

Please cite the Published Version

Ralps, Robert , Linnell, Michael and Sutcliffe, Oliver B  (2024) Greater Manchester: Testing and Research on Emergent and New Drugs (GM TRENDS): 2023 monitoring cycle full report. Research Report. Manchester Metropolitan University, Manchester.

Publisher: Manchester Metropolitan University

Version: Published Version

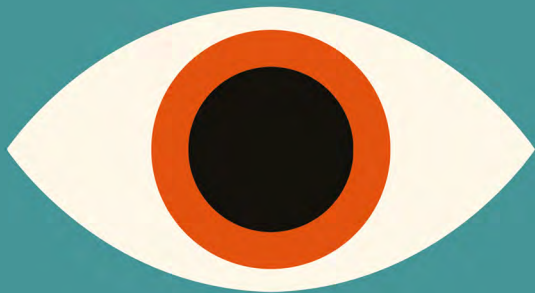
Downloaded from: <https://e-space.mmu.ac.uk/636790/>

Usage rights:  In Copyright

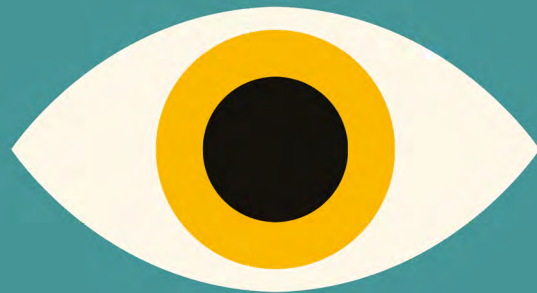
Enquiries:

If you have questions about this document, contact openresearch@mmu.ac.uk. Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from <https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines>)

2023-2024 Monitoring Cycle. Full Report



Stimulants



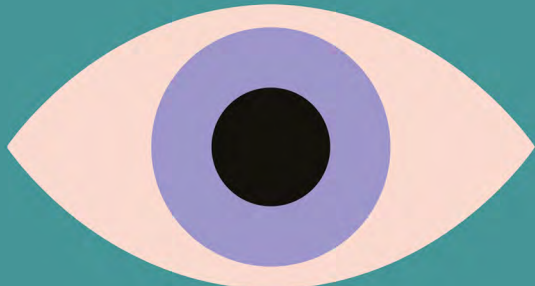
Empathogens



Psychedelics



Dissociatives



Cannabinoids



Depressants



Opioids



Image & Performance
Enhancing Drugs

Greater Manchester: Testing and Research on Emergent and New Drugs



Table of contents

1	GM TRENDS Introduction	5	4.6.2	Drug indicators: Homelessness	20
1.1	Background	5	4.6.3	Drug indicators: Drugs and crime	21
1.1.1	Aim of GM TRENDS	5	4.6.4	Drug indicators: Parental Substance Misuse	22
1.1.2	The need for GM TRENDS	5	5	Findings: Individual substances	23
2	Methodology	6	5.1	Alcohol	25
2.1	The multi-method approach.	6	5.1.1	Drug indicators: Alcohol	25
2.2	Methods used in this study.	6	5.1.2	Findings: Alcohol	26
2.2.1	Key Drug Indicators (KDI)	6	5.1.3	Findings: Young People and Alcohol Use	28
2.2.2	Online survey of professionals	6	5.2	Nicotine	29
2.2.3	Respondents by area update	7	5.2.1	Drug indicators: Cigarette smoking	29
2.2.4	Key Professional Informant interviews	7	5.2.2	Findings: Nicotine	29
2.2.5	Interviews with people who use drugs (PWUDs)	7	5.3	Cannabis	33
2.2.6	Online survey of young people	7	5.3.1	Drug Indicators: Cannabis	33
2.2.7	Drug sample analysis	8	5.3.2	Findings: Cannabis	33
2.2.8	Data analysis	8	5.4	CBD (Cannabidiol) and Cannabis-based products for medicinal use (CBPMs)	39
3	Greater Manchester	9	5.4.1	Drug indicators: CBD market information	39
3.1	Deprivation in Greater Manchester	9	5.4.2	Findings: CBD	39
3.2	Deprivation, drugs and alcohol	10	5.5	SCRA (Synthetic Cannabinoid Receptor Agonists) AKA 'Spice'	40
3.3	Recession and the ten-year drugs plan	11	5.5.1	Drug indicators: SCRA	40
4	Key Drug indicators	12	5.5.1	Findings: SCRA	40
4.1	General population surveys	12	5.6	Heroin	42
4.1.1	Adult surveys	12	5.6.1	Drug indicators: heroin	42
4.1.2	Young people surveys	12	5.6.1	Findings: heroin	43
4.2	Drug indicators: High-risk drug use indicators	12	5.6.1	Findings: Market Insights	44
4.3	Drug indicators: Treatment demand indicators	13	5.7	Fentanyl(s), Nitazenes and other synthetic opioids	46
4.3.1	Adults in treatment in England	13	5.7.1	Drug indicators: fentanyl(s) and nitazenes	46
4.3.2	Young people in treatment	14	5.7.2	Findings: Fentanyl(s)	46
4.3.3	Drug treatment in prisons	15	5.8	Naloxone	47
4.4	Drug indicators: Drug related deaths	15	5.8.1	Drug indicators: Naloxone	47
4.4.1	Deaths related to drug poisoning.	15	5.8.2	Findings: Naloxone	47
4.4.2	Deaths related to drug misuse.	15	5.9	Prescribed opioids	48
4.4.3	Deaths by drug type	15	5.9.1	Drug indicators: Prescribed opioids	48
4.4.4	Drug related deaths and mortality during treatment	16	5.9.2	Findings: Prescribed opioids	48
4.4.5	Drug related deaths in prison custody	16	5.10	Methadone and buprenorphine	49
4.4.6	Prison overdoses	17	5.10.1	Drug indicators: Opiate Substitute Treatment (OST)	49
4.4.7	Drug related deaths among homeless populations	17	5.10.2	Drug indicators: Methadone and buprenorphine	49
4.4.8	Cause of the record number of drug related deaths	17	5.10.3	Findings: Methadone and buprenorphine	49
4.5	Drug indicators: Drug-related infectious diseases	18	5.11	Tramadol	50
4.5.1	HIV	18	5.11.1	Drug indicators: Tramadol	50
4.5.2	Hepatitis B	18	5.11.2	Findings: Tramadol	50
4.5.3	Hepatitis C	18	5.12	Codeine/Dihydrocodeine (including 'Lean')	50
4.5.4	Bacterial Infection	18	5.12.1	Drug indicators: Codeine/Dihydrocodeine	50
4.5.5	Sharing injection equipment	18	5.12.2	Findings: Codeine/Dihydrocodeine	51
4.6	Other indicators	19			
4.6.1	Drug indicators: Hospital admissions	19			

5.12.3	Findings: 'Lean'	51	5.27	LSD (Lysergic acid diethylamide)	79
5.13	Other opioids	52	5.27.1	Drug indicators: LSD	79
5.13.1	Drug indicators: Other opioids	52	5.27.2	Findings: LSD	79
5.13.2	Findings: Other opioids	52	5.28	Psilocybin mushrooms ('Magic mushrooms')	79
5.14	GHBRS (Gamma-hydroxybutyrate and related substances) aka G	53	5.28.1	Drug indicators: psilocybin mushrooms	79
5.14.1	Drug indicators: GHBRS	53	5.28.2	Findings: Psilocybin mushrooms	79
5.14.2	Findings: GHBRS	53	5.29	Other psychedelics	81
5.15	Gabapentinoids (Pregabalin and Gabapentin)	53	5.29.1	2CB (4-Bromo-2,5-dimethoxyphenethylamine)	81
5.15.1	Drug indicators: gabapentinoids	53	5.29.2	DMT	81
5.15.2	Findings: Gabapentinoids	54	5.30	Anabolic Steroids and other Image and Performance Enhancing Drugs (IPEDS)	82
5.16	Benzodiazepines and Z-drugs	56	5.30.1	Drug indicators: Anabolic Steroids and other body building drugs.	82
5.16.1	Drug indicators: Benzodiazepines and Z-drugs	56	5.30.2	Findings: Anabolic Steroids and other Image and Performance Enhancing Drugs (IPEDS)	82
5.16.2	The risk of concurrent use of benzodiazepines with opioids	56	5.30.3	Findings: Other body building drugs	82
5.16.1	Findings: Benzodiazepines	57	5.30.4	Findings: Image enhancing drugs	82
5.17	Volatile Substance Abuse (VSA)	59	5.30.5	Findings: Cognitive enhancers	82
5.17.1	Drug indicators: Volatile Substance Abuse	59	5.30.6	Findings: Sexual performance drugs	82
5.17.2	Findings: Volatile Substances (VS)	59	5.31	Alkyl Nitrites (Poppers)	83
5.18	Ketamine	60	5.31.1	Drug Indicators: Alkyl Nitrites	83
5.18.1	Drug indicators: Ketamine	60	5.31.2	Findings: Alkyl Nitrites	83
5.18.2	Findings: Ketamine	60	5.32	Other prescribed, pharmacy, online or over the counter drugs	83
5.19	Nitrous Oxide (laughing gas)	61	5.32.1	Drug indicators: Other prescribed, pharmacy or other the counter drugs	83
5.19.1	Drug indicators: Nitrous Oxide	61	5.32.2	Findings: other depressant substances, anti-psychotics and antihistamines	83
5.19.2	Findings: Nitrous Oxide	61	5.32.3	Findings: Other prescribed drugs from a doctor or online	83
5.20	Salvia Divinorum and other dissociative drugs	64	5.32.4	Findings: Over the counter medications from a chemist or online	84
5.20.1	Findings: Salvia and other dissociative drugs	64	5.33	Findings: Unknown or unidentified drugs	84
5.21	Powdered cocaine (Cocaine hydrochloride)	65	5.34	Findings: Drugs known by a nickname	84
5.21.1	Drug indicators: Powdered cocaine	65	5.35	Findings: Homemade drug mixtures	85
5.21.2	Findings: Powdered cocaine	65	6	Recommendations	86
5.22	Crack cocaine	70	6.1	Service Development	86
5.22.1	Drug indicators: Crack cocaine	70	6.2	Pathways	86
5.22.1	Findings: Crack cocaine	71	6.3	Professional Development and Training	86
5.23	Amphetamine (Amphetamine sulphate)	73	6.4	Harm Reduction	87
5.23.1	Drug indicators: Amphetamine	73	6.4.1	Awareness Raising	87
5.23.2	Findings: Amphetamines	73	6.4.2	Overdose Reversal	87
5.24	Methamphetamine and Crystal methamphetamine aka Tina, crystal meth, ice	74	6.5	Monitoring	87
5.24.1	Drug indicators: methamphetamine	74	6.6	Trend Focus Recommendations	88
5.24.2	Findings: Crystal methamphetamine	74	6.6.1	Ketamine	88
5.25	MDMA (methylenedioxyamphetamine) AKA ecstasy	76	6.6.2	THC Vapes	88
5.25.1	Drug indicators: MDMA	76	7	Works Cited	89
5.25.2	Findings: MDMA	76			
5.26	Mephedrone (MCAT, 4-MMC) and other cathinones	78			
5.26.1	Drug indicators: Mephedrone	78			
5.26.1	Findings: Mephedrone	78			



Acknowledgments

We would like to thank Greater Manchester Combined Authority and Mark Knight, Greater Manchester Strategic Lead for Substance Misuse, for funding the GM TRENDS research. This research has been conducted by Manchester Metropolitan University's *Drugs, Policy and Social Change (DPSC)* research group. We want to give special thanks to the collected efforts of the following people who made key and valued contributions to the research and the report:

Firstly, thanks to Michael Linnell (Linnell Communications) for his significant contribution to many aspects of this research, including: conducting *Key Professional Informant interviews*, report writing (including collation of all the information from *key drug indicators* and international overview of emerging drug trend reports and surveys) and the design of the GM TRENDS logo and all the art work and design. Lastly, for the continued survey promotion through the Greater Manchester Local Drugs Information Networks. A special thanks to Dr Oliver Sutcliffe, The Director of *MANDRAKE* (MANchester DRug Analysis and Knowledge Exchange), and his *MANDRAKE* team for providing the analytical chemical analysis of local drug samples. PC Andy Costello for his tireless contribution as the GMP lead for drug sample collection and the development of the *MANDRAKE* drug submission system. Paul Gray for designing, setting up and monitoring the three online *qualtrics* surveys (Professional Informants, PWUD and the Young Person's online surveys). Laura McCulloch for her analysis of the 44 substances in the professional survey and professional interview transcripts and Oliver Hulmes who has helped with the report writing for the ketamine trend focus report.

Several undergraduate and postgraduate Sociology and Criminology students. Three Applied Criminology Masters Placement students and six Undergraduate Sociology Department Interns who have provided invaluable and wide-ranging Research Assistant support this year. Tom Wilkinson and Owen Naisby provided support in design and distributing of flyers for the young person survey and conducted subsequent SPSS data analysis of the young person survey findings.

Callum Shepherd has conducted a literature review for the THC Vape Trend Focus Report, and also worked on the Ketamine Trend Focus Report, including setting up an Excel spreadsheet, data entry and analysis of young person substance use ketamine treatment data.

Emily Carter has designed infographics for key findings related to cocaine, ketamine and THC vapes, transcribed

ketamine trend focus interviews, helped to compile the Ketamine Trend Focus Report, and helped with the entry of ketamine treatment data.

Maria McCusker co-wrote the Ketamine Trend Report, and Greater Manchester area-by-area report. She also contributed to the main GMTREND Report, including analysis of the young person survey, adult survey, professional survey, and *MANDRAKE* drug testing data.

Toby Harrison has helped with the transcription of the interviews with young people who use ketamine and the ketamine literature review for the Ketamine Trend Focus Report.

Raghad Alshaar has helped with the literature review for the Trend Reports on ketamine and THC vapes.

Fiona Carson has led on the recruitment, interviewing, transcription, and analysis of the 22 young people who use ketamine for the Ketamine Trend Focus Report

Emma Davidson, has designed the flyers and posters for the promotion and recruitment of young people for the ketamine and THC vapes interviews and led on the recruitment, interviewing, transcription and analysis of the 21 young people who use THC vapes for the THC vape Trend Focus Report.

We also reserve special thanks to several individuals and organisations who went 'the extra mile' in supporting the research, including helpfully promoting the study to other professionals and organisations, providing valuable recommendations and contacts for interviews with *Key Professional Informants* and PWUD and/or taking the time to process substances of concern through the *MANDRAKE*/GMP systems, including online form filling and in some cases, physically taking substances to local police stations in their own time. These include Janine Day and Vicky Maloney and their teams at *Early Break*; Anna Goddard, Director of Safeguarding, Salford, Isobel Mann at CGL Tameside; Niki Papadopoulou and Michael Dunn at *CGL Eclipse*, *CGL Manchester*; Martin Mclean and Lynn Barnes, *Mosaic Drug & Alcohol Treatment Team*; Anthony Simpson, *Royal Oldham Hospital*; Hendrix Lancaster, *Coffee4Craig*; Paul Cornwall, *The Wellspring*; Ben Metcalfe, *Greater Manchester Mental Health NHS Foundation Trust*, Louise McIvor, *LGBT Foundation*, and Sharon Berry and Nicola Liddle, *HMP Forest Bank, Sodexo Justice Services*. We also thank all the people who use drugs and professionals who took the time to complete the surveys and/or gave up their time to be interviewed for their insights on local drug trends and markets. As always, we sincerely value their selfless support, lived experience and expertise.



1. GM TRENDS: Introduction

1.1 Background

In 2020 Greater Manchester Combined Authority (GMCA) commissioned SUAB¹ to adapt and develop the city of Manchester's *Emerging Drug Trends Monitoring System*² (MESUS³) to monitor emerging substance use trends across all ten local authority areas of Greater Manchester. This Greater Manchester wide system has been named **GM TRENDS** (Greater Manchester: Testing and Research on Emergent and New Drugs). This report is the findings from the third *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**) 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 as yet no formal *emerging drug trend monitoring system* (**EDTMS**) for England, although a national system along the lines of Scotland's **RADAR** (Public Health Scotland, 2024) is currently being developed. 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. *GM TRENDS* is currently the only local **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 (Moun-teney, Fry, McKeganey, & Haugland, 2010).

3. Manchester Emergent Substance Use Survey. 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 June 2023 and April 2024. *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*.

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 22nd September 2023 to 17th December 2023. 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, 132 Greater Manchester professionals completed the online survey. These spanned a wide range of professions including adult and young person substance use and homeless services; needle exchange harm reduction workers; pharmacists; drug and alcohol social workers; substance use and homeless outreach workers; homeless day centre staff; supported accommodation and temporary housing managers; dual diagnosis liaison services; secure units; inpatient units; hospital A & E nurses and consultants; youth justice; national probation service; police; prison staff; sexual health service professionals; children and families teams; medical practice; health and social care; and a number of third sector organisations working with the homeless, sex workers and the LGBTQ community.

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

2.2.3 Respondents by area update

Table 1: Online survey respondents by Greater Manchester location

Area	Professionals		Young People	
	N*	%	N	%
Bolton	23	13	59	16
Bury	19	11	79	22
Manchester	27	15	52	14
Oldham	15	8	33	9
Rochdale	28	16	54	15
Salford	22	12	51	14
Stockport	12	7	3	1
Tameside	12	7	7	2
Trafford	14	8	21	6
Wigan	8	4	4	1

2.2.4 Key Professional Informant interviews

The online survey was used to recruit *Key Professional Informants*, with some direct recruitment to cover specific drug scenes and populations. Interviews were conducted between September 2023 and December 2023. In total 85 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 22 minutes to one hour and six 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 2: Key Professional Interviews by Greater Manchester area covered

GM Local Authority Area	Number of Key Professionals
Bolton	10
Bury	10
Manchester	11
Oldham	9
Rochdale	9
Salford	10
Stockport	9
Tameside	4
Trafford	7
Wigan	6

2.2.5 Interviews with people who use drugs (PWUDs)

The two substances that emerged this year to form the trend focus (see separate reports) were **THC Vapes** and **ketamine**. To supplement the online surveys and Key Professional Informant interviews, 21 young people who used **THC Vapes** and 22 young people who used **ketamine** were interviewed to provide further insight into the use of the substances, including motivations for use, related harms and market information. Interviews took place between January and March 2024, either online (*Microsoft Teams* or *Zoom*), phone or face-to-face. Interviews were digitally recorded and transcribed.

2.2.6 Online survey of young people

An online survey of young people (aged 12 to 21) was conducted from 26th June to the 4th August 2023. Participants were recruited through promoting the survey via the North West Young Person, Children and Families Professional Network, and the commissioned young person substance use services, across the 10 Greater Manchester areas. In addition, the survey was promoted through social media, and the use of flyers and posters. Following last year's survey that highlighted an increase in **nicotine vaping**, and concerns about **THC vapes**, additional questions were added this year on **nicotine vapes** and **THC vapes**. In total 400 respondents completed the survey.

The 2023 cohort is older than the previous year but younger than the 2021 cohort (15 years and 10 months, compared to 15 years and 2 months in 2022 and 16 years 10 months in 2021) and contains a substantial proportion of young people (38%) not accessing substance treatment services. As Table 3 below illustrates, analysing substance use between the 240 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 significantly higher rates of past year use for most substances.

Males have traditionally been viewed to use a range of substances at higher rates than females. As Table 4 below illustrates, this was the case in relation to several substances, with past year use of **Nitrous Oxide**, **'Lean'**, **Diazepam/Valium**, **LSD**, **Magic mushrooms** and **CBD** reported at much higher rates by males. However, others, including



some of the most commonly used substances - **alcohol, cannabis, cocaine powder, nicotine vapes, cigarettes** and **tobacco** - were used at similar or higher percentages by females.

Table 3: Comparison of past year substance use between those who had been in contact with services in the past year and those who had not.

Substance (Overall percentage past year use)	Percentage use of those in contact with services	Percentage use of young people not in contact with services
Alcohol (81%)	85% (n=204)	74% (n=112)
Nicotine Vapes (75%)	82% (n=196)	65% (n=104)
Cannabis (69%)	85% (n=205)	43% (n=65)
THC Vapes (48%)	54% (n=129)	40% (n=63)
Cigarettes/Tobacco (36%)	40% (n=97)	28% (n=43)
Nitrous Oxide (26%)	30% (n=71)	20% (n=30)
Cocaine Powder (17%)	21% (n=50)	12% (n=18)
Ketamine (16%)	18% (n=44)	12% (n=18)
Ecstasy/MDMA (15%)	18% (n=43)	10% (n=15)
Lean (6%)	6% (n=14)	7% (n=10)
Diazepam/Valium (4%)	5% (n=12)	3% (n=5)
Xanax (3%)	5% (n=11)	1% (n=2)

Table 4: Comparison of past year substance use between those who identified as 'boy/man' and 'girl/woman'.

Substance	Boy/Man	Girl/Women
Alcohol	45% (n=145)	51% (n=163)
Cannabis	51% (n=139)	46% (n=126)
CBD	100% (n=9)	0% (n=0)
Cigarettes/Tobacco	45% (n=64)	48% (n=68)
Cocaine Powder	44% (n=30)	49% (n=34)
Diazepam/Valium	65% (n=11)	29% (n=5)
Ecstasy/MDMA	52% (n=30)	41% (n=24)
Lean	71% (n=17)	21% (n=5)
LSD	75% (n=9)	17% (n=2)
Magic Mushrooms	68% (n=15)	23% (n=5)
Nicotine Vapes	48% (n=143)	48% (n=145)
Nitrous Oxide	58% (n= 60)	38% (n=39)
THC Vapes	51% (n=97)	46% (n=89)

2.2.7 Drug sample analysis

MANDRAKE conducted 199 tests on samples during this year's *GM TRENDS* study period, with further tests ongoing as part of a continuous rolling programme. Samples underwent qualitative and quantitative analysis using industry standard methods⁵ 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 drug property stores around Greater Manchester. In addition, a small number of samples were tested that were linked to incidents such as school children becoming unwell after using **THC vapes** or people overdosing after consuming various prescription drugs. 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 *Greater Manchester Drug Alert Panel*.

2.2.8 Data analysis

Summaries of 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).



Map of Greater Manchester and its ten metropolitan boroughs.

3.1 Deprivation in Greater Manchester

The 2019 *English Indices of Deprivation* ranks Manchester 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 (1), 2020).

The difference in life expectancy between the most and least deprived areas in the North West of England (2018 to 2020) was estimated at 11.6 years for males and 10 years for females (UK Parliament, 2022). An analysis of data by the *Institute of Health Equity* found that because of austerity and funding cuts, between 2011 and 2020 over a million people died earlier than they otherwise would have done had they experienced the death rates seen in the least deprived decile of areas. In 2020, the level of excess deaths rose by a further 28,000 compared to that over the previous five years (Institute of Health Equity (2), 2024).

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).



It has been announced that the *Health Disparities White paper* will no longer be published (Nightingale & Merrifield, 2023). The government’s aim was to ‘level up’ the UK by narrowing the gap in *Healthy Life Expectancy (HLE)* between local areas by 2030 (Department for Levelling Up, Housing & Communities (2), 2022). However, according to estimates by *The Health Foundation*, it would have taken 192 years to reach the *HLE* target for men⁶, but things deteriorated since the pandemic (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 (3), 2021).

Deaths of Despair (DoD) are defined as are socially patterned fatalities encompassing those attributable to drug and **alcohol** misuse and suicide. According to a 2024 analysis of local authority level data between 2019 and 2021, DoD are highest among those who are living in the North, unemployed, White British ethnicity, living alone, economically inactive, employed in elementary occupations, and living in urban areas. All Greater Manchester local authority areas apart from Trafford had a higher rate per 100,000 population than for England (33.5). The lowest rate was in Barnett in London (14.5), the highest in Blackpool (83.8) (Camacho, Webb, Bower, & Munford, 2024).

3.2 Deprivation, drugs and alcohol

Areas of deprivation have a 56% higher rate of prescribing *dependence forming medicines* (opioids, benzodiazepines, gabapentinoids etc) than the areas of least deprivation (NHS Business Services Authority, 2023). 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 North East, Yorkshire and the Humber, and the North West have the highest rates of *opiate and crack users* (OCU) and highest rates of drug related deaths (OHID and UKHSA, 2023; ONS (2), 2023)

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 (1), 2024). The most deprived areas also have higher rates of **alcohol** specific deaths (ONS (3), 2022). **Alcohol**-related and drug-related disorders are the only category of *Avoidable Mortality* where the *age-standardised mortality rate* (ASMR) has statistically significantly increased since 2001, going from 17.8 to 24 per 100,000 population (ONS (4), 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).

Table 5: Population estimate and deprivation score for Greater Manchester

Area	Population	Deprivation Score	Deaths of despair per 100,000 population (2019-2021)
England	59,597,300	21.7	33.5
North West	7,417,300	28.1	44.5
Greater Manchester	2,867,800	30.0	43.34
Manchester	552,000	40.0	48.3
Rochdale	223,800	34.4	48.4
Salford	269,900	34.2	42.9
Oldham	241,100	33.2	44.1
Tameside	231,100	31.4	44.2
Bolton	296,000	30.7	49.7
Wigan	329,300	25.7	43.1
Bury	193,800	23.7	43.7
Stockport	294,800	20.8	38.0
Trafford	235,100	16.1	31.0

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). **DoD rate per 100,000 population.** Source (Camacho, Webb, Bower, & Munford, 2024).

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



3.3 Recession and new drugs plan

The UK has been in and out of recession during 2024 (ONS (5), 2024). 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). The vast majority of *high-risk drug users*⁷ 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).

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, rising to £8.9m in 2023/24 and is anticipated to rise to £16.2m 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 assessed 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 (2), 2022; OHID (3), 2023).



4. Key drug indicators

4.1 Drug indicators: General population surveys

4.1.1 Adult surveys

In the year ending March 2023 the Crime Survey for England and Wales (CSEW), estimated that 9.5% of people aged 16 to 59 years (approximately 3.1 million people) and 17.6% aged 16-24 reported using a drug in the last 12 months. This was no statistically significant change compared to the March 2020 pre-pandemic survey, although longer term trends show an increase of 17% compared with the year ending March 2013, when prevalence was the lowest recorded (8.1%) (ONS (6), 2023).

There were no changes in use for most individual drug types compared to 2020, except for *hallucinogens* (including **magic mushrooms**), which increased from 0.7% to 1%; **MDMA** use which decreased from 1.4% to 1.1% and **nitrous oxide** use also decreased from 2.4% to 1.3% (ONS (6), 2023).

Local authority-level prevalence data is not available, however regional data shows the North West (8.9%) reports slightly lower levels of overall use of the most popular drugs among adults aged 16-59 in the last year than for England (9.5%), but slightly higher use of any Class A drug: England (3.3%), North West (3.5%) (ONS (6), 2023).

CSEW is the only national prevalence estimate, although it is thought to under report drug prevalence by up to 20% (Charles, Heron, Hickman, Brown, & Hines, 2021). A recent review of data from the ten+ year old 'Adult Psychiatric Morbidity Survey', and the 2019/20 CSEW, found among ethnic groups prevalence estimates differed overall and between different

drugs (Pinto, et al., 2024). 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 and these groups are often missed by general population surveys (PHE (1), 2018).

4.1.2 Young people surveys

National statistics for pupils (mainly aged 11 to 15) were last reported in 2021. They 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 (7), 2022).

4.2 Drug indicators: High-risk drug use indicators

There were an estimated 341,032 *Opiate and/or Crack Cocaine Users (OCUs)*⁹ in England between 2019/20, a rate of 9.5 per 1,000 population. This is a 5% increase¹⁰ from 324,840 estimated in 2016/17. Estimates have risen continuously since 2010/11 (298,752). *OCU* are made up of users of: *Opiates and Crack* (129,584); *Opiates Only* (164,279); *Crack only* (47,168). The rate per 1,000 population for males is 15.07 males

8. The CSEW statistics were curtailed during the pandemic.

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. The 2019/20 estimates use a complex methodology that has changed since the last estimate in 2016/17, so the figures, and the 5% rise are thought to be because of this different method of calculation rather than any real change.

and 4.01 for females. Most *OCU* are in the 35-64 age group (237,856); aged 25-34 (78,082); aged 15-24 (25,094). The North East has the highest *OCU* rate per 1,000 population (13.4), the lowest is The South East (6.6). Local authority rates of *OCU* are heavily linked to deprivation measures (OHID and UKHSA, 2023). 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 2019/20. Source (OHID and UKHSA, 2023).

Area	Number of <i>OCU</i>	<i>OCU</i> rate per 1,000 population	<i>OCU</i> current injectors
England	341,032	9.54	64,833
North West	55,424	11.94	9,562
Bolton	2,773	15.44	626
Bury	1,275	10.69	198
Manchester	5,796	14.67	848
Oldham	2,051	13.81	343
Rochdale	1,764	12.57	313
Salford	2,103	12.20	290
Stockport	1,926	10.65	278
Tameside	1,774	12.38	401
Trafford	943	6.35	90
Wigan	2,254	10.85	663

4.3 Drug indicators: Treatment demand indicators

4.3.1 Adults in treatment in England

In the year 2022/23 (up to March 2023) there were 290,635 adults *in treatment* for drug and **alcohol** problems in England, a small rise compared to 2021/22 (289,215). Nearly half those *in treatment* (48%) were for problems with *opiates*¹¹; while 30% were in treatment for **alcohol only** (OHID (4), 2023).

The number entering treatment (137,749) was higher than the previous two years (130,490 and 133,704), this coming after falls between 2013 and 2018. There was rise in the overall number of adults entering treatment for **crack cocaine** (**crack with opiates** (18,832 to 20,158) **crack without opiates** (4,711 to 5,444). There was a 10% rise in people starting treatment with **powder cocaine** problems (23,529. Nearly 3 quarters (74%) have been in treatment for 5 years or more (OHID (4), 2023).

There was another small increase in entrants with **cannabis** (up 2% from 28,263 in 2021/22 to 28,845 this year). After rising since 2018/19 there as another fall of 6% in new entrants with *benzodiazepine* problems after an 11% fall in 2021/22. (From 3,848 in 2021/22 to 3,620 this year). Although numbers are still relatively low, there was a further increase in adults entering treatment with **ketamine** problems (2,211), part of a rising trend over the last 9 years (OHID (4), 2023).

Over two-thirds (71%) 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, 46% were discharged as '*treatment completed*'. Over half of the people in treatment (60%) were over 40 years old with less than 10% of people in treatment for *opiates* or **alcohol** only under 30 (5% for *opiates* and 8% for **alcohol** only). More than two-thirds of people in treatment were men and less than one-third were women (67.9% men to 32.1% women), although this proportion varies by substance with males making up *opiates* 72.6%, non-*opiate* only 67.9%, non-*opiate* and **alcohol** 70.8%; **alcohol** only group 59.3% male, 40.7% female. Only 20% of *opiate* users in treatment were current injectors, 32% had previously injected and 48% had never injected (OHID (4), 2023).

11. 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.



4.3.1.1 Adults in treatment in Greater Manchester

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 (GMCA, 2021). During the last available reporting period (July 2022 to June 2023) the number of *opiate* users in Greater Manchester stood at 9,260 (NDTMS (1), 2023) (See Table 7)

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).

Table 7: Number of adult in treatment for alcohol and drug problems in Greater Manchester. July 2022 to June 2023. Source (NDTMS (1), 2023). Deaths in treatment mortality ratio 2018/19 to 2020/21. Source (OHID (5), 2024)

Area	All adults in treatment 2022/23	Opiate users 2022/23	Non opiate users 2022/23	Alcohol users 2022/23	Deaths in treatment 2018/19 -2020/21: mortality ratio
England	294,225	138,455	67,945	87,825	1.00
Bolton	2,040	1,266	311	463	1.55
Bury	1,059	466	228	365	1.57
Manchester	4,993	2,274	1,520	1,199	1.02
Oldham	1,609	706	442	461	1.21
Rochdale	2,030	821	630	579	1.18
Salford	1,758	775	405	578	0.97
Stockport	1,813	701	471	641	0.86
Tameside	2,378	892	719	767	0.99
Trafford	941	355	217	369	0.62
Wigan	2,771	1,004	834	933	1.35

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

Table 8: The most recent estimates of OCU not in treatment 2020/21, waiting times to enter treatment and treatment success. Source (OHID (5), 2024)

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 2022/23	4. Successful completion ratio 2020
England	158,976	52.1	1.5	1.00
Bolton	1,127	45.0	1.4	1.00
Bury	691	59.0	0.6	1.17
Manchester	1,992	46.7	0.7	0.95
Oldham	885	54.8	0.7	1.10
Rochdale	951	54.0	0.3	0.86
Salford	796	49.6	1.3	1.58
Stockport	682	48.7	1.1	1.19
Tameside	552	36.6	1.6	0.93
Trafford	459	54.3	0.9	1.49
Wigan	1,049	51.4	2.3	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.



4.3.2 Young people in treatment

There were 12,418 young people (under 18) in structured treatment in England an increase of 10% from previous year, but a 13% reduction since 2019/20. Median age was 16 with 10% (1,118) under 14, 62% were male, 48% had mental health treatment need. They can list up to three substances they have a problem with: **Cannabis** by far the most common drug (10,837 out of 12,418 = 87%). **Alcohol** problems continued to decrease (5,409 = 44% of total). There was a marked increase in **solvents (VSA)** from 329 (2.9%) in 2021/22 up to 629 (5.1%) in 2022/23. **Ketamine** also increased from 512 (4.5%) up to 719 (5.8%) this year (OHID (6), 2024).

