2022 Monitoring Cycle. Full Report

GM TRENDS

Greater Manchester: Testing and Research on Emergent and New Drugs No.2

GMCA GREATER MANCHESTER COMBINED AUTHORITY

Manchester Metropolitan University

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1. GM TRENDS: Full Report

1.1 Background

In 2020 *Greater Manchester Combined Authority* (**GMCA**) commissioned *SUAB*[1] to adapt and develop the city of Manchester's *Emerging Drug Trends Monitoring System*[2] (*MESUS*[3]) to monitor emerging substance use trends across all ten 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 report is the findings from the second *GM TRENDS* monitoring cycle and covers all of Greater Manchester - with a number of participating professionals working across the 10 geographical areas.

1.1.1 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 the *Greater Manchester Local Drugs Information System* [GM LDIS 2.2.2] 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 is important to ensure that appropriate needs assessment and support are provided. This should include the development of appropriate harm reduction advice, staff training and awareness raising.

1.1.2 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**), *Office for Health Improvement and Disparities* (**OHID**) 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* does not have the capacity to sufficiently 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. Manchester Metropolitan University's *Substance Use and Addictive Behaviours Research Group* (**SUAB**).
2. 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).
3. **M**anchester **E**mergent **S**ubstance **U**se **S**urvey. Originally commissioned by *Manchester City Council's Community Safety Partnership Board and the Department of Public Health.*

2. Methodology

2.1 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.

2.2 Methods used in this study

The research for *GM TRENDS* took place between January 2022 and December 2022. *GM TRENDS* has used the following methods to produce the trend information in this report:

2.2.1 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 some 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 have been used to build a more robust picture of the current situation in Greater Manchester.

2.2.2 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 12th January to 12th May 2022. 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 comments. Data from the online survey was used to direct the *Key Professional Informant* interviews.

In total 236 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

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).

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.

2.2.3 Key Professional Informant interviews

The online survey was used to recruit *Key Professional Informants*, with some direct recruitment to cover specific drug scenes. Initial interviews were conducted between April to October 2022. In total 82 semi-structured interviews were conducted with *Key Professional Informants*. Interviews were conducted either face-to-face, by phone or video conferencing apps (*Microsoft Teams* or *Zoom*). Interviews lasted between 20 minutes to 1 hour 10 minutes. Interviews were recorded and transcribed. *Key Professional Informants* were questioned in detail about their insight into one or more Greater Manchester drug scenes.

Table 1: Key Professional Interviews by Greater Manchester area

GM Local Authority Area	Number of Key Professionals
Bolton	11
Bury	13
Manchester	13
Oldham	7
Rochdale	7
Salford	5
Stockport	5
Tameside	12
Trafford	4
Wigan	5

2.2.4 Online adult substance use survey

Participants to the *online adult substance use survey of people* were recruited through promotion by local authorities, stakeholders, including service providers, media, social media and leaflets and posters. The survey took place between 12th January and 12th May 2022. 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 173 completed the online adult substance use survey. These spanned an age range from 18 to 55.

2.2.5 Interviews with people who use drugs (PWUDs)

The two areas of focus that emerged from the online surveys and *Key Professional Informant* interviews were: Young People's use of nitrous oxide; and adult use of substances associated with Chemsex. To supplement the online and *Key Professional Informant interviews*, a total of 54 *PWUD* (22 young people and 32 adults) were interviewed with an insight into these areas of focus. Interviews took place online (*Microsoft Teams* or *Zoom*), phone or face-to-face. *PWUD* were questioned in detail about the drug scenes they were involved with, with interviews lasting from 18 minutes to 1 hour 40 minutes. Interviews were recorded and transcribed.

2.2.6 Online survey of young people

An online survey of young people who were in contact with substance use services ran from 12th January to 12th May 2022. Participants were recruited through staff from Greater Manchester services for young substance users. In addition, Manchester City Council sent survey links out to all children and families services. Survey respondents were questioned about a smaller number of 14 main substances and asked about other substances they had used. In total 386 respondents completed the survey, spanning an age range from 10 to 23 (average 15 years 2 months).

The 2022 cohort is younger than the previous year (15 years and 2 months, compared to 16 years 10 months in 2021) and contains a substantial proportion of young people (54%) not accessing substance treatment services. As a result, the proportions of young people reporting use of substances is lower than in previous GM TRENDS surveys. Analysing substance use between the 177 young people who responded 'yes' to the question: 'In the last year, have you had contact with any services or organisations in relation to your substance use?' reveals very different levels of substance use compared to (1) young people responding to the survey who had no contact with services in relation to substance use, and (2) the cohort who responded to the previous year's survey (all accessed through services).

Table 2: Substance use among young people responding to the survey, compared with the previous year

	Young people who accessed treatment 2022 (n=177)	Young people not accessing treatment (n=189)*	% of YP in treatment reporting use during 2021 lockdown
Alcohol	141 (80%)	58 (31%)	45%
Nicotine	123 (70%)	49 (26%)	
Cannabis	145 (82%)	40 (21%)	87%
Cannabis Edibles	30 (17%)	24 (13%)	
Benzos	14 (8%)	0	4%
Ketamine	15 (8%)	8 (4%)	3%
Nitrous Oxide	31 (18%)	16 (8%)	3%
Cocaine	20 (11%)	7 (4%)	10%
MDMA	17 (10%)	4 (2%)	3%

* 20 missing responses

Table 3: Online survey respondents by Greater Manchester location

Survey respondents	Professionals		Adults		Young people	
	N	%	N	%	N	%
Bolton	34	24.8	9	5.2	10	2.6
Bury	21	15.3	3	1.7	22	5.7
Manchester	41	29.9	90	52.0	180	46.6
Oldham	16	11.7	7	4.0	65	16.8
Rochdale	24	17.5	7	4.0	31	8.0
Salford	26	19.0	34	19.7	28	7.3
Stockport	12	8.8	8	4.6	5	1.3
Tameside	21	15.3	2	1.2	26	6.7
Trafford	19	13.9	13	7.5	17	4.4
Wigan	22	16.1	0	0	2	0.5

2.2.7 Drug sample analysis

MANDRAKE conducted 217 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 License. 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 prioritised and selected for analysis reflected both the *GM TRENDS* drugs focus for this study and the drugs linked to incidents under investigation by the *Drug Alert Panel*. As *GM TRENDS* develops it is possible to track year by year changes to content, purity and adulteration of the local drug markets. In section 5, we highlight changes to purity compared to last year's report, for example, the increased purity of heroin (see section 5.4). During the reporting period, two alerts were issued through the Greater Manchester Alert Panel. In June 2022, a targeted alert was issued for green *Xanax* after an incident at a children's home in Stockport. In October 2022, a generic, targeted, mixing opioids with pregabalin alert was issued after incidents in Manchester treatment service.

2.2.8 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.

3. 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 2021 the combined population of Greater Manchester was 2,867,800, the third largest *metropolitan county* in England after London and the West Midlands (ONS (1), 2022). See Table 4.

Map of Greater Manchester and its ten metropolitan boroughs.

3.1 Deprivation in Greater Manchester

The difference in life expectancy between the most and least deprived areas in the North West (2018 to 2020) was estimated at 11.6 years for males and 10 years for females (UK Parliment, 2022). Manchester ranks as one of the most deprived local authority areas in England, while Rochdale, Salford, Oldham, Tameside and Bolton are all ranked in the worst deprived quintile (Ministry of Housing, Communities & Local Government (a), 2019). Child poverty rates are higher and life expectancy at birth is lower than the average for England in eight out of ten of Greater Manchester's local authority areas (Institute of Health Equality (a), 2020).

The government's aim is to 'level up' the UK by narrowing the gap in *Healthy Life Expectancy* (**HLE**) between local areas by 2030 and for *HLE* to have risen by 5 years by 2035 (Department for Levelling Up, Housing & Communities, 2022). However, according to estimates by *The Health Foundation*, even before the COVID-19 pandemic it would have taken 192 years to reach 5 years of improvement in *HLE* for men[6], but things have since deteriorated (Tinson, 2022). Greater Manchester had a 25% higher COVID-19 death rate than the mean for England in the 13 months to March 2021, which contributed to a further decline in life expectancy (Institute of Health Equity (b), 2021).

6. For women, healthy life expectancy has been on a downward trend since 2009–11, which means that overall healthy life expectancy (for men and women combined) is falling. This deterioration is complicated and is likely the result of multiple factors (Tinson, 2022).

Table 4: Population estimate and deprivation score for Greater Manchester

Area	Population	Deprivation Score
England	59,597,300	21.7
North West	7,417,300	28.1
Greater Manchester	2,867,800	30.0
Manchester	552,000	40.0
Rochdale	223,800	34.4
Salford	269,900	34.2
Oldham	241,100	33.2
Tameside	231,100	31.4
Bolton	296,000	30.7
Wigan	329,300	25.7
Bury	193,800	23.7
Stockport	294,800	20.8
Trafford	235,100	16.1

Population: Source (ONS (1), 2022)

Deprivation score colour code: Quintiles of worst to best LA areas in England: **Worst** **Best**

Source: (Ministry of Housing, Communities & Local Government (a), 2019).

3.2 Avoidable and preventable mortality

Avoidable mortality is defined as either preventable or treatable deaths in those aged under 75 years. In 2020, 22.8% of total deaths (all ages) in Great Britain were considered avoidable (153,008 deaths out of 672,015). Avoidable deaths include cancers, the largest driving cause of avoidable mortality, and the new category of COVID-19. **Alcohol**-related and drug-related disorders are the only category of avoidable death causes where the age-standardised mortality rate (ASMR) has statistically significantly increased since 2001 going from 17.8 to 24 per 100,000 population (ONS (2), 2022). **Preventable mortality** refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions. Figures for both males and females are available for local authority areas.

3.3 Deprivation and drugs

GPs 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). Although regional patterns of illicit drug consumption vary, 56% of people in treatment for *opiates* or ***crack*** live in areas ranked in the 30% most deprived areas in England. Over a third of deaths of people in drug treatment were living in these most deprived areas. The higher mortality ratios are concentrated in the North West and North East of England (OHID (4), 2021). Hospital admissions for poisoning by drug misuse were around five times more likely in the most deprived areas, compared to the least. Hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders were over eight times more likely in the most deprived areas, compared to the least (NHS Digital (3), 2021). The impact of harmful drinking and **alcohol** dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation (OHID (2), 2022). The most deprived areas also have higher rates of **alcohol** specific deaths (ONS (17), 2022). 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).

3.4 Recession and new drugs plan

After the profound world-wide impact of the pandemic there are fears the UK may be heading for or according to some experts may have already entered a recession (Landberg, 2022). The current evidence suggests drug use increases in times of recession, largely because unemployment increases psychological distress which increases drug use (Nagelhout, et al., 2017). For high-risk drug users[7], the vast majority of whom are not in employment (Jones, Weston, Moody, & Millar, 2011) studies suggest that a recession may have a broad range of consequences, including increases in the use of heroin, drug injecting and "deaths of despair" (Stortia, et al., 2021).

7. In the UK this refers to opioid and crack users (see high-risk drug indicators).

In response to the Black Review (Black C. , 2021; Black C. , 2020) which highlighted the damage done by a decade of cuts to treatment services; in December 2021 the government released its ten-year drugs plan that included substantial increases in funding (Home Office; DHSC; MoJ; DWP; DfE; DfLU,HC., 2021). In 2022/23, GM local authorities received £6.2m in supplementary funding. This rose to £8.9m in 2023/24 and is anticipated to rise to £15.6m for 2024/25. Local authority allocations and uplifts are determined by the DHSC based on their assessment of need – this means that some districts receive significantly higher values and uplifts than others. Manchester and Rochdale were accessed to be among the first tier of 50 areas nationally with the highest levels of need. Bolton, Bury, Oldham Salford, Tameside and Wigan were placed in the second tier of 50 areas. Stockport and Trafford were placed in the third tier of 50 areas where need was assessed to be lower (OHID (3), 2022).

Table 5: Age-standardised preventable mortality rates per 100,000 population and number of preventable deaths for Greater Manchester 2018 to 2020 (ONS (2), 2022)

Area	**Female:** rate per 100,000 population	**Female:** No of deaths	**Male:** rate per 100,000 population	**Male:** No of deaths
England	105.3	79,356	203.5	146,002
Greater Manchester	150.3	5,173	268.1	8,975
Bolton	149.8	562	266.4	954
Bury	132.7	345	238.8	586
Manchester	196.3	874	340.5	1,558
Oldham	161.4	478	283.1	781
Rochdale	163.4	463	296.5	809
Salford	182.1	508	301.9	857
Stockport	105.3	432	217.6	849
Tameside	170.5	516	292.4	869
Trafford	110.1	335	184.2	532
Wigan	141.2	658	258.7	1,177

4. Key drug indicators

4.1 Drug indicators: General population surveys

4.1.1 Adult surveys

After being suspended during the pandemic the Crime Survey for England and Wales (CSEW) reported for the year ending June 2022[8]. There was no change in past year drug use compared to before the pandemic; with 1 in 11 of all adults aged 16-59 (9.2%; approximately 3 million adults) and 1 in 5 young adults aged 16-24 (18.6%; approximately 1.1 million adults) reporting *past year* drug use. The use by men is much higher, with 11.8% men and 6.5% women reported past year use of any drug (ONS (4), 2022).

Although there were no changes in last year drug use for the majority of individual drugs, there were decreases in Class A drug use, with 2.7% of adults aged 16 to 59 years reported using Class A drugs in the past year (3.4% in 2020) and 4.7% of those aged 16- to 24-year-olds (7.4% in 2020). This was largely a result of a fall in **MDMA** use, which fell from 1.4% to 0.7% in adults aged 16 to 59 years and from 4.0% to 1.1% in adults aged 16 to 24 years. The ONS put this down to the effects of the pandemic on people going to night clubs and festivals. The other significant decrease was in the past year use of **nitrous oxide**, which fell from 2.4% to 1.3% for adults aged 16 to 59 years and from 8.7% to 3.9% for adults aged 16 to 24 years, which was also put down to the effects of the pandemic (ONS (4), 2022).

Local authority-level prevalence data is not available, however regional data shows the North West (8.7%) reports slightly lower levels of overall use of the most popular drugs among adults in the last year than for England (9.2%) (ONS (4), 2022).

CSEW is the only national estimate, although it is thought to under report drug prevalence by up to 20% (Charles, Heron, Hickman, Brown, & Hines, 2021). Long-term trends show significant decreases in drug use between 1995 and 2013, but significant increases until 2020, since when prevalence has largely remained stable.

A recent online survey of 2,000 young people aged 16-25 conducted in July 2022 for the charity 'The Mix' indicated that there has been a spike in young people's drug use since the pandemic. The past year use of any of the 'illegal' drugs included in the survey increased from 22% in their 2021 survey to 33% in 2022; past week use also increased from 16% to 23%. Past year Class A drug use increased from 11% (2021) to 17% (2022) (The Mix, 2022).

4.1.2 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 2021 (18%) had fallen from 24% (2018), as had *past year* from 17% (2018) to 12% (2021). *Past month* drug use had also fallen from 9% (2018) to 6% (2021). The overall prevalence estimates of 11 to 15 year-olds hide huge age related differences, so for instance 13% of 11-year olds had ever drunk **alcohol** compared to 65% of 15-year olds; while lifetime prevalence for drug use increased with age, from 7% of 11 year olds to 32% of 15 year olds. However, for 15 year-olds, lifetime drug use had fallen from 38% (2018) to 32% (2021). Local authority-level prevalence data for school age pupils is not available (ONS (5), 2022).

Prevalence of smoking and drug use is higher among a wide variety of 'hard to reach' subgroups including, for example, young offenders, young NEET (Not in Education, Employment or Training) or homeless individuals compared with the general population (PHE (42), 2018).

8. The CSEW statistics presented in this release are based on nine months of data collection between October 2021 and June 2022, rather than the normal 12-month interview period, and on a lower response rate, which may affect the quality of the estimates.

4.2 Drug indicators: High-risk drug use indicators

There were an estimated 313,971 *Opiate and/or Crack Cocaine Users* (**OCUs**)[9] in England between 2016/17 (the last 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). Table 6 below shows estimates for Greater Manchester.Table 6:

Table 6: 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). Source (PHE (2), 2019).

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.

4.3 Drug indicators: Treatment demand indicators

4.3.1 Adults in treatment in England

In the year 2021/2022 (up to March 2022) there were 289,215 adults *in treatment* for drug and **alcohol** problems in England, which was a rise compared to 2020/2021 (275,896). Nearly half those *in treatment* (49%) were for problems with *opiates*[10] (OHID (8), 2023). 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 was a 10% increase in the numbers *in treatment* for **alcohol** (84,697), 29% of the total treatment population. There was a 7% increase in those in the *non-opiate* group and a 12% in the *non-opiate* and **alcohol** group (OHID (8), 2023).

The number entering treatment (133,704) was similar to the previous two years (after falls between 2013 and 2018). There was another fall in those entering treatment who are using ***crack*** with *opiates* (21,308 to 18,832) but a rise in those using ***crack*** without *opiates* (4,545 to 4,711). Following a 10% decrease the previous year, there was an 11% increase (from 19,209 to 21,298) in those entering treatment with ***powder* cocaine** problems (OHID (8), 2023).

There was another increase in entrants with **cannabis** (up 4% from 27,304 to 28,263). After rising since 2018/19 there as an 11% fall in new entrants with **benzodiazepine** problems (3,848) problems and although numbers are still relatively low, there was a further increase in adults entering treatment with **ketamine** problems (1,551), part of a rising trend over the last 8 years (OHID (8), 2023).

Over two-thirds (70%, or 93,380) of adults starting treatment said they had a mental health treatment need which continued a sharp rise seen in recent years. Of those in treatment, 49% were discharged as *'treatment completed'*. The total number of people who died while in contact with treatment services in 2021/22 was 3,742 (1.4% of all adults in treatment), this was a 0.4% increase. The small rise was a result of an increase in deaths in the non-*opiate only group* (17%) and the *opiate group* (1%). The previous year covering the initial lockdown period (2020/21) had seen a 27% increase overall and increases in all substance groups (OHID (8), 2023).

9. 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.
10. 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.

Over half of the people in treatment (58%) were over 40 years old with less than 10% of people in treatment for *opiates* or **alcohol** only under 30 (6% for opiates and 9% for alcohol only). More than two-thirds of people in treatment were men and less than one-third were women (67% men to 33% women), although this proportion varies by substance; *opiates* 72% men, non-*opiate* only 67% men, non-*opiate* and **alcohol** 70% men; **alcohol** only group 58% men and 42% women (OHID (8), 2023).

4.3.1.1 Adults in treatment in Greater Manchester

According to a 2021 *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. All Greater Manchester local authority areas have experienced a fall in the number of *opiate* users *in treatment* in the 2010 to 2019 period, from 11,715 to 8,870 (2,845 people) (GMCA, 2021). At November 2021 the number of *opiate* users in Greater Manchester had risen to 9,334 (NDTMS (1), 2022). (See Table 7 below)

4.3.2 Drug related deaths and mortality during treatment

While research has demonstrated *Opiate Substitution Treatment* (OST) is a protective factor against premature mortality; before the pandemic deaths of those people in contact with treatment services had doubled since 2009/10. During the 2020/2021 reporting period (covering the pandemic) there was a 27% increase in the number of people who died while in contact with treatment services. While there was a small further 0.4% increase to 3,742 during 2021/22, this was a decrease in the proportion of people in treatment dying (from 1.4% to 1.3%). People with opiate problems accounted for nearly two-thirds (65%) of these deaths, and the **alcohol** only group had a further 28% of deaths (OHID (8), 2023).

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 Wales closer to 5,000 a year (Black C. , 2020; Lewer D. e., 2019). While in treatment in prisons or secure settings, 55 people died, a 45% increase compared to the previous year (OHID (5), 2022).

The mortality ratio of *deaths in drug treatment* is higher than similar benchmark areas in Bury, Bolton and Wigan, but similar to other benchmark areas in all other areas of Greater Manchester (OHID (6), 2022).

The *Black Review* asserts that cuts to funding in treatment and other support services led to an increase in un-met treatment need (Black C. , 2020). 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).

4.3.3 Young people in treatment

In England, during the 2021/22 reporting period there were 11,326 young people in contact with **alcohol** and drug services. This is a 3% increase on the previous year (11,013 in 2020/21) but that was a 24% reduction on the previous year during lockdown (14,291 in 2019/20). Longer term trends have seen reductions in the number in treatment since the peak in 2008/2009 (24,494). Of those in treatment, 80% started using before the age of 15. The mean age in treatment was 16 for boys and just under 16 for girls. There is a significant gender difference in mental health need; 60% of girls and 38% of boys reported a mental health treatment need. Girls report more vulnerabilities than boys with self-harming behaviour: girls 46% - boys 17%); sexual exploitation, girls 10%, boys 1.5% (OHID (9), 2023).

The NDTMS data collection, enables young people to state up to three drugs with which they have a problem. The main drugs used were **cannabis** 87% (which equates to 9,845 young people), a slightly lower proportion than the previous year (89%) and **alcohol** (46% (5,179), up from 41% the previous year. Other drugs reported included **Nicotine** (excluding vaping) 12% which equates to 1,389 young people;

Table 7: Number of adult clients in treatment for alcohol and drug problems in Greater Manchester. Nov 2021. Source (NDTMS, 2021). Deaths in treatment mortality ratio 2018/19 to 2020/21. Source (OHID (4), 2021)

Area	All adults in treatment	Opiate users	Non opiate users	Alcohol users	Deaths in treatment 2018/19 -20/21: mortality ratio
England	289,724	141,900	63,707	84,117	1.00
Bolton	2,158	1,297	352	509	1.55
Bury	1,005	466	248	291	1.57
Manchester	4,120	2,237	998	885	1.02
Oldham	1,630	715	476	439	1.21
Rochdale	1,820	797	505	518	1.18
Salford	1,949	817	507	625	0.97
Stockport	1,835	709	469	657	0.86
Tameside	2,189	927	644	618	0.99
Trafford	1,013	374	252	387	0.62
Wigan	2,649	995	748	906	1.35

Colour code: Better. Similar. **Worse** than similar benchmark areas.

Table 8: Estimates of OCU not in treatment, waiting times to enter treatment and treatment success. Source (OHID (6), 2022)

Area	1. N° of OCU not in treatment 2020/21	2. Proportion of OCU not in treatment 2020/21	3. Proportion waiting more than 3 weeks 2020/21	4. Successful completion ratio 2020
England	158,976	52.1	1.2	1.00
Bolton	1,127	45.0	0.3	1.00
Bury	691	59.0	3.1	1.17
Manchester	1,192	46.7	0.9	0.95
Oldham	885	54.8	0.2	1.10
Rochdale	951	54.0	0.0	0.86
Salford	796	49.6	0.3	1.58
Stockport	682	48.7	0.0	1.19
Tameside	552	36.6	0.3	0.93
Trafford	459	4.3	1.2	1.49
Wigan	1,019	49.9	1.1	0.88

1. The number and proportion of OCU not in treatment 2020/21
2. The proportion of OCU not in treatment 2020/21
3. The proportion of OCU waiting more than 3 weeks to start treatment. 2020/21
4. The ratio of successful completion of drug treatment. 2020
Colour code: Better. Similar. **Worse** than similar benchmark areas.

