

2022 Monitoring Cycle. Executive Summary



GM TRENDS

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



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GM TRENDS



1. EXECUTIVE Summary

1.1 Background, aims and methods

This is the second report of **GM TRENDS** - an emergent drug trends monitoring system that aims to identify changing patterns of licit and illicit substance use across all ten local authority areas of Greater Manchester. It has a particular focus on people identified as vulnerable to heavy end problematic drug use and other groups associated with higher than average levels of substance use. In combination with 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.

1.2 Research methods

GM TRENDS used a multi-method research approach, including:

- Analysis of existing data sources
- An online survey of 236 Greater Manchester professionals
- An online survey of 386 young people in contact with drug treatment or family services
- An online survey of 173 **people who use drugs** (PWUD)
- In depth interviews with 80 **Key Professional Informants**
- 54 interviews (22 young people and 32 adults) with PWUDs with insight into the two areas of focus
- Testing of 217 drug samples using qualitative and quantitative analysis.

The full GM TRENDS report has individual sections on the 44 substances covered by the study, along with a specific focus on the two trends that were highlighted by the initial stages of the research: young people's use of **nitrous oxide**; and adult use of substances associated with **Chemsex**.

1.3 Summary of key drug trends

1.3.1 Alcohol use among adults and young people

National data indicates that for young people, **alcohol** use and **alcohol**-related hospital admissions continue to decline. However, in older adults there have been increases in **alcohol**-specific hospital admissions and numbers seeking specialist treatment. A record rise in **alcohol**-specific deaths registered in 2021, was largely a result of those older adults who already drank at high levels drinking more during the pandemic. The North West has the second highest alcohol-specific death rate of the English regions at 18.9 per 100,000 population (up from 14.4 in 2019), compared to a rate of 13.9 for England as a whole.



In the professionals survey, 42% of respondents reported an increase in **alcohol** use among the people they engage with. Along with **benzodiazepines**, this was the highest increase reported of the 44 substances covered in the survey. Self-medication of depression and anxiety were frequently reported reasons. Significant rises in **alcohol** referrals continue to be reported, often self-referrals from people new to treatment services – particularly young people, professionals and women. For some, drinking patterns that developed during lockdown have continued, which combined with greater opportunities for social drinking post-lockdown and an ongoing recession is likely to result in continued high prevalence of problematic **alcohol** use.

1.3.2 Bury New Road prescription drugs market

Almost 90% of professional survey respondents work with people who use **benzodiazepines**. Of these, 50% stated there was an increase in use, often linked to both street and online purchase. In the adult PWUD survey, 6% reported an increase in use. Fifteen young people (4% of all young people surveyed, 8% of those in treatment) reported use. Four young people reported an increase in use and four had used for the first time in the past year. In the professional survey, 74% stated they work with people who use **gabapentinoids** (**pregabalin** and **gabapentin**), of those, 51% stated there was an increase in use – including increased prescribing and access via online or illicit sales through shops. Interviews with Key Professional Informants and PWUD further supported this increase in availability and use of **pregabalin** across Greater Manchester. However, there were no reports of use in the young person's survey and only 4% in the adult PWUD survey. The illicit use of **pregabalin** appears to be largely concentrated in the homeless and street-based populations and seems to be increasingly popular with **heroin** and **crack cocaine** users.

The thriving market for illicit prescription medication in Greater Manchester (highlighted in last year's trend focus), was again raised by a number of professional survey respondents. The majority cited the Bury New Road area of Cheetham Hill as the main source of supply. The two most discussed drugs were **benzodiazepines** and **pregabalin**, although others like **tramadol** and **zopiclone** were also available. The biggest concern was around overdose related to the variable content of illicit tablets from this area. Analysis of tablets sold as 10mg **diazepam** continued to show wide variations in content, from no active ingredient through to 1mg to 11mg of **diazepam**, and in some cases more potent **benzodiazepines** like **etizolam**. **Pregabalin** capsules contained between 280 – 320mg of **pregabalin** which although close to the correct dose, was considerably higher than the 100 to 120mg of **pregabalin** found in samples the previous year. In November 2022, Greater Manchester Police launched 'Operation Vulcan', a two-year, multi-agency operation targeting this area. The impact of this operation on the illicit drug market should be focussed on in future research.

1.3.3 Heroin, fentanyl and new synthetic opioids (NSO)

Although most drug poisoning deaths involve more than one drug, over half involve **opiates**, most predominantly **heroin**¹. The highest death rate is in those aged 45 to 49 years, often people with long-term poor physical and mental health. In the professional survey, 74% stated they worked with **heroin** users, of those 44% reported no change in use. However, there were reports from a number of areas of Greater Manchester of an increase in **heroin** use amongst those who

¹Heroin is metabolised to morphine, so it is not always possible to distinguish post-mortem. Deaths are listed as heroin and morphine but are thought to mainly involve heroin. ²Fentanyl's refers to fentanyl and the growing range of fentanyl analogues.

had been using ‘**Spice**’ (**SCRA**). The switch from ‘**Spice**’ back to **heroin** may, in part, be explained by the widely reported increase in the quality of **heroin** since the end of lockdown. Analysis confirmed that **heroin** purity had increased since the lockdown period when samples were as low as 2%. Analysis of 22 samples showed average purity of 41.95% - albeit with variations from 13.8% to 70.1%. A number of Key Professional Informants discussed **heroin** users testing positive for other substances (commonly **benzodiazepines**), despite being adamant that they had only used **heroin**. However, none of the samples tested were adulterated in this way. Seven (2%) of the 386 young person’s survey respondents reported using **heroin**, but this figure rose to 4% among those young people in treatment, an increase from 0.4% in the previous survey. Although the actual numbers (seven) remain small, this ten-fold increase is noteworthy and highlights the need to monitor young people’s substance use trends for further signs of increased **heroin** use in 2023.