Table 9: Number of young people in treatment in Greater Manchester 2020 to 2023. Source (NDTMS (2), 2024)

Area	No of young people in treatment 2020/21	No of young people in treatment 2021/22	No of young people in treatment 2022/23
England	11,015	11,362	12,418
Bolton	110	170	150
Bury	85	80	95
Manchester	150	150	160
Oldham	40	65	125
Rochdale	125	115	130
Salford	80	60	60
Stockport	85	65	65
Tameside	55	90	115
Trafford	55	60	55
Wigan	65	90	100

4.3.3 Drug treatment in prisons

There were 46,551 adults (4,089 of them women) in **alcohol** and drug treatment in prisons and secure settings between 2022/23 (a slight increase). 35,809 (77%) started treatment during the year, 44% had problems with **opiates** (48% of those had never injected), 56% with **opiates** and/or **crack**, 65% were in the 30-49 age group, 30% had a mental health need. There

were 550 young people receiving treatment for drug and **alcohol** problems in secure settings (the lowest number on record), 93% had problems with **cannabis**, 91% were male, 48% of males were over 17, but most females were aged 15-16. (OHID (7), 2024).

4.4 Drug indicators: Drug related deaths

4.4.1 Deaths related to drug poisoning.

There were 4,907 deaths related to *drug poisoning* registered in England and Wales in 2022, a 1% increase from 4,859 in 2021 and the highest number since records began in 1993. Among males, there were 114.3 drug-poisoning deaths registered per million, population compared with 55.8 deaths per million among females (1,667 deaths). Overall, a decrease for males and an increase for females. The North West region had the second highest rate of drug poisoning deaths for males (169.7), but the highest rate for females (88.9) (ONS (2), 2023).

4.4.2 Deaths related to drug misuse.

Of the 4,907 deaths, 3,127 (67%) were identified as drug misuse deaths. If you exclude deaths where no information was available on the drug(s) involved, then 85.3% of drug-poisoning deaths were drug misuse. The rate for *deaths related to drug misuse* for England was 5.2 per 100,000 population; the North East region has the highest rate (9.7) followed by the North West (7.7). The East has the lowest rate (3.4) and London has (3.6). The average age at death for drug misuse deaths was 44.5 years for males and 46.5 for females (ONS (2), 2023).

4.4.3 Deaths by drug type

Heroin (and **morphine**) continued to be the most frequently mentioned **opioids** (1,256), but the number of drugs mentioned on death certificates continued to rise, with **benzodiazepines** and **gabapentinoids** frequently mentioned alongside **opiates**. There were 857 deaths involving **cocaine** registered in 2022, a 2% increase and the 11th consecutive annual rise (ONS (2), 2023).



Table 10: Greater Manchester deaths related to drug misuse

Area	1. Number of Deaths related to drug misuse 2021	2. Number of Deaths related to drug misuse 2022	3. Number of Deaths related to drug misuse 2020-2022	4. Rate of deaths related to drug misuse per 100,000 population 2020-2022
England & Wales	3,060	3,127	8,582	5.2
Greater Manchester	251	229	660	8.0
Bolton	29	30	78	9.2
Bury	15	14	34	6.0
Manchester	51	46	139	9.6
Oldham	14	11	29	4.3
Rochdale	18	9	42	6.6
Salford	31	24	75	9.8
Stockport	21	29	70	8.1
Tameside	30	26	83	12.3
Trafford	17	16	44	6.3
Wigan	25	24	66	6.9

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 2022. 3. Number of deaths in E&W related to drug misuse registered 2020 - 2022. 4. Rate of deaths in England related to drug misuse per 100,000 2020-2022. Source 1-4 (ONS (2), 2023)

4.4.4 Drug related deaths and mortality during treatment

While research has demonstrated *Opiate Substitution Treatment (OST)* is a protective factor against premature mortality (Sordo, et al., 2017); deaths of those people in contact with treatment services had doubled in the decade before the covid-19 pandemic. During the 2020/21 reporting period (covering the pandemic) there was a 27% increase, a small further 0.4% increase during 2021/22, followed by an 11% increase in the 2022/23 reporting period. This equates to the deaths of 1.4% of adults in treatment (4,166 people (OHID (4), 2023). The mortality ratio of *deaths in drug treatment* was higher than similar benchmark areas in Bury, Bolton and Wigan, but similar to other benchmark areas in all other areas of Greater Manchester between 2018/19 to 2020/21 (OHID (5), 2024).

The *IMS DARD surveillance system* reports on drug related deaths and those deaths where ill health due to drug use may have been a

contributory factor for those people who were in or had recently been in drug and **alcohol** treatment across Greater Manchester. This shows there were 474 deaths reported during 2022, a rise of 10.8% from 2021 (Whitfield & Reed, 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, Tweed, Aldridge, & Morley, 2019).

4.4.5 Drug related deaths in prison custody

During 2022/23, 44 adults died while they were in drug and **alcohol** treatment in secure settings which represents 0.9% of total adults in treatment and was an increase from 34 in 2021/22. People with *opiate* problems accounted for 57% of these deaths (OHID (7), 2024).

The *Office for National Statistics* (ONS) estimated that of the 2,714 deaths in prison custody between 2008 to 2019; 145 were *drug-related deaths*. The risk of drug related death in male prisoners was similar to the general male population between 2008 and 2015 but higher 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 **SCRAs** which count for 42 of the 44 deaths (ONS (8), 2023).

4.4.6 Prison overdoses

A report in the *Independent* about the number of overdoses in *HMP Forest Bank* in Salford, found there were 149 overdoses recorded between January and December 2022 – up from 76 over the same period in 2021 and almost twice as high as the prison that saw the second-highest number of incidents, *HMP Holme House* in Stockton-on-Tees, where 80 overdoses were logged (The Independent, 2023).

4.4.7 Drug related deaths among homeless populations

The last published ONS estimate of deaths among homeless people in England and Wales were those deaths registered in 2021. This showed an increase of 7.7% on 2020. The ONS say this is a conservative estimate, but the increase may have been a return to pre-pandemic levels rather than a trend. The North West of England (114 deaths) had the second highest rate behind London, with 21 homeless deaths per million people, which has more than doubled since 2013. Two in five deaths related to drug poisoning, (259) estimated deaths. *Opioids* were the main drug mentioned (88), followed by **alcohol** (71), **cocaine** (39) and *benzodiazepines* (17) which was down from a record 31 in 2020 (ONS (9), 2022).

The latest report from *The Museum of Homelessness* reports on 1,313 deaths of people experiencing homelessness in 2022. Deaths in England and Wales increased [in England from 719 (2021) to 875 (2022)], while deaths decreased in Scotland and Northern

Ireland. Deaths related to drug and **alcohol** use and overdoses are the highest category, after physical health conditions. Most common age at death is 36-55. Of those known, 72.6% were male. The report focused on people living in '*exempt accommodation*' (a type of supported, usually shared, housing that provides added support and is '*not currently regulated*'). They had responses from just 12 local authorities. The total number of deaths in those 12 local authorities was 151. Of these, 109 were in Manchester, which had just 21 deaths in all other accommodation. There were no other equivalent size cities providing data or any other areas of the North West, so although they call this "*an appalling number*" they point out that as most local authorities do not record this data this could be could be "*only the tip of the iceberg*" (Museum of Homelessness, 2023).

4.4.8 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 2021 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)).

The IMS DARD reports that many of the deaths of those in or who had recently left treatment in Greater Manchester were not from overdose but from long-term physical health conditions. The main physical health conditions noted for individuals in treatment reported to the system were *hepatitis C* (24.5%), *COPD* (22.5%) and *hepatitis B* (20.8%). Depression was identified



in 38.9% of cases, with anxiety/phobia/panic disorder/*OCD* noted in 29.8% of cases. 66.5% of deaths in treatment were for single individuals, and 70% lived alone. In 75% of cases where the information was recorded by the coroner, the individual died alone (Whitfield & Reed, 2023).

4.5 Drug indicators: Drug-related infectious diseases

4.5.1 HIV

HIV prevalence among people who inject drugs (PWID) has remained low and stable over the past decade ranging from 0.8% to 1.5% (UK Health Security Agency (2), 2024). There were 62 new HIV diagnosis for PWID in England during 2022, but just 19 of those were born in the UK, so the majority of other infections may have occurred in another country. This is a slight fall from the previous year. In the North West, 10 new cases were reported, which is similar to the last few years, 13 (2021) and 10 in the three years before that. A total of 1,354 PWID were seen for HIV care, 134 of those in the North West (UK Health Security Agency (3), 2023).

4.5.2 Hepatitis B

According to the *Unlinked Anonymous Monitoring* (UAM) survey of PWID in England, Wales, and Northern Ireland. *HBV* declined significantly from 16% in 2013 to 7.8% in 2022, but *HBV* vaccination also declined from 72% in 2013 to 61% in 2022 (UK Health Security Agency (4), 2024).

4.5.3 Hepatitis C

Although chronic *HCV* prevalence continued to decline from 49% in 2017 to 23% in 2022, there was no evidence of a decline in chronic *HCV* prevalence among people who have recently started injecting (UK Health Security Agency (2), 2024). A 2023 report on the current situation with *Hep C* states that although there has been progress, there are still concerns around new infections and reinfections in PWID; 7 out of 10 PWID do not know their *Hep C* status or were awaiting for results. Gaps in needle exchange provision was highlighted as a concern with around 1 in 3 PWID reporting inadequate availability to meet their needs. (UK Health Security Agency (5), 2024)

4.5.4 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 41% in 2022. Injection site infections are common among PWID. In 2022, 40% of *UAM* survey participants 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. However, there are concerns over easy-to-access wound management services. Among those who had injected in the last year and who had symptoms of an injection site infection, less than half, 42% reported that they had treatment for their symptoms at a service (UK Health Security Agency (4), 2024).

4.5.5 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 (Lewer, et al., 2022). Between 2013 to 2022 the median age of PWID increased from 36 to 43 years, while under 25 years decreased from 6% in 2013 to 1.5% in 2022. Direct sharing of injecting equipment increased from 16% in 2013 to 19% in 2022. In 2022 access to needle exchanges had declined to 82% from the 90% reported pre pandemic. According to the *UAM*, in 2022 92% of respondents had injected **heroin** (in the last 4 weeks), 55% had injected **crack cocaine**. There were big increases in **powder cocaine** injection from 6.9% in 2013 to 29% in 2022. In Northern Ireland, this 'surged' from 5.9% in 2018 to 84% in 2022 (UK Health Security Agency (2), 2024). The injection of **cocaine** is associated with more frequent injection than **heroin** injection and is therefore considered a higher risk and more likely to result in sharing. Among *UAM* survey participants recruited in Northern Ireland, HIV and *HCV* antibody prevalence has increased during 2020 to 2022, to 3.8% and 48% respectively in 2022, which is reflective of an ongoing outbreak in the country (UK Health Security Agency (4), 2024).

4.6 Other indicators

4.6.1 Drug indicators: Hospital admissions¹²

NHS ‘*Statistics on Drug Misuse*’ have been replaced by ‘*Statistics on Public Health*’. To ‘*reduce the burden*’ hospitals are no longer mandated to submit data on ‘*Mental and behavioural disorders*’ so this is no longer included in the data sets. All that is now available is a relative split of the types of admissions by drug types based on the limited data provided for 2022/23: 48.4% for *multiple drug use*, 17.2% *cannabinoids*, 12.3% *opioids*, 11.1% **cocaine**.

It is still possible to download data for *finished admissions episodes related to drug poisoning*. These show significant decreases in admissions since a pre-pandemic figure of 16,994 for England 2019/20; 15,818 during 2020/21; 12,740 during 2021/22 and 9,690 during 2022/23 (NHS Digital (1), 2023). During the lockdown period it was reported that there was a decrease in hospital admissions for *drug poisoning* (PHE (2), 2020; EMCDDA (1), 2020), however, it is unclear if this is a real post pandemic decrease or related to data reporting. See Table 11 for Greater Manchester hospital admissions.

Table 11: NHS hospital finished admission episodes.

Area	1. Primary or secondary diagnosis of drug related mental and behavioural disorders		2. Primary diagnosis of poisoning by drug misuse		
	No of admissions 2019/20	No of admissions 2022/23	No of admissions 2019/20	No of admissions 2022/23	Rate per 100,000 population estimate 2021
England	99,782	Data unavailable	16,994	9,690	17
North West	18,990	-	3,315	1,605	22
Bolton	620	-	105	35	13
Bury	300	-	70	35	37
Manchester	1,635	-	190	125	27
Oldham	450	-	105	35	15
Rochdale	415	-	80	45	20
Salford	690	-	140	45	19
Stockport	520	-	90	50	18
Tameside	675	-	110	55	25
Trafford	310	-	70	35	14
Wigan	1,335	-	200	75	23

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 of finished hospital episodes with a primary diagnosis of poisoning by drug misuse 2019/20 and 2022/23 and rate per 100,000 population estimated on 2021 data: Source 1 (NHS Digital (2), 2021). Source 2: Data downloads from (NHS Digital (1), 2023).

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



4.6.2 Drug indicators: Homelessness

Research and analysis from *Shelter* showed that at least 309,000 people in England were homeless and living in temporary accommodation during the 2023 Christmas period including almost 140,000 children, a 14% increase (38,100 people) in one year (*Shelter*, 2023). The number of people estimated to be sleeping rough in England on a single night in autumn 2023 was 3,898, an increase of 27% on 2022 and comes after an increase of 26% on the 2021 estimate. Although this is 18% lower than the peak in 2017, it is still an increase of 120% since 2010 when the estimates were introduced. The estimate for the North West was 369 people sleeping rough, a 49% rise on 2022 (which equates to an extra 122 people) and the second highest percentage rise by region after Yorkshire and Humber (59%). Most were male (82%) and over the age of 26 (85%). Although most (74%) were from the UK, the highest percentage increase was among

non-EU nationals (88% increase) (Department for Levelling Up, Housing & Communities (1), 2024). The *Kerslake Commission*, which was set up to build on the success of the ‘*Everyone In*’ initiative, which saw a 37% drop in rough sleeping during the pandemic, say the main cause of the record number of homeless households is a lack of social rented housing and supported housing (The Kerslake Commission on Homelessness and Rough Sleeping, 2023).

Of those people in **alcohol** or drug treatment 20% had no home of their own, which included people who were: living with friends or family as a short-term guest (6%); in temporary supported accommodation (4%); ‘sofa surfing’ (3%); and living on the streets (2%) (OHID (4), 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 increased from 35% in 2013 to 41% in 2022 (UK Health Security Agency (1), 2024).

Table 12: Rough sleeper estimates and deaths of homeless people in Greater Manchester 2021 -2023

Area	1. Single night estimate of rough sleepers (Autumn 2023)	2. New people sleeping rough on single night (September 2023)	3. New people sleeping rough over a month (September 2023)	4. Estimated deaths among homeless people 2021
Greater Manchester	149	43	163	42
Bolton	5	1	1	6
Bury	15	7	20	2
Manchester	48	28	78	17
Oldham	0	2	10	3
Rochdale	6	1	17	3
Salford	19	0	6	2
Stockport	25	3	3	2
Tameside	20	0	2	3
Trafford	0	0	0	0
Wigan	11	1	26	5

Source: 1. (Department for Levelling Up, Housing & Communities (1), 2024). 2 and 3. (Department for Levelling Up, Housing and Communities (3), 2023) 4. (ONS (9), 2022)

4.6.3 Drug indicators: Drugs and crime

Police and crime statistics are generally considered an unreliable indicator of overall drug prevalence, as they are heavily affected by police and Border Force activity.

4.6.3.1 Stop and Search

In the year ending March 2023, police in England and Wales conducted 547,003 stop and searches. Searches for drugs made up 61% of PACE searches (a 3% decrease). In 69% of drug searches nothing was found (Home Office (1), 2023). Between April and September 2023, Greater Manchester Police made 22,280 Stop and Searches under all categories, 10,869 were for drugs (GMP, 2024). In the year ending March 2023, People identifying as black or black British were searched at a rate 4.1 times higher than those from a white ethnic group, a decrease, from 4.8 (2022) and (5.5) 2021. People identifying as Asian or Asian British were searched at a rate of 1.4 times higher and mixed ethnicity 1.7 times higher than those from a white ethnic group (Home Office (2), 2023).

4.6.3.2 Drug seizures

During the year ending March 2023 there were 191,623 drug seizures in England and Wales a 1% increase on the year overall but a 24% increase in border force seizures. Most of the seizures were **cannabis** (143,370), and most of those (87%) were herbal **cannabis**. This was the largest quantity of cannabis seized on record, largely due to Border Force activity. Police forces seized the largest quantity of **powder cocaine** on record (3.36 tonnes), which was a 100% increase from the previous year. There was a record 189% increase in quantity of police **ketamine** seizures, 161% increase in the quantity of **MDMA** seizures, 120% increase in the quantity of **benzodiazepine** seizures (463,580 doses) and a 142% increase in the number of **nitrous oxide** seizures (761). The increase in **nitrous oxide** seizures comes before it was brought under the Misuse of Drugs Act. There was a 33% decrease in the quantity and 6% decrease in number of **heroin** seizures (Home Office (3), 2024).

For the year ending March 2023, Greater Manchester Police made a total of 10,632 seizures, an increase of 36% on 2021/22 and the highest number since 2011/12 (11,024).

This is a rate of 3,651 seizures per million population, which is higher than the rate for England and Wales (3,181). Most of the seizures were of **cannabis** (7,999), followed by **powder cocaine** (1,122). There were 277 seizures of **crack cocaine**, 269 of **heroin** and 120 of **benzodiazepines** (Home Office (3), 2024).

4.6.3.3 Recorded drug offences.

Between October 2022 to September 2023 there was a total of 181,810 recorded drugs offences of which 130,831 were for *possession*, 96,628 of those were for **cannabis possession** (a 6% decrease). There were 50,979 offences classed as *trafficking* (supply, possession with intent to supply etc.), which was a 29% increase on the previous year (ONS (10), 2024). There were 13,302 recorded drug offences in Greater Manchester for the year ending September 2023, a 58% increase from the previous year (ONS (11), 2024).

4.6.3.4 Crime outcomes

Around six in ten (59%) drug offences received a formal or informal criminal justice sanction, with 19.8% receiving a charge/summons outcome and 39.2% receiving an *out-of-court disposal* (**OOCs**). **Cannabis** possession has a much lower charge/summons rate (14.5%) than for other drug offences (34.2%). Nearly half (49%) of all **cannabis** offences were resolved with *Cannabis Warnings* or Community Resolutions, compared with 18.1% of possession offences involving other drugs (Home Office (4), 2023).

There were 196,000 OOCs in the year ending June 2023, a 2% decrease, this was driven by a 44% decrease (3,100) in the number of **cannabis/khat** warnings and a 35% decrease (8,200) in penalty notice for disorder (PNDs). Of the 8,200 PNDs issued in the latest year, 47% were issued for the offence of being drunk and disorderly, and 31% were issued for possession of **cannabis**. There was an increase of 6% in community resolutions (139,000), which represent 71% of all OOCs (Ministry of Justice (1), 2024).

There were 87,489 prisoners in England and Wales at 31 December 2023. From July to September 2023, the sentenced population was 71,042. This was a 6% increase from the same point 12 months earlier. Of prisoners under an



immediate custodial sentence 17% were for or drug offence. This has increased 10% in the 12 months to 31 December 2023 (HM Prison and Probation Service/Home Office, 2024).

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 in a five-year period prior to the FOI release, nearly 700 of these were sentenced for possession of **cannabis** or other 'less-serious drugs' (The Times, 2022).

4.6.4 Drug indicators: Parental Substance Misuse

In 2022/23, 20% (26,924) of people starting treatment were living with children, either their own or someone else's. A further 14% were parents who were not living with their children. This was highest among men in treatment for non-opiates and **alcohol**, where 18% were parents who were not living with their children. The total number of children living with people starting treatment was 50,053 (OHID (4), 2023).

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 (latest available data), a rate of 40 per 1,000 (PHE (3), 2021).



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 13: 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
'Nitazenes'	Opioid	Most are now 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
Xylazine	Depressant	Under review by ACMD
Ketamine	Dissociative	MDA Class B
Nitrous Oxide	Dissociative	Class C (it's complicated)
Salvia	Dissociative	PSA
Powder Cocaine	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	IPEDS	MDA Class C (it's complicated)
Viagra	IPEDS	PO and OTC
Botox	IPEDS	PO (its complicated)
Melanotan (I and II)	IPEDS	Unlicensed
Cognitive enhancers	IPEDS	(Mostly) PSA
Alkyl nitrites	Other drugs	(It's complicated)

Main sources: Classification (Adley/DrugWatch, 2021). Legal Controls (Home Office (10), 2022)

Key: LR = Legally regulated. MDA = Misuse of Drugs Act. PSA = Psychoactive Substances Act. PO = Prescription Only. OTC = Over The Counter medicines. IPEDS = Image and Performance Enhancing Drugs. * Class A if in injectable form.



5.1 Alcohol

5.1.1 Drug indicators: Alcohol

During 2021/22 (the latest available data), there were 948,312 hospital admissions that were alcohol-related (broad definition) in England. This equates to a rate of 1,734 per 100,000 population. There were 342,795 hospital admissions that were wholly due to **alcohol**, a rate of 626 per 100,000 population: men (232,783), women (110,012) (OHID (8), 2024). In the Health Behaviour in School-aged Children (HBSC) study based on the data from 5,377 young people in England between 2020-2022; around an eighth of young people reported regular **alcohol** use (Hulbert, Eida, Ferris, Hrytsenko, & Kendall, 2023).

Older age groups have much higher rates of hospital admission for **alcohol** related conditions. In 2021/22 the rate per 1,000 population was 164.5 for under 40s, 597 for those aged 40 to 64 and 810 for those aged 65+ (comparable rates for under 18s are not available) (OHID (8), 2024). According to an article in the *Geriatric Medical Journal*, between 2005/6 and 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).

According to 2021 prevalence estimates, 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 (7), 2022).

In the Health Behaviour in School-aged Children (HBSC) study based on the data from 5,377 young people in England between 2020-2022; around an eighth of young people reported regular **alcohol** use. The proportion of boys and girls reporting regular **alcohol** use remained almost static between 2010 and 2018, in 2022 it increased, particularly among older girls from the most affluent families (Hulbert, Eida, Ferris, Hrytsenko, & Kendall, 2023).

During 2022, there were 22,912 **alcohol** related deaths¹³ (39.7 per 100,000 people). Males accounted for 15,540 of the deaths, females 6,372 (OHID (8), 2024). In 2022, there were 7,912 **alcohol-specific** deaths (wholly due to alcohol) in England which was an increase of 56.7% from 5,050 deaths in 2006 and a 4.7% increase since 2021 (OHID (10), 2024).

In 2022, there were 10,048 deaths (16.6 per 100,000 people) from **alcohol**-specific causes registered in the UK, the highest number on record and 4.2% higher than 2021. As in previous years, rate for males double that of females. Scotland (22.6 per 100,000) had highest rates, but statistically significant increases in England (13.8). In 2022 there were 1,334 **alcohol**-specific deaths in the North West, 498 of those in Greater Manchester. The rate per 100,000 population for 2020-2022 for the North West is 18.1 per 100,000 population, which equates to 3,899 deaths in the two year period. For this period there were 1,484 deaths in Greater Manchester a rate of 19.1. As a comparison the rate for London is 10.6 (per 100,000 population) (ONS (14), 2024).

5.1.1.1 Drug indicators: Alcohol dependency and treatment

There was a total of 122,030 adults in specialist treatment in England during 2022/23 who said they had a problem with **alcohol**. Of these 35,773 had a problem with **alcohol** along with other non-opioid drugs and 86,257 for **alcohol only**; 30% of all those in treatment. For **alcohol only** this was an increase from 84,869 in 2021/22 and 76,740 in 2020/21, but still a decline from the peak of 91,651 in 2013/14. Of these 51,115 were men, and 35,145 were women. The median age was 46 for the **alcohol only** group (OHID (4), 2023).

Of people starting treatment in 2022/23, 63% said they had a problem with **alcohol** and of these 67% (57,802) said it was their only problem substance. This **alcohol only** group had the highest successful 'treatment completion' rate of any group (58%) (OHID (4), 2023).

There were an estimated 608,416 adults (18 and over) with **alcohol** dependence in England in 2019/20. This is 2% more (12,560) than in 2015/16 and 1% (6,025) more than in 2018/19 (OHID (9), 2024).

Young people in treatment can name up to three substances they have a problem with. During 2022/23 there were 5,409 young people in contact with treatment services who said they had a problem with **alcohol** (44% of all those in treatment), The proportion who reported having **alcohol** problems had fallen steadily from a peak of 68% in 2008 to 2009 to 40% in 2020 to 2021. It rose to 46% in 2021 to 2022 before falling again this year to 44% (OHID (6), 2024).

5.1.2 Findings: Alcohol

In last year's survey, a high percentage (42%) of professionals reported an increased use of **alcohol**. We speculated that post-pandemic, the ongoing recession, and cost of living crisis was likely to see these reported increases in **alcohol** use continue. Sadly, this prediction seems to have materialised, with over a third (36%) of professionals who completed the 2023 profession survey, reporting an increase in **alcohol** use among the people they engage with. This was the highest percentage increase reported of the 44 substances covered in the professional survey. The area with highest percentage of professionals reporting an increase was Tameside, with over two-thirds (67%) reporting increased use of **alcohol**.

Table 14: Alcohol hospital admissions in Greater Manchester (latest data available)

Area	1. Hospital admission episodes for alcohol-specific conditions 2021/22		2. Alcohol specific hospital admissions. Under 18. 2018/19-2020/21	3. Alcohol related mortality 2022		4. Estimates of the number of alcohol dependent adults. 2019/20
	Number of episodes	Rate per 100,000	Number	Number	Rate per 100,000	Number
England	342,795	626	10,569	21,912	39.7	608,416
North West	58,680	815	1,880	3,462	47.6	-
Bolton	1,949	702	70	133	48.8	3,445
Bury	997	530	30	95	50.7	2,135
Manchester	3,874	946	135	192	52.9	8,796
Oldham	1,510	693	65	99	46.6	3,008
Rochdale	1,686	807	50	114	55.6	2,905
Salford	2,776	1,241	65	116	51.1	4,723
Stockport	2,377	809	70	138	45.3	3,062
Tameside	1,901	853	50	101	45.8	3,188
Trafford	1,423	638	70	85	38.1	2,152
Wigan	2,901	881	120	171	51.0	4,618

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. 2022: Source 1-3 (OHID (8), 2024)

4. Estimates of the number of alcohol dependent adults. 2019/20. (OHID (9), 2024).

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



It was commonly noted in the professional survey responses from those working in treatment services, across all Greater Manchester areas, that there had been a rise in **alcohol** referrals to services.

“There has been an increase in referrals for alcohol discussed within our teams for clients that would not ordinarily accept support from services. Some feel that this may be an effect of post pandemic rise.” (Rough Sleeper Drug and Alcohol Team Leader, Bolton and Salford)

“We’re seeing more people being admitted (into hospital) for one thing, then being in alcohol withdrawal without realising they have a dependency. So, we are getting the referrals into us via that route, rather than self-referring and admitting they have a bit of a problem.” (Operations Manager, Wigan and Leigh)

The reported increases in **alcohol** use that emerged in the professional survey was supported and expanded upon during the *Key Professional Informant* interview phase of the research.

“Across Trafford, alcohol is the biggest issue, definitely, without a doubt.” (Team Leader, Assertive Outreach, Salford and Trafford)

“Alcohol use is absolutely increasing. That’s being seen across our family programme as well. I think our last two programmes, across Salford and Trafford, there wasn’t a single parent who was not abusing alcohol. We are seeing that in our young people as well.” (Young Person Substance Use Service, Team Leader, Salford and Trafford)

“Working in the drug and alcohol field I have seen an increase in people accessing support for alcohol use.” (Operations Manager, Bolton and Wigan)

Professionals noted that in some cases, there has been a demographical change in new clients accessing their services.

“I hate to use labels, but I think we are getting more of the middle-class drinkers. People who say, ‘I’m not an alcoholic because I don’t sit on a park bench every day’. These people are starting to come into treatment now, whereas before, they wouldn’t.” (Recovery Coordinator, Bury)

However, this same professional noted some challenges in working with this demographic.

“There’s stigma attached to treatment services. [Middle-class drinkers] sit in waiting rooms with a lot of heroin users, and they object to this. [. . .] their motivation [for accessing treatment] often seems to be, ‘well I want you to tell me it’s OK’, and it’s not, but that’s the conversation we often start with.” (Recovery Coordinator, Bury)

Another demographic that professionals covering several Greater Manchester areas consistently reported, was increased **alcohol** support needs for older drinkers.

“There has been an increase in older drinkers who are drinking alone and are socially isolated or bored.” (Operations Manager, Bolton and Wigan)

“I know we have been some research in Trafford South, and they have found an increase in alcohol use in the older generation, those people who have retired, especially early retiree’s, 55 plus, where their alcohol use has gradually increased. . . . Also more people in their 70s. [. . .] and with the older generation, more alcohol related dementia symptoms as well.” (Team Leader, Assertive Outreach, Salford and Trafford)

“Older drinkers, retirement age drinkers, are being flagged up quite a lot. People have worked, they reach retirement, they find that they have not got a lot of social activity or a lot of things to do, so they’re turning to alcohol.” (Operations Manager, Wigan and Leigh).

Alongside concerns regarding older drinkers, concerns were raised by *Key Professional Informants* over the high use of **alcohol** by young people. They noted that there was an increase in young people presenting to services related to their **alcohol** use who were presenting with drinking-related health problems.

“Young people at 17 having liver issues, going to the GP with serious alcohol issues and scoring more than 20 on the alcohol audit.” (Service Manager, Young Person’s Substance Use Service, Manchester)



In addition to increased use and referrals into service, it was noted that **alcohol** was the substance that was causing the most harm, including deaths.

“The clients who are the most ill are the alcohol users and certainly we have very few drug deaths, certainly, in the last six months, all the deaths have been alcohol related. In the last month, four, two last week, one the week before.” (Team Leader, Assertive Outreach, Salford, and Trafford)

It was noted that the harms caused by alcohol were more likely to occur in the most deprived parts of Greater Manchester.

“We are generally seeing people who are younger and sicker. Bolton is quite a deprived area...if you don't eat well, smoke, and live in a damp house, your drinking will catch up with you quicker than a nice middle-class person.” (Consultant Addiction Psychiatrist, Bolton)

This continued increase in **alcohol** harm was accompanied by the highlighting of the increased need for Tier 4¹³ support, including community nurses and inpatient detox facilities.

“When we are assessing people [for alcohol] ... they are beyond the point where community detox is appropriate for them, so we are having to send more people into an inpatient setting... there is a lot more complexity both socially and physically.” (Operational Manager, Bolton and Bury)

“There are not enough detox beds, only 37 beds are available when there are probably 300 or 400 people who could do with a bed, so we are trying to manage it in the community but there are not enough community nurses.” (Team Leader, Assertive Outreach, Salford and Trafford)

In summary, the increased use of **alcohol** is leading to a strain on services, in particular, at Tier 4 level.

Findings: Young People and Alcohol Use

Following on from last year's survey when over half (55%) of young people reported past year **alcohol** use, this year, over four-fifths (81%) of young people who completed the 2023 survey reported having used **alcohol** in the past 12 months: a 26% increase since 2022, making **alcohol** the highest used substance out of all the substances reported in the young person survey.

Young people in seven of the 10 areas reported significant increases in their **alcohol** use. Notably, over half (57%) of young people from Oldham reported an increase in their use, closely followed by Bury (55%). In contrast, half (50%) of the young people who completed the survey from Trafford reported a decrease in their past year **alcohol** use.

13. The national drug and alcohol treatment system identifies the level and different types of drugs and alcohol treatment, based on a four-tier structure. Tier 1 'Universal Provision' i.e., Police, Housing, Primary Care, A & E Walk-in centres and Education. Tier 2 'Low threshold substance misuse specialist interventions' i.e., drop-in centres, harm reduction and injecting equipment exchange, assertive outreach, specific advice and information services. Tier 3 'Care planned interventions' including substitute prescribing, psychodynamic interventions, and recovery support. Tier 4 'Inpatient treatment' services offer more intensive and specialised programmes including detoxification, recovery programmes and rehabilitation.

5.2 Nicotine

5.2.1 Drug indicators: Cigarette smoking

In the UK population in 2022 (latest data), 12.9% of people aged 18 years and over, or around 6.4 million people, smoked cigarettes; this is the lowest proportion of current smokers since records began in 2011 (ONS (12), 2023). In 2021 (latest data), 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 (7), 2022). In the Health Behaviour in School-aged Children (HBSC) study 3% were regular cigarette smokers (smoked in the last 30 days) (Hulbert, Eida, Ferris, Hrytsenko, & Kendall, 2023).

There were 1,737 (14%) young people in contact with treatment services who said they had a problem with **nicotine** (OHID (6), 2024). During

2022/23, over 49% of adults in drug and **alcohol** treatment said they had smoked tobacco in the 28 days before starting treatment, which was substantially higher than the smoking rate of the general adult population in England, which was 14.5% for men and 10.9% for women. The smoking rate was highest in *opiate* users, 62% for men and 60% for women. Only 4% of people were recorded as having been offered referrals for smoking cessation interventions (OHID (4), 2023). Smoking may kill more dependent drinkers and drug users than **alcohol** and/or drugs (Alcohol Change UK, 2020).

A 2023 government policy paper set out plans to prohibit sales of cigarettes and other tobacco products to children born on or before 1st Jan 2009 when they reach 18 (OHID (12), 2023).

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 15 for smoking prevalence, morbidity, and mortality in Greater Manchester.

Table 15: Smoking prevalence, morbidity and mortality in Greater Manchester.