Powder* cocaine** 8% (937); **MDMA** 8% (896); **Ketamine** 5% (512); **VSA** (Volatile Substance Abuse) 2.9% (329). There was a small decrease in ***benzodiazepines 3% (340), however this was over 4 times the proportion in 2013/2014 (0.7%). The proportion saying **codeine** has fallen from 1.2% to 0.9% (103) this year; ***crack* cocaine** 0.5% (58); **Heroin** 0.35% (37) (OHID (9), 2023).

Table 9: Number of young people in treatment in Greater Manchester 2009/10 and 2019/2020. Source (NDTMS (2), 2022)

Area	No of young people in treatment 2009/10	No of young people in treatment 2019/20	No of young people in treatment (provisional) June 2021 to May 2022
England	24,165	14,291	11,078
Bolton	180	120	162
Bury	180	100	79
Manchester	275	185	143
Oldham	135	55	80
Rochdale	255	150	122
Salford	145	100	57
Stockport	95	105	59
Tameside	120	75	97
Trafford	90	55	56
Wigan	165	130	84

4.3.4 Drug treatment in prisons

There were 45,096 adults in **alcohol** and drug treatment in prisons and secure settings during 2021/22. This was a 3% increase after a drop of almost 10,000 (18%) the previous year, which was explained by fewer people coming into custody because of the pandemic. Of those adults in treatment, 54% were opiate or ***crack* cocaine** users; 43% **alcohol** (29% **alcohol** alone); 31% cannabis; 23% **cocaine *hydrochloride***. Most (67%) had never injected, and in the *opiate* group only 17% were current injectors; 32% starting treatment were identified as having a mental health need. The proportion provided with take-home **naloxone** on release increased again from 40% to 46% (OHID (11), 2023).

There were 533 young people receiving treatment for drug and **alcohol** problems in secure settings. This represents a fall of 6% on the previous year and continues an overall downward trend since 2015/16 when numbers were almost triple the latest figures (1,541). **Cannabis** is the dominant substance with 92% stating they had a problem with **cannabis**. Of note, after a large rise the previous year the proportion of young people in treatment for *opiate* use decreased from 8% to 6% but was still much higher than the low of 2% in 2015/16. *Solvent* use remained at 7%, but still the highest proportion since these statistics were first reported in 2015/16 (1%) (OHID (11), 2023).

4.4 Drug indicators: Drug related deaths

There were 4,859 deaths related to *drug poisoning* registered in England and Wales in 2021[11], an increase from 4,393 in 2020 and the highest number since records began in 1993. The death rate per million population (84.4) is 6.2% higher than 2020 (79.5) and 81.1% higher than 2012. Of the 4,859 registered *drug poisoning* deaths, 3,060 were related to *drug misuse*, an increase from 2020 (2,996). If deaths where no information was available on the drug(s) involved are excluded, then 84.1% of drug poisoning deaths were drug misuse deaths. The highest rate of drug misuse deaths was among those aged 45-49. The male death rate per million population was 77.5 and the female 29.3 (ONS (6), 2022).

Death rates vary considerably by and within regions. The rate for *deaths related to drug misuse* for England is 5.1 per 100,000 population (2019-2021); the North East region has the highest rate (10.1) followed by the North West (7.5). The East has the lowest rate (3.3) while London has (3.4). Half of all deaths involved an opiate (45.7%; 2,219 deaths) although there was actually a decrease in deaths involving **heroin** (and morphine) from 1,337 (2020) to 1,213 (2021), but a statistically significant increase in deaths involving **methadone** (663) which is 28.5% higher than 2020 (516) (ONS (6), 2022).

11. There was an increase in delays to registration (203 days), so a number of these deaths occurred in 2020.

Table 10: Greater Manchester deaths related to drug misuse.

Area	1. No deaths from drug poisoning 2021	2. No. Deaths related to drug misuse 2021	3. No. Deaths related to drug misuse 2020	4. % change from 2020 to 2021	5. Rate per 100,000 population 2019-21	6. Rate per 100,000 population 2010-12
England & Wales	4,859	3,060	2,996	+2.1%	5.1	3.0
Greater Manchester	368	251	180	+39.4%	7.8	4.8
Bolton	38	29	19	+52.6%	9.6	5.5
Bury	31	15	5	+200%	5.8	3.6
Manchester	67	51	42	+21.4%	10.1	7.5
Oldham	32	14	4	+250%	5.5	3.7
Rochdale	33	18	15	+20%	6.8	5.5
Salford	36	31	20	+55%	9.4	7.8
Stockport	26	21	20	+5%	6.7	4.3
Tameside	40	30	27	+11.1%	11.4	4.5
Trafford	23	17	11	+54.5%	5.5	2.8
Wigan	42	25	17	+47.1%	6.6	3.8

1. Number of deaths in E&W related to drug poisoning registered in 2021
2. Number of deaths in E&W related to drug misuse registered in 2021.
3. Number of deaths in E&W related to drug misuse registered 2020.
4. Percentage change in deaths in E&W related to drug misuse 2020 to 2021
5. Rate of deaths in England related to drug misuse per 100,000 and 2019 to 2021.
6. Rate of deaths in England related to drug misuse per 100,000 and 2010 to 2012:
Source 1-6 (ONS (6), 2022)

4.4.1 Cause of the record number of drug related deaths

Although there are multiple factors such as increased polysubstance use and underlying health issues, the usual explanation for the huge increase in drug related deaths seen in the last decade involves the ageing of the population of opiate users. However, analysis published in *The Lancet* found that the rise in drug related deaths is unlikely to be explained by the increasing age of opiate users. It is more likely due to more complex health needs and an increased risk of death due to non-communicable diseases such as COPD. (Lewer, et al., 2021 (a)). The increased risk of *opioid* overdose death due to reduced tolerance in the period after leaving prison is well known (Farrell & Marsden, 2008). A recent study looked at the risk of opioid overdose death when discharged from hospital and found 1 in 14 *opioid*-related deaths in England happens in the two weeks after hospital discharge (Lewer, et al., 2021 (b)).

4.4.2 Drug related deaths among homeless populations

There were 741 homeless deaths in England and Wales registered in 2021, an increase of 7.7%. The ONS say this is a conservative estimate. The ONS say the *'Everyone In'* scheme, may have resulted in a decrease in deaths in the homeless population so the increase may be a return to pre-pandemic levels rather than a trend. The mean age at death for males was 45.4 years. For females the mean age at death was 43.2 years. The North West of England (114 deaths) has the second highest rate behind London, with 21 homeless deaths per million people, which has more than doubled since 2013. Similar to last year, two in five deaths related to drug poisoning, (259) estimated deaths. *Opioids* were the main drug mentioned (88), a fall from 120 the previous year; **cocaine** (39), *benzodiazepines* (17 down from the record 31 in 2020), and **alcohol** (71). There were an estimated 99 suicide deaths; 26 deaths involved coronavirus

(COVID-19) (ONS (7), 2022). 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).

4.4.3 Drug indicators: Homelessness

The number of people estimated to be sleeping rough in England on a single night in autumn 2022 is 3,069, which after four years of decreases has risen for the first time since the peak in 2017 and up by a quarter (26%) on the previous year. While rough sleeping increased in every region of England compared to the previous year, increases have been driven by a small number of areas. Over half the increase in the number of people sleeping rough on a single night is driven by 15 areas (5% of all areas). In just under half of all areas (46%) the number of people sleeping rough decreased or stayed the same compared to last year.

The largest increase in the number of people estimated to be sleeping rough was in London, where there were 858 people this year compared to 640 people last year, an increase of 218 people or 34%. Nearly half (47%) of all people sleeping rough on a single night in autumn are in London and the South East (Department for Levelling Up, Housing & Communities, 2023).

According to the *UAM*, the proportion of *people who inject drugs* (PWID) who reported being currently homeless or having been homeless during the past year has increased to 42% (95% CI: 39% to 45%) in 2021 from 32% (95% CI: 30% to 34%) in 2012 (UK Health Security Agency, 2022). 12.7% of *opioid* users starting treatment said they had an urgent housing problem (OHID (8), 2023). Local estimates for Greater Manchester by local authority are in Table 11 below.

Table 11: Deaths of homeless people in Greater Manchester registered 2020/21. Single night estimate 2022

Area	Single night estimate of rough sleepers (Autumn 2022)	Estimated deaths among homeless people 2020	Estimated deaths among homeless people 2021
Greater Manchester	102	35	42
Bolton	2	1	6
Bury	5	3	2
Manchester	58	11	17
Oldham	3	0	3
Rochdale	5	1	3
Salford	6	7	2
Stockport	11	1	2
Tameside	4	1	3
Trafford	4	1	0
Wigan	4	7	5

Source: (ONS (9), 2021). (ONS (7), 2022)

4.4.4 Drug related deaths in prison custody

The *Office for National Statistics* (ONS) produced a set of experimental statistics to estimate drug related deaths in prison custody. Of the 2,714 deaths in prison custody between 2008 to 2019; 145 were *drug-related deaths*, whereas 677 were suicides, a rate 3.9 times higher than that for the general population for males. The risk of male prisoners dying from drug-related causes was similar to the general male population between 2008 and 2015 but was higher than the general male population between 2016 and 2019. Opiates were the most common drug type mentioned on death certificates (58 mentions), with methadone being the most common form; the second most common drug type was new psychoactive substances, which showed a particular increase in mentions between 2015 and 2019. NPS almost exclusively refers to **SCRA**s which count for 42 of the 44 deaths (ONS (18), 2023). During 2021/22, 34 people died while they were in drug and alcohol treatment in secure settings. People with opiate problems accounted for 56% of these deaths (OHID (11), 2023).

4.5 Drug indicators: Hospital admissions[12]

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 (2), 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 12 for Greater Manchester hospital admissions.

4.6 Drug indicators: Drug-related infectious diseases

4.6.1 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 increased from 0.82% in 2019 to 1.1% in 2020 and 1.5% in 2021, although prevalence has remained low and is not significantly different from 2012 (UK Health Security Agency (1), 2022). In 2019 HIV prevalence among North West *PWID* had decreased from higher than the rate for England in 2010 to considerably lower at 0.28% (PHE (10), 2020); in 2020-2021the rate for the North West is recorded at 0% (149 samples) (UK Health Security Agency (1), 2022).

Table 12: 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 (2), 2021).

4.6.2 Hepatitis B

According to the *UAM*, Hepatitis B (*HBV*) prevalence among those who inject drugs has declined to 5.9% in 2021 from 16% in 2012. In the North West HBV prevalence was 13% 2020/21, but this has also declined from 27% in 2012. The prevalence of antibodies to HBc (anti-HBc) among recent initiates to injecting drug use across England, Wales and Northern Ireland was 1.6% in 2020 and 2021 a decline from 6.6% in 2012 12. Although Hepatitis B vaccine uptake has been gradually declining from 77% in 2012 to 65% in 2020/21 (UK Health Security Agency (1), 2022).

4.6.3 Hepatitis C

The prevalence of antibodies to HCV (anti-HCV), indicating ever infection with HCV, was 57% among UAM Survey participants across England, Wales and Northern Ireland in 2021; this is statistically higher than the anti-HCV prevalence of 47% seen in 2012. Prevalence in the North West was 66%. Although there are significant reductions in the prevalence of chronic infection of Hepatitis C (*HCV*) among *PWID* from 58% in 2011 to 26% in 2021; among recent initiates to injecting taking part in the survey, there was no change in chronic HCV infection over time; with prevalence at 42% across 2020 and 2021, suggesting ongoing primary infection (UK Health Security Agency (1), 2022). Of the 81,000 people living with chronic HCV, modelling suggests 27% of these infections are in people with current or recent drug injecting risk, 62% are in those with a past drug injecting history but who are no longer injecting and 11% are in those with no history of injecting. Prevalence of chronic HCV infection in *PWID* was 17.3% in the 2020 survey. Increased access to treatment, rather than improved harm reduction are thought to be the main driver of the reduction in prevalence of chronic HCV infection among *PWID* (UK Health Security Agency (2), 2022).

4.6.4 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 49% in 2020. Injection site infections are common among PWID. In 2021, 30% of PWID in England, Wales and Northern Ireland who reported injecting drugs during the preceding year reported that they had experienced an abscess, sore or open wound at an injection site over that year. This is a significant decrease from 50% in 2017 (UK Health Security Agency (1), 2022).

4.6.5 Sharing injection equipment

The estimated number of people that started injecting annually in England increased from 5,470 in 1980 to a peak of 10,270 in 1998, and then decreased to 2,420 in 2019, with an increase in median age from 27 to 40 within this time period (Lewer, et al., 2022).

There is no evidence of any fall in sharing of injecting equipment over the last decade, with a suggestion that sharing may have risen during the COVID-19 pandemic when the operation of needle exchange provision (*NSP*) was forced to change. Indications that one in 4 *PWID* found it more difficult to access injecting equipment in 2020, during the COVID pandemic, than in 2019 (UK Health Security Agency (2), 2022). The level of needle and syringe (direct) sharing reported by UAM survey participants across England, Wales and Northern Ireland who had injected during the preceding month was 22% in 2021 (27% in North West), an increase from 14% in 2012. Sharing of needles, syringes, and other injecting paraphernalia such as filters and spoons (direct and indirect sharing) was reported by 40% of people who had injected in the past month in 2021, a proportion which has increased since 2012 (UK Health Security Agency (1), 2022).

Between 2012 and 2021, direct sharing was consistently higher among female than male participants. Over the last 10 years, levels of direct sharing in both the 25 to 34 years age group and 35 years and over age group have increased significantly. Direct sharing has also increased among individuals reporting homelessness in the past year or current homelessness, with 23% in 2021 reporting sharing needles and syringes compared with 16% in 2012 (UK Health Security Agency (1), 2022).

Among the 2021 UAM Survey participants who reported injecting during the preceding year, 26% reported a non-fatal overdose in the preceding year, an increase from 16% in 2013 when data for non-fatal overdose was first collected. This increase was significant across all age groups. Across 2020 and 2021, self-reported non-fatal overdose in the past year was highest (40%) among PWID who had never been in drug treatment (UK Health Security Agency (1), 2022).

4.7 Other indicators

4.7.1 Drug indicators: Drug offences

During lockdown, recorded drug offences increased, which according to the *ONS*, was driven mainly by an increase in April to June 2020 reflecting proactive police activity in crime hotspots (ONS (10), 2021). Since lockdown ended the total of recorded drugs offences has declined by 16%. From April 2021 to April 2022 total drug offences decreased from 210,581 (2020/21) to 177,644 (2021/22). Possession offences decreased by 18% from 167,833 (2020/21) to 138,325 (2021/22). As always **cannabis** possession made up the vast bulk of drug offences with 106,814 in 2021/20 but this was down 21% on the previous year (ONS (11), 2022).

There was a total of 223,106 seizures of drugs in year up until March 2021, a 21% increase on the previous year. Seizures by police forces increased by 17% (198,361) and by Border Force by 79% (24,745). Class A seizures increased by 17%; Class B by 21% and Class C by 55%. **Cannabis** accounted for 71% of the total of all seizures and 95% of Class B. The pandemic had an effect (i.e., there was a 41% decrease in MDMA seizures reflecting decline in use during the pandemic) however, this is the third consecutive annual increase in the number of seizures. According to the Home Office is not indicative of changes in prevalence, but more to do with police and Border Force activity (Home Office, 2022).

Over the decade shown, the number of searches conducted has fallen by 60% from a peak of roughly 1,400,000 in 2009/10 to 560,000 in 2019/20. However, there has been a year-on-year increase in the number of searches since 2017/18, with searches in 2019/20 45% higher than the previous year. The proportion of searches with drugs stated as the reason has increased over this period, from 40% in 2009/10 to 63% in 2019/20. Since 2012/13, more than half of all stop and searches conducted each year have been looking for drugs (Allen & Tunnicliffe, 2021). Between August 2020 to July 2021 there were 6,260 Stop and Search encounters related to the Misuse of Drugs Act recorded by Greater Manchester police and a further seven related to the Psychoactive Substances Act. This was more than half of all Stop and Search encounters (10,899 total). Previous year data is not directly comparable (GMP, 2022)

The majority of drug offences resulted in some form of formal or informal criminal justice outcome, whereby the suspect was either charged or summonsed (20%), cautioned or issued a penalty notice for disorder (out-of-court formal -11%), issued a cannabis or khat warning or a Community Resolution was applied (out-of-court informal - 34%) (Allen & Tunnicliffe, 2021). Ministry of Justice data (released under FOI) indicates black people are ten times more likely than white people to be sent to prison for a first-time drug offence. 1,200 black people with no previous drug convictions were jailed for possession over the past five years. Nearly 700 of these were sentenced for possession of **cannabis** or other 'less-serious drugs' (The Times, 2022).

4.7.2 Drug indicators: Looked After Children

In the 2021 reporting period, 1,760, (3%) of children looked after for at least 12 months in England were identified as having a substance misuse problem; down from 1,920 in the previous reporting period (ONS (12), 2021). See Table 13 for Greater Manchester data.

4.7.3 Drug indicators: Parental Substance Misuse

In 2020 to 2021, 21% (27,208) of people starting treatment were living with children, either their own or someone else's. A further 21% were parents who were not living with their children. This was highest among women in treatment for opiates, where 28% were parents who were not living with their children (OHID (4), 2021). 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 14 below for Greater Manchester data for 2020/21.

Table 13: Looked After Children identified as having a substance misuse problem in Greater Manchester 2021.

Area	Number	% of all Looked After Children
England	1,760	3%
Bolton	10	2%
Bury	9	3%
Manchester	52	5%
Oldham	25	6%
Rochdale	-	-
Salford	28	7%
Stockport	24	9%
Tameside	-	-
Trafford	0	0%
Wigan	34	8%

Source (ONS (12), 2021)

Table 14: The numbers of all drug and alcohol treatment clients in each of the family categories, for Greater Manchester and England. (2020-2021).
Source (NDTMS (2), 2021)

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	54,695	12,640	73,380	131,546
Bolton	455	90	490	1,085
Bury	175	60	185	565
Manchester	495	155	975	2,220
Oldham	260	75	340	640
Rochdale	270	85	415	765
Salford	395	70	415	1,045
Stockport	370	110	360	960
Tameside	490	120	520	890
Trafford	215	35	170	575
Wigan	490	105	440	1,290

5. **Findings:** Individual substances

Drug classification colour code

Classification based on (Adley/DrugWatch, 2021)

Stimulants

Empathogens

Psychedelics

Dissociatives

Cannabinoids

Depressants

Opioids

Image & Performance Enhancing Drugs

Table 15: 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)
CBPMs	Cannabinoid	MDA Class B (PO with Home Office license)
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*/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 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 (Becoming Class C)
Salvia	Dissociative	PSA
Cocaine hydrochloride	Stimulant	MDA Class A
Crack Cocaine	Stimulant	MDA Class A
Amphetamine	Stimulant	MDA Class B*
Methylamphetamine	Stimulant	MDA Class A
MDMA (Ecstasy)	Empathogen	MDA Class A
M-CAT (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)

Key: LR = *Legally regulated.* **MDA** = *Misuse of Drugs Act*. **PSA** = *Psychoactive Substances Act*. ** Class A if in injectable form.*
PO = *Prescription Only*. **OTC** = *Over The Counter* medicines. **PIEDS** = *Performance and Image Enhancing Drugs*
Main sources: Classification (Adley/DrugWatch, 2021). *Legal Controls* (Home Office (i), 2022).

5.1 Alcohol

5.1.1 Drug indicators: Alcohol

From 2021 to 2022, there were 342,795 hospital admissions that were wholly due to **alcohol**. This equates to a rate of 626 per 100,000 population. The number of hospital admissions wholly due to **alcohol** in men during this time period was double the figure for women (232,783 and 110,012 respectively). During this time period, there were 948,312 hospital admissions that were alcohol-related under the broad definition. This equates to a rate of 1,734 per 100,000 population. The number of these type of admissions in men was 2.7 times the figure for women (690,658 and 257,654 respectively). There were 270,774 hospital admissions related to **alcohol** under the narrow definition. This equates to a rate of 494 (per 100,000 population). The number of alcohol-related (narrow) admissions in men during this time period (174,544) was 1.8 times the figure for women (96,230) (OHID (13), 2023).

The lifetime alcohol prevalence of 11 to 15-year-old pupils has fallen from 44% (2018) to 40% (2021). In 2021, 6% of pupils reported drinking once a week, the same as 2018. As with smoking and drug use, **alcohol** use rises markedly with age, so for instance 13% of 11-year-olds had ever drunk **alcohol** (2021) compared to 65% of 15 year olds (ONS (5), 2022). A recent online survey of 2,000 young people aged 16-25 conducted in July 2022 for the charity 'The Mix' indicated a sharp drop in **alcohol** consumption post pandemic: with 51% reporting past year alcohol consumption compared to 74.6% in 2021 (The Mix, 2022).

However, while there have been significant decreases in the number of young people admitted to hospital as a result of **alcohol**, the opposite is true of older people. According to an article in the *Geriatric Medical Journal*, in the last five years, the percentage of alcohol specific hospital admissions in England have risen by 22% in the over 50s. Between 2005/6 – 2020/21 there has been an 80% increase in the number of people aged 65 and over seeking treatment for alcohol addiction in England (Oxtoby, 2022).

There was a record rise in alcohol deaths during the pandemic, largely a result of those already drinking at high levels drinking more and largely a result of alcoholic liver disease. The rates of deaths are broken down by region with every region increasing. The East is the lowest at 10.4 per 100,000 population. The North West is second highest (behind the North East) with a rate of 18.9 per 100,000 population, which has risen from 14.4 in 2019. Modelling of data predicts that even if the increase in consumption among older heavy drinkers during the pandemic is short lived, there will still be between 2,431 and 9,914 extra premature deaths by 2035 with this disproportionately effecting the poorest. The costs to the NHS are estimated to be between £363 million and £1.2 billion (Boniface, Card-Gowers, Martin, Retat, & Webber, 2022).

In 2021, there were 9,641 deaths (14.8 per 100,000 people) from alcohol-specific causes registered in the UK, the highest number on record. The number recorded in 2021 was 7.4% higher than in 2020 (8,974 deaths; 14.0 per 100,000) and 27.4% higher than in 2019 (7,565 deaths; 11.8 per 100,000), the last pre-coronavirus (COVID-19) pandemic year. Between 2012 and 2019, rates of alcohol-specific deaths in the UK had remained stable, with no statistically significant changes in the age-standardised rate. Consistent with previous years, the rate of alcohol-specific deaths for males in 2021 remained around double the rate for females (20.1 and 9.9 deaths per 100,000 people, respectively). Comparing with 2019, there have been statistically significant increases in the alcohol-specific death rate in England, Wales, and Scotland (ONS (13), 2022).

5.1.1.1 Drug indicators: Alcohol dependency and treatment

There were 84,869 adults in specialist treatment in England for **alcohol** *only* during 2021/22 an increase from 76,740 in 2020/21, a decline from the peak of 91,651 in 2013/14. Of people starting treatment in 2021/212, 64% said they had a problem with **alcohol** and of these 67% (56,995) said it was their only problem substance. This **alcohol** *only* group had the highest successful 'treatment completion' rate of any group (59%) (OHID (8), 2023).