In the professionals survey, 64% of respondents stated they work with people who use **fentanyl**. Yet only one of the respondents in the adult PWUD survey (from Oldham) reported having ever used it. One Key Professional Informant mentioned that **fentanyl** had been identified post-mortem in a drug related, death, while another provided anecdotal evidence via prisoners that **fentanyl** was being mixed with **crack cocaine**. However, there is no evidence of UK illicit production of street **fentanyl(s)**, and no credible reports of **heroin** adulterated with **fentanyl(s)** or any of the other New Synthetic Opioids (**NSO**) were received in Greater Manchester in the last year. No substances purchased as **fentanyl** or **NSO** were tested for this study. However, street **heroin** is routinely screened for **fentanyl’s**, and **nitazenes** but none have been detected in any of the 22 **heroin** samples tested in 2022.

1.3.4 Drug use among young people

Unlike the previous young people survey, where all the respondents were in contact with treatment services, a substantial proportion (54%) of respondents to this year’s young people’s survey were not accessing treatment services. At a mean age of 15 years, 2 months, they were also younger than the previous year (16 years 10 months). As a result, the proportion reporting use of any substances was lower. **Alcohol**, **cannabis**, and **nicotine** (vaping **e-cigs**) remain the most common substances – used by roughly half of respondents. **Cannabis edibles** and **nitrous oxide** were the next most commonly used. Given the differences between this year and last year’s respondents, reported increases in the use of some substances are noteworthy: **nitrous oxide** use increased from 3% to 15%; **codeine** from 1.1% to 7%; **ketamine** from 1.8% to 7% (14% among those young people in treatment); **MDMA** from 2.8% to 6.2%; and **cocaine** from 7.1% to 8.1%.

First time use by young people was reported most frequently in relation to **codeine/oxycontin** with 36% reporting use for the first time in the past year - mainly involving the use of the **codeine-based** mixture ‘**Lean**’. Of those young people using **codeine/oxycontin**, 20% (n=5) reported increased use. Of those young people using **nitrous oxide**, 23.1% reported using for the first time during the past year. Although overall numbers were small, 48% (n= 14) of **powdered cocaine** users, 44% (n=7) of **volatile substance users**, 36% (n=9) of **ketamine** users and 27% (n=4) of **benzodiazepine** users reported increased use of those substances in the past year. Last year’s young person trend focus documented the increased use of **cannabis** branded as ‘**Cali weed**’. Two cannabis samples sold as ‘**Cali weed**’ were tested to see if the marketing claims of high potency (and subsequent high prices) were reliable. Both samples contained high levels of **THC** (33% and 29%). In addition, two samples in branded bags with named strains were also tested and found to be of high potency, with ‘**Haze**’ at 20% **THC** and ‘**DOG**’ at 19% **THC**.



Drugs trends focus 1.

Young people's use of nitrous oxide

National data suggests **nitrous oxide** is the second most used substance amongst young adults (aged 16-25) although reported use in England and Wales declined during the pandemic. Concerns over the health harms of chronic use and anti-social behaviour, led the government to announce that **nitrous oxide** will be brought under the control of the Misuse of Drugs Act. Our findings from the 2022 young person trend survey suggest that **nitrous oxide** use among young people in Greater Manchester has increased substantially from 2% in 2021 to 15% in 2022. Of those using **nitrous oxide**, 23% reported first time use in the past year. Perceived increases in the prevalence were also reported by 31% of surveyed professionals. Among the 44 different substances asked about, **nitrous oxide** had the fourth highest reported increase in use (following **benzodiazepines**, **alcohol** and **gabapentinoids**).

Both **nitrous oxide** users and professionals reported that use of the larger canisters (circa 640gm) was now typically preferred over the smaller, silver ones (8gm). This was for several reasons, including: i) cheaper cost per unit, ii) greater ease of filling balloons quicker, and iii) a perception among some **nitrous oxide** users that they are safer to use. Professionals raised concerns that increased quantities of **nitrous oxide** were being used per session. However, few young people reported experiencing any harms. It appears that for most young people, **nitrous oxide** use is recreational and is not currently causing any harms. However, for a small number of chronic, heavy users, the health effects can be serious and include neurological damage or cardiac arrhythmia. The impact of the change in legal status should be focussed on in future research.

Drugs trends focus 2.

Adult substance use associated with Chemsex

'**Chemsex**' - the use of specific substances with sex to facilitate and enhance both experiences - has traditionally been associated with men-who-have-sex-with-men (MSM). Due to their euphoric, disinhibiting and sexually arousing effects, three main substances are associated with chemsex: the stimulants **mephedrone** and **crystal methamphetamine**, and the closely related sedatives **GHB** and **GBL** (collectively known as '**G**')².

The popularity of **mephedrone** seems to have declined over recent years in Greater Manchester. It was reported that there was a reduction in price and an increase in the availability of **crystal methamphetamine** and that previously negative attitudes seem to have softened - with smoking it much more acceptable and even 'normalised' in some circles. Use of '**G**' was also reported to have increased in commonality - often used in combination with **crystal methamphetamine** (referred to as '**G&T**'). Many respondents also reported routine use of a range of prescription drugs to counteract the effects of **crystal methamphetamine**, help them come down and/or deal with anxiety. Most people using '**G**' are initially unaware of its potential for both physical and psychological dependence, leading to extremely serious withdrawal symptoms (confusion, anxiety, insomnia, hallucinations and psychosis). The potential for overdose is significant, because there is a very small margin between a recreational dose and an overdose. Because it is rapidly eliminated from plasma, '**G**' is rarely identified as a cause of death and so it is likely that drug-related deaths across Greater Manchester are going unrecorded.

²Whilst GHB and GBL are the most commonly accessible '**G**' chemicals, there are other closely related compounds such as 1,4-BD, GHV (gamma-hydroxyvaleric acid) and GVL (gamma-valerolactone) which also have very similar psychoactive effects and are often considered synonymous by users.

1.6 Recommendations and Future Research Agenda

1.6.1 Alcohol

- We recommend the establishment of clear **alcohol** pathways across GMCA. This should include making services accessible for non-traditional user groups and appropriately commissioned access to detox and rehab facilities.
- We recommend targeted awareness raising of impact of drinking spirits to young people and young adults.

1.6.2 Cannabis

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

1.6.3 Heroin

- We recommend the prioritising of a multi-faceted approach to reduce the number of opiate related deaths across Greater Manchester. This should include the following:
- We recommend a continued focus on the monitoring of the local **heroin** market for purity and adulterants through MANDRAKE testing as a priority substance.
- We recommend the widespread distribution of **Naloxone** beyond **heroin** users, to Greater Manchester Police and other frontline professionals.
- We recommend the monitoring young people and adult treatment services for increases in the number of new young **heroin** users.
- We recommend the monitoring of the role of **prescription drugs** in **heroin** related deaths. This should include developing a better understanding of the relationship between prescribed and non-prescribed **gabapentinoids** and **benzodiazepines** in drug related deaths.
- We recommend the monitoring of drug related deaths after prison release and hospital discharge. This should include a review of existing treatment pathways.
- We recommend a GM review of the current treatment options and prescribing practices to **heroin** users.

1.6.4 Cocaine

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

1.6.5 Prescription Drugs

- We recommend a review of existing practice in relation to the prescribing of **gabapentinoids** (in particular, **Pregabalin**) in relation to ongoing treatment professionals concerns in relation to **opioid** users being prescribed these medicines.
- We recommend awareness raising of **pregabalin** content that MANDRAKE testing has reported can vary from 100mg through to 300mg, and the heightened risk of overdose when using in large amounts.

- We recommend the development of harm reduction advice for young people and adults on the risks of using **benzodiazepines**, including awareness of the varying content and risk of dependency and health risks associated with non-medically supervised withdrawal.
- We recommend close monitoring of the impact of Operation Vulcan on the local **prescription drug** market. This should include a focus on the impact of targeting the production and importation of these drugs on the content of prescription drugs (e.g., **diazepam** and **pregabalin**) and the displacement of the market to i) others part of Manchester city centre & ii) other areas of Greater Manchester. Treatment service engagement should also be monitored, i.e., to capture whether a shortage in **prescription drugs** leads to engagement with services.

1.6.6 Vapes

- We recommend a partnership approach that should include working closely with trading standards and schools, including school nurses, to understand the local context and volume.
- We recommend the development of professional training which included the pathways of support (e.g., **nicotine** pathway to school nurses, **THC** pathways to specialist substance use services).
- We recommend developing a vaping policy for education facilities and schools, ensuring it links to schools' policies on substance misuse.
- We recommend a whole family approach for **nicotine** replacement therapy where children under 18 are present.
- We recommend commissioning young person substance misuse services to work with **nicotine** replacement therapy for **cannabinoid** users.
- We recommend a focus on vaping among young people (including primary school age). This should incorporate monitoring the potential for **nicotine** vaping to act as a gateway into other substances, in particular, the transition from **nicotine** vapes to **THC** vapes.
- We recommend awareness raising of the content of **THC** vapes, including not only **THC** levels but other contents such as vitamin E acetate.
- We recommend regular forensic analysis of the content of both **THC** and **nicotine** vapes through MANDRAKE .

1.7 Research Development

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

1.8 Dissemination

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



IPEDS

IMAGE & PERFORMANCE ENHANCING DRUGS

OPIoids

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