Area	1. Smoking prevalence 18+ (2021)	2. Smoking prevalence 18+ (2022)	3. Smoking attributed hospital admissions per 100,000 population (2019/20)	4. Smoking attributed mortality per 100,000 population (2017/19) ¹⁴
England	13.0%	12.7%	1,397	202.2
North West	14.4%	13.4%	1,550	247.5
Bolton	18.4%	14.2%	1,421	257.8
Bury	11.4%	11.7%	1,460	240.3
Manchester	16.8%	17.3%	2,422	388.5
Oldham	19.3%	10.9%	1,648	292.4
Rochdale	15.6%	15.3%	1,662	303.0
Salford	13.9%	15.1%	2,023	335.2
Stockport	12.6%	11.8%	1,560	213.7
Tameside	19.2%	20.2%	1,862	351.0
Trafford	11.1%	8.0%	1,310	187.8
Wigan	13.9%	14.7%	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 (11), 2024).

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

14. 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).



5.2.1.1 Drug indicators: Nicotine vapes

The latest national statistics (2022) 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 (7), 2022). According to the latest unpublished ASH survey based on results of the annual YouGov youth survey in 2024, 18.4% of children had tried vaping, down from 20.5% in 2023 but still an increase from 13.9% in 2020 before the first COVID lockdown. The majority had only vaped once or twice, while 7.6% were currently vaping (3.1% less than once a week, 4.5% more than once a week) and the remainder (1.3% in 2024) saying they no longer vape (ASH (3), 2024). According to the last published ASH survey (2023) The proportion of never smokers who have tried vaping is 11.5%. However, eight out of ten children have never smoked, so this amounts to nearly half (48%) of children who have ever tried vaping. Most (62%) of those who have never smoked but have vaped have only tried once or twice, while most (70%) current vapers have also tried smoking. In 2023 69% said the most frequently used device was a disposable (single use) vape, up from 52% in 2022 and 7.7% in 2021. The most popular brand was *Elf Bar* (ASH (2), 2023). In the Health Behaviour in School-aged Children (HBSC) study 10% were vaping nicotine (Hulbert, Eida, Ferris, Hrytsenko, & Kendall, 2023).

The ASH annual survey for adults in Great Britain (update Aug 2023), states that the proportion of the population using e-cigarettes was 9.1%, the highest rate ever, equal to 4.7million adults in Great Britain. Of those 2.7 million (56%) are ex-smokers, 1.7 million (37%) are current smokers and 320,000 are never smokers (1.1% of never smokers are current vapers, and 6.7% of current vapers are never smokers) (ASH (1), 2023).

Although nobody has argued that vaping **nicotine** is completely safe or without risk, it is undoubtedly safer than cigarette smoking (OHID (13), 2022). 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). However, in 2021, only 34% of adults who smoked, accurately believed that vaping was less harmful than smoking. Only 11% of adults who smoked knew that none or a small amount of

the risks of smoking were due to **nicotine** (OHID (13), 2022).

As well as the prohibition on sales of tobacco products to those born on or before 1st January 2009, there is also a planned ban on disposable vapes and new powers to restrict vape flavours, introduce plain packaging and change how vapes are displayed in shops so they don't appeal to children. This will also include restrictions on oral products such as nicotine pouches which don't currently fall within age-related legislation (DHSC, Prime Ministers Office, DEFRA, HMRC, 2024; Government Bill, 2024).

5.2.2 Findings: Nicotine

Following on from last year, when a quarter (24%) of professionals reported increased vaping, just over a quarter (29%) highlighted an increase amongst the people they work with. Professionals from Stockport cited the biggest increase (50%) in **nicotine** use, closely followed by Trafford which was just under half (43%).

It was frequently cited by professionals that there were more people using vapes who did not previously smoke.

"More people have started vaping that did not previously smoke." (Trafford [occupation not provided])

While this was noted by professionals working with both adults and young people, **nicotine** vaping was particularly viewed as a concerning trend amongst young people.

"A lot more of the younger population are vaping flavours regardless of never smoking cigarettes before. They go for all the different coloured flavours." (Recovery Co-ordinator, Bolton)

Last year we highlighted that the vast majority of the 70% of young people who reported **nicotine** use, stated they were using vapes. It was also common for young people to report switching from smoking tobacco to disposable vapes. 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. Therefore, in addition to

the standard questions on **nicotine**, for the first time this year, we included separate questions on the young person survey that specifically asked about **nicotine vapes**.

The addition of questions about **nicotine** vaping in this year's survey has enabled us to clearly evidence this trend with three quarters (75%) of young people reporting past year use of a **nicotine vape** compared to a third (36%) who reported past year use of **nicotine** through traditional tobacco products. The young person survey findings show that past year use of vapes was higher for those in contact with services, with over four-fifths (82%) of young people in past year contact with services reporting using a nicotine vape in the last year compared to two-thirds (65%) of those not in contact with services.

Consistent with these young person survey findings, high levels of **nicotine** vaping were discussed by professionals working in young people's substance use services, across all areas of Greater Manchester.

"Pretty much all, at least 90 percent of my young people vape." (Substance Misuse Advocacy Worker, Trafford & Salford)

"Nearly all the young people we work with use vapes. You know from the ages of 13 upwards... but it seems all of our young people are using vapes." (Senior Practitioners Young Person Complex Safeguarding Team, Stockport)

"All of my clients vape – all of them! And at first it was the disposable Elf Bar ones, but I've noticed more and more it's the Elux, the 3,500 ones." (Exploitation Worker, Young Person Substance Use Service, Manchester)

It was stated that in some cases, there was a noticeable transition occurring from these larger capacity and unregulated disposable vapes, towards buying and using refills.

"A lot of the young people I speak to about [illegal] disposables, they say they are nasty, and they don't use them. So, a lot are buying the liquid, or getting the ones that look more official." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)

Considering the recent government

announcement in January 2024 that disposable vapes may be banned in the UK as part of ambitious government plans to tackle the rise in youth vaping and protect children's health, this is noteworthy.

In support of these government concerns, some professionals discussed how the use of vapes was leading to health issues amongst the young people they work with.

"Over time they are trying to come off it saying they have got no stamina, they can't even walk upstairs, and they are even buying non-nicotine vapes to try and wean themselves off it." (Substance Misuse Advocacy Worker, Trafford & Salford)

It was also noted that the use of vapes appears constant, with vapes used more frequently than young people would have previously smoked cigarettes.

"It's just habitual, they are just used to having it in their hands." (Substance Misuse Advocacy Worker, Trafford & Salford)

"I've started calling them 'adult dummies', because they are just literally constantly on them. And they forget that they're on them, and it is just so normal." (Young Person's Recovery Worker, Youth Offending Team, Wigan and Leigh)

A frequently expressed concern by professionals was the degree to which the young people on their caseloads have developed a dependency on **nicotine** vapes.

"...they start having the withdrawals from nicotine and getting irritated and angry and often that gets them at trouble at school. We've had a few that have been excluded for their behaviour... the nicotine effects your memory, your concentration, your ability to just sit still and be calm." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)

"Everyone on my caseload will be vaping [nicotine] as well as using another substance. And they can't really manage without them. It sounds a bit harsh, but it seems like the young people that are using them have no resilience, no other coping skills." (Advocacy Worker 2, Young Person's Substance Use Service, Bury)



Professionals have noted that young people find the idea of reducing their use of vapes more challenging than with other substances.

"I try and bring [stopping] up, but they are like 'I can't do that, I can't even think about that'. They're like 'I'll deal with the drinking, I'll deal with cannabis', but it's like 'don't touch my e-cigs!'" (Young Person's Recovery Worker, Youth Offending Team, Wigan and Leigh)

"I've not had anyone who wants to stop or reduce the vaping." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)

The original promotion of vaping as a harm reduction tool for tobacco smokers has posed a challenge to professionals supporting young people.

". . . it is very hard because they have been developed for smoking cessation, it's very hard to give a clear message that frightens them off. And a lot of them will say to you, 'well they are given instead of cigarettes, so what's the harm?'" (Advocacy Workers, Young Person's Substance Use Service, Rochdale)

In addition to health concerns, one professional noted how vapes can be used by those intent on exploiting young people.

"I saw one girl who was 11. Some Asian men were coming and opening the boot and sort of 'take your pick'. And she was referred because of grooming risk." (Advocacy Workers, Young Person's Substance Use Service, Rochdale)

Finally, there were a couple of reports from professionals working with young people that regarding the popularity of 'Snus'.

"Snus is a bit of a problem, gives them the nicotine high." (School Safeguarding Lead, Salford)

Snus is a smokeless powdered tobacco that has been popular in countries such as Sweden and Norway for many years. However, more recently, **synthetic nicotine** versions that are marketed in packaging and available in a variety of fruit and other flavours, similar to vape flavours, appear to be attractive to young people. See images below:



5.3 Cannabis

5.3.1 Drug Indicators: Cannabis

During 2021 (the latest available data), among pupils (aged 11-15); **cannabis** was the drug 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 (7), 2022). In the Health Behaviour in School-aged Children (HBSC) study based on the data from 5,377 young people in England between 2020-2022; a sixth of 15-year-olds reported **cannabis** use, a decrease since 2018 (Hulbert, Eida, Ferris, Hrytsenko, & Kendall, 2023). According to *CSEW* estimates; 15.4% of 16–24-year-olds in England and Wales used cannabis in the last year (2022/23), which equates to 902,000 young adults. This was a decrease from 18.7% estimated in 2019/20 (ONS (6), 2023).

Cannabis remains by far the most common substance that young people (under 18) in treatment identify as a problem. There were 10,837 under 18s who said they had a problem with cannabis (87% of all in treatment) a similar proportion to the last four years (OHID (6), 2024). New adult entrants to adult treatment services with **cannabis** problems increased again this year, a 2% rise (from 28,263 in 2021/22 to 28,845 2022/23). Nearly two-thirds (62.4%) of new treatment presentations aged 18-19 and a fifth (20.9%) of all adults in treatment identify **cannabis** as a problem (OHID (4), 2023).

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. Prison **cannabis** finds in England and Wales have increased from 1,582 in 2017 to 3,654 in 2023. have increased every year the 12 months ending March 2020, (Ministry of Justice (2), 2023).

During the year ending March 2023, most of the seizures in England and Wales (191,623) were of **cannabis** (143,370), and most of those (87%) were **herbal cannabis**. Greater Manchester police made 7,999 seizures of **cannabis**, consisting of 251 kg of **herbal cannabis**, 53 kg

of **cannabis resin** and a total of 18,424 **cannabis plants** (Home Office (3), 2024). Between October 2022 to September 2023 of the 130,831 *possession* offences, 96,628 of those were for **cannabis possession** (a 6% decrease) (ONS (11), 2024). There were 32 mentions of **cannabis** on death certificates related to drug poisoning in England and Wales in 2021 [two without any other drugs involved] (ONS (2), 2023).

5.3.2 Findings: Cannabis

Almost all the professional survey respondents (91%) stated that they worked with people who use **cannabis**. A third (33%) of these noted an increase in use. While **cannabis** continues to be one of the most common substances used according to professionals, treatment numbers remain low. Free-text comments left by professionals indicate that some people view their **cannabis** use independently from their other substance use.

“Very few referrals for cannabis only or where the client identifies that they want to address their cannabis use. Sometimes cannabis use isn’t mentioned under ‘drug use’, clients only mentioning it when specifically asked as they do not view it as a drug”. (Assertive Outreach Worker, Bury)

Similarly, during key professional interviews with treatment services and outreach workers, it was noted that **cannabis** is not perceived as a substance they view as something they need support with.

“We are not even getting people smoking a lot of cannabis, I mean they do but it’s not a particularly problematic drug for them.” (Team Leader, Rough Sleepers Team, Bolton, and Salford)

5.3.2.1 Findings: Young People & cannabis use

The use of **cannabis** was viewed as more of a concern for young people. **Cannabis** was the third most commonly used substance reported in the young person survey (69%). For those young people in contact with services, past year use was at similar levels (85%) to last year (82%). Indeed, in the interviews with professionals working with young people, it was often noted as the main drug used by young people and a substance that they used regularly.

"I think what's a consistent trend, is that cannabis is the primary drug of choice. So, for someone using cannabis, they might be using 3, 4 times a week." (Advocacy Worker, Young Person's Substance Use Service, Oldham)

"It has gone up. Every young person we get a referral from has cannabis on there. It might be mixed with alcohol, we've had a few cocaine, but it tends to be cannabis is your main one. And a lot of them aren't smoking once or twice a week, it's every day or every other day." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)

One professional working with young people noted that the prevalence of **cannabis** use has increased among female service users.

"It used to be like cannabis for the lads and the girls would go for alcohol, but now the girls are going on it, that and nitrous oxide." (Young Person's Recovery Worker, Youth Offending Team, Wigan and Leigh)

Forty-six percent of females reported past year **cannabis** use in the young person survey.

Professional interview responses suggest that the number of young people accessing drug and **alcohol** services with coexisting mental health concerns has increased, with one worker stating that most of their caseload experience some difficulty in this area.

"Everything is self-medication in a way. It is always a fact that young people self-medicate their ADHD with cannabis, but they get told that they can't access mental health support unless they stop using cannabis." (Service Manager, Young Person's Substance Use Service, Manchester)

"During COVID a lot of people started to use cannabis to self-medicate... They're just using substances to fill the void. [...] We get a lot of people who are self-medicating for mental health, mainly cannabis. Because the waiting list for mental health and trauma therapy are so long, I understand why they are using cannabis to fill that void." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)

Although widely accepted that the use of **cannabis** to self-medicate has risen among service users, one professional noted that

following increased public awareness of mental health issues, the threshold to which young people report using drugs to manage mental health symptoms has lowered.

"Five to ten years ago... the bar was quite high for someone to say, 'I've got a mental health issue; I'm smoking weed to cope'. And now, it's a good thing that there's the awareness...[but] we are talking about young people, maybe anxious about an exam - which is normal stress - smoking weed ... and using cannabis as a coping mechanism." (Advocacy Worker, Young Person's Substance Use Service, Oldham)

Some of these young people are said to self-medicate with **cannabis** in lieu of specialised mental health support.

"There's one girl...who would cut when things get too much... She is so dependent on her cannabis, and we've looked at a reduction plan, then she's gone two days and slashed all her arms... I don't want to be the person that gives her these strategies and she ends up in A&E as a result, and I don't want to obviously say 'smoke the weed', but it puts me in a really difficult position. And then CAMHS will be like, 'well, we tried out strategies, we are going to close'." (Advocacy Workers, Young Person's Substance Use Service, Rochdale)

[Interviewer] How many clients are self-medicating? *"100%. Using it to sleep, using it to eat, and using it to get out of their heads... all of them say that. But because they are older and have been involved in criminality etc., probably 100% of mine have trauma, ACEs...they are definitely self-medicating."* (Advocacy Worker 2, Young Person's Substance Use Service, Bury)

Last year we noted that a recurring theme was the reported use of **cannabis** by young people to self-medicate their ADHD. This continued to be frequently discussed by professionals again this year.

"ADHD as well. There is quite a bit of ADHD appearing [...] A lot of them will use it [cannabis] to... moderate that intensity that they have [...] They are trying to find other mechanisms to reduce it. Some of them don't want medication as well [...] there are those

who are looking to get an ADHD diagnosis as well . . . waiting to get diagnosed.” (Young Adult Treatment Service Transition Worker, Manchester)

“And quite a few not really saying they have a diagnosis of ADHD but showing symptoms of ADHD and using cannabis to try and manage those symptoms... they say it seems to work, ‘calms me down’, ‘chills me out’, ‘helps me get to sleep’, ‘helps me get a bit of focus.’” (Operations Manager, Wigan and Leigh)

In addition to self-medicating and symptom management, professionals noted that of their clients with an ADHD diagnosis, many of them report **cannabis** to be a preferred alternative to prescribed medication.

“The description they give is: ‘I just don’t feel myself when I’m on that medication’, whereas I still feel myself, even if I am high or stoned on the cannabis... on the medication, I don’t feel like me.” (Young Person’s Recovery Worker, Youth Offending Team, Wigan and Leigh)

“I’ve got a few who say the meds makes them ‘zombified’, it just numbs them, but [they say] they don’t get that with the weed, it makes them cope better with the ADHD without them feeling alien.” (Advocacy Worker, Young Person’s Substance Use Service, Oldham)

“A lot of ADHD and autism in my lot... they don’t want to take tablets, don’t want to take antidepressants, but they’ll medicate with cannabis.” (Advocacy Worker 2, Young Person’s Substance Use Service, Bury).

5.3.2.2 Cannabis Content

There were concerns raised in relation to the content of **cannabis** in circulation. This concern related to either strong strains of **cannabis**, referred to colloquially as ‘Cali Weed’ or concerns about some young people being mis-sold ‘**Spice**’ when they think they are purchasing **cannabis**. We focus on this in more detail in the trend focus on **THC vapes** (see separate Trend Focus Report), including the results of MANDRAKE forensic analysis of **THC vapes**.

5.3.2.2.1 ‘Cali Weed’

In GM TRENDS 2021, we highlighted the increasing popularity of ‘Cali Weed’ in the young person trend focus on ‘non-traditional cannabis use’. In last year’s report (GM TRENDS, 2022), we provided MANDRAKE forensic analysis of ‘Cali Weed’ that confirmed high levels of **THC** in **cannabis** sold as various strains of ‘Cali Weed’ in the region of 30% **THC**.

Once again, in this year’s interviews with professionals from across Greater Manchester, it was common for them to note the young people they worked with increasingly referenced various strains of ‘Cali Weed’ as their preferred choice of **cannabis**.

“Some kids just call it your ‘Star Dawg’, your ‘Haze’ and they call that ‘street weed’ don’t they. And then the posh stuff is like your ‘Cali innit!’” (Advocacy Worker, Young Person’s Substance Use Service, Rochdale)

“I seem to be seeing more people since Cali-weed came along where it’s not just ‘skunk’ or just ‘bud’... there is a growing awareness of different types of strains.” (Advocacy Worker, Young Person’s Substance Use Service, Oldham)

“One this week mentioned a new strain of weed called ‘Gorilla Glue’ and they felt they were stuck to the sofa, so that’s why it’s called ‘Gorilla Glue’. Never heard of that one before.” (Advocacy Worker 2, Young Person’s Substance Use Service, Bury)

It was often noted how this was considerably more expensive.

“‘Cali’ seems to be the one they want, but it is more expensive, twice as expensive. There is the odd connoisseur, and some who repeat what they have heard but don’t really know what they are talking about, but most of the market is [bought as] straight weed, bud.” (Adolescent Health and Wellbeing Worker, Young Person’s Substance Use Service, Bolton)

“Some of my clients do drift towards ‘Cali’ and ‘Haze’ but the majority of them it is just regular cannabis, and it comes down to what they can afford.” (Exploitation Worker, Young Person Substance Use Service, Manchester)



In contrast, in some areas (Bury and Rochdale), young people's substance use service professionals reported the use of cheaper **cannabis** referred to as 'dust'.

"'Cali-weed' is like your more pricey and expensive . . . they'll be like 'that's what I want to be using'... 'Star Dawgs' and 'Haze' are your more standard weed, but even less than that is 'Dust'. I've had a few people get Dust, which is obviously just your naff bits from the cannabis plant, but they are happy to smoke that because it's cheaper." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)

However, regardless of whether they were referring to the more expensive 'Cali Weed' or **cannabis** use in general, several professionals working with young people raised concerns about the amount of **cannabis** that the young people they were working with were using, and the expense involved.

"A lot of cannabis users [...] smoking since they've been about 14/15/16 and again, it's just this gradual build up. Then it is usually a gram or two grams a day... Actually, they are blowing all their money on it. [. . .] They just seem to be smoking it at a higher level [...] People are buying like 3 or 4 grams to get a knocked down price." (Young Adult Treatment Service Transition Worker, Manchester)

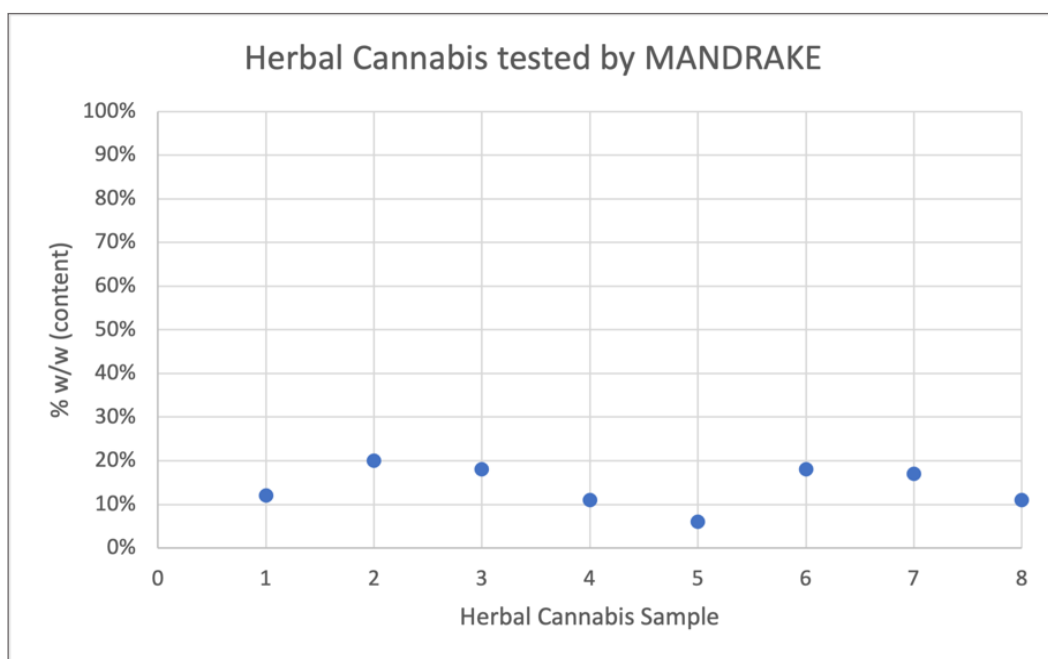
Indeed, a third (32%) of **cannabis** users in the young person survey stated they were using more **cannabis** than the previous year. However, another third (34%) reported that they were using less.

5.3.2.3 Mis-sold 'Spice'

One advocacy worker in Bury raised concerns regarding the content of pre-rolled **cannabis** joints that they note are 'quite rife' amongst younger, school-aged **cannabis** users who cannot roll their own joints very well.

"They will buy 'dust' or pre-rolls and hope for the best. And I've not had any that have bought £5 or £10 bags who have had Spice in, it tends to be more the pre-rolls now. [. . .] I had someone recently who thought he had Spice and from his reaction, he's a regular weed smoker, it did sound like Spice." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)

In this year's testing cycle, MANDRAKE analysed one sample of **cannabis resin** that contained 14% **THC** and eight herbal **cannabis** samples. The **THC** content ranged from 6% to 20% with an average **THC** content of 14%. As the scatterplot below illustrates, most samples analysed contained between 10 to 20% **THC**.



5.3.2.4 Findings: Non-traditional cannabis use

5.3.2.4.1 Cannabis edibles

Continuing the trend that we first reported in 2021, **cannabis edible** use was often noted by professionals who work with young people.

“What about edibles? We’ve have had a couple of cases with edibles.” (Service Manager, Young Person’s Substance Use Service, Manchester)

There were several reports of **cannabis edible** products being more available and advertised on social media platforms.

“I’m getting inundated by people adding me on Instagram selling edibles.” (Young Person’s Substance Use Worker, Manchester)

Although professionals typically discussed that edibles were more often reported as a novelty or an occasional treat by young people, rather than being used regularly or as the main way they choose to consume **cannabis**.

“They’ll just have edibles occasionally. Sometimes they try it to see how it’s like, but they don’t enjoy it as much because they’re not getting that instant high. A lot of them don’t like having to wait [for the effects].” (Advocacy Worker 1, Young Person’s Substance Use Service, Bury)

5.3.2.5 Market Insights

MANDRAKE tested two samples of **THC edibles** in this year’s testing cycle. Both samples were obtained from Tameside. One sample, in a package labelled as ‘*Stoner patch watermelon cannabis infused gummies*’, had a stated **THC** content of 500mg per packet. Forensic analysis revealed that the contents of the packet only contained approximately a tenth of the stated amount of **THC** (53mg, equivalent to 5.3% **THC** content). The other sample, in a packet labelled ‘*Stoner Poppers THC Gummies*’ (see images below) was stated on the packaging to contain 400mg of **THC**. Again, this was found to contain approximately a tenth of the stated **THC** content (38mg, equivalent to 3.8% **THC** content).



5.3.2.5.1 THC Vapes

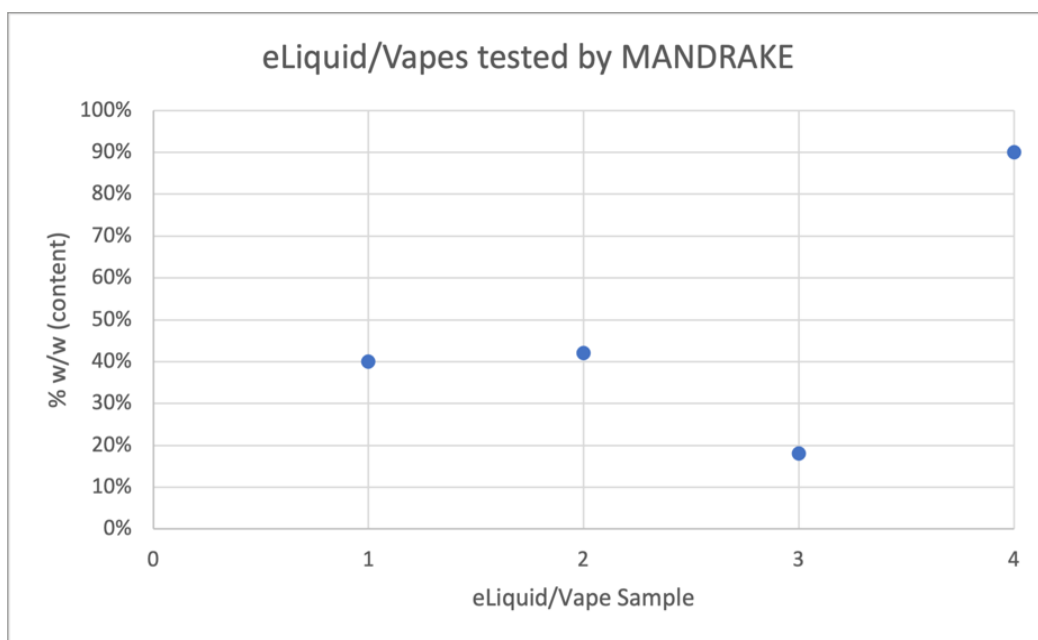
The previous year saw an increase in young people vaping **cannabis** (or what they perceived to be **cannabis** in vape form) and several reports through the Greater Manchester Local Drugs Information System of school aged children becoming unwell after using products sold to them as **THC vapes**. In response to this, for the first time this year, the young person's survey included a set of specific questions on **THC vapes**. Almost half (48%, n= 192) of the 400 young people who completed the survey reported past year use of a **THC vape**. This was higher (54%) for those in past year contact with services, however, two-fifths (40%) of those not in past year contact with services reported past year use of a **THC vape**. The highest percentage of use was reported amongst 16–18-year-olds (52%). Furthermore, more than half (52%) of young people who had used **THC vapes** reported they had got 'easier to buy', with two-fifths (40%) reporting they had 'got stronger'.

Compared to **cannabis edibles**, it was much more common for professionals to report a significant increase in the vaping of **cannabis**.

"Herbal is still main, but it just seems in the last few months we have had a rise in THC vapes . . . I had a couple recently say, 'I couldn't get hold of cannabis, so I went onto this for a few weeks'. . . It's just a viable option to cannabis." (Advocacy Worker, Young Person's Substance Use Service, Oldham)

As we note above, 'Cali Weed' continues to grow in popularity amongst young people. In addition to herbal forms of 'Cali Weed', it was often stated by professionals working with young people in many parts of Greater Manchester, that **THC vapes** were referred to as 'Cali pens'.

"[They use] Cali Pens... they think 'it's that Cali Weed, it's good weed, it's legitimate stuff'. What they're telling me is that they get a better and more instant high off it, and it tends to last longer; it's a nicer, smoother smoke, so you don't have to [vape] as much. Even though it's like £30-40 to buy, it's cheaper overall than buying weed, because it just lasts that little bit longer." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)



5.3.2.6 Market Insights

MANDRAKE tested nine suspected **THC vapes**. Only four of these vapes actually contained **THC**. As illustrated below, the **THC** content in these samples varied significantly, ranging from 18% to 90%, with an average **THC** content of 48%.

THC vapes is one of the two substances focused on in this year's trend focus (see separate trend focus report on THC vapes). This separate report contained additional MANDRAKE testing of products sold as **THC vapes** that contain other substances.

As noted above in relation to **cannabis edibles**, substance use professionals working with young people continued to discuss the growing use of social media platforms for buying and selling cannabis.

"I've had a lot of people show me when dealers are on Snapchat, they put a list out. And basically, they'll go through it and see what they are in the mood for." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)

There was also a noted change by professionals in relation to the availability of more traditional types of **hash**. In previous years, the lack of availability of **hash** has been noted but four professionals reported that good quality **hash** was available.

"There is reasonable Moroccan Hash around again after disappearing for ages.... It's definitely available, and it's what they call 'squidgy black'. Good quality I would suggest... appears to be a group of Moroccans who are dealing it." (Recovery Coordinator, Adult Substance Use Service, Bury)

Others referred to dealers on social media app such as **Telegram** who sold extensive ranges of **cannabis** products that included several types of **hash**.

In contrast to last year, when 86% of **cannabis** users reported no change in the strength of **cannabis**, this year, almost a third (29% n=78) reported the **cannabis** they were purchasing had got stronger. This perception is supported by MANDRAKE's analysis with the average **THC** content of herbal cannabis tested in this year's

cycle increased to 24% from 17% in 2022. This may in part, be explained by the continued trend towards the use of 'Cali Weed' that we discuss above.

It is also noted that **cannabis** is now more commonly named and ordered by its metric weight i.e., 'a 35' for 3.5 grams, rather than the traditional imperial measurements of 'an eighth' a 'Q'/quarter' of an ounce etc.

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

5.4.1 Drug indicators: CBD market information

According to the last industry estimates (2021), 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 Findings: CBD

Less than one tenth (8%) of professional survey respondents noted an increase in use of **CBD** products. 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. Only 3% (n=9) of respondents in the young person survey reported past year use of **CBD** products. All of these were male.



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**¹⁵ users have been almost exclusively confined to the homeless and prison populations (Ralphs, 2017; Gray, Ralphs, & Williams, 2020; Home Office (5), 2018). In July 2021, China's class-wide ban on *synthetic cannabinoids* came into force (UNDOC, 2021). Since the introduction of the *PSA* prison finds in England and Wales had increased every year from 3,182 in 2016 to 9,114 in 2021. However, more recently this has decreased considerably to 5,681 in 2022 and to 2,587 in 2023 (Ministry of Justice (2), 2023).

There were 814 **SCRA** users¹⁶ in adult treatment in England in 2022/23 a further decrease from 2020/21 (1,236). The number of new entrants to treatment using **SCRAs** has fallen from a peak of 1,025 during 2015/16 to 245 during 2022/23 (OHID (4), 2023).

In the year ending March 2023, there were 637 seizures of **SCRAs**, a decrease of 63% from the previous year (Home Office (3), 2024). There were 48 deaths associated with **SCRAs** in England and Wales in 2022, a decrease from 69 in 2021 (ONS (2), 2023).

5.5.2 Findings: SCRA

Of the 94 professional survey respondents who work with clients who use **SCRAs**, nine percent stated there was an increase in use. This tended to be reported most by professionals working in secure settings, including local prisons.

"It is still in the prisons, definitely in Forest Bank as we have lots of reports from clients smoking it." (Team Leader, Assertive Outreach, Salford, and Trafford)

"In the last six months or so, Spice has increased tremendously. I've noticed a lot have been vaping Spice... it's because we

don't test for it that it is the drug of choice." (Dual Diagnosis Nurse, Low Secure Service, Rochdale)

Some professionals suggested those using in prison continued to use on release.

"Predominantly it tends to be prison release service users who are using Spice/Mamba in prison and becoming addicted inside." (PSI Group Worker, Salford)

"Prisoners report use of Spice/SCRAs in prison and on release." (Nurse, Trafford)

However, some professionals suggested that its use in prisons is not as high as previous years.

"It seems to have gone down recently... Prisons are not really telling us that (service users) were using a lot of Spice... it seems to have died down a little bit in recent months. There's not many who say they have been using Spice throughout their sentence." (Team Manager, Rochdale and Oldham)

In addition to the use of '**Spice**' in the prison estate, following on from last year's report which highlighted the presence of **SCRAs** in vapes mis-sold, mainly to young people, as **THC vapes**, a few key professionals working in young people's services have noted this year that a small number of young people they work with were actively choosing to purchase '**Spice vapes**'.

"We have experienced a couple of young people choosing to use the vapes because they contain Spice, but this is less than five across our services." (Young People and Families Operation Director, Greater Manchester)

A similar percentage (11%) of professionals in the survey reported a decrease in the use of '**Spice**'. This was typically in relation to homeless and street-based users across Greater Manchester areas. Indeed, the reduction in the use of **Spice** was widely reported during the professional interviews across many of the Greater Manchester areas.

15. 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.

16. Classed as 'predominantly cannabinoid' under the Psychoactive substances section of the data tables.

“Once upon a time ‘Spice’ was huge, and a big concern in the local area, but Spice doesn’t seem to be mentioned much anymore, doesn’t seem anywhere near as popular.” (Team Leader, Adult Substance Use Service, Wigan and Leigh)

“It is weird because you couldn’t walk through Wigan town centre without seeing somebody who you suspected had been using Spice, but you don’t just see that anymore.” (Operations Manager, Adult Substance Use Service, Wigan and Leigh)

“Even homeless people in Bolton don’t seem to be using it.” (Consultant Addiction Psychiatrist, GMMH, Bolton)

One homeless project worker suggested that the reduction in use is because **‘Spice’** is no longer available and that people they work with have moved back to **heroin**.

