

2021 Monitoring Cycle. Executive Summary



GM TRENDS

Greater Manchester: Testing and Research
on Emergent and New Drugs



Stimulants

Empathogens

Psychedelics

Dissociatives

Cannabinoids

Depressants

Opioids

Image & Performance Enhancing Drugs

GM TRENDS



EXECUTIVE Summary

1. Background, aims and methods

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

GM TRENDS uses a multi-method approach utilising a number of research methods including:

- Analysis of existing data sources;
- An online surveys of professionals;
- Online surveys of adults and young **people who use drugs (PWUD)**;
- Interviews with professionals;
- Interviews with **PWUD** with an insight into specific drug scenes;
- Detailed chemical analysis of seized and voluntary submitted drug samples.

The full **GM TRENDS** report has individual sections on the 44 substances covered by the study with an extended focus on two particular trends that were highlighted by the initial stages of the research.

2. Summary of key drug trends

2.1 Alcohol use among adults

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



2.2 'Spice' use among homeless and street based communities

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



The ADB-HEXINACA 'Spice' sample

2.3 Heroin and fentanyl

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

There was no **fentanyl** or any other synthetic **opiates** detected in the **heroin** samples, although it was reported on two occasions that **fentanyl** was available locally and was being offered to **heroin** users for sale. However, reports of **fentanyl** use are still rare.



One of the poor quality heroin samples tested



2.4 Crack cocaine

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

2.5 Drug use among students, clubbers and LGBTQ+

Restrictions to the night-time economy and social gatherings limited the use of **MDMA** and **powdered cocaine**, although for some, increased drinking in the home led to increased **powdered cocaine** use. The small number of **powdered cocaine** samples tested for this study indicate that the purity is still at historically high levels. There were reports of an increase in **powdered cocaine** related hospitalisations. In Salford and Trafford some of those currently regularly using **powdered cocaine** had shifted to smoking **crack cocaine**. There was an increase in **ketamine** use, not just in young recreational drug users, but reports also came from adult treatment and prison staff. **Crystal methamphetamine** does not currently appear to be widely available outside of the **MSM/Chemsex** scene. However, it has been suggested that as a result of developments in the international production and supply chain, **crystal methamphetamine** could begin to make a more significant appearance in a number of UK drug scenes.

2.6 Drug use among young people

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

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



3. Drugs trends focus.

Young People's use of non-traditional cannabis products

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

3.1 'THC'/'Cannabis' vapes

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



Samples of the 'THC' vapes and oils that were found to contain synthetic cannabinoids

3.2 Cannabis edibles

There has been an increase in the advertising, availability and use of **'cannabis edibles'** reported in several Greater Manchester areas. They are often marketed to young people on social media platforms such as **Snapchat**. The wide range of edible **cannabis** products include; **cookie dough, fudge, butter, chocolate brownies** and various sweets such as 'gummy bears' and 'nerd rope'. Some young people said they preferred to eat **cannabis** rather than smoke it or use it with tobacco. Others reported that due to lockdown and spending more time at home with parents, eating **cannabis** was less detectable. Although there were concerns raised, incidents of negative effects and hospitalisation were rare and we did not come across any examples where the 'gummy bear type' **edibles** were mistaken for ordinary sweets and taken by very young children. There was some concern raised that, as with mis-sold vapes, these edibles may contain **synthetic cannabinoids**. Eleven different types of **cannabis edible sweets** were tested



and all contained **THC**. Eight also contained another natural cannabinoid, **CBN**. None of the samples contained **synthetic cannabinoids**. Reports of young people becoming unwell after consuming these products could, therefore, be a result of inexperienced users, unaware that when eating **cannabis** the effects take longer to come on and last longer, and/or over dosing the amount they take.



Some of the samples of cannabis sweets tested shown to contain THC

3.3 Designer Cannabis (aka 'Cali Weed')

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



Sealable tins and packaging on sale at Amazon.com

4. Drug trend Focus:

Prescription Drugs (benzodiazepines and gabapentinoids)

The non-prescribed use of **benzodiazepines** (most often **diazepam**) and **gabapentinoids** (**pregabalin** and **gabapentin**) have become increasingly popular with adult **heroin** and **crack cocaine** users. They are used to aid sleep after using **heroin** and/or **crack cocaine** and to enhance and (in the case of **pregabalin**) to reinforce the effects of **heroin** and/or **methadone**. They are also increasingly used alongside '**Spice**' to enhance effects and bring on a 'nod'. Despite rescheduling,

there were reports of increased G.P prescribing of **pregabalin**, which together with the poor quality **heroin**, low price and ease of availability had led to increased prescription drug use across Greater Manchester.

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

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

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

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

Two identical tablets that were tested. The one on the left contained **diazepam**, the one on the right contained **etizolam**.



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