Table 16: Alcohol hospital admissions in Greater Manchester

	1. Hospital admission episodes for alcohol-specific conditions 2021/22		**2.** Alcohol specific hospital admission . Under 18 2018/19-2020/21	**3.** Alcohol related mortality 2021	
Area	Number of episodes	Rate per 100,000 population	Rate per 100,000	Number	Rate per 100,000
England	342,795	626	29.3	20,970	38.5
North West	58,680	815	43.6	3,438	47.8
Bolton	1,950	702	34.1	144	52.9
Bury	995	530	30.9	93	49.7
Manchester	3,875	946	36.6	196	54.5
Oldham	1,510	693	36.4	120	56.0
Rochdale	1,685	807	31.3	116	57.3
Salford	2,775	1,241	37.7	109	51.4
Stockport	2,375	809	36.7	130	43.1
Tameside	1,900	853	32.9	103	47.1
Trafford	1,425	638	41.4	77	34.4
Wigan	2,900	881	58.1	157	447.9

1. Admission episodes and rate per 100,000 population for alcohol specific conditions. 2021/22.
2. Admission episodes for alcohol-specific conditions - Under 18s. 2018/19 – 2020/21.
3. Alcohol related mortality. 2021: Source 1-3 (OHID (10), 2023)**.**
Colour code: Better. Similar. **Worse** than similar benchmark areas.

Table 17: Alcohol dependency and treatment in Greater Manchester

Area	1. Estimates of adults with alcohol dependency in need of treatment 2020/21		2. Nº in specialist alcohol treatment 2020/21	3. Deaths in alcohol treatment. Mortality ratio 2018/19 to 2020/21
	Estimated number	Proportion not in treatment		
England	602,391	81.9%	76,740	1.00
Bolton	2,857	81%	498	1.24
Bury	1,695	79.6%	317	0.93
Manchester	7,124	84.1%	792	1.7
Oldham	2,348	79.9%	352	0.8
Rochdale	2,354	77.8%	520	1.67
Salford	3,265	78.3%	730	0.79
Stockport	2,175	69.4%	518	1.09
Tameside	2,343	72.0%	373	1.00
Trafford	1,653	76.2%	317	0.9
Wigan	3,185	74.8%	893	2.03

1. Estimates of the number and proportion of adults in England with an alcohol dependency potentially in need of specialist treatment. 202/21.
2. Number in treatment at specialist alcohol misuse services. 2020/21.
3. Deaths in alcohol treatment, mortality ratio: Source 1-3 (OHID (6), 2022)
Colour code: Better. Similar. **Worse** than similar benchmark areas.

There were an estimated 602,391 adults with **alcohol** dependency in need of specialist treatment in 2018/2019 (the most recent estimate), an estimated 82% of adults in need of specialist treatment for **alcohol** are not receiving it (OHID (4), 2021).

There were 5,179 young people in contact with treatment services who said they had a problem with **alcohol** (46%) (OHID (9), 2023). Of those young people in treatment services during 2020/21, 4,459 (41%) said they had problems with **alcohol**. The proportion who reported having **alcohol** problems has fallen steadily from a peak of 68% in 2008/09 to 41% in 2020 to 2021 (OHID (7), 2022).

Recent research identified eight key themes that young people used to explain the decline in youth drinking: The potential for alcohol-related harm; Contemporary youth cultures and places of socialisation; The affordability of **alcohol**; Displacement of **alcohol** by other substances; Access and the regulatory environment; Disputing the decline; Future Orientations; and Parenting and the home environment. Heterogeneity in the experiences and perspectives of different groups of young people was evident, particularly in relation to age, gender, and socio-economic position (Whitaker, Curtis, Fairbrother, Oldham, & Holmes, 2023).

5.1.2 Findings: Alcohol

Following on from last year's survey when over half (52%) of professionals reported an increased use of alcohol, just under half (42%) of professionals who completed the 2022 professional survey, reported an increase in **alcohol** use among the people they engage with. This was the second highest percentage (just below **benzodiazepines**, 43%) increase reported of the 44 substances covered in the survey.

> *"We have noticed an increase in referrals for people using alcohol."* (Service Manager, Tameside)

However, a small number (7%) of respondents to the professional survey reported a decrease in **alcohol** use. This was mainly from professionals working with young people.

> *"We have seen a slight drop in the numbers of young people (under 18 years old) that have had an alcohol/drug related attendance in our A&Es/UTC."* (Children & Young People's Alcohol & Drug Specialist Nurse, GM)

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 – particularly young people and women, largely attributed to the greater availability of pubs and parties' post-lockdowns.

> *"Increased use in non-traditional groups with social capital and young people."* (Outreach Drug & Alcohol Worker, Trafford)

The impact of COVID was often noted as an underlying factor.

> *"Post COVID lockdown people seem to be using more and more alcohol after forming a habit during the various lockdowns."* (Police Officer, Manchester)

> *"Due to COVID response, increase with individual drinking at home. Seeing an increase in professionals access services."* (Dual Diagnosis Lead, GM)

> *"Continued increase in alcohol consumption since COVID and there are now waiting lists for inpatient alcohol detox units due to increased demand."* (Psychiatrist, GM)

> *"There appears to be more referrals from clients having issues with alcohol misuse, possibly due to the pandemic and more people working from home, also more clients appear to be using alcohol to manage their mental health issues."* (Assertive Outreach Team Member, GM)

Among respondents to the adult substance use survey, **alcohol** usage during the previous year was equally split between those who reported that it had increased (32%), and those who reported there had been no change (32%). Just over a fifth of respondents reported that it had decreased (21%) and twelve percent reported that they did not use **alcohol**. Boredom and greater access to **alcohol** if parents were drinking more **alcohol** at home were cited by professionals as some of the reasons for increased **alcohol** use by young people.

> *"Increased use by parents so young people more access to alcohol in the home."* (Young people's substance use worker, Wigan)

"Young people have increased their drinking patterns. I feel this is due to boredom." (Adolescent substance misuse worker, Bolton)

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. Following on from the survey responses, the continued effects of the national lockdown were regularly cited as a reason for increased alcohol usage.

"The numbers of alcohol users coming through has significantly increased. Professional people and key workers went from occasional drinkers to dependent alcohol users because of COVID, we're seeing the aftermath of that now." (Criminal Justice Manager, Oldham)

"Our current biggest areas of worry - and development - are around alcohol use. We had been seeing people who would previously have been drinking high levels of alcohol and were probably having some negative social and physical effects. But when the social boundaries to drinking disappeared with the COVID lockdown, their control of alcohol was lost, and they haven't got it back. We saw a tidal wave of alcohol referrals after a few months of COVID, which has not reduced." (Trust Lead for Addictions, Stockport)

"A lot of mental health issues arose during the pandemic, like anxiety and depression. People were not able to go out the house. They were saying that they would get alcohol delivered - ordering it online. They don't have to move to get it." (Drug and Alcohol Worker, Tameside)

The easing of lockdown restrictions has been cited as a potential reason for why more people are presenting with **alcohol** dependency. Those with drinking-related health problems were able to hide these issues from medical practitioners during the COVID lockdown.

"During the pandemic, GPs were seeing people less face-to-face and that had a real impact. Because if you've got someone drinking alcohol and presenting in front of you, you can see the colour of their eyes, you can see the colour of their skin… GPs not being able to see that; we then got people who were more dependent on drinking." (Operational Manager, Bury)

"I think with alcohol clients it's very easy for somebody over the phone to tell you they are fine, where actually there might be a bit of blood loss when they go to the toilet. They might be vomiting blood, they might be a little bit jaundice and until you clap eyes on them and see that…" (Substance Use Practitioner, Bolton)

"And of course, no one really ever tells the truth about the units of alcohol they're consuming. Most people who are perfectly healthy and would consider themselves only a very moderate drinker, go well over those recommended units." (Public Health Manager, Tameside)

Adult treatment staff across Greater Manchester reported an increase in self-referrals of professionals presenting with concerns of their alcohol use. Again, the COVID lockdown was cited as a reason for this increase.

"We are seeing more professionals coming in, whether that be drinking at home during the pandemic, and that drinking started a little bit earlier and became a little bit more problematic… It's more women… it is more the older age group rather than teens or early 20s." (Substance Use Practitioner, Bolton)

"We have seen a huge increase in alcohol referrals, often among professionals who probably, before lockdown, only drank a couple of nights a week when at home... We regularly hear that a lot of people's anxiety and depression levels led to a lot of people drinking to deal with it, and there's no sign of numbers reducing." (Senior Recovery Worker, Rochdale)

Concerns were raised by *Key Professional Informants* over the use of expensive and high-percentage **alcohol** by young people. They were cited as being more interested in drinking branded spirits, rather than larger, cider and other low-cost alternatives.

"I've seen the shift in young people drinking more expensive alcohol. When I

was a teenager, young people would drink whatever was cheap, but now I see people drinking more expensive forms of vodka for example." (Operational Manager, Bury)

"More and more young people are drinking large amounts of spirits. Whilst very few are drinking daily, many are binging when they do drink." (Adolescent Health and Wellbeing Worker, Bolton)

"Young people don't tend to drink the ciders or lagers anymore, they go for the spirits." (Mental Health and Substance Misuse Practitioner, Tameside)

"…the AU branded in the gold bottle, it's become a status definitely and that's because they can post it on social media and get attention..." (Dual Diagnosis Practitioner, Rochdale)

In summary, the impact of the pandemic on **alcohol** use is still being felt with drinking patterns that developed in COVID continuing and self-medication of depression and anxiety frequently reported. Post-pandemic, the ongoing recession and cost of living crisis is likely to see these reported increases in **alcohol** use continue.

5.2 Nicotine

5.2.1 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). Although some increases were reported among specific groups during the pandemic (PHE (19), 2020; Jackson, Beard, Angus, Field, & Brown, 2021); according to ASH, a million people quit smoking cigarettes during the initial lockdown period (ASH, 2020). Smoking rates are now the lowest ever recorded. In the UK, in 2021, 13.3% of people aged 18 years and over smoked cigarettes, which equates to around 6.6 million people in the population (the lowest figure since monitoring started in 2011). 15.1% of men smoked compared with 11.5% of women. Those who had no qualifications were more likely to be current smokers (28.2%) than those whose highest level of education was a degree or equivalent (6.6%) (ONS (14), 2022). However, the *Khan Review* states that unless the government acts[13] it will miss its target to make England *'smoke free'*[14] by 2030, which will in turn will mean it misses targets for increasing healthy life expectancy (Khan, 2022).

In 2021, 16% of 11 to 15-year-old pupils had *ever smoked cigarettes*; down from 21% in 2018 and from 49% in 1996; only 1% were *regular smokers*; down from 2% in 2018 and 13% in 1996. Schoolchildren are still more likely to report ever taking illicit drugs (18%) than smoking cigarettes (16%) (ONS (5), 2022). There were 1,389 (12%) young people in contact with treatment services who said they had a problem with **nicotine** (excluding vaping) (OHID (9), 2023). A recent online survey of 2,000 young people aged 16-25 conducted in July 2022 for the charity 'The Mix' indicated that there has been an increase in cigarette smoking from 22% in 2021 to 29% in 2022 (The Mix, 2022).

Smoking rates across Greater Manchester vary considerably and as with **heroin** and ***crack* cocaine** use, smoking prevalence is closely associated with measures of deprivation. See Table 18 for smoking prevalence, morbidity and mortality in Greater Manchester.

Smoking may kill more dependent drinkers and drug users than **alcohol** and/or drugs (Alcohol Change UK, 2020). Of those starting treatment for **alcohol** or drug problems over 51,000 people (56%) said they had smoked tobacco in the 28 days before starting treatment. Across all substance groups, the level of smoking for men and women was over four times higher than the smoking rate of the general adult population (OHID (4), 2021). Despite the high levels of smoking among those in drug and **alcohol** treatment, only 2% of people were recorded as having been offered referrals for smoking cessation interventions. This was down from 3% in 2019/20 (OHID (4), 2021).

13. The Khan review recommends increased investment for smoking cessation services, the promotion of vaping, an immediate 30% increase in taxation, and increasing the age of sale by one year every year *"until no one can buy a tobacco product in this country"*.
14. The definition of *'Smoke Free'* used is under 5% of adults smoking.

Table 18: Smoking prevalence, morbidity and mortality in Greater Manchester.

Area	**1.** Smoking prevalence 18+ (2021)	**2.** Smoking attributed hospital admissions per 100,000 population (2019/20)	**3.** Smoking attributed mortality per 100,000 population (2017/19)[15]
England	13.0%	1,397	202.2
North West	14.4%	1,550	247.5
Bolton	18.4%	1,421	257.8
Bury	11.4%	1,460	240.3
Manchester	16.8%	2,422	388.5
Oldham	19.3%	1,648	292.4
Rochdale	15.6%	1,662	303.0
Salford	13.9%	2,023	335.2
Stockport	12.6%	1,560	213.7
Tameside	19.2%	1,862	351.0
Trafford	11.1%	1,310	187.8
Wigan	13.9%	1,410	266.0

1. Estimates of smoking prevalence among adults aged 18+. 2021.
2. Smoking attributable hospital admissions rate per 100,000 population. 2019-20.
3. Smoking attributable mortality rate per 100,000 population. 2017/19: Source 1-3 (OHID (7), 2022).
Colour code: **Better**. **Similar**. **Worse** than similar benchmark areas.

5.2.1.1 Drug indicators: E-cigarettes

The use of *e-cigarettes* as an aid for existing adult smokers to quit smoking cigarettes has been heavily endorsed by British public health institutions and in public policy (Khan, 2022). The PHE evidence review indicates vaping is up to 95% safer than smoking (PHE (40), 2018), however, although undoubtedly safer, nobody has argued that vaping **nicotine** is completely safe or without risk. While numbers pale into insignificance compared to the estimated 191,903 deaths related to smoking cigarettes in England between 2017 and 2019 (OHID (7), 2022), since May 2016 there have been three fatalities in the UK linked with vaping products (PHE (41), 2021). A recent review by the Committee on Toxicity (COT) suggested people who had not smoked tobacco but vaped would likely experience some adverse health effects (PHE (41), 2021), while a recent Australian review found there was conclusive evidence that e-cigarettes caused poisoning, injuries, burns and immediate toxicity through inhalation, including seizures (National Centre for Epidemiology and Population Health ANU College of Health & Medicine, 2022)

National statistics show a large rise in the use of e-cigarettes among 11-15 year-olds from 6% (2018) to 9% (2021). 21% of 15 year-old girls are current e-cig users (ONS (5), 2022).

A recent large (36,876) telephone survey showed the number of regular 18 year olds currently vaping increasing from 11.3% to 17.7% between 2021 and 2022; with an increase from 0.1% to 10.7% of 18 year olds using disposable vapes. Among adult vapers the use of disposable vapes has increased 18 fold during the year and among 18-year-old existing vapers has risen from 0.4 to 54.8% between 2021 and 2022 (Tattan-Birch, Jackson, Kock, Dockrell, & Brown, 2022)

2020 data suggest vaping prevalence was lower than smoking prevalence across all groups and continues to be around 6% (between 5.5% and 6.3%), equating to about 2.7 million adult vapers in England (PHE (41), 2021). While the use of e-cigarettes by adults as a smoking cessation aid is endorsed, the use of e-cigarettes by young people is far more controversial. According to a 2019 analysis by *PHE* there was no evidence they are acting as a route into cigarette smoking;

15. 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).

regular e-cigarette use is largely confined to the 2% of pupils who are regular cigarette smokers (NHS Digital (1), 2019). However, a recent briefing from ASH based on results of the annual YouGov youth survey, showed current vaping among 11-17 year-olds up from 4% in 2020 to 7% in 2022. The proportion of children who admit ever having tried vaping has also risen from 14% in 2020 to 16% in 2022. Those young people who have never smoked cigarettes are now more likely to have tried an e-cigarette than those who have smoked cigarettes, although the vast majority of this is still experimental rather than regular use (ASH, 2022).

Disposable *e-cigarettes* are now the most used product among young vapers, up more than 7-fold from 7% in 2020 and 8% in 2021, to 52% in 2022. Disposable high strength[16] **nicotine** vapes such as *Elf Bar* and *Geek Bar* are overwhelmingly the most popular, with only 30% of current users having tried any other brands (ASH, 2022). According to US research, JUUL disposable e-cigarettes, which like *Geek* and *Elf* bars, contain **nicotine *salts***, deliver substantially more **nicotine** to the blood per puff than cigarettes or previous-generation e-cigarettes and impairs blood vessel function comparable to cigarette smoke (Poonam, Jiangtao, & Springer, 2020).

A recent online survey of 2,000 young people aged 16-25 conducted in July 2022 for the charity 'The Mix' indicated that vaping e-gigs had trebled from 15% in 2021 to 44% in 2022 (The Mix, 2022).

5.2.2 Findings: Nicotine

The largest group (43%) of professional survey respondents reported no change in relation to **nicotine** use. However, almost a quarter (22%) highlighted an increase amongst the people they work with. Over a quarter (28%) of respondents in the adult substance use survey reported an increase in their **nicotine** use. This was often linked to the use of vapes.

> *"Started using disposable vapes and switched to cigarettes due to cost and nicotine content."* (23, Male, Manchester)

Conversely, a sixth (14%) of adult substance use survey respondent noted a decrease in their **nicotine** use. For some, this was directly linked to using vapes.

> *"Switched to using disposable vapes like Elf bar. Rarely smoke cigarettes now, maybe the odd one when drinking."* (Male, 27, Manchester)

> *"Decrease in tobacco use due to decrease in cannabis use. Currently using a disposable vape pen - Eluxe 3500 - which will last me five to seven days."* (Male, 15 Manchester)

This decrease in the use of tobacco was noted in the interviews with *Key Professional Informants* from across Greater Manchester, notably amongst those who work with young people. Cigarette use was cited as being an undesirable practice amongst those of school age.

> *"...cigarettes are looked at as skanky now. It's looked down on, people are scruffy if they smoke."* (Advocacy Worker, Salford)

> *"I've found that, if you ask them if they smoke, they say 'no' and that smoking is disgusting. But then if you ask them if they put tobacco in a spliff, they say they do. But when they think about purely having a cigarette, they think it's disgusting."* (Outreach Worker, Manchester)

A quarter (24%) of professional survey respondents reported an increase in vaping and e-cigarettes among the people they worked with – particularly among young people. This was supported in the survey of young people with almost half (45%) of the 386 respondents reporting past year use of nicotine. This was much higher for those in contact with services (70%) than those not engaged with services (26%). Although the question did not distinguish between tobacco and vapes, the vast majority of free text comments referenced the use of disposable vapes.

> *"Use more Geek bars"*
> *"Smoking every day with disposable e-cigs"*
> *"Started using disposables"*

It was also common for young people to report switching from smoking tobacco to disposable vapes.

16. According to the manufacturers, a Geek bar contains up to 5% nicotine salt offering up to 6,000 puffs (Geekbar.com, 2022).

"Stopped smoking and switched to e-gigs"
"Decreased cigs but increased e-cig use"
"No longer smoking cigarettes, just e-cigs"

While the reported switching from smoking cigarettes to vapes may be viewed as less harmful, professionals from across Greater Manchester expressed concerns that those who had never smoked cigarettes before were starting to use vapes.

"Nicotine vaping is so common... I know from meeting with schools that they are really struggling with young people vaping." (Operational Manager, Salford)

"Geek and Elf bars, they started coming in last summer, and we were on outreach and they were just everywhere. It was year sevens that didn't even smoke nicotine before, so it wasn't a replacement for cigs." (Dual Diagnosis Practitioner, Rochdale)

"I have a nearly 14-year-old daughter and all of her friends vape... it's replacing cigarettes as the cool thing to do. There are not a lot of kids that age who are starting on cigarettes, but they are starting on a vape… it's high on the school's radar." (Service Manager, Wigan)

Concerns were also raised over young people's use of tobacco whilst smoking **cannabis**. Whilst *Key Professional Informants* from across Greater Manchester concurred that young people were more interested in vaping **nicotine** than smoking cigarettes, they were still regularly using tobacco when making 'spliffs'.

"Most of them are smoking [cannabis] with tobacco, every so often you'll get them say 'I don't put any tobacco in it', but that's quite rare" (Recovery Co-ordinator, Bury)

"I would say all of them [are smoking cannabis mixed with tobacco] … I don't think any of them [are smoking cigarettes independently]." (Advocacy Worker, Salford)

"They don't smoke in the traditional sense, but young people still have tobacco that they mix with cannabis." (Operational Manager, Bury)

Young people's use of tobacco whilst smoking cannabis was said to be a potential pathway into them smoking cigarettes when they were unable to access cannabis. This risk was amplified for those young people who were also using **nicotine** vapes.

"They start off on cannabis and because they have had tobacco in a joint, they turn to a cigarette when they don't have any cannabis. "They are avoiding tobacco, but they are using vapes and what happens is they will smoke a cigarette when they've got no money to buy the vape." (Adolescent Health and Wellbeing Worker, Bolton)

5.3 Cannabis

5.3.1 Drug Indicators: Cannabis

After increases reported since 2016, past year **cannabis** use by young adults (aged 16-24); decreased from 18.7% (2019/20) to 16.25 (2021/22) (ONS (4), 2022). Among pupils (aged 11-15); cannabis is the drug that pupils are most likely to have taken in the last year, with 5.6% saying they had done so in 2021. However, this is down from 8.1% in 2018, and 13.2% in 2002. Use increases dramatically with age; for example, in 2021, 0.3% of 11-year-olds had *ever used* cannabis; increasing to 19.2% of those aged 15 (ONS (5), 2022).

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 *SCRA*s) 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 (under 18) in treatment identify as a problem. There were 9,845 under 18s who said they had a problem with cannabis (87% of all in treatment) a similar proportion to the last four years (OHID (9), 2023)**.** New entrants to adult treatment services with **cannabis** problems increased again this year by 4% (from 27,304 to 28,263 2021/22) (OHID

(8), 2023); two-thirds (65.8%) of new treatment presentations aged 18-19 and a fifth (21.1%) of all adults in treatment identify **cannabis** as a problem (OHID (8), 2023).

Class B seizures increased by 21% in 2021 (159,209); 95% of class B seizures are cannabis which counts for 71% of the total of all seizures. 89% of cannabis seizures were herbal, but the proportion is in decline with the total quantity of cannabis resin more than doubling (increasing by 119% to 1,990kg). There were 7,242 **cannabis** seizures recorded by GMP (Home Office (e), 2022). There were 26 mentions of **cannabis** on death certificates related to drug poisoning in England and Wales in 2021 [five without any other drugs involved] (ONS (6), 2022).

5.3.1.1 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 European Drug Report, new production methods in Morocco have led to increases in the potency of **Cannabis *resin, with average **THC** content of 21%, almost twice that of ***herbal* cannabis** (11%). However, this new super potent **cannabis *resin*** does not yet appear to be making major inroads into the UK **cannabis** markets (EMCDDA (h), 2022). Although there has been the odd UK report in the last few years, there were an increasing number of detections of herbal **cannabis** products (mostly low-THC products) containing *synthetic cannabinoids* (SCRA) reported across Europe (EMCDDA (h), 2022).

5.3.2 Findings: Cannabis

Almost all the professional survey respondents (99%) stated that they worked with people who use **cannabis**. Over a third (38%) of these noted an increase in use. This was particularly noted by *Key Professional Informants* who worked with young people. A recurring theme was the reported use of **cannabis** by young people to self-medicate their ADHD.