“It’s gone from Spice to gear [heroin] [...] because I don’t think Spice is available.” (Homeless Project Worker, Stockport)

Alongside the lack of visible signs of use in public places, it was reported that there were very few referrals from a range of services and areas.

“We’ve not had any Spice, I would say for quite some time to be honest. [. . .] If people are taking it then they are not being referred to us – in the last six months I don’t think we have had any referrals for Spice at all, not a single client reporting using it.” (Team Leader, Assertive Outreach, Salford, and Trafford)

“We seem to have less [Spice] users coming though from previous years.” (Harm Reduction Lead, Bolton and Bury)

“There have been no reports of Spice. People frown upon it...when they are using Spice.” (Adult Substance Use Service Clinical Prescriber, Manchester)

“My expectation was that we would get a load of Spice users, but we’ve not had anybody. Our referrals and the people we have interacted with, we haven’t seen anybody, not even as their third or fourth Substance use choice.” (Rough Sleeper’s Team, Team Leader, Bolton and Salford)

“I haven’t seen or come across any Spice for a while now.” (Service Lead, Dual Diagnosis Liaison Service, Manchester)

In summary, while **‘Spice’** appears to be less available and popular in the street-based, homeless communities, it is still widely available and used in the local prison estate. Furthermore, the reported availability and use of **‘Spice’** in liquid/vape form by young people is a concern that needs close monitoring. The unintentional use of **‘Spice’** mis-sold as **THC vape**, is covered in this year’s trend focus.

5.5.2.1 Findings: Market Insights

There was some discussion of reduced availability by homeless outreach workers but no reports of any changes to price.

5.5.2.2 Findings: SCRA content

There were no notable concerns around the content of available **SCRAs** from this year’s interviews. However, in Manchester, there were a couple of reports from street engagement professionals of the return of stronger **Spice**. In this year’s testing cycle, MANDRAKE tested three samples of herbal plant matter that contained **‘Spice’**. While all three samples contained the same *synthetic cannabinoid - MDMB-4en-PINACA* – the percentage content varied considerably, ranging from 2% to 14%. It should be noted that while 2% is the typically purity detected since MANDRAKE began regular testing in 2016, the 14% **SCRA** content is the highest recorded since April 2017 (16%) in the batch in circulation in Manchester city centre that led to 58 emergency callouts in one weekend. MANDRAKE also tested several bags of vegetable matter, from Salford and Tameside that was suspected to be **‘Spice’** that contained no active ingredient. Additionally, the *synthetic cannabinoid ADB-BUTINACA* was found in four vape liquids purchased by school aged children as **THC vapes**.



5.6 Heroin

5.6.1 Drug indicators: heroin

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 2022/23 CSEW estimate of the proportion of **heroin** users aged 16 to 59 in England and Wales is 0.0% (ONS (7), 2022). In 2021 (the latest available data), 0.4% of pupils aged 11-15 reported **heroin** use in the last year, the same as 2018 (ONS (7), 2022).

The *National Drug Monitoring System* (NDTMS) uses a complex method to estimate there were a total of 341,032 *opiate and/or opiate and crack users*¹⁷ (OCU) in England (2019/20). This is an increase of 13,000 on the 2016/17 estimate, but this is thought to be due to a new method of estimation rather than a real increase. The OCU total was made up of 129,584 people who used *opiates and crack*, 164,279 people who used *opiates* (without crack) and 47,168 who use *crack only* (OHID and UKHSA, 2023). The North

West has an overall higher rate (11.9 per 1,000 population) of **OCU** than for England (9.5), but estimates vary within Greater Manchester. See Table 16 for the estimated rates of *opiate* users in Greater Manchester.

During 2022/23 the number of people in treatment for *opiates* in England decreased slightly compared to the previous year (down from 140,863 to 138,604). Nearly half (48%) of the adults in treatment were there for problems with *opiates*, and this remains the largest substance group. A large proportion of opiate users in treatment will have started using **heroin** in the epidemics of the 1980s and 1990s, with a median age of 44. In 2022 to 2023, 64% said they first used heroin before 2001 and only 15% first used heroin since 2011. 73% are male and 27% female. Among adult *opiate* users starting treatment in 2022/23; 48% report never injecting; 32% were previous injectors and 20% were current injectors (OHID (4), 2023). There were just 47 young people in treatment with any mention of **heroin**, and 23 for who it was the main problem (primary citation) representing only 0.2% of those in treatment and more than a 95% reduction since its peak in 2005/06 (821 primary citation) (OHID (6), 2024).

Table 16: Estimated number and rate per 1,000 population for opiate only users and opiate and crack users in Greater Manchester 2019/20. Source (OHID and UKHSA, 2023)

Area	Number of Opiate and crack users.2019/20	Number of opiate use only. 2019/20	Opiate and crack users rate per 1,000 population. 2019/20	Opiate use only rate per 1,000 population. 2019/20
England	129,584	164,279	3.63	4.60
North West	19,766	28,494	4.26	6.14
Bolton	818	1,625	4.55	9.05
Bury	465	540	3.90	4.52
Manchester	2,647	2,208	6.70	5.59
Oldham	743	870	5.00	5.86
Rochdale	818	696	5.83	4.96
Salford	562	1,249	3.26	7.24
Stockport	580	1,033	3.21	5.72
Tameside	642	843	4.48	5.88
Trafford	294	528	1.98	3.56
Wigan	626	1,390	3.01	6.69

17. '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.

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 2022, 2,261 *drug poisoning* deaths involved *opiates*; a slight increase (2,219 deaths) on 2021. *Opiates* were involved in just under half (46.1%) of drug poisonings registered in 2022, increasing to 61.7% when deaths that had no drug type recorded are excluded. **Heroin** and **morphine** (often indistinguishable post-mortem) continued to be the most frequently mentioned *opiates* with 1,256 drug poisoning deaths in 2021, a slight increase on 2021 (1,213). 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 (2), 2023).

Seizures of **heroin** in England and Wales decreased, from 6,814 to 6,385 seizures (-6%), in the year ending March 2023. The total quantity of **heroin** seized decreased by 33% from the 1.41 (2022) to 0.95 tonnes (2023), 64% of heroin seizures were under 1g, 34% were between 1g and 500g, and the remaining 2% of seizures weighed 500g and over. Greater Manchester police made 269 seizures of **heroin** (Home Office (3), 2024).

As a result of a ban on opium production by the Taliban regime in Afghanistan, it is estimated that 2023 production of **opium** fell by 95% (UNDOC, 2023). As nearly all UK **heroin** originates from Afghanistan there are widespread fears that there will be a **heroin** shortage in the UK, leading to more adulteration of street **heroin**. Test results from both WEDINOS (Public Health Wales, 2024) and Scottish RADAR (Public Health Scotland, 2024) have shown that not only **heroin** but a range of other drugs such as *benzodiazepines* and **oxycodone** have been adulterated with a range of *benzimidazole opioids* commonly known as '**nitazenes**' (ACMD (1), 2023).

In July 2023 a National Patient Safety alert was issued after a number of incidents in various parts of England and in particular a large number of overdoses and deaths in the Birmingham area, were suspected and in some cases confirmed to be a result of **heroin**

adulterated with **nitazenes** (OHID (14), 2023). There have also been cases in the last year where the non-opioid sedative **xylazine** has been found as an adulterant and is thought to have led to fatal overdoses in England (ACMD (2), 2024). However, there have been no confirmed or credible reports of **heroin** adulterated with *synthetic opioids and/or Xylazine* in Greater Manchester received by the GM LDIS over the last year (Greater Manchester LDIS, 2024).

5.6.2 Findings: heroin

Nearly three-quarters (69%) of professional survey respondents worked with **heroin** users. Of those, 12% reported increases in use, whilst 5% reported decreased use. In the young person's survey, only 1% (n=4) of the 400 respondents reported using **heroin** in the past year. This follows similarly low figures of 0.4% in 2021 and 2% last year. The lack of new, young **heroin** users was discussed in the professional interviews.

"Very much an aging population, we're not getting any new people coming in using heroin." (Operations Manager, Adult Substance Use Service, Wigan and Leigh)

Although two professionals in Bolton did note a slight increase in the number of **heroin** users they were seeing in their 20s and 30s.

"Possibly a few younger people. We went through a time when we didn't really see anybody in their 20's much. But I think we see a few more younger people on heroin and crack than we might have done five years ago." (Consultant Addiction Psychiatrist, GMMH, Bolton)

"It's been commonly known and stated for many years that heroin users are an ageing population however, through the rough sleeper work that we do we are seeing quite a lot of late 20s, early 30s heroin users, and we thought that was growing out." (Team Leader, Rough Sleeper's Team, Bolton, and Salford)

Several Key Professional Informants noted that the cohort of existing, long-term **heroin** users are increasingly experiencing deteriorating physical health.



"...a lot of poorly people... you know they're quite unwell through years and years of use." (Operations Manager, Adult Substance Use Service, Wigan and Leigh)

"In terms of traditional opiate clients, they are just getting older aren't they. They are getting older, and they are getting more unwell. Again, [we're] talking about physical comorbidities, COPD etc." (Operational Manager, Adult Substance Use Service, Bolton and Bury)

While the lack of new, young **heroin** users and an ageing **heroin** population is a familiar narrative, of note was the reports from several areas was that for those people who use **heroin** and **crack cocaine**, there appeared to be a shift from the traditional reporting of primary **heroin** use with occasional **crack cocaine** use to **crack** being the primary substance used. This is discussed in more detail in the **crack cocaine** section of this report.

It was also reported that a range of prescription drugs are being used as a substitute for **heroin**.

"But what they are doing is buying a load of pharmaceuticals, the pregabs and Xanax and all that kind of stuff, and walloping that so we kinda wonder if that is how they are getting those kind of effects without having to go and buy heroin." (Team Leader, Rough Sleeper Team, Bolton)

5..6.1 Findings: Market Insights

Last year we reported an increase in **heroin** quality following reports of poor-quality **heroin**, supported by MANDRAKE testing of **heroin** as low as 2% in 2021. This year, with reports of projected reductions in opium crops in Afghanistan of 95% coupled with concerns related to an increasing number of potent *synthetic opioids* entering the UK drug supply, we have been particularly keen to monitor the **heroin** market.

There were a few reports of good quality **heroin** or **heroin** remaining the same quality as last year.

"Heroin you hear every now and again there's been a good batch, but not generally speaking. Not heard quality has gone down. I would say they are quite happy with the quality at moment." (Recovery Coordinator, Adult Substance Use Service, Bury)

"There is some very strong heroin around, we have had a warning from a client today from Salford saying that there is some very strong heroin around." (Team Leader, Assertive Outreach, Salford, and Trafford)

"I don't think the quality has decreased." (Outreach Worker, Homelessness Charity, Wigan and Leigh)

However, the far more common narrative was of poor-quality **heroin**.

"I think it is a common theme that the heroin isn't very good." (Consultant Addiction Psychiatrist, GMMH, Bolton)

"The heroin has always been poor quality around here, it was shit quality during COVID and shit after it." (Team Leader, Adult Substance Use Service, Wigan and Leigh)

[Interviewer: Are they saying anything about the heroin?] *"Yes, it's shit!" (Support Worker, Homeless Drop-in Centre, Stockport)*

"If anything, there is a lean to the thinking that the heroin that they are buying is not heroin at all. We did a urine dip and there was no opioid present." (Rough Sleeper Team Leader, Salford)

"One of our clients was adamant that she was using heroin, but the urine test came back negative, so she has stopped using heroin now because it is so poor but now she is using crack." (Rough Sleepers Drug and Alcohol Worker, Salford)

Nevertheless, it was noted by some professionals that people who use **heroin** are more likely to come into service when **heroin** quality is poor to access substitute prescribing such as **methadone**, so this may result in a skewed view of the quality of **heroin**.

“Historically, we are always getting complaints that the heroin is poor, and it isn’t hitting the spot because that is when they come to us you see, usually they want to get a little more methadone.” (Rough Sleeper Team Leader, Salford)

“I think almost everyone says the quality is poor. They always say that.” (Adult Substance Use Service Clinical Prescriber, Manchester)

Following on from previous GM-TREND annual reports, there were continuing concerns raised that poor quality **heroin** is leading to polysubstance use, in particular, the use of prescription medication alongside **heroin**, and that this was leading to an increase in overdoses and deaths.

“I think seeing trends over the years, [. . .] you are seeing a greater use of gabapentinoids in combination with heroin and crack.” (Consultant Addiction Psychiatrist, GMMH, Salford and Trafford)

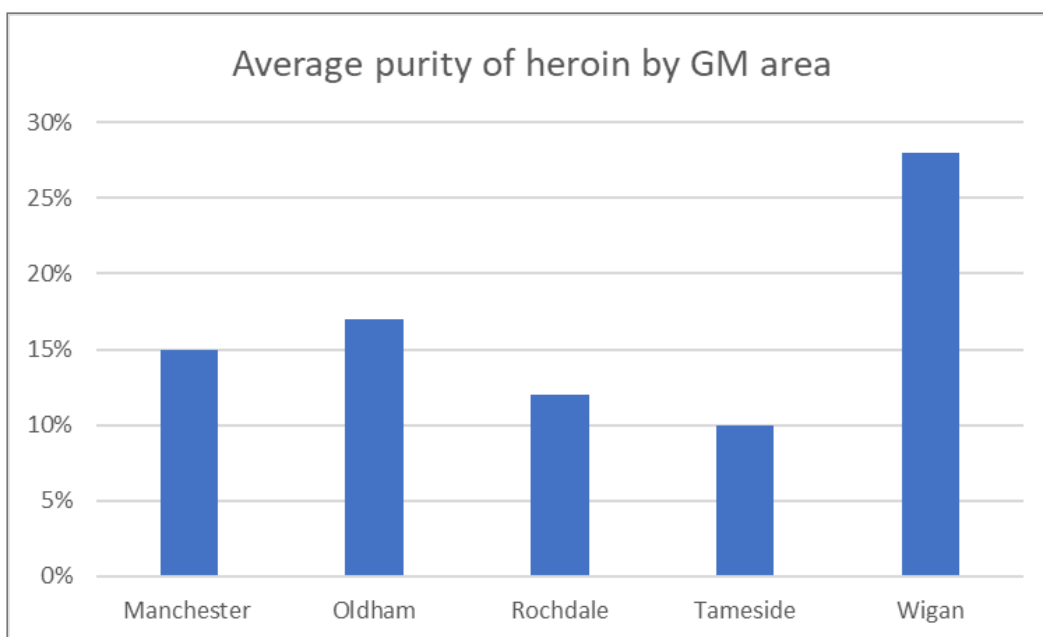
“We have had a massive increase in benzos, pregabalin, gabapentin [use]” [Amongst people who use heroin and crack] *it’s just ridiculous at the moment.”* (Recovery Coordinator, Adult Substance Use Service, Bolton)

“We are not getting people who have just injected with heroin and overdosed, what we are getting is people overdosing and openly disclosing that they have just had copious amounts of tablets that they’ve got from their dealers because they are cheap. They will show you and they have got strips and strips of them in their pockets.” (Team Leader, Rough Sleepers Team, Bolton, and Salford)

“In every death we have had they have all been on ‘scripts.’” (Homeless Project Worker, Stockport)

Despite local and national concerns regarding the presence of **nitazenes**, in this year’s testing cycle, MANDRAKE has only been able to obtain 11 **heroin** samples for forensic analysis spanning five Greater Manchester areas. The forensic analysis found that **heroin** purity ranged from 4% to 28%, with an average of 16%. This represents a significant reduction in purity from last year when the average purity of heroin analysed by MANDRAKE was 42%. Such variability in purity increases the risk of overdose and drug related death.

Despite ongoing concerns that **heroin** may contain more potent **synthetic opioids** such as **nitazenes**, none were detected in any of these samples. Consistent with previous years, the main adulterants detected in these **heroin** samples were **caffeine** and **paracetamol**.



5.7

Fentanyl(s), Nitazenes and other synthetic opioids

5.7.1 Drug indicators: Fentanyl(s) and Nitazenes

There is no current evidence of UK illicit production of street *fentanyl*s (analogues, derivatives of fentanyl). Almost 100% of *fentanyl*(s) arrives in the UK via postal services in small amounts from China, either directly or via EU countries (ACMD (3), 2020). In 2019, China introduced generic controls on **fentanyl** derivatives. No new *fentanyl*s were detected in Europe in 2021. However, it is thought that in response to the to the generic controls, Chinese producers switched to production of a group of *synthetic opioids* commonly known as ‘**nitazenes**’ (*benzimidazole opioids*), as these were not legally controlled in China. Since 2020/21 a growing range of ‘**nitazenes**’ have been detected in Europe (EMCDDA (1), 2022). In March 2024, a range of 15 ‘nitazenes’ were brought under the Misuse of Drugs Act as class A drugs (Home Office (11), 2024). The government also accepted ACMD advice for a generic definition to cover any variants that could be produced in the future, although this legislation is yet to be enacted (Home Office (12), 2024).

During 2022, there were 812,439 prescriptions of **fentanyl** issued by NHS primary care services, a reduction of 8% on 2021 (CQC (1), 2023). There was a total of just 14 **fentanyl** and 3 **fentanyl analogue** seizures by police forces: 4 **fentanyl** and zero **fentanyl analogue** seizures by Border Force in England and Wales during 2023 (Home Office (3), 2024). There were 133 deaths from drug poisoning from *Unspecified opiates* registered in 2022, but this has been decreasing since 2015 when there were 196, and it is unclear which specific *opioids* were involved. There was an increase in drug poisoning in drugs classed as *Novel opioids* from 3 in 2021 to 37 in 2022 (ONS (2), 2023). Because of delays in registration of deaths, and as there is not yet a market for **nitazenes** in their own right (they are unwanted adulterants in other drugs); any potential increase in prevalence, death etc has yet to be captured by national statistics.

5.7.2 Findings: Fentanyl(s)

Just over half (55%) of professional survey respondents stated they work with people who use **fentanyl**. Around one in 10 (9%) of these noted an emerging increase in reports of use and availability.

“More people mention this when presenting to services.” (PSI Worker, Greater Manchester).

Following similar unsubstantiated reports last year, it was reported to be sold by local dealers and available online.

“Increase in individuals reporting that they are buying this from dealers.” (Advanced Clinical, Manchester)

“One client who is on the Buprenorphine injection has ordered liquid fentanyl online during a relapse to get around the blocking effect of the injection.” (Caseworker, Street Outreach, Manchester)

We also received an unconfirmed report from a young person in Stockport that pink powder was being used by young people that allegedly contains **fentanyl**. However, no sample was able to be obtained for testing. Nevertheless, street **heroin**, **cocaine** and prescription drugs are routinely screened for **fentanyl**s, and **nitazenes** but none have been detected in previous years or this year’s *MANDRAKE* testing cycle. Therefore, at the time of writing, these remain unconfirmed reports of local availability and use of **fentanyl**. Indeed, these persistent yet unconfirmed reports of **fentanyl** being either intentionally used or present in other substances led some professionals to question the existing evidence.

“Reiterating the messages about fentanyl as an urban myth or concern. I hear about fentanyl every two or three weeks, but it is not clear what the evidence is. When you ask, they say the hospital told them there was fentanyl present but how do they know? Is this true? Has it been confirmed?” (Service Lead, Dual Diagnosis Liaison Service, Manchester)

5.8 Naloxone

5.7.1 Drug indicators: Naloxone

Naloxone is an *opioid antagonist* which can temporarily reverse the effects of an *opioid* overdose and is distributed to people who use drugs, as well as their friends, family members, and various healthcare and other professionals who may encounter overdose situations. Among *UAM* survey participants who reported injecting during the preceding year (2022), 24% reported having overdosed to the point of losing consciousness, an increase from 16% in 2013. The proportion who had injected in the last year and who reported carrying **naloxone** increased from 54% in 2017 to 68% in 2022; 59% of those who reported overdosing in the preceding year reported having had **naloxone** administered, an increase from 46% in 2013 (UK Health Security Agency (1), 2024).

In Greater Manchester during 2022 (where it has been recorded), **naloxone** had been provided to 82% of the in-treatment population for *opiates*, although only 70% of those in-treatment had been provided with **naloxone** in the last 12 months. Around one in nine (12%) of those in treatment for *opiates* had been offered **naloxone** but refused it (Whitfield & Reed, 2023).

5.7.2 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. As illustrated below, the perception was that the distribution of **take-home naloxone** since the pandemic has increased significantly:

“I think it has worked, as I have lots of patients who tell me that they’ve used it. Most of them have used it and I think it’s been successful, so I think it has worked... I think we have flooded the market. I think everybody in Bolton has some naloxone on them.” (Consultant Addiction Psychiatrist, GMMH, Bolton)

As we note previously, concerns regarding the **heroin** supply, including a potential shortage from Afghanistan, more potent *synthetic opioids* [*nitazenes*] and variation in the local **heroin** purity, highlight the need for the widespread distribution of **naloxone** to people who use **heroin** and other substances that may contain *synthetic opioids*, frontline professionals (including the police) and the wider public, to prevent fatal overdose.



5.9.1 Drug indicators: Prescribed opioids

It was thought that prescribing trends would change significantly after the *National Institute of Clinical Evidence* (NICE) issued guidance stating that *opioids* should not be offered to manage chronic primary pain (NICE, 2021). Between 2021 and 2022 there were reductions in the number of prescriptions for: **diamorphine** down by 65%; **co-proxamol** down by 14%; **pethidine** down by 12%; **fentanyl** down by 8%; **co-dydramol** down by 6%; **methadone** down by 3%; **dihydrocodeine** down by 2%. In February 2024, MHRA announced that **codeine** linctus was to become a prescription only medicine (MHRA (1), 2024).

More *opioids* are prescribed for pain in the areas of highest deprivation (Teng-Chou, Li-Chia, Miriam, & Roger, 2019). In 2023 the North West had a rate of *opioid* pain medication prescription of 22 per 1,000 patients (173,375 patients). Although this has fallen slightly since 2022 (175,924), it is still the second highest regional rate behind the North East and Yorkshire (27), while the rate in London is 8 per 1,000 patients (CQC (1), 2023). During 2022/23 it is estimated that 5% of those aged 16-59 took a non-prescribed *prescription only* pain killer for pain management. This was down from 6.2% during 2019/20 (ONS (6), 2023).

5.9.2 Findings: Prescribed opioids

Following on from similar reports last year, several key professional informants mentioned that prescription *opioids* were a potential gateway for non-prescribed use and raised concerns or provided examples of cases where prescriptions by medical professionals had led to sourcing illicit *opioids*.

“I’ve got more people than I have ever had on my caseload using prescribed opioids... the majority have acquired a habit through co-codamol or codeine. So, they end up with a problem, then drive all around country trying to find a chemist who will give them co-codamol.” (Recovery Coordinator, Adult Substance Use Service, Bury)

“They start on something for legitimate pain, it’s a legitimate prescription for having your gall bladder out or something, then they have background psychological problems that haven’t really ever come to the surface, they get addicted, GP stops it, then they buy it and it’s reasonably easy to buy. That’s the most common scenario.” (Consultant Addiction Psychiatrist, GMMH, Bolton)

Where sourcing of non-prescribed *opioid*-based medication was most commonly reported, there were also a couple of reported cases where people had transitioned from prescribed *opioids* to **heroin**.

“(We’re) seeing a lot of people on pain medication that have turned to opiates in whatever form. A couple that have turned to heroin use were just trying to manage their own pain, because the pain medication they are getting from the GP is just not managing it for them.” (Operations Manager, Adult Substance Use Service, Wigan and Leigh)

“We did have one woman who was prescribed fentanyl patches for her back pain. Then her GP took her off and she started looking around for alternatives, and somebody said heroin is just the same, so she ended up down the rabbit hole that way.” (Assertive Outreach Worker, Bolton)

As we highlighted in previous year’s GM-TRENDS reports, 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 two suspected prescribed *opioids*. A blister pack of White **Dihydrocodeine** pills from Salford was analysed and found to contain no active ingredient. A bottle of *Oramorph*[®] oral liquid labelled as containing **morphine** at a ratio of 10 mg/5 ml measure, obtained from Bolton, was tested. On analysis, this was found to contain 1mg per ml e.g., half the stated **morphine** content per ml.

5.10 Methadone and buprenorphine

5.10.1 Drug indicators:

Opiate Substitute Treatment (OST)

Of the 138,604 people in treatment with *opiate* problems in 2022/23; 94% received a prescribing intervention. The length of time in prescribing for people using *opiates* in continuous prescribing treatment was: Less than 12 months, 36,092 (27.8%); 1 to 2 years, 15,798 (12.2%); 2 to 3 years, 13,717 (10.6%); 3 to 4 years, 12,381 (9.5%); 4 to 5 years, 11,357 (8.7%); 5+ years, 40,551 (31.2%) (OHID (4), 2023).

5.10.2 Drug indicators:

Methadone and buprenorphine

There were 640 deaths related to drug poisoning involving **methadone** in 2022 in England and Wales, which was a decrease from the record number in 2021 (663). Of the **methadone** deaths 132 occurred in the North West, an increase from 124 in 2021. Of the **methadone** deaths, 132 of them were without other drugs involved, a decrease from 151 in 2021. There were 42 drug poisoning deaths in England and Wales related to **buprenorphine** in 2022, a decrease from 51 the previous year (ONS (2), 2023). Seizures of **methadone** in England and Wales decreased by 14% from 573 to 495 in the year ending March 2023. Greater Manchester police made 36 seizures of **methadone** (Home Office (3), 2024).

5.10.3 Findings:

Methadone and buprenorphine

Over two-thirds (67%) of professional survey respondents stated they work with clients who use **methadone** or **buprenorphine**. Though one third of them (31%) reported no change in use, just over one-tenth (13%) reported an increase in use. Almost a fifth (19%) of these came from professionals working in Manchester.

During the key professional interviews, one respondent noted that more people were requesting **buprenorphine** in preference to **methadone**.

“We have a lot of people coming in who have accessed buprenorphine before coming to us and making direct requests to use it as opposed to anything else... people are reluctant to consider methadone prescribing, they just want to go direct to buprenorphine.” (Family Drug and Alcohol Treatment Worker, Stockport)

While an increased use of *Buvidal* was mentioned in several areas, one Key Professional Informant noted that *Buvidal* administration is not equally available in every Greater Manchester borough, for example, patients who reside in Bury must travel to Bolton to access this treatment.

While many people appear to view *Buvidal* positively, it was noted by some professionals that an unintended consequence of increased *Buvidal* for those people who use both **heroin** and **crack cocaine**, is the substitution of **heroin** with more **crack cocaine**.

“It’s popular. It seems to be successful in stopping illicit opiate use, but unfortunately people continue to use crack and possibly even use a bit more. But it is popular, we have a waiting list.” (Consultant Addiction Psychiatrist, Bolton)

This reported shift in the balance of **heroin** and **crack cocaine** use by those people who use both substances is discussed further in the section on **crack cocaine**.

An additional concern raised by two outreach workers related to the increasing prescription of *Buvidal* leading to a lack of regular contact with clients, which in turn, was viewed as reducing professionals’ ability to check in on their health and wellbeing as regularly as they would have done if they were on daily pick-up of **methadone**.

In previous years, we have received information that **methadone** was widely available for sale, in particular, around the Bury New Road, Cheetham Hill area. However, this year, we did not receive any information about street **methadone**.



5.11 Tramadol

5.11.1 Drug indicators: Tramadol

There were 223 poisoning deaths for **tramadol** in 2022 (88 without other drugs involved), an increase from 2021 when there were 195 (ONS (2), 2023). There were 60 prison finds in England and Wales in 2023 involving **tramadol**, down from 72 in 2022 (Ministry of Justice (2), 2023).

5.11.2 Findings: Tramadol

Two-thirds (65%) of professional survey respondents worked with clients who use **tramadol**. A relatively small percentage (8%) noted an increase.

“Seeing an increase in the misuse of Tramadol.” (Trauma Informed Care and Dual Diagnosis Lead, Greater Manchester)

One professional suggested that the use of opiate based medication such as a **tramadol** was resulting in people being prescribed *opiate* substitution treatment.

“More clients are being prescribed OST due to opiate based medication.” (Advanced Recovery, Rochdale)

Another reported an increase in service users informing them that they are buying **tramadol**, **benzodiazepines**, and **morphine** patches online.

There were a small number of reports from *professional survey respondents* about the increase of use of **tramadol** among young people. They typically cited that they were used to help them to ‘come down’ after using stimulant drugs. These tended to be sourced illicitly from their usual dealers or online, rather than prescribed through GPs.

“Generally young people are using [Tramadol] to come down off [of other drugs]. These are sold to them by their dealer for this use.” (Operations Director, Greater Manchester)

“More young people have been sourcing tramadol illicitly.” (YP Resilience Worker, Manchester)

However, only 1% of respondents who completed the young person survey indicated past year use of **tramadol**.

5.11.2.1 Market Insights

Despite many professionals noting that *Operation Vulcan* has made a huge impact on the availability of prescription drugs in the Bury New Road area of Manchester, a small number (two) of key professionals raised concerns about the availability and use of **tramadol** from Bury New Road.

“More shops are selling these under the counter since increased police presence at Cheetham Hill.” (Recovery Worker, Rochdale)

“Sold over the counter in Cheetham Hill area - unsure of quality or actual drug being sold.” (Treatment Service, Team Manager, Trafford)

As noted above, concerns were raised regarding the content of **tramadol** sourced from shops or dealers. In this year’s testing cycle, two green and yellow capsules, marked as **tramadol** 50mg were tested by MANDRAKE. One capsule contained close to the stated amount (44mg) of **tramadol** while the other contained more like two-thirds (36mg) of the stated content. Both samples were obtained from Salford’s drug property store.

5.12 Codeine/Dihydrocodeine (including ‘Lean’)

5.12.1 Drug indicators: Codeine/Dihydrocodeine

Treatment data for adults covers **codeine** under *opiates*, so no separate figures are available, but for young people the proportion of young people seeking help for **codeine** has fallen over the last 2 years by 0.4 percentage points (1.2% in 2020/21 compared to 0.8% 2022/23) (OHID (6), 2024). In 2022, there were 188 deaths related to poisoning from **codeine**, a decrease from 200 in 2021, although deaths have been on an upward trend for some time and have more than double since 2012 (73); 23 deaths were in the North West. Of total **codeine** deaths, 41

were without other drugs involved. Deaths from poisoning related to **dihydrocodeine** (not from formulations) increased slightly from 103 (2021) to 111 (2022), 15 of those deaths in the North West. Deaths from formulations were 73 for **paracetamol** and **codeine** preparations and 6 for **paracetamol** and **dihydrocodeine** formulations (ONS (2), 2023).

Codeine is allowed in some pharmacy/OTC medicines but becomes a Class B drug at higher doses (class A if prepared for injection). The MHRA have announced that **codeine linctus** is to be reclassified from a pharmacy-only medicine to a prescription-only medicine (POM) owing to the risk of dependence, addiction, and overdose. **Codeine linctus** is used for dry coughs, although there is limited evidence for its effectiveness (MHRA (1), 2024).

5.12.2 Findings: Codeine/Dihydrocodeine

Nearly three-quarters (70%) of professional survey respondents stated that they work with people who use **codeine/dihydrocodeine**. Of those, just over a tenth (14%) noted an increase in use. The highest percentage (25%) of professionals reporting an increase were from the Stockport and Tameside areas. As noted in the prescribed *opioids* section, there was a common narrative around people being prescribed **codeine** from a GP and then continuing to access it illicitly once the prescribing has stopped.

“We are seeing more people coming into treatment from illicit codeine use, previously prescribed and then buying illicitly once dependency occurs.” (Team Leader, Rochdale)

This was mainly in relation to adults, although a couple of professionals highlighted this as a concern in relation to young people. In both cases, the professionals worked in Manchester.

“More young people have been using codeine illicitly.” (YP Resilience Worker, Manchester)

However, compared to the previous year findings, codeine use among young people has halved, with 3% of young people reporting

the use of **codeine** in 2023 compared to 6% of young people reporting past year use in 2022.

There were concerns raised that these were sold cheaply and hence the content might not be as labelled.

“She takes 2 to 4 8mg codeine tablets every day and I asked how much they were, and she said she gets them for £2 a box, so she is spending six quid a week, and you think ‘What is that that you are taking?’” (Exploitation Worker, Young Person Substance Use Service, Manchester)

Only one batch of four white, circular pills embossed with ‘APS 0507’, suspected to be 15mg **codeine phosphate** tablets were tested in this year’s testing cycle by MANDRAKE. These were found to contain an average of 12.4mg of **codeine phosphate** per tablet.

5.12.3 Findings: ‘Lean’¹⁸

Six professional survey respondents noted conversations amongst young people they work with about using the **codeine**-based mixture ‘Lean’. However, many key professionals informants that we interviewed who were working in young person substance use services across Greater Manchester reported that the use of *Lean* had decreased compared to previous years.

“We are not seeing an awful lot of ‘Lean’, it seems to be the traditional drugs again.” (Family Drug and Alcohol Treatment Worker, Stockport)

This professional perception that ‘Lean’ was not as popular now was supported in the young person survey findings where only 6% of respondents reported past year use of ‘Lean’.

No samples of mixtures suspected to be ‘Lean’ were tested in this year’s cycle by MANDRAKE.

18. 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.



5.13 Other opioids

5.13.1 Drug indicators: Other opioids

In 2022 there were 88 poisoning deaths related to **oxycodone** (28 without other drugs involved), which was an increase from 72 the previous year, but a decrease from 102 during 2020. In 2022, there were a further 133 *opiate* deaths where the *opiate* was unspecified (132 in 2021) and 54 where it was specified (an increase from 17 in 2021) (ONS (2), 2023). During 2022/23 the number of **morphine** seizures in England and Wales increased by 26% from 199 to 250 seizures when compared with the previous year. Greater Manchester police made 14 **morphine** seizures (Home Office (3), 2024).

