines*. Of these, over a third (36%) stated there was an increase in use. Over a quarter (26%) of these worked in the Manchester region and almost a fifth (17%) worked in Stockport. As the free text responses from the professional survey illustrate, the increased availability and use cuts across a range of user groups and was reported by a wide range of professions.

> *"More people are using them as an alternative to heroin in lockdown."* (Volunteer and Peer Mentor Lead, Substance Use Treatment Service, Tameside)

> *"Increase in use appears to be as a result of lockdown measures due to COVID-19 and an increase in anxiety levels."* (Senior Practitioner, CMHT, Manchester)

> *"Heavy increase in "bad diazepam's" from Cheetham Hill."* (Recovery Coordinator, Tameside)

> *"Younger age group buying alprazolam (Xanax) on the internet. Consistent need for prescribed and purchased benzos."* (Hospital Pharmacist, Rochdale)

We focus in more detail on the increased availability, use and harms of these substances within the adult treatment and street-based populations in the **adult trends focus** (8). In this section we focus on reported changes amongst non-treatment adult population and young people who completed the online surveys.

In the adult survey of *PWUD*, a small number (7%) of survey respondents reported that they had increased their *benzodiazepine* usage within the last year, they often referred to *Xanax*. Those who left free text comments stated this was to aid sleep.

> *"Increase in the use of Xanax due to drinking more to stop a hangover the next day and also to aid sleep."* (Female, 40, Manchester)

> *"I've been using Xanax and Valium more often to help me sleep. Not being at work due to being furloughed I'm not worn out at night*

[23] Xanax is a brand name for a benzodiazepine containing alprazolam. Xanax is not available on the NHS and it is believed virtually all of the 2mg Xanax bars sold on the street are fake versions containing a range of different benzodiazepines.

and needed help getting to sleep." (Male, 26, Salford)

Although numbers were small, the reported use of *benzodiazepines* in the young person's survey more than doubled from 9 (2%) pre-COVID to 23 (4%) during lockdown. Furthermore, a fifth (21%) of these stated that they were using more. Half of these young people reported using them once a day with a quarter reporting using them three times a day and four young people stating they used them four times a day or more. Over half (55%) of these young people stated that they used *benzodiazepines* in the evenings, with over a quarter (27%) reporting taking them in the morning or afternoon (27%) and a fifth (18%) at night. All the young people that responded said there was no change in the strength of *benzodiazepines* they were using.

When discussing the use of benzodiazepines amongst young people, the brand name *Xanax* (**alprazolam**) was often mentioned.

"Since lockdown I think, for me, I've seen an increase in Xanax use [in Salford]. I've attended some of the professional meetings, the GM professional meetings. That's been a bit of a running theme, hasn't it. . . It's not come in huge amounts, but it has been coming in in dribs and drabs. I've just recently picked up a referral for Xanax and LSD." (Young Person's Substance Use Service Worker, Salford)

It was noted how many young people who use prescription drugs believe they are safe because they are a prescribed medication rather than an illicit street drug.

"I say to people all the time who are buying, like, diazepam off the internet or their friends. "Oh, it's a pill. So, it's definitely what it says." And I'm like, "Well, not necessarily. Anyone can get a pill press and press it." (Substance Use Outreach Worker, Bolton)

During the research period, there were a couple of unconfirmed reports that *Xanax* pills were being pressed locally in the Trafford area with Stretford and Altrincham mentioned.

"We had some intel from one of our young people saying that they were being made in Altrincham. They were coming out of Altrincham, and they were being made. There was a press in Altrincham. So, again, but we don't know the purity or the quantity or whether it was Xanax or not." (Young Person's Substance Use Service Operations Manager, Salford and Trafford)

It was also noted by the Bury Complex Safeguarding Team, that young people were sourcing *Xanax* from the Bury New Road shops.

"We've also had another young person who is open to the [complex safeguarding] team where there were concerns around him potentially being a money mule in respect of Xanax use, buying and selling Xanax. Potentially getting it from Cheetham Hill and then selling it." (Young Person's Complex Safeguarding Team, Bury)

"The one I had, he was using the Lean before, he was getting the Xanax also and he would get the tram up into Manchester to buy the Xanax so that sounds like something that's going on, doesn't it?" (Young Person's Complex Safeguarding Team, Bury)

One specialist young person's nurse working in A & E noted an increase in admissions where young people had been using *Xanax* in combination with **alcohol**.

"We have seen an increase amongst older - 16 to 17 years- in the last few years in Xanax and alcohol…. Nearly always described as Xanax - rather than diazepam or benzos-, I think usually 2mg bars they are buying off the street. We saw 13 last year: zero the year before that." (Young Person's Specialist Nurse, North East GM Region)

6.16.4 Findings: Prescription drugs market information

As we discuss in more detail in the adult trends focus, we received widespread reports of increased availability of *prescription drugs* in circulation across Greater Manchester. The most common drugs were **diazepam** and **pregabalin** with drugs sold as *Xanax* and **zopiclone** less frequently mentioned. The Bury New Road area of Manchester was widely reported as the source of **diazepam** and **pregabalin** and to a lesser extent **zopiclone**. This was particularly

the case for street-based substance users. Young people and more recreational adult users who completed the *PWUD* online survey reported accessing substances such as *Xanax* from social media and online platforms (see 7.5). It is widely assumed that these substances are non-pharmaceutical standard, and they are often perceived to be responsible for overdoses and drug related deaths by both *PWUD* and some *Key Professional Informants*. Subsequently, they have been one of the main type of drugs of interest that have been tested by *MANDRAKE* in this year's research. The details of this testing can be found in the **adult trend focus** (8).

6.17 Volatile Substance Abuse (VSA)

6.17.1 Drug indicators: Volatile Substance Abuse (VSA)

The proportion of pupils aged 11-15 saying they had taken *volatile substances* (VSA) in the last year (2018) has been around 3% to 4% since 2010 (NHS Digital (1), 2019). Although **cannabis** is the first drug used by young people under 15, those who try drugs at an earlier age (under 13) are more likely to report the use of *VSA* as the first drug they use (NHS Digital (1), 2019).

There were 309 adults in treatment services for *VSA* during 2019/20 (0.1% of total) (PHE (3), 2020). There were 380 young people in treatment using *VSA* during 2019/20; an increase by 19% from the previous year (from 394 to 469), the highest number reported since 2011/2012 (PHE (31), 2021). *VSA* deaths stayed pretty much the same between 2001 -2016 (the last available data) at a rate of 1 per million population (64 deaths in 2016). Deaths among under 20s decreased and the most common age range of deaths increased to 20-39 (ONS (11), 2018).

6.17.2 Findings: Volatile Substance Abuse (VSA)

Three-fifths (62%) of professional survey respondents stated they work with people who use *VSA*. A small percentage (8%) stated they had noticed an increase in their use. However, none provided any further detail. In the adult *PWUD* survey, ninety percent of survey respondents said they had not used *VSA* in the last year. Of the 10% who had used *VSA* in the last year, five reported an increase in use with seven reporting a decrease. There was no reporting of the use of these substances by young people and no further discussion of *VSA* as substances of concern during interviews with *Key Professional Informants* or *PWUD*. However, one Homeless Project Worker discussed a regular service user who was a heavy user of gas cannisters.

> *"We've had [name] here today. I think he was on about eight gas cannisters by lunchtime today."* (Project Worker, Homeless Charity Drop-in, Stockport)

6.18 Ketamine

6.18.1 Drug indicators: Ketamine

In 2018, the proportion of pupils aged 11-15 taking **ketamine** in the *last year* (1%) doubled from 2016 and was the highest on record (NHS Digital (1), 2019). *Last year* use of **ketamine** among young adults was also the highest estimate on record; *past year* use among young adults (16-24) has increased from 0.7% (2010) to 3.2% [2020] (ONS (3), 2020). There was an increase in the numbers of young people in treatment for **ketamine** (up from 440 to 549) (PHE (31), 2021). Although the numbers are relatively low, there was an increase in adults entering treatment with **ketamine** problems (from 960 to 1,140) (PHE (3), 2020). In the year ending March 2020, there were 1,256 seizures of **ketamine**, a 31% increase on the previous year, although there was a 57% decrease (67kg) in the quantity seized, largely due to a 72% decrease in the amount seized by Border Forces (Home Office (b), 2020). There are about 30 deaths a year where **ketamine** is implicated, in most cases with other substances (Corkery, et al., 2021). Along with other drugs associated with clubs and festivals; there was less reported use of **ketamine** during lockdown as there were no clubs and festivals to go to (CREW (b), 2020; NEWnet & TEDI, 2020; EMCDDA (b), 2020).

6.18.2 Findings: Ketamine

Three-quarters (74%) of professional survey respondents stated they work with people

who use **ketamine**. Of those, just over a fifth (21%) noted there had been an increase in use. Over half (55%) of these responses related to **ketamine** users in Manchester and over a quarter (27%) related to Salford, Stockport, and Wigan respectively. While **ketamine** has traditionally been associated with young recreational drug users and in particular clubbers and students, reported increases in use came from adult treatment and prison staff.

> *"Clients have used ketamine instead of cocaine."* (Recovery Worker, Substance Use Treatment Service, Stockport)

> *"There were some positive drug tests for ketamine."* (Team Manager, Prison Substance Misuse Team)

> *"We have had seizures of ketamine that we haven't previously seen."* (Prison Staff)

The reporting of positive **ketamine** results in mandatory drug tests and seizures of **ketamine** in the local prison estate is something that should be monitored for signs of a growing trend. The dissociative effects of **ketamine** use are similar to the desired effects prisoners report from *'Spice'* and therefore has the potential to emerge as an alternative to *SCRA* in the prison estate, particularly if the Chinese ban of the production of *SCRA* leads to shortages in the UK.

Over half (54%) of respondents in the adult *PWUD* survey said they had not used **ketamine** during the last year. Of those who reported past year use, almost a fifth (18%) stated that they had increased their **ketamine** usage during the COVID-19 lockdown.

> *"Ket is the perfect stay at home drug so instead of going out drinking every week, you stay home and do ket on the weekends instead."* (Female, 23, Salford)

> *"I used to use MDMA a lot more than ket but now I use ket a lot as there is no comedown and it affects me mentally less than MD[MA] does."* (Female, 20, Manchester)

Only six percent of young people reported using **ketamine** prior to lockdown. This reduced by half to 3% during the past year. Over half (57%) of these reported using less. Young person's substance use service workers typically reported that **ketamine** use was associated with older (16 and 17 upwards) young people that they worked with. The majority (80%) of young people who stated they used **ketamine** reported no change in supply. For example, 85% reported no change in availability; 70% per cent no change in price (30% reported an increase); 79% reported no change in strength and 100% reported no changes in the size of deals. During the study period, two samples of powders from Wigan were tested by *MANDRAKE* and found to contain **ketamine** at 70.6% and 100% purity.

6.19 Nitrous Oxide (laughing gas)

6.19.1 Drug indicators: Nitrous Oxide

Nitrous oxide was used by 2.4% of adults in the past year, making it the third most prevalent drug after **cannabis** and ***powder* cocaine**; and by 8.7% of young adults (16-24), making it the second most prevalent drug after **cannabis** (ONS (3), 2020). In 2018, among pupils aged 11-15; 4.1% reported **nitrous oxide** use in the *last year,* up from 4.0% [2016] (NHS Digital (1), 2019). The number of **nitrous oxide** seizures increased from 247 to 256, but the total of 308,538 doses was an 82% decrease from the previous year; 84% of which was seized by Border Force (Home Office (b), 2020). According to the governments review, the introduction of the *Psychoactive Substances Act* (PSA)[24] made little difference; with prevalence remaining similar to levels before the introduction of the Act (Home Office (c), 2018). Deaths associated with **nitrous oxide** increased from 4 (2015) to 8 (2016) (ONS (10), 2018).

6.19.2 Drug indictors: Nitrous oxide during lockdown

There was little in the way of evidence of an increase in **nitrous oxide** use or harm during lockdown. The *Release* online survey found just 1 person out of 2,621 had used **nitrous oxide** during the lockdown period, however as the researchers point out, this may have reflected respondents not considered **nitrous oxide** a drug or the question not being directly asked (Release (d), 2021). However, media coverage of discarded **nitrous oxide** canisters, particularly

after two illegal raves in Greater Manchester in June 2020 (Granada, 2020) led to a short-lived *moral panic* and a parliamentary debate (Hansard, 2020). On September 3rd 2021, the Home Secretary asked the ACMD to look again at the legal status of **nitrous oxide** (ACMD (e), 2021). In 2015 the ACMD had concluded that **nitrous oxide** was not sufficiently harmful to warrant it becoming a controlled drug (ACMD (f), 2015).

6.19.3 Findings: Nitrous Oxide

Almost three quarters (70%) of professional survey respondents stated they work with people who use **nitrous oxide**. Of those, almost a quarter (24%) reported an increase in use. For some, its use was viewed as widespread and normalised amongst young people.

> *". . . nitrous is a bit like ciggies now, it's just there, I'm finding."* (Young Person's Substance Use Service, Team Leader, Wigan and Leigh)

However, despite a commonly held public perception that the use of this substance was on the increase, the data did not always support this perception. Two-thirds (64%) of the *PWUD* in the adult survey reported no previous use of this substance. Nevertheless, of those who had used, 11% stated that they had increased their use of **nitrous oxide** during the lockdown. The vast majority of participants who reported increased use resided in Manchester (84%), others resided in Salford (11%) and Wigan (5%). A similar percentage (10%) reported that they had decreased their use.

These substances are particularly associated with young people. However, our young person survey found that out of 560 young people who completed the survey, only 5% reported using before lockdown and this reduced further to 3% during the past year. One potential explanation for this decrease in use was offered by a young person's substance use worker who noted an increase in price during lockdown in Rochdale.

> *"Nitrous Oxide users report that prices of these cannisters or boxes of them have 'doubled' in price in some shops, meaning that they have either reduced or stopped use of this substance completely."* (Advocacy Worker, Young Person's Substance Use Service, Rochdale)

This observation was supported in the young person's survey with nearly three-fifths (57%) of respondents who answered indicating that it had become more expensive during the pandemic. A third noted a change in the supply during the lockdown with just under half of these (46%) reporting that it was less available.

Of those who were still using, just under half (45%) reported that they were using more during the lockdown. As this respondent notes, the use of these substances, typically via filling up balloons, was easier to do in a home environment than in a bar or club setting.

> *"It is easier to do at home than in a club so having seshes [sessions] at home means you may as well get some of this in. [. . .] Noz is such a faff that you don't really do it like out in a club, you do it at a pre-sesh or afters or at a party. All the seshes this year have been at home so obviously you have more chance to do noz."* (Female, 23, Salford)

Although our findings suggest that use amongst young people is not as high as is often perceived, their continued use was noted as a cause for concern. For example, a number of substance use professionals working with young people raised concerns about a lack of understanding of what these substances are and the harm they can cause.

> *"There's just loads of cannisters round here. When you talk to young people about them, there's so much confusion. Some of them think it's helium. Some of them think it's CO2. You're like, 'No, it's not carbon dioxide. It's not helium', no, it's not them at all. . . . the majority of people are quite clueless of what it actually is. Obviously if they're clueless, what it is and they get offered it then they haven't got a clue how to do it safety and what could the potential damage be."* (Young Person's Substance Use Service Worker, Wigan and Leigh)

[24] Nitrous oxide was included within the Psychoactive Substances Act (PSA) in 2016. It can be sold legally, for instance as a propellant in whipped cream, but is an offence under the PSA to supply nitrous oxide for the purpose of intoxication. Possession is not an offence unless in a custodial institution.

*"Some young people don't appear to acknowledge the risks of nitrous use and view it as a fairly 'safe' drug." (*Substance Use Service, Advocacy Worker and Team Leader, Bury and Rochdale)

These insights from professionals working with young people suggest the need to ensure appropriate substance use education is delivered to young people across Greater Manchester.

6.20 Salvia Divinorum (Salvia) and other dissociative drugs

6.20.1 Drug indicators: Salvia Divinorum (Salvia)

There is limited data on **salvia** prevalence. 1.3% of respondents to the Global Drug Survey had used **salvia** in last year (GDS, 2019).

6.20.2 Findings: Salvia and other dissociative drugs

Just over half (57%) of professional survey respondents stated they work with people who use **salvia**. However, there were no significant changes to clients' usage noted. This was mirrored in the survey of *PWUD* with no significant changes reported. Only one person reported previous use and no young people reported use.

No significant changes or use of other dissociative was reported in any of the surveys or interviews.

6.21 Powdered cocaine (Cocaine hydrochloride)

6.21.1 Drug indicators: Powdered cocaine

There has been a general upward trend in ***powdered* cocaine** use among adults since 2011/2012. Although there were no statistically significant changes between 2018/19 and 2019/20; frequent use (more than once a month) fell from 14.4% to 8.7% in young adults (ONS (3), 2020). ***Powdered* cocaine** was the second most commonly used drug in the last year among adults aged 16 to 59 years (2.6% or 873,000 users). Among young adults (16-24), ***powdered* cocaine** was the third most commonly used drug (5.3% or 331,000 users), behind **cannabis** (18.7%) and **nitrous oxide** (8.7%) (ONS (3), 2020). There was an increase in *past year* use from 1.3% to 1.4% among 11-15-year-olds between 2016-2018 (NHS Digital (1), 2019).

Most people use ***powdered* cocaine** once or twice a year (52% of **powdered cocaine** users) (Home Office (a), 2019); while 65% responding to the *Global Drug Survey* had used on 10 or fewer occasions in the last year; only 8.9% reporting use on 50+ occasions (GDS, 2019). Among *PWID* there has also been an increase in the injection of ***powdered* cocaine** in the preceding four weeks from 6.6% in 2010 to 17% in 2019 (PHE (10), 2020). The number of adults starting treatment in 2019 to 2020 with ***powdered* cocaine** problems increased by 7% (from 20,084 to 21,396). This continues a gradual rise over the last 9 years, with numbers of new treatment entries for ***powdered* cocaine** now 52% higher than in 2011/2012 (PHE (3), 2020); 10% of young people in treatment were using ***powdered* cocaine** (1,396 people), similar to the recent years (PHE (31), 2021).

Over half (51%) of all seizures of Class A drugs involved **cocaine**, with 18,790 seizures in the year ending March 2020, a 10% increase on the previous year's figure (17,038) (Home Office (b), 2020). **Cocaine** deaths in 2020 increased again to 777, a 9.7% rise from 2019 and have increased more than five-fold since 2011. However, a large proportion of these **cocaine** deaths are likely to involve ***crack* cocaine** (ONS (19), 2021). Along with other drugs associated with clubs and festivals; there was generally less use of ***powdered* cocaine** reported during lockdown as there were no clubs and festivals to go to (CREW (b), 2020; NEWnet & TEDI, 2020; EMCDDA (b), 2020).

6.21.1.1 Drug indicators: Powdered cocaine purity

Colombian **cocaine** production has increased by over 250% since 2013. This has led to a surge in purity across Europe and appears to have contributed to increased use of ***crack* cocaine** and ***powdered* cocaine** in England and Wales (Black C. , 2020). The mean purity of ***powdered* cocaine** at user level decreased steadily from 51% in 2003 to a low of 20%

in 2009. Purity has since increased to 63% in 2018; the highest mean level ever recorded (UK Focal Point on Drugs (a), 2020). According to the European Drug Report, the average purity of **cocaine** at retail level varied from 31% to 91% across Europe in 2019, with half the countries reporting an average purity between 53% and 68% (EMCDDA (i), 2021). Out of 161 unadulterated ***powdered*** **cocaine** samples tested by MANDRAKE in Greater Manchester clubs in 2019, purity ranged from 92.8 – 99.0%. During this study, a number of samples of ***powdered*** **cocaine** were tested that ranged between 74.1% to 98.9% purity. See Table 17.

6.21.2 Findings: Powdered cocaine

A large percentage (88%) of professional survey respondents stated they work with people who use ***powdered*** **cocaine**. Of those, almost a third (30%) noted an increase in use. Over half (55%) of reports of increased use were from professional respondents working in the Manchester (34%) and Oldham (21%) areas.

One of the more unusual and unexpected findings to emerge was the apparent use of ***powdered*** **cocaine** in the local prison estate. Alongside reports of positive tests and seizures of **ketamine**, professional respondents reported positive tests for **cocaine** and previously unseen seizures.

> *"Increase in finds of cocaine since COVID 19 which is really unusual in the prison environment."* (Prison Security)

The adult *PWUD* survey found that a quarter (25%) of respondents decreased their use of ***powdered*** **cocaine** during the COVID-19 lockdown. This was often linked to less socialising with others in situations where they would be more likely to use.

> *"COVID 19 has reduced house parties which is where I generally consume."* (Male, 37, Bury)

Decreased ***powdered*** **cocaine** use due to less time spent at house parties or in clubs and bars was also commonly reported in *Key Professional Informant* interviews across Greater Manchester.

> *"The only difference I would say is I've noticed that they're reporting they're not using it as much. I think because there's not many parties, there's not as many gatherings or get togethers where maybe they would drink and take coke that that's the reason that maybe that's limited it."* (Young Person's Substance Worker, Salford and Rochdale)

> *". . . a lot of the lads that we manage that are doing quite well, that would probably get caught out, haven't been going out because everywhere has been shut so we've probably had a slight decrease in what we've seen in our world as that. I wouldn't know how that would look outside of my spotlight offender world but ultimately that is one I think it's probably not an addiction, it's just a recreational use. So it's [cocaine powder use] probably decreased slightly during COVID but if you went back, as I say, over the five years, massively gone up."* (Complex Safeguarding Manager, Oldham)

> *"I guess from March last year, we've definitely seen a decrease in those referrals that are party drugs, so we might have previously received referrals for MDMA use, . . . whereas when lockdown hit, I guess we saw a real decrease in that and cocaine use as well, I think was one of our more popular drugs in Oldham."* (Substance Use Service Operations Manager, Oldham)

The closure of the night-time economy was also noted as a reason why some young people may have struggled to access ***powdered*** **cocaine**.

> *"I think the only thing that people reported was there was a period of time when it was hard to get hold of smaller quantities of cocaine. And I think that was maybe down to the lack of night-time economy, you know, where you could just be in a club and there's always someone in that you can just buy a bag off. buy, you know, 20, 30-quid bag of coke."* (Young Person's Substance Use Service, Operations Manager, Salford and Trafford)

However, nearly a fifth (19%) of *PWUD* survey respondents stated that their usage had increased in the past year. Nearly two-thirds of these individuals resided in Manchester (63%); the next highest areas of reported increased ***powdered*** **cocaine** use were Salford (13%) and

Trafford (9%). As with reports of increased drinking in the home, respondents reported that boredom and increased drinking in the home led to ***powdered* cocaine** use.

"With nothing else going on, me and my friends found ourselves drinking, which in turn lead us to buy cocaine more frequently." (Male, 22, Manchester)

While there is an assumption that the use of 'club drugs' such as *ecstasy*/**MDMA**, ***powdered* cocaine** and **ketamine** will have reduced during lockdown due to the closure of the night-time economy, it was also noted by a number of *Key Professional Informants* that ***powdered* cocaine** was commonly used by their service users in the home, typically involving the use of **alcohol**.

". . . we find an awful lot… like, say people who turn to cocaine once they've been drinking. What they've been doing, obviously, they've not been going out as much, they're not going out anywhere, so they're using a lot on their own rather than socially. And that's the same with alcohol, when people go off, they're using drugs. And we have a lot of people whose family members, they might have cousins and relationships and relations when they're kind of stuck with them. So, any interaction when we do have any family gatherings, small family gatherings who's in their bubble, where there's someone who's using, someone else who uses, them people have really struggled because they can't get away from it as such." (Substance Use Treatment Service Worker, Wigan and Leigh)

"Using in the home at night when kids have gone to bed." (Substance Use Service Recovery Worker, Wigan)

There were concerns raised that ***powdered* cocaine** use amongst school aged children was on the increase.

". . . it feels as though those Class A type substances, cocaine and the other ones we've just mentioned [MDMA, Ketamine], it feels as though they are being used by younger people, so fourteen, fifteen-year-olds and things like that." (Young Person's Substance Use Service, Team Leader, Bury)

The young person's survey offered some support for these concerns. ***powdered* cocaine** was the third most frequently reported substance used after **cannabis** and **alcohol**. An 18-year-old male from Wigan noted:

"Use among young people is extremely common - especially in adolescents. It is easier to obtain cocaine than it is a bottle of vodka in some areas."

Concerns were expressed by professionals working with young people that increases in access and use of ***powdered* cocaine** by school age children may expose young people to increased risk of exploitation and drug debt. The increased use of ***powdered* cocaine** and other class A 'club drugs' such as **MDMA** was reflected in reported increases in young children coming through A & E.

"Next in terms of numbers [coming into A & E] we see cocaine and MDMA. 18 using cocaine in the last year and 20 using MDMA, typically 13, 14, 15-year-olds." (YP Specialist Nurse, A & E, North East GM Region)

Nevertheless, reported use amongst young people was much lower than **cannabis** and **alcohol**. Fifteen percent of young people reported that they used ***powdered* cocaine** *before* the lockdown. This reduced to 10% who claimed to use ***powdered* cocaine** *during* the pandemic. In addition, half (51%) of those who were still using reported they were using less with just over a fifth (22%) stating they were using more.

Young people who used ***powdered* cocaine** generally reported a stable market with just under a fifth (17%) noting any change. Of these, a fifth (21%) stated ***powdered* cocaine** was less available while 16% reported that it was more available. In relation to price, a fifth (20%) stated it had become more expensive with a small number (7%) reporting it had become cheaper. Whilst over two-thirds (69%) of survey respondents noted no change in the strength of the ***powdered* cocaine** they were using, over a fifth (22%) believed it had become weaker while a small percentage (9%) of young people thought the strength of ***powdered* cocaine** they were consuming had increased. There were a couple of reports of poor quality but generally

the quality was viewed as good and was sometimes discussed as a partial explanation of why its use has increased in recent years.

> *"I think the quality has got a lot better over the years. I think you're seeing a lot better quality, a lot purer quality. I know from when we've done various seizures, we've found things and when we've had it tested it's been a lot higher quality than what it was say five years ago."* (Complex Safeguarding Manager, Oldham)

In summary, the ***powdered*** **cocaine** picture is mixed. The restrictions to the night-time economy and social gatherings have limited the opportunity for some to use but for others, increased drinking in the home has been accompanied with increased **cocaine** use, which is a concern particularly given the increased risks associated with **cocaethylene**[25]. Although numbers are relatively small compared to **alcohol** and **cannabis**, ***powdered*** **cocaine** use amongst young people is something to closely monitor. We received several reports of increased accessibility and use by young people. *MANDRAKE* testing has found high purity cocaine in local circulation and there has been an increase in ***powdered*** **cocaine** related hospitalisations. Added to this, there are safeguarding concerns about young people who are using ***powdered*** **cocaine** being more at risk of drug debt and exploitation.

Table 16. Results of MANDRAKE tests of powder cocaine (hydrochloride)

Location	Description	Actual content	Purity
Bolton	*White powder*	*Nothing detected*	-
Bolton	*7x wraps crack cocaine*	**Cocaine** hydrochloride	74.7%
Bolton	*1x wrap crack cocaine*	**Cocaine** hydrochloride	93.7%
Stockport	*White powder*	**Cocaine** hydrochloride	92%
Rochdale	*Snapbag of white powder*	**Cocaine** hydrochloride	98.9%
Rochdale	*Snapbag of white powder*	**Cocaine** hydrochloride	75.7%

6.22 Crack cocaine

6.22.1 Drug indicators: Crack cocaine

The use of ***crack*** **cocaine** has increased since 2011, caused by a surge in global production of **cocaine**, increased availability, affordability and aggressive 'marketing'; but the long-term rise appears to have levelled off (PHE (23), 2019)**.** In 2018, among pupils aged 11-15; 0.6% reported ***crack*** **cocaine** use in the *last year,* up from 0.4% (2016) (NHS Digital (1), 2019). The majority of people using ***crack*** **cocaine** are existing **heroin** users. There were an estimated 180,748 ***crack*** **cocaine** users in England in 2016/2017; a rate of 5.10 per 1,000 population (PHE (1), 2019). See Table 1 for estimates of ***crack*** **cocaine** users in Greater Manchester.

According to the *UAM*, between 2010 and 2019; the proportion of *people who inject drugs* (PWID) injecting ***crack*** **cocaine** increased from 29% to 57% (PHE (10), 2020). There has been a rise in the number of adults entering treatment for ***crack*** **cocaine** the fifth year in a row; this includes people who are using ***crack*** **cocaine** with *opiates* (24,363 to 25,043) and those who are using ***crack*** **cocaine** *without opiates* (4,535

Table 17: Estimates for the number and rate per 1,000 population of crack cocaine users in Greater Manchester 2016/17 (latest estimate).