> *"I would go as far as to say, that every young person I've worked with that has ADHD has said 'the medication does nothing for me, it doesn't work, the only thing that works and stops me bouncing around the walls is cannabis.'"* (Advocacy Worker, Bury)

> *"What they say is that ADHD medication makes them feel like a robot. I get the impression there is a disconnect between self and body. Whereas the cannabis chills them out… I guess they feel more real on the cannabis."* (Adolescent Health and Wellbeing Worker, Bolton)

> *"We have lots who are diagnosed with ADHD or show signs of undiagnosed ADHD, all using cannabis. They all say the medication doesn't work or they try it and don't get the instant effect, or they don't like it and just go back to using weed as it works straight away and it's the only thing that they say chills them out."* (Young Persons Worker, Wigan)

Other professionals reported the use of **cannabis** by young people as a coping mechanism for their mental health and emotional issues.

> *"As we've come out of COVID restrictions, we're seeing a lot more cannabis referrals. There's a strand of young people with mental health and emotional issues who use cannabis as a coping strategy."* (Operational Manager, Oldham)

None of the professional survey respondents reported decreases in **cannabis** use.

Just over a quarter (28%) of the adult substance use survey participants said they had increased their **cannabis** use during the year, with a sixth (16%) stating that their use had decreased.

5.3.2.1 Findings: Young People and cannabis use

Cannabis was the second most commonly used substance reported in the young person survey. For those young people in contact with services, past year use was at similar levels (82%) to last year (87%). However, past year was much lower (21%) for those young people in Manchester who were not in contact with young person substance use services.

Among the young people reporting cannabis use, a third (34%) stated they were using less **cannabis** than the previous year. However, another third (32%) reported that they were using more.

Continuing the concerns highlighted in last year's young person trend focus on 'non-traditional **cannabis** use', several key professionals raised concerns regarding the high cost, high strength branded **cannabis** - often referred to as 'Cali weed' being more preferable to young people across Greater Manchester.

> *"In terms of cannabis, the branding is different now, they talk about different grades, the packaging is different, it's marketed really well. It's like buying designer clothing. The new type of branding of cannabis has definitely made it more appealing to young people."* (Young Persons Worker Team Leader, Tameside)

> *"There's a lot of hype around 'Cali weed' and wanting to sell branded cannabis. There's some clients who think they're really clear on what street cannabis is and what Cali weed is, they say you pay more for Cali weed and say it's a different type of high."* (Operational Manager, Oldham)

5.3.2.2 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 – with continuation of the trend noted last year of extensive social media use to buy a wide range of **cannabis** in plant form, from hash, Cali weed and edibles to **THC** vapes and **cannabis *oil***.

Substance use professionals working with young people also discussed the use of social media for buying and selling **cannabis**.

"Often cannabis is sold via social media now, so it's not as traceable, you don't have to know somebody anymore and it will be delivered to your door." (Young Persons Worker Team Leader, Tameside)

"The availability of cannabis has increased because of social media." (Operational Manager, Oldham)

Last year's report found a majority (86%) of young people surveyed reported no change in the quality of **cannabis** they had been buying over the past year. We recommended the MANDRAKE testing on cannabis sold as 'Cali weed' to confirm its **THC** and **CBD** levels. This year's MANDRAKE testing included two samples submitted through young person's services that was sold as 'Cali weed'. Both these samples were found to contain high levels of **THC** (29% and 33%). A further two samples branded with the name of **cannabis** strains associated with 'Cali Weed' were also tested. Both samples were found to have high levels of THC. 'Haze' contained 19% **THC** and a sample of 'DOG' was found to contain 22% **THC**.

This demonstrates the need to continue to regularly monitor the strength of **cannabis**.

Key Professional Informants across Greater Manchester mentioned the lack of hash and resin use amongst young **cannabis** smokers. Almost all the respondents mentioned that the only form of **cannabis** being smoked by young people was the **cannabis** flower.

> *"The cannabis we see is all weed. We rarely see any resin."* (Dual Diagnosis Nurse, Rochdale)

> *"We mainly see weed, I'm not aware of any resin use."* (Service Manager, Wigan)

The previous year saw an increase in young people vaping **cannabis** (or what they perceived to be **cannabis**). However, respondents in the *Key Professional Informant* interviews spoke of a reversal in this trend this year. This was attributed to the fears around **THC** vape products being adulterated with **SCRAs** (such as ***Spice***)[17].

> *"We had two THC vapers, but they got sold dodgy spice stuff and had really bad reaction to it… so they don't do it now." (Drugs & Recovery Worker,* Trafford)

17. The negative view of THC vapes may have been further compounded: A March 2023 test on a THC vape from Bolton, showed the presence of vitamin E acetate. Vitamin E acetate is added to thicken or dilute the THC and was the main culprit from the US cases of e-cigarette or vaping-associated lung injuries (EVALI). Between 2019 and 2020 there were 2,807 hospitalised cases and 68 deaths associated with this additive.

"We had previously seen a considerable number of people vaping SCRAs sold as THC. We've not seen that at all this year." (Alcohol Liaison Nurse, Bury)

"Young people aren't vaping cannabis anymore as they think it's Spice." (Dual Diagnosis Worker, Rochdale)

The reported shift away from using products sold as **THC** vapes may in part, be due to the Greater Manchester Drug Alerts and wider awareness raising of the MANDRAKE testing through young person's treatment services, including the *North West Professional Learning and Development Network.*

5.3.2.3 Findings: Non-traditional cannabis use

In last year's report, we focused on 'non-traditional **cannabis** products'(THC vapes, 'Cali Weed' and cannabis edibles). Non-traditional **cannabis** use was discussed in interviews with *Key Professional Informants.* The use of **edibles** and other non-traditional forms of **cannabis** were said to be products that are not used as frequently as **cannabis flower**. This was mainly due to the price of these products.

"Edible use amongst our clientele is quite prevalent. They tend to source it from Snapchat, they find deals on Snapchat... I know of some dealers who sell two cookies for £15. Most young people will say they don't do it that often because of how expensive it is. That is something they have reported, that it's too expensive. I'd say the ones talking about edibles the most are below 18... It's just a once in a while thing because of how expensive it is." (Young People Resilience Worker, Manchester)
"We get some young people using edibles, but this is mainly for the novelty. It's not the main way to use cannabis." (Operational Manager, Bury)

Due to the increase in use of **cannabis *edibles*** in last year's research, we introduced a separate survey question in the young person's survey on the use of edibles. Past year use of edibles was reported by one in seven young people (14%). Use of edibles was slightly higher (17%) for those in contact with services than those who were not (14%).

5.4 CBD (Cannabidiol) and Cannabis-based products for medicinal use (CBPMs)

5.4.1 Drug indicators: CBD market information

According to industry estimates, the UK has become the world's second-largest consumer *cannabinoids* market after the US, with 8 million users spending more on **cannabis** extracts domestically than vitamin B and C combined. It was estimated the UK **cannabidiol** (CBD) industry generated £690m in annual sales in 2021 (Cook, 2021).

5.4.2 Drug indicators: Cannabis-based products for medicinal use (CBPMs)

According to the UN World Drug Report 2022, the UK and Canada accounted for 71 per cent of the global production of 650 tons of medical **cannabis** in 2020 and the UK is s the main source of **cannabis** extracts and pharmaceutical preparations containing **cannabis** extracts (UNDOC, 2022). The Hodges Review (on behalf of The Centre for Medicinal Cannabis) called for clarification of the law and better regulation to allow the UK to become a world leader in this growing global industry; *"Brexit has given the UK the freedom to choose to align or differentiate itself from the markets with which it is competing"* (Hodges, 2022).

Cannabis-based products for medicinal use (CBPMs) are Schedule 2 controlled drugs under the Misuse of Drugs Regulations 2001. They can be prescribed by, or under the direction of, a doctor who is on the specialist register of the GMC to treat patients with a specific unmet clinical need. Prescribing of unlicensed CBPMs was made possible with legislation changes in 2018. The current prescribing data shows a 935% increase in prescribing from 3,636 items (2020) to 37,634 items prescribed in 2021 (CQC, 2021).

5.4.3 Findings: CBD

A fifth (21%) of professional survey respondents noted an increase in use of **CBD** products.

One in eight (13%) of respondents in the survey reported an increase in the use of **CBD** products.

It was typically stated that **CBD** products were used to alleviate mental health difficulties and aid sleep.

> *"Started taking CBD capsules with my medication to see if they help my mental health."* (Male, 28, Manchester)

> *"Used in the evening to help sleep better."* (Male, 37, Salford)

Another stated reason for use by *PWUD* was in an attempt to reduce **cannabis** use.

> *"Have used a hemp CBD product to reduce THC consumption. Was more an intention than actual change though."* (Male, 42, Manchester)

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.

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

5.5.1 Drug indicators: SCRA

Since the advent of the *Psychoactive Drugs Act* (PSA) in 2016, ***SCRA***[18] users have been almost exclusively confined to the homeless and prison populations (Ralphs R. a., 2017; Gray, Ralphs, & Williams, 2020; Home Office (c), 2018). The overwhelming majority of prison finds listed as *'Psychoactive Substances'* are thought to be SCRAs. This is over half of the identified substances found in prisons in England and Wales and has increased every year since the introduction of the *PSA* from 3,182 in 2016 to 9,114 in 2021 (Atkins, 2022). As widely foreseen, the *PSA* resulted in increased harms and deaths in vulnerable user groups (Ralphs, Gray, & Sutcliffe, 2021).

There were 1,148 *SCRA* users in adult treatment in England in 2021/22 a slight decrease from 2020/21 (1,236); most (809) of them were using *SCRA* alongside *opiates* (OHID (8), 2023) (OHID (4), 2021). During 2021, Police forces had 2,794 seizures classed as NPS (*New Psychoactive Substances*); most of these (2,162) were SCRAs. There were two seizures by GMP in year ending March 2021 (14 doses) (Home Office (e), 2022). There were 69 deaths associated with *SCRA* in England and Wales in 2021, an increase from 53 in 2020 (ONS (6), 2022).

5.5.2 Chinese ban on SCRA

Four new 'OXIZID' synthetic cannabinoids were detected in Europe in 2021, seemingly as replacement substances following China's class-wide ban on *synthetic cannabinoids*. Concern also exists about a growing crossover between the illicit drugs and new psychoactive substances markets. Examples include the adulteration of low-**THC cannabis** products and edibles with synthetic *cannabinoids* (EMCDDA (h), 2022).

5.5.3 Findings: SCRA

Of the 110 professional survey respondents who work with clients who use *SCRA*, fifteen percent stated there was an increase in use. However, almost a quarter (22%) of them noted a decrease in use. A decrease in use amongst homeless and street based users was mentioned across all Greater Manchester areas.

> *"There appears to be less reported use amongst those who were previously 'experimenting' with this substance."* (Recovery Coordinator, Bury)

> *"Despite checking with patients regularly, I get the sense this is not being used as much in the community."* (Psychiatrist, Salford and Trafford)

> *"I don't seem to have any clients who smoke it anymore and I've not noticed any new referrals, although I know it's still out there and have heard of school children trying it."* (Substance Misuse Practitioner, Salford)

As we highlighted in last year's report, legislative changes in relation to the production of *SCRA* in China may result in changes to the availability and make-up of SCRAs. A small number of

18. **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.

criminal justice professionals suggested this may explain the reported decrease in use.

> *"The Chinese government have banned a major chemical component that is exported and used to make Spice in the UK, which has dramatically reduced production and availability on the street."* (Police Officer, Manchester)

However, despite a reported decrease in use, its use and the impact of use was still reported by some key professionals.

> *"No use of Spice on the wards but [an] increase number of service users referred as a result of use leading to admission."* (Dual Diagnosis Nurse, Rochdale)

Consistent with previous surveys, *SCRAs* were most frequently discussed in the professional survey and in *Key Professional Informants* interviews in relation to use amongst prison, homeless and street-based populations.

> *"I took on a role working with the homeless in Manchester, everyone on my caseload was using Spice."* (Trauma and Dual Diagnosis Lead, Bolton, Bury, Manchester, Salford and Trafford)

While its use and associated harms were reported less than previous years amongst those working in the homeless and supported accommodation sector, its availability and use was still prevalent and widely reported within the local prison estate.

> *"Spice is popular within the prison environment."* (OD and Training Lead, Bolton, Bury, Salford, Trafford, Wigan)

> *"Spice in prisons soaked in legal documentation"*. (Police Officer, Greater Manchester)

However, some prison staff reported that it is was less prevalent and what is currently being used is causing less serious incidents than in recent years. Furthermore, the reduction in the use of *SCRAs* was often discussed in tandem with reports of significant increase in **cannabis** use in the prison estate.

> *"It isn't like it used to be. We see a lot more cannabis now than we've seen for years. And less NPS use. Don't get me wrong, we still see it, but not as much and we are not seeing the same effects from use."* (Prison Recovery Worker)

> *"We don't see the same issues we used to have with it. We rarely have to call ambulances out now for NPS use. So while it is still around, I don't think it is as potent as it used to be."* (Prison Recovery Manager)

A theme across the *Key Professional Informant* interviews working in the community was the notable decrease in **SCRA** use amongst these populations following the lifting of the COVID lockdown restrictions.

> *"Spice use went up during the pandemic, but that changed now, it's got a really bad reputation, so now it is only really our desperate individuals using it now as use seems to have dropped off."* (Hep C Lead, Bury)

In contrast to the prison estate, where its decline in use was linked to increased availability and use of cannabis, in the community, its decline in use was linked to increased use of heroin.

> *"Spice was rampant before and during the pandemic, but not so much now. I've not seen it around recently. Some changed back to heroin."* (Homeless and Rough Sleeper Service Worker, Wigan)

This was partly attributed to a reduction in the potency of 'Spice' coupled with increased heroin purity, following heroin purity dropping to around five percent in several Greater Manchester areas last year.

> *"I've not had any body reporting using Spice in the last 12 months, I think it was more of a thing during the lockdown, I think that was possibly because it was easier to get, or it was stronger as the heroin was such poor quality."* (Recovery Co-ordinator, Bury)

> *"We're not seeing a lot of Spice recently. I heard there was a ban on the production somewhere. I know quite a few people who are back on the gear* [heroin]*."* (Homeless Service Worker, Manchester)

While it is still used in the prison estate, it was viewed by several professionals as a 'prison drug'.

> *"You see so many prison releases who go 'I tried it in prison. I hated it, I'm sticking to heroin and crack'. But there are a small proportion who still use it, but it is very low."* (Clinical Lead, Salford)

> *"We find that the spice use stays within the prisons. Once they're released, they have access to other, more preferable substances."* (Criminal Justice Outreach Worker, Bolton)

In support of this narrative that 'spice' is a 'prison drug', one adult survey respondent stated they used it while in prison but not in the community.

> *"I never touched this until I went to prison. I haven't touched it since I came out."* (Male, PWUD, 27, Tameside)

There were no significant changes reported in the survey for *PWUD*. The vast majority (97%) of survey respondents said they had never used *SCRAs*. Of the three percent who had used, there were similar levels of those who reported an increase in use, decrease in use or whose use had remained stable.

Following on from last year's report which highlighted the presence of *SCRAs* in vapes sold as **THC** vapes, a small number of key professionals working in young people's services noted that this is still a concern.

> *"Probable use of SCRA because clients think they are using THC vape."* (Adolescent Health and Wellbeing Worker, Bolton)

> *"Use of THC oil has been noted and [MANDRAKE] testing has provided evidence to support the belief that the oil is made up of more Spice chemicals than THC."* (YP and YJ practitioner, Manchester)

5.5.3.1 Findings: SCRA market information

There were no notable changes in the *SCRA* market discussed in the *Key Professional Informant* interviews. While reports of reduced use was common, there was no discussion of reduced availability or changes to price.

5.5.3.2 Findings: SCRA content

The were no notable concerns around the content of available *SCRAs* from this year's interviews. It was noticeable that unlike previous years when MANDRAKE would regularly receive requests to test samples of *SCRAs* that had been linked to incidents, this year we did not receive any *SCRA* samples. In addition, no seizures of *SCRAs* appeared in any of the police drug property stores across Greater Manchester. The shift towards other substances (such as **heroin** and ***crack* cocaine**) could be a reason for this. This is discussed in the next section.

5.6 Heroin

5.6.1 Drug indicators: heroin

In 2021, 0.4% of pupils aged 11-15 reported **heroin** use in the *last year,* the same as 2018 (ONS (5), 2022). General population surveys such as *CSEW* 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 CSEW estimates of **heroin** users is 0.0% (ONS (4), 2022).

The *National Drug Monitoring System* (NDTMS) uses a complex method to estimate that there were 261,294 *opiate users*[19] in England (2016/17), a rate of 7.37 per 1,000 population; 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 (OHID (6), 2022). See Table 19 for the estimated rates of *opiate* users in Greater Manchester.

During 2021/22 the number of people in treatment for *opiate* use was similar to the previous year (down slightly from 140,863 to 140,558). Nearly half (49%) of the adults in treatment were there for problems with *opiates*, and this remains the largest substance group. A

19. '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**.

large proportion of opiate users in treatment will have started using **heroin** in the epidemics of the 1980s and 1990s and are now over 40 years old (median 43.9). 72.4% are male and 27.6% female. Among adult *opiate* users in treatment; 47% report never injecting; 32% were previous injectors and 21% are current injectors (OHID (8), 2023). There were just 37 young people in treatment for **heroin**, representing only 0.35% of those in treatment and more than a 95% reduction since its peak in 2005/06 (984) (OHID (9), 2023).

Table 19: Estimated number and rate per 1,000 population for opiate users in Greater Manchester 2016/17 (latest estimate). Source (PHE (2), 2019).

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

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 England and Wales in 2021, 2,219 *drug poisoning* deaths involved *opiates*; a slight decrease (2,263 deaths) on 2020. *Opiates* were involved in just under half (45.7%) of drug poisonings registered in 2021. **Heroin** and **morphine** (often indistinguishable post-mortem) continued to be the most frequently mentioned *opiates* with 1,213 drug poisoning deaths in 2021, again a slight decrease on 2020 (1,337). 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 (6), 2022).

There were 9,258 seizures of **heroin** in the year ending March 2021 (24% of all Class A seizures), a 4% increase on the previous year. There were 312 seizures of **heroin** by GMP (Home Office (e), 2022).

5.6.1.1 Drug Indicators: Heroin purity

According to the European Drug report, the average purity of **heroin** at retail level across Europe varied from 13 % to 55 % in 2020, with half the countries reporting an average purity of between 17% and 26% (EMCDDA (h), 2022). There is no available up to date data on **heroin** purity in the UK. The last UK Focal Point in 2018 reported that average purity of 'street' **heroin** was 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).

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

A 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). 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**[20] (PHE (38), 2021). However, there have been no confirmed or credible reports of **heroin** adulterated with *fentanyl(s),* or any of the other *New Synthetic Opioids* in the North West received by the *GM LDIS* over the last year (Greater Manchester LDIS, 2022).

5.6.2 Findings: heroin

Just under three quarters (74%) of professional survey respondents worked with **heroin** users. Of those, the largest group (44%) were those

20. **Isotonitazene** and related compounds are synthetic opioids believed to be as potent as **fentanyl** but in a class of drugs known as *'benzimidazole opioids'* (ACMD (g), 2022)

reporting no change in use, with fourteen percent reporting increases in use, whilst five percent reported decreased use. In the young person's survey, only seven of the 386 respondents reported using **heroin** in the past year. Although a small number, this represents a leap in the proportion of young people using **heroin**: from 0.4% in 2021 to 2% of the whole young people cohort in 2022 (or 4% of the group in treatment).

Nevertheless, young people were cited as using **heroin** at a much lower rate than older generations during the key professional interviews across all areas.

> *"Not many young people are using heroin nowadays in Stockport, yet the adult service is inundated."* (Substance Misuse Worker, Stockport)

> *"Not a lot of [young] people coming through with heroin. Heroin is more of an older person's drug. I'd say 40 plus."* (Drug and Alcohol Services Worker, Tameside)

> *"Most of our heroin users are older. The younger ones we have generally fit the traditional profile of having experienced trauma, experience of the care system, be out of work etc."* (Recovery Worker, Oldham)

In the adult survey, only two people reported past year use of **heroin** – one reporting starting to use heroin in the past year, the other describing an increase in **heroin** use.

Several *Key Professional Informants* from different areas of Greater Manchester reported an increase in **heroin** use amongst populations who were using *SCRAs* before the COVID lockdown.

> *"We are seeing a shift from NPS use towards heroin in the past 12 months."* (Occupational Development Worker, Salford)

> *"A lot less clients that we see coming through, use Spice […] I think we're back to the heroin and crack cocaine amongst that client group who used Spice."* (Criminal Justice Manager, Rochdale)

> *"I've heard people who were heavily on Spice; they have now turned to heroin. I don't know if heroin is cheaper".* (Homeless Service Worker, Manchester)

We discuss changes to the **heroin** market below.

5.6.3 Findings: Heroin and crack markets

Key Professional Informants from across Greater Manchester often discussed an increase in **heroin** quality. This comes after the lockdown period and heroin users reports of poor-quality **heroin** supported by MANDRAKE testing of street **heroin** last year that confirmed that **heroin** was as low as 2% and regularly below 10%, leading to **heroin** users supplementing their **heroin** use with other substances.

This year, it was more common to receive reports of an increase in **heroin** quality.

> *"Plenty of heroin around at the moment… they are saying its [the quality] is coming back and they are also talking about really good batches..."* (Hep C Lead, Bury)

> *"Heroin quality went down during the pandemic among the rough sleeping population, but it's come up a bit recently."* (Rough Sleeper Engagement Worker, Bolton)

> *"People complained at the beginning of the pandemic about: A, the quality of heroin; and B, how difficult it was to get. But I was thinking about when people come into treatment how much heroin they are using. And generally speaking, I see fewer people who use 8-9 bags than I used to. It seems like people are taking less heroin and you would think that might be because the quality is better… I haven't heard any complaints about the quality of heroin for a while."* (Addiction Consultant, Bury)

> *"We had a bit of an influx of clients who had been known to services for years but hadn't engaged with us for a long time, rearing their heads saying, 'I need to get back on me script, I'm absolutely desperate to get on a script' because the heroin was crap.'"* (Team Leader, Bolton)

Despite this supposed increase in quality, users were cited as still supplementing their **heroin** use with other substances.

> *"Heroin users will also now use alcohol and pregabalin and fentanyl and diazepam.*

That didn't happen before. If you were a heroin user, you spent all your money on heroin. People now understand that if they use substances in conjunction with other substances, they get an increased effect and so they don't have to spend as much money on their heroin." (Service Manager, Tameside)

"I've heard also heard quite a few times of actually using heroin combined with pregabalin or diazepam rather than alone gives a better effect, and which is probably more likely the real reason." (Criminal Justice Manager, Oldham)

"Benzo use has not dropped, despite the quality of heroin returning to pre-pandemic levels." (Hep C Lead, Trafford)

Additionally, concerns were raised around the adulterants in local **heroin**. A number of *Key Professional Informants* discussed **heroin** users testing positive for other substances, despite being adamant that they had only used **heroin**. As we illustrate below, the unexplained presence of *benzodiazepines* in urine screens was often reported, particularly in Bolton.