5.13.2 Findings: Other opioids

No significant changes were reported among the professional survey respondents answering the survey. In the young person survey, no young people reported using any other *opioids*.

One respondent in the professional respondent survey reported hearing about the use of **Kratom**¹⁹ in the previous year.

No other *opioids* were tested in this year's cycle by MANDRAKE.

19. 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.

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**)²⁰. Prevalence of people who had ever used **GHB** was estimated in the *CSEW 2022/23* survey at 0.5% for 16–24-year-olds and 0.6% for 16–59-year-olds. Past year use was estimated at 0.1% of 16–59-year-olds and 0.0% of 16–24-year-olds (ONS (6), 2023). There were 58 seizures of **GHB** in the year up to the year March 2023 in England and Wales (a decrease from 78 in 2021/22). Greater Manchester police made 7 **GHB** seizures (Home Office (3), 2024). 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 (4), 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 31 deaths associated with **GHB** in 2022, which was an increase on (14) in 2021, but similar to the pre-covid numbers (between 27 to 28) seen between 2018 to 2020 (ONS (2), 2023) although according to the ACMD 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 deaths²¹ (ACMD (4), 2020). There were 559 adults in treatment with a problem with **GHB/GBL** during 2022/23, a slight increase on 531 during 2021/22 (OHID (4), 2023).

5.14.2 Findings: GHBRs

Two-thirds (60%) of professional survey respondents stated they work with people who use **GHB**. A small number (seven, 5%) noted an increase in use. These respondents were working across Greater Manchester. In last year's trend focus on chemsex related drugs, we highlighted the need for professional development on the use of **GHB** and *crystal*

methamphetamine. This professional knowledge gap still appears to exist, as it was noted by a small number of professionals that even within the treatment sector, staff were unsure how to support **GHB** users.

"Services have seen an increase in problematic GHB use and there is staff uncertainty of how to support these individuals." (Operations Manager, Bolton and Wigan)

No samples of **GHB** or related substances were tested in this year's testing cycle by MANDRAKE.

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, but are not specifically recorded in published seizure figures. **Pregabalin** prescriptions increased again by 5% in 2022 (8,636,909 total items) (CQC (1), 2023). **Pregabalin** deaths increased again from 409 (2021) to 441 (2022). Up until 2008 there were zero **pregabalin** deaths, which rose to 4 by 2012 and has increased ever since. There were 135 **gabapentin** deaths in 2022, which was similar to 2021 (133) (ONS (2), 2023). It is thought the number of deaths involving *gabapentinoids* is significantly under reported (Nahar, Murphy, & Paterson, 2019).

Pregabalin has been associated with infrequent reports of severe respiratory depression, including some cases without the presence of other *opioids* (MHRA (2), 2021). However, as with *benzodiazepines*; deaths involving *gabapentinoids* rarely occur without other drugs, with just 8 **pregabalin** deaths out of 441 and 7 out of 135 **gabapentin** deaths in 2022 occurring without other drugs (ONS (2), 2023). *Opioids* are co-detected in 92% of *gabapentinoids* deaths in England (Kalk, Ching-Ting, Rasa, Baho, & Taylor, 2022).

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

21. 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 (10), 2022).

5.15.2 Findings: Gabapentinoids

Nearly three-quarters (71%) of professional survey respondents stated they work with people who use *gabapentinoids*. Just under a third of those (28%) stated there was an increase in use in the past year. This was the third highest reported increase of the 44 groups of substances surveyed. Almost half (44%) of professionals working in Manchester reported an increase in use. Their popularity was also widely discussed during the key professional interviews.

As was the case in previous years, their use was largely reported to be **pregabalin** and tended to be concentrated in the homeless and street-based communities. Only six (1.5%) of young people reported past year use in the young person survey. However, a small number of professionals suggested that use has shifted to a wider population.

"I think the use has spread out to the wider population. I think it is cheaper to use and more readily accessible than heroin. . . . it seems more popular in a previous population that might have used heroin more frequently... but it is definitely more popular within a population that, if they had the money, would have historically used cocaine or other drugs." (Outreach Worker, Homelessness Charity, Wigan and Leigh)

They remain popular with heroin and **crack cocaine** users. In relation to this, concerns persist that the polysubstance use of **heroin** and prescription drugs was a key factor in overdoses, hospitalisations, and drug related deaths.

"I think what we see in general terms is it's an issue in Salford and Bolton, not so much Salford but in Bolton there are a lot of people requiring ambulances and that is regularly. [. . .] It feels like there is at least one a week that gets taken to hospital in Bolton. They just get them from local suppliers, and we have really had to up the ante, in getting out there and getting naloxone and harm reduction messages out there. [. . .] Our theory has been, is that they are just loading themselves up with the pharmaceuticals, more so in Bolton. That's what's in our face all of the time. They've just got pockets full of them all of the time and they are just

eating them throughout the day. And we do that educational stuff, the content and not knowing what is in it. But it just doesn't seem to make a difference. The go to thing is these tablets." (Team Leader, Rough Sleepers Team, Bolton, and Salford)

5.15.2.1 Market Insights

There was generally widespread agreement amongst key professional informants, that *Operation Vulcan* had made a significant impact on the access of prescription drugs from Bury New Road.

"I went down there at the weekend, and I was just shocked! Shocked at how its changed, it's just dead." (Young Person's Substance Use Worker, Manchester)

The reduced access was perceived to have resulted in fewer related harms, including a commonly reported reduction in the volume of service users presenting under the influence of prescription drugs and/or overdosing in services.

"Our traditional opiate and crack users were all using benzos and pregabs on top, all sourced from Cheetham Hill, coming in, foaming at the mouth, all the rest of it, nearly unconscious. We hardly see any of that anymore. We are not seeing people disclose illicit use of benzos and pregabs anywhere near the level we were beforehand, so it has had a massive impact." (Operational Manager, Adult Substance Use Service, Bolton and Bury)

The closing down of shops and the open street market in the Bury New Road area was also reported to have had a significant positive impact on local Manchester based services.

"The incidents have reduced, definitely. Because we used to have far more incidents of people overdosing." (Adult Substance Use Service Clinical Prescriber, Manchester)

Some areas further afield also reported less availability and use in the past year.

"The Pregabalin used to be a lot around and distributed a lot around Partington but we haven't had a lot lately." (Team Leader, Assertive Outreach, Salford, and Trafford)

5.15.2.2 Alternative sources of prescription drugs

Despite the clear and positive impact of *Operation Vulcan* on the Bury New Road prescription drug market, during the key professional informant interviews, it was often stated that there had been no noticeable decrease in the availability or use of prescription drugs.

"I've never heard of a shortage of pregabalin or diazepam, I don't know where they are all coming from but there is still a lot out there." (Recovery Coordinator, Adult Substance Use Service, Bolton)

Many professionals from across Greater Manchester who noted an increase in use in the professional survey, added comments that GPs are more readily prescribing them now.

"I have noticed a vast increase in service users using both illicit pregabalin and prescribed pregabalin, GPs seem to prescribe them for so many things." (Recovery Coordinator, Tameside)

"Large percentage of new service users are reporting overuse of prescribed gabapentin/pregabs." (Nurse, Trafford)

"Pregabs just get them prescribed [...] shops are shut everything is shut." (Homeless Project Worker, Bolton)

In addition to reports of people being prescribed them, it was also regularly noted that people were buying other people's prescriptions.

"They will just buy other people's 'scripts as well as having their own scripts." (Homeless Project Worker, Stockport)

"Or they are just buying them prescribed off somebody else." (Support Worker, Homeless Drop-in Centre, Manchester)

One homeless project worker in Stockport stated that he worked with somebody who was currently being prescribed **pregabalin** by his GP because he was dependent on them through previous illicit supply from Cheetham Hill.

"He was hooked on Bury New Road pregabs, so he is a problematic pregab user. Now he is being prescribed them. Not for the prescription of the pregab but because he

is addicted to the pregabs, he's not got any pain. He's being prescribed them because he is a problematic user." (Homeless Project Worker, Stockport)

This widely reported continued prescribing of **pregabalin** by GPs to *opiate* users, despite clinical guidance, remains a concern. However, we did receive some reports that GPs were more reluctant to prescribe them.

Beyond accessing **pregabalin** via prescription, other sources that were frequently mentioned included online access.

"Facebook! Tablets for sale! Look [shows Facebook page on phone] . . . just try it. She orders them, 75 quid a box, you get X amount of fucking Xanax, X amount of pregabs, you get fucking loads! She just orders them, she says they are 'bang on'. . . . They just get dropped off." (Support Worker, Homeless Drop-in Centre, Stockport)

"I think a lot of my clients, whatever drugs it is, they tend to get them online and by apps, so I don't think Bury New Road activity has impacted on them that much." (LGBT+ Recovery Manager, Greater Manchester)

"They were getting them from Cheetham Hill, Manchester, but they shut down, but they still manage to get them somehow... They just get them locally or online... They don't say 'Cheetham Hill' now, 'Oh I just get 'em off a mate, or I get 'em online', that's what they say!" (Recovery Coordinator, Adult Substance Use Service, Bolton)

Some professionals outside of Manchester mentioned that shops in local areas were now selling them. This was discussed several times by professionals working in the Bolton area.

"None of the team have mentioned [any changes]. There have been shops found in the Bolton area that were selling them under the counter, or people still get the bus or the train into Manchester... I don't know if it is Cheetham Hill... they might be going somewhere else and probably think they are in Cheetham Hill." (Assertive Outreach Worker, Adult Substance Use Service, Bolton)

Last year we highlighted that MANDRAKE testing of **pregabalin** sold as 300mg was



typically around the stated dose compared to previous years when they were often found to contain around 100 to 120mg. In this year's testing cycle, MANDRAKE tested 11 samples of **pregabalin**, as usual, all were marked as 300mg red and white capsules. Nine of these were found to contain **pregabalin**, ranging from 237mg to 303mg. However, four capsules from Tameside contained **paracetamol** and no **pregabalin**.

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) 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 'tranquilliser' heading. Benzodiazepine prevalence varies considerably across the UK and has traditionally been highest in Northern Ireland (in particular) and Scotland.

Estimates for 2022/2023 show 0.5% of adults aged 16-59 used *tranquillisers (benzodiazepines and z-drugs)* in the last year, which was similar to previous recent estimates. The proportion of 16-24-year-olds using *tranquillisers* was also similar (0.9%) to recent estimates (ONS (6), 2023). In 2021 (the latest estimate), among pupils aged 11-15; 0.4% reported *tranquilliser* use in the *last year*, a fall from 0.6% in 2018 (ONS (7), 2022). There were 1,860 seizures on *benzodiazepines* in 2022/23, a total of 492,710 doses, both decrease on the previous year (Home Office (3), 2024).

There were 3,620 people entering treatment 2022/23 reporting *benzodiazepines* as a problematic substance, which was similar to 2021/22 (3,848). A total of 13,873 (4.8%) of the total numbers in treatment report *benzodiazepines* as a problematic substance. Most were *opiate* users (10,871) (OHID (4), 2023). However, these figures are almost certainly under-estimates because use of

secondary drugs such as *benzodiazepines*, are often under-reported (EMCDDA (2), 2018). There were 247 (2% of total) young people under 18 in treatment reporting problems with **benzodiazepines** in 2022/23, a decrease from 340 (3%) during 2021/22 (OHID (6), 2024). During 2022, prescriptions for **diazepam** decreased by 2% (from 4,448,994 to 4,339,653); **temazepam** decreased by 23% (from 720,110 to 555,427); **zopiclone** decreased by 4% (from 4,872,068 to 4,681,170) and **zolpidem** by 2% (601,151). Prescriptions for **midazolam** increased by 0.5% (354,614) (CQC (1), 2023).

In 2022, deaths related to drug poisoning are available for '*Any benzodiazepine*' (509), which has decreased from 538 the previous year. This is broken down as **diazepam** (297), which increased (from 290) and **temazepam** (17) which has decreased from 22. *Benzodiazepine analogues* deaths decreased from the previous record of 171 in 2021 to 115 in 2022. This is broken down as **alprazolam** (21), **etizolam** (52), **flubromazolam** (50) and **flualprazolam** (13). In 2022, *Z-drugs* deaths from poisoning (181) increased from 132 (2021) and was the highest number ever recorded. Deaths associated with *Z-drugs* have risen nine-fold since 1999, when there were just 20 deaths (ONS (2), 2023).

5.16.1.1 The risk of concurrent use of benzodiazepines with opioids

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).

The concurrent use of **heroin** and/or any other *depressant drug* is the major risk for overdose death. However, as is the case with *gabapentinoids*; *benzodiazepines* are rarely fatal on their own, with just 23 of the 509 deaths involving *benzodiazepines* and no other drugs in 2022, while just 30 of the *z-drugs* deaths out of 181 occurred without other substances (ONS (2), 2023).

5.16.2 Findings: Benzodiazepines

Three-quarters (73%) of professional survey respondents stated that they work with people who use *benzodiazepines*. Of these, just under a quarter (23%) stated there was an increase in use. The areas with the highest percentage of professionals reporting an increase were Manchester and Wigan (both 37%).

A small number (5%) of *professional survey respondents* reported a decrease in use, citing the positive impact of *Operation Vulcan* in reducing availability of these drugs from the Bury New Road, Cheetham Hill area.

“It seems that clients are reporting slightly less use recently, possibly linked to them being less available in Cheetham Hill.”
(Assertive Outreach, Bury)

“There has been a slight decrease in use in my client group due to the police actively shutting down ‘shops’ that sold illicit benzos.”
(Social Worker, Manchester)

“Reports of being unable to get benzos as easily since the closure of popular street site.”
(Addictions Lead Nurse, Salford and Trafford)

The perception that the use of *benzodiazepines* was not as high as in previous years was also discussed in the professional informant interviews.

“I still hear reports of people taking whole strips of benzo’s but it doesn’t seem as bad as it was a few years ago but it is certainly still present and the homeless team will talk about people’s use of benzo’s and pregabs.”
(Service Lead, Dual Diagnosis Liaison Service, Manchester)

Nevertheless, the use of *benzodiazepines* was still a concern, and when we asked professionals what substance they would want us to focus on for the trend focus, a small number of professionals suggested them.

“Benzodiazepines, we have a number of cases right now that are in need of prescribing or with some of them, they are using so much we can’t even prescribe. Another who is a young student, 18 plus,

is going to Bristol to get them.” (Service Manager, Young Person’s Substance Use Service, Manchester)

Likewise, the testing of prescription drugs was often viewed as a priority by professionals when asked about what substances they wanted MANDRAKE testing to focus on.

“Prescription drugs because we don’t know what is in them. And they think they are quite harmless but that is what people are collapsing with and being hospitalised.”
(Team Leader, Rough Sleepers Team, Bolton, and Salford)

Thirteen young people (3% of the total young people’s sample, 5% of the sub-group in substance treatment) reported use of *benzodiazepines* in the survey, representing a decrease (3%) from last year among those young people in treatment.

Young people’s use of *benzodiazepines* has previously been linked to *Xanax* (**Alprazolam**). The reduction in the use of *Xanax* was often noted in Key Professional Informant interviews by professionals working with young people in several Greater Manchester areas.

“We had that explosion, along with everybody else a few years ago but it seems to have died away. We had one presentation at A & E so far this year, a 17-year-old young man.” (Family Drug and Alcohol Treatment Worker, Stockport)

“About seven years ago we had a very big issue in like Chorlton with Xanax but we don’t see that so much now. [. . .] I feel like we see more benzo’s now, diazepam, not so much Xanax mentioned now.” (Service Manager, Young Person’s Substance Use Service, Manchester)

“The benzo’s and Lean, practically non-existent now, well, not non-existence, but really low.” (Substance Misuse Advocacy Worker, Trafford & Salford)

“Xanax has disappeared almost [....] 3 or 4 years ago it was massive. There was loads knocking about, everybody was on it, and now it has gone. Ketamine has replaced that.” (Young Adult Treatment Service Transition Worker, Manchester)



There remains some concern, especially in relation to young females, that their use of *Xanax* is often linked to safeguarding concerns.

“What we have found with young people... at the times of using those substances like Xanax there have been a lot of times... it tends to be females, or we are working with females. That have been sexually harmed during that time, from being under the influence.” (Senior Practitioners Young Person Complex Safeguarding Team, Stockport)

5.16.2.2 Market Insights

During the Key Professional Informant interviews, it was often stated that *benzodiazepines* remain accessible to people who use them, despite the acknowledgment of the positive impact of *Operation Vulcan*. However, while these and other popular prescription drugs such as **pregabalin** remain easy to obtain, many professionals were unclear whether these drugs continue to be bought in Cheetham Hill or whether new local markets or access routes have formed.

“I think they are still doing it, but whether it come from Cheetham Hill or not? I still have a lot of clients using illicit pregabalin and benzos. They don’t tell you where it’s from only that it is illicit, obviously trying to keep the source quiet... none of the ones I’ve seen have reported it’s gone down, they are still using it.” (Team Manager, Criminal Justice, Rochdale and Oldham)

“I would suggest it’s more arranged, but the stuff is still [in Cheetham Hill]. How they are getting it I don’t know. They’re not walking into a shop anymore like they used to.” (Recovery Coordinator, Adult Substance Use Service, Bury)

“Somehow, they are managing to get quite high doses of benzodiazepines. But I don’t know if they are getting them from Cheetham Hill or other supply routes... The guy that took this overdose, and he suggested 500 to 800 mg diazepam, he would never say where he obtained the diazepam from. I wanted to know as I was desperate to get that information from him, but he was protecting his source... we

know it wasn’t from within the unit, as there wasn’t enough to cover that amount, it was outside.” (Lead Clinical Pharmacist, Bury, Oldham, and Rochdale)

When discussing access by young people, it was more common for professionals to state they were accessing them online.

“They say they are getting it online, to help them with anxiety. A colleague of mine did have one who was ordering it online and then selling it, but other than that they are just getting it online and using it for themselves.” (Young Person’s Recovery Worker, Youth Offending Team, Wigan and Leigh)

In this year’s MANDRAKE testing cycle, several *benzodiazepines* and *Z drugs* were tested. Consistent with previous year’s analysis, the forensic analysis found that the content was highly variable and often not containing the content as advertised. For example, three different batches of yellow tablets, labelled as ‘5mg **diazepam**’ actually contained between 2.3 and 2.7mg of **diazepam**. In Trafford, some white circular ‘*Bensedin*’ tablets sold as 10mg **diazepam**, when analysed, were found to contain 10mg of **Ketazolam**. While in Tameside a batch of 48 blue tablets, sold as 10mg **diazepam**, only contained 3mg of **diazepam**. In Bolton, two tablets, branded as ‘*Bensedin*’ 10mg **diazepam**, were found to contain 4mg of **diazepam** and 0.5mg of **Etizolam**. In Manchester, five white ‘*Xanax bars*’, which should contain 2mg of **alprazolam**, when analysed, were found to contain a combination of the novel *benzodiazepines* **etizolam** (0.2mg) and **bromazolam** (0.06mg). While another white 2mg *Xanax bar*, also from Manchester, was found to contain no active ingredient. Similarly, in Salford, a batch of blue tablets, labelled as ‘7.5mg **Zopiclone**’ were found to contain no active ingredient.

In summary, while *Operation Vulcan* has made a significant impact on the open street market for these prescription drugs in the Bury New Road, Cheetham Hill area over the past 18 months, it is clear from MANDRAKE’s forensic analysis that the supply of *benzodiazepines* and ‘*Z-drugs*’ that do not meet the standards set by the *Medicines and Healthcare Products Regulatory Agency* (MHRA) remains.

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* in the last year (2021 – the latest estimate) was 2.4%; a fall from around 4.2% in 2018 (ONS (7), 2022). Although **cannabis** is predominantly 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 *volatile substances* 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 *volatile substances* (ONS (7), 2022).

There were 390 adults in treatment services for VSA during 2022/23 (0.1% of total), an increase from 334 in 2021/22 (OHID (4), 2023). There were 629 young people in treatment using *volatile substances* during 2022/23 (5.1% of the total). This was a marked increase from 329 in 2021/22 (OHID (6), 2024). 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 *volatile substances* mentioned on the death certificate, involved in 59.5% of deaths between 2001 and 2020 (426 deaths) (ONS (13), 2022).

5.17.2 Findings: Volatile Substances (VS)

Just over two-thirds (64%) of professional survey respondents stated they work with people who use *volatile substances*. A small percentage (13%) stated they had noticed an increase in their use. During the key professional informant interviews, there was only one mention of *volatile substances* from a treatment service professional who noted recent and unprecedented accounts of adults reporting the use of *butane gas*. In Manchester, an increase in the use of *solvents* by young people was highlighted.

“*Solvents use has increased a lot.*” (Service Manager, Young Person’s Substance Use Service, Manchester)

However, in the Young Person Survey, only 3% of young people reported any past year use of *solvents* (n=5), *glues* (n=2) and *gases* (n=4).



5.18 Ketamine

5.18.1 Drug indicators: Ketamine

In 2021 (the last available data), 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 (7), 2022). *Last year* use of **ketamine** among young adults aged 16-24 increased to 3.8% in 2022/23 from the previous record high of 3.2% in 2019/20 (ONS (6), 2023). During 2022/23 there were 719 (5.8%) of young people in treatment who said they had a problem with **ketamine**. This was an increase from 512 (4.5%) during 2021/22 (OHID (6), 2024).

There was a further increase in adults entering treatment with **ketamine** problems, from 1,551 in 2021/22 to 2,211 in 2022/23, part of a rising trend over the last nine years. The total is now over 5 times higher than it was in 2014/15 (OHID (4), 2023). In the year ending March 2023, there were 1,487 seizures of **ketamine**, an 11% increase on the previous year (1,336 seizures). This increase was driven by a 34% increase in the number of seizures made by police forces (995 to 1,337). There was also a record 189% increase in quantity of police **ketamine** seizures. Greater Manchester Police made 67 **ketamine** seizures (Home Office (3), 2024). **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

Two-thirds (64%) of the 132 professional survey respondents stated they work with people who use **ketamine** and of those, a third (32%) noted there had been an increase in use. The areas with the highest percentage of professionals reporting increased **ketamine** use were Manchester and Bolton (48%), closely followed by Stockport (42%). As illustrated below, these reports of increased **ketamine** use were typically in relation to young adults.

“18-28-year-olds more regularly disclose use of ketamine - care leavers/college/Uni students.” (Occupation not stated, Bolton)

“Many more individuals reporting ketamine use and it’s becoming more prevalent in young people’s services too.” (Operations Manager, Bolton and Wigan)

These professional reports of increased **ketamine** use were supported in this year’s young person survey. There was a significant increase in the number of young people reporting past year **ketamine** use this year, with one in six (16%) young people reporting past year use compared to approximately one in 20 (6%) last year.

During the key professional informant interviews, **ketamine** was often mentioned as the main substance of concern and the substance they would want to see focused on for this year’s Trend Focus by professionals working with young people.

“So right now, they are my two main concerns, the THC vapes and the ketamine. And it is just in the past two months, honestly, it has just shot up. It’s come out of nowhere, it’s random.” (Substance Misuse Advocacy Worker, Trafford & Salford)

“Definitely ketamine. It feels like kind of something that is more popular amongst young people. Prior to this year, and I’ve been in this role for five years, I had never heard of a young person using ketamine.” (Senior Practitioner, Young Person Complex Safeguarding Team, Stockport)

“Definitely within young people there are a lot more reports of ketamine use.” (Operations Manager, Adult Substance Use Service, Wigan and Leigh)

As illustrated above, a common narrative to emerge was that **ketamine** use, previously associated with older teens and young adults, was being reported by school aged children.

It was also noted that young people in treatment services were increasingly reporting **ketamine** as their primary substance rather than a substance they used occasionally.

“Ketamine is on the rise... We are seeing quite a bit of it in the 16-25 age range... I’ve got seven where ketamine is the presenting substance ... from 28, so a quarter of my caseload.” (Family Drug and Alcohol Treatment Worker, Stockport)

Concerns were raised that young people’s use of **ketamine** was now more likely to be discussed beyond a clubbing or post-clubbing context, leading to more frequent use, and higher amounts used, ranging from 1g to 7g a day.

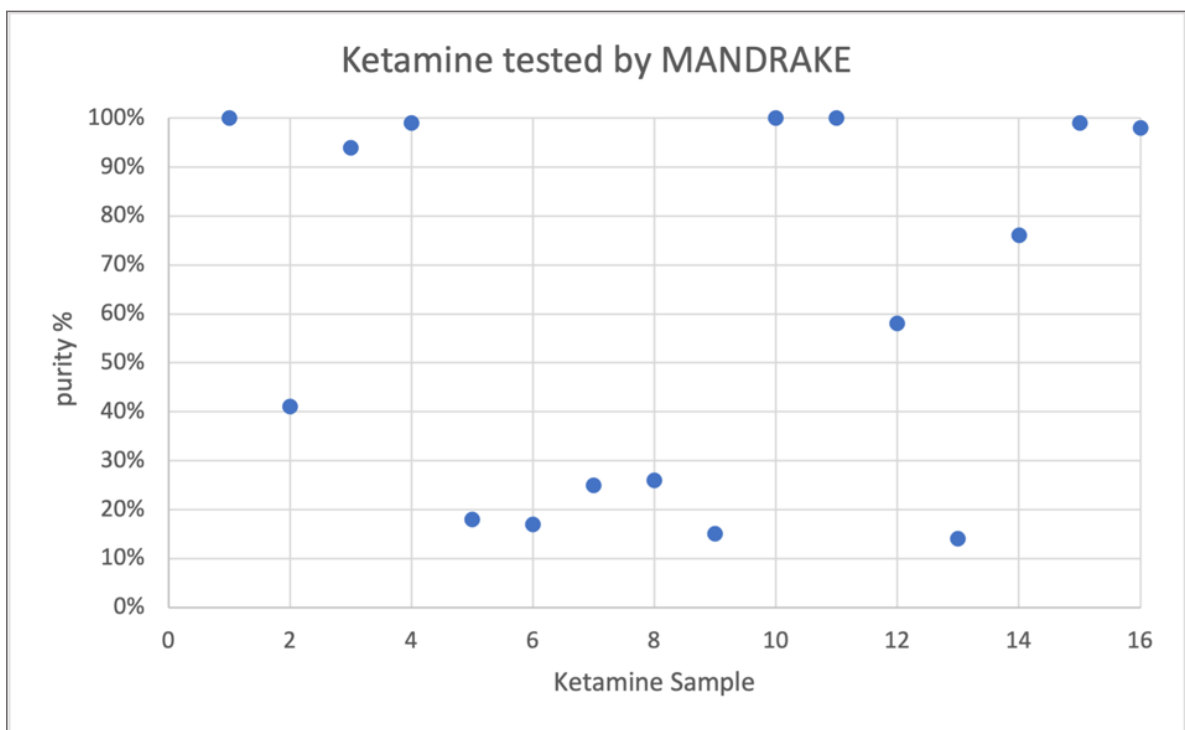
“One has been using for four years and at his highest he was using approximately 7 grams a day, every day.... The young woman...was doing 7 or 8 grams a day, every day, and was using throughout the day as well... The young person who has just had an unsuccessful rehabilitation placement, he was at 5 grams a day, every day, but he was doing it for four or five years.” (Family Drug and Alcohol Treatment Worker, Stockport)

Furthermore, it was reported that these changing patterns of use were resulting in urological complications. Therefore, **ketamine** was chosen as one of this year’s two trend focus substances (see separate Ketamine Trend Focus Report).

5.18.2.1 Market Insights

During this year’s MANDRAKE testing cycle, 16 **ketamine** samples were analysed. The samples ranged from 14% to 100% with an average purity of 61%. This is slightly higher than last year when the purity of the 14 samples of **ketamine** analysed ranged between 11% and 99% with an average purity of 55%.

As illustrated below, almost half (7/16) of this year’s **ketamine** samples were above 90% purity with three containing 100% **ketamine**. It is noteworthy that the lowest purity (14%) was found in a sample that was pink. This was found on analysis to be a mixture of **ketamine** and **caffeine**. As we highlight further in the section ‘Drugs known by a nickname’ there appears to be an emerging trend of pink powder being used that MANDRAKE forensic analysis has found to contain a wide range of content. MANDRAKE also analysed 186 samples of **ketamine** at the *Warehouse Project* between September and December 2023. Analysis revealed a wide variation in purity from 3 to 99%.



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% in 2019/20 to 1.3% of adults aged 16-59 in 2022/23 and decreased from 8.7% to 3.9% of young adults aged 16-24 in the past year (ONS (6), 2023). In 2021 (latest estimate), among pupils aged 11-15; 1.8% reported **nitrous oxide** use in the *last year*, down considerably from 4.1% [2018] (ONS (7), 2022). The numbers of adults and young people in treatment saying they have a problem with **Nitrous oxide** is too low to be categorised²². The number and weight of **nitrous oxide** seizures for 2022/23 are not listed (Home Office (3), 2024). According to the 2022-2023 *National Poisons Information Service* (NPIS) annual report, there was a 175% increase in enquiries (83 phone calls, 4,454 online access) (UK Health Security Agency (6), 2024). 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 (13), 2022).

On 8th November 2023 **Nitrous oxide** became a class C drug (Home Office (6), 2023). According to the *Home Office Impact Assessment*, they do not expect any increase in the between 4 and 11 people per year sentenced with supply and production offences under the *Psychoactive Substances Act* (PSA). However, for *possession* offences the numbers are substantial, with an estimate of up to an extra 62,200 possession offences per year (as this was not previously an offence under the PSA) (Home Office (7), 2023).

5.19.2 Findings: Nitrous Oxide

Almost a third (29%) of professionals reported an increase in **nitrous oxide** use, rising to 32% of those who reported working directly with nitrous oxide users (64% of professional survey respondents). These professional views were supported in the young person survey, where following the five-fold increase in past year use

last year from 3% in 2021 to 15% in 2022, this year, self-reported past year use increased again to 26%. Two-fifths (42%) of these reported it was now 'easier to buy' than the previous year.

Reports of increased **nitrous oxide** use by young people continued during the key professional informant interviews.

"It's rife. I'd say more than half my caseload are using. We are seeing it a lot more in referrals now. I think the majority of people on my caseload have either tried it or they are using it regularly. Not necessarily on a daily basis, but maybe a few times a week or at least on a weekend." (Advocacy Worker 2, Young Person's Substance Use Service, Bury)

One Service Manager reported an increase in the number of people reporting **nitrous oxide** as their primary substance.

"Suddenly now we have people [using nitrous oxide] as a main drug of choice, coming to services." (Service Manager, Young Person's Substance Use Service, Manchester)

However, it was also stated that the numbers in treatment does not accurately reflect the extent of use by young people.

"Unless they have been using loads and have ended up in A & E or some related incident, they often don't even mention it or come to the attention of services but we know it is a massive problem with widespread use in Manchester but that isn't necessarily been reflected in our stats." (Team Leader, Young Person's Substance Use Service, Manchester)

In last year's [Young Person's Trend Focus Report](#) on **nitrous oxide**, we highlighted the shift from the small 8mg silver cannisters to the larger circa 640mg cannisters. This year, it was noted by professionals across Greater Manchester, that these larger cannisters, often generically referred to as 'Smart Whips' after one of the most common suppliers, had replaced the smaller cannisters.

"You don't see the small ones anymore in the city centre, always the Smart Whips now." (Young person's substance use worker, Manchester)

22. Young people in treatment can list up to three substances they have a problem with. Numbers for Nitrous oxide would be covered under the 'other drug' category of which there were 386 in total in England between 2022/23. 'Other drugs' include prescription drugs (such as barbiturates, tranquilisers and anti-depressants), hallucinogens other than ketamine, and caffeine.

“Our young people aren’t really using the small cannisters anymore, it is the whippets, the larger things.” (Young Person Substance Use Service Team Leader, Salford and Trafford)

“I don’t have anyone on my caseload who is buying the little canisters, it’s all the big Smart Whips now.” (Advocacy Worker 2, Young Person’s Substance Use Service, Bury)

Last year’s trend focus on **nitrous oxide** highlighted how the shift to the larger cannisters had led to larger amounts being used in a session. In keeping with this finding, several professionals working with young people discussed how young people they worked with were using more **nitrous oxide**.

“The [small 8g] cannisters feel like they were an entry level substance... I am still seeing that for the younger ones but the older ones, over 18, are using Smart Whips (large 600+g canisters). But oh my god, they are using them by the caseload. [. . .] The most I’ve had reported to me is like a case of twelve, so they have had six each over the course of a night. Which is obviously loads!” (Advocacy Worker 2, Young Person’s Substance Use Service, Bury)

“Some are using a lot, like once a week they’ll buy a crate of six of the Smart Whips between three of them and have a couple each... They’ll be gone within an hour or so.” (Advocacy Worker, Young Person’s Substance Use Service, Rochdale)

“We had a referral last week when a young person used a large cannister, so equivalent to 80 [small silver cannisters] in an hour! That was a 16-year-old male.” (Team leader, Young Person’s Substance Use Service, Manchester).

Following last year’s findings, professionals continued to report supporting young people who have had related injuries, such as burns on their fingers, and car accidents, related to their **nitrous oxide** use.

“[Young service users are] fully aware of the risks. And obviously in service we have got a few who have experienced the lower limb stuff. I’ve got one who was addicted to nitrous, he was using it constantly. He was involved in criminality and crashed a stolen car. So, the police were chasing him and while he was running away from the police,

he was still using nitrous. Now to me that’s full-on addictive behaviour, because if you are running away from the police, you’re running away from the police, you’re not slowing yourself down to inhale a balloon. He had to have a blood transfusion, because there was so much of the gas in his blood, and then he is on like three times a week I think, [vitamin] B12.” (Advocacy Worker 2, Young Person’s Substance Use Service, Bury)

There were also some reports of young people developing neurological problems, for instance, sensation loss in extremities, following prolonged and high levels of use, leading to hospitalisation.