Area	Nº Crack Users	Crack use rate per 1,000 population
England	180,748	5.10
North West	28,666	6.21
Bolton	1,293	7.21
Bury	782	6.59
Manchester	3,610	9.31
Oldham	1,069	7.33
Rochdale	1,361	9.86
Salford	885	5.37
Stockport	1,052	5.84
Tameside	1,014	7.12
Trafford	526	3.57
Wigan	899	4.36

Source (PHE (2), 2019).

[25] **Cocaethylene** develops in the liver as a result of the metabolic processing of both alcohol and cocaine. The addition of cocaethylene can produce effects that are much more toxic (Jones, 2019).

to 4,651) (PHE (3), 2020). There were 7,050 ***crack* cocaine** seizures in the year ending March 2020; up 7% (6,561) on the previous year and the highest number recorded since the year ending March 2008 (7,191). Almost 100% of all ***crack* cocaine** seizures were made by police forces (Home Office (b), 2020). Deaths from cocaine (777) are not distinguished between those from ***powdered* cocaine** and ***crack* cocaine** (ONS (19), 2021).

6.22.2 Findings: Crack cocaine

Just under three-quarters (72%) of professional survey respondents work with people who use ***crack* cocaine**. Of those, just under half (47%) stated they had not noticed any change in use. A fifth (20%) of respondents noted an increase in use, with a third (33%) of these working in the Manchester region and a further quarter (24%) working in Wigan. One explanation for the increased use was a noticeable increase in the number of service users reporting that more dealers are selling both **heroin** and ***crack* cocaine**.

> *"Increase in use and reported increase in supply by dealers offering deals of crack and heroin."* (Substance Use Treatment Service, Team Manager, Trafford)

However, the combined selling of **heroin** and ***crack* cocaine** is a well-established dealing practice. In line with reports of more dealers selling **heroin** and ***crack* cocaine**, an increase in the use of **heroin** and ***crack* cocaine** together was reported in Rochdale and Oldham.

> *". . . probably I'd say more crack and heroin opiate use at the moment as well. That's increased a little bit as well. [. . .] Generally I'd say 'speed balling', people who are injecting [heroin and crack cocaine] together. I think it's probably generally mixed together."* (Substance Use Manager, Rochdale and Oldham)

Boredom was also cited as a factor in the increased usage, especially during peak lockdown in the *A Bed Every Night* (ABEN) accommodation. It was suggested by one homeless worker that large multiple occupancy homeless provision provided as part of the COVID response was a contributing factor in new onset of ***crack* cocaine** use and other substances.

> *"I think it's [heroin and crack use] increased. I think it is because there's nothing else to do. You know, so they've only got, you know, the people in the ABEN as company. So, I think it's really quite easy to get drawn in and use substances. Because I think they think it won't get them and they won't become addicted."* (Homeless Worker, Oldham)

It was also reported that presentations of ***crack* cocaine** induced psychosis were on the increase in Stockport.

> *"More people are presenting to mental health with crack psychosis which then impacts on the number of referrals to our service."* (Group Facilitator, Recovery Project, Stockport)

A potential trend to monitor, that was noted in Salford and Trafford, is for some of those currently regularly using ***powdered* cocaine** may shift to smoking ***crack* cocaine**.

> *"I suppose from a treatment perspective, we haven't seen a massive influx [of crack cocaine users], but I would say it's definitely there. . . . Anecdotally, people that we're not seeing, but you try and keep your ear to the ground, and I do… I have heard there are more and more people starting to use crack as well but crack independently of opiates. I think this is the next move on for people who've been using powdered cocaine for a while and they're just not necessarily getting the same thing for it, or whether it's a progression, I'm not sure. Historically you associate crack cocaine with opiate users, don't you? [. . .] I think there is certainly, well we've had a couple of presentations and like I say when you're listening to what's going on in the wider community, I have heard more stories about people just using crack cocaine independently of any other substance which I think is a new thing."* (Substance Use Treatment Service, Operations Manager, Salford and Trafford)

In the surveys of *PWUD*, there was little reported use of ***crack* cocaine** and no significant changes reported. Less than three percent of respondents in the adult *PWUD* survey reported past year use. Likewise, only six young people (1%) reported past year ***crack* cocaine** use.

6.22.3 Crack cocaine: Market information

There were a small number of reports from the surveys of changes to price, size of deals and quality.

> *"Price stayed the same but quantities dropped due to COVID related issues. Quality changes daily. Established dealers have consistent quality."* (Male, 47, Manchester)

In the young person's survey, although numbers were small, half of the respondents stated ***crack* cocaine** had become more expensive, the quality poorer and size of deals smaller. The access and availability of ***crack* cocaine** was reportedly stable with no reported shortages.

> *"I was thinking it's going to get really scarce, there's going to be a drought. But apparently not. Apparently, availability of, you know, opiates, crack it's still very much there. And do you know what? They can probably score quicker because the roads are quieter. [laughter]. So, I don't think that supply chain has been affected."* (Adult Assertive Outreach, Bolton)

In fact, in several areas (Salford, Stockport, Trafford), PWUD reported an increase in the number of young dealers on the streets and in the number of text messages and deals sent through to their mobiles each morning.

> *"If I turn my phone on at 8 in the morning, I've got 6, 7, 8 messages already from dealers. 'buy two, get one free', 'good gear, new in, 3 for 20 quid, any combo'."* (Male, Heroin and Crack User, Trafford)

> *"If anything, I'd say there are more dealers about. Young kids popping up all over the place."* (Male, Heroin, Crack and Spice User, Stockport)

> *"You get more and more kids dealing now than ever before. I'll tell you what it wouldn't surprise me if it all kicks off. There's so many of 'em, it feels like more dealers than demand, you know what I mean?"* (Male, Heroin and Crack User, Salford)

There were some reports of good quality ***crack* cocaine**.

> *"The crack is good man, it's good, no complaints and I've not heard anybody say anything bad about the crack at the minute."* (Male Polysubstance User, Tameside)

This was backed up by testing carried out by *MANDRAKE* so far (see Table 18). However, in several areas (Bolton, Oldham, Rochdale, Salford, Stockport, and Trafford), the quality of ***crack* cocaine** was regularly reported as poor by *PWUD* and *Key Professional Informants*.

> *". . . the crack, I think people are saying that the crack hasn't been good recently but that's about it but no increase in price or anything."* (Substance Use Treatment Service, Team Leader, Salford and Trafford)

> *"Crack prices remain the same from what I've heard. . . . It's reported it's not very good but it's not been good for years."* (Substance Use Treatment Service, Team Leader, Oldham and Rochdale)

There were also some reports of price increases during lockdown and a lack of deals/offers.

> *"Crack and heroin have gone up. [. . .] It's just definitely the prices have gone up across the board. If you think about it, whatever it was, if it cost you £10, it's now going to cost you £15."* (Homeless Housing, Team Leader, Bolton)

In general though, the price was reported to have remained the same (£10 a 'stone') but there were reports from several areas that while the price remained stable, the size of deals had diminished.

There were a small number of reports from *PWUD* of ***crack* cocaine** being mixed with 'Magic' (**MDMA**), although there is no forensic testing evidence to substantiate this claim.

> *Interviewer: What about the crack, is the crack all right? "Well, that's again hit-and-miss. Normally if I can get coke, I'll just wash it up myself because people are mixing it with something called 'magic', have you heard that? I think it's magic anyway. When they wash it up, say, if they get like crack cocaine, it's like 3:1, like Bash. When they cook it up, they'll lose all the shit in the coke, and then they'll go back to the raw stuff, so then they'll mix this 'magic' in with it to then, you know, make up as to what they've lost."* (Female PWUD, Tameside)

The MANDRAKE tests (see Table 18 below) did not support the reports of poor quality ***crack* cocaine** or adulteration with **MDMA** with tested samples of ***crack* cocaine** between 73.7% to 99.7% purity.

Table 18: Results of MANDRAKE tests of crack cocaine (freebase).

Location	Description or suspected content	Actual content	Purity
Bolton	*6x wraps white powder*	**Cocaine** (freebase)	89.7%
Bolton	*19x wraps white powder*	**Cocaine** (freebase)	75.4.%
Rochdale	*Wrap of white powder*	**Cocaine** (freebase)	97.1%
Rochdale	*Red "SMINT" containing white powder*	**Cocaine** (freebase)	73.7%
Rochdale	*Snapbag containing off-white rocks*	**Cocaine** (freebase)	84.3%
Rochdale	*Snapbag containing white powder*	**Cocaine** (freebase)	99.2%

**The primary adulterant in the cocaine samples was phenacetin*

6.23 Amphetamine (Amphetamine sulphate)

6.23.1 Drug indicators: Amphetamine

Last year use of **amphetamine** among adults (aged 16-59) fell by 42% (109,000 people for year ending March 2020), continuing the long-term decline since the year ending December 1995 (ONS (3), 2020). In 2018, among pupils aged 11-15; 0.7% reported **amphetamine** use in the *last year,* up from 0.5% (2016) (NHS Digital (1), 2019). There were 182 young people in treatment using **amphetamine** in 2019/20; a decrease from a peak of 2,375 in 2012/2013 (PHE (31), 2021). **Amphetamine** users made up 2.0% of first-time adult treatment entrants (3,091 people) (PHE (3), 2020). In 2020, drug poisoning deaths associated with **amphetamine** (99) remained similar to the previous year (ONS (19), 2021). There were 3,606 seizures of **amphetamine** in 2019/2020, a 2% decrease on the previous year and part of a declining trend since 2008 (Home Office (b), 2020). Among *PWID*, Injection of **amphetamine** in the last month has decreased from 18% in 2010 to 11% in 2019 (PHE (10), 2020).

6.23.2 Findings: Amphetamines

Just under three-quarters (74%) of professional survey respondents work with people who use **amphetamines**. Of those, a small percentage (9%) stated they have noticed an increase in use. One explanation offered for this increase was that it is a cheaper substance than ***powdered* cocaine**, typically selling for £10 a gram.

> *"More people using [amphetamine] as it is cheaper than cocaine."* (Recovery Worker, Wigan)

Indeed, we received two reports from Stockport that **amphetamine** was being offered to ***crack* cocaine** and ***powdered* cocaine** users for as little as £40 an ounce, making it a cheap, more affordable alternative for some *PWUD*.

There was also a report from Bury Complex Safeguarding Team that a young person was buying large quantities of **amphetamine** at a low price and going on extended binges.

> *"She's buying big bags of it, £25 or and staying up for two or three days straight which is horrendous for her. I think mental health wise it's not doing her any good. She said she just wants it all the time basically."* (Young Person's Complex Safeguarding Team, Bury)

However, there was little reported use in either the young person or adult *PWUD* surveys. The majority (88%) of adult *PWUD* survey participants had not used **amphetamines** in the last year. Of those who had, almost half reported a decrease in use over the past year. The closure of the night-time economy was cited as one explanation for this decrease in use.

> *"Good for staying up all night dancing. No clubs [open] means no dancing, means no point in taking amphetamines."* (23-year-old female, Salford)

No other significant changes were reported.

6.24 Crystal methamphetamine aka Tina, crystal meth, ice

6.24.1 Drug indicators: crystal methamphetamine

It is estimated that 10,000 people used **methamphetamine** in the last year, part of a decreasing trend since a peak of 33,000 in 2013/14 (ONS (3), 2020). There were 13 deaths associated with *'any amphetamine'* that were not **amphetamine** *(sulphate)* or **MDMA**; which may have included **methamphetamine** however deaths are not specifically listed (ONS (19), 2021). Isolated pockets of local **methamphetamine** use do spring up from time to time among entrenched drug users; commonly associated with East European nationals supplying or manufacturing the drug locally (Manchester Metropolitan University and Manchester City Council (a), 2020). The use of *crystal* **methamphetamine**[26] in the UK has been largely confined to men who have sex with men (MSM) and the *'chemsex'* scene. However, it has been reported that as a result of developments in the international production and supply chain, ***crystal* methamphetamine** could begin to make a more significant appearance in a number of UK drug scenes (Hamilton & Sumnall, 2020; EMCDDA (g), 2020).

6.24.2 Crystal methamphetamine: during lockdown

A survey by Gay men's health charity *GMFA* in May 2020, found 48% of men had stopped using drugs associated with *'chemsex'* (*'chems'*) and were not having *chemsex* during lockdown; 17% percent were still having *chemsex* with their live-in partner; 15% were still using *chems* but not having sex; 12% were still hooking up with people to have *chemsex* (GMFA, 2020).

6.24.3 Findings: Crystal methamphetamine

Nearly three-fifths (58%) of professional survey respondents stated they work with people who use ***crystal* methamphetamine**. Of those, a small number (six) of respondents stated they had noticed an increase in use. No use was reported in the adult *PWUD* or young person's surveys. The only area where this substance was discussed in the Key Professional Informant interviews was Salford.

> *"I would say, in the last twelve months probably, I've certainly heard more about G and crystal meth, but I don't know whether that is just because a few particular same-sex couples are coming through MARAC, and that's where they've had a lot of call-outs to the police and stuff, and they are quite open with the police about what they are using. But I would say that I've… in the last twelve months, I've heard it more than I've heard it in the previous years."* (Substance Use Practitioner, Salford)

However, the numbers discussed were small and infrequent compared to other substances.

> *"I think in anticipation of this interview I did ask in particular case managers whether they had seen anything or heard anything, and I think they've all been a little bit poised for an influx of Crystal Meth and we haven't really seen it come to fruition. I think we might have one or two clients across Salford and Trafford that have presented with that. I think we've a few more that tend to present with GHB but again the numbers are very, very small and it's almost seen as unusual when we get those referrals, rather than it being commonplace."* (Substance Use Treatment Service, Operations Manager, Salford)

In the *PWUD* interviews, there was one report of a ***crack* cocaine** user who recently took ***crystal* methamphetamine** for the first time with three friends. Although he lived in Trafford, he reported purchasing from a dealer in Hulme, Manchester and paying £90 a gram. Another **heroin** user stated ***crystal* methamphetamine** was not widely available on this drug scene.

> *" I mean people have asked me if I can get hold of it but I can't, it's not really available, you don't hear of it but like I say, I have been asked for it and if I can get it a couple of times.* (Male, Polysubstance User, Tameside)

[26] **Methamphetamine** is a drug available throughout the world in numerous forms. **Methamphetamine** can be purified to produce **dextro-methamphetamine** from which the smoke-able form of the drug ***crystal* methamphetamine** is produced.

6.25 MDMA (methylenedioxymethamphetamine)

6.25.1 Drug indicators: MDMA

In 2018 the proportion of *last year* **MDMA** use in those aged 11-15 was 1.3%, the same as 2016 (NHS Digital (1), 2019). An estimated 471,000 adults used **MDMA** in England and Wales in the year ending March 2020 (ONS (3), 2020). There were further decreases in *past year* reported **MDMA** use in those aged 16 to 59 (from 1.6% to 1.4%) and among 16-24-year-olds (from 4.7% to 4.0%) (ONS (3), 2020). There was a 9% reduction in the number of young people treated for **MDMA** in 2019/2020 (from 2,021 to 1,836). However, this was more than double the number in 2012/2013 (780) (PHE (31), 2021). The number of **MDMA** seizures for the year until March 2020 was up 10% (to 3,468), while the quantity (2 million doses) was largely driven by Border Forces and apart from 2019, was the highest quantity seized since 2007 (Home Office (b), 2020). **MDMA** deaths increased slightly from 78 to 82 (ONS (19), 2021).

6.25.1.1 Drug indicators: MDMA Potency and patterns of use

The *Global Drug Survey* found most people used **MDMA** infrequently (a mean of 5 times in the last year). The use of **MDMA *powder*** is now as common as **MDMA *pills*** *('ecstasy')* (GDS, 2019). During 2018, the mean purity of **MDMA *powder*** at user level in England and Wales was reported at 76% (UK Focal Point on Drugs (a), 2020). Testing by *WEDINOS* found that the mean average strength of an **MDMA *pill*** rose from 129.48 mg in 2016 to 156.05 mg in 2017; however, pills of exceptionally high dosage continue to be commonly found. A pill tested by *WEDINOS* during lockdown in April 2020 contained 3.5x a potent dose (358.8mg of **MDMA**) (Public Health Wales, 2020).

MANDRAKE tested a number of pills from club nights or seized in Manchester (November 2019 to February 2020) which also contained exceptional high doses of between 250 to 300mg of **MDMA** (Greater Manchester LDIS, 2020-21). Six snap bags from Salford containing beige crystals were tested by *MANDRAKE* for this study and found to contain **MDMA *powder*** at 82.1% purity, while another from Rochdale containing a yellow powder contained MDMA at 85.3% purity.

More recent tests conducted by MANDRAKE and other organisations since the reopening of clubs and the restart of festivals in August/ September 2021 have found a mixture of high potency MDMA pills, and other pills mis-sold as **MDMA**. *MANDRAKE* analysis at *Manchester Pride festival* along with tests conducted at *'Creamfields'* and by *The Loop* at *'Lost Village'* and *'Parklife'* in Manchester in September 2021 indicate that that a sea change has taken place in the **MDMA** market (We Are The Loop, 2021). Half of the samples of **MDMA** in pill, powder and crystal form were found to contain **caffeine** or one of a number of *cathinones* such as **4-CMC** (*4-Chloromethcathione*), **3-MMC** (*3-Methylmethcathinone*) and **Eutylone** (*bk-EBDB or n-ethylbutylone)* (Greater Manchester LDIS, 2021).

A recent article in *Vice* magazine, offered an explanation of why there is so much 'fake' **MDMA** in circulation in the UK at the moment. Arguing that despite there being no shortage in Holland (main production and distribution point for **MDMA**) the lull in the market during the pandemic led to a production slowdown for UK imports (Tidy, 2021).

6.25.2 Findings: MDMA

Nearly three-quarters (74%) of professional survey respondents stated they work with people who use **MDMA**. Of those, ten percent of respondents noted there was an increase in use and a similar number (7%) noted a decrease in use. There was little mention of **MDMA** use in any of the *Key Professional Informant* interviews. As this Substance Use Service Manager notes, new **MDMA** users are not often seen in adult services.

> *"We had some historic amphetamine users and MDMA and things like that really but very, very few new presentations at the moment along those lines of clients using those substances really. I've actually not seen a referral come through or doing an allocation on definitely amphetamine for months and months, maybe a few MDMA but not much."* (Substance Use Service Manager, Rochdale and Oldham)

The young person's survey asked separate questions about '*ecstasy'* (**MDMA** in pill form) and **MDMA *powder*** [27]. Reported '*ecstasy'* use

reduced from 8% before lockdown to 3%. In addition, almost three-quarters (70%) of those still using reported using less. No changes were reported to price or size of deals and three-quarters (73%) reported no change in availability and strength. However, a fifth (20%) of current users reported that strength had increased.

Similar to '*ecstasy*', reported use of **MDMA *powder*** dropped from 7% pre-lockdown to 3%. Two-thirds (65%) reported no change in the supply of **MDMA *powder*** throughout the lockdown. Whilst a quarter (25%) of participants stated that **MDMA *powder*** was less available, an additional quarter (25%) of participants stated that the substance was more available. While over four-fifths (82%) of those who answered, said there was no change in the price, the remaining 18% thought **MDMA *powder*** had become more expensive during the pandemic. Two participants believed the **MDMA *powder*** they had been consuming was stronger, conversely, one young person thought it was weaker. The majority (88%) of respondents stated that **MDMA *powder*** deals remained the same size.

In the adult *PWUD* survey, while over half (56%) reported past year use, with over a third (34%) of respondents noting a decrease in their **MDMA** usage during the last year, three-fifths (61%) of these resided in Manchester and a further fifth (19%) in Salford. Those who left free text comments stated their reduced use was directly linked to dance venues being closed during lockdown.

> *"Decrease in use as not going out clubbing, gigs or seeing friends."* (Female, 40, Manchester)

> *"The clubs and rave scene has completely been shut down. No music no gurning."* (Male, 24, Oldham)

A small percentage (9%) of respondents reported an increase in their **MDMA** use during the lockdown. Three-quarters (75%) of those reporting an increase in use resided in Manchester. Free text survey comments from those who continued to use included a number of reasons for ongoing use despite the closure of music venues such as: to reconnect the mind, to empathise with friends and family, or to recreate planned events such as festivals or club nights.

> *"Used twice in lockdown to reconnect with the mind."* (Male, 22, Salford)

> *"Still as wonderful a chemical as ever, I try and make sure I take it every couple of months, really helps me empathise with friends and family who I may have been arguing with recently, and general state of mind."* (Male, 31 Manchester)

> *"Only used this when we had nights in the house that we were meant to be out doing other things like festival weekends/missed WHP [Warehouse Project] events so had music on and a party in the house."* (Female, 22, Manchester)

6.26 Mephedrone (MCAT, 4-MMC) and other empathogens

6.26.1 Drug indicators: Mephedrone

There were 0.2% of pupils aged 11-15 estimated to have taken **mephedrone** in 2018, continuing a downward trend from 2012 (0.7%) when it was first recorded (NHS Digital (1), 2019). An estimated 11,000 adults (aged 16-59) used **mephedrone** in the last year, an increase from 8,000 the previous year but well below the pre *Psychoactive Substances Act* (PSA) peak of 430,000 in 2010 (ONS (3), 2020). The number of seizures of **mephedrone** increased by 21%, from 63 to 76 for the year ending March 2019 (Home Office (b), 2020). There were six deaths associated with *cathinones*[1] in 2020; a decrease from 2019 (14), and smaller than the number of deaths which occurred before the introduction of the *PSA* [49 in 2015] (ONS (19), 2021).

6.26.2 Findings: Mephedrone

There were no significant changes reported and no past year use reported in either the adult *PWUD* or young person surveys. No significant

[27] **MDMA** (methylenedioxymethamphetamine) is classed as a stimulant and/or *empathogenic* drug. '*Ecstasy*' is a nickname for **MDMA** in pill form while **MDMA *powder*** is MDMA in powder/crystal form.
[28] *Cathinones* are the class of drug that includes **mephedrone**.

changes in the use of other *'empathogens'* were mentioned by professional respondents and no **other stimulants** were mentioned in either the adult *PWUD* or young person surveys.

6.27 LSD (Lysergic acid diethylamide)

6.27.1 Drug indicators: LSD

In 2018, the proportion of 11-15 year-olds taking **LSD** in the last year was 0.8%, which apart from 2016 (0.9%) was the highest recorded (NHS Digital (1), 2019). The proportion of 16-24-year-olds taking **LSD** in the previous year fell again from 1.3% to 1.0% in 2019/20 (ONS (3), 2020). **LSD** seizures were up 160% from 200 (2019) to 519 (2020). This was the highest since 2000, but was mainly driven by Merseyside police who seized 87% of the total for England and Wales (Home Office (b), 2020). According to the *GDS*; **LSD** was rated as the best value-for-money drug in the world, despite doubling in price (GDS, 2019).

There were several reports during lockdown of Greater Manchester hospital admissions following **LSD** use confirmed by professionals through the *GM LDIS*. A report in the media in September 2020 concerned young people in a serious condition in hospital in Stockport after consuming **LSD** and a range of other drugs (Manchester Evening News (b), 2020). This incident was reported to the Greater Manchester *Drug Alert Panel* and tabs involved in these incidents were tested by *MANDRAKE* and found to contain no **LSD**, but a relatively low dose of the long-acting psychedelic drug **DOC** (*4-Chloro-2,5-dimethoxyamfetamine*) [29] (Greater Manchester LDIS, 2020-21).

Front and rear of tabs believed to be LSD, tested in December 2020 by MANDRAKE and found to contain **DOC**

6.27.2 Findings: LSD

Two-thirds (66%) of professional survey respondents stated they work with people who use **LSD**. Of those, a small percentage (7%) reported an increase in use. Similarly, a small percentage (6%) of adult *PWUD* survey respondents reported an increase in their use of **LSD** in the last year. The vast majority (80%) reported no past year use. One respondent noted COVID restrictions had impacted on their opportunity to use **LSD** with friends.

> *"I usually take it whilst out with friends and less able to do so, or for museum/art days out which I also haven't been able to do."* (Female, 20, Manchester)

Where use was reported it was often monthly or less.

> *"Occasional use of LSD once every month or so."* (Male, 18, Wigan)

There was little discussion of the market other than one report of good quality but more expensive **LSD**.

> *"Irregular use, we got good quality [LSD] a few times in the last year. Expensive for what you get e.g. it used to be four for a tenner but now it is twenty a square."* (Male, 47, Manchester)

Whilst numbers are small, there appears to be an increase in **LSD** or hallucinogenic substance use by young people that emerged through the *Key Professional Informant* interviews across several local authority areas. In each area where this was discussed, only one or two cases were mentioned but it was noted in all cases that this was very unusual.

> *"Just . . . two LSD. We saw a little spike in LSD last year and anecdotally we're being told this year that there's quite a lot of LSD doing the rounds and people messing about with LSD."* (Young Person's Substance Use Service A&E Liaison Worker, Stockport)

[29] **DOC** is a Class A drug commonly administered orally and/or sublingually when encountered in the form of paper blotters. Doses range from 0.5 - 5 mg (0.5 - 1.5 mg light, 1.5 - 2.5 mg normal, 2.5 - 5.0 mg strong) and a typical dose to induce hallucinogenic effects is estimated between 1.5 - 3.0 mg. The mean concentration (quantified by GC-MS) of DOC was determined on these blotters to be 0.77 mg/blotter.

". . . every now and again, like recently, people are on LSD again. Now I've not heard of young people taking LSD for years and then all of a sudden there's talk of friends of friends, you know what it's like, 'We know somebody that's done LSD and this happened. They were doing this,' and it's like, 'Oh right.' I've not heard of young people using LSD for years." (Young Person's Substance Use Service Worker, Wigan)

"I've had two young people in Bury that have reported LSD use. One young man, he has dual diagnosis needs. [. . .] he'd also experimented with LSD supplied by his friend's older sister. [. . .] Another young woman, Bury based, 18 coming up to 19, reporting occasional use of LSD and then one young person, I saw her in a school in Prestwich, she was Cheetham Hill sort of way who'd reported using 2CB and DMT." (Young Person's Substance Use Service Worker, Bury and Rochdale)

"I've seen two or three young people … since March, which is unusual for us, that have referred through LSD use which isn't something we've seen before. We've got one this week actually using a cocktail of different drugs but one of them was LSD and I thought it's not something you see necessarily in our young people's service, most definitely in Oldham, it's not a common drug of choice when referrals are coming through." (Young Person's Substance Use Service Operations Manager, Oldham)

In summary, while numbers are low, the reporting of **LSD** and other hallucinogenic substances amongst young people in several areas is something to monitor through the *North West Young Person's Professional Network*. We also suggest the need for appropriate awareness and advice around use.

6.28 Psilocybin mushrooms ('Magic mushrooms')

6.26.1 Drug indicators: psilocybin mushrooms

It is estimated that 170,000 people in England and Wales used **psilocybin *mushrooms*** in the previous year (Black C. , 2020). In 2018, among pupils aged 11-15; 0.7% reported '*magic mushroom*' use in the *last year;* similar to previous years (2016) (NHS Digital (1), 2019). The proportion of 16-24-year-olds taking **psilocybin *mushrooms*** in the *last year* decreased from 1.6% to 1.2% (ONS (3), 2020)**.**

Findings: Psilocybin *mushrooms*
Nearly three-fifths (57%) of professional survey respondents stated they work with people who use **psilocybin *mushrooms***. No significant changes were reported. In the adult *PWUD* survey, over two-thirds (70%) reported they had not used **psilocybin *mushrooms*** in the last year. A sixth (16%) of these noted there was an increase in their use of **psilocybin *mushrooms*** during the lockdown. Two-thirds (67%) of these respondents resided in Manchester. A further 11% resided in Salford with others residing in Stockport (7%), Trafford (7%), Oldham (4%) and Rochdale (4%). This reported increase mainly appeared to have coincided with the wild mushroom season.

"As we have been at home we've been walking lots more and ended up picking mushrooms. We have taken micro doses a few times and had it a few times to get smashed." (Female, 40, Manchester)

"Lockdown was the perfect opportunity to get out and go picking in the peaks for them!" (Male, 21, Manchester)

"Been picking a lot of magic mushrooms over the season been helping me with depression." (Male, 24, Oldham)

There was one report of **psilocybin *mushrooms*** being difficult to buy and another of buying them in chocolate bar form.

6.29 Other psychedelics

6.29.1 2CB (4-Bromo-2,5-dimethoxyphenethylamine)

Three-fifths (59%) of professional survey respondents stated they work with people who use **2CB**. However, no significant changes were reported. Most respondents (85%) in the adult *PWUD* survey reported no previous use. A small percentage (7%) reported an increase in use with the same percentage reporting decreased use. Of these, a few participants stated that **2CB** was currently very difficult to source.
No significant changes were reported in the professional respondents survey and the

vast majority (90%) of adult *PWUD* survey respondents reported no past year use of other psychedelic drugs. Of those who did report past year use, only 2% reported an increase in use and a similar percentage (3%) reported a decrease in use.