"I've noticed in the last few months a patient will come in and have a urine screen and it's coming back with methadone, heroin, crack whatever, but it's got benzos in it. So I ask them 'are you taking benzos?' And they're like 'I've not touched it'. We don't know, it might be the heroin." (Substance Use Practitioner, Bolton)

"In Oldham specifically, in terms of mixing and people testing positive for diazepam, adamant having not used it, there was quite a few last October time that were all kind of saying the same thing that led us to believe that it was potentially being mixed with the heroin." (Criminal Justice Manager, Oldham)

"I suppose the thing we do see frequently is benzos turning up in people's urine and they deny they've used benzos. And again, why would they lie about it… but whether the relative amount of benzos in heroin has changed I don't know". (Addiction Consultant, Bolton)

"We've had a number of people who say they've only used heroin but test positive for Benzos. I think that's been around for a long time. I don't know if that's always the case, but I do think there is the potential to cut it with benzos. It would feel like it is better heroin wouldn't it." (Team Leader, Bolton)

MANDRAKE has analysed 22 **heroin** samples during the period January to December 2022. The test results confirm reports from **heroin** users and key professionals of increased purity in the last year. The analysis found that **heroin** purity ranged from 13.85% to 70.1%, with an average of 41.95%. There was considerable variation in some areas, for example, the five **heroin** samples tested in Bolton ranged from 15.3% to 70.1% purity. Similarly, the five samples tested from Tameside ranged in purity from 13.8% to 60.5%. Such variability in purity increases the risk of overdose and drug related death. Despite receiving several reports from **heroin** users and professionals that **heroin** was cut with *synthetic opioids* or *benzodiazepines*, neither of these substances was detected in these 22 samples. The main adulterant detected in these samples was **caffeine**.

5.7 Fentanyl(s) and other synthetic opioids

5.7.1 Drug indicators: fentanyl(s)

A 2022 EU Report on **methamphetamine** warns of the *'potential for production of fentanyl in the EU'* stating that, 'in addition to producing **methamphetamine**, it is known that Mexican criminal networks produce fentanyl for the US market. Therefore, there is a threat that cooperation between Mexican and European criminal networks could result in the spread of **fentanyl** production to the EU (EU Drug Market: Methamphetamine, 2022:8).

However, there is no current evidence of UK illicit production of street *fentanyl(s)*[21]. 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). In 2019, China introduced generic controls

21. 'Fentanyls' refers to fentanyl and the growing range of fentanyl analogues

on **fentanyl** derivatives. No new **fentanyl** derivatives were detected in Europe in 2021. However, between 2020 and 2021, 15 new *synthetic opioids*, not covered by existing *fentanyl* legislation, were detected in Europe. These include nine potent *benzimidazole opioids* (EMCDDA (h), 2022). The ACMD have recommended that generic legislation is looked at to cover any *New Synthetic Opioids* that could be produced in the future and that a number of *benzimidazole opioids* including **isotonitazene**[22] should be added to Class A schedule 1 of the Misuse of Drugs Regulations 2001 as soon as the legislative process allows (ACMD (g), 2022).

There were 31 seizures of **fentanyl** and six seizures of *fentanyl analogues* in the year ending March 2021 (Home Office (e), 2022). Deaths related to **fentanyl** in England and Wales in 2021 (58) were similar to 2020 (57) and there were three deaths related to *fentanyl analogues* in 2021 (two in 2020) but falling from 31 in 2017 and 2018. Deaths related to *novel opioids* increased to three (2021) from one in 2020 (ONS (6), 2022). There were 31 seizures of **fentanyl** and six seizures of *fentanyl analogues* during 2021 (Home Office (e), 2022). In summary, the adulteration of street **heroin** with *fentanyl(s)* currently appears to be rare.

5.7.2 Findings: Fentanyl(s)

Almost two thirds (64%) of professional survey respondents stated they work with people who use **fentanyl**. Just over one in 10 (11%) of these noted an emerging increase in reports of use and availability.

> *"I've had one young person using fentanyl directly. I had none the previous year."* (Drug and Alcohol Treatment Worker, Stockport)
> *"We've had a few extra reports from drug services this year."* (Clinical Team Manager, Salford)

We only received a small number of reports of **fentanyl** use. One of the respondents in the adult survey (from Oldham) reported having ever used **fentanyl**. One *Key Professional Informant* mentioned that **fentanyl** had been identified in the system of some people whose death was drug related.

> *"We've not had any reports of people selling (fentanyl), however, when we have had coroner feedback and inquest feedback and stuff, there's fentanyl in the system, so there is obviously evidence it is on the streets because people weren't prescribed fentanyl patches. So, from information from inquests and reports of death from toxicology reports."* (Operational Manager, Bury)

In addition to this report, a prison recovery worker reported several prisoners from the Oldham and South Manchester areas had disclosed to them that ***crack* cocaine** was being mixed with **fentanyl**.

However, street **heroin** is routinely screened for *fentanyl's*, and *nitazenes* but none has been detected in the 22 **heroin** samples tested in 2022 and other suspected **fentanyl** substances have been tested by *MANDRAKE*. Therefore, at the time of writing, these remain unconfirmed reports of local availability and use of **fentanyl.**

5.8 Naloxone

The ACMD's review of **Naloxone** suggested supply in England may be worse than in other parts of UK, but there was uncertainty as the data was poor. Supply on prison release was fragmented, despite indications of high uptake when offered (ACMD (h), 2022). According to a 2021 *GMCA* review, there had been a *'huge increase'* in the recorded number of *take-home* **Naloxone** (*THN)* kits issued across Greater Manchester (GMCA, 2021). This was likely to have been increased further as a result of measures taken during the pandemic (Change Grow Live, 2020). According to the *Unlinked Anonymous Monitoring* (UAM) survey of *people who inject drugs* (PWID); there was another increase in **Naloxone** carriage from 76% to 77% (2021) of respondents. Two thirds (67%) of those who reported an overdose, reported having **Naloxone** administered during an overdose incident; up from 46% in 2013 (UK Health Security Agency (1), 2022) (PHE (39), 2021).

22. **Isotonitazene** was thought to have been an adulterant in heroin involved in a number of deaths in 2021 (PHE (38), 2021)

5.8.1 Findings: Naloxone

Due to its use as an overdose reversal substance rather than a substance used for psychoactive effect, **Naloxone** rarely featured in survey responses or interviews. Where it was mentioned, it tended to be in reference to the continued push to distribute it more widely and/or the distribution of nasal **Naloxone** kits.

> *"There's been a big push on giving out nasal Naloxone, but I don't know if this has been effective at saving any lives."* (Service Manager, Salford)

As we note in section 5.6.3, the increase in local **heroin** purity coupled with the wide variation in **heroin** purity levels that MANDRAKE analysis has reported this year, highlights the need for the widespread distribution of **Naloxone** to heroin users, frontline professionals (including the police) and the wider public, to prevent fatal overdose.

5.9 Prescribed opioids

5.9.1 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). The North West has a rate of 23 per 1,000 patients receiving *opioid* pain medication, while the rate in London is 8 per 1,000 patients (CQC, 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).

It was thought that trends would change significantly after the *National Institute of Clinical evidence* (NICE) issued guidance stating that that *opioids* should not be offered to manage chronic primary pain (NICE, 2021), however there is currently little indication of an overall decrease in prescribing of opioid analgesics (BNF, 2023).

5.9.2 Findings: Prescribed opioids

Prescription opioids were said to be a potential gateway for non-prescribed use. *Key Professional Informants* mentioned that the stopping of prescriptions by medical professionals may push users into sourcing illicit *opioids*.

> *"There is an odd number of opiates (clients) who have started with prescribed medication, opiate prescribed, I don't know, for post operative or for another reason and then [they are] coming into treatment because it has become a problem. They are prescribed opiates by the doctor. The doctor then gets given a copy of the NICE guidelines saying you mustn't prescribe long term opioids. They get them off them, so they end up buying on the illicit market. We have quite a few of them. They are using Oxycodone, Tramadol, quite a few on Codeine… taking quite a lot… They're often more difficult to engage… And I think if some of it started as a pain issue… they are reluctant to reduce as they're left with pain."* (Team Leader, Bolton)

> *"Getting a lot of people through the door seeking an alternative supply of opioid painkillers, for genuine reasons, as their GPs had stopped their prescription."* (Drug and Alcohol Services Worker, Tameside)

> *"What you find now when people fall off their script and you speak to them. They don't say what they would of said two years ago, which is that I managed to get hold of some illicit methadone or managed to get hold of illicit subbies, they seem to be taking more opiate tablets to replace the medication… some of them are taking just your normal co-codamol, codeine, quite a lot of them, tramadol, maybe some MXL, maybe some morphine sulphate tablets that they are sometimes getting from neighbours of family members or someone who is prescribed them. But I do feel they seem to be getting them quite a lot off the internet."* (Recovery Coordinator, Bury)

As we highlighted in last year's trend focus, there is a significant local street market for prescription drugs along with access to these prescribed medicines through digital platforms. This year's MANDRAKE testing included testing of three 250 mL bottle labelled as "**Oxynorm**" (stated content: 1mg/mL) and three 100 mL bottles labelled as "Oramorph" (stated content: 10mg/5mL). All bottles were obtained from Salford. The 'Oramorph' bottles contained **morphine** at much lower levels (2.03mg compared to the stated 10mg on the label), while the 'Oxynorm' bottles contained **oxycodone** at the stated content (1mg/ml).

5.10 Methadone and buprenorphine

5.10.1 Drug indicators: Opiate Substitute Treatment (OST)

Of the 140,558 people in treatment with *opiate* problems in 2021/22; 94% received a pharmacological intervention (OHID (8), 2023). During the pandemic treatment services had to rapidly alter prescribing and dispensing practice with longer prescriptions (of up to two weeks) and the suspension of *supervised consumption*. There was an 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).

5.10.2 Drug indicators: Methadone and buprenorphine

Provisional data during lockdown suggested a substantial increase in (generally non-fatal) **methadone** overdoses, although it was uncertain if this was among people in treatment or a result of diverted supplies (PHE (8), 2020). There was a 1% increase in the numbers of deaths of *opioid* users while in treatment, this followed a 20% increase the previous year (OHID (8), 2023). There were 663 deaths related to drug poisoning involving **methadone** in 2021, which was 28.5% higher than the previous year (516). This came on top of a 24% increase from 2019, resulting in deaths registered in 2021 being 63% higher than before lockdown (ONS (6), 2022). There were 51 drug poisoning deaths in England and Wales related to **buprenorphine** in 2021, an increase on the previous year (43) (ONS (6), 2022). Seizures of methadone in 2021 (834), more than doubled from the 401 reported in the previous year (Home Office (e), 2022).

5.10.3 Findings: Methadone and buprenorphine

Only one young person reported using **buprenorphine** in the survey. Among the adult survey respondents, four reported using **buprenorphine** – all of them describing their use having increased over the year.

Almost three quarters (73%) of professional survey respondents stated they work with clients who use **methadone** or **buprenorphine**. Though two-fifths of them (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 home *OST* medication, leading to more diverted medications in circulation.

> *"Steady numbers prescribed- diversion in prison present."* (Integrated Substance Misuse Service, Greater Manchester)

> *"More people presenting as new service users or restarting treatment and reporting illicit buprenorphine or methadone."* (Psychiatrist, Manchester)

> *"Most people I see are prescribed these medications by a drug team. Occasionally people are still buying it, but this number is about the same."* (Police Custody Nurse, Bolton, Bury, Wigan)

Increased use of **Buvidal** was noted by several key professionals.

> *"We are introducing Buvidal, which means clients are preferred to be on Buprenorphine."* (Criminal Justice Project Manager, Tameside)

> *"Don't really hear about BPN (buprenorphine) misuse so much these days. Injectable BPN (Buvidal) is now available at our Service and some clients are opting for this to reduce the need for daily/weekly Chemist."* (Recovery Coordinator, Bolton)

A small number of professionals were critical of the prescribing of methadone. One *Key Professional Informant* discussed how moving patients from **subutex** to **methadone** can act as a hindrance to their recovery.

> *"Some of my clients had been using Subutex before going into prison. Once there, they've been prescribed methadone. Once released, they've actually taken a step back in terms of their recovery. A couple have tried to come off methadone, once they've come out, and tried to go back on to Subutex. But they find it difficult to get back into services that offer it. So they start using illicit substances to gain access to these services. It's just ridiculous that they are having to go back to illicit substance use, in order to access the services they need to keep off them."* (Drug Services Worker, Salford).

Another *Key Professional Informant* mentioned how some **methadone** patients remain on their prescription for lengthy amounts of times.

> *"I've a client on my caseload who has been on a script since 1992. They were on 92mls of methadone and had no intention of coming off that. He has only reduced now to 50ml as he went into a mental health ward, and they reduced him. But he will never come off it and because his mental health is so poor, they've kept him on it for that. We have quite a few clients like that."* (Team Leader, Bolton)

5.11 Tramadol

5.11.1 Drug indicators: Tramadol

There were 195 poisoning deaths for **tramadol** in 2021, a similar number to 2020 when there were 203 (ONS (6), 2022).

5.11.2 Findings: Tramadol

Illicit **tramadol** use was reported by five adults from the adult survey – with an additional respondent reporting having a prescription for it. Three quarters (75%) of professional survey respondents worked with clients who use **tramadol**. A relatively small percentage (14%) noted an increase.

> *"Seeing an increase in the misuse of tramadol."* (Trauma Informed Care and Dual Diagnosis Lead, Greater Manchester)

Where an increase was reported, the increase and access was typically attributed to GP prescribing.

> *"A few people I see are prescribed this for vague conditions, even though they abuse other drugs. It seems to be more widely prescribed to drug users now."* (Police officer, Bolton, Bury, Wigan)

> *"GPs seem to be prescribing more again since the legal change so more are available to misuse."* (Lead Clinical Pharmacist, Rochdale)

> *"No notable changes experienced within my caseload - prescriptions largely come via the GP for this so not aware of any specific abuse or changes in abuse of this drug."* (Recovery Coordinator, Bolton)

However, a small number of key professionals raised concerns about the availability and use of **tramadol** from Bury New Road in the interviews. Respondents from the police seemed particularly aware of **tramadol** being obtained from this area.

> *"Lots of dealers are now offering these as a compliment to other drugs."* (Police Officer, Manchester)

> *"I continue to see an increase in the dealing of this drug around the Bury New Road area of Manchester."* (Police Officer, Manchester)

"Predominantly in Strangeways and Cheetham Hill area, the use of fake or counterfeit prescription medication on the increase." (Police Officer, Manchester)

No **tramadol** tablets were tested by MANDRAKE in 2022.

5.12 Codeine/Dihydrocodeine (including ***'Lean'***)

5.12.1 Drug indicators: Codeine/Dihydrocodeine

There were 103 young people seeking help with **codeine** in 2021/22, a further decrease on the two previous years (OHID (9), 2023). In 2021, deaths related to poisoning from **codeine** (200) were similar to the previous year (212). Deaths have been on an upward trend for some time and have more than double since 2012 (73). Deaths from poisoning related to **dihydrocodeine** (103) have remained relatively stable (ONS (6), 2022).

5.12.2 Findings: Codeine/Dihydrocodeine

Four-fifths (80%) of professional survey respondents stated that they work with people who use **codeine/dihydrocodeine**. Of those, just over a quarter (26%) noted an increase in use. A small number of professionals reported concerns that people being prescribed codeine were continuing to use beyond the recommended period or amount.

"Many referrals coming through - started being prescribed by a GP then it became unmanaged and increased with tolerance - many buying extra online." (START team, Stockport)

"The numbers of patients misusing codeine is steadily increasing." (Addiction Psychiatrist, Salford, and Trafford)

This was mainly in relation to adults, although a couple of professionals highlighted this as a concern in relation to young people.

"Increase in codeine use. It comes in snap bags, so we don't see the brand - they used Zapain before." (Young Peoples' Advocacy Worker, Manchester)

It was suggested that the young people using codeine are unaware of the chemical makeup of the substance.

"When we explain to them that codeine is like heroin, its from the same family, they're shocked to think its heroin." (Team Leader, Tameside)

Ten respondents in the adult survey reported an increase in their **codeine/dihydrocodeine** usage. The stated reasons for use varied, spanning pain relief after surgery/injury; and it being used in prison to aid sleep.

"Prescribed pain relief (Zapain 30mg Codeine/500mg Paracetamol)." (Male PWUD, 32 years, Salford)

5.12.3 Findings: 'Lean'[23]

Ten professional survey respondents noted that young people were using the **codeine**-based mixture ***'Lean'*** – with two others saying that young people were talking about it but that there was no evidence of them actually using it.

"Increased recoveries of "Lean" type products - produced to appear as if containing codeine." (Police Officer, Greater Manchester)

"There has been an upsurge in young people reporting use using codeine mixed with antihistamines made into a tonic with fizzy drinks." (Drug and Alcohol Services, Tameside)

This is consistent with data from the young person's survey where 25 young people reported having used codeine/oxycontin - eight of whom reported first time use in the previous year in addition to five who reported increased use from last year.

One *Key Professional Informant* in Bury mentioned how local sellers were making an inexpensive mixture and selling it as ***Lean***.

23. ***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**.

"The proper stuff with the pull of caps that the US rappers were using was £800. They [local manufacturers] *were using* ***codeine*** *and* ***Phenergan*** [**promethazine**] *and grinding up the tablets with a pestle and mortar. "They were selling it for £40 a bottle, about the size of a Panda Pop."* (Advocacy Worker, Bury)

We received three reports of young adults from Manchester travelling to Spain to purchase an unidentified pink coloured over-the-counter medicine that could be sold for as much as £100 in the UK that was described as 'like Lean'. However, the exact content has not been identified and no young people have mentioned this substance to services or in this year's research.

The potentially varied nature of the makeup of ***Lean*** needs exploring more to fully understand the risks involved with use. However, we have not been able to obtain any samples of mixtures sold as 'Lean' for testing this year. In fact, only one sample of a mixture sold as 'Lean' has been tested in the past five years through MANDRAKE, so gaining access to these substances remains a challenge.

5.13 Other opioids

5.13.1 Drug indicators: Other opioids

In 2021 there were 72 poisoning deaths related to **oxycodone**, which was a decrease from 102 the previous year (ONS (6), 2022). There was a 42% increase in the number of seizures of **morphine** from 178 in 2019/20 to 252 in 2020/21 (Home Office (e), 2022).

Analysis of online sourcing of controlled medicines suggests that whilst it was not possible to identify trends, online searches for these drugs remained plentiful before, during and after the pandemic, in particular for **oxycodone** and **morphine** (Whitfield, et al., 2021).

5.13.2 Findings: Other opioids

No significant changes were reported among the adults answering the survey, but seven young people reported use of other *opioids*. Almost all adult survey respondents (97%) had not used other *opioids* in the last year. Of those who had used any other *opioids*, only four *PWUD* reported an increase in their use; two resided in Manchester, one in Oldham and the other in Salford. The stated *opioids* used were **opium, 'red apples'** and **subutex**.

No respondents in the professional respondent survey reported hearing about the use of **Kratom**[24] in the previous year. Similarly, there were no reports of availability or use of **Kratom** from any of the *PWUD* who took part in the surveys or interviews.

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

5.14.1 Drug indicators: GHBRS

Gamma-hydroxybutyrate (**GHB**) *and related substances* (now known as **GHBRS**)[25] prevalence has not been measured in *CSEW* since the 2011/12 survey. There were 112 seizures of **GHB**, six of them by GMP, in the year up to the year March 2021 (an increase of over 100% from 55 in 2020); but the quantity of **GHB** seized increased by 43,899% from 0.11kg to 55kg, although the Home Office say this is not necessarily indicative of trends, but in enforcement activity (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 one 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 14 deaths associated with **GHB** in 2021, a decrease from 28 the previous year (ONS (6), 2022), although according to the ACMD

24. **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.

25. **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.

this is probably an underestimate as *GHBRS* are eliminated from the body very rapidly, and consequently they have recommended testing for the presence of *GHBRS* in unexplained deaths[26] (ACMD (d), 2020). There were 531 adults in treatment with a problem with **GHB/GBL** during 2021/22 (OHID (8), 2023) (OHID (4), 2021).

5.14.2 Findings: GHBRS

Three people in the adult survey reported using **GHB,** two of whom had decreased their use and the other stated that their use had increased in the previous year. None of the respondents in the young person survey reported **GHB** use. Two thirds (66%) of professional survey respondents stated they work with people who use **GHB**. A small number (thirteen, 10%) noted an increase in use. These respondents were working across Greater Manchester.

> *"Seen an increase in acute admission through GHB, also an increase in criminal activity where individuals have died - chemsex." (*Dual Diagnosis Lead, Bolton, Bury, Manchester, Salford and Trafford)

> *"I don't think there has been any change in frequency, but we are still at Chapman Barker getting steady admissions for GHB detoxes… whereas ten years ago they would have been blue lighted to intensive care, we have got a lot better at managing GHB. They are either in, or linked to, the gay community. So it might be a straight female who hangs out with gay friends."* (Clinical Lead, Bury)

5.14.3 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.

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, diluted version then takes an undiluted batch at the same dosage amount as usual, overdose is a strong possibility.

In response to concerns that **GHB** was potentially being diluted and that what was being sold generically under the name of 'G' may contain **GBL** or other related substances, we targeted the testing of products sold as 'G' for analysis. In total, nine samples of 'G' were obtained and tested by MANDRAKE. All eight bottles and one syringe contained **GHB**. Purity was high, ranging from 92.9% to 99.5% with six samples containing 98% or higher **GHB** content. This would suggest that substance sold as 'G' are most likely to be **GH**B. Furthermore, these results do not support the concerns that were raised about poor quality, diluted 'G'.

5.14.4 Findings: GHBRS Support gaps

In last year's report, we suggested that there needs to be more awareness in relation to the risk of overdose and in particular, how *GHBRS* interacts with other substances such as **alcohol** and other *depressants*, together with more support in the community, including an education response by GPs. We asserted 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. This year we received reports of high numbers of *GHBRS* related deaths and changes to the availability and price of ***crystal* methamphetamine**. These substances are the two main substances reported to be used in the local chemsex scene. Therefore, this year's adult trend focus has focused in more detail on these substances (see separate Adult Trend Focus Report).

26. **GHB** and related substances such as **GBL** and **1,4-BD** (now known as *GHBRS*) were moved from class C to Class B on the 13th April 2022 (Home Office (i), 2022).

5.15 Gabapentinoids (Pregabalin and Gabapentin)

5.15.1 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 344 (2020) to 409 (2021); while **gabapentin** deaths increased from 118 (2020) to 133 (2021) (ONS (6), 2022). However, it is thought the number of deaths involving *gabapentinoids* is significantly under reported (Nahar, Murphy, & Paterson, 2019). Opioids are co-detected in 92% of *gabapentinoid* deaths in England (Kalk, Ching-Ting, Rasa, Baho, & Taylor, 2022). **Pregabalin** prescriptions increased by 5% in 2021 (8,243,352) but **gabapentin** prescriptions decreased, although by less than 0.5% (7,382,097) (CQC, 2021).

5.15.2 Findings: Gabapentinoids

These substances were not reported in the young person's survey and use was reported by only four percent of the respondents in the adult survey. Last year it was reported that their use was largely concentrated in the homeless and street-based communities and that they appeared to be increasingly popular with **heroin** and ***crack*** **cocaine** users. This was again discussed in this year's research.