“She was in hospital for a week but doesn’t seem to be having any ongoing effects.” (Advocacy Worker 2, Young Person’s Substance Use Service, Bury)

“Most referrals remain the same but what we have seen in terms of severity is nitrous oxide. The chronic use is causing a lot of concerns, and not done in a recreational way but causing physical problems and I know our early interventions services have had three or four case referrals of young people, under 25, having psychosis and they have ended up in hospital and the chronic use has come up on my radar this year. It is still a relatively small number of people and we have known about it in the past, but it hasn’t caused these problems. One guy has been in hospital, really, really ill, but then it is still quite rare, and these are isolated and extreme cases, nevertheless we are seeing more of them. [. . .] We think the psychosis and use coexist, but we don’t think there is a causal link or impact, and other substances can be involved. [. . .] But then none of these guys wanted to engage with CGL and didn’t see it as a problem.” (Service Lead, Dual Diagnosis Liaison Service, Manchester)

Nitrous oxide was predominantly discussed in relation to young people.

“Nitrous oxide is our more younger cohort, compared to my young adult side. It’s not really there.” (Young Adult Treatment Service Transition Worker, Manchester)



However, it was also discussed as a substance used across a range of demographics by some professionals. One professional suggested its use is so common now that it is openly used in plain sight in public.

“I was at the Manchester carnival, and there were people, there were kids, elderly, and nobody even blinked or checked when people were using it. [. . .] and then you go into Whalley Range which is predominantly Asian, and you just see them driving around doing them [balloons] and they don’t see it as drug use, they don’t see it as Haram and going against their religion.” (Team Leader, Young Person’s Substance Use Service, Manchester)

While the general view was that **nitrous oxide** was on the increase, professionals working with young people in Salford and Trafford suggested that use was on the decline.

“There has been quite a change in attitudes you know. I was talking to a lad last week and he was saying it is not worth the money. A lot of young people say they don’t do it anymore because it is so short-lasting, and it is not worth the money. They would rather spend their money on weed or ketamine. So that seems like it is on the decline at the moment, with the young people I work with.” (Substance Misuse Advocacy Worker, Salford and Trafford)

“The harm reduction advice we have been hammering home the past two years is finally getting through. So in all our assessments we ask about nitrous oxide. And... they will now kind of... bring forward ‘oh no I don’t use nitrous oxide because it is so high risk.’ ‘Do you know it can cause this’, and list all these things it can do. And we will be like ‘oh yeah great!’ So they are understanding the harms [...] it seems it has been knocked out as a primary substance.” (Young Person Substance Use Service Team Leader, Salford and Trafford)

5.20 Salvia Divinorum (Salvia) and other dissociative drugs

5.20.1 Findings: Salvia Divinorum and other dissociative drugs

No significant changes or use of other *dissociative* drugs were reported in any of the surveys or interviews. There were no reported changes to clients’ usage noted, with many professionals stating they were ‘unsure’. Young people were not asked about their use in the online survey.

No **Salvia** was tested by MANDRAKE in this year’s testing cycle.

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, there was no change in the prevalence of **powdered cocaine** use in the last year for people aged 16 to 59 years (2.4%) and 16 to 24 years (5.1%), compared with the year ending March 2020. Frequent use (more than once a month) among those people who had used a drug in the last year, was 12.4% of those aged 16 to 59 years (20.1%) of those aged 16 to 24 years (ONS (6), 2023). There was also a decrease in *past year* use among 11-15-year-olds from 1.4% (2018) to 0.8% in 2021 (the latest estimate) (ONS (7), 2022). There was a huge increase in **powdered cocaine** finds in prison in England and Wales, from 167 in 2018 to 2,083 in 2021 and 2,042 in 2022, but data from 2023 shows this has decreased to 527 in year ending March 2023 (Ministry of Justice (2), 2023).

People starting treatment in 2022/23 with **powder cocaine** problems increased by 10% (from 21,298 to 23,529). This surpasses the previous peak number of 21,396 in 2019/20. (OHID (4), 2023). There was also an increase in the number of young people in treatment with a problem with **powdered cocaine** from 937 (2021/22) to 1,112 (2022/23) (OHID (6), 2024). Among people who inject drugs (PWID), the injection of **powdered cocaine** significantly increased from 6.9% in 2013 to 29% in 2022 among people who had injected in the preceding 4 weeks. In Northern Ireland, reported recent injection of **powdered cocaine** surged from 5.9% in 2018 to a remarkable 84% in 2022. (UK Health Security Agency (4), 2024).

In the year ending March 2023, the number of **powder cocaine** seizures by police forces and Border Force increased by 4% (from 18,228 to 18,978 seizures), the highest number recorded since 2009/10; police forces seized the largest quantity of **powder cocaine** on record (3.36 tonnes), a 100% increase from the previous year. Greater Manchester police made 1,122 (2kg) of seizures of **powder cocaine** (Home Office (3), 2024). **Cocaine** deaths increased again in 2022 to the highest on record number of 857, an increase from 128 in 2002; 189 of the deaths

occurred with **alcohol**, 254 without other drugs. However, a large proportion of these **cocaine** deaths are likely to involve **crack cocaine** rather than **powder cocaine** (ONS (2), 2023).

5.21.2 Findings: Powdered cocaine

Following on from last year's professional survey when over a third (36%) of professionals reported increased **powdered cocaine** use (see [GM TRENDS, 2022](#)), this year, over a quarter (26%) of professionals reported increased **powdered cocaine** use amongst the cohorts they work with.

"Huge increase in use across the city [and further] - more referrals for support. Many people are not accessing services for help until other aspects of their lives are affected - personal, financial, work, mental health." (Head of Treatment Services, Manchester and Tameside)

"More people coming into service." (Recovery Coach, Trafford) *"More clients appear to report using."* (Adult Drugs and Alcohol Service, Salford)

In Wigan, recreational **powdered cocaine** use was said to be 'endemic' with increased number of cases being reported by key professional informants.

"I think the rise in cocaine use among our service user population as well as society, has just gone through the roof. We have seen a lot more people come into service with powder cocaine. ... I think that is something we are seeing as a general trend across services." (Service Manager, Mental Health Service, Bury, Bolton, Salford, and Trafford)

In addition to widespread reports of increased use, several professionals reported that higher amounts were being used.

"The amount of cocaine used by clients seems to be at higher levels." (Adult Treatment Service, Bury)

"Increase in number of clients entering treatment with cocaine use and clients reporting increase in cocaine use." (Psychosocial Lead, Adult Drugs and Alcohol Service, Oldham and Rochdale)

Some professionals stated that there has been a noticeable increase in the quantity consumed by individuals during each episode. For example, it was noted that a 'session' may have previously referred to a single night of using, whereas now, professionals working in treatment services state it is common to hear about a weekend of use, starting Friday and ending on a Sunday evening.

"I would say prevalence (has) increased, but probably among our polydrug users we are seeing a lot more, while it's maybe, 'I'll use cocaine when I'm out drinking', they're using it a lot more... I think they are buying larger quantities." (Operations Manager, Adult Substance Use Service, Wigan and Leigh)

Other professionals noted high levels of **powdered cocaine** use but added that this has been the case for some time amongst the cohort that they support.

"We are getting a lot of cocaine use but then that has always been a thing." (LGBT+ Recovery Manager, Greater Manchester)

In addition to reports of increased **cocaine** use and numbers entering treatment, it was noted by treatment professionals from many of the Greater Manchester areas that there was an increase in the number of adults who are polysubstance users, now reporting **cocaine** as their primary substance.

"Increase in presenting as primary [substance]." (Operations Manager, Adult Substance Use Service, Bolton and Bury)

"More referrals where cocaine use is main problem." (Recovery Manager, LGBT+ Services, Manchester and Salford)

"Increase in cocaine as primary substance." (Manager, Adult Substance Use Service, Stockport)

There was also a sentiment of **powdered cocaine** use being 'normalised' amongst the people professionals worked with.

"Cocaine use appears almost normalised. Frequently reported, often by primary alcohol users." (Recovery Coordinator, Adult Treatment Service, Bury)

This was stated to be particularly the case for younger adults.

"Large increase, this seems to be on the increase. Many of the client group up to 30 years old believe it is normal to take cocaine and do not see any issue." (Offender Management, Greater Manchester)

Increased use of **powdered cocaine** by younger age groups was also evident in the young people's survey, with 69 of the 400 respondents (17%) reporting past year use of **powdered cocaine**. This represents a significance increase from 7% in last year's young person survey. Of those, almost half (33/69) reported that their use had increased over the past year. Of note, females made up a higher percentage (49%) than males (44%).

These young person survey findings were supported by professional views in both the professional survey and key professional interviews by those who work in young person substance use services in several Greater Manchester areas.

"Three or four years ago we would be a little bit shocked to see 14 or 15-year-olds reporting using cocaine, but it is not as shocking anymore. Not necessarily using on a regular basis but certainly having experience of using cocaine." (Family Drug and Alcohol Treatment Worker, Stockport)

"Younger ages using cocaine." (Young Person's Substance Use Service, Manchester)

However, it was noted that the reported use of **powdered cocaine** is still relatively rare amongst school-aged children.

"It is probably more popular with the older ones, 17, 18, 19, not so much school age." (Substance Misuse Advocacy Worker, Trafford & Salford)

"Increase in use in YP over the age of 18." (Resilience Worker, Young Person's Substance Use Service, Manchester)

A commonly stated reason for this was that **powdered cocaine** was an expensive substance that school-aged young people could not afford to purchase.

“Younger users are experimenting. Our users are mainly 16/17/18. You know it’s more expensive, you need to have a job to have a coke habit really.” (Young Person Substance Use Service, Team Leader, Salford and Trafford)

“Cocaine is knocking about...but that is in the older age of the cohort. [...] But again, there is that switch around 22/23/24 because again they have their own finances so bit more powdered cocaine and are usually employed. They are all actively working and holding down jobs.” (Manchester Young Adult Treatment Service Transition Worker)

The young person survey findings also support these professional views with the highest percentage of use reported amongst 19–21-year-olds (40% n=24).

In both the professional survey and key professional interviews, an increase in the use of **cocaine** and **alcohol** together was often noted.

“Coincides with Alcohol use.” (Alcohol and Drugs Operations Manager, Wigan)

“It is all geared around drinking...and for the cocaine users it’s all based around this social aspect, with their mates, with their friends [...] cocaine side of things is a much more social thing. You know like Friday, Saturday and leave it Sunday.” (Young Adult Treatment Service Transition Worker, Manchester)

This was particularly stated to be the case when discussing young adults.

“Massive increase of use in alcohol patients and younger people using regularly and mixing with alcohol.” (Drug and Alcohol Service, Bolton)

“Younger presentations, seems the norm to use cocaine and alcohol on a weekend.” (Nurse, Team Manager, Trafford)

Treatment professionals noted the increased health risks associated with the use of **cocaine** and **alcohol**.

“Excessive use including overdose on one occasion.” (Youth Justice Officer, Manchester Youth Justice)

Indeed, one key professional based in a local hospital noted an increased number of hospitalisations where **cocaine** was involved.

“Noticeable increase in use.” (Hospital Alcohol and Substances Team, Rochdale Infirmary)

Yet it was also stated that there was a concerning lack of awareness of the risks by those who use **cocaine**.

“. . . very little insight of the risk of using cocaine . . . I feel there needs to be a comprehensive drive to raise awareness of this.” (Recovery Coordinator, Bury)

We also received one report of people who use **opioids** reporting increased **cocaine** use.

“Opioid users reporting higher levels of social cocaine use, also then leading to heroin use.” (Team Leader, Adult Substance Use Service, Bolton)

5.21.2.1 Market Insights

Powdered cocaine was commonly reported to be more accessible. For example, almost half (45% n=31) of young people who reported past year **powdered cocaine** use in the survey stated that it was ‘easier to buy’. There were similar reports that the availability of **powdered cocaine** had increased in the professional survey.

“[Cocaine is] freely available.” (Lead Clinical Pharmacist, Rochdale)

While the price of **cocaine** was often discussed as prohibitive for school age children to use, one key professional informant reported that £5 bags of **cocaine** have been sold to children who are unable to raise the cost of a gram. Another stated that dealers are now selling smaller sized deals to young people to make it more affordable.

“Increase in use across most of our areas, this seems to have been since COVID and dealers selling smaller and more affordable bags.” (Operations Director, Young Person Substance Use Service, Bolton, Bury, Oldham, Rochdale, Salford, and Trafford)



However, one professional questioned whether cheap priced **powdered cocaine** obtained by some young people may be mis-sold NPS.

“We do get cocaine users, but I think a lot of it is the old bubble [M-Cat, mephedrone etc]. Young people are saying they had some coke, and it was only £15 a gram, so I am guessing myself, that it is probably a synthetic version with the young people.” (Adolescent Health and Wellbeing Worker, Young Person’s Substance Use Service, Bolton)

Indeed, MANDRAKE analysis of white powders, suspected to be sold as **cocaine** or **MDMA**, have been found to contain a range of *synthetic cathinones* (see *synthetic cathinones* section for more details).

Several professionals reported that service users now state that they buy **powdered cocaine** as ‘8 balls’ (one-eighth of an ounce/3.5g) rather than by the gram. The purchasing of **powdered cocaine** in larger amounts was also stated to be linked to offers advertised on social media apps such as *Telegram*.

In addition to reports of changes to the traditional selling of **powdered cocaine** by the

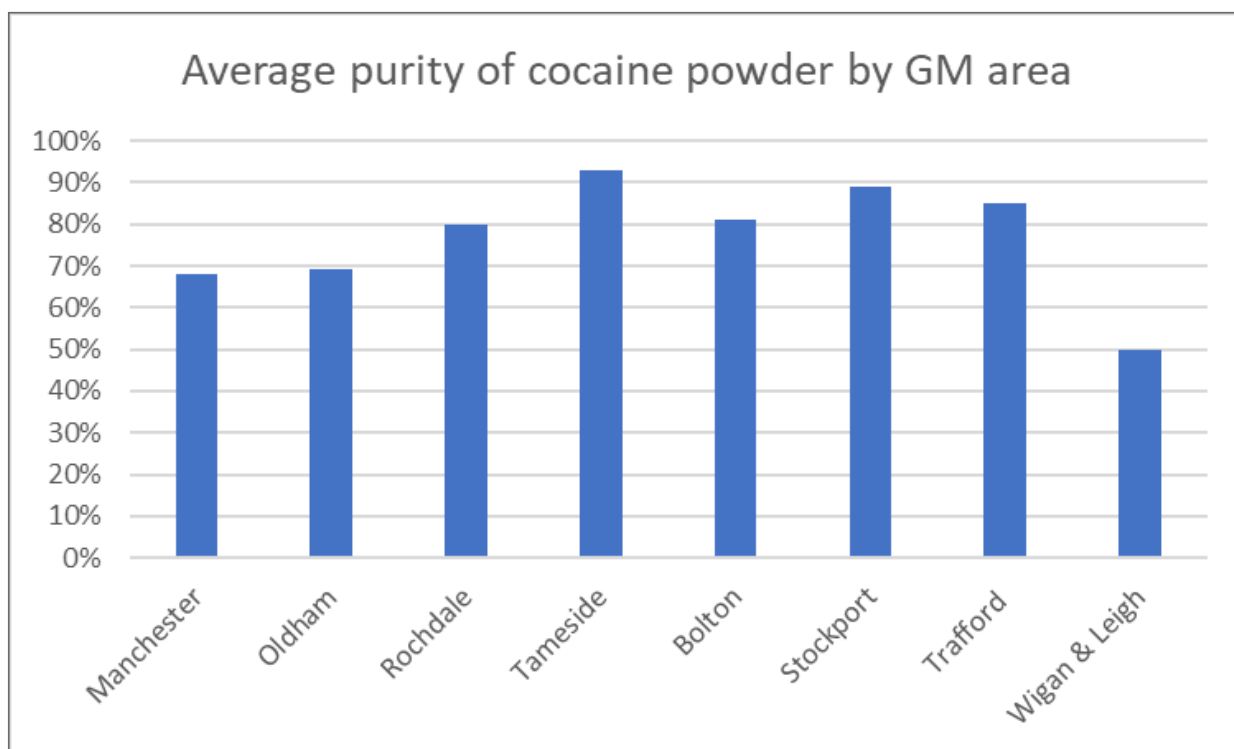
gram, it was often noted by professionals that **cocaine** was reported to be of good quality.

“Clients reporting that the cocaine they are buying is higher in cocaine, some clients reporting 90% plus.” (Team Leader, Adult Substance Use Service, Rochdale)

Linked to this, it was also noted that some young people report obtaining **powdered cocaine** in rock form rather than powder, which they believe to be an indication of high purity **cocaine** that has not been cut with adulterants.

“It’s not crack; however, they are all reporting that it comes in a rock now, not in a powder... They buy it as a rock, bash it with the end of a vape in the bag, bash it on the toilet wall... And then they will snort it. It’s like a reassurance it’s not cut with rubbish... powder now is going on the verge of ‘nitty’ behaviour, scruffy behaviour, powder is seen as poor quality.” (Advocacy Worker 2, Young Person’s Substance Use Service, Bury)

In the young person survey, two-fifths (40%) of those who had used **powdered cocaine** reported that it had ‘got stronger’ in the last year. In support of this perception, following



on from last year's MANDRAKE analysis when **powdered cocaine** samples tested averaged 51% purity, this year, the average purity of **powdered cocaine** increased to 64% (n=47). These samples ranged in purity from 29% to 100%. Four-fifths (79%) of these samples were over 50% purity, Two-thirds (66%, 27/39 samples) were at least 70%, over half (57%, 27/47 samples) 80% or more and almost a third (30%, 14/47 samples) over 90% purity. However, in addition to high purity **powdered cocaine**, MANDRAKE also tested 13 samples of suspected **powdered cocaine** that had no **cocaine** present. Seven of these contained *lactose* or *dextrose*, three **paracetamol**, one **pregabalin**, another *sodium hydrogencarbonate* (more commonly known as 'baking soda' or 'bicarbonate of soda') and one contained the *synthetic cathinone dipentylone*. The adulterant **Phenacetin** was also found in some samples alongside **cocaine**. **Phenacetin** is an *analgesic* that is no longer licensed as a legitimate medicine because of its carcinogenic properties.

MANDRAKE also tested 117 samples of **powdered cocaine** at the *Warehouse Project* between September and December 2023. The purity of **powdered cocaine** varied considerably (1 to 99%).

In summary, as we noted last year, the **powdered cocaine** picture remains one of increasingly high purity, although their remains significant variation in content. **Powdered cocaine** use appears to be on the increase across a wider demographic than many other substances. It is often used in conjunction with other substances, specifically **alcohol** and **ketamine**, prompting concerns from professionals of a lack of public awareness of the increased risks associated with combined use of **cocaine** and **alcohol**²³. Added to this, there are safeguarding concerns about young people who are using **powdered cocaine** being more at risk of drug debt and exploitation due to its high price point compared to other substances with prices ranging from £50 to £100 a gram.

23. Metabolic processing of both alcohol and cocaine results in cocaethylene developing in the liver which can produce effects that are much more toxic.



5.22 Crack cocaine

5.22.1 Drug indicators: Crack cocaine

In 2021 (the latest data), among pupils aged 11-15; 0.3% reported **crack cocaine** use in the *last year*, down from 0.6% (2018) (ONS (7), 2022). According to CSEW in 2022/23 0.1% of people aged 16-59 had used **crack cocaine** in the last year, the proportion has remained the same for a decade. The proportion of 16–24-year-olds using **crack cocaine** in the last year was 0.2%, the highest proportion since 2011 (ONS (6), 2023). The majority of people using **crack cocaine** are existing **heroin** users. There were an estimated 129,584 (3.6) **opiates and crack cocaine users** in 2019/20 (The latest estimates), an increase from 104,864 (3.0) in 2016/17²⁴. There were an estimated 47,168 (1.3 per 1,000 population) **crack cocaine only** users in 2019/20. This was an increase from 39,694 (1.1) in 2016/17.

There were 53 young people in treatment in England who had used **crack cocaine** in 2022/23, for 20 of these it was the primary problematic drug. This was similar to the previous year (OHID (6), 2024). There was an increase in the number of adults entering treatment using **crack** with **opiates** during 2022/23 (from 18,832 to 20158) and another increase in those entering treatment who were using **crack** without **opiates** from 4,711 to 5,444 (OHID (4), 2023). According to the *UAM*, in 2022, 55% had injected **crack cocaine** in the previous 4 weeks, a figure that is similar to the 2018 peak at 60% and an increase from 37% in 2013 (UK Health Security Agency (4), 2024). Seizures of **crack cocaine** increased by 2% from 5,949 in the year ending March 2022, to 6,064 in the latest year, 54kg of crack cocaine was seized. This is a 25% increase compared to the previous year. Greater Manchester Police made 277 seizures of **crack cocaine** (Home Office (3), 2024). Deaths from cocaine (857) are not distinguished between those from **powdered cocaine** and **crack cocaine** (ONS (2), 2023).

Table 17: Estimates for the number and rate per 1,000 population of crack cocaine users in Greater Manchester 2019/20. Source (OHID and UKHSA, 2023).

Area	Number of Opiate and Crack users	Number of Crack only users	Crack use only rate per 1,000 population
England	129,584	47,168	1.32
North West	19,766	7,164	1.54
Bolton	818	330	1.84
Bury	465	270	2.27
Manchester	2,647	940	2.38
Oldham	743	439	5.86
Rochdale	818	250	1.78
Salford	562	292	1.69
Stockport	580	312	1.72
Tameside	642	290	2.02
Trafford	294	121	0.81
Wigan	626	238	1.15

24. The 2019/20 estimates are arrived at by a calculation using a complex methodology that has changed since the last estimate in 2016/17, so the figures, and the 5% rise are thought to be because of this different method of calculation rather than any real change.

5.22.2 Findings: Crack cocaine

Nearly three-quarters (68%) of professional survey respondents work with people who use **crack cocaine**. Of those, just under a quarter (22%) reported an increase in use. **Crack cocaine** is rarely associated with young people and following on from last year's survey, the proportion of young people reporting past year use of **crack cocaine** has almost halved (1%, n=4). However, there was one report during the key professional informant interviews of **crack cocaine** being more available to young people.

"What we have seen as well is an increase in crack, being more, kind of available with young people [...] the youngest being 13." (Senior Practitioner, Young Person Complex Safeguarding Team, Stockport)

During the analysis of the professional survey comments and key professional informant interviews, a consistent theme emerged around reports of a noticeable shift amongst the traditional **heroin/ crack cocaine** using population. As we illustrate below, **crack cocaine** was widely reported across Greater Manchester to have superseded **heroin** as the main substance used by polysubstance users who were traditionally primary **heroin** users.

"A lot of the heroin users have started using crack more." (Team Leader, Assertive Outreach, Salford, and Trafford)

"The majority of my clients in Bolton, they are still using heroin of course, but it tends to be predominantly crack." (Team Leader, Rough Sleeper Team, Bolton)

Hence what has often been viewed as a primary **heroin** using cohort using crack **cocaine** as a 'treat' when they could afford it, are now perceived to be primary **crack cocaine** users.

"It's switched now, heroin and crack users are using more crack than heroin now with our population." (Support Worker, Homeless Drop-in Centre, Stockport)

"People using just primary crack is relatively new." (Operational Manager, Adult Substance Use Service, Bolton and Bury)

While most professionals reported polysubstance use involving **crack cocaine** and **heroin**, a small number stated that some of their caseload are only using **crack cocaine**.

"Some will just use crack, that's their drug of choice and they will use that and nothing else." (Team Manager - Criminal Justice, Rochdale and Oldham)

Nevertheless, it was noted that **crack cocaine** use can be a route into **heroin** use.

"I think we are seeing a lot more people who are predominantly crack users who only use heroin for the come down... I do see a lot of primary crack users... we are getting people getting onto the heroin road that way." (Recovery Coordinator, Adult Substance Use Service, Bury)

"Most of our population are crack users [...] then they drift into heroin." (Homeless Project Worker, Stockport)

A small number of professionals stated that they work with people who now use **crack cocaine** after previously using **powder cocaine** or other stimulants/'club drugs' such as **MDMA**.

"We do have a growing proportion who say 'it is crack I have a problem with'... [they are] potentially younger, maybe with a history of uppers, you know, MDMA party scene. And are quite open that 'it is the uppers that brought me into the drug scene' and are quite open that 'I use the heroin to help me come down.'" (Consultant Addiction Psychiatrist, GMMH, Salford and Trafford)

"This is a cohort of people who might have been using powder cocaine socially and they started using more and more and progressed onto crack cocaine... without ever going near heroin... I think this cohort are much more likely to use benzos to come down. They feel more palatable to that cohort rather than using heroin." (Operational Manager, Adult Substance Use Service, Bolton and Bury)

A further concern raised in relation to the increase in use is that the use of **crack cocaine** has a significant mental health impact.



“The biggest problems for mental health remain alcohol and crack cocaine. It is always there, crack cocaine, and the impact it has on mental health.” (Service Lead, Dual Diagnosis Liaison Service, Manchester)

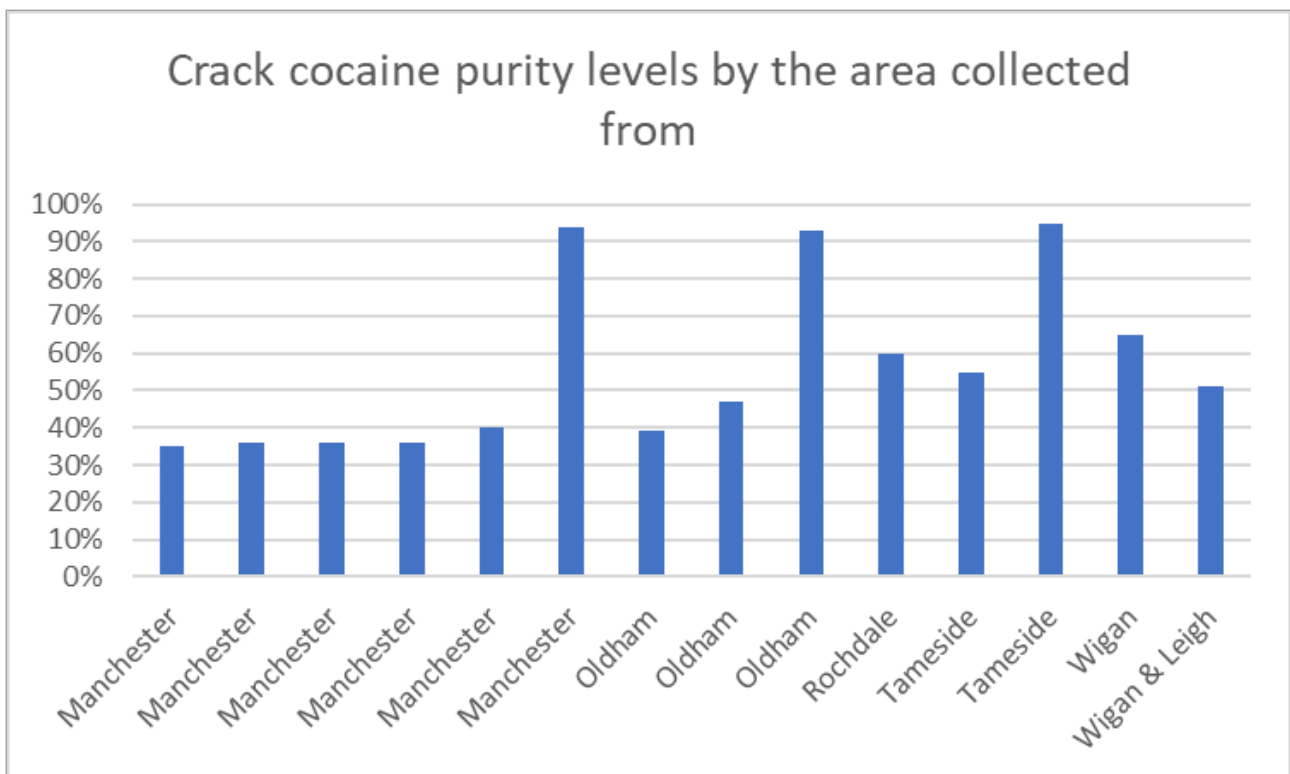
In summary, there was a common narrative that emerged that there are more **crack cocaine** users including a significant shift in the **heroin/crack** using balance but also a reported increase in the number of people using crack who had previously used *stimulants* such as **cocaine powder** and **MDMA**.

5.22.2.1 Market Insights

There were a couple of reports of poor-quality **crack cocaine** from professionals working with adults who use crack cocaine.

“They said the crack is shit and that’s why they had to buy loads.” (Homeless Project Worker, Stockport)

MANDRAKE forensic analysis was undertaken on 14 samples of **crack cocaine**²⁵ during the current testing cycle. Purity ranged from a low of 35% to a high of 95% (average: 65%). This represents a 12% increase in average purity from last year’s forensic analysis (average purity of **crack cocaine** = 53%). Half (7/14) of these samples were over 50% purity. Compared to **powdered cocaine**, a lower percent (21%, n=3) of samples were above 90%.



25. 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%, as did last year use among 16–24-year-olds 0.8% (ONS (6), 2023). In 2021 (last estimate), among pupils aged 11-15; 0.6% reported **amphetamine** use in the *last year*, a slight decrease from 0.7% (2018) (ONS (7), 2022). There were 77 young people in treatment using **amphetamine** in 2021/22: a decrease from a peak of 2,375 in 2012/2013 (OHID (6), 2024). There were 2,548 adults entering treatment for **amphetamine** during 2022/23, similar to the previous year (OHID (4), 2023). There were 2,482 seizures of **amphetamine** in 2022/23, a decrease on the previous year (3,243). Greater Manchester police made 110 seizures of **amphetamine** (Home Office (3), 2024). Prison finds of **amphetamine** more than doubled between 2019 (199) to 2021 (435) but decrease in 2023 (172) (Ministry of Justice (2), 2023). The injection of **amphetamine** and **amphetamine-type** drugs among those who injected drugs in the last month in England, Wales and Northern Ireland continued to decline from a high of 23% in 2013 to 8.5% in 2022 (UK Health Security Agency (4), 2024). In 2022, 144 drug poisoning deaths were associated with **amphetamine**, which was an increase from the previous year (107) (ONS (2), 2023).

5.23.2 Findings: Amphetamine

Two-thirds (66%) of professional survey respondents work with people who use **amphetamines**. Of those, a small percentage (5%) stated they have noticed an increase in use. **Amphetamine** was not stated to be a commonly used substance among service users; where they were reported, professionals tended to note that they tended to be older (30+).

While **amphetamine** use was associated with an older demographic, it was noted by one young person's substance use worker that it has been mentioned a few times during group work sessions.

"Amphetamine has gone out of fashion and is associated with older drug users now but twice now in the group work, younger people have talked about 'Speed'." (Team Leader, Young Person's Substance Use Service, Manchester)

However, in the young person survey, only 2% (9/400) of the young people surveyed reported using **amphetamines** in the past year.

It was also reported by professionals that the people they worked with who used **amphetamines** were capable of daily use and sustaining employment.

"I have a couple of clients that say they use amphetamine every day to go to work and do the jobs they do... they are bombing it and go to work all day." (Team Manager - Criminal Justice, Rochdale and Oldham)

As with **cannabis**, there were some reports that it was being used to self-medicate ADHD.

"I've only seen one or two people using amphetamines over the past 6-12 months. For both of them, they have ADHD symptoms. So you can see they are self-medicating." (Adult Substance Use Service Clinical Prescriber, Manchester)

5.23.2.1 Market Insights

Amphetamine was reported to be much cheaper than other stimulants at around £10 a gram. It was reported to less commonly advertised on social media apps compared to cocaine powder, **MDMA** and **ketamine**.

No samples of amphetamine powder were tested by MANDRAKE in this year's testing cycle.

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**²⁶ in the UK has been largely confined to men who have sex with men (MSM) and the ‘*chemsex*’ scene.

Past year use of **methamphetamine** was 0.1% among 16–59-year-olds and 0.2% among 16–24 year olds (2022/23) (ONS (6), 2023).

Methamphetamine deaths are not specifically listed in official statistics. There were 23 deaths (2022) associated with ‘*any amphetamine*’ that were not **amphetamine (sulphate)** or **MDMA**; which may (or may not) have included **methamphetamine** (ONS (2), 2023). There were 953 adults in treatment reporting the use of **methamphetamine** in 2022/23 of these 94 were *opiate* users, 859 were *non-opiate* users (OHID (4), 2023).

5.24.2 Findings: Crystal methamphetamine

Last year’s ‘Adult Trend Focus’ included a focus on **crystal meth** (see: [Substances associated with chemsex](#)). While use was predominantly confined to men-who-have-sex-with-men (MSM) we highlighted a small number of reports of its use extending beyond this demographic, and hence recommended monitoring this substance for signs of use beyond the chemsex scene.

Over half (54%) of the 132 professional survey respondents stated they work with people who use **crystal methamphetamine**. Of those, 14% (n=10) stated they had noticed an increase in use.

However, the use of **crystal meth** remains concentrated within the chemsex scene, particularly in Manchester, as the following

statements from key professional informant interviews illustrate.

“I haven’t seen any users who are not from the chemsex population using meth.” (Adult Substance Use Service Clinical Prescriber, Manchester)

“We have had a few methamphetamine reports over the last year, usually around chemsex... (they) would be going to Manchester.” (Assertive Outreach Worker, Adult Substance Use Service, Bolton)

Only one percent of young people reported having used it in the previous year in the young person’s survey (three from Manchester and one from Bolton). In the few cases where young person focused professionals reported **crystal meth** use, it was in a chemsex context.

“Our chemsex users are still mainly using meth.” (Young Person Substance Use Service, Team Leader, Salford and Trafford)

While this is predominantly related to chemsex there was one report of use outside of a chemsex setting.