6.30 Anabolic Steroids & other Image and Performance Enhancing Drugs (IPEDS)

6.30.1 Drug indicators: Anabolic Steroids and other body building drugs

Estimates of people who use *anabolic steroids* and other body building drugs vary considerably from 900,000 in the UK (The Guardian, 2018), to 175,000 - 50% of the 350,000 male users who visit needle exchanges across England (Campbell, et al., 2017; McVeigh & Begley, 2016). According to *CSEW*, the use of *anabolic steroids* **among** adults aged 16-59 halved from 62,000 to 31,000 between 2018/19 to 2019/20, although owing to small numbers reporting use there is a lack of confidence in this estimate (ONS (3), 2020). The total quantity of *anabolic steroids* seized (largely by Border Forces) decreased by 50% from 2.7 million doses to 1.3 million doses (Home Office (b), 2020).

6.30.2 Findings: Anabolic Steroids and other IPEDS

Three-fifths (59%) of professional survey respondents stated they work with people who use **anabolic steroids**. A relatively small number (16%) noted an increase in use with a further 8% of professional respondents reporting a decrease in use. In the *Key Professional Informant* interviews, concerns regarding use were mentioned in some local prisons. A couple of substance use service staff working in needle exchanges reported that **anabolic steroid** and other *IPED* use had decreased during lockdown. As this professional survey respondent notes, the closure of gyms was thought to explain any reduction in use.

> *"Reduction [in IPED use] due to lockdown restriction and gyms being closed."* (Dual Diagnosis Specialist Nurse, Birch Hill Hospital, Rochdale)

No significant changes in use were reported in the adult *PWUD* survey with 98% percent of respondents reporting no previous use. There was no reported use of *IPEDs* in the young person survey.

6.30.3 Findings: Other body building drugs

Three-fifths (60%) of professional survey respondents stated they work with people who use other body building drugs. A small number (6%) noted an increase in use but did not provide more details. There were no significant changes reported in the adult *PWUD* survey with 98% of respondents reporting no previous use.

6.30.4 Findings: Image enhancing drugs

Three-fifths (59%) of professional survey respondents stated they have clients who use image enhancing drugs. A small number (6%) of these noted there was an increase in use. This related exclusively to the use of *Melanotan*.

> "An increasingly growing number of people are using the needle exchange for injecting equipment to administer Melanotan or such like." (Senior Recovery Worker, Oldham)

One explanation offered for this increase in *Melanotan* was the closure of sunbed shops.

> *"Possible increase in the use of Melanotan due to sunbed shops being closed."* (Head of Services, Substance Use Treatment Service, Manchester, Stockport and Tameside)

There were no significant changes reported in the adult *PWUD* survey with 98% of respondents reporting no previous use. There was no reportage use in the young person's survey.

6.30.5 Findings: Cognitive enhancers

Over half (57%) of professional survey respondents stated they have clients who use *cognitive enhancer* drugs. No significant changes were reported. The vast majority (91%) of adult *PWUD* survey respondents said they had not used cognitive enhancers in the last year. Of these, only a small percentage (2%)

reported an increase in use with 4% reporting a decrease. No young people who completed the survey reported use or changes.

6.30.6 Findings: Sexual performance drugs

Over three-fifths (62%) of professional survey respondents stated they have clients who use *sexual performance drugs*. No significant changes were reported. The majority (92%) of *PWUD* survey respondents said they had not used *sexual performance drugs* in the last year. Of those who did report use, a small percentage (2%) reported increased use and 1% reported a decrease in use. The impact of lockdown on not being able to meet new sexual partners was noted as a factor for reduced use.

> *"Haven't needed as much due to not meeting as many people."* (Male, 42, Bury)

6.31 Alkyl Nitrites (Poppers)[30]

6.31.1 Drug Indicators: Alkyl Nitrites

In 2018, among pupils aged 11-15; 0.6% reported using *'poppers'* in the *last year;* the same as 2016 (NHS Digital (1), 2019).

6.31.2 Findings: Alkyl Nitrites

Over three-fifths (63%) of professional survey respondents stated they have clients who use *alkyl nitrates*. A small percentage (6%) of these noted an increase in use. They were reported to be popular amongst young people due to their low cost and easy accessibility through shops.

> *"Poppers are similar to the nitrous 'cannies' in that poppers are easily accessible and cheap for young people."* (Early Help Practitioner - Complex Safeguarding, Manchester)

Over four-fifths (83%) of the adult *PWUD* survey respondents reported no past year use of *alkyl nitrates*. Of those who had used, a small percentage (7%) reported an increase in use. One respondent noted that this was due to lockdown and having more time to experiment.

"More time to try new stuff." (Female, 21, Manchester)

6.32 Other prescribed, pharmacy, online or over the counter drugs

6.32.1 Drug indicators: Other prescribed, pharmacy or other the counter drugs

The use of prescribed *opioids, benzodiazepines*, *Z-drugs* and *gabapentinoids* as street drugs is covered elsewhere in this report (8). Experimentation with just about any other medication thought to have a psychoactive effect (even if it doesn't) has always occurred. There are a number of well-known medications that have a long history of misuse. For example, there were 517 *Anti-depressant* drug related poisoning deaths and 142 *antipsychotics* poisoning deaths registered in 2020 (ONS (19), 2021).

6.32.2 Findings: anti-psychotics and anti-histamines

Three-quarters (75%) of professional survey respondents stated that they work with people who use other depressant substances. Twelve percent of these noted an increase in use. Comments referred to prescribed *anti-psychotics* for 'highly anxious clients' and *antihistamine drugs*. Over four-fifths (83%) of adult *PWUD* respondents reported no use. Where use was reported it was in relation to *antihistamine* usage. The use of these substances was not reported in the survey of young people and there were no reported concerns raised during interviews with *Key professional Informants* or *PWUD*.

6.32.3 Findings: Other prescribed drugs from a doctor or online

Over three-quarters (77%) of professional survey respondents stated they have clients who use other *prescribed drugs* from a doctor or online. A third (32%) of these noted an increase in the use of these medications. Two-fifths (40%) worked in Manchester, a further fifth in Stockport (20%) and Tameside (20%) respectively. In some cases, reported increases related to *prescribed medications* available on the street market and in shops as

[30] After a debate in parliament around the use of *alkyl nitrites* as a sex aid by gay men, the ACMD advised the government that alkyl nitrites were not covered by the *Psychoactive Substances Act* (PSA) as they produced an 'indirect' effect. However, the Court of Appeal ruled that the ACMD advice did not make the sale of *alkyl nitrites* legal, they needed to be specifically exempted from the PSA (Fortson, 2020). In August 2020, the Home Secretary asked the ACMD to clarify this situation (Home Office (f), 2020).

discussed elsewhere in this report (see sections on *Benzodiazepines*, *Gabapentinoids* and the **adult trend focus** (8). However, legitimately prescribed medications were also reported.

> *"Increase in prescribed medications for service users due to heightened anxiety and loneliness."* (Recovery Support Worker, Manchester)

In the adult *PWUD* survey, over two-thirds (69%) reported no use of *prescribed drugs* from a doctor or online. Of those who did report use, 9% of respondents stated that their use had increased.

6.32.4 Findings: Over the counter medications from a chemist or online

Over four-fifths (83%) of professional survey respondents stated they have clients who use *over the counter* medications from a chemist or online. A fifth (22%) of respondents noted an increase of these type of medications. These reports mainly came from Manchester (42%) and Stockport (29%). These often related to **codeine**-based medications.

> *"Young people getting over the counter medication to make Lean."* (Advocacy Worker, Young Person's Substance Use Service, Trafford)

> *"Increase in codeine-based analgesics in combination with alcohol."* (Nurse Team Manager, Substance Use Service, Trafford)

The use of **codeine**-based mixtures among young people is further discussed in the section on *'Lean'* (6.12.3). In the adult *PWUD* survey, just under three-quarters (71%) of respondents reported no use of *over-the-counter* medications from a chemist or online. A small percentage of these (5%) indicated that they had increased their use.

6.33 Findings: Unknown or unidentified drugs

Over three-quarters (77%) of professional survey respondents stated they have clients who use known or unidentified drugs. No significant changes were reported. In the adult *PWUD* survey, most survey respondents (95%) stated they had not used any unknown or unidentified drugs in the last year.

6.34 Findings: Drugs known by a nickname

Over two-thirds (69%) of professional survey respondents stated they have clients who use drugs known by a nickname. Of these, a small number (5%) noted an increase in use. These mainly related to reports of *'Monkey Dust'* from two local prisons.

> *"Some reports of Monkey Dust being use."* (Team Manager, Prison Substance Misuse Team)

It was subsequently reported in *Key Professional Informant* interviews with prison staff that these incidents related to past use by prisoners from the Stoke area where substances known as *'Monkey Dust'* have most commonly been reported in recent years. The only other reported drug known by a nickname to appear in the professional survey related to one mention of *'Mbomb'* which we believe to be a reference to *NBOMe*s, a potent group of synthetic hallucinogenic drugs that mimic **LSD**.

> *"Mbomb has been mentioned by young people but they have not taken it, they have known someone who has. It is apparently similar to LSD."* (Advocacy Worker, Young Person's Substance Use Service, Trafford)

No significant changes were reported in the adult *PWUD* survey with the vast majority (98%) respondents reporting no use of any drugs known only by a nickname.

In interviews with *Key Professional Informants*, a couple of other substances referred to as *'blue'* and *'milk'* were mentioned. In both cases these were discussed alongside '*Lean*' in the context of home-made mixtures.

> *"There is sometimes mention of lean. . . . And there is something called 'blue' as well, which I think is the same thing, but…" Interviewer: So you think that's just another name for a homemade concoction that is sold as a liquid? "Yeah. There was talk of it, like, being maybe in the Somali community."* (Young Person's Substance Use Worker, Bolton)

"There was literally this week, one of my colleagues, one of the schools had asked her about milk but we don't know what they meant by it. They just overheard young people talking about 'milk', not milk, milk but obviously in the context of using something that they were calling 'milk'. So she sent round a message and she sent it round on different forums to try and find out, 'Does anybody know what this "milk" is?' So we're not sure if it is a type of Lean or whether it's… because we don't even know if it's a liquid or a powder or anything. It could be like powdered milk that they're calling a white powder or something so we're not sure on that one." (Young Person's Substance Use Worker, Wigan and Leigh)

However, these seem to be isolated, localised cases and no further information has materialised regarding these substances.

6.35 Findings: Homemade drug mixtures

Just under three-quarters (70%) of professional survey respondents stated they have clients who use *homemade drug mixtures*. Of these, 13% reported an increase in use. These reports predominantly came from respondents working in Manchester (23%), Oldham (23%) and Rochdale (23%). As was the case with over the counter medication, these typically related to **codeine**-based medications used to make *'Lean'*(6.12.3). No significant changes were reported in the adult *PWUD* survey with almost all survey respondents (97%) reporting no use of *homemade drug mixtures* in the last year.

7. Drugs trends focus:
Young People's use of non-traditional cannabis products

7.1 Background

While **cannabis** and **alcohol** still dominate young people's substance use, some noteworthy changes are occurring in relation to young people's access to and use of **cannabis**. We draw attention in this trend focus to the emergence of a more diversified range of **cannabis** products that appear to be targeted at and marketed to younger age groups. These **cannabis** products fall into three categories: ***vapes***, ***edibles*** and ***designer* cannabis**, most commonly referred to as *'Cali weed'*. The emergence of these non-traditional **cannabis** products presents a number of potential new harms and challenges for professionals, prompting the need for awareness raising and harm reduction advice aimed at both young people and a range of stakeholders across the region.

7.1.1 Drug indicators: Young People's use of non-traditional cannabis products

Although there are no UK prevalence estimates; the *Global Drug Survey* (GDS) [although this makes no claim to be a prevalence study] has reported on the growing international diversity of **cannabis** *preparations*: in the previous 12 months respondents indicated; 18.9% had used **cannabis *concentrates***; 21.6% had used ***'Kief'***[31] and 33.2% has used **cannabis *edibles*** (GDS, 2019). Evidence from the U.S has shown a large rise in **THC** vaping among high school children (Miech, Patrick, O'Malley, & al, 2019) although again there is no UK prevalence data.

7.2 Vapes.

7.2.1 Findings: Vapes

As outlined in (6.2), the smoking of cigarettes is at an all-time low, with only 2% of pupils being *regular smokers* (down from 13% in 1996). Schoolchildren are now far more likely to report ever taking illicit drugs (23.7%) than smoking cigarettes (16%), while one in four pupils have tried a vape in the form of an e-cigarette. As this Secondary School Head Teacher notes, vaping is often viewed as less harmful and more acceptable among school-aged children.

> *"We did a survey of the school and we found that actually, more children tried e-cigarettes than any other drug. Many kids who were very anti-smoking, wouldn't see the e-cigarettes was as the same."* (School Headteacher, Rochdale)

Our research has uncovered some evidence that the wider trend of young people moving away from smoking tobacco to vaping **nicotine** has started to be seen in relation to **cannabis**. The vaping of products sold as **'cannabis *oil*'** or **'THC *oil*'** has led to a number of incidents involving ambulance call outs to school pupils in the Bury, Rochdale and Oldham area, which resulted in public warnings via the *Drug Alert Panel* in July 2019 and January 2020 (Greater Manchester Health and Social Care Partnership, 2019). However, we also received reports of use from Stockport. Additionally, during interviews with *Key Professional Informants* and young *PWUD*, it was reported that these substances are being sold in local vape shops and 'pound shops' in Bolton and Wigan. Towards the end of the data collection period (June 2021), we were also made aware of a hospitalisation of a young (15-year-old) male in the Trafford area.

Therefore, while there had been a small number of incidents concentrated in a few Greater Manchester areas over the last two years, it appears that the availability and use of these vapes sold as **cannabis** or **THC *oil*** is expanding across Greater Manchester. Furthermore, in areas where use was previously known, there were signs that use and resultant harms in these areas (Oldham and Rochdale) was increasing. During the current research, we received reports from several stakeholders in these areas who took part in the professional survey and the *Key Professional Informant* Interviews of an increase in the use of vapes amongst school aged children that were sold to them as **'THC *vapes*'/'THC *vape pens*'/'THC *oil*'** or **'cannabis *oil*'**.

[31] *'Kief'* is the harvested sticky, powder-like crystals found on the marijuana flower and believed rare in the UK.

"We have seen a major increase in the use of young people vaping unknown substance use oils." (Substance Use Worker, Oldham)

"Although the numbers we see using cannabis is about the same, we have seen a decrease in smoking cannabis with nicotine and more cannabis vaping." (Young Person's Specialist Nurse, North East GM Region)

"Cannabis has always been the drug of choice really. But if we look in terms of e-cigarettes, we noticed we were seeing children who were presenting as if they were on cannabis. We were seeing children who presented in that way but obviously looking through their bags or conversations with them, there was no hint that there actually was cannabis but obviously e-cigarettes were quite prevalent." (School Headteacher, Rochdale)

"Rochdale, Oldham side, I know from the substance misuse operational group that there were concerns over that side around the THC vapes. You see more, like, that side as opposed to the Trafford, Salford side." (Young Person's Substance Use Service Operations Manager, Salford and Trafford)

However, despite these reports and concerns from a range of stakeholders, the numbers reporting the use of **cannabis *vapes*** in the young person's survey was low. Only eighteen (3%) of the 560 young people who completed the survey said they had vaped **cannabis *oil*** *before* lockdown. This decreased to eight young people who reported using it *during* lockdown. Nevertheless, in the Oldham and Rochdale areas, some young people that we spoke to reported it was now common for their peers to be using what they believed to be **THC *vapes***, leading some to discuss using to not feel left out, despite being aware of the potential negative effects.

Interviewer: Why did you start smoking it? "It was just something to do with my mates, so I weren't left out…" (15-year-old Male, Oldham)
"There are quite a few of my friends that use it, so I just thought I'd try it as well innit?" (16-year-old Male, Rochdale)

"I don't know why I started really, . . . just 'cos my mates were doing it I guess, dunno." (16-year-old Female, Oldham)

Although there were some reports of use amongst 12 and 13-year-olds, these vapes were most often reported to be used amongst 15 and 16-year-olds. As this Rochdale Head Teacher notes:

"It was the upper age range in secondary school, so from Year 9 onwards, 14-16 [year-olds] . . .. we've found that it's popular in the upper range, especially because it's not seen as cannabis, it's not seen as smoking." (School Headteacher, Rochdale)

7.2.2 Findings: Access to vape products

The increased use by young people appears, at least in part, to be linked to the targeting of these products at young people. These vapes were occasionally reported to be available in vape shops but much more typically, were reported by young people, school staff and young person's substance use workers that we interviewed to be purchased from social media platforms, with *Snapchat* usually mentioned[32].

"I bought it in liquid form and then put it in a vape… I bought it off a dealer on Snapchat". Interviewer: Ah OK… Was that someone you know? "Nah it was just someone you'd add and then they'd put stuff on their story to promote what they're selling, and then you'd have to message them." (16-year-old Male, Oldham)

*Interviewer: Do they talk much about **where they're actually getting hold of the vapes?** "Just the internet, sold online, Snapchat. Stuff is sold online via Snapchat. Most of the kids, the stuff that's sold to them is via Snapchat. So, we've got screen shots of it that we share with people like* [local young person's substance use service Manager] *and things like that. It comes up, 'Got this cannabinoid. Come and get it,' and that's the way it's done, Snapchat being the main one. So that's how it's done because it's there and it's gone into a story quickly. Then it's gone and people just pick up on it."* (School Headteacher, Rochdale)

[32]. In a recent report from Volteface, one in four young people (24%) reported that they see illicit drugs advertised for sale on social media: 56% saw drugs being advertised on Snapchat, 55% on Instagram and 47% on Facebook (McCulloch & Furlong, 2021).

Interviewer: And you still have people in your year who are smoking it? "Yeah, yeah… [they buy it] Off snapchat." (16-year-old Male, Rochdale)

Interviewer: So where do you get it from? "Just Snapchat, people selling it on there." (15-year-old Female, Bury)

While *Snapchat* was the most commonly reported way that young people were accessing these vapes sold as **THC** or **cannabis *oil*** in the Oldham, Rockdale and Bury areas, we also received a few reports that some vape shops were selling cheap **THC** vape products in the Bolton and Wigan areas.

Interviewer: All the reports and incidents have been in Rochdale, Bury and Oldham so it's interesting that you say it's in Bolton as well. "Yes, definitely. I've definitely seen a couple of vape shops advertising stuff like that. It's usually in the centre near the town hall. There's a couple of dodgy vape pound shops and most of them sell stuff like that." (21-year-old Male, Bolton)

"They're just saying they've got the CBD vapes just to chill themselves out or THC vapes. . . . We're asking them where they're getting it from, and they are getting it from vape shops." (Young Person's Substance Use Service Worker, Wigan)

In almost all cases these were stated to be 10ml bottles sold for £10, however, one report from Oldham suggested it was possible to purchase the liquid by the litre and the empty 10 ml bottles in bulk.

"There's been some information about THC vape oil being sold as a litre, I think." Interviewer: A litre? "Yes, it was almost like they had been targeted to sell on schools, so buy the vape oil in bulk, so you can buy a litre bottle for £350 and then empty 10 millilitre bottles for a hundred for ten pounds in a view that you could sell it on and make money basically. That was from someone from the Saddleworth area and they've talked about social media handle that have been used to advertise, I guess." (Young Person's Substance Use Service Operations Manager, Oldham)

The potential to buy in bulk and sell on was confirmed through reports from Bolton's *Complex Safeguarding* and *Youth Justice Team* who reported that one 15-year-old male was allegedly making up **THC *vape*** capsules himself and was apparently regularly earning £200 every week or couple of days. The same team also informed us that a couple of 13-year-olds had stated they had been approached by older teenagers to sell these products in school.

7.2.3 Findings: Effects of vape use

In many of the interviews we conducted with young people and *Key Professional Informants* where vaping of '**THC** products' was discussed, interviewees provided examples of young people using what they purchased as **THC** or **cannabis *vape oil***, but then they subsequently became ill. In some cases, this resulted in ambulances being called to schools or homes and young people being admitted to A&E.

"In Rochdale there's been little pockets of young people taking THC through an e-cig and obviously then being taken into A&E. So that's mainly around the Wardle and the Falinge area [of Rochdale]." (Young Person's Substance Use Service Practitioner, Salford and Rochdale)

"We have seen an increase in vapes in the last 12 months. Vapes containing THC, Synthetic cannabinoids, CBD… the young people don't know or understand what is in them, but they have caused extreme intoxication or collapse. [. . .] In the last financial year, it's not huge numbers [involving vapes], 26 out of 270, but that's 26 we had not been previously seeing [using vapes] in a year before. [. . .] The average age for [hospital] attendance [where vapes are involved] *is about 15, we get a few aged 13, but rarely younger than that and we get a few at the top end aged 16-17."* (Specialist Nurse North East GM Region)

"I'm just looking through the numbers that we've had through, so this is for young people who have been referred, either through the A&E pathway or through community services, referring in or self-referral. There's been, up to the end of this year, 27 young people which is quite a lot really. So, that's from April, quarter one, up to the end of quarter three [December] and I'm just looking at some of the reasons why they've come through, . . . so it's 'vape use', 'THC vape use', 'vaping an unknown substance', 'smoking a vape pen'." (Young Person's Integrated Services, Operations Manager, Oldham)

"Some of the kids at school had what they said was THC oil mixed with CBD oil in a vape and she'd become boiling hot, very sweaty and lay down for 45 minutes in school. She needed a lot of support, she was very panicky, couldn't look at anyone in the eye, I think, and couldn't speak, or so the school staff seem to say, and was taken to hospital and they said she had a near cardiac arrest. She was much better by the time she went into hospital but just went to A&E for a check over, but it was very scary for her. [. . .] I'd say we've had about four coming through doing similar to what [name of Safeguarding Team] is describing." Interviewer: And that's in the Bury area as well? "Yeah." (Young Person's Complex Safeguarding Team, Bury)

Some of the young people who we interviewed discussed the effects they sometimes experienced after vaping.

Interviewer: Have you ever had any negative experiences from it? "Yeah, I have. I got sent to hospital after it… I met my mates in the morning and had some, but then . . . basically, I started feeling very dizzy and I didn't know what I were doing. My vision went and I just passed out…" (16-year-old Male, Rochdale)

The effects of using the vapes are described below by this young person who described what happened to his school friend who had recently been hospitalised due to smoking a **THC *vape***.

"I saw my mate pass out in school. He literally had a few tokes, like 10 or something, and he was fine at first… He started walking and his face went all white and then he couldn't talk." (15-year-old Male, Rochdale)

"I've smoked weed for years since I was 14 so I know what's I'm doing and what to expect but I had this vape I bought as 'THC oil' and I only had three or four tugs on it now and next thing I could feel my head going and I started having palpitations, I remember just feeling sick and then I think I passed out. Interviewer: What happened? Did your mates call an ambulance or anything? No, they kind of know what they are doing, we've all seen people have whitey's from weed and stuff, so they just stayed calm and talked me round and looked after me." (19-year-old Male, Bury)

As we discuss below, the unpleasant and unexpected effects of vaping these products has raised concern regarding the content.

7.2.4 Findings: Price of vape products

In addition to the adverse effects of vaping these products, the regular reports of young people purchasing **THC *vapes***/vape cartridges for as little as £10 also raised suspicions.

"There's been information offering young people deals, i.e. two for £15 or two 10 millilitre bottles for £15, three for £20." (Young Person's Substance Use Service Operations Manager, Oldham)

Interviewer: How much are they paying for them? "Normally, the stuff we've seen, it's always about £10 or something like that. It's not huge amounts of money." (School Headteacher, Rochdale)

This is much cheaper that these **THC** products are typically advertised. We spoke to several older experienced users of **THC *vapes*** who typically reported paying £70 or £80 for the vapes and between £40 to £60 for **THC** replacement cartridges or liquid. Further investigation would suggest that any **THC *vape*** product sold for £10 or £20 is unlikely to contain **THC** as advertised and the cheapness of these products should immediately raise suspicions regarding the content. For some older more experienced users, they are more likely to be aware of the price for legitimate **THC** products and therefore be cautious when offered **THC *vapes*** for cheap prices. As this 21-year-old notes:

"Well I recently bought a vape and the first thing the guy said to me is, 'Do you want to buy any THC liquid?' My first thought was, 'Well it's just Spice, isn't it?' I've heard all sorts of people trying these pods and then they're just having seizures. . . . He had these pre-made pods in the shop in Bolton and he just said, 'If you want to buy any of these as well, they're pre-made THC pods for vapes'." Interviewer: Did he say how much they were going for? "He said £20 for one. . . . I literally said to him, I was like, 'I'm alright, mate. I'm pretty sure it's Spice.' But he was convinced it wasn't. He said it was pure THC." (21-year-old Male, Bury)

However, young school aged children who appear to be targeted via social media may be less knowledgeable and hence more susceptible to being sold these products.

7.2.5 Findings: Perceived content of vape products

The commonly reported adverse effects, that in some cases has led to ambulance callouts and admission to hospital, resulted in several professionals working with young people, including school teachers, police and substance use professionals, to raise concerns about the content, querying whether they actually contain naturally occurring **cannabis** chemicals such as **THC** or **CBD** as advertised or other more harmful substances such as *synthetic cannabinoid receptor agonists* (*SCRA*); commonly known as *'Spice'*.

"I think they're buying it from dealers, under the impression that it's THC vape, now we know … well we suspect, that that's not the case, given the prices that they're paying for it and I guess the symptoms that they're describing from use." (Young Person's Substance Use Service Operations Manager, Oldham)

"… they usually come out of it really quickly, which suggests a synthetic cannabinoid." (Young Person's Specialist Nurse, North East GM Region)

"Concerns that some young people have taken this substance [synthetic cannabinoids] in vape form believing it to be THC vape." (Advocacy Worker and Team Leader, Bury and Rochdale)

"There has been [an] increase in referrals stating vape use. We have seen an increase in A&E attendances that states 'vape unknown substance' symptoms that suggest they have vaped Spice." (Integrated Health Service Operational Manager, Oldham)

"We had a number of children who actually collapsed at school. There was about three where we had to have them blue lighted to hospital at the time. So I knew, when these kids were collapsing, I knew obviously something was wrong and I knew that they couldn't just be taking something that they thought that they bought from a shop that's supposedly had cannabis in or something like that." (School Headteacher, Rochdale)

7.2.6 Analysis of content of vape products

During the study period, two seized samples of e-liquids purported to contain **THC** were tested following incidents in Bury and Trafford that led to hospitalisation of young people. As in the tests conducting in 2019/20 that led to the public warnings, both samples contained no **THC** or any other natural **cannabis** product, but both contained *synthetic cannabinoids* (SCRA). The Bury sample contained the *synthetic cannabinoids* - **ADB-BUTINACA** and **MDMB-4en-PINACA** – however these were present at much lower concentrations than seen in 2019/20 tests. The Trafford sample contained **ADB-FUBINACA**.

Samples tested by MANDRAKE. First left a vape cartridge tested in 2019. 2nd from left the sample from Trafford tested in 2021. The other samples were tested in 2029/20. All samples contained SCRA.

7.2.7 Appearance and smell of vape products

As can be seen from the images above, unlike the commercially available bottles containing e-liquid (with or without **nicotine** or **CBD**); the samples provided for *MANDRAKE* testing in Greater Manchester that have been linked to incidents of young people becoming ill, have not had any printed labelling. The liquid may be clear or coloured and may smell of the flavourings from the e-liquid (i.e. blueberry), but there is often no distinctive smell when in the bottle or when vaped so It is therefore difficult to distinguish from an ordinary e-liquid containing **nicotine** or **CBD**.

From a young person's point of view the lack of an easy to detect **cannabis**-like smell is part of the attraction. The fact that young people have been spending more time in the home due to lockdown restrictions meaning smoking traditional **cannabis**, with its strong, distinct *'skunk'* smell, may have contributed to the appeal of these odourless products over the past year. That said, in the interviews we conducted with young people who had used these vape products, this was not stated as a motivation for use.

7.2.8 Findings: Messages to young people

The confirmation of the presence of *SCRA* in some of these vape cartridges through the *MANDRAKE* testing has already proved effective for frontline staff working with young people in developing awareness and harm reduction messages.

> *"I think the way that we're approaching it is we're looking at it as it is an NPS [new psychoactive substance] drug. We're offering that harm reduction information and education around: 'Is it Spice?' and if it is, this is what the likelihood is. Then using some of that in some of my case work last summer that was when there were those samples tested, being able to actually say to people, 'Look, x number of samples were tested and this is what's come back.' There's some legitimacy to that for young people. I think that if you've got legitimate research that you can say, 'This is what we have been told. These samples have been tested and this is what's been found,' I think some young people were quite surprised."* (Young Person's Substance Use Advocacy Worker, Bury)

> *"The children at school, if you said they were taking Spice, they'd associate Spice with people that they saw in Manchester. So, there is that, what's the word, 'disdain' I suppose for Spice as a drug in itself. But actually, what they were taking obviously had Spice in it. So, we've done a lot of work around that with the kids to make them understand that what they're purchasing may be laced with other things."* (School Headteacher, Rochdale)

7.2.9 Vapes: summary and comment

In summary, it appears that these vapes do not contain **THC/cannabis *oil*** as advertised and, in some cases at least, contain more potent laboratory made *SCRA* in circulation in the more traditional plant-based *'Spice'*. The risks associated with vaping a *SCRA* (*'Spice'*) is considerably greater than vaping **THC** or smoking any other form of **cannabis**, particularly for young people with no experience or tolerance. These *SCRA* can be up to 800 times more potent and are more toxic and dangerous than **THC** [the main psychoactive chemical found naturally in the **cannabis** plant and responsible for the **cannabis** 'high'] (Abdulrahim & Bowden-Jones, 2016). The effect for a young person with no tolerance of inhaling even a single dose of a potent *SCRA* in an e-liquid mix, is highly likely to lead to negative physical and mental effects, particularly if they are expecting a **cannabis**-like 'high'. Effects are instant if vaped, usually last less than an hour but in some cases may go on much longer, leading to panic, anxiety and potential drug induced psychosis (Greater Manchester LDIS, 2020).