> *"There has been an increase in gabapentin used amongst heroin users."* (Substance Use Practitioner, Bolton)

> *"Heroin and crack users are also now using pregabalin, gabapentin, diazepam, things like that. I'd say it's probably increased over, say, the last seven-eight years. There's definitely been an increase."* (Criminal Justice Manager, Rochdale)

> *"Pregabalin and gabapentin continues to be something the opiate users reach for."* (Recovery Worker, Bury)

Continuing on from concerns reported in last year's adult trend focus, it was suggested that the polysubstance use of heroin and prescription drugs was leading to a rise in drug related deaths.

> *"When the lockdown happened it obviously disrupted the heroin supply. Some of the users, what they will do is start using pregabalin, gabapentin. Next thing you know they got addicted to them and they're taking heroin… I've lost about six people in the last six months."* (Substance Use Practitioner, Rochdale)

Nearly three-quarters (74%) of professional survey respondents stated they work with people who use *gabapentinoids*. Over a third of those (38%) stated there was an increase in use in the past year. Among the 44 substances included in the professionals' survey, only *benzodiazepines* and **alcohol** were reported to have seen higher past year increased use.

> *"There has just been a continuing rise in street use of gabapentin, pregabalin and benzos… (for instance) people (often) prescribed but not taking it how prescribed, so rather than take it daily they take it all once a week. And there are people that purchase either from other people prescribed it or from dealers, occasionally those who buy it electronically. We have recently had a number of people buying benzodiazepines locally as well... off dealers."* (Clinical Pharmacist Lead, Oldham)

The local sale of **pregabalin** and **diazepam** was reported in several areas. In previous years, the discussion of the street or shop market has almost exclusively referred to Bury New Road in Cheetham Hill, Manchester. This shift is access of prescription drugs sold on the street market should be closely monitored, particularly in light of the ongoing *Operation Vulcan* that is targeting the Bury New Road prescription drug market.

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.

> *"...so many of them are prescribed it, so many of them, it's crazy! Like you'll do a urine screen, and you'll say you're positive for opiates, and they'll say, 'Is that pregabalin?' And you'll say 'no, no; why are you on that?' And they'll say 'Yeah, I got it from the doctor'. And it's just like, the doctor knows you're an opiate user why are they giving you pregabalin or gabapentin? And that seems to be the ones who have been in treatment for decades who seem to be getting it off the GP".* (Recovery Coordinator, Bury)

The continuing prescribing of pregabalin by GPs to opiate users, despite clinical guidance outlined above, remains a concern. This points to the need to alert GPs to these dangers and to review existing practice and guidance around *gabapentinoid* prescribing. However, we did receive some reports that GPs were more reluctant to prescribe them.

> *"I think a lot are asking for them (from GPs). I think GPs are a bit more reluctant, so I don't necessary think more clients are prescribed it, but more clients are taking the under the counter ones… I think there has been an increase in awareness of the effects with opiates, whereas before that wasn't as well known by GPs"* (Team Leader, Bolton)

Interviews with *Key Professional Informants* and *PWUD* further supported the professional survey responses with reports of increased availability and use of **pregabalin** from across Greater Manchester. This included reports of bulk purchases we highlighted in last year's Adult Trend Focus.

> *"They get it from Cheetham Hill… There has been people found with loads of them in a suitcase, so maybe it is the case they are chipping in for them."* (Homeless Service Worker, Wigan)

They now appear to be as popular as *benzodiazepines*. In some cases, they are the preferred prescription drug of choice. A number of reasons for their increased popularity was discussed.

> *"The effects are similar [to benzos] but they last longer. I'd take about three, four. That would last me about 12 hours. The level of potency from Bury New Road are not a great deal different to the ones you get from the doctor."* (40-year-old Male Drug User, Manchester)

> *"A lot of clients justify kind of maybe taking the pregabalin or the diazepam and they will say, you know, 'it really helps with my anxiety', one of the main things they say is, 'pregabalin's prescribed for anxiety and I need it because I've got anxiety'. But I think in actual fact, when you have a really deep conversation, it's actually the impact on the emotional wellbeing and it helps them to mask the distress caused by their drug use and it helps to block things out a little bit."* (Criminal Justice Manager, Rochdale)

Although there has been more targeted policing of this drug market in 2022, user reports were of a stable market in terms of availability and price.

> *"The price is stable - £10 for 15 pills. If you buy a box, you're paying £40 - four strips of 15. So, 60 300mg tablets. They're always available, there doesn't seem to be any impact from police intervention on the market."* (40-year-old Male Drug User, Manchester)

The increased availability, use and harms associated with these substances was discussed in detail in last year's adult trend focus (GMTRENDS, 2021). Reports have continued this year of people collapsing after using **pregabalin** purchased from Bury New Road.

> *"We've been seeing, with pregabs, everything that's coming in has gotten worse. Some of the lads are taking these and dropping. [. . .] The packets may contain less than the overall amount they are supposed to, but each tablet will vary in strength. One might be a quarter the strength as the next in the packet. Some people might take one or two a day and be fine. But then one day they come in here and collapse, even though they have had the same amount. Not like they've had one or two more. It's like they've had ten more. And that's off the same number of tablets they usually take."* (Homeless Charity Worker, Manchester)

Some professional respondents suggested these effects are linked to the fact these substances are not being pressed properly, due to manufacture in sub-industry standard labs.

> *"There's different lads with different ones. There's that many of them. There must be batches coming out of the lab that are being mixed wrong. You can test one [group of tablets from a supplier] and by next week, the same ones [tablets from the same supplier] will be different. We've had a couple [people taking counterfeit pregabs] who have nearly flatlined in here."* (Homeless Charity Worker, Manchester)

In response to these often-raised concerns and reports of collapse and overdose, these substances were targeted for MANDRAKE forensic analysis. The analysis of **pregabalin** capsules and tablets continues to find no other substances of concern such as more potent *synthetic opioids* or novel *benzodiazepines*. However, compared to MANDRAKE's 2021 testing of 300mg **pregabalin** that typically found that tablets branded as 300mg **pregabalin** contained around the 100 to 120mg of **pregabalin**, the drugs sold as 300mg **pregabalin** tested in 2022 has ranged between 237 and 301mg **pregabalin** content. This variability poses significant risk of overdose and deaths.

5.16 Benzodiazepines and Z-drugs

5.16.1 Drug indicators: 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***[27]*)* 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.

Estimates for 2021/2022 show 0.4% of adults aged 16-59 used *tranquillisers* (*benzodiazepines* and *z-drugs*) in the last year, a slight fall on the previous estimate. The proportion of 16-24-year-olds using *tranquillisers* also decreased, from 0.8% (2019/20) to 0.7% 2021/22) (ONS (4), 2022). In 2021, among pupils aged 11-15; 0.4% reported *tranquilliser* use in the *last year,* a fall from 0.6% in 2018 (ONS (5), 2022). There were 3,628 seizures on benzodiazepines in 2020/21, an increase of 66% on the previous year, but the quantity of benzodiazepines decreased by 58% (from 1.15 million to 492,710 doses), although this still accounts for 40% of all class C seizures (Home Office (e), 2022).

There were 3,848 people entering treatment 2021/22 reporting *benzodiazepines* as a problematic substance, a decrease from 4,321 during 2020/2021; nearly half (1,854) of them were *opiate* users (OHID (8), 2023). However, these figures are almost certainly under-estimates because use of secondary drugs such as *benzodiazepines*, are often under-reported (EMCDDA (f), 2018). There was a small decrease in young people under 18 in treatment reporting problems with *benzodiazepines*. (340 young people), however, the proportion (3%) was over four times the proportion in 2013 to 2014 (0.7%). This equates to 340 (OHID (9), 2023). During 2021, prescriptions for **diazepam** decreased by 4% (4,448,994); **temazepam** by 11% (720,110); **zopiclone** by 3% (4,872,068) and **zolpidem** by 2% (601,151). Prescriptions for **clonazepam** increased by 0.5% (1,017,465) (CQC, 2021).

In 2021, deaths related to drug poisoning are available for '*Any benzodiazepine'* (538) which has increased from 476 the previous year. This is broken down as **diazepam** (290), which decreased (from 304) and **temazepam** (22) which has increased from 16. *Benzodiazepine analogues* deaths increased from 63 to 171. This is broken down as **alprazolam** (24), a decrease from the previous year (39); **etizolam** which increased from 45 to 61; and **flubromazolam** which increased from 26 to 94 (ONS (6), 2022). In 2021, *Z-drugs* deaths from poisoning (132) decreased by ten percent from the record number of deaths in 2018 (146). However, deaths associated with *Z-drugs* have risen seven-fold since 1999, when there were just 20 deaths (ONS (6), 2022).

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

5.16.2 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 23 of the 538 deaths involving *benzodiazepines* and no other drugs in 2020 (ONS (6), 2022). **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 12 **pregabalin** deaths out of 409 reported without the concurrent use of other drugs in 2020, while just 17 of the *z-drugs* deaths out of 132 occurred without other substances. Of the 1,079 deaths mentioning at least one of these substances, 93.5% (1,027 deaths) mentioned another drug, mostly *opiates* (ONS (6), 2022).

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).

5.16.2.1 Drug indicators: Drugs sold as Xanax (alprazolam)

Treatment, prevalence, drug related death and seizure data is not available for drugs sold as *Xanax*. PHE has examined UK police seizures data for drugs that were submitted for forensic analysis, which showed that the number of **alprazolam**[28] 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).

5.16.3 Findings: Benzodiazepines

A large number (87%) of professional survey respondents stated that they work with people who use *benzodiazepines*. Of these, half (50%) stated there was an increase in use. Increased use was often linked to both street and online purchase and was reported by a range of professions across Greater Manchester.

> *"Predominantly in Strangeways and Cheetham Hill area, the use of fake or counterfeit prescription medication [is] on the increase."* (Police Officer, Manchester)

The concerns we highlighted last year regarding overdose, continued to be reported.

> *"We had an issue in Bolton last year with clients purchasing contaminated benzo's which were traced back to initial purchase in Cheetham Hill, Manchester. I'm not aware of any specific increase in use but some of those who did purchase did OD including one client on my case list."* (Recovery Coordinator, Bolton)

Likewise, we continued to receive reports of people bulk buying prescription drugs from Bury New Road when they received their benefit payments.

> *"We've got people who budget and use every day. But we've also got people spending the whole of their benefits. that pay day treat they talk about. Somebody might have brought a ten bag [of heroin] and a stone [of crack cocaine], now they'll buy a strip of 100 [Diazepam or Pregabalin] and they spend more money on it".* (Hep C Lead, Bury)

Benzodiazepine use was spoken in the same regard as *gabapentinoids* by *Key Professional Informants*. **Heroin** users were seen to be most at risk for use of these.

> *"Benzodiazepines are a big problem amongst the heroin using population."* (Project Manager, Tameside)

28. 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.

In the adult survey of *PWUD*, a small number (6%) of survey respondents reported that they had increased their *benzodiazepine* usage within the last year. Those who left free text comments stated this was to aid sleep or relaxation. Although some of this was prescribed, access to these drugs was often reported to be from street or online markets rather than prescribed.

> *"Used for relaxation and sleep, bought from the black market."* (Male, 42, Manchester)

> *"Started taking them after parties."* (Male, 22, Salford)

> *"I am prescribed Diazepam and use it regularly but also buy extra from the street on occasion."* (Male, 28, Manchester)

Fifteen young people (four percent of the total young people's sample, eight percent of the sub-group in substance treatment) reported use of *benzodiazepines* in the survey, representing a second year of the rate doubling among those young people in treatment. Four young people reported increasing their use and another four reported using for the first time.

These findings were reflected in the *Key Professional Informant* interviews.

> *"…we are also getting a much younger demographic who are using street benzos, so they come into treatment addicted to them. I would put them as recreational users who have maybe gone a bit far and suddenly realise they've got a problem. They don't like heroin that demographic, but they are certainly getting into trouble with benzos, mainly for the buzz. It's just a small number, but we have never had this demographic in treatment, so I would say it has at least doubled. Some are sourcing [them] from the 'dark web', some [from] Cheetham Hill, some diverted prescription. They are bingeing, drinking on them, taking other things, and then waking up in a cell with no memory."* (Hep C Lead, Bury)

> *"They say they're using it to numb whatever it is they're feeling. They say it gives them an instant high."* (Young People Resilience Worker, Manchester)

Although these numbers remain relatively small, the year-on-year doubling of self-reported *benzodiazepine* use by young people couple with these professional reports, is a concern, and something that needs to be monitored. Self-medication was noted by some key professional respondents as a reason for taking *benzodiazepines*.

> *"There's also an element to it that some use it because it calms them down. I have one client who has ADHD. He says he uses it to calm him down, as a way of self-medicating."* (Young People Resilience Worker, Manchester)

> *"The treatment population is older - 40s and 50s - and I think they are taking it, what you might call 'sensibly'…They might be taking 20 or 30 a day, but they are taking them judiciously when they are anxious or need to sleep and I am not saying it's a solution but it doesn't seem to be binged on by those people."* (Dual Diagnosis Nurse, Rochdale)

A notable concern discussed in the *Key Professional Informant* interviews was in relation to the quality of illicit *benzodiazepines* being sold across Greater Manchester.

> *"I think they are buying them from shops in Bolton, but it is widely believed that they come from Cheetham Hill… We think they are buying them as 10mg diazepam… people have given me things that are bright blue, they look like chalk, it's just bloody ridiculous, it's insulting to these people to be selling them this kind of stuff, so I think they know full well it (10mg Diazepam) is not what they are buying".* (Dual Diagnosis Nurse, Rochdale)

> *"We ave had some who say they have been taking benzos everyday, and then their tests come back as negative, and they're like "I knew they was crap'… then we did have a potential overdose that was the (stronger) Cheetham Hill benzos".* (Team Leader, Bolton)

> *"We've seen quite a few drug related deaths through people buying dodgy benzos."* (Project Manager, Tameside)

This year's MANDRAKE testing of benzodiazepines confirmed these professional concerns with content varying widely. For example, two *Xanax* bars were tested but rather than containing **alprazolam**, one contained lactose while the other contained the novel

benzodiazepine **bromazolam**. Tablets sold as 10mg diazepam continue to be of highly variable content. **Diazepam** tested by MANDRAKE has ranged from **caffeine** or sucrose to anything from 1mg to 10 mg of **diazepam**.

5.16.4 Bury New Road

The market for illicit prescription medication in Greater Manchester was discussed by a number of respondents from this year's surveys and interviews. The majority of respondents from all over Greater Manchester, cited the Bury New Road area of Cheetham Hill as the main source of these tablets. The two types of substances that were most brought up in the discussions on Bury New Road were *benzodiazepines* and *gabapentinoid***s**. Other substances were also noted as being available.

> *"There definitely a market of benzos, or allegedly benzos and Xanax and fentanyl – pharmacological substances in Bury New Road and people across GM will go there to access that."* (Service Manager, Tameside)

> *"They're buying them from Bury New Road, or Cheetham Hill. They're also going out of area and buying them and bringing them in."* (Service Manager, Tameside)

> *"Pregabs and diazepam increased from Bury New Road. Sex workers from Salford also tend to go to Cheetham Hill, where the drugs are geographically."* (Homeless Team Manager, Salford)

> *"Cheetham Hill in my experience is known for its benzos, pregabalin and random benzos that we are not familiar with, sort of shorter acting stronger benzos or buying them thinking they are diazepam and then realising they have been mis-sold… and they are getting a lot, they are getting a lot… and bingeing on them and taking loads and getting into a state when they've run out."* (Recovery Coordinator, Bury)

Professionals from across the region continue to raise concerns in relation to the content of tablets sold on the streets and shops in this area.

> *"You find that people will only go for certain ones [sellers]. The kids at the end of the road are selling shit ones. You get further down the road, and you've got the proper ones. They'll [the kids selling the dodgy pills] be hounding the lads, because they're trying to get rid of them crap ones. They don't want you to see the good ones, so they wait at the end of the road. They want to get rid of the shit ones because they make more money off them."* (Homeless Charity Worker, Manchester)

Many respondents directly implicated these tablets to drug related overdose and deaths both directly and indirectly.

> *"Bury New Road drugs are less reliable re: dosage. We had a batch of accidental overdoses. But it hasn't stopped anyone from using them. Prescription drugs must be a 'good earner' for dealers. Quality of drugs always varied in Bury New Road."* (Dual Diagnosis Worker, Salford)

> *"Cheetham Hill benzos seem to be indicated in some of the service's overdoses."* (Addictions Lead, Stockport)

In summary, the availability and variability of the illicit tablets from Bury New Road is recognised as a major issue amongst Key Professionals across Greater Manchester. In November 2022, a two-year multi-agency operation – Operation Vulcan – led by Greater Manchester Police, was launched. One of the six strands of this operation is targeted at this street market for prescription drugs. The impact of this operation on this street market needs close and regular monitoring. This year's findings have highlighted local markets in some areas, with professionals in Bolton in particular, reporting a local market.

> *"There is definitely more people going to Cheetham Hill to get either Xanax or the usual stuff, there is definitely an increase. I think it is more your Xanax and that type rather than pregabalin. There's more of a local market in Bolton because of geography."* (Operational Manager, Bolton)

> *"People like go to Cheetham Hill every other day to stock up with tablets or local shops in Bolton, they sell them in shops, Polish shops an' that."* (Engagement Worker, Bolton)

Alternative markets are likely to emerge in other Greater Manchester areas and parts of Manchester as a response to targeted policing of Bury New Road.

5.17 Volatile Substance Abuse (VSA)

5.17.1 Drug indicators: Volatile Substance Abuse

The proportion of pupils aged 11-15 saying they had taken *volatile substances* (VS) in the last year (2018) was 2.4%; a fall from around 4.2% in 2018 (ONS (5), 2022). 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. In 2021 3% of pupils aged 11 reported cannabis as the first drug taken, while 61% first drug used was *VSA* (ONS (5), 2022).

There were 334 adults in treatment services for *VSA* during 2020/21 (0.1% of total) (OHID (4), 2021). There were 329 young people in treatment using *VSA* during 2021/22 (2.9% of the total) (OHID (9), 2023) (OHID (7), 2022). Deaths from Volatile Substance Abuse (VSA) - defined by the EMCDDA as *"the deliberate inhalation of volatile compounds to produce psychoactive effects"* - are not recorded along with other drug related deaths. Between 2001 and 2020 there were 716 VSA deaths, an average of 36 a year. There were 25 deaths registered in 2020, similar to 2019. Deaths increasingly involve males (mean age 28). The highest death rates are in the North West. Fuels such as *butane* and *propane* were the most common VSAs mentioned on the death certificate, involved in 59.5% of deaths between 2001 and 2020 (426 deaths) (ONS (15), 2022).

5.17.2 Findings: Volatile Substances (VS)

Just under two-thirds (65%) of professional survey respondents stated they work with people who use *VSA* small percentage (10%) stated they had noticed an increase in their use. However, none provided any further detail and there was no further discussion of *VS* as substances of concern during interviews with *Key Professional Informants* or *PWUD*.

In the adult survey, the vast majority (86%) of survey respondents said they had not used *VS* in the last year. Of the remaining 14% who had used *VS* in the last year, ten reported an increase in use with six reporting a decrease. Sixteen young people reported using VS in the young person survey.

5.18 Ketamine

5.18.1 Drug indicators: Ketamine

In 2021, the proportion of pupils aged 11-15 taking **ketamine** in the *last year* (0.6%) fell from 1% in 2018, although that was the highest on record (ONS (5), 2022). *Last year* use of **ketamine** among young adults aged 16-24 also fell slightly from a record high of 3.2% in 2019/20; to 3.1% in 2021/22 (ONS (4), 2022). In 2021/22 there 512 (5%) of young people under 18 in treatment for **ketamine** (OHID (9), 2023). There was a further increase in adults entering treatment with ketamine problems (1,551), part of a rising trend over the last eight years (OHID (8), 2023). In the year ending March 2021, there were 1,519 seizures of **ketamine** - a 21% increase on the previous year (1,256) - that Border Force think indicates an increase in demand (Home Office (e), 2022). Ketamine is not listed in drug related death statistics, but there are thought to be about 30 deaths a year where **ketamine** is implicated, in most cases with other substances (Corkery, et al., 2021).

5.18.2 Findings: Ketamine

Almost four fifths (79%) of professional survey respondents stated they work with people who use **ketamine**. Of those, almost a third (31%) noted there had been an increase in use. Descriptions of increased **ketamine** use followed traditional associations with young recreational drug users and students.

> *"Increase use on referrals to caseload, certainly amongst the 18-25 year cohort."* (Drug and Alcohol Treatment Worker, Stockport)

Last year we noted the reporting of positive **ketamine** results in mandatory drug tests and seizures of **ketamine** in the local prison estate. In this year's study we only received one report of ketamine use on the prison estate.

> *"Has been used more in prison."* (Prison Recovery Worker, Oldham)

Almost half (47%) of respondents in the adult survey said they had used **ketamine** during the

last year. Among those, just over half (51%) stated that they had increased their **ketamine** usage during the previous year.

> *"Large increase. All nasal."* (Female, 19, Manchester)

Regular use can lead to tolerance and several young adults reported using a gram or more a night.

> *"I used to be in drug therapy with Change Grow Live in Manchester to manage my ketamine use. However, this has stopped, and I have increased my use to around two grams a week (from my 0.5g a week limit whilst in therapy). However, I limit myself to a gram a night as any more than this and I will start hallucinating voices."* (Female, 20, Rochdale)

> *"Since starting university [my] use has gone up massively, [I] can easily do a gram to myself in a night."* (Non-binary, 20, Bury)

> *"I used to only take it on nights out, now I use it for a few days straight at a time."* (Female, 22, Salford)

Last year's study saw only three percent of young people reporting **ketamine** use. This year the figure doubled to six percent among the whole group – rising to fourteen percent of the group in substance treatment (substantially above the pre-lockdown rate of six percent among young people in treatment). Sixteen young people (four percent of the whole sample, nine percent of the treatment group) reported increased **ketamine** use, whilst four young people (1 percent) had decreased their use.

There were several reports of variable quality and price.

> *"Snorted, increased prices, purity varies from dealer to dealer. Will usually source pure from online. Used testing kits and found some contained amphetamines."* (Female, 19, Manchester)

> *"Prices vary depending on quality."* (Female, 19, Manchester)

The variable quality was supported through this year's MANDRAKE testing. During the study period, 14 samples of powders from across Greater Manchester[29] were tested by *MANDRAKE* and found to contain **ketamine** at between 11.4% and 98.7% purity (average: 55.1%).

Table 20 below presents the numbers of professionals reporting working with people using ketamine across the different areas of Greater Manchester, but these numbers need to be treated with caution as they are heavily influenced by the uneven distribution of professionals participating in the online survey across the areas.

Table 20: Number of professionals reporting working with people using ketamine across Greater Manchester.

Location of key professionals reporting working with people using ketamine		
	N	**%**
Bolton	6	18
Bury	0	0
Manchester	14	42
Oldham	1	3
Rochdale	0	0
Salford	0	0
Stockport	2	6
Tameside	3	9
Trafford	3	9
Wigan	4	12
TOTAL	33	

Several treatment workers noted that they were working with more **ketamine** users than they had previously.