“I’ve got one client who is not using crystal meth in a chemsex setting.” (LGBT+ Recovery Manager, Greater Manchester)

Furthermore, there have been a couple of incidents in Rochdale and Manchester where individuals have tested positive for **methamphetamine** who are not connected to the local chemsex scene.

“We did have a recent incident, where one lad I was working with tested positive for methamphetamine, which was unusual. It isn’t his drug of choice, it’s very much cocaine and MDMA and everybody was denying that anything had happened. And then we had it again a couple of days ago.” (Dual Diagnosis Nurse, Low Secure Service, Rochdale)

“We have had some unusual cases involving methamphetamines. I’ve had two this month where people have gone out of hospital and tested positive for methamphetamine, but they are not linked to that community who

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

we have typically associated with its use locally such as the chemsex community, so I don't know if that is growing beyond that chemsex scene or if it is just dodgy testing. [. . .] can amphetamines come up on our tests as false positives for something else? I don't know, and I'd love to understand more about how our testing works.” (Service Lead, Dual Diagnosis Liaison Service, Manchester)

There has been a noticeable change towards more referrals of MSM smoking rather than injecting/'slamming' **crystal meth**.

“Over the last 12 months we have seen a reduction in people referring into the service because of G, it is much more crystal meth and that is more people smoking rather than injecting.” (LGBT+ Recovery Manager, Greater Manchester)

5.24.2.1 Market Insights

Last year we highlighted the increase in the number of **crystal meth** dealers and the drop in price from over £100 a gram in previous years to as cheap as £40 a gram. Our research found that the price and availability has remained the same as we reported last year.

“It is cheaper, now, we know that from last year and I don't think it has changed. And the availability has increased but I don't think it has got any cheaper or more available than it was reported last year.” (LGBT+ Recovery Manager, Greater Manchester)

In terms of content, only one sample of **crystal methamphetamine** was tested by MANDRAKE in the current testing cycle. This Manchester sample was found to contain **methamphetamine** at 44% purity, which was significantly lower than the samples tested last year. Another suspected sample of **crystal methamphetamine** from Manchester (pale yellow crystals in a snap bag) was tested but found to contain no active ingredient.



5.25

MDMA

(methylenedioxymethamphetamine)
AKA **ecstasy**

5.25.1 Drug indicators: MDMA

In 2021 (latest data) the proportion of *last year* **MDMA** use in those aged 11-15 was 0.9%, a decrease (1.3%) on 2018 (ONS (7), 2022). There was another decrease in past year **MDMA** use between 2019/20 and 2022/23 among adults aged 16-59 years (from 1.4% to 1.1%) and among 16-24-year-olds (from 4.0% to 2.4%) (ONS (6), 2023). There were 895 young people in treatment reporting **MDMA** problems in 2022/23, similar to 2021/22 (894), 7.2% of the total of young people in treatment (OHID (6), 2024). There were 1,081 adults in treatment for **MDMA** during 2022/23, similar to the previous year (OHID (4), 2023). The number of **MDMA** seizures for the year until March 2023 decreased from 2,474 to 1,576 while the quantity (1.5 million doses) increased on the previous year but was similar to 2020/21. Greater Manchester police made 60 **MDMA** seizures (Home Office (3), 2024). **MDMA** deaths decreased again from 67 (2021) to 51 (2022). Of these deaths, 28 were without mention of other drugs, 28 with other drugs and 8 with **alcohol** (ONS (2), 2023).

5.25.2 Findings: MDMA

Two-thirds (61%) of professional survey respondents stated they work with people who use **MDMA**²⁷. Of those, the vast majority reported little change with only three respondents (2%) noting there was an increase in use and a similar small percentage (4%) reporting a decrease in use. There was little mention of **MDMA** use in any of the key professional informant interviews.

MDMA use was reported by 58 young people (15% of the total sample, 18% of those in treatment and 10% of those not in treatment). This represents a two-and-a-half-fold increase on the 6% reported use in the previous year, and almost double the 8% reported in 2021.

MDMA, while reported to be used occasionally during events and parties, is not seen regularly among service users at young people's substance use services. It was never discussed as a young person's primary reported substance. Where it is reported, as we noted in relation to **ketamine** use, some professionals stated that the drug is increasingly being used as a means of coping, rather than its traditional association with fun, pleasure, hedonism, and electronic dance music.

“. . . when I've spoken to them, it's, 'I want to get out the house'; there is always a reason to why they are using. Some of them will say. 'Oh it's just for a laugh with me mates', but when we dive deeper there is something going on or mental health stuff." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)

The same key professional informant noted that **MDMA** use at a young age can also be associated with other contextual risk factors.

"The ones I've had on my caseload recently were 13 and 14, which is just crazy. Before it was 16 and above. And there is a lot going on there, there's grooming elements, there's all sorts." (Advocacy Worker 1, Young Person's Substance Use Service, Bury)

As noted below, the main concern expressed in relation to **MDMA** was content, in particular, the high strength of ecstasy pills.

5.25.2.1 Market Insights

Almost half (48%) of young people who reported past year use of **ecstasy/MDMA** reported that it had got stronger in the past year. Several key professional informants also reported increased **MDMA** content.

"MDMA for a while, the quality was quite mixed, but I've been hearing a lot about high quality MDMA and [ecstasy] pills. I'm wondering what impact that is having on their use of other drugs and overdose risks when they are using it with other drugs and

27. MDMA (methylenedioxymethamphetamine) is classed as a stimulant and/or empathogenic drug. 'Ecstasy' is a nickname for MDMA in pill form while MDMA powder is MDMA in powder/crystal form.

how it interacts with other Chemsex drugs. So yeah, the impact of stronger MDMA and cocaine when using with multiple substances.” (LGBT+ Recovery Manager, Greater Manchester)

Indeed, the main concern raised by professionals was around the purity and in particular, that some young people take **ecstasy** without considering (or knowing) the dose.

There were also concerns raised about substances sold as **ecstasy** pills and **MDMA** powder containing other content, resulting in users becoming unwell and ending up in A & E.

“We have had a few A & E referrals related to MDMA. We had a referral last week and he was a frequent MDMA user, and he thinks it was laced with something else.” (Exploitation Worker, Young Person Substance Use Service, Manchester)

One Key Professional Informant reported two incidences of young people becoming unwell after taking **ecstasy** tablets that they described as ‘Grey Skulls’ (also known as ‘punishers’).

In this year’s testing cycle, 15 **MDMA** samples were tested by MANDRAKE. Nine of these were **MDMA** in tablet form (‘ecstasy tablets’). The samples ranged from 30mg (Orange “Bitcoin” embossed tablets) to 192mg (Green, rectangular “ToR” embossed tablets from Rochdale) with an average content of 93mg. In addition, six

samples of **MDMA** (crystal) were analysed. These **MDMA** samples ranged from 7% to more than 10 times this amount - 75% - with an average purity of 42%. This represents a significant reduction in average purity from last year’s average of 87%. While **MDMA** is typically an off-white colour, two of these samples were coloured powders. In both cases, the purity was low. A blue powder only contained 10% **MDMA** while an orange powder was found to contain 7% **MDMA**. It appears that when powders sold as **cocaine**, or **MDMA** are in different colours such as these, then there is a high probability that the content is poor. In addition to low purity **MDMA** content, two samples of suspected **MDMA** powder were found to only contain **caffeine** or **Pseudoephedrine**. These results highlight the need to continue to closely monitor the content of substances sold as **MDMA** in both pill and powder form.

MANDRAKE is also commissioned to conduct testing at Manchester’s *Warehouse Project* and as part of this contract, they tested 555 **ecstasy** tablets between September and December 2023. The **MDMA** content was found to vary widely between 48 to 308 mg per tablet. Four batches of tablets analysed were of significantly high **MDMA** content (>250 mg/tablet) to warrant an alert warning. One hundred and seven samples of **MDMA** crystals were also tested. The **MDMA** content also varied considerably, ranging from 11 to 80%.



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

5.26.1 Drug indicators: Mephedrone

The numbers of pupils aged 11-15 estimated to have taken **mephedrone** in 2021 (latest data) continued to fall, with 0.1% reporting past year use in 2021, a downward trend from 2012 (0.7%) when it was first recorded (ONS (7), 2022). Data from CSEW for 2022/23 indicates 0.0% of adults aged 16-59 and young adults aged 16-24 used mephedrone in the past year (ONS (6), 2023). Young people's treatment data does not separately list **mephedrone**. There were 69 new presentations for adult treatment for **mephedrone** (2022/23), a huge fall from the peak of 2,024 in 2014/15 (OHID (4), 2023). There was 1 death associated with **mephedrone** in 2022, there 44 at the peak in 2015. There were 9 deaths listed as involving other *cathinones*, a fall from 16 in 2021 (ONS (2), 2023).

5.26.2 Findings: Mephedrone

As we discussed in detail in last year's [Adult Trend Focus](#), the use of **mephedrone** as a drug of choice has declined among young people and clubbers and the local chemsex scene since its peak in the late 2000s and early 2010s. Consistent with this downward trend, only 1% (n=3) of the 400 young people surveyed reported using **mephedrone** in the past year. However, a small but noteworthy percentage (13%) of professional survey respondents reported an increase in its use over the previous year. In addition, there was one report of a resurgence of '**MCAT**' within the chemsex scene during the key professional informant interviews.

"I have noticed that MCAT is being mentioned more than last year because when we first started working with chemsex it was mentioned a lot, then it went away and was hardly mentioned but now it is coming up a lot again this year." (LGBT+ Recovery Manager, Greater Manchester)

There was no mention of **mephedrone** in other subpopulations and no changes in the use of other '*empathogens*' were mentioned by professional respondents.

5.26.2.1 Market Insights

In this year's MANDRAKE testing cycle, 24 snap bags from Manchester containing 'yellowish powder' were analysed. These were found to contain a combination of **mephedrone** (88%) and **cocaine** (4%). MANDRAKE also carried out drug testing at nine *Warehouse Project* events between September and December 2023. During the testing, several samples were identified to contain *synthetic cathinones* (n = 15) including **3-MMC** (n = 1); **4-CMC** (n = 3), **α-PVP** (n = 1), **α-D2PV** (n = 2), **dipentylone** (n = 1) and **eutylone** (n = 1) either in their pure form or adulterated with **caffeine**. It seems more likely that beyond the chemsex scene, these substances are being consumed unintentionally, e.g., mis-sold as **MDMA** or **cocaine powder**, rather than intentionally purchased. However, as these substances are obtained through drug amnesty bins or security searches, it is not possible to be confident in stating whether these were knowingly purchased as *synthetic cathinones* or mis-sold as **MDMA** or **cocaine**.

5.27 LSD (Lysergic acid diethylamide)

5.27.1 Drug indicators: LSD

In 2021 (latest data), 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 (7), 2022). The proportion of 16-24-year-olds taking **LSD** was 1.5% in 2022/23, the proportion aged 16-59 was 0.4% (ONS (6), 2023). There were 264 **LSD** seizures in 2022/23, a 75% decrease from 2021/22 (1,038), which itself was under half the number of seizures in 2020/21 (2,148). Greater Manchester Police made 6 seizures of **LSD** (Home Office (3), 2024). There were, as in every other year, no deaths related to **LSD** reported (ONS (2), 2023). There were 3,276 adults in treatment who reported the use of a *hallucinogenic drug*, although the individual drugs are not specified (OHID (4), 2023). There is no category of *hallucinogenic drug* in young people's treatment statistics data (OHID (6), 2024).

5.27.2 Findings: LSD

Just over half (54%) of professional survey respondents stated they work with people who use **LSD**. Of those, only a small percentage (4%) reported an increase in use.

Four key professional informants working with young people reported cases of young people being hospitalised after taking **LSD**.

One of these key professionals from Stockport noted that this year, 10% of hospital referrals into the young person's service involved **LSD**-related A&E presentations, a marked increase to the previous year where the figure was less than 1%.

"While it is not an awful lot, in terms of taking LSD where it puts you in hospital and we get to record it, it is a lot more than we normally see." (Family Drug and Alcohol Treatment Worker, Stockport)

Two other young person's substance use service professionals noted how the use of **LSD** had impacted on young people's mental health.

"We had a young person a few months ago . . . between us and mental health services. So they had taken LSD back in September and the referral came in in March and they were

still experiencing hallucinations. And who was going to manage this young person." (Young Person Substance Use Service, Team Leader, Salford and Trafford)

Some professionals who work in young people services reported that there was more discussion of **LSD** and other *psychedelics*, but they noted that although some young people discuss **LSD**, it is unclear how many actually use it or are just curious.

"I've got one lad at the moment, and he is researching all sorts on LSD and Magic Mushrooms, and how it can open his mind and let him figure out what he wants to do with his life." (Young Person's Recovery Worker, Youth Offending Team, Wigan and Leigh)

However, in the young person survey, only 3% (n=13) reported past year use of **LSD**.

5.27.2.1 Market Insights

No **LSD** was tested by MANDRAKE in this year's testing cycle.

5.28 Psilocybin mushrooms ('Magic mushrooms')

5.28.1 Drug indicators: psilocybin mushrooms

In 2021 (latest data), 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 (7), 2022). The proportion of 16-59-year-olds taking **psilocybin mushrooms** in the *last year* increased from 0.5% to 0.8%, while the proportion of 16-24-year-olds reporting last year use increased from 1.2% to 1.9% (ONS (6), 2023).

5.28.2 Findings: Psilocybin mushrooms

Just over half (51%) of professional survey respondents stated they work with people who use **psilocybin mushrooms**. While no significant changes were reported across Greater Manchester, a quarter (25%) of professional survey respondents from Trafford reported an increase in use.

“Significant number of clients reporting to use these to assist with mental health.”
(Recovery Co-ordinator, Trafford)

As illustrated above, the reasons cited overall for an increase in use relate to self-medicating mental health disorders and to support the processing of trauma.

“Have heard people in recovery talk about the benefits of using mushrooms to process trauma and support recovery.” (Recovery Manager, Manchester and Salford)

“I had some who are micro dosing because that is a massive thing online. So micro dosing to open their third eye, or to heal themselves of schizophrenia or psychosis, that sort of thing. Got a few doing that. Picking the mushrooms themselves.”
(Advocacy Worker 2, Young Person’s Substance Use Service, Bury)

There were several reports of young people discussing and using **magic mushrooms** more from several GM areas this year.

“Mushrooms seem to be a thing at the minute.” (Senior Practitioners Young Person Complex Safeguarding Team, Stockport)

To some extent, the fact we conducted the key professional informant interviews in the traditional **‘magic mushroom’** picking season (autumn) may have contributed to the fact that **magic mushrooms** were being talked about by young people. However, it was also noted that both **magic mushrooms** and **LSD** was being discussed more often, leading to the perception amongst several professionals that *psychedelics* are becoming more popular.

“We are having young people... referred for experimentation and desire with magic mushrooms and LSD. It’s coming up more persistently.” (Young person Substance Use Service, Team Leader, Salford and Trafford)

“I don’t really work with them kind of drugs, but it has popped up in the last couple of months, LSD, and a lot of kids talk about magic mushrooms as well, but they don’t know where to get them or find them, but they do tabs a few times. . . . I’ve only got a handful of kids that are using but in the past 2 years I’ve been doing this job, I’ve never come across any before this last month or

two.” (Substance Misuse Advocacy Worker, Trafford & Salford)

As noted above in reference to **LSD**, it was similarly noted by two professionals working with young people that in addition to taking **magic mushrooms** for their *hallucinogenic* effects, young people are also discussing micro-dosing.

“More young people are talking about micro dosing. Having more of an understanding of it. Now it is being included as one of the drugs they will experiment with. Before, it was ‘I wanna try Xanax or MDMA’ but now it includes ‘shrooms and LSD.” (Young Person Substance Use Service, Team Leader, Salford and Trafford)

However, despite the perception that they were being used more, only 6% (n=22) of young people who completed the survey reported past year use. Nevertheless, this is twice as many as last year (3%) and three-times the percentage who reported past year use in 2021 (2%).

5.28.2.1 Market Insights

Professionals working in young people’s services report that while some young people pick their own, other purchase from dealers. These include online sellers, social media, and shops.

“Mushrooms are all over TikTok at the moment.” (Young Person Substance Use Service, Team Leader, Salford and Trafford)

“A few shops sell them in Hulme High Street in capsules and stuff and they are taking them in house parties or going out on walks, meeting up on Sunday’s and stuff.” (Team Leader, Young Person’s Substance Use Service, Manchester)

In some cases, these products were reported to be much stronger than those picked locally (e.g., *‘liberty caps’*). In particular, *‘Penis Envy’* mushrooms were reported to have led to young people having ‘bad trips’, due to them being much stronger than what they had previously used such as the commonly harvested *‘liberty caps’*.

“I’ve got a 25-year-old on my caseload... and she is definitely pushing the boundaries, a bit of a ‘psychonaut’ so to speak, and she

accessed something last week that made her quite poorly. Something called 'penis envy mushrooms' ... she ate a little bit, and nothing happened, so she had a big chunk of them then she had an incredibly frightening time. When I googled it, they came up as incredibly potent. She took them a week ago and she's still not OK, she's still struggling a bit." (Family Drug and Alcohol Treatment Worker, Stockport)

"I bought some from Telegram a few months ago, 'Penis Envy' they were massive and REALLY strong! I was proper tripping but in a bad way, too intense, very intense, in a way that I just wanted it to stop man, proper nasty to be honest." (16-year-old male, Salford)

No **psilocybin mushrooms** were tested by MANDRAKE in this year's testing cycle.

5.29 Other psychedelics

5.29.1 Findings: 2CB

(4-Bromo-2,5-dimethoxyphenethylamine)

Nearly half (47%) of professional survey respondents stated they work with people who use **2CB**, but no significant changes were reported. However, in the key professional interviews, three professionals who work with young people reported a change in young people presenting with **2CB** as their primary substance or discussing **2CB** as their 'favourite drug'.

"We've had a few referrals in for 2CB recently. Not many, but we wouldn't normally if you know what I mean. It's normally something where the referral would come in with something else as the primary substance. You would speak to them and 2CB would come up [...] I've done this job for 3 years and it's not normally come up as a primary till now." (Young Person Substance Use Service, Team Leader, Salford and Trafford)

One professional discussed the use of *Blue Lotus Flower* that was reported to be available to buy in Affleck's in Manchester.

"It's a flower and you put it in your grinder and smoke it or make a tincture out of it or whatever... It's a hallucinogen, and I guess has a similar effect to cannabis, but the good thing about it, as far as clients are concerned, is that it's 20p a gram! And I googled it and it's legal." (Advocacy Worker 2, Young Person's Substance Use Service, Bury)

5.29.1.1 Market Insights

No **2CB** or other psychedelics were tested by MANDRAKE in this year's GM-TRENDS testing cycle. However, during the period between September and December 2023, MANDRAKE did analyse 12 samples of **2CB** as part of their ongoing collaboration with the *Warehouse Project*. They found no adulteration of **2CB**, but the content of these tablets varied considerably (6 to 37 mg/tab). While reports of **2CB** gaining popularity amongst clubbers, it is interesting to note that in the same period, 555 **ecstasy** tablets were tested.

5.29.2 Findings: DMT

As with **LSD** and '*magic mushrooms*', it was reported that young people have been discussing **DMT** during appointments with substance use services. Although some clearly express a wish to try it, it is unclear how many have succeeded in obtaining and using the drug.

"We have also been hearing that with some of the younger ones they have talked more about using DMT, and obviously we haven't heard that before and we don't know much about it." (Team Leader, Assertive Outreach, Salford, and Trafford).

We also received reports from young people's substance use services that **DMT** pens/vapes were being used by high school students in schools in Manchester and Salford.

5.29.2.1 Market Insights

DMT vapes were frequently reported to be available on Telegram. These vary in price and amount/size, but a typical advertised price is around £100 for a 1g pen advertised as sufficient for approximately 15 trips.

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 of 16–59-year-olds reporting past year use in 2023 (ONS (6), 2023). 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). To the year end March 2023, there were 706 seizures, with a quantity of 754,000 doses of *anabolic steroids* seized by police and Border force in England and Wales, a 70% decrease in the quantity from the 2.5 million doses seized in 2021/22. Greater Manchester Police made 40 seizures of *anabolic steroids* (Home Office (8), 2022).

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

Nearly half (49%) of professional survey respondents stated they work with people who use *anabolic steroids*. A small percentage of these (5%) noted an increase in use, with no reports of use decreasing. It was noted that *steroid users* were accessing needle exchanges and that younger males who attend the gym see no dangers or risk of criminal charges in relation to their use.

Only two young people reported use of *IPEDs* in the young person survey, this figure has halved since 2022 where four young people reported use of *IPEDs*.

5.30.3 Findings: Other body building drugs

Just under half (45%) of professional survey respondents stated they work with people who use other body building drugs. A small percentage of these (2%) noted an increase in use but did not provide more details, for example, of the type of drugs being used.

5.30.4 Findings: Image enhancing drugs

Just under half (45%) of professional survey respondents stated they have clients who use *image enhancing drugs* but there were no significant changes reported. One respondent reported there had been a change in the way users are administering the image enhancing drug **Melanotan**.

"I know that the nasal version has become much more popular as an administration route so seeing less in the NSP however we still have clients accessing NSP for this."
(Harm Reduction Lead, Bolton and Bury)

5.30.4.1 Market Insights

No *steroids* or other *image and performance enhancing drugs* were tested by MANDRAKE in this year's testing cycle.

5.30.5 Findings: Cognitive enhancers

Two-fifths (40%) of professional survey respondents stated they have clients who use *cognitive enhancer* drugs. No significant changes were reported. The young people's survey did not ask about *cognitive enhancers*.

5.30.6 Findings: Sexual performance drugs

Nearly half (46%) of professional survey respondents stated they have clients who use *sexual performance drugs*. Sixteen percent of these reported an increase in use. There were no reports of young people using *sexual performance drugs* in the last year.

5.30.6.1 Market Insights

No *cognitive enhancing* or *sexual performance* drugs were tested by MANDRAKE in this year's testing cycle.

5.31 Alkyl Nitrites²⁸ (Poppers)

5.31.1 Drug Indicators: Alkyl Nitrites

In 2021 (latest data), among pupils aged 11-15, 0.5% reported using 'poppers' in the last year - a slight fall (0.6%) from 2018 (ONS (7), 2022). Alkyl nitrites (poppers) accounted for 25 registered deaths (2001 to 2020) (ONS (13), 2022).

5.31.2 Findings: Alkyl Nitrites

Almost half (46%) of professional survey respondents stated they have clients who use alkyl nitrates. No significant changes were reported. A small number (n=10) of young people reported using poppers in the previous year. In the key professional informant interviews, there was only one reported case of a patient using alkyl nitrates on the forensic unit.

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

5.32.1 Drug indicators: Other prescribed, pharmacy or over 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 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 539 Anti-depressant drug related poisoning deaths and 147 antipsychotics poisoning deaths registered in 2022, these may (or may not) be related to drug misuse or may have contributed to a drug misuse death where other drugs or alcohol were involved (ONS (2), 2023).

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

Just under two-thirds (61%) of professional survey respondents stated that they work with

people who use other depressant substances. A small percentage (5%) of these professionals noted an increase in use.

None of these substances were tested by MANDRAKE in this year's testing cycle.

5.32.3 Findings: Other prescribed drugs from a doctor or online

Over two-thirds (69%) 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 with several professionals commenting on the increase in people presenting to services for overuse of prescription drugs.

"More and more clients being referred into the service after being prescribed opiate medications which have been poorly managed." (Assertive Outreach Worker, Salford)

"Many more people being referred into services for PSI to support reduction in prescribed use." (Operations Manager, Bolton and Wigan)

As the following Key Professional Informant illustrates, the rationale for prescribing medication is not always evident.

"It's interesting as we have a lot of young women who have a diagnosis of emotionally unstable personality disorder or borderline personality disorder, who are prescribed usually an opioid, Pregabalin, plus or minus a benzodiazepine, plus or minus an anti-psychotic or an anti-depressant. And I've noticed that quite a lot have PRN cyclizine too... there is no evidence that any medicine treats personality disorder, because it's trauma usually isn't it. And the condition itself is not managed by those medicines, so they are just treating symptoms... there are a lot of other drugs we have to be careful with, as they are also individuals who are much more likely to take an overdose." (Lead Clinical Pharmacist, Bury, Oldham, and Rochdale)

28. 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 (9), 2020).

The same professional discussed some of the challenges presented in managing *prescription medication* within inpatient settings:

“We had a guy we had to give liquid benzos to, as he was being intimidated by other patients, so he would palm it or leave it in his mouth and then give it to someone else... And we had a recent situation where somebody was trying to grind up their procyclidine to get a more effective buzz than just swallowing it.” (Lead Clinical Pharmacist, Bury, Oldham, and Rochdale)

Concerns regarding prescribed drugs from a GP tended to be focused on adults and in the young people survey, only a small percentage (2%, n=9) reported the use of substances prescribed by a doctor.

5.32.3.1 Market Insights

MANDRAKE testing of prescription drugs such as *benzodiazepines*, *Z-drugs*, *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 two-thirds (67%) of professional survey respondents stated they have clients who use *over the counter* medications from a chemist or online. A small percentage (10%) of respondents noted an increase of these type of medications. This related to *‘Night Nurse’*, or over-the-counter painkillers if they could not get prescribed by a GP. Four key professionals raised similar concerns regarding the use of **codeine** based over-the-counter medication that they reported, was leading to dependency. Only a small percentage (2%, n=7) of young people reported using over the counter substances from a chemist or online.

One key professional informant highlighted concern regarding the ease of access to **cyclizine** that was related to a recent death.

“They were asking how they could restrict access to cyclizine, because it is an over-the-counter medicine, anyone can go into a community pharmacy and buy a box

of cyclizine. And you could go into ten community pharmacies and buy a box in each, and nobody would bat an eye... so this lady was taking it and injecting it.” (Lead Clinical Pharmacist, Bury, Oldham, and Rochdale)

5.32.4.1 Market insights

No testing of over-the-counter medications were conducted by MANDRAKE in this year’s testing cycle.

5.33 Findings: Unknown or unidentified drugs

Almost two-thirds (61%) of professional survey respondents stated they have clients who use unknown or unidentified drugs. However, no significant changes were reported.

One key professional informant from an inpatient setting reported that after service users presented as visibly intoxicated, subsequent testing returned negative results, and the substance used remains unidentified.

5.34 Findings: Drugs known by a nickname

Just over half (55%) of professional survey respondents stated they have clients who use drugs known by a nickname. Of these, a small percentage (5%) noted an increase in use, with there being no reports of a decrease. Where named, these related to reports of *‘Monkey Dust’*.

“Oh yeah, I saw a kid on that the other day. First time I ever heard of it [. . .] I’ve come across it once and he’s in Stockport now [. . .] using it here but I don’t know where he got it from.” (Homeless Project Worker, Stockport)

“There have been rumours of ‘Monkey Dust’. One particular incident, it was a stimulant type of presentation, and he was very, very psychotic for quite a long time and some of the lads were coming and telling me it was ‘Monkey Dust’. They didn’t know what ‘Monkey Dust’ was, but it was a bit of a buzz word for a while.” (Dual Diagnosis Nurse, Low Secure Service, Rochdale)

In all cases, where the use of 'Monkey Dust' was mentioned, there were links to the Stoke and Staffordshire area, where it has been most associated in recent years.

"I only have one client from Stoke who uses it and fortunately he only uses in Stoke and doesn't seem to bring it back to Manchester." (Mental Health Social Worker, Manchester)

"I've had referral for this from a person who lived in Stoke and stated it was popular there." (Team Leader, Bolton and Salford)

In addition to 'Monkey Dust' there were reports of 'pink powder' becoming popular amongst young clubbers in both Manchester and Stockport.

"My younger brother says that 'everyone is on it' now. . . . He's in his mid-20s. . . . its got ket, cocaine and MDMA in it." (Team Leader, Young Person's Substance Use Service, Manchester)

"My son is 18 and he says everyone is on it in Stockport now. He said people are saying it has got fentanyl in it." (Homeless Support Worker, Stockport)

There was one report from Manchester's young person's substance use service that a young person had reported using 'pink cocaine'.

Pink powder or *pink cocaine* is often referred to by the street name "Tuci" 'Tusi' or 'Tucibi', and has most commonly been associated with South American countries. However, we received a couple of reports that it was very popular in Ibiza last year.

"When she went to Ibiza last year it was all over the place." (Team Leader, Young Person's Substance Use Service, Manchester)

Despite the similar sounding name to '2CB', and its South American version where it is said to originate, reported to contain 2CB, in a UK/European context, this is believed to consist of a mix of cocaine, MDMA and ketamine.

5.34.1. Market Insights

MANDRAKE has tested a small number of samples of pink powder over the last year. Three samples were tested from Manchester as

part of the GM-TRENDS cycle. One contained **caffeine**, another *creatine*, and another a mix of **ketamine** (14%) and **caffeine**.

In addition to GM TRENDS testing, MANDRAKE also regular tests substances as part of Manchester's Warehouse Project and Manchester Pride. They report that only three of 1003 samples tested (0.3%) were *pink powders*. These were confirmed to be homogenous mixtures of **cocaine** (70-83%), **ketamine** (7-16%) & **MDMA** (10-14%). At last year's Manchester Pride (August 2023) a similarly small percentage of samples (5/420 samples tested = 1.4%) of 'pink powders' were identified. Of these, one contained **ketamine**, another **MDMA**, while two contained a mixture of **ketamine** (29-39%) and **MDMA** (4-15%) with an unknown inorganic bulking agent making up the remainder. The fifth was a mixture of **cocaine** (11%) & **MDMA** (29%) with an unknown inorganic bulking agent making up the remainder.

In summary, what is being sold as 'pink powder' appears to range from **caffeine** or *creatine* powder through to varying combinations of **ketamine**, **cocaine powder** and **MDMA**. To date, despite the nickname 'Tuci', no 2CB has been found in any pink powders.

5.35 Findings: Homemade drug mixtures

Just under two-thirds (57%) of professional survey respondents stated they have clients who use *homemade drug mixtures*. However, no significant changes were reported.

Where free text comments were provided, these typically related to **codeine**-based medications used to make 'Lean'. The use of homemade mixtures was noted by two key professional informants from inpatient settings. A low secure unit previously experienced a patient trend of using a **promethazine** and **codeine** mixture, which are the main substances in 'Lean'. While a forensic unit reported finding evidence of *hooch* [homemade **alcohol**] approximately once every six months, although this is reported to have decreased since prison transfers have ceased.



6. Recommendations

In this final section, we provide a set of research-led recommendations that have been co-produced in collaboration with professional stakeholders. In April 2024, a half-day workshop 'GM-TRENDS: From Research to Response' was held at MMU and attended by over 40 stakeholders from across Greater Manchester, including commissioners, heads of young people and adult substance use services, assertive outreach teams, homeless outreach, homeless drop-in services, supported accommodation, mental health services, youth services, Greater Manchester Police, and child safeguarding. The event presented this year's headline findings and focused on **THC Vapes, Ketamine, Cocaine Powder**, and concerns regarding **nitazenes (synthetic opioids)**. Attendees were invited to discuss the response to the findings and to collectively develop and agree recommendations. These recommendations from the workshop have been incorporated into the recommendations set out below. They encompass commissioning and service development, professional staff development, awareness raising, harm reduction and future research priorities.

6.1 Service Development

We recommend reviewing the service offer for **crack cocaine** users, particularly for people who smoke **crack cocaine** who as Harris et al., (2024) note, currently have little reason to engage with harm reduction and drug services.

6.2 Pathways

We recommend a review of **alcohol** pathways across GMCA. This should focus on ensuring 1) services are accessible for non-traditional user groups and 2) that there are appropriately commissioned Tier 4 level support to cope with the demand that has developed post-COVID. This should include a review of community

nurses, inpatient detox, and rehab capacity to assess whether existing access to community detox, inpatient detox and rehab facilities are sufficient to meet current needs. We also recommend more targeted messages for older (55+) drinkers.

We recommend the strengthening of existing pathways for **cocaine powder** users and non-traditional treatment populations. This should include screening and brief advice/intervention at the point of contact with other services and rapid access to treatment from point of referral.

The finding that people (in particular young people) are self-medicating their mental health and/or neurodiversity (e.g., anxiety and ADHD) with **cannabis** and **ketamine** leads us to recommend the facilitation of quicker access to mental health treatment. We recommend that first contact with mental health services should seek to include screening (*Assist Lite*²⁹) for substance use and brief intervention delivered at point of contact with mental health services (and other services). While brief advice delivered by mental health staff would always need to be tailored to the individual, this should include:

- Harm minimisation
- Psycho education (physical health)
- Understanding nature or reasons of use (including pain management)
- Offer of supported referral to appropriate young person or adult treatment services.

6.3 Professional Development & Training

We recommend professional development for treatment and medical professionals on how to identify and support people who use some of the less traditional substances such as **crystal methamphetamine, GHB** and related substances, and **ketamine**.

29. Assist Lite is a short screening tool specifically for mental health services to identify use of substances.

6.4 Harm Reduction

6.4.1 Awareness Raising

We recommend the development of strategies that focus on early intervention and awareness raising that should include:

Highlighting the increased risks associated with the mixing of **alcohol** and **cocaine**, including the and the potential to produce a more potent and long-lasting psychoactive metabolite - *cocaethylene* - that increases toxicity to the heart, liver, and other major organs.

Awareness raising (to young people in particular), of the different potency and duration of effects of a range of *psychedelic* substances increasingly accessible on apps and online beyond traditional '*liberty caps*' **magic mushrooms** and **LSD** tabs.

The development of clear harm reduction messaging that should include:

'Go low/go slow' that highlights the wide range of purity/content reported by MANDRAKE's forensic analysis of substances including the local content of **cannabis**, **cocaine powder**, **ecstasy pills**, **heroin**, **ketamine**, **MDMA**, non-prescribed **prescription drugs**, and **THC vapes** and the potential adulteration with potent **nitazenes** and *novel benzodiazepines*.