The effects of *SCRA* can include irregular heartbeat, confusion, paranoia, panic attack, insomnia, hallucinations and collapse. Unintentionally administering a toxic dose (overdose) of *SCRA* is common even among experienced adult users of *'Spice'*. Although in the vast majority of cases the young people involved will come to no permanent harm, there were 53 recorded deaths in England and Wales in 2019 associated with *SCRA* (*'Spice'*), usually among older adults and in combination with alcohol or other drugs (ONS (19), 2021).

Therefore, while reported usage in the young people's survey is relatively low, we suggest

the need for continuous monitoring of this emerging trend across Greater Manchester, including the ongoing testing of content in order to detect any new, more potent strains or higher concentrations. Particularly in light of the blanket ban on the production of *'all synthetic cannabinoids'* that came into force in China on July 1st, 2021.

There is a need for clear awareness raising to young people that products sold as **THC** or **cannabis *oil*** typically costs much more and any products advertised at these prices should raise alarm bells. Parents should also be made aware of the increasing targeting of young people by drug dealers on social media platforms and the availability of psychoactive substances in vape form. In light of the continued popularity of *'Spice'* in the prison estate coupled with the increased use of vapes since the rollout of prison smoke free policy, we also suggest the monitoring of prison vape cartridges for the presence of *SCRA*.

7.3 Cannabis Edibles

7.3.1 Findings: Cannabis edibles

In addition to reports of increased availability and use of substances sold as **THC *vapes***, we received numerous reports of an increase in the advertising, availability and use of **'cannabis *edibles*'** from several Greater Manchester areas. These included a wide range of edible **cannabis** products from *cookie dough*, *fudge*, **cannabis *butter***, chocolate brownies and various sweets such as *'gummy bears'* and *'nerd rope'* (see below images). The following extracts from interviews with *Key Professional Informants* highlights the Greater Manchester areas where they were reported.

> *"We're beginning to see an emergence of it [cannabis edibles] but it's not something that everyone is talking about in Stockport. It just seems to be a handful of people anecdotally reporting to their workers that they've had access to it."* (Young Person's Substance Use Service A & E Liaison, Stockport)

> *"No [cannabis] vapes, In Salford, it's all the [cannabis] edibles there."* (Young Person's Substance Use Service Operations Manager, Salford and Trafford)

> *". . . we've seen more of it [cannabis edible use] because it certainly wasn't something I've seen in the last five years but it seems to be a bit of a trend." (Young Person's Substance Use Service, Operations Manager, Oldham)*

The range of edible **cannabis** products are illustrated below by this Young Person's Substance Use Service Manager.

> *"Edibles as well. I've had three referrals in the last, like, two weeks for edibles. THC gummy bears, which are packaged. They're cottage industry stuff. So, someone's making them at home and, obviously, there was a kid that had gone into school and given a load out and they were his mother's, apparently. And then I've had another one that's come in . . . again, it was just more gummy bears. Yeah. And butter as well. Butter. Like, you just spread on your toast, cannabis butter."* (Young Person's Substance Use Service Operations Manager, Salford and Trafford)

Similarly, to vape products, many of these products appear to be targeted and marketed at young people and are reportedly commonly sold on social media platforms such as *Snapchat*.

> *"But there's been stuff around these Nerd Ropes as well and butter and stuff flashing up on Snapchat, you know, like, around edibles and brownies."* (Young Person's Substance Use Service Operations Manager, Salford and Trafford)

> *"I get them off a guy who advertises on Snapchat. He has a good menu, loads of stuff but I usually get a few different flavoured brownies like Oreo, Mars bars, that kind of thing."* (17-year-old Female, Bury)

There were some concerns raised by teachers and neighbourhood police officers that with the *gummy bears* and *nerd rope* type of edibles in particular, some very young primary school aged children may be using these without knowing they contained **cannabis**. However, we did not come across any examples where this was the case.

7.3.2 Findings: Motivations for use of cannabis edibles

When discussing their use of **cannabis *edibles*** such as *cookie dough*, **cannabis** *butter* and *brownies*, some young people we spoke to discussed how they preferred to eat **cannabis** rather than smoke or use with tobacco.

> *"I don't smoke really, I never had, I don't like it on my throat and the way it makes my clothes stink! . . . I prefer to have it in edibles, its less harmful as well I think."* (17-year-old-Female, Oldham)

Two young people stated they had either started to use or that edibles had become their main way of using **cannabis** due to lockdown and spending more time at home with parents. It was noted that **cannabis** was more discreet/ less detectable when consumed in this way.

> *"I'd used them before, two or three times with mates for a laugh. One of them baked some brownies. But that was once a year . . . probably less. This summer I've been eating them every week. It's easier [to use] in the house than smoking and I'm in the house a lot more obviously".* (18-year-old Male, Salford)

> *"I knew you could eat cannabis, but I'd never really thought about doing it. But with lockdown and everything, smoking is harder to do. Someone I know started buying butter and fudge and cookie dough and that from Snapchat so I thought I'd give it a go. To be honest I didn't like it at first, I didn't get much of a buzz and it was quite expensive. But now I've got used to it and what to expect and I quite like it to be fair."* (17-year-old Male, Trafford)

7.3.3 Findings: Content of cannabis edibles

A number of professionals working with young people expressed concerns regarding the unknown amount of **cannabis** products that these various edibles contain and the fact that eating **cannabis** products takes longer to take effect (typically one to two hours) and can lead to a longer lasting (up to four hours) and more intense experience.

We spoke to one person who made **'cannabis** *cookies*' from **cannabis *oil*** or *butter* who stated: *'One will fuck up a part-timer or two for a smash head. Can knock 'em out a tenner a pop to some people.'* We also came across somebody who was making and selling **cannabis** *fudge* and selling it for £10 per 100g which they said was '*enough for 7 or 8 doses for an occasional **cannabis** user or 4 or 5 doses for a heavier user*.' Talking through the process, they stated that the method involved first making a **cannabis** *butter* which is then used in cooking as a replacement for traditional butter.

Although several stakeholders raised concerns about the potential for negative effects and hospitalisation, reports of such incidents were rarely reported.

> *"Something we've had in Salford is the edibles. So they're also called 'Nerds'. They're like the Gummy Bear sweets. . . . We've had three referrals in Salford. [. . .] I picked up one referral that came through A&E. A young girl, I think 17, had taken an edible Gummy Bear and ended up in hospital, had a really bad experience off it, queried that it was potentially laced with Spice but again, because of no testing, we don't know what that is."* (Young Person's Substance Use Worker, Salford and Rochdale)

As illustrated above, similar to the concerns raised in relation to vape cartridges sold as **THC** or **cannabis *vapes***, there was some concern raised about the potential for these edibles to contain more potent *SCRA* (aka *'Spice'*). Subsequently, eleven suspected **cannabis *edible*** products were tested by *MANDRAKE*. The results of these are discussed below.

Through *MANDRAKE* testing, each of the products were confirmed to contain **THC**. Therefore, the concerns expressed by professionals that these substances may also contain *SCRA*have not, so far, been supported. Eight samples also contained another natural *cannabinoid*, **CBN** (*cannabinol*)[33]. None of the samples contained **CBD** (*cannabidiol*) or any other natural or *synthetic cannabinoids*. The other components within the samples were *glycerine/glycerol* and flavouring compounds. Based on the **THC** levels present in these samples (concentrations of between 0.17 – 2.02 mg/packet) they are prohibited for sale within the UK under current legislation (Home Office (g), 2020).

33. CBN is a mildly psychoactive cannabinoid found only in trace amounts in cannabis – it is the degraded product of THC and forms when cannabis products are degraded (by prolonged exposure to sunlight), oxidised or produced from low quality cannabis crops – the manufacture of these edibles could potentially lead to a degradation of the THC and formation of CBN.

Seized samples of cannabis sweets tested by MANDRAKE between Sept – Dec 2020.

7.3.4 Cannabis edibles: Summary and commentary

The lack of presence of any of the more potent *SCRAs* would suggest that any incidents of young people becoming unwell may be the result of inexperienced **cannabis** use or the consumption of large amounts of these products coupled with the fact that inexperienced users may be unaware that when eating rather than smoking **cannabis** products, the effects take longer to come on and last longer. We therefore suggest the need for harm reduction advice that targets young people on the different effects of consuming **cannabis** in edible form compared to the traditional method of smoking **cannabis**.

The branding of products to mimic popular sweets such as *gummy bears* and *nerd rope* raises concerns that very young children may unknowingly consume these products or may consume in large amounts. We therefore suggest the need for awareness raising that these products are in local circulation to those working with young children, including primary schools.

We also had reports that young people were being mis-sold products at considerable cost, that may have low or no **cannabis** products in them.

> *"I have one young person on my caseload who spent a fortune on edibles and said they were absolutely pointless. They had virtually no impact on them at all."* (Young Person's Substance Use Service A & E Liaison, Stockport)

In summary, the lockdown period may have provided the motivation and setting for more young people to use a range of **cannabis *edible*** products. As we outlined with **cannabis *vapes***, these products seem readily available via social media such as *Snapchat* are the packaging and sweets are clearly targeted at young people. The stakeholder concerns that these products may contain *SCRA* has not been supported through *MANDRAKE* testing, but concerns remain that young inexperienced cannabis users may experience unpleasant effects due to consuming unknown amounts and being unaware of the longer onset and lasting effects.

7.4 Designer Cannabis (aka 'Cali Weed')

In addition to the more novel consumption of **cannabis** products such as vapes and edibles, we also found evidence of a growing market for what we refer to here as **'*designer* cannabis'**. These products are typically marketed as being imported from North America and in particular California, as high grade, high **THC** content products.

7.4.1 Findings: Designer cannabis

"We've got a couple of young people who are buying their cannabis direct from America, not cannabis edibles but cannabis products direct and then having it brought by courier which does surprise me how it gets through, so much of it gets through I guess but they're saying they're buying the little tins." Interviewer: Oh yes, like this Cali Weed and stuff? "Yes." (Young Person's Substance Use Worker, Stockport)

We found that the most common generic name for these products was *'Cali Weed'*, although a wide range of brand names were mentioned (e.g. *Star Dawg, Krush, Gelato*). These products were reported to command premium prices.

"I think if you're buying something that tends to be a higher grade of cannabis, you'd still get a £10 bag, you'd still get a £20 bag but the amount that you would get would be less. So, I know young people are reporting for a £10 bag you'd get normally about 0.8 of a gram, that would be less if it was stronger, if it was a designer sort of brand. If it's something that's specifically marketed as this is a brand name, be it Cali, be it Stardawg, I think that definitely commands a higher price, so you get less of it." (Young Person's Substance Use Worker, Bury and Rochdale)

Interviewer: The Cali Weed and stuff from America, did you ever get any idea of how much they pay for that in comparison to…? "One person claims that she paid £35 for two grams. So you can see it's quite a lot more than what you'd normally pay for two grams." Interviewer: That would be more like a £20 bag, wouldn't it? "Yes, so what should have cost £20 cost £35 . . . which seems like a lot." Interviewer: Yes. A £20 bag is normally about 1.7 isn't it or something? "It is, yes, almost double the amount. In Stockport we roughly go on £10 and a gram but it's never a gram, it's 0.8, 0.9." (Young Person's Substance Use A&E Liaison, Stockport)

7.4.2 Findings: Price of designer cannabis

When asked about the type of **cannabis** they were smoking, a 13-year-old male from Rochdale stated that he pays £20 for 1g *Lebanese Kush*, £10 for 1g *Stardawg*, 1g *Zkittlez* or 1g *Haze*. He spoke about *'Cali-weed'* being priced at £80 for 3.5g. An 18-year-old female **cannabis** smoker in Oldham also spoke of *Stardawg*, *Kush, Haze*, and *Hash* being readily available.

7.4.3 Findings: Appearance of designer cannabis 'Cali-weed'

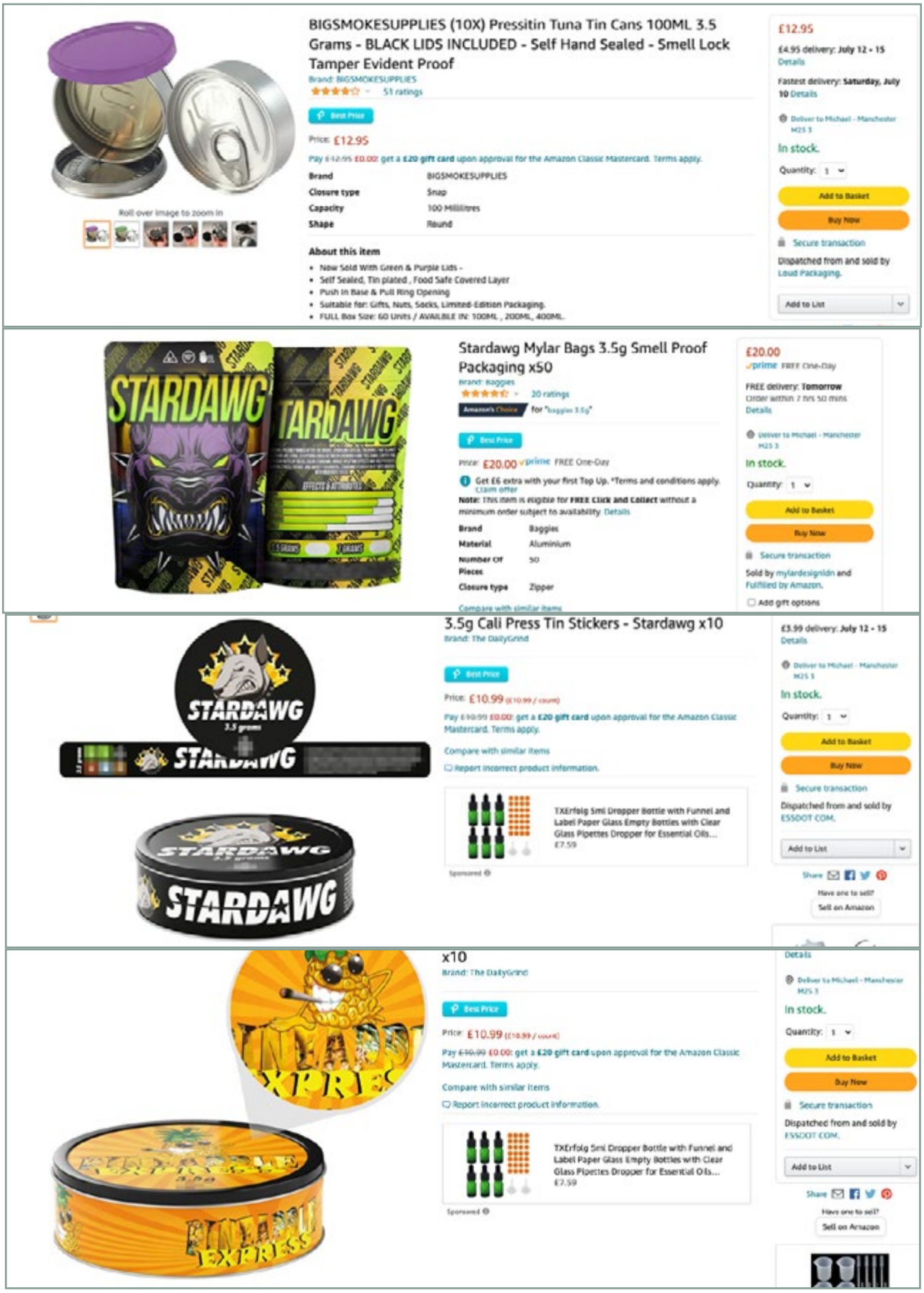
Unlike traditional homegrown **cannabis** that typically comes in clear snap bags, these products characteristically come in metal tins or branded sealable bags similar to *'legal high'* products that were sold in *'headshops'* before the 2016 *Psychoactive Substances Act*.

Interviewer: Have you ever heard of Cali Weed? "Yeah… It's very expensive cannabis… It will come in a pack if it's the real stuff." (15-year-old Male, Oldham)

However, as we illustrate, these labels, tins and resealable packaging can be easily purchased online in bulk and for cheap prices even on non-specialist websites such as Amazon.

". . . they're just saying it's just a sweeter smoke. It's better. [. . .] Well they're claiming they are but again, whether they actually are or not is another matter, isn't it? Obviously, they've been sold it. So, there's one young girl that I'm working with that said she's been sold some Cali Weed. I suspect, possibly that people have bought tins and sticking labels on it". (Young Person's Substance Use A&E Liaison, Stockport)

"Lots of Cali Bud, whatever you can get your hands on really but yeah the thing is with Cali Bud is exactly it's just really overpriced isn't it? Is it even the stuff from America because this is what the kids seem to think, but I get the feeling it's not, can't you just get a tin?" Interviewer: You can buy it online. "Yeah, they're all getting it off the dark web and I just think they're getting ripped off really, aren't they? I remember talking to one lad and he said 'Look, its sealed though,' and I was like, 'You could do that, anyone could do that.' [. . .] And it is a bit of a status thing to have that – 'I've got Cali Bud, I've got not just got any old weed'." (Young Person's Complex Safeguarding Team, Bury)



Examples of tin cans and sticker labels and Mylar smell proof zip bags available on Amazon.com

7.4.4 Designer cannabis: commentary and summary

The commonly reported high prices that *Key Professional Informants* and young people reported for these products coupled with the fact it appears relatively easy and cheap to purchase the packaging online, raises concerns that young people may be being exploited and getting in to drug debts. For example, is appears plausible that some local dealers may be selling local homegrown **cannabis** and using packaging that costs as little as 15p per sealed packing or £1 for ring pull tin, making a considerable mark-up in price.

> *"And we had another lad as well who [staff member] worked with. He thought he was buying Cali weed. And, basically, he's been financially exploited by some serious organised crime gang and then threats to life made as well."* (Young Person's Substance Use Service Operations Manager, Salford and Trafford)

Therefore, we suggest there is a need for awareness raising not only of the trend for designer types of **cannabis**, but in raising the fact that in some cases at least, these products may not be the high grade, imported substances young people believe they are purchasing. While there is potential for some young people to be exploited through the use of easily available designer packaging, a number of young people we interviewed stated that these products were high strength.

> *Interviewer: 'Stardawg'? What's it like? "That's a mongy one that, it's something you'd have if you wanna go sleep for bedtime. You don't wanna smoke it during the day!"* (18-year-old Male, Oldham)

> *Interviewer: What is Stardawg like?" It's pretty strong!"* (17-year-old Male, Oldham)

At the time of writing, no designer strains of **cannabis** had been tested through *MANDRAKE*. Therefore, there is no conclusive chemical analysis to confirm the reportedly high strength of these products and the ratio of **THC** and **CBD**. Nevertheless, several young people discussed how they believed it was better quality and worth the expense.

> *"Yeah Cali weed, I've had it yeah. It's expensive, I paid £60 for a three-and-a-half-gram pack, but it's worth it, I think. It just feels nice when you smoke it. . . how can I explain . . . just clean. . . yeah, clean I would say".* (17-year-old Female, Oldham)

> *"Yeah it's not cheap [laughs] but you get what you pay for innit? It's a nicer buzz and a nice, chilled smoke."* (16-year-old Male, Salford)

> *"I like it. I think it's less harsh than normal weed. It's less harsh on my throat and doesn't leave a nasty taste in my mouth the next day when I wake up." Interviewer: So cleaner? "Yeah, I guess, yeah, cleaner . . . smoother kind of thing."* (18-year-old Female, Trafford)

Similarly, a couple of young person's substance use workers we interviewed discussed how young people they worked with who had bought *'Cali weed'* reported very positively about the quality of these products.

> *"Again, she said it was brilliant. She really, really enjoyed it. She really enjoyed the experience. So yes, that's what she was saying, . . . she said it was sticky, it was better, everything about it, it smelt good, it tasted great, it was mellow, they were properly chilled. It wasn't like the usual head fuck that you get from… it's not like homegrown stuff. She said everything about it was worth the money".* (Young Person's Substance Use A&E Liaison, Stockport)

Therefore, the popularity of these designer strains of **cannabis** and the cultural capital they appear to hold amongst some young people suggests that this is a trend that will continue.

In summary, there are some concerns that some young people are paying premium prices of at least double the price of traditional **cannabis** for this designer, professionally packaged **cannabis**. At best, these young people are being duped into paying over the odds. However, some young person's substance use workers and safeguarding professionals raised concerns that the high price that this ***designer* cannabis** demands may lead to drug debt and coercion into criminal activity by organised crime groups.

7.5 Findings: Social media drug markets

As we highlight above, there were a number of reports of the increasing use of social media platforms by drug dealers. *Key Professional Informants* working with young people across Greater Manchester reported that they are being used by young people to access a range of drugs. These included traditional drugs such as **cannabis**, ***powdered*** **cocaine**, **nitrous oxide** as well as the non-traditional **cannabis** products featured in this Trend Focus. The most widely reported platform was *Snapchat*.

> *"People have been like saying you can still get what you want. Things pop up on Snapchat, that seems to be the main way of people kind of… you know, getting ads or whatever popping up. They pop up and then DM me or whatever. So, that kind of social media side of drug dealers reaching out and casting the net seems to be growing . . . So, you don't even need to know them. They just turn up." (Young Person's Substance Use Service Operations Manager, Salford and Trafford)*

> *". . . recent developments for us is how social media is used in order to access substances and things, people advertise. . . young people are diversifying in terms of how they access substances."* (Young Person's Substance Use Service A & E Liaison, Stockport)

> *"Suppliers have been selling on snapchat and Instagram. I have been made aware of an Instagram account called 'Spaceshake'. This sells a variety of edibles and THC syrups all over the UK."* (Advocacy Worker, Early Break, Trafford)

> *"Well, the edibles that I've noticed in Bury, … we had concerns about the Nerd rope didn't we, . . . but this was actually a whole delivery service that was being offered of baked cannabis goods. So, this was via Snapchat. . . . it was only two of my young people both females, both reported that they were buying edible cannabis via a local, she didn't refer to him as a 'dealer' but via a local dealer on Snapchat. This guy had a menu so they could have Mars Bar flavoured brownies, they could have cakes, they could have muffins. He was providing a home delivery service throughout lockdown as well.* [. . .] *She said, 'You can have Oreo flavoured, Mars Bar flavoured,' and just reeled it off.* (Young Person's Substance Worker, Bury and Rochdale)

The increasing use of social media to advertise and promote drugs that are targeted at young people has implications for local policing of drug markets and potential increased exposure and access to drugs by younger cohorts.

8. **Adult Trend Focus:** Prescription Drugs[34] (benzodiazepines, Z-drugs and gabapentinoids)

8.1 The prescription drug market

At one time, the *street use* of *benzodiazepines* exclusively involved diverted NHS supplies, however, the prescribing of *benzodiazepines* by GPs has been discouraged. Prescription items issued in primary care in England fell from 16.3 million in 2015-16 to 14.9 million in 2018-19 (ACMD (a), 2020) with continued falls during lockdown, with for instance, **diazepam down by 5%** [4,617,200 total items in 2020] (CQC, 2021). The synthetic processes for manufacturing *benzodiazepines* are now freely available (Moosmann, King, & Auwärter, 2015) and for more than a decade the importation of *benzodiazepines* from China and South East Asian countries together with illicit UK production have been major sources of street supplies (Shapiro & Daily, 2017).

Since 2007, a total of 30 *novel benzodiazepines* have been identified on the drug market in Europe. Initially, many, were sold under their own name and advertised as *'research chemicals'* or *'legal highs'* such as **phenazepam** and **etizolam**; *benzodiazepines* not previously seen in the UK street scene (EMCDDA (f), 2018). Some *novel benzodiazepines* are still sold as tablets, capsules or powders under their own names, but in many cases, they are used to produce *fake* versions of commonly prescribed *benzodiazepines*, which are sold directly on the illicit drug market (EMCDDA (f), 2018).

Gabapentinoids (**pregabalin** and **gabapentin**) were originally prescribed for nerve pain but are now also used to treat epilepsy and anxiety. Prescriptions for *gabapentinoids* increased by around 24% per year from 1 million in 2004 to 10.5 million in 2015 (Lyndon, et al., 2017). Both **pregabalin** and **gabapentin** became *class C schedule 3 controlled drugs* on 1st April 2019, subsequently the reluctance of prison doctors and some GPs to prescribe is thought to have led to the demand and growth of the illicit market (Manchester Metropolitan University and Manchester City Council (b), 2019). However, prescriptions for *gabapentinoids* actually increased by 3% during lockdown; **pregabalin** up by 6% [5,901,856 total items in 2020] and **gabapentin** by 1% [5,542,942 total items in 2020] (CQC, 2021).

8.1.1 The prescription drug market during lockdown

Operation Venetic seized over 28 million **Etizolam** pills from an illicit laboratory during lockdown (NCA (b), 2020). Only 20% of samples purchased as *Xanax* (**alprazolam**) submitted to *WEDINOS* between April to June 2020 contained **alprazolam**, with 25% containing **flualprazolam** (Public Health Wales, 2020). **Flualprazolam** has been associated with 12 deaths in the UK (ACMD (a), 2020). From 3rd November 2020; **etizolam** and **flualprazolam** become *internationally controlled drugs*. As a result, it is thought likely other *benzodiazepines* will replace them as has been seen already with the re-emergence of the highly potent **flubromazolam** and more recently **methylclonazepam** in *fake diazepam*, *fake etizolam, fake alprazolam* and a range of other *fake benzodiazepines* (PHE (22), 2020; Public Health Wales, 2020). After reports of an increase in *benzodiazepine* and *gabapentinoids* incidents; the *Greater Manchester Drug Alert Panel* issued an alert on 3rd July 2020 (Greater Manchester LDIS, 2020).

The increase trend of deaths involving *benzodiazepines* over the past decade across the UK (ONS (2), 2020) is thought to reflect the increased availability of illicitly manufactured and imported drugs (ACMD (a), 2020). In Scotland, 'street' or unlicensed *benzodiazepines* were involved in 85% of the 792 deaths in 2018 where a *benzodiazepine* was implicated, while medicinal 'prescribed' *benzodiazepines* were reported in only 30% (NRS (a), 2019).

34. Benzodiazepines (usually sold as 10mg diazepam), Gabapentinoids and 'Z-drugs' are often seen as interchangeable options among the cohort of entrenched street users. They are referred to either by name or collectively as 'prescription drugs' although they may or may not be prescribed to the person using them or legitimate pharmaceutical products.

Recent Scottish death statistics show 'street' *benzodiazepines* (such as **etizolam**), have gone from being involved in 58 deaths in 2015 to 879 in 2020 (NRS (b), 2021).

8.1.2 The risk of concurrent use of benzodiazepines and gabapentinoids with opioids

The concurrent use of **heroin** and/or any other *depressant drug* is the major risk for overdose death; however, *benzodiazepines* are rarely fatal on their own, with just 24 of the 476 deaths involving *benzodiazepines* and no other drugs in 2020 (ONS (19), 2021). **Pregabalin** has been associated with infrequent reports of severe respiratory depression, including some cases without the presence of other *opioids* (MHRA, 2021). However, as with *benzodiazepines*; deaths involving *gabapentinoids* rarely occur without other drugs, with just 6 **pregabalin** deaths out of 344 reported without the concurrent use of other drugs in 2020, while just 20 of the *z-drugs* deaths out of 146 occurred without other substances. Of the 796 deaths mentioning at least one of these substances, 93.5% (744 deaths) mentioned another drug, and 80.7% (642 deaths) mentioned an opiate (ONS (19), 2021).

The combination of *benzodiazepines* or *z-drugs* with **heroin** or other *opioids* increases the effect and risk of overdose (Ray, et al., 2021), while **pregabalin** reinforces the effects of **heroin**, and exacerbates **heroin**-induced respiratory depression by reversing **heroin** tolerance at low doses and directly depressed respiration at higher doses (Lyndon, et al., 2017).

8.2 Findings: Benzodiazepines

The professional survey respondents survey highlighted stakeholder concerns regarding an increase in the availability and use of two main groups of prescription drugs: *benzodiazepines* and *gabapentinoids*.

A third (33%) of professional survey respondents reported an increase in use of *benzodiazepines*. The highest number of reports coming from Manchester, Stockport, Tameside and Wigan. The use of *benzodiazepines* has been noted as a concern across several different subpopulations. These included traditional adult treatment populations through to school aged children, students and clubbers who would reportedly use to self-medicate anxiety or as a way to come down and sleep after heavy drinking and stimulant drug taking sessions. Although numbers are small in comparison with the use of **alcohol** and **cannabis**, those working in young person's substance use services in several areas reported increases in the use of these drugs. The *benzodiazepine* 'Xanax' (**Alprazolam**) is particularly popular amongst younger age groups. In general, these users appear to be accessing these drugs through online or social media sources, as we drew attention to in the young person's trend focus.

Amongst traditional adult treatment and street-based populations, **diazepam** remains the most commonly used type of *benzodiazepine*. While there has been a longstanding associated with these drugs and **heroin** users, access to and use by this user group was often perceived to be on the increase.

8.2.1 Findings: Motivations for prescription drug use

The use of these drugs amongst **heroin** and ***crack* cocaine** users has been established for decades. They are primarily used to aid sleep after using **heroin** and/or ***crack* cocaine**. As this *PWUD* explains:

> *"Obviously, the normal routine is score some stone [crack cocaine] and score some heroin. Smoke your stone. I used to say to them all, 'why are you fucking on heroin when you've just taken something that's taking you up, and then you're going to take something that's bringing you down?' What's the point of having that? It's a waste of time. They'll go onto the tablets. Then they'll try and get their heads down. It's like a stupid circle, really, to be quite honest with you."* (Male, homeless Polysubstance user, Bolton)

There were reports of *benzodiazepines* being used to withdraw from **heroin**.

> *"I bought some Xanax from town a couple of weeks ago, I got 100 Xanax for 50 quid, and the container is somewhere here. Yeah, the containers here. 'Xanax alprazolam', and it's 0.25 milligrams, and it's from New York… I was only trying to go on them and take them instead of heroin because I wanted to get off it."* (Female, heroin, crack and prescription drug user, Tameside)

They were also reported to be used to come down from using ***crack* cocaine**.

> *"When I did not want to use Spice, to come down off Crack cocaine I bought some Valium from the Cheetham Hill area."* (22-year-old Female, PWUD, Trafford)

> *Interviewer: What's the purpose of using them [Diazepam] as well as heroin? "For sleep and stuff. They like falling asleep and being out of their faces, don't they? Use it [heroin] with them. They use it with it, or after, before, anything."* (Male, supported housing, ex-heroin & crack user, Bolton)

Some *PWUD* reported using *benzodiazepines* more regularly now because they were on a **methadone** script and wanted to get a 'buzz' or because the **heroin** quality was poor and the *benzodiazepines* or in some cases **pregabalin** gave them a 'nod' or 'gouch'.

> *"More people using them as an alternative to heroin in lockdown."* (Substance Use Service Peer Mentor Lead, Tameside)

The perceived increase in use of these substances was supported through local prison data. One local prison reported a significant increase in the number of prisoners entering the prison and declaring *benzodiazepine* dependency.

> *"On a month-on-month basis we normally have about 23 to 25 lads come in through the doors who request detox normally because they're using Benzos in the community. In November we had a 50% increase. We had 52."* (Prison Recovery Lead)

As we outline below, in addition to *benzodiazepines*, the use of another group of prescription drugs – *gabapentinoids* - were also widely reported to be on the increase.

8.3 Findings: Gabapentinoids

Our research findings suggest that these drugs are becoming as popular as **diazepam** with some **heroin** users. Over a quarter (27%) of professional survey respondents reported an increase in the use of *gabapentinoids*. This was consistently reported across Greater Manchester with numerous reporting of increases in use from Bolton, Manchester, Oldham, Rochdale, Stockport, Tameside and Wigan.

> *"A significant increase in the illicit use".* (Senior Recovery Worker, Tameside)

> *"Pregabs are a big thing in Bolton. People are mad for pregabs in Bolton".* (Male, homeless Polysubstance user, Bolton)

> *"There appears quite an increase of people using these, both illicitly and prescribed".* (Team Leader, Adult Treatment Service, Wigan)

In many cases, the noted increase in use was linked to reports of widespread access beyond traditional prescribing and diverted prescriptions with a fast-growing non-prescribed market.

> *"These are easy to buy over the counter in illegal shops and clients are moving more towards these drugs than street drugs."* (Group Facilitator, Recovery Project, Stockport)

> *"Both Gabapentin and Pregabalin appear to be more widely available on a non-prescribed basis."* (Senior Recovery Worker, Oldham)

> *"Seeing an increase in pregabalin being bought illegally."* (Clinical Lead, Mental Health Liaison, Trafford)

The reports of increased use and availability of these substances that first emerged in the professional respondent's survey continued throughout the interviews with *Key Professional Informants*.

> *". . . that has increased especially in the last six months we're hearing more people taking them type of drugs, Pregabalin."* (Substance Use Service, Team Leader, Oldham and Rochdale)

> *"I think obviously my remit is around people who have heroin dependency, Most of my clientele I deal with, the service users are people are dependent opioid users [. . .] The biggest issue we've got at the moment and have been for the last year and it seems to be getting worse is Pregabalin. Pregabalin is huge, either people who are prescribed Pregabalin from the GP and we don't quite know what they're doing with it or people are buying it on the illicit market."* (Clinical Psychologist, Tameside)

Despite the rescheduling and changes to clinical guidance regarding repeat prescriptions and the dispensing of these substances in April 2019 (NHS England, 2019), the increase in use was sometimes linked to GP prescribing.

> *"They're definitely using more benzos and pregabalins as well, especially Pregabalin. [. . .] I think it might be something to do with GPs prescribing it a lot easier and a lot more."* (Substance Usage Worker, Wigan and Leigh)

However, the increase in availability of these drugs on the illicit market was most widely reported.

> *"The interesting one, the prescription drug of choice is Pregabalin. There's a lot trying to get Pregabalin. That seems to be a really common one. [. . .] a big black market for that. [. . .] your opiates, crack [users], slightly older generation as well."* (Complex Safeguarding Manager, Oldham)

The consistent and widespread reports of increased availability of these substances led to the decision to focus on these substances as part of the trends focus with adult *PWUD*. One of the key aims of this was to try and understand the motivations for this widely reported trend. The following sections outline some of the main reported motivations for their use.

8.3.1 Findings: Motivations for use of gabapentinoids

The people who use drugs that we interviewed reported several motivations for using these substances and a range of desired effects. However, the most commonly stated motivations for use can be broadly divided into two main categories: to enhance the effects of *opioids* and to help alleviate the effects of **heroin** withdrawal.

> *"People are using the pregabs on a daily basis, just abuse them, because they say they get a nice feeling off them."* (Male, Housing First, Polysubstance user, Bolton)

It was regularly reported that they make users feel drunk.

> *"They just make you feel a bit drowsy and feeling like you've had an eight pack of cans. That's the way pregabalin make you feel."* (Female, supported housing, ex-heroin & crack user, Bolton)

> *Interviewer: What is the difference between using benzos and using pregabs? How do they differ? "Well, the benzos will knock you out. Pregabs, you get a pissed-up effect, as if you're pissed, as though you're drunk, like in a drunken state on pregabs. With your benzos and diazes, you're just taking them to knock yourself out, and that's it, wake up." Interviewer: So, a completely different effect then. "Yeah, a different effect from the blues [diazepam], the pregabs. Like I say, the impression as though you're drunk."* (Male, homeless Polysubstance user, Stockport)

As this **heroin** user notes, **pregabalin** reinforces the effects of **heroin**, although as stated above this also greatly increases the risk of overdose.

> *Interviewer: So how does it work then? Do you take the heroin and then the benzo's and pregabs after that? "No, No, you take the pregabs first. The pregabs on their own they don't work, they don't do nothing. But if you take them and then the benzo's and gear it just seems to enhance everything. So if you do a couple of lines of gear, and say four benzo's and four pregabs then you're set, that's it, you're proper gouching, best gouch ever. But it's weird, the next day, to get that same feeling, you have to double up on the benzo's and pregabs to get the same effect from them."* (Male, heroin, crack and prescription drug user, Tameside)

Others reported that they can be used to self-detox from **heroin** or to help with withdrawals, making it possible to go for longer periods between using **heroin**.

> *"People take them if they're coming off heroin. Some people say that if you go and buy pregabalin on the black market that they can do a detox on them. Pregabalin helps them to do a detox. I don't believe it's true. It's just word on the street. That's all. It's just an excuse to take more tablets."* (Male, street homeless, crack, 'Spice' and prescription drug user, Stockport)

The excessive reported use of these prescription drugs, sometimes with fatal consequences, is discussed further in section 8.5.2 of this trend focus.

This homeless outreach worker provides some excellent insight and detail of the appeal of **pregabalin** amongst street-based **heroin** and ***crack* cocaine** users.

"I think a lot of it starts in jail with the pregabs because it's like a head change in jail and certain lads will get it prescribed. But what it is, [why they are so popular on the streets] is the rattle [heroin withdrawal]. Say you're addicted to heroin and you smoked your last bag at 4 in the afternoon. You're going to get a bit of sleep that night, but you will wake up rattling. But if you didn't smoke that bag and you had a pregab instead, you're not going to wake up, you're not going to be rattling either. You're still going to have a good few hours in the morning where you are not rattling and that's just off one pregab. So you can see the appeal, especially for someone who's addicted to heroin. Knowing he's got this last bit of gear and he's going to wake up rattling but if he takes this one pill, knowing he's gonna get a good night's sleep and wake up and be able to get out and get money for the next one [heroin deal]. So from what I know it starts off as cover for when they are rattling. Or they will wake up in the morning rattling "give us a pregab' so I can go and get some money" so I think it starts like that but then they end up taking over and they start taking it more in the day, and then its two, then four and they start going hand-in-hand [with the heroin]. But you don't feel no aches or pains. If you are addicted to heroin that one bag in the morning, it will sort you out, stop you rattling, but you've still got your aches and pains. Whereas with the pregab', you feel brand new. It's for nerve damage so literally you don't feel nothing. You don't feel pain, you are more confident, so I can see why having one of them you think 'these are great' you know what I mean? Especially for just getting your money, and for just one pound! You know its gonna stop you rattling and enable you to get your money cos you need at least £20 for the other [heroin and crack]. So that one pound is gonna help you get that 20 [pound] so there's the appeal with it and with these [Bury New Road shops] being so close." (Homeless Outreach Worker)

It was stated that **pregabalin** is also being used alongside **methadone** to enhance the effects.

"People use pregabs with the methadone as well because apparently, it gives you a really nice effect, a swaying feeling. So, people are using them together." (Male, Housing First, ex-heroin and crack user, Bolton)

Whilst others reported that it is also increasingly used alongside '*Spice*' to enhance the effects and bring on a 'nod'.

"I mean if I you have pregabs you don't need as much Spice, you don't need to have any Spice if you're on pregabs". Interviewer: So, you could just have the pregabs? "Yes, you would just have the pregabs and you'll be alright." Interviewer: What is it when you mix it then, what's the buzz like? "Nice, it's alright yes, it is nice yes, it gives you a nice nod." (Male, supported accommodation, crack, 'Spice' and prescription drug user, Stockport)

The commonly reported increased levels of polysubstance use was frequently raised as a concern in relation to both the mental and physical health of some of the most vulnerable substance users across Greater Manchester.

"I think there seems to be a pretty significant impact on people who are using what you might consider their normal substances, like crack and heroin. They're on a methadone script and then they start taking pregabalin and/or diazepam on top of that, seems to have quite a significant effect on them and spice as well. I think all of those combined is just a recipe for disaster." (Homeless Charity, Service Manager, Stockport)

As we discuss later in this section, the addition of these potent prescription drugs, often reportedly used by the handful or strip, in combination with other [often central nervous system depressant] substances pose increased risks of overdose and death. For example, this interviewee went on to discuss the death of a friend in his home who had used a combination of *Spice* and prescription drugs purchased from Bury New Road.

Interviewer: How does pregabs come in and diazes? "It's just a thing, I don't know what it is, they like to go like that, have a gouch off it and when you get used to Spice, you don't do that anymore, so they'll take a tablet with it, so it gives them that effect but that's how my mate died off it, from mixing tablets with spice and he died in my living room, didn't he?" (Male, supported accommodation, Polysubstance user, Stockport)

8.4 Findings: Contributing factors for increased popularity of prescription drugs

8.4.1 Findings: Changes to the heroin market

Throughout the research and across the Greater Manchester area, the size of **heroin** deals has been reported to have got smaller and especially in the early stages of lockdown, prices were reported to have increased.

> *"Quite a few clients reported a decrease in their heroin use throughout the lockdown period because it wasn't as easy for them to go out and buy it".* (Recovery Coordinator, Wigan)

> *"Availability and accessibility appear to have reduced during the pandemic."* (Senior Recovery Worker, Oldham)

In a couple of areas, we received reports of increases in the price of **heroin** and dealers no longer doing offers.

> *"The market in Bolton for drugs it's very easy but when we went on lockdown, the prices went up". Interviewer: So, how much did they go up? "It used to be one and one for 15. When COVID kicked in, you were paying the extra tenner for it, like 25 for one and one, yeah." Interviewer: Was the quality the same? "No, the quality was poor. It was really – you'd use it, and it didn't feel like you'd had anything, basically. We were just wasting our money. It was that weak and you don't know what has been mixed with it". Interviewer: So, you just didn't get any effects of it at all, no? Was that for heroin or crack or both? "Both."* (Female, Housing First, ex-heroin & crack user, Bolton)

While the early reports of a shortage of **heroin** desisted, a consistent narrative emerged regarding **heroin** with concerns repeatedly reported by *PWUD* and *Key Professional Informants* about the purity and content of **heroin**. Throughout the research we received consistent reports from both frontline practitioners and **heroin** users that the quality of **heroin** had decreased.

> *"Use is often 2x £5 bags of low quality [heroin]."* (Recovery Coordinator, Salford)

> *"I'll smoke crack as much as I can, but with the heroin these days, it's absolutely crap. Garbage… It's poor, it really is poor. I'd say, definitely. . . . I have to probably smoke about four bags [of heroin] just to feel okay, to stop me rattling. If not more." Interviewer: Does it burn because a few people have mentioned, have said even when you burn it doesn't run? "Yeah, it doesn't run, or it will like frazzle up, but no, it's hit-and-miss, really, isn't it, it's like, some people put too much Bash in it, some people won't."* (Female, heroin, crack and prescription drug user, Tameside)

> *"Everyone's coming in saying the gear's rubbish. I don't know the specific purity figures for Tameside, but people are not generally saying it's great stuff, people are saying, it's poor quality, but that goes against what I've been reading [in the National Crime Agency report]."* (Substance Use Service, Clinical Psychologist, Tameside)

> *"There wasn't any strength to the drugs in Bolton. It was just a waste of time having it. You'd have something at nine o'clock in the morning, by dinner time, you'd need something else. You'd be convincing yourself you need something else. You were spending hundreds of pounds a day, £200 a day."* (Male, Housing First, ex-heroin & crack user, Bolton)

Indeed, in a number of areas (for example, Bolton, Salford, Stockport), it was reported that street dealers were referring to the **heroin** they were selling as *'bash'*, making little attempt to hide the fact it was of poor quality and heavily adulterated.

> *"There is a lot of bash on the street and that's something that a lot of the heroin users are saying that some of the dealers are now openly selling it as 'bash' because that's all that they're saying that they can get their hand on. I think one of my other service users, she said that the gear that she bought, when she run it on the foil, it just turned to black tar and it wouldn't run, and it just solidified dead quick. She said no matter what we did, it was awful. . . . But they're desperate, they'll buy it."* (Substance Use Service, Team Leader, Salford and Trafford)

> *". . . we had the potent heroin alert. So, I'm a bit of a nerd with that kind of thing. So, I looked into it. Asked a couple of my guys as well. And one [homeless heroin user] was saying, "Oh, yeah, my dealer's cutting it with, god knows, over the counter codeine" and*

all that. So, obviously, with the kind of battle that the dealers have got in terms of trying to get clients and things like that to buy off them, then they have been cutting it with other opiates instead of your usual kind of stuff. So, the actual opiates, the high bit, it's not necessarily, like, all heroin if that makes sense." (Outreach Complex Needs, Stockport)

The poor quality of **heroin** in local circulation was directly attributed as a main contributing factor to the increased demand and use of prescription drugs.

"A big increase, yes, everyone is on fucking diazes now, I'm not going to lie, every fucker is on diazes. . . . I think it's because the gear is shit, . . . they're all saying it's shit now, compared to what it was, the smack and crack." (Male, supported accommodation, heroin user, Bolton)

While these reports most frequently centred on low quality **heroin** and to a lesser extent, smaller deals, we also received a number of concerns regarding what the **heroin** was adulterated with particular concerns raised in relation to the more potent synthetic *opiate*, **fentanyl**.

"We've recently had another guy and he said, 'oh no, this heroin what I'm using, it's not actually heroin, well it is but it's mixed with fentanyl'. I was like, 'okay how do you know?', I don't actually know but I just know, all the gear round here is mixed with fentanyl but what I'm hearing from a lot of my service users." Interviewer: Is this Salford? "This is in Trafford. He said, what I'm hearing from the majority of service users who are still continuing to use heroin is that the gear is terrible at the minute, it's really bad and it was interesting to speak to him because he's the only one that has said, "well actually it's quite good because it has got fentanyl in it" and I've got other people who are saying it's absolutely shocking at the minute, it's terrible." (Substance Use Service, Team Leader, Salford and Trafford)

"So what everybody is saying to us at the moment is it's all fake. People have reported to us in Bolton that people are overdosing or having problems with the heroin because it's being mixed with fentanyl. A couple of people have said that, that they're mixing fentanyl with heroin." (Homeless Housing, Team Leader, Bolton)

As this homeless outreach worker notes, without accurate local testing, it is impossible to know the true content of street **heroin** in Greater Manchester and in turn, what harm reduction advice to disseminate.

". . . it is hard, isn't it, to get the actual facts if we're not testing it yet in Stockport." (Outreach Complex Needs, Stockport)

8.4.1.1 MANDRAKE test results: heroin

During the course of the *GM TRENDS* study, we were able to test a number of samples of **heroin**. *MANDRAKE* testing of local **heroin** did not find any evidence of **fentanyl** or any other synthetic *opiates*. However, it did substantiate the numerous user reports of poor-quality **heroin**, with **heroin** at five percent or less in several areas including Bolton (4%), Manchester (5%) and Wigan (2%). As evidenced in Table 19 below, the main adulterants included **caffeine** and **paracetamol**.

8.4.2 Findings: Increased availability and affordable prices of prescription drugs

It was widely reported that street-based substance users had found it difficult to fund their use of **heroin** and ***crack* cocaine** during the pandemic due to less income from begging and less opportunity for acquisitive crime such as shoplifting due to the closure of non-essential shops and the hospitality and the night-time economy sector.

"During the lockdown pandemic it [shoplifting] went down because obviously they couldn't get in the shops as easily and get out. Whereas I think it's increased over the last few months because the shops have been open." (Homeless Day Centre Project Worker, Stockport)

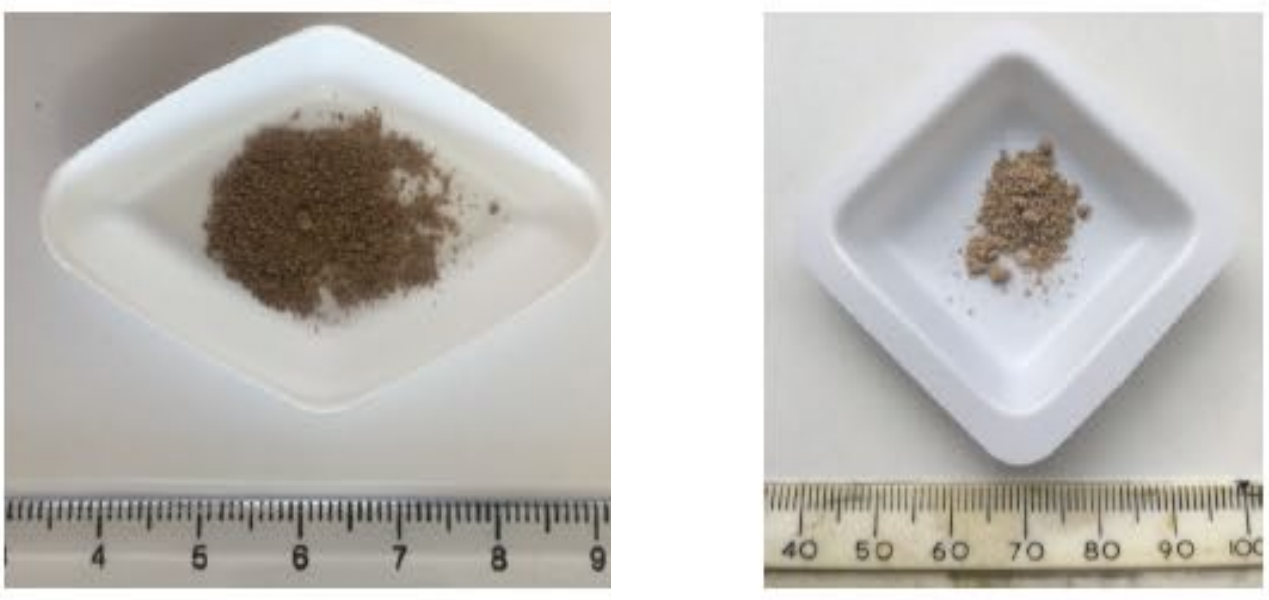
Therefore, replacing or supplementing **heroin** with cheap and accessible prescription drugs was regularly discussed as a more viable alternative for some **heroin** and ***crack* cocaine** users.

"I think a lot of it [rise in prescription drug use] has been lockdown and the price of heroin and crack going up. . . . They can't afford the heroin and gear, so you'd rather go use pregabs or whatever." (Male, Housing First, ex-heroin and crack user, Bolton)

Table 19 MANDRAKE heroin tests 2021

Location	Description/suspected content	Main Content	Purity	Adulterant/other content
Moston	Bag heroin	**Heroin**	**5.4%**	**Caffeine** and **paracetamol**
Moston	Bag heroin	**Heroin**	**5.8%**	**Caffeine** and **paracetamol**
Bolton	5x wraps heroin	**Heroin**	**22.4%**	**Caffeine** and **acetylcodeine***
Bolton	19x wraps heroin	**Heroin**	**4.1%**	**Caffeine** and **paracetamol**
Bolton	1x wrap heroin	**Heroin**	**22.7%**	**Caffeine** and **acetylcodeine**
Stockport	53.8mg heroin	**Heroin**	**24%**	-
Wigan	1x wrap heroin	**Heroin**	**2.5%**	**6-MAM****, **Caffeine** and **paracetamol**
Wigan	1 syringe of brown liquid	**Heroin/ Cocaine**	**Heroin 1.3% Cocaine 2.1%**	**Noscapine, phenacetin** and **caffeine**
Wigan	1x wrap heroin	**Heroin**	**3.5%**	**Caffeine** and **paracetamol**
Wigan	1x wrap heroin	**Heroin**	**11.6%**	**Caffeine, paracetamol** and **acetylcodeine**
Rochdale	Blue "SMINT" tin containing brown powder	**Heroin**	**20.6%**	**caffeine** and **paracetamol**
Rochdale	Snapbag containing brown powder	**Heroin**	**13.6%**	**caffeine** and **paracetamol**
Rochdale	30 x wraps heroin	**Heroin**	**48.4%**	**caffeine**
Rochdale	Wraps heroin	**Heroin**	**45.7%**	**caffeine**
Rochdale	Wraps heroin	**Heroin**	**34.1%**	-
Rochdale	Wrap heroin	**Heroin**	**30.9%**	-

* **acetylcodeine** is synthetic by-product present in street **heroin** but not in pharmaceutical **diacetylmorphine.** ** **6-MAM** is postulated to arise if **heroin** samples are stored in damp conditions over a prolonged period



Examples of heroin tested by MANDRAKE between February and June 2021

Throughout the research it was frequently suggested that a key explanation for the reported increases in use of prescription drugs across Greater Manchester was the combination of widespread availability and the cheap prices of these substances. While the standard price for a single **diazepam** tablet or **pregabalin** capsule was £1, these drugs were commonly reported to be purchased in bulk for around 40 to 50p per tablet/capsule.

> *"We are seeing more reports definitely amongst our opiate users of being reliant on and taking that (Diazepam). They're definitely using a lot more illicit Benzos and other things that they've got from Cheetham Hill or Manchester, places like that. [. . .] I'd probably say cost is a factor. I think, from what I've heard, people are buying hundreds of pills for not a lot of money [. . .] so I think that cheap supply and easy availability of those pills, Benzos and things. It's probably drawing people more and more to using them." (Substance Use Service Manager, Rochdale and Oldham)*

As noted above, invariably, the Bury New Road area of Cheetham Hill, Manchester was discussed as the source of these prescription drugs.

> *"Bury New Road comes up all the time. When we talk about where people are scoring from, it is Cheetham Hill." Interviewer: So that's the pregab, yes? "Yes, pregab is coming from Cheetham Hill definitely."* (Substance Use Service, Operations Manager, Salford and Trafford)

> *"There's a huge increase in people buying diazepam, pregabalin from Manchester. Interviewer: Specifically, where? Bury New Road, from what the service users are saying."* (Homeless Charity, Service Manager, Stockport)

Whilst this often centred on **diazepam** and **pregabalin**, other prescription drugs such as **Tramadol**, **Zopiclone** and *Xanax* were also reportedly available from this area.

> *". . . that's where some of the Tramadol's coming from as well, but like I say I don't know that for definite."* (Substance Use, Complex Needs Outreach, Stockport)

> *"I'll be honest with you, you go down to Cheetham Hill there's Xanax, you can get them and everything in these pound shops down Cheatham Hill. You can get all counterfeit drugs more or less. Obviously, they'll be counterfeit."* (Male, supported accommodation, Polysubstance user, Bolton)

The above suggestion that these drugs are 'fake' or counterfeit reflects a commonly held perception amongst *PWUD* and a range of stakeholders that prescription drugs sold in this area are non-pharmacological standard. They were frequently described as 'dodgy' or 'fake'.

> *"Heavy increase in "bad diazepams" from Cheetham Hill."* (Recovery Coordinator, Tameside)

We discuss the Bury New Road area and its centrality to the prescription drug market across the region in more detail below.

8.4.3 Findings: Bury New Road, Cheetham Hill

> *"We've had a lot of deceased [homeless service users] unfortunately due to pregabs, which I believe they've been buying from Cheetham Hill in Manchester. That's what they tell us and it's awful. Even though we've tried to say to people there's a risk factor with it, they go, "Yeah, yeah, yeah, yeah," but unfortunately, they're still doing it. Someone needs to be doing something about it because it's absolutely outrageous, this. How can they get away with doing it?"* (Project Worker, Homelessness Charity, Stockport)

For the past few years, numerous reports have come through the Greater Manchester Local Drugs Information System (LDIS) about imported and 'fake' *benzodiazepines* (sold as **diazepam**) and **pregabalin** being sold from the Bury New Road area of Manchester and supplied predominately to entrenched adult drug users across Greater Manchester (Greater Manchester LDIS, 2020-21).

Regardless of the Greater Manchester area, discussion of the increased use of *benzodiazepines* and *gabapentinoids* invariably included substances purchased as **diazepam** and **pregabalin** from the Bury New Road, Cheetham Hill area of Manchester. The increased availability of these drugs, first

highlighted in the 2019 *MESUS* (Manchester Metropolitan University and Manchester City Council (b), 2019) was a consistent finding to emerge from interviews with both *Key Professional Informants* and *PWUD* from across Greater Manchester.

"I was on like 40 [benzo's] a day [. . .] I go down every week [to Bury New Road]. I get 600 at a time and used to get a couple of boxes of pregabs as well." (Male Polysubstance user, Tameside)

"From what we've heard, from what people say, they can literally go into Manchester and they've got strips of them in minutes. Interviewer: Do you know where exactly? Cheetham Hill." (Homeless Project Worker, Stockport)

"I mean, it's crazy, isn't it? I was just driving down there. I used to work in Prestwich in the hospital there. It was before I moved into homelessness, I was like, "What are all these people doing standing around?" And it's only since I've been working in homelessness, I'm like, "Oh, shit." It's so overtly in your face, isn't it? It seems crazy. But I imagine GMP are, you know, staking it out regularly. But, yeah, it just seems to be… and especially when it's just across from Strangeways as well. It almost strikes me as just mad. It's got to be a major distribution point for the North West. [. . .] So, you know, it's not necessarily just in a particular part of the community. It's wide-spread knowledge, I think." (Psychologist, Housing Support Service, Manchester)

"They all say Bury New Road, there is always some prescribed stuff knocking around but increasingly its Cheetham Hill you hear them talk about. Its flooded with them these days." (Substance Use Practitioner, Tameside)

"I've given lads a lift into town or to an appointment and they have asked me to drop them off there. I've dropped them right opposite Strangeways, by the bus stop, and they've walked less than 50 yards and dived into a shop." (Homeless Support Worker, Stockport)

*Indeed, it was oft*en noted how the Bury New Road area is the main source of prescription drugs across Greater Manchester. It is easily accessible for people travelling from other Greater Manchester areas by public transport. For example, the *Metrolink* systems Victoria Station stop (Bury, Oldham, Rochdale and Tameside) or by train to Victoria station (Bolton, Salford and Wigan). The following interview extracts with frontline services and people who use drugs from across Greater Manchester illustrate how the area is easily accessible and has become an established epicentre for non-prescribed prescription drugs.