> *"I think ketamine seems to be going up. Previously when I have worked with ketamine users, they've been from the LGBTQ+ community, whereas now that doesn't seem to be the case. And that is bringing them into treatment as opposed to you know, they only use it recreationally on a club night, it seems to be developing into more of a problem."* (Recovery Coordinator, Bury)

29. Six samples were from Manchester, two each from Rochdale, Salford and Wigan/Leigh and one each from Bolton and Trafford.

"I've had a lot of people on ketamine just lately. I've got two girls who are injecting ketamine, they say it chills them out makes them a different person, takes away the day." (Drug and Alcohol Services, Tameside)

Ketamine use has been noted as increasing as the lockdown restrictions have been lifted. The reopening of the night-time economy saw those, who previously only used **ketamine** at home, use **ketamine** within a club environment. The dissociative effects previously considered unsuitable in such an environment become more manageable as the user becomes more experienced.

"Before the lockdown, I didn't like taking K whilst out. If you end up in a k-hole when you're out, your night can just be a bit fucked. Or your mates have got to look after you. But because I did it a lot over lockdown, during those Christmas parties, I got a bit more confident with it. I got to know how it affected me. So now I take it at every rave I go to. MDMA and ket." (22-Year-Old Drug User, Manchester)

Ketamine is often reportedly used in conjunction with **cocaine powder**, referred to as 'CK'. This is for a specific desired effect or to 'take the edge off' the cocaine. Therefore, the increased use of often high purity cocaine is likely to lead to an increased use of **ketamine** as these two substances are increasingly used in combination. As a consequence of this trend, it was reported that dealers who had previously only sold **cocaine powder** were now dealing in **ketamine** as well.

5.19 Nitrous Oxide (laughing gas)

5.19.1 Drug indicators: Nitrous Oxide

According to CSEW, past year use of **nitrous oxide** decreased from 2.4% to 1.3% of adults aged 16-59 and from 8.7% to 3.9% of young adults aged 16-24 in the past year. **Nitrous oxide** was the third most prevalent drug after **cannabis** and ***powder* cocaine** (ONS (4), 2022). In 2021, among pupils aged 11-15; 1.8% reported **nitrous oxide** use in the *last year,* down considerably from 4.1% [2018] (ONS (5), 2022). The number of **nitrous oxide** seizures increased from 256 to 373 however, and GMP made 39 seizures. The quantity of **nitrous oxide** seized by police forces was 30% higher and Border Forces 693% higher (a total of 2.05 million doses), which according to the Home Office is not indicative of changes in prevalence, but more to do with police and Border Force activity (Home Office (e), 2022). Fifty-six **nitrous oxide** deaths were registered between 2001 and 2020; 45 of those having been registered since 2010 (an average of four and a half a year) (ONS (15), 2022).

According to the 2020-2021 *National Poisons Information Service* (NPIS) annual report, there was a 3,600% increase in telephone enquiries about **nitrous oxide**, equating to an increase from one to 37 calls (NPIS, 2021). An article in the Independent stated that the (as yet unpublished) 2021/22 report shows a further 257% increase. No data on hospital admissions is provided, but the article features quotes from two neurologists claiming that the larger size blue canisters now more commonly available are responsible for the *'epidemic'* of young people seen with neurological injuries (The Independent, 2022). This is covered in more detail by this year's *GM Trends Trend Focus on* **nitrous oxide**.

Despite a lack of any evidence or indications of a rise in use during the pandemic, 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[30] at the legal status of **nitrous oxide** (ACMD (e), 2021; ACMD (f), 2015). The Government requested a third ACMD review of nitrous oxide which reported in March 2023. Although this review recommended that **nitrous oxide** remain under the 2016 Psychoactive Substances Act, the government rejected this advice and have stated that they will bring **nitrous oxide** into the Misuse of Drugs Act as a Class C drug (ACMD (a), 2023).

30. In 2015 the ACMD had concluded that nitrous oxide was not sufficiently harmful to warrant it becoming a controlled drug (ACMD (f), 2015).

5.19.2 Findings: Nitrous Oxide

Almost three quarters (73%) of professional survey respondents stated they work with people who use **nitrous oxide**. Of those, almost two fifths (39%) reported an increase in use. Descriptions of noticeable increases in its use came from both hospital practitioners and the police in Bolton:

> *"Definite increase and noticeably health consequences of the regular inhalation of Nitrous Oxide Generally 50:50 white English: Asian demographic Age 18-25."* (Hospital Advanced Clinical Practitioner, Bolton)

> *"This has increased dramatically within Bolton especially with the younger age brackets. [Nitrous oxide] gas is sold openly in shops and almost every vehicle stopped and searched contains the required equipment to breathe in the gas."* (Police Officer, Bolton)

Almost two-thirds (64%) of respondents in the adult survey reported no use of **nitrous oxide** in the previous year. Of those who had used, 42% reported that they had decreased their use during the previous year, whilst 28% stated that they had increased their use. However, in the young person survey, the commonly held public perception that the use of **nitrous oxide** was on the increase among young people was supported. Fifty-two young people reported using it in the previous year (13% of the total sample, compared with 3% last year and 5% pre-lockdown). Twelve young people (23% of those using nitrous oxide) reported a decrease in their use, but 10 (19%) reported an increase in their use. There was also reports from treatment professionals working with young people across Greater Manchester, that there had been a shift towards the use of larger (circa 640mg) cannisters and concerns that this may be linked to increased use and harms such as 'freeze burns'. It is for these reasons that **nitrous oxide** is the Young People's Trend Focus this year (see the separate Young Person's Trend Focus Report).

5.20 Salvia Divinorum (Salvia) and other dissociative drugs

5.20.1 Drug indicators: Salvia Divinorum

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

5.20.1 Findings: Salvia Divinorum and other dissociative drugs

Just under half (49%) 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 adult survey with no significant changes reported. Only two people reported previous use. Young people were not asked about their use in the online survey.

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

No Salvia was tested by MANDRAKE.

5.21 Powdered cocaine (Cocaine hydrochloride)

5.21.1 Drug indicators: Powdered cocaine

After a general upward trend in ***powdered* cocaine** use among adults between 2011 to 2019, the most recent estimates from 2021/22 indicate that last year use among adults aged 16 to 59 years fell from 2.6% to 2.0%; and among young adults (16-24) fell from 5.3% to 4.0%. Although the use of ***Powdered* cocaine** decreased, because the decrease in past **nitrous oxide** was greater, powdered cocaine became the second most popular drug after cannabis (ONS (4), 2022). Frequent use (more than once a month) fell from 14.4% to 8.7% in young adults (ONS (3), 2020). There was also a decrease in *past year* use among 11-15-year-olds from 1.4% (2018) to 0.8% 2021 (ONS (5), 2022). However, there has been a huge increase in ***powdered* cocaine** finds in prison from 75 in 2014 to 2,083 in 2021. This equates to three quarters (74%) of all class A drug finds in prisons in England and Wales (Atkins, 2022).

Most people use ***powdered* cocaine** once or twice a year (52% of **powdered cocaine** users) (Home Office (a), 2019); while two-thirds (65%) of cocaine users 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 8.7% in 2012 to 23% in 2022 (UK Health Security Agency (1), 2022). There were 21,298 adults starting treatment in 2021/22 with **powder cocaine** problems, a return to pre-pandemic levels after a 10% decrease the previous year (OHID (8), 2023). There was a further fall in the number of young people in treatment using ***powdered* cocaine** to 937 (2021/22) (OHID (9), 2023).

Although **cocaine** is the most seized class A substance, the number of **cocaine** seizures declined by 6%, but the quantity increased by 161% (6,874kg) (Home Office (e), 2022). **Cocaine** deaths increased again in 2021 to 840, an 8.1% increase on 2020 (777); 163 of the deaths occurred with **alcohol**, 242 without other drugs. Deaths have increased nearly 87% over the last decade. However, a large proportion of these **cocaine** deaths are likely to involve ***crack* cocaine** (ONS (6), 2022).

5.21.1 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 80% across Europe in 2020, with half the countries reporting an average purity between 54% and 68% (EMCDDA (h), 2022).

5.21.2 Findings: Powdered cocaine

A large percentage (90%) of professional survey respondents stated they work with people who use ***powdered* cocaine**. Of those, over a third (36%) noted an increase in use. There was also a sentiment of this use being normalised amongst the service users' peers.

> *"Cocaine has just increased so much in terms of people coming into treatment for it and when you talk to them about it, everybody they know takes it."* (Recovery Coordinator, Bury)

It was often noted that power cocaine users represented a different socioeconomic profile than the traditional treatment profile.

> *"The majority of the cocaine ones who come to us, they have identified it as a problem. We get a lot of cocaine users who are spending a huge amount of money on it. And they've identified it as a problem… Cocaine users set themselves apart. I'd say 90% of them work, they have probably got good cars, family, homes. So, it can be harder work to get them see this is an issue, this is what's happening. Many are using alcohol with it but bizarrely I do seem to be getting a lot more where they don't drink. Which I find quite strange."* (Recovery Coordinator, Bury)

> *"I've seen full-time teachers come in. Going through the exams at school, they're living on coke to keep them awake, to deal with the pressures of school, not a mass overuse though, just to sort of function, it's the pressures they're under."* (Drug and Alcohol Services Worker, Tameside)

A number of *Key Professional Informants* noted an increase in the use of **cocaine** and **alcohol** together by those using their services. This was discussed in both terms of younger people and adults.

> *"…one of the main things now is the increase of cocaine and alcohol use together. This is associated with club scenes, the parties, the pub."* (Criminal Justice Manager, Oldham)

"Yeah, people come through who are using cocaine, generally so they can drink more alcohol." (Drug and Alcohol Services Worker, Tameside)

"Obviously with the younger client group, you know, it used to be ecstasy, MDMA, all those kind of festival drugs as such, as I would call them, but they're much more into the mixture of alcohol and cocaine these days. I think in terms of COVID as well, you know the lockdowns, people kind of went into having house parties because they couldn't go out and there was a lot of alcohol and cocaine use in that. And we're seeing those referrals really coming through." (Criminal Justice Manager, Oldham)

"We see (our cohort) using cocaine and alcohol, large quantities (of cocaine) and getting into quite a lot of debt. Thousands and thousands of pounds use over a relatively short period of time." (Clinical Pharmacist Lead, Bury)

"They're using alcohol and what they call 'Bing' (a nickname for Cocaine). Sometimes they don't even know what 'Bing' means." (Adolescent Health and Wellbeing Worker, Bolton)

There was a notable change in the powdered **cocaine** market. Previously, **cocaine** was sold by the gram (or half gram). Some *Key Professional Informants* noted that **cocaine** was now being sold in smaller amounts and not by weight, such as £20 and £30 bags.

"Some of it there have been reports of low-grade stuff that they are doing for £20, but it is usually £50 (a gram)." (Young Persons Worker, Wigan)

"I don't really hear of cocaine being bought in grams or ounces anymore, just 'thirty' bags, I think it because people haven't really got a lot of money at the minute" (Drug and Alcohol Services Worker, Tameside)

"Cocaine is no longer being sold by the gram, but rather in £30 bags." (Safeguarding Lead, Tameside)

However, some respondents discussed **cocaine** as still being sold by gram (or half gram).

"The general statistic you get is £40 a gram, though obviously it's not a gram. I don't hear people necessarily buying in bulk that much…" (Recovery Coordinator, Bury)

"Last time I bought it, it was like, £40 for 0.5g, maybe £50 depending on who you text. And sometimes its hit and miss as well. Like you can get some in and use it and not even feel a buzz." (Mid-20s Male PWUD, Manchester)

Cocaine was also mentioned as being of good quality in recent times.

"The quality of cocaine is reported as being 'good' – service users generally have a regular dealer, whom they trust will provide good quality cocaine." (Drug and Alcohol Services Worker, Tameside)

"The coke's good at the minute, which means good crack is easier to produce. An ounce of pure is about £1200, back then [over COVID] it was about £1600 - £1650. So that's going to affect the crack price." (Homeless Charity Worker, Manchester)

In the adult substance use survey, just over a quarter (26%) of respondents reported increasing their use of ***powdered*** **cocaine** during the previous year as their socialising has increased post lockdown:

"MDMA drought - replaced with coke on nights out, also tend to take now and then as it increases my productivity." (Male, 27, Rochdale)

"Use regularly for nights out. Becoming harder to go out without it, including 'quiet nights' with my social group." (Non-binary, 29, Manchester)

However, just under a fifth (18%) of respondents reported decreased use of ***powdered*** **cocaine**. This was often linked to continued reductions in socialising since the Covid-19 lockdowns – limiting the situations where respondents may use – and was associated with reduced alcohol use:

"Not going out or spending time with other people due to Covid has reduced my intake." (Male, 28, Manchester)

"I tend to go to lots of raves and am not a huge drinker. Cocaine I only use when drinking heavily, which I've been doing a lot less of compared to during the lockdowns." (Male, 27, Manchester)

In the Young People's survey, 29 individuals (8%) reported having used ***powdered* cocaine** in the previous year. Of those, 17 young people described their use as having increased – three of whom had used ***powdered* cocaine** for the first time in the previous year.

MANDRAKE testing has found a wide range of purity levels in cocaine in local circulation, although the general picture is of high-quality cocaine. This year's *MANDRAKE* testing (Jan - Dec 2022) encompassed 85 samples of ***powdered* cocaine**[31], revealing purity that varied considerably from 3.1 - 99.5% (average: 51.3%). Common adulterants included benzocaine (4 samples); caffeine (1 sample) and levamisole (2 samples). Particularly high levels of purity were found in Bolton and Bury, and to a lesser extent in Manchester, Rochdale and Stockport.

In summary, the ***powdered* cocaine** picture remains one of generally high purity and increased use, across a wider demographic than many other substances. It is often used in conjunction with other substances such as alcohol and ketamine. The concern from professionals is related to the lack of public awareness of the increased risks associated with combined use of **cocaine** and **alcohol**[32]. This would suggest the need to monitor ***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.

5.22 Crack cocaine

5.22.1 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 2021, among pupils aged 11-15; 0.3% reported ***crack* cocaine** use in the *last year,* down from 0.6% (2018) (ONS (5), 2022). 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 (see Table 21 below estimates of ***crack* cocaine** users in Greater Manchester.) (PHE (1), 2019).

Table 21: Estimates for the number and rate per 1,000 population of crack cocaine users in Greater Manchester 2016/17 (latest estimate). Source (OHID (6), 2022).

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

According to the *UAM*, between 2011 and 2021; the proportion of *people who inject drugs* (PWID) injecting ***crack* cocaine** increased from 32% to 52% (UK Health Security Agency (1), 2022). There

31. 41 samples were collected from Manchester; 9 from Stockport, 8 from Rochdale, 7 from Bolton, 6 from Tameside, 5 from Trafford, 4 from Salford, 3 from Wigan and Leigh and 2 from Bury.
32. Metabolic processing of both **alcohol** and **cocaine** results in *cocaethylene* developing in the liver which can produce effects that are much more toxic Invalid source specified..

were 58 young people in treatment using ***crack* cocaine** (OHID (9), 2023). There was a further fall in the number of adults entering treatment using ***crack*** with *opiates* (from 21,308 to 18,832) but an increase in those entering treatment who were using ***crack*** without *opiates* from 4,545 to 4,711 (OHID (8), 2023). There were 6,587 ***crack* cocaine** seizures in the year ending March 2021; a decrease from the previous year (7,050). All but 12 of the ***crack* cocaine** seizures were made by police forces (Home Office (e), 2022). Deaths from cocaine (840) are not distinguished between those from ***powdered* cocaine** and ***crack* cocaine** (ONS (6), 2022).

5.22.2 Findings: Crack cocaine

Three-quarters (75%) of professional survey respondents work with people who use ***crack* cocaine**. Of those, two fifths (40%) stated they had not noticed any change in use, whilst just under a third (29%) reported an increase. One explanation for the increased use was the number of service users reporting that more dealers are selling both **heroin** and ***crack* cocaine**. Indeed, professionals often discussed 'speed-balling' (injecting heroin and crack cocaine together). Nevertheless, the combined selling of **heroin** and ***crack* cocaine** is a well-established dealing practice rather than a new development.

The combined use of heroin and crack cocaine and 'speedballing' was often raised in professional interviews.

> *"I'd say there are very few people who are using crack who aren't using heroin, maybe 10% of the people I see."* (Addiction Psychiatrist, Bolton)

> *"All crack users also heroin users. Some smoking, some speed-balling."* (Service Manager, Wigan)

> *"I don't think everybody uses crack, there are still people who use (just) heroin, but they go hand in hand, I can't think of anybody who just uses crack… I'd probably say quite a lot are speed-balling, especially the ones who are long in the tooth in terms of substance misuse, they've then got to take it to another level to get that high."* (Team Leader, Bolton)

The combining of ***crack* cocaine** and **heroin** ('Speed-balling') was highlighted by one professional as something that is increasingly common in drug related deaths.

> *"That (Speed-balling) seems to be a common theme when I am reviewing the deaths. I couldn't give you a figure, but I see that frequently, recorded in the narrative that they provide about people drug use in the weeks prior to death and that is certainly something I have seen quite a lot… it seems to have been a lot more common (In 72-hour reviews) during the pandemic."* (Service Manager, Trafford)

A potential trend noted in last year's report was that, in Salford and Trafford, some of those currently regularly using ***powdered* cocaine** may shift to smoking ***crack* cocaine**. This was discussed again in this year's *Key Professional Informants* interviews, with concern of **powdered cocaine** users cooking ***crack* cocaine** themselves.

> *"…Some people buying powder cocaine and then cooking it up themselves into crack. I have noticed that; you know DIY crack. They seem to know how to do it themselves. A guy I'm thinking of bought some coke. And then he was in Morrisons and bought some bicarbonate, just saw a tub somewhere and just thought 'Ooh - idea!' and that was that! He did it himself and I've heard about other people doing it themselves, but I haven't heard about somebody going to somebody to do it for them."* (Recovery Coordinator, Bury)

In both the adult and young person substance use surveys, there was little reported use of ***crack* cocaine** – although there was a small but significant increase in young people's use. Whilst only two percent of respondents in the adult survey reported past year use, the proportion of young people had doubled among the whole sample (2%; n=7) - quadrupling among those in treatment.

MANDRAKE testing was undertaken on 12 samples of ***crack* cocaine**[33], revealing purity that ranged from 6.9 - 99.9% (average: 53.4%).

33. Four samples were collected from Salford, two from Manchester, Bolton and Rochdale, and one each from Bury and Tameside.

5.23 Amphetamine (Amphetamine sulphate)

5.23.1 Drug indicators: Amphetamine

In 2021/22, *Last year* use of **amphetamine** among adults (aged 16-59) remained similar to 2019/20 at 0.3%, although there was a slight increase in last year use among 16-24 year olds from 0.6% to 0.8% (ONS (4), 2022). In 2021, among pupils aged 11-15; 0.6% reported **amphetamine** use in the *last year,* a slight decrease from 0.7% (2018) (ONS (5), 2022). There were 100 young people in treatment using **amphetamine** in 2021/22; a decrease from a peak of 2,375 in 2012/2013 (OHID (9), 2023). There were 2,660 adults entering treatment for **amphetamine** during 2021/22, similar to the previous year (OHID (8), 2023). In 2021, 185 drug poisoning deaths were associated with **amphetamine**, which was a slight decrease from the previous year (194) (ONS (6), 2022). There were 4,294 seizures of **amphetamine** in 2020/21, a slight increase on the previous year (3,606) (Home Office (e), 2022). Among *PWID*, Injection of **amphetamine** in the last month has decreased from 23% in 2011 to 9.5% in 2020 (PHE (39), 2021). Prison finds of amphetamine have increased significantly since 2018 (66), and more than doubled between 2019 (199) to 2021 (435) (Atkins, 2022).

5.23.2 Findings: Amphetamines

Four fifths (80%) of professional survey respondents work with people who use **amphetamines**. Of those, a small percentage (11%) stated they have noticed an increase in use.

> *"It's usually on the side and it's older people who have never really given it up. I rarely see a young person using speed and I don't think I've seen any change in that since the pandemic."* (Addiction Psychiatrist, Bolton)

However, there was little reported use in either the young person or adult surveys. The majority (83%) of adult survey participants had not used **amphetamines** in the last year. Of those who had, 40% (n=10) reported increased use, whilst just under a third (32%, n=8) reported a decrease in use over the past year. Seven young people (2% of the whole sample) reported having used **amphetamine.**

MANDRAKE tested two samples of **amphetamine** powder in 2022. One sample from Manchester contained 34% **amphetamine** and also contained **caffeine**, the other sample from Wigan, was much higher purity – 96% **amphetamine** content.

5.24 Methamphetamine and Crystal methamphetamine

aka Tina, crystal meth, ice

5.24.1 Drug indicators: methamphetamine

Pockets of local **methamphetamine** use spring up from time to time among opiate users; commonly associated with East European nationals supplying or manufacturing the drug locally (MMU, MCC (a), 2020). However, the use of *crystal* **methamphetamine**[34] in the UK has been largely confined to men who have sex with men (MSM) and the *'chemsex'* scene. 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). There is recent evidence of increased production in Europe; although at present this is often destined for the non-European market (EMCDDA (h), 2022) and further indications of an increase in production in Afghanistan (UNODC, 2021).

Past year use of **methamphetamine** decreased from 0.1% (2019/20) to 0.0% 2021/22 among 16-24 year olds but increased from 0.0% to 0.1% in 16-59 year olds (ONS (4), 2022) **Methamphetamine** deaths are not specifically listed in official statistics. There were 10 deaths associated with *'any amphetamine'* that were not **amphetamine** *(sulphate)* or **MDMA**; which may (or may not) have included **methamphetamine** (ONS (6), 2022).

34. **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.

There were 869 adults in treatment reporting the use of **methamphetamine**; 91 of these were *opiate* users, 778 were non-opiate users (OHID (8), 2023).

5.24.2 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).

5.24.3 Findings: Crystal methamphetamine

Nearly three-fifths (56%) of professional survey respondents stated they work with people who use ***crystal*** **methamphetamine**. Of those, a small number (eleven) of respondents stated they had noticed an increase in use. No use was reported in the adult substance use survey. However, four young people reported having used it in the previous year in the young person's survey (three from Manchester and one from Bolton).

Last year's report found that **crystal methamphetamine** use was confined mainly to those in the LGBTQ+ community. However, one respondent in this year's *Key Professional Informant* survey noted that the use of the substance may be spreading to those outside of that community.

> *"We've definitely seen an increase in female sex workers coming in associated with chemsex. We've just put two people through for crystal meth and mephedrone. It's surprising 'cause you'd never see crystal meth in Tameside."* (Safeguarding Lead, Tameside)

One *Key Professional Informant* highlighted the long prison sentences given to those caught producing **crystal methamphetamine** as a reason for the substance's relatively niche user group.

> *"I think at first, people were put off by the massive sentences some producers were given. So, a lot of lads stayed away from it. You would [only] get six years for crack and would make the same money."* (Homeless Charity Worker, Manchester)

The rising prevalence of **crystal methamphetamine** in Greater Manchester has made it a focus for this year's Adult Trend Focus (see separate report). One *Key Professional Interview* respondent predicted there will be an increase in **methamphetamine** due to the cost of production being low.