In specific relation to this year's trend focus on **ketamine**, this should include more awareness raising that tolerance to **ketamine** builds up very quickly; that higher doses are needed to achieve the desired effects; that **ketamine** can cause incontinence, bladder, and kidney damage; and of the early urological signs and symptoms of **ketamine** induced harm (e.g., an increased need to urinate, passing blood, leakage of urine and pain on urination).

6.4.2 Preventing Transmission of Blood Borne Viruses

Easy access to single use 'tooters' for snorting **cocaine powder**, **ketamine** and **MDMA** and IV equipment if IV use identified.

6.4.3 Overdose Reversal

We also recommend the widespread distribution of **take-home naloxone** beyond people who use opioids, to Greater Manchester Police, medical and other frontline professionals, and families.

6.5 Monitoring

We recommend the monitoring of:

Drug related hospitalisations and drug related deaths for any supporting evidence that the professional concerns identified such as increased cardiovascular risks of combining **alcohol** and **cocaine**.

In consideration of the growing fears regarding the UK **heroin** supply and the detection of **nitazenes** in **heroin** and other substances, we recommend a continued prioritisation of the monitoring of the local **heroin** market for purity and adulterants through MANDRAKE. We note that despite **heroin** being highlighted as a priority substance for MANDRAKE testing for this year, only 11 samples were accessed in this 12-month cycle for forensic analysis. Therefore, we recommend exploring alternative ways of accessing **heroin** beyond the current reliance of police drug property stores. This should include: 1) developing pathways and protocols to access drugs recovered from patients attending hospital A & E departments and 2) exploring ways that the public and treatment service professionals can submit drugs for analysis.



6.6 Trend Focus Recommendations

6.6.1 Ketamine

Following on from the trend focus report on **ketamine**, we recommend the development of a clear tiered approach to respond to young people's **ketamine** use as follows:

Tier One: Prevention

Develop a prevention strategy to include:

- Education and awareness and responses across the whole system.
- Further research into young **ketamine** users.
- Myth busting and harm reduction advice.

Tier Two: Brief Interventions

Brief Interventions should be designed and agreed that focus on:

- A public health campaign.
- Education and harm reduction information for professionals. This should include the identification of key professionals who are likely to come into contact with **ketamine** users.
- Pathways into treatment services.

Tier Three

- A review of existing treatment protocols for young **ketamine** users
- Development of psychosocial interventions
- Identification of good practice, including the use of screening tools
- The design of tier three pathways where young **ketamine** users may present linking to young person specialist treatment services.
- Consider how young ketamine users can be better captured on national data sets.

Tier Four

- Identify suitable inpatient detox facilities for the different age groups.
- Commissioners to review their preferred providers list to account for young adults requiring rehabilitation.

To address bladder damage, we recommend increased access to outreach bladder scans similar to the *Fibroscan* offer for alcohol and liaison with continence nurses.

6.6.2 THC Vapes

We recommend the development of awareness and education focused messaging. This should include:

Harm minimisation advice similar to what is provided for plant-based cannabis. e.g., take regular breaks, leave longer periods of time between vapes, use lower strength THC vapes if available.

Information on the varying content of products sold as '**THC vapes**', informed by MANDRAKE testing results. For example, the identification of '**Spice**' [*synthetic cannabinoids*] in vapes sold as **THC** that have been directly linked to young people becoming unwell and admitted to A & E, should be highlighted. In particular, the fact that cheaper vapes (up to £30) that are more likely to be within school aged children's price range, are more likely to not contain **THC**.

We recommend the continued monitoring subsequent awareness raising of the content of **THC vapes**, including not only **THC** levels but other contents such as *synthetic cannabinoids* (aka '**Spice**') and vitamin E acetate. Alongside the ongoing testing of **THC vapes**, other vape pen products appearing on the market such as **DMT vapes** should be targeted for forensic analysis.

7. Works Cited

- ACMD (1). (2023, December 15). *ACMD advice on 2-benzyl benzimidazole and piperidine benzimidazolone opioids*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/acmd-advice-on-2-benzyl-benzimidazole-and-piperidine-benzimidazolone-opioids>
- ACMD (2). (2024, February 16). *Use and harms of xylazine, medetomidine and detomidine*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/use-and-harms-of-xylazine-medetomidine-and-detomidine>
- ACMD (3). (2020, January 3). *Misuse of fentanyl and fentanyl analogues*. Retrieved August 5, 2020, from https://www.gov.uk/government/publications/misuse-of-fentanyl-and-fentanyl-analogues?utm_source=10a98b07-7943-4d7a-9156-169369bb0c71&utm
- ACMD (4). (2020, November 20). *Assessment of the harms of gamma-hydroxybutyric acid, gamma-butyrolactone, and closely related compounds*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/assessment-of-the-harms-of-gamma-hydroxybutyric-acid-gamma-butyrolactone-and-closely-related-compounds>
- Adley/DrugWatch, M. (2021). *The Drugs Wheel*. Retrieved from The Drugs Wheel: <http://www.thedrugswheel.com/>
- Alcohol Change UK. (2020, January). *Smoking, alcohol and drugs*. Retrieved August 27, 2020, from <https://app.box.com/s/c0lgz4zykudski0bfubz5kia7512yqa3/file/608046605362>
- ASH (1). (2023, August). *Use of e-cigarettes among adults in Great Britain*. Retrieved from Action on Smoking and Health: <https://ash.org.uk/resources/view/use-of-e-cigarettes-among-adults-in-great-britain-2021>
- ASH (2). (2023, June). *Use of e-cigarettes among young people in Great Britain*. Retrieved from Action on Smoking and Health: <https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain>
- ASH (3). (2024, May 14th). *UK policy on smoking and vaping May 2024*. Retrieved from ash.org.uk: <https://ash.org.uk/media-centre/news/press-releases/new-figures-show-youth-vaping-has-plateaued-while-adult-vaping-is-at-an-all-time-high>
- Black, C. (2020, February). *Review of Drugs - evidence relating to drug use, supply and effects, including current trends and future risks*. Retrieved July 17, 2020, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882953/Review_of_Drugs_Evidence_Pack.pdf
- Black, C. (2021, July 8). *Review of drugs part 2: prevention, treatment and recovery: annexes*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>
- Camacho, C., Webb, R., Bower, P., & Munford, L. (2024, February). *Risk factors for deaths of despair in England: An ecological study of local authority mortality data*. Retrieved from Science Direct: <https://www.sciencedirect.com/science/article/pii/S0277953624000042?via=ihub#abs0015>
- Charles, H., Heron, J., Hickman, M., Brown, J., & Hines, L. (2021, January 17). *Testing the validity of national drug surveys: comparison between a general population cohort and household surveys*. Retrieved from Addiction: <https://onlinelibrary.wiley.com/doi/full/10.1111/add.15371>
- Cook, J. (2021, October 29). *Business Leader Industry Report: The UK's Cannabis/CBD market*. Retrieved from Business Leader: <https://www.businessleader.co.uk/business-leader-industry-report-the-uks-cannabis-cbd-market/>
- Corkery, J., Hung, W., Claridge, H., Goodair, C., Copeland, C., & Schifano, F. (2021). Recreational ketamine-related deaths notified to the National Programme on Substance Abuse Deaths, England, 1997–2019. *Journal of Psychopharmacology*.
- CQC (1). (2023, July 13). *The safer management of controlled drugs: Annual update 2022*. Retrieved from Care Quality Commission: <https://www.cqc.org.uk/publications/safer-management-controlled-drugs-annual-update-2022/national-trends-prescribing-controlled-drugs>
- Department for Levelling Up, Housing & Communities (1). (2024, February 29). *Rough sleeping snapshot in England: autumn 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2023/rough-sleeping-snapshot-in-england-autumn-2023>
- Department for Levelling Up, Housing & Communities (2). (2022, February 2). *Levelling Up the United Kingdom: executive summary*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/levelling-up-the-united-kingdom/levelling-up-the-united-kingdom-executive-summary>
- Department for Levelling Up, Housing and Communities (3). (2023, November 30). *Ending Rough Sleeping Data Framework, September 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/ending-rough-sleeping-data-framework-september-2023>
- DHSC, Prime Ministers Office, DEFRA, HMRC. (2024, January 28). *Disposable vapes banned to protect children's health*. Retrieved from GOV.UK: <https://www.gov.uk/government/news/disposable-vapes-banned-to-protect-childrens-health>

- EMCDDA (1). (2020, June). *Impact of COVID-19 on patterns of drug use and drug related harms in Europe*. Retrieved July 23, 2020, from https://www.emcdda.europa.eu/system/files/publications/13130/EMCDDA-Trendspotter-Covid-19-Wave-2_1.pdf
- EMCDDA (1). (2022, August 2). *EMCDDA*. Retrieved from European Drug report 2022 Trends and Developments: <https://www.emcdda.europa.eu/edr2021>
- EMCDDA (2). (2018, November 11). *The misuse of benzodiazepines among high-risk opioid users in Europe*. Retrieved August 17, 2020, from http://www.emcdda.europa.eu/system/files/publications/2733/Misuse%20of%20benzos_POD2015.pdf
- EMCDDA (4). (2020, February). *TECHNICAL REPORT Drug-related hospital emergency presentations in Europe: update from the Euro-DEN Plus expert network*. Retrieved August 6, 2020, from <https://www.emcdda.europa.eu/system/files/publications/12725/TD02AY20001ENN.pdf>
- Farrell, M., & Marsden, J. (2008, January 11). *Acute risk of drug-related death among newly released prisoners in England and Wales*. Retrieved from Wiley Online Library: <https://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2007.02081.x>
- Fortson, R. (2020). *THE LEGAL STATUS OF "POPPERS"*. Retrieved August 19, 2020, from <https://www.rudifortson4law.co.uk/the-legal-status-of-poppers?highlight=poppers>
- GMCA. (2021). *Greater Manchester Drug and Alcohol External Review*. Manchester: GMCA.
- GMP. (2024, February 14). *Stop and search*. Retrieved from Greater Manchester Police: <https://www.gmp.police.uk/police-forces/greater-manchester-police/areas/greater-manchester-force-content/sd/stats-and-data/stop-and-search/>
- Government Bill. (2024, March 20). *Tobacco and Vapes Bill*. Retrieved from UK Parliament: <https://bills.parliament.uk/bills/3703/publications>
- Gray, P., Ralphs, R., & Williams, L. (2020, March 5). *The use of synthetic cannabinoid receptor agonists (SCRAs) within the homeless population: motivations, harms and the implications for developing an appropriate response*. Retrieved August 3, 2020, from <https://www.tandfonline.com/doi/full/10.1080/16066359.2020.1730820>
- Greater Manchester LDIS. (2024, February 2024). *Reports to Greater Manchester Local Drug Information System*. Manchester, Greater Manchester, England: Unpublished.
- HM Prison and Probation Service/Home Office. (2024, January 25). *Offender management statistics quarterly: July to September 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-july-to-september-2023/offender-management-statistics-quarterly-july-to-september-2023>
- Home Office (1). (2023, November 6). *Stop and search and arrests, year ending March 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/stop-and-search-and-arrests-year-ending-march-2023>
- Home Office (10). (2022, August 8). *List of most commonly encountered drugs currently controlled under the misuse of drugs legislation*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>
- Home Office (11). (2024, March 20). *001/2024: The Misuse of Drugs Act 1971 (Amendment) Order 2024 and The Misuse of Drugs and Misuse of Drugs (Designation) (England and Wales and Scotland) (Amendment and Revocation) Regulations 2024*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/circular-0012024-control-of-20-new-drugs/0012024-the-misuse-of-drugs-act-1971-amendment-order-2024-and-the-misuse-of-drugs-and-misuse-of-drugs-designation-england-and-wales-and-scotland>
- Home Office (12). (2024, March 21). *Government response to the third addendum to the ACMD's report on 2-benzyl benzimidazole and piperidine benzimidazolone opioids*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/response-to-the-third-addendum-to-the-acmd-report-on-2-benzyl-benzimidazole-and-piperidine-benzimidazolone-opioids/government-response-to-the-third-addendum-to-the-acmds-report-on-2-benzyl-benzimidazole-and-piper>
- Home Office (2). (2023, November 6). *Police powers and procedures: Stop and search and arrests, England and Wales, year ending 31 March 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/stop-and-search-and-arrests-year-ending-march-2023/police-powers-and-procedures-stop-and-search-and-arrests-england-and-wales-year-ending-31-march-2023>
- Home Office (3). (2024, January 18). *Seizures of drugs in England and Wales, financial year ending 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/seizures-of-drugs-in-england-and-wales-financial-year-ending-2023/seizures-of-drugs-in-england-and-wales-financial-year-ending-2023#new-psychoactive-substances-nps>
- Home Office (4). (2023, July). *Crime outcomes in England and Wales 2022 to 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/crime-outcomes-in-england-and-wales-2022-to-2023/crime-outcomes-in-england-and-wales-2022-to-2023>
- Home Office (5). (2018, November). *Review of the Psychoactive Substances Act 2016*. Retrieved August 3, 2020, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756896/Review_of_the_Psychoactive_Substances_Act__2016__web_.pdf

- Home Office (6). (2023, November 8). *Nitrous Oxide Ban*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/nitrous-oxide-ban>
- Home Office (7). (2023, September 4). *Control of nitrous oxide under the Misuse of Drugs Act 1971. Impact Assessment*. Retrieved from GOV.UK: chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/https://www.legislation.gov.uk/ukia/2023/100/pdfs/ukia_20230100_en.pdf
- Home Office (8). (2022, February 4). *Seizures of drugs in England and Wales, financial year ending 2021*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/seizures-of-drugs-in-england-and-wales-financial-year-ending-2021/seizures-of-drugs-in-england-and-wales-financial-year-ending-2021>
- Home Office (9). (2020, August 12). *ACMD work programme 2020 to 2022: commissioning letter*. Retrieved August 19, 2020, from <https://www.gov.uk/government/publications/acmd-work-programme-2020-to-2022-commissioning-letter?utm>
- Home Office; DHSC; MoJ; DWP; DfE; DfLU,HC. (2021, December 6). *From harm to hope: A 10-year drugs plan to cut crime and save lives*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>
- Hope, V., Walker Bond, V., Boardley, I., Smith, J., Campbell, J., Bates, G., . . . McVeigh, J. (2022). Anabolic androgenic steroid use population size estimation: a first stage study utilising a Delphi exercise. *Drugs: Education, Prevention and Policy*, DOI: 10.1080/09687637.2022.2070058.
- Hulbert, S., Eida, T., Ferris, E., Hrytsenko, V., & Kendall, S. (2023, November). *HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN: WORLD HEALTH ORGANISATION COLLABORATIVE CROSS-NATIONAL STUDY (HBSC)*. Retrieved from hsbcengland.org: chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/https://hsbcengland.org/wp-content/uploads/2023/11/2022_FULL_REPORT_final_21.11.23-1.pdf
- Institute of Health Equality (1). (2020). *HEALTH EQUITY IN GREATER MANCHESTER: THE MARMOT REVIEW 2020*. Retrieved from <https://www.instituteofhealthequity.org>: <https://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020/greater-manchester-evaluation-2020.pdf>
- Institute of Health Equity (2). (2024, January). *Health Inequalities, Lives Cut Short*. Retrieved from Institute of Health Equity: <https://www.instituteofhealthequity.org/resources-reports/health-inequalities-lives-cut-short>
- Institute of Health Equity (3). (2021, June 30). *Greater Manchester and the UCL IHE Collaboration - Programme of work*. Retrieved from [instituteofhealthequity.org](https://www.instituteofhealthequity.org): <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives/build-back-fairer-in-greater-manchester-main-report.pdf>
- Jones, A., Weston, S., Moody, A., & Millar, T. (2011, April). *The drug treatment outcomes research study (DTORS): baseline report*. Retrieved from ResearchGate: https://www.researchgate.net/publication/268377057_Research_Report_3_The_drug_treatment_outcomes_research_study_DTORS_baseline_report
- Kalk, N., Ching-Ting, C., Rasa, S., Baho, H. W., & Taylor, D. (2022, April 18). *Fatalities associated with gabapentinoids in England (2004–2020)*. Retrieved from British Journal of Clinical Pharmacology: <https://bpspubs.onlinelibrary.wiley.com/doi/full/10.1111/bcp.15352>
- Katikireddi, S., Whitley, E., Lewsey, J., Gray, L., & Leyland, A. (2017, May 10). *Socioeconomic status as an effect modifier of alcohol consumption and harm: analysis of linked cohort data*. Retrieved from The Lancet, Public Health: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30078-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30078-6/fulltext)
- Khan, J. (2022, June 9). *The Khan review: making smoking obsolete*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete?utm>
- Lewer, D., Brothers, D., Van Hest, N., Hickman, M., Holland, A., & Padmanathan, P. (2021 (a), December 11). *Causes of death among people who used illicit opioids in England, 2001–18: a matched cohort study*. Retrieved from [thelancet.com](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00254-1/fulltext): [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00254-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00254-1/fulltext)
- Lewer, D., Croxford, S., Desai, M., Emanuel, E., Hope, V., McAuley, A., . . . Tweed, E. (2022). The characteristics of people who inject drugs in the United Kingdom: changes in age, duration, and incidence of injecting, 1980–2019, using evidence from repeated cross-sectional surveys. *Addiction*, 1-10.
- Lewer, D., Eastwood, B., White, M., Brothers, T., McCusker, M., Copeland, C., . . . Petersen, I. (2021 (b), October 5). *Fatal opioid overdoses during and shortly after hospital admissions in England: A case-crossover study*. Retrieved from PLOS Medicine: <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003759>
- Lewer, D., Tweed, E., Aldridge, R., & Morley, K. (2019, November 1). *Causes of hospital admission and mortality among 6683 people who use heroin: A cohort study comparing relative and absolute risks*. Retrieved July 17, 2020, from <https://www.sciencedirect.com/science/article/pii/S0376871619302844>
- Lyndon, A., Audrey, S., Wells, C., Burnell, E., Ingle, S., Hill, R., . . . Henderson, G. (2017, May 10). *Risk to heroin users of polydrug use of pregabalin or gabapentin*. Retrieved September 1, 2020, from <https://onlinelibrary.wiley.com/doi/abs/10.1111/add.13843>
- MHRA (1). (2024, February 20). *Codeine linctus (codeine oral solutions): reclassification to prescription-only medicine*. Retrieved from GOV.UK: <https://www.gov.uk/drug-safety-update/codeine-linctus-codeine-oral-solutions-reclassification-to-prescription-only-medicine>



- MHRA (2). (2021, 18 February). *Pregabalin (Lyrica): reports of severe respiratory depression*. Retrieved from GOV.UK: <https://www.gov.uk/drug-safety-update/pregabalin-lyrica-reports-of-severe-respiratory-depression>
- Ministry of Housing, Communities & Local Government (a). (2019, September 26). *English indices of deprivation 2019*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
- Ministry of Justice (1). (2024, January 18). *Criminal Justice Statistics quarterly: June 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-june-2023/criminal-justice-statistics-quarterly-june-2023.html#fn:8>
- Ministry of Justice (2). (2023, July 2023). *HMPPS Annual Digest, April 2022 to March 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/hmpps-annual-digest-april-2022-to-march-2023>
- MMU, MCC (a). (2020). *Manchester Emergent Substance Use Survey 2020 (Executive Summary)*. Manchester: Unpublished.
- Museum of Homelessness. (2023, April 4). *Dying Homeless Project*. Retrieved from Museum of Homelessness: <chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/https://static1.squarespace.com/static/623b05f9825aa34cda99921f1/t/6440dbf5a599723818d7a28a/1681972250211/2022+Dying+Homeless+Project+Museum+of+Homelessness.pdf>
- Nagelhout, E., Hummel, K., de Goeij, M., de Vries, H., Kaner, E., & Lemmens, A. (2017). How economic recessions and unemployment affect illegal drug use: A systematic realist literature review. *International Journal of Drug Policy*, 69-83.
- Nahar, L., Murphy, K., & Paterson, S. (2019). Misuse and Mortality Related to Gabapentin and Pregabalin are Being Under-Estimated: A Two-Year Post-Mortem Population Study. *Journal of Analytical Toxicology*, Vol 43, Issue 7, 564-570.
- NDTMS (1). (2023, December). *Public Health Outcomes Framework C19 (formerly 2.15) reports - England*. Retrieved from OHID: <https://www.ndtms.net/Monthly/PHOF>
- NDTMS (2). (2024, February 12). *Young people (<18) profiles: Young people in treatment*. Retrieved from National Drug Treatment Monitoring System: <https://www.ndtms.net/ViewIt/YoungPeople>
- NHS Business Services Authority. (2023, September 7). *Dependency Forming Medicines England 2015/16 to 2022/23*. Retrieved from nhsbsa: https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/dfm/dfm_summary_narrative_2022_23_v001.html#2_Results_and_commentary
- NHS Digital (1). (2023, December 14). *Statistics on Public Health: Data Tables*. Retrieved from NHS England: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-public-health/2023/data-tables>
- NHS Digital (2). (2021, January 28). *Statistics on Drug Misuse*. Retrieved from Hospital admissions related to drug misuse (England): <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2020>
- NICE. (2021, April 7). *Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain*. Retrieved from National Institute for Clinical Excellence: <https://www.nice.org.uk/guidance/ng193>
- Nightingale, G., & Merrifield, K. (2023, January 27). *The health disparities white paper disappearing shows a dangerous pattern for action on health*. Retrieved from The Health Foundation: <https://www.health.org.uk/news-and-comment/blogs/the-health-disparities-white-paper-disappearing-shows-a-dangerous-pattern>
- OHID (1). (2024, Feb 15). *Local Alcohol Profiles for England - Alcohol and inequalities*. Retrieved from Office for Health Improvement and Disparities: https://fingertips.phe.org.uk/profile/local-alcohol-profiles/supporting-information/alcohol_inequalities2
- OHID (10). (2024, February 6). *Alcohol Profiles for England: short statistical commentary, February 2024*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/alcohol-profiles-for-england-february-2024-update/alcohol-profiles-for-england-short-statistical-commentary-february-2024#further-information>
- OHID (11). (2024, February 19). *Local Tobacco Control Profiles*. Retrieved from Fingertips: <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/402/are/E08000010/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0>
- OHID (12). (2023, November 8). *Stopping the start: our new plan to create a smokefree generation*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>
- OHID (13). (2022, September 29). *Nicotine vaping in England: 2022 evidence update main findings*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update>
- OHID (14). (2023, July 26). *Central Alerting System*. Retrieved from cas.mhra.gov.uk: <https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103236>
- OHID (2). (2022, April 13). *Additional drug and alcohol treatment funding allocations: 2022 to 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/extra-funding-for-drug-and-alcohol-treatment-2022-to-2023/additional-drug-and-alcohol-treatment-funding-allocations-2022-to-2023>

- OHID (3). (2023, November 13). *Additional drug and alcohol treatment funding allocations: 2024 to 2025*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/extra-funding-for-drug-and-alcohol-treatment-2024-to-2025/additional-drug-and-alcohol-treatment-funding-allocations-2024-to-2025>
- OHID (4). (2023, December 21). *Adult substance misuse treatment statistics 2022 to 2023: report*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2022-to-2023/adult-substance-misuse-treatment-statistics-2022-to-2023-report>
- OHID (5). (2024, February 12). *Fingertips/Public Health Data*. Retrieved from OHID: https://fingertips.phe.org.uk/public-health-dashboard-ft#page/3/gid/1938133142/pat/126/par/E47000001/ati/402/are/E08000002/iid/92962/age/168/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/eng-vo-0_eng-do-0_ovw-do-2_car-do-0
- OHID (6). (2024, January 25). *Substance misuse treatment for young people: 2022 to 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-2022-to-2023>
- OHID (7). (2024, January 25). *Substance misuse treatment in secure settings: 2022 to 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/substance-misuse-treatment-in-secure-settings-2022-to-2023?utm>
- OHID (8). (2024, February 16). *Alcohol Profiles*. Retrieved from Fingertips/Public Health Data: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- OHID (9). (2024, March 14). *Alcohol dependence prevalence in England*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>
- OHID and UKHSA. (2023, October 24). *Opiate and crack cocaine use: prevalence estimates*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates>
- ONS (1). (2022, June 28). *Population and household estimates, England and Wales: Census 2021*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationand-householdestimatesenglandandwalescensus2021>
- ONS (10). (2024, January 25). *Crime in England and Wales: Appendix tables*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesappendixtables>
- ONS (11). (2024, January 25). *Crime in England and Wales: Police Force Area data tables*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/policeforceareadatatables>
- ONS (12). (2023, September 5). *Adult smoking habits in the UK: 2022*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>
- ONS (13). (2022, February 28). *Deaths related to volatile substances, helium and nitrogen in England and Wales: 2001 to 2020 registrations*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsrelatedtovolatilesubstancesheliumandnitrogeninenglandandwales/previousReleases>
- ONS (14). (2024, April 22). *Alcohol-specific deaths in the UK: registered in 2022*. Retrieved from Office For National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2022>
- ONS (2). (2023, December 19). *Deaths related to drug poisoning in England and Wales: 2022 registrations*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-relatedtodrugpoisoninginenglandandwales/2022registrations#drug-poisoning-deaths-by-english-region-and-in-wales>
- ONS (3). (2022, December). *Alcohol-specific deaths in the UK: liver diseases and the impact of deprivation*. Retrieved from Office For National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/alcohol-specific-deathsintheunitedkingdomsupplementarydatatables>
- ONS (4). (2022, March 7). *Avoidable mortality in Great Britain: 2020*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2020>
- ONS (5). (2024, February 15). *GDP first quarterly estimate, UK: October to December 2023*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/economy/grossdomesticproductgdp/bulletins/gdpfirstquarterly-estimateuk/octobertodecember2023>
- ONS (6). (2023, December 14). *Drug misuse in England and Wales: year ending March 2023*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearending-march2023#drug-misuse-in-england-and-wales-data>
- ONS (7). (2022, September 6). *Smoking, Drinking and Drug Use among Young People in England, 2021*. Retrieved from NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>



- ONS (8). (2023, January 26). *Drug-related deaths and suicide in prison custody in England and Wales: 2008 to 2019*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/drug-relateddeathsandsuicideinprisoncustodyinenglandandwales/2023-01-26>
- ONS (9). (2022, November 23). *Deaths of homeless people in England and Wales*. Retrieved from ONS: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsof-homelesspeopleinenglandandwales>
- Oxtoby, K. (2022). Alcohol misuse and older people: providing support and challenging stigma. *Geriatric Medical Journal*.
- PHE (1). (2018). *Smoking, drinking and drug use among hard to reach children and young people; an evidence synthesis report*. London: Public Health England. Retrieved from file:///Users/michaellinnell/Downloads/smoking_drinking_drug_use_among_hard_to_reach_children_and_young_people%20.pdf
- PHE (2). (2020). Drug Harms Assessment and Response Team Quarterly summary for professionals: August 2020. PHE.
- PHE (3). (2021, May 11). *Parents with problem alcohol and drug use - evidence slide pack*. Retrieved from PHE Public Library: https://khub.net/web/phe-national/public-library/-/document_library/v2WsRK3ZIEig/view_file/461559266?_com_liferay_document_library_web_portlet_DLPortlet_INSTANCE_v2Ws-RK3ZIEig_redirect=https%3A%2F%2Fkhub.net%3A443%2Fweb%2Fphe-national%2Fpublic-library%2F-%
- PHE (4). (2021, March 18). *Alcohol dependence prevalence in England*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>
- PHE (5). (2021, July 6). *Smoking attributable deaths in England: When the information changes*. Retrieved from GOV.UK: <https://publichealthmatters.blog.gov.uk/2021/07/06/smoking-attributable-deaths-in-england-when-the-information-changes/>
- Pinto, C., Weston-Stanley, P., Sawdon, E., Yates, K., Lau, R., Khambhaita, P., . . . Bennetto, R. (2024, January 15). *Non-opiate and cannabis drug use in minority ethnic groups*. Retrieved from National Centre for Social Research: <https://natcen.ac.uk/publications/non-opiate-and-cannabis-drug-use-minority-ethnic-groups>
- Public Health Scotland. (2024, January). *Rapid Action Drug Alerts and Response (RADAR) quarterly report*. Retrieved from RADAR: <https://publichealth-scotland.scot/publications/rapid-action-drug-alerts-and-response-radar-quarterly-report/rapid-action-drug-alerts-and-response-radar-quarterly-report-january-2024/#section-1>
- Public Health Wales. (2024, February 22). *WEDINOS*. Retrieved from WEDINOS: <https://www.wedinos.org/sample-results>
- Ralphs, R. a. (2017). *New Psychoactive Substance Use in Manchester: Prevalence, Nature, Challenges and Responses*. Manchester: Manchester Metropolitan University.
- Ray, W., Chung, C., Murray, K., Malow, B., Daugherty, J., & Stein, C. (2021, July 15). *Mortality and concurrent use of opioids and hypnotics in older patients: A retrospective cohort study*. Retrieved from PLOS Medicine: <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003709>
- Shelter. (2023, December 14). *At least 309,000 people homeless in England today*. Retrieved from england.shelter.org.uk: https://england.shelter.org.uk/media/press_release/at_least_309000_people_homeless_in_england_today
- Sordo, L., Barrio, G., Bravo, M., Degenhardt, L., Wasing, L., Ferri, M., & Pastor-Barriuso, R. (2017, March 2017). *Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies*. Retrieved from BMJ: <https://www.bmj.com/content/357/bmj.j1550>
- Stortia, C., Bretteville-Jensen, A., De Grauwec, P., Moellerd, K., Mounteney, J., & Stevens, A. (2021). *The Double Effect of COVID-19 Confinement Measures and Economic Recession on High-Risk Drug Users and Drug Services*. Lisbon: EMCDDA.
- Teng-Chou, C., Li-Chia, C., Miriam, K., & Roger, D. K. (2019). Prescription opioids: Regional variation and socioeconomic status – evidence from primary care in England. *International Journal of Drug Policy*, 64, 87-94.
- The Independent. (2023, October 14). *Overdoses double at prison where inmates say it's 'easy' to get drugs*. Retrieved from News'nav: https://newsnav.com/article/overdoses-double-at-prison-where-inmates-say-it-s-easy-to-get-drugs-A2310_1KinXs
- The Kerslake Commission on Homelessness and Rough Sleeping. (2023, September). *Turning the Tide on Rising Homelessness and Rough Sleeping*. Retrieved from The Kerslake Commission on Homelessness and Rough Sleeping: <https://www.commissiononroughsleeping.org/2023-report-turning-the-tide/>
- The Times. (2022, March 30). *Racial bias in jailing of drug offenders*. Retrieved from The Times: <https://www.thetimes.co.uk/article/racial-bias-in-jailing-of-drug-offenders-vn3j0773k>
- Tinson, A. (2022, March 7). *Healthy life expectancy target: the scale of the challenge*. Retrieved from The Health Foundation: <https://www.health.org.uk/news-and-comment/charts-and-infographics/healthy-life-expectancy-target-the-scale-of-the-challenge>

- UK Focal Point on Drugs (a). (2020). *United Kingdom drug situation 2019: Annual report*. Retrieved August 2, 2020, from <https://www.gov.uk/government/publications/united-kingdom-drug-situation-focal-point-annual-report/united-kingdom-drug-situation-focal-point-annual-report-2019#opioids>
- UK Health Security Agency (1). (2024, January 19). *Unlinked Anonymous Monitoring (UAM) survey of HIV and viral hepatitis among people who inject drugs (PWID): 2023 report*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring/unlinked-anonymous-monitoring-uam-survey-of-hiv-and-viral-hepatitis-among-people-who-inject-drugs-pwid-2023-report#demographics>
- UK Health Security Agency (2). (2024, January 19). *People who inject drugs: HIV and viral hepatitis monitoring*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring>
- UK Health Security Agency (3). (2023, October 6). *HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2023 report*. Retrieved from GOV.UK: <https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2023-report#appx>
- UK Health Security Agency (4). (2024, January 19). *Unlinked Anonymous Monitoring (UAM) survey of HIV and viral hepatitis among people who inject drugs (PWID): 2023 report*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring/unlinked-anonymous-monitoring-uam-survey-of-hiv-and-viral-hepatitis-among-people-who-inject-drugs-pwid-2023-report>
- UK Health Security Agency (5). (2024, January 30). *Hepatitis C in England 2023*. Retrieved from GOV.UK: <https://www.gov.uk/government/publications/hepatitis-c-in-the-uk/hepatitis-c-in-england-2023>
- UK Health Security Agency (6). (2024, January 9). *NPIS reports significant increase in nitrous oxide-related activities*. Retrieved from GOV.UK: <https://www.gov.uk/government/news/npis-reports-significant-increase-in-nitrous-oxide-related-activities?>
- UK Parliament. (2022, July 14). *Smoking: North West Department of Health and Social Care written question – answered on 14th*. Retrieved from TheyWorkForYou: <https://www.theyworkforyou.com/wrans/?id=2022-06-23.24547.h&s=smoking>
- UNDOC. (2021). *May 2021– China: Announcement to place synthetic cannabinoids under generic control*. Retrieved from UNDOC Laboratory and Scientific Service Portals: <https://www.unodc.org/LSS/Announcement/Details/ff032a29-2e14-4dab-b7d8-ab86d355c809#:~:text=BEIJING%2C%20China%20%E2%80%93%20May%202021%3A,using%20an%20individual%20listing%20approach.>
- UNDOC. (2023). *Southeast Asia Opium Survey 2023 Cultivation, Production, and Implications*. Retrieved from unodc.org: www.unodc.org/documents/crop-monitoring/sea/Southeast_Asia_Opium_Survey_2023.pdf
- Whitfield, M., & Reed, H. (2023). *Greater Manchester Drug Related Deaths & in-treatment mortality Annual report 2022*. Liverpool: PHI/Liverpool John Moores University.



<https://gmtrends.mmu.ac.uk/>