"All you have to do is jump on the train, five, ten minutes, I'm in Cheetham Hill. Go down Cheetham Hill, you can buy whatever you want, boxes and boxes of them. Yeah, Strangeways. You can buy anything down there in boxes." (Male, homeless, Polysubstance user, Bolton)

"Yes, there's a lot of that especially the people that are in Bury, particularly the people that are in Bury because the proximity is so close. You literally just need to go down Bury New Road and you're there in Cheetham Hill. So we get a lot of people for example, when we're housing them, desperately want to be near a tram station so that they can get on the tram and go to Cheetham Hill. So they either go to Manchester city centre or they go to Cheetham Hill which is obviously Bury New Road, around that area." (Homeless Housing Team Leader, Bolton, Bury and Rochdale)

"I think definitely for Bury, I'd say definitely in the last five years and it's always been a steady prominence really with people going over the border. There's definitely been an increase, . . . the use of illicit pregabs and benzos and things like that, I think that's probably prominent across the board. I'd say it's on the increase, definitely." Interviewer: Any reasons why you think that's on the increase? "I think it's just too accessible for people. I think it's easy, I think it's cheap. They'll tell you, a lot of people, when we ask them, especially around the rough sleepers and things, people travel all over – it's easy to travel into Manchester and just go and get it because it's cheap and it's really accessible, we're literally on the Manchester doorstep." (Outreach Worker, Bury)

8.4.3.1 Findings: Availability during lockdown

The restrictions on trading during the past year due to COVID lockdown has not affected the access and availability of these drugs from the Bury New Road, Cheetham Hill area. It

appears that the restrictions on non-essential shop openings have led to the development of an established street market for these drugs alongside their sale from shops.

Interviewer: So people could still get hold of them when the shops were shut? "Yeah. All over this lockdown, I've been going back and forth to Cheetham Hill for tablets. I know quite a few guys who have been going back and forth. They go down for £200 orders for tablets. They get pregabs, they get benzos, diazes. Anything that will put you to sleep." (Male, supported accommodation, crack and 'Spice' user, Bolton)

"If you walk from one end [of Bury New Road] to the other, you'll get approached 20 times! Everyone is selling it. Your Polish, eastern Europeans, Asian, the lot!" Interviewer: So it's all sold on the streets now? "Both, the street, some shops never shut through lockdown. They're all back open now. They're still selling on the street, I was down there the other day." (Male, crack and 'Spice' user, Bolton)

"Everybody in Bolton who I know, travels to Manchester, to get their tablets from Cheetham Hill because they're cheap. You can buy any tabled you want [from] Cheetham Hill." Interviewer: Has that been the case even in lockdown as well? "Even when the lockdown has been on, all you have to do is walk down this road, and by the time you get to one end of the road to the other end, I bet you've had 20 people stopping you and asking if you want benzos. Polish and stuff. There's no heroin or crack cocaine, that I've heard anyway. It's all benzos and things like that." Interviewer: You said, it's Polish as well? I just think of Cheetham Hill as being all the Asian shops . . . "Polish, Muslims. You know where all the shops are where they do cheap tracksuits?" Interviewer: Yes . . . "It's those shops, outside Strangeways prison, they're doing it. That's where all the tablets are being sold there." (Male, supported accommodation, heroin and crack user, Bolton)

"You can't even get on the road without being approached and once they know you that's it, they're fucking fighting for you." (Male, street homeless, 'Spice' and prescription drug user, Stockport)

"I mean, that [Homeless day centre] is just right on that area. When I sometimes have a little look down Bury New Road, you see the guys, there's rows of them up and down, up and down. I mean, really if you know what you're looking for, it's blatant." Interviewer: Dealing on the street, not from the shops? "Yeah. On the street. You could go down there today, I could guarantee I'd go with you if you wanted to, you could go there today, and as you're parking up, they'll weigh you up, and they'll go, 'What you want? What you want?' I mean it's business as usual down there, it has been all through COVID, I'm surprised. Surprised. I can take you there and show you now. Anytime you want, we can go for a mooch and within minutes you'll get approached two or three time at least . . . guaranteed!" (Male Heroin user, Trafford).

8.4.3.2 Findings: Bulk buying

Interviews with homeless outreach workers and substance use workers in areas including Bury, Rochdale, Salford, Stockport, Tameside and Wigan regularly included a discussion of how their client groups would take public transport into this area and buy in bulk for a group of users.

"You will get some of our guys take an order in the morning. One of them will take the order in the morning, get on the 192, and stomp up to Bury New Road or Cheetham Hill and then go and collect and then bring it back to Stockport. They'll all get, like, four quid together for the bus fare. One person will go up with a rucksack get as much as they can with what they've got and then come back and then dish it out again." (Substance Use, Complex Needs Outreach, Stockport)

"That's what's happening in Wigan as well. I think, from what I've heard, going to Cheetham Hill, buying their stock, coming back and sharing out or selling off stuff. So instead of ten service users all making their way into Cheetham Hill they club together and send one in to buy it and bring it back." (Substance Use Service Team Leader, Wigan and Leigh)

"You get a group of them from round here, sometimes 6, 8, 10 of them, they'll club together, and one will go to Cheetham Hill on the train and come back with hundreds of pounds worth of them from Bury New Road." (Substance Use Outreach Worker, Wigan)

In addition to reports of groups of people pooling funds together to make bulk purchases, large bulk buying was also widely discussed

on an individual level. This was often spoken about in relation to when people received their monthly benefit payments. The stated intention was to buy in bulk then sell back in the area they lived for £1 a tablet, doubling up and using the profits to pay for **heroin** and ***crack* cocaine**.

However, as noted below, the purchasing in bulk of often £200 or more of prescription drugs for less than 50p a tablet often led to binge use, often in combination with several other substances.

> *"When its pay day one person will jump on the 192 bus from Stockport with an empty rucksack and come back with it full of a cocktail of prescription drugs from Bury New Road and then they will have a binge."* (Homeless Outreach Worker, Stockport)

The close proximity to *HMP Manchester* and its position on the route into Manchester from *HMP Forest Bank* were also noted as significant. It was stated that in addition to monthly benefits, prison discharge grants were sometimes spent on prescription drugs from this area, with newly released prisoners heading straight to Bury New Road from *HMP Forest Bank, HMP Buckley Hall* and *HMP Manchester* most often mentioned.

> *"Prison release is another, straight out, over the road, spending their discharge grant on prescription drugs from the shops on Bury New Road!"* (Needle Exchange Harm Reduction Worker, Manchester)

Although it was commonly reported that there is a local market for these drugs in many areas of Greater Manchester that includes diverted prescriptions, it was widely reported that both **diazepam** and **pregabalin** are sold for a standard price of £1 per pill.

> *"A pound a tablet, it's always been like that and they're 300mg, so it's like a pound for a 300mg [pregabalin] tablet."* (Male, street homeless, crack, 'Spice' and prescription drug user, Stockport)

However, when purchased by the box from Bury New Road the price per table is around half this price, meaning that there is a good mark-up when taken back to other Greater Manchester areas and sold on the streets or in supported accommodation that can provide funds for the purchase of other drugs such as **heroin** and ***crack* cocaine**.

> *"£30.00 a box on pregabs. 300mg, you get, I don't know about 48 or something in a box."* (Male, street homeless, 'Spice' and prescription drug user, Stockport)

> *Interviewer: How much are they going for? "£10.00 a box, you get two strips [of 10mg Diazepam] in a box, 15 on each, so £10.00 for 30."* (Male, street homeless, 'Spice' and prescription drug user, Stockport)

It was common for *PWUD* to discuss the price difference between buying them by the box from Bury New Road and purchasing them locally.

> *"Between Bolton and Manchester, there's probably a fiver difference a strip."* (Male, homeless PWUD, Bolton)

> *Interviewer: How much are they going for there? "What is it? They say they go at half price. So, say they were a pound here, so a strip of 15, is like 15 quid here. They're like £7.50 in Cheetham Hill. They're half price. It's that easy! Doubling their money up."* (Male, heroin and crack user, Stockport)

> *"That's where everybody in Bolton goes. They'll get paid and go to Cheetham Hill and get like a strip of 14 diazepam 10 mils, for a fiver. Then they can come back to Bolton and sell them for a pound each. So, they're earning £9 of each packet really." Interviewer: Yeah, so people are doubling up when they get them. "Yeah. People get paid, they go to Cheetham Hill and then just spend all their money on benzos and sell them when they get back to Bolton." Interviewer: So, then they're buying quite a decent amount of them, like a big amount? "Yeah, they'll be buying hundreds at a time, some people. Thousands, even."* (Male, homeless, Polysubstance user, Bolton)

As we highlight below, the purchasing of large amounts of these drugs can lead to binge use.

> *". . . and I go back to it again those pregabalin and diazepam that are so readily available to people to just nip into Manchester and purchase. The use of that is massive and the problem with that is they can buy a large quantity for what you might consider to not be*

a huge amount of money. Because the impact isn't immediate sometimes, we've found that people will go and buy a few strips of diazepam and they'll take ten and the ten don't have an immediate impact on them so they might take another ten, and before you know it somebody has swallowed 30 tablets and then they can't stand up. When you're saying to people, "How much have you had?" they're not taking one or two, you're talking 30 or 40 at a time. By the time it actually hits them, they've maybe already used those and had their methadone for the day and taken some crack and gear [heroin] *and they're just absolutely off it, all in one hit."* (Homeless Charity, Service Manager, Stockport)

This binge use was often reported to result in fatal consequences.

8.5 Findings: Risks and Harms

The development of the street market for these drugs (see 8.4.3.1) adds an additional layer of risk and vulnerability to people purchasing drugs from this area. One homeless substance recounted how his friend had recently gone to the area and purchased a large quantity of prescription drugs and was then attacked and had the drugs he had bought stolen by what he claimed were the same people who sold them to him.

"Well, he went [to Bury New Road] the day before and got beat up. Took all his drugs." (Male, homeless, PWUD, Stockport)

While a substance user worker in Wigan recounted an incident involvement a female service user who was allegedly mis-sold *Rohypnol* by a street dealer.

"I even had one client she took them. She was told… what she used to, she used to travel to Manchester to get some, take some on the train on her way back. But the person who sold them her, walked back to the train station with her, kept on telling her to try some. Just try one. Just try a couple. And then she was told the week after she went, someone said, "Are you okay because what he sold you last time was Rohypnol?" [. . .] The person who sold her, someone from Cheetham Hill, followed her down towards the train station asking her to go and try one. "Just try one. Again, I've told you, you'll find out how good it is." She refused to do so, and she went. She ended up in hospital because she took some as soon as she got back into Wigan. But next time she went someone told her, "The person who sold you them, actually sold you Rohypnol." And she still went back every Friday and brought more." (Substance Use Worker, Wigan and Leigh)

8.5.1 Findings: Content and potency of prescription drugs

In addition to the increased risk that comes with the recent establishment of a street market on Bury New Road for these drugs, there was widespread concern and discussion in relation to the content of these prescription drugs. The Bury New Road area has a long-standing association and reputation as a place for buying counterfeit goods, leading to many professionals and substance users to question quality of these drugs. It appears that these prescription drugs are widely perceived to be counterfeit and non-pharma quality by users. It some cases, experienced substance users would recount their experiences of using these drugs and they would note how the effects were shorter lasting than they would typically experience with prescribed **diazepam**.

"Some people get them prescribed and they're okay, yeah. The ones down at Cheetham Hill, you can get some white benzos and they only last six hours. You'll take them, and basically, six hours later, you wake up, where the blue ones, and I could take say four of them, I could be asleep for ten hours. [. . .] People are still willing to take the chance even though they're counterfeit." (Male, homeless, Polysubstance user, Bolton)

"Some of them, they are just shit man, they are not pharmaceutical grade." Interviewer: Yes so you've used a lot of benzo's and like you were saying, for 30 odd years so I guess you know what you are talking about. How can you tell? Can you tell . . . "The difference yes, it's like the taste, you can tell by the taste. The Actavis now from there [Bury New Road], it just tastes like chalk. Like snooker que chalk. Others there is no taste, no Valium at all in them. Some of them, like blue one's yes, they leave your mouth blue! But the Bensedin, they seem to do the job the same as vallies them. They're all right them . . . in my opinion anyway." (Male Polysubstance user, Tameside)

"I think a lot of it is counterfeit fake. The tablets are dodgy, some of them." Interviewer: So, have you heard anything about people saying they've got tablets from there and they've had any bad effects or anything? "Well, people are saying yeah, they've had headaches off them and things like that." Interviewer: People are still getting them from there though? "People are still buying them, yeah." (Male, supported accommodation, Polysubstance user, Bolton)

Interviewer: What's the diazes like? "Shit hot." Interviewer: Are they? "Yes, they are good, there's two different ones, there's white ones and blue ones." Interviewer: What's the difference? "The blue ones are hit and miss, they can just be chalk and do nothing, there's nothing in some of them, at all. Nothing at all, you just get a blue mouth and then you know you've been ripped off but with the white ones, they're just shit hot." (Male, street homeless, 'Spice' and prescription drug user, Stockport)

". . . you get blue ones but if you go into Bury New Road, they're white." Interviewer: Where do you get the blue ones from? "They're prescribed them, but you get the white ones, you get them from Bury New Road but they're probably not what they say they are." (Male, street homeless, Polysubstance user, Stockport)

While most people we spoke to stated these drugs were likely to be poor quality, it was also suggested that the variability may include some tablets that are significantly higher than the stated dose.

"It's the right ingredient, but it's the way its mixed in the labs. They are make-shift labs and they are not spinning it right, so you'll get one tablet that could have the equivalent of six tablets. And one that has only got 10 per cent of a tablet in. So you are getting some lads who are used to eating 8 to 10 of a Dr's prescription at a time but they get some of these and eat 8 to 10 but really they've had 27. Cos they've had two that are overdosed." (Homeless and Prison Outreach Worker, Greater Manchester)

If the frequently suggested variable quality outlined above is true, then it poses increased risks if somebody takes a large quantity of these drugs that is more potent than previous purchases. In addition to the variable and unknown content of these drugs purchased from the Bury New Road area, the variability in content is complicated further by the steady flow of diverted medication in circulation.

"A lot of people I know now, the boys who are in these hostels and that, they're all getting them prescribed. They're getting the pregabs prescribed off the doctors. I know quite a few lads that are prescribed them every week when they get their prescriptions and then trying to sell them." (Male, homeless, heroin, crack and 'Spice' user, Bolton)

The perception that these drugs being sold in Bury New Road are low quality, counterfeit **diazepam** was supported in frontline staff accounts of drug test results. Two substance use workers provided examples of people returning negative results for *benzodiazepines* in drug tests despite stating that they had recently used them.

Interviewer: Is there a local illicit market for pregabalin and benzos? "Yeah. Certainly, with the benzos without a doubt. Benzos is quite ripe actually, the elicit ones. And a lot of people are travelling to Cheetham Hill in Manchester. Yeah, and they're buying things. They don't know what they're buying. They haven't got a clue. I was with one client who brought £30 worth, and he admitted in a one-to-one session prior to his medical review with a prescriber that he'd used about half of them the night before. I did a UR screen and it was benzo free. There was no benzos in it." (Substance Use Worker, Wigan and Leigh)

Other frontline workers questioned the content of these drugs from the Bury New Road area.

"You can talk to him and he literally just falls asleep while you're in the middle of talking to him, like fast asleep. From meeting him a couple of weeks ago actually, I know his mental health has dipped quite a lot. I'm just wondering what the heck is in these extra 15 tablets that he's buying. I know he's going to Cheetham Hill because that's where he's getting them from but I'm just wondering what is in those things that are not prescription." (Homeless Housing Team Leader, Bolton, Bury and Rochdale)

"I'm dealing with somebody who is a [heroin] user and he's also on a script and he's being drug-tested and these pregabs aren't showing on his drug test, under probation . . . Even though he's openly disclosed it and showed me a photo of all the stuff that he'd actually bought. . . . He spent £100, but he had a lot of boxes." (Project Worker, Homelessness Charity, Stockport)

It was suggested by one substance use service operations manager that concern regarding poor and variable quality **diazepam** was a contributing factor in the increased popularity of **pregabalin**.

> *Interviewer: Any idea what's driving that, why there's been that shift from benzos to pregabs? "I suspect but I don't know, but I would suspect it's about access and also there were some particularly potent and dangerous benzos going around about three years ago. There were lots of people overdosing and having some really nasty experiences from them. I think as a community people pick that up, don't they? The inconsistency in the strength of the illegal diazepam, not knowing what they were getting basically. I think they've moved towards something which they may feel is more consistent."* (Operations Manager, Substance Use Treatment Service, Salford and Trafford)

However, *MANDRAKE* testing of **pregabalin** reportedly purchased from Bury New Road has consistently found that capsules sold as 300mg **pregablin** have contained approximately a third of this content (see Table 20 below).

Table 20 MANDRAKE pregabalin tests

Location	Description	Content	Amount/ Purity
Bolton	7x Pregabalin (300 mg)	**Pregabalin**	102.6 mg (per capsule)
Bolton	*Snapbag capsules*	**Pregabalin**	-
Bolton	6x Pregabalin (300 mg)	**Pregabalin**	118.9 mg (per capsule)
Tameside	*2 x"Signature"* logo (300mg)	**Pregabalin**	101.9 mg/ capsule*

*Image of the "signature" logo on these red/white capsules (see image above) is not common to UK products of this type. The logo may refer to "Nervigesic Pregabalin IP 300 mg" manufactured by Signature Pharmaceuticals Limited (India) and therefore it is possible that they will have been imported.

8.5.2 Findings: Overdoses, Hospitalisation and Deaths

While it is clear that these prescription drugs purchased from Bury New Road are widely perceived to be counterfeit, this does not appear to be deterring their use. On the contrary, we received many reports of these drugs being consumed in large quantities with users reportedly taking 'handfuls' or a full blister strip of up to 16 tablets or capsules in one go.

> *"I've had a gentleman here this morning who looked like he was under [the influence of] substances and we said, "What's he taken?" He was quite open; he took a load of pregabs. I think he said he took 70. 70 pregabs he'd taken. [. . .] I think he's been using such a long time. [. . .] But that's a concern, isn't it? 70 would kill somebody, more than likely."* (Project Worker, Homelessness Charity, Stockport)

This high reported usage appears to be based on user assumptions that they are counterfeit and contain lower amounts of **diazepam** than the stated dose (typically sold as 10mg **Diazepam** and 300ml **Pregabalin**). However, there is also a concern that these drugs contain more potent, potentially life-threatening content. Throughout the research we came across concerns that the **diazepam** tablets sold in and around Bury New Road may contain some of these more potent *benzodiazepines* and subsequently may be the cause of fatal overdose.

It was reported during the *Key Professional Informant* interviews that the increased availability and use of these drugs has also been consistently implicated by *PWUD* in overdoses and deaths across several areas.

> *"We had an issue last year [with tablets from Cheatham Hill], some lad stole the tablets, shared them out between his mates and then they ended up in hospital off the back of the tablets."* (Substance Use Service Team Leader, Wigan and Leigh)

> *"We've had a couple that have OD here. And that's literally because they've bought them from there [Bury New Road] and taken them and by the time they've landed here* [homeless drop-in] *they've dropped."* (Homeless Outreach Worker, Stockport)

"I wouldn't know the stats for definite but then when you see that incidents have occurred, alcohol and your benzodiazepines are always quite prominent." (Outreach Worker, Bury)

"In our provision in Rochdale, quite a few of the clients there have got hold of Diazepam blister packets, there were quite a few overdoses at that point but that must be at least June/July that that was apparent. There was a spate over about a month where near enough everyone in there had overdosed on what was Benzos." Interviewer: So when you say 'everybody in there', how many? "Ten in there at the time." (Substance Use Service, Team Leader, Oldham and Rochdale)

As this NHS nurse who works at a homeless charity notes, experience prescription drug users often report a range of unusual effects from these drugs to frontline staff.

". . . it feels like there's lesser a problem with heroin and crack and more clinical problems with the street bought medication. So the illegal diazepam, pregabalin, that clearly aren't pregabalin, that people are going up to Cheetham Hill and buying. And the supply of that doesn't seem to have been interrupted by the pandemic. It seems to be finding its way in large completely unchecked quantities locally, redistributed locally, and presents a very clear picture that means that it's not what it claims to be. So people who have been maybe taking diazepam for a long time or people who don't get a dramatic or dangerous effect from pregabalin, are doing from these street bought drugs. So whatever's in them is not what it says on the tin." (NHS Nurse, Homeless Charity, Stockport)

Frontline homeless and supported accommodation services and street-based people who use drugs regularly recounted cases where people that they work with or use drugs with had overdosed and died.

"We've had several people who've died of overdoses. [. . .] I think it's misadventure. I think they actually don't realise the strength of them, or what effects it has on them." (Project Worker, Homelessness Charity, Stockport)

Invariably, these deaths were attributed to prescription drugs purchased from Bury New Road.

". . . we've seen an increase in what we call dodgy Benzos or Pregabs being sold in places like Cheetham Hill or in Manchester as well. We do have quite a lot of that, our client group going to those areas to buy cheaper Benzos and stuff really. We've had probably a few deaths and incidents related to those substances really so it's causing quite a bit of a problem." (Substance Use Service Manager, Rochdale and Oldham)

"I've stopped taking the pregabs now as I know at least six people who have died from them recently and that's just around here." Interviewer: I hear this a lot you know, people saying it's the drugs from Bury New Road that's killing people, but then it often seems to be a lot of polysubstance use going on. Why do you say it's the pregabs because this comes up a lot? "Well you know they make them anywhere, in garages and stuff, not proper labs. I heard they tested one and it was supposed to be 300mg and it was over 3,000 [mg] in one capsule. So you can be taking four and it's like taking 40! I heard that and I thought 'nah man, I'm leaving that stuff alone!' Just the Valium for me now. Too many people dropping and dying from those Pregabs." (Male Polysubstance user, Tameside)

However, while many people who use these drugs consistently state that these drugs are the cause of overdose and deaths, the available evidence is less clear and often inconclusive. Toxicology reports were often unknown or outstanding and where toxicology was known, it was not conclusive that these prescription drugs were the cause of death. Indeed, when deaths involving these substances are recounted, a cocktail of substances are often involved.

"I think it's a mixture of them Bury New Road, fucking tablets and spice and crack and smack [heroin]. . . . he was on it all." (Male, Sofa Surfer, Polysubstance user, Stockport)

"A couple of people who I know have died, there was [name], he died of it and then there was [name], then there was [name] . . . [. . .] Just Spice and tablets, when they're mixing it [Spice] with diazes and that, aren't they but there's loads of them. There's about eight people I know that have died from it anyway." (Male, street homeless, Crack, Spice and prescription drug user, Stockport)

Interviewer: What do you believe happened? "Tablets." Interviewer: Was it? "Definitely, 100%." What other stuff did he use? "Spice, gear, crack, yes everything really." Interviewer: Do you know how many he took? "He said he spent £200 on them.. . . So, you just don't know, 200 quid is a lot on fucking tablets down there [Bury New Road], a fucking hell of a lot." (Male, street homeless, Spice and prescription drug user, Stockport)

"No, don't get into that because it's a killer. You'll end up dead. They're using probably heroin on top with the benzos. You go into a sleep and you go into a coma, you're going to die if you take stuff like that." (Female, Supported Housing, ex-heroin & Crack, Bolton)

"I think Spice is the most predominant one that we see a lot of. And then after that I would go with prescription drugs which are non-prescription that they're getting. [. . .] And yes, they do mix it. They openly tell us that they've taken loads of pregabs and then smoked Spice. [. . .] So the lad that we found in the tent was a drug overdose. He'd mixed – from what I can remember because it was quite harrowing. From what I can remember it was heroin, a load of pregabs and Spice all mixed together and it was shocking. [. . .] There was mention that he'd gone and he'd got his money the day before. He'd gone up to Cheetham Hill, got lots of stuff, lots of drugs and just took the lot. [. . .] You know you're not coming round from that. Scary." (Homeless Project Worker, Stockport)

Furthermore, it was apparent that these drugs are often used in large amounts with binge use frequently reported that far exceeds recommend daily doses.

"Even though what they're buying is not necessarily 100 per cent, they'd rather take those tablets and smoke Spice and the other things that are readily available and the knock-on effects that come with it. It's just the shear amount and the volume, isn't it, that they're taking because one doesn't touch them, so they're taking packs." (Homeless Day Centre Worker, Stockport)

"Then he's got a prescription of, I think it's four Benzos a day but he gets them illegally and he tops that up and ends up taking… he's on about 17 a day." (Homeless Housing Team Leader, Bolton, Bury and Rochdale)

Interviewer: What did he take, do you know what he took? "Yes, he had 15 300ml pregabs and 36 10ml blue diazes and when he died, they're saying that killed him but they're saying it was methadone as well." Interviewer: Was he drinking as well? "Yes, Spice, tablets, alcohol, the lot. It's all a depressant, so everything is putting you down and down, so when you go to sleep, it just shut him off." Interviewer: So, pregabs, diazes, alcohol, Spice . . . "Crack, gear [heroin]." Interviewer: Gear as well? "Yes, he had it all." (Male, street homeless, Polysubstance user, Stockport)

The widespread concern regarding the content of these substances and their implication in overdose incidents and drug related deaths has made them a priority for *MANDRAKE* testing this year. See Table 21 below.

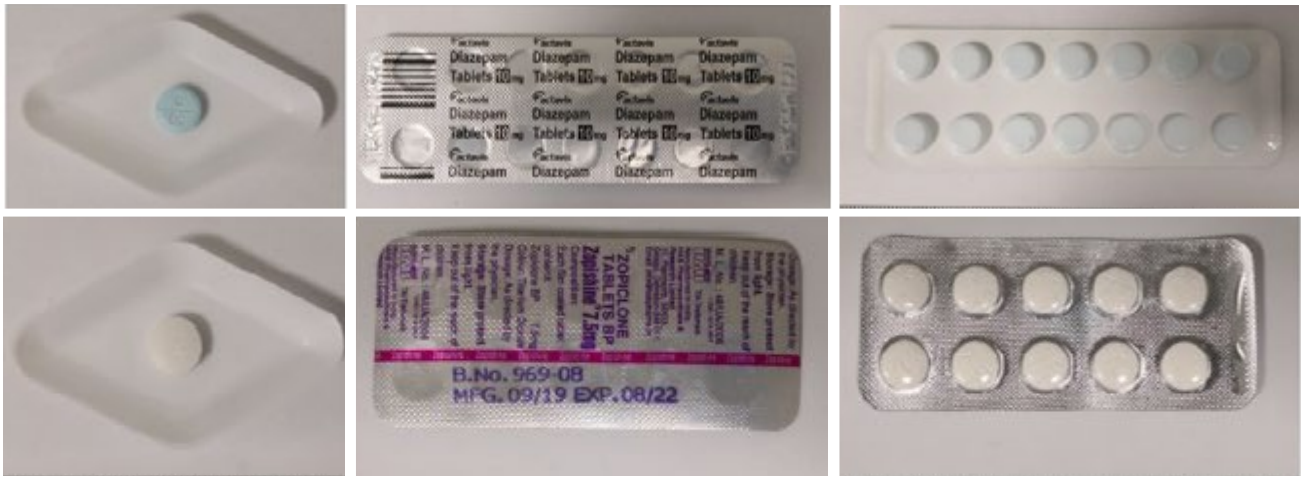
The *MANDRAKE* testing shows that the drugs sold as 300mg **pregablin** were all under half of that dose (see Table 20). The MANDRAKE testing confirms the variability in content of these prescription drugs with some of the **Diazepam** containing the stated contents at roughly the stated (assumed) dose of 10mg **diazepam**, while further samples were found to contain **diazepam** at lower doses than stated and others were found to contain no active ingredient. This is clear evidence to support the views of *PWUD* and frontline workers that many of these drugs are counterfeit. Furthermore, the two seized batches tested from Bolton and Wigan that contained **Etizolam** were physically and visually identical to other 10mg **diazepam** tablets tested.

Etizolam is a *benzodiazepine* analogue, normally encountered as a small, lighter blue tablet, embossed with *"EZ, 1.0"* across the tablet break line. **Etizolam** is approximately 10 times as potent as **diazepam**, although the dose in the **etizolam** tablets (less than 1mg) was equivalent to 10mg **diazepam**. However, the change in the content of street *benzodiazepines* (sold as 10mg **diazepam)** in Scotland from **diazepam** to **etizolam** is thought to be in part responsible for the enormous rise in drug related deaths seen in that country (McAuley, 2019), so is a major cause for concern for Greater Manchester.

Table 21: Results of tests on suspected benzodiazepines and zopiclone tablets and capsules.

Location	Description/stated or suspected content	Actual content	Amount/Purity
Oldham	*1x Bensedin* (10 mg diazepam)	**Diazepam**	8.7 mg
Oldham	*1x Bensedin* (10 mg diazepam)	**Diazepam**	11.1 mg
Oldham	*1x Bensedin* (10 mg diazepam)	**Diazepam**	9.3 mg
Oldham	*1x Bensedin* (10 mg diazepam)	**Diazepam**	9.2 mg
Cheetham Hill	20+ *Actavis* (10 mg diazepam)	*Nothing detected*	-
Cheetham Hill	20+ **Zopiclone** (7.5 mg)	**Zopiclone**	1.8 mg (per tablet)
Bolton	3x Diazepam (10mg)	**Diazepam**	3.1mg (per tablet)
Bolton	7x Diazepam (10mg)	**Diazepam**	7.6mg (per tablet)
Bolton	(224) 14x boxes Diazepam (10mg)	**Etizolam**	0.5 mg (per tablet)
Bolton	1x white tablet (diazepam?)	*Nothing detected*	-
Bolton	2 blister packs 15x Zopiclone (7.5mg)	*Nothing detected*	-
Bolton	9 blister packs 10x Zopiclone (7.5mg)	**Zopiclone**	1.1 mg (per tablet)
Bolton	2 packs 15x *Bensedin* (10mg diazepam)	**Diazepam**	6.8 mg (per tablet)
Bolton	2 blister packs 10x Nitrazepam	**Nitrazepam**	-
Bolton	10x white (diazepam?)	*Nothing detected*	-
Bolton	10x blue (diazepam?)	*Nothing detected*	-
Salford	4 boxes/400 x ZOP 7.5mg zopiclone	**Zopiclone**	1.1 mg (per tablet)
Salford	10 boxes/300 *Galenika* 10mg diazepam	**Diazepam**	7.3 mg (per tablet)
Wigan	6x blue tablets (10mg diazepam?)	**Etizolam**	0.8 mg (per tablet)
Wigan	13x blue tablets (10mg diazepam?)	*Nothing detected*	-

Note: A number of seizures were of significant quantity, in those cases a representative tablets/capsules from the batch/box/blister pack were homogenised and tested with results for individual tablets calculated.



Above, examples of the diazepam tested by MANDRAKE

The tablet on the left contained diazepam, while the identical tablet on the right contained etizolam.

9. **Headline Findings,** Recommendations and Future Research Agenda

In summary, it is evidenced from this inaugural *GMTRENDS* study that the pandemic has had a significant impact on substance use amongst several sub-populations across Greater Manchester. In many cases, this has led to an increased level of risk and potential harms amongst some of the most vulnerable. In this final section, we summarise the headline findings in relation to substance use and local drug markets that we have documented and provide a set of research-led recommendations, including a future research agenda. These recommendations encompass commissioning and service development, professional staff development and awareness raising, drugs education, embedded in the new Relationship, Health and Sex Education (RSHE) curriculum, and harm reduction. They cut across several sectors including criminal justice, children and families, treatment services, homelessness, and population health.

9.1 Treatment Service Commissioning and Service Development

According to Dame Carol Black's recent Independent Review on Drugs (Black, 2020; 2021), cuts to funding in treatment and other support services over the past decade has led to an increase in unmet treatment need. Indeed, at the local level, a recent GMCA review concluded that the 'gap' between estimated need for alcohol treatment and actual numbers in treatment services is now so vast that even a massively expanded treatment system would struggle to help all those people estimated to be in need (GMCA, 2021). It is important to note that the high levels of unmet need identified in these local and national reviews was based on pre-pandemic data. Our research has highlighted that the pandemic has led to increased use of several substances (see section 6). Therefore, local unmet need is now likely to be even greater. As we outline below, alcohol use is a particular concern (see also section 6.1).

9.1.1 Headline Finding: Increased use of alcohol and demand for services, often from those who would not have previously accessed services.

One of the most consistently reported findings during interviews with substance use professionals across all Greater Manchester areas was the significant rise in **alcohol** referrals, mainly from people aged 40+ who were new to treatment services. Typically, it was reported that drinking was out of control because of spending more time at home during the pandemic and/or as a coping mechanism for stress brought on by the pandemic related to finance, health, and employment concerns. Alongside this increase in new **alcohol** referrals, there were also concerns raised by professionals that those adults known to services were relapsing during lockdown. The reported increased use of **alcohol**, and poor mental health that has been linked to the impact of the pandemic led some *Key Professional Informants* to highlight the need for more focus on **alcohol** use within adult substance use services. A recent national report has revealed that **alcohol** specific hospital admissions and **alcohol** specific mortality rates in Greater Manchester were nearly all higher than the national rate (PHE (12), 2021). Our findings suggest that the pandemic may serve to maintain or increase this unenviable set of statistics.

Recommendation 1
We recommend local authorities review their existing alcohol support with a focus on referral pathways and engagement strategies.

In particular, this should focus on ensuring:

(i) Awareness raising of the local service offer available to residents who have increased their alcohol use during the pandemic and who may require support but hold negative perceptions of treatment services.

(ii) Adequate referral pathways in place for individuals coming through criminal justice services, GP services, hospital admissions or presenting in mental health crisis.

(iii) An appropriate service offer tailored to the diverse needs of alcohol users, inclusive of a digital offer.

Allied to reports of increased **alcohol** use, there was reporting of an increased use of **cocaine** powder that was typically used in combination with **alcohol**.

Recommendation 2
We recommend that commissioners ensure the provision of appropriate service support for stimulant users who may be reluctant to engage with what they perceive to be services not designed for them.

9.1.2 Headline Finding: Increased mental health need among those also using substances, particularly amongst young people.

The mental health needs of those using substances and entering treatment for drug and **alcohol** problems needs to be addressed. The common narrative that appeared in the research from both people who use drugs and key professional respondents, was of various substances (e.g., **alcohol**, **nicotine**, **cannabis**, *benzodiazepines*) being used to self-medicate the direct impacts of the pandemic, including mental health (e.g., anxiety, low mood, and depression). The impact of the pandemic on young people's mental health was particularly noticeable in the young person's survey and appears from our research to be most acute amongst females and those in their late teens and early 20s.

Recommendation 3
We recommend appropriate commissioning of services for people with co-occurring substance use and mental health conditions.

9.2 Responding to Drug related harms

9.2.1 Headline Finding: Concerns raised regarding emergent drug trends and the increased risk of overdose, hospitalisation and drug related deaths

Headline Finding: Reductions in heroin purity reported as a major factor in increased use of prescription drugs and SCRA ('Spice'). Increased risk of overdose and death as a result of increased polysubstance use involving multiple central nervous depressants (e.g. prescription drugs, spice and heroin).

The research findings in relation to increased polysubstance use (e.g., prescription drugs including **diazepam** and **pregabalin**, and ***'Spice'***) amongst traditional adult **heroin** users has significant implications in relation to the increased risk of overdose and death amongst some of Greater Manchester's most vulnerable populations (e.g., those experiencing homelessness and those who lead street-based lifestyles). For instance, the concurrent use of **heroin** and/or any other *depressant drug* is a major risk for overdose death. The combination of *benzodiazepines* with **heroin** or other *opioids* increases the effect and risk of overdose (Ray, et al., 2021), while **pregabalin** reinforces the effects of **heroin**, and exacerbates **heroin**-induced respiratory depression by reversing **heroin** tolerance at low doses and directly depressed respiration at higher doses (Lyndon, et al., 2017). In summary, the widely reported increased access and use of *benzodiazepines* and *gabapentinoids* along with opioids or other *depressant drugs* that we have highlighted in the adult trend focus (see section 8), greatly increases the risk of overdose.

There were 53 recorded deaths in England and Wales in 2019 associated with *SCRA* (***'Spice'***), usually among older adults and in combination with alcohol or other drugs (ONS (19), 2021). Reports of increased use of ***'Spice'*** due to its cheap price, often in combination with other substances (e.g., prescription drugs, **alcohol**, **heroin** and ***crack*** **cocaine**) amongst homeless and street-based substance users is a further concern in relation to protecting our most vulnerable populations from drug related harms.

9.2.1.1 Responding to polysubstance use overdose

The adult trend focus that we document in this report (see section 8) also presents implications for the current emergency response to suspected **heroin** overdose. In light of our findings, we assert that it can no longer be assumed that **heroin** is the primary substance involved. In many cases *benzodiazepines* and *gabapentinoids* and other central nervous depressants such as ***'Spice'*** will also have been consumed, increasing the risk of fatal overdose.

Recommendation 4
We recommend awareness raising to frontline services including emergency services, A & E departments and homeless accommodation and outreach and the development of best practice guidance of how to respond to polysubstance use overdose.

9.2.1.2 GP Prescribing

Concerns were raised by professional respondents regarding the current GP prescribing of *benzodiazepines* and *gabapentinoids*. Despite rescheduling, there were reports of increased GP prescribing of **pregabalin**, which together with the poor-quality **heroin**, low price and ease of availability had led to increased prescription drug use across Greater Manchester.

Recommendation 5
We recommend GPs are informed of the dangers of benzodiazepine and gabapentinoid use and their potential abuse amongst opioid users and review their prescribing practices.

9.2.2 Headline Finding: Increased reports of incidents of young people overdosing on SCRA ('Spice') mis-sold as cannabis/ THC vapes

The highlighted trend of young people accessing mis-sold **cannabis/THC** vapes that were found to contain *SCRA* (***'Spice'***) (see section 7) also poses increased risk of overdose and hospitalisation for young people. The effects of *SCRA* can include irregular heartbeat, confusion, paranoia, panic attack, insomnia, hallucinations and collapse. Unintentionally administering a toxic dose (overdose) of *SCRA* is common even among experienced adult users of ***'Spice'***.

Recommendation 6
We recommend awareness raising through dissemination of the report findings via professional learning events for those working with young people and via the Greater Manchester Local Drugs Information System (GMLDIS).

9.2.3 Headline Finding: increased concern about GHB/GHBRS use amongst MSM and the local 'chemsex' scene

Recommendation 7
We recommend that there needs to be awareness raising amongst MSM and the local 'chemsex' scene, in relation to the risk of overdose from GHB (gamma-hydroxybutyric acid) and related substances (GHBRS) and in particular, how these substances interact with alcohol.

9.3 Policing and Crime

9.3.1 Headline Finding: Drug users across GM report continued ease of access to prescription drugs in the Bury New Road area of Cheetham Hill, Manchester.

The adult trend focus (see section 8) has highlighted the increased access and use of prescription drugs, most commonly drugs sold as **diazepam** and **pregabalin**. As we have detailed, these substances are invariably purchased by people who use drugs, regardless of the Greater Manchester area they live in, from the Bury New Road area of Cheetham Hill, Manchester. It has been evidenced through *MANDRAKE* testing that these locally sourced prescription drugs are of variable content, supporting user and stakeholder reports of highly unpredictable effects and contributing to drug related deaths in homeless and street-based substance using populations. The frequently reported development of a street market for these drugs during lockdown adds an additional layer of risk and vulnerability to people purchasing prescription drugs from this area.

Recommendation 8
We recommend that there is an urgent need to consider the amount of resources dedicated to reducing the ease of access to benzodiazepines and gabapentinoids by vulnerable user groups from the open street market in this area.

9.3.2 Headline Findings: Increased concerns about young street dealers and the potential for conflict between them

There were several reports of a perceived increase in the number of young street dealers selling **heroin** and ***crack* cocaine** in several Greater Manchester areas. They were reported to be selling poor quality **heroin** and ***crack* cocaine** and to have little respect for the vulnerable drug users they sold to. There were also concerns raised about the potential for conflict between young drug dealers in an overcrowded local street market. As we discuss further in section 9.4.3 on child safeguarding, the research uncovered concerns from child safeguarding and young person's substance use workers around young people getting into drug debt and being criminally exploited, including being drawn into drug dealing.

Recommendation 9
We recommend the development of good practice models in the identification of child criminal exploitation that should focus on the inter-relationship between substance use, child exploitation and drug dealing in the context of the ongoing development of partnership working between the Greater Manchester Violence Reduction Unit, local young person's substance use services and complex safeguarding teams.

9.3.3 Headline Finding: Increased reports of young people using social media to access drugs, particularly during lockdown, with the apparent marketing and targeting of young people on these digital platforms raising safeguarding concerns.

It is evident from our findings that the trend of drug supply via social media has expanded because of lockdown restrictions. *Key Professional Informants* working with young people across Greater Manchester reported that young people were buying traditional drugs such as **cannabis** and powdered **cocaine**, as well as **nitrous oxide** and non-traditional **cannabis** products ('**cannabis** edibles' - cookie dough, fudge, butter, chocolate brownies and various sweets such as 'gummy bears' and 'nerd rope' – and **cannabis/THC** vapes and designer **cannabis**). A particular concern is the sale of **cannabis/THC** vapes on these platforms. It was frequently reported by young people, school staff and young person's substance use workers that **cannabis/THC** vapes products were purchased from social media platforms, usually *Snapchat*. Young school aged children who appear to be targeted via social media may be less knowledgeable and hence more susceptible to being mis-sold vapes that *MANDRAKE* testing has established contain *SCRA* (***'Spice'***).

The increasing use of social media to advertise and promote drugs that are targeted at young people has implications for local policing of drug markets and potential increased exposure and access to drugs by younger cohorts. Our findings highlight the need to tackle digital drug markets. As we note in the section on Children, Schools and Families (see section 9.4.3, the use of social media to target young people also raises safeguarding concerns.

Recommendation 10
We recommend the need for awareness raising for those working with young people and their families regarding the increased use of social media apps to sell drugs that often target young people.

9.3.4 Headline Finding: Concerns raised by LGBTQ focused sexual health and substance use professionals in relation to high levels of often unreported sexual assault regarding the use of GHB (gamma-hydroxybutyric acid) and related substances (e.g. GHBRS) and under-reported victimisation.

Recommendation 11
We recommend a review of existing pathways for support for use of 'G' and related victimisation. In particular, pathways to report sexual assault as a result of use amongst men-who-have-sex-with-men (MSM). This may necessitate further investigation and partnership working to establish scale.

Recommendation 12
We recommend that up to date, substance use information is available to teachers and young people across Greater Manchester. This should include embedding the GM TRENDS findings in the new Relationship, Health and Sex Education (RSHE) curriculum (e.g. i) updated information on the effects of new trends identified through the research; ii) MANDRAKE testing data; and iii) awareness of the risk of exploitation).

9.4 Children, Schools and Families

9.4.1 Headline Finding: Changing nature of young people's substance use and the marketing of drugs aimed at young people.

While **cannabis** and alcohol still dominate young people's substance use in Greater Manchester, our research findings have highlighted the need for professionals working with young people to be kept up to date with several emerging drug trends. Professionals need to be made aware of the developments that we have drawn attention to in the young person's trend focus regarding the emergence of a more diversified range of **cannabis** products - vapes, edibles and designer **cannabis** - that appear to be targeted at and marketed to younger age groups. The growing range of cannabis edibles coupled with the trend for vaping cannabis products illustrates the need for harm reduction advice that targets young people on the different effects of consuming **cannabis** in edible and vape form compared to the traditional method of smoking **cannabis** in a 'joint', typically mixed with *tobacco*. We conclude from our findings young people may be at risk of exploitation, and mis-sold products sold as **cannabis/THC** vape oil, designer cannabis and ***'Lean'***. The high prices these products command, for example, £60 for a 4oz bottle of Lean or for 3.5 grams (an 'eighth') of designer **cannabis**, also increase the risk of drug debt and subsequent threats of violence or criminal exploitation. We propose sharing these findings with young people. For example, informing young people that some products sold as **cannabis/THC** vapes for example, may contain more potent ***'Spice'*** can make them reassess their drug taking decisions and may also help them to provide a better, more informed response, if any of their friends suffer adverse effects when using these products.

9.4.2 Professional Learning and Awareness Raising Events

This year's study has identified several trends in relation to drug use and drug markets.

Recommendation 13
We recommend the development of a targeted research findings dissemination strategy that includes professional learning and awareness raising events.

For example, we propose an event tailored to those professionals working with young people (e.g., in education, children and family and youth and community services, criminal justice, looked after children and youth justice) that embeds this learning.

9.4.3 Child Safeguarding

9.4.3.1 Headline Finding: Risk of drug debt and of child criminal exploitation (CCE).

In the young person's trend focus (section 7) we provided evidence of a growing market for what we refer to as 'designer **cannabis**' (aka *'Cali Weed', 'Star Dawg', 'Krush', 'Gelato'* etc.), marketed as high potency **THC** imported from North America. These products are sold in metal ring pull tins or in branded sealable bags and command premium prices. However, there are some concerns that some young people are being duped into paying premium prices of at least double the price of traditional **cannabis**.

Recommendation 14
We recommend the MANDRAKE testing of these designer cannabis products to confirm content and potency.

Of particular concern is the view expressed by several young person's substance use workers and safeguarding professionals that the high price that this designer **cannabis** demands may lead to increased risks of *child criminal exploitation* (CCE) to pay drug debts and coercion into criminal activity by organised crime groups. Likewise, although the numbers using the **codeine**-based mixture ***'Lean'*** were low, these young people were discussed by young person's substance use workers as more complex safeguarding cases with drug debt and CCE concerns. Finally, although numbers are relatively small compared to **alcohol** and **cannabis** use, we received several reports from professionals working with young people of an increase in the use of powder **cocaine** by young people; this also led to discussions of safeguarding concerns about young people who are using powdered cocaine being more at risk of drug debt and exploitation.

Recommendation 15
We recommend the trend for young, often school aged children, to be purchasing expensive drugs is highlighted to those working with young people, particularly those at heightened risk of vulnerability such as looked after and excluded children, as a safeguarding issue as part of the professional learning and dissemination strategy.

9.5 Future Research Priorities

9.5.1 Headline Finding: MANDRAKE testing has revealed that many substances are being mis-sold, often to most vulnerable user groups (e.g. children, homeless and street-based substance users).

9.5.2 MANDRAKE Forensic Analysis

The user reports combined with *MANDRAKE* testing results highlight the need to continue to closely monitor the content of a range of substances. In particular, the local **heroin** supply (including testing for **fentanyl** and other *synthetic opioids*), non-prescribed *benzodiazepines* and *gabapentinoids*, ***'Spice'*** (*SCRA*) and **Cannabis/THC** vaping. Without accurate local testing, it is impossible to know the exact content of street drugs in Greater Manchester and in turn, what harm reduction advice to disseminate.

Recommendation 16
We recommend the recommissioning of MANDRAKE testing and the continued collaborative partnership working between GMP and MMU.

9.5.3 Headline Finding: Concerns about heroin quality and content.

There was consistent discussion of poor-quality **heroin** from *Key Professional Informants* and **heroin** users across Greater Manchester, including a number of areas (for example, Bolton, Salford, Stockport), where it was reported that street dealers now commonly referred to the **heroin** they were selling as *'bash'* (heavily adulterated **heroin**), making little attempt to hide the fact it was of poor quality. The *MANDARKE* testing of **heroin** samples has been pivotal in substantiating **heroin** user reports with samples at five percent purity or less in several areas including Bolton (4%), Manchester (5%) and Wigan (2%). Poor-quality local **heroin** was reported as a major factor in the increased use of prescription drugs that we highlighted in the adult trend focus (see section 8). It is likely that the effect of sustained poor-quality **heroin** will result in the loss of *opioid* tolerance and subsequently increase the risk of drug related deaths once higher quality **heroin** returns (PHE (17), 2017). The **heroin** may also become adulterated with or replaced by more potent *synthetic opioids* (e.g., **fentanyl**).

Recommendation 17
We recommend the continued monitoring of local street samples of heroin across Greater Manchester for signs of increased purity or adulteration with more potent synthetic opiates.

9.5.4 Headline Finding: Increasing use of non-prescribed prescription drugs

The non-prescribed use of *benzodiazepines* (most often **diazepam**) and *gabapentinoids* (**pregabalin** and **gabapentin**) have become increasingly popular with adult **heroin** and ***crack* cocaine** users. As we note above, poor quality **heroin** together with an easily accessible and cheap supply have contributed to this growing trend. The unanimous view of both people who use drugs and professionals across Greater Manchester is that *prescription drugs* purchased from Bury New Road and surrounding streets are counterfeit/non-UK pharmaceutical standard. We received many reports of these drugs being consumed in large quantities with users reportedly taking 'handfuls' or a full blister strip of up to 16 tablets or capsules in one go. This appears to be based on user assumptions that they are counterfeit and contain lower amounts of **diazepam** than the stated dose (typically sold as 10mg **diazepam** and 300ml **pregabalin**). However, there is also a concern that these drugs contain more potent, potentially life-threatening *benzodiazepines* and may be implicated in fatal overdose. *MANDRAKE* test results on batches of tablets (visually indistinguishable from 10mg **diazepam**) seized in Bolton and Wigan detected the more potent novel *benzodiazepine* **etizolam**. This is a major cause for concern for Greater Manchester.

This is important as the change in the content of street *benzodiazepines* (sold as 10mg **diazepam**) in Scotland from **diazepam** to **etizolam** is thought to be in part responsible for the enormous rise in drug related deaths seen in that country. Recently published Scottish death statistics show 'street' benzodiazepines (such as **etizolam**), have gone from being involved in 58 deaths in 2015 to 879 in 2020 (NRS (b), 2021).

9.5.4.1 Monitoring the impact of legislative changes

Since the 3rd November 2020; **etizolam** and **flualprazolam** have become internationally controlled drugs. As a result, it is thought likely that other *benzodiazepines* will replace them. In fact, this has begun to develop already with the re-emergence of the highly potent **flubromazolam** and more recently **methylclonazepam** in fake **diazepam**, fake **etizolam**, fake **alprazolam** and a range of other fake *benzodiazepines* (PHE (22), 2020; Public Health Wales, 2020).

Recommendation 18
We recommend the content of prescription drugs being sold on the illegal marketed in Greater Manchester is closely monitored. In particular, monitoring of the content of non-prescribed benzodiazepines through MANDRAKE testing as a priority substance over the next year.

9.5.4.2 Monitoring the content of SCRA (aka 'Spice')

The variable potency of *synthetic cannabinoids* (***'Spice'***), including the first detection in the UK of a new *synthetic cannabinoid* called **ADB-HEXINACA** (*ADB-HINACA*), highlights the need to continually monitor what *SCRAs* are in circulation. Furthermore, a blanket ban on the production of these substance in China came into force on 1st July 2021. There are numerous possible outcomes and consequences on an already highly variable local ***'Spice'*** market in both the community and prison estate.

Recommendation 19
We recommend close monitoring including MANDRAKE testing over the coming year of the content of SCRA.

9.5.4.3 Cannabis/THC vaping

Although in the vast majority of cases the young people involved will come to no permanent harm, and current reported usage in the young people's survey is relatively low, it appears that use and associated harms amongst school aged children is expanding across more Greater Manchester areas.

Recommendation 20
We recommend the need for continuous monitoring of this emerging trend across Greater Manchester, including the ongoing testing of content in order to detect any new, more potent strains or higher concentrations.

This is particularly in light of the blanket ban on the production of '*all synthetic cannabinoids*' that recently came into force in China (see above) and may have a knock-on effect on the **cannabis/THC** vaping market.

9.5.5 Trends Monitoring

We have discussed in detail in this report (see the young person's trend focus and adult trend focus in sections 7 and 8 and this section) the need to continue to monitor the key trends that we have identified in relation to young people and street-based populations. The popularity of these designer strains of **cannabis**, the cultural capital they appear to hold amongst some young people, the cheap easy access, the functionality of prescription drugs, combined with poor quality **heroin**, suggests that these are trends that will continue.

Recommendation 21
We recommend the continued monitoring of this years highlighted drug trends.

Beyond the need to continue to monitor these current trends, including use, associated harms, markets, and content, we outline below some other sub-populations and substances that we recommend should be monitored over the next year.

9.5.5.1 Post-lockdown changes

Recommendation 22
We recommend the monitoring of the impact of the easing of lockdown restrictions on the access and use of substances in several subpopulations including clubbers, MSM chemsex users and the prison population.

Our rationale for this recommendation is outlined and expanded upon in the following subsections.

9.5.5.1.1 Drug use among students, clubbers and LGBTQ+

The use of so-called 'club drugs' such as **MDMA** in pill form ('ecstasy'), **MDMA** powder **ketamine**, and **cocaine** was reported to have reduced by young people and young adults in the past year, with lockdown restrictions cited as the main reason for reduced use. Restrictions to the night-time economy and social gatherings limited the use of **MDMA** and ***powder* cocaine**. The small number of ***powder* cocaine** and **MDMA** pills and other powder samples tested by *MANDRAKE* for this study indicate that purity is at historically high levels. Therefore, the combination of reduced tolerance coupled with record purity levels is a cause for concern as the night-time economy reopens and university students return to campus in areas including Bolton, Manchester and Salford.

9.5.5.1.2 Prison drug use and markets

One of the more unusual and unexpected findings to emerge from this year's research was the apparent use of ***powder* cocaine** and **ketamine** in the local prison estate.

The dissociative effects of **ketamine** use are similar to the desired effects prisoners report from ***'Spice'*** and therefore has the potential to emerge as an alternative to *SCRA* in the prison estate, particularly if the recent Chinese ban of the production of *SCRA* leads to shortages in the UK.

Alongside reports of positive tests and seizures of **ketamine**, professional respondents reported positive tests for **cocaine** and previously unseen **cocaine** seizures. The high price of **cocaine -** up to £100 a gram in the community – and links to its use with violence and aggression would suggest that increased **cocaine** availability and use would see levels of drug debt and violence in the local prison estate escalate.

The impact on the availability and use of drugs in the local prison estate as COVID restrictions ease is important to monitor as in recent years, substance use trends that have first emerged in prisons (e.g., ***'Spice'*** and **pregabalin** misuse) have subsequently become trends in the local community, particularly amongst homeless and street-based substance users.

Recommendation 23
We recommend an increased focus on drug markets and trends in the local prison estate. This prison trend focus should pay particular attention to the following: i) The monitoring of vape cartridges for the presence of SCRA. ii) the monitoring of seizures, drug testing data and drug debts for signs of increasing use and market for ketamine and cocaine.

9.5.5.1.3 Other substances to monitor for signs of increased use

While not widely reported to have increased in use or availability, they demand attention. While ***Crystal* methamphetamine** does not currently appear to be widely available outside of the *MSM/Chemsex* scene, it has been suggested that as a result of developments in the international production and supply chain, it could begin to make a more significant appearance in a number of UK drug scenes, including nightclubs and street-based populations. While numbers are low, the reporting of **LSD** and other hallucinogenic drugs in several Greater Manchester areas should also be monitored for any further reported increases in use. A further potential trend to monitor, that was noted in Salford and Trafford, is for some of those currently regularly using powder cocaine shifting to smoking ***crack* cocaine**.

Recommendation 24
Beyond specific subpopulations and scenes, we recommend the need to be vigilant to any reported increases of three other substances: crystal methamphetamine; LSD; and crack cocaine.

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11. Appendix

11.1 Appendix A: MANDRAKE drug sample disposal form

Greater Manchester Combined Authority/GMP/MANDRAKE scheme **(July 2021)**

Greater Manchester: Drug sample disposal and testing form

This process is to be followed where a sample of an unknown substance has been obtained and requires GMP to dispose of it. There is provision within the *Misuse of Drugs Act* to hand over controlled drug samples to the police for disposal[1]. Those samples submitted by using the following process may then, if required, be tested by the *MANDRAKE* scheme for public health purposes.

1. As soon as possible, place the sample in a secure location. Touch the sample as little as you can and use disposable gloves if you have them. If you are a professional, follow all relevant protocols/procedures, informing your line manager of the situation as soon as possible.

2. As soon as possible, Contact the Police by either (a) calling **101** or (b) via **Live Chat** on the GMP website.

Dialling 101: Explain that you have a controlled drug sample for disposal though the *MANDRAKE* scheme. They will give you a *Police incident log number*. If they require the specific contact details of an officer, use *PC 01864***.**

Through Live chat: A direct link to the relevant reporting section is here. Complete the details as requested, explaining that you have a controlled drug sample for disposal though the *MANDRAKE* scheme. The specific contact details of an officer are *PC 01864***.** You will also be provided with a *Police incident log number* through Live Chat.

Local police may contact you and arrange for collection of the sample or they may ask you to take it along to your local police station. If so make sure you take along this completed form with the sample.

3. Fill out the form on the next page and keep it with the drug sample. You will need a *Police incident log number*. Take the form with the sample if you are asked to take to a local police station.

If the sample has been reported as having adverse effects or is believed to have been involved in an incident – please also **inform the Greater Manchester Drug Early Warning System**. GMdrugalerts@gmail.com

1 The relevant section of the Misuse of Drugs Act is **Section 5 (4) - Restriction of possession of controlled drugs**.

Greater Manchester: Drug sample disposal and testing form

TO BE COMPLETED BY PERSON REPORTING

Name:

Date:

Organisation:

Circumstances:

What is sample believed to be:

Brief description:

Police incident log number:

TO BE COMPLETED BY OFFICER

In non-evidential cases, please book into KIM system and add MANDRAKE into the Operation field. Please email Andrew Costello (01864) with the details to arrange sample collection from Property.

OIC/OBI Details:

KIM's ref no:

11.2 Appendix B: The Development of the Manchester Emergent Substance Use Survey model (MESUS)

Learning from emergent drug trend literature and established systems

Emergent drug trends

It has traditionally been argued that emergent drug trends are difficult to detect owing to the hidden nature of illicit drug use and the small numbers, at least initially, involved in an emergent drug scene (EMCDDA (i), 2021). Whilst there is still some truth in this, not all cohorts are difficult to observe. Some cohorts, such as opioid and crack users in drug treatment are extensively monitored, while in the age of the internet new and emergent drug discussion, consumer testing advice and in some cases product supply are just a click away.

The introduction of a new drug or new way of using an old drug is open to a multitude of economic, demographic, cultural, legal and supply and demand influences. A trend may be confined to one cohort or geographical location before spreading to others or may be limited to a specific cohort in multiple geographical locations and/or countries. A trend may begin with a single innovator, local supply chain, lax prescribing practice etc or be the result of international and geo-political events. For example, the overthrow of the Shah of Iran is thought to have led indirectly to the arrival of brown smoke-able heroin in the UK (Porter & Felbab-Brown, 2019) which led to the subsequent heroin 'epidemic' seen in cities like Manchester in the early 1980s (Parker, Bury, & Egginton, 1998).

A drug may also start to be used by one cohort in one way and end up being used in a different way by a separate cohort, often evolving into high-risk drug use among the most vulnerable and marginalised groups of people. The synthetic cannabinoid (SCRA) known as 'Spice' is an illustration of a drug trend that started as a 'legal loophole' cannabis substitute for a more general population of drug users but became an illegal heroin substitute used by the most marginalised populations of prisoners and rough sleepers (Ralphs, Gray, & Norton, New Psychoactive Substance Use in Manchester: Prevalence, Nature, Challenges and Responses, 2017; Linnell, Measham, & Newcombe, New Psychoactive Substances: The Local Picture: A Research Study and Needs Assessment for Blackburn with Darwen Borough Council, 2015).

Theoretical models

There are numerous theoretical models adapted from the epidemiological, ethnographic and social sciences that have been used to explain and understand drug trends. The development of a drug trend has been seen as an epidemic or the spread of an infectious disease (Bless, Kemmesies, & Diemel, 2000) with a period of onset, incubation, widespread infusion, peak and decline. The economic model views drugs as a commodity open to the forces of marketing, supply and consumer demand while the diffusion of Innovations theory (Rogers, 1995) has been used to explain emergent drug trends in the night-time economy (Linnell M. , 1993; Nabben, 2014), with small numbers of innovators within a sub-culture followed by early adopters an early majority and so on. Still other models have been used to explain drug use within marginalised groups (Agar & Reisinger, Trend Theory: Explaining Heroin Use Trends, 2001) and the changing pattern of drug use that can occur during this downward trajectory. There have also been attempts to find a unified theory that accounts for all of the complexities involved in a drug trend (Agar, The Story of Crack: Towards a Theory of Illicit Drug Trends, 2003; Agar & Reisinger, Trend Theory: Explaining Heroin Use Trends, 2001).

While models are useful for understanding trends retrospectively, an ability to predict what will happen after an emergent trend is spotted would be most useful to EDTMS analysis. Some drug trends are fairly easy to predict, for instance, at a time when the local cocaine powder was of extremely low quality, cocaine dealers in Middlesbrough started offering MCAT (mephedrone) of a consistent high potency (a then legal product) for half the price of cocaine (Newcombe, 2009). Unsurprisingly MCAT became an extremely popular cocaine substitute. Whilst the arrival on a drug scene of an available, affordable, 'superior' and 'desirable' product may have predictable results, there may also be some seemingly random tipping points in the emergence of local drug trend that are difficult to predict. For instance, Moroccan cannabis resin dominated the Manchester cannabis scene in the early 1990s, but it was believed a local 'tipping point' occurred in 1992 when thousands of Mancunians travelled to watch Manchester United in the final of the then European Cup Winners Cup in Rotterdam. Within weeks regular 'Magic Bus' coach trips were traveling between Manchester and Amsterdam until locally grown skunk came to dominate the Manchester cannabis market (Linnell M. , The Lads Go Mad in Amsterdam, 1993).

Drug Trends Monitoring

Standard drug trend monitoring

A drug trend can be seen as a systematic, and empirically verifiable decrease or increase in the nature or extent of the use of a psychoactive substance, as observed by different sources. According to (Griffiths et al, 2000) an essential feature of a drug trend is that the movement, while possibly irregular or fluctuating in the short term shows movement consistently in the same direction over a longer period. While most drug trend monitoring is reported annually, drug trend monitoring systems may collect data every six-months or monitor

continuously (known as surveillance monitoring). The Bergen Early Warning System in Norway monitored data every six-months and defined a trend as consistent changes over two or more years – four (six monthly) data points (Mounteney, Stoove, & Haugland, Monitoring emerging drug trends: Psychometrics and validity in earlier warning systems, 2011). These data points or standardised variables are usually called *drug indicators*.

Key Drug Indicators (KDI)
Drug trends have traditionally been monitored using drug indicators. Drug Indicators is a term used to describe any data source with objective measures that can define the drug use situation in a country, region or individual facility (Griffiths P. V., 1999; Alvarez, Bello, Faasen, & al, Emerging Drug Phenomena: European manual on the Early Information Function for Emerging Drug Phenomena, 2003). At an international level, although there are still inconsistences and differences in the quality and level of reporting between countries, attempts have been made to standardise a set of *Key Drug Indicators* (UNDOC, 2018).

The European Monitoring Centre for Drugs and Drug Addiction(EMCDDA) uses five Key Drug indicators (KDI) to describe the drug situation in Europe (EMCDDA (k), 2018). As part of this European wide reporting mechanism, each member country produces its own national drug report using these five KDI along with secondary and supplementary sources of information that are available. Multi-national trends and differences between countries can then be reported.

Since the UK left the European Union, national reporting is done by the *UK Focal Point on Drugs*, now managed by PHE. The five EMCDDA KDI together with supplementary indicators and secondary sources are used by the UK Focal Point to monitor national drug trends. The five KDI are:

- General Population Surveys (GPS)
- High-risk Drug Use (HRDU)
- Treatment Demand Indicators (TDI)
- Drug-Related Deaths and mortality (DRD)
- Drug-Related Infectious Diseases (DRID)

Manchester KDI
It has been argued that a local emergent drug trend monitoring system (EDTMS) should where possible use local indicators and sources of information as this would in many ways conflict with the knowledge that local patterns and variations in drug consumption do exist so what happens nationally may not be a useful guide (van de Mheen, Coumans, Barendregt, & & van der Poel, 2006).

- The main national General Population Surveys (GPS) indicators which estimate drug prevalence in the general and school age populations are the *Crime Survey for England and Wales* and *Smoking, drinking and drug use among young people in England survey* (ONS (3), 2020). Neither of these surveys have local area breakdowns and there is currently no general population or school age prevalence data available for Manchester.

- The main data source for High-risk Drug Use (HRDU) is the *National Drug Trend Monitoring System* (NDTMS). This does provide prevalence estimates of opioid and/or crack cocaine users (OCUs) in Manchester (PHE (2), 2019). The HRDU indicator was revised at an international level to focus on a wider range of recurrent harmful drug use, using different formulas depending on the drug involved. However, the HRDU indicator does not fit neatly into the existing NDTMS monitoring of OCUs, so for instance does not include use of SCRAs or benzodiazepines.

- Manchester specific data on Treatment Demand Indicators (TDI) are available as they are Key Performance Indicator (KPI) in the national Public Health Outcomes Framework (PHOF) (Manchester City Council, 2018). Drug and alcohol related hospital treatment episodes are also available for Manchester (NHS Digital (8), 2021).

- Drug-Related Deaths and mortality (DRD) are available for Manchester (ONS (5), 2020).

- Drug-Related Infectious Diseases (DRID) prevalence rates of Blood Borne Viruses (BBVs) and detailed information on injection practices are mainly derived from the Unlinked Anonymous Monitoring (UAM) survey of people who inject drugs (PWID) (Public Health England, 2018). There is currently a concerted effort to obtain more robust hepatitis C data (PHE (10), 2020).

Supplementary indicators
A number of supplementary indicators are used to enhance UK trend monitoring, for instance: the number of drug seizures and drug arrests; treatment and DRD information from prisons and where available, ambulance call outs to drug related incidents and admissions to Accident and Emergency departments. Manchester specific data is not readily available for drug arrests and seizures. There is a mountain of statistical data on hospital accident and emergency activity, but it is not readily available specific to drugs and Manchester. Drug related ambulance call outs are available for some regions but is not available for North West Ambulance Service NWAS. Lack of systematic reporting procedures from emergency settings is a common theme in international literature reporting on EWS and drug

trend monitoring systems. Manchester specific drug related emergencies, seizures and arrests (if obtainable and available) would be useful to obtain as MESUS develops.

Drug purity and content
National purity data is published in the UK Drug Situation Report, along with price estimates from police forces but this is not available by local area and is retrospective (a year or more out of date). Manchester trends in drug content and purity will become available and more robust as MANDRAKE develops. Some local drug price estimates and trend information are available in the annual (ish) DrugWise survey (Shapiro & Daily, 2017). The MESUS Key Informant interviews asked respondents about drug prices.

Emergent Drug Trends Monitoring

EWS & EDTMS
Early Warning System (EWS) is readily understood term with a clarity of meaning for the general public - a new or particularly dangerous drug is detected by a system which then sends out a drug alert to warn of the dangers. Some EWS do operate solely to respond to drug related incidents or clusters of incidents and respond largely with public warnings. However, in practice it is not always so easy to differentiate between an EWS and an Emergent Drug Trend Monitoring System (EDTMS) as they may overlap, define themselves in multiple ways or may be multi-functional. To make it even more confusing they may use a multitude of different names to describe themselves, so systems that are primarily EDTMS may be called EWS. Griffiths and colleagues (Griffiths et al, 2000) reviewed 22 systems and argued for differentiating between systems monitoring trends over time and systems designed to respond to outbreaks or incidents, although these incidents themselves may be indications of an emergent trend.

Emergent Drug Trend Monitoring Systems (EDTMS)
An emergent drug trend can include the introduction of a new drug, a new combination of drugs, a new way of using an existing drug and/or a significant increase or spread in use of an existing drug into new groups or populations. An Emerging Drug Trend Monitoring System (EDTMS) is therefore a drug monitoring system with a specified objective relating to the early identification of emerging drug trends. (Mounteney F. M., 2009) defined an EDTMS as typically providing a repeat 'situation analysis'; utilizing multiple methods and data sources; incorporating one or more sensitive or leading-edge indicator and concerned with rapid reporting of findings to the policy and practice fields.

EDTMS can operate in a variety of ways, however, they are often use the multi-method approach, which is sometimes referred to as a 'pragmatic' research paradigm. Researchers are free to choose the methods that best meet their needs and purposes rather than sticking to one particular philosophical or methodological rigid approach (Griffiths et al, 2000; Alvarez, Bello, Faasen, & al, Emerging Drug Phenomena: European manual on the Early Information Function for Emerging Drug Phenomena, 2003).

New ('leading edge') Drug Indicators
Although traditional drug Indicators remain an essential component of standard drug trend monitoring, the foundation of the current European wide drug EWS came from the EMCDDAs failure to identify the emergence of ecstasy (MDMA) in the early 1990s.

> *"…This is partly because structured data collection often relies on the repeat measure of standardised variables. New substances may simply not be recorded because no questions or codes currently exist. When new trends occur with respect to both a new substance of use and a new population of users, as appears often the case, then monitoring systems are particularly challenged."* (EMCDDA (i), 2021)

The emergence of MDMA, and more recently the appearance of hundreds of New Psychoactive Substances has meant drug trend monitoring systems have had to adapt the way they identified emergent drug trends by using a number of new (leading edge) drug indicators and methods for detecting emerging trends such as chemical identification; internet monitoring and research with those with an insight into particular drug scenes.

Chemical Identification
Since the emergence of New psychoactive Substances (NPS) in particular, chemical identification of substances is considered an essential part of EDTMS and EWS in many countries. The EU wide mechanism to monitor new drugs (EWS) was established 2005 and involves chemical identification, information exchange and risk assessment of NPS. The network of 30 national warning systems operate in a variety of ways, many simply consist of forensic analysis from border forces and criminal cases while others such as the French EWS form part of more comprehensive national EWS and EDTMS. The French EWS, uses forensic analysis, trends derived from drug indicators and continuous ethnographic and annual 'observational' surveys from sites in seven cities (EMCDDA (k), 2018).

The main focus of some systems with an EDTMS role is on drug identification and analysis. WEDINOS (The Welsh Emerging Drugs and Identification of Novel Substances project) tests samples from A&E incidents and drug samples posted in by the public. It makes these results accessible to the public via its website, has an overt harm reduction brief and a Welsh national drug alert and EDTMS role (Public Health Wales, 2019). In contrast, the Home Office Forensic Early Warning System (FEWS), is *"design to*

gather intelligence on the type of NPS encountered in the UK" (Home Office (j), 2018) but provides no current or useful drug identification data for EDTMS or any other public health purpose. Chemical identification systems work in a number of ways.

The **DIMS** (Drug Information Monitoring System) was originally started as a local initiative in Amsterdam and was designed to give drug users the opportunity to test their drugs and identify risks. In 1992, DIMS was expanded nationwide and now tests volunteered drug samples at various locations, issues drug alerts and forms a major part of the wider Dutch national EWS and EDTMS (Trimbos Instituut, 2019).

Drug checking: 'ChEck iT' in Austria (EMCDDA (j), 2012) is a *'drug checking'* system (Brunt, 2017) that tests samples of drugs brought in by drug users at festivals and clubs, giving individual feedback and issuing event specific warnings when appropriate. *ChEck iT* also forms part of the Austrian national EWS and EDTMS. In the UK, *The Loop* are the only organisation that have operated 'drug checking' at a limited number of UK festivals and issue localised event specific alerts (The Loop, 2019). A number of UK organisations now test samples from 'amnesty bins' of drugs surrendered outside clubs or festivals, some such as the *Tic Tac* database are commercially available (Tic Tac, 2019). 'Back of house' testing of samples at Manchester Park Life and Pride festival are done by The Loop and MANDRAKE (Greater Manchester Police, 2018).

Reagent tests: are simple home tests kits sold commercially, like drug screens, they are limited in the information they are able to provide, however, results from reagent tests are often posted on pill report websites (Pillreports.net, 2019), have been used as harm reduction initiatives (Carroll, Marshall, & Green, 2017) and for emergent trend research (Public Health Wales, 2019).

Waste water analysis: is a relatively recent research method that involves testing samples of waste water to identify what drugs are used by either general or specific populations (Daughton, 2001). One method is to use specially designed urinals that are placed for instance, outside bars and night clubs. Waste water analysis has been used to identify emerging trends and estimate prevalence (EMCDDA (n), 2018). However, no current waste water analysis is available for Manchester.

Internet monitoring
Illicit drugs are now sold from online crypto-markets, social media and online pharmacies. Online drug forums often have tens of thousands of members discussing new drugs or patterns of use, while YouTube videos, for instance on the production of 'Cannabis Wax' (YouTube, 2017), have millions of views. It is therefore unsurprising that the monitoring of online drug market places and discussions sites is now a routinely method used in research and emergent drug monitoring (Chiauzzi, Dasmahapatra, Lobo, & Barratt, 2013; Drápalová & Bìláèková, 2016). The use of web analytics, so called 'big data' has also been used as a tool to monitor emerging drug trends, for instance, how many times a new drug was googled (Perdue, Hawdon, & Thames, 2018).

Whilst there is some opportunity for MESUS to gather intelligence on local emerging drug trends by searching online forums for specific information, there are no Manchester specific drug forums and members of national forums tend to remain geographically anonymous. A number of internet drug research studies have been conducted by SUAB members and a more comprehensive approach to utilizing online sources of data on emergent drugs could be employed as MESUS develops.

Research with those with an insight into drug scenes.
Without an understanding from those involved in a drug scene either professionally or directly as participants an EDTMS is limited and liable to miss or misinterpret emergent trends. A number of EDTMS uses direct research with cohorts of people who use drugs. The main focus of the Australian IDRS (National Alcohol and Drug Research Centre, 2019) are structured surveys with people who inject drugs, while the ECMDDA now have their own Trend spotter studies (Ruiz, et al., 2011), which involve online surveys of experts and expert presentations and facilitated expert groups. One method employed by a number of EDTMS and used in rapid research methodology is the key Informant/Panel method.

Key Informant/Panel methods of investigation
A number of emergent drug trend monitoring systems particularly those that cover a single city, such as the Bergen EWS in Norway (Mounteney & Leirvåg, Providing an earlier warning of emerging drug trends: the føre var system, 2004) use variations of the key informant/panel method of investigation as part of a multi-method approach to spotting emerging drug trends. The DrugWise (formally Drugscope) price and annual trend reports currently employs an informal version of this method which succinctly described the process in e-mail correspondence as *"a patchwork of informal unstructured interviews with drugs workers, police and police drug expert witnesses asking what changes they had noticed if any since the previous report".* (Shapiro & Daily, 2017).

Antenna
The panel method was pioneered by the *Antenna* project in Amsterdam and has been used continually by Antenna since 1993 (Korf & Nabben, Antenna: A multi-method approach to assessing new drug trends in understanding and responding to drug use: the role of qualitative research, 2000). The emphasis is on nightlife, with a special focus on 'trendsetters' who experiment with new music, venues or drugs. It uses a mixed-method research with three standard components: an annual survey which changes focus every year to include, for instance students or coffee shop patrons; a panel study in two different target groups each year using individual, bi-annual interviews with a panel of insiders from various scenes. These can be users, dealers, police officers, nightclub staff or professionals who work with young people. The panel study reports few exact figures but highlights dynamic processes. The third strand is information on the drugs market in the form of quantitative data deriving from voluntarily submitted drug samples.

In 1997 as part of a three city EU funded project, Antenna worked in partnership with (at the time) Manchester street-based drug service *Lifeline Manchester* to produce a variant of Antenna for Manchester nightlife (called RADAR). *RADAR* ran in Manchester from 1997 to 2002 (Lifeline Manchester, 1999). RADAR triangulated its panel interviews with an anonymous self-report longitudinal survey of drug use among a cohort of 776, 14-15-year olds in North-West England that was concurrent with RADAR (Measham, Newcombe, & H, 1994) and did some limited testing of drug samples with the University of Sheffield. RADAR also developed a national magazine survey of 'dance drug users', in cooperation with MixMag magazine. This survey later morphed into the *Global Drug Survey* (Winstock, GDS2019, 2019).

RAR
The panel method of investigation is commonly employed as part of the multi-method approach of the Rapid Assessment and Response (RAR) model. RAR was developed by British drugs researchers (Stimson, Fitch, Rhodes, & Ball, 1999) and has been tested in various WHO projects in the field of drugs and AIDS. It is a methodological approach that is particularly suitable for rapidly investigating problems within public health (Rhodes, Fitch, Stimson, & Suresh, 2000). RAR methodology was employed in the Blackburn with Darwen NPS study conducted in 2015/16 and again proved an effective way of rapidly investigating emergent drug trends (Linnell, Measham, & Newcombe, New Psychoactive Substances: The Local Picture: A Research Study and Needs Assessment for Blackburn with Darwen Borough Council, 2015).

As part of its multi-method approach RAR uses a small number of *Key Informants* to both gain an initial understanding and to frame the research questions for semi-structured interviews with a larger panel of professionals and drug users with an insight to the scene or geographical area under investigation.

Examples of multi-method EDTMS

United States of America: The United States has a long history of using population surveys and epidemiological evidence to monitor drug trends (Johnston, O'Malley, Schulenberg, & Bachman, 2006) which evolved into the current system called the National Drug Early Warning System (NDEWS) in 2014. NDEWS monitors key drug indicators and a variety of secondary indicators such as scanning news and online media, law enforcement and drug analysis data. The system has a network of local community systems and monitors 12 'sentinel sites', which are geographical hot spots of concern for high-risk or emerging drug use. Trend reports for sentinel sites are produced when teams of researchers and epidemiologists are sent into communities to examine local data sources, test samples and speak to both local professionals and drug users. Information is shared through a national online network of professionals and reports published on a network of websites. (University of Maryland, 2019)

Australia: The Australian system consists of several integrated projects. The Illicit Drug Reporting System (IDRS) (Hando, Darke, & al., 1998) is intended to identify emerging trends among People Who Inject Drugs (PWIs). The cohort targeted are the equivalent of the HRDU in the EMCDDA model. It consists of annual structured interviews with people who inject drugs in each Australian state capital city. The IDRS is designed to be sensitive to trends, rather than describing issues in detail. Information from these sources is combined with indicator data collected by the National Illicit Drug Indicators Project (NIDIP). Linked to this is the Ecstasy and Related Drugs Reporting System (EDRS) that uses similar methods as the IDRS to identify emerging trends among 'recreational' drug users. The Drugs and New Technologies (DNeT) project investigates online emerging drugs through drug forum discussion and online markets. Both national and regional annual reports and regular trend surveys are produced (National Alcohol and Drug Research Centre, 2019).

Bergen Early Warning System (BEWS) (known as the Føre Var system): is a city-wide system in the Norwegian city of Bergen. BEWS was academically rigorous in its development and has published its methods and model extensively. BEWS triangulates and cross-references a

wide range of statistical and quantitative data including seizures data, treatment figures, alcohol sales and a school survey, with information from a number of new indicators or sensitive data sources, including Internet sites, youth and local media, cultural mapping and a key informant panel of 30 who complete questionnaires, with 6-10 selected for face to face interview for each six-month monitoring period (Mounteney & Leirvåg, Providing an earlier warning of emerging drug trends: the føre var system, 2004).

Data analysis

Analysing multi-method data

It is generally accepted that the multi-methods approach for EDTMS produces a more rounded and reliable understanding of the drug scene or scenes under investigation. Depending on the model used, new research with those involved or with an insight into the drug scene under investigation is used to direct further investigation, to confirm data from other indicators and gain an understanding of the nature of the emergent trend under investigation. Results from new research are triangulated against data from new and key and supplementary indicators and one-off studies and other available sources of relevant information available and analysed by a small group of 'experts.

As an illustration, a scenario investigated by MESUS might be as follows: the LDIS or online survey may contain mention by professionals of a particular dug or pattern of use. A rise in the use of this drug may also be indicated by national KDI (HRDU, TDI), supported by new and supplementary indicators such as a rise in seizures, availability and purity etc. Local KDI may suggest Manchester has a particularly high prevalence or particular pattern or method of use. Interviews with panel members of professionals and interviews with people using the drug may be used to gain an understanding of who and why this is occurring. Results are then analysed by small group of 'experts' and if validated, reported in MESUS. In this scenario, the indications may be clear and the available evidence overwhelming, however, not every scenario will be this clear or straightforward.

The Australian IDRS, generates large amounts of data from asking lots of standardised questions that can be statistically analysed. The systems is considered good at detecting big trends with lots of users, but not small trends (Topp, Breen, Kaye, & Darke, 2004). However, MESUS is a city-wide system that aims to enhance local intelligence for local professionals working in the field. A handful of vulnerable or looked after young people involved in short-lived but high-risk pattern of drug use would be a significant trend for MESUS to investigate, regardless of its statistical significance or longevity.

Validity and reliability

Validation of multi-method monitoring is often dependent on a small sample size and relatively low numbers (e.g. the number of DRDs in a month in Manchester), which can lead to potential problems in ascertaining statistically significant differences over time. However, it is not envisaged that MESUS will need (or have the capacity) to validate results with any degree of statistical certainty. MESUS is not intended for this purpose, but is instead intended to provide the who, how and why and to be responsive to the needs of local professionals. However, it is intended that MESUS is adaptable and open to learning as the system develops.

> *"There is a need for flexible research tools which are quick to adapt in the face of new evidence. Indicators will need to be selected with due consideration to their reliability and validity within an overall system. Whole system validity can be strengthened by a process of systematic development and continuous refinement. Attention to the analysis and triangulation of mixed methods and multiple data will increase the credibility of the results."* (Mounteney F. M., 2009)

The Bergen EWS is a city-wide system was developed with an academically rigorous approach and has attempted to refine its methods over time. It drew on selected literature to use a number of methods of analysis, including weighting of drug indicators to validate the multi-method approach. For instance, higher weightings are given for relatively reliable consumption measures without time lag, like alcohol sales, while lower weighting is given for heavily time-lagged measures like treatment demand and rapid but unreliable measures such as media reports (Mounteney, Stoove, & Haugland, Monitoring emerging drug trends: Psychometrics and validity in earlier warning systems, 2011). However, as the EMCDDA scientific learning states,

> *"There is a danger that attention to methodological detail can result in the purpose of the exercise becoming overlooked. It is possible to generate large ongoing high-quality data sets that are poorly interpreted or interpreted in a fashion that is unhelpful for the purpose that the information is required".* (EMCDDA (i), 2021)

In short, the results of expert analysis of the multi-method approach are dependent on the expertise and understanding of the experts doing the analysis. Although MESUS it is intended to adapt, learn and refine the analytical process, it is most important to keep sight of the primary purpose of the exercise which is not to produce statistical valid academic data, but to investigate emergent drug trends with the aim of helping professionals working in Manchester understand and therefore prepare appropriate responses.

11.3 Appendix C: Greater Manchester Alert Panel warning (23/07/20)

Spice Warning

23rd July 2020.

Six people collapsed in Manchester city centre today after smoking Spice. Three of them were taken to hospital in a serious condition.

Spice Warning

Spice is a nickname for a herbal smoking mixture containing one or more of a group of drugs called **synthetic cannabinoids.**

- Synthetic cannabinoids are highly addictive and toxic drugs. **60 people died last year after smoking Spice.**
- The potency of a bag of Spice depends on which synthetic cannabinoid is used and how much of it is added to the Spice mix.
- Risk of overdose is increased if any other drugs such as heroin or diazepam have been taken.
- Samples involved in the incidents today have been tested and contained a synthetic cannabinoid called **MDMB-4en-PINACA.**
- MDMB-4en-PINACA has been found in a number of recent tests, but the Spice samples tested today had a **higher concentration** of MDMB-4en-PINACA added to the herbal Spice mix.

It is the higher concentration of MDMB-4en-PINACA found in the Spice mix that is thought to have caused the overdoses seen today.

Ideally given the potential harm that spice can cause our general advice would be that it is best not to take the drug. However we have provided the harm reduction advice below to protect people who may put themselves at risk.

Harm reduction advice

- Sit down before you smoke Spice as you may lose your balance, fall over or pass out.
- Spice is potent even at very low doses.
- Don't smoke Spice neat, always mix with tobacco.
- Start any new batch with a tiny match head size test dose.

Help available in Manchester

- There are various treatments for Spice users including medically assisted withdrawal.

For over 18s, **CGL**, 43a Carnarvon Street, Manchester M3 1EZ
Telephone 0161 214 0770.

For young people (under 18) **Eclypse CGL,** 41 Thomas Street Manchester M4 1NA
Telephone 0161 839 2054.

Greater Manchester LDIS 3rd July 2020

Drugs sold as diazepam ('blues'/valium)

WARNING

There have been a number of reports of eratic behaviour and overdoses in Greater Manchester that are thought to involve drugs sold as **'valium'** (10mg diazepam). In particular blue tablets marked '10mg Roche', although there have been warnings from other areas of blue tablets marked 'DAN 56 20'.

It is at present unknown what is in these pills: They may contain a higher dose of 'valium' (diazepam); similar drugs (benzodiazepines) that are more potent or; they may contain different drugs altogether.

Or, it may just be people are using large amounts

Most valium (diazepam) sold on the street is **'fake'.** Recent reports from other areas indicate they may contain other benzodiazepines that are up to 50 times as potent as diazepam.

If you must use:

- **Don't use alone:** look after your friends.
- **Test dose:** if you must use; start with a small test dose (1/2 a pill) and wait at least an hour before taking more.
- **Be aware of overdose risk:** the risk of overdose is much higher when valium (diazepam) is taken together with alcohol, heroin, methadone or any other depressant drugs.

If a friend is in trouble:

- **Ring for an ambulance:** place unconscious people on their side so they don't choke on vomit and ring for an ambulance.
- **Use Naloxone if you have it:** Naloxone will not reverse the effects of drugs like diazepam, but will reverse the effects of opioid drugs like heroin that have also been taken. **If unsure what has been taken naloxone should still be administered.**

Help is available:

- Valium (diazepam) is highly addictive. For long term users stopping suddenly can be dangerous.

There are local services available that can help.

ASK AT THE SERVICE DISPLAYING THIS POSTER

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Manchester Metropolitan University