> *"Methamphetamine is going to accelerate, because the Ephedra production is ramped up in the Middle East. I worked it out hypothetically that you could put up a lab in Salford for £10,000 and start cooking. No problem with ingredients, but the police said to me that the crack dealers will kill you… [there are] also problems with cooking in terrace houses, but the imports we are going to get cheap, so I think it is going to hit big time".* (Substance Misuse Practitioner, Bury)

Three samples of crystal methamphetamine were tested by MANDRAKE in 2022. One sample from Tameside was low purity – 22%, with two samples from Manchester at much higher purity levels - 71% and 94%.

5.25 MDMA (methylenedioxymethamphetamine) AKA **ecstasy**

5.25.1 Drug indicators: MDMA

In 2021 the proportion of *last year* **MDMA** use in those aged 11-15 was 0.9%, a decrease (1.3%) on 2018 (ONS (5), 2022). There was a notable decrease in past year **MDMA** use between 2019/20 and 2021/22 among adults aged 16-59 years (from 1.6% to 1.4%) and among 16-24-year-olds (from 4.0% to 1.1%) (ONS (4), 2022). There was a further reduction in the number of young people in treatment reporting **MDMA** use (from 1,333 2020/21 to 896 2021/22), but this is still 8% of the total of

young people in treatment (OHID (9), 2023). There were 1,115 adults in treatment for **MDMA** during 2020/21 (OHID (8), 2023). The number of **MDMA** seizures for the year until March 2021 decreased slightly (to 3,316), while the quantity (1.4 million doses) represented a 41% reduction on the previous year (Home Office (e), 2022). **MDMA** deaths decreased from 82 to 67 (33, without mention of other drugs, 27 with other drugs and 7 with **alcohol**) (ONS (6), 2022).

5.25.2 Findings: MDMA

Four fifths (80%) of professional survey respondents stated they work with people who use **MDMA**[35]. Of those, eleven percent of respondents noted there was an increase in use and a similar number (9%) noted a decrease in use. There was little mention of **MDMA** use in any of the *Key Professional Informant* interviews.

MDMA use was reported by 22 young people (6% of the total sample, 10% of those in treatment). This compares with 3% reported use in the previous year, which was a reduction from 8% before lockdown. Seven of the young people using **MDMA** reported having reduced their level of use, whilst three reported an increase in its use.

In the adult substance use survey, over half (53%) reported past year use, with four in ten (40%) of those respondents noting a decrease in their **MDMA** usage during the last year. Those who left free text comments stated their reduced use was directly linked to dance venues being closed during lockdown and not getting back into that scene. Poor quality **MDMA** was also cited as a reason for decreased use.

> *"Decrease use in MDMA, poorer quality, harder to get, just stopped using as much. Stopped going to places where I would do it."* (Male, 21, Manchester)

> *"Don't trust MD at the moment because I've heard they're not good. So, I've mostly avoided. Only time I've done it was stuff other people had already done."* (Female, 19, Manchester)

A small percentage of respondents (16% of total sample, 33% of those using **MDMA**) reported an increase in their **MDMA** use during the previous year. Three-quarters (75%) of those reporting an increase in use resided in Manchester. Free text survey comments from those who continued to use mainly related to the reopening of electronic dance music events and the quality of **MDMA** purchased online, which was frequently stated to be much higher purity than what was purchased from local dealers:

> *"When all the clubs reopened, it was rubbish. Some people thought it was caffeine. Some would spend money and not feel a thing. That was quite common. I got some off the street six weeks ago and no change. By the street, what I mean is a regular dealer. Recently I've just been buying things online, because of the quality. From the dark web. I just get MDMA from there. I know it's going be high quality and safe. Rather than stuff of the street, which I don't even want to chance it."* (Mid-20s Male PWUD, Manchester)

> *"Return of raves and discovering amazing quality MDMA on the dark web has lead to a big increase in use. Wouldn't touch the rubbish stuff sold on the street."* (Male, 27, Manchester)

MANDRAKE analysed 10 samples of suspected ***ecstasy*** pills and MDMA powder in 2022. **MDMA** content in the ***ecstasy*** pills ranged from 66.8mg to 324.1mg tablet (average: 195.5 mg/tablet). **MDMA** (crystal) purity ranged from 75.6 - 98.9% (average: 87.3%). In addition to **MDMA** content, a range of *synthetic cathinones* were found in pills and powders sold as **MDMA**. Five powder samples contained *synthetic cathinones* (n = 2, **mephedrone, 4-MMC**, 91 - 93% purity); (n = 2, **4-fluoro-3-methyl-a-PVP**, 93 - 95% purity) and (n = 1, *3-chloromethcathinone,* **3-CMC**, 67% purity). One sample (tablet) contained a mixture of *synthetic cathinones* (39.3 mg/tablet (**4-MMC, mephedrone**) + 5.4 mg/tablet (**4-CMC, 4-chloromethcathinone**). This highlights the need to continue to closely monitor the content of substances sold as **MDMA** in both pill and powder form.

35. **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.

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

5.26.1 Drug indicators: Mephedrone

The numbers of pupils aged 11-15 estimated to have taken **mephedrone** continues to fall, with 0.1% reporting past year use in 2021: a downward trend from 2012 (0.7%) when it was first recorded (ONS (5), 2022)**.** Data from CSEW for 2021/22 indicates 0.1% of adults aged 16-59 used mephedrone in the past year, the same as the 2019/20 estimate, although data for 16-24 year olds was considered too unreliable to publish (ONS (4), 2022). The number of seizures of **mephedrone** decreased by 5%, from 75 to 71 for the year ending March 2021 (Home Office (e), 2022). There were 16 deaths associated with *cathinones*[36] in 2021, four of them **mephedrone**; an increase from 2020 (six *cathinones,* of which three were **mephedrone**), but smaller than the number of deaths which occurred in 2015 before the introduction of the *PSA* (49 cathinones, of which 44 of them were **mephedrone** in 2015) (ONS (6), 2022).

5.26.2 Findings: Mephedrone

Only 2% (n=3) of adult survey respondents reported using **mephedrone**. The young person's survey did not ask about it. As we discuss in more detail in this year's Adult Trend Focus, the use of **mephedrone** as a drug of choice has declined among clubbers and the local chemsex scene. As noted above (see section 5.25.2), MANDRAKE testing of suspected **MDMA** pills and powders at the Warehouse Project has regularly detected *synthetic cathinones*. It therefore seems more likely that these substances are being consumed unintentionally, sold as **MDMA**, rather than through user choice.

Similarly, only 4% (n=7) of adult *PWUD* respondents reported using *other stimulants*. No significant changes in the use of other *'empathogens'* were mentioned by professional respondents. *Other stimulants* were not asked about in the young person survey.

36. Cathinones are the class of drug that includes **mephedrone**.

5.27 LSD (Lysergic acid diethylamide)

5.27.1 Drug indicators: LSD

In 2021, the proportion of 11-15 year-olds taking **LSD** in the last year was 0.6%, a fall from 2018 (0.8%) and 2016 (0.9%) - which was the highest recorded (ONS (5), 2022). The proportion of 16-24-year-olds taking **LSD** in the previous year fell again from 1.0% to 0.7% in 2021/22 (ONS (4), 2022)**. LSD** seizures more than quadrupled - up 315% from 518 to 2,148; this was the highest since 2000 (Home Office (e), 2022). There were, as in every other year, no deaths related to **LSD** reported (ONS (6), 2022). There were 2,590 adults in treatment who reported the use of a *hallucinogenic drug*, although the individual drugs are not specified (OHID (8), 2023). There is no category of *hallucinogenic drug* recorded in young people's treatment statistics (OHID (7), 2022). According to the *GDS*; **LSD** was rated as the best value-for-money drug in the world, despite doubling in price (GDS, 2019).

5.27.2 Findings: LSD

Almost two-thirds (64%) of professional survey respondents stated they work with people who use **LSD**. Of those, a small percentage (11%) reported an increase in use. Similarly, a small percentage (8%) of adult survey respondents reported an increase in their use of **LSD** in the last year. The vast majority (81%) reported no past year use. One respondent described their motivation for using **LSD**:

> *"Use more therapeutically so I can look inwards and make changes to my life, not really recreational."* (Non-binary, 20, Bury)

No **LSD** was tested by MANDRAKE .

5.28 Psilocybin mushrooms ('Magic mushrooms')

5.28.1 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 2021, among pupils aged 11-15; 0.9% reported '*magic mushroom'* use in the *last year;* a rise from 0.7% reported in the previous year (2018) (ONS (5), 2022). The proportion of 16-24-year-olds taking **psilocybin *mushrooms*** in the *last year* decreased from 1.2% to 1.1% (ONS (4), 2022).

5.28.2 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 survey, just over a fifth (21%) reported they had used **psilocybin *mushrooms*** in the last year. Just over one in ten (11%) of respondents noted there was an increase in their use of **psilocybin *mushrooms*** during the previous year.

Alongside their use for recreational purposes, several adult survey respondents and professional survey respondents reported 'microdosing'.

> *"Microdosing frequently as well as using mushrooms for fun."* (Male, 39, Trafford)

> *"Microdosing 'massive' in the ADHD community as a wonder drug."* (Advocacy Worker, Bury)

The reported increased use of **psilocybin *mushrooms*** and other *psychedelics* for a range of purposes including recreational use, self-medication, and enhancement, suggests we may see a continued increase is the sale and use of these substances.

No **psilocybin *mushrooms*** were tested by MANDRAKE.

5.29 Other psychedelics

5.29.1 2CB (4-Bromo-2,5-dimethoxyphenethylamine)

Half (50%) of professional survey respondents stated they work with people who use **2CB.** However, no significant changes were reported. Most respondents (79%) in the adult survey reported no previous use. Of those who reported past year use, a small percentage (11%) reported an increase in use, with 4% reporting decreased use.

> *"Increased usage during MDMA shortage in Manchester. Generally, a better experience due to no comedown and sometimes an intended experience. However, they are too unpredictable based on quantity in each 2CB pill. I had pink Batmans and green mushrooms."* (Female, 20, Rochdale)

> *"Tried for the first-time last year. My friend has started selling it now."* (Female, 21, Manchester)

No **2-CB** was tested by MANDRAKE.

5.30 Anabolic Steroids and other Image and Performance Enhancing Drugs (IPEDS)

5.30.1 Drug indicators: Anabolic Steroids and other body building drugs (IPEDS)

Estimates of people who use *androgenic anabolic steroids* (AAS) and other body building drugs vary considerably. Owing to small numbers reporting use, there is a lack of confidence in the CSEW estimate of anabolic steroid users, with 0.1% of the sample reporting past year use (ONS (4), 2022). Recent analysis estimated the range for the number of men aged 15-64 who use AAS as being between 328,000 and 687,000. This is 10 times the number previously suggested for the total number of *anabolic steroid* users in England and Wales. It was also estimated that there were higher levels of use in Wales and the North-East and North-West of England (Hope, et al., 2022). There was a 20% increase in the quantity of *anabolic steroids* seized between the years ending March 2020 and 2021, from 1.36 million to 1.64 million doses (Home Office (e), 2022).

5.30.2 Findings: Anabolic Steroids and other body building drugs (IPEDS)

Just under two thirds (64%) of professional survey respondents stated they work with people who use **anabolic steroids**. A relatively small number of these (17%) noted an increase in use, with a further three percent of professional respondents reporting a decrease in use. The *Key Professional Informant* interviews for last year's *GM Trends* also identified concerns regarding use in some local prisons. It would be worth exploring whether this is an ongoing concern in future research.

No significant changes in use were reported in the adult substance use survey - with only one percent of respondents reporting previous use. Four young people reported use of *IPEDs* in the young person survey.

5.30.3 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 substance use survey with only 2% of respondents reporting previous use.

5.30.4 Findings: Image enhancing drugs

Three-fifths (57%) of professional survey respondents stated they have clients who use image enhancing drugs. A small number (12%) of these noted there was an increase in use.

> *"One report of client injecting EpiPen for adrenaline rush."* (Recovery Practitioner, Manchester)

There was an isolated report of **Human Growth Hormone** being used by young males in Wigan.

> *"Stacking and routines discussed in 6th form college to include HGH."* (Young People's Recovery Worker, Wigan)

The popularity of tanning injections (**Melatonin**) was discussed by a small number of professionals spanning several GM areas.

> *"Tanning injections and nasal tanners are all over social media […] we get a lot of people in the needle exchange for tanning injections."* (Criminal Justice Manager, Oldham)

> *"We have quite a lo of regulars that come into the needle exchange for steroids as well […] you know it's social media, people are very much focused on their image and that's where the enhancing drugs come in, . . . where the tanners come in. And it's a whole culture now, I mean, there's all sorts, like lip filler even."* (Criminal Justice Manager, Oldham)

> *"When I was doing the urine tests, we saw a lot of tanning injections."* (Drug and Alcohol Worker, Tameside)

There were no significant changes reported in the adult *PWUD* survey with only 1% of respondents reporting previous use. Three young people reported use of *image enhancing drugs* in the young person's survey.

No *image and performance enhancing drugs* were tested by MANDRAKE.

5.30.5 Findings: Cognitive enhancers

Half (50%) of professional survey respondents stated they have clients who use *cognitive enhancer* drugs. No significant changes were reported. The vast majority (92%) of adult survey respondents said they had not used cognitive enhancers in the last year. Only a small percentage (5%) reported an increase in use, with 1% reporting a decrease. The young people's survey did not ask about cognitive enhancers.

5.30.6 Findings: Sexual performance drugs

Three-fifths (60%) of professional survey respondents stated they have clients who use *sexual performance drugs*. Sixteen percent of these reported an increase in use. Only a small group (6%) of adult survey respondents said they had used *sexual performance drugs* in the last year. Of those who did report use, a small percentage (2%) reported increased use, and no one reported a decrease in use. Three young people reported using *sexual performance drugs* in the last year.

No cognitive enhancer or sexual performance drugs were tested by MANDRAKE.

5.31 Alkyl Nitrites[1] (Poppers)

5.31.1 Drug Indicators: Alkyl Nitrites

In 2021, among pupils aged 11-15, 0.5% reported using *'poppers'* in the *last year* - a slight fall (0.6%) from 2018 (ONS (5), 2022). *Alkyl nitrites* (poppers) accounted for 25 registered deaths (2001 to 2020) (ONS (15), 2022).

5.31.2 Findings: Alkyl Nitrites

Almost two thirds (63%) of professional survey respondents stated they have clients who use *alkyl nitrites*. A small percentage (7%) of these noted an increase in use. They were reported to be gaining popularity among young people:

> *"Readily available and less associated with sexual practises than previous years and more likened to nitrous use now as just fun."* (Youth Support, Wigan)

Just under four-fifths (79%) of the adult survey respondents reported no past year use of *alkyl nitrites*. Of those who had used, a small percentage (10%) reported an increase in use.

> *"Usage has increased as I see them as not really a "drug", as the effects are so short lasting and I do them instead of NOS."* (Female, 20, Rochdale)

> *"Use very, very often, either with friends but usually during sexual intercourse."* (Non-binary, 20, Bury)

Two samples of bottles of 'poppers' were tested by MANDRAKE. Both contained **Isopropyl Nitrite** at purity levels of 97.4% and 98.2%.

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

5.32.1 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. Experimentation with just about any other medication thought to have a psychoactive

37. 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).

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 607 *Anti-depressant* drug related poisoning deaths and 165 *antipsychotics* poisoning deaths registered in 2020 (ONS (16), 2021).

5.32.2 Findings: other depressant substances, anti-psychotics and antihistamines

Just under half (47%) 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 *antihistamines*, **procyclidine** and *antipsychotics* – with one respondent mentioning:

> *"Barbiturates are being purchased through the internet and may be being used as an alternative to opiates/opioids."* (Training Lead, Greater Manchester)

Over four-fifths (88%) of adult respondents reported no use. Where use was reported and described, it was in relation to *antihistamine* usage to reduce 'Asian flush syndrome' (including the reddening of the face and neck and increased heart rate due to alcohol use). The use of these substances was not asked about in the survey of young people. There were no reported concerns raised during interviews with *Key professional Informants* or *PWUD*.

None of these substances were tested by MANDRAKE.

5.32.3 Findings: Other prescribed drugs from a doctor or online

Over four-fifths (84%) of professional survey respondents stated they have clients who use other *prescribed drugs* from a doctor or online. A third (33%) of these noted an increase in the use of these medications. In some cases, reported increases related to *prescribed medications* available on the street market and in shops. However, legitimately prescribed medications were also reported.

> *"Diazepam, pregabalin, gabapentin, small increase in medication for sleep being given on repeat [prescription] for known drug uses for months on end. I have asked service users when they have last had a review and most say this was via the phone, sometimes before the first lockdown."* (Healthcare Professional, Manchester)

In the adult survey, almost one third of respondents (31%) reported the use of *prescribed drugs* from a doctor or online. Of those who did report use, 11% stated that their use had increased.

MANDRAKE testing of *benzodiazepines*, *gabapentinoids* and **Tramadol** are covered in other sections of this report.

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

Over four-fifths (82%) of professional survey respondents stated they have clients who use *over the counter* medications from a chemist or online. Almost a quarter (24%) of respondents noted an increase of these type of medications.

In the adult *PWUD* survey, just under one third (30%) of respondents reported use of *over-the-counter* medications from a chemist or online. A small percentage of these (6%) indicated that they had increased their use.

No testing of over-the-counter medications were conducted by MANDRAKE.

5.33 Findings: Unknown or unidentified drugs

Almost three-quarters (72%) of professional survey respondents stated they have clients who use known or unidentified drugs. No significant changes were reported. In the adult survey, most survey respondents (92%) stated they had not used any unknown or unidentified drugs in the last year.

5.34 Findings: Drugs known by a nickname

Just under two-thirds (65%) of professional survey respondents stated they have clients who use drugs known by a nickname. Of these, a small number (3%) noted an increase in use, whilst 2% reported a decrease. Where named, these related to reports of *'Monkey Dust'*:

> *"There was a small bit of monkey dust but it's dying out to ket and cocaine."* (Youth Worker, Manchester, Salford, and Trafford)

No significant changes were reported in the adult substance use survey with the vast majority (97%) of respondents reporting no use of any drugs known only by a nickname.

5.35 Findings: Homemade drug mixtures

Just over two-thirds (69%) of professional survey respondents stated they have clients who use *homemade drug mixtures*. Of these, 18% reported an increase in use. As was the case with over-the-counter medication, these typically related to **codeine**-based medications used to make *'Lean'* (See section 5.12.3). No significant changes were reported in the adult survey with only a small proportion of survey respondents (4%) reporting use of *homemade drug mixtures* in the last year.

6. Recommendations and Future Research Agenda

In this final section, we provide a set of research-led recommendations, including a future research agenda. These recommendations encompass commissioning and service development, professional staff development and harm reduction.

6.1 Alcohol

6.1.1 We recommend the establishment of clear alcohol pathways across GMCA. This should include making services accessible for non-traditional user groups and appropriately commissioned access to detox and rehab facilities.

6.1.2 We recommend targeted awareness raising of impact of drinking spirits to young people and young adults.

6.2 Cannabis

6.2.1 We recommend targeted awareness raising regarding the high **THC** content in **cannabis** sold as 'Cali weed' and the potential implications for users' mental health.

6.3 Heroin

6.3.1 We recommend a continued focus on the monitoring of the local **heroin** market for purity and adulterants through MANDRAKE testing as a priority substance.

6.3.2 We recommend the widespread distribution of **Naloxone** beyond **heroin** users, to Greater Manchester Police and other frontline professionals.

6.3.3 We recommend the monitoring young people and adult treatment services for increases in the number of new young **heroin** users.

6.3.4 We recommend the monitoring of the role of prescription drugs in **heroin** related deaths. This should include developing a better understanding of the relationship between prescribed and non-prescribed *gabapentinoids* and *benzodiazepines* in drug related deaths.

6.3.5 We recommend the monitoring of drug related deaths after prison release and hospital discharge. This should include a review of existing treatment pathways.

6.3.6 We recommend a GM review of the current treatment options and prescribing practices to **heroin** users.

6.4 Cocaine

We recommend the development of harm reduction advice and pathways for **cocaine** users and non-traditional treatment populations.

6.5 Prescription Drugs

6.5.1 We recommend a review of existing practice in relation to the prescribing of *gabapentinoids* (in particular, **Pregabalin**) in relation to ongoing treatment professionals concerns in relation to opioid users being prescribed these medicines.

6.5.2 We recommend awareness raising of pregabalin content that MANDRAKE testing has reported can vary from 100mg through to 300mg, and the heightened risk of overdose when using in large amounts.

6.5.3 We recommend the development of harm reduction advice for young people and adults on the risks of using *benzodiazepines*, including awareness of the varying content and risk of dependency and health risks associated with non-medically supervised withdrawal.

6.5.4 We recommend close monitoring of the impact of Operation Vulcan on the local prescription drug market. This should include a focus on the impact of targeting the production and importation of these drugs on the content of prescription drugs (e.g., **diazepam** and **pregabalin**) and the displacement of the market to I) others part of Manchester city centre & ii) other areas of Greater Manchester. Treatment service engagement should also be monitored, i.e., to capture whether a shortage in prescription drugs leads to engagement with services.

6.6 Vapes

The rapid escalation of the use of vapes, particularly amongst school age children, requires attention.

6.6.1 We recommend a partnership approach that should include working closely with trading standards and schools, including school nurses, to understand the local context and volume.

6.6.2 We recommend the development of professional training which included the pathways of support (e.g., **nicotine** pathway to school nurses, **THC** pathways to specialist substance use services).

6.6.3 We recommend developing a vaping policy for education facilities and schools, ensuring it links to schools' policies on substance misuse.

6.6.4 We recommend a whole family approach for nicotine replacement therapy where children under 18 are present.

6.6.5 We recommend commissioning young person substance misuse services to work with **nicotine** replacement therapy for *cannabinoid* users.

6.6.6 We recommend a focus on the younger age (including primary school age) of vaping and the potential for nicotine vaping to act as a gateway into other substances, in particular, the monitoring of the transition from nicotine vapes to **THC** vapes.

6.6.7 We recommend awareness raising of the content of **THC** vapes, including not only **THC** levels but other contents such as *vitamin E acetate*.

6.6.8 We recommend regular forensic analysis of the content of both **THC** and **nicotine** vapes through MANDRAKE.

6.7 Research Development

6.7.1 We recommend a task and finish working group to develop an engagement strategy to ensure an improved survey response rates for the professional, adult, and young person trend surveys, including young people not currently engaged with treatment services. This should ideally sit within an existing strategic group who can be tasked with driving greater participation in the surveys among key target groups.

6.8 Dissemination

6.8.1 We recommend awareness raising of the current purity levels of key substances, and where appropriate, the development of harm reduction advice on increased risk of overdose, and physical and mental health harms. This should include purity levels of cocaine (in both powder and crack form) the high **THC** levels in **cannabis**, and the content of street prescription drugs such as **diazepam** and **pregabalin**.

7. References

[Appendix A]. Greater Manchester Drug Sample 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.

    a. **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***.**

    b. **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.

4. 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

Part 1: TO BE COMPLETED BY PERSON REPORTING

Name:
Date:
Organisation:
Circumstances:

What is sample believed to be:

Brief description:

Police incident log number:

Part 2: 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